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AN INVESTIGATION ON THE WELFARE LIMITS OF ORPHANS. A CASE STUDY

OF NANGOSIA LOCATION, BUSIA COUNTY.

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF ARTS DEGREE IN SOCIOLOGY (RURAL SOCIOLOGY AND COMMUNITY DEVELOPMENT) IN THE UNIVERSITY OF NAIROBI.

2019

DECLARATION.

This research project is my original work and has never been presented for examination in any other University.

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DECLARATION BY THE SUPERVISOR

This research project has been submitted for examination with my approval as University supervisor.

_____**DATE:** _____

Prof. Robinson Ocharo

University of Nairobi

DEDICATION

This research project is dedicated to thousands of orphans across the world. Most importantly to orphans living within the Kenyan community.

I also do dedicate this work to the University of Nairobi, Department of Sociology and Social work.

More special dedication goes to all guardians at both household level and orphanage level for helping to take care of the orphaned children.

ACKNOWLEDGEMENTS

ABSTRACT

The increased number of orphans fueled by HIV/AIDS pose a serious economic and social challenge to the community and the government of Kenya. As a result, the orphans are exposed to welfare limits that this study sought to investigate. The objectives of this study were: to assess the scope and magnitude of the orphaned children in Nangosia location, the causes of orphanhood, the welfare limits of the orphans and the interventions by the community, the civil society, the county and the central government. A descriptive research design was used in the study. A census of the orphans was carried and a questionnaire administered to the orphan guardians in the location.

The findings of the study showed that, there were 120 orphans living in the community. This figure excludes those who had lost their parents and relocated to other regions. HIV/AIDS was found to be the leading cause of orphanhood. This was reported by 87.6 percent of the respondents. Among other causes were accidents and chronic illnesses. Orphans were also found to suffer physically and emotionally. Even in households where food and good education was provided, the guardians still held that the orphans exhibited features of loneliness and a sizeable proportion either performed poorly or dropped out of school. 29.6 percent of the respondents reported having ever received help from the Government and 4.1 percent from non-governmental organizations.

The study concluded that the needs of the orphans go beyond the basic ones and do include the socio-psychological ones and that the help from the government is quite limited. The recommendation of the study was that their basic physical needs are to be met and there is need to address the psychosocial needs by providing counselling services. Also, the number of orphans receiving help through the CT-OVC Programme should be increased.This helps to improve the welfare of these orphaned children.

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LIST OF ABBREVIATIONS

GOK: Government of Kenya

HIV/AIDS: Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

ICS: Investing in Children and their society

KDHS: Kenya Demographic and Health Survey

NACC: National Aids Control Council

NGO: Non-Governmental Organization

OVC: Orphans and vulnerable children.

ROK: Republic of Kenya

UNAIDS: United Nations Program on HIV/AIDS

UGASS: United Nations General Assembly Special Session on Drugs

UN: United Nations

USAID: United States for International Development

WHO: World Health Organization

<center>CHAPTER ONE</center>

<center>INTRODUCTION</center>

1.1 Background of the study

Orphanhood as a phenomenon cuts across the world. It does not discriminate against race, sex, class or ethnicity. It can happen to any child despite where they are brought up at. Children become orphans daily. In this regard, Nayak (2014) found out that every 15 seconds, a child in Africa becomes an orphan. This makes it 2,102,400 orphans yearly in a single continent. In the year 2007, UNAIDS reported that the African continent was home to 14million. They also estimated that the figure could increase to around 50 million in 2015. (UNAIDS 2007).

According to Ombuya, Yambo and Omollo (2012), at least 43 million children in sub-Saharan Africa are orphans. This can be approximated to 12.3percent of the children in the region. UNICEF in 2016, estimated that 140 million of the world's children had lost parents, either one or both to AIDs. More than 80percent of the children lived in Africa and to be specific in the sub-Saharan region. (UNICEF, 2016). Africa as a continent is therefore home to many orphans. This is seen to have been traced back from decades ago to date.

Orphans exist across all civilizations, in all countries and at any given time. According to UNICEF, (2012), an estimate of 1.7 billion children worldwide are orphans with Africa holding 11percent. The widespread of the phenomenon across the whole world can be supported by Matt, Chris, and Lewis (2016) who showed that there are 150 million orphans in the world. They also indicated that Sub Saharan Africa has around 56 million orphans with 27percent of them being due to HIV/AIDS.

<center>1</center>

At the national level, UNICEF (2009) estimated that more than 10percent of the Kenyan children are orphans. This agrees with the view of director of Hope Children's home, he holds that the situation of orphans in Kenya is one that raises an alarm. He estimates that there are over 3 million orphans in the nation. Among these children, 47percent are orphaned by losing their parents to HIV/AIDS. (Fred Afwai, 2013)

These figures indicated that orphanhood is not a new phenomenon but rather one that has been there since history. The statistics showed that the figures have been increasing over the years. With changes in times and increased number of orphans, it can be said that the problem is not close to being solved but could be breeding new problems within itself. This is the reason why this study sought to investigate more on the welfare limits of these children.

1.2 Problem statement.

Increased numbers of orphans are making orphanhood one of the main problems in developing nations. This problem is mostly experienced in Sub Saharan Africa where HIV/AIDs has very deep roots. This epidemic has taken away many lives rendering many children orphans for having lost either one or both their parents to it. According to UNICEF (2003), for children whose parents have died as a result of HIV/AIDS, eight out of ten of them live in Sub-Saharan Africa.

There have been efforts to take care of orphaned children. Despite all the efforts put in place to improve lives of these orphaned children, there is still a great decline in the social and economic welfare of the orphans. This is attributed to poverty, HIV/AIDS and war. (Gibson, 2009). Also, changes in culture resulting from urbanization, social and economic factors have also led to

distortion of the extended family network which earlier on used to take care of the orphaned children.

Due to social change and other aspects like poverty, most people are not willing to take orphaned children in. For the families that take them in, there is a significant strain financially and the children may end up serving as house helps, denied love and frustrated. Some of the orphans end up with elderly guardians who basically are not even in a position to fend for themselves. Other orphans are left to live and survive on their own leading to increased number of child-headed families. Some of the orphans end up in children homes which face challenges of their own. Others are trafficked and some especially girls are forced into early marriages.

The growing number of orphans in Kenya overwhelms the resources at the nation's disposal. The high numbers take a toll on both the Government and the guardians caring for these children. The family is irreplaceable. The family is an important agent of socialization. It is vital for a child's development in education, health and emotional spheres. As the parents pass on, numbers of orphans' increase, poverty increases, child headed families' increases and malnutrition increases. Also, poor access to health services and education becomes another problem experienced by the children. Therefore, the children are not only just orphans but their state exposes them to many other problems unlike the non-orphans. To survive, they are exposed to child abuse, child labour, prostitution and HIV/AIDs. The world becomes full of pain and misery from the moment their parents succumb to death. The state of orphanhood exposes the children to welfare limits that this study aimed at exploring.

1.3 Justification of the study

The knowledge rationale for the study was to contribute to the body of knowledge of the subject welfare limits of orphans. The study intended to produce in-depth knowledge about orphanhood and policy linkages to the problem. The policies formulated courtesy of this study should be orphan focused. The study sought to obtain knowledge the on kind of welfare limits that these children have to deal with and strategize on how best to help them out.

Orphanhood is a problem that affects the child, the community, the government and the whole world. The children experience the bigger part of the suffering by having no one take care of them, missing out on parental love and losing the people who are supposed to be their main agents of socialization. Considering all these issues, the study aimed at suggesting coping mechanisms for these children. The well-wishers and the governments which fund different orphanages and orphan related projects need to understand the situation of the children to devise better ways of helping them. Above all, if there are ways of reducing the number of children who turn orphans daily, then this study recommends the same to help reduce the magnitude of the problem.

The study aimed at actually getting into the world of that child, who was orphaned and now has to live and survive without the most important people in his or her life, and, found out the truth of how life is on that other side of the coin. If the children are dealing with problems, then, the problems need to be dealt with to protect their future. The study also helped in understanding the individuals within the society who have been destabilized by orphanhood and provided them with therapy by enabling them to understand their problem much deeper. As a result of all the mentioned factors, there was need to examine and understand the welfare limits of orphans.

Also, there was need for the general public to be aware of the problem at hand because in helping to curb or manage it, community participation is very essential.

1.4 Research questions

1. What is the scope and magnitude of orphaned children in Nangosia location?
2. What are the causes of orphanhood in Nangosia location?
3. What are the welfare limits of orphans?
4. Which interventions have been employed in dealing with the problems associated with orphanhood?

1.5 Research objectives

1. To assess the scope and magnitude of orphaned children in Nangosia location
2. To investigate the causes of orphanhood in Nangosia location
3. To examine the welfare limits of orphans.
4. To investigate the interventions by the community, the Non-Governmental community and the national government in dealing with the problem of orphanhood.

1.6 Scope and limitations of the study

The study focused on orphans living within the community set up. The study aimed at assessing the scope and magnitude of orphaned children in Nangosia Location. Upon knowing the scope, their welfare limits were examined to see if their situation exposes them to limits and problems that are not common to the non-orphans. The guardians caring for orphans at the time of the study were the main respondents. The study sought their opinions on what should be done to help improve the welfare of orphans under their care.

Orphanhood is not a unique problem associated with just some areas but rather it is one that affects all regions of the world. Nangosia location is not an exception either. This study looked at whether the families in this locality still accommodate orphans or have the social and economic changes limited their ability to live with the orphaned children.

The study also examined the main causes of orphanhood in the location. It also looked at the health and nutrition of the orphans, their social relationships, their academic performance and vulnerability issues. Upon collecting data, recommendations were made to the families caring for orphans, the community, the national government and the Non- Governmental agencies on how best to handle the problem in line with the description that this study gave.

1.7 Definition of key terms

Guardian: a household member responsible for taking care of orphan(s). Most preferably, the household head.

Orphan: a child under the age 18 years who has lost either one or both parents to death.

Orphanhood: this is the state of having lost either one or both parents to death.

Stigmatization: being disgraced or given a brand that lowers one's self esteem.

Welfare limits: The limitations and challenges experienced by orphaned children. The aspects that hinder them from reaching their full potential.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Literature review

This chapter contains the review of existing literature or studies done about the topic, critics, the theoretical framework guiding the research and the applicability of the theories to this specific study.

2.1 Understanding of orphanhood

An orphan is a child under the age of 18 years who has lost either one or both parents to death. In the context of AIDS, UNAIDS (2004) defines an orphan as a child under the age of 15 years who has lost its mother to HIV/AIDS.

Ennew (2003) points out that, orphans are parentless children who are socially and materially dependent on the wider society for their safe passage through childhood. He proceeds by saying Orphan(-hood) is a generic categorization used mainly to describe a parental status, as well as the socio-economic condition of children who have lost one or both parents due to various causes.

2.2 Frequency and magnitude of orphanhood

According to Matt, Chris and Lewis (2016), currently, 150 million children are orphans in the world. They also indicate that the former USSR has 6.2 million orphans. East Asia and the Pacific have 26.9 million orphans. The Caribbean and Latin America have 7.8 million orphans. The Middle East and North America have 5.5 million orphans. South Asia has 40.8 million orphans and Saharan Africa has around 56 million orphans.

Orphan hope international indicated that according to a recent report by UNICEF, between 143-210 million children are orphans worldwide and these figures do not include the abandoned children. The report also indicates that every day 5760 more children become orphans (Fred Afwai, 2013). In the year 2016, UNICEF estimated 140 million children worldwide who had lost their parents to AIDS. More than 80percent of these children live in the sub-Sahara Africa. (UNICEF, 2016). The number of orphaned children has been increasing over time especially in Africa. As per UNAIDS, The African continent was by then home to 14 million of AIDS orphans; a figure which was estimated to increase to 50 million by 2015 (UNAIDS, 2007).

The 2003 Kenya Demographic and Health Survey showed that 2.3percent of boys and 1.9percent of girls of below 15 years had lost both their parents. 25 percent of children below 18 years confirmed having lost one or both parents. (KDHS, 2003). The proportion of orphans in Kenya stays high as in 2007, the National Aids Control Council reported that, of children aged 0 to 18 years, 13.5percent of them are orphaned. The Kenya 2008 UNGASS report estimated that 2.4 million children are orphans, of which, 1,149,000 of them are in that state because their parents succumbed to HIV/AIDS. (UNAIDS/NACC, 2008). Also, UNICEF (2009) estimated that more than 10percent of the Kenyan children are orphans.

According to the review on the statistics of orphans, the figures given are estimates, this indicates that a number of orphans worldwide may have been left out. All these may result from the fact that most of the data relied on are that of demographic surveys which focus on children living in households leaving out those who are in orphanages, streets and those being trafficked. The fact that the world or even national governments are not aware of the accurate number of

orphans within their area of jurisdiction means that these orphans are not being reached in terms of help. This then exposes them to many welfare issues that this research intended to study.

2.3 Causes of orphanhood

Understanding the problem of orphanhood called for the need of having knowledge on its causes. The following is a review of the causes of ophanhood.

2.3.1: HIV/AIDS: Human Immuno-Deficiency Virus/ Acquired Immuno-Defiency Syndrome

This epidemic has proved to have abilities to alter demographic structures of the society. As it does so, it also indents the population pyramids. For instance, by 2005, it had rendered 15 million children orphans and this figure could increase. (Avert, 2005., UNICEF, 2004).

According to the 2001 United Nations General Assembly Special Session on HIV/ AIDS, UNAIDS researchers noted that nearly 40percent of the countries that are suffering from a generalized AIDS epidemic lack a national policy to support children "orphaned or made vulnerable by AIDS" (Joint United Nations Programme 2003:12). This issue is important in Sub-Saharan Africa where most adults have died of the epidemic leading to high concentrations of orphans.

