Children Without Parents in Ghanaian Society: My Internship at Osu Children's Home

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(Arts and Culture)

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Project Advisor: Marie Antoinette Sossou
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ABSTRACT

This Independent Study Project attempts to uncover the workings of the orphanage system in Ghana, namely Osu Children's Home. My objectives were to develop a concrete understanding of the Home -- the physical organization, the goals and if they are being accomplished, staff involvement and the children of the Home. With background literature on child development as a guide, I chose to examine the following three behaviors exhibited from the children: (1) aggression, (2) attachment, and (3) play patterns. I was interested in finding if any differences were present in the three areas between the children in the Home and the outside children, both of which were students in the day-care center. By participant observation in the day-care center, formal and informal interviews with staff and the reading of children's case studies, I was able to achieve my objectives. However, several questions remain unanswered due to the large scope of the project in the short duration of time.

I found that the Home is working to achieve its objectives, however factors, namely the role of the extended family, make a child's stay at the Home extensive. With the three behaviors of focus, I found that (1) the orphanage does not perpetuate aggression in its children, as both the Home and outside children were equally aggressive, (2) the Home children do tend to more readily attach to any caregiver as compared to outside children, and (3) the Home children and outside children's play patterns are both consistent with what is normal for their age group.
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INTRODUCTION

Orphanages do not exist in Ghana – traditionally (personal communication, Olayemi Tinuoye 29 OCT 97). The influx of orphanages in Ghana is due to Western influences bringing in Western notions of family. Ghana is a country which prides herself on her strength of family. There is no sense of an extended family in Ghanaian culture making those related by blood, whether distantly or otherwise, virtually brothers and sisters. Traditionally, the family cared for each other completely. If shelter was needed, family provided it; if food was inadequate, family shared whatever they had; if help was required, family would be the most reliable source for aid; if a child lost his parents, family would welcome the child as their own. Traditionally. However, orphanages do exist in Ghana now. In this family oriented society, it is interesting to see how children separated from their distinct families are affected. The youth of today will be tomorrow's presidents, doctors, teachers and leaders. It is essential to determine the effects of this orphanage family on the children, on the future. Is the orphanage in the best interest of the child?

My interest in the orphanage system was sparked before my arrival in Ghana. In America, in talking to people about Ghana, I was informed about the model orphanage systems here. I was told how the orphanage has only a few children due to the family system in Ghana which takes care of the youth. The children who are in orphanages, however, are well cared for in small family units by "mothers" committed to improving the orphans’ lives. What an ideal environment, I thought. I wondered, though, if this concept of the orphanage was given to me in its totality. Could it be so ideal? I wanted to see if it could indeed.

In researching the orphanages of Ghana, I expected to see a close knit familial setting. However, I quickly saw that this was not the case. Family units were organized so that the housemothers work on shifts and anywhere from twelve to sixteen children are
housed together. This was hardly the family atmosphere I expected. In visiting two orphanages, the SOS Village in Tema and Osu Children's Home, my interest in understanding the workings of the orphanage – how the system is organized, how the children adjust – was solidified.

Ideally, I wanted to compare the children living in the Home to those living outside of the Home (e.g. with their families). Osu Children's Home provided me with the perfect setting in the day-care center where half the children live at the Home and half live outside of the Home. Furthermore, Osu Children's Home provided the perfect environment because, unlike the SOS Village, it is a governmental organization. Being government run, I could see how well the objectives of the Home could be met given government funding. Finally, at the children's home I could see first hand how successful the Home is at raising its children.

Literature regarding child development is abundant. The development of the child is important especially in the early years. Janice Beaty (1990) examines the Child Skills Checklist which serves as a planning tool for helping children, as well as a learning device for those studying children. With sequences of child development as its focus, it presents the areas of cognitive, emotional, social, physical, language and creative development. I began reading the book as a start for writing my paper and finding information. However, my objectives soon changed so that I was internalizing the information to take into the field with me to better understand and help the children. In utilizing the checklist, I was able to determine whether the children are developing on schedule or slow in certain areas. It was helpful further in giving suggestions for improvement in children's slow areas.

Specifically I was interested in literature concerning whether or not children in orphanages vary from others according to certain behaviors, namely aggression, attachment and play patterns. Aggression is defined as an intention to harm or injure another either physically or verbally (Berkowitz, 1969). Those made miserable will often
make others miserable in turn (Berkowitz, 1983). Is this the case for orphans? Are they more aggressive because they are so miserable? David Myers (1986) explains the frustration-aggression theory to understanding aggression. The theory states that frustration creates anger which may generate aggression. Berkowitz (1969) notes that frustration does not necessarily lead to aggression, that many factors other than frustration (including personality) affect the likelihood of aggression and that frustration may produce responses other than aggression. If the theory holds true, are the children in the Home more aggressive because they are more frustrated with their situation? Aggression in children is normal to a point. It serves as a way for some children to assert their rights. However, it is an inappropriate and unacceptable method to effect a desired result (Beaty, 1990).

Attachment issues were another factor to analyze. Are children in orphanages less strongly attached to one person and instead attach easily to any caregiver? Secure attachment is defined as the young child being able to explore his new surroundings happily with the primary caregiver (usually the mother) present, feeling distressed at her absence, and happy at her return. A secure attachment by the infant to his primary caregiver is necessary for successful separation and breeds social competence. An insecure attachment, conversely, is defined as the child clinging to the mother, not exploring readily with her present, crying loudly at her absence and being hostile towards her return. Deprivation of attachment leads children to be more withdrawn, frightened, dejected and speechless. This is particularly a consideration for children reared in institutions without stimulation and the attention of a regular caregiver (Myers, 1986). These attachment issues seem especially pertinent in studying the orphanage system.

