Exploring the Occupational Caregiver-cared Conflict in Informal Settings: Evidences from Botswana and Other Eclectic Data Sources

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ABSTRACT This paper aims to explore the environment of occupational caregiver-cared conflicts in Botswana and other eclectic data sources. The paper has used a review of literature methodology. Findings indicate that the occupational caregiver-cared conflict is not new and is attributable to an array of the following factors: inadequate resources especially of psychosocial nature to both the caregivers and the cared; health workers and caregivers subjecting stigma to their clients; sexual exploitation of the cared by the health workers, caregivers or guardians; caregivers or guardians disinheriting the orphans; and caregivers abusing the welfare assistance package for the orphans. The paper recommends: sensitizing the communities on the rights of the orphans to inheritance; educating communities on and against unethical practices of sexual exploitation of the vulnerable members of the community; the Department of Social services (DSS) to monitor and ensure that the welfare assistance package is adequately utilized by the beneficiaries; mounting strong anti- stigma strategies and campaigns; availing requisite resources; training the caregivers in tandem with the cared; and putting up other complementary services of care such as day care centres and hospices.

INTRODUCTION

Occupational caregiver-cared phenomenon especially the informal one presents a distressing state of affairs in the field of HIV and AIDS. This is because it betrays the much desired trust, love, selflessness, empathy which societies are urged to strengthen in an endeavour to support and mitigate the HIV and AIDS campaign in many countries constrained with resources (WHO 2002; Uys and Cameron 2003). It would also be interesting in the discipline of social work that is usually relied on by communities and governments in giving direction to address the many social challenges and problems confronting many countries in both developed and developing countries. Perhaps this would test the social work skills such as conflict resolution mechanisms (Swanepoel 2002). The discourse of this nature is also critical in that many countries have been driven desperate by the ever increasing

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cases of HIV and AIDS, prompting the governments to seek a partnership with communities through community home based care structures (Uys and Cameron 2003). The working of these partnerships is critical as the health facilities in many cases have not been adequate to cater for all the people living with HIV and AIDS for long because of the bed capacity challenges (National AIDS Coordinating Agency (NACA) 2002). Information from NACA (2002) in Botswana had noted that while the average length of stay (ALOS) for all patients was 5 days, those with HIV and AIDS were 9 to 14 days. Although the situation in Botswana has been changing especially due to successful implementation of anti-retroviral (ARV) therapy programme, many people still need the support from community home based care programmes and informal kinship foster care to take care of orphans. This therefore makes it urgent and topical that the occupational caregiver-cared phenomenon be investigated for possible solutions. It could also be worrying in that community home based programmes in many countries of Africa rely on unpaid volunteers (Uys and Cameron 2003). They operate through community goodwill, love and empathy to see their kinsmen, relatives, friends, and community members improve or meet

their death in dignity and self-worth (Uys and Cameron 2003). It is less arguable that conflicts have existed alongside human kind existence and have characterised most world civilizations of the world. Conflicts could be prompted by differential attitudes and dogmas between individuals; different political orientation and dispensation; incitement and wrongful information dissemination; a feeling of insecurity and a state of dilemma; as well as stereotypes that lead to hatred directed to some groups of individuals. However, it is an unfortunate state of affairs when conflict were to wreak havoc the relationship between those who have volunteered and invested their time, resources and emotions to help in palliative caregiving on one hand , and those who need help on the other hand (Armstrong 2000). While it has been a communal responsibility for most communities to consider sharing pain and burden with those experiencing debilitating as well as life threatening experiences, it is equally an unfortunate state of affairs if such kind of gesture could translate to a conflict that can possibly cause pain to the cared and thus negating the comfort and relief of pain and despondency that the community home based care programmes cherishes (Kang'ethe 2010a). This is because the result can discourage the spirit of volunteerism that most countries are investing in, and advocating and lobbying to the communities to own. And this can be unfortunate when apparently the volunteerism advocacy and lobbying spirit continue to increase globally, regionally, nationally and in local contexts (Botswana International Year of Volunteers (IYV) Newsletter 2001). Importantly, volunteerism tempo finds support from the current United Nations based advocacy and debates of national, regional and international magnitude suggesting the importance of volunteerism to foster development especially in areas with low levels of qualified human resource such as care giving of persons living with HIV and AIDS and other debilitating diseases (WHO 2002; Botswana IYV Newsletter 2001).

