

MANAGEMENT SYSTEMS AND ORPHANED CHILDREN

**A STUDY OF MURINDUKO ZONE, MURINDUKO
ZONE, KIRINYAGA DISTRICT, CENTRAL
PROVINCE IN KENYA.**

BY

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DECLARATION

I **RUTH NJERI GATUKU** declares that this dissertation is my original work and has ever been submitted any where for the award of a degree for any Academic purpose. Where/have used the work of other, due acknowledgement has been given, therefore take sure responsibly for the errors and inaccuracies that could be inherit in this research.

RUTH NJERI GATUKU

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Date:

31/8/2008

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APPROVAL

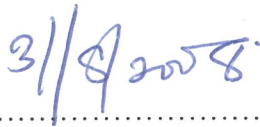
This research thesis has been submitted to examination with our approval as university supervisor.

Mr. Mulegi Tom

Signature:



Date:



DEDICATION

These works is dedicated to all the families and orphaned children in the world who have been orphaned due other causes including HIV/AIDS, and specifically to those families in Kirinyaga district who responded to the study questions enabling me to gather enough data for the study.

I dedicated this work to my friends, all vulnerable children, who from a distance constantly ring in my mind once I think about them including street children. They constantly remind me of my duties in the field and in the school where I teach and continuously interact with children.

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I am grateful to the Almighty God who has granted me the favor to come this far in life.

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ABSTRACT

Orphans are children who have either one or both parents. They lose their parents through death and are usually caused by accidents, diseases like malaria, aids. The problem affecting orphans world wide is on the increase due to increase in the number of death. The purpose of this study was to find out the problems faced by orphan in Murinduko zone in Kirinyaga district.

The study involved collecting data by use questionnaires. The data was analyzed by use qualitative and quantitative means. Qualitative means involved the development of a simple station including tables while quantitative means involved observation and description. After collection, data was analyzed; edited, coded and interpreted report was written based on research objective and research question with the finding, conclusion and recommendations. Finding showed that most of them stay with their grand parents, their elder sister or brother. They do not go to school due to school uniform exam fee and other social problems even though education system is free.

Basing on the problems some recommendation can be put in consideration or in practice in order to reduce on the problem these children are facing. Care given, should provide relief and voluntary wont in providing for the orphans and also they should co-operate and use the resources inevitably and avoid wasting these resources since they are scarce and can't afford being washed.

Counseling aid guiding should be of priority to the orphans since most of them have to deal with the tremor of losing either one or both parents at a very tender age.

This learns them confused and destroyed and may affect them for the rest of the lives.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Good health is a very crucial component of life. A sound healthcare system improves people's health conditions, which facilitate the development of a nation. AIDS is a disease transmitted through sexual contact, for which there is no available cure at the moment. This disease has claimed the lives of many affecting the family set up. In Kenya, estimates by the year 2003 indicated that 2.2 million Kenyans were HIV positive; and 1.5 have died, leaving behind about 1.3 million orphans under the age of 18 years (Unicef, 2003:6)

HIV/AIDS is having a devastating impact on the world's youngest and most vulnerable citizens. Since its discovery nearly a generation ago, more than 20 million people around the world have died from it and an estimated 40 million are living with HIV today, including almost 13 million children under the age of 15 years (UNAIDS, 2002:23). It is a threat to development as countries have lost the most essential workforce. AIDS has a serious economic and social consequence, as it affects those in productive years of their lives-the loss of workers or managers may have serious consequences for particular industries and national economies.

AIDS has political implications not only at national level but also in international relations, as some countries engage in futile exercises of blame and counter blame, or attempt to keep infection out of their territories through restriction on immigration and travel. In many African countries, AIDS has been treated as diseases of shame. Many people have committed

suicide on learning of their status and majority have admitted having a desire to do so when they first learned that they were suffering from HIV infections. So there is a lot of stigma associated with the diseases (Hausa Mann, 1998:85).

AIDS continues to be such a threat to humanity as the rate continues to grow every year. AIDS was first officially reported in Kenya in 1984. Since then, it has continued to spread as the infection rate keeps rising year after year. In fact Kenya is among the 15 countries with the highest HIV prevalence worldwide. By the end of 2001, 2.5 million Kenyans were living with HIV/AIDS, (2002:31).

The government of Kenya has tried its best to combat the epidemic. In 1997, it came up with a sessional paper on AIDS where action taken includes establishing the national AIDS committee and development of a strategic plan. AIDS was recognized as a development issue and committed itself to carrying out advocacy through NGOs, CBOs and international agencies. In the year 2000, AIDS was declared a national disaster.

The national AIDS control council was established in 2002, in the office of the president to provide leadership and stronger co-ordination mechanism, for a new multi sectoral national response to HIV/AIDs. The strategic plan priorities are for action, prevention, advocacy, treatment implementing the continuum of care and support, management and coordination. Social and economic impacts of parents with AIDS threaten the well being and security of millions of children worldwide. As parents and other family members become ill, children have taken on greater responsibility towards generation food production, and care of family members.

