1.0 INTRODUCTION

Background to the Study

In a world of unequal opportunities are children deprived of normal home life with kith and kin who have to be under institutional care. It is customary in Ghana, within the extended family system, to provide care and protection for children in difficult circumstances, but as a result of social change and economic pressures, brought about by urbanization and industrialization, family members find it difficult to accept responsibility for such children. Their care poses a special challenge in terms of time, funds and physical attention. In the absence of comprehensive, public social services, and with no immediate natural substitution for the family within the wider society, the last resort is institutionalization.

1.1 Purpose of the Study

Presently there is a strong policy interest in omvestigating the circumstances of those children who live their lives, without parent, on the street. This study airms to develop our knowledge of children in institutional settings. A previous study (Apt,1975) of children in an institutional setting in Ghana identified the social processes by which children were referred into institutional care. Recent evidence indicates that the numbers of children now living life without the support of their parents have grown (Apt, Blavo and Opuku, 1992). In this context, it has become necessary to identify the nature of the institutional provision which now exists in Ghana and to examine the ways in which particular children are selected for residence in such institutions.

In examining the options available to Ghanaian society in respect of the care of orphans and other children in difficult circumstances, it is important to understand that as long as these children have any living relatives, their consent must be obtained before the adoption process can proceed, no matter whether the relatives take active interest in the child's welfare or not. This law governing the adoption process operates to keep children in institutional settings once they have been placed there and closes down the option of placing such children with permanent families.

The study's main objectives, therefore, are as follows:

- To identify the existing arrangements surrounding children's presence in institutional settings;
- To identify the legislation which contributes to the institutionalisation of children; and
- To make policy recommendations in respect of opportunities to improve existing management.

1.2 Methodology

A total of 227 children were sampled from eight institutional homes for children across Ghana as shown in Table 1 below:

Apart from the SOS homes, which had the largest admission, of which a third of the total children were selected through a simple randomization method, all other children in the sample constituted the total number enrolled at the time of the investigations.

TABLE 1: LOCALITY BY SEX

LOCATION	MALE	FEMALE	TOTAL
ASIAKWA	17 12.6%	9 9.8%	26 11.5%
JIRAPA	6 4.4%	7 7.6%	13 5.7%
KUMASI	16 11.9%	9 9.8%	25 11.0%
MAMPONG	19 14.1%	10 10.9%	29 12.8%
OYOKO	19 14.1%	15 16.3%	34 15.0%
OSU	32 23.7%	16 17.4%	48 21.1%
TAMALE	5 3.7%	7 7.6%	12 5.3%
TEMA	21 15.6%	19 20.7%	40 17.6%
TOTAL	135 59.5%	92 40.5%	227 100.0%

The study adopted an action research approach. As part of this approach, the participation of staff and allied staff, i.e. teachers, volunteers etc., were sought. In addition, interviews were sought with older children in the homes for their opinion and understanding of the care experience. The records of these homes were also researched and analysed in order to obtain information. The study also made use of field observations.

2.0 The Institutions

Historical and Administrative Perspective

The Institutions in Ghana that provide care for children in difficult circumstances include those run by government. Of the nine institutions currently operating in Ghana, three are government institutions managed by the Department of Social Welfare in Accra at Osu, Kumasi in the Ashanti region and Tamale in the northern region. The remaining six are managed by private organisations and by missionary bodies.

Each institution has to meet certain minimum standards. This pertains to its location and accessibility to society that can sponsor the institution. The physical environment should be healthy and command respect for both management and the children. There should be adequate facilities for board and lodging, trained management and staff, and adequate financial resources.

The institutions are required to develop suitable programmes for health care, education, and supervision of conduct. These requirements seek to ensure a reasonable quality of care provided and the safeguards that the children are not exploited. They are also expected to prepare the children for social integration with society outside the institution to afford them the opportunities for adoption, fostering, or a return home for those who have relatives.

2.1 OSU CHILDREN'S HOME

Osu Children's Home, formerly known as **Child Care Society**, was established in 1949 by a Voluntary Organisation called Child Care Society at Kaneshie in one of the estate houses. The present buildings at Osu were put up in 1955 by the Child Care Society. There were eight buildings comprising of:- Administration Block, Nursery Block, 3 Home Units, Kitchen and Laundry Block, Matron's Quarters and Staff Quarters. The move from Kaneshie to the present premises at Osu was effected in March 1962, and was officially opened by the then 1st Lady Madam Fathia Nkrumah.

