

# “YARANKOWANE” Children belong to everyone



# Nigeria report on Kinship Care

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Save the Children has been working for the rights of children globally for over 90 years. Save the Children has been working in Nigeria since 2001 in several states focusing on nutrition, child survival, education and child protection.

## Authors and Acknowledgements

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## **EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS FROM THE RESEARCH TEAMS (CHILDREN, CAREGIVERS AND ADULTS)**

Children without Appropriate Care (CwAC)<sup>1</sup> is a priority area for Save the Children's child protection work for the period 2010-2015. In addition, the goal of Save the Children's global child protection Breakthrough 2020 is that **'All children thrive in a safe family environment and no child is placed in harmful institutions.**

In line with working toward the breakthrough, Save the Children embarked on a multi country participatory research initiative from 2012-2013. This was undertaken to build knowledge on alternative care practices especially informal kinship care, prevalent in the West and Central Africa. Nigeria and three other countries were involved in this regional research; the other countries are Niger, Sierra Leone and Democratic Republic of Congo (DRC). The importance of increasing an understanding of kinship care, especially from the perspectives of children and caregivers was identified as a priority action area following a Save the Children regional workshop on Children without Appropriate Care in December 2011.

In Nigeria, the research was in three communities in three Northern states; Kaduna, Bauchi and Katsina. The research protocol developed by the region supported the involvement of children and caregivers as researchers, respondents and documenters. Ethical guidelines were applied to ensure voluntary informed consent and child safeguarding during the research process. Child researchers were actively involved in each stage of the research, and gained confidence and skills from their involvement

Kinship care is quite prevalent in Nigeria and largely informal. This research revealed a gap on legal and policy frameworks concerning informal and kinship care in Nigeria. There are no national laws, policies regarding informal care including kinship care. There is a perception in the government that based on African culture families take in relatives in cases of death or other reasons including economic and such that government do not need to interfere in this arrangement. The informality and normality of kinship care contributes to its key strengths ensuring on-going kin ties and child rearing in family and community based settings for significant numbers of children, some of whom would otherwise require formal care. Some children living in kinship care benefit from increased access to basic services, including education, nutrition and health care. In contrast the lives of many children living in kinship care are characterized by discrimination and inequality in terms of access to education, nutrition, health care, and love. The informality of kinship care contributes to a lack of regulation concerning the care, protection, and other rights of girls and boys living with kin caregivers.

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<sup>1</sup>'Children without Appropriate Care' are children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social and psychological level from either their families or from other primary carers who are meant to replace the family environment and who are responsible for their well being and development. This definition includes children within their own families, children in alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move. It also refers to children in developed, developing, fragile and emergency contexts.

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Recognizing both the strengths and constraints of informal kinship care, it is acknowledged that there are significant risks in formalizing kinship care. Formalization may prevent some caregivers from taking responsibility for their relatives' children, as they may not want to engage in a bureaucratic process associated with formal care arrangements which they may perceive as invasive, time consuming and potentially expensive.

The research findings clearly indicate that there are different reasons for sending children to live in kinship care; diverse positive and negative outcomes for children; and a number of factors influencing such outcomes. Thus, it is essential that a holistic approach is adopted to mitigate the root causes contributing to parental separation including: poverty; lack of access to primary and secondary schools in rural areas; migration and urbanization and migration; discrimination and violence within families and family breakdown; conflict and insecurity; illness and diseases including HIV; and traditional practices and beliefs including polygamy and accusations of witchcraft.

Key factors influencing positive or negative experiences of children living with relative caregivers have been identified including: *socio-cultural traditions concerning closer ties with maternal relatives*. Children are treated better by maternal relatives in Nigeria than paternal. *Female and male caregiver active participation in decision making to care for a child*, and in particular whether the primary caregiver chooses to care for or feels "forced" to care for a child; and the lack of or existence of *shared responsibilities by parents and caregivers for children's well-being and needs*. While better off relatives may feel obliged to take care of their relatives children, on-going efforts are required to readjust the balance to ensure children are seen as a benefit to the family rather than a burden and to increase parental involvement in their children's lives. Informal mechanisms need to be built upon and strengthened to increase the agency and on-going participation of father, mothers, female and male caregivers, boys and girls in decisions regarding a child's placement and care and on-going monitoring of their circumstances.

In general, the research findings informed the identification of 12 key areas for increasing programming and advocacy within the West and Central Africa region where the research took place:

1. Improve data collection on kinship care
2. Apply the Guidelines for the Alternative Care of Children to improve legislation policy and guidance on all forms of alternative care, recognising the significant importance of informal kinship care
3. Increase child sensitive social protection, especially for vulnerable single parents and elderly caregivers
4. Increase access to free primary and secondary education, especially in rural areas
5. Increase budget and capacity for social services and social workers
6. Ensure better understanding of cultural practices to inform decision making in the best interests of the child
7. Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care
8. Increase active participation of female and male caregivers, mothers, fathers and children in care decision making
9. Increase opportunities for children's participation in families, communities, and practice and policy developments affecting them
10. Address stigma and discrimination of children living in kinship care
11. Increase positive parenting for fathers, mothers and diverse caregivers
12. Increase fathers and mothers on-going communication and responsibilities for child rearing

## **I. Introduction to regional participatory research on Kinship Care, the research objectives and the country specific context**

