BATSWANA CULTURAL BELIEFS AND PRACTICES -
IMPLICATIONS FOR METHODS OF CARE FOR AIDS ORPHANS AND OTHER
VULNERABLE CHILDREN IN BOTSWANA

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CHILDREN

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Abstract

In Botswana orphanhood has recently become a major social issue with greater repercussions. Among the Batswana, caring for orphans has always been a natural and expected practice, which is rooted in society’s beliefs and culture. The practice of caring for orphaned children depends on ties among families and the extended family form. However, with the advent of forces such as modernization and epidemics like AIDS, this system faces dire challenges. The government of Botswana, the family and community at large are grappling with ways in which to best provide care for orphans and other vulnerable children, such as those abused and abandoned.

This study examines orphanhood in the context of Batswana traditions and culture. It is based on documents and published articles on orphans in Botswana, and
published anthropological and sociological works on the Batswana. The study discusses cultural values and practices that have always guided and ensured care for orphans, how these practices have changed over time, and why they have changed. Issues surrounding difficulties in identifying the best methods of care for orphans are also discussed.

This study shows that perceptions towards the care of orphans are deeply rooted in the cultural beliefs of the Batswana. Any effort to establish alternative forms of care not solely through family ties should be aware of cultural perceptions and should attempt to gain society’s support. The main theme of the study borrows from the Ghanaian concept of Sankofa – which is “if you cannot find the answer to the problem in the present, return to tradition”.

This study can be used to provide a reference for those engaged in policy development for the care of orphans and those working to develop guidelines for methods of care. Hopefully, it will provide insights into methods that are culturally understood and relevant to Botswana’s social and political life.

Approved:

Diane Ciekawy

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Chapter 1

1.1 Introduction and background

Concern for child welfare in Botswana has grown extensively due to the impact HIV/AIDS has had on families. In the past, the sense of duty and responsibility of family members towards one another was almost without limits. Researchers observe that even when a family did not have sufficient resources to care for existing members, orphans were taken in and cared for. This was the basis for the assertion that ‘traditionally there is no such thing as an orphan in Africa’. Today in the absence of formal programs of care for orphans, it is important to understand the cultural beliefs that guide decision making for the care of orphans. This study will show how the decision to provide care and/or guardianship to orphans is deeply rooted in the social values of Batswana.

Like many other traditional African cultures, Batswana culture was built around a patrilineal\textsuperscript{1} descent system where membership through patrilineal descent formed the core of

\textsuperscript{1} Patrilineal system tends to assume a dominant relationship with other forms of social organization, often excluding other types of family such as female-headed households and cohabitational types of families.
family organization, structured living arrangements and held marriage to be of central importance. The kinship system emphasized sibling bonds, provided a sense of belonging to a large family, and gave support and security to its members by sharing many resources and assets. It can be concluded from such an arrangement that [social] orphans did not exist in this society. Paternal aunts, uncles, grandparents and cousins took on the care giving functions of the deceased parents. Thus the extended family was the traditional social security system. Members were responsible for the protection of those who were vulnerable, cared for those who were sick and poor and transmitted traditional social values and education to others.

However, this has largely changed due to the many factors that have affected the Batswana family organization and socialization process. Many scholars posit that the contemporary period is indeed a bewildering time to be a child in Botswana and in many other African countries. The experience of childhood in Botswana is taking place against a backdrop of political, technological and social changes that pose a danger to children. Though African children often have had to cope with rapid changes and have shown great resourcefulness, the experiences of childhood
today takes place with profound transformations in childcare and welfare.

There are many differences in the life situation of an average child growing up in different regions of the country. However, the HIV/AIDS epidemic results in common pattern in the life experiences of these children, whether in urban or rural areas. Killing most of the country’s young adult population, the parents of many children, orphan hood has become a major component of the crisis facing Botswana’s children. All over the country, household food insecurity, inadequate sanitation and poor childcare practices exacerbate the orphan hood problem.

The care of children orphaned by the HIV/AIDS pandemic and other vulnerable children has been extensively researched and continues to remain on the top list of immediate challenges facing the government, communities and families. There is no doubt that the epidemic is worsening the already devastating situation of children who have been left vulnerable due to poverty and other social circumstances. Today the government is grappling with ways of securing sustainable measures for child welfare and upbringing as the disease takes its toll.
Responses to the HIV/AIDS epidemic have been mixed and to a large degree priorities have often been misplaced, inadequate and generally ineffective, therefore yielding minimal results. Many governments’ first reaction including that of Botswana, was to focus on the prevention of the spread of the virus in the population. Consequently, care for those affected and infected by the disease came a little late onto the agenda of government plans and priorities, especially for children orphaned by the disease. The Declaration of Commitment on HIV/AIDS is a potential watershed in the history of the HIV/AIDS epidemic. Adopted by the world’s governments at the Special Session of the United Nations General Assembly on HIV/AIDS in June 2001, it established, for the first time ever time-bound targets to which governments and the United Nations may be held accountable (AIDS Update, 2000). Already there is substantial evidence of progress. More countries are recognizing the value of pooling resources, experiences and commitment by forging regional initiatives to combat the epidemic. According to the UNAIDS and WHO, 40 countries in sub-Saharan Africa have developed national strategies to fight HIV/AIDS (almost three times as many as two years ago), and 19 countries now have National AIDS Councils
(a six-fold increase since 2000). In spite of everything, UNAIDS and WHO state that the world lags far behind in providing adequate treatment, care and support to people infected and affected by HIV/AIDS.

In Southern Africa, rampant epidemics are under way, but researchers from WHO posit that the worst effects of the epidemic have not yet passed. A joint report by UNAIDS and WHO (2000) indicated that in four southern African countries, national adult HIV prevalence has risen higher than previously thought possible, exceeding 30%: Botswana (38.8%), Lesotho (31%), Swaziland (33.4%) and Zimbabwe (33.7%). What this means is that even if the spread of the disease was curbed today, a lot more people who are mainly adults would still die in the coming years, adding to the increasing number of orphans in Southern Africa.

Today in sub-Saharan Africa there is a great number of children who are orphans. In 2001 the region had over 12% orphans, this being over double the population of orphans in Asia (6.5%) and more than double that of Latin America (5%), (AIDS Update, 2000). UN agencies projected that by 2010, orphans will account for at least 15% of all children in most countries of sub-Saharan Africa. About eight
countries\(^2\) in southern Africa have small populations and high HIV prevalence rates. For these countries, the impact of the disease will be even more acute.

1.2 **Statement of the problem**

The demographic shift in the increased number of orphans indeed brings to the forefront the care giving needs and welfare of children in Botswana. To date, there are few alternative methods of care that have been found to yield desirable outcomes in child welfare and survival. The assumption in Botswana, as in many other parts of Africa, is that families can and will always support their own relatives. It is still argued that the extended family, being the best first line of response to the orphan crisis should be supported and encouraged to continue this practice. However, there is substantial evidence that extended family safety nets have been stretched beyond their capacity and therefore are not coping any more. With the soaring number of orphans, alternative methods will have to be established.

In light of the changes that are occurring in most southern African countries, it is important to assess

\(^2\)Botswana, Lesotho, Swaziland, Malawi, Zambia, Zimbabwe, South Africa, and Namibia (UN, 2000)
critically the experiences and needs of orphans in order to plan and establish appropriate and working programs. Societal and environmental changes (other than HIV/AIDS) that have an impact on orphans include globalization, poor socioeconomic status of family members and disasters such as drought and rural to urban migration. Each of these forces creates a concomitant alteration of the family structure. Other social changes affecting families such as increased nuclear families as opposed to extended or large families, makes it even more difficult for these families to provide for the care required by an increasing number of orphaned children.

Due to the increasing number of orphans, families and the government have responded in numerous ways to address their plight. Some of the responses include the creation of children’s homes or centers, support for families and community based care. Orphanages have also been set up, but at a very minimal pace compared to other methods. Orphanage/institutional care is seen as the last resort and a complete divergence from the norm. This concept is greatly embedded in the societal values and beliefs that people hold, which will be explored in latter chapters. It is also believed that institutional care will alienate children from their families and communities, as children
need to learn from their families and be guided through life’s journey. It is also thought that this lack of family supervision will lead to moral decay. In addition, there are very few studies that present orphanage life as a positive alternative to childcare and welfare. Orphanages lost popularity because of numerous factors including; mother-infant separation, affective and interpersonal, cognitive and behavioral impairments believed to be caused by orphanages (McKenzie, 1999). Often depicted as inadequate, abusive, and impersonal and leading to stigmatization, debates on orphanages as a viable solution for child welfare have often been easily dismissed. This sentiment can be seen in an article written by Spencer Mogapi on the Botswana Gazette newspaper (2-07-03) describing the position of Beatty Beard, a visiting Professor of Nursing from the University of East Michigan. She warned that despite the almost insurmountable orphan problem facing Botswana, the nation must not promote orphanages which she compared to warehouses storing goods. She argues that orphanages do not support family hood but instead produce people who have no allegiance to society. In the same article, John Beard, who has worked among orphans in Malawi agrees with her when he says, “It’s scary when you imagine the kind of people who will come from
orphanages”. However, the situation of orphans in Botswana suggests that continued emphasis on the family and community as the appropriate and adequate response mechanism is simply casting blind optimism to the orphan crisis. Time has now come when policy makers need to reevaluate orphanages and other forms of institutional care with an open mind. The concerns that remain can be summed up in the following questions:

- How do we begin to conceptualize and formulate a set of programs for the care orphaned children (and other vulnerable children) that do not deviate from that which is culturally acceptable and adequate?
- Can orphanages be structured and organized to avoid some of the possible undesirable results of inadequate care?

