Family patterns in East African communities
Implications for children affected by HIV/AIDS

In recent years there has been an increasing demand to support adults, children and families affected and infected by HIV/AIDS. Current statistics in the Thames Region show that the majority of affected families are of African descent. This paper by Louise Matovu, Mary Mwatsama and Benigna Ndagire focuses on the need for permanence planning for children from East African families predominately from Uganda, Kenya and Tanzania, who have migrated to the UK, and how their cultural values, family patterns and structures influence their perceptions and uptake of social services. The authors draw on their professional and personal experiences to highlight some useful ways in which an East African family could be supported through an effective permanence planning process for their children. The impact of migration as well as of HIV status is considered.

Communities in East Africa are culturally diverse. However, there is a common family structure shared across various tribes. A family can be defined as one where members by birth, marriage or declared commitment share deep personal connections. The essential characteristics of an East African family are permanency, continuity and stability. Once born into a family you will always remain a member of the family, irrespective of marriage, distance and residence. Family members are entitled to receive and provide support of various kinds in times of need. The support can be economic, social and/or emotional.

Cultural patterns in East Africa

Family lineage
Most East African communities are patriarchal, in other words family lineage is traced through the male line. Hence, children born into a family will take on their father’s lineage and the females of the family take on their husbands’ family ties and responsibilities on marriage.

The clan system
The family structure is the clan system. This is a subset of a ‘tribe’ with traceable common ancestry. Each clan has a totem, taboos and sets of identified names given to their members who share strong common interests. Members of the same clan have a common ancestral residence where cultural ceremonies such as burials, last funeral rites, customary marriages, rebirth ceremonies, etc. take place, hence the importance of returning the dead to their place of birth for burial.

Relatives belonging to the same clan are forbidden to marry because they are considered to be brother and sister. Marriage within the same clan is regarded as incest. Therefore members of one clan are expected to marry into other clans, forming the extended family.

The extended family system
The extended family consists of a number of linked families including parents, children, their spouses and offspring, all living in one compound or several adjoining compounds in the same neighbourhood. The extended family is the basic unit and the concept of ‘cousin’ does not exist, as all ‘cousins’ are regarded as brothers and sisters, having close reciprocal bonds and a shared sense of family responsibility towards each other. They provide support for one another as adults, including sharing food, looking after one another’s children, caring for the sick and providing emotional support during any family crisis such as bereavement or illness. There is a feeling of entitlement to support from extended family members in time of need.

Marriage and children in the community
Marriage in East African culture is a union between two families and not...
between two individuals as in modern Western societies. Family unity and stability are of paramount importance and divorce is not acceptable. Women are often blamed for the failure of their marriage.

Children are cherished and loved within East African society. A man is not a ‘man’ unless he has a child and a childless woman will not be valued. Male children are particularly important as they continue the family lineage. Children are rarely involved or consulted on important family issues nor on matters concerning themselves. Each child born into a family automatically acquires birth rights and is entitled to inheritance. Childcare is shared among relatives, especially those living near the child’s family. It is normal practice for children of one family to be looked after by their aunties, uncles, grandparents, cousins or sometimes family friends on either a short-term or a long-term basis. Socialisation of children in their cultural roles is based on gender. The aunties and uncles from the male lineage undertake the role of educating the girls and boys respectively in their future responsibilities.

Impact of migration on childrearing practices

Most East African families living in the UK are separated from their extended families. This has made it difficult for parents to fulfil their parental responsibilities as they lack the assistance of the extended family that would culturally support them in bringing up children. In addition most parents and their children have insecure immigration status. For example, they may be asylum seekers awaiting a decision from the Home Office.

A number of East African families in the UK are headed by single women. This is mainly as a result of fathers having been killed or ‘disappeared’ during civil wars. In addition, some of the fathers may have already died through AIDS-related or other illness. The mothers therefore had to take on all the responsibilities that would normally be shared with fathers, uncles, aunties and grandparents. Both parents and children lack the emotional support that they would have traditionally received in times of crisis.