Rationale

The paper aims to explore the environment and nature of conflicts between the caregivers or carers in caregiving and the persons they care for in informal community home based care structures and other settings, such as kinship foster care. The cared could be the orphans, people living with HIV and AIDS and other chronically and debilitating diseases; as well as the frail and the very elderly. This exploration is important because it could prompt and inform the quality of care in the communities by informal structures in Botswana; the possible causative factors; and possibly prompt coming up with ways of addressing the challenges. With community care structures relying on community goodwill of unpaid volunteers, this state of goodwill needs to be investigated with the hope of sustaining caregiving. The results of this discourse could also be important for policy and programming purposes on issues pertaining to improvement of care in Botswana.

Theoretical Framework

Marxist Conflict Theory

Conflict theory consist of perspectives in social science which emphasize the social, political or material inequality of a social group which otherwise detract the members of the social group from desirable and normal functionalism. Conflict theory draws attention to power differentials, such as class conflict, and generally contrast historically dominant ideologies. The theory was the thinking of Karl Marx (1818- 1883) and his followers such as Friedrich Engels (Kahn and Llobera 1981).

According to conflict theory or Marxist ideologies, capitalism, depicted by a situation in which a section of the society (bourgeoisie) with wealth and riches control factors of production such as factories and land would inevitably produce internal tensions and conflict leading to its own destruction (Kahn and Llobera 1981). According to Marxist thinking, the workers who supplied or owned labour as a factor of production were as important as those who owned land and any other business premises. It was then fair that the proceeds are adequately shared. But this never happened in practice as most owners of the production forces applied capitalism or power control mechanism to ensure there was no equitable distribution of resources (Gray 2000). Karl Marx, therefore, predicted possibilities of radical change through revolution as the majority poor and the oppressed (proletariats) fight for freedom and equitability of resources from the ruling classes (Gray 2000).

The occupational caregiver-cared conflict phenomenon can be premised or grounded in the work of these Marxist ideologies, where the caregiver represents the oppressor and the cared the oppressed (two diametrically conflicting and opposing forces). To further analogise the occupational caregiver-carer phenomenon in Marxist conflict thinking, the caregivers may have the power over the clients who could be passive due to the nature of their vulnerabilities, for example, the bedridden clients who requires various types of assistance. If then the care giver were to decide to be unfair or oppressive, the clients may not have much to say, but they may not be happy. This is the exploitation that Karl Marx viewed as the work of capitalism and authoritarianism, leading the powerful to exploit the powerless. The Marxist theory becomes relevant in the caregiving arena as several evidences are apparent where the caregivers get out of their way to abuse their clients. Cases of sexual exploitation have not been very uncommon in many care giving settings in Botswana (District Multisectoral AIDS committee (DMSAC) Report 2003). Perhaps good examples of the application of the Marxist conflict theory are the many cases of the caregivers of the orphans who abuse the food basket from the council at the detriment of the orphans. In many villages of Botswana, it has not been uncommon to hear a few cases of the caregivers exchanging the food basket for their orphans for alcohol. This left the orphans more vulnerable (DMSAC Report 2003).

METHODOLOGY

This paper is based on the review of literature to generate debate and discourse to understand the nature, experiences and dimensions of the occupational caregiver-cared phenomenon abound in informal community caring structures such as community home based care programmes and kinship foster care. The paper has pivotally sought data and experiences from mainly Botswana and a few other countries. Although literature on conflicts within the care fraternity is available, not much has been generated especially in an African context that appears to betray a relationship that is deemed to be sustained by love, trust, selflessness and principles of empathy. This is why seeking data from various sources is critical.