In June 1962, the management of the home was taken over by the government under the administration of the then Department of Social Welfare and Community Development. Since then the Government has constructed 2 more staff quarters, supervisor's quarters and staff kitchen in addition to the old ones. Renovation has also been made to the old buildings. World Vision International has also provided a Social Center for the Home. An attached building to the Social Center is being put up by the World Vision International and it is comprised of a Pantry, Kitchen, and three Guest Rooms

The home comprises of a Nursery Block designed to take 200 babies and three Home Units to take 16 children each. At the moment there are 15 babies at the Nursery, ranging from 2 weeks up to 2 years under the supervision of a Nursery Nurse, Assistant Nursery Nurse and Nursery Assistant.

Children above the age of 2 years are placed in the three Home Units. Each Home Unit is under the supervision of a House Mother, Assistant House Mother and a number of Home Aides and auxiliary staff. There are some auxiliary staff who do the cooking and washing for the Home. There are in all 39 children in the Home Units: 7 abnormal children and 32 normal children. Their ages range from two and half years to 22 years. The total number of children presently in the Home is 54. The number fluctuates as and when new cases emerge.

Osu Children's Home aims at providing residential care for children deprived of normal home life. Such institutional care is designed to give deprived children parental care and affection by substitute parents.

The Home has got a Nursery School which admits children from the community. Children above six years attend school in local schools. Relatives are encouraged to visit their wards regularly. Besides the children are allowed to receive visitors from members of the Public, some of whom take the children for outings. Home stays are also arranged for them from time to time.

2.2 KUMASI CHILDREN'S HOME

The Kumasi Children's Home was opened in 1964. It is situated on the Kumasi Airport road near the roundabout. Like Osu Children's Home, it is a statutory home operated under the Department of Social Welfare. It operates a day care centre which is open to the community.

2.3 TAMALE CHILDREN'S HOME

The Tamale Children's Home which operates under the auspicies of the Department of Social Welfare has an admission record of 13 inmates as of 1994. One baby died this year remaining 12 inmates. Of the 12 children currently in the home, 5 are male and 7 female. The age distribution of the children ranged from 0-2 years. There was no child in the home aged 6 years or above.

The Home has a day care centre established in 1986. There are 2 classes, stage 1 and 2 with a total of 45 children, 20 in stage 1 and 25 in stage 2. All the children in the nursery/day care are aged between 1 - 5 years. Of this total, only 4 of them are inmates of the home and the rest from the community. The structure of the day care centre is in a diplorable condition. The roofs leak badly whilst the wall may even give way with the current heavy rains. The children lack play facilities and classroom furniture.

Although the home is very remote from the town, there is no transport facility for the home. In the event of ill health of inmates, the keeper carries the children to the Department of Social Welfare offices, also a long distance of about 6km. before a means of transport is sanctioned for them to be taken to the hospital.

2.4 SOS CHILDREN'S HOME, TEMA

In 1971, the first SOS Children's Village Association of Ghana was founded when Herman Gmeiner the founder of SOS made his first visit to Ghana. The Tema Development Corporation donated 544 acres of land to SOS. Money was received from Germany and construction began in Early 1972. By June 1974 five houses were built and furnished and the first 20 children and four mothers moved into their new SOS home at Tema.

Unlike the government-managed homes described above, SOS homes operate around clusters of "family" houses with assigned "mothers". The house becomes a permanent home for the children who often return when they are grown up. Each SOS family consists of six to eight children, boys and girls of various ages who live with their SOS mother like a natural family. Real brothers and sisters are kept together in one home. There is however only one appointed SOS "father" for the whole village children.

SOS village is in actual fact intended to be the bridge integrating the children into society. The care of older boys and girls is a special concern of the SOS Children's village. Children are expected to stay with their mothers in the family houses until they complete Junior Secondary School (JSS) when they have to leave the family houses for youth hostels for boys and girls. This represents a gradual stepping out from their family houses to developing completely independent lives of their own. During this period SOS adopts various policies and guidelines aimed at achieving the following:

- To develop a sense of independence, maturity and self confidence.
- To offer each youth a trade or profession which may serve as the basis of a well established career.
- To further develop strong moral values.
- To develop long-term friendship with friends and colleagues outside the SOS Children's Village.
- To develop a sense of initiative amongst the youth.

Upon leaving the family house, living allowance is no longer given to the mother but to the youth each month as Youth Allowance. This allowance is used to take care of most of their living expenses. This is to enable youngsters to begin to plan and budget for housekeeping as they would do in the future as adults.