Children without Appropriate Care (CwAC)<sup>2</sup> is a priority area for Save the Children's child protection work for the period 2010-2015. In addition, the goal of Save the Children's global child protection Breakthrough 2020 is that **'All children thrive in a safe family environment and no child is placed in harmful institutions.**

During a regional Save the Children workshop on CwAC held in December 2011, the need to better understand kinship care, especially from the perspectives of children and caregivers, in order to better support and protect children living in kinship care, was identified as key to follow up. Research into the issue was deemed important given the prevalence of informal, particularly kinship care<sup>3</sup> in West Central Africa, as opposed to institutional care.<sup>4</sup>

### **I.1 Nigeria Country Context**

Nigeria is a federation of 36 states plus a Federal Capital Territory with the states further grouped into six geo-political zones; North-East, North-West, North-Central, South-West, South-East and South-South. The population is estimated at 140 million people (National Census 2006) out of which 74 million are children. The country is very diverse with more than 250 ethnic groups and 500 indigenous languages. Christianity, Islam and traditional African beliefs are the major forms of religion. Nigeria is the second largest Least Developed Country (LDC) in the world.

Poverty is widespread with more than 100 million of the nation's population estimated to live on less than \$ 2 per day. Although the size of the economy is second only to South Africa in Sub-Saharan Africa, the GDP per capita (\$1,128) is significantly less than Sub-Saharan average (\$1,998), and also less than neighbouring countries such as Mali and Cote d'Ivoire. Based on the new \$1.25 per day poverty line, 64% of the population is poor, indicating increasing poverty over the last decade and poverty rates also higher than the Sub-Saharan average (51%) and other 'poor' countries such as Ethiopia and Mali.

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<sup>2</sup>'Children without Appropriate Care' are children who are not receiving suitable, continuous and quality care, nurture and guidance at a physical, emotional, social and psychological level from either their families or from other primary carers who are meant to replace the family environment and who are responsible for their well being and development. This definition includes children within their own families, children in alternative care, and children who have become separated, either voluntarily or involuntarily, from their families, including children on the move. It also refers to children in developed, developing, fragile and emergency contexts.

<sup>3</sup>Informal care is defined as "...any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body". This can include: kinship care, community-based care or other family-based care arrangements. From International Guidelines for the Alternative Care of Children – A/RES/64/142 United Nations General Assembly, 24 February 2010

<sup>4</sup>See 'Family Support Services and Alternative Care in Sub-Saharan Africa, 2012'. Background Paper produced by Child Frontiers for the Francophone Sub-Saharan Africa Conference on Family Strengthening and Alternative Care, Dakar, 10th-11<sup>th</sup> May 2012

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## 1.2 Children's rights

Children in Nigeria are faced with a variety of protection issues, including: discrimination (girls, the disabled, HIV, albinos etc), abuse (domestic violence, sexual abuse and corporal punishment in schools, early pregnancy, female genital mutilation, witchcraft etc), exploitation (harmful labour, trafficking, street children etc) and other causes of vulnerability. Nigeria is home to the second largest HIV epidemic in the world and there are more than 2 million orphans as a result of HIV/AIDS. The total number of orphans (from all causes) is estimated to be as high as 8 million by 2010.

## 1.3 Objectives of the Research Initiative

This research initiative involved 3 other SCI country programs in West Central Africa in addition to **Nigeria** (including: Sierra Leone, DRC and Niger)<sup>5</sup>. The research was primarily qualitative, participatory and exploratory designed to:

- Enhance understanding and knowledge on the situation of families and communities, including: why children are placed in alternative care, especially kinship care; the perspectives of children, caregivers (and community members) on the care options available to children without appropriate care; the length of time children are usually placed in kinship care; which children find themselves in kinship care – is it only children without appropriate care.
- Analyse kinship care from the perspective of children, family members, Save the Children staff and partners, government officials and other relevant actors with knowledge and experience in informal kinship care. Are there particular trends? Is it a phenomenon that is increasing or decreasing and why? What are the key factors behind it, especially from the perspectives of the different actors?
- Use a gender and diversity lens to analyse and disaggregate the information collected (from male and female caregivers, from boys and girls, older and younger children, children with disabilities and so on);
- Directly involve children as researchers and active participants in the research process to better understand their perspectives on both the positive and negative aspects of kinship care and how it affects them, looking at the factors that build or undermine the fulfilment of their rights, resilience, protection well-being, participation, development and their best interests;
- Involve caregivers to explore their views and experiences on existing mechanisms, supports and practices that support kinship care; and factors that make it difficult to care for and protect children in kin families;
- Result in communications materials produced in various languages and aimed at various target groups – children, families, decision makers etc.; - and which will further strengthen delivery of Save the Children's global child protection Breakthrough 2020;
- Lead to strengthened programs that promote prevention and family strengthening within a comprehensive care and protection system;

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<sup>5</sup>A similar research initiative is expected to be launched by the CPI in Middle East Eurasia (MEE) in early 2013. Representatives from Save the Children regional/country staff in MEE, Asia, Eastern and Southern Africa will also be invited to participate in the WCA regional reflection workshop scheduled for June 2013.