According to UNICEF (2003), for children whose parents have died as a result of HIV/AIDS, eight out of ten of them live in Sub-Saharan Africa. From 1990 to 2001, the percentage of these orphans increased from 3.5percent to 32percent. By 2003, the number of these children had reached 34 million with 11 million of them being in picture because of the disease.
These studies focused on the number of orphans resulting from HIV/AIDS but they do not look at what happens to those children later on. When the parents die, how do the orphans cope and

face the fact that their parents died because of the disease? Do they feel stigmatized? How do the people around help them in dealing with the same? what are some of the challenges that they encounter as a result of being orphaned by the disease? This study aims at filling these gaps by seeking to provide answers to such questions.

2.3.2 Conflicts and wars

Currently, in the world, people have lost and are still losing lives to ethnic and political wars. Conflicts especially politically brewed ones afflict many parts of the nation of Kenya. For instance, the 2007/08 political violence and clashes which led to increased number of orphaned children whose situation is not only a national concern but also an international concern. An estimate given by the UNICEF stated that the orphans who resulted from the violence were 300,000 and by virtue of age about 15percent were 0-4 years, 35percent about 5 and 9 years and over 50percent were 10-14 years old. (UNICEF, 2010)

According to World Bank (2008), the armed conflicts and civil war play a major role in rendering children across Africa and even in the world orphans. For instance, 2007/08 political violence in Kenya, the 1989-2003 civil war in Liberia, the 100 days of ethnic cleansing in Ivory Coast in 2010. The 1994 violence in Rwanda and the conflict in Sudan between 1983-2005.

Conflict and wars do not only render children orphans but rather also displaces them from their homes, denies them the chance to bury their parents, exposes them to living in refugee camps or ending up in places and with people that they are not familiar with. This affects their development and school attendance which then distracts their way of life throughout childhood to adulthood.

All these among other aspects like malaria and road accidents are the main causes of orphanhood that later on expose the orphans to welfare limits that this study sought to obtain indepth knowledge about.

2.4 Welfare limits of orphans

2.4.1. Parental love, care, identity and belonging issues.

Orphans just like other individuals experience problems. Some of these experiences could be unique to them due to their situation. Some could be problems that can be experienced by other people too regardless of their situations. Neglect, abuse, missing out on parental care and love, stigmatization, and lack of food are some of the challenges that orphans face. (Rubaha, 2008).

A child does require certain needs to be able to grow and develop into a responsible and healthy individual. (UNICEF,2016). These needs include but not limited to parental love and care and being protected during their early stages of life. These early stages of a child's life appreciate the role of socialization especially by the primary agent: family. Family, especially parents nurture children by giving them a chance to experience love and feel accepted. Through this, the children develop a feeling of belonging and they feel safe. The safety ensures trust and confidence thus building up the self-esteem of the child.

Orphans are mostly deprived of care, love, and affection. Not having parents leave them with no one to give them true and undivided attention. They are either taken in by people, adopted, admitted in children homes or left on their own. Due to changes in times and increased poverty, extended families avoid them because they are an extra cost. (Nayak,2014). According to Nayak, when you ask people the number of children they have, they will answer, "I have five of my own and four of my brothers or four others." This depicts that a parent in question has little to no love

for the other four because they are not her own. The orphan who is need of much love is actually the one getting little or none.

2.4.2 Health and nutrition.

Kafwa (2005), compared orphans and non-orphans and found that orphans are more malnourished, prone to exploitation and have limited access to good healthcare services. All these issues bring about emotional stress and later affecting their general concentration. Being malnourished indicates poor diets or not taking enough food. When parents who may be the main bread winners of a family pass on, the children may be left on their own. This will mean they have to fend for themselves. Difficulties associated with the same could limit their ability to get enough food or even to get any at all. Healthcare is becoming more and more expensive, without parents to take them to hospitals and pay their bills, orphans may end up falling sick at home with no options to explore.

Browne (2009) shows that children across the world are frequently being placed in orphanages despite the recognition that such institutions are associated with negative development. The children in institutional care systems like orphanages experience developmental delays because of poor health and malnutrition. Development problems here include physical underdevelopment, emotional disorders, and deterioration of brain growth. All these problems may reduce their intellectual and social abilities and skills.

2.4.3 Academic issues

Hewlett (2006), held that motivation is required for learning to be successful. Orphans lack basic needs like parental love, food, shelter, and clothing. These inadequacies may make them less motivated in life. According to Maslow (2009), for one to be motivated in whatever he or she

does then they need to be satisfied in terms of basic needs like food, shelter, clothing, and love. This will in return help them to perform to the expected standards in life.

According to Tadesse (2008), Orphans face various problems like negative health, social and developmental outcomes resulting in poor school attendance and low educational achievement. The poor performance could be due to the stress they experience that limit their level of concentration. They lack resources and means of meeting their daily needs.

In a school context, orphans have not received enough attention from both their teachers and even peers. At times, orphans may display behaviors like withdrawal which are assumed and considered as anti-social. This situation is worsened by the academic situation in Kenya where both teachers and school counselors have too much workload to take care of. The workload is due to the congested curriculum and the fewer numbers of teachers compared to the students who need their attention. (Boitt &Chepchieng, 2011). As a result, teachers do not have extra time to find out the sources or causes of the anti-social behaviors and symptoms like withdrawal that the orphaned children experience and express.

Education is significant and essential to children's future. This makes it very important to the orphaned children too. Education here, is not only a key to excellence but also a source of hope in the lives of the orphaned children. It gives them a chance to learn life skills and get equipped with technical skills for employment purposes in future. Orphans are quite susceptible to dangers like HIV/AIDs, education, plays a role of a protector to these children against the same. (UNICEF, 2009). Due to financial problems, most orphans do not manage to go to school and those in school are most likely not to be in the same class like their age mates and present many cases of absenteeism. These can be attributed to the heavy domestic duties that they are required

to perform. (Kavuli, 2003). Orphans are many at a times not able to finish secondary school. (Desmond, 2001). This can be attributed to the fact that they are pulled from school as a result of lacking academic needs like books, pens, uniform and other school requirements. (Togom, 2009).

Orphans living with non-parents are not able to perform well because they face violations of property rights, labour exploitation, sexual harassment, violence and abuse (UNAIDS & WHO,2003). After the death of both parents, some orphans remain on their own with no relative or stranger to take them in. This increases the number of child-headed families. These families are mostly characterized by extreme poverty. This in return affects the education process for the children. (Sara Jerupo Ruto, 2006)

Orphans cared for by relatives, experience much more different treatment as those given to them by their parents. These can go beyond financial constraints and may include discrimination as the biological children are favored. This results to orphans suffering trauma which then affects their ability to concentrate in school hence limiting them from achieving academic excellence. The stigma associated with orphanhood can result in poor performance. (Crampin, 2003)

2.4.4 Vulnerability, social and physical issues

As a result of being vulnerable, the orphans face a greater risk of abuse, harassment, exploitation, and stigma. All these problems may lead to them having poor social and physical wellbeing. These findings can be confirmed by those of Muguwe, (2012), which held that many orphans are at risk of abuse from people in the community as they are seen as easy targets. They experience rape and other forms of sexual violence and this is fueled up by increasing levels of poverty.

Nalven (2014) revealed that if children experience problems of isolation, abuse, neglect, and malnutrition, they are at a risk of having developmental and behavioral problems. He proceeds by explaining that, children raised in privation like orphanages may suffer an increased risk of developmental and behavioral problems. Literature review on children who were adopted from orphanages internationally shows that most of them demonstrate delays in growth and development and display concerning social behaviors.

Apart from development problems, Fawzy and Fouad (2010) found that, even though in some instances basic needs for the orphans could be met, those living in orphanages were totally separated from the outside world. Due to the separation, they are not in a position to be part of a normal family setup or even relate to the wider society. The effects of such isolation are low self-esteem and depression for the children.

Orphaned children like other individuals within the society are all human beings who also are social beings. These children's well-being greatly depends on interpersonal relationships between them and other members of the society. By interacting with others, the children get a chance to develop their personal identities, learn how to express their thoughts and feelings. The children also learn to best cooperate and collaborate with others in activities within the society and succeed in being great social beings.

It is significant to note that a parent plays a very important and crucial role in helping a child develop interpersonal skills. When a parent dies, it could negatively affect the social well-being of a child. Depending on what stage of development a child was at the time of loss, the experience can also lead to stunted development both socially and physically. This consequently affects the child's concentration in the line of academics. Apart from academically, it also affects

their ability to relate well to peers and other individuals in their social space. (UNICEF Report, 2000). This similar report holds that children of this nature may actually grow up lacking life skills, for instance, the communication and the negotiation skills. Lack of these skills may affect the children's interpersonal relationships within a school context and even in the outside world.

Good parenting, proper socialization and support helps in establishing high self-esteem among children. Children who get a chance to have high self-esteem stand better chances to have and develop great interpersonal relations than the depressed ones. As a result, it is good to note to what extent orphanhood affects negatively interpersonal relationships among orphaned children. This will help to avoid ignoring them when they display anti-social behaviors. An aspect to bear in mind is that: the proper interpersonal relationship is a great indicator of better social well-being. (Perez, 2012)

Findings of research on the relationships between parents' support and the child's ability to develop high self-esteem have portrayed that, being able to receive support and affection is crucial in not only developing but also boosting the self-esteem of a child. (Flaherty & Richman, 1986).

Critique

These studies acknowledge that the orphans experience many problems and limitations. They are taking a general approach and not showing if some problems are unique to some situations. They also do not show how the children cope with those situations. This study aimed at investigating if the orphans in Busia County who live within the community experience unique problems and how they cope.

The studies also show that motivation is required for learning and socialization to be successful and that motivation itself results from satisfaction in terms of basic needs like food, shelter, clothing and parental love. My study examined if the orphans are satisfied and if they are motivated to learn and interact with others in the social setup.

Most of the studies pay attention to the academic performance of the orphans leaving out other social issues like if their state limits their level of interaction in the school set up, if they are able to bond and be attached to their new family and if their fees is paid on time. This study wanted to confirm if their academic performance is linked to their state of orphanhood or if their guardians are not providing them with necessities required for school or if both is happening.

2.5 Strategies for dealing with orphanhood

The problem of orphanhood falls under OVCs which has affected the stability and well-being of families. Communities, nations and even the whole world calling for both national and international conventions and policy frameworks to help deal with the problems.

The frameworks and policies include the world declaration on the survival, protection, and development of children at the world summit for children in 1990. The signatories to this convention were committed to protect the rights of the children and to improve their lives.

Courtesy of the above, the millennium reaffirmed this commitment and showed interest in working towards sustainable development and poverty reduction. (Republic of Kenya, 2005). As regards to this, the millennium summit identified areas via the Millennium Development Goals which also focus on the rights of the children. One of the goals was universal primary education

which had to ensure both the girl child and boy child are exposed to primary education despite their condition.

In 2006, an agreement was made to ensure the protection of all people. This was the international covenant on economic, social and cultural rights. This agreement focuses on the everyone having the right to social security, being able to acquire basic needs like food, shelter, clothing, and housing and it also aims at ensuring people's living conditions are continuously improved. (R.O.K, 2006)

Kenya's children act of 2001 that was revised in 2010 makes provision and places significance on the parental responsibility, guardianship, care, adoption, and protection of children. The act also addresses the issue of ensuring that the rights and welfare of children are safeguarded at all times. Among the rights are right to non-discrimination and to parental care. (R.O.K, 2002)). This act also stipulates that children should be entitled and have access to education. The role to ensure this happens will be of the Government and all parents. The basic education to be offered is to be free and compulsory. This is in line with article 28 of the United Nations (UN) convention on children's rights. (R.O.K, 2002)

The government of Kenya has put in place the national plan of action on OVC. Its aim is to strengthen the capacities of families caring for OVC. It also aims to mobilize and support community-based responses so as the OVCs can access education, food and nutrition, shelter and health care. This policy was established by the ministry of Gender, children and social development together with the national steering committee on OVC. Under the same policy, households caring for OVC got regular ksh 2000 per month. (Sloth-Nielsen, 2014).

The 2010 constitution of Kenya has a comprehensive bill of rights in which article 43 assures all Kenyans of economic, cultural and social rights. It asserts the "the right for every person to social security and binds the state to provide appropriate social security to persons who are unable to support themselves and their dependents." (Republic of Kenya, 2010)

Introduction of free primary education was to ensure access to universal education. Despite this, the government of Kenya acknowledges that orphans are still not fully enrolling in school. (GOK,2013). As a result, the government of Kenya in collaboration with the UNICEF did a mapping and assessment of the Kenya Child Protection System and developed a strategy for the same afterwards. The strategy emphasizes gaps that represents substantial opportunities for development partners and donors to engage. It is vital to make follow ups and find out what could be causing low school enrolments and high drop outs. This is so as to understand why orphans lag behind in accessing education. (UNICEF,2016)

2.6 THEORETICAL FRAMEWORK

Family systems theory and attachment theory were employed in understanding the problem under study.

2.6.1 Family systems theory by Murray Bowen

According to Bowen, Individuals cannot be understood in isolation from one another but rather as part of their family considering that a family is an emotional unit. Families are systems of interconnected and interdependent individuals, none of whom can be understood in isolation or out of the family set up. In the family system, each member has a role to play and rules to respect. There are relationship agreements in the family set up. In this system, there are patterns of behavior. One family member's behavior may cause other members to behave in certain predictable ways. Maintaining the same pattern of behavior may lead to balance but in other cases in may also lead to a dysfunction in the family system.