Matured youths are resettled into the community to pursue a life which is completely independent of SOS. Normally this would be around the age of 21 years but may differ from person to person depending on his/her life circumstances. In order to assist with this resettlement process SOS provides them with a resettlement package. This is made up of the provision of a bed, table, chair, cooking utensils, a rented room and a little money to begin life with.

2.5 SOS CHILDREN'S HOME ASIAKWA

This home in the Eastern region, is situated on the Accra/Kumasi road. The home was established in 1992 and presently houses 50 children operates on the same principle as the mother institution at Tema with 6 "mothers", 3 "aunts" and 1 "father". It has its own kindergarten and a primary school which are open to the community.

2.6 OYOKO WESTPHALIAN CHILDREN'S VILLAGE

Oyoko Westphalian children's village in Ashanti,was established about twelve years ago. The idea of establishing the Home (village) was initiated by some philanthropists from Germany. The institution, therefore, is a non-profit and non-governmental organization, with a commitment to assist orphans and needy children. The village is sponsored from abroad - a German philanthropist group. Occasionally, the village receives donations from individuals or organizations in Ghana.

The objectives of establishing the village are as follows:

- To 'provide' parental care for orphans. To achieve this objectives, the village recruits married couples who stay in the village as foster parents.
- To give orphans and needy children the opportunity to have at least basic education.
- To identify and develop the talents and gifts of the children.
- To establish the children in life. Thus, to ensure that the children are well integrated into the larger society after they have left the village.

It is to be noticed that the pattern of parenting in this home differs from the SOS model above which requires the "mother" to be unmarried and without own family in the home. In this home, married couples are rather preferred to foster the children.

Children are admitted to the village by application. Applications are usually received from relatives of the children, neighbours or other concerned people who come into contact with the children. Some children are transferred from other Children's Homes to the village. Before a child is admitted, social investigations are carried out by a welfare officer. The village's approval or disapproval of a child's admission depends on the outcome of the social survey.

Children, who are under seven years or are abnormal or disabled are not admitted to the village. This is unlike the government operated homes and also the SOS where all categories of children are admitted based on need.

There are four houses in the village namely Westerwinter, Becker I, Becker II and Stepheniage. On the average, each household consists of thirteen persons that is, the foster parents and eleven children. Every house has one big hall, three bedrooms, kitchen, toilet and bathroom. Three to four children sleep in a room. Every house has its own television set and two sets of furniture. Each child in the village has his or her own trunk, wardrobe and bed. In fact, the village has put in place everything possible to ensure that the children live comfortably.

The village has access to pipe-borne water and electricity and bore-holes and reservoir have been provided by World Vision International and Barclays Bank of Ghana respectively for the village.

All the children in the village attend school. At the time of this study, a greater number of them were in first year J.S.S. The children are also exposed to farming activities as part of their training programme in the village. Some of the agricultural activities they engage in are: nursing of seeds, transplanting of seedlings and harvesting of crops. Poultry farming is also included. The purpose of the agricultural programme is to broaden the children's scope of skills. It is also a means of raising funds for the running of the village.

Some interested children are apprenticed to tailors/dressmakers in the community. The village aspires to establish its own sewing center. The center when established will also train those children in the village, who are interested in dressmaking. This will reduce the apprenticeship fees paid to outside proprietors or proprietresses and children outside the village will benefit from the center. The village also has plans to expand its poultry farm.

2.7 NEW LIFE HOME: MBROM, KUMASI *(not included in the study)*

The New Life Home situated at Mbrom, near Konadu Yiadom School, Kumasi is under the management of the Catholic Missionaries of Charity (Mother Theresa Sisters). The Home was established in 1987, by the Mother Theresa Sisters from India, under the Catholic Diocese of Kumasi. It is a non-profit and non-governmental institution. The Home is sponsored by the Catholic Church in India, and other Charitable groups within the Catholic Church in Ghana and abroad.

The first of such homes run by the Mother Theresa sisters was established in India as a result of the sisters' constantly coming into contact with dejected, maltreated, abandoned or neglected malnourished orphans and disabled and abnormal children. With time, they were able to build a home for such children in India. The success of the programme motivated them to spread out into other countries. Currently, they have built a number of Homes worldwide mostly in developing countries.

The objectives of the Home are as follows:

- To improve the health conditions of malnourished children.
- To provide love, care and attention to orphans, disabled and abnormal children.
- To provide medical care for poor and needy people especially children.
- To share the love of God with all those who come to the Home.

