

Is Inheritance System a Factor in the Care of AIDS Orphans? The Asante and Krobo of Ghana Scenario

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Abstract

The study was to establish the extent to which inheritance system, age of caregiver, and orphan status influence the care of children orphaned by AIDS among two ethnic groups of Ghana- the Asante and Krobo.

The study, which was conducted between 2008 and 2011 was a cross-sectional one that employed quantitative methods to establish associations between care of children orphaned by AIDS (using their nutritional status as the proxy for care), and inheritance system, caregiver

age, and orphan status (paternal/maternal; single/double) using interview questionnaires and anthropometric assessment of orphans. Chi-square tests and regression analyses were used to test associations.

The results revealed that orphans under the matrilineal system of inheritance were about twice more likely to be stunted than those under the patrilineal system of inheritance (OR = 2.392; 95% CI = 1.268 – 4.511). Orphan status (paternal/maternal) or (single/double), and caregiver age did not show statistically significant association with nutritional status of orphans. However, among the Krobo, orphans with caregivers aged 41-50 years were about eight times more likely to be stunted than those cared for by caregivers among other age groups (OR = 8.168; 95% CI = 1.042 – 64.053).

Mathematics Subject Classification: 00A06, 00A69, 00A99

Keywords: AIDS orphans, Inheritance system, nutritional status, caregiver age, orphan status.

INTRODUCTION

It has become increasingly evident that one of the most tragic results of the AIDS pandemic is the ever-increasing number of orphans it is leaving behind. Reports from UNAIDS and UNICEF in 2002 indicated that before the heavy toll of HIV and AIDS related deaths in the late 1980s, only 2% of children from developing countries were orphans. As at the end of 2002, however, over 14 million children in sub-Saharan Africa (12% of all children less than 15 years) were total orphans (UNAIDS/UNICEF, 2002). Globally, it was estimated that the number of all orphans under age 15 years would exceed 25 million by 2010, and over 90% of this number would be living in sub-Saharan Africa (UNAIDS, 2005).

In Ghana, it is estimated that by 2012 AIDS-orphaned children would number 168,907 (NACP/GHS/WHO, 2011). Care for such orphans would be very challenging to individuals, families, communities and the nation if effective care issues are not anticipated and addressed. Available literature on orphans indicate that orphans are disadvantaged compared to their non-orphan counterparts in terms of education, nutrition, physical and

sexual abuse, emotional and psychological distress, stigma and discrimination, among others (Hunter & Williamson, 1998b; Gilborn et al., 2001; Nyambedha, Wandiba, & Aagaard-Hansen, 2003; Safman, 2004; Monash & Boerma, 2004; Oleke, Blystand & Rekdal, 2005; Cluver, & Gardiner, 2006; Nyamukapa, & Gregson, 2005).

Studies in-country and elsewhere have looked at the situation and plight of the AIDS orphans as well as other orphans, but limited in these studies are the social and cultural factors that influence the care of these orphans. We therefore propose that orphan care interventions may be effective if social and cultural issues such as inheritance system and orphan status are critically looked at and addressed.

A popular Ghanaian's belief is that a sacred blood sustains and maintains the physical body, while a sacred spirit is responsible for the development of one's full personality and being. The former forms the basis of matriliney and the latter patriliney. Thus, Ghana has both matrilineal and patrilineal family systems. One can therefore succeed to intestate property through either the matriline, the patriline or in some special cases to both (Goody, 1973).

Among the Asante, the right of inheritance is confined to the matrilineage, but men take precedence over women in the inheritance of a man's property and vice versa. Thus, when a man dies, his own children do not have rights to his personal acquired property, it is his brother or *wofase* (sister's son/nephew) that inherits him, but the preference is the nephew with whom the deceased share the same lineage. Traditionally, it is the closest clan member that inherits the dead. It is believed that clan property belongs to the woman's line and powers are invested in men to act as caretakers only. Thus, though one's paternal sister (father's daughter) is considered his sister, her child cannot inherit the uncle since the child is not from the same clan as the uncle. When a woman dies, she is inherited by her sister or one of her daughters. Thus, orphans, especially those who

are left motherless in early childhood are given to their mother's sister to bring them up. The maternal aunt is supposed to treat them like her own and by so doing, the children would also respond to her like their real mother. The Asante therefore holds the view that children belong to their mother's family, as such in the absence of the father, orphans must be taken care of by their matrikin.