Decision-making

Decision-making within African families in relation to childcare is usually the responsibility of the entire extended family. However, parents in the UK – the majority of them women – are having to make childcare decisions on their own. It is important to note that, owing to the patriarchal system, women in East African communities are not expected to make major decisions regarding their own and their children’s lives. Many women therefore experience difficulties in decision-making when they are unsupported. This has an impact on their ability to make plans for their children’s future care if they (the mothers) are HIV positive, providing a contributory factor to the delays which occur in planning.

Conflicts between British and African cultural values and beliefs

Some Western cultural values conflict with East African norms in childrearing, for instance the practice of consulting children on important family matters.
regarding their welfare, as required by the Children Act 1989. In East African families it is the parents' responsibility to consult and convey messages regarding their children's needs to professionals. Children are not expected to discuss family affairs with non-family members. Other values like the importance of children showing respect to adults can cause conflict with expectations in this country. For instance, in many African cultures, when children are instructed to do something they are not expected to question it but to do as they are told. This is seen as good manners. The resulting non-assertive behaviour can lead to children having difficulties at school and being considered as passive or less intelligent if they do not actively participate in classroom discussions.

**Lack of emotional support**
The African extended family could be said to provide a network of support which in this country may be partially provided by Social Services Departments (SSDs) in time of need. The social networks of relatives each contribute differently but in the best interests of the family. For instance the grandparents do childminding and also mediate between members in times of conflict; uncles and aunties provide respite care including initiating young boys and girls into the ways of their tribes and on any other matters that parents may find difficult. The disintegration of such support structures as a result of migration mean that parents lack guidance on childcare practices and emotional/social support for themselves.

**Multiple traumas suffered by children**
Many children from East African communities have experienced or witnessed traumatic events such as war, violence, torture, killing, death and disease coupled with later having to adjust to the British lifestyle. For many African families the pressures of racism in Britain are something new and a very painful experience for which life at home did not prepare them. Many of these children may have developed ways of coping, but it is important to note that most survival mechanisms are communal and depend on sharing these experiences with other children in the same situation, from their own background. Therefore individual support may open up painful experiences which the child finds difficult to handle without the opportunity to share with other children. In order to provide sensitive and effective services workers need to be aware of children's traumatic experiences in addition to HIV.

**Some common perceptions of social services and childcare legislation**
The observations which follow are drawn from our own work and contact with East African community groups and service users, but are not meant to be exhaustive.

Many of the families referred to our services have no prior knowledge or experience of social services in the UK. Most are refugees or asylum seekers without extended family support networks in this country and many also lack the knowledge or experience of British childcare legislation and statutory provision. Coming from an African context they have no expectation that the state has a role in regulating family affairs or in providing support in time of need.

**Common perceptions of social services**
SSDs may be perceived as agents of the state which provide free support to families in need and families are usually grateful when such help is offered. Some of the services used have been childminding, respite care, fostering and financial support. Parents may not understand that there is often a stigma attached to being a user, nor that social services might wish to monitor their situation if they receive a service. On the whole most families are not very clear about the services being offered and the different departments involved. They often request different kinds of assistance (benefits, housing, immigration and childcare support) of the same person, ie their social worker. Professional boundaries are an unfamiliar concept to some families, hence they may view their worker as a friend, an advocate or...
someone who could help them with household chores.

Like some families in the UK many African families are fearful of social services and social workers. The whole system of service delivery is totally new to them and the adverse media emphasis on social workers taking children from their parents does not give a good impression of social services. The majority of families believe that a difference of opinion between themselves and the SSD regarding their children may lead to their children being taken away. Most SSDs have not endeavoured to make informal links with African communities, whose families have never had the experience of ‘outsiders’ advising them on how to care for their children. This has resulted in soured relationships between parents and social workers, causing the former to keep away as far as possible in order to reduce the perceived interference. Some families have stated that social workers have not taken time to understand their difficulties and culture, but instead have judged them on a single incident. This negative perception has implications for parents’ capacity to accept services to help them plan for the future if the parent is HIV positive. Parents may avoid social services and give evasive answers if they lack trust in the social workers’ motives.

In addition social services are sometimes viewed as agents of the Home Office. Due to this suspicion, family information is selectively given and meetings are avoided, social services only being used as a last resort when parents/carers are seriously ill.