The Home admits children who are abnormal or malnourished and also admits orphans. Malnourished children are admitted on temporary basis: treated and discharged after six months. Majority of the children on permanent admission in the home are either orphans, disabled and/or abnormal. Some of them have extreme disabilities. One child for instance, is mentally

and physically retarded, partially dumb and lame. A greater number of the children in the home are mentally and physically retarded.

Most of the children were found in the community and brought to the Home by the sisters. Others were also brought in by their relatives. This is particularly the case of the malnourished and needy children. Due to the extreme dissabilities of many of the children in this institution, the majority are not attending regular schools although the able bodied children do attend public or private schools.

2.8 THE MAMPONG BABIES' HOME

The Home run by Anglican Mission sisters, was opened in 1967 and 150 babies were enrolled in the first ten years. Anglican Sisters used to administer the Mampong Maternity Hospital and Midwifery Training School as a Government Agency/Mission Project, and up until 1973 the same person was Matron of both the Hospital and the Babies Home. In that year the administration of the Hospital was handed over to the Ministry of Health, and the matron, Sister Marion was able to work full time in the Babies' Home. An old pre-fabricated building is used as the Home but it is not suitable. New buildings are being constructed, but work has stopped because of rising costs. The Home is administered by the Anglican Diocese of Kumasi, with the help of a strong Committee, which includes members from the Government, and the Ministries of Health and Social Welfare.

It has been estimated that the maternal death rate in this part of Ghana may be as high as 17 per thousand, largely because of geographic and economic factors. One hundred miles to the north lies the Volta River, which is 8 miles wide at that point. Beyond it is a sub-sahel area which at times suffers from famine conditions, and many migrant families drift south looking for work. A number of them stay in the area north of Mampong, working on the farms for a mere pittance. This is the only Maternity Hospital in the whole area, and there are very few clinics. Some of the women come to ante-natal clinic, but if they come into labour at night it is not possible for them to get transport to a trained Midwife and there is little hope for them, if there are complications, especially as they are often suffering from malnutrition, malaria, hook-worm, and the resulting anaemia. The hospital admits 16 women with ruptured uterus each year and many bad cases of eclampsia.

On first admission, the doctor examines the baby and decides whether it is healthy enough to stay in the home, or would be better in the Isolation Ward of the Maternity Hospital. The baby thus admitted, in most instances underweight, stays there often several weeks until it weighs about 6 lbs. and continues to gain weight. The home supplies all the needs of the child, as the Ministry of Health is often unable to get milk or medicines to meet the needs of the hospital. In the event of the baby dying, if the hospital is unable to notify relations quickly, funeral is arranged by the home.

The family of the child contributes to the child's upkeep in the home with a contribution of 500 cedis per month. This has recently been increased to 1,000 cedis. On-going expenses of the

home are met by the Ghana National Trust Fund, World Vision and private donations. Many of the latter funding are channelled through an English Missionary Society (U.S.P.U.).

The home has very good relationship with all the Churches, the Government, and the Traditional Chief. Money for the first building (54,000.000-cedis) was given by the VALCO Trust, after a most thorough investigation by their Committee of Ghanaians, which includes members of various professions, all eminent in their specialised fields.

When the child is ready to go home the woman who will be looking after the child is asked to come and stay in the home for a few days. This way enables her to watch everything done in the home for the child. While there she is made to to carry the child on her back to the local market for shopping and to sleep with the child in the same room. She is given detailed advice about caring for the child, and when she is ready to leave with the child, the home offers to pay her lorry fare any time she brings the child back for a visit. Usually such a woman carer would have been visiting the child frequently, so that the child in question would have had the realisation that this person belongs to him/her alone. Only once we were informed, was a child shy, with her aunt; the aunt went home, and returned a week later, and received a warm welcome from he child. However, it is realised that there is always emotional trauma, when children have to leave because the bond in this family-like group is a close one. We have observed that when children are brought back to see us regularly, within three months they cling to their relatives, not us.

Presently there is a Pediatrician, for the District and Maternity Hospitals. He makes weekly visits to the home or more often if necessary. This is a great relief to the home and has resulted in great improvement in the health of the babies and the training of the staff.