OBSERVATIONS AND DISCUSSION

Salient Factors Attributable to Caregiver-cared Conflict

Sexual Exploitation of the Cared by the Caregivers

It is a betrayal and unethical if the individuals bestowed with responsibility of caring for some vulnerable individuals such as persons living with HIV and AIDS and the orphans decide to use their vantage power and position to infringe upon the latter's sexual reproductive rights (Ditswanelo 2005). While sexual abuse has deep psychological trauma whose effect may spill over to the victims' future, especially for the case of the children, it is also one of the human right's critical abuse. The United Nations' Universal Declarations of Human rights indicate and uphold everybody's sexual reproductive rights. These rights are also embodied in individual countries' constitutions (Ditswanelo 2005; Kang'ethe 2010b). With human rights issues taking a centre stage through human rights bodies and NGOS undertaking to educate the masses and urging on the individual rights especially to protect the rights of children against abuses, countries need to be proactive in their campaign and pursuit of the war against the treatment of vulnerable persons by those who are supposed to protect them (Organization of African Unity (OAU) 1990). While patriarchy and cultures have exacerbated the treatment of women and children in many contexts in Africa, the ministry of either gender or women of individual countries should unleash strong gender based campaigns for societies to change their mind set over the treatment of women and children. This is because most of the abuses of the vulnerable in many African contexts fall on women and children (UNDP 2008).

Caregivers Abusing the Welfare Assistance Package for the Orphans in Botswana

It is becoming apparent that the niche and values that African communities held of assisting one another in the past especially the distressed members of the society such as orphans and those with debilitating and chronic diseases is changing goal posts (Kang'ethe 2006). This apparent change in African's gregarious spirit

has been commensurate with weakening or increasing breakdown of extended families (Mogogi 2005). Although there are no reliable figures of child abuse as well as the number of children who have been neglected and abandoned in Botswana, social workers and police officers as well as the scanty available literature indicate that these phenomena exist in the country (Ministry of Local Government (MLG) 2001). Literature from both empirical and subjective information on cases of the guardians abusing the government welfare food parcels in Botswana meant to meet the psychosocial needs of the orphaned children is alarming (UNICEF 2000). In a few other scenarios in Botswana, cases of some close family members competing to be the guardians of the orphans for possible apparent personal benefit have not been uncommon (DMSAC Report 2003). Episodes of relatives sharing orphans among themselves as a measure of possible economic benefit, albeit small, have also not been uncommon. This has usually created tensions and disapproval from the orphaned children who would have been comfortable if they stayed together in one family (Maundeni 2009; Department of Social Services (DSS) 2005).

Occupational caregiver-cared environment of conflict in Botswana has been exposed in the operations and contexts of feeding centers taking care of the orphaned children whose parents died of HIV and AIDS. Such centres includes the Bona Lesedi community based organization in Southern District of Botswana, which through government funding and other international funders such as UNICEF and Barclays Bank has been feeding some children whose caregivers or guardians also collect the orphan welfare assistance package (DMSAC Report 2003). From the qualitative and subjective information from the organization directors, those children's food parcel is usually abused. Subjective information suggested that some caregivers exchanged some contents of the food package with alcohol (DMSAC Report 2003). Since some of these children were growing and slowly interacting with others to understand the human rights denial they were being put into, the situation was likely to generate an environment of possible occupational caregiver-cared conflict in their near future (Maundeni 2009). This leaves the question of whether the communities of today are adequately positioned to have orphans integrated with other members of their relatives, or have governments increase feeding and orphan psychosocial centres such as Bona Lesedi (Maundeni 2009; Kang'ethe 2010c).