Unlike the Asante, Krobo inheritance is patrilineal. This means that a child belongs to, enjoys first rights, and owes first duties to his paternal agnatic kin. According to Okyeame Buatey- a linguist to the paramount chief of the Manya Krobo area (in a conversation in March 2009), the Krobo had very few farmlands which were inherited by their sons, as a result their daughters were encouraged to marry early, and once married they belonged to their husbands and their husbands' family. Though marriage creates a link between the man and the woman's families, the married woman has very little to do with her own family. Thus the responsibility of care of orphans falls first and foremost on the patrikin.

These systems of inheritance may have implications for orphan care, especially in areas where HIV prevalence rates have been relatively high over the years. It is against this background that we undertook this study among the Asante and Krobo of Ghana. We attempted to establish associations between system of inheritance, caregiver age, and orphan status, and care of orphans using nutritional status of orphans as the surrogate for orphan care.

This study may serve as a reliable source of reference for information on inheritance system, caregiver age, and orphan status, and how they affect orphans in Ghana. It is anticipated that the results of the study would assist orphan care organizations to draw up effective policies and interventions.

MATERIALS AND METHODS

A cross-sectional study using convenience sampling technique was carried out among one hundred and forty one (141) Asante orphans, and one hundred and fifty one (151) Krobo orphans and their caregivers between year 2008 and 2011. The Asante caregivers numbered one hundred and forty (140) whilst the Krobo orphans numbered one hundred and forty five (145). The orphans had lived with their current caregivers for a minimum period of one year, and had lost at least one parent to AIDS. Both orphans and caregivers were willing and were able to participate fully in the study. Relevant portions of the questionnaires from the Children's Needs Assessment Toolkit (CNA Toolkit, version 3, March, 2002-developed for the Early Child Development Team of the World Bank by the Task Force for Child Survival and Development aimed at assisting organizations in assessing the needs of children in areas that are heavily affected by HIV and AIDS) were adapted and administered to the orphans. Three anthropometric measurements (height, weight, and mid upper arm circumference) were made on all orphans. Similar questionnaires were administered to their caregivers to authenticate responses from orphans. Illiterate respondents were guided to complete the questionnaires.

The questionnaires gathered information on orphan demography – birth date, age, sex, and schooling status; orphan status – paternal, maternal or double orphan; information on inheritance system and other relevant issues. The questionnaires for caregivers also gathered similar information on caregivers in addition to employment status, level of education, and property owned by deceased parent(s) of orphans. We used WHO AnthroPlus which is a software for determining the nutritional status (height-for-age) of children aged five years and above, using their birth date, height, sex, and date of interview, to group the orphans into two categories: stunted, and not stunted based on the z-scores generated by the software.

The data were analysed using Statistical Package for Social Sciences (SPSS version 16.0). Chi square tests of association were done to test association between inheritance system; orphan status; caregiver age; and nutritional status of orphans. Regression analyses of inheritance system, orphan status, and caregiver age on nutritional status of orphans were also done, using odds ratios and confidence intervals to interpret the results. The level of significance was set at a probability less than 5% ($p < 0.05$).

RESULTS

A total of 292 orphans participated in the study. Their ages ranged from 5 to 17 years with a mean age of 12.2 years, 141 (48.3%) were males and 151 (51.7%) females. The majority, 257 (88%) were in-school, and the remaining 35 (12%) were out-of school. Seventy three percent (73%) of orphans had one parent alive (single orphans) and the remaining 27% had lost both parents (double orphans). There were more paternal orphans - 40.8% (those who have lost only their fathers) than maternal orphans - 32.2% (those who have lost only their mothers). Thirty one percent (31%) of orphans were living with their maternal or paternal uncles and aunts, 28.8% were with their grandparents, 34.6% were with either parent and 5.1% were living with their siblings.