### 1.3 Purpose of the study

Relying on published ethnographic sources, this study examines orphan hood and child welfare practices in Botswana by focusing on the family and how the family over time has evolved to affect the way orphaned children in society today are cared for. It also explores peoples responses to orphan hood and child welfare practices. The
study seeks to critique the assumption that extended families can be responsible for the welfare and survival of orphans in the same manner as they did in the past. It aims to show that because of the numerous forces that have affected the family system this unit is now unable to perform many of the functions it used to have in the pre-colonial context and indeed the early postcolonial period. The central argument in this study is that lessons from the past can provide a concrete base and direction for the conceptualization of programs for orphans that are adequate and largely acceptable to the people of Botswana. An understanding of orphanhood, traditional values and child welfare practices in Botswana will provide baseline information for the conceptualization of child welfare and survival during the era of the HIV/AIDS epidemic. It is hoped that the study will help policy makers and those working with children to establish culturally appropriate systems of care while at the same time ensuring that children receive high standards of care.

The specific aim of the study is to understand orphanhood in the context of Botswana societies and the changes in dealing with orphans over time. It is believed that a study of this kind will provide more light on the care of vulnerable children that will help policy makers to
understand the traditional values that are guiding child welfare practices among the Batswana, and can continue to do so in the future. By identifying and discussing child welfare systems that are in place today this research also hopes to understand how people in Botswana society view orphans. This thesis shows that family organization and the structures that enabled it to function according to certain cultural beliefs have changed and the resources on which they depended on has also changed. Therefore, although the perception that many Batswana have, that these structures still persist, it is important to acknowledge that this institution does not exist in its former form to perform the same role for its members. Policy makers need to think of the kinds of values and social structures that do exist and formulate policies that can both support these structures and further enable them to address the situation of orphans and other vulnerable children.

1.4 Significance of the study

Relinquishing the care of children to an institution or orphanage is a relatively alien concept in Botswana. Most Batswana still value their traditions, as shown by the existence of customary courts found even in urban centers
(Moyo, 1986). Despite the move toward nuclear family structures in most southern African countries, most Batswana retain the extended family structure. It is commendable that communities and families have pooled their resources to give orphans a better life. But the increasing numbers of orphans mandate that social policies be established now that take into account the large number of orphans, thus averting a crisis.

The role of the family and communities in the care of orphaned children in Botswana has been well documented. However, little research has focused on institutional care of orphans in this region. This is largely due to the fact that the establishment of orphanages is very slow and indeed still discouraged. On the other hand it can be argued that orphanages will inevitably be part of the solution to the orphan crisis. If the role of institutional care is to be strengthened, it is important that antagonistic views and misconstrued research on orphanages are dismissed. Knowledge of institutional care is vital for the planning and designing of orphanages, which will be cognizant of children and communities’ needs.

As already stated above, it should be acknowledged that much of the literature that documents the failure of orphanages or institutional care draws from the experiences
of affluent nations, which have different socio-cultural, political and economic environments. Their experiences are indeed significant and provide lessons to others, but it cannot be expected that other people and societies have similar experiences. In their study titled *The Orphans of Eritrea: Are Orphanages Part of the Problem or Part of the Solution?* Wolff, Peter and Fesseha, Gebremeskel (1998) argue that the “...general agreement that children placed in institutional settings at a young age and for long periods are at a greatly increased risk of serious psychopathology in later life is a generalization that is irrelevant in war-torn Third World countries” (p. 1319). They further argue that there is a great concentration of orphans and other vulnerable children in these countries and usually adoption and foster care are logistically unrealistic solutions. Therefore, it becomes imperative that ways be found to determine what styles of child care in institutional settings will best meet the emotional needs of children and foster their cognitive and psychological development.

There are few studies today that the researcher has come across that address institutional care as a viable means for orphans and other vulnerable children. One of the major reasons for this absence is due to the backlash that
orphanages have received in industrial nations where they have mostly been replaced by adoption and foster care. However, for thousands of children growing up in Botswana today, orphaned by the HIV/AIDS epidemic and other causes of death, orphanages may be the only means of support available for them. It is perhaps important to note here that the few studies that seek to document the experiences of children in orphanages in most African countries report positive outcomes. In Malawi, a study that aimed to compare the nutritional status and health problems of village orphans, non-orphans and orphanage children and to identity factors associated with under nutrition presented interesting findings. The researchers state, “children who had been admitted to an orphanage for more than a year were less malnourished” (Panpanich, Brabin, Gonanani & Graham, 1999. p. 281-282). In addition, children’s illness in the last month was reported to be higher in the non-orphan group, especially diarrheal disease, which occurred in 30% compared with 10.8% of village orphans and 6.6% of orphanage children. This study provides a clear indication that orphanage life can have advantages over other forms. Therefore, it is necessary to conduct more studies in Botswana to establish styles of child care settings that are culturally adequate and sensitive to provide children
with a chance for optimal development. This information could be made available to insure that policies that affect children are based on appropriate data. Social policy plays an important strategic role in influencing the process of social change by supplying direction to such changes and exercising control and guidance over them.

One of the major challenging factors that keep coming up against institutional care is the cost effectiveness of this method. In a study that compared the cost effectiveness of six models of care for orphans and vulnerable children in South Africa, Chris Desmond and Jeff Gow (2001) found that high costs are associated with formal models of care. They conclude that resources should be concentrated in the more informal community based structures, for the most cost-effective care of orphaned and vulnerable children while recognizing the need for more formal organizations as a last resort. However, they fail to appreciate that in this analysis there is a problem of comparability of the effectiveness measure. Although the analysis was refined to include the more comparable cost of minimum standard of care, other differences still exist in the services offered, the structure of the organizations and the quality of the care provided. These differences indeed will lead to considerable variations in cost. This
study indeed recognizes the high expenses associated with institutional childcare. But the study argues that dismissing institutional care only as the last resort has led to its avoidance as a topic of discussion in policy planning initiatives. This results in the neglect of this method as one of the options that can be reevaluated and perhaps modeled into styles that are both cost-effective and appropriate for optimal child development. After all, the large sums of money that could be invested in appropriate orphanages for Botswana’s children might be economically costly but be a worthwhile social investment in Botswana’ future. No one can argue that investing in human development can ever be compromised for economic reasons of a country, which its children are suffering immeasurably. What would be the purpose of accumulating wealth when there would not be anyone to benefit from it? Therefore, in addressing the problems of orphan hood it is important to view and consider then in the broader context of a national process of investing in human capital. This study does not seek to make an argument that institutional care should be promoted over a loving family or community based care. This perception is explained in the following quote by the wise and thoughtful, Sir Seretse Khama, in the
following direct quote of his speech from the Botswana Daily News (19, May 1970):

“It should now be our intention to try to retrieve what we can of our past...it was a past that was just as worth writing and learning about as any other. We must do this for the simple reason that a nation without a past is a lost nation, and a people without a past are a people without a soul”.

1.5 Research Method and Research Process

This thesis primarily relies on the secondary analysis research method. It uses the published anthropological and sociological works of Shapera, Okihiro, and Alverson and other studies on orphans and the HIV/AIDS epidemic in Botswana. This thesis also on a preliminary study I conducted in the fall of 2002 in Botswana. A combination of these two sources provides the opportunity to address past and contemporary context for orphan care in Botswana.

A secondary analysis approach to conducting research provides both opportunities and limitations for the researcher. Various methodological and ethical issues need to be considered and often become problematic, for instance if the secondary analyst was not part of the original

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3 Secondary analysis involves the utilization of existing data collected for the purposes of a prior study in order to pursue a new research interest which is distinct from that of the original prior study.
research team (Hinds, Vogel, & Clarke-Steffen, 1997). Commonly, existing studies have mainly been conducted by researchers re-using their own data rather than by independent analysts using data collected by others. I chose to use this approach/method because there is growing interest in the academia today to re-use qualitative data, for instance, as reflected in the establishment of Qualidata by the Economic and Social Research Council (ESRC) of the United Kingdom. This facilitates the archiving of data from qualitative studies (Corti and Thompson 1998; Hammersley 1997; & Corti et al 1995). More generally, limited opportunities for conducting primary research and the costs of qualitative work have also prompted me to consider maximizing use of the data available on the subject of HIV/AIDS and orphans. The advent of software to aid the retrieval and analysis of secondary data is another incentive for the adoption of this approach. Other various arguments in favor of developing secondary analysis of qualitative studies have been put forward by researchers⁴. For example, it contended that the approach can be used to generate new knowledge, new hypotheses, or support for existing theories. In

⁴ Some of these researchers include Hinds, Vogel and Clarke-Steffen 1997); Procter (1993); and Thorne (1994)
addition, it reduces the burden placed on respondents by negating the need to recruit further subjects and that it allows wider use of data from rare or inaccessible respondents. Moreover, it has been suggested that secondary analysis is a more convenient approach for particular researchers, notably students. However, Thorne (1994) argues that where the researcher was not part of the original research team the approach is best only employed by experienced researchers because of the particular difficulties of doing secondary analysis in an independent capacity. It should also be noted that use of the approach does not necessarily preclude the possibility of collecting primary data. Thorne (1994) further suggests that there may also be a need to consult the primary researcher(s) (assuming that they are available) in order to investigate the circumstances of the original data generation and processing.

For this reason, this thesis also relies on a preliminary study I conducted in the fall of 2002 in Botswana. The preliminary study was conducted through both informal and formal interviews with government officials in the Ministry of Local Governments, Land and Housing, administrators of two orphanages in Tlokweng and Palapye, caregivers in Tlokweng as well as observations during
volunteer work site visits. The findings from this preliminary study have mainly been used to formulate some of the recommendations included in this thesis.

