

**SOCIO-ECONOMIC FACTORS INFLUENCING  
VULNERABILITY OF CHILDREN IN MERU CLUSTER-A CASE OF  
COMPASSION INTERNATIONAL KENYA PARTNERS.**

**BY:  
MIRITI FRIDAH GAKII**

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## **DECLARATION**

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

**Signature-----**

**Date-----**

**MIRITI FRIDAH GAKII**

**L50/60778/2010**

This project is presented with my approval as the appointed university supervisor.

**Sign-----**

**Date-----**

**Prof. Gakuu Christopher**

**Department of Extra Mural Studies**

**University of Nairobi**

## **DEDICATION**

This study is dedicated to my husband Geoffrey Mputhia and my children Allan Mugambi and Mitchell Karimi for their endless support and encouragement during my study period at the University of Nairobi. Thank you for your prayers and encouragement.

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## **ABBREVIATIONS**

AIDS	-Acquired Immune Deficiency Syndrome
CDSP	-Child Development Sponsorship Programmes
CDW	- Children Development Worker
CIK	- Compassion International Kenya
CPC	- Church Partner Committee
CTP	-Cash Transfer Programme
HIV	-Human Immunodeficiency Virus
MDGs	- Millennium Development Goals
NASCOP	- National Plan of Action
OVC	-Orphans and Vulnerable Children
PEPFAR	-President Emergency Plans for AIDs Relief
RAAAPP	-Rapid Assessment Analysis an Action Planning Process
STDs	-Sexually Transmitted Diseases
UNAIDS	-Joint United National Programme on HIV & AIDs
UNGASS	-United Nations General Assembly Special Session
UNICEF	-United Nations Children's Fund

## **ABSTRACT**

This research project was concerned with factors influencing orphans vulnerability of children in Meru Cluster. The objectives of the study included; to establish the influence of HIV and AIDS on vulnerability on children, to establish influence of poverty on vulnerability of children, to establish the influence of domestic violence on vulnerability of children and to establish the influence of individualism on vulnerability of children. The study used descriptive survey design. The sample size comprised of 158 children sponsored in different projects, between the ages of 11- below 18 years both boys and girls, from the six projects comprising the Meru cluster. Stratified sampling was used to draw a sample of 158. Questionnaires were used as the main tools for data collection. Data was analyzed using descriptive statistics and SPSS and then displayed by use of frequency tables, percentages and texts. It was found that HIV and AIDS had influence on orphans and vulnerability of children it makes children be left alone after their parents die out of the pandemic hence making the children orphan and vulnerable; it was also found that poverty had influence on vulnerability of children because the children are not in a position to afford basic commodities thus rendering them vulnerable; domestic violence had an influence on vulnerability of children since children needs to live in an environment which is not abusive, therefore it was found that other than their parents being abused also children were being abused and this made them to run away from home and it was found that the philosophy of individualism had influence on orphans and vulnerability of children because even when the parents die the community members don't want to take the responsibility of the orphans. It was recommended that, the government should ensure there are measures in place to cater for Orphans and Vulnerable Children, domestic violence should be viewed as crime and be treated as such and the government to increase the cash transfer program so that many vulnerable children can benefit. It also suggested that Compassion International Kenya to increase the number of children sponsored in the households and not limit to only one child.

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1Background to the study**

Cases of orphans and vulnerable children have resulted from the fact that there are inequalities which are complex. These complex impacts of inequalities are many especially on women and children. According to the Ministry of Gender and Children Services Action plan 2007-2010, the number of OVC was 2.4 million, 48% of these being as a result of HIV/AIDs pandemic. The Government and other stakeholders have come up with several interventions to address the problem, but this has remained inadequate in the face of increasing numbers of orphans and vulnerable children,(Children on the Brink 2004).

A study done in Kano Metropolis in Nigeria by Kurfi (2010) to investigate the societal responses to the state of orphans and vulnerable children indicated that the cases of OVCs are ever increasing. Therefore with the increasing number of these children many organizations have come up with various interventions but none has been able to reduce the number of these children. Although the United Nations (U.N) has adopted the framework to address the needs of orphans and vulnerable children, not much have been achieved to reduce the ever increasing trend. Children on the Brink (2004) UNICEF and UNAIDS estimated that the number of orphaned children have been increasing in percentage from 2003 to 2010 in Sub-Saharan Africa. A study done by Tondini and Castelli (2008) in the OVCs project in Rwanda, Kenya, Uganda and Ivory Coast indicated that despite many efforts the Government and Civil society are doing towards intervening orphans and vulnerable children, these children continue to increase in numbers year after another.

Considering the current situation Compassion International has partnered with other organizations to provide interventions for orphans and vulnerable children. In Meru cluster, there are six projects dealing with such children and the challenge is that

these number of children have been increasing. Compassion International started its operation in Korea after the Second World War. This is where by an American Missionary called Everest Swanson discovered that after the second world war so many children were left unattended to because they had no homes, food, shelter and other basic needs. It was due to this call that Everest Swason rescued few and stayed with them in his house. After a short a while, the number of children rescued became so many until the burden of raising them became unable to bear. He sought assistance from the Church where he was a missionary and other Churches assisted him. It was from this vision that Everet Swanson started assisting needy children, (Project Field Manual 2012) Compassion International Partners with evangelical Churches to assist orphans and vulnerable children so that they can live a full life. In Kenya Compassion International Kenya started in 1980 and in Meru the first project was established in 1984. To date Compassion International Kenya has over three hundred projects with over three hundred orphans and vulnerable children in each project. Meru cluster has six projects which are managed by one Partnership Facilitator (P.F). In those project, also called Child Development Centers children are assisted physically, social, emotional, cognitive and spiritually so that they can become fulfilled Christian adults. Currently, each project supports around three hundred children.