The ages of caregivers ranged from 21 years to 94 years with 83% of caregivers aged between 21 and 60 years, whilst 16% were over 60 years of age, 2 (1%) Asante caregivers did not indicate their ages. One hundred and thirty-eight (138), that is 48% of caregivers, were widowed; 106 (37%) married; 19 (7%) had never married before; and the remaining 22 (8%) were either divorced or separated from their spouses. An appreciable number - 163 (57%) had some level of formal education. Only 12 (4%) had tertiary education, the majority, 83 (29%) had either junior or senior high school education whilst 68 (24%) had only primary education. A significant proportion of caregivers - 43% (122) did not have any form of

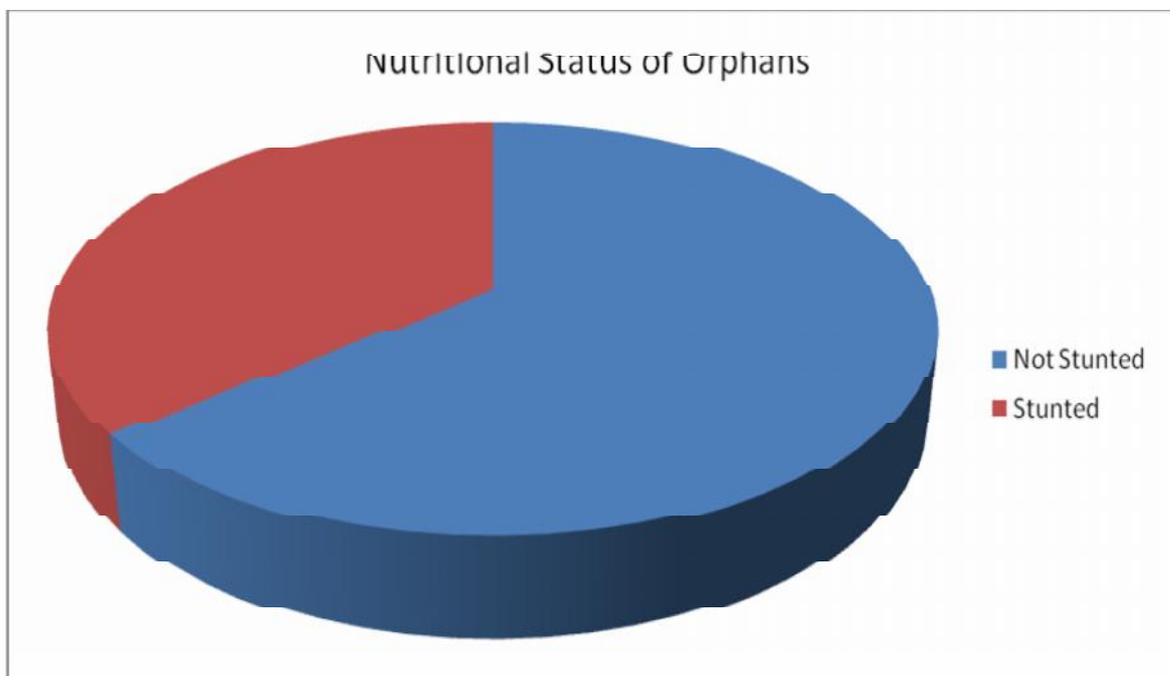
formal education. The majority of caregivers, 148 (52%) were traders; 57 (20%) were farmers; 37 (13%) were jobless individuals or housewives; 33 (12%) were artisans; and only 10 (4%) were on regular monthly income (professionals).