2.6.2 Attachment theory by John Bowlby.

Attachment is a deep and enduring emotional bond that connects one person to another across time and space. (Ainsworth, 1973; Bowlby, 1969). Attachment is characterized by certain behaviors in children such as seeking proximity to the attachment figure when upset or when threatened. Attachment in parents' entails how they respond sensitively and appropriately to their children's needs. This theory explains how parent-child relationships emerges and develops. The theory acknowledges the child's relationship with their mother in terms of their social, emotional and cognitive development.

Bowlby observed that children experienced intense distress when separated from mothers. Even if they fed by the caregivers, it does not diminish the anxiety. When under stress, children need to seek close proximity with their caregivers. Bowlby suggested that a child would only form one

initial attachment and that attachment figure acted as a secure base for exploring the world. The attachment relationship acts as a prototype for all future relationships so disrupting it, can have severe consequences. He talked about maternal deprivation. According to Bowlby, if the attachment is broken or disrupted within two years of age, the child suffers irreversible long-term consequences of maternal deprivation. The risk continues up to the age of five.

Continual disruption between a child and the caregiver would result in long term cognitive, social and emotional difficulties for that child. These may include delinquency, reduced intelligence, increased aggression, depression and affectionless psychopathy; this is the inability to show affection or care to others.

These two theories were relevant to this study in that they help explain the nature of family and the significance of family especially parents to children. The theories give a clear picture on how disruption of the family via the loss of parents subjects the child to very many misfortunes that not only affects him or her as a child but also these problems may last into their adulthood.

According to the family systems theory, the loss of a parent leaves a child in isolation. The child loses the emotional connection. The child will lack a sense of belonging and people to identify with. As per this theory, the child is to be understood in the family set up as a member. In isolation the child cannot be easily understood or even understand his or her own self.

In the family systems theory, members of a family have roles to play and rules to respect. Children are to respect their parents and learn from them through the process of socialization. Parents are to care for their children and provide for their needs. Among the needs to provided are food and nutrition, shelter, clothing, education, provision of quality healthcare, protection and security and parental love and care.

Children depend on their parents for a stable transition from childhood to adulthood through family relationship agreements. The death of parents takes all these away. Families are unique in their modes of operations. If an orphan ends up in a different family or institution, the child may feel out of place and may not be able to bond and identify with the new family. The family may also not have a true natural emotional connection with the child. Their priorities as parents are with their biological children so where does this leave the orphan? This disrupts the child's emotional well-being which in return affects all other spheres of his or her life. When the children end up on their own then they will have no one to take care of them, show them love and care. The parents' death does not only reap away from them people to connect and identify with but also people to take care of them. The disruption of a family through death of parents disrupts the general wellbeing of the orphan left behind

The attachment theory holds that children are attached to their parents who provide them with a sense of security. As per the theory the relationship between a mother and child is very significant in terms of emotional, social and cognitive development of the child. When the child loses the parents, his or her emotional, social and cognitive development is disrupted. According to Bowlby, children experience distress when separated from the attachment figure and even if someone else tries to take care of them, that anxiety does not diminish.

A child needs the attachment relationship as he or she grows up. If the attachment is disrupted in what Bowlby calls maternal deprivation then, the child may suffer long term irreversible consequences like delinquency, reduced intelligence, increased aggression, and depression. This then will mean the loss a parent or parents detaches the children from the world around them. They no longer will feel safe, cared for, they will not have someone to walk them through the journey of life. They end up on their own at the time when they need their parents most. Their parents' passing exposes them to welfare limits that this study sought to investigate and describe.

2.7 Conceptual Framework

Independent variables   **Dependent variables**

Figure 1: Conceptual framework

Figure 1: The relationship between variables.

Independent variables are those variables that can be manipulated by the researcher in order to determine their influence on other variables. (Mugenda & mugenda, 1999). They are also used in predicting the amount of variation occurring in other variables. In this context the independent variables comprised of the factors that cause orphanhood. They involve, HIV/AIDS, domestic violence, accidents and wars.

The dependent variables attempt to indicate the influence arising from the effects of the independent variables. Upon loosing parent(s), the children are rendered orphans. Orphanhood in return presents the children to a number of limitations which serve as the dependent variables in this study. The dependent variables include, Lack of parental love, health and nutrition issues, interaction and relationship problems, academic problems, issues associated with social skills and vulnerability issues.

Intervening variables act as links between the independent variables and the dependent variables in a causal sequence. As a result of wars, HIV/AIDS, domestic violence and accidents, there is loss of parents and children become orphans. Upon being orphans, they may Lack of food and be exposed to unhealthy life, with no one to take care of them and they may lack attachments and sense of belonging resulting in the aspects discussed under the dependent variables.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This section gives details regarding the procedures that were used in conducting the study. The methodology chapter discusses pertinent issues like the research design, research site target population, samples, methods of data collection, the data collected, data analysis and the ethical issues which were put into consideration throughout the study.

3.1 Research Design

A research design is basically a framework used in carrying out a study. According to Kothari (2004), a research design is a plan, a roadmap and blueprint strategy of investigation conceived so as to obtain answers to research questions. It is the heart of the study. (Kothari, 2004). In this context, the design used was the descriptive research design. This design is scientific in nature and it aims at describing the current state of a social phenomenon without seeking to influence it in any way.

Descriptive research design served best here because it helped the researcher to collect information without changing or manipulating the study environment and this granted it the advantage of reducing chances of biasness. Also, the design has other advantages like it enables a researcher to understand various aspects under study, helps in identifying further areas of study and it is less expensive; courtesy of all these advantages, descriptive design was used in carrying out the research on the welfare limits of orphans in Nangosia location, Busia County.

3.2 Research Site

The research site of the study was Nangosia location. The location is situated in Funyula Sub County, Busia County, Kenya. It has the four sub locations namely: Bukhulungu, Luchululo, Sigulu, Sirekeresi. It lies on a latitude of 0^o16' (0.2667^o) North and a longitude of $34^o 6$' (34.1^o) East. It has an average elevation of 1,208 metres (3,963 feet). It is surrounded by the following regions, Nangina; located north side of Nangosia, Wakhungu, Sirima, Wakhungu – Odiado sub location, Odidi (4 Km South East) Luchululo (4 Km West), Lubanga (4 Km North). It is on the time zone. Africa/Nairobi UTC/GMT + 03:00. regarding the 2009 census, its population ranges as 1,657 people in Luchululo, 2,695 people in Sirekeresi, 2,893people in Sigulu and 3,364 people in Bukhulungu. In total its population is 10,609 people.

I settled upon the research site because of being a resident and my experience and observation regarding the aspect under study informed the choice too. I purposively sampled it out for my study.

3.3 Target Population

According to Ogula (2005), a population refers to any group of institutions, people or objects that have common characteristics. The target population of the study comprised of households caring for orphans. This was ascertained by the fact that they had a better idea of what orphanhood is, as either being victims, caring for one or having experienced people close to them fall victims. Hence, they were in a better position to give all the vital and essential data that helped in describing the phenomena and bringing out a clear picture of the welfare limits of these children.

3.4 Unit of analysis

Singleton (1998), describes unit of analysis as the entity around which the researcher seeks to study and make generalization. It is the major entity that is to be analyzed and for which data have been collected. It is the "what "or "who" that is being studied. In this case the units of analysis were the orphaned children living in Nangosia location

3.5 Unit of observation.

The units of observation in this study were the welfare limits of the orphans living in the location.

3.6 Sample Size

The researcher utilized a census where all guardians in Nangosia Location were interviewed. Only one guardian per household was interviewed. The criteria for eligible respondents entailed interviewing guardians who were hosting and caring for an orphaned child or children at the time of the study. This was all because the questionnaire was structured to gather data regarding day to day interactions, behavior, socialization, academic and vulnerability issues. Therefore, households with orphans who do not live there full time were not involved in the study.

3.7 Methods of data collection

In the field, the researcher utilized primary methods of data collection. This entailed the researcher going to the field and collecting data via interacting with the respondents. The main method of data collection in this research was interviews.

3.7.1 Interviews

An interview is an oral administration of a questionnaire or an interview schedule via face-to-face encounters to gather information regarding a study problem. The interviews were administered through the designed questionnaire. The questionnaires which served as interview guides and were prepared prior to data collection. This tool was settled upon because it provides in-depth data, guards against confusing the questions since the interviewer has an opportunity to clarify the questions, can help in extracting personal and sensitive data and an interviewer can also seek clarification through probing.

3.8 Tools of data collection

The main tool of data collection in this research was a questionnaire.

3.8.1 Questionnaires

A questionnaire is a systematic and structured tool that aims at obtaining information from a large population of respondents. (Kothari, 2004) This study utilized a household questionnaire as the main tool for data collection. Caregivers within the study area will serve as the respondents to the questionnaire.

In developing the questionnaire for data collection, both close-ended and open-ended questions were used in the format. This helped to capture both qualitative and quantitative data.

Questionnaires are quite easy to administer, and they capture large volumes of data too within a very short period of time. These advantages affirmed the decision to use them in the study.

The questionnaire was an interviewer administered one.

3.9: Reliability and Validity of data collection instruments

3.9.1 Reliability of Research Instruments

According to Olive M. Mugenda and Abel G. Mugenda (1999), reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials.

The reliability of the above-mentioned data collection instruments was measured and detected via the test-retest method, where the researcher took a group of individuals random from the target population and administer the questionnaires via interviews then repeated the same test after a span of a week to do data comparison and verify the reliability.

3.9.2 Validity of data collection instruments

Validity is the extent to which an instrument measures what it is supposed to measure and performs tasks that it is designed to perform. (Mugenda & Mugenda, 1999). To ensure validity of the research instruments, the researcher ensured that the questionnaires were well prepared as per the requirements of the objectives. And also, content validity assessment was used, where, the research supervisor helped in checking if the instruments were of the quality required to collect valid data in the field setup.

3.10 Data Analysis

According to Frankfort – Nachmias, C. and Nachmias, D. (1992). Data analysis is the process of inspecting, cleaning, transforming and modeling with the goal of highlighting the useful information, suggesting conclusion and supporting decision making. Data collected, was analyzed both qualitatively and quantitatively, where both general statements and numerical distributions were used.

3.11 Ethical Issues

The researcher first of all sought permission and approval from the department of sociology and social work at the University of Nairobi to embark on the field research. Upon the approval from the university, the researcher sought consent from the local administrators of the area under study prior to visiting the respondents.

A proper introduction was done upon meeting the respondents. The nature and purpose of the research was explained to them and the consent for their voluntary participation was sought.

Ethical issues are crucial in any social science research for they help foster privacy and confidentiality, help avoid cases of plagiarism, fraud and physical and psychological harm, they also help avoid using or taking advantage of vulnerable population and ensures dissemination of findings and facilitates academic freedom.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents and discusses the research findings pertaining an investigation on the welfare limits of orphans in Nangosia Location in Busia County under thematic sub sections in line with the research objectives which included; assessing the scope and magnitude of orphaned children in Nangosia Location, investigating the causes of orphanhood in Nangosia Location, to examine the welfare limits of orphans and investigating the interventions by the community, the non-governmental community and the national government in dealing with the problem of orphanhood. The data was analyzed both quantitatively and qualitatively. The data has been presented in forms of tables, pie chart, percentages, graphs which make the results easy and possible to read.

4.2 Research site information

Data was collected from Nangosia Location which is in Samia Sub County of Busia County. The location is divided into four Sub counties. The following table 1 shows distribution of respondents and in those four Sub Locations as per the census done.

Table 1: Sub-location Distribution of respondents

Sub-Location	Number of respondents (F)	Percentage
Bukhulungu	31	31.6
Luchululo	22	22.4
Sigulu	27	27.6
Sirekeresi	18	18.4
Total	**98**	**100**

According to the data as illustrated in the table above, Nangosia location is home to 98 households currently caring for either a double orphan, single orphan or both. Each household caring for an orphan or orphans responded to one questionnaire. All identified guardians agreed to participate thus making the response rate to be 100 percent. Amongst the participants (guardians), 31.6 percent were from Bukhulungu, 27.6 percent from Sigulu, 22.4 percent from Luchululo and 18.4 percent from Sirekeresi. These figures do not include the households which at a point were home to orphans who have relocated to other areas. Each household responded to one questionnaire. The respondents were the household heads or guardians; the individuals responsible for taking care of the orphaned children.

4.3 Bio Data Information

4.3.1 Distribution of respondents by sex

The respondents were asked to indicate their sex. Table 2 below shows the distribution of the respondents by sex.

Table 2: Distribution of respondents by sex

Variable	Frequency	Percentage
Male	36	36.7
Female	62	63.3
Total	**98**	**100**

Source: Research Data (2018)

According to the research findings as depicted in the table above, 36.7 percent males and 63.3 percent females responded to the questionnaire as guardians caring for the orphaned children.

The data indicates that most of the orphaned children were under the care of females. This could be attributed to the fact that the research was conducted in a rural set up where patriarchy is dominant and women are given the responsibility of caring and raising children while men are the breadwinners. On the same aspect of sex, more women guardians may also play a part in exposing the orphaned children to a number of welfare limits. This is because they have a double burden of caring for these children and also providing them with basic needs being that their income depends on daily labour this may then affect their ability to provide food, quality health care and pay school fees for the orphaned children.

4.3.2 Age of the respondents

The respondents were asked about their ages and the findings were as shown in table 2 below.

Table 3: Age of Respondents

Variable (Age in years)	Frequency	Percentage
Below 20	2	2.0
20-40	45	45.9
40-60	33	33.7
60-80	13	13.3
Above 80	5	5.1
Total	**98**	**100**

Source: Research Data (2018)

Note: Categories in Table 3 are mutually exclusive.