2.9 JIRAPA CHILDREN'S HOME

The Jirapa Children's Home which is run by the Catholic Mision is located just adjacent the Jirapa Hospital on the Wa-Jirapa road in the Upper East Region. Currently, the Home hosts a total of 14 inmates comprising of 7 females and 7 males. Indeed, the admissions to the Home as at October 1994 were 24 out of which 5 were discharged to their families and 5 died remaining the current number of 14.

A critical examination of the records of the home for the past 10 years showed that a total of 98 inmates passed through the home. The ratios of male to female population could not be established due to insufficient record keeping. Records did not indicate which number of the admissions constituted male or female. Furthermore, most Dagarti names are used for both sexes and worse still, all the staff currently at post are new and thus, could not help inspect the register to confirm from memory the different sexes.
From their records, it is clear that all the children who passed through the home (98) from 1984 to 1993 were aged between 0 - 2 years. Some of the reasons accountable for this as depicted in the records include the fact that most of the children are admitted at early infancy either:

- Due to death of mother at delivery or shortly after death.
- Incidental death of both parents.
- Abandoned babies.

3.0 SURVEY FINDINGS

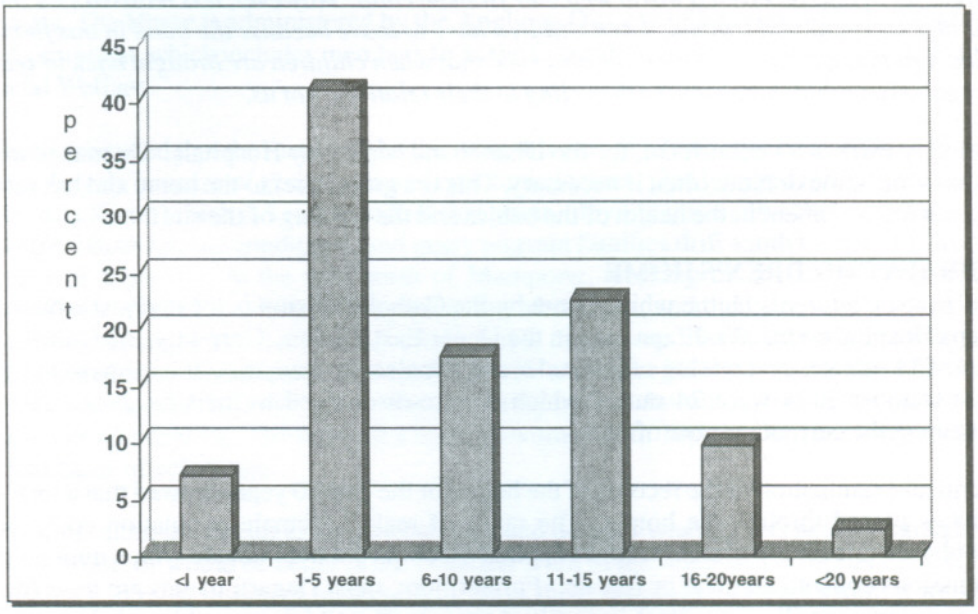
THE SAMPLE PROFILE

This section discusses the general characteristics of the sample of children studied from eight of the above described children's homes in Ghana.

3.1 AGE OF THE CHILDREN

A total of 135 males and 92 females (Figure 1.) were selected for study. The Table shows the age distribution of children in the sample as follows: 16 children were infants, one-year old and under; a majority of 93 are between 1 - 5 years; 40 children were between 6 - 10 years; 51 between 11 - 15 years; 22 between 16 - 20 years, and 5 are over 20 years of age.