Independent sample t-tests between Asante and Krobo orphans and their caregivers indicated that there were no biases in the data with respect to age, sex, and schooling status (for orphans), and age, sex, educational background, and employment status (for caregivers), ($p > 0.05$ for all the variables indicated).

Care of Orphans Using Nutritional State as Proxy of Care of Orphan

The majority of orphans, 187 (64%) were not stunted, that is, they had good nutritional status, however, 105 (36%) were poorly nourished and as a result had stunted growth (figure 1)

Figure 1: Nutritional Status of Orphans



Inheritance System and Nutritional Status (Care) of Orphans

Table III presents results on the relationship between inheritance system and the Nutritional Status (Care) of Orphans. The results indicate that the proportion of children malnourished (stunted) under the matrilineal system of inheritance is about twice that of those under the patrilineal system of inheritance (25.2% and 51.5% respectively), and this observed difference is statistically significant ($p = 0.000$). Forty (40) orphans and their caregivers though indicated that they are Asante, they could not indicate the system of inheritance applicable to them, thus, they were excluded in testing the association between inheritance system and nutritional status of orphans. They were however included in other areas of interest as Asante since they categorically indicated so.

Thus when system of inheritance was tested against nutritional status (that is, excluding those who did not know the system of inheritance applicable to them), the difference observed was also significant statistically (p-value of .000).

**Table III: Inheritance System and Nutritional Status of Orphans
(Overall Data)**

Nutritional Status	System of Inheritance			Test Association	of	P-Value
	Matrilineal	Patrilineal	Don't Know			
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	Freq.	Percent	Freq.	Percent	Freq.	Percent	χ^2	df	
Stunted	52	51.5	38	25.2	15	37.5	18.25	2	.000
Not Stunted	49	48.5	113	74.8	25	62.5			
Total	101	100	151	100	40 ¹	100			

¹40 interviewees and their caregivers among the Asante did not indicate the inheritance system of their families.

Orphan Status (Paternal/Maternal) and Nutritional Status of Orphans

A greater proportion of paternal orphans was stunted (37.8%) than the proportion of maternal orphan stunted (34.0%). This difference is however, not statistically significant ($p = 0.569$).

When the data were split to determine the relationship between orphan status (Maternal/Paternal) and nutritional status of orphans separately for Asante and Krobo, the results revealed that among the Asante and the Krobo nutritional status of orphans was statistically independent of whether the orphan is a maternal or a paternal orphan ($p=0.160$; $p=0.541$) respectively.

Orphan Status (Single/Double) and Nutritional Status of Orphans

The results showing the relationship between orphan status (single or double) and Nutritional Status of orphans also did not indicate statistically significant association ($p = 0.911$), indicating that single orphans do not receive better care than that obtained by double orphans.

When the influence of orphan status (Single/Double) on nutritional status was explored separately for Asante and Krobo, the results indicated no statistically significant association between the two variables for the two ethnic groups ($p=0.456$; $p=0.228$) respectively.

Caregiver Age and Nutritional Status of Orphans

The relationship between caregiver age and nutritional status of orphans insignificant statistically ($p = 0.087$). Analyses of the data separately for Asante and Krobo also did not yield statistically significant results.

Inheritance System, Caregiver Age, and Orphan Status on Nutritional Status of Orphans

Regression analyses of the effect of inheritance system, orphan status and caregiver age on nutritional status as presented in table VIII indicate that only inheritance system showed significant association with nutritional status of orphans, and that Orphans under the matrilineal system of inheritance were about twice more likely to be stunted than those under the patrilineal system of inheritance ($OR = 2.392$; $95\% CI = 1.268 - 4.411$).