The findings indicated that most (45.9 %) of the caregivers were aged 20-40 years, 33.7 percent were aged 40-60 years, 13.3 percent were aged 60-80 years, those above 80 years were 5.1percent and those below 20 years were 2 percent. This shows that guardians of different ages were reached and interviewed during the study thus bringing forth their unique thoughts, opinions and experiences with regard to the topic under study. Having two respondents under the age of twenty years portrays child headed families. These are young individuals who themselves still need care and guidance from parents and yet they are the ones burdened with the responsibility of caring for others. The aged guardians above the age of 80 years can barely take care of themselves so then this begs the question, how are they able to take care of these most vulnerable children?

It was significant to determine the age of the guardians because this is a factor that may expose the orphans to even more greater welfare limits. The young guardians under the age of 20 years, are themselves still growing and developing and thus in need of guidance and protection. This makes it hard for them to provide the same for the children they are raising. They may lack life skills and vital resources that are significant in the parenting process and provision of safety. These young guardians may not even know the welfare needs of these children and how to provide them or rather the welfare agencies to approach in ensuring the welfare needs of the orphans are met. They are most likely to be exposed to poverty hence not able to provide the basic rights for these orphaned children like food, shelter, clothing, quality health care and education. Failure to provide these basic rights for the children exposes them to the vicious cycle of poverty.

According to Erikson 1963, these young guardians fall under the identity vs role confusion stage of development. At their age, they are searching for a sense of self and personal identity

thorough an intense exploration of personal values, beliefs and goals. They are basically transiting from childhood to adulthood and yet at the same time they are already having adult roles of parenting others. This not only affects their lives but rather of those they are caring for. Protection from abuse and exploitative labour are some of the welfare needs of a child, the orphans under the care of young guardians are at a risk of being abused and exploited because their guardians cannot protect them from the same as a result of being vulnerable too.

18.4 percent of the guardians were found to be above the age of 60 years. As a result of their age, these guardians experience challenges like inadequate support from relatives and the government to care for the children, isolation, disrupted leisure, financial strain and age-related adversities. According to Smith, 2007, children under the care of elderly parents face higher risks of mental and psychological difficulties that the guardians cannot protect them from. Also, the welfare support from the government to the aged only targets a few and so, some of these aged guardians can barely look after or fend for themselves making it hard for them to care for the orphaned children.

Also, the aged guardians become forgetful of academic visits and hospital appointments for the orphans under their care. As they age, they may not be able to be there fully to parent the orphans. This denies the orphans one of the most significant welfare need; parental care and safety. These children have to grow and develop on their own and even look after the elderly guardians and this may involve being school dropouts and do labour work which is against the welfare provisions of children as stated in the convention on the rights of a child and the Africa Charter on the rights and the welfare of a child to which Kenya is a signatory. Having to work and not learning, for these orphans is a welfare limitation.

4.3.3 Marital status of the respondents

The guardians were asked to indicate their marital status and the findings were as shown in table 4 below.

Table 4: Marital Status

Variable	Frequency	Percentage
Single	8	8.2
Married	39	39.8
Separated	3	3.1
Others(widowed)	48	48.9
Total	**98**	**100**

Source: Research Data (2018)

The findings show that 49 percent of the guardians were widowed, 39.8 percent were married, 8 percent were single and 3.1percent were separated. Married guardians have a high likelihood of providing the orphaned children with a home atmosphere where they are cared for by both the women and men. These findings indicate that only 39.8 percent of the guardians were married, the rest (single 8.2 %, separated 3.1% and the others(widowed) 49%) comprise of 60.2 percent guardians raising the orphaned children single handedly either as men or women. This then means that the children are either missing on paternal or maternal care.

4.3.5 level of education of respondents

The respondents (guardians) were asked to indicate the level of education at the time of the study and the findings were as indicated in table 5 below:

Table 5: Level of Education

Variable	Frequency	Percentage
Primary	37	37.8
Secondary	33	33.6
Tertiary	28	28.6
Total	**98**	**100**

Source: Research Data (2018)

The findings revealed that the highest percentage (37.8%) of the guardians who participated in the study had primary level education, 33.6 percent had secondary level of education. This reflected the low literacy levels within the community, implying a higher need for capacity building efforts. 28.6 percent of the guardians had tertiary level of education. Higher level of education for the guardian is associated with the quality of childcare they give and high-quality care supports positive development in young children (Vandell and Wolfe, 2002). In this study only 28.6 percent of the guardians had tertiary level of education, the rest 71.4 percent had secondary level of education or lower.

4.4 Frequency and distribution of orphans

This section entails the presentation and discussion of findings on the number of orphans in the study location, the distribution of orphans and frequencies of the orphans in terms of sex, age and education.

4.4.1: Frequency and magnitude of orphans

Orphanhood is a problem that has been affecting all communities for a very long time. In the Kenyan context, there has not been a census solely intended to finding out the total number of

orphans in the country. Different organizations have been able to provide estimates of these children across the years as follows:
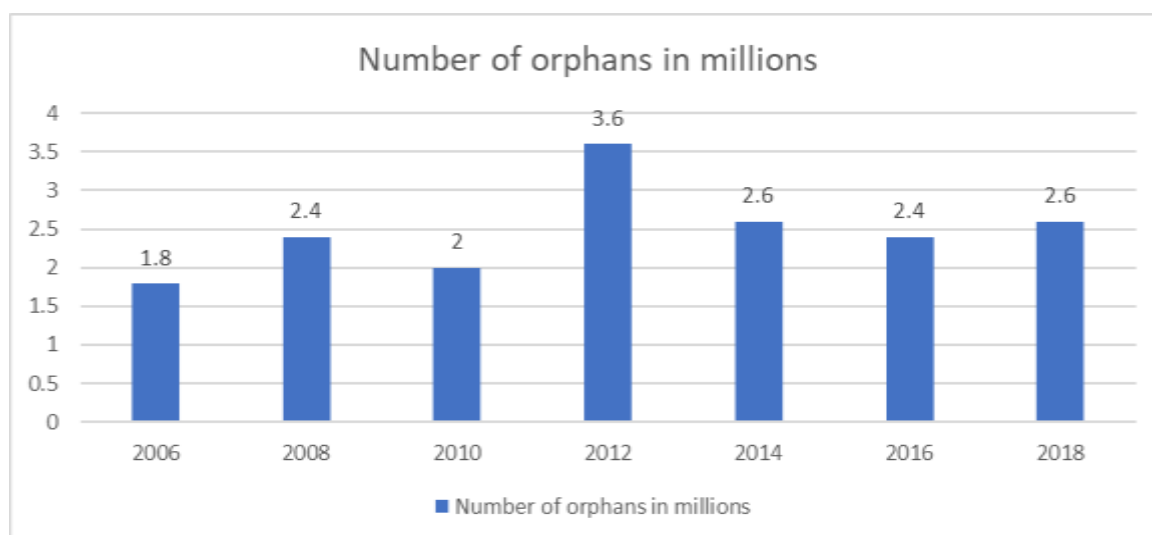
Source: World Bank (2009), UNAIDS (2010), KAIS (2012), UNICEF (2016), USAID (2018)

Figure 2: Number of orphans in Kenya

The high orphan numbers can be attributed to HIV/AIDS in Kenya. The year 2012 has the highest number of 3.6Million orphaned children which then reduces to 2.6 million in 2014. This can be explained by the fact that some of the children counted in 2012 had grown past the age of 18 years hence no longer grouped as orphans and also there have been measures put in place by PEPFAR to help in care and treatment of HIV positive clients to ensure parents live long and normal lives. This has reduced the mortality rate thus also reducing the number of children who are rendered orphans in the nation. Despite efforts by the government and non-governmental organization, the figure above indicates that there are still many orphans in the country whose welfare requires the attention of not only the guardians caring for them but also the community, the welfare agencies, the government and the non-governmental organizations.

4.4.2: Distribution of orphans according to Sub location

The study sought to find out how many orphans were in the location as per the time of the study and their distribution in the four sub locations. The findings were as shown in table 6 below.

Table 6: Distribution of orphans according to Sub Location

Variable	Frequency	Percentage
Bukhulungu	32	26.7
Luchululo	35	29.2
Sigulu	28	23.3
Sirekeresi	25	20.8
Total	**120**	**100**

Source: Research Data (2018)

The highest (29.2%) of the orphans were from Luchululo, 26.7 percent were from Bukhulungu, 23.3 percent from Sigulu and 20.8 percent from Sirekeresi. Luchululo, is the Sub county hosting the highest number of orphans, followed by Bukhulungu, Sigulu and Sirekeresi. On the same note, it was significant to know the distribution of orphans amongst the guardians. Findings on the same were as follows:

Table 7: Distribution of orphans amongst the guardians

Number of orphans	Number of orphans under the care of:		Total (guardians)	Percentage
	Men	Women		
1	30	56	86	87.8
2	0	2	2	2
3	6	4	10	10.2

Source: Research Data (2018)

Findings as indicated in table 7 showed that, 87.8 percent of the guardians were taking care of one orphan each, 2 percent were taking care of two orphans and 10.2 percent were taking care of three orphaned children. Also, 40 percent of the orphans were under the care of men and 60 percent were under the care of women. These data shows that most (87.8%) of the guardians are taking care of one orphaned child. This can be associated to these tough economic times where families cannot sustain many household members. Also, when parents die, the children are distributed among relatives and well-wishers.

Most (60%) of the orphans were under the care of women while 40 percent were under the care of men. This was relevant in understanding the relationship between gender and social protection. Gender refers to women's and men's roles and responsibilities that are socially determined (WHO, 1998). Gender roles are highly variable and are determined by other social, economic, political and cultural factors (DFID, 2000). Most importantly, by reflecting the way in which these roles and responsibilities are socially constructed, this concept requires an understanding of power relations. The study took place in a rural area where patriarchy is dominant with men having power over women.

There is also an important linkage between gender-specific risks and the different roles of men and women as social protection providers. One of the risks that women face is that they are the first (and often only) providers of social protection at the household, extended family and community levels, for example in terms of caring for chronically relatives and orphans. This suggests that assistance should be provided to women in this role through the strengthening of informal household and community-level social protection mechanisms. It should be ensured that this strengthening maintains or increases the gender sensitivity of existing informal mechanisms. (Wheeler &Kabeer, 2003) but on the contrary this doesn't happen in our communities.

Women, most of whom have lower education levels with no formal employment, are overwhelmed by the responsibility of caring for orphaned children. They don't have any salary nor retirement benefits for they were never employed in the first place. When it comes to cash transfers for older people, it only targets those of 65 years and above and not all of them. In the cases where women have lost their husbands, the situation may worsen for them when the in laws take all the property left behind by the husbands. This leaves the women in poverty and yet here they are taking care of these vulnerable children. All these issues in a way or another may affect the orphans under their care. For instance, by failing to provide them with a balanced diet, access to quality health care and paying school fees for them. Female headed households are mostly caught in severe circle of deprivation and this is due to lack of property, land and finance. Poverty in these households causes the children socio-economic issues as well (World Bank 2005).

Orphans under the care of men may also have their share of welfare challenges. Gender roles for men put them in the position of breadwinners. Their focus is to fend for the family but what about the emotional and psychological needs of these children? The well-being of these children

entails not only being fed and going to school but also having some parental attachment, care and love. This provides the children with a sense of security and protection. Lack of the emotional attachment makes the children feel isolated and lonely.

4.4.3: Sex of the orphaned children

The findings on the sex of the orphaned children are as follows in table 8.

Table 8: Sex of the orphaned children

Variable	Frequency	Percentage
Male	42	35
Female	78	65
Total	**120**	**100**

Source: Research Data (2018)

The orphaned children comprised of 35 percent males and 65percent females. The females were far more than the males in number. Knowing the distribution of the orphaned children by sex was significant to help in determining if the orphans are exposed to certain limits due their sex. Boys and girls despite both being children, they do have different welfare needs and may be exposed to different limitations. As young boys and girls, there are gender roles already prescribed for them by the society. In the case where parents or guardians cannot protect and provide for the children, both the young girls and boys are more likely to withdraw from school. Due to gender construction, the girls may stay home taking caring for other siblings, aged guardians and other household chores as the boys go out to work for money for family sustainability. This may also explain why there are many female orphans living in the community at the study time.

As children, both the two require to be provided with safety and protection from abuse, stigma and exploitation by their guardians. The girl child is more vulnerable to sexual exploitation, early marriage and mistimed pregnancy which may hinder her ability to attend school. Orphaned girls without parents or rather stable guardians to protect them end up as victims for they are perceived as easy targets. In the case where it happens, there are no stable and reliable systems in place to take up the case and fight for the rights and protections of the child or in other cases even the child or the guardian are not aware which welfare agencies to report to. Socially, cases like sexual violence are settled by families where a small amount of money is paid for the affected family to stay quiet which may serve as an encouragement for these young girls to be targeted.

Young boys are to be protected too from aspects like exploitative labour and joining crime groups. If they lack someone reliable to provide them with safety, they may opt to safeguard themselves through crime. When living with guardians who cannot fend for them, they have to do labour work and due to poverty they end up being school dropouts.

Under the coverage of children by sex in the CT-OVC Programme, available data from the Single Registry indicates that girls may be slightly under-represented in Kenya's social security cash transfer programmes. For instance, in 2015, female children represented 48.8 percent of all children living in CT-OVC beneficiary households and male children represented 51.2 percent. Yet, based on estimates from the 2014 KDHS and population projection, female orphans

represent 50.4 percent of the total number of children 0-17 years who have lost one or both parents. Likewise, female children represent 47.7 percent of all children living in household enrolled onto the HSNP while male children represent 52.3 percent.

