PSYCHOSOCIAL INTERVENTION AS A TOOL FOR COMBATING VULNERABILITY AMONG CHILDREN ORPHANED BY HIV/AIDS: A STUDY OF MATHARE AND GICHAGI SLUMS IN NGONG TOWN.

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A PROJECT PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN SOCIOLOGY (COUNSELLING).

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DECLARATION

This is my original work and has not been presented for any degree in any other university.

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MAKUNGU PHOEBE DATE

DECLARATION BY THE SUPERVISORS

This project has been submitted with our approval as university supervisors.

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DEDICATION

This work is dedicated to all the children in the world who have been orphaned due to HIV/AIDS, and specifically to those orphans in Gichagi and Mathare slums who responded to the study questions, enabling the researcher gather enough data for the study.

Prof Yambo picked up this work when it was in sheer pieces and helped me shape it to what it is now. I give it up to him!

I dedicate this work to my dear Gaskins, who from a distance constantly reminded me and enquired on the progress I had made in the course, which always gave me the motivation to struggle on and move a step ahead and finally I have come this far!

ACKNOWLEDGEMENTS

Iam also grateful to the almighty God who has given me favour to come this far in my life.

Several people offered me invaluable assistance in the course of writing this work.I really thank my supervisors, Prof Mauri Yambo and Mr. Isaac Ndolo for their professional guidance through numerous corrections, suggestions and constructive criticisms at various stages in this study, which have really enriched this work and at the same time given me a strong intellectual foundation. They were always there for me whenever I called on them despite their busy schedules.

My appreciation also goes to my employer, the TSC for granting Me leave of absence, which enabled me to complete this course in good time.

I am so indebted to my dear friends Tom and Charles for their great technological expertise. They were always there for me right from the start of this study and ensured that there was a computer in good shape for me to work on. They offered me both their time and skills, despite their busy schedules. God bless you abundantly!

I cannot forget my dear friend Stanley Gaskins for his moral support which gave me the strength to ride on.

ABSTRACT

HIV/AIDS is a disease that has claimed the lives of many, and which has in the end affected the family set up. It is having a devastating impact on the world's youngest and most vulnerable citizens. It is now the greatest threat to child development in many parts of the world. More than 13 million children under the age of 15years have either lost one or both parents to HIV/AIDS.

The problem of children orphaned by HIV AIDS is growing rapidly and demands attention. Death leaves children with grief, loss, loneliness, helplessness and emotional stress. Some cultures do not allow children to talk about their dead parents, which worsens their emotional stress. The main objective of the study reported here was to look into the level of psychosocial intervention extended to children orphaned by HIV/AIDS in Mathare and Gichagi slums in Ngong town, Kajiado district. The study covered a sample of 40 boys and girls aged between 6 and18 years. The respondents were selected by means of snowball sampling. The data collected were analyzed using frequency distributions and cross tabulations. Multiple regression was used to test the hypotheses.

Two hypotheses were tested in the study. The first one stated that the availability of psychosocial intervention had a significant impact on the lives of children orphaned by HIV/AIDS. The null hypothesis stated that the availability of psychosocial intervention had no significant impact on the lives of children orphaned by HIV/AIDS. The second hypothesis stated that there is a significant relationship between the social problems faced by these children as orphans and their psychological and mental conditions; whereas the null hypothesis stated that there was no significant relationship between the social problems faced by these children and their psychological and mental conditions.

The findings showed that the level of intervention was quite low, at only 22.5% and that the burden of caring for the orphans was left primarily to the extended family. The orphans mentioned various problems that they encountered and confirmed feeling very sad and lonely upon losing parents They expressed a desire to be helped to cope with the trauma they go through .The intervention that could best help mitigate these children's problems would be counselling which would enable them to acquire life skills and make well guided decisions, social support such as assisting them further their education by availing to them necessary items such as school fees, uniforms, clothing in general and food stuff.

The study found that there was need for relevant authorities such as the government or NGOs supporting orphans to train more counsellors so that they could have better skills to help these orphans. It emerged from the study that there was need for employers to put in place measures to ensure that upon parents' death, the children left behind should have direct access to their parents' benefits since some relatives take advantage of them.

The study recommends other areas that require further studies. First, a study should be carried out in the rural set up to determine if the sentiments and experiences of these orphans are similar. Secondly, similar studies should be carried out to cover orphans who are over 18 years to compare their sentiments and experiences with those of the orphans who were below 18 years.

TABLE OF CONTENTS

Declaration..ii

Dedication..iii

Acknowledgement. iv

Abstract.. v

Table of contents.. vi

CHAPTER ONE: INTRODUCTION. 1

1:1 Background..2

1:2 Problem Statement..2

1:3 Objectives..4

CHAPTER TWO: LITERATURE REVIEW

2 .1 Review of empirical literature..6

2:1:1 Common problems that orphans face..6

2:1:2 Organizations that offer intervention to children orphaned by AIDS..........10

2:1:3 The Extended Family as a Remedial Resource..12

2:1:4 Institutional Care as a Remedial Measure..13

2:1:5 Children Affected by HIV/AIDS and the Corporate Sector..15

2:2 Hypotheses..16

2:3 Theoretical framework..17

Erickson's psychosocial theory..17

CHAPTER THREE: METHODS..20

3:1 Research setting..20

3:2 Site Justification..20

3:3 Data collection instrument..20

3:4 The target population..20

3:5 Sample design..20

3:6 Unit of Analysis..21

3:7 Observation Unit..21

3:8 Experiences in the field..21

3.9 Data Analysis.. 22

CHAPTER FOUR: PRESENTATION OF THE FINDINGS 23

4:1 Selected socio-economic status characteristics of the sample.................. 23

4:2 Therapeutic intervention 24

4:3 Patterns of food supply to the orphans 25

4.4 Relationship with significant others in their social surroundings 26

4:5 Cross Tabulations 26

4:6 Hypothesis Testing 28

CHAPTER FIVE: QUALITATIVE DATA ANALYSIS............................. 32

5.1 The problems that these orphans face 32

5.2 How the orphans tackle these problems 34

5.3 Assistance they would require as orphans 34

5.3 Assistance they would require as orphans 34

CHAPTER SIX: SUMMARY OF FINDINGS, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION.. 36

6:1 Summary of the findings... 36

6:2 Policy Recommendations. 38

6:2:1Training of counselors 39

6:2:2. Sensitization and creation of awareness.. 42

6:2:3. Policy on children and the corporate sector. 43

6:2:4. Creation of co-coordinating committees....................................... 43

6:3 Conclusion 43

6:4 Areas for further research 45

REFERENCES.. 46

APPENDIX 1...48

APPENDIX 2...52

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

Good health is a very crucial component of human life. A sound healthcare system improves people's health conditions, which facilitate the development of a nation. AIDS is a disease transmitted through sexual contact, for which there is no available cure at the moment. This disease has claimed the lives of many, affecting the family set up. In Kenya, estimates by the year 2003 indicated that 2.2 million Kenyans were HIV positive; and 1.5 million have died, leaving behind about1.3million orphans under the age of 18years (Unicef, 2003:6). With this HIV prevalence and mortality rate of 700 per day among adults of reproductive age, the country is producing orphans at an alarming rate. The figure is projected to reach 2.2million by 2005 (Unicef, 2003:6).

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

AIDS has political implications not only at national level but also in international relations, as some countries engage in futile exercises of blame and counter blame, or attempt to keep infection out of their territories through restrictions on immigration and travel (Hausmann, 1998: 84). In many African countries, AIDS has been treated as a disease of shame. Many people have committed suicide on learning of their status and majority have admitted having a desire to do so when they first learned that they were suffering from HIV infections. So there is a lot of stigma associated with the disease (Hausamann, 1998: 85).

AIDS continues to be such a threat to humanity as the rate of infection continues to grow every year. AIDS was first officially reported in Kenya in 1984.Since then, it has continued to spread as the infection rate keeps rising year after year. In fact Kenya is among the 15

countries with the highest HIV prevalence worldwide. By the end of 2001, 2.5 million Kenyans were living with HIV/AIDS (UNAIDS, 2002:31).

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

The National AIDS control council was established in 2000 in the office of the President to provide leadership and stronger co-ordination mechanism for a new, multisectoral national response to HIV/Aids. Its strategic plan included the reduction of prevalence among the youth, in whom HIV is increasing most rapidly. It also put emphasis on the creation of provincial and district AIDS control committees and constituency AIDS control committees to represent a wide range of stakeholders at all levels. It embarked on development of strategies based on lessons learnt about obstacles to the success of interventions, among other issues. The strategic plan's priorities are for action, prevention, advocacy, treatment, implementing the continuum of care and support, management and coordination. (USAID, 2003:38)Social and economic impacts of AIDS threaten the well-being and security of millions of children worldwide. As parents and other family members become ill, children take on greater responsibility for income generation, food production, and care of family members.

1.2 PROBLEM STATEMENT

AIDS is now the greatest threat to child development in many parts of the world (UNAIDS, 2003:6). It is a family disease, which affects whole communities and societies. More than 13million children under the age of 15years have lost either one or both parents, 11 million of them in sub-Saharan Africa. It is projected that by the year 2010,the number is expected to go up to more than 25 million (UNAIDS, 2003:6). A generation of children orphaned by AIDS is emerging from a childhood deprived of stability, love and nurturing. The question is what sort of adults will they become? The issue of children orphaned due to AIDS is so disturbing and growing so fast that it needs some very urgent intervention, as AIDS is increasing the number of vulnerable, malnourished, and poorly socialized and uneducated young people, which in turn heightens the prospect of social instability (UNAIDS, 2002:67).

Upon the death of parents, children experience a profound sense of loss, grief, hopelessness, loneliness, abandonment, emotional stress, insecurity and fear. Long term consequences can include psychosomatic disorders, chronic depression, low self esteem, low levels of life skills, learning disabilities, and disturbed social behaviour (FHI, 2001:4). They are left with a vacuum in their lives as they grieve and experience uncertainty about the future.

The psychological needs of these children continue to be the most neglected areas of support, but HIV/AIDS has increased the urgency to address them in an equal proportion to other interventions. The orphans suffer a second loss through dispersal from siblings when they are adopted by extended families, as one family cannot accommodate all of them, not to mention the HIV/AIDS related discrimination and isolation as people ignorantly believe that just by virtue of having been near somebody with HIV, they have been contaminated through casual contact (UNAIDS, 2003:34-5).