A Rapid Assessment Analysis and Action Planning Process (RAAAPP), 2004 identified the need to urgently develop a National Plan Action (NPA) in Kenya to address the needs of orphans and vulnerable children and to guide orphans and vulnerable children interventions in the country. This is because these children are deprived off their right to life, human dignity, qualitative and quantitative education, health and access to health care services growing up within a family with care, love and affection to a safe or secure environment free from neglect, violence, exploitation and all form of abuse,(Kufi 2010).

## **1.2 Statement of the problem**

In Kenya, the number of orphans and vulnerable children increased from 1.8 million in 2004 to 2.4 million in 2006, (Ahmed 2006). Children on the Brink (2004) estimated that 12.3% of all children in Sub-Saharan Africa are either single or double parents orphans, with 28% of them orphaned due to HIV/AIDS. Many more children live in households with a chronically ill parent or caregiver, elderly caregivers. According to Kenya Action Plan from the Ministry of Gender, Children and Social Services, estimated that by 2005 there were 2.4 million orphans and vulnerable children, (Ahmed 2006). This disturbing trend of increasing orphans and vulnerable children is fuelled by poverty, HIV/AIDS, domestic violence in the families makes children vulnerable due to the fact that they bear the aftermath of the abusing parents. Others become potential abusers in their adult life. Individualism in the society makes people too dependent on their own making them vulnerable without even basic facilities, some even the elder ones in the family end up seeking jobs to support their siblings. Therefore vulnerability of children have been on the rise and this study seeks to assess factors influencing vulnerability of children in Meru cluster.

## **1.3 Purpose of the Study**

The purpose of this study was to assess the factors influencing vulnerability of children in Meru cluster-A case of Compassion International Kenya partners.

## **1.4. Objectives**

The study was guided by the following objectives:

- 1 To establish to what extent HIV/AIDs has influenced on the vulnerability of children.
2. To examine how poverty levels influences vulnerability of children.
3. To assess how domestic violence influences vulnerability of children.
4. To assess the influence of individualism in the society towards vulnerability of children.

### **1.5. Research Questions**

The study was guided by the following research questions:

1. To what extent HIV/AIDs has pandemic influenced vulnerability of children?
2. To what extent do the effects of poverty levels influences vulnerability of children?
3. To what extent do domestic violence influences orphans and vulnerable children?
4. How individualism in the society influences vulnerability of children?

### **1.6 Significance of the study**

Factors influencing orphans and vulnerable children in projects partnering with Compassion International Kenya in Meru cluster are important in understanding the type of interventions needed to be put in place. The results of this study will be useful to Local Church partners towards implementing programs of Orphans and Vulnerable Children, Compassion International Kenya (CIK) as the partner of the project, The Government so that it can plan better intervention strategies towards planning and implementation Orphans and Vulnerable Children projects and other NGOs working with orphans and vulnerable children.

### **1.7 Scope of the study**

The study is mainly focused to projects partnering with Compassion International Kenya in Meru Cluster, which has six projects scattered within Meru County. The study mainly focuses on children and their parents and guardians under sponsorship program between the ages of 11 to below 18 years. The respondents were available and were able to give correct information. The area was well known by the researcher and as well as connected with the persons who gave data on orphans and vulnerable children. The study helped in establishing the influence on poverty, HIV/AIDS, family violence and individualism on o vulnerability of children, and what should be done to improve the situation. This study was undertaken within a period of six months (January to June 2013).

### **1.8 Limitations**

There were quite a number of challenges because some respondents did not comprehend why the researcher was carrying out the study about orphans and vulnerable children, Others feared that the information they gave out would be used by the researcher to publish negative information about them. Much time was used to travel to respective projects, due to extent of the area coverage, time factor and financial constraints.

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### **1.9 Assumption of the study**

There study assumed that the sample selected was the accurate representative of the situation on the ground. Secondly, the interviewees were available, cooperative and answered the questions asked truthfully so that the information gathered passed the validity test. It was assumed that the data collection instruments were accurate enough and gathered valid data.

### **1.10 Definition of terms**

#### **Child**

This is a human being below the age of eighteen years.

#### **Cluster**

This is a group of projects with geographical definition, sharing the same Partnership Facilitator.

#### **Individualism**

This is the belief that people should be dependent on themselves, therefore children left to depend on their own thus having child-headed households.

#### **Orphan**

This is a child between the age of 0-18 years whose mother (maternal orphan) or father (paternal orphan) or both (double orphan) are dead. The concept of 'social

orphan' is sometimes used to describe children whose parents might be alive but are no longer fulfilling any of their parental duties.

### **Orphans and Vulnerable Children (OVC)**

This is a concept that generally refers to orphans and other groups of children who are more exposed to their risks than their peers. These children experience negative outcomes such as loss of their education, morbidity and malnutrition at higher rates than their peers. An orphan and vulnerable child is a child below the age of eighteen years who has lost one or both parents, or who lives with a chronically ill caregiver or parent.

### **Poverty**

This is the state of living where people lack most of basic needs in the society. Poverty can also represent lack of lack of opportunity and empowerment, and bad quality of life in general.

### **Vulnerability**

A high probability of a negative outcome or an expected welfare loss above a socially accepted norm, which results from risky/uncertain events and lack of appropriate risk management instruments.

### **1.11 Organization of the study.**

The study investigated causes of vulnerability of children. Some of the issues highlighted includes, background to the study that tries to explain the need of the study, statement of the problem explaining the gap that exists between the actual and the ideal state, purpose of the study and objectives, it is followed by the research questions that the researcher tends to answer. The chapter also highlights the scope of the study. The assumptions of the study are also mentioned and finally definitions of terms.



## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter has reviewed literature on the issues of vulnerability of children. It also summarizes the information from researchers who have carried out their research in the same field of study. The specific areas covered here are the overview of factors influencing orphans and vulnerable children, theoretical framework and finally the conceptual framework. The factors influencing orphans and vulnerable children include-:

##### **2.1.1 HIV and AIDS pandemic and vulnerability of children**

The AIDS pandemic is the world's most deadly undeclared war and Africa has so far borne its brunt. In 1998 more than 2.2 million people lost their lives due to aids pandemic. Most studies examining the relationships between HIV and AIDS, poverty and other socio economic factors contributing towards the cases of orphans and vulnerable children have failed to look into the impact these issues towards orphans and vulnerable children (Sengendo1997).The president's emergency plan for aids relief effort of U.S global Aids coordinator together with partners to emergency plan was committed to providing effective and significant support to orphans and vulnerable children affected by a tide against HIV and AIDS. In Africa 9 out of 10 children are living with aids, 8 of every 10 children have lost parents due to the same disease.

An Aids Orphan is children who become an orphan because one of the parents died from HIV/AIDS. Statistics from the joint United Nations Programme on HIV and AIDS, the world health organization and the united nations children fund an aids orphan is used to refer to a child whose mother has died due to HIV and AIDS before the child's 15<sup>th</sup> birthday regardless whether the father is still alive, (Morgan 2008).children are directly affected in a number of ways. They may live at a high risk of HIV; they may live with chronically ill parents or be required to put their education on hold as they take on household and care giving responsibilities; their household may experience greater poverty because they can be subject to stigma and discrimination because of their association with a person living with HIV and AIDS. Even where HIV prevalence

stabilizes or declines, the number of orphans and vulnerable children continue to grow and at least remain high for years reflecting the time lag between HIV infection and death (Foster2000)

The experience of orphans and vulnerable children vary significantly across families, communities and countries. Some studies have shown that orphans and vulnerable children are at higher risks of missing schooling, live in a household with less food security, suffer anxiety and depression and are at a higher risk of exposure to HIV.

Aids affects mainly those who are sexually active, aids related deaths who are often people who are their family's primary wage earner. The resulting aids orphans frequently depend on the state of care and financial support particularly in Africa (Morgan 2008).

Kenya is at the moment working on a country definition of OVC, but there has not been a conclusive agreement yet. Most of the Kenya Organizations definitions are similar to the PEPFAR definition of an OVC which is a child 0-17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS. According to PEPFAR, a child is more vulnerable because of any of the following factors that result from HIV/AIDs: Is HIV positive; lives without adequate adult support, lives outside the family care; or is marginalized, stigmatized or discriminated against. UNAIDS 2006, stipulates that HIV prevalence in Kenya has fallen from a peak of 10% among adults in the mid 1990's to the most currently estimate of 6.1% in 2006. It also indicates that almost 1.1 million children living in Kenya have been orphaned by AIDs. The percentage of children orphaned or otherwise considered vulnerable in need of assistance is estimated approximately 60% (Kenya Central Bureau of Statistics, 1999).

UNICEF 2006, indicates that children affected by HIV/AIDS often live in households undergoing dramatic changes such as intensified poverty, increased responsibilities placed on young members of the family, poor parental healthy that may increase emotional or physical neglect, stigma and discrimination from friends, community members or extended families and parental death.

These changes after result in reduced household capacity to meet children's basic needs. Orphans are more likely to live in households with higher dependency ratios, may experience proper dispossession, often miss out on opportunities for education, may live in households experiencing food insecurity and often experience decrease emotional and psychological well being due to such dramatic changes and losses. According to Mulikita (2010), an orphan is a child below the age of 18 years with one or both parents deceased. A vulnerable child is a child below 18 years who has chronically ill parents. ( sick for 3 or more consecutive months with the 12 months) or who live in a household where an adult has been chronically ill or has recently died ( in the last 12 months).

According to a report presented by UNICEF in 2008, the definition varies at the international level, and in monitoring and education guide of the national response to the problems of orphans and children made vulnerable by HIV/AIDS ( UNICEF, UNAIDS, USAID Feb. 2005, a child made vulnerable by HIV/AIDs is below the age of 18 years and who has lost one or both parents or has a chronically ill parents (regardless of whether the parent lives in the same household as the child) or Lives in a household where in the past 12 months at least one adult died and was sick for 3 of the 12 months before he/she died or, Lives in a household where at least 3 months in the past 12 months or Lives outside of family care (i.e. lives in an institution or on the streets).

PEPFAR (1996) mentions children who are made more vulnerable because of any or all of the factors resulting from HIV/AIDs. A vulnerable child is: HIV positive, Lives without adequate adult support ( e.g.in a household with chronically ill parents a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and /or household headed by a child), Lives outside of family care ( e.g. A residential care or on the streets or is marginalized or discriminated against. Tsheko (2007) a study conducted on orphans and vulnerable children found out that high percentage of orphans and vulnerable children did not have enough money for basic needs such as food and clothes.

According to OVC - CARE Project, funded by USAID, August 2008, the major gaps in the OVC knowledge base in Kenya include adequate data on: the magnitude and characterization of the OVC population, effectiveness and impact of OVC intervention and drivers of children vulnerability and effective interventions. These changes after result in reduced household capacity to meet children's basic needs. Orphans are more likely to live in households with higher dependency ratios, may experience proper dispossession, often miss out on opportunities for education, may live in households experiencing food insecurity and often experience decrease emotional and psychological well being due to such dramatic changes and losses. Kenya Ministry of Health and NASCOP,(2004) indicates that the political will and donor support in Kenya have combined to intensify programmatic and policy responses to the HIV/AIDs epidemic and the increasing number of OVC control programme (NASCOP) of Kenya undertook a rapid country assessment, for OVC in 2004. Based on the results, a national plan of action and a National policy on OVC were developed.