My final area of focus was children's play patterns. Do children in orphanages play generally as a group or by themselves? Are orphanage children prone to sharing? Playing alone is age-related (Beaty, 1990). As children grow older, beyond the age of two or three years, they generally play in groups. However, solitary play is acceptable and
children who choose this form of play should not be forced to play in a group. Solitary play often is a step on the ladder of socialization and is done only temporarily (Beaty, 1990). Sharing, as well, is age-related, with older children more likely to do so. Both solitary play and sharing are influenced by the interactions children have had with their peers (Webb, 1975). According to Beaty (1990), the more children at home (i.e. siblings), the better response children will have to playing with peers at schools. I was interested to see if this could extend beyond the home to the orphanage setting where children and their peers are always together.

My aims at working at the children's home are to study the children's socializations patterns, adjustments and behaviors. I believe that the children living at the Home are (1) more aggressive due to their situation without a family environment or family love, (2) quick to attach to adults due to their lack of a definite attachment to any one primary caregiver, and (3) more susceptible to playing in group settings and sharing because of their familiarity with their peers. In order to accomplish my goals, I first needed to develop a concrete understanding of how the Home works – how and why the Home began, the physical organization of the Home, how it works to raise its children and help them thrive and how staff is involved. Furthermore, an understanding of some of the children through case studies was needed. With these objectives, I began my four week internship at Osu Children's Home.
METHODOLOGY

In visiting orphanages in the Accra area, I originally wanted to be stationed at SOS Village in Tema. Upon my first visit there, I was impressed by the beautiful grounds, accommodating houses and friendly staff. However, the director of the village was out of town during the critical periods of having to create a definite topic. Without the director present, I did not have the permission to work at the village. I was given unpromising advice by the assistant at the village headquarters telling me that people plane their volunteer service at the SOS Village before even coming to Ghana. Worried about being able to work at an orphanage, I spoke to Yemi who referred me to Dr. Nana Abayie Boaten I. Fortunately he gave me some information about Osu Children's Home and a letter of introduction to the director, Helena Obben Asamoah.

With the letter of introduction, I visited Osu Children's Home only to be told that I had to get written permission from Mr. Oyeh, the director of Social Welfare at the Ministries. Obtaining his permission was not difficult as he merely read my letter of introduction, asked me about America and gave me his approval. With his permission to work in the children's home, I went back to Helena, the director, and was given the assignment of working in the day-care center.

On my first day at the children's home, Helena gave me basic information about the organization of the Home just to familiarize me with it before I began interaction with the children. For my first week in the day-care center, I had informal interviews with the staff in the school to learn of the basic workings of the school, the Home and about the children. I did this because I wanted to establish myself as a volunteer concerned about the children rather than merely a student wanting to get information for a paper. The two women and I were able to become more comfortable with each other and familiarize ourselves with each other in this way. During this first week I also visited the home units and nursery to see the dynamics of those places. In my visits I spoke to those
housemothers and volunteers conversationally to obtain basic information about the Home.

I formulated two lists of questions for interviews. Set 1 was designed for the director and inquired into more technical questions, such as the process by which children are admitted into the Home. Set 2 was designated for the staff. Its focus was on the staff's individual interest in the Home and the feelings of the staff toward the Home, e.g. if the objectives are being met successfully. During the second week of ISP period and beyond, I formally interviewed staff with whom I had great contact. I chose to limit my formal interviews to these few people because I felt they were most comfortable with me and most willing to give me their detailed accounts. However, still I was speaking to other staff members informally to learn more about the Home.

I was interested in the specific occurrences which brought the children into the Home. I was given permission to read the confidential cases studies of a few children. However, I was only given access to the cases that were readily available so that limited my research. Furthermore, I wanted to obtain information on the staff as a whole. I was able to see a listing of their length of time at the Home and their position, but nothing further. I wanted to develop a complete staff profile based on educational background, age, ethnic origin and what effected their involvement with the Home. However, I found that it was more difficult finding out information about the staff's history than the children's. Because staff applies through the Department of Social Welfare, their files are kept with that office rather than at the Home, thus making their backgrounds more confidential.

My primary source of collecting data was through participant observation in the classroom. From my first day I was integrated into the class as an Auntie, as the children refer to the teachers, and in charge of the class as the other Aunts were. I was grateful for this because it gave me the opportunity to get acquainted with the children as
individuals rather than merely as case studies. With this method of research, I was able to interact with the children and learn with the children.

Although participant observation was invaluable in affording me first hand accounts of the children's behaviors, it was problematic as well. My presence in the classroom changed the dynamics of the class environment. For example, I played with the children which changed the nature of the class because the teachers do not interact with the children at all during playtime. Therefore, my participation (and presence) made it problematic because I did not experience the true atmosphere of the class.

I would have liked to have used nonparticipant observation in my research, however, it was impossible to accomplish. With nonparticipant observation I could record more detailed notes on occurrences as they happen. This would add to the descriptive quality of the children's behaviors and give a more accurate account of daily events. Overall, it would effect more validity in my research in that I would not have to remember events to record but would be recording them as they happen. This proved impossible to do because the children were always present and I did not want to ignore them. During playtime, which was the best observation time, the children and I interacted. Even when I tried to record certain events quickly while they played, the children would not allow me to for long, as they would pull on my pen and notepad to stop my progress. I attempted standing to observe to make my writing tools out of their reach, but the children would halt my progress by hanging on me to get my complete attention. During class time, as well, I could not record events because I was sitting with the children who frequently sat on my lap or pulled my pen to stop my writing. I contemplated observing through the back window to get the true dynamics of the class without my presence, but the children would have seen and followed me.

It would have been beneficial to speak to more staff to learn of their reasons for being involved with the Home and if they feel the Home is accomplishing its goals. In
limiting my formal interviews I limited my detailed information about and from the staff as well. However, while it would have been interesting and informative to speak to more staff, my main focus in my four-week study was on the children and the Home rather than the staff. Staff does affect the children's lives greatly though, so in further studies or with more time I would interview more staff.

