

Child Abandonment in South African Hospitals

Compiled by Petro Brink

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Health Systems Trust
401 Maritime House
Salmon Grove
Victoria Embankment
Durban 4001



Tel: 031 - 307 2954
Fax: 031 - 3040775
Email: hst@healthlink.org.za
Web: <http://www.hst.org.za>

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CHILD ABANDONMENT IN SOUTH AFRICAN HOSPITALS

1. INTRODUCTION

The care of abandoned children creates considerable difficulties for South African hospitals, as abandoned children reside in hospitals around the country, often for lengthy periods of time. Hospitals are unsatisfactory places of care for these children as they are exposed to the risk of hospital acquired infections, which could be detrimental to their health. In addition, significant pressures are created for the health sector through the care of abandoned children. These include financial costs and strain on health professionals. The care of abandoned children also detracts from the more pressing needs of ill patients while the use of bedspace and health resources restricts health care to the broader community.

Policy makers have lagged behind in efforts to address the problem, partly because of a lack of data regarding the incidence of child abandonment in South African hospitals. The study attempted to provide a comprehensive overview of factors related to child abandonment in the country's hospitals, and to gather information about the incidence of child abandonment in different regions and geographical locations. The research process and information gathered during the study, forms the basis of policy recommendations for the management of child abandonment as set out in this report.

2. OBJECTIVES

The study had the following objectives:

- 2.1 Developing a protocol for hospitals and health policy makers aimed at:
 - preventing child abandonment in hospitals
 - limiting the amount of time abandoned children spend in hospitals
 - improving the quality of care received by hospitalized abandoned children

- 2.2 Establishing the incidence of child abandonment in South African hospitals.
- 2.3 Improving collaboration between health and welfare sectors regarding the management of child abandonment.

3. METHODOLOGY

3.1 Sample

The research was conducted in two phases. During the first phase, quantitative and qualitative data were collected regarding the incidence of child abandonment in South African public hospitals. A total of 35 public hospitals (10% in each province) were surveyed, including 4 academic hospitals. The sampling frame was obtained from Health Systems Trust. A 10% sample of hospitals was drawn from each province. Hospitals were sub-stratified according to their location (urban, peri-urban and rural) and randomly selected proportionally to the number of hospitals within each province.

The second phase consisted of case studies conducted at hospitals in KwaZulu-Natal. Six hospitals in the province were identified for inclusion in this phase of the study, of which five agreed to participate.

These hospitals were selected in consultation with Health Systems Trust. Rural, peri-urban, urban hospitals, and an academic hospital were included.

3.2 Data collection

A questionnaire containing both closed and open-ended questions was designed for the telephonic survey, while a semi-structured interview schedule was used during the case studies.

Three categories of child abandonment were identified to assist with the design of data collection instruments. These were:

- Children abandoned in hospital, by mothers who abscond soon after giving birth.
- Social admissions or children admitted to hospitals, as Places of Safety, usually by the Child Protection Unit, after being found abandoned in the community.
- Children admitted to the hospital because of illness, usually by relatives, who become abandoned, as they are not fetched from the hospital when ready to be discharged.

The incidence of child abandonment in the country's nine provinces was determined in terms of the following variables:

- The frequency of abandonment was measured by enquiring how many cases of child abandonment the hospital had dealt with during the year. It was felt that annual data, even if incomplete, would provide a better indication of the extent of the problem, than simply establishing the number of abandoned children present in hospitals at the time of the survey.
- Participants were asked to describe their experience of the problem by indicating if it was an ongoing problem, one that occurred rarely, or a situation that had reached crisis proportions.
- The length of a child's stay in hospital was measured in terms of the following categories: less than one month; one to six months; six

months to one year; and one to five years. Details of children who had stayed for more than five years were specifically recorded.

3.3 Research Process

Several changes had to be made to the original research plan. These however, did not deviate from the research objectives. Amongst these was the commencement of the study, scheduled for 1 September 1999, but delayed until 11 October because of difficulties in getting the contract signed and in accessing funds. In addition, it was originally intended that fieldworkers would collect telephonic data. Because of logistical constraints and delays in commencing the research, the principal researcher undertook this task.

The first phase of the study commenced on 11 October 1999 and was completed on 24 December 1999. While most of the data were collected before the commencement of the second phase of the study, outstanding data were collected only during December 1999. Problems were experienced in establishing contact with hospitals in the Eastern Cape, Mpumalanga and the Northern Province as many telephone numbers had changed or were out of order.