So, there appears to be a slight imbalance, although the difference between boys and girls is not very large. An evaluation of the CT-OVC Programme conducted between 2007 and 2009 found that, when communities were asked to list children orphaned during the last 12 months in their community, 59 percent of the children named were boys (OPM, 2010). This suggests that there may be some gender bias when communities are asked to draw up lists of potentially eligible households for the Programme.

4.4.4: Age of the orphans

The guardians were asked to give the ages of the orphaned children under their care. their responses were as shown in Table 9.

Table 9: Age of the orphaned children

Variable	Frequency	Percentage
0-6	23	19.2
6-12	57	47.5
12-18	40	33.3
Total	120	100

 Source: Research Data (2018)

Note: Categories in Table 9 are mutually exclusive.

An interval scale was used to measure the age of the orphaned children. Findings as shown in the table above indicated that 19.2 percent were aged 0-6 years, 47.5 percent were aged 6-12 years and 33.3 percent were aged 12-18 years. Determining the age of the children was important, because, in development, young children depend on the parents especially the mother, for comfort, protection, sense of belonging and security. Sigmund Freud in his psychosexual stages

of development held that, to be psychologically healthy we must successfully complete each stage and completion of the stages is dependent upon the love and care of the primary caregivers and the kind of attachment that a child develops. So having 19.2 percent of orphans under the age of six illustrates that they may be facing psychological problems which then limit them in terms of socialization, having a sense of belonging, feeling safe and if they end up in the care of people who cannot fill these gaps then these childhood experiences are bound to affect their adult personalities too.

4.4.5: Age of the orphaned children at the time of their parent(s) death

Table 10 below gives an illustration of the ages that the orphaned children were at the time when either one or both their parent(s) died. For the double orphans the researcher picked the age they were when they became total orphans.

Table 10: Age of the orphans at the time of their parent(s)' death

Variable	Frequency	Percentage
0-6	45	37.5
6-12	39	32.5
12-18	36	30
Total	**120**	**100**

Source: Research Data (2018)

At the time of their parent(s)' death, 37.5percent of the orphans were aged 0-6 years, 32.5 percent 6-12 years and 30 percent were 12-18 years. The age at which the orphans lose their parents will determine their development afterwards. Determining their age at the time of their

parent(s) death was to help establish if it affected the way they coped with their situation and how well they adjusted to the changes that were happening around their lives.

Orphans who lose their parents at a tender age are quite vulnerable. For instance, the attachment between a child and a mother is disrupted when the parent dies. This is because they are the first people with whom the child develops an attachment with. They provide the child with a sense of security and safety. The same child may end up with a guardian who is probably too busy leaving the child isolated. In the cases where they end up in children homes, the situation is even worsened for there are too many children with less care givers hence no one to get attached to for their safety. Systems have not been implemented to help such children in ensuring that despite the loss of their parents, their safety can still be assured or empowering guardians with what is required to ensure the child is safe and okay.

For Orphans and vulnerable children, the welfare challenges they face may vary as they grow up. According to KNBS 2014, vulnerable children like orphans in the early childhood cohort may be lacking birth registration which can lead to exclusion from essential services and their rights in life. They may also poor nutrition leading to stunted growth. Poor cognitive development if early care and simulation is inadequate and acute vulnerability to disease and infection due to poor access to health services.

For primary school age going vulnerable children, there is the risk of poor school attendance or dropping out and poor education quality. They may also experience insufficient food supply or

poor diets increasing the likelihood of illness with knock-on effects on education. For secondary age going children, they may be faced with inadequate access to quality education and information on risky behavior. In the case where there is lack of family income, the children may have to drop out of school leading to the engagement of risky sexual activities, substance abuse, early marriages and mistimed pregnancies. (KNBS, 2014)

Using data from 2014 KDHS, Kenya social protection system largely follows a lifecycle approach as children and older persons are more likely to benefit from cash transfers. However, young children under the age of five are less likely to covered than older children. This means that Kenya social protection system is missing a critical window to opportunity to help address malnutrition and help invest in human development during early childhood. (KDHS, 2014)

One of the principles of child sensitive social protection is to intervene as early as possible where children are at risk to prevent irreversible impairment or harm (UNICEF, 2009) yet, young children under the age of five are significantly underrepresented in the CT-OVC programs. Children under five in Kenya constitute nearly one-third of all children in the country yet only seven percent of these children benefit from the CT-OVC. (CT-OVC MIS database, 2015). The under coverage of young children is mostly a consequence of the criteria used to determine eligibility for the CT-OVC which is in respect with survey data from KNBS which indicates that the likelihood of becoming an orphan increases with age hence the need to focus on older vulnerable children.

4.4.6: Level of education of the orphaned children

The study sought to know whether the orphans were or had ever attended school. The findings in table 11 below indicate the levels of education of the orphaned children that they were or had attended at the time of the study.

Table 11: Level of education of the orphaned children (Both in and out of school)

Variable	Frequency	Percentage
None	11	9.2
Primary	79	65.8
Secondary	30	25
Total	**120**	**100**

Source: Research Data (2018)

The findings in the table above include both children who were attending school at the time of the study and those who were not. Amongst the orphaned children in the area of study, of those who had been to school, 65.8 percent had primary level of education, 25 percent secondary level and 9.2 percent had no education for they had not come of age to go to school. In the Kenyan society education is very essential in not only provision of information but also in helping people to earn a living. Orphaned children are already disadvantaged by not having parents who can love and care for them unconditionally, education therefore remains their only way out of their misery. Establishing their level of education was important because it would explain if the children are equipped with knowledge and information to guide them in real life decision and help then earn a living thus escaping poverty.

At the time of the research as indicated in Table 10 above most of them were in primary or had only attended primary school. This is not a good indicator of what the future holds for them because lack of education hinders them from acquiring skills to earn a decent living and they will lack information on how to take care of their health and protect themselves from abuse.

Therefore, low education levels do not only imply a limit in their welfare but also exposes them to more welfare limits both as children and as adults.

Even though in Kenya there is free primary school to ensure all children get quality education, the implementation of the same has had some problem for guardians are still required to pay some money every now and then. Therefore, even if guardians who cannot raise the money are willing to take the orphans to school, the system in place may fail them leading to the orphans dropping out of school.

4.4.7: State of orphanhood.

Orphaned children can either be single orphans or double orphans. This study aimed at exploring the welfare limits for both. Table 12 below shows the frequency and percentages of the single and double orphans in the study location.

Table 12: State of orphanhood

Variable	Frequency	Percentage
Double orphans	44	36.7
Single	76	63.3
Total	**120**	**100**

 Source: Research Data (2018)

The study focused on both double and single orphans. According to the research findings in table 12, 63.3 percent were double orphans and 36.7 percent were single orphans. Orphans may face some common welfare issues but there is some difference of limits that double orphans may face as opposed to single ones considering the single orphans still have a parent, they can look up to while double orphans don't. The surviving parents for the single orphans may still love and care

for the children unconditionally and willing to protect them and provide for them to the best of ability as opposed to the double orphans who end up in new environment probably with guardians who have their own biological children to be concerned about.

In ensuring that it is easy and manageable to care for these children, there is an initiative by the government through the project of cash transfer for orphans and vulnerable children. the project objective is to increase social safety net for poor OVC. Regarding this project, 28 orphans were the only ones receiving the funds from the government out of 120 orphans. This leaves out a large number of orphans under the care of guardians who cannot access social security and other basic needs for the child with no hope of getting any help.

4.5 Respondents' views on the causes of causes of Orphanhood

Understanding orphanhood as a problem required the researcher to find out its causes. In doing so, a scale of 1- 5 was used, where: (1) stood for Strongly disagree, (2)-Disagree, (3)-Neutral, (4)-Agree, (5)-Strongly agree. There was a list of causes which the respondents had to state to what extent they do or do not cause orphanhood. Apart from the given list, the respondents had the option to add other causes. Ranking was done to help establish the factors that play a major role is causing orphanhood as shown in table 13.

Table 13: Respondents' views on the causes of orphanhood

Factors	1	2	3	4	5	Total	4+5	Rank
HIV/AIDS	0(0%)	10(10.2%)	2(2.0%)	59(60.2%)	27(27.6%)	**98(100%)**	86(87.6%)	1
Chronic illnesses	32(32.7%)	29(29.6%)	7(7.1%)	18(18.4%)	12(12.2%)	**98(100%)**	30(30.6%)	2
Domestic Violence	52(53.1%)	34(34.7%)	10(10.2%)	2(2.0%)	0(0%)	**98(100%)**	2(2.0%)	5
Conflict and Wars	27(27.6%)	24(24.5%)	22(22.4%)	17(17.3%)	8(8.2%)	**98(100%)**	25(25.5%)	3
Accidents	54(55.1%)	16(16.3%)	3(3.1%)	25(25.5%)	0(0%)	**98(100%)**	25(25.5%)	3
Others	44(44.9%)	30(30.6%)	0(0%)	18(18.4%)	6(6.1%)	**98(100%)**	24(24.5%)	4

Source: Research Data (2018)

The findings in table 13 show that 87.6 percent of respondents stated that HIV/AIDS was the major cause, 30.6 percent illnesses, 25.5 percent conflicts and wars, 25.5percent accidents, 24.5percent other causes and 2.0 percent domestic violence. Among the illnesses mentioned were cancer, diabetes and high blood sugar. Conflicts and wars and accidents were other factors that were confirmed to having contributed to orphanhood. Motorbike related accidents were said to be the common ones in the area. They were attributed to having the untrained and unexperienced motorbike drivers.

The findings on HIV/AIDs as a major cause of orphanhood agree with those from other studies done earlier on. For Instance, in the year 2007, UNAIDS found out that there were 14 million AIDS orphans in Africa with 80 percent of them being in the Sub Saharan Region. They

estimated that the figure would increase to 50million by 2015 due to the increase in HIV/AIDS infection rate. (UNIADS, 2007). In the 2016, a study by UNICEF found out that the number of orphans is increasing as the HIV/AIDS transmission increases. They held that, HIV/AIDS is playing the major role in fueling up the number of children that turn orphans daily. Africa was the most affected continent. (UNICEF, 2016). This study therefore confirms that, despite the measures put in place in dealing with this disease, the infection rate is still high and thus it is still the major cause of rendering children orphans.

4.6 Welfare limits of orphans

The main objective of this study was to investigate the welfare limits of orphans. The researcher sought to understand the changes and challenges that the orphans do deal with in terms of love and belonging, health, education, child labour and vulnerability issues. The following discussion entails the findings established under the same.

4.6.1 Parental love, care, identity and belonging issues

Under this section, the research sought to explore more about how the orphans cope in the new environment and with the new household members. Also, the study aimed at investigating whether the guardians were comfortable and happy regarding the additional responsibilities that came along with caring for the orphaned children. The findings of all these is discussed in the sub sections below:

Double orphans' households

Loneliness

losing parents may render children lonely especially if they find themselves in new homes living with people they are not used to. Table 14 illustrates the findings on this aspect of loneliness among the double orphans.

Table 14:Features of loneliness

Response	Frequency	Percentage
Yes	30	76.9
No	9	23.1
Total	**39**	**100**

Source: Research Data (2018)

As per table 14, the study established that there were 44 double orphans in the area living in 39 households. When asked if the orphans portrayed features of loneliness, (76.9%) said yes while (23.1%) of the respondents said no.

Respondents taking care of the orphans who showed features of loneliness, had various views supporting their thoughts. To them, there were actions observed that confirmed the children being lonely. The actions included; the children tend to stay alone most of the time, they preferred doing things on their own and not in groups, they are rarely seen playing or storytelling with their fellow children, they stay up long at night before falling asleep, they often cry with no underlying reasons and they eat less food

Relationship with the new household members

Being double orphans, the children were living with people who are not their parents. This meant that, they ended up in new households with new household members. The research intended to find out their interaction and relationship with the new members and the findings are as shown in table 15.

Table 15: Relationship with the new household members

Response	Frequency	Percentage
Relate well	13	33.3
Do not relate well	26	66.7
Total	**39**	**100**

Source: Research Data (2018)

When asked if the orphans do mingle and co-exist well with other household members, 33.3 percent of the respondents said that they do relate well while 66.7 percent said they don't relate well.

The 66.7 percent respondents who said that the orphans do not mingle gave reasons to support their response. The reasons included; they do not play with other children in the household, they rarely participate in activities with other household members, they stay alone in most cases even when other household members are around the homestead, when sitting together with other household members, they tend to stay quiet.

The researcher found out if at all there were possible explanations to the above stated behaviors from the respondents' perspective. The responses obtained included; they are not used to the new household members, there is a chance, things are done differently in these households and the

children do not know how to fit in or are still figuring out how to do so, they do miss their parents and siblings whom they were separated from upon losing their parents, they are still mourning, other household members treat them as outcasts especially the members that they are not directed related to by blood, they are scared that they may say or behave in a manner that is disgusting or displeasing to the other household members.

These findings show that most of the double orphans are lonely and some find it difficult to fit in the new environment. Among the actions stated above, some could be attributed more to the nature or personality of those children and less to the state of orphanhood. For instance, the children who rarely play or mingle with others. This could be their normal behavior but also the loneliness and scanty interaction can be associated with their parent's death. A parent's death affects the psychological wellbeing of a child. There is a close coherence between children psychological well-being and their interpersonal relationships. Children with poor psychological wellbeing are likely to be withdrawn, experience low self-esteem and have poor adaptations to human functioning and life experiences.