It would have been very informative to speak to the older children of the Home to get their views on Home life. However, I found this problematic for two reasons. First, the children did not feel comfortable talking to me, but I instead just smiled at my questions. I thought this might be due to a language barrier and their simply not understanding me. I soon decided, though, that this was only a small part of why they were so silent. I feel they also just did not want to talk, did not know what I was asking or why and felt more at ease not talking to me. My questions were problematic for a second reason. I didn't want to approach such issues as "How does it feel to live in an institutional setting?" or some more tactful derivative of the question. I felt that questioning the children on their likes and dislikes of Home life would make the children feel sad or troubled by their situation. In further studies, it would be beneficial to see the children's views on the Home, if the questioning technique can be done in a tactful way. Perhaps with further field time I could have established a bond with the older children which would initiate their sharing with me about such issues. However, time constraints did not allow this type of relationship to occur between the older children and myself.

I recorded my information daily. In class, when possible, I took notes on specific behaviors and events. During snack time, which occurred in the middle of the morning, I was able to take notes on the first half of class. This aided in the recording of reliable data
because I could recall events more vividly. Immediately after class, I recorded a detailed account of the day’s events in my ISP notebook.
Osu Children's Home was established in 1949 by the Ghana Child Care Society comprised of some expatriates and Ghanaian philanthropists. Its goal was to provide institutional care for children deprived of a normal family life. Initially the Society functioned by providing foster care for the children in need of care. In the following years, the Society founded the first home, located in a single story building in Kaneshie, outside of Accra. The Kaneshie home provided the children and staff with one large and two small bedrooms, a dining/play room and a small office space. Early in 1962, the Society bought a plot of land at what is now the Osu Children's Home and it moved the children to these new premises. Six months after the move, their government took control of the Home and placed it under the Department of Social Welfare. The Department is currently responsible for the Home in Osu, as well as two others, one in Kumasi and one in Tamale to house the Ashanti Brong Ahafo Regions and North and Upper Regions, respectively (Apt, 1975).

Osu Children's Home is a government run institution. However, government funding does not cover all of the Home's expenses. The government pays the employees salaries and gives money to the Home at the end of every quarter. This money is quickly spent, making it last barely one month. The electricity and water bills are very high causing the Home to be currently in debt (personal communication, Selina Doutey 24 NOV 97). Also, with medication costs so high for the children, the government money is insufficient (personal communication, Helena Obben Asamoah 19 NOV 97) Many children come to the Home in very critical condition and much money has to be spent on medication and food to help them achieve good health. Although the Home has a senior nurse on staff and a doctor visits regularly (Mondays and Thursdays), more serious ailments often affect the children. Hospital visits and medication are very expensive and must be paid for by the Home (personal communication, Millicent Addy 24 NOV 97).
Both individuals and organizations make contributions to the children's home in the form of cash and goods. According to the director of the Home, Ghanaians have a "take care of your people" attitude making local contributions significant. During my first week at the Home (10 NOV 97) twenty cases of country milk were donated by a local market. Foreign funding is great as well. For instance, Gold Star often makes contribution and World Vision International is helping to develop the grounds (personal communication, Helena Obben Asamoah 19 NOV 97). Outside contributions play an important role in helping the Home to run effectively.

The children's home organizes many events to raise funds. A social center is on the grounds and is often rented as a hall for outside events. A catering service and large kitchen is being arranged on the grounds of the Home to cater for these specific events for those who hire the hall. Above the administrative office are three bedrooms that can be rented out as accommodations for those hiring the hall. A guest house, as well, is being built with funding from World Vision International (personal communication, Helena Obben Asamoah 19 NOV 97). These activities all serve the purpose of bringing in more money to cover the Home's expenses.

Money is also brought into the Home through the day-care center. The outside children who attend the school must pay a fee of 6000 cedis per month to attend the school. This fee was recently increased by 3000 cedis. Even with the increase, the parents still send their children to the school because it remains cheaper than other schools and provides a snack which other schools do not (personal communication, Helena Obben Asamoah 19 NOV 97).
THE HOME CHILDREN

This section will be divided into three categories as follows: (1) how children are admitted into the Home, (2) children's care within the Home, and (3) how children are discharged from the Home.

* Admittance

The Home currently serves as an abode for 52 children. There are several reasons why children are admitted to the Home. Children entering the Home can be classified under the following groups:

(1) Abandoned – Neither parent nor family member can be traced or a parent, usually the mother, has left the child in the care of the other parent,
(2) Death of a Parent – The mother dies during childbirth and neither the father nor any other family member is willing or able to care for the child,
(3) Destitution – the parents are poverty stricken with no income or home,
(4) Physical and/or Mental Disability of a Parent – A parent, most often the mother, is hospitalized in an institution due to a disability,
(5) Conflict Situations - A parent requires the temporary care for the child until a situation improves (Apt, 1975),
(6) Parent Imprisoned - A parent, usually the mother, is serving a prison sentence and needs care for the child (personal communication, Helena Obben Asamoah 19 NOV 97).

As evidenced from the reasons why children enter the Home, it is clear that many cases deal with deceased mothers and fathers who cannot raise the child alone. This supports the old Akan adage, "When the mother dies, the child has no family" (Apt, 1975).

Children enter the Home by being referred from police services, the Department of Social Welfare, hospitals or by individuals. All sources must provide reports to
authenticate the need to admit the child (see Appendix A for referral sheet). Children enter the Home at any age, but generally infants and young children are brought into the Home for care. Only in the past ten years have older children (age 8 to 10) been referred to the Home for safekeeping (personal communication, Ivy Assimah 21 NOV 97).

* In-Home Care

The Home has four housing units. The nursery accommodates up to twenty babies from birth to age two. There are three units for children aged two and above which accommodate up to sixteen children. In all four units there are housemothers living with the children. Of these housemothers there is one childcare officer, trained in child care, as well as two assistant childcare officers in the older children's units and three assistants in the nursery.