*Childcare services*

When a parent has repeated spells of ill health, as is the case where she or he has developed AIDS-related illnesses, there is inevitably a need for reliable support services. Where family supports are available, these arrangements can often be made on demand. However, if families need to turn to social services for help they are likely to have to fit in with formal plans, contracts and limited access to services. All this may feel very unfamiliar and unhelpful to an African family and can lead to misunderstanding between the parent and the SSD. For parents with AIDS, planning ahead for their child’s future care in the event of their own death is a major issue and it is very damaging when communication breaks down, perhaps leading to mistrust.

Families have difficulty understanding the differences between concepts like childminding, short-term foster care, long-term fostering and adoption. Some expect one service to extend into another, for instance that the childminder could also care for the child overnight if the need arose, since she or he already knows the child. To many families the legal implications and regulations are not familiar and seem to make no sense in terms of their children’s needs.

In the case of short and long-term fostering, families have said that they cannot really understand the difference. In their own family setting help would be offered in a flexible way to meet the child’s needs as soon as possible and the artificial distinctions in the provision of services in the UK are experienced as unhelpful. Some parents assume that social services will help out while other plans are being considered, such as waiting for a relative to volunteer to travel from abroad, and they do not expect the social workers to question their plans. The assessment of relatives as carers is not only unfamiliar and unexpected. It is felt to be a hindrance to relatives coming forward to take on children whom they already see as their responsibility and may even seem insulting. In all such discussions special care must be taken to acknowledge cultural differences and to convey respect for the relatives’ contribution and role.

The legal implications of adoption in this country, which legally severs a child from her or his family, is an alien concept. Families feel unable to take in the implications of changing the child’s name and identity, although it is a common practice for African families to make arrangements for a child to be brought up by relatives or friends other than their birth parents. Misunderstandings easily arise when adoption is discussed with parents as they may totally misinterpret
the proposal and see it as another form of foster care. In one case, for example, a parent was asked to agree to her youngest child, aged three, being placed for adoption and realised only at a very late stage in the process that adoption would mean her son would have no legal relationship with his older sister. This was not her intention, nor was it acceptable to her. Long-term fostering and residence orders may provide forms of substitute family care which are more acceptable to many East African families.

Supporting a parent with AIDS through an effective planning process

To begin the planning process parents need to feel safe in order to explore the available options. Professionals should be sensitive to cultural values and acknowledge the fears and anxieties the person may have. These issues need to be openly discussed. Also, in order to avoid exerting undue pressure, work has to progress at the parent’s pace, at the same time building a sense of trust.

It is important for service providers to have an understanding of the nature of the illness and the stigma attached to HIV. Furthermore for many service users the after-effects of war influence their ability to plan their daily lives. Such traumas may lead to uncertainties surrounding their immigration status, fear of breaching confidentiality and anxiety that information may be leaked to the Home Office. This can cause parents to withhold vital information that would facilitate the planning process. It is also important to take time to consider the parent’s own feelings about HIV and their ability to share this information with their relatives, as it may seriously hinder planning if they do not feel able to tell their family the reason for their illness. It is likewise important to tactfully and thoughtfully explore issues around parents’ experiences as immigrants and their anxieties regarding the social worker’s role.

Compared to other immediate practical issues, such as the need for flexible respite care, housing, health concerns and immigration status, planning for the future care of one’s child may appear less urgent. Communication barriers may further arise because the English language is not the first language of most service users. However, it is essential for parents to understand agency policies and procedures in order to make appropriate childcare decisions. Professionals need to understand the inherent fears and anxieties of parents while supporting them to explore the various childcare arrangements that could be made for their children. For instance, most parents are afraid to consult relatives and friends regarding such arrangements. Their greatest fears are the possibility of further rejection or isolation, and of relatives disclosing the parent’s HIV status to family members back home. However, so many family members in East African communities are affected by HIV that once a parent has disclosed her or his HIV status and need for help in planning, the reaction has usually been supportive. For example, one mother was pleased and relieved when her half sister agreed to be guardian of her HIV-positive son.