One significant lesson that I learned through this research process is that, research is indeed just that, a process. Not only do you as a researcher learn as you conduct the study, you can also development with the research itself. What you find on the ground, especially when conducting research that deals with how people organize themselves and perceive things through time, is usually not depicted as accurately in books or journals that you may read. There are always deeper meanings and explanations to many of the structures we are able to perceive and see through the naked eye. The complex and multiple meanings are often left out of our data and our analysis. I have also learned that, research becomes a fulfilling yet overwhelming experience when the researcher closely identifies with the cultural understanding and the problems of the researched population.
Chapter 2

Literature Review

2.1 Introduction

Drawing from the plethora of studies on children orphaned by HIV/AIDS, this review presents a descriptive analysis of orphan care in Botswana. It is intended to set an agenda for explaining the state of orphan care in light of the social and economic changes that most of these societies are undergoing and have undergone. It is especially concerned with past and present practices of caring for orphaned children in communities that have witnessed substantial change. The review will be organized into two sections. The first section will provide a situational analysis of HIV/AIDS in Botswana and the second section will focus on a situational analysis of orphans in Botswana that details some of the initiatives that both the government and communities have undertaken to address the orphan crisis in the country. It will also outline some of the problems that have been identified as major setbacks in
providing care to orphans through community and home/family based care.

2.2 HIV/AIDS in Southern Africa – Botswana

Since much of the detailed information in this section relates to Botswana, the following section is limited to a summary of the important features of the epidemic among the people of Botswana.

Although the HIV/AIDS epidemic is global, it is most pervasive in sub-Saharan Africa. Its impact is not limited to the physical health of individuals. Researchers and civil society advocates say that the scale of the problem could impair the economy and social cohesion, thereby influencing the future of democracy particularly in countries that recently developed democratic systems such as South Africa. Alan Whiteside, the director of the health economics and HIV/AIDS research division of the University of Natal asserts that, “HIV infection has risen dramatically during the 1990s. Behind the HIV epidemic will be an even larger rise in AIDS cases, families are being impoverished by the epidemic as young wage earners get sick or die” (Whiteside, 2001, p.45). The Cape Times enforced
Whiteside's concern with the estimate that there will be two million AIDS orphans in South Africa by 2010 (The Cape Times, 2003).

Children affected by the HIV/AIDS have been widely identified and much has been written about their plight. So far in the world the AIDS epidemic has left behind 13.2 million orphans – children who before the age of 15 lost either their mother or both parents to AIDS (Barnett & Whiteside, 2002 p. 198). Now home to 29.4 million people living with HIV/AIDS, Africa faces the worst crisis of a population of children who might not have adults to care for them. A report on the AIDS epidemic update released by UNAIDS states that:

‘The annual number of new infections has remained steady but hides dynamic trends. In some countries the epidemic is still growing, despite its severity and other countries face growing danger of explosive growth. In the absence of massively expanded prevention, treatment and care efforts, the AIDS death toll on the continent is expected to continue rising before peaking around the end of this decade. This means that the worst of the epidemic’s impact on those societies will be felt in the course of the next decade and beyond’ (AIDS Update, 2000 p. 17).

According to the US Agency for International Development (USAID) by the year 1999, countries of Southern Africa alone carried a burden of over 2.5 million children orphaned by the epidemic. Because most of these countries
have smaller populations and higher HIV prevalence rates, UNAIDS, UNICEF and USAID, suggests that these countries face an acute impact from HIV/AIDS. In Zambia for instance, the number of orphans topped 1.2 million in 2000 (Crawley, 2001). Desmond and Gow (2001) state that up to 800,000 children in South Africa have lost either their parents or their sole known parent - usually their mother - to AIDS. The figure is expected to reach 1 million by 2005.

In 1994, in an article titled *AIDS: Images of the Epidemic*, the World Health Organization and the Global Policy Coalition on AIDS estimated that by the year 2000:

- Between 80% and 90% of all new infections will be transmitted heterosexually;
- 90% will occur in the developing world; and,
- Over half the people infected will be women.

If this assessment is correct, it can only be imagined what this has translated into in countries such as Botswana, where people are highly heterosexual and the majority of households are mainly female-headed households.

Botswana has one of the highest rates of infection - four in every ten adults have HIV or one in three adults, according to the WHO/UNAIDS AIDS Update (2000). According to the African Comprehensive HIV/AIDS Partnership (ACHAP) 2001 Sentinel Survey conducted in 22 districts throughout
Botswana, HIV prevalence in pregnant women is 36.5%, suggesting that newborn babies are highly likely to be infected in the absence of intervention and prevention strategies. HIV prevalence in the age group 15-49 is 29.7%. Approximately 260,000 adults in a population of 1.6 million are infected and the average lifespan is expected to drop from the current 67 years to 47 years by 2010 as a result of AIDS. The orphan population is expected to rise from current levels of 65,000 to between 159,000 and 214,000 by 2010 (ADIS Update, 2002). The spread of HIV infection and AIDS in Botswana over the past decade has been phenomenal by any standard. While the epidemic was initially concentrated in the urban areas it quickly spread to rural areas, narrowing the gap between urban and rural infection rates. Botswana is now among the leading countries in the world in terms of the incidence of HIV infection.

AIDS has become one of the leading causes of mortality and morbidity in the country, with over ten percent of the annual deaths due to AIDS and HIV related conditions (Botswana Human Development Report, 2000). The scale of the epidemic, both in qualitative and quantitative terms, is indeed now accompanied by a variety of other problems. Recent studies conducted in Botswana indicate that the number of problems associated with orphan hood are growing
and are increasingly difficult to deal with. Bjorn Forde, of the UN Development Program, says: “By 2015 we may have ten percent of the population of this country being orphans” (SABC News, 05-11-2003).

2.3 Situational analyses of orphans in Botswana

Much of the information on the study of orphans in Africa describes similar characteristic of the population and depicts similar issues concerning the plight of these children. Based on my personal experiences as well other secondary sources the following section will summarize the important features of this group of people in Botswana.

Officially defined as a child who is under the age of 18 who has lost one or two biological or adoptive parents, the category of “orphans” in Botswana also include the social orphans. Social orphans are those children who have been socially abandoned or expelled from home without any arrangement for reasonable care or supervision (Ministry of Local Government, Land and Housing, 1998). Numerous studies on the plight of children orphaned by the AIDS epidemic in Botswana strongly points out that orphans are currently undergoing a human tragedy as they grieve for dying and dead parents. They are stigmatised by society because of
association with the disease and struggle economically because they lack services and support systems. AIDS orphans are Botswana’s highest population of youth-at-risk.

Generally, in Botswana the socio-economic impacts of orphan-hood are just beginning to emerge (Ministry of Local Government Land and Housing - Social Welfare Division, 1999-2001). The increasing number of orphans and other vulnerable children has severely stressed the coping mechanisms of existing safety nets, especially the traditional extended family, and their capacity to deal with the problem. It has also over stretched the delivery of basic social welfare services and material support to the needy children, including orphans, by government and other stakeholders. The Botswana Gazette (2-07-03) quotes the Director of Social Services in the Ministry of Local Governments, Land and Housing, Ms. Goitseone Mabua, who warned that caring for orphans in Botswana presents big problems. She said that in spite of government’s efforts the care of orphans is presenting complex problems, mainly because the adults with whom children are left with sometimes misuse the program initiatives intended to help them provide care to orphans. For instance, guardians have been known to sells some of the food intended to supplement children’s diet.
Studies and reports conducted on the situation of orphans, including numerous presentations made at the National Conference on the Implications of orphanhood and the findings of the “Rapid Assessment on the Situation of Orphans in Botswana” survey, indicate that orphans do not have adequate access to basic needs, and as a result many of them are without food, clothing and in some cases, shelter. Most of the caregivers were found to be of old age, whose economic resources are not adequate to support or meet the needs of orphans. In most cases the caregivers themselves are registered as destitute, or depend on old age pensions. The majority of caregivers and orphans are also living below the official poverty datum line. As orphans are not all registered, supporting them or providing any kind of assistance for them has been difficult, ad hoc and clouded with different interpretations of the criteria for support under the Destitute Policy. On the other hand as their parents die, these children go through serious emotional stress, impoverishment, stigmatization, isolation and sometimes rejection not only by relatives but also society in general.

Some of the orphans are born infected with the HIV virus or they get infected soon after birth (Orphan Update,
Opportunities for growth and development increasingly become limited due to household poverty. Their poor backgrounds may not provide them with the opportunity to develop both their human life and their well-being. The Orphan Update (2000) also reports that others are disabled or mentally handicapped. Sometimes they have no access to either basic or primary education, as there is no one to take the burden of the costs. Orphans continue to be sent home for lack of an appropriate school uniform, shoes and other miscellaneous school costs. Schools ignore government policies and directives not to send destitute children home for basic needs but rather find alternative solutions in collaboration with the Social workers and District Councils. Most of them are usually over burdened by domestic work as most of them live with old aged grandparents who themselves may be in need of care (Orphan Update, 2000). In such circumstances orphans become caregivers, which often compromise their individual development opportunities. Irresponsible persons also take advantage of the situation orphans find themselves in and sexually or physically abuse them. This amounts to a violation of their basic rights.

It is common knowledge that orphans are likely to loose property to relatives, guardians or caregivers
(Hunter & Williamson, 2000). Even though most caregivers are responsible and caring people, the nature and circumstances of orphan hood subject them to live in fear and doubt of whether they will be able to provide adequate care for these young children. Most caregivers express their concerns about the fact that some of the programs are not sustainable (Molojwane, 2001). They also fear that perhaps the real impact on orphans and other vulnerable children might not clearly be visible today but could begin to emerge in various forms such as depression, anxiety, school failure or drop outs, un-intended pregnancies among young girls, early marriage and deterioration of health conditions (Orphan Update, 2000). Orphans who have lost their mothers are at a higher risk of sickness and are less likely to get immunizations. Sometimes they do not receive the health care they need (from family members) because it is assumed that they are infected with HIV and their illnesses are untreatable. Throughout the literature on the experiences of these young children who grow up in Botswana’s communities, the stories that emerge are nothing short of devastating.

It must be made clear at this point that orphans have always been a part of every society and /or community; children have lost their parents due to illnesses or other
causes. The situation of orphans is unique today because the number of orphaned children has increased swiftly over the past years. So, while caring for orphaned children is not a new concept to Batswana families, the sheer number of orphans today raises concern about the adequacy of current responses to the orphan population. It is becoming more apparent that the burden of care and support for these children cannot be placed on former caregivers. As Ms. Goitseone Mabua, Director of Social Services in the Ministry of Local Governments has stated, government agencies sometimes face difficulties in their attempt to ensure that the services provided for orphans are actually used for orphans and other vulnerable children.