On the grounds of Osu Children's Home are a social center, a playground, a day-care center, staff quarters, an administrative building and the director's home, in addition to the four housing units. The social center serves not only as a hall to be hired out, but also as an assembly hall for Home programs, i.e. indoor games, videos and church services. Church is held in the social center every Sunday by a Sunday school teacher. A playground is available for recreation for the children (see Appendix B1). A playing field for outside games is needed. As of now the children have no safe open grassy area to play. Only a gravel parking lot is available for outside games (personal communication, Selina Doutey 19 NOV 97). Indoor games are in each home unit for the children's play activities. The day-care center is run for children aged two to five years, however there are a few children above the age range also. The center is open to Home children and outside children for a fee (personal communication, Millicent Addy 24 NOV 97). The staff quarters house approximately nine housemothers. The day-care center and staff quarters will be the focus of later sections of the paper.
Counseling is available to the children by area churches and by two trained social workers on staff. Helena, one of the trained staff, counsels in an informal environment, not her office, to make the children comfortable. Oftentimes she will bring them into her home or take them on a weekend excursion to talk. She makes an effort to counsel every new child during his early adjustment periods (personal communication, Helena Obben Asamoah 19 NOV 97).

* Discharge

As alluded to earlier, most of the children in the Home have families and are not orphans. For those children who were abandoned, after being admitted to the Home, police investigations or investigations by the Department of Social Welfare begin the search for the child's family. If relatives cannot be found, the child is placed for adoption. As of now only approximately four children are eligible for adoption (personal communication, Helena Obben Asamoah 19 NOV 97). One healthy infant and one healthy boy have a bright outlook for adoption. One of these children, however, does not speak, but can understand, a Ghanaian language. Efforts are being made to get him speaking in order to more easily discharge him.

Of the other children, one is a physically and mentally ill infant and the other is a mentally ill boy. The outlook for adoption seems much more dim for these children, as most couples do not desire a disabled child. For disabled children in the Home, they are provided with the education for which they are capable and a trade to master. When they reach an employable age, they are settled outside of the Home. A 22 year old mentally ill man remains at the Home as he masters his trade as a tailor. He lives in a home unit in his own bedroom (personal communication, Helena Obben Asamoah 19 NOV 97).
The adoption process is an extensive one, which entails the prospective parents applying through the Department of Social Welfare. They must submit to an investigation on their background, including questions on the couple's age, marital status, income, educational background and occupational history. A committee at the children's home discusses and decides if parents are suitable. A reason for not being chosen as an adoptive parent may be that the parents are suspected of having ulterior motives for the child, such as using him for cheap labor. However, staff is trained to detect such hidden agendas (personal communication, Helena Obben Asamoah 19 NOV 97).

People are not chosen as parents if they have other biological children. While people can adopt more than one orphaned child (after going through the application process again) and siblings are placed together, the prospective parents must give proof to his or her infertility (Heather Wahl, ISP, Spring 1995). This is the case because it is the belief that the adopted child will not be fully integrated into the family by his siblings (personal communication, Helena Obben Asamoah 19 NOV 97). Furthermore, it must be ascertained whether or not the extended family will care for the child and share any inheritance as they would with blood relations, if the adoptive parents die (personal communication, Selina Doutey 24 NOV 97).

For those prospective parents who are accepted, they are placed on a waiting list. Due to the small number of children eligible to be adopted, the waiting list is quite long. Also, people oftentimes want to adopt babies to make it seem as if the child is a biological offspring. Older children are less likely to be adopted because they tell others they are from Osu Children Home, thus breaking the confidentiality (personal communication, Ivy Assimah 25 NOV 97). When a child is available, before she can be officially adopted, she is placed in foster care with the family for a minimum of three months. During this time a childcare officer from the Home visits periodically to monitor the child's adjustment and suitability to the home. If all is acceptable after the three
months, the adoption is approved (personal communication, Helena Obben Asamoah 19 NOV 97).

The role the Home plays in the child's life after adoption is virtually non-existent. Case workers visit the children after adoption to insure that no maltreatment is occurring, but this investigation is brief. No staff at the Home may have contact with the children, as adoption is completely confidential, with no housemother having knowledge of where the child has been placed. This confidentiality about adoption is a result of the Ghanaian system of family which attaches a stigma to not being able to bear children and having to adopt non-blood relations. The law is currently being reviewed about the role of the Department of Social Welfare after adoption in order to insure that the child is well cared for (personal communication, Helena Obben Asamoah 19 NOV 97).

Abandoned children spend the least amount of time in the Home. Children who have relatives are most likely to spend a greater amount of time in the institution. It is the belief of the Home that the institutional environment is not beneficial to the healthy development of the child (personal communication, Millicent Addy 24 NOV 97). For this reason great efforts are made to contact the extended family members to care for the child so that the child can be raised properly outside of the children's home. However, for those children with interested family members, the family most often is in no rush to remove the child from the Home (Apt, 1975). One girl, Mary, for instance, is two years old and has an interested relative. However, her aunt will not take her out of the Home until she is of school going age because the aunt works all day and cannot care for a very young child (personal communication, Ivy Assimah 25 NOV 97).

Families will rarely say they do not want a child because it is not the Ghanaian way, according to the director (personal communication, 19 NOV 97). However, there are many cases of families giving the child to the Home for temporary care, as is the case with Mary, because they cannot provide care at the time. In rare cases when a family does not want a child, the family must sign a statement forfeiting any rights to the child. If this
statement is not signed and no interested family member is found, the child remains at the Home while the investigators continue to search for more relatives and attempt to convince existing family of the need to remove the child (personal communication, Millicent Addy 24 NOV 97).