Surprisingly, the test of association between caregiver age and nutritional status of orphans among the Krobo showed a statistically significant association of caregiver age range 41 – 50 years with nutritional status of orphans, where the orphans with such caregivers were about 8 times more likely to be stunted ($OR = 8.168$; $95\% CI = 1.042 - 64.053$), than those among the other age groups

Table VIII : Effect of Inheritance System, Caregiver Age and Orphan Status (Paternal/Maternal) on Nutritional Status of Orphans

Determinants	Percentage	OR	95% Confidence Interval (C I)		P- Value
			Lower bound	Upper bound	
OVERALL					
Age of Caregiver					
21-30	11.5	0.634	0.142	2.829	0.550
31-40	33.0	0.570	0.156	2.086	0.395
41-50	26.9	0.361	0.095	1.374	0.135
51-60	14.8	0.661	0.161	2.709	0.565
61-70	7.1	0.921	0.182	4.684	0.920
71&above	6.6	1.000	Referent	Referent	Referent
Inheritance					
Matrilineal	39.0	2.392	1.268	4.511	0.007

Patrilineal	61.0	1.000	Referent	Referent	Referent
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Orphan Status

Maternal	46.2	0.778	0.398	1.519	0.462
Paternal	53.8	1.000	Referent	Referent	Referent

ASANTE

Age of Caregiver

21-30	9.7	0.140	0.010	1.992	0.147
31-40	33.3	0.805	0.142	4.548	0.806
41-50	26.4	1.061	0.183	6.165	0.947
51-60	12.5	0.947	0.129	6.962	0.957
61-70	8.3	0.757	0.084	6.793	0.084
71&above	9.7	1.000	Referent	Referent	Referent

Orphan Status

Maternal	50.0	1.232	0.453	3.354	0.683
Paternal	50.0	1.000	Referent	Referent	Referent

KROBO

Age of Caregiver

21-30	12.7	9.741	0.923	102.764	0.058
31-40	32.7	4.239	0.597	30.106	0.149
41-50	27.3	8.168	1.042	64.053	0.046
51-60	16.4	3.006	0.389	23.235	0.291
61-70	6.4	1.785	0.167	19.030	0.631
71&above	4.5	1.000	Referent	Referent	Referent

Orphan Status

Maternal	43.6	1.335	0.501	3.560	0.563
Paternal	56.4	1.000	Referent	Referent	Referent

Source: Field Data

DISCUSSION

The onset of HIV and AIDS about three decades ago in the country has compounded and multiplied the burden of orphans especially in the regions that have witnessed relatively high prevalence rates over the years. AIDS orphans unlike general orphans are often discriminated against and stigmatized in the societies in which they live (Atobrah, 2005).

Apart from stigmatisation, the tendency of AIDS orphans to lose both parents is high compared to orphan status acquired through some other means. Absence of biological parents or guardians has financial implications and could lead to a myriad of problems related to poor supervision with its attendant consequences. Inheritance laws and other related issues that inure to the well-being of orphans are often not adhered to nor enforced by individuals responsible for their implementation. These factors interact to create problems for this group of people that demand special attention.

Every society has a system in place for taking care of its orphans. In most Ghanaian societies as in other African societies, care of orphans falls heavily on traditional systems. In more recent times, community care in the form of orphanages is evolving, but the situation is lagging behind that of the western world where social welfare systems are more developed and integrated (Abebe, and Aase, 2007). Notwithstanding, in communities where the impact of AIDS in terms of increased numbers of orphans is being felt, the traditional system of orphan care becomes weak and inadequate (Howard *et al*, 2006; Ntozi, and Mukiza-Gapere, 1995; Foster,

and Williamson, 2000; UNAIDS, UNICEF, & USAID, 2004).

The Government of Ghana, as well as Non-Governmental Organizations (NGOs), Faith-Based Organizations (FBOs), bilateral agencies, donors and individuals have identified the need to support orphans. In Ghana, every child whether an orphan or not belongs to a recognised household or family. In any given community where a child lives, he or she derives an identity, a sense of cultural roots, of belonging, of a clan, of blood ties, and a particular mother tongue that connects the child to that particular community. Thus, orphans in need cannot be isolated or uprooted from their communities to the extent that, the government, individuals and organizations that have the goodwill to assist needy orphans cannot reach the orphans without first going through the home that has taken the orphan in and the community where the orphan lives. Williamson (2004) has argued that the local customs and practices of the communities to which orphans belong need to be considered for effective response to the orphan crisis. Therefore, orphan care interventions can never be effective if the dynamics of the cultural, social, traditional and economic contexts of care of the targeted orphans are ignored (Nyambedha *et al.*, 2003).