To understand the situation of orphans in Botswana and issues surrounding their care it is necessary to place this discussion within the context of some of the social and economic forces that have indeed transformed orphan hood into an issue demanding attention and focus for intervention. The increasing number of orphans in Botswana is coupled with an increased rural to urban migration (among other forces that will be discussed in the next chapter), as more people search for better employment opportunities. Consequently, the traditional extended family is being transformed with the prevalence of a
gradual increase in single-parent family. Thus as families go through a stressful time, the group of people who most feel the effect of these changes are children who need the care of their parents. In Botswana the expansion of the destitute program reflects the collapse of the informal systems of social support and indeed increasing poverty, which inevitably exacerbates the desperate needs of orphaned children and makes them more vulnerable.

State intervention with regard to orphaned children in Botswana has been slow and arrived when the situation was already hard to control. The first initiative taken by the government to address the orphan crisis took effect in 1998 and was only implemented in 1999. A National Orphan Program was established to respond to the immediate needs of orphaned children (Mbonini & Motlhbane, 1998). Ankrah (1993) asserts that “the concept of orphans was not an alarming spectre because of the belief that the extended family is always there and that there is no such thing as a real orphan” (p.1). While some in Botswana society continue to want to believe this is true, growing evidence to the contrary mounts.
2.4 Response from the government

As the situation worsens the government declared that problems of orphan hood were a national crisis that demands both immediate/short-term and long-term interventions by the various stakeholders (Ministry of Local Government Lands and Housing – Social Welfare Division, 1998).

Commendably, the government of Botswana has sought to draw in other stakeholders, NGOs and private firms for instance, as they recognize the profound social, economic and cultural dimensions of HIV/AIDS. Indeed, the revised National Policy on HIV/AIDS urges a concerted multi-sectorial response to what it correctly describes as a national crisis. The leadership in Botswana has demonstrated the will to contain and reverse the spread of the HIV/AIDS epidemic in the most emphatic manner.

President Festus Mogae, who personally leads the campaign against aids (Botswana Human Development report 2000), has turned every cabinet minister into an active campaigner against the epidemic. It is also a commendable effort on the part of the government to put HIV/AIDS firmly on the social and developmental agenda of the country as reflected in National Development Plan 8 of 2000. The government launched a comprehensive anti-HIV social mobilization
exercise, which among other things includes orphan care programs. As the country works towards achieving the National goal, Vision 2016, it also established a National Orphan Program, which aims at developing a comprehensive policy based on the Convention of the Rights of the Child. For the most part, because the program is still in its infancy and no amount of significant work has been done as yet (Orphan Update, 2000), the government is responding by working through families and communities to provide care for these young children. The program will also adopt the World Bank Child Development Group’s suggestion of incorporating orphans into a family with which they have blood ties, to keeping them with their own siblings, and allowing them to live in the familiar surroundings of a known community (Orphan Update, 2000).

Based on the recommendations from the National Conference on the Implications of Orphan hood and those from the Rapid Assessment on the Situation of Orphans in Botswana, the government developed a Short Term Plan of Action (STPA) to be implemented during the years of 1999 - 2001. The STPA “articulates and presents an innovative strategic approach that will enable communities through

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5 Vision 2016 is a national manifesto for the people of Botswana, which reflects the views of people in different parts of the country. It is a statement of long-term goals that identifies the challenges implied by those goals, and proposes a set of strategies that will meet them.
their decentralized leadership structures to play a leading role in the identification, prioritization, planning and implementation of community based activities in partnership with other stakeholders and especially with the government” (Ministry of Local Governments Lands and Housing, 1999, p.5). The plan was modeled on the lessons learned from other governments programs such as the Cattle Lung Disease Program.

Prior to the initiatives that the government embarked on in 1999, the government did not have an orphan support program as such. In the past orphans were treated like other destitute children or children in need. Assistance to these children was primarily focused on the provision of food, clothing, uniforms, toiletry items and counseling. However, field experience of the government social workers indicated that most orphans had no access to these services. This was mainly attributed to two factors, including the fact that the systematic registration of orphans was only beginning to take effect, and the assessment process of who needs support and care was not only slowed by bureaucratic inefficiency but also handicapped by shortage of field personnel (Ministry of Local Government Lands and Housing, 1998).
2.5 Community response

Families and the community at large have responded magnificently to the double crisis of losses to AIDS and increases in the number of orphans, standing fast in the face of the overwhelming pressures placed upon them. Uyapo Edwin Mafunye, from House of Hope in Palapye, shared some of the experiences with me in 2002. House of Hope is currently caring for 40 orphans by providing a day-care service, recreation activities and meals. According to Mafunye, “children who have relatives and other family members they can stay with come to the center and receive elderly care during the day and go home in the evening. About 6 children, however, stay at the center with a full-time employee who resides with them” (informal interview). Through awareness raising and information sharing, House of Hope has helped change the perceptions of the community and made some strides in dealing with the stigma attached to HIV-positive people. Mafunye believes that one of the most promising outcomes was that the community has become instrumental in mobilizing resources to support the children. But the magnitude of this pandemic has only made a mockery of the heroic attitude these families and community members have put up to care for these children,
for many have been forced to abandon these precious little ones. Already there is evidence that people in the age group 20-45 are reluctant to take orphans, mainly for socio-economic reasons (Botswana Human Development Report, 2000). Thus the government and non-governmental organizations have to assume most of the responsibility of caring for orphans. Several non-governmental organizations (orphanages mostly set-up according to District sub-division) have responded by taking in as many of these children as possible. But, without a clear orphan policy, volunteers have to make do with whatever they can lay their hands on. Many caregivers have similar concerns with regard to the lack of a feasible policy on orphans. According to a report on the Botswana Gazette (May 9, 2000), there are concerns that children are ‘dumped’ at the centers by Social Welfare officers, who do not make any follow ups, nor attempt to organize relative visits with the children. This means that these children lose identification with relatives and consequently any inheritance from their parents. Centers are often forced to take in more children, exceeding their capacity. They also do not receive any help from the Social Welfare officers, particularly counseling, because most of their volunteer members are not trained to provide such service to children. At the same time, while
there exists a fund (Thusang Bana Trust Fund) for these projects, the coordinators of these organizations often have no clear knowledge of how to have access to this fund. The fund came about as one of the recommendations of the National Conference on the Implications of Orphan-hood in Botswana.

According to the deed of the Trust, the objectives of the Trust are to: mobilize financial resources, receive any donations as a result of appeal made, meet the immediate needs of orphans and create partnership with other organizations as a way of advancing the objectives of the trust fund (Orphan Update, 2000). A number of NGOs have also taken the lead to support extended and foster families, including Childline Botswana, Botswana Christian Council, and Botswana Christian AIDS Intervention Program. Yet again, without a strong tradition of NGOs working in the area of childcare and rights, most existing child protection laws and policies are fragmented and outdated (Botswana Human Development Report, 2000).

2.6 Masitara Foundation

It is important to single out, among other efforts that have emerged in response to the orphan situation in
Botswana, the efforts of the Masitara Foundation. On May 11, 2003 the Masitara Foundation was launched in Botswana to respond to the situation of the increasing orphan population. One of its specific objectives is to “build orphanages and establish projects to help orphans” (SABC News, 2003). According to SABC News broadcast, the United Nations (UN) representatives in Botswana and members of the World Health Organization (WHO) have welcomed the launch of the Masitara Foundation.

It is indeed both an encouraging and frightening thought that in a society where there is still a sense of promoting community and family responses far and above institutional care, the time has actually now come for what has always been termed the last resort. It is encouraging because this forces policy makers and those caring for children to engage in discussions that can enable them to improve and develop orphanage programs that are culturally appropriate and capable of according children optimal overall development. On the other hand many Batswana find it frightening that they have not been able to curb the situation and have been forced to resort to these methods of care. Here again we can appreciate that these are indeed bewildering times to be a child in Africa Botswana and Africa in general.
2.7 Issues in providing care to orphans – some identified problems

The efforts and initiatives implemented by the government, communities and families are indeed commendable, and they especially show the resiliency of the African family. Yet these initiatives are not without limitations. Some of the problems that emerge from the evaluations of a variety of programs catering for orphaned children include:

• The undesirable yet inevitable separation of siblings in order to ensure that they benefit from the social welfare programs intended for them

• Problems in identifying/establishing an environment which will socialize orphans into becoming responsible citizens

• Poor (or lack of) provision of important social services such as psychological therapy for orphans and other vulnerable children.

• Orphans not performing well in school because of depression and trauma
- Older orphans missing childhood experiences because of time devoted to the care of younger siblings
- Disputes over property left by deceased parents with some relatives trying to get a share of the estate, depriving orphans of future resources
- Relatives selling the food rations of orphans
- Orphans experiencing negative treatment because of the impossible burden placed on their relatives or other care givers
- Orphans experiencing stigmatization because of their association with parents who had AIDS and other undesirable health problems.

In addition, one of the major concerns that have grown out of the targeted interventions taken by the government has to do with the expansion of the destitute policy. A component referred to as the “Food basket” was added to the destitute policy as an effort to provide food and nutrition security for orphans. Designed to assist individuals who do not have any source of income, and are therefore too poor to afford adequate food, clothing or shelter, the destitute policy was extended to include orphans and families supporting orphans. However, while families in both urban and rural areas would acknowledge that they could use the
extra assistance, the stigma of being classified as a destitute dissuaded many from applying or allowing the social workers from registering their names (Shaibu & Wallhagen, 2002). Instead, most families felt it was better to struggle with meagre resources than to register their relatives for the program. To a large extent, registration is felt to constitute abandonment or just perceived as a source of embarrassment. Thus, it is acknowledged that caregivers need assistance and a vast array of services. Yet, it is now clear that how that assistance is perceived and what assistance is appropriate needs to be viewed from the caregiver’s cultural context. This issue highlights the social problems that can results from classifying people in general and the paradox of programs that are well intended yet result in unintended consequences.
Chapter 3
Tswana Culture in Transition

3.1 Introduction

There is abundant anthropological work on family life in various ethnic groups and in different regions of the African continent. An attempt to review this vast literature within the boundaries of this study will indeed do no justice to such works. This study primarily relies on the much celebrated and extensive work of Schapera, Alverson and Okihiro. Together they provide a general portrait of social and cultural aspects of life among Batswana during the colonial period and the present. The study focuses on processes of family organization, child care and the treatment of orphans in order to bring out the central changes over time.