Although the goal is adoption, the children are not placed with any interested family member to achieve the desired result. Extended family is screened and researched just as are other prospective parents. Most children do have interested family members. Some family members have not been approved while others simply cannot care for the child at the time. The oldest child, a 15 year old boy, has an interested mother who is currently unable to give him proper care. During my first week at the Home, the numbers dropped from 65 children to 52, proving that children are being discharged. These children, ages two months to three years, were taken out by their extended families. Upon discharge from the Home, a form is filled out to see the adoption (see Appendix C for discharge sheet).
STAFF PROFILE

There are fifty-two staff currently employed at Osu Children's Home, including 1 director, 5 childcare officers, 16 childcare assistants, 18 assistant childcare officers and a host of other workers, including a typist, a laundress, a seamstress, a cook and others. Child care officers have been trained in the field and have earned certificates in child care. Assistant childcare officers are the beginning rank of housemothers and can be promoted to childcare assistants with time. The staff is hired through the Department of Social Welfare and assigned one of the three children's homes, in Osu, Kumasi or Tamale (personal communication, Helena Obben Asamoah 19 NOV 97).

The housemothers have been employed from 1960 with no new housemother hired since 1985. Few housemothers have left their service since being employed at the Home. Love of children and a great enjoyment due to the job are why two housemothers, Selina and Ivy, stay at the children's home. According to the director, in general the staff stays so long not because of personal satisfaction and the benefits of the job. On the contrary, Helena asserts that the salary is low, the accommodations are bad and there are little benefits. However, it is not easy to find another job. She continued to tell me that the education of the housemothers is low so they will not be hired elsewhere (personal communication, 19 NOV 97). In order to be a childcare officer, it is not necessary to have a high education. Due to the old educational system, a certificate in basic education, a middle school learning certificate and basic training in childcare could get a woman a job as a housemother. An educational reform occurred in 1987, however, no new staff member has been hired since 1985. Having no new staff could serve a good purpose in effecting consistency in the children's lives. However, it also could be a negative finding as the women may become worn out, overworked and no longer enjoying the job, thus making them only work for the pay.
Some staff are housed with the children in housing units. One childcare officer and two childcare assistants live in the Home. These staffs have the best accommodations with each housemother having two rooms – a bedroom and a hall (personal communication, Ivy Assimah 25 NOV 97). They share the bathroom with the children but there are separate stalls for the staff and children. Other staffs who live on the grounds are housed in the staff quarters. These accommodations are less comfortable, according to Selina (personal communication, 24 NOV 97). In one staff quarter, six staffs are housed together with the women sharing two bathrooms and three small kitchens. In the other staff quarter, the three women have their own bathroom and kitchens. The housing is not sufficient to accommodate the staff comfortably. Staff lives off grounds as well.

The staff at the Home works eight-hour shifts seven days per week, with the exception of the housemothers who work in the day-care center who have their weekends free. These housemothers in the day-care center are those who are ill, injured or otherwise unable to work demanding hours but still want to work at the Home. In the nursery, in addition to volunteers, between two to four staffs are on duty during the daytime. At night, one or two staffs work, depending on the number of available staff. In each of the home units, two or three staffs are on duty in the daytime and one staff works the night shift. Those staffs who live on grounds are overworked because when outside staff cannot come to work, the In-Home staff must work their shift (personal communication, Selina Doutey 24 NOV 97). Shifts rotate so that staffs are able to have free weekends to attend church (personal communication, Ivy Assimah 25 NOV 97). Staffs are assigned to work in one particular house in order to know the children well and maintain consistency in the children’s lives.
CASE STUDIES

The children at Osu Children's Home are in the Home for a variety of reasons. Four year old Sena was under my direct supervision in the day-care center. She was admitted into the Home at two weeks old after her mother died in childbirth and her father was unable to care for her. Her condition upon admittance was bad in that she was severely underweight and lacked strength. Her health is greatly improved now, however she has troubles in school. She is not progressing as a normal four year old child in that she rarely speaks in school and cannot recite her alphabet or numbers (personal communication, Ivy Assimah 11 NOV 97). The Home is currently attempting to find relatives to take her out of the Home, but as of now there is no family member willing to take her.

Abena is an eight years old girl in the day-care center. She was brought into the Home during the week of 10 NOV 97. Her parents died when she was an infant and she was cared for by neighbors in her village in the Volta Region. However, when she got older, her caregiver's biological children would not accept her as their family so she was forced to leave. This is the fear of the Home in having children adopted into families with biological children. She is currently adjusting well at the Home and is being counseled by the director to curb any future problems that might arise from first entering the Home (personal communication, Helena Obben Asamoah 19 NOV 97).

Daniel Kofi, an eight years old boy, was brought into the Home within the past year. It appears that his mother sent him to steal a hen and he was apprehended by the police. As his mother is a beggar, he was brought to the Home for safekeeping (personal communication, Ivy Assimah 25 NOV 97) Nana Kwame, a three year old, has a mother alive as well. However, she is currently in a mental hospital and cannot care for him. Her family is arranging to have him placed in their care (personal communication, Ivy Assimah 14 NOV 97).
The following are reported case studies which document specific children within the Home. Two are police referrals, two are hospital referrals and one is a prison referral.

* Kwabe

Kwabe is a 5-year-old boy admitted to the Home 22 SEP 97. A man found him loitering at Domi Railway premises, saw he could not give his name or that of his parents and sought police assistance. Police brought him into the Home in fair condition. The Home has since taken the necessary action in caring for Kwabe while investigators search for his family.

*Patience Wren

Patience, a 12-year-old girl, was admitted to the Home 26 MAY 97. She was sexually molested by a family member and brought to the Home for safekeeping. A report dated in August 1997 stated that her aunts wanted to take custody of her and take her through the United Nations Refugee evacuation program to Liberia. They requested to take her in September, but the Home did not allow her to go. Her case is still in discussion at the Home because the caseworkers do not know the family’s situation in Liberia. According to the director, Patience most likely will not be allowed to go into the custody of her aunts (personal communication, 20 NOV 97).

