

# West african children orphaned by ebola essays examples

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The largest Ebola epidemic of all times plagued the world in 2014. The outbreak started in Guinea in 2014 and then extended to other West African countries in 2014. The worst hit countries are Guinea, Sierra Leone and Liberia. Other countries including Nigeria, Senegal, United States of America and Spain have reported isolated Ebola cases. However, the three worst hit countries in West Africa bear the largest weight of the epidemic. Since the beginning of the outbreak, there has been 8, 399 reported cases and 4, 033 deaths related to Ebola. The world health organization and the center for disease control in the United States of America postulate that this number might be higher. The containment of the spread of the virus has been compounded by the traditional body of practices and beliefs especially those surrounding the burial of the dead.

The Ebola outbreak has far-reaching primary impacts on the economy, tourism and agricultural activities in the affected countries through the deaths of the people infected with the virus. However, the greatest concern is the primary effect of the death of parents. This effect is the orphaning of many children from the loss of one or both parents to the Ebola epidemic. According to the data released by the United Nations Children's Fund (UNICEF), the Ebola outbreak has orphaned more than 3700 children . This has left the children without someone to take care of them. Losing a parent is also a traumatizing experience and it has left these orphaned children with a deep psychological wounds. According to Manuel Fontaine who is the director for west and central Africa for the United Nations Children's Fund, this number may double in the near future.

The outbreak of Ebola has immensely affected the conventional traditional

childcare in Africa. Prior to the outbreak of Ebola, the care of orphaned children was under the closest relatives. This was especially in the case a child loses both parents. Such children were the responsibility of the society. The society took them under their wings and provided the moral and financial support needed by such children. In most cases, a member of the extended family took in the orphan and cared for him/her. However, following the outbreak of Ebola, the society has turned away from the orphaned children. The outbreak of Ebola has severed family ties in the West African communities. The society shares many misconceptions about the spread of Ebola. Some of these misconceptions include that the contact with the orphans who have lost their parents to Ebola will lead to contacting the disease. However, scientific findings have dismissed this notion.

These misconceptions fuel the shunning of the Ebola orphans by the society. Some societies associate them with bad luck while others treat them as if they were sick with the Ebola virus. The culmination of this neglect is many orphans who are not cared for in the society. As a result, some organizations like UNICEF have established centers where these orphaned children get humanitarian care. The stigmatization accorded to the orphans of Ebola is sickening. Even close members of the family are adamant to receive them in their homes for the fear of contacting Ebola. The orphaned children lack essential psychological support at the time they need it most.

The death of the parents from Ebola leaves an immense emotional dent in the lives of the orphaned children. In the case the parents get isolated in order to provide healthcare, it leaves the children at the mercy of well-wishers. The stigmatization and fears by the society is justified. The

orphaned children who had contact with the sick parents present a glaring risk to the community. According to the United States' Center for Disease Control (CDC), even if such individuals test negative for Ebola virus, they continue to be a risk to the community. The orphaned children cease to be a risk if they go through the 21-day incubation period without showing symptoms of Ebola. One can only contract Ebola from a patient showing symptoms.

This nature of the Ebola virus presents a complex challenge in the management and care of the potential patients. The best people to take care of the children are the Ebola survivors. The more than 2500 survivors have developed immunity to Ebola so they stand a less chance of contacting Ebola from the potentially sick orphans. Another viable approach currently considered by the government and aid providers is the establishment of temporary childcare centers where the orphaned children will be isolated and cared for during the 21 days of incubation. During this period, the children will get psychological support as the efforts to trace their families continue. This is a favorable approach since it saves the children from the pangs of alienation and stigmatization by the society while at the same time saving the society from contracting the Ebola virus from the potentially sick orphans. This will reduce the number of destitute orphans in the street. Adequate creation of awareness is instrumental in the success of this approach.

The task of caring for the children orphaned by Ebola overwhelms the caregivers at the rescue centers. These caregivers offer both material and psychological help. They feed the orphaned children, fill the emotional

vacuum by engaging the children in story telling sessions and role-play in order to keep them occupied, and avoid depression. They also assume the role of the parent and provide guidance to the orphans. There are a few volunteers available to take care of the ever-increasing number of orphans. Another challenge faced by the children orphaned by Ebola is the difficulty in reconnecting with their families. In many cases, children as young as a few months old are orphans. The reunion of the orphans is only possible if they are in a position to provide reliable information about the extended family. This is easier with the older children. However, when it comes to dealing with toddlers, the reunion with the extended family is complex because they cannot provide the names of their extended family members. This makes the prospect of ever reuniting them with the family members diminished. In addition to this, the Ebola outbreak has changed the parenting of orphans in West Africa in the sense that the oldest among the orphans has to assume the role of the parent. In many cases, most of these oldest members are young in age. As a result, they have to abandon the conventional activities that children their age are involved in so that they can take care of their siblings. This includes schooling. Young girls involuntarily assume motherhood while young boys assume the role of the fathers by the virtue of being the oldest in the family. They have to look for food and cook for their siblings. Such incidences are a proof of how much Ebola has affected parenting in West Africa.

The orphaning of the children by Ebola also leaves them in a challenging financial state. The parents are usually the main income earners in the family. However, when they demise because of succumbing to Ebola

infections, the children have to fend for themselves. The outbreak of Ebola also complicates the financial status of the orphans since they have to buy sanitary supplies like chlorine to sterilize their hands and prevent the contraction of Ebola. Due to lack of the financial ability to purchase these requirements, the orphaned children are at a higher risk of contracting Ebola. For instance, they have to do with the washing of hands with soap and water only as a measure to avoid contracting Ebola. In addition to the sanitary supplies, the orphans also need food. Without the support from the society, survival is a big challenge for the orphaned children.

When Ebola infects the parents, the children have a high potential of contracting the disease. This is because, in the contemporary West African society, the children take care of their sick parents. By handling the sick parents, the children are at risk by exposure to body fluids of the infected persons. Once the parents die, the children get tests for the Ebola virus. If the orphaned children do not test positive for the Ebola virus, they face yet another problem. Anyone exposed to the Ebola virus needs to undergo compulsory quarantine for 21 days in order to ensure that the Ebola virus does not spread to other people. However, it is not advisable to quarantine the child at the hospital due to the highly infectious environment caused by the overwhelming number of the patients handled. This creates the need for support from the extended family.

The relatives of the orphaned children are always adamant to receive the orphaned children suspected of contracting Ebola for the fear of infection. Therefore, these children have to live in the streets or, if they are lucky, with volunteer caregivers. The quarantine period lasts for 21 days and the child

gets a bill of clean health if no symptoms show within this period. The society treats such a quarantined individual with stigma. There have been reports of the society declining the hosting of the quarantined orphans by the volunteers for the fear of infecting the community.

In conclusion, the rate at which Ebola is killing parents to leave behind orphans is alarming. The orphans not only suffer psychological wounds but also constant stigma and rejection from the society, including the extended family. The fright surrounding Ebola has surpassed the family ties and expectations that place the care of the orphaned children under the close family members. More and more children lose their children to the Ebola menace each day and scientists dread that the number of the orphaned children may double by the end of this month. The orphan problem will persist even after the containment and elimination of Ebola. Therefore, there is the need to invest in more in the facilitation of the psychological healing of the orphans left behind and provision of childcare.

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