There is a serious problem to be addressed as we are seeing a situation where these children end up getting into social situations such as early marriages or pregnancies, prostitution and crime as a means to survive, increased number of school drop-outs, not to mention the girls who may be compelled to work as house helps to keep their other siblings going. In both urban and rural areas, many orphans are struggling to survive on their own in child-headed homes. Isolated from emotional connections with family, others are forced to the streets where they are vulnerable. While most of these children were born free from HIV, they are highly vulnerable to infection.

It is evident that psychosocial intervention is a handy tool for combating the vulnerability being experienced by these young orphans. 'Psycho' here is used to mean the unseen mental process that takes place in an individual's mind. ' Social' refers to the relationships between an individual and the significant others who influence him/her. Psychosocial support in this context will be used to mean, meeting the physical, emotional, social, psychological and spiritual aspects of children affected by HIV/AIDS, directed at restoring and strengthening their self esteem, allow and support grief process, overcome trauma and enable them develop goal setting, decision making and negotiation skills. It is aimed at re-instilling values and hope for the future (FHI, 2003:5)

In many cultures, after parents die, children are not allowed to talk about them after a prescribed period of mourning, despite the fact that the full impact is rarely felt immediately (Greiner et al, 2001:8). Adults often assume that children will forget their parents after a few months. The children's emotional trauma is always ignored, yet they require a lot of support right from the beginning. For instance, a child at the Masiye kids club, a psychosocial project in Zambia, said when interviewed, "when people came to visit me after the loss of my mother, they all brought me food, but they never noticed how depressed I was .I could not even eat the food they had brought for me. All I needed was someone to listen to me and tell me I could still be loved even after my mother's death"(FHI, 2003:3).

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

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

1.3 OBJECTIVES

The main goal of this study is to investigate to determine the current level of psychosocial intervention extended to orphans affected by AIDS in Mathare and Gichagi slums in Ngong town.

Specifically the study will seek to:

- Determine the level of psychosocial intervention extended to these orphans and if it has any effect on them in terms of coping with the loss of parents, {If it substitutes well with parental guidance}
- Find out factors they consider to be affecting them most in their daily lives as orphans.
- Determine their attitude towards relatives, neighbors and the community around them.

1.4 SCOPE AND LIMITATIONS OF THE STUDY

The study was carried out at Gichagi and Mathare slums in Ngong town, Kajiado district. The two slums were purposively selected. Ngong is a town bordering Nairobi and the lifestyle is fairly urban as there is influence from the city. The study targeted double orphans aged 6 to 18years. The main aim was to get information on the level of intervention or therapeutic support which the orphans have been getting since losing their parents. A sample of forty respondents was interviewed which was representative of the population of orphans in the selected slums. However, the findings are restricted to the two slums, and will not be generalized to other parts of Kenya, or to the country as a whole.

CHAPTER TWO: LITERATURE REVIEW

2 .1 Review of empirical literature

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

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

2.1.1 Common problems that orphans face

Johnson (2001:32) stated that by 1999,there were 800,000 children and adolescents who had lost one or both parents to AIDS. This has obviously increased by now. He carried out a study on Rusinga Island and highlighted about the plight of children orphaned by AIDS. The findings were that the orphans very frequently felt that they had been betrayed, abandoned and deserted by their parents and that any future opportunities for schooling, employment and place in community were denied. They were often lonely. They believed that there was no one left who understood their problems, or no one who was prepared to listen. This loneliness sometimes stemmed from broken friendships, which were a consequence of the stigma attached to the sickness (AIDS). Adolescent AIDS orphans were universally angered by disinheritance--that is, the way in which relatives stripped away family goods and possessions

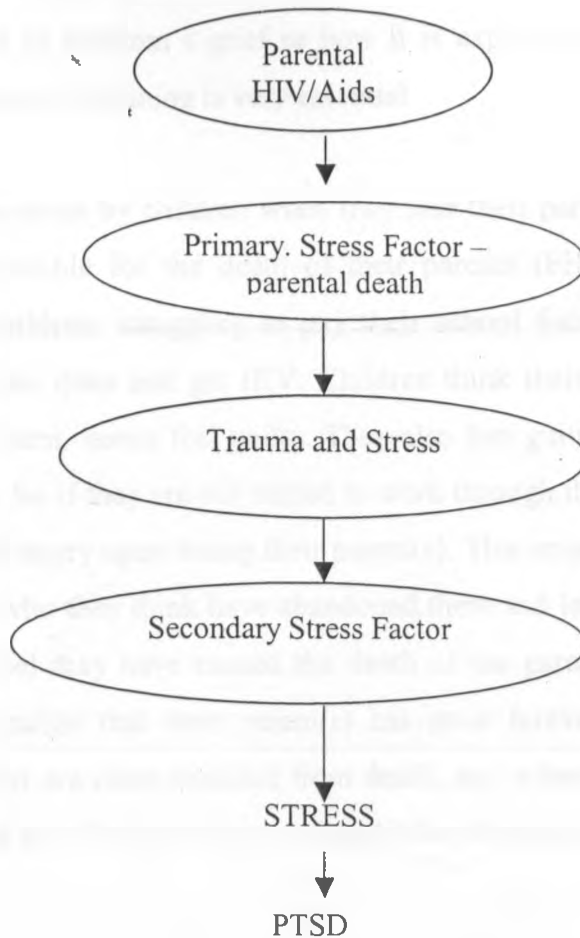
or the way family assets (their inheritance) vanished overnight. As a result of parental death and ensuing poverty, orphans adopted a fatalistic view of life and living. They felt helpless in the face of difficulties and they felt that they had lost control over their lives. As Johnson (2001:39) remarked, "These negative attitudes are barriers of the planning and improvement of present/future welfare". Much as Johnson pointed out major issues that affect children upon losing their parents, he does not suggest possible interventions that can be put in place to combat the vulnerable conditions these children go through. Because, if proper interventions are put into place early enough, the orphans would be able to cope and face the future in a more confident way.

Ali (1998:41) notes that orphans face material isolation and lack of support, food, competing healthcare needs and school dropouts as older ones are compelled to discontinue with their studies in order to take over parental roles. At particular risk are young girls who may be denied education and forced to work as house helps or compelled to take care of their siblings. A UNICEF review of 20 countries in sub-Saharan Africa found that children between5 and 14 years of age, who had lost one or both parents were less likely to be in school and most likely to be working more than 40 hours a week (UNAIDS, 2003: 14). AIDSCAP/FHI (1996:55) carried out studies in parts of Kenya, which revealed that some orphans had been employed as 'pawned' house helps. This is a practice where relatives of female orphans receive remunerations from those who employ them. This has adverse effects on their psychological and social development.

The Nation newspaper of 13th October 2000 carried out a feature on the plight of children orphaned by AIDS in Nyanza, which revealed that many orphans had dropped out of school and the older ones took up the parental responsibilities to take care of the younger ones. They are generally neglected by relatives and end up becoming victims of circumstances. The Sunday Standard (January 26, 2003) carried out a feature on the plight of these orphans. It highlighted children left under the care of very old grandparents who are too poor and weak to provide for basic needs of these children. Infact, even with free primary education, the orphans still cannot attend school due to lack of such basic needs as food, clothes, and healthcare. One cannot expect such old guardians to prepare these orphans especially the young girls into maturity in terms of pubertal changes.

The stages of psychological damage caused to children orphaned by HIV/AIDS, can bee illustrated

diagrammatically as follows:



Source: FHI (2003: 4)

When parents get HIV/AIDS, ail and eventually die, children suffer and go through what is called primary stress. This leads to trauma and acute stress, which leads to secondary stress factor. This can be caused by loss of home, poverty, separation relocation, school dropout, isolation, lack of care and guidance, lack of food, shelter, clothing, poor access to health facilities, child labor, among others. The advanced stress can cause anxiety-depression, withdrawal, concentration problems, aggressive tendencies, suppressed anger, and feeling of failure, guilt, dependency, apathy, disorientation, and fears for the future. If not well handled, the situation develops into posttraumatic stress disorder.

Children affected by HIV/AIDS can show grief even before their parent(s) dies; and after the parents' death, they may act in ways that seem strange. A study conducted in Malawi in 1993 revealed that many orphans especially those who had lost both parents were stressed and traumatized and at risk of committing suicide (Greiner et al 2001: 6). Adults often assume that children will forget their parents after a few months. Adults often find it too difficult to cope

with their own grief to be able to help the children deal with theirs. In many cultures, there is very little understanding of children's grief or how it is expressed by children of different ages. That is why psychosocial training is very essential

Common feelings experienced by children when they lose their parents include guilt as they feel that they are responsible for the death of their parents (FHI/CARE, 2003:6). Many parents live for their children, struggling to pay their school fees and get food for them. Sometimes they even take risks and get HIV. Children think their parent(s) got HIV in an attempt to provide for them, hence feel guilty. They also feel guilty because they could not keep their parents alive. So if they are not helped to work through their guilt they can become depressed. They also get angry upon losing their parent(s). This anger may be directed against the deceased parent(s), who they think have abandoned them and left them to suffer alone, or against whoever they feel may have caused the death of the parent(s). They feel very sad, especially when they realize that their parent(s) has gone forever. This is very common especially where children are often shielded from death, and when they realize their parents have gone forever, they may become depressed and take along time to recover (FHI/CARE, 2003:6).