The Kenya Ministry of Gender, Children and Social Development, 2008 came up with the Kenya OVC Action Plan 2007-2010. The Ministry through the department of children services found it necessary to develop this development as a response to the ever increasing orphans and vulnerable children countrywide. The action plan estimated that by the year 2005, the number of orphans was 2.4 million, 48% of these being as a result of HIV/AIDs. The Government of Kenya and other stakeholder came up with several interventions to address the problem of OVC but this has remained inadequate in the face of increasing number of OVCs. A Rapid Assessment Analysis and Action Planning Process (RAAAPP) conducted in 2004 identified the need to develop a National Plan of Action (NPA) to address the needs of OVC and to guide the OVC interventions in the country. Among the strategies, Kenya as a country sponsor a cash transfer program for Orphans and Vulnerable Children (OVC) and provides regular cash transfer for poor families caring for OVC. The program aims to foster continued care for OVC and promote their human development through

basic education, nutrition, health services and birth registration and this was named the best practice in the 2010 UNGASS report.

### **2.1.2 Poverty and vulnerability of children**

Orphan hood and vulnerability are variables found to be positively correlated to poverty within child headed households and the two are regarded as acute poverty for it deprives the child of an immediate caregiver (Ganga, 2010). According to UNAIDS (2004) Africa has 14 millions orphaned and it is estimated that the figure might rise to 50 million by 2015. Poverty therefore becomes a cause of increased OVC in Africa because in most cases children are turned into unpaid laborers or nurses to their sick siblings and parents or caregivers. These children end up abandoning schooling completely making them ever poorer.

Chirwa (2002) concluded that poverty among other factors make orphans and vulnerable children whose by resulting to reside outside their late parents. This leaves these children alone with children headed households. The Kenya Government has tried to come up with the Cash Transfer Programmes (C.T.P) for orphans and vulnerable children in order to assist them in accessing basic needs. This programme has the objective of strengthening the capacity of families to protect and care for OVC, ensuring that they can stay with communities and can be cared for effectively. The cash transfer is expected to improve health and education outcomes for OVCs. This also is intended to enhance the guardians knowledge as well as improve civil registration of OVCs. Although this cash transfer programme has been as the best practice by UNAIDS, it may not bear much fruits because the money given is very little to cater for all expenses needed by OVCs. At times it may be diverted to 'other' children are not vulnerable especially where OVCs are living under the care of relatives.

The number of OVCs in Kenya has been increasing year after another and most of these children are deprived of their basic needs due to high levels of their basic needs due to high levels of poverty. 46% of the population live below the poverty

line out of which 19% are children. The OVC are also prone to different forms of abuse and exploitation due to their vulnerable circumstances. The specific objectives of CTP is in the area of education, health food security and civil registration of OVCs. UNICEF (2010) is of the agreement that many OVCs slip further into poverty once the family's main bread winner stops working or dies. Losing a parent or a caregiver often means losing access to social grants education and health care. The National Plan of Action (NPA) produced by Ministry of Gender, labour and social development indicated that poverty prevents the enjoyment of basic human rights, security and well being. The number of children living below the poverty line is likely to rise due to high fertility rate, HIV/AIDs and other preventable diseases and insecurity.

Ajaegbu, (2010) is in agreement that AIDs is not the only factor that increases the number of OVC but also a combination of factors such as poverty ignorance and other standards of living. This is the same case in Kenya although a big percentage of these children is as a result of HIV/AIDs pandemic in our society and must be addressed adequately. The implications of aids epidemic for generations of orphans and vulnerable children in Africa are serious, but government, Non Governmental Organizations and community groups can alter the course of the response. Some challenges can be addressed by providing support to care givers, extended families and communities. Others include equitable access to education and health, birth registration, foster care and inheritance, and acquire commitment and intervention from Government.

### **2.1.3 Domestic violence and vulnerability of children.**

Domestic violence is a term that covers many types of acts committed by a current or former intimate partner within a family. It can take the form of physical violence, sexual abuse, emotional or psychological abuse, financial or other controlling behavior. It can include threats such as threatening to commit suicide or take the children away from the victims who can be of any age, racial, religion, cultural background, gender and sexual orientation,(Khan and Alia 2011).Domestic violence is not a single event and often

becomes more severe frequent over time. Intimate partner violence made up to 22% of the violent crimes against men in the year 2010 according to bureau of justice statistics 2011. Many batterers are not violent in other relationships such as workplace or with friends. They routinely deny that abuse occurred, minimize its severity or blame the victim for the abuse. However many factors contribute to domestic violent behavior- abusive family background, feeling of inadequacy and stress. Ultimately it is driven by the abusers need for power and control.

Being drunk may intensify existing violent behaviors but alcohol or drug abuse does not cause domestic violence, (Keensbury and Askrew2010). Regardless of the underlying factors, the batterer is responsible for his or her own actions- not the victim, but also those who witness it. Children are particularly affected; those living with family violence are more likely to have problems with anxiety, self esteem, depression, anger and temperament. Most women violence are perpetrated by men with women as victims. Rape and sexual violence increases the risk of HIV transmission. Some sexual violence may even be spurred by HIV, as in some cases infected men believe that sex with a virgin forced or voluntary will cleanse and cure them.

Abuse of children, with girls being particularly vulnerable, is one form of sexual violence which orphans are susceptible to as they do not have protection that parents would normally provide. Kiellan, (200) in her report indicated that indicated that the inclusion and protection of OVC is needed to reach at least 6 of the 8 millennium development goals (MDGs) directly by achieving universal primary education by 2015 and reduced child mortality by  $\frac{2}{3}$  by 2015 and ironically OVC represents 31% of the children who do not reach grade 5 in the US. Addressing gender based violence within orphans and vulnerable children can have a direct impact on advancing strategies and reaching targets by strengthening the ability of families and communities to provide supportive services such as food, nutrition, education and livelihood and vocational training to orphans and vulnerable children and their parents and guardians according to Khan and Alia, (2011)

Gender based violence against orphans and vulnerable children can take the form of physical and emotional violence, sexual abuse, forced and early marriage, forced labor and child trafficking and inadequate household resources including nutrition schooling and health care, (Jaffe et al 1986). Violence against women is a human right violation and it has been clearly demonstrated to be a risk factor for HIV in countries worldwide violence is also a consequence as having HIV Inadequate gender norms are related to increased violence where both males and females often justify violence as acceptable.