This research findings showed that the orphaned children actually do experience feelings of loneliness, isolation and lacking a sense of belonging. Other studies found out that these feelings are heightened if the orphaned children are separated from their siblings which often occurs when family or community members split up the child caring duties. A survey conducted in Kenyan Slums, found out that 48 percent of the households with orphans, reported that, some of their family members were relocated to other communities. (Ayieko, 1997). Sibling separation can be difficult for children as they often rely on each other to cope with the loss of their parents. As a result, they end up being lonely, limiting their interactions and failing to bond easily with the new household members. (Ayieko, 1997).

How the guardians view the orphaned children

Double orphans were under the care of people who are not their biological parents. As a result, the research intended to examine how the guardians felt about taking care of the children. This was important because the feelings and behaviors of a guardian in a way may have something to do with how the children behave or cope with the situation of orphanhood. The table below shows how the interviewed guardians view the orphaned children under their care.

Table 16: Guardians considering the orphans as their own children

Response	Frequency	Percentage
Yes	10	25.6
No	29	74.4
Total	**39**	**100**

Source: Research Data (2018)

According to the findings in table 16, when asked if they see the orphaned children as their own, 25.6 percent of the respondents said yes while 74.4 percent said no.

The researcher proceeded by asking for some explanations regarding why 74.4 percent of the respondents did not consider the orphans as their own children. The responses obtained included; the children keep moving from one relative to another, they did not give birth to them, they will grow up and leave them, they may never remember us and they came here because the extended family suggested so.

The guardians considering the children as their own would mean they are willing to do whether it takes to protect and provide for them. In this case 25.6 percent of the guardians do not show concern or appreciation for the children. The children are therefore not their priorities. This may leave the children insecure in their new homes with no one fully dedicated to taking care of them and ensuring their nutritional, health and education needs are met. Also, if the guardians are so detached then the children may remain emotionally weak.

Orphans are more prone to behavioral and emotional problems for they deprived of parental love and care, protection and appreciation. These emotional problems are welfare limitations on their own but again, they also pave way for other limitation for the orphans both in childhood and adulthood. Their vulnerability to emotional problems is heightened due to exposure to exploitation, neglect and abuse. These factors not only make them emotionally needy but also insecure. Emotional problems influence the children's overall development. This includes academically and even socially. Their school performance is bound to be affected if the children

are emotionally unstable. Failure to attain good grades or in the case of school dropout, they are limited from actively participating in economic activities hence may end up in poverty.

Being happy with the additional household members

Due to economic strain that most families face today, it may be difficult for most families to care for extra members. The findings in table 17 indicate whether the guardians caring for the orphans were happy with the additional members or not.

Table 17: Being happy with the new household members

Response	Frequency	Percentage
Yes	12	30.8
No	27	69.2
Total	**39**	**100**

Source: Research Data (2018)

When asked if they are happy about the new household members(orphans), 30.8 percent of the respondents said yes while 69.2 percent said no. For the respondents who confirmed being happy, the following were the reasons as to why; they help with household chores, during farming (planting, weeding and harvesting), they help a lot hence increasing the food produce, they take care of the homestead when the guardians are not in, they raise them and give them their best hoping someone will do the same for my kids in case they die, by raising them, we are paid Ksh. 4,000 by the Kenyan Government and they are children who need someone to provide for them and for as long as we can do that, we do not mind raising them.

For the respondents who are not happy, the following were their explanations; they are a financial liability, over the years the harvests are reducing due to climatic change, thus, feeding additional members is not easy, some of them have medical conditions, a lot of time and money is spent in taking care of them, they are not aware of they were nurtured as young children, this makes them unsure of the influence they will have on our children.

These findings show that it is not only the orphans who find it hard to bond and mingle with the new household members but also, some of the households do not feel happy about their presence. 54 percent of the respondents who were not happy with the new household members also reported taking care of children who portrayed features of loneliness and rarely interacted with others. This then shows that, the behavior and attitude of the guardians may in a way affect the way the children behave within the new household. Personality theorists like Sigmund Freud and Erik Erickson held that, children depend on the comfort of the mother or caregiver for their happiness and security. If the caregiver wants less to do with the child, then, they become insecure having no shoulder to lean on. They become lonely and scared. The output of such feelings may be anti-social behaviors just like those expressed by some of the orphaned children in this research.

Single orphans

For guardians taking care of single orphans, the research intended to investigate whether they do believe that they fill the gap left behind by the parent who passed on. Normally, children relate differently to their mothers and fathers. Some may feel more comfortable with one of the parents than the other. In cases where there was a close attachment with the parent who died, how then do the living one manage to fill in the gap left behind? And what if the child ends up with

someone who is not even their biological parent, how does this new guardian manage? This research was able to gather the following responses in table 18 in regard to the above questions.

Table 18: Filing the gap left behind by the diseased

Response	Frequency	Percentage
Yes	31	43.1
No	41	56.9
Total	**72**	**100**

Source: Research Data (2018)

When asked if they believe that they do fill the gaps left behind by the parent who died in the children's life, 43.1 percent of the respondents said yes while 56.9 percent of the respondents said No. The following were the explanations showing which gaps have not yet been filled. They included:

My daughters were used to their mother because I am a working dad. As a result, I barely understand them and they do not understand me too. I always do feel they miss their mother but I have no idea on what I should do or even to say to them to make them feel better.

The parent who passed was the breadwinner, I am not in a position to feed them well now, take them to good schools, buy them good clothes and toys. As per this moment they are just surviving.

When the mother passed, the child was still breastfeeding. The passing compromised the child's feeding. The child is always sickly and looks weak.

I am quite old, I barely ca not take care of myself making it hard to take care of my orphaned grandchildren.

The children used to be very happy, talkative and playful but upon the passing of their mother, they are now very calm and quiet. It is like their world was shattered.

The responses above illustrate that, in a family set up there is division of roles. Fathers and mothers play certain roles in the children's upbringing. The loss of either of them creates an imbalance not only in the life of the orphans left behind but also in the general well-being of the family. These findings show that, fathers are normally seen as breadwinners. They provide food, money for clothing and education. Upon their passing, the orphans are faced with problems of school drop outs due to lack of fees and may not be able to afford a balanced diet because the living parent is straining a lot to fit in the shoe of their father.

Mothers were associated with love, care and security. Being that they spend a lot of time at home with the children, they create a stronger bond with them. They understand the various needs of their children and how best to deal with them. The children are also used to spending more time with their mother and from them they gain the sense of belonging and security. If the mother passes on, the child is left lonely and detached. The fact that the father was never always around makes it hard for him to fill the gap left behind because he does not even understand the extent of the gap. This situation seems worsened if the orphans ends up with people who are not even their parents.

The study location was in rural western part of Kenya. Most guardians were not so educated, with many of them having primary and secondary levels of education. Women were badly off in terms of education. This then explained why they were the main caregivers in terms of love. They spent much time at home raising children. This can also be associated with issues of culture and societal values through patriarchy. The man being the head of the home and the breadwinner focuses on looking for money while the mother focuses on raising children. Roles are divided along gender lines. Therefore, the death of either parent creates a large vacuum for the other to fill and the orphaned children are the ones who pay the price.

4.6.2 Health and Nutrition

Orphans just like non- orphans deserve to feed well and access quality health care services. The researcher inquired whether the orphaned children are well fed and if their situation exposes them to any medical issues. Findings on feeding are as explained in table 19 below:

Table 19: Feeding of the orphans

Variable	Frequency	Percentage
They feed well	41	41.8
They do not feed well	57	58.2
Total	**98**	**100**

Source: Research Data (2018)

When asked about the feeding of the orphans after the loss of their parent(s), 41.8 percent of respondents said that the children fed well while 58.2 percent said they do not feed well. The guardians gave the following explanations to support their responses: The children have poor eating habits, they still feed well and the diet is still balanced, we can no longer afford three or

more meals per day but rather just two, due to the increased number of family members, food is now served in small quantities, they don't eat well. Sometimes they leave their food untouched, during meal time, their concentration is never on the food, they stay long without eating something and they insist on not being hungry and they feed well and there is enough food provision for all household members.

The above descriptions show that different orphans are exposed to different feeding systems after their parents die. Some of the poor feeding habits were associated to the children themselves but not to lack of food. There are guardians who expressed the concern of not being able to feed them well but others clearly indicated that food was available and the children were able to feed well. The poor feeding can therefore be associated with much more than just orphanhood. It could be that, the household they ended up in cannot afford three meals for all household members and not just them or that the children are still mourning and stressed hence poor concentration during meal time or maybe they do not like the kind of food being prepared there but they fear speaking about it. Either way, there are those who experience changes in their feeding and this may lead to malnutrition or other health problems.

Another relationship was noted between the feeding of the children and their academic performance. Most of the guardians who said that they cannot afford three meals a day, also reported that the orphans were dropping academically and others dropping out of school. Also, on the aspect of feeding and academic performance, some of the guardians who feed the orphans well also complained of the academic drop. This may then mean good food may not necessarily be what some of those children need, love care and attention are significant too.

Medical conditions

Table 20 Medical conditions

Response	Frequency	Percentage
Yes	18	18.4
No	25	25.5
I don't know	55	56.1
Total	**98**	**100**

Source: Research Data (2018)

On the issue of medical conditions, findings as illustrated in table 20 above show that 18.4 percent of respondents confirmed that there are orphans under their care who have medical conditions, 25.5 percent of the respondents said that none of the orphans under their care have any medical conditions and 56.1 percent of the respondents did not know any medical conditions.

Among the medical conditions listed by the respondents included, Asthma, Sickle cell anemia, malnutrition, dental carries, diabetes and epilepsy. The respondents manage the medical conditions by praying and hoping that they get better, using local herbs and taking them to hospitals. The listed medical conditions are common across the world and may also affect the non-orphans. The correlation of orphan-hood and health issues has been argued in various ways as per findings of other studies. Although it may seem that orphans are most likely to have poor health, majority of other studies investigating the orphanhood's impact on health have not been able to find a correlation between the two. (Parik., 2007; Crampin., 2003; Kamal., 1996)

As the above studies suggest no correlation, other studies actually managed to find orphans being in poor health as than non-orphans. (Watts et al., 2007; Sarker et al., 2005). Studies have also established that the orphans who end up with elderly guardians, tend to suffer poor health due to the fact that the elderly caregivers may not have resources to take the children to hospital. (Mc Nelly, 2006). The findings of this research can therefore be argued in a number of ways. There is a chance that some of the orphans were exposed to the medical conditions even before their parents died, it also could be their guardians cannot afford to feed them well hence the malnutrition or that being orphans, the care givers do not pay close attention to their health affairs thus exposing them to conditions like dental carries and diabetes. All in all, there is a part played by orphan-hood in exposing the children to health-related issues.

Medical cover

Social change and economic dynamics have exposed people to the culture of preparedness. Currently, there is an increase in the number of people who have medical insurances. Access to the insurances is granted for both the employed and unemployed individuals. This research aimed at finding out whether guardians in the study location owned medical insurances and if the orphans were beneficiaries and the findings are as illustrated and discussed below.

Table 21: Medical cover

Response	Frequency	Percentage
Yes	34	34.7
No	64	65.3
Total	**98**	**100**

Source: Research Data (2018)

On the issue of medical cover as illustrated in table 21, 34.7 percent of the respondents confirmed having medical covers while 65.3 percent of the respondents did not have any medical cover. Good health is important to not only orphans but also to every single person. The fact that more than half of the households did not have medical covers is alarming. Good health contributes to emotional stability, ability to concentrate and perform well in school and also the ability to actively participate in economic activities. Orphans living in households without covers are the risk of falling sick and not being able to seek quality health care. This may in turn affect them emotionally and academically limiting them from reaching their potentials.

Having medical covers does not necessarily mean that the orphans in those households are covered. Out of the 34 respondents with covers, only 14.7 percent confirmed that the orphans within their households are beneficiaries. The 85.3 percent who have not included the orphans as beneficiaries, gave the following reasons to explain why; they are not their actual children, when they processed the cover; the orphans had not joined them yet, they have never known if they are legible to be their beneficiaries, the process is tiresome and time consuming and that the orphans rarely fall sick. These findings are as illustrated in the table 22 below:

Table 22: Orphans benefiting from the medical covers

Response	Frequency	Percentage
Covered	5	14.7
Not Covered	29	85.3
Total	**34**	**100**

Source: Research Data (2018)

4.6.3 Education

School attendance

Education is an important factor any child's life. Orphans just like the non-orphans have the right to attend schools. When asked whether the orphans under their care were attending schools, they responded as illustrated in the table 23.

Table 23: School attendance

Response	Frequency	Percentage
Yes	73	74.5
No	25	25.5
Total	**98**	**100**

Source: Research Data (2018)

According to the research findings as illustrated in the table above, 74.5 percent of the guardians held that, there are orphans under their care attending school. 25.5 percent said that orphans under their care are not in school and they gave the following reasons to support their response; the children are still young (have not reached the school going age), they dropped out of school, they got pregnant, they could not afford paying the secondary school fees, the school requirements were beyond our financial abilities and they stopped attending school due to health issues.

Change of school

Upon losing their parents, some of the orphans, relocate or change schools. the table below shows the frequency and percentage of the orphaned children who changed schools after the passing of their parents.

Table 24: Change of school

Response	Frequency	Percentage
Yes	43	58.9
No	30	41.1
Total	**73**	**100**

Source: Research Data (2018)

When asked if the orphans are still attending the same school as they were before the passing of their parent(s), 58.9 percent responded with a yes while 41.1 percent responded with a no. Those who changed schools for the children had the following reasons to explain why they did so. They included; they could not afford the school fees, they live far away from the school they were attending before, the orphans complained of bullying and stigmatization and they felt it was better if they attended similar schools as their own children.