This may also result in inhibited grief, where grief erupts later in the form of emotional disturbances, various kinds of phobias and eventually depression. For example, a young boy in Zimbabwe said he had no idea whether his mother was dead or alive. His mother was taken to the rural home when she was sick. When the father returned, he told them that the mother had died, but the boy had still not accepted it. He would like to see his mother's grave so that he can accept her death (FHI/CARE, 2003: 6). This leads to anxiety which, according to Shelton (1972:110), can be exhibited in various forms such as inability to love, insomnia, nightmares, impaired attention and startled reactions

Morris (1975:159-160) explains that any serious bereavement impairs the ability to attach meaning to Events; and that loss is usually threatening as the victims recognize that unless they learn to understand the situation and cope with it, they will be helpless to secure a tolerable future. Ideally, children should receive counselling before a parent dies and should have the opportunity to talk about dying with their Parents. Once children understand that a parent is going to die, they need practical information about what is going to happen to them. For instance, who will care for them, where they will live, where and how they will go to

school and so on (FHI, 2003:12). Strategies to meet psychosocial needs must be appropriate to a child's age. For example, after seven years, most children can understand the finality of death. The way children react to the illness or loss of a parent also depends a great deal on their age, and the support they are given should be tailored to their particular needs. For instance, in the NACWOLA project in Uganda, while parents are still alive, they encourage children to visit and socialize with as many relatives as possible so that they can get to know their extended family well. This helps to strengthen the bonds between these relatives and the children so that when the parents die, and the children have to move in with their relatives, they are not seen as strangers but as part of the family system. This can help to promote confidence and a sense of belonging in the children as they grow up(FHI 2003:12).

In view of all these, it is obvious that the level of vulnerability among the AIDS orphans is very high and there is a serious need to avail psychosocial support to these orphans so that they can be able to cope with the challenging situations they go through, and grow up into responsible adults. There are initiatives here and there being undertaken, though in a very small way, as highlighted in the Sunday Nation of October 26, 2003, in this instance, a young girl Lucy, aged 18 and an orphan herself, had taken the initiative of counselling other orphans in their foster home. However, she only had basic training skills, and the number of orphans she was handling was quite overwhelming.

2.1.2 Organizations that offer intervention to children orphaned by AIDS

Some countries and organizations, through their various agencies, have made an effort to address the issue of these orphans. FHI and CARE INTERNATIONAL (2000:17), for instance, have started psychosocial support programmes across the country (Kenya). This is where people are trained in psychosocial counseling. The main objective of the programme is to enable these people recognize children with psychosocial difficulties. It is also aimed at providing on-the- spot support to children who experience emotional distress; and it provides appropriate referrals for children and families.

USAID (2003:11-29) has also embarked on projects focused on helping children affected by HIV/AID across Africa. The agency has moved from its initial activities to now encompass an expanding range of responses to the crisis of the affected children. It has become instrumental in implementing activities that support orphans, other children and adolescents made vulnerable by HIV/AIDS. USAID has 99 projects in African countries. In Burkina Faso, there

is a project whose purpose is to improve the safety, living conditions, well-being-psychosocial, health and nutritional, economic and social inclusion status of children orphaned by AIDS. In Kenya, it funds Speak For the Child, whose aim is to help the community improve health, nutrition and psychosocial care and development needs of orphans and vulnerable children aged between 1-5 years, among many others.

In Burundi, a number of organizations are involved in HIV/AIDS interventions in various towns. The organizations include:

Association famille pour vaincre le sida (FVS)

It was created in 1993 and it looks after 70 orphans of which 30 are residents. It also supports 378 adults living with HIV/AIDS. It provides assistance in food Aid, school material, healthcare, HIV detection and counseling, credit for small-scale trade and agriculture.

Association pour la lutte contre le sida (ALCOS)

It was created in 1996.It assists 169 HIV/AIDS orphans and HIV positive children. It also assists 69 adults living with HIV. Their activities include developing and reinforcing its beneficiaries, production capacities, sensitization activities, food Aid distributions via WFP, healthcare, counseling and assistance to education with school books and uniforms. (USAID projected profiles: 2003:11-29)

It has been realized that when children are troubled, they are not in a position to verbalize their concerns but may express them through actions and behaviours like crying, withdrawal, shouting or playing for instance, when a child starts to wet the bed after he has gained toilet control, this can be a symptom of emotional disturbance or stress. A disturbed child cannot concentrate in class because he is worried about the mother's sickness and what will happen after the mother's death. A child who is a bully or steals a lot must not be written off as a 'problem child'. There is more to the behavior that needs to be attended to (CARE/FHI, 2001:17).

Save the Children –Denmark (2001:46) carried out a study in Addis Ababa on child prostitution. The findings revealed that over 50% of correspondents started engaging in prostitution below the age of 16 years of age. Most respondents, 92%of them, stated that they did not like the activity, and 8% felt that they had started the activity a bit too young (early). Traffickers move most of them to cities from rural areas. The main reasons for the majority of them engaging in prostitution included the death of parent(s) or disagreement with family.

They also cited factors such as poverty, economic vulnerability, inappropriate education, family disintegration, and harmful traditional practices such as early marriages.

In the streets, they faced a myriad of problems such as rape, unwanted pregnancies, HIV and STI infections, hunger and abortion. This reveals the many problems that children have to endure when they are exposed to risky conditions. The study recommended the need for integrated medical and counselling services and the giving of access to information on prevention and protection from STDs/HIV/AIDS, which must be designed under programmes that support children engaged in prostitution. There is also need to provide alternative means of livelihoods through life skills training, alternative income generation, and the formation of peer support groups.

Children are increasingly living in various types of families--such as households headed by single parents, other relatives and children they. Tod (1968:59) explained that orphan- headed households were ill-equipped to provide proper guidance for the younger siblings and that some complained of having difficulties disciplining their siblings. They were expected to provide love and care, which they themselves still needed. Adolescent girls were particularly in need of parental guidance and tended to use sex as a psychological coping mechanism. This is clear evidence that these orphans need somebody who can talk to them and give them that assurance and proper guidance to help them grow well into adults.

2.1.3 The Extended Family as a Remedial Resource

In those areas where AIDS has reached epidemic proportions, care for orphans lies primarily with their families and communities. But the epidemic is placing huge burdens on the extended family system (which is the backbone of African societies) leaving many orphans with little or no support. Even the traditional generosity of extended families has become overwhelmed by the needs created. With scarce resources stretched well beyond their limits, the impact of the pandemic is placing tremendous strains on families. This poses a very serious problem because the very traditional generosity of extended families has been overstretched to the level that most families cannot afford to take care of extra children. The economic situation is so appalling that relying on extended families without empowering them is a big mistake (Mann, 2003:29).

The extended family that takes them in has its problems because, apart from economic hardships, there have been reported cases of abuse as some foster parents treat the orphans

harshly and discriminate against them, which may cause more emotional problems. For instance, a study in Malawi showed that children expressed patterns of abuse in extended families in that discussions of their late parents were discouraged and they were expected to behave well and not to complain (Mann, 2003: 29). There is a sense of isolation as no one pays attention to their special needs for love and emotional support. They feel lonely as they are treated differently from other children in the household who are treated more favorably. Sometimes these orphans act out their frustrations by behaving rudely or by withdrawing from other family members. Resentment which results from their less privileged position is augmented by what many orphans see to be their unmet needs for patience, love, kindness as they work through their feelings of grief and sadness. This results in a cycle in which guardians feel unappreciated and less inclined to be supportive to the orphans in their care, while the children feel angry, alone and unjustifiably discriminated against (Mann, 2003:32).

Studies carried out in countries such as Uganda and Zimbabwe (Mann, 2003:32) show that some extended families find it much harder to cope with children who are not their own as they are not even able to assign them duties or communicate effectively. So what we are seeing is a situation that leaves these children in a more confusing and vulnerable situations, in that even if they are to be taken in by the extended families or live on their own, there is still need for some professional intervention to help those affected cope with this most challenging situation. Families have to be trained in psychosocial support to enable them be in a position to cope with the overwhelming number of extra children they have to take care of. Considering the economic hardship they go through, it becomes very challenging when all over a sudden, they are faced with the challenge of caring for children who are no theirs. Without proper preparation measures, they may not put into consideration the needs and suffering of the orphans (Mann, 2003:32).

2.1.4 Institutional Care as a Remedial Measure

Arena (1995:64), working with Roofs and Roots, a project dealing with the care of separated children in the developing world, found out that the majority of the children unable to live on their own are absorbed into institutions. For instance, in Kenya, we have institutions like the Nyumbani, Huruma, St.Banados, SOS, and the Wamalwa Memorial Children's Homes among so many others that are rapidly coming up. This is not the best strategy because individual children require personal attention, as their level of emotional stress is quite different. Going to the institutions means another separation from family members, which obviously affects

them and requires some therapy to help them cope. This is often ignored in institutions as children are simply bundled together and treated in the same way. Their emotional stress is usually ignored, either due to their large numbers or because there are no available experts with required skills The agencies providing care for separated children only concentrate their resources on developing institutional forms of care without thoroughly examining the problems facing individual child or an active searching for alternatives. Arena (1995:64) suggested that some of the best alternatives would be the provision of support to enable children to remain with their families and various forms of substitute family care within the community.

In fact UNICEF (1998:14) refers to children in institutions as 'children in especially difficult circumstances' and triple disadvantaged through the experiences which have made it impossible for them to be cared for in their own families and community settings on account of losing parents, separation or abandonment. Such children have the added disadvantage of being cared for in an institutional environment, which often not only fails to meet their 'ordinary' physical, social and psychological needs, but also proves inadequate in enabling the child to come to terms with separation from parents and the circumstances surrounding that separation. They experience gross violations of their rights, and are subjected to neglect, physical ill treatment and sexual abuse. Tod (1968:29) states that when a child is placed in an institution, he faces two difficult adjustments, which are: the mastery of the separation trauma and adaptation to life in institutions. He emphasizes that this process is so difficult especially if the children have not been well prepared in advance for the separation and placement, and when they have not been encouraged from the beginning to express their true feelings about these two frightening experiences.

Children are likely to face an uncertain future as young adults. They are frequently denied opportunities for learning about the roles and skills needed for adult life and are deprived of emotional experiences, which are necessary for healthy social adjustment. They face uncertainty of a future without the support, which families traditionally provide to their young adult offspring. Parentless, rootless and often ill prepared for adult life, it is no surprise to find that many of these young people are unable to cope successfully in society, and may even seek refuge in dependency-creating environments such as prisons or psychiatric hospitals (Arena, 1995:87). When they are brought up in institutions, they feel detached from society, leading to general lack of self-esteem and sense of belonging. But if communities are

empowered through capacity building and training in psychosocial support, there will not be any need for the children to be taken away from society. Instead, they will continue to live there as they get the necessary guidance through the right interventions. Such strategies are being put in place in the rural areas of Malawi and have proved to work very well (Hunter, 2002:57).