Because there are variations in family life, this study does not in any way attempt to describe an ideal type of family. Various forms of family organization as they have existed and continue to in Botswana will be considered, bearing in mind the specific aims of the study. This requires looking at orphan hood and child welfare practices in Botswana by focusing on the way the family has
evolved to affect the way orphaned children are cared for today.

The largest part of the literature available for my discussion in Chapter 2 on community and family initiatives for the care of AIDS orphans is based on studies from the three largest Botswana ethnic groups: Bangwato, Bangwaketsi and Bakwena. The anthropological and sociological literature in this chapter comes from a variety of different Batswana groups. In my discussion, I have chosen material on the three groups mentioned above in order to provide information that relates to the focus of the literature in Chapter 2. Most of Botswana's citizens are members of the Setswana speaking ethnic group. There are other groups including Bakalanga in the northeast, and semi-nomadic groups in remoter areas such as Bakubung, Mpukushu, Barotse/Baloi, and Baherero.

According to Alverson the Batswana are culturally homogenous (Alverson, 1978). According to Schapera (1970) the majority of the Sotho-Tswana in Botswana essentially had the same laws and customs, particularly those he studied including: the Bangwaketse, Bakwena, Batawana, Barolong, Bangwato, Batele, Batlokwa and Bakgatla. What is

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6 In addition to these three ethnic groups, some of the most predominant ethnic groups that make up the Batswana speaking people in Botswana include Batlokwa, Balate, Bakgalagadi, Batawana, Bakgatla, Bapedi, Barolong, Bathaping, Bataung.
important to note about all the listed groups is that they are dispersed throughout the various regions of the country, from the far North, to the South (refer to Country Map – Appendix A).

3.2 The Batswana of Botswana – Family and Household

The Batswana are a “linguistically and genealogically defined subgroup of the Sotho peoples who have over the years become ecologically and culturally differentiated from the other southern Bantu-speaking people within whom they stay and share a common heritage and origin” (Alverson, 1978, p. 46). As Southern African Bantu people, the Batswana are closely related to the Sotho of Lesotho and South Africa. Today, Batswana peoples are found throughout Botswana, the western Transvaal and the northeastern Cape Province of South Africa (Alverson, 1978). Botswana in particular is a country generally associated with the Batswana people; the very name of the country literally translates into or means “land of the Batswana” (Schapera, 1970). South Africa’s post apartheid northeastern Cape Province was formerly called Bophuthatswana, meaning “place of gathering of the Batswana”. History will tell us that one of the major
cities of Bophuthatswana, then called Mafeking, was at one point to become the capital of what is now Botswana. The works of three great Batswana Chiefs namely Khama, Sechele and Bathoen who went to Britain to protest against occupancy of Bechaunaland by Cecil John Rhodes and his British South African Company halted this. The British Protectorate granted to Botswana in 1885 later allowed Gaborone to become the capital instead. The Sotho-Tswana are said to be bonded in language and custom, and claim a common ancestor – Mogale (Schapera, 1970).

3.3 Bangwato, Bakwena, Bangwaketse – An Overview

The fundamental aim of this section of the study is to discuss specific features of the afore mentioned ethnic groups for comparative purposes in order to establish differences, in social features and social structure. Only those cultural practices and customs that affect family structure, production and therefore child care or welfare practices will be discussed in this study. This includes

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7 There is disagreement among historians as to what the three Batswana chief specifically went to do in England in regard to this issue. Some posit that the chiefs did not go to ask for protection against Cecil John Rhodes’ invasions, but rather to protest against. Other posits that Bechuanaland was granted protectorate because the chiefs went to ask for protection.
marriage arrangements among families, land use and inheritance, and certain other customary laws. It should be made clear that while the idea is to present features that are shared among all Batswana groups, there also exist certain peculiarities in each sub-ethnic group.

The majority of Bakwena and Bangwaketsi live in the southern region of Botswana. Specifically, Bakwena reside in Molepolole, which is in the southwest, while Bangwetsi reside in Kanye, which is located in the south. Bangwato are largely found in Serowe, located in the eastern side (often referred to as the Central District) of the country. In general, from the view point of Sotho-Tswana family, the Kwena, Ngwato and Ngwaketse are similar in language and customs (Schapera, 1970). As it has already been pointed out, they claim a common ancestor and they also share an agrarian culture, social structure, political organization, religious practices and family life. Their language has varying dialects but is generally intelligible to all Batswana. All three groups include men, women, children and ancestors (badimo - the living dead having metaphysical powers) in the society.

The Batswana are organized by lineages, which develops as the ethnic group grows. The lineages are organized in subunits and communities. In the pre-colonial period and
today, many of Batswana maintain a complex pattern of residence. Each family has three residences although only one is officially “home”. Batswana people live first in a home village. Villages in this context could be defined as nucleated settlements composed of wards or sections that are, ideally, territorial groupings of kin by descent and marriage (Alverson, 1978). The other residences that Batswana identify with are the “lands” and the “cattle post”. It is in the village that permanent residence is maintained, but when time comes for plowing families move to agricultural lands. Seen as a second residence, the elaborateness and perhaps quality and/or size of the “lands” reflects the amount of time often spent in this area – generally during plowing and harvest time or rainy season. Cattle are kept at a third location called the “cattle” post. “Here accommodation is rudimentary, and those staying there are typically adolescents or others whose labor is cheap” notes Alverson (1978 pp. 12).

The division of the whole ethnic population into wards was, and remains a basic feature in the social system of the Batswana. But the grouping of wards into sections occurred only among the Bamangwato. For the Bakwena and Bangwaketse, the wards were grouped together according to a
traditional pattern. They recognized three well defined zonal divisions, central “fa gare”, upper side “ntlha ya gare”, and lower side “ntlha ya tlase” (Schapera, 1970). Every level exhibits the same social organization, such as the kgotla, the traditional court with various officials assigned various duties in the social structure at each level. It is important to note here that what was central to this organization was the communal responsibility that all members of the ethnic group had.

3.4 Comparison of customs/cultures

As already pointed out, the Bangwato, Bakwena, and Bangwaketse have more common than different cultural practices. After all, they are held to be the offshoots of what was originally one ethnic group (Schapera, 1970). Similar to many other African societies, the Batswana family is more oriented towards a patriarchal organization, where society was viewed more as an aggregation of families rather than as a collection of individuals. Much emphasis is also placed on kinship as the basis on which political, juridical, economic and religious aspects of society are organized (Alverson, 1978). It is also the kinship system
that determines the recruitment into social roles, where one’s sex, age and lineage membership are used as the three basic criteria that determine entitlement to the roles an individual occupies in life (Shcapera, 1970). One of the powerful factors in Botswana’s society was the conception of the political community in terms of royal lineage with several attached or common lineages, all of whose members are kin. Ones’ lineal ancestors and descendants traced on one’s father’s side of the family were the most important, as they constituted a corporate landholding and wealth-controlling group. Through marriage, the “wife’s patrilineage and the husband’s patrilineage achieve an alliance” (Alverson, 1978 pp.13). The Botswana held that a man belongs to the ethnic group into which he is born. It was for this reason that children were identified with the ethnicity of their biological father, whether the man was married or not to the child’s mother.

Another force that united Botswana was the belief in the ideology of totem (seano, object of reverence, sereto, object of honor). In most instances, totems were species of wild animals. Membership to a particular group was understood according to difference or similarity of totem,
and greatly promoted communion among different families in different locations.

Age is also an important ranking criterion in Batswana’s society that greatly shaped relationships among people in society. Generally any senior is one’s superior and any junior is one’s subordinate. Age ranking was particularly elaborated in the complex system of age-regiments, which were based upon ethnic-wide groupings of men and women who matured about the same time (Alverson, 1978). Male and female adolescents were separately initiated into sexually segregated sets in ceremonial rites of passage (Alverson, 1978).

From a comparative standpoint, it can be said that the Batswana shared many similar customs and traditions. A force that led to differences among the cultural practices in these groups is separation through time. All the three ethnic groups, upon separating and settling in different regions of the country, experienced some degree of cultural change. For instance, both Kanye and Molepolole are within a shorter radius from Gaborone than Serowe. Kanye is about 120km south of Gaborone, Molepolole is 50km west, while Serowe is about 335km north of Gaborone. By and large, the Bamangwato of Serowe still live in large homesteads
comprised of large extended families. The impact of modernization in Serowe has been slow compared to that of the Kwena in Molepolole and Ngwaketsi in Kanye (Shaibu & Wallhagen, 2002).

Okihiro (2000) argues that the Bakwena were organized quite differently from both the Bangwato and Bangwaketse. Alverson (1978) states the Batswana place much emphasis on kinship as the basis on which political, juridical, economic and religious aspects of society are organized. In his book, *A Social History of the Bakwena and the Peoples of the Kalahari of Southern Africa, 19th Century*, Okihiro, (2000) argues that his readings of nineteenth-century accounts and twentieth-century ethnographies and histories portray an account that differed from his genealogical research conducted to reconstruct Bakwena demographic and social history. Contrary to Alverson's account, Okihiro states that in his research he observed that ‘Bakwena did not always live in large communities and carry on a mixed economy of cattle-herding and grain-cultivation like the other Batswana groups’ (Okihiro, 2000, pp. 153). But instead they began as small, mobile groups of herders, gatherers and hunters, and their lineage mode of production could not have predominated, at least since the late
eighteenth century because lineage organization was not the defining glue that held the Bakwena social formation. This indeed suggests a rather important feature of difference among the Batswana. Today however, the dominant culture of Batswana reflects a dual heritage and intermingling of these ethnic groups and English cultural influences. But the move towards nuclear family organization (based on Okihiro’s account) came rather early for Bakwena than it did for both Bangwato and Bangwaketsi.