The Asante and Krobo people of Ghana were chosen for the study based on the reported high prevalence rates of HIV and AIDS in their regions and by extension the large number of orphans. For instance, Agomanya, representing the Krobos, had a prevalence rate of 13.4% in 1997, whilst Kumasi had 5.5% in the same period (NACP, 2008). These societies are expected to have a high burden of AIDS orphans as of now due to the passage of time as infected parents die off.

The custom of inheritance among the matrilineal Asante and patrilineal Krobo is the transfer of property from an original owner to an heir or heirs after the death of the property owner. In Ghana, only the Akans practice a matrilineal system of inheritance which to the Asante is based on the rationale that it is obvious who the mother of a child is, but the real

genitor of a child may be questionable. The matrilineal system of inheritance may also be explained scientifically that a child inherits certain genes from the mitochondria of the cytoplasm which are outside the nucleus and hence are inherited by a child only from the mother, without any contribution from the father. This may account for the Asante claim that the child has the same blood as his or her maternal uncle and derives his or her *ntoro* (spirit) from the father. Thus, anecdotal evidence suggests that the Asante do not attach much value to the marriage relationship. A mother can therefore encourage her daughter who is of age to have children without impressing upon her to get married, because a woman views the children of her daughters as her family whilst those of her sons belong to their mothers' families.

In both the matrilineal Asante and the patrilineal Krobo customs, however, a man's property is granted to his closest male relatives upon his death. This usually undermines the economic security of widows and orphans despite the promulgation of the intestate succession law of the Provisional National Defence Council (PNDC Law 111) in 1985 which grants widows rights to inherit from their deceased husbands. However, most Ghanaian women lack rights consciousness or are ignorant on legal matters, especially those residing in rural areas of the country (Fenrich *et al.* 2001; Runger, 2006). The studies by Fenrich *et al.* (2001) and Runger (2006) have indicated that in places where people are aware of the PNDC Law 111 on intestate succession, its application is completely misunderstood, and in some communities in the country, like Islamic communities, where religious principles govern intestate property distribution, the law does not apply at all.

As observed in this study, inheritance customs or systems significantly affect care of orphans which is apparent in the proportions of stunted orphans under the two systems of inheritance. The proportion of stunted orphans under the matrilineal system of inheritance was about twice that

of those under the patrilineal system of inheritance (OR = 2.392; P = 0.007; CI = 1.268 – 4.511). One would therefore infer from these results that patrilineal inheritance system makes better provision for orphans than the matrilineal inheritance system. As was emphasized by one caregiver, when the deceased father of the orphan had property, it goes to benefit the orphan. What is difficult about this system of inheritance, he added, is that when the deceased had no property to fall on in taking care of the orphans, the system places extra burden on the inheritor.

Despite this observation from the study, patrilineal Krobo inheritance was reported to negatively affect the care of orphans especially when the inheritor is unable to maintain the property and orphans are deprived of their inheritance after the death of their fathers. Thus, disinheritance leads to economic loss to orphans and their families as it reduces assets and potential income which have implications for the orphans' long term economic security. Where the cause of death of parents is AIDS, the situation is different in the sense that AIDS impoverishes the parents before they die leaving no resources or property for the upkeep of the orphans. Among the Krobo for instance it was learnt that most of the deceased mothers of the AIDS orphans were migrants in Abidjan, Cote d'voire, and had worked to acquire properties like commercial vehicles, wax prints, expensive cooking utensils, and buildings, but had to sell all of these for money to treat their ailments (Atobrah, 2005). Thus, most households with AIDS orphans did not inherit any property which would serve as a capital or meaningful source of income for the upkeep of the orphans.