In an effort to support and expand community-based HIV/AIDS prevention and care, Hunter (2002:57) reported, Save the Children (USA) has come up with a project in Malawi, called STEPS, where communities are assisted in developing a sustainable package of services for HIV/AIDS, prevention, care and mitigation which addresses the needs of AIDS orphans. The main aim of this project is to mobilize community based responses to the needs of children and other people affected by HIV/AIDS. It gives communities abilities to identify the most vulnerable members and provide them with care and support. Members of the community are trained and enough health centers have been built. This effort has created community cohesiveness, increased awareness of HIV, involvement, participation and empowerment to deal with orphans. It has been reported that cases of school dropouts and STD infections have reduced. It has also created a peace of mind for HIV positive parents in the knowledge that when they die, the community will take care of their surviving children.

2.1.5 Children Affected by HIV/AIDS and the Corporate Sector

A study carried out on children, HIV and the corporate sector in South Africa revealed that two thirds of companies had HIV /AIDS policies integrated into their employment policies, but provided very limited focus on children (Smart et al, 2002:90). For example, only a quarter of employee assistance programmes are extended to families. Three quarters of companies support orphanages but do very little on awareness, training or helping to keep vulnerable children in school.

The study made some recommendations based on the fact that children are accumulating the ever-greater burdens of responsibility in proportion to their bereavement. Given the likely increase in the number of child –headed households, due to the epidemic, children may become even more important stakeholders for the business. So the business sector has the responsibility to protect and promote children's rights, yet to date analysis and forecasts of the epidemic's impact on both the business and its interaction with children is scarce. With the rapid increase in HIV/AIDS infection in some parts of the developing world, it is anticipated

that the numbers of orphans having no member of the extended family able to provide care will increase rapidly. The epidemic adds urgency to the need to develop and promote community- based approaches to the care of orphaned children, as a way of creating substitute family care for children who cannot be cared for within their own families and communities; and to find ways of developing child-centered but affordable approaches to residential care (Smart et al, 2002:90).

2.2 Hypotheses

Mutai (2000,71) quoting Mauch and Birch (1983) defines hypothesis as a proposition, supposition and unproved theory, tentatively advanced to explain observed facts or phenomena. It is an assumption or an inference that is professionally adopted to guide one on how to attack a problem. These are tentative statements of relationship between two variables relating to the problem. From the objectives of the study, the literature review and the theoretical framework, the following research hypotheses have been isolated for testing ,given that no formal testing appears to have been conducted in the past:

Hypothesis 1-Alternative:

The availability of psychosocial intervention has a significant impact on the lives of children orphaned by HIV/AIDS

Null Hypothesis:

The availability of psychosocial intervention has no significant impact on the lives of children orphaned by HIV/AIDS.

Hypothesis 2 -Alternative:

There is a significant relationship between the social problems faced by these children as Orphans and their psychological and mental condition.

Null hypothesis:

There is no significant relationship between the social problems faced by these children as Orphans and their psychological and mental condition.

Table 1 Variable specification and indicators

Hypothesis	Type of Variables	Variables Name	Indicators
Hypothesis 1	Dependent	The effect of psychosocial support on the lives of AIDS orphans.	Continued stay in their homes as opposed to running to the streets. Continuity with schooling. High morale through smiles. Level of interaction with caregivers and other people in general.
	Independent	Availability of psychosocial interventions	Presence or absence of caregivers. Awareness of the intervention value of services. How accessible the intervention is. How frequently they visit the orphans.
Hypothesis 2	Dependent	The orphans' psychological and mental conditions	What affects them upon becoming orphans like Isolation, crying, sadness, abandonment, and discrimination from other children/teachers, foster parents?
	Independent	Social problems that the orphans face	Poor housing, lack of food, school dropout, and cases of abuse. Treatment by foster parents or caregivers/ teachers

Source: Research data

2.3 THEORETICAL FRAMEWORK

ERICKSON'S PSYCHOSOCIAL THEORY

Erickson (1963:116) built his theory by stressing the psychosocial aspect of development. He developed his theory based on his own experience as a child and his clinical experience as a psychoanalyst. He employed the term psychosocial to postulate the stages that one encounters during the course of life. He believed that society and culture, (and not merely biological maturation and internal drives) are instrumental to the development of a person. In this context, it is realized that it is through parents that children can comfortably learn more about culture and socialization. That is why an intervention is essential to replace the absence of parents. Erikson emphasized on the effects of social, cultural and historical forces on the development of personality.

The theory states that in addition to conflicts within the psychic apparatus, human behaviour is also affected by the external social world and by the interaction between this social world and the psychic apparatus itself (Erikson, 1963:116). If these children are not surrounded in their social world by those who can help them distinguish between what is bad or good, then they may be influenced by what goes on around them, making them more vulnerable because chances of their indulging in behaviours that are detrimental to their lives and future. The significant others are very crucial in providing guidelines and support at these stages.

He argues that human personality develops through a series of predetermined steps which under conditions of normal development, move the individual from a state of complete self gratification and dependency to a state of independent operation and mutual regulation with others in a social world.
Every stage in life is defined as a level of functioning, which has its own unique point of view and ways of representing and experiencing reality. An individual's developmental stage affects the way he/she thinks, behaves and his unconscious desires and conflicts. He maintains that instincts and drives in human beings are only given meaning and organized during the long period of childhood through the socialization and schooling processes, both of which occur in a special cultural, social and historical context, with the help of parents or significant others (Erikson, 1963:117).

Erikson (1963:117) outlined eight sequential stages of development in gaining a sense of self and identity. That identity develops as a result of the resolution of specific crises that a child faces which have to be resolved successfully so that the individual emerges as stronger and more integrated personality, or unsuccessfully in which case, the result is a less well adjusted individual. This then depends on how each stage of life is handled, specifically by the parents who play a very significant role in training and guiding the child.

He stipulated that one's future is a result of choices made at these early stages. He emphasized on social factors, which also have an influence on one's growth. The choices made strongly require the significant others in our lives who should guide and provide the necessary attention and direction needed in the resolution of conflicts, of which successful and well guided choices enhance the advancement, enabling one to move from one stage to the next until adulthood (Erickson, 1963:118).

This theory will therefore guide this study in trying to find out if there are interventions put in place to supplement the parental guidance that is really missing in the lives of children who have been orphaned due to AIDS. It recognizes the fact that if left on their own, these children can get into social situations that can affect their personality and growth for the rest of their lives. The presence of other persons who are well trained to handle children in such circumstances can adequately help alleviate the level of vulnerability that the orphans may be exposed to.

CHAPTER THREE: METHODS

3.1 Research setting

The study was carried at Gichagi and Mathare slums in Ngong town, where the children orphaned by HIV/AIDS reside. With the assistance of the slum elder, the children were identified. Twenty of them were sampled from Gichagi and another twenty from Mathare slum.

3.2 Site Justification

The main practical reason for the selection of the study area was the HIV/AIDS prevalence in the slums and the high number of children who continue to be orphaned due to AIDS at a very early age. Some are compelled to live on their own.

3.3 Data collection instrument

The study made use of an interview schedule, which had both closed and open-ended questions. The interview schedule was translated into Kiswahili, making it easier for those respondents ho could not comprehend English comfortably. The study also made use of observation by checking out pertinent issues, which could be of value to the study.

3.4 The target population

This was a case study of Mathare and Gichagi slums in Ngong town. These two slums are densely populated.. The target group was the orphans who live in these slums. Those sampled were both boys and girls, aged between six and eighteen years old.

3.5 Sample design

The method used was snowball sampling, where one known family with AIDS orphan(s) from each slum was approached and interviewed. Then the next AIDS orphan was identified, with the help of the village elder. The exercise went on until the required number of respondents for the study was reached. The total number of orphans sampled was forty, as suggested in the proposal. This was a good representation of the total population. The number was also reached at putting into consideration issues like, time, cost and effort.

3.6 Unit of Analysis

Singleton (1998:132), describes the unit of analysis as the entity around which the researcher seeks to study and make generaralizations. In this study, the unit of analysis was the child orphaned by HIV/AIDS.

3.7 Observation Unit

This is normally the source of information in the study. In this study, the observation unit was likewise the AIDS orphan.

3.8 Experiences in the field

The study took place from July 15th to August 2nd 2004. There was very good reception from the local elder who was the resource person. He helped identify the orphans in both slums and the families concerned were quite co-operative. Various issues came up while the researcher was in the field. First of all, life in the slums is pathetic. Some children have been abandoned by relatives and live on their own in the structures which they lived in with their parents, thanks to the local chief's effort and intervention. A case in mind was a girl who had just turned 15 years and had already delivered a baby whose father was nowhere in the picture. This was a situation of an unemployed orphan who lived with two other siblings and was already a single mother. Most of these orphans were not in touch with relatives whom they perceived to have abandoned them. The level of sanitation and housing in these slums is very poor. There is no single source of water supply .One has to buy water from the town, which costs not less than Ksh 5 per container.

The researcher also discovered that there are so many NGOs operating in the area, and purporting to help HIV/ AIDS orphans. Yet there are very few that are actively involved in helping these children. They recognized the importance of counselling but lacked the capacity to run such a programme, and only had it as a long-term objective. However, they said that they always tried to talk to the children in their own local way (which they believe is a form of counselling).

It was clear that these children are suffering from inhibited grief because some questions in the interview schedule elicited emotions and they ended up crying or remaining silent for some time. Some of them had even been corrupted into believing that their parents had been bewitched, which clearly indicates that they really need help.

They confessed that they lacked people to confide in and that no one paid attention to them. That the teachers care but they just don't have the time due to their busy schedules, but they all talked very well of their teachers. They expressed a sincere wish to just have people whom they could open to and be able to share various issues with them.

3.9 Data Analysis

Raw data was coded where each variable indicator was allocated a number then fed into the computer for analysis. Frequency percentages were used to present responses to various questions. The multiple regression model was used to test the hypotheses .

CHAPTER FOUR: PRESENTATION OF THE FINDINGS

The section discusses the findings from responses obtained from the field. The responses are presented using descriptive statistics, mainly frequencies and cross tabulations.

4:1 Selected socio-economic status characteristics of the sample

Age distribution of the respondents

The total number of respondents interviewed in this study was 40. Their age ranged between 6 and 18 years. The majority of the respondents, 67% were aged 11 to 15years old This is also the modal age bracket. The age distribution of the respondents is presented in table2 below.