When there is domestic violence the family is torn apart and the children in the family suffer a lot hence the increase of vulnerable children. Many times children run away from violent parents and guardians because they like staying in places which are conducive; where there is love, care and protection.

Domestic violence not only affects those who are abused, but also has a substantial effect on family members. Children who grow up witnessing domestic violence are among those seriously affected by crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems but also teaches them that violence is a normal way of life; therefore increasing their risk of becoming society's next generation of victims and abusers, (Jaffe et al 1989).

#### **2.1.4 Individualism in the community and vulnerability of children**

A study done by Kurfi, 2010 acknowledged that individualism in the society is one of the major cause of increase orphans and vulnerable children. This is a true phenomena since the family ties which existed in the past has since eroded. In an attempt of explaining children's vulnerability and major causes of orphan hood in the study area, a number of social, economic, political factors are considered responsible for the orphan hood and vulnerability of these children.

Garba, (2007) blames colonization for disrupting the comprehensive traditional social welfare provisions for children. Colonization brought about disruption of the family structure and significant alterations were made in all the systems thereby making life very difficult. Individualism is the moral stance, political, or social outlook that



emphasizes the moral worth of an individual. Individualism promotes the exercise of one's goals and desires, value independence and self reliance and advocates the interests of an individual should achieve precedence over the state or social group. Disruptions of traditional values and the idea of communal living and the spirit of brotherhood were replaced with money economy and excessive individualism. This is because orphans and vulnerable children are deprived of their first line protection of their parents and they are left on their own UNICEF.

According to Dawes and Snider, (2006) there are many children among our communities who are socially orphans. These types of children have been left alone to fend for themselves. This has then resulted to child-headed households due to the fact that family ties and kinship has been eroded due to individualism and aspects of Westernization. Frankly speaking, every child belongs a family somewhere and there is no need for children to be left alone to take care of themselves. In the African context, the relatives of these children need to come to their aid so that they are able to live where there are parents.

A report conducted in Botswana indicated that kinship care or customary foster care can be an approach to address the needs of orphans and vulnerable children. This report conducted by Tapologo Maundeni of University of Botswana indicated that relatives have a tendency to separate orphans and this results from communities lack of knowledge about children rights. Vulnerable and orphaned children will continue increasing from 19<sup>th</sup> and 20<sup>th</sup> century, (Lawrence 2004). This is true since other than individualism there are other factors such as HIV/AIDs which have facilitated the trend. The primary element of individualism is individual responsibility; this recognizes that humans must work to transform their environment to meet their needs.

## **2.2 Theoretical framework**

### **2.2.0 Humanistic theory**

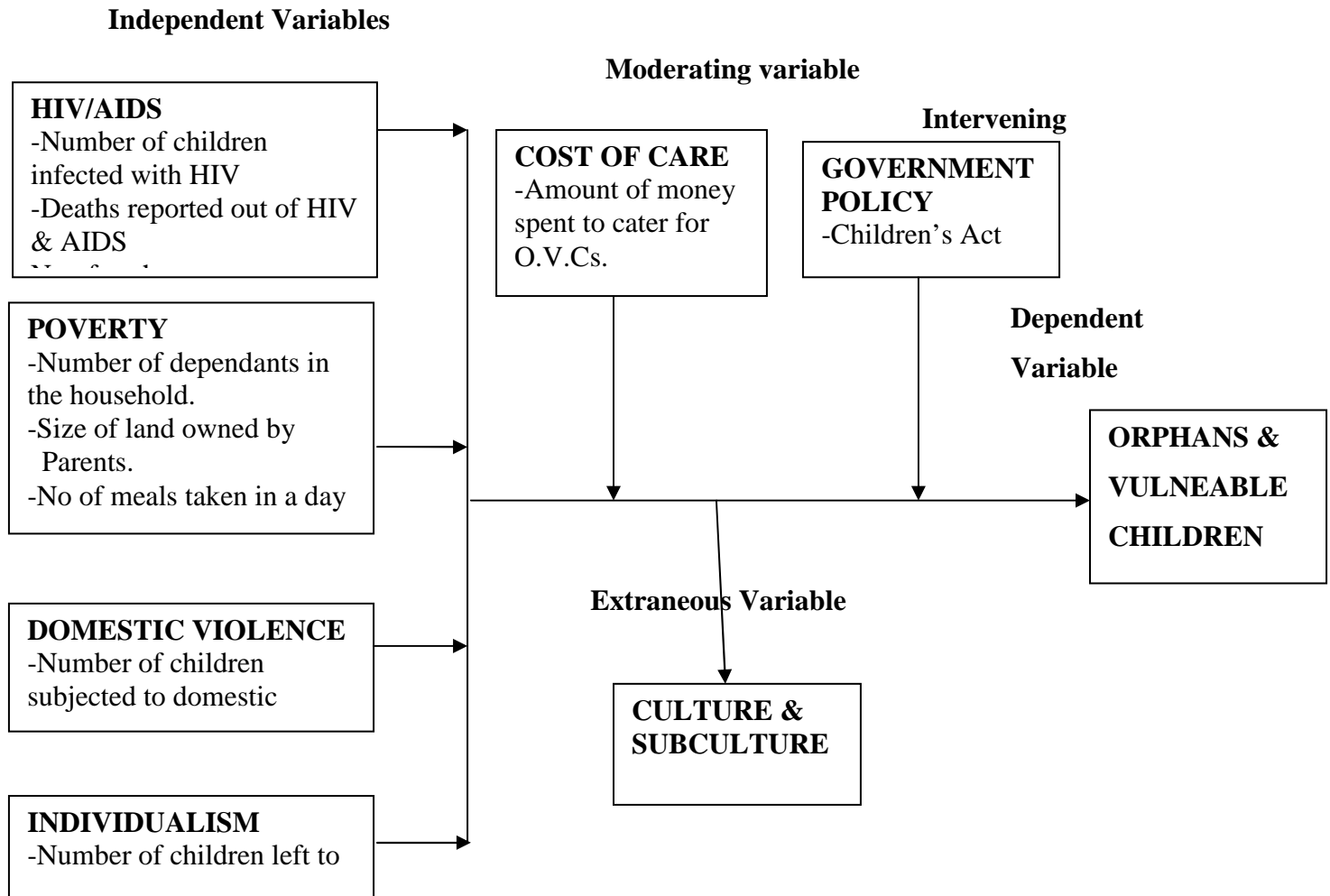
This study is basically informed by humanistic in the sense that it honors that every human being included the OVCs have the right to a dignified living. Both