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- Support advocacy for the development of family policies which integrate child sensitive responses and the specific needs of children and kinship carers;
- Eventually involve different regions working alongside each other, pooling resources and expertise, sharing experiences and learning from each other.<sup>6</sup>

## 2. Research process and methodology

- **Development of Nigeria's Terms of Reference (ToR):** the ToR was developed from the Research Protocol sent from the region. The research protocol was adapted to suit our activities in Nigeria. (Please refer to annex I for Nigeria's ToR).
- **Selection of participating states, communities and research team:** the research took place in three northern states of Nigeria; Kaduna, Bauchi and Katsina. These states were selected because of an existing project; Links for Children (LFC) being implemented in the states. The ongoing project is a five year (2009-2014) USAID/PEPFAR funded Orphans and Vulnerable Children (OVC) project. The project is targeting 11,950 children for the life of the project. It provides and/or supports the provision of a wide range of services for children and their households. The services include education, psychosocial support, health, food & nutrition and economic strengthening. The LFC project will thus complement the kinship research as children who during the course of the research are found to be distressed can receive psychosocial support/counseling. Those who meet the criteria to be enrolled in LFC would be enrolled and eligible to receive other available services. In this manner, the children would not be further exposed to harm and we shall be abiding to the 'Do No Harm' principle.

One community was selected from the three participating states using the criteria<sup>7</sup> in the ToR. The communities were Television, Bayara and SabuwaUnguwa in Kaduna, Bauchi and Katsina states respectively.

Local Research team were made up of women, men who are kinship caregivers themselves and children/young people who are living in kinship care. The Local Research Team was selected because of these factors as well as their familiarity with and acceptability in the target communities. The local research team took the lead in conducting the research with the support of state based staff. Each state had an average of seven (7) member research team.

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<sup>6</sup>Ibid

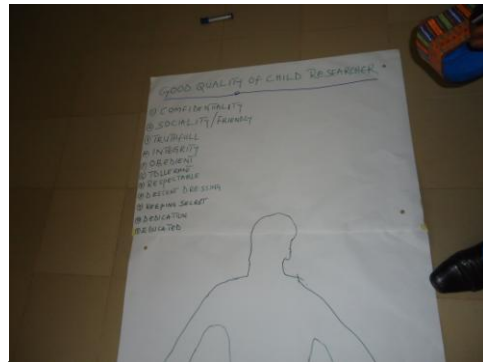
- <sup>7</sup>Urban and rural location
- Christian and Muslim predominance
- Factors which have contributed to an increased number of children living in kinship care in particular communities (i.e. choose communities where you know kinship care practices are more prevalent);
- Probably an area with reduced kinship care to better understand factors that contribute to reduced kinship care practices
- Areas with increased kinship care to better understand factors that are contributing to the increase in kinship care practices. (If any)



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## 2.1 Capacity building for Research Team

The first activity done under the kinship care research was an orientation training. At the two day training, the Senior Protection Advisor introduced the research and the tools to be used. The training was in the months of November and December 2012 for the three states, the guide from the regional office was adapted for the training. The training was participatory and quite interactive. At the end of the two days of the orientation workshop, the participants agreed that most of their fears were allayed. They agreed that the research methods were very friendly and participatory and would make the work easier. In one of the participant's words, 'this is very practical and easy to use, there is no too much grammar inside'. The hopes and fears at the orientation training were as below



*A drawing of an ideal child researcher*

### Hopes and expectations

- To identify ways to support children in Kinship care
- To have knowledge on challenges of children and their care givers
- Hope the research work will be accepted and it will translate into generating good findings from the community
- Understand the trends of children living with relations
- I hope to be able to reach other children of same age range – from a child
- We would identify children who are suffering and highlight their need – from a child
- This research will help children who are psychologically maltreated
- It will help the youth to become a leaders of tomorrow and also they will feel loved and happiness – from a child
- This research will teach them about living in peace and love one another – from a child
- The children who are researchers will be responsible – from a child
- The research will give an avenue for children to communicate and be enlightened on issues that can make their life better.

### Fears

- Can I deliver as expected?
- Community acceptance of the project research – will the community accept this?
- Will Parents/caregivers accept to participate?
- Because of my age my peer group may not take me serious – from a child
- Children in Kinship may not open up due to fear of caregiver syndrome – this is fear of being penalized afterwards

After the orientation workshop the local research teams were continually supported by mentoring and coaching directly by the state Protection focal person and indirectly by the Senior Protection Advisor. The Senior Protection Advisor represented the country at Virtual Interest Meetings where

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she interacted with representatives from the other countries involved in the research as well as regional and global advisors. Agreements at the meetings were communicated to the states and the local research teams to enhance the research activity being undertaken.

## 2.2 Commencement of research in selected communities

The local research team with support from the state based staff commenced the research activities with advocacy visits to community and religious leaders in selected communities. This was successful in all the three states and all targeted communities were continued with.

### Involvement of children



*Children in a participatory group activity*

The kinship research was a very participatory qualitative research activity. The tools used made it easy for the children to participate. Children's involvement as members of the research teams also made it easier for the child respondents to freely participate. The children's involvement as research team members also contributed immensely in building their self-esteem, confidence and communication skills. During the orientation training, most of the children were shy and highly reserved but this changed drastically during the course of the research. This was evident in how they present their group work

confidently, ask questions or proffer their answers in the group. This is a major achievement as children rarely share their views in the presence of adults. The adult researchers also learnt to listen and appreciate the views of children.