Table 2 Age distribution of the respondents.

Age (in years)	Frequency	Percentage
6-10	7	18
11 -15	27	67
16-19	6	15
Total	40	100

Source: Field data

Table 3 Gender of the respondents

Sex	Frequency	Percentage
Males	24	60
Females	16	40
Total	40	100

Source: Field data

Table 3 shows that twenty-four (60%) of the respondents were males whereas sixteen (40%) were females. This shows that the number of males in the study was more than that of females.

Table 4 Education level of the respondents

Level of education	Frequency	Percentage (%)
Primary	36	90
Secondary	1	2.5
Dropout/never schooled	3	8
Total	40	100

N=40 Source: Field data

The majority of the respondents are still in primary school. This was represented by 90% of the respondents. Only 2.5% had achieved secondary school education up to form four, which was mainly made possible with assistance from well wishers. The remaining 8% of the respondents had either dropped out of school or had not been to school at all. So,despite being orphans, most of the respondents were able to continue with their education.This could be attributed to the free primary education that was introduced.

Table 5 Heads of households in which the orphans live

Head of household	Frequency	Percentage (%)
Respondents living alone	3	7.5
Siblings	9	22.5
Grandparents	12	30
Other extended relatives	15	37.5
Neighbors	1	2.5
Total	40	100

N=40 Source: Field data

A total of fifteen orphans (37.5%) live with their extended relatives who include uncles; while twelve (30%) of them have been taken in by their maternal or paternal grandparents. Other households are headed by siblings and thus comprise children living on their own under the guidance of an elder brother or sister. This represents 22.5% of the sample. Three (7.5%) of the respondents live on their own, while one (2.5%) lives with the neighbour.

4:2 Therapeutic intervention

Table 6 Availability of counselling to the orphans

Availability of Counselling	Frequency	Percentage (%)
Available	9	22.5
Not available	31	77.5
Total	40	100

N=40 Source: Field data

It is evident from table six that only nine (22.5%) of the respondents reported having access to counselling services. This is a very worrying situation considering the varied homesteads that

they live in, and the fact that they clearly require constant counselling to help them cope with life. The other thirty one respondents (77.5%) do not get any counselling. Those who reported having access to counselling said that it had really helped them cope with their grief and trauma It had helped in away that they had been able to accept the finality of death and by virtue of just having somebody to confide in made them feel comforted. This response affirms the first hypothesis stating that the availability of psychosocial intervention has a significant impact on the lives of children orphaned by HIV/AIDS.

4.3 Patterns of food supply to the orphans

Table 7 Availability of Food for the orphans

Availability of food	Frequency	Percentage (%)
Enough	8	20
Not enough	32	80
Total	40	100

N=40 Source: field data

From table 7 above, one notes that the respondents do not get enough support in terms of food supply, as only eight (20%) of them reported getting enough food. This keeps them going though the quality is not very good. Most of them cited eating the same type of food every day, which comprised a menu of a mixture of maize and beans, rice and Irish potatoes (waru). The other thirty two (80%) reported that they do not get enough food on a daily basis.

Table 8 The number of times food is eaten in a day

	Frequency	Percentages
Once	17	42.5
Twice	14	35
Thrice	9	22.5
Total	40	100

N=40 Source: field data

From table 8 above, one notes that seventeen (42.5%) of the respondents reported that they only ate food once in a day. Another 35% reported that they ate two times in a day. Only nine (22.5 %) said they ate three times in a day. This generally shows that most of that the children do not eat frequently. This has got negative implications for healthy growth.

4.4 Relationship with significant others in their social surroundings

In this area, the study sought to find out how other people in society who interact closely with the orphans treat them. Those singled out were peers, teachers and neighbors. Their ratings were varied on a scale of five points thus very well, well, moderate, bad, and very bad. This was presented as shown in table 9

Table 9 Relation with peers, teachers, neighbours.

Relation with others	V.W	W	M	B	VB	Total
Peers	2	18	18	1	1	40
Teachers	1	34	2	0	0	37
Neighbors	0	9	23	8	0	40
Total	3	61	43	9	1	117
%Per scale	2.6	52%	37%	7.6	0.8	100%

N=40 Source: Field data

Key: V.W =Very well, W=Well, M=Moderate B=Bad, V.B=Very bad

Format is: percentage per scale = $\frac{\text{Total scale score x 100}}{\text{Total expected score}}$

Table 9 above tried to assess the respondents' relationship with other people around them, in terms of opinion scale. In this case, there are three variables and one scale is expected to score 117 if it is to represent the views of all the respondents. The total of 117(100%) is arrived at because some of the respondents are out of school, and so the variable of teachers is not relevant to them. From the findings in the table above, the relationship with other people is average represented by 52%. This is neither too high nor too low .In other words, the relationship with other people around them is moderate, which is not very bad.

4.5 Cross Tabulations

Table 10 The linkage between age and gender of the respondents

	Age of respondents			
Sex	6-10	11-15	16-19	Total
M	4	16	4	24(60%)
F	3	11	2	16(40%)
Total	7(18%)	27(67%)	6(15%)	40(100%)

Source: Field data

From table 10 above, it emerged that there were 24(60%) boys and 16 (40%) girls. Therefore the number of boys interviewed was higher than that of the girls. The highest number of respondents came from the age bracket of between 11 and 15 years, which comprised 27(67%), with 16 boys and 11girls. The lowest number of respondents was from the 16 to 19 years age bracket which comprised 6(15%), four boys and two girls.

Table 11 Linkage between education and gender of the respondents.

Gender	Education			Total
	Primary	Secondary	Drop outs	
M	21	1	2	24 (60%)
F	15	0	1	16 (40%)
Total	36(90%)	1(2.5%)	3(7.5%)	40 (100%)

Source: Field data

From table 11 above, 36(90%) of the respondents are in primary school. A total of 21 (52.5 %) are boys and 15 (37.5 %) are girls. This implies that more boys have access to education than girls. Only 1(2.5%)has been able to achieve secondary education. Those who had dropped out of school were 3(8%), out of which 2(5%) were boys and 1(2.5%)girl.

Table 12 Linkage between gender and household heads

Gender	Household heads					**Total**
	Orphans living alone	Siblings	Grand parents	Extended relatives	Neighbors	
M	3	5	6	9	1	24(60%)
F	0	4	6	6	0	16(40%)
Total	3(7.5%)	9(22.5%)	12(30%)	15(37.5%)	1(2.5%)	40(100%)

Source: Field data

From table 12 above, 15(37.5%) of the respondents live with other relatives like uncles and aunts. From this number, 9(22.5%) of the respondents were males while 6(15%) were females. Some 12 (30%) live with their grandparents, which comprised 6 (15%) males and 6(15%) females. Other households are headed by siblings (child headed homes) which comprised 9(22.5%), out of which 5(12.5%)were males and 4(10%) were females. Those respondents who reported to live on their own comprised of 3(7.5%) of the total, and all of them were males.

Table 13. The linkage between age and household headship

Age	Household heads					
	Alone	Siblings	Grandparents	Extended relatives	Neighbours	Total
6-10	0	0	2	5	0	7(18%)
11-15	2	4	10	10	1	27(67%)
16-19	1	5	0	0	0	6(15%)
Total	3(7.5%)	9(22.5%)	12(30%)	15(37.5%)	1(2.5%)	40(100%)

Source: Field data

From table 13 above, 15(37.5%) of the respondents live with other extended relatives, out of which, 10 (25 %) are within the age bracket of 11 and 15 years, and 5(12.5 %) are in the age bracket of 6-10 years. A total number of 12 (30%) live with their grandparents, 2(5%) are within the age bracket of 6-10 years and 10 (25%) are in the 11-15 years bracket. A total of 3 (7.5%) live on their own and one of them reported to have been chased away by his relatives.A total of 2(5%) are in the 11-15 years age bracket while 1 (2.5%) is in the 16-19 years age bracket.

4.6 Hypothesis Testing.

THE MULTIPLE REGRESSION MODEL

This is a model that attempts to predict and explain the variation of a single dependent variable Y from a number of independent or predictor variables. In the regression model, the variable Y is assumed to be a function of K independent variables in a population. There are specific assumptions which must be met in order to be able to appropriately estimate the population parameters and conduct the multi regression tests of statistical significance. They are as follows;

All variables must be measured at the interval level and without error.For each set of variables for the K independent variables (Xij, X2j, ... Xkj), E(ej)= 0 i.e. the mean value of the error term is 0.For each set of values for the K independent variables VAR (Ej) = a 2 ie the variance of the error term is constant.For any two sets of values for the K-independent variables, COV (Ej, Eh) =0 i.e. the error terms are uncorrected thus there is no auto correction.For each Xi, COV (Xi, E)= 0 i.e. each independent variable is uncorrelated with the error term. There is no perfect collinearity - no independent variable in perfect linearly related to one or more of the other independent variables in the model . For each set of values for the K independent variables Ej is normally distributed.

Linear multiple regression analysis was used to test the null hypotheses. The formula used in this model is as follows:

$$Y = a + \beta 1 \text{ x } 1J + \beta 2 \text{ x},2j + \ldots . + \beta K \text{ x } Kj + Ej$$

Where y = the estimate value of dependent variable

a = the Y intercept or the value of Y when Xs are zero

Bk,Kj,Ej = are the regression coefficients

The variation of the Y (dependent variable) was accounted for by the indicators and was obtained using R2 (the multiple correlation coefficient).The significance of the coefficients was tested using F test obtained from ANOVA (analysis of variance) tables generated from the regression analysis. The analysis was done using the SPSS package.

Effect of Psychosocial Support on the lives of orphans Regression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.640[a]	.410	.016	.64145

a. Predictors: (Constant), cases of abuse, value of services, school going, number of visits during the last oneyear

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.713	4	.428	1.041	.459[a]
	Residual	2.469	6	.411		
	Total	4.182	10			

a. Predictors: (Constant), cases of abuse, value of services, school going, number of visits during the last oneyear

b. Dependent Variable: type of support

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.969	1.862		1.057	.331
	school going	-.531	.726	-.248	-.732	.492
	value of services	-.438	.429	-.353	-1.021	.347
	number of visits during the last oneyear,	.219	.166	.481	1.318	.236
	cases of abuse	.375	.469	.303	.799	.455

a. Dependent Variable: type of support

From the ANOVA table above, the calculated F- value is 1.041.The critical value of F at 0.05 significance level with 4 and 5 degrees of freedom is at 5.19 which greatly

exceeds the calculated F value hence, the null hypothesis cannot be rejected. This is further confirmed by 41% variation in the type of support being explained by the indicators, leaving 59% unexplained by the research. This could be attributed to issues such as the low level of intervention that is given to the orphans .