* Kwame Mensah

Kwame, an 8-year-old boy, arrived at the Home 26 JUL 96. According to his record, his mother traveled with Kwame to Ghana from Cote D'Ivoire very sick, checked
into Korle Bu Hospital and died there three days later. He was exposed to "moral and physical danger" if he was not given care in the Home. His extended family is unknown, but the hospital requested "for his admission for care and protection while investigation continues." He has monthly doctor exams at the Home to monitor his progress and seems to be adjusting well; his reports say "Kwame is doing nicely," but nothing more descriptive.

* Atsu Agorde

Atsu, a 3-year-old boy, was admitted to the Home 31 OCT 95 after a dispute began over his parentage. On 28 FEB 95, the baby, who was suspected to have been stolen from a woman, was brought from Dodi Papase by the police to the Ho Hospital nursery. As of 27 SEP 95, there was great controversy surrounding the case being handled in the Ho High Court. The woman was placed under arrest at Ho prison. As the hospital was not a good environment for child development, the hospital Welfare Unit sent Atsu to Osu Children's Home for proper care. On 31 DEC 96, Atsu was moved from the nursery into home unit 3 in fine condition. His parentage is not clear yet, although a man claiming to be his father has been granted permission to visit him, but not take him away.

* Masuru Moro

Masuru Moro is 15 months old and was admitted to the Home 29 JUL 97. His mother was sentenced to Sekondi Female Prison for nine year convicted of fraud. The law states that imprisoned mothers cannot care for their children so the need existed to remove Masuru from the prison environment in order to give him proper care. His father cannot care for him because he is running from the debtors after him to settle his wife's
debts. The woman's relatives are all dead and the man's relatives will neither see him nor his child due to his wife's "antisocial behavior." Efforts are being made to persuade the man's family to take custody of the boy, but until this occurs the prison aftercare agent recommended that, "the child be admitted for twelve months and the father pay childcare expenses of 20,000 cedis per month." Currently the man pays when he is able to, but the relatives have not yet agreed to take Masuru (personal communication, Helena Obben Asamoah 20NOV97).
THE DAY-CARE CENTER

The day-care center currently is a school for 43 children, 28 boys and 15 girls. The day-care facility originally was intended as a garage, but was converted to the school. A priority of the Home is to expand the school in order to accommodate more children from the outside to bring in more funding to the Home (personal communication, Helena Obben Asamoah 19 NOV 97). Children from the outside are admitted to the school in order to interact with the Home children. Twenty-one of the children are from Home, making twenty-two from the outside. In addition to the nursery school-aged children, there are older children who have entered the Home with no previous school record in the classroom, as well. It is not known what educational level they are at so they must begin at the most basic level and progress with the other students. This accounts for the 7 and 8 year olds in the classroom.

The school uniforms are brown and white checkered outfits. However, the Home cannot afford to buy these uniforms for the Home children so they, along with a few outside children, wear either the orange and brown school uniforms or blue or red checkered shirts. This distinction in clothing makes it easy to differentiate between the children. This distinction does not necessarily serve a good purpose as it may breed segregation amongst the different uniform-wearers, thus between the Home and outside children. I did not observe this to occur, though. It does, however, serve as a physical showing of who is an orphan and who is not.

The class day runs from 8:00 a.m. until 3:15 p.m. (see Appendix D for daily schedule). Each day the class was quite consistent with morning assembly, age related activities and final assembly constant. Morning assembly (see Appendix B2) involves standing in gender specified lines and greeting the teachers, singing songs, reciting the national pledge and the Ghana National Anthem and praying for a good day. The children are taught to pray by closing their eyes and clasping their hands and also taught to greet
adults by saluting for the boys and curtsying for the girls. The age related activities involve dividing the children according to age, with the two older groups practicing writing the alphabet and numbers on alternate days. The younger children, who I supervised, have play time or story time which very often ended up as examining the pictures and colors of the books. At lunch, the Home children go to their home unit and the outside children eat their box lunch in the school. The final assembly involves saying good-bye to the teachers and prayers for a good evening.

The setting of the day-care center is in a two-room building (see Appendix B3). In the classroom (see Appendix B4), there is one wooden teacher's desk in the front of the room with five white wooden child-sized picnic tables and eleven child-sized chairs throughout the room. A chalkboard is in the room with the alphabet written in capital and lower case letters. The yellow and gray walls are bare with the exception of two posters. Eight windows open to the outside allowing a breeze into the classroom.

A door separates the classroom from the playroom/snack room. In this room (see Appendix B5), there are six square tables with sixteen child-sized seats on top of them. These are used for snacks, the outside children's lunch and outdoor study. Two cabinets are in this room for the purpose of holding supplies, i.e. books, posters and toys. Three wooden shelves hold other materials, such as toys and bags, as well. Two large boxes of toys are stationed in the corner for playtime use.
CHILDREN'S BEHAVIORS

Upon my first day in the day-care center I wanted to know how I could differentiate between the Home and outside children. In asking Ivy how I could tell the difference, she said, "the Home children are bad, stubborn and rude," so I could easily tell (personal communication, 10 NOV 97). By my second day, I could already pinpoint which child was a Home child, by his behavior. With this distinction between the two groups, I decided to examine the children's most noticeable behaviors: aggression, attachment and play patterns.

* Aggression

During my weeks at the children's home, I was actively breaking up fights between children. Fights began over rights of possession as in one child hitting another who took his toy and beginning a fight. During playtime, many fights occurred. On average, anywhere between eleven to sixteen fights occurred in the three hour morning session. Oftentimes children would take sides and partake in the fight. Abena and Kristi, both outside children, joined forces often to fight other children who took their toys.

Using the frustration-aggression theory where those experiencing frustration may tend to aggress more frequently, several children aggressed at people not directly related to their anger, as the theory states is a common result (Myers, 1986). If I was near, Salamey, a home child, would hit me if someone took her toy or if she could not take someone else's toy successful. Mary, a home child, would often physically strike out at me when she lost possession of a toy.