humanistic, Abraham Maslow and Carlo Rodgers share belief that is self determination and individual potential. They believe that all people have free to become what they want to fulfill themselves and curve their own destiny. The two concur on the individuals need for self actualization through gratification of various hierarchical needs (Maslow 1987).

On the other hand Rodgers ( 1971) presents the need for self worth and positive regard within one's phenomenal field. Failure to attain one's best chance in life may result in stressors that may make life a living burden for some individuals. Failure to self actualize is caused by multiple possibilities that include various forms of poverty. When their parents die, they carry burden in orphan hood leading to severe vulnerability, hence the term orphans and vulnerable children OVC.

### **2.3 Conceptual framework**

According to Reichel and Ramey (1987), a conceptual framework can be defined as a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation. Kombo and kisilu on the other hand, defines conceptual framework as a research to develop awareness and understanding of the situation under scrutiny and to communicate this, when we understand the links and association that go with that concept (Kombo and Kisilu, 2006).



**Figure1. Conceptual Framework**

HIV/AIDS influences orphans and vulnerable children through looking at the numbers of children infected by HIV/AIDS, deaths reported in the families out of HIV/AIDS and the number of children orphaned. Poverty influences orphans and vulnerable children by looking at the number of dependants in the households, size of lands owned by parents/guardians of the children and the number of meals. Domestic violence influences orphans and vulnerable children by looking at the number of children subject to abuse, types of abuse and the types of abuses of the children. Individualism influences orphans and vulnerable children by looking at the number of orphans left under their own care, ie child headed households.

## **2.4 Summary**

This chapter reviews the variables influencing vulnerability children. Both theoretical and empirical literatures are reviewed especially humanistic theory. Conceptual framework is also discussed that shows dependent and independent variables and indicators for each variable.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter highlights the methodology that was used in the study to collect data that was used to answer the research questions. According to Mugenda O, (1999) research methodology outlines the techniques, methods, and tools used in data analysis and how to arrive to a sample size. This includes research design, the target population, sampling techniques, data collection, instruments validity and reliability. It also explains the data analysis methods and presentation, operational definitions and finally summarizes the whole chapter.

#### **3.2 Research Design**

The study used survey research design. Research design keeps the entire element in a research together. According to Kombo and Tromp (2006) the major purpose of descriptive research design is to describe the state of affairs as it exists. It involves method of collecting information by interviewing or administering or administering questionnaire to a sample of individuals (Orodho 2003). The reasons for choosing this design is that it was the most appropriate in collecting data about the characteristics of a large population in terms of being cost effective and with the constraints of time available and therefore the questionnaire was employed as the main tool for data collection.(Harrison and Kelly et al2002).

Another advantage was the fact that it allowed large coverage of the population and its findings may be generalized. This design was used because it determined and reported things the way they were at present (Gay, 1992). According to, Nachmias and Nachmias (2005) the approach was appropriate to this study because it involved facts finding and inquiries on increased orphans and vulnerable children in projects partnering with compassion international-a case of Meru cluster. Questionnaires were used for gathering information from respondents and their narrative analyzed quantitatively.

### 3.3 Target population

Mugenda, O.M and Mugenda A.G, (2003) defines population as an entire group of individuals, events or objects having a common observable characteristics. According to compassion international Kenya database Meru cluster has a total of 1580 Orphans and Vulnerable children between the ages of 11- below18 years. Administratively, Meru cluster is divided into six projects namely: KE 323 with 320; ke700 with 160; ke701 with 260; ke704 with 240; ke705 with 280 and ke714 with 320 OVCS. Since these projects do not have homogenous features in terms of their geographical location and population, stratified sampling technique was used in order to obtain a representative sample. The sample size studied comprised of 158 Orphans and Vulnerable Children who were between the ages of 11-below18 years from six projects in Meru cluster. The total number of targeted respondents were therefore 158. The number was chosen as a sample since the entire population was quite large. However since this number was derived from six projects, it was able to capture the views of the majority and it was accurate representative of the target population.