1.2 Problem Statement

There are many NGOs and CBO that have come out to some the problem affecting orphans in Kirinyaga district. However, due to the increasing number, the demand and needs of these children are more than what is in place for them and this has become a big problem for these organization concerned. It is either due to structural weaknesses or lack of information concerning orphans situation:-

A generation of children orphaned by AIDS is emerging from a childhood deprived of stability, love and nurturing. The question is what sort of adults will they become? The issue of children orphaned due to AIDS is increasing the number of vulnerable, malnourished, and poorly socialized and uneducated young people, which in turn heightens the prospect of social instability (UNICEF, 2000).

Upon the death of parents, children experience a profound sense of loss, grief, hopelessness, loneliness, abandonment, emotional stress, insecurity and fear. Long term consequences can include psychosomatic disorders, chronic depression, low self-esteem, low levels of life skills, learning disabilities, and disturbed social behavior. They are left with a vacuum in their lives as they grieve and experience uncertainty about the future.

Most orphans are simply taken in by extended families, but are expected to behave as if nothing has happened. This attitude ignores the emotional they go through. Measure should be put into place to ensure these children undergo some counselling to prepare them for the new lifestyles they are about to encounter. Its crucial to sensitize these families and institutions, then have them go through some therapy to prepare them for the new roles of caring for these children and highlight t them sensitive and delicate these children are, before they take them into their families.

When children are taken in for institutionalization, it is always assumed to be the best intervention. But this is not the case as they simply bundled together and treated the same way, forgetting the fact that individual children require personal attention, as their level of emotional stress is not the same. Institutions make them feel uprooted society, which means another loss to them.

It is against this background information that the researcher was interested in this field of study. The information collected would be of more use to these organizations and eventually to the orphans.

1.3 Objectives

1.3.1 General objective/purpose of study

The general objective is to analyze the interventions towards orphaned children in Murinduko zone Kirinyaga district.

1.3.2 Specific objectives

Specifically the study will seek to:

1. To find out the attitudes of relatives, neighbors, and the community towards orphaned children.
2. To find out the health status of the orphans and their families especially those living with HIV/AIDS.
3. To analyse the living standards of the orphaned children in government education schools.

1.4 Research Questions

1. What are the attitudes of relatives, neighbors, and the community members towards the orphaned children?
2. What is the health status of the HIV/AIDS Positive orphaned children?
3. What are the living standards of the orphaned children in government educational institutions?

1.5 Scope and limitation of the study

The study was carried out in Murinduko zones in Kirinyaga district central province in Kenya. The study targeted double orphaned children and the interventions targeted towards their livelihoods. The main aim was to get information on the level of education, living style, feeding, and how takes care of these children (guardians).

The research study was restricted to a period from 1990 to 2008, the time when large deaths attributed to the HIV/AIDS pandemic were registered; which as a result led to large numbers of the growth of orphaned children especially in Murinduko zone, Kirinyaga district, central Kenya.

1.6 The significance of the study

To the policy makers the findings of the study will make them have a clear perspective of orphaned children and come up with appropriate policies and strategies towards improving the living standards of the orphaned children in Kirinyaga district in particular and in Kenya and Africa as a whole.

To the education sector particularly educational institutions, the study will make them adjust the school environment to as well make it suitable to the special needs of the orphaned

children; such that they do not remain in their marginalized situations that they find themselves in today.

To the community members, the neighbors and family members, the study will reduce the stigma towards the orphaned children as a lot of awareness will be created following the revelations that will be inherent in the findings of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Review of empirical literature

In the session paper No. 4 of 1997, the government of Kenya highlighted its concern about the AIDS orphans and felt that they needed protection from situations, which predispose them to HIV infection. There was a feeling that those infected and affected needed to be assisted to continue coping throughout life. It was pointed out that orphans suffer from stigma and rejection, which may lead them to deviant anti social behaviors. Others will be at risks of HIV/AIDS infections especially those living in slums areas and streets. The government felt that children are to be protected because they are not able to articulate their own needs.

Emphasis was given to issues like immunization policy, confidentiality, advocacy and research involving children in such areas as drugs and vaccine trials. The paper stipulated that children orphaned by AIDS would be cared for within the framework of extended families and where such families are not available, they would be put in institutions to enable them grow into responsible citizens. Any discrimination, exploitation and violation of their rights would be addressed. This stand on the side of the government leaves a lot of questions to be answered because, it tends to ignore the emotional and psychological trauma that these children undergo, which need to be handled carefully before they are left to the communities and the institutions. I seem to underestimate the individual agony of these children, in the sense that it would be of great priority if the communities were trained in psychotherapy to prepare them on how to handle these children and help adjust to new situations and environments

2.1.1 Common problems that orphans face

By 1999, there were 800,000 children and adolescents who had lost one or both parents due to various reasons. This had obviously increased due to HIV/AIDS. The orphans frequently felt that they had been betrayed, abandoned and placed in community were denied. They believed that there was no one left who understood their problems, or no one who was prepared to listen. Adolescent stripped away family good and possessions or the way family assts (their inheritance) vanished overnight. As a result of parental death and ensuring poverty, orphans adopted a fatalistic view of life and living. They feel helpless in the face of difficulties and they felt that had lost control over their lives. If proper interventions are put into place early enough, the orphans and orphaned families would be able to cope and face the future in a more confidential way. Most of the highlighted children left under the care of very old grandparents who are too poor and weak to provide for basic needs of these children. In fact, even with free primary education, the orphans still cannot attend school due to lack of such basic needs as food, clothes, and healthcare. One cannot expect such old guardians to prepare these orphans especially the young girls into maturity in term of pubertal changes.