## 3. Key findings

### 3.1 Key findings (Theme 1): Existing legal and policy frameworks, available data and national government programmes concerning kinship care:



*A girl researcher confidently expressing her views to the group*

This section of the report shares key findings concerning existing legal and policy frameworks concerning informal care and kinship care in Nigeria. It also presents key findings concerning secondary analysis of existing data and research on kinship care, including some key Multiple Indicator Cluster Survey (MICS) and Demographic and Health Surveys (DHS) data concerning children living in households without their biological parents.

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National Plans of Actions concerning orphans and vulnerable children have been developed in Nigeria; The National Plan of Action on Orphans and Vulnerable Children (2006 - 2010), Nigeria and the National Priority Agenda for Vulnerable Children (2013 – 2020). These NPAs and policies reflect the principles of the UNCRC. To some extent they also reflect key principles of the Guidelines for the Alternative Care of Children (2009)<sup>8</sup>, as family and community based care and protection, including efforts to prevent and respond to family violence and family separation are promoted. Furthermore, institutional care is recognised as the last resort.

National Guidelines and Standards of Practice on Orphans and Vulnerable Children (2007) have been developed in Nigeria to increase programming to support orphans and vulnerable children, to prevent and respond to family separation, and to increase child protection. However, while the National Guidelines for OVCs in Nigeria include a specific focus on children living with frail or elderly grandparents, in general a more explicit focus on children living with different kin caregivers (aunts, uncles, elder siblings, grandparents, cousins, close family friends) is required to ensure monitoring, prevention and response to ensure non-discrimination, care and protection of children living in kinship care.

Nigeria does not have a specific Policy on Alternative Care for Children (2012) as does Sierra Leone for example. Key legislation in Nigeria concerning children is the Child Rights Act of 2003. This policy document promotes the principles of child rights and recognises the importance of the family unit. The Child Rights Act recognizes the primary responsibility of parents in the care and upbringing of their children. It includes a statement of parents' rights and responsibilities, including the obligation to protect children from all forms of neglect and maltreatment, to provide good guidance, care, assistance and maintenance for the child, and to ensure that in the temporary absence of a parent the child shall be cared for by a competent person. An emphasis has also been placed on community support for children and parents and village level support mechanisms, particularly with respect to prevention and early intervention services. However, although the Act has provisions on parentage, custody and maintenance of children, it does not include provisions on informal kinship care.

Inter-agency collaboration and advocacy are essential to support Governments to adopt and implement the **Guidelines for the Alternative Care of Children 2009**.<sup>9</sup>A family strengthening and alternative care conference was organised in Dakar in March 2012 and the "Moving Forward"<sup>10</sup> handbook to support implementation of the Guidelines has been launched and promoted in the region.

The Guidelines for the Alternative Care of Children apply to the use and conditions of alternative care for all children under the age of 18 years, regardless of the care setting and of its formal or informal nature, with due regard to both the important role played by the extended family and community.

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<sup>8</sup>A/HRC/11/L.13 15 June 2009

<sup>9</sup> A/HRC/11/L.13 15 June 2009

<sup>10</sup>CELCIS (2012) Moving Forward: Implementing the Guidelines for the Alternative Care of Children.

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The Guidelines set out to:

- support efforts to preserve or re-establish the family unit
- when needed, identify and provide alternative child care that promotes the child's development
- encourage governments to assume their responsibilities towards the rights of children without parental care
- encourage all concerned with child care to fully take into account the Guidelines in their policies and activities.

Two key principles of the Guidelines focus on whether alternative care is necessary and appropriate. The Guidelines aim to ensure the appropriate use of alternative care, preventing the need for unnecessary alternative care by promoting parental care and respect for children's rights; and addressing the root causes of abandonment and separation. Family strengthening services (such as parenting courses) and supportive social services (such as day care, mediation, or services for parents and children with disabilities) are encouraged to empower families with attitudes, skills, capacities and tools to provide adequately for the protection, care and development of their children. Youth policies aiming at empowering youth to overcome the challenges of everyday life, including when they decide to leave the parental home, and preparing future parents to make informed decisions regarding their sexual and reproductive health are also encouraged.

In determining whether alternative care is necessary the Guidelines encourage: consultations with the family and the child; efforts to family support and family reintegration; efforts to address negative societal factors that may contribute to family separation; and effective gate keeping by formal care agencies. Furthermore, in determining whether alternative care is appropriate the guidelines encourage assessments concerning the extent to which the care option meets certain general standards (access to basic services, contact with parents or family members, protection from violence and exploitation); and whether the care options meets the specific needs of the child concerned considering their views, best interests and long term stable solutions.

The Guidelines for the Alternative Care of Children<sup>11</sup> recognize the critical role of kinship care as a major form of informal care, but also highlights the importance of such carers being encouraged to notify the competent authorities "so that they and the child may receive any necessary financial and other support that would promote the child's welfare and protection" (para 56). Considering the principles of best interests, the child, parent and caregivers' views, and permanency planning, the Guidelines also encourage deliberation concerning opportunities to formal care arrangements after a suitable lapse of time. While formalizing care arrangements in the extended family may not be always be appropriate or realistic, developing a system whereby the transfer of responsibility for the child's care to relatives or friends is reported and recorded to the local authority (e.g. to the traditional chief, child welfare committee) would increase better monitoring and support.