**Table 3.1: Target population**

NAME OF PROJECT	NUMBER OF CHILDREN	SAMPLE
KE323- KAG Child Development Center	320	32
KE700-Kaaga Child Development Center	160	16
KE701- Runogone Child Development Center	260	26
KE704-Murerwa Child Development Center	240	24
KE705-Mwenda Child Development Center	280	28
KE717-Lubunu Child Development Center	320	32
<b>TOTAL</b>	<b>1580</b>	<b>158</b>

Source: Projects Support and gifts lists March 2013

### **3.4 Sampling procedure**

According to Kombo and Tromp (2006), sampling is the procedure of selecting a number of individuals or objects from a population such that the selected group contains elements of representative of the characteristics found in the entire group. Mugenda O. and Mugenda A (1999) suggests that for descriptive studies thirty percent or above of the accessible population is enough for the study. Stratified sampling was used in this target. The researcher used six projects in the study areas the base of forming strata, then simple random sampling to select all the respondents. The researcher therefore used 10% of the population to be the sample to give 158 respondents.

### **3.5 Methods of data collection**

The data was collected using questionnaires. Questionnaires are data collection tools or instruments that are used to gather information from a larger sample. Face to face interviews were conducted with guided questions to get information from key informants. The questionnaires were developed considering independent and dependent variables. Interview schedules were mainly for the majority who could not be able to read or write. Thus the study employed both open-ended and closed questionnaires, interviews and documents of analysis.

### **3.6 Validity and Reliability.**

Validity is the accuracy and meaningfulness of inferences which was based on the research results. It is the degree to which results obtained from the analysis actually represents the phenomenon understudy (Mugenda O.M and Mugenda A.G 1999) Validity also refers to degree of accuracy and meaningfulness of inference based on research results. Validation of the data was done using content validity. This measured the degree to which data collected using a particular concept was valid (Mugenda and Mugenda1991). According to Kombo and Tromp (2006) the validity of test is a measure of how well a test measure what is supposed to measure.

Reliability on the other hand is a measure of how consistent the results are from the rest.

According to Orodho (2003), reliability of instrument concerns the degree to which a particular measuring procedure gives similar results over a number of repeated trials. This refers to the consistency of scores obtained for each individual. In the study of the factors influencing increased orphans and vulnerable children in projects partnering with compassion international Kenya in the case of Meru cluster, the tools of collecting data included questionnaires, interviews and observations. The researcher conducted a pre-test of instruments of data collection to ensure their reliability in the field. The Questionnaire was also assessed by the university of Nairobi supervisor to ascertain their reliability.

### **3.7 Method s of data analysis**

Collected data was analyzed using descriptive statistics. Descriptive statistics was used to establish the general characteristics of the study population. According to Nachmias and Nachmias (1996), descriptive statistics has an advantage to the researcher because it allows a researcher to organize information in an effective way and also allows information in an effective way and allows information to be reduced to an understandable form. The descriptive statistics used include; simple tallying procedures such as frequency distribution and percentages. The data collected was analyzed using statistical packages for social sciences (SPSS). Nachmias and Nachmias (1996) states that (SPSS) is able to handle large amount of data, and given its wide spectrum of statistical procedures purposefully designed for social sciences, it is also quite efficient. The qualitative data was coded mathematically and then analyzed statistically. Content analysis will be used to data that will be qualitative in nature or aspect of the data collected from the open ended questions. The information was displayed by use of frequency distribution tables, percentages and texts.

### **3.8 Operationalization of variables**

Operation definition of variable is operationalization or operationally defining a concept to render its measurable. It is done by looking at the behavioral dimensions, indicators, facets or properties denoted by the concept, translated into observable and measurable elements to develop an index of the concepts. Measures can be objective or subjective.



Therefore it is not possible to construct meaningful data collection instrument without first operationalization all your variables.

**Table 3.2: Operationalization Table**

RESEARCH OBJECTIVE	VARIABLE	INDICATORS	MEASUREMENT	LEVEL OF SCALE	DATA ANALYSIS
To establish to what extent HIV/AIDS has led to orphans and vulnerable children	Dependent -orphans and vulnerable children.	-Number of orphans and vulnerable children. -Number of single parents -number of orphans -Number of children infected with HIV/AIDS -Number of deaths reported out of HIV/AIDS of children and parents/guardians.	-number of children. -number of parents -number of children -number of deaths reported	-nominal  -nominal  -nominal  -nominal	descriptive
	Independent HIV/AIDS pandemic	-Number of orphans and vulnerable children registered in the project.	-number of children	-nominal	descriptive
To examine how poverty levels of parents/caregivers influence orphans and vulnerable children.	Dependent	-Poverty levels of parents/guardians.	-Number of children in a family -Income levels in a family	-interval  -ratio	descriptive
	Independent	-Number of orphans and vulnerable children registered in a project. -total number of children in the family -types of schools attended by children -Types of residence -Size of land owned -Number of meals in a day	-Number of orphans and vulnerable children. -number of dependants in a family.  -number of acres	-nominal  -nominal  -interval	descriptive
To examine the influence of domestic violence on orphans and vulnerable children.	Dependent Orphans and vulnerable children	Number of orphans and vulnerable children	Number of children	nominal	descriptive
	Independent -number of those who experienced domestic violence	-number who experienced domestic violence -number of children abused -opinions of those interviewed -type of abusers	Number of those abused -different type who abused children. Number of those interviewed	Nominal -ordinal -ordinal -nominal	descriptive
To establish the influence of individualism on orphans and vulnerable children	Dependent Orphans and vulnerable children	Number of orphans and vulnerable children	Number of children	nominal	Descriptive
	Independent -number of orphans and vulnerable children	Number of those interviewed and their opinions -no of child-headed households	Number of children	nominal	descriptive

### **3.9 Summary**

This chapter discusses the research methodology which was applied in the study. Various research methodologies are explained as per their application. The explanation of these research methodologies follow the following sequence research design, target population, sampling procedure, methods of data collection, validity and reliability  
Operationalization of variables and methods of data analysis used

## **CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

### **4.1 Introduction**

This chapter entails the analysis, presentation and interpretation of findings. Data was presented by use of frequency tables. The purpose of this chapter is to present the results of the procedures described in the methods and presents evidence in form of tables, texts and figures. Out of 158 questionnaires, 158 respondents filled and returned the questionnaires representing a response rate of 100 percent which is statistically representative of the target population.