The stage of psychological damage caused to orphaned children can be represented in a diagrammatic way as:

In some cases the guardians and parents have infected, ailed and eventually die, children suffer and go through what is called primary stress. This leads to trauma and acute stress, which leads to secondary stress factor. This can be caused by loss of home, poverty, separation, relocation, school dropout, isolation, lack of care and guidance, lack of food, shelter, poor access to health facilities, and child labour among others. The advanced stress can cause anxiety-depression, withdrawal, concentration problems, aggressive tendencies, suppressed

anger and feeling of failure, guilt, dependency, apathy, disorientation, and fear for the future. If not yet handled, the situation develops into posttraumatic stress.

From the research some children are taken by HIV/Aids guardians and these children now the case so they have common feeling experience by them when they lose their parents and also they are losing their parents and guardian. They leave these children struggling to pay their school fees and get food for them. Children think their parents and guardian got HIV in an attempt to provide for them hence feel guilty. They also feel guilty because they could not keep their parents alive. So there is a need to help them to work through their guilt they can become depressed.

2.1.2 Orphan Impact on Families and Communities

On other infectious diseases of the modern era such a devastating impact on the world's youngest and most vulnerable citizen as HIV/AIDS. One of the most telling troubling consequences of the epidemic's growing reach is the number of children it has orphaned or seriously impacted. Today more than 900,000 children under age 15 years have lost one or both parents to Aids. By end of 2005 this number is expected to jump to more than 1.5 million, while the impact of this loss of life differs across families, communities and societies. Infection rate still rising and adults continuing to succumb to the disease the impact of orphans in the society is complex and multi-faced with the social costs both high and long term.

Overall AIDS is increasing the number of vulnerable, malnourished, poorly socialized, uneducated children and young people which in turn heightens the prospect of social instability with scarce resources stretched well beyond their limits. The impact of the orphans

is placing tremendous strains on families, communities, and government who are attempting to help them.

2.1.3 Impact on Children

The social and economic impact of orphans threatens the well-being and security of thousands of children around the region. As parents and other family members become ill, children take on greater responsibility for income generation, food production, and care of the family members. They face decreased access to adequate nutrition, basic health care, housing and clothing. Fewer families can afford to send their children to school with young girls at particular risk of being denied an education. In both urban and rural areas many orphans are struggling to survive on their child headed household. Many more are forced to live on the streets. It's difficult to over state the trauma and hardship that children affected by HIV/AIDS are forced to endure.

In addition orphans and widows face loss of inheritance that impoverishes them further. Extended families take in the overwhelming majority of orphans who lose both parents. In many cases orphaned siblings are profound loss through this separation many foster families are poor and have to stretch already inadequate resources to provide for both orphans and their own families. In addition foster parents treat orphans harshly.

2.1.4 The Extended Family as a Remedial Resource

In those areas where AIDS has reached epidemic proportions,, care for orphans lies primarily with their families and communities. But the situation is placing huge burdens on the extended families system leaving many orphans with little or no support. Even the traditional generosity of extended families has become overwhelmed by the needs created. With scarce



resources stretched well beyond their limits, the impact of the pandemic is placing tremendous strains on families. This poses a very serious problem because the very traditional generosity of extended families has been overstretched to the level that most families cannot take care of extra children. The economic situation is so appalling that relying on extended families without empowering them is a big mistake.

The extended family that takes them in has its problems because, apart from economic hardships, there have been reported cases as some foster parents treat the orphans harshly and discriminate against them, which may cause more emotional problems. For instance, a case in Kirinyaga showed that children expressed patterns of abuse from his aunt and cousins in that the boy (9 years old) is working with his uncle at quarry to earn some money. His cousin usually go to school and his guardian claim they don't have money to buy school uniform. There is a sense of isolation as no one pays attention to such special cases and needs for love, emotional support, education and even social support. Such children feel lonely as they are treated differently from other children in the household who are treated more favourably.

Sometimes these kinds of orphans act out their frustrations by behaving rudely or by withdrawing from other family members. Resentment which results from their less privileged position is augmented by what many orphans see to be their unmet needs for patience, love, kindness as they work through their feelings of grief and sadness. This results in a cycle in which guardians feel unappreciated and less inclined to be supportive to the orphans in their care, while the children feel angry, alone and unjustifiably discriminated against. Some guardians find it much harder to cope with children who are not their own as they are not even able to assign them duties or communicate effectively. So am seeing a situation that leaves these children in a more confusing and vulnerable situations. Considering the

economic hardship they go through, it becomes very challenging when all over a sudden; they are faced with the challenge of caring for children who are not theirs.

2.1.5 Institutional care as a remedial measures

A project dealing with the care of separated children in the developing world including here in Kirinyaga, found out that the majority of the children unable to live on their own are absorbed into institutions. For instance, in Kirinyaga has institutions that are rapidly coming up. This is not the best strategy because individual children require personal attention, as their level of emotional stress is quite different. Going to the institutions means another separation from family members, which obviously affects them and requires some therapy to help them cope.

This is often ignored in institutions as children are simply bundled together and treated in the same way. Their emotional stress is usually ignored, either due to their large numbers or because there are no available experts with required skills. The homes providing care for separated children only concentrated their resources on developing institutional forms of care without thoroughly examining the problems facing individual child or an active searching for alternatives.