This situation is not different for the matrilineal Asante orphans, however, because these orphans do not inherit directly from their fathers, the inherited property belongs to the maternal nieces and nephews of the deceased father, making the plight of Asante orphans worse when their maternal uncles and aunts do not step in to support their sister (widow) in

looking after her orphans. Thus, in situations where the deceased father did not offer any property as a gift to the widow and orphans, and the maternal uncles and aunts are also incapable of providing support to the widow (who may be ill if she is infected with HIV), these orphans may live in poverty with its attendant problems.

In patrilineal societies, the decision as to who should take care of newly orphaned children is usually made by men and this may affect orphan care, since women are the main care providers. A study among the Langi of Amach in Uganda found that although Langi women are recognized as the primary care providers of orphans, they are excluded from the decision involving who should care for orphans, consequently, some orphans are sometimes placed in the hands of women who are unwilling to care for orphans. Such orphans are therefore perceived by their caregivers as additional and unnecessary burden. This situation puts the orphans at a high risk of deprivation of care, discrimination, and abuse (Oleke, *et al.*, 2007). The authors further linked vulnerability of orphans to care by matrikin or patrikin. They found that although patrilineal system of inheritance is regarded as protective of children's rights to inheritance, support, safety, and belonging, orphans with paternal kin caregivers often reported very poor care, greater neglect of their basic needs, and relatively heavier workloads than those cared for by their maternal kin. A Krobo caregiver reported that though paternal kin is supposed to care for orphans, the maternal relatives more willingly support care-giving activities than paternal relatives because maternal relatives tend to be more emotionally attached to the orphans.

Another peculiar finding among the patrilineal Krobos regarding orphan care is the issue of *yobi* (woman's child). A Krobo man can only wield paternity rights over his child in his matrimonial home, if he fully performs the marriage rights of the child's mother at the time of conception, or after performance of the *po la* rites (a ritual to claim a child

born out of wedlock). Thus, a child born to an unmarried woman does not belong to his or her father, but to the maternal grandfather, rendering such a child as *yobi* (woman's child). Such orphans are not covered under the Krobo traditional patrilineal provision of care. If the fathers of such orphans had paternity rights over them, the care of the orphans falls on the surviving father, or in the case of death of the father or both parents, the care of the orphans becomes the responsibility of the next of kin of the deceased father. This tradition was carefully and strictly observed for fear that the ghost of the deceased would haunt the inheritor if he failed to take good care of the orphans. Consequently, the inheritor would do all he could to care for the orphans as his own biological children.

In recent times, however, custodians of orphans under both matrilineal and patrilineal systems of inheritance seem not to care much about the orphans in their custody because they tend not to adhere strictly to traditional norms and beliefs. Real economic pressures also make it difficult for custodians to render due responsibilities even toward their own children, let alone an orphan. *Yobime* (plural for *yobi*) orphans, in spite of this are worse off than their orphan counterparts since they (*Yobime* orphans) do not have any one on whom they make certain demands except their old grandparents who may be impoverished due to retirement from active work. Such orphans usually live at the mercy of their maternal uncles and aunts or external sympathisers who are not obliged to care for them.

Differences in the nutritional status between Asante orphans and Krobo orphans may again be attributed partly to increased awareness of AIDS orphans among the Krobos and the interventions that have been put in place to support these orphans. For example, the Manya Krobo Queen Mothers Association receives support from the American Embassy and the Ghana AIDS Commission to take care of AIDS orphans. The association has put some of the monies received into income generation activities so as

to sustain the care of about 1,034 orphans that they support in the communities. Among the Asante however, support for the orphans involved in the study was mainly through the persons living with HIV and AIDS (PLWHA) support groups, where the direct recipients are ill parents of the orphans who may in turn use almost all the resources received in seeking for treatment of their ailments. It has also been found by Thielman et al (2012) that caregiver's health is an important determinant of orphan health.