Academic materials

Academic excellence requires a student to have the required academic materials. In regard to this aspect, the research aimed at finding out if the children had the required academic materials for school and the responses gathered were as follows:

Table 25: Academic materials

Response	Frequency	Percentage
Yes	31	42.5
No	42	57.5
Total	**73**	**100**

Source: Research Data (2018)

The study findings as shown in table 25 indicate that, 42.5 percent of the respondents confirmed that the orphans under their care had all the academic materials required while 57.5 percent of the respondents held that the orphans under their care did not have all the required materials for school. They had the following to explain why the children lack all the required academic materials; the textbooks are very expensive, due to financial constraints they cannot afford new uniforms for them, they had to sell their good school bags to raise money for food, in this new school, the rate of theft is high among students, they may steal the materials from these children and there are some stuffs which are not necessary like story books.

School fees

The following is the list obtained upon asking the respondents the question on who pays the children's school fees.

   i.   I.C.S

   ii.   Bursaries

   iii.   The Ksh. 4000 from the government

   iv.   The guardians themselves

   v.   Members of County Assembly

   vi.   The payment from the labour work that the orphans do during weekends and holidays.

Academic performance

The research intended to find out whether there was a relationship between loss of parents and the academic performance of the orphaned children. The findings for the same are as shown in figure 3.
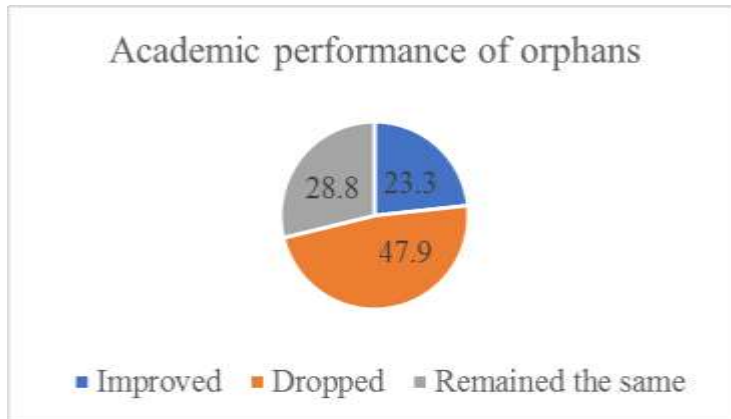
Source: Research Data (2018)

Figure 3: Academic performance of orphans

On the issue of academic performance, 23.3 percent respondents said that the orphans improved, 47.9 percent of the respondents said that they dropped and 28.8 percent of the respondents said that the performance remained the same after the passing of their parents. the following reasons were given for each performance status;

Improved; The children were changed to a better school, they study and revise with other household members who are in the same class, I am a teacher, I do train them even back at home and we try to show them love and provide all their basic needs so that they do not worry a lot.

Dropped; they seem stressed up, they are always sent home for school fees, health issues (asthma and sickle cell anemia) and they do strain a lot because the school is far away from where we stay.

Remained the same; they maintained the same school and friends so not so much was altered in their school life. Most guardians did not know why the performance had remained the same.

These findings do show that, there is a relationship between the loss of parent(s) and the child's academic performance. As per the data above, some the children had to change schools, dealt with stigmatization and could not access the academic requirements due to financial constraints within their households. These issues exert pressure to the emotional and social wellbeing of the orphan limiting their level of concentration. An orphaned child may experience stunted emotional and social development which has been known to negatively affect academic concentration and relations with peers. (UNICEF Report, 2000). Poor academic performance demoralizes and discourages an individual learner. Low quality provision of resources necessary was evident in the findings. Lacking the materials takes away the morale to study which may have played a part in the drop out cases. According to Bandura (1986), the more a student is motivated, the more they build self-esteem and achieve academically. This then will explain why the demoralized student may opt to drop out of school.

Gender was seen as a factor affecting academic performance during this study. Among the households who reported drop outs and dropped academic performances, many also reported taking care of female orphans. This could be explained by the fact that, losing a mother requires the girl child to take up some of her roles. This overburdens the child leaving her with no time to study or peace of mind to concentrate.

Other studies have also established a relationship between gender and academic achievements of orphans. Silver (1973), postulated that, culture overburdens girls with more responsibilities than boys. When mothers die, the girls are required to take care of their siblings at the expense of school. Early marriages also limit the ability of these girls to achieve more academically. In rural areas, it is not uncommon for poor families to endorse early marriages for the girls (both orphaned or not) to lighten the families' economic burden making the girls to leave schools pre-maturely.

4.6.4 vulnerability, social and physical issues

Stigmatization

The findings on whether the orphans are stigmatized or not are shown in Table 26 below.

Table 26: Stigmatization

Response	Frequency	Percentage
Yes	34	34.7
No	29	29.6
I don't know	35	35.7
Total	**98**	**100**

Source: Research Data (2018)

When asked if the orphaned children are stigmatized, 34.7 percent said yes, 29.6 percent said no while 35.7 percent did not know. Guardians held that, the children are stigmatized both at community level and school level. The children who mostly experience this are those whose parents died of HIV/AIDS and most people had learnt of it. When referring to the children, some

people use the phrase "daughter or son to the late …". This reminds children of their loss. They are no longer seen as normal children but rather as orphans.

The stigmatization and discrimination that people affected with HIV/AIDs often live with is passed onto their children making their fight for survival problematic. The strain that the children endure watching their parents die may affect them for the rest of their lives. (Avert, 2004). This situation is worsened by the stigma that the orphans face from both community members and at school.

This study found that, of respondents who stated that the orphans were stigmatized, there were those who also indicated the children had dropped academically. This shows that stigmatization does affect the performance and retention of orphaned children in school. It may not necessarily be because of HIV/AIDS but also due to other factors. For instance, if the orphans lack good uniforms and required academic materials. The stigma affects their morale and levels of interaction at school hence dropping in performance or dropping out of school.

Abuse and harassment

Table 24 below shows findings on whether or not the orphaned children were being abused and harassed due to their state.

Table 27: Abuse and harassment

Response	Frequency	Percentage
Yes	25	25.5
No	33	33.7
I don't know	40	40.8
Total	**98**	**100**

Source: Research Data (2018)

Research findings in table 27 above show that, 25.5 percent of the respondents stated that, the orphans under their care have ever been abused and harassed, 33.7 percent responded by saying no while 40.8 percent did not know. Out of the 25.5 percent none of them said that it began before the loss of their parents, 32 percent said that it began after the death of their parents and 68 percent did not know when it started. The fact that the abuse began after the loss of parents shows that, orphans are viewed as easy targets of abuse. This could be because they have no parents to protect them. Poverty and the need for money to take care of their problems could be another factor that makes them prey to the violators.

Of the 25 guardians who responded as yes in table 24 above, 68 percent of them had earlier on indicated that they had female orphans under their care. This shows that female orphans are more vulnerable and are at a high risk of being abused and harassed. Guardians also indicated that the abuse in most cases is sexual in nature and the perpetrators are mainly household members especially for those who end up with non- relatives an school teachers. The abuse could be either forced or through the use of incentives like money. Most of the cases may go un reported for the

children are threatened not to tell anyone. the society members who are supposed to protect the children are the ones who are actually violating their rights.

Other researches have also shown that orphans especially girls are more vulnerable to abuse and harassment. In a study on the issues of academics and school enrolment, Castle (1996) noted that orphaned girls are subjected to sexual abuse and rape by male teachers and male students due to their vulnerability. These findings agree with those of Omolo, Ombuya and Yambo who studied the effects of orphanhood on girl child access and retention in secondary school education in Rongo. This study found out that, 78.8 percent of the orphaned girls indicated having been molested on their way to or from school. (Omolo, Ombuya and Yambo, 2012). Orphans, therefore are very vulnerable and the girls are at a higher risk of sexual violence. This not only affects their school retention but also exposes them to early pregnancies and sexually transmitted diseases.

Labour work

Losing parents may expose the orphans to financial difficulties calling for them to do labour work for sustainability. Figure 4 below shows the orphaned children in the study location who had ever done labour work.

Source: Research Data (2018)

Figure 4: Labour Work

Regarding the issue of labour work, 41.8 percent of the respondents agreed to the fact that the orphans have ever done labour work while 58.2 percent said that the orphans living in their households have never done labour work. For the ones who have ever done labour work, 31.7 percent said that they began doing the labour work before the death of their parents while 68.3 percent said that the working began after the passing of their parents.

The respondents gave the following reasons as to why the orphans engage in labour work; to help raise money for school, to help raise money for upkeep and food, to help take care of their younger siblings, the grand-parents are old, so the orphans have to raise money to take care of themselves and their grand-parents and to buy clothes for their babies.

The above explanations as given by the respondents show that, some of the orphaned children are faced with difficult economic times and are left with no option than to do labour work to fend for not only themselves but also for their aging care givers. Poverty can clearly be seen as having stricken these households. As parents die, they leave the children lonely and poor. If their guardians can barely take care of them due to poverty then it means these children are bound to

be in the vicious circle of poverty. Most of their life might be in poverty because of losing their parents and breadwinners

Another notable finding on the same was that of the 41 respondents who had orphans under their care doing labour work, 63.4 percent of them had earlier on indicated that they had male orphans under their care. This therefore shows that, male orphans do assume roles of their fathers as breadwinners by having to do labour work so as to contribute to the household income.

Socialization

Parents are the primary agents of socialization, the research investigated whether loss of parents affected the way the children socialized with other members because orphaned children just like the non-orphans are social beings. They do not exist in a vacuum. Understanding them entails understanding their social life and how they relate with their peers. Findings on whether they socialize with others or not are as illustrated below in table 28.

Table 28 Socialization

Response	Frequency	Percentage
Yes	26	26.5
No	42	42.9
I don't know	30	30.6
Total	**98**	**100**

Source: Research Data (2018)

When asked if the orphans play or socialize with their peers, 26.5 percent of the respondents said yes, 42.9 percent said no and 30.6 percent said that they did not know.

The need to know whether the children play together was important for through play the children can laugh together hence encouraging their sense of humor. Playing and laughing together is a way for the children to connect and a good sense of humor can also make children smarter, healthier and better able to cope with life challenges. When these children have a well-developed sense of humor, they become happier optimistic and develop a higher self-esteem. Also playing and a good sense of humor doesn't just help kids emotionally and socially but also enables them to be resistance to physical problems and cases of depression. Laughter keeps both children and adults stress free thus being able to endure pain and relate well with those around them

The respondents who reported that the children did not play or socialize with their peers, had the following to say about their social life; they spend a lot of time alone, they seem afraid of playing with their peers, their school mates describe them as being quiet and teachers complain that they rarely interact with their peers.

For the guardians who were not aware of the social habits of the children under their care could either not be paying attention to the children are never around most of the times. Also, out of the 42 respondents who responded as no 23.8 percent were caring for orphans between 0-6 years while, 40.4 percent were caring for orphans between the age of 6-12 and 36.6 percent were caring for orphans between the age of 12-18 years. These findings reveal that difficulties associated with socialization among orphans cut across age groups and is not unique to members of a given age group. Though, 40.4 percent of the guardians caring for orphans between the age of 6-12 said they don't socialize well with others but this could be attributed to the fact that they had other chores to do at home thus less time to play around.

Apart from parents and family, peers are also agents of socialization. Relationships with peers helps ease the pain. This study findings show that 42.9 percent of the respondents held that the orphans rarely socialize. Some of their reasons may be linked to orphanhood but they could be argued otherwise. These findings disagree with those of Kiirya (2003) who revealed that death of parents makes children to seek more psycho-social support and satisfaction in as many peers. But children just like adults have different coping mechanisms. It could be others respond to situations by keeping it to themselves and others by widening their social capital. Humans as social beings have unique personalities as defined by their environments.

4.7 Interventions

The research aimed at finding out the role of the government and nongovernmental agencies in dealing with the problem of orphanhood and the findings were as shown in table 29 and 30 below.

Table 29: Help from the Government

Response	Frequency	Percentage
Yes	29	29.6
No	69	70.4
Total	**98**	**100**

Source: Research Data (2018)

Under the help from the Government, 29.6 percent confirmed having ever received help from the government while 70.4 percent denied. In the case non-governmental organizations, only 4.1 percent of the respondents receive help while 95.9 percent do not as indicated in table 29 below.

Table 30: Help from Non-Governmental organization

Response	Frequency	Percentage
Yes	4	4.1
No	94	95.9
Total	98	100

Source: Research Data (2018)

The nature of help received is via the Children Development fund and bursaries for school fees and the ksh 2000 for upkeep. The NGOs mentioned were ICS and USAID. They help provide clothing, food and academic materials

4.8 Changes and challenges experienced by orphaned children

After the death of their parents, the orphaned children do go through some changes and are mostly accompanied by challenges. These include: change of schools, change in diet, exposure to new social environment, exposure to labour work, caring for hemselves and their elderly guardians, teenage pregnancies, early marriages, school dropouts due to lack of fees and academic materials, loneliness especially if they separated from their siblings and stigmatization.

4.9 Guardians' recommendations

Being the ones who take care and shelter the orphaned children, the study sought their recommendations on what should be done to help in dealing with the problem of orphanhood. the respondents held that, the government should increase the amount of money sent to them, more orphanages should be put in place, interventions should be put in place regarding the issue of HIV/AIDS, more NGO s and well-wishers should focus their attention and resources in helping

them to take of the orphans, sensitization should be done to help reduce cases of stigmatization and schools should have counselors whom the orphans can talk to for emotional support.