The following sections outline general features of Batswana society. It is acknowledged from the account given by Okihiro that there are certainly some variations among all these groups that make up the Batswana.

3.5 Economic base / production

By and large, the Batswana are agriculturalists. However, from the point of view of Batswana the major maker of wealth, as well as the chief form of wealth itself, is cattle. They are also a source of draft power for the plowing season, cash, advantageous alliances, and a means of contract marriages (Alverson, 1978). Communal life was such a vital part of the Batswana society that wealth carried with it the heavy burden of redistribution. Those
considered stingy could become impoverished due to loss of labor provided by community members. Not only was redistribution encouraged by culture and religious beliefs, but also because individualistic freedom to accumulate or control all the scarce resources was seen as antithetical to community values. Economic cooperation was highly promoted in Batswana society. A kinship obligation through marriage was a system that provided a group of people bounded by obligations rather than the relationship of wage earner to employer. The larger the cooperating group, the greater the possibilities of wealth through increased tilling of larger fields. However, according to Okihiro (2000), for the Bakwena and most of Bangwato, it was the peoples of the Kalahari who supplied the labor that allowed them to cultivate larger tracts of land and maintain extensive herds of cattle.

3.6 Marriage

The focus of this discussion will be on the features of marriage that have a direct bearing on child and /or
orphan care. Where major differences exist among the ethnic groups referred to in the study, it shall be stated.

The Batswana are largely organized according to principles of patrilineal descent and the Batswana family is founded upon marriage. “For a marriage to be regarded as lawful, and as carrying with it the rights, duties and privileges accorded by society, certain conditions have to be met” (Schapera, 1970, p.125). According to Schapera (1970, p.127) some of the essential elements of the marriage contract among the Batswana are “mutual agreement between two families concerned, often reflected in the formalities of betrothal” and “the transfer of livestock to the bride’s family by the groom’s family”.

The above conditions are used to differentiate between recognized marital unions and other forms of sexual cohabitation. Due to the decline of polygamy around the 70s, other forms of sexual cohabitation became prominent among the Batswana. These included bonyatsi, where a man who is already married takes some other woman as a concubine. According to Schapera (1970, p.126), “the man will openly and regularly visit his concubine at her home and her people will accept or go along with the relationship, so long as he feeds and clothes her and the
children he has by her, ploughs for her and helps her in various other ways”. The children born of such union belong to the mother and the mother’s father would be the legal guardian of the child, although under certain conditions the biological father may claim them. The Ngwato called this form of concubinage go ja mmogo (to eat together).

What was vital for the care of children with regards to the practice of marriage among the Batswana was the aspect of bogadi, (bride price). While missionaries and others have often looked upon this practice as constituting the purchase of a woman and involving her in humiliating circumstances, there was indeed no bargaining over the number of cattle to be given: the husband’s parents gave as many as they liked and could afford, a fact which Schapera (1970) argues should dispel the idea of purchase. Batswana themselves spoke of bogadi as malebogo (thanksgiving) to the wife’s parents for the care they have spent on her upbringing. The cattle so acquired through bogadi not only strengthened extended family ties between the two family-groups and within the wife’s family, but was also an economic base for all family members. Batswana considered the payment of bogadi to give the children of the union certain privileges at the home of their mother’s people to which they are not otherwise entitled. They had the right
to go to their mother’s home to grow up there and to be supported from the cattle given out as her bogadi. Those who are entitled to a share of bogadi included the wife’s principal maternal uncle, her principal paternal uncle and her principal paternal aunt and her mother. Furthermore, a woman for whom bogadi has been paid could not leave the husband’s home if he were to die. In addition, all children she subsequently bore were still regarded as those of her late husband. For this reason, the Ngwato abolished this practice – though there are disagreements as to what really caused Kgama (Bamangwato Chief) to abolish the practice. It is argued that it was also pressure from missionaries (Schapera, 1970).

3.7 Family and child rearing practices

Patterns of child rearing such as instruction in matters of property, morality and character do not greatly vary from rural to village areas. Instead of summarizing Schapera’s observations, an emphasis shall only be placed on those aspects of child rearing practices and obligations that different members of the family had towards children and specifically orphaned children. While the following
observations are based largely on Schapera’s materials, the researcher also draws from personal experiences and knowledge of the Tswana culture, particularly the Ngwato to which the researcher belongs.

When a child is born, the father is always expected to abandon his “hauteur of household duties” to play with and admire the young infant (Schapera, 1940). However, the primary responsibility for the nurture and care of the infant lies with the mother. While the Batswana have always placed high value on cattle, children on the other hand are the only asset whose value and prestige exceed that of the herd in the Batswana conception of wealth. Nurturing of the child, especially at the weaning age (from 2-3 years) is a responsibility the mother shares with older, usually female, siblings.

Kinship obligations in the Batswana family begin at the level of childhood (brothers and sisters) all the way to adults and other relatives. Brothers and sisters have various obligations toward one another based upon their sex and age difference, with the eldest brother having an upper hand in family affairs after the father. According to Schapera (1970), brother and sisters obligations are extended as they grow old and marry. A man or a woman has special duties towards his/her nephews and nieces. Each
category of relationship suggests some variation in the way children benefit. When it comes to co-operative activities, paternal relatives are preferential partners. The “senior paternal uncles rule and control the children of their younger brothers as they do their own” (Schapera, 1970, p. 188). Children should frequently visit his home, where they have the right to sleep and to be fed. Their paternal uncle is expected to help them in all their troubles, conduct their marriages and contribute towards their bogadi, give them occasional presents of cattle or small livestock and generally treat them like he does his own children. Inevitably, the uncle is to become the child’s guardian if the child’s father dies. Among the Bakwena, however, in individual households, fathers willed their cattle to their children as gifts, called kgomo ya boswa (cattle of the inheritance) while they were still minors and the herd and its offspring formally belong to the child. Sons, as they matured, received from their fathers cattle called dikgomo tsa madisa (herding cattle), indicating that cattle belong to the father but under the guardianship of the his son (Okihiro, 2000). Among the Bakwena, unlike what was practiced among the Ngwaketsi and Ngwato, “cattle constituted the owner’s estate that was upon his death, distributed by the men of his kgotla (community/ward) to
his dependents” (p.183). In contrast, among the Ngwato and Ngwaketsi closely linked family members, including uncles, aunts and grandparents, only do this task. Maternal relatives are of particular importance to mothers who bore children out of wedlock. The maternal uncle must be consulted in all matters affecting the welfare of his sister’s children.

The duties of kinsmen towards one another were reflected in the practices relating to guardianship of widows and minor orphans. The eldest son, if old enough, assumes responsibility /guardianship of his mother, and other siblings upon the death of his father (Schapera, 1970). They all lived with him or wherever he directed them to go, and all were entitled to maintenance out of his late father’s estate. If the eldest son failed to carry on this duty, another son may be appointed or a closely linked relative may be appointed to act as their guardian.

One of the prominent features of the Batswana traditional practice in childcare was the practice of fosterage, where a child or children were sent to live with relatives for extended periods of time. Guardianship of children was transferred to another individual. Irrespective of the length of stay that children spent with their guardian, the practice was regarded as temporary,
partial and informal (Schapera, 1970). Often, the guardians were grandparents, uncles, aunts or others able members of the extended family. The financial burden of rearing the child was often shared, with the (able) biological parent(s) bearing most of the expenses such as schooling. Children were not only sent to rural areas while their parents worked in urban areas, but also the transfer could be from rural to urban, as children were sent there particularly for schooling.

Fosterage largely depended on urban-rural ties among family members and particularly extended family members. According to Jansen (1993) it has always been the case that as many as one-third of the children among the Batswana lived with someone other than their biological parents. In addition, fosterage was seen as a means of building kinship and establishing allegiance to the larger clan (Schapera, 1970).

3.8 Religious beliefs

In traditional Batswana religion, ‘modimo’ is the great God or the Great Spirit and the general spirits are
the plural, ‘badimo’. The ‘badimo’ (ancestral spirits⁸) are the deceased adults who are considered as custodians of the fortunes of the living (Schapera, 1970). When a person dies, antheap soil is added to the grave as symbolic prayer for the continuity of community life that the remaining offspring may continue to live in community. The Batswana have great respect for the deceased relatives, and spiritual beliefs in nature, presence of rain and good health. It is generally held that an individual’s actions are a direct cause of sickness and drought. Among other practices determined by these beliefs, provision of care to orphans was an important prevention of misfortune and sickness. Families that were considered to have abandoned or seen to be ill-treating orphans were in danger of provoking the wrath of their ancestors (Schapera, 1970). To appease the ancestral spirits certain rituals, e.g. *phekkolo*⁹ would have to be conducted, with sacrifices offered and covenants made to provide the necessary care to orphaned children.

⁸ Most anthropologists refer to the Tswana *badimo* as the living dead with metaphysical powers. Ancestor worship is the Tswana philosophy of hierarchical forces going upwards from men to ancestors to the ultimate God (Setiloane, 1976).
⁹ *‘Phekolo’* is a religious practice/ritual occasionally conducted in an effort to pacify the ancestral spirits. Often members of the family will chant “*a hana ba robale*” – may the children [members of the concerned family] sleep/rest.
3.9 The changing role of the family

Scholars argue that there is no universal definition of family because the term does not mean the same thing to everyone (Jackson, 1993). Furthermore, Richardson & Robinson (1993) posit that “there is no simple single unit that can be defined as the family which can be compared within cultures as well as cross-culturally” (pp. 23). We do find attempts to define the term family. A common interpretation of the word family can be found in the Encyclopedia Britannica which is, “a union of a man and a woman along with their offspring, usually living in a private and separated dwelling”. The inadequacy of such a definition lies in the fact that it tends to refer only to one type of family, the nuclear family. In this study, with reference to Batswana, the term family will be used to refer to a group of people (in different social structures) whose relationship has been established by blood ties.