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<sup>11</sup> A/HRC/11/L.13 15 June 2009

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## Analysis of existing data on kinship care in Nigeria

**Nigeria** MICS 2011 data<sup>12</sup> indicates that **7.9% of boys and 9.8% of girls aged 0-17 years are not living with a biological parent.** The likelihood of not living with a parent increases with age. More children in urban (10.2%), compared with rural settings (8.2%) do not live with a living parent. There are also regional variations with children in Southern regions (11.8 – 12.4%) and the North Central (11.5%) region to be more likely to be not living with parents than in the Northern East (5.5%) and North West (4.5%) regions.

This research revealed the perception that based on African culture, families take in relatives in cases of death or other reasons, including economic, and, as such, the government does not need to interfere in this arrangement. A lot of confidence is placed on communities to serve as watch-dogs to ensure protection of children, though it is recognized that this does not apply in the cities. In the words of a government official; *'at community level, people will respond to cases of child maltreatment but not so in the city'*.

Responses from the government and community members revealed that there is usually no written procedure for placement of children in alternative care. However, certain factors are considered by families before placement of children in kinship care and include economic status, those without children, level of responsibility, and identification with a religion.

### **3.2 Key findings (Theme 2): Traditional practices, trends in kinship care and influencing factors**

The research revealed that the main care options available for children inside or outside of the community include:

- Family/relation (grandparents, uncles, aunties, sisters, brothers)
- Traditional rulers
- Friends
- Religious leaders
- Government/social welfare
- Neighbours
- Step mother
- Other people from the community e.g. CPC

The groups of children who live in kinship care are:

- Orphans
- Physically challenged
- Children infected and affected with HIV/AIDS
- Children from very poor background
- Children with mental health problems

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<sup>12</sup>NBS, UNICEF and UNFPA (April 2013) Nigeria Multiple Indicator Cluster Survey 2011.

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- Almajiri (children who are sent to live with religious teachers to learn)
- Children from divorced homes
- Children affected by conflict
- Children who are sent to live with kin when epidemics occur
- Unwanted children

Cases of children with mental health challenges are usually sent to government institutions where such institutions are available rather than with families as this category of children are usually discriminated against. Almajiris are under the care of religious leaders either within but usually outside their communities.

The children can either live permanently or temporarily under kinship care based on certain reasons some of which include:

- Cases of conflict/missing children: after the conflict the children settle back in their communities and in cases of missing children when there is a successful family tracing and reunification (FTR) they go back to their families
- Aftermath of divorce: when parents divorce children can be sent to live with relations but if the father remarries such children might be brought back to be with parent
- Death of both parents: this usually results in more permanent kinship care

There are other factors that influence decisions about care options e.g. age, gender, culture etc. Babies who breast feed are preferred to be with a woman (and it is preferable if the woman is a nursing mother) who will care for them better. In the northern culture at a certain age male children are not allowed to be with their mothers thus they will be sent to live with another relative. Another factor that influences kinship care is the culture of supporting a sister who is not able to have a child of her own, in such situations families with more children can send one or two of their children to live with such families. Also in some circumstances, children are sent to live with grandparents to provide support and companionship. The research revealed that most times siblings are not placed in the same care setting but scattered, the reason behind this is so as not to overwhelm the caregiver who most likely would have his/her own children. During the States' reflection workshop different reasons were revealed for children to leave their community; in Bauchi the reasons include:

- Education
- Insecurity
- Health
- Nutrition
- Shelter & Care

In Katsina state children leave the community as a result of child abuse and exploitation, for example:

- Emotional abuse
- Physical abuse
- Sexual abuse

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- Neglect
- Exploitation
- Child labor
- As a result of the age of a child and mentality.

A child who is exposed to too much work might decide to run away or when the child is sent to hawk as source of income when his friends are schooling will end up running away from home and this usually happens with children who live with their kin.

Local term for kinship care in Hausa is 'Yarankowa ne' meaning 'children are for everybody'.

The discussions with adults and other caregivers revealed that the trend in kinship care is increasing for some reasons namely:

- War & Crisis
- Almajirinci (children with religious marabouts)
- Sickness
- Decrease and increase in population over time
- In the first 5 years there was a low population (1987-1992) because of minimum number of people living in Sabon Ungwar, Katsina state at that particular time
- (b) In 1992-1997 the population of Sabon Ungwar in Katsina increased because of migration and settlers
- There was increase in divorce and death due to epidemic and or HIV/AIDS.
- In 1997-2002 household population increased while divorce and death of parents led the children to live with their relative.

## Trend Analysis



The decision of where and with whom children are placed with lies with parents, relatives, traditional/community leader and the views of children are not always sought. The views of women are also not used in kinship decisions.

Experiences were shared that children may be deceived into going with relations by making them think it is for holiday; that is a short time and the children will excitedly go but will never be taken back. So, communication with biological parents may be limited or entirely cut off with the

intention of not creating too much nostalgic feeling for the children.