The best alternative would be the provision of support to enable children to remain with their families and various forms of substitute family care within the community.

When a child is placed in an institution, he faces two difficult adjustments, which are: the mastery of the separation trauma and adaptation to life in institutions. He emphasizes that this process is so difficult especially if the children have not been encouraged from the beginning

to express their true feeling about these two frightening experiences. From the research orphans are likely to face an uncertain future as young adults. They are frequently denied opportunities for learning about the roles and skills needed for adult life and are deprived of emotional experiences, which are necessary for healthy social adjustment. They face uncertainty of a future without the support, which families traditionally provided to their young adult offspring. Parentless, rootless, and often ill prepared for adult life, it is no surprise to find that many of these young people are unable to cope successfully such as prison or psychiatric hospitals.

When orphans are brought up in institutions, they feel detached from society, leading to general lack of self-esteem and sense of belonging. If guardians are empowered through capacity building and training of home-based care, there is no need for the children to be taken away from society. Instead they will continue to live there as they get necessary guidance through the right interventions.

The findings revealed that most of young girls started engaging in prostitution below the age of 16 years of age. Most of them stated that they don't like the activity but are forced by situational and circumstances. The main reasons for the majority of 5 them engaging in prostitution included the death of parent (s), and factors such as poverty, economic vulnerability, inappropriate education, family disintegration, and harmful traditional practices like early marriages. In the streets, they face a myriad of problems such as rape, unwanted pregnancies, HIV and STI infection, hunger and abortion. This reveals the many problems that children have to endure when they are exposed to risky conditions. There is also need to provide alternative means of livelihood to guardians through life skills training, alternative income generation, and the formation of peer support groups.

2.1.6 Children affected by HIV / AIDS

The study made some recommendations based on the fact that children are accumulating the ever-greater burdens of responsibility in proportion to their bereavement. Given the likely increase in the number of child-headed households, due the epidemic, children may become even more impotent stakeholders for the business sector forecasts of the epidemics impact on both the business and its interaction with children in scarce. With the rapid increase in HIV/AIDS infection, it's anticipated that the number of orphans having no members of the extended family able to provide care will increase rapidly. The epidemic adds urgency to the need to the need to develop and promote community-based approaches to the care of orphaned children, as a way of creating substitute family care for children who cannot be cared for within their own families and communities, and to find ways of developing child-centered but affordable approaches to residential care.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Study Design

As Whyte (1993), pointed out that “there is no best way of doing research”, the methods used depended on the nature of the field or study, the situation of the research problem, as well as its scope. In case of this study, the research design was a descriptive cross sectional qualitative one.

3.2 Study Area

The study area was the two parishes of Murinduko zone found in Kirinyaga district. The area was selected for the purposes of fitting the research available time frame and resource budget in relation to the set objectives of the study.

3.3 Population of the Study

During the research study, the population was categorized into different groups of: all institutions involved in activities of caring for the orphaned children aimed at uplifting the livelihoods of people with disabilities, Community Leaders, men, women, and children.

3.4 The Sampling Size and Selection

The research being a case study, the researcher maintained a non biased method and used a simple random sampling technique to derive the samples or respondents. Keeping in mind that, a good sample is that one which is a representative of at least 40% of the parent sample, the researcher endeavored to aim higher than that. Depending on the high population of the area, a parent sample (N) 60 respondents was used. A sample (n) of only 32 respondents representing 53 % of the parent sample was taken ($32/60 \times 100 = 53\%$).

The following steps were followed in selecting samples using the random sampling technique;

Step 1: The study population was stratified into 5 non over lapping category to enhance diversity of opinion. These strata included all institutions involved in activities aimed at uplifting the livelihoods of people with disabilities, Community Leaders, men and women, orphaned children (5-18 years of age).

Step 2: The population of each of the above stratums was listed and names written on small pieces of paper. These papers were then folded and put in a container.

Step 3: The container therefore contained all the strata listed above a direct representation of the over all number of respondents. The total numbers of the elements required for the study in each stratum had a parent population of 120.

Step 4: A sample size of 32 respondents was used which represented 53%, a size well above recommended by Whyte (1993) of at least 40% of the total study population.

Step 5: The selection of the 120 respondents was done using a simple random sampling technique so as to enhance a representative reflection of the population categories described above. Each of the names of the stratum was then written on a piece of paper, folded and put into a container. The names were then picked randomly for each of the strata.

3.5 Data Collection Methods

The following data collection methods were used to gather data for this study.

3.5.1 Focus Group Discussions

These were conducted in the two parishes moderated by the researcher and researcher assistants. This targeted the local community target groups to gather the required primary (original) data.

3.5.2 Questionnaires

For the purposes of consistence both the involved institutions and the community at large was administered questionnaires. The questionnaires were divided into three parts and were mainly used to collect primary data. The first part had total of 10 questions and it was administered to a total of 60 people. This part established the background and the history of the respondents. This included information about their; age, education level, sex, occupation and the place of living. The second part assessed the available projects and the awareness or level of knowledge of the respondent on the issue of participation of orphaned children in the education projects. While the third part involved questions on the challenges that orphaned children face while participating in these projects and the way forward.