Children see others' aggression and model that behavior. Because children learn by example, it is important not to use aggression to combat aggression (Billingsley, 1996). Models of aggression were evident in the children's reprimanding of others with
sticks. Ivy's method of discipline is to hit the children on the head with a stick if the child misbehaves. Very frequently, I saw children walking around the classroom slamming down sticks and hitting each other with them. Nana Kwame, a 3-year-old home child, carried a plastic toy during playtime and hit whomever came near him in the head, as Ivy does when children misbehave. As the older children are the ones to settle the younger children, they often use forcible slaps and pushing to effect order amongst the younger ones. Ivy also practices the "eye for an eye" method of revenge and encourages children to do so. For instance, Abena was pinched on the cheek by Sammy, an outside child, so Ivy told Abena to pinch back, thus perpetuating further aggression.

Not wanting to practice and enforce the use of aggression to halt misbehavior, I asked what is done to stop children when they do not listen. I was told by both Selina and Ivy that they allow them to continue. However, I observed this not to be the case because the children stop when Ivy or Selina reprimand them. It was me and the other "Blofonyos" as the children referred to us (Ga word for the Twi "Obruni" or white), who the children disobeyed. I thought their not listening might be due to a language barrier, but even gesturing my displeasure was not effective. I thought my using Twi would shock them into obedience, however, they would just laugh and repeat my "Daabi!"

The most frequent aggressors were Sammy, Abena and Kristi of the outside children and Nana Kwame, Mary and Salamey of the home children. From this it is apparent that, in frequency, both home children and outside children exhibited equally aggressive acts.

* Attachment

The first day of class, I walked in and immediately children began hanging on me, following me, holding my hand, petting me and sitting on my lap. During class time, I would sit with the children. Regardless of with what age group I sat, I became the center
of attention with children attempting to hold my hand or sit on my lap. The ratio of home children to outside children hanging on me throughout my internship averaged to be 4:1 children in a given time. The most frequent ones attached to me were Sena, Kwame Aku and Kwabe from the Home. The outside children were less consistently attached to me making not one child the most frequent.

One home child, Kwabe (see case study, p. 21), attached himself to me from my first day. He rarely spoke except to tattle on someone taking his toy, but communicated most often by pouting. He made a point of sitting by my side at most times. Oftentimes he would nestle up to me, put my arm around him and put his head in my lap. Kwabe was very possessive of me, not letting others get close by my side. In one instance during playtime, when he left my side to retrieve a toy, another boy took his seat. When Kwabe turned around and saw the boy next to me, he frowned and cried until his seat was returned to him. I would often attempt to get him to play with the other children, but he insisted on staying by my side.

The children in the Home especially attached readily to any caregiver. Peggy, a volunteer from Denmark two days per week, had the same experience I did in having the children cling to her. Erika, as well, a Ghanaian American, volunteered once and had a swarm of children, most from the Home, by her side. These actions by the Home children show that they are not strongly attached to any one caregiver, but attach readily to any adult.

* Play Patterns

Generally amongst the younger children, sharing did not occur. This, though, is normal for two and three year old children. Few children shared completely or did not share completely all the time, with the exception of a few. Kwabe, refused to share, but
would cry if someone tried to take his toy or play with him in a game. Other children would not share initially and would cry if someone attempted to share toys. However, after comforting the child, she would readily share.

The younger children would often play alone. Usually when playtime involved the older children, group play would be initiated. However, some children always played alone. Nana Kwame from the home, would frequently sit by himself and play while others interacted. He seemed unresponsive to others games, but played happily by himself, neither sharing his toys nor taking others' toys. The younger children enjoyed playing game in which they would push their chairs around the room in a circle. Once one began this, most would join with their own separate chair. However, this was not indeed a group activity, but rather a parallel activity with the children acting as separate units doing the same game.

I wanted to test the children's ability to work as a group. I brought out a stack of legos, sat down on the floor and began building. In a short time, group of children joined me in my building. Sena, a home child, and Abena an outside child, brought legos from the toy box to the group. Three other children, Kristi and Paul, outside children, and Kwame Aku, a home child built with me. It began wonderfully with our group building together an another group of four building together at a nearby table. Then the children became restless and greed took over. Nana Kwame came over and initiate taking his own legos and other children followed his lead to build on their own. For the children who wished to continue the group project, the legos were diminishing and children were
crying and fighting and in attempts to retrieve their legos. What began as a peaceful group project ended with my breaking up fights and comforting crying children.
CONCLUSION

In my work with the Osu Children's Home I achieved a greater understanding of the workings of an orphanage in Ghanaian society. However, I still am left with many unanswered questions some of which have no definite solutions and others did not have the time in my four weeks to be tackled. It seemed as if every question I had led to several more questions that needed further study.

From my internship I learned that there is an active process to get the children adopted. The Home is not just placing the children with any family in order to get them adopted, but care is taken to get children placed in a good family environment. Adoption at early ages is most non-disruptive to the child (Myers, 1986). However, at the children's home, children are generally admitted and left at the Home for a significant period of time.

It is beneficial, I feel, to have extended family play such a large role in the adoption process. However, due to the Home oftentimes wanting the child to be placed with the family more than the family wanting to take the child, children end up in the Home for many years, just waiting. Keeping extended family involved leaves the children generally remaining at the Home either (1) waiting for family to be found and convinced of the need to adopt, (2) waiting to reach a certain age to be adopted, or (3) waiting to have family give up their rights so that the child can be adopted by an outsider.