The most dominant and recognized family among the Batswana has been the conventional, male headed, heterosexual patriarchal family form often associated with marriage, whether under customary or the national law. Generally, patriarchy is a system that tends to assume a dominant relationship with other forms of social
organization where marriage is considered as the basis for
the formation of this system, often excluding other types
of family such as female headed-holds and cohabitational
types of family. But this study recognizes that various
needs and circumstances affect the family and therefore
give rise to variations in family forms that also ought to
be recognized. The concept of family among the
Bangwaketsi, Bakwena and Bangwato, like in many other
African societies denotes a social unit, which may be
monogamous or polygamous, including other members such as
uncles, aunts, grandparents as well as other blood
relatives (Schapera, 1970)

Family, like culture, is dynamic; it is constantly
changing as society changes. Subject to constantly changing
conditions in society, the family can indeed be explained
as O’Connell (1994.p.vii) puts it, that it is “a living,
evolving institution affected by socio-economic factors as
well as changes that shape the social environment in which
it functions”. It seems readily evident from an examination
of the nature and the role of the family in the developing
world that form may indeed follow function. The extended
family predominated in early societies where land tilling
for crop production was the predominant source of income
and groups of relatives helped relieve the loneliness and
monotony of solidarity labor, and taught inexperienced workers new techniques and skills. Thus the economic value of a network of sisters, brothers, aunts, uncles, and cousins encouraged this type of family. Among the Bakwena we find such practices as that referred to by the Bamangwato as “molaletsa” or “letsema”. This was a practice where a day’s work in the fields is sponsored by a household that announced it, slaughtering and dividing a cow among those who labored for the fields’ produce of that day. While these teams of laborers were also made up of neighbors, close family members made up the majority of the team for molaletsa/letsema. Ideally, the bigger the family, the more laborers there would be to work on the fields. However, in modern times, the nuclear family becomes more predominant as the industrial marketplace requires the geographical mobility of small nuclear families and where food supplies are uncertain.

As a social institution, the family is related to other institutions to the point that when change occurs in one institution it affects the family as well. Therefore some of the factors affecting the family are unavoidable because they are from outside the family institution. Nearly four decades ago, researchers hypothesized that most families are changing from an extended to a conjugal
pattern where ties with kinsmen and relatives are being loosened and more emphasis put on nuclear family. Yet, today while the industrial market dictates certain changes in family organization, much emphasis is put on the extended family as the scourge of AIDS rages across societies. Again this takes us back to the point that indeed an examination of the nature and role of the family in the developing world requires us to remember that form may indeed follow function. On the same note it will be clear to see that there are aspects of family life that have changed very fast from the traditional ways and that there are those that have not changed or are having slow changes – time and context (and indeed other ideologies) being the central factors in this regard. Changes that have affected the Batswana family today were indeed gradual and date as far back as the end of the eighteenth century, beginning migration and separation, from each other. All the three groups were later to absorb large numbers of immigrants, a process that profoundly altered not only the size, and physical layout of the concerned group but also its political and social institutions and their relations to production.

Today the family finds itself in a period of transition in which the well-known symptoms of
modernization are being exhibited, including the negative symptoms of alienation and cultural disorientation. Some of the forces affecting the family structure and organization include poverty, rapid urbanization, migration, and now new diseases. These forces are significantly altering relations not only between generations but also within communities. Traditionally, the family has been the greatest structure that gave security to its poor, children and older members. In the following paragraph we will look at three specific cultural practices that have changed and consider how this change affects childcare. These practices are fosterage, marriage and female headed-households/concubinage.

Earlier on we discussed the practice of fosterage among the Batswana. It is this very practice coupled with communal responsibility that members of each community felt towards one another that children have always enjoyed when in need of elderly care. At a point when this practice was common, families felt and had the need to strengthen kinship and build allegiance for such purposes as economic, and social stability. However, overtime this practice has outgrown the boundaries of family circles. With increasing poverty, market industry, and the effects of the AIDS epidemic on people’s psychological health and economic base, a possibility that both urban and rural families
would be unable to support foster children increases. What should be clear is that societal pressure, like is the case with any cultural practice, played a major role in sustaining this practice, particularly to the benefit of orphans. In contrast to altruistic giving that extends to the entire society, fosterage is often circumscribed within kin groups. These closely knit groups prescribe and enforce solidarity obligations through coercion and psychological inducements (Alverson, 1978). In that sense, fosterage is no longer a free choice by the assistance provider, but is negotiated between potential providers and the kin group. It is actually suggested that while economic and altruistic rationales suggest a decline in fosterage, the practice responds to a complex mix of factors where kin pressure has often been seen as the force dampening responses, which would otherwise be milder. But as cultures and customs meet with modernization and families adapting to all these forces, the strong grip of cultural practices and social pressure are lessened.

Owing to forces already alluded to such as modernization, and economic forces, Botswana laws for marriage nowadays differ in many respects from the traditional system. For example, child betrothal, the seantlo custom (sororate), and polygamy are no longer
practiced. While a lot of criticism could be echoed against all these practices, what is true is the fact that they all were able to ensure a system of care for children. The seantlo was a means to ensure that both the widow and her children were taken care of, since larger portions of the husband or father’s wealth was left to his brothers who were to become guardians of the bereaved family members. In addition, bride price is still commonly practiced, though this now often consists of a cash payment earned by the husband-to-be, rather than cattle and other possessions raised by members of his extended family. Thus marriage itself has become more a contract between two individuals, leading to weaker linkages between and within extended families. On the other hand the imposition of bride price with high monetary value has led to unions frequently being established without the payment of bride price, unrecognized by relatives from either family; such unions are inherently less stable and children from such unions may be deemed to belong to neither extended family.

While female-headed households have always existed among the Batswana society, they were generally not recognized as ‘proper’ families. One main aspect of marriage that has greatly shaped family forms among the Batswana society is the system of the dowry price. While
the payment of dowry was perceived as malebogo (thanksgiving), this perception has changed. There is increasing evidence of engagements that are unfulfilled because the grooms can not afford the dowry price. Thus, the criticism that was echoed by the missionaries against this practice during colonial and early postcolonial era has finally caught up with Batswana. The practice has now become economically motivated compared to the time when it used to be left to the grooms parents to give what they want to give and could afford. This has lead to an increase in the number of female-headed households, and children who do not have the advantage of the privileges brought by the union of two usually large families. In addition, concubinage among especially the Bangwato, which allowed a that a man assumes the role of providing for the children he may have through another woman other than his wife, is no longer recognized. What remains today is the insistence of payment of “damages” to the family of the impregnated woman. Generally this has lead to a lot of men paying the standard rate of damage so negotiated between the two families and then “abandoning” any other responsibility they otherwise could assume in supporting the child.
CHAPTER 4

Implications for Policy Making

4.1 Building a culturally rooted response

The population of orphans and other vulnerable children in Botswana is steadily increasing, and there is indeed considerable acknowledgement of the enormity of the strain they have on families. The one truth that seems to be evading most researchers and policy makers is the appreciation of the fact that family needs evolve as society changes. HIV/AIDS has only compounded if not accelerated some of the forces affecting families today. Changes in any given society may be deliberately planned, for instance when a particular social good to all is sought, but they may also include, as we have seen in the discussion given, that there are those that could be categorized as natural changes, which are often unplanned.

The most striking feature of traditional care system among the Batswana is that they are rooted in complex family systems that included reciprocal care and assistance among generations, with children not only on the receiving
end but also fulfilling an active giving role. The way forward must indeed be to anticipate the shape of society in the future. The symbolism of Sankofa and its meaning is quite applicable to the issue of orphanhood. Sankofa is a Ghanian cultural symbol depicting a bird looking back at its tail. The basic meaning is that, “if you cannot find the answer to the problem in the present, return to tradition”.

The State cannot substitute the family as the major social welfare for orphaned children, but rather must operate as a support system for the family. Policy thinking should seek to better harness the energies and resources of the family and the community in solving the needs of orphaned children. As it has been made clear in the presiding discussions, cultural practices that guide childcare are deeply engrained in the consciousness of a society. Faced with a situation where they seem to fail to fulfill their roles, families often find themselves in greater despair and disarray. It will help a great deal if ways could be found to build and engage in responses that are sensitive to society’s culture, or those that closely model this culture in a manner that people are able to identify with. Thus it is important to take consideration
of a society’s characteristics, including lifestyles and beliefs as an essential reference to the creation of action plans.

4.2 Modeling care in community-based care and orphanages

For quite a while now, community-based care has been identified as the best line of response after family care. Community-based care is centered around “informal” fostering, where community members assume the responsibility for caring for orphans. Compassion, community solidarity, reciprocal altruism, concern for society’s well being and blood ties are all key factors fueling this mode of care. As the impacts of AIDS become manifest and increase their strain on communities, an increasing number of institutions such as both unregistered and registered children’s homes and orphanages have begun to mushroom. While an attempt has been made by the child welfare division in Botswana to establish guidelines and standards of care to act as criteria to determine where to place a child and the failure or success of placement, their use has largely been inconsistent.
As I have established in former chapters, Batswana society has always been organized in a way that every level exhibits a similar social organization, such as the kgotla where various officials are assigned various duties in the social structure at each level. This factor should become the first point of reference when community based care and institutional care is established. The kgotla is one institution among the Batswana that is still highly recognized and respected by community members. While most of the duties that used to be carried by this court have been taken up elsewhere [other formal court systems] allegiance to this form of unit is still very strong. To tap this resource community leadership structures must be involved in the process of monitoring and governing these initiatives. House of Hope in Palapye received more support and acceptance among community members because it was an idea that the local community leader Kgosana (Headman) Maine Maine brought up. In addition, emphasis for caregivers should be placed not only on elderly women or couples, but also on the youth of society.