During the use of this research instrument, the institutions were given questionnaires to be filled by themselves and returned. While to the local community, were self administered, asking questions while filling in the respondent's answers. This method was used partly because some respondents are unable to write or read or both.

3.5.3 Interviews

Interviews involved oral questions of respondents, either individually or as a group. This method was most suitable when dealing with illiterates and it also permitted an in depth data exploration. Interview guides were used. This gave the researcher an opportunity to ask more questions as they were raised from the respondent's explanation.

3.5.4 Observation

Observation involved; systematic selecting, watching, and recording participation phenomena so as to come up with first hand data in order to prove whether the information given by the respondents is right. Observation also helped the researcher to relate the literature review with what was happening in the field. Further more direct observation with the aid of check lists helped the researcher to acquire sufficient information, which may rather not be availed from other methods like the questionnaires due to insufficient knowledge about the matter as some, were too technical.

3.5.5 Literature Review

This method involved the use of other related literature to provide more information about the study. This acted as secondary data and was obtained from the documentary sources in the; Ministry of Gender, Labor and Social Development (MoGLSD), Ministry of Health (MoH), Ministry of Education and Sports (MoES), National Policy Documents and reports from partners like; the Education Assessment Resource Services (EARS), the Kenya National Institute for Special Education (KNISE), Kenya Society for the Disabled Children (KSDC), National Union for Disabled People in Kenya (NUDIPK), and other studies conducted by earlier researchers.

3.6 Data Processing and Analysis

After the collecting of the data, it was processed and analyzed in order to make sense out of it. This was done as follows;

3.6.1 Data Processing

All data was processed in accordance with the stated objective of the study which acted as a guide. This was thought to help the researcher by making the work easier and providing a

platform for critical examination of data during the study. During the processing of data, techniques like; editing, coding, developing of themes and tabulation were employed.

3.6.2 Data Analysis

For the purpose of consistency, all the data was analyzed in line with the stated objectives of the study in order to achieve a continuous flow during the analysis. This further involved issues like; interpretation, explanations and specifications of some pieces of data.

3.7 Limitations of the Study

The research study being controversial in nature had internal challenges during its execution. Besides this, the researcher being a student, experienced financial constraints in the provision of all the research requirements like; transport, stationary, paying research assistants, attaining research supporting materials like cameras, computer and its accessories, among others. The researcher therefore sought to minimize costs by working within the cost and time frame and seeking favor from family and friends to meet the study costs and use of computer facilities.

Other limitations included social related problems like language barrier, hostility, misinterpretation due to the language barrier, biased or non responses, bureaucracies, as well as environmental problems like weather. To address this, the objectives of the study were explained precisely and clearly to the target groups at hand, friendly approaches were employed to create good relationships with the communities and translators used to solve the language problem.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND DISCUSSION OF THE FINDINGS

4.1 Overview

The section discusses the findings from responses obtained from the field. The responses are presented using descriptive statistics, mainly frequencies and cross tabulations. As well as qualitative analyses where relationships between various variables are co related.

4.2 Selected social-economic status characteristics of the sample

Age distribution of the respondents

The total number of respondents interviewed in this study was 90. Their age ranged between 17 years and up to 100 +years. The majority of the respondents, 40% were 17 to 40 years old. This is also the modal age bracket. The age distribution of the respondents is presented in table 1 below.

Table 4. 3: Age distribution of the respondents.

Age (in years)	Frequency	Percentage
17-40	45	50%
41-60	36	40%
61-80	6	6%
81-100+	3	3%
Total	90	100%

Source: field data

Table 4.4: Gender of the respondents

Sex	Frequency	Percentage
Males	9	10
Females	81	90
Total	90	100

Source: field data

Table 4.2 shows that nine (10%) of the respondents were males whereas eighty one (90%) were females. This shows that the number of female in the study was more than that of their male counter parts.

Table 4.3: Education levels of the orphaned children.

Class	Frequency	Percentages
Below Nursery school (home)	8	6.4%
Nursery school	7	5.6%
Primary school	73	58.4%
Secondary school	21	16.8%
Need training / college	16	2.6%
Total	125	100%

Source: field data

The age bracket in the category below nursery school is 2/1/2 years and below. Those who need training have either done class 8 or from 4.

From table 4.3 above, majority of the orphaned children are in primary school was represented by 58.4%. Only 6.8% had achieved secondary school education and some without assistance from well wishers, they were not able to move up to form four. The remaining 12.6% of the orphans had either dropped out of school or had not been to school at all. So despite being orphans, most of the children are able to continue with education due to free primary education system but some have dropped out of school due to lack of school uniform and other necessities.

Table 4.4: Occupation of the respondent

Occupation	Frequency	Percentage
Teacher	2	2%
Business	5	5%
House wide	12	13%
Not employed	37	42%
Casual worker	34	38%
Total	90	100%

Source: field data

It is evident that majority of the respondents are not employed 42% thus they cannot be able to support their family members and them selves. Thus the family cannot get enough support in terms of food supply. This keeps them going through the quality a very difficult life style characterized by sustained lack of the basic necessities of life. Most of them cited eating the same type food every day more over in inadequate quantities; a mixture of maize and beans, potatoes, ugali, with sukuma wiki.