The case studies at hospitals in KwaZulu-Natal were conducted between 21 October 1999 and 6 December 1999 by the principal researcher and two field workers. While six hospitals were selected for the case studies, only five agreed to participate during the time period set aside for data collection.

4. FINDINGS

4.1 Findings of telephonic survey

A total of 35 public hospitals in the country's nine provinces were surveyed. At the time of the survey, abandoned children were present in 30 of the 35 hospitals included in the study. An estimated 237 abandoned children resided in these hospitals annually as illustrated in Table 1. The highest incidence of

child abandonment occurred in Kwa-Zulu Natal, followed by Gauteng, the Eastern and Western Cape.

TABLE 1: ESTIMATED (ANNUAL) NO OF ABANDONED CHILDREN PER PROVINCE

KwaZulu-Natal	75
Gauteng	44
Eastern Cape	30
Western Cape	25
Mpumalanga	19
Free State	16
Northwest Province	11
Northern Province	9
Northern Cape	8
TOTAL	237

Eight of the hospitals surveyed indicated that abandoned children stayed in their hospitals for less than a month, while thirteen typically cared for abandoned children for up to six months. Twelve hospitals reported that abandoned children were hospitalized for six months to two years. Only four hospitals had cared for abandoned children for excessive periods of time, ranging from 2 to 8 years.

Twenty-one of the hospitals experienced abandoned children as an 'ongoing' problem, eight indicated that they rarely had abandoned children to care for while the remaining six participants experienced the situation as a 'crisis'. The length of time abandoned children were hospitalized seemed to account for participants' perception of the situation as a crisis, rather than the number of abandoned children present in the hospital at the time of the survey, or the number of abandoned children dealt with annually.

Several factors contributed to the lengthy stay of abandoned children in some hospitals. In particular, hospitals that did not employ social workers reported they had cared for abandoned children for lengthy periods of time and that the

situation presented a crisis to them. In these hospitals, the management, investigation, referral and placement of abandoned children created considerable pressure on nursing personnel.

The use of hospitals as Places of Safety for children abandoned in the community emerged as the most important reason for the presence of abandoned children in hospitals. Related to this, was the plight of hospitals situated in previous TBVC states. These hospitals complained of poor co-operation with the formal welfare sector in regions into which they had been incorporated. In particular, the placement of children in institutional care across provincial and geographical borders presented major obstacles to the management of child abandonment in these areas. This affected especially those children with special needs.

4.2 Findings of case studies

Case studies were conducted at five hospitals in KwaZulu-Natal to obtain an in-depth understanding of factors related to the presentation, prevention and management of abandoned children in hospitals. The hospitals visited included an academic hospital, an urban hospital, a rural hospital, a deep rural hospital and a peri-urban hospital.

Case study 1: Urban hospital

The first case study was conducted on 21 October 1999. The hospital had experienced significant changes during recent years, particularly in its patient population. It previously served only Coloured and White patients within a limited geographical area. However, since 1995 it was required to render services to all race groups and its area of operation was extended to include patients from peri-urban areas. These changes increased pressure on the hospital's resources and personnel.

Historically, large numbers of abandoned children were cared for by the hospital every year. Because of this, a protocol regarding child abandonment

was developed which included all relevant role players in the hospital's area of operation. These measures were highly effective, as pressure previously experienced by the hospital on account of child abandonment decreased substantially during the two years of its implementation.

In terms of the protocol, the hospital stopped being used as a Place of Safety for children abandoned outside the hospital. Such admissions were restricted to abandoned children who require medical treatment and other exceptional circumstances. In addition, the Child Protection Unit was required to issue a Form 4 in respect of all such children and lodge it with the local Children's Court to ensure referral to and investigation by local welfare agencies.

Since the implementation of the protocol, patterns of child abandonment in the hospital appear to have changed. While the number of social admissions had decreased, the number of children admitted by relatives (because of illness) and not fetched when ready for discharge was on the increase. Many of these children eventually came to be regarded as abandoned.

Furthermore, it was reported that abandonment by mothers, who abscond after giving birth, was on the increase. Participants described this as a direct consequence of a new hospital policy in terms of which mothers were discharged within twenty-four hours of giving birth. Previously, social workers and nursing personnel jointly identified and monitored mothers at risk of abandoning their children. The new policy, however, made it impossible to implement such measures, as there was simply no time for monitoring or to provide supportive counselling. These policy changes and a decrease in resources also forced the termination of counselling services to mothers at antenatal clinics. In addition, social workers were particularly frustrated by their inability to assist mothers who required material assistance. In recent years, it had become impossible to provide even short term material relief to mothers, which put these mothers at risk of abandoning their children.