Other factors that may have contributed to the differences in the nutritional status of orphans observed between the two ethnic groups may be caregiver dependent, like educational background, experience in caring for children, household income, love and affection for orphan amidst other social and cultural factors.

According to Nkosi (2007), anecdotal evidence exists in sub-Saharan Africa that orphan caregivers are elderly, poor, and do not have adequate support to play their role as caregivers. These coupled with the fact that the elderly (above 60 years) and the child (less than 18 years), demographically constitute the dependent age groups, often require assistance from others. In the study about 32% of caregivers were over 50 years, and 85% of caregivers were females. These figures do not differ so much from the Ugandan study by Hunter (1990) which recorded that 43% of orphan caregivers were over 50 years, and 31% of caregivers were grandparents. This is the pattern that prevails in most sub-Saharan African countries that are hard hit by AIDS (Oppong, 2004).

The study did not reveal significant association between the various caregiver age groups and nutritional status of orphans with the overall data and the data from Asante ($p > 0.05$ in both cases). However, significant association was found between caregiver age and nutritional status of orphans ($p < 0.05$) among the Krobo. The regression analysis showed that orphans whose caregivers were in the age range of 41 – 50

years were about eight times more likely to be stunted than those with caregivers among the other age groups. This observation may be due to the fact that care of orphans especially among the Krobo falls heavily on grandparents without much support from other family members. The plight of these grandparents particularly grandmothers and orphans has stimulated some interventions and support from traditional and external sources (Atobrah, 2005), but because the age group 41 – 50 years is not regarded as elderly they may not be receiving the needed assistance as orphan caregivers. It could also be that some of these caregivers as well as some of the orphans in their care are infected with HIV or some other chronic diseases. As a result, the caregivers cannot cope with strenuous work to boost their family income, even though they need more money for the upkeep of the orphans as well as for the treatment of their ailments and diseases.

Although the findings of this study did not find statistically significant differences between the nutritional status of paternal orphans and maternal orphans; and no statistically significant differences between the nutritional status of single orphans and double orphans that is, $p > 0.05$ in both cases, anecdotal evidence claims that the situation of the paternal orphan in terms of the care he or she receives is better than that of the maternal orphan, and the care situation of double orphans worse than that of single orphans. Orphan care may be expected to be partly dependent on how close the orphan is, biologically to the caregiver. However, the impact of the loss of one or both parents on orphan care may however be dependent on the degree of involvement of the deceased parent(s) in the care of the children prior to their death. Thus, the greater the involvement of parents in the care of their children, the more detrimental their absence would be to the children they leave behind and vice versa. For those children who are already vulnerable, the death of their parent may not mean much to them in terms of care.

CONCLUSION

It is evident from the study that inheritance system affects orphan care with orphans under the matrilineal system of inheritance poorly cared for than those under the patrilineal system of inheritance, as such, it is important that community-based orphan care policies on interventions should focus more on orphans under the matrilineal system of inheritance in order to bridge the disparity in level of care between the two systems. Though there are no statistically significant differences in the nutritional status of paternal and maternal; and single and double orphans, the plight of the maternal orphan is said to be worse than that of the paternal orphan; and that of the single orphan better than that of the double orphan, and caregiver age has no statistically significant association with nutritional status of orphans. It should however, be noted that these findings apply only to orphans and not non-orphans as the situation of the latter has not been studied in a similar fashion. It is therefore recommended that similar studies be done on non-orphans to serve as the basis for comparison.

The impact of AIDS on affected children and responses from families, communities, government, and other supporting agencies may be determined by the dynamics of the cultural, economic, psycho-social, and the organizational milieu in which these children find themselves. Orphan care stakeholders may, therefore, have to adopt appropriate strategies that take into consideration, the cultural, economic, as well as the social factors operating in the environment they work. This would enable them to draw up appropriate local responses to effectively address the needs of orphans and their caregivers, to ensure that these children grow up into responsible adults for the betterment of society.

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