Table 4. 5: The number of times food is eaten in a day

Response	Frequency	Percentage
Once	23	26%
Twice	56	62%
Thrice	11	12%
Total	90	100%

From table 4.5, one notes that 62% of the respondent reported that they only feed twice a day. A not her 26% eat once in a day. Only 11% said they eat three times a day, that is, they are able to have break fast, lunch and supper. This generally shows that most of the children do not eat frequency. This has got negative implications for healthy growth.

4.3 Qualitative data analysis

The problem that this orphans face emotional feelings like sadness, Loneliness etc from the qualitative information gathered, it could be reported that all respondents confirmed that they miss their parents very much especially those that face discrimination; as was most evident from information from children staying with their mother in-laws, cousins or sisters/ brother in-laws. About 95% of the orphaned children especially the young reported that what makes them feel sad and loneliness most of the time is the absence of their parents. Majority felt that they would have preferred to live in their homes rather alone, than staying within extended family settings.

The orphaned believe they are ill treated in the extended families because their parents are not present to defend them. Most problems cited included feeling; insecure, being isolated, ignored; mistreatment and not loved were among the problems raised by almost every respondent. , they feel very helpless and keep everything to themselves than share with

anybody. They felt that nobody cared or understands that they go through, most of them said they preferred being in school because it helped them out of the perceived bad environment and get time to play (at school) with other children. The school gives them a better environment and that explains why they all liked by in proximity with their teachers.

The majority of them expressed patterns of abuse like beatings and mistreatments from the relative they live with. They claimed that they are discriminated against (some of them) in that they are forced to do a lot of work compared to other children. For example some of them claimed that after school they are compelled to go sell vegetables at the roadside kiosks in-order to bring money home for food, while the other children of their relatives stayed at home doing nothing. Another case of a 9-year-old boy works together with his uncle in quarry and in the evening his cousins ask him the money he earned. Then his children have to go look for water, which is not in supply within the town, but in the surrounding slums.

This confirms man's 2003 (2003:29) study that they have been reported cases of abuse within the extended families as some foster parents treat the orphans harshly and discriminate against them. He pointed out that this causes more emotional problems, the orphans feel lonely when they are treated differently from other children in the household as compared to the other children in the same family settings who are treated more favorably.

The guardians pointed out the issue of healthcare, because when they fall sick, they do not get medication due to lack of money for; transportation of these children to hospitals, medical investigations; and the purchase of drugs among other necessities that a child who is sick may require for quick recovery. Those children who had been separated from their siblings worried so much about their brothers and sisters; for the reason that they do not know how they are living wherever they are taken. The separation has in a way caused a double tragedy

in their lives; that is, after losing their parent, the separation is to them appears to be another loss especially to those children taken to orphanages. When parents die, children suffer grossly from trauma and acute stress that is caused mainly due to: separation, relocation, poverty and disinheritance among; and generally mental and emotional abuse by the care takers and other persons they are unfortunately always close to.

The guardians also cited other problems, which included lack of clothes, food, poor housing, loneliness and insomnia. The state of the houses they live in affects them so much. Some of the children had better living standards with their parents and to move in with the relatives in these slums was an addition to the grief they already had. They were largely traumatized by the new lifestyle which required sudden adjustment and a lot of endurance, which was quite difficult to these children, given their tender age. Some of the orphans have given temporary but quite risky structures by good Samaritans to stay in at the cost of their own security concerns. They keep worrying about the future and have great desire of having better houses (homes) of their own which are quite hard to come by given their status.

There is quite a significant relationship between the social problems faced by these children as orphans and their psychological, mental, environmental and physical conditions. This clearly points out the very importance of taking care of them in all areas of concern and sustained Counselling services by people trained in such fields.

As a general observation, it was learnt that most of the orphans had generally dropped out of school until recently when free primary education was introduced. That is why the majority of them feel they are too old for the classes they are in which has significantly affected their performance at school. For instance, one of the orphaned child is 16 years old, yet he is in

class five; while another is 14 years in class 3. Much as this revelation may raise eyebrows, it still is a good effort in enabling these orphans to at least have some access to education; what they actually need is the encouragement of their fellow children, the guardian, the teachers and other community members that they come into contact with in their daily lives.

In seeking to establish how the orphans tackle the problem facing them, most of them indicated that they cry or remain silent especially the young ones (they simply do nothing about it). So they keep to themselves, as they believe that there is no one available to listen to them. There were other issues raised by guardians like cases of abuse, poor state of the houses which they live in, and discrimination specifically in foster homes where they live. They confirmed that they cry most of the time because they miss their parents, and also when their foster parents discriminate against them.

4.4 Assistance they would require families tackle these problems

On the side of children they all had a desire of pursuing studies up to the highest level. So they expressed a desire to be assisted with education, exam fees, tuition fees clothing (including school uniforms), bags and shoes. They needed better housing, financial assistance to start small business especially those who are old and have other children to take care of. Towards the elder brothers or sister they need Jobs / employment to be such that they can be able to independently sustain themselves as well as their other orphaned siblings.

All the respondents cited poverty as a major problem they face. Most people are very poor considering that HIV/AIDS is also claiming the most productive age bracket of people. Working class men and women who are the main source of income are dying, leaving children with their grandparents and other relatives who are themselves in poor living conditions along side the wide spread poverty levels in the community that have hit almost

each and every house hold. It will be of great help if the government in collaboration with relevant NGO's came up with program's that will help these families and communities at large to start micro economic activities that would enable them get some income to care for the children. Some of the guardians expressed a desire for counseling services and felt it could enable them overcome some of the critical issues making their survival difficult..