Based on preliminary research involving observation of SOS children’ Village in Tlokweng, Botswana, I developed a critique and set of recommendations that follow. The
Masitara foundation (in Chapter 2) is included because it is intended to support the building of orphanages that are modeled after the practices and/or philosophy of SOS International. I would like to point out that from my observation; SOS in Tlokweng still lacks a cultural component that can easily be added onto its well-established structure. By and large, contrary to popular assertion from research that children in institutions lack basic and traditionally accepted social and cultural skills to function in their societies, have lower levels of educational attainment, have problems adjusting to independence after leaving the orphanage, lack basic living skills, have more difficulties with relationships, lack parental skills and sometimes have a misplaced sense of entitlement without a parallel sense of responsibility (Hunter & Williamson, 2000; Janssen, 1993 & Khumalo, 1990) this does not seem to be the case with children growing up at SOS, Tlokweng. First of all children in this institution have cultural, spiritual, and kinship ties with families, and communities. An interview with the administrator revealed that children at SOS are exposed to numerous cultural activities that even most children in the village are not exposed to. These included such activities as dance and site visits to historical sites around the
country. The institution also has a successful volunteer program that has ensured a constant interaction between children and the community. However, I believe in order to have a more holistic approach and/or response to childcare in terms of a culturally sensitive program, there are two possible avenues that have not been exploited. These can indeed be used to revamp both community based care and orphanages.

It is generally held that *mathogopuswa* – the elderly – are custodians of culture and family traditions. They hold and can transfer valuable wisdom to younger generations in their care. Today in Botswana, numerous studies on aging are only beginning to attract more scholars’ inquisitive minds. The relationship between the elderly and their grandchildren has always been a reciprocal one, where children were not only at the receiving end, but also provided some care to their grandparents. When I visited SOS, I learned that there is high turnover among younger caregivers residing at the orphanage, while all of the older caregivers (around the ages of 58 – 65) are those who started working there when the orphanage was opened in 1986. The Botswana UNDP in 2000 also revealed that adults between
the ages of 20-45 are refusing to care for their orphaned relatives. Therefore, more emphasis should be placed on recruiting older caregivers as opposed to younger caregivers. In this way, children get to grow around older caregivers for whom the transference of cultural knowledge and wisdom is a task and role they enjoy most. I also believe that these ties are especially critical in Botswana because they are the basis for people’s sense of connectedness, belonging and continuity. They are the basis upon which life skills as well as social and cultural skills are attained. The resistance and biases that family members show towards community based care and institutional care can also be reduced in this manner. Having older caregivers in these settings tends to take away the formally structured and impersonal view that is often attached to these initiatives. Because community cooperation is a part of the culture of most Batswana families, assigning children to the elderly in these settings may not be seen as abandoning family members.

Another approach that can be taken by communities and orphanages to help integrate children into their societies is by developing activities that allows children to give back to the community. As it has been already said, in the
Batswana culture, children have not always just been at the end of the spectrum when it came to community life; they too have a role to play in the community. These roles do not have to be taken away just because children are now living away from their families. During marriage ceremonies and funerals children in these settings should be engaged by involving them in several tasks appropriate to their age, such as helping in catering, washing visitors’ hands and cleaning up after the event. By so doing, children remain part and parcel of their communities as these efforts allow them to be accepted or fit into traditional rituals and ceremonies as well as contracts and alliance arrangements. This also is important in ensuring that children, especially those raised in institutions that have their philosophies adapted elsewhere and providing materially high western standards of care, do not look down upon their own communities.

At the community level in particular, policy makers working together with communities should focus on embarking on programs with a shift from large-scale centers to smaller groups of family type homes. It is much easier for these homes to be integrated into communities and these in turn can be used to promote more foster care. Where
children are unable to live with their families, they should be afforded environments as near as possible that approximate those of families.

Although it is easier to hire young people (they are the ones often looking for jobs everywhere) communities and orphanages should avoid staffing their facilities on a permanent basis with young single women, who are may be inexperienced as mothers. It is also important for institutions to have well developed, stringent admission criteria so that they do not become dumping grounds for unwanted children, or that they do not act as magnets for families that feel children will be better off in the institutions. Criteria and guidelines for orphanages, and home centers, will ensure that the children who absolutely need this service have access and the opportunity to receive it while at the same time ensure that community coping mechanisms are not undermined.
CHAPTER 5

5.1 Issues in childcare and welfare: Additional points for consideration

Concern for children and their development is a social value that is highly observed in Botswana and among the Batswana, and other regions of the continent. Yet thousands of children in Botswana today are living in intolerable conditions. The care of a child is a long-term commitment and the global challenge is how to develop sustainable systems of care for all the years it will take to raise the orphan generation. Since 1986, numerous international standards and mechanisms have been created for child protection. Nonetheless, enormous gaps still exist between international conventions, national laws, and what children experience every day. Many scholars and observers agree that emotional and economic support among family members has remained relatively strong, in spite of some cultural imbalance and the capability of families. On the other hand, it is appreciated that the values of city life and the AIDS epidemic are undermining the traditional norms (Foster,
2000). These have profoundly affected the way traditional family care system operates. For this reason, the care of orphans and other vulnerable children can no longer be taken for granted.

In the previous chapter I have discussed what the implications with regards to family changes mean for orphan welfare in Botswana. It is also important that for policy makers, while aware of these implications, they should also bear in mind several other points about developing and providing care for orphans, especially when thinking about methods of care outside the ideal family structure. As the number of orphaned children in a community increases and uncles and aunts, the traditional first choice as substitute caregivers, become unavailable, grandparents are recruited into childcare (Foster, 2000). Older and weaker grandparents have always been the last resort as caregivers, but today they agree to take care of orphans because other relatives refuse. What is a major concern in this shift is that those grandparents are more frequently recruited as caregivers in areas where the AIDS epidemic is more severe.

To many African people, the separation of orphaned siblings is an undesirable solution to the problem of
orphan care (McKerrow, 1997). However, separation of siblings between several relatives following parental death appears to be an increasingly common strategy of families in order to share the economic burden of orphan care. Community-based orphan support initiatives have a demonstrable ability to target support to large numbers of orphan households in greatest need and children in difficult circumstances (Foster et al., 1999). There is a growing recognition that strengthening spontaneous community-based initiatives such as caring for the sick and orphans are as urgent as preventing the further spread of HIV (Hunter & Williamson, 1998; USAID 1996). However, the limitation to this system is that communities and families are faced with a dual crisis where the care of AIDS patients and AIDS orphans often falls on individuals with limited assistance from extended kin and neighbors. In addition, there is not a strong tradition of NGOs and Community based organizations (CBOs) working in the area of childcare and rights in Botswana. Poverty and the very rapid spread of HIV infection itself have all severely limited the range of options for action. Though AIDS awareness campaigns have been going on for several years
now, denial still persists throughout most communities, made worse by the general unavailability of voluntary and confidential HIV counseling and testing facilities.

Many children also suffer in silence and often the community at times is morally outraged at the exploitation, abuses and suffering children endure. Yet child protection and support remedies regularly meet with resistance at all levels of society - from governments to community leaders to parents - especially because child abuse and other forms of ill-treatment occurs mostly in private and is associated with criminality and corruption (United Nations Children Fund - UNICEF, 2003). In many cases, it is privately tolerated and publicly denied.
CHAPTER 6

6.1 Discussions and conclusions

The family is the most basic unit of the Batswana society, and the process of disintegration is nowhere more apparent than in this central unit. The establishment and assurance of a safety network for orphans in this society depended and continues to do so upon the successful maintenance of the solidarity of the family unit in the course of the modification of its role under certain modern and other conditions. Botswana society (like most other societies) has fallen victim to many social and economic forces that have transformed the family unit.

Increased orphaning of children due to AIDS deaths in Botswana is a social phenomenon that has heightened the care giving needs of these children. Therefore, to understand the phenomenon of family care giving of orphans it is necessary to place it within the context of the social and economic forces that have affected the family. Researchers posit that Africa is in a transitional period between its collective past and a more individualistic future characterized by the extent to which kinship values are upheld or rejected. It is for this reason that in
dealing with matters that concern tradition, custom, culture and other ways in which society organizes itself, it is important that caution be exercised not to inscribe and/or perpetuate some “customs which are in themselves undesirable and others which owing to the efflux of time and the advent of changes, have become inapplicable” (Rey, 1937, p. ix: in Schapera, 1970).

It is very important to recognize the strength of the family and communities and their cultural beliefs with regard to the care of orphans, in order to appreciate and benefit from this asset. It is without doubt that despite it’s weakening, the extended family continues to remain the predominant caring unit for sick relatives and orphans throughout Africa (Ankrah, 1993). Communities and families are changing their systems of caring for orphans in order to cope with changes taking place within society. Nevertheless, these extended families face mounting pressure due to high mortality among the adults of reproductive age, deepening poverty, and the growing number of orphans.

The AIDS epidemic has caused adverse psychosocial and economic consequences leading to change in the family
structure, and thus disturbed the capacity of the nuclear and extended family to respond to the needs of members afflicted by HIV and AIDS. Hence, the kinship system could become the locus of AIDS activity designed to ensure the well-being and continuity of the family where its leadership undertakes to sustain, reorganize, or create wholly new families or structures among populations being devastated by AIDS. New associations based on common emotional bonds of caring beyond kinship ties will be necessary to support some vulnerable members. However, for these associations to prove durable they will need strong links to or derive their legitimacy from the resilient traditional social network, the Batswana kinship system.
References:


5. Bodgan and Biklen (1992) Qualitative Research for Education. Allyn and Bacon, Boston.


Appendix a: Botswana Country Map

Source: World Bank Database