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## Advantages and disadvantages of living with different kin caregivers:

Children involved in the kinship care research in Nigeria analysed the advantages and disadvantages of living with different kin caregivers:

Care Options	Advantages	Disadvantages
<b>Grandmother</b>	Good advice Love and care Happiness Provision of needs Good training	Bad shelter Poor feeding Risk of beating No freedom of worship
<b>Grandfather</b>	Love and care Good discipline Freedom	Risk of molestation Bad training Bad discipline
<b>Step mother</b>	Peace of mind Good advice Freedom of worship	Hatred Less sleep Over work
<b>Step father</b>	Good clothing Good advice	Bad clothing He would not tolerate you as his own child Risk of molestation
<b>Sister</b>	Good labour Good feeding Good training	Accusing you of what you don't know Child abuse Force you to do what is against your wish
<b>Uncle</b>	Paying your school fees Good feeding Good shelter	Differentiating you from his children Not getting freedom Not paying your school fees
<b>Aunty</b>	Good training Good feeding Get freedom	Maltreat Hard labour Not going to school
<b>Family friend</b>	Treating you as their own child Giving you the best Freedom of worship	Over beating Child trafficking Risk of molestation

The children's emphasis on gaining more love and care from grandmothers and grandfathers as compared to other caregivers is reinforced by other research.<sup>13</sup> For example a study of orphan children living with their grandparents in Tanzania found that despite economic hardships, the majority of children felt very comfortable living with their grandmother, more than an aunt or uncle.<sup>14</sup> Furthermore, a study with children affected by HIV/ AIDs in Malawi found that while adult's

<sup>13</sup>Mann, G. (2004) Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi. Save the Children; Claherty, G. (2008) Living with Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north west Tanzania.

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preferences was to send children to live with relatives who had the highest income and lowest numbers of children, children preferred to remain with their mother, maternal grandmother, a sibling, or the mother's younger aunt.<sup>15</sup>

### 3.3 Key findings (Theme 3): Positive and negative experiences of girls and boys living in kinship care

The experiences of boys and girls vary as the caregivers vary. Various participatory tools were used to get the experiences of children as well as caregivers regarding kinship care. The tools used include body mapping, storytelling, drama, H-assessment and observation.

In the use of body map a child was asked to lie down on a paper and the outline of their body traced on the paper. The body was then divided into two with one side having the positive things and the other side the negatives. For this activity the children were divided by age group (8-12; 13-17) and by gender. The positive things shared by the children of their experiences or that of their friends based on various parts of the body include:

#### Positives/Likes

- Head – make up hair, to think of something good, to store memories
- Mouth – to say good things about us, care for our mouth by oral hygiene and avoidance of talking anyhow, eat good food, people use mouth to pray for us
- Ears: to hear good news, words of encouragement and prayers for us
- Hand- to demonstrate use of our hands to promote personal hygiene and cutting of finger nails, for writing, sweeping, washing and fetching water
- Heart: heart is used for good thinking, to plan something good
- Stomach- Need for good food. Safe drinking water.
- Legs- Walking, taking good care of the legs by cutting nails and wearing of shoes.



**Body mapping exercises**

<sup>14</sup>Claherty, G. (2008) Living with Bibi: A qualitative study of children living with grandmothers in the Nshamba area of north west Tanzania.

<sup>15</sup>Mann, G. (2004) Family Matters: the Care and Protection of Children Affected by HIV/AIDS in Malawi. Save the Children;

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## Negatives/Dislikes

- Head –Beating on the head, carrying of big objects, Injury, Lack of care and lack of barbing, To carry items for hawking
- Eyes: To see wickedness(killing, beating leaving scars, stealing), To see fearful things (use of razor blades, cane to get information from them)
- Ear –Don't like hearing abusive words, Noise and shouting, bad news, shouting at us, gossips and insult
- Mouth –dislikes hunger, contaminated food, contaminated water and lack of mouth care, insult, say bad things.
- Heart: to plan wickedness, too much thinkign of bad things
- Hand – Sharp objects, coming in contact with bad things and dislikes cutting.
- Stomach –dislikes contaminated food and water.
- Legs –lack of care and too much walking, going to farm, fetch firewood.

The children categorically dislike the discrimination that exists between them as kinship children and the biological children. In the words of a child; *'we are like slaves and we have the feeling of not been wanted'*. Physical abuse with razor blades and canes being used to get information from them also came up from this exercise. The children described this as *'fearful things'*.

## Kin children's workload has adverse impact on school attendance and learning, Nigeria

In a community in Bauchi State children living in kinship described how they do most of domestic work and that the work interferes with their school attendance and learning process. Children in the community have to travel up to 9 kilometres to collect fire wood; and in families with kin children such work is mostly done by kin children. Children's work responsibilities often result in them being late for school, or missing school. For example, a 15 year old girl shared her story:*"I always wake up as early as 4am to fetch water from the well which about 400m away from the house. I wash the plates and bath the younger children. I also sweep the compound before going to fetch fire wood and I return home around 9am. I then take my bath and go to school. I am often late for school and I face punishment. This is very embarrassing for me in front of the other students, but I know it's not my fault, it is just because I am staying with someone that is not my biological father"*.



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Too much child work, delayed or non-payment of school fees has also resulted in school dropout, or missed periods of education by children living in kinship care. Furthermore, while some elderly caregivers desire to send their grandchildren to school, financial hardship and domestic needs in the household make it more difficult for them to afford costs associated with school.

During the reflection workshop we also asked the local research team to reflect on their experiences while conducting the research and share the positive and negative experiences of children and below are their feedback

## **Positive effects**

- Access to education and other vocational skills.
- Access to health care.
- Right to play.
- Right to visit parents and other family relatives during holidays of festive periods.
- Ability to express themselves to their care givers.