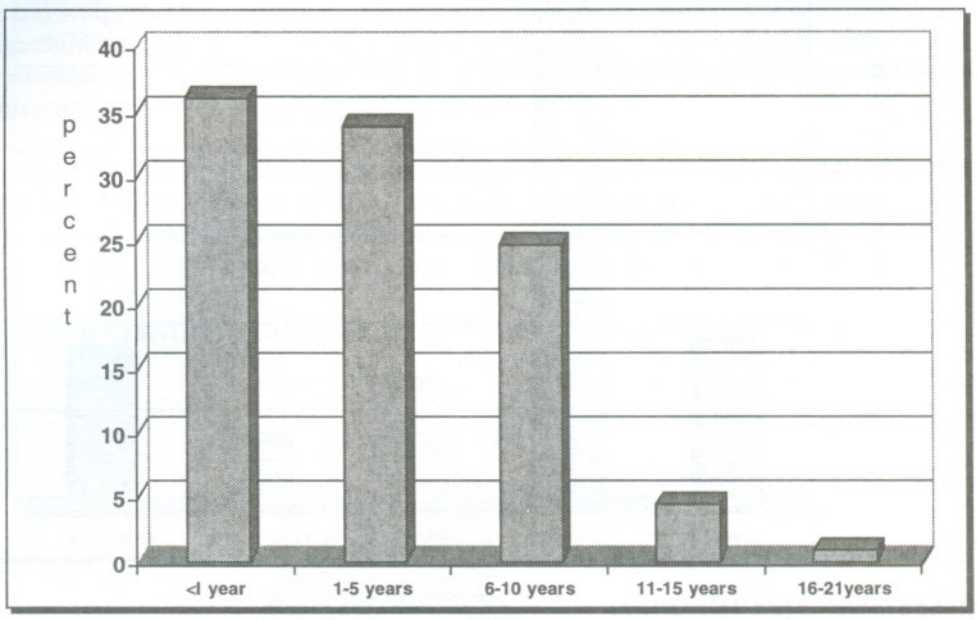
Figure 1. AGE RANGE OF THE CHILDREN



The above Figure (1) shows that the ages of young children in the institutions studied range from 0 - 10 years. The figure further shows a substantial presence of juveniles and older youths in institutions. Some of the latter group though a minority are more than 20 years old. The majority population in the institutions, however, are to be found in the 0 - 5 year group which forms a total of 109 children or 48% of the sample. Boy children dominate this age group slightly by 5.7% . The age group 11-15 years follow in succession order with 22.5% with the 6-10 year olds behind with a total of 17.6%. In all of these two age groupings, girl children also dominate slightly by 5.5%.

Figure 2 below shows the ages at which the children were admitted in the institutions. It is evident from the data presented that the majority of the children were admitted into the homes before the age of 11, the commonest age of admission being under one year old (36.1%) followed by 1-5 years (33.9%). Only 5.5% of the children were admitted into the homes after the age of 11 years and only boys were admitted at age 16 years and above.

Figure 2: AGE AT WHICH CHILDREN WERE ADMITTED INTO THE HOMES



3.2 ETHNICITY

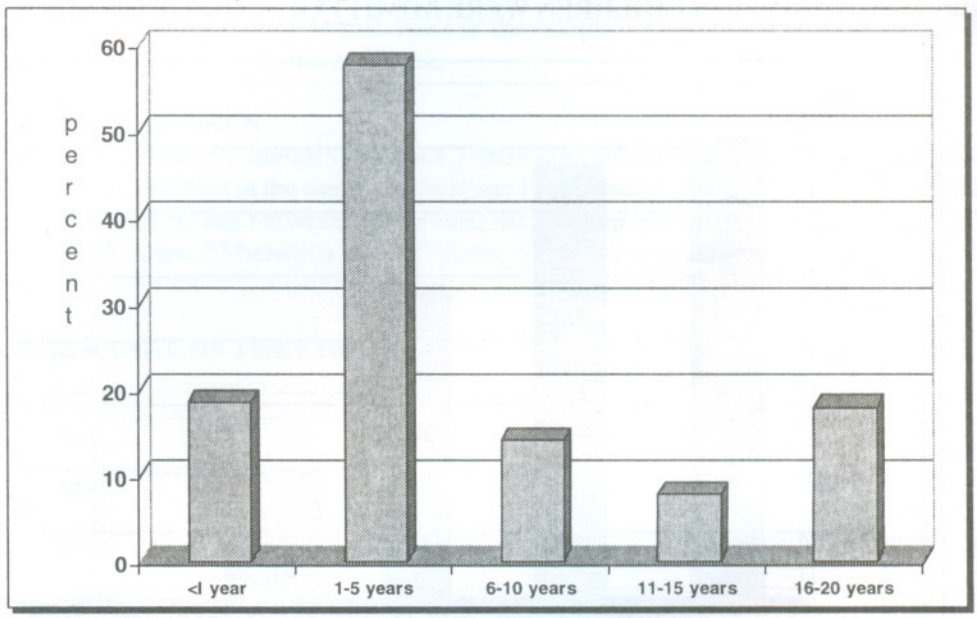
The majority of the children (86) were Akans, 64 of Northern ethnicity, 18 Ewes, 13 Non-Ghanaians, 7 Ga/Adangbe, and 39 of unknown origin (Table 2 – see Appendix). From the table, only 5.7% of the sample were alleged to be non Ghanaians. All ethnic groups are represented with Akans and Northerners dominating. This is not surprising since there is a concentration of these institutions in Akan areas (Asiakwa, Kumasi, Mampong and Oyoko) and in Northern areas (Tamale and Jirapa). Since the unknown cases are usually abandoned cases and therefore impossible to trace parents, it is quite possible that under represented ethnic groups might well be represented in the "Unknowns."