It is important for professionals to remember that, since children in the African context are usually cared for by relatives within their own extended family, adoption may not be necessary even though, on initial contact, the parent may say that no relatives are available to help. We have known parents who have informed local authority social workers that their children have no surviving relatives and signed for their adoption. However, after the parent’s death, relatives have emerged to decide who should look after the orphaned children. At such times the efforts of these relatives to settle the children’s future care arrangements may be thwarted by local authorities’ perceptions of the family and their policies and procedures. It is important to ascertain that there are no relatives before adoption decisions are made, but unless a trusting relationship has been established and the parent understands the reason for the social worker’s enquiries, they may not share the relevant details. Plans may then be made on the basis of very incomplete information. If a relative comes forward to care for the child after the parent’s death, the social worker may...
be concerned about why she was not told of this person's existence by the parent, which may further complicate planning. In order to avoid such difficulties parents need to be given time to think through childcare issues in advance.

Parents' wishes for a 'stranger' carer (possibly white) should always be explored in the light of the reasons given. Our experience has shown that, in most cases, parents make these decisions with a view to the child's future economic prospects, such as access to further education, employment, secure immigration status and general security, without giving consideration to his or her cultural needs. For instance, plans made on the basis of the parent's wishes, as described above, may lead to a child losing contact with their original family, while siblings may be denied the opportunity to care for their young brothers or sisters on becoming responsible adults.

Because important family members in the home country often need to be consulted about plans, additional time may be required to ensure that planning is thorough and the final decision is appropriate. The Children Act 1989 requires ascertaining the children's wishes and feelings when completing a care plan. For many African parents this requirement is not culturally appropriate as it undermines values of respect for elders. As we have seen, children are not usually involved in decisions about their future lives. This is the role of the extended family and children's wishes are communicated by their parents. The concept of a child's right to express his or her views does not exist, so that for professionals to discuss with children directly their wishes regarding their future care may undermine family relationships and alienate the parents from the social workers. There is a need to work alongside parents on matters regarding childcare and their permission must be sought for any discussions involving children. For them to feel safe parents also need to be clear about the sort of information professionals will be giving to or asking from their children.

The nature of HIV illness and the stigma attached to it has meant that most children show fear and anxiety. They may also be traumatised by repeated separations during times when their parent has been hospitalised. In our experience some children require a high level of support to enable them to come to terms with their circumstances. Counselling is one of the services that may be offered. However, it is important to note that counselling as practised in Western society is foreign to the African way of providing emotional support. Attempts should be made to adapt the Western counselling model sensitively, by involving the relevant adults in discussion first. An example of this could be to work in partnership to discover appropriate and familiar approaches to issues of premature bereavement.

In some cases parents are put under enormous pressure to disclose their HIV status to their children. Again drawing on our experience, we have learnt that most parents are conscious about the importance of disclosure but feel it is enough for young children to know that they are unwell and be told more details at a later date, as they begin to ask more questions. This helps to avoid raising unnecessary anxieties for their children. It is also a great burden for a child to have to keep the 'secret' of an HIV diagnosis. In most cases the most helpful approach is to truthfully answer children's questions in a way appropriate to their age, elaborating slowly as the situation develops. For example, a child can be told that her mother takes medicine for her blood because it is poorly. This gives accurate information which can be added to at a later time. Parents may well appreciate this kind of thoughtful advice, which respects them and allows them to make decisions about how much to reveal, while making practical suggestions about how to explain what is happening in a way their child will understand. In a similar way, all advice should take account of the parent's own views and allow them to remain in control of the planning process.

Conclusion
In conclusion, to summarise we suggest
that professionals pay attention to the following issues in order to facilitate East African parents to participate in an effective planning process for the future care of their children. They embrace the need to:

- Understand family patterns, structures and cultural practices pertaining to children’s upbringing in African families;
- Recognise that names, clans and cultural values are important aspects of an African child’s identity;
- Explore perceptions of services being offered to African families in order to enable them to assess implications of different services;
- Consider the impact of immigration and of possible experiences of war and other traumas;
- Consult with the extended family about a child’s welfare and be more sensitive to cultural values, expectations and individual differences when supporting African families to plan for the future care of their children.

**Suggested reading**