## **Negative effects**

- Lack of care.
- Little or no access to health care.
- Lack of food.
- Poor education.
- No right to decision making.
- No right to income.
- Female children are married off at an early age.
- Children under kinship are usually discriminated against
- Might be denied inheritance especially where kinship is as a result of death of parents.
- Exposed to child labor.
- Disabled children are forced into street begging.
- Better schools for the biological children. There is discrimination in terms of education
- There is more likelihood for job opportunities for their children and they (the caregivers) care less about the future of the other children.
- The biological children have less domestic work while the kinship children are given more responsibilities.

The children finally revealed that they go out of the house in order to relax and be off the pressure and tension they face at home. Below is a picture by one of the children on how he stays under a tree to relax.

The kin carers are not left out in the positive and negative experiences from caring for children that are not their biological children. However, most of the positive experiences for the caregivers are in terms of benefit to them which is mostly about services the child provides in terms of child work as shown below:

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**Drawing from a 17-year-old boy in Bayara community, Bauchi.** This portrays how he sometimes sit under the tree to console himself when he remember his beloved parent or when he is beaten by his step mother. He also said sometimes he slept off unknowingly under the tree

## Caregivers perspectives on the positive and negative effects of taking care of kin, Nigeria

Caregivers perspectives on the positive and negative effects of taking care of kin, Nigeria	
Positive effects	Negative effects

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<ul style="list-style-type: none"> <li>• Companionship</li> <li>• The children serve as house help and run errands</li> <li>• Hawking contributing to family income</li> <li>• Cattle rearing</li> <li>• It gives us prestige when we take in children who are not our own</li> <li>• It encourages bonding between the two families</li> <li>• House security</li> <li>• Future benefit</li> </ul>	<ul style="list-style-type: none"> <li>• They cause us high blood pressure</li> <li>• They cause us embarrassment,</li> <li>• They lack of contentment and are bitter</li> <li>• Some children are disobedient</li> <li>• They steal, roam about, and can be a nuisance</li> <li>• There may be unwanted pregnancy or drug abuse</li> </ul>
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This research revealed the different perspectives both caregivers and children have about each other and the importance of communication to bridge the gap. For example the caregivers raised the concern that children go out and stay away from home for a long time and interact with the wrong group. However, the children revealed that they do this to get away from the tension and unfriendly environment at home and they find comfort and joy while they interact with their peers.

Awareness raising, training on parenting skills and bringing out the issue of discrimination to the fore would play a major role. As a result of this research; in Nigeria some children who are in kinship care and have become addicts to tramoul through participation in this research as respondents and counselling of their caregivers have reduced their addiction as the children accepted that they do not need the medication anymore.

In another situation a kin child was overly afraid of the caregiver, but she became more relaxed after the local research team with CPC advocated and counselled the caregiver who became friendlier with her.

Kin children’s contact with biological parents is quite minimal and in some cases never happens even with the availability of cell phones in practically all communities. This is as a result of some reasons e.g. the biological parents would not want to be seen as not trusting the kin carer enough or they feel that it would just make the child more nostalgic and thus more difficult to settle back in the new family. The best that is done in terms of linkage with parents is allowing the child to visit at least once a year during celebrations e.g. Christmas or Sallah.

### 3.4 Key findings (Theme 4): Availability of support and support needs of children and caregivers

The support for children in the communities was specifically in terms of education; there are some government owned primary and secondary schools. Family support was also listed as a major form of support for children and NGOs activities in providing interventions to target Orphans and Vulnerable Children (OVC); such programs provide or link them to various services such education, nutrition, health, shelter/clothes, protection, psychosocial and economic strengthening for caregivers, through child welfare committee (CWC)

## **3.5 Conclusions and Recommendations (theme 5): Policy and practice recommendations to better support the care and protection of children in families and family based care**

Children have both positive and negative experiences based on who the caregiver is. Key negative experiences are discrimination and non-prioritization of their needs. Different factors contribute in promoting kinship care such as

- Loss of one or both parents
- Poverty
- Divorce
- Conflicts
- Children who are sent to live with kin when epidemics occur
- Unwanted children
- Religious reasons where children are sent to live with religious teachers

From the research it was obvious that the least consulted about kinship care are the children and women (either the mothers or the kin carer). On the other hand maternal relatives are highlighted as better carers with more sympathy.

In conclusion, kinship care is very much part of our African heritage and family safety net and widely practiced in Nigeria. Formalizing it might break the safety net, making it difficult for families to want to take up children who aren't theirs. The recommendations below are from the local research team in Nigeria targeting various categories namely government, civil society, faith based organizations and community level. The recommendations are on how to improve the experiences of children to ensure they thrive in safe family environment even for those in kinship care.

### **Recommendations to the Government, UN and international agencies (including Save the Children) to increase care and protection of children by their own parents and to prevent parental separation**

- Proper awareness to parents on the importance of children living with parents
- Provide income generating activities for parents without the means of supporting their children
- Government should intervene to prevent parents from sending their children far to learn about their religion but rather should learn around the community where they are from
- Provision of quality education & health services
- Support agriculture to improve the economic wellbeing of parents

### **Recommendations to the Government, UN and international agencies to increase care and protection of children living in kinship care;**

- Awareness raising by government to caregivers on the rights of children under their care
- Set up mechanisms & structures that will follow up on the well being of children under kinship care



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- Federal government facilitates state government to domesticate the Child Rights Act

## **Recommendations to local civil society and/or faith based organisations to increase support to family based care and protection (with own parents and /or in kinship care)**