Occupational Caregiver-cared Conflict in Disinheriting Orphans

A serious blow among the human rights abuses that orphaned children experience especially from their close relatives includes property grabbing after the death of their parents. This sets the pace for current and future occupational caregiver-cared conflicts as these children will grow to know and demand their rights. This could also create an environment of conflict between family members as some relatives try to stop the grabbers from pursuing their goals (Maundeni 2009). Human Rights Watch (HRW) documents and laments violation of property rights such as disinheritance of AIDS orphans in Kenya living with non-parent guardians (http://www. rhrealitycheck. org 2011). In many countries and contexts, these practices of grabbing properties for the orphans are strengthened by cultures that give strength and power to some guardians over the orphans whose parents have died. In many countries including Malawi, Botswana, South Africa, uncles are especially respected personalities whose action regarding the properties and welfare of the deceased estate and the deceased's siblings may not be questioned by other members of the family. Such cultures need to be pitted against the human rights embedded in countries' constitutions that do not give them any advantage over the running and administration of the estate of their deceased relatives (Ditswanelo 2005).

Health Workers and Caregivers Stigmatizing People Living with HIV and AIDS

HIV-related stigma and discrimination from the health workers or the caregivers to their clients severely hamper efforts to effectively fight the HIV and AIDS epidemic by placing barriers to prevention, care and support (UNDP 2004). It also provides a fertile ground for conflict as those subjected to stigma feel betrayed by those who should be on their side to empathize on their situation (UNAIDS 2001). In Jamaica and Botswana, for instance, researchers found that fear of discrimination by health workers and caregivers was prevalent making people living with

HIV and AIDS seek HIV testing and treatment services only when they were already quite sick, well after the point when medical interventions would be most effective (Mojapelo et al. 2001, cited by Kang'ethe 2010a,b). This presented an environment of occupational caregiver-cared conflict.

Although the situation of stigma is changing in many countries as it slowly takes a downward curve as in the case of Botswana, empirical evidence in some countries provides for people with HIV and AIDS being turned away from healthcare services or being thrown away from home by their close family members, friends and colleagues. These are the people who would be expected to be caregivers, but they turn to be the cause and advocates of the occupational caregiver-carer conflict (UNAIDS 2001).

Inadequate Resources

Dearth of resources can be pinned down as one of the critical factors frustrating care occupation as well as prompting the occupational caregiver-cared conflict in most care settings of the developing countries (WHO 2002). Lack of resources breeds unfair competition, confusion, dilemma and negates the operations of the principles of mutual reciprocity in the care services pertaining to the caregiver and the cared. Armstrong (2000) gives an account of possible occupational caregiver-cared conflict in which volunteer caregivers go to offer care themselves hungry and find the cared also hungry and despondent, the scenario making care giving both a daunting and an uphill task to achieve optimal productivity. Studies in Botswana by Mojapelo et al. (2001) in Kweneng as cited by Kang'ethe (2010a,b,c) heralded caregiver-cared conflict due to lack of care resources with lack of food presenting the gravest challenge. This strained the relationship of the duo making care process a big challenge. This was disastrous considering the alarming rate of ARV defaulting that has been associated with the ARV intake (Central Statistics office (CSO) 2005). In a study by this author in 2005-2006, a score of the caregivers expressed disillusionment due to the fact that the cared did not understand the poverty laden position the caregivers were undergoing through when they refused to eat what the caregiver could afford. Some caregivers were reported expressing their disappointments recorded in Setswana here below:

Molwetsi o seso. O moonela se o naleng sone, o a gana, obatla dijo tse di monate

(The client has little understanding of the economic desperation of the caregiver. You give him/her what you can afford, he/she refuses. He/she wants delicious food) (Kang'ethe 2006). This vividly exposed an environment of occupational caregiver-cared conflict.

CONCLUSION

All members of the community need to own and accept that the HIV/AIDS epidemic is a burden for all, and that everyone has a share to contribute to the quagmire. Conflict is a deficit syndrome in which the contributing stakeholders fail to contribute commensurately with the challenge. The occupational care giver-cared conflict connotes an environment devoid of resources, physical, social, psychosocial and even spiritual. Communities need to go back to the drawing board and accept to work towards availing the resources that would reduce or mitigate the occupational care giver-cared conflict; as well as address the challenges such as stigma subjected to people living with HIV and AIDS by the health workers and the caregivers; protect the orphans from being disinherited as well as put an eye on their welfare assistance food package to ensure it is not abused. The government, NGOs and other care friendly bodies need to change their snail's pace attitude towards redressing the occupational care giver-cared conflict. Ensuring complementary care structures such as day care centres and hospices could offload some of the psychological burden in the minds of both the caregivers and the cared, and possibly offer a new care giving environment and dispensation devoid of occupational care giver-cared conflict.