Availability of Psychosocial intervention Regression

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.251[a]	.063	-.044	.56147

a. Predictors: (Constant), do relatives visit you, how to find care givers if needed, have relatives, if visited at home

ANOV b

Mode		Sum Square	df	Mean	F	Sig.
1	Regressio	.741	4	.185	.588	.673[a]
	Residua	11.03	35	.315		
	Total	11.77	39			

a. Predictors: (Constant), do relatives visit you, how to find care givers if relatives, if visited at home

b. Dependent Variable: value of support

Coefficients[a]

Mode		Unstandardize Coefficient		Standardize Coefficient	t	Sig.
		B	Std.	Beta		
1	(Constant	5.808	.990		5.864	.000
	how to find givers if	-.116	.230	-.089	-.504	.618
	if visited at	-.129	.233	-.115	-.553	.584
	have	.352	.660	.101	.534	.597
	do relatives visit	-.138	.230	-.127	-.600	.553

a. Dependent Variable: Value of support

From the ANOVA table above, the calculated F-value is 0.588.The critical value of F at 0.05 significance level with 4 and 34 degrees of freedom is at 2.69, which exceeds the calculated F value. Therefore, the null hypothesis cannot be rejected because the degree of confidence is low. The indicators explain for only 6.3% variation of the independent variable.

Orphan's Psychological and mental conditions Regression

Model

Mode	R	R	Adjuste R	Std. Error the
1	.242[a]	.059	-.063	.2394

a. Predictors: (Constant), how do neighbors treat you, relationship with other pupils at school, do relatives assist you, relationship with teachers

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.111	4	.028	.483	.748[a]
	Residual	1.778	31	.057		
	Total	1.889	35			

a. Predictors: (Constant), how do neighbors treat you, relationship with other peoples at school, do relatives assist you, relationship with teachers

b. Dependent Variable: feeling of sadness

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.191	.464		2.566	.015
	relationship with teachers	-4.52E-02	.183	-.046	-.247	.807
	relationship with other peoples at school	-2.66E-02	.070	-.068	-.380	.707
	do relatives assist you	.111	.090	.229	1.235	.226
	how do neighbors treat you	-5.84E-02	.063	-.184	-.934	.357

a. Dependent Variable: feeling of sadness

From the ANOVA table above, the calculated F value is.483. The critical value of F at 0.05 significance level with 4 and 35 degrees of freedom is 2.69.This exceeds the calculated F value. Therefore, the null hypothesis cannot be rejected. This is further confirmed by 5.9% variation in the indicators being explained, of which the confidence level is very low.

This implies that these orphans have been neglected as very little effort has been made to take care of the emotional trauma they have suffered after losing their parents. This shows that there is a genuine problem in this area that should be addressed.

CHAPTER FIVE: QUALITATIVE DATA ANALYSIS

5.1 The problems that these orphans face

Table 9 Feelings of sadness

	Frequency	Percentages
Yes	38	95
No	2	5
Total	40	100

N=40 Source: field data

From the more qualitative information gathered, it could be reported that all respondents confirmed that they miss there parents very much. Surprisingly, nearly all of them cited missing their mothers most. From table 11 above, 95% of the respondents reported that what makes them feel sad most of the time is the absence of parents. Majority of the respondents felt they would have preferred to live in their homes, than with extended families.

The orphans believe they are ill treated in extended families because their parents are not present to defend them. Most problems cited included feeling insecure, isolated, ignored, mistreatment and unloved. It was clearly stated that whenever they feel that bad, they feel very helpless and keep everything to themselves than share with anybody as they feel that nobody cares or understands what they go through. Most of them said they preferred being in school because it helps them get out of the perceived bad environment and get a chance to play (at school) with other children. The school gives them a better environment and that explains why they rate their teachers very highly.

The majority of them expressed patterns of abuse like beatings and mistreatment from the relatives they live with. They claimed that they are discriminated against. in that, they are forced to do a lot of work compared to other children. For example, some of them claimed that after school they are compelled to go sell paper bags and groundnuts in order to bring money home for food, while the other children of their relatives stay at home doing nothing. Then after selling, they have to go look for water, which is not in supply within the slums, but in the main township. This confirms Mann's (2003:29) study that They have been reported cases of abuse within the extended families as some foster parents treat the orphans harshly and discriminate against them. He pointed out that this causes more emotional problems, as

the orphans feel lonely when they are treated differently from other children in the household who are treated more favorably.

The orphans pointed out the issue of healthcare, because when they fall sick, they do not get medication. Those children who had been separated from their siblings worried so much about their brothers and sisters as they do not know how they are living wherever they were taken to. The separation has in a way caused a double tragedy in their lives, that is, after losing their parents, the separation is to them another loss. This further confirms a survey by HFI (2003:4), which found out that when parents die, children suffer from trauma and acute stress that is caused by separation, relocation, poverty and disinheritance among other reasons.

They also cited other problems, which included lack of clothes, food, poor housing, loneliness and insomnia. The state of the houses they live in affects them so much. Some of the children had better living standards with their parents and had to move in with the relatives in these slums. They are traumatized by the new lifestyle they now have to endure. Some of the orphans have been given temporary structures by good Samaritans and the local chief. They keep worrying about the future and have a great desire of having better houses (homes) of their own. They all miss their parents and look deeply affected by the death of their parents. They all expressed a desire to have someone to confide in and just talk and listen to them.

This revelation therefore confirms the second alternative hypothesis, which stated that there is a significant relationship between the social problems faced by these children as orphans and their psychological, mental and physical conditions. This clearly points out the very importance of counselling to these children. It is always assumed that children do not suffer emotional stress upon the death of parents. But this study reveals that they are the lot who suffer the most. In fact, one of the respondents, a 9 year old girl, when asked about the kind of assistance she needed, responded by saying that she only needed someone to help her get her (parents) mother back. This shows that this girl is in great agony and at the same time, she still has not understood the finality of death.

As a general observation, it was learnt that most of the orphans had generally dropped out of school until recently when free primary education was introduced. That is why the majority of them are too old for the classes they are in. For instance, one of the respondent's is18years

old, yet he is in class five; while another is 15years in class 2. Much as this revelation may raise eyebrows, it still is a good effort in enabling these orphans to at least have some access to education.

In seeking to establish how the orphans tackle the problems facing them, most of them indicated that they cry or remain silent (they simply do nothing about it). So they keep to themselves, as they believe that there is no one available to listen to them. Some said they ignore and go to play with other children to help them forget. Others expressed patterns of emotional trauma as they said they cry all the time because they do not know how to solve the problems.

There were other issues raised by these orphans like cases of abuse, poor state of the houses which they live in, and discrimination especially in foster homes where they live. They confirmed that they cry most of the time because they miss their parents, and also when their foster parents discriminate them against.

5.2 How the orphans tackle these problems

Most of them indicated that they cry or just remain silent (they simply do nothing about it). So they keep to themselves, as they believe that there is no one available to listen to them. Some said they ignore and go to play with other children to help them forget. They said that once they go to school they feel better ,but face them again after school. Others expressed patterns of emotional trauma as they said they cry all the time because they do not know how to solve the problems.

5.3 Assistance they would require as orphans

They all had a desire of pursuing studies up to the highest level (university). So they expressed a desire to be assisted with education, clothing (including school uniforms), bags and shoes. They need better housing, financial assistance to start small business especially those who are out of school and even getting employment to be self-reliant.

All the respondents cited poverty as a major problem they face. Most people are very poor considering that HIV/AIDS is also claiming the most productive age bracket of people. Working class men and women who are the main sources of income are dying, leaving children with grandparents and other relatives who have the sole responsibility of caring them

it will be of great help if the government in collaboration with relevant NGOs came up with programmes that will help these families and communities at large to start micro activities that would enable them to get some income to care for the children.

Most of the respondents expressed a desire for counselling services and felt it would help them a lot in overcoming some issues disturbing them. They felt it would enable them get assistance on how to move on with life. They believed that through counseling, they would be able to get some guidance about life and how to cope in difficult and challenging circumstances. These sentiments further confirm Greiner's (2001:8) findings that when responding to HIV/AIDS, the affected children are often the forgotten ones, as adults assume that these children will forget their parents after a few months. What they forget is the fact that the impact of the death is rarely felt immediately, of which these children require a lot of support to enable them go through this grief.

CHAPTER SIX: SUMMARY OF FINDINGS, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION.

6.1 Summary of the findings

In seeking to establish the level of psychosocial support given to the orphans in Mathare and Gichagi slums in Ngong town, the findings of the study showed that only 22.5% of the respondents have access to counselling. They all confirmed that the counselling they receive is of great help to them and they feel so warm and are able to share their experiences with those who counsel them. The remaining 77.5% of the respondents reported having received no counselling neither was there someone to reliably there with their emotional state. This now confirms Greiner (201:8) findings that "when responding to HIV/AIDS children affected by the epidemic are often the forgotten ones as adults often assume that children will forget their parents after a few months. The childrens' emotional trauma is always ignored, yet they are the lot that require a lot of support right from the beginning to instill some hope and reassurance with the help of the significant others."

The orphans live in various homesteads, as 67.5% of them live with extended families, who range from grandparents (both maternal and paternal), uncles and aunts. The other 22.5% live with siblings who include sisters and brothers. There were 7.5% who live on their own, and2.5% live with neighbours. This concurs with Mann's (2003:29) study, which revealed, "... Care of orphans is left primarily to the extended families and communities. That even the traditional generosity of extended families has become overwhelmed by the needs created to the level that most families could not afford to take care of extra children". This situation posses a big dilemma because even in the extended families that they live in, life is so pathetic that getting food is a matter of survival.

Out of all the respondents interviewed, only 20% reported to at least be getting food consistently. But the rest reported eating only once per day or even sometimes go without food. Those who go to school stay hungry and do not go home for lunch for the whole day. They only go home in the evening where they are not sure of getting any food (dinner).

