Child Abandonment An Assessment

Andre Venter

From January to mid-June 1992, 25 abandoned children were admitted to the academic hospitals in Johannesburg/Soweto. Twenty one were admitted to Baragwanath, three to Coronation and one to Johannesburg Hospital. While this number may seem unimpressive, it represents a major dilemma for health as well as social services.

Tertiary Care inappropriate and Expensive

In 1990, 17 abandoned children were admitted to the Johannesburg Hospital and, in 1991, 12 were admitted. In many cases, there were no prospects of placement. It was felt that the admission of abandoned children to a tertiary care facility was both inappropriate and expensive. This unsatisfactory situation led to the drafting of a hospital policy which states that abandoned babies will not be admitted to the hospital. Only babies requiring medical attention will be admitted. As a result, only one abandoned child was admitted in 1992, because the case was complicated by a history of child abuse. The decline does not represent a decreasing incidence of the problem of child abandonment in the area serviced by the hospital. To the contrary, it is likely that the problem is growing.

The three babies admitted to Coronation Hospital include two newborns and one three month old child. By mid-1992, all three babies were still in hospital, having been there for 66, 44 and 19 days respectively, representing a total of 129 patient days.

Abandonment and Poverty

Although 21 abandoned children were admitted to Baragwanath between January and mid-June 1992, there were a total of 40 abandoned children in the hospital. The higher figure includes those children admitted before 1992. Of the 40 children, 16 were male, and 24 female.

The age distribution was as follows:

Less than one month

16

One month to six months	4
Six months to one year	5
One year to five years	12
More than five years	2
Unknown	1

The vast majority of the abandoned children were less than 5 years old and most of the children fell into two distinct age groups. Almost half were less than one month old and a further third were between one and five years. The high number in the first group is linked to poor socio-economic circumstances. It is likely that most of the children in this group were abandoned shortly after birth because their mothers were in a desperate situation. The second group represents children that are mobile and therefore less dependent. There are probably a number of reasons why the children in this age group were abandoned. These include desertion of the mother by her partner and inadequate day care while parents are at work. In many cases, the reasons also reflect poor socio-economic circumstances.

Analyses of where these children came from or were found was not very useful. The majority were found in Soweto with no specific distribution. At least 10 of these children were classified as abandoned after admission to hospital.

Long Stays before Placement

The length of stay in hospital was calculated for each child up to 10 June 1992. The shortest stay was one day and the longest 591 days. The mean hospital stay for all the children was 140 days. The true length of stay is higher than this figure as 16 children were still in hospital on 10 June. Ten children had been in hospital for more than 180 days. Most of these children had psychical problems and some had mental handicaps. The placement of these children poses a major problem and requires urgent attention.

The total number of hospital days for the 40 patients was 5349 days. The cost to the government is R234 a day (private rates, excluding any therapy whatsoever). This comes to a total of R1 251 666, which is a considerable expense. Although it is true that these children will have to be accommodated in some form of care anyway, there are options which are more cost effective.

The outcome for these children was as follows. Ten were placed with prospective adoptive parents by Child Welfare Services. Ten went to other members of their family. Three were sent to the Orlando Children's Home by TPA Community Services. One was placed with foster parents by TPA Community Services. Sixteen had not yet been placed by 10 June 1992.

These figures highlight the difficulties encountered in trying to place these children. Institutions that could provide safe accommodation are full, over-crowded and have long waiting lists. There are not enough facilities to cope with the demand. Moreover, very few children are placed with foster parents. In communities that are already experiencing financial hardship and poverty, the present inadequate and grossly inefficient provision of state grants to foster parents causes serious obstacles rather than encouraging potential foster parents.

The State Must Act

Child abandonment is primarily a social problem and, as such, tertiary health care centres do not have a major role to play. Tertiary care is expensive and there is a limited number of staff in social work departments. Once children are



This boy and his sexually abused sister were abandoned at a Soweto clinic. They had been living there ever since. Photo: /small Vawda

admitted to an academic hospital, it appears that the urgency to place them somewhere else diminishes, solutions are postponed and problems ignored.

It is obvious that the socio-economic situation for the majority of South Africans is deteriorating rapidly. The phenomenon of child abandonment will more than likely increase. Furthermore, the prevalence of abandonment as experienced in tertiary health centres only represents a small proportion of the real problem. If mechanisms are not developed to deal with these children now, the problems in the future will be even more daunting, and solutions ever more elusive. It is obvious that if the general standard of living improves, some of the reasons for abandonment will cease to exist. Unfortunately, this is not going to occur in the near future. The immediate future of abandoned children depends heavily on the involvement and intervention of the state.

The Child Care Act needs to be amended. In its present form, the act does not define 'abandoned children' as such, instead they are grouped together as children whose parents or guardians cannot be traced. For example, no mention is made as to how long a child may stay in hospital without parental contact before s/he may be classified as 'abandoned'.

Financial and human resources should be channelled as a matter of urgency into community care systems, which are far healthier and more cost-effective than hospitalisation and institutional care in any form. The first priority should be to provide financial and social support to the mother who may otherwise see abandonment as her only solution. Simultaneously, expansion and upgrading of the foster care and adoption systems is urgently required and can only be achieved through a major injection of state funds.

More facilities need to be created. It is encouraging to see that charity and volunteer groups have started addressing the problems in Soweto. Communities will also have to become involved through these groups, welfare organisations and municipalities.

The appointment of peripheral hospitals as referral centres for abandoned children in need of medical care should be considered. We will probably have to deal with abandoned children with AIDS soon. Where will they be placed? The placement of handicapped children also needs to be addressed urgently.

Child abandonment is a problem that can be dealt with, but it demands serious attention. It is a growing problem and there is an urgent need for financial resources and appropriate personnel. Planning for the future is imperative. A future generation is at stake and we have to avert a downward spiral into hopelessness and despair.

Dr Andre Venter is a paediatrician at Baragwanath Hospital, Soweto.

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Bothale (12 years)

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