They felt government full intervention could enable them handle these children because some move them are cruel having been brought about in a harsh environment. They believe that through counseling, these children would understand that life will still continue; they will gradually learn to concentrate on activities that can enable them cope in difficult and challenging circumstance. Adults assume that these children will forget their parent after few months. What they forget is the fact that the impact of the death is rarely felt immediately, meaning that, these children required a lot of support to enable them go through this grief.

CHAPTER FIVE

SUMMARY OF FINDINGS, IMPLICATIONS, AND RECOMMENDATIONS CONCLUSION

5.1 Summary of the findings

In seeking to establish the level of orphaned families and orphaned children support given to them in Kirinyaga district, the finding of the study showed that about 50% of the guardians are young people between (17-40) years of age. In these age bracket most of them are not employed thus and it's the most reproductive age group.

The orphans live in various homesteads, 7.5% of them live with extended families, ranging from grandparents (both maternal parental), uncles and aunts. The other 22.5% live with their siblings who include sisters and brothers. 7.5% live on their own, and 2.5% live with neighbors. This concurs with Mann's (2003: 29) study, which revealed, "... care of orphans is left primarily to the extended families who become overwhelmed by the needs created to the level that most families could not afford to take care of these extra children", This situation poses a big dilemma because even the extended families that they live with, life is so pathetic to the extent that getting food is a matter of survival.

Out of all respondents interviewed, only 12% reported getting food consistently. The rest reported eating only once a day, at times going without food. Those who go to school stay hungry and do not go home for lunch. They only go home in the evening where they are not even sure of getting any food (dinner).

In seeking to establish issues that affect these children as orphans, the study found out that they are affected most by the loss of their parents, an issue they all confessed to be disturbing them all the time. They cited issues like poor housing; lack of food, clothing that included both home clothes and school uniforms. In effect it was found that those who go to school have a big problem and evident and disturbing about uniforms which impacted on their performance in class.

Some children also cited cases of abuse mainly from relatives who have taken them upon following the death of their parents. They reported being discriminated (against) especially in the families they live in. At least 58.4% of the orphaned children are in primary school, majority of which have reached 17 years. This shows that they have had a problem with schooling till the initiation and implementation of the Universal Primary Education (UPE) amidst all the problems associated with it. Only 17% had gone up to secondary school and 12% without dropping out of school. Other problems affecting these orphans including child support, 3% of them in homes donated by well-wishers. .

Getting food is a real problem as they are sometimes forced to scavenge from the market. Unfortunately, some of these children even do not know where their relatives are (cannot locate them).

In establishing the role of relatives, neighbors and community at large in their lives, 70% of the responded confirmed that relatives played an active role in their lives in terms of offering accommodation and food. This is not done necessarily out of choice but as an obligation. Neighbors were reported to have offered moral support mainly. The support from the community and neighbors is however limited due the fact that most of these people are unemployed and thus economically dis-empowered.



The study reveals that if only communities could be empowered and sensitized about these orphans, then the situation would improve a great deal. The objective of the project is to improve the orphans and their family such that they are sensitive to the needs of children and other people affected/infected by HIV / AIDS. It gives community ability to identify most vulnerable members and to provide them with care and support. The study revealed that the effort had created community cohesiveness, participation and reduction in STD's infection. It has also created a peace of mind for HIV positive parents in the knowledge that when they die, the community will take care of their infected children.

The implication of this finding is that the rights of the orphaned children to education, their right to food , security, the right to be loved , the right to be respected have all be abused. What is disturbing however is tat this extent of child rights abuses occur when the government of Kenya has established the statute on the rights of children; when the charter on the rights of the African child exists; and when the International covenant on the Rights of the children is in operation. One can therefore evidently conclude that the abuses of the rights of the orphaned children as manifested in the ill manner in which they are taken care of , is as a result of the community in which they live, the country in which they live ; and the international community failing to fulfill their respective responsibilities towards the children of this country most especially the orphaned children who are in most cases marginalized

5.1.1 Sensitization and creation of awareness.

Guardians need to be sensitized on how to handle these children. Some children reported cases of abuse and mistreatments (discrimination) particularly from the guardians whom they live with. It is evident that taking in more children especially orphans can be stressing to relatives. So measures should be made aware that these children are so delicate and

traumatized and that they need a lot of support and understanding from the guardians. Mistreatment and abuse only children are treated would affect them for the rest of their lives.

If this issue is seriously and urgently implemented, then community will be better places for these orphans to live in. Much of this sensitization should be done using various channels including the media, churches and other relevant forum to pass on the message to the people.

5.1.2 Policy on children and the corporate sector.

There is one area that is lately creating a lot of problems and this is the issue of the 'next of kin' since AIDS has become a disease that affects both parents, it is important for companies to develop strategies to ensure that the children left behind get direct access to their parents' benefits so that they are able to remain in school. This is because most of the guardians who take over the care of these children end up using the benefits (money) meant for their own needs then they end up dropping out of school due to lack of fees. More than half of the children interviewed in this study confirmed that relatives had taken up their parent's property then left them to suffer. This issue needs to be taken very seriously by all employers coming up with trustees that will ensure the safety of the orphans.