RECOMMENDATIONS TO MITIGATE THE ENVIRONMENT OF THE CAREGIVER-CARED CONFLICT

Community Education on the Human Rights of the Vulnerable (Orphans and People Living with HIV and AIDS)

Cultural and patriarchal based practices that could lead to property grabbing and unethical and inhuman treatment of the vulnerables such as sexual exploitation need to be discouraged

through community education on the rights of the orphans and the PLWHA. The government and United Nations bodies such as UNICEF should initiate community education forums especially through the collaboration of the traditional leaders to sensitize the people on the human rights violation that the above practices pose. Communities should feel responsible and empathize over their vulnerable members of their societies. Such forums should unleash strong advocacy messages against guardians abusing the welfare assistance package for the orphans. Strong monitoring of such vices by the Department of Social Services (DSS) should be strengthened.

Train Caregivers in Tandem with the Cared

Training offers knowledge which is a powerful tool to surmount some challenges especially that may have been presented by inadequate understanding of events. Training of caregivers is likely to sharpen the psychosocial tools, clear caregiving dilemmas and handicaps, as well as make a caregiver view the occupation of caregiving broadly. Training will have the impact of improving communication between the caregiver and the cared. It is critical that the caregivers be trained alongside their clients with the effect of increasing their rapport and understanding of the care giving environment adequately. This is also likely to prompt and improve the caregiver-cared consultation process that is lacking in many caregiving environments, with most clients being taken passively. This will also relieve care giving from relying largely on caregiver's intuitive and tacit knowledge as well as grace from God, but complement this indigenous caregiving knowledge with tested and reliable knowledge package that can reliably cope with HIV/AIDS dynamism

Anti-stigma Strategies in Care Giving Could Help Reduce Occupational Caregiver-cared Conflict

Stigma weakens the social capital as a resource that supports care and support especially from the communities. Increased community education on causes of stigma, how people internalize and operationalize stigma loaded messages, and what can be done to de- internalize stigma loaded messages from people's minds needs to be launched and strengthened. Availability of adequately skilled human resource to spearhead anti- stigma campaign is critical. The strategies strengthening the ownership of the HIV/AIDS and other debilitating health challenges need to be mooted. This is because stigma is a result of failure to accept and own the challenge of the disease. This author is of the opinion that stigma is a result of communities' as well as the government's failure to accept the challenges bedevilling societies as well as the countries. This failure has brought in relaxation of putting in place social work based interventions to mitigate the impact. Holding community based campaigns in Botswana Kgotlas (chiefs' traditional meeting places) are such recommendable gestures and interventions. The reported decreased state of stigma in Botswana needs to be appreciated. It could be a strong indicator of campaign success and therefore a subdued epidemic in the near future.

Availability of Care Giving Requisite Resources

Diverse literature in Botswana and other countries indicate that care giving is challenged by inadequate resources, whether physical, financial, psychosocial, social, and attitudinal hiccups by communities. Since further literature suggests that 90 percent of all the care in the world takes place at home, it is therefore critical that availability of requisite resources be prioritized as a strong mitigation intervention. Perhaps communities changing the mind set and accepting to offer ample support to the caregivers and the cared is a pivotal step towards addressing the challenge.

Complementing CHBC Programmes with Institutional Care

The myriad challenges besetting community home based care structures tempts some practitioners, community members and this author to suggest that ushering in institutional care structures such as hospices and day care centres is long overdue in Botswana. This has to be supported policy wise as Botswana and South Africa have only a few hospices that suffer inadequate spacing and weak administrative as well as capacity challenges.

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