The need for much external help indicates dependency syndrome. Those caring for the orphaned children always wait and hope for the Government and NGOs to lend a hand instead of utilizing available resources in enhance economic development at both household level and community level. This then increases the poverty levels within the households caring for the orphans thus exposing them to the vicious circle of poverty.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

5.1 Introduction.

This chapter gives a summary of findings as discussed in chapter four. It also presents conclusions as derived from the study and recommendations for further actions.

5.2 Summary of findings.

The summary is discussed as per the research objectives.

5.2.1 The frequency and magnitude of orphanhood.

The research showed that there were 120 orphaned children living within Nangosia location. They include both double and single orphans. The orphans are distributed across the four sub – locations. This figure does not comprise of orphans who were born in that area but had to relocate to other regions upon the death of their parents. It also does not include the orphans who had to be enrolled in children homes or those who ended up in the streets. The figure shows that there are many orphans in the area who do require care and attention from both the community and the national government.

5.2.2 The causes of orphanhood.

The findings of this research showed that HIV/AIDS is the major cause of orphanhood. 87.6 percent of the respondents agreed to this. These findings agree with those of UNICEF which found out that most children in Sub Saharan Africa are exposed to the phenomenon of orphanhood by losing their parents to the virus. (UNICEF,2016). Amongst other causes were conflicts and wars which was agreed upon by 25.5 percent of the respondents and accidents.

Respondents said that most of the accidents happening in the area are caused by motorbike drivers who are not trained and experienced.

5.2.3 The welfare limits of orphans.

This was the broad objective of the study. The study aimed at exploring and being able to describe the welfare limits of orphans living in Nangosia location. The research found out the orphaned children are exposed to many welfare limits. They range from physical, psychological, social and academic ones. 76.9 percent of the respondents confirmed that the orphaned children portrayed features of loneliness and isolation. The respondents backed up their response by explaining some of the behaviors that show that the orphans are lonely. Thy included not playing with their mates, staying alone most of the times and avoiding to participate in activities with their fellow children. They also said that the children would cry at times with no reason at all.

The education life of the orphans is another area that is highly affected. Upon losing their parents, 41.1 percent of the respondents held that the orphans had to change their schools. The reasons for the change were due to relocation from their family home to their new home, the guardians not being able to pay fees and provide needs as required by the old school and others preferred that the orphans attend a similar school with their children. In terms of academic materials, 57.5 percent of the respondents confirmed that the orphans under their care did not have all the required academic materials. Their reasons for the same were that they lack money for the same and other respondents considered some academic materials as luxury and not important. Relationship between loss of parents and academic performance was noted. 47.9 percent of respondents said that the orphans dropped in their performance. They attributed this to

the stress they were undergoing, lack of school materials and fees and the current changes that were happening in their lives.

Most respondents said that the orphans were not feeding well. Some of them could not eat well even when the food was available. Some of the guardians said that they can barely afford three meals a day and that the children mostly have to feed on carbohydrates. This left some of them malnourished. These findings agree with those by Kafwa. Kafwa compared orphans and non-orphans and found out that the orphans were more malnourished and did not have access to good health care. (Kafwa, 2005). On the aspect of health, most of the orphans are not covered medically. Some of them were said to be having medical conditions like asthma, sickle cell anemia, malnutrition and diabetes. Another worrying bit was that 56.1 percent of the guardians were not aware whether the orphaned children had any medical conditions or not. This shows that they have never considered taking the children for medical checkups.

The orphans were also exposed to issues of stigmatization and abuse. These findings do concur with Nalven's who found out that orphaned children experience problems of abuse, neglect which put them at the risk of having developmental and behavioral problems. In this research, 34.7 percent of the respondents held that the some of the orphans were stigmatized especially those whose parents died of HIV/AIDS. 35.7 percent of respondents were not aware whether the children were being stigmatized or not which then shows that they may not paying attention. 25.5 percent of the respondents agreed that the orphans were facing harassment and abuse. 32 percent of those who agreed confirmed that the abuse began after the loss of their parents.

Due to the many limitations in life, some the orphans have no option but to do labour work to fend for themselves and their guardians.41.8 percent of the respondents said that the children do labour work to raise money for food, school fees and other academic materials.

5.2.4 Interventions

The research findings showed that 29.6 percent of the respondents received hrlp from the government and 4.1 percent received help from Non-governmental organization. The nature of help from the government was via the Children Development funds and bursaries. The mentioned NGOs were ICS and USAID.

5.3 Conclusions

The main aim of this study was to investigate the welfare limits of orphans. The foregoing findings clearly show that, there are many orphans within the study area. HIV/AIDS is shown to be the major causes of orphanhood. The research has also shown that orphanhood does not choose but rather any child born into this world is a potential orphan.

Orphans have been found to be exposed to many welfare limits. This include psychological, physical, social and academic limitations. The findings of this study have proved that the needs of the orphaned children go beyond the basic ones. These children need love, attention and a sense of belonging. This helps to stabilize their wellbeing psychologically and emotionally. Some respondents claimed having tried to provide the children with a balanced diet, good schools and shelter but still the children would show features of loneliness. Therefore, caregivers and the community should understand that these children are very vulnerable and they desire and require to be loved and to feel protected.

Due to economic changes, not so many relatives and neighbors are willing to take in orphans. Even those who have taken them in still complain that they are a financial liability. This will then mean that there could be many orphans out there on the streets struggling to survive. There is need for Governments, Non-governmental organizations and well-wishers to recognize this problem and come to the aid of the guardians. Most of the guardians who said that they were not happy since the orphans joined them were mostly the ones who did not know whether the children have medical conditions or if they are being stigmatized and abused. This means they either do not care and its just none of their business. Children under the care of such guardians are most likely to suffer psychological trauma which then inhibits their physical and cognitive development.

5.4 Recommendations

The Government through the Kenya National bureau of statistics should conduct a national census of the orphans after a few years to keep tabs on the figures. This should inform proper planning on how to reach and help those children.

The government should increase the number of orphans receiving their help under the CT-OVC Programme. They should review their criteria of selecting the beneficiary households. A proper research should be done before gauging who is legible and not rather than just relying on local administrators who sometimes are very bias.

There should be provision of counselling, trauma healing and crisis intervention for both the orphans and guardians. This should enable them to understand the changes that they are undergoing and how best to deal with them. By doing this, their psycho-social needs will be met.

Orphan based polies and strategies need to be formulated. These policies should aim at providing the orphans with basic needs and strengthening the capacity of the guardians to be able to take care of the orphans without straining financially.

Orphans and non-orphans should receive sex and civil education. They need to know their rights and how to protect themselves from perpetrators who would wish to take away their liberties. They should need to know whom to approach in case of abuse.

All Kenyans should protect themselves against HIV/AIDS. Maintain one sexual partner and avoid extra marital affairs. For the already infected ones, enrolling for Anti Retro Viral Therapy should be a must. This should enable parents to live longer and protect their children from becoming orphans.

5.5 Suggestions for further research

The following areas deserve to be looked into:

A comparison between the problems experienced by orphans living within the community and those in children homes.

The impact of the OVC cash program on the welfare of orphans.

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APPENDIX 1: The Questionnaire

<u>Questionnaire</u>

Introductory letter.

Dear respondent,

I am Bwire Rose, a graduate student from the University of Nairobi. I am Doing a master's degree in Sociology. Currently, I am undertaking a research on the welfare limits of orphans in Nangosia Location in Busia County. This research project is an academic requirement.

Findings of this research will be used for academic purposes and in suggesting recommendations suitable for dealing with the problem of orphanhood and the limitations associated with it.

Any information given during this research will be treated with confidentiality.

Your participation will be highly appreciated.

Part A: Research site information

1. Sub - Location: …………………………
2. Location: ……………………………….
3. Sub – County: ………………………….
4. County: ……………………………...

Part B: Bio data information

5. Sex

Male [ ]

Female [ ]

6. Age: ………………………………….
7. Marital Status

Single   [ ]

Married   [ ]

Divorced   [ ]

Separated   [ ]

Others (*specify*): …………………………………….

     8.   Level of Education

Primary   [ ]

Secondary   [ ]

Tertiary   [ ]

Others (Specify): …………………….

Part C: Frequency and magnitude of orphanhood.

     9.   How many orphans are there in this household? ………………….

     10. Among the orphans, how many are?

Male: ……………

Female: …………

     11. How many of the orphans are?

Between 0-6 years old………………

Between 6-12 years old: ………………

Between 12-18years old: …………….

     12. How old were the children when they lost their parent(s)?

Between 0-6 years old………………

Between 6-12 years old: ………………

Between 12-18years old: …………….

     13. Among the orphans in this household, how many have:

Primary level of education: ………………………….

Secondary level of education: ………………………

Part D: Views on causes of orphanhood

14. According to your view and understanding, what could be the causes of orphanhood
in Nangosia location? *(Tick where appropriate)*

Where: (1)-Strongly disagree, (2)-Disagree, (3)-Neutral, (4)-Agree, (5)-Strongly agree

Factors	1	2	3	4	5
HIV/AIDS					
Chronic illnesses					
Domestic Violence					
Conflicts and wars					
Accidents					
Others. (Specify*)*					

Part E: Welfare Limits

Parental love, care, identity and belonging issues

Double orphans:

15. a. Do the orphan(s) portray features of being lonely?

Yes [ ]

No [ ]

b. If yes in (15a) above, kindly explain some of the actions that show they are lonely?

……

……

16. a. Do the orphan(s) mingle and co-exist well with this household members?

Yes [ ]

No [ ]

b. If no in (16 a) above, kindly explain their behavior when they are around other household members and why from your point of view would they behave so ………………………………………………………………………………………………..

………………………………………………………………………………………………..

17. a. Do you see the orphan(s) as your own children?

Yes [ ]

No [ ]

b. Kindly explain your answer in (17 a) above……………………………………….

………………………………………………………………………………………………

a. Are you happy and contented right now as a household considering the additional members(orphans)?

Yes [ ]

No [ ]

b. Kindly give an explanation to support your answer in (18 a) above. …………………..

………………………………………………………………………………………………

Single orphans

18a. In your on view, do you believe that you fill the gap left behind by your wife/husband or relative in the child's/children's' life?

Yes [ ]

No [ ]

b. If no in (19 a) above, kindly explain which gaps you feel are still empty after the loss of your wife/ husband.

………………………………………………………………….............................

………………………………………………………………………………………….

Health and nutrition

20. How would you describe the current feeding of the orphan(s).

……………………………………………………………………………………………

……………………………………………………………………………………………

21. a. Does the orphan(s) have any medical conditions?

Yes [ ]

No [ ]

I don't know [ ]

b. If yes in (21 a) above, which conditions are these and how do you handle them?

……………………………………………………………………………………………

……………………………………………………………………………………………

22. a. Does any member of this household have a medical cover?

Yes [ ]

No [ ]

b. If yes in (22 a) above, are the orphan(s) beneficiaries of that cover?

Yes [ ]

No [ ]

c. If no in (22 b) above, kindly explain why they are not covered?

……………………………………………………………………………………………….

……………………………………………………………………………………………….

Education

23.a. Are the orphan(s) attending any school as per this time?

Yes [ ]

No [ ]

b. If no in (23a) above, kindly explain why?

24. a. Do the orphan(s) still attend the same school as they used to before their parent(s)
passed on?

Yes [ ]

No [ ]

b. If no in (24 a) above, kindly explain why they had to change schools after their
parents' passing?

25. a. Do the orphan(s) have all the academic materials (books, pens, pencils, uniform, set
and textbooks) as they used to have before orphanhood or even more?

Yes [ ]

No [ ]

b. If no in (25 a) above, kindly state the materials that they are missing and why they do
not have them……………………………………………………………………………………

………

………

26. Who pays their school fees or other monetary requirements for school?

………

………

27. a. what was the change in their academic performance upon their parent(s) passing

Improved [ ]

Dropped [ ]

It remained the same [ ]

b. please give a brief explanation for your answer in (27 a) above.

………

………

Vulnerability, social and physical issues

28. Do the orphan(s) experience stigmatization as a result of their situation?

Yes [ ]

No [ ]

I don't know [ ]

29. a. Have the orphan(s) ever experienced abuse or harassment? (physical and sexual)

Yes [ ]

No [ ]

I don't know [ ]

b. if yes in (29 a), did the abuse and harassment start after losing their parents or it was there even before?

Before [ ]

After [ ]

30. a. Have the orphan(s) ever worked as laborers to earn a living?

Yes [ ]

No [ ]

b. if yes in (30 a) above; did the they start working before or after their parents passed on?

Before [ ]

After [ ]

c. If yes in (30 a) above, kindly explain some of the factors that led them to being labourers.

………………………………………………………………………………………………

………………………………………………………………………………………………

31. a. Do the orphan(s) play well or socialize well with their peers?

Yes [ ]

No [ ]

I don't know

b. If no in (31 a) above, how would you describe their social life? ………………………

………………………………………………………………………………………………

Interventions.

32.a. Does this household receive any help to help take care of the orphan(s) from the?

Government

Yes [ ]

No [ ]

Non-Governmental organization (N G O)

Yes [ ]

No [ ]

b. if your response is government in (32 a) above, kindly elaborate on the nature of assistance that you receive from the government and what it is used for.

……………………………………………………………………………………………………

……………………………………………………………………………………………………

c. If you receive help from an NGO, kindly state which NGO it is, the kind of help you receive and the purpose it serves.

……………………………………………………………………………………………………

……………………………………………………………………………………………………

33. Briefly explain some of the changes and challenges that the orphan(s) have had to deal   with   after   the   loss   of   their   parent(s)

………………………………………………………………………………………………….

…………………………………………………………………………………………………..

34. Having cared for the orphan(s), what are some of the recommendations that you can give to help in dealing with the problem and the associated outcomes? ………………………….

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Thank you for your cooperation.