In seeking to establish issues that affect these children as orphans, the study found out that they are affected most by the loss of their parents, an issue they all confessed to be disturbing them all the time (needed someone to talk to).They cited issues like poor housing, lack of

food, clothes which included both home clothes and school uniforms. Infact it was found out that those who go to school have formed an agreement where those who finish class eight donate their uniforms to friends. The problem was quite evident and disturbing. Most of them could not even afford a pair of shoes.

The respondents also cited cases of abuse mainly from relatives who have taken them in. At least 50% of the respondents reported being abused by relatives and neighbors. They reported being discriminated (against) especially in the families they live in. They feel lonely and worry a lot about their separated siblings. At least 90% of the respondents are in primary school, majority of which have reached 18years. This shows that they have had a problem with schooling until when free primary education was introduced. Only 3% had gone up to secondary school (F4) and 8% have never been to /dropped out of school.

Other problems affecting these orphans included child headed families where, 23% of respondents live in child headed homes without proper support. 8% of them live alone in temporary structures donated to them by well wishers. Getting food is a real problem as they are sometimes forced to scavenge from the market. Some of them do not even know where their relatives are (cannot locate them).

These findings are very similar to those of Johnson (2001:32), who carried out a study in Rusinga, highlighting the plight of children orphaned by AIDS. He found out that the orphans frequently felt that they had been betrayed, abandoned and deserted by their parents. That any future opportunities for schooling, employment and a place in the community were denied. They often felt lonely as they believed that there was no one left who understood their problems nor was prepared to listen…that as a result of parental death and ensuring poverty, orphans adopted a fatalistic view of life and living."

In establishing the role of relatives, neighbors and community at large in their lives, 60% of the respondents confirmed that relatives played an active role in their lives in terms of offering accommodation and food. This is not a very high rank, as it may appear that much as relatives took them in, they may have done it not necessarily out of choice but duty. However it showed an effort on the side of the relatives.

Neighbours, who also represent the community, were reported to have offered moral support mainly, but not much of a physical one. However, 3% of the respondents confirmed having been taken in by a neighbor who was really supportive. 10% of respondents reported getting some support from neighbors. A number of respondents reported getting assistance like temporary housing from neighbours and the local chief.. Asked on their attitude toward the neighbors, 61% reported to have a positive attitude towards the neighbors. This reveals that the neighbours and community at large are really trying and they play quite a major role. The only hindrance is poverty as most of them are unemployed yet not empowered economically. They reported to have a very good relationship with the teachers and their peers (friends), both of whom were rated at 79%. This is a good trend and if teachers are empowered through counselling skills, they could mobilize fellow pupils to assist these orphans through peer counselling.

The study reveals that if only communities could be empowered and sensitized about these orphans, then the situation would improve very much. It then confirms a study carried out by Hunter (2000:57) in Malawi where save the children (USA) has come up with a project called STEPS, where communities are assisted in developing a sustainable package of services for HIV\AIDS prevention, care and mitigation which addresses the needs of AIDS orphans .The objective of the project is to mobilize community based responses to the needs of children and other people affected by HIV/AIDS. It gives communities abilities to identify most vulnerable members to provide them with care and support. The study revealed that the effort had created community cohesiveness, participation and reduction in STD infection. It has also created a peace of mind for HIV positive parents in the knowledge that when they die, the community will take care of their dying children.

6.2 POLICY RECOMMENDATIONS.

In view of the findings of this study, a number of issues have come up which if implemented, would add a lot of value to the lives of children orphaned by HIV/AIDS. There is an aggravated problem that is being overlooked, but should be addressed very urgently. The study makes the following recommendations which if implemented would add a lot of value to the lives of these vulnerable children orphaned by HIV/AIDS.

6.2.1.Training of counsellors

There is a very genuine and urgent need to train HIV/AIDS counsellors. It is the responsibility of the government and other relevant bodies to sensitize and put more emphasis on the importance and urgent need for professional counselors who will effectively handle these children, enabling them cope with the grief and agony they are going through. As it is now, almost everybody needs counselling. The orphans feel so lost and forgotten. The only way to restore their esteem and help them cope with grief is through counselling. It is very disturbing to realize that this service is available at a very minimal level. Only nine (2.5%) of the respondents had access to counselling, which is quite pathetic.

These few who have been able to get some counselling have shown trends of high esteem and confidence. So the government should set up training centers in communities to train guardians, teachers, church leaders and local administration. Since these children are left in the community, the same community should be given skills to be able to handle them. Nearly all orphans rated their relationship with teachers to be good. So if teachers could get the skills, then use them to start peer group counselling in schools, the initiative would really be of great help to the children in mitigating their trauma.

It is important to also address parental concerns as well as children's needs during the terminal stages of illness. Parents need counselling and support to help them talk to their children about dying and to plan for their children's future. This includes making decisions about who will care for them, their inheritance of land, property and money and making appropriate legal financial arrangements, where necessary. Making the right decision is important to avoid a future scenario where children are constantly moved from one extended family member to another.

Parents should also be encouraged to pass on crucial information and knowledge to their children before they die. There is need to demystify death, as this is both educative and therapeutic. Death should be treated as a fact of life: sad but true and eventually unavoidable. After parents' death, it is crucial to listen to orphans and acknowledge the changing roles and responsibilities they have taken on. Listening to them and helping them make decisions about their lives helps to build their self-esteem and confidence.

6.2.2 Some of the recommended interventions used in combating trauma among children orphaned by HIV/AIDS.

A. Memory box project:

Among the recommended interventions that should be widely put into place to help these children cope with the trauma and emotional distress they go through upon losing their parents are the memory book/ box project. This memory box or book assists parents to recount the family background, cultural history and good memories of their children's childhood activities. The memory book writing initiates communication, discloses personal information and sharing family history. It gives parents an opportunity to plan for the future with their children. For instance Mild May Mission in Uganda runs a course for mothers with HIV to help them understand the need to talk to their children about what is happening and to tell them the truth. Once these mothers understand that fear and anxiety is often the reason for children's depression, anger or bad behavior, they realize the importance of talking to their children FHI (2001:13).

Cancer patients in the west commonly used this tool. It has however been adopted by many organizations that offer interventions to children orphaned by AIDS. It has been widely used in Uganda and studies reveal that it is very successful and effective. It is also being implemented by some organizations in Kenya. The memory book is very helpful in communicating with children about the illness and eventual death of the parent. It also helps the children to cope with grief after death.

It is aimed at helping children maintain the memory of treasured and positive moments in the life of a child and the parent. The memory book provides facts and memories that the child can keep referring to over and over, as a reminder of the parents and important events. The book contains:

The name of the parent(s),

Life history of father/mother,

Father and mother's school life,

What the parents cherished about the child,

Father/mother's sickness,

Family tree, cultural history,

Addresses of contact people like aunties, uncles, and grandparents.

Map of the homestead,

Father/mother's will.

In this way, children are able to have things left by their parents that provide a sense of comfort, belonging and memories of the love of their parents in a comfortable way. A ten-year-old girl in one of the Ugandan projects was asked about her memory box left by her mother upon her death. Her response was, "When am sad, I take out things left to me by my mom and it makes me feel better.... I know she loved me and I do not feel so alone..." (CARE/FHI, 2001:9)

There are various counseling approaches that can be used to help these children to explore and express their feelings. At this level, it is very crucial to adopt child therapy techniques, as Brammer (1968:373) explains that in child therapy, the counselling techniques are modified to suit the particular problems of youth and immaturity. He states that one of the essential components in child therapy is communication. This is because the child's conceptual thinking and verbalizing abilities are at a relatively primitive level with many gaps, inaccuracies and elements of magical thinking present. It is therefore advisable that the counsellor relies on behavioral rather than a verbal medium for a solution to the difficult problem of achieving adequate communication between himself and the child. Therefore, some of the techniques that have been given impetus include the following:

B. Role-play and drama:

These can help children to act out situations or re-enact their experiences. With adequate skills, teachers and religious leaders can be able counsel children before and after parental death if proper programmes are put into place. Involve village elders; traditional leaders and healers in counselling and helping children recover from trauma, especially if a community has traditions for dealing with death and grief already in place

C. Writing letters to the deceased parents or absent siblings:

This can help older children express their feelings. It also works well especially in cases where the orphans have been separated and live in different homesteads.

D. Drawing:

It is often a helpful way for younger children to express feelings off loss and sadness or to describe their situation. Children are very good at expressing their inner feelings and attitudes through drawing. This is one of the best tools used in counselling traumatized children. It

helps a lot because one is able to read their state of mind and be to give a suitable intervention. (AIDS action issue, 1998:7)

E. Opportunities for peer support:

This is all about giving children an opportunity to talk about their feelings and experiences with other children in a similar situation. It helps them realize they are not alone and builds their confidence, for example in Tanzania, the Humuliza project has started counselling sessions for orphans at primary schools. This is aimed at helping share experiences with children in similar situations.

To promote co-operation and positive social interaction, each session starts with a meal and children are expected to clean the room. Each child is then asked to describe something important that happened during the week and any problems they have encountered. Many of them have reported not being appreciated at home, being beaten by teachers or other students, physical ailments and deaths of relatives among other issues. Some participants have described dreaming of their deceased parents, crying often, feeling guilty because they are not managing as well as their parents ((UNAIDS, 2001:99).

Ved (1994:115) observes that social relationships are a major source of happiness, relief from distress and are healthy. That positive relationships increase happiness by generating joy, providing help and through shared enjoyable activities. They buffer the effect of stress by increasing self-esteem, suppressing negative emotions and providing help to solve problems. In most cases, drama, music and other activities are used to build children's self-esteem. Play provides proper mental and physical development of all children. Whenever possible, efforts should be made to create an atmosphere where orphans and other vulnerable children can play together. (UNAIDS, 2001:102).

F. Structured activities: It is helpful to organize activities such as games, cultural activities, sports and many others for groups of children, and include those who have become socially isolated (Ministry of home affairs: AIDS action issue 1998:8).