- Awareness to family & community on the importance of children to live within the family setting & responsibilities of care givers to children under kinship care
- Speak out in places of worship about child right and good parental skills for all children both biological and kin children by faith based insitutions
- Awareness raising on the child rights to the population at large by civil society organizations
- Facilitate linkages with relevant agencies such as National Human Rights Commission and children in kinship. This is to encourage reporting of abuse or inappropriate treatment
- Create & strengthen reporting system such as Complaints and Response Mechanism (CRM) for children under kinship at community level
- Civil Society organizations are encouraged to promote participation & involvement of children in planning & designing of their projects/interventions for children

## **Recommendations to community and religious leaders to increase support to children living in kinship care and to kinship caregivers**

- Speak out on the importance of providing better care for children
- Speak out against discrimination
- Setting up community based norms, values & practices in taking care of children under kinship care
- Setting up of protection committees in the community to ensure children are better protected

## **Recommendations to community members (caregivers, parents, neighbours, youth, children) to increase non-discrimination, care and protection of all children in communities**

- Door to door awareness on the need of the community to be patient with children under kinship care
- Improve love for children
- Report issues of abuse and ensure appropriate measure are taken

## **Specific recommendations to increase support to elderly caregivers caring for children**

- Support for Caregivers
- Provide financial support to elderly to better care for children, as is the case in Imo state where people are given monthly allowance of N5000
- Support in cash or in kind by community members to support the children. E.g Paying of school fees, clothes etc.

In general, the research findings informed the identification of 12 key areas for increasing programming and advocacy within the West and Central Africa region where the research took place:

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1. Improve data collection on kinship care
2. Apply the Guidelines for the Alternative Care of Children to improve legislation policy and guidance on all forms of alternative care, recognising the significant importance of informal kinship care
3. Increase child sensitive social protection, especially for vulnerable single parents and elderly caregivers
4. Increase access to free primary and secondary education, especially in rural areas
5. Increase budget and capacity for social services and social workers
6. Ensure better understanding of cultural practices to inform decision making in the best interests of the child
7. Strengthen child protection systems, including informal mechanisms to increase oversight of informal kinship care
8. Increase active participation of female and male caregivers, mothers, fathers and children in care decision making
9. Increase opportunities for children's participation in families, communities, and practice and policy developments affecting them
10. Address stigma and discrimination of children living in kinship care
11. Increase positive parenting for fathers, mothers and diverse caregivers
12. Increase fathers and mothers on-going communication and responsibilities for child rearing.

## Limitations

This participatory research has some limitations and they include

1. Younger children were not involved in the research process. This was because it takes additional time, skills and resources to engage with them.
2. Focus on location: the research was conducted in only three communities in the northern part of Nigeria (one community per state). This was because of Save the Children's presence in the selected communities which made it easy for community acceptance and participation. Insufficient resources were also a limiting factor in engaging more communities. Another study need to be conducted in the southern Nigeria to compare and contrast finding.

## 4. Next steps

As a result of the findings of this research, Save the Children will work towards improving its programming and advocacy on family strengthening and alternative care specifically through the approaches below

- Raise more awareness about the experiences of children in kinship care and promote better parenting skills for kin carers by working through government, traditional, religious and community leaders
- Discourage family separation by empowering parents economically by linking them to livelihood programs including agriculture; advocate to government for equipment of schools and enforcement of Universal Basic Education (UBE) in rural areas

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- Link vulnerable households with the additional responsibility of caring for kin children to livelihood programs
- Train CPC members and other child protection actors to identify abuse, monitor, respond and refer to appropriate authorities
- Work with the Federal Ministry of Women Affairs to advocate for domestication of Child Rights Act in remaining states and its implementation for the general protection of children's rights

**CHILD PROTECTION INITIATIVE**

December 2013

**Resource Centre:** <http://resourcecentre.savethechildren.se/child-protection>

**Onenet:** [https://onenet.savethechildren.net/whatwedo/child\\_protection/Pages/default.aspx](https://onenet.savethechildren.net/whatwedo/child_protection/Pages/default.aspx)

[cpi@rb.se](mailto:cpi@rb.se)

## APPENDICES

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- **Case Story 1**

A family of 4 siblings lost both parents and was forced to live with their paternal uncle whose wife made life miserable for them. The eldest who happens to be a boy ran away to his maternal uncle who sponsored his education up to the university level, leaving behind his 3 younger ones. The second child who is a girl is allowed to continue schooling but with very little care as she is been given only garri, and groundnut to take to school with no one going to visit her during the visiting days. Her maternal aunties use the visiting days to go and see her, taking along with them some provisions for her.

This leaves the 9 year old twins at home to hawk for their uncle's wife who in turn starve them of food. One of the twins who was sick got not even her uncle's attention and with time the sickness got worse but it didn't stop her from hawking until she met her untimely death in the market while hawking.

- **Case Story 2**

In the Northern parts of Nigeria, children are not allowed to sleep in the same room with their parents when they attain a certain age, it is worse when there is only one room in the house. This was the case of 2 sisters been sent away to sleep at a relative's house because there is just one room in the house which they leave for the parents and their younger siblings. The 2 sisters leave the house every night and walk to the house where they will spend the night with no escort to accompany them.

This continued for months and nobody saw anything wrong with it, until one of them got pregnant. She couldn't say where or how she was raped since nobody escort them to ensure their safety.