3.3 LENGTH OF STAY IN THE HOMES

How long had these children lived in the homes? Figure 3 below provides this information. It is obvious that a large majority of the children studied had been in the institutions/homes between 0-10 years (90.3%). Among this proportion, 131 or 57.7% had lived in the homes between 1-5 years (57.7%). This is followed by 18.5% who had been there under one year only and by those who had lived there for a period of 6-10 years. Those who had lived in the homes beyond

ten years were the least number represented. These account for 22 or 9.7% of the sample. Of this group, the majority of 18 or 7.9% of the total sample had lived in the homes from 11 to 15 years leaving only 4 who had lived in the homes beyond 15 years.

Figure 3. LENGTH OF STAY IN THE HOME



3.4 HEALTH OF THE CHILDREN

An important area of investigation in the determination of wellbeing of the children was their general physical health. For this study we limited our investigation to a period of ten months preceding the survey. Four areas specifically investigated are as follows:

- Frequency of illness in the months preceding the study;
- Nature of the illness;
- Frequency of child's complaints about ill-health ; and
- Rating of the children's health by the Home authorities.

Tables 3 and 4, and figures 4 and 5 show the results on health of the children *(see appendix).*

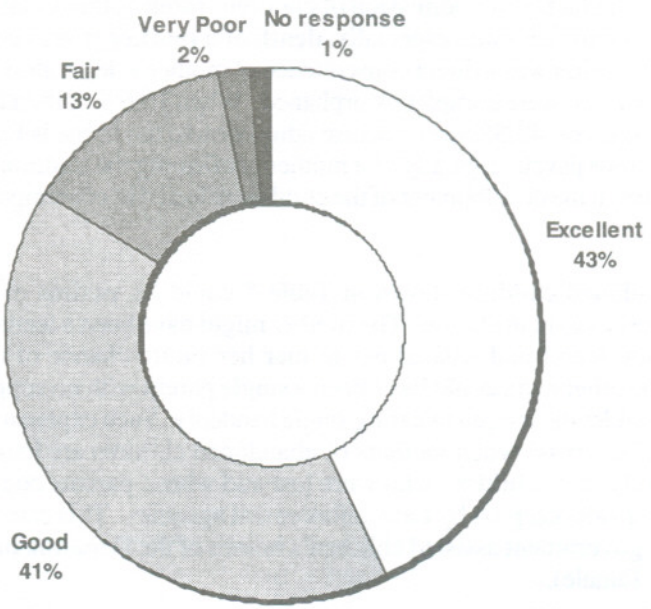
Table 3 shows an over all good health of children in the homes. Of the total sample, 40% of the children had no illness in the ten months preceding the survey and about half of the remaining 60% were noted to have had one illness only. The most frequently recorded incidence of illnesses for 23.4% ranged from 2 to 6 and only 5.7% had suffered from more than 6 illnesses within the stipulated period. Table 6 shows the whole range of medically diagnosed illnesses of the children within that period with malaria naturally topping the list with 34.8%. Table 4 (see appendix)

further confirms the wellness of the children as it shows that the majority (75.3%) rarely complain of feeling unwell. Over 80% of the children were rated to be in satisfactory or good health and only 2.2% of the children were rated to have poor health (Figure 5).

However, the health status of a child is not based only on the number of times he has been ill and the nature of his illness. The quality of health is also assessed in terms of growth rate by height and weight in relation to age; physical activity and amount of energy. The appearance of the skin, hair and scalp; and the size of the abdomen are related to nutritional standards. Also of concern is the child's mental health which is expressed in terms of his interest in himself and in his environment, and his ability to relate to other children and respond normally to stressful experiences. In this study children were not physically examined.

It is to be realised also that a child below the age of 2 years is not capable of complaining of ill-health; he exhibits symptoms of illness which must be observed. Between 2 and 5 years he may complain of ill health but is quite incompetent in monitoring progress of illness. These age groups constitute about half the number of children in the institutions under review.

Figure 5. RATING OF CHILD'S HEALTH BY HOME AUTHORITIES



4.0

ADMISSION CIRCUMSTANCES

In this section we examine the circumstances which led to the admission of these children in the homes.