Case study 2: Rural hospital

The second case study was conducted on 22 October 1999 at a rural hospital. It was reported that the hospital had previously, rarely dealt with cases of child abandonment. Child abandonment in the hospital, however, appeared to be on the increase since 1994. Increasing numbers of children were abandoned in the hospital as relatives failed to fetch them once they were ready to be discharged. These children were typically admitted to the hospital because of malnutrition and kwashiorkor. It was claimed that, in recent years, these conditions had become rife in the community served by the hospital due to deteriorating living conditions. Increasing poverty and unemployment created considerable hardship for community members while changes in social security grants contributed to malnutrition and poor health. The hospital's social worker, for example, reported that an increasing number of children abandoned within their families presented at clinics. These children were particularly at risk of malnutrition as they were usually cared for by impoverished grandmothers. Social security was both inadequate and inaccessible in alleviating the plight of these families.

Types of abandonment more typical of urban centers rarely occurred in this hospital. The close knit nature of the community was a deterrent against deliberate acts of abandonment such as mothers absconding from hospital after giving birth.

Efforts to address the increasing number of children abandoned within the hospital were severely hampered by the poor infrastructure in the area and a general lack of resources. Children frequently stayed in the hospital for months at a time, even though hospital personnel knew the families of the children concerned. Attempts to reunite these children with their families were obstructed by inadequate and inaccessible social security grants. The processing of applications for social pensions and grants were a lengthy and time-consuming process, which delayed the return of these children to their families. As interim social relief was unavailable at the hospital, it was impossible to place children back with caregivers pending long-term social relief.

Particularly disturbing was the impact of recent changes in social security grants and pensions on the community and its health status. The hospital's social worker for example, regarded the recently introduced Child Support Grant as grossly inadequate and was instead promoting the placement of children in foster care with family members as foster grant payments exceeded that of the new grant.

Factors responsible for the delay in obtaining social relief included the fact that many caregivers did not have identity documents and that many were without birth certificates. The re-registration of old age pensioners had exacerbated hardship within the community as many beneficiaries failed to qualify for pensions they had previously received as they did not have the required identity documents.

The isolation of personnel in rural hospitals was highlighted during the study. The hospital's social worker, for example, was unaware of many recent changes in welfare policy, legislation and programmes. This created a general sense of powerlessness, which negatively affected the quality of services offered to patients.

Case study 3: Peri-urban hospital

The third hospital was visited on 5 November 1999. The incidence of child abandonment in the hospital had reportedly decreased since 1994. It was claimed that the hospital had benefit enormously from the amalgamation of the Department of Welfare and non-governmental agencies in its area of operation. These changes came into effect because of recent socio-political changes in the country. This enabled the hospital to stop being used as a Place of Safety as children abandoned outside the hospital could now be placed at other facilities in the area.

The hospital nevertheless had an ongoing number of abandoned children on its wards. These children were either abandoned by mothers who absconded after giving birth, or children admitted because of illness but not fetched once

they were ready for discharge. Clinically, most of these children presented with kwashiorkor.

While co-operation with external role players were satisfactory, tension existed between social workers, nurses and doctors regarding the management of abandoned children. Medical personnel were particularly concerned about the health risks faced by hospitalized abandoned children and wanted these children to be removed from the hospital as speedily as possible. Social workers, however, felt that the limitations and delays they experienced in effecting alternative placements were not acknowledged. It was suggested that these problems could be addressed through an integrated approach in terms of which all role players were trained in the management of child abandonment.

Case study 4: Remote rural hospital

The visit to the remote rural hospital was conducted on 15 November 1999. The hospital was situated within a remote, inaccessible area with an underdeveloped infrastructure. While very few cases of deliberate abandonment were ever dealt with, many children abandoned within their families were cared for in the hospital. These children, whose parents went to cities in search of employment, were typically left in the care of family members, usually their grandmothers. Family members, however, were often unable to adequately care for these children as an increasing number was admitted to hospital because of kwashiorkor and malnutrition. Many of these children were subsequently abandoned in hospital as relatives failed to take them home once they had been discharged.. Hospitalization often continued for periods of up to six months.