5.1.3 Creation of co-coordinating committees.

The government should put emphasis on the creation/formation of communities that will work in network to ensure that the welfare of these orphans and their families is known for example teachers should work in collaboration with the local administration committees, churches and NGOs / CBOs etc. This will help identify orphaned families and how they are living so that some interventions especially in cases of education, food and housing be easily monitored and mitigated. Teachers play a very significant role in the lives of these children and can be able to intervene but cannot do much without the other necessary bodies. Such

community would really affective in detecting and mitigating vulnerable levels among orphans.

5.1.4 Some of the recommended interventions used in combating trauma among orphaned children.

Some children are emotionally and socially affected so it's good to intervene and try to change their lives in positive way.

A memory box project:

Among the recommended intervention that should be widely put into place to help these children cope with the trauma and emotional distress they go through upon losing their parents are the memory book / box projects. This memory box or box assists parents to recount the family background, cultural history and good memories of their children's childhood activities.

The memory book writing initiates communication, discloses personal information and sharing family history. It gives parents an opportunity to plan for the future with their children. It is aimed at helping children maintain the memory book reminder of the parents and important events. The book contains:

- (i) The name of the parents
- (ii) Life history of the father / mother
- (iii) Father and mother's school life.
- (iv) What the parent cherished about the children
- (v) Father / mother's sickness
- (vi) Family tree, culture history
- (vii) Addresses of contact people like aunties, uncles and grandparents etc.

In this way, children are able to have things left by their parents that provide a sense of format, belonging and memories of the love of their parents in a comfortable way. There are various counseling approaches that can be used to help these children explore and express their feeling. At this level, it is very crucial to adopt child therapy technique. Therefore some of the techniques that have been given inputs include the following.

- Role play and drama
- Writing letters to the deceased parents or absent siblings
- Drawing
- Structured activities like games, cultural activities, sports etc
- Opportunities for peer support.

i.e. this is all about children and opportunity to talk about their feeling and experiences with other children in similar situations. It helps them realize they are not alone and builds their confidence.

To promote co-operation and positive social interaction, each session starts with a meal and children are expected to clean the room. Each child is then asked to describe something important that happened during the week and any problem they have encountered. Many of them have reported not being appreciated at home, being beaten by teachers or other students, physical ailments and deaths of relative among other issues.

5.2 Conclusions

The study to determine the level at which orphans and orphaned families are in Murinduko Zone in Kirinyaga district sub-district in. Interest in this area was motivated by the fact that no similar study has been carried out on the same issue, it is also an area that is

accommodating the biggest number of orphaned children and families, which made it necessary to find out if this issue has been acknowledged and interventions put in place. The study revealed that these children are quite vulnerable and the level of intervention in terms of education, food and shelter is quite low.

The study concluded that these children are even emotionally traumatized and need help. The study acts as an eye opener and recommends that the way forward is the urgent intervention towards education to enable these children to overcome this poverty and strainers, to enable them cope with life and regain some confidence and esteem to enable them the future.

5.3 Areas for further research

The study was limited to only one small area in Murinduko zone, which is relatively cosmopolitan. It is recommended that similar studies be carried out at the level in other areas, especially rural set-up, to determine if the sentiments and the experiences of these orphaned families are similar. It is very important for another study to be carried out targeted psychosocial intervention especially on children aged 6 years – 15 years.

This will be important in trying to establish their emotional and social innervations.

This study was limited to orphaned children aged up to 9 years. This is need for another study to be carried out on the experience of those children (orphans) who are 20 years and over. This is necessary because the life experience of each group is different and equally crucial. Those at age 20 and over are young adults with their different dilemma and equally have own children. So it will be good to also find out about their experience as orphans

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APPENDIX 1: QUESTIONNAIRE AND INTERVIEW SCHEDULE

Dear Respondent,

I am undergraduate student at Kampala International University, currently undertaking a researcher on the intervention on children. Kindly respond to the entire question as currently as possible to make this researcher a success. The information you give will be treated with confidentiality and it will only be for the benefit of the research and of on. Other basis I therefore request you to give honest information as required.

Thank you for co-operation

Muchemi Nancy Wambere

INSTRUCTION

Please answer all the question in section A &B. For question with missing Blocks - , fill in the blocks

PART A person Introduction

Your Gender

Male ☐

female ☐

Status

Married ☐

Single ☐

Age

18-20	<input type="text"/>	21 - 25	<input type="text"/>
26 – 50	<input type="text"/>	over 50	<input type="text"/>

Occupation

Employed	<input type="text"/>	Volunteer	<input type="text"/>
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PART B

1. How did you come to join at the safe house?
2. Did your join the NGO alone?
3. What are the challenges you are facing at the institution
4. How are benefiting train looking have?
5. What recommendation can you give to the institution?

Interviewing sheet for the orphaned children

1) The consent forum

Name:

Referring Agent:

Address :.....

Signature:

Date. :

Name of the child	Age	Sex

THE SOCIAL WORK INTAKE FORM

(1) Name:

Sex:

Religion :.....

Age :.....

2) Personal information

Father:

Occupation:.....

Residential:.....

Mother:.....

Occupation :.....

Residential :.....

Guardian :.....

Occupation :.....

Residential:.....

Short history of the child.....

.....