4.1 THE MOTHERLESS [1]

Table 5 (*see appendix*) reveals 96 children in the sample to be full or half-orphans and in 73 cases the mother, had died. The remaining records show 64 abandoned cases and 36 destitute cases. The table further shows 24 cases of separation from a mother who was insane. There were as well, 2 mentally defective or psychological cases. Only 5 children in the sample were refugees.

For all the causal factors for admission of children, Table 5 shows that death of a parent/s stand out as a main factor but more especially, **death of a mother** is very crucial since 32.2% of the children's admission was a direct consequence of mother's death alone. This is to be compared to 10.1% cases who were completely orphaned. When 10.6% of mentally ill mothers are added to the score, it gives 42.8% cases whose admission to the home is linked to the non presence physically and/or psychologically of a mother confirming the traditional concept of the crucial role of mothers in the development of the child as reflected in contemporary urbanised Ghanaian society.

The 64 abandoned children shown in Table 5 could be victims of cultural practices or of economic pressures in the home. The mother might have been a teenage mother who had kept her pregnancy secret and wished not to mar her future chance of a decent marriage. The mother on the other hand could have been a single parent with no support from the partner and unable to shoulder the burden of caring single handedly. Such explanations appear often enough in the Ghanaian press[2] when mothers of abandoned children are located by the police. Some cases are likely to be children who were lost and whose parents could not be traced and had been taken for safe-keeping by Law enforcement agencies. This category of children are to be found in the government assisted children's homes of the Department of Social Welfare (Osu, Kumasi and Tamale).

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[1] *Akan proverb Wo na wu a na wo ebusia asa literally means that when you lose a mother, there is no family to speak of.*

[2] *See the Appendix for Newspaper reports.*

The 36 destitute children included in the study are of destitute mothers. They could be victims of marital disharmony and breakdown of family life and/or economic pressures in the home[3]. Some might have been grossly neglected or battered and left to fend for themselves in strange places with their destitute mother. It is unlikely they were street children in the real sense as almost all street children in Ghana are engaged in some work and are not strictly speaking destitute. These cases are present at the Social Welfare homes as well as the privately assisted homes of SOS villages, New Life Home Mbrom Kumasi and Oyoko Westphalian Home.

4.2 THE ABNORMAL

Children of low income families with acute abnormality are often grossly neglected due to cultural factors. Such children are much easily abandoned. The situation regarding their care is made worse when the mother of such a child is deceased or incapacitated. Many such cases are predominant in Mbrom Home but can also be found in SOS homes as well as the Social Welfare homes.

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[3] *Mamobi Girls Refuge of RESPONSE, a Ghanaian NGO for the protection of street children handled a case last year involving a mother with four year old twins living on the street of Accra. She had been divorced by the husband and she and her children had been pushed out of their home in a village in Ashanti region to make room for a new wife.*

5.0

FAMILY CONTACT.

A significant proportion (43.6%) of the children under study had no known relations nor contact with any kin. The abandoned/lost children, the abnormal children and children of destitute mothers are predominantly found among this group. Of the remaining 56.4% whose case records in the homes showed interested or known relations, the obvious indications were that visits from these relations are rather sporadic or infrequent. Tables 6 and 7 *(see appendix)* show compiled records of family visitors of the children and their pattern of visits. Only 5 children were alleged to be engaged in correspondence with known relatives outside the homes.

The children's visitors are as shown in Table 6 *(see appendix)*, predominently very close relations, that is, parents, sibblings and grandparents although other extended relations do also visit. Table 7 *(see appendix)* confirms the irregularity of relations' visits as observed in the field and that is, over 50% of the children receive visits only occassionally or sporadically (often over one year periods) with another 14.6% receiving visitors on yearly basis. This makes up a substantial proportion of 67% of these children having contact with known relations within long periods ranging from one to three years.

How do these children relate to their visitors? Figure 6 shows that even though almost 50% of the children who receive visitors do enjoy such visits, the majority (56.3%) appear to manifest problems with these visits. Considering the irregular pattern of their kinsmen's established visits, this observed reaction is not surprising. Our investigations established that a significant proportion's visitation (35.9%) is characterised by indifference from the children; 6.3% were known to actually hate these visits and 14.1% to show other negative manifestations ranging from refusal to see the visitors or when with their visitors, keeping mute or reacting unhappily or showing obvious discomfort at the situation. On further investigations we found that some of these children have also been observed to manifest behavior problems like bed wetting or social withdrawal after such visits.