A range of factors delayed the return of abandoned children to their families or their placement in institutional or alternative care. As in the rural hospital (case study 2), hospital social workers facilitated the placement of children in foster care with relatives instead of promoting the recently introduced Child Support Grant. This grant was regarded as inadequate not only because of the amount paid to caregivers, but particularly as it would be terminated once a child had

reached the age of six. The placement of children in foster care could, however, be conducted only by social workers from the Department of Welfare as hospital social workers were not allowed to institute court proceedings. The investigation of such cases proved to be a very slow process and it often took years before they were heard in the Children's Court. An interview with social workers from regional Department of Welfare highlighted the reasons for these delays. The two social workers working in the area had enormous caseloads and operated within a huge and largely inaccessible area. Until recently, they did not have any vehicles to enable them to conduct home visits and complete investigations. The mailing service in the area was unreliable and they frequently had to travel many hours to deliver documents and applications to their regional head office. The researcher was particularly disturbed to see a huge backlog of case files, requiring investigation, stored in an office cabinet.

Access to the justice system emerged as another cause for concern. The area concerned had only one Magistrate's Court, which was a considerable travelling distance from the hospital and its surrounding communities. Until recently, the Magistrate's Court did not have a functioning Children's Court. During the past year, a system was introduced in terms of which Children's Court sessions would be held once a week. This however proved to be an unreliable and inadequate arrangement as hearings were frequently postponed without any explanation. This created considerable hardship and expenses for caregivers who had to travel long distances to appear at Court only to be told to return at a later date.

The inaccessibility of social security grants and social relief was once again highlighted during the visit. A lack of identity documents made it impossible for many pensioners to qualify for state pensions, while others struggled to keep their pensions during the re-registration process. Extreme poverty in the area and the lack of a cash income made it impossible for many caregivers to travel to nearby towns to apply for identity documents. Many potential applicants did not have money to pay for public transport to visit the nearest Department of Home Affairs, or to have their photographs taken. It was

therefore impossible for many people to apply for identity document. Poor roads in the area and long distances that had to be traveled to visit the office of the Department of Home Affairs in the area, made it particularly difficult for elderly folk to apply for identity documents or social security. Similar factors accounted for the large numbers of children that did not have birth certificates

Case study 5: Academic hospital

The academic hospital was visited on 30 November 1999 and 6 December 1999. The incidence of child abandonment in the hospital had decreased since the introduction of a protocol regarding abandoned children several years ago. In terms of the protocol, caregivers of children treated for diarrhea were admitted to hospital with their children, while mothers who needed to leave the hospital while their ill children were cared for, had to apply for a 'pass out' and provide proof of the reason for such a request. Furthermore, the hospital ceased to be used as a Place of Safety by the Child Protection Unit. Posters were also put up in the hospitals to warn mothers against abandonment.

While conventional causes of abandonment had decreased, HIV/AIDS was identified as a new cause of abandonment in the hospital. Although this was claimed by both medical and social work staff, it was unclear precisely how HIV/AIDS was contributing to child abandonment. It was speculated that mothers, who had been informed that they were HIV positive, were increasingly abandoning their children, as they believed they would die imminently. It was also believed that many HIV positive mothers abandoned their children, not because of their own HIV status, but as they feared that they would not be able to care for their HIV positive child who would become ill and die. The hospital had not developed any programmes to prevent this

type of abandonment. Routine pre- and post- test counselling was clearly inadequate to deal with this phenomenon.

The placement of abandoned children with special needs presented additional difficulties for the hospital. One special needs abandoned child, for example, had already been in the hospital for four months. Medical personnel were deeply concerned about the risk of infection posed to abandoned children who were hospitalized for lengthy periods of time.

The management of child abandonment in the hospital was hampered by tension between various professional groups, especially social workers and medical doctors. Social workers complained that they had no negotiating power within hospital management structures and that they were not consulted about policy decisions that negatively impacted on their work. For example, social workers used to do home visits outside the hospital, which facilitated the speedy return of abandoned children to their families. Recently, however, a decision was taken by the hospital management not to allow social workers to work outside the hospital or to conduct home visits in the community. The policy was intended to be a cost-cutting measure. According to hospital social workers it had the opposite effect, as delays in returning children to their families increased costs considerably.

5. DISCUSSION OF FINDINGS

Incidence and geographical distribution of child abandonment

The exact number of abandoned children cared for in hospitals annually, could not be established, as most hospitals did not record data regarding child abandonment. Data provided during the survey were often speculative, as participants tried to remember the number of abandoned children their hospital had dealt with during the period concerned. Statistical data collected during the study nevertheless gave an indication of the extent of the problem, and highlighted regions in which the problem was most prevalent.

Interestingly, the regional distribution of child abandonment corresponded (in precisely the same provincial order) with that of annual surveys conducted by the South African National Council of Child and Family Welfare. In these surveys as in the present study, KwaZulu-Natal, Gauteng and the Eastern Cape were identified as the provinces with the highest incidence of child abandonment.