6.2.3. Sensitization and creation of awareness

The communities and guardians need to be sensitized on how to handle these orphans. Over 50% of the respondents reported cases of abuse and mistreatments (discrimination) particularly from the guardians whom they live with. It is evident that taking in more children

especially orphans can be stressing and straining to relatives. So measures should be taken to sensitize these people so that they are prepared well in advance. They should be made aware that these children are so delicate and traumatized and that they need a lot of support and understanding from the guardians. Mistreatments and abuse only worsen their situation. They should be made to realize that the way these children are treated would affect them for the rest of their lives. If this issue is seriously and urgently implemented, then communities will be better places for these orphans to live in. Much of this sensitization should be done using various channels including the media, churches and other relevant forums to pass on the message to the people.

6.2.4. Policy on children and the corporate sector.

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

62.5. Creation of co-coordinating committees

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

6.3 CONCLUSION

The study sought to determine the level at which psychosocial interventions are extended to orphans in Mathare and Gichagi slums in Ngong town. Interest in this area was motivated by the fact that no similar study has been carried out on the same issue. It is also an area that is

accommodating the biggest number of children orphaned by HIV/AIDS, which made it necessary to find out if this issue has been acknowledged and interventions put in place.

The study sought to test the following hypotheses:

1. The availability of psychosocial intervention has no significant impact on the lives of children orphaned by HIV/AIDS.
2. There is no significant relationship between the social problems faced by these children as orphans and their psychological, mental and physical conditions.

The test showed that the level of psychosocial intervention extended to these orphans is very low with little significance. This means that the needs of the orphans have been neglected, and therefore, their psychological and mental conditions are bad as issues affecting them are not addressed.

This study fitted within the framework of Erickson's psychosocial theory of development. The theory stipulates 8 stages that one encounters in the course of life. The theory puts emphasis on society and culture, (and not merely biological maturation and internal drives) as being instrumental to the development of a person. It argues that human personality develops through a series of these pre determined stages of which under normal development, an individual is able to move from one stage to the next moving from a stage to complete self gratification and dependency to a state of independent operation and mutual regulation with others in an social world. The theory states that within the psychic apparatus, human behavior is also affected by the external social world. If those who can guide them do not surround these children in their social world, they may be influenced by what goes on around them of which they may not be able to distinguish between what is good and bad.

The theory goes on to stipulate that one's future is a result of choices made at the early stages in life. That identity develops as a result of the resolution of specific crises that a child faces which have to be resolved successfully so that the individual emerge s stronger and more integrated personality or unsuccessfully in which case, the result is a less well adjusted individual. This then depends on how each stage of life is handled, specifically by the parents who play a very significant role in training and guiding the child. This theory explains on the importance of significant others in development of these children

The study revealed that these children are quite vulnerable and the level of intervention in terms of counseling is quite low. The study concluded that these children are emotionally traumatized and need help. The study acts as an eye opener and recommends that the way

forward is the urgent introductions of counselling to relevant stakeholders who can help these children to enable them overcome grief and trauma, to be able to cope with life and rein still some confidence and esteem to enable them face the future.

6.4 AREAS FOR FURTHER RESEARCH

The study was limited to only one small area in Ngong town, which is relatively cosmopolitan. It is recommended that similar studies be carried out at a larger level in other areas, especially rural set-ups, to determine if the sentiments and experiences of these orphans are similar. It is very important for another study to be carried out targeting the guardians (extended family) to get their views on experiences of the orphans and their own experiences as their guardians. This will be important in trying to establish their level of awareness in totality and how sensitive they are to the orphans. It would be also of interest to establish their sources of income and general hardships they go through.

This study was limited to children aged up to 19years.There is need for another study to be carried out on the experiences of those orphans who are 20 years and over. This is necessary because the life experiences of each age group are different and equally crucial. Those below 20 years undergo adolescent crisis and need a lot of guidance. Those at age 20 and over are young adults with their different dilemma and equally need guidance. So it will be good to also find out about their experience as orphans.

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APPENDIX 1

INTERVIEW SCHEDULE

Introduction

My name is Phoebe. Im an MA student at the university of Nairobi. I'm conducting a study on Children orphaned by HIV/AIDS in Mathare and Gichagi slums, in Ngong town. I trust you can assist me with the information needed. Everything said will be treated with confidentiality.

Thank you.

Tick whichever is appropriate.

1. Location: Mathare [ ]
   Gichagi [ ]
2. Sex Male [ ]
   Female [ ]
3. Age in years --------------------
4. Whom do you live with? Foster parents[ ]
   Siblings[ ]
   Alone[ ]
   Other[ ]
5. Who is the head of the household where you live? --------------------
6. Do you go to school Yes [ ]
   No [ ]
7. If yes, in what class are you? 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐
   Secondary forms 1☐ 2☐ 3☐ 4☐
8. Who supports you?..
9. In what way is the support?..
10. How did you come to know of the caregivers? --
11. Do you find the support useful? Yes[ ]
    No [ ]

Give reasons for your answer--

12. How many times did they visit you in the last one month?....................................

13. Do you know where to find them when you need to see them? ....

14.a. Are you free to talk to them about anything affecting you?.................................

b. What is your view about their services towards you?

V.Good	Good	Satisfactory	Bad	V.Bad

15. Who pays your house rent?

Support group	
Church	
School/teachers	
Relatives	
Self	

Other---

16. How do you get food? From:

School	
Church	
NGO	

Others--

17. What type of food do you eat most of the time?..

18. Do you get enough for all of you? Yes [ ]

No [ ]

19. How many times do you eat in a day? ....

20. Are there times when you fail to get food? Yes [ ]

No[ ]

21. How do you get your clothings/uniforms?..

22. Are there people who sometimes abuse you? Yes [ ]

No[ ]

- If yes, who specifically? ....

23. Elaborate more on the kind of abuse you experience...

....

24. Is there anything that makes you feel so sad or even cry most of the time? ....

....

If yes, how many times do you cry in a week?..

25. When you feel sad or lonely, is there anyone who comes to talk to you? Yes [ ]

No [ ]

If yes who?...

26. Do you have any friends? Yes [ ]

No [ ]

27. How do you relate with them?

V. Well	Well	Moderate	Bad	V.Bad

28. How is your relationship with other students at school?

V. Well	Well	Moderate	Bad	V.Bad

29 How do the teachers treat you?

V. Well	Well	Moderate	Bad	V.Bad

30. Why do you think they treat you that way?...

....

31. Are you visited by anybody at home? Yes [ ]

No [ ]

If the answer is yes, who visits?

....

32. Do you have any relatives? Yes[ ]

No [ ]

33. Do you know where they live? Yes [ ]

No [ ]

34 . Do they visit you? Yes [ ]

No [ ]

If yes, how often do they visit?

....

35. Do they assist you in any way? Yes [ ]

No [ ]

If yes, when they visit what do they bring or tell you?...

....

....

36. Are your relatives good or bad people?...

Either way, why do you think so?...

....

37. How do they treat you?..

38. How do the neighbours treat you?

V. Well	Well	Moderate	Bad	V.Bad

39. Are there people who were close to your family and you feel they have abandoned you since you

lost your parents? Who in particular...

....

Why ....

40. What kind of assistance would you require as an orphan?.....................................

....

41. What are some of the problems that affect you in your daily life as an orphan?..

....

42. How do you tackle the problems?..

....

THE END. THANKS SO MUCH FOR YOUR CORPORATION!

APPENDIX 2

The translated version of the interview schedule

Ratiba ya mahojiano

Weka alama ifuatayo { } kwenye nafasi zifuatazo

1. Kijiji Mathare ( )
2. Gichagi ( )

2. Kizazi Mke { }
Mume{ }

3 Umri [ ]

4 Unaishi na nani? Mzazi msaidizi [ ]
Ndugu zangu [ ]
Pekee yangu [ ]
Wengine [ ]

5. Ni nani kiongozi wa nyumba unakoishi ?

6. Unaenda shule? Ndiyo [ ]
La [ ]

7. Kama jawabu ni ndiyo, uko katika daresa gani?
1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐

Secondari kidato 1☐ 2☐ 3☐ 4☐

8. Ni nani anaye kupatia usaiduzi?
9. Ni usaidizi wa aina gani unaopata?
10. Uliwajuaje wale wanaokusaidia?
11. Unaona kama huo usaidizi ukiwa na faida kwako?Toa sababu
12. Walikutembelea(wasaidizi) mara ngapi katika mwezi uliopita?
13. Unajua pa kuwapata ukiwahitaji?
14. Unao uhuru wa kuzungumza nao kuhusu jambo lolote linalo kusumbua?
B Unaonaje kuhusu usaidizi huu kwako?
15. Ni nani anayelipia kodi ya nyumba unakoishi?
16. Unapataje chakula?
17. Mnakula chakula cha aina gani mara nyingi?
18. Huwa mnapata kinachowatosha ninyi nyote?
19. Unakulla mara ngapi kwa siku?
20. Kuna wakati ambapo huwa hupati chakula?
21. Unapataje mavazi?
22. Kunao watu ambao wakati mwingine hukunyanyasa?
23. Eleza zaidi juu ya aina ya unyanyasaji unaopata?
24. Kunacho kitu chochote ambacho hukufanya ushikwe na huzuni?
25. Kama jibu ni ndiyo,huwa unalia mara ngapi kwa wiki?
26. Unaposhikwa na huzuni au upweke,kuna mtu yeyote ambaye hukuliwaza? Kama jibu ni ndiyo,sema ni nani?
27. Unao marafiki wowote?
28. Uhusiano wako nao uko namna gani?
29. Unao uhusiano wa aina gani na wanafunzi wengine shuleni kwa ujumla?
30. Waalimu wanakuchukulia nama gani shuleni?

31. Huwa unatembelewa na mtu yeyote nyumbani?
32. Unao jamaa wowote?
33. Unajua wanakoishi?
34. Wao hukutembelea ?
35. Wao hukusaidia kwa njia yoyote ile?
36. Jamaa zako ni watu wazuri au wabaya?
37. Wao hukuchukulia vipi?
38. Majirani hukuchukulia vipi?
39. Kuna watu unaowajua ambao waliwasiliana vizuri sana na wazazi wako lakini ukaonelea walikutupilia mbali baada ya wazazi wako kuaga?
40. Ungehitaji msaada wa aina gani?
41. Unapitia shida za ainz gani kama yatima?
42. Wewe huweza kuzisuluhisha namna gani?

Mwisho. Asanti sana kwa kujibu maswali haya!!!!!!