Nobody knows what the consequences of growing up in an institution will be for the children or what effect it will have on their adult lives. It seems though that, especially in this family oriented society, the effect of having no family would be very detrimental to the child's development. Alternate methods of care may be an option. Foster care is a good alternative if it can provide consistent, quality care. Too often, though, foster care occurs with the child moving from foster family to foster family. This care proves to be negative in such unstable forms (Myers, 1986).
Working in the day-care center was an excellent place to accomplish my objectives in that I had a comparison study between the outside and Home children. However, the difference between the two groups was not so apparent. I expected to see a sharp contrast between the children and, although I noticed a distinction initially, it soon disappeared. It is not so easy to say the Home children are more aggressive, more clingy, play in groups and share, whereas the outside children are the opposite. Some Home children exhibit such patterns and others demonstrate absolute differences.

Initially I felt the Home children were more aggressive than the outside children. Perhaps this is due to the psychology term of the confirmation bias, the seeking out of information which confirms one’s perceptions (Myers, 1986). Given Ivy's description of Home children as bad, I looked to confirm these assumptions. However, it soon became clear that the Home children and outside children are equally aggressive.

The children in the children's home did prove to be less strongly attached to one caregiver and instead were attached to any susceptible adult. As Beaty (1990) asserts, in order for children to develop successfully, they must have achieved a healthy separation from their primary caregiver. Lack of attachment leads to failure to thrive. The Home children, not having had a primary caregiver, exhibited signs of deprivation of a definite attachment in that they attached to anybody.

I assumed that the Home children would seek others to play with and share readily, even at a young age, due to their familiarity with their peers in living with them. This was not the case, however. Younger children more frequently played alone and did not share, while older children played in groups and sometimes shared, as the literature on child development suggests. This shows that there is not a defined difference between children raised in the children's home and those from the outside, according to these play patterns.
I feel the children behaved the ways they did due to a need for attention. The children aggressed frequently to get the teachers to notice them. So often the only comfort a crying child needed was a smile or an "It's okay." The children attached themselves to me to get my complete attention. The children did not share and cried if someone took their toys only to oftentimes begin sharing once I focused on their play. I understand now that the children need hugs and affection to make them content. I attempted to fulfill that need the best I could. Did I feel that my presence disrupted the class environment? Yes. The children did misbehave more with me than with the other teachers. However, I feel that part of this is because I would pay more attention to their cries and comfort them instead of ignoring them.

I did not want to add inconsistency to the children's lives just by entering the Home for the four week period only to leave having done nothing substantial. I could have just sat in on class and taken notes (or at least tried to), but I wanted to be a part of the classroom environment. With this, I made it my goal to be a positive influence. I would not discipline the children by hitting them if they misbehaved. I would not ignore their crying and continue on with my own activity. I would not allow them to fight and scream at each other. I wanted to show by example that there are better measures to acquiring a desired result than fighting. I wanted to show that I was not going to discipline their aggression by aggressing back. I focused on reinforcing positive behavior through affection, hugs and attention. This behavior, I hope, the children, both from the Home and from the outside, will incorporate into their daily lives.
REFERENCES


Millicent Addy, 24 NOV 97, Osu Children's Home
Helena Obben Asamoah, 19 & 20 NOV 97, Osu Children's Home
Ivy Assimah, 11, 14, 21 & 25 NOV 97, Osu Children's Home
Selina Doutey, 19 & 24 NOV 97, Osu Children's Home
Olayemi Tinuoye, 29 OCT 97, SIT academic director

Case Studies at Osu Children's Home
APPENDIX A

CASE FORM – CHILDREN’S HOME

Name of Child: ........................................ File No.: ........................................

Date of Birth: ........................................ Sex: ........................................

Date of Admission: ........................................

Nationality or Tribe: ........................................

Height on Admission: ........................................

Condition on Admission: ........................................

Name of Father: ........................................

Occupation and Address: ........................................

Name of Mother: ........................................

Occupation and Address: ........................................

Cause of Mother’s death (if deceased): ........................................

Name and address of any other relatives (State Relationship): ........................................

Reasons for Admission: ........................................

Vaccination Against, Date:

Small Pox: ........................................

Yellow Fever: ........................................

Typhoid Fever: ........................................

Vaccination Against,

Whooping Cough, Diphtheria, Tetanus

Date: ........................................

Previous Medical History

Whooping Cough: ........................................ Measles: ........................................

Tuberculosis: ........................................ Malnutrition: ........................................

Ovalia: ........................................ Chicken Pox: ........................................

Unusual Conditions: ........................................

Referred by: ........................................ Date: ........................................

Received by: ........................................ Date: ........................................
APPENDIX B

B1: Osu Children’s Home Playground

B2: Day-care center – Morning Assembly
B3: Day-care Center Building

B4: Day-care Center Classroom
B5: Day-care Center – Playroom
OSU CHILDREN'S HOME

CERTIFICATE OF COLLECTION

Name: __________________________ Region: ________________

Name of Child: __________________________ Sex: ________________

RegNo: __________________________ Religion: ________________

Tribe: __________________________ Date of Birth: ________________

Place: __________________________

Parent/Guardian's Name: __________________________

Date of Admission: __________________________

Date of Discharge: __________________________

Time of Discharge: __________________________

I, the undersigned have this day of ________________

19... collected from the children's Home: __________________________

my child/ward: __________________________

Name of Collector: __________________________

Address: __________________________

Relationship: __________________________

Signature: __________________________

Witnesses:

1. Name: __________________________
   Address: __________________________
   Occupation: __________________________

2. Name: __________________________
   Address: __________________________
   Occupation: __________________________
APPENDIX D

Daily Schedule:

8:00 - 9:00   Arrival and Free Activity
9:00 - 9:20   Morning Assembly
9:20 - 10:00  Age Related Group Activities
10:00 - 10:30 Snack
10:30 - 11:15 Age Related Group Activities
11:15 - 11:45 Clean up and Toileting
11:45 - 12:35 Lunch
12:35 - 2:30  Rest Period
2:30 - 3:00   Toileting and Dress Up
3:00 - 3:15   Final Assembly
3:15          Home