The plight of children in previous TBVC states, rural and peri-urban areas, emerged as a cause for concern, as it seemed that the wellbeing of these children was significantly affected by the unequal distribution of health and welfare resources in the country.

Surveillance tools

The study highlighted the need for comprehensive surveillance tools that determine not only the number of children abandoned in hospitals annually, or at a given time, but also the length of time spent in hospitals. In the telephonic survey, for example, the number of abandoned children cared for by a hospital annually, clearly did not correspond with the length of time these children were hospitalized. In addition, hospitals that dealt with large numbers of abandoned children annually did not necessarily regard this as a problem, as many of these children stayed in the hospital for periods of less than a week.

Protocols

Urban hospitals in particular had been able to develop protocols and policies regarding child abandonment. These were highly effective as they had reduced pressure on hospital personnel caring for abandoned children, decreased the number of abandoned children cared for, and limited the period of time abandoned children stayed in the hospital. The effectiveness of protocols was however, clearly dependent on the support and co-operation of external role players. For example, whether non-governmental organisations, specialist police units, advocacy organisations and relevant government departments were adequately represented in a hospital's area of operation. In

many instances, none of these resources existed in rural areas and were severely limited in peri-urban areas.

The role of medical social workers

The role and duties of medical social workers need to be clarified. It was unclear for example, whether social workers were allowed to conduct legal services such as Children's Court Enquiries or to undertake home visits. Social workers complained that they were inadequately supervised and their services poorly co-ordinated. They claimed that they did not receive any support or professional guidance from the Department of Health in their respective provinces or nationally. There was also no uniformity in the tasks performed by and roles of social workers in different settings. Social workers in rural areas experienced particular hardship as they were expected to perform a number of complex and varied tasks, mainly because of the absence of external resources. They felt professionally isolated and struggled to keep up to date with developments in their field.

Considerable concern and frustration was expressed over the role, status and position of social workers in the new District Health System. Social workers were particularly dissatisfied with proposed new supervisory structures in terms of which they would be supervised by Medical Superintendents. They also complained about not being consulted regarding policy and managerial issues, which directly affected their work performance.

The need for closer collaboration between the health-welfare sector

The study demonstrated the need for greater inter-sectoral collaboration between the health and welfare sectors. Social problems, such as poverty and unemployment, if left unattended, often place a direct burden on the public health system. In the study, poverty and malnutrition seemed to be the most common reasons for the abandonment of children. The ability of families, especially elderly caregivers, to care for children was undermined because of

the inaccessibility of social security grants. In addition, interim social and nutritional relief that could have assisted families who had applied for social grants, was lacking in both the health and welfare sectors.

6. RECOMMENDATIONS AND CONCLUSIONS

The plight of abandoned children in South African hospitals is currently addressed in an unco-ordinated and fragmented manner. An integrated approach, involving all sectors affected by child abandonment, should be promoted to improve the lives of these children and reduce pressure on the health sector.

The following policy recommendations are made:

- (i) Hospitals should not be used as Places of Safety. If used, it should be for a specified, limited period of time or for abandoned children who require medical treatment. All such placements should immediately be reported to Commissioners of Child Welfare, police officials and welfare authorities. Regions that do not have alternative facilities for the placement of children have to consider the recruitment of short-term foster parents.
- (ii) The role and functions of medical social workers should be reviewed. In areas where external welfare resources are limited, medical social workers should be allowed to undertake legal social work services, and to conduct home investigations. In addition, the status of medical social workers within the District Health System should be clarified. Attention should be given to the appointment of social workers at hospitals that currently do not employ social workers.
- (iii) The Departments of Health and Welfare should reach an agreement regarding the management of abandoned children. The Department of Welfare, in particular, should undertake to provide placement for abandoned children, regardless of their medical and physical condition or where they reside in the country.

- (iv) The accessibility of social, material and nutritional relief has to be improved for the caregivers of abandoned children. Many short-term measures could be introduced to facilitate the placement of children back with their families and caregivers, pending the processing of their applications for long-term social security. These costs would be minimal compared to the actual costs incurred by hospitalising abandoned children for lengthy periods at a time.

- (v) Consideration should be given to the appointment of regional co-ordinators to facilitate the management of abandoned children in a given region. Attention should also be given to the appointment of a facilitator to focus exclusively on professional matters affecting medical social workers, and to improve co-ordination between the health and welfare sectors in respect of abandoned children.

- (vi) Further research should be done to clarify the link between HIV/AIDS and child abandonment.