### **4.2 General information**

This section describes the general and demographic characteristics of the respondents in the study. This comprises the gender of the respondents, age of the respondents and education background of the respondents.

**Table 4.1 Gender of the respondents**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
Male	82	51.9
Female	76	48.1
<b>Total</b>	<b>158</b>	<b>100.0</b>

#### **4.2.1 Gender of the respondents**

In this study, 82 males' respondents and 76 females' respondents were involved.

Table 4.1 shows that the majority of the respondents were females with 48.1% and males were only 51.9% out of the total sampled. Thus both males and females were involved in the study.

**Table 4.2 Age of the respondents**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
11-12 years	24	15.2
13-14 years	18	11.4
15-16 years	56	35.4
17-below 18 years	60	40.0
<b>Total</b>	<b>158</b>	<b>100.0</b>

**4.2.2 Age of respondents**

The respondents were evenly distributed across the board in terms of their ages.

Table 4.2 shows that the respondents were and below 18 years. However the majority of the respondents were aged between 15- below 18 years with 75.4% , 26.6% between 11-14 years .

**Table 4.3 Education level of respondents**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Primary	109	70.0
Secondary	49	30.0
<b>Total</b>	<b>158</b>	<b>100</b>

**4.2.3 Education level of the respondents**

The table 4.3 shows that 70% of the respondents were in primary school level of education, 30% were in secondary school level. This illustrates that the number of respondents were children between primary and secondary levels of education.

**4.3 HIV/AIDS and Orphans and vulnerability of children**

This section describes the influence of HIV and AIDS on orphans and vulnerable children by looking at the natural parental status of the children, the number of parents

and guardians who are infected and the number of deaths in families as a result of HIV& AIDS.

**Table 4.4 Natural Parental status**

<b>Response</b>	<b>Frequency</b>	<b>percent</b>
Both parents	68	40.0
One parent	45	28.5
None	39	26.7
Don't know	6	3.8
<b>Total</b>	<b>158</b>	<b>100</b>

#### **4.3.1 Natural Parental status of the children**

Table 4.4 illustrates that 40.0% of the respondents had both parents alive being the majority, those with only one parent alive representing 28.5%, 26.7 of the respondents were total orphans and none of their parent was alive and 3.8 %.

**Table 4.5 HIV status of children**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
HIV negative	103	65.2
HIV positive	46	29.1
Don't know	7	4.4
No response	2	1.3
<b>Total</b>	<b>158</b>	<b>100</b>

#### **4.3.2 HIV status of the children**

Table 4.5 illustrates the HIV status of the children with 65.2% of the respondents being HIV negative, 26.1% of the respondents being HIV positive, 20.1% of the respondents were not aware of their status and 20.7% of the respondents did not respond meaning

there are still cases of stigma and that's why they were not free to discuss their HIV status due to fear of being stigmatized.

**Table 4.6 HIV/AIDS Deaths of members of children's family**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
Yes	93	58.9
No	52	32.9
Not sure	13	8.2
<b>Total</b>	<b>158</b>	<b>100</b>

#### **4.3.3 Yes or No to any HIV deaths in the children's family**

Table 4.6 shows that 58.9% of children being the majority have ever had someone in their family die of HIV and AIDS, 32.9% of the respondents have never had anybody in their family die of HIV and AIDS related illnesses.

#### **4.4 Poverty levels of Parents /guardians and vulnerability of children.**

This section describes the influence of poverty levels of parents and guardians on orphans and vulnerable children in the projects. This involves the type of schools the children attend, the type of residence, size of land owned by their parents/ guardians, number of meals taken per day, number of dependants in a household and respondents opinions on the influence of poverty and orphans and vulnerable children.

##### **4.4.1 Types of schools.**

<b>Response</b>	<b>frequency</b>	<b>Percent</b>
Public	139	88.0
Private	13	8.2
None	4	2.5
No response	2	1.3
<b>Total</b>	<b>158</b>	<b>100</b>

Table 4.7 shows that 88.0% of the children attend public schools, whereas 8.2% of the respondents children attend private schools and 1.3% of the respondents were non committal. This illustrates that majority of the children are in public schools and that they are not able to afford private schools due to poverty.

**Table 4.8 Types of residence**

<b>Response</b>	<b>frequency</b>	<b>Percent</b>
Temporary (owned by parents)	96	60.8
Permanent (owned by parents)	6	3.8
Rental	37	23.4
Donated by friends	16	10.1
No response	3	1.9
<b>Total</b>	<b>158</b>	<b>100</b>

#### **4.4.2 Types of residence where children lived.**

Table 4.8 shows that 60.8% of the respondents lived in temporary houses whereas 3.8% of the respondents lived in permanent houses, 23.4% lived on rental houses10.1% lived on donated houses or lived with friends, and 1.9% of the respondents were non committal.

**Table 4.9 size of land owned by children's parents and guardians**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
More than 3 acres	2	1.3
Less than 3 acres	103	65.2
None	50	31.6
No response	3	1.9
<b>Total</b>	<b>158</b>	<b>100</b>



#### 4.4.3 Size of land owned by the children's parents and guardians.

Table 4.9 shows that 1.3% of the children lived on land which was more than 3 acres, 65.2% of children lived in less than 3 acres of land, 31.6 of children their parents didn't have land at all, 1.9% of the children did not respond.

**Table 4.10 Number of Meals taken by children Per Day**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
One	86	54.4
Two	39	24.7
More than two	31	19.6
No response	2	1.3
<b>Total</b>	<b>158</b>	<b>100</b>

#### 4.4.4 Number of Meals taken by children Per Day

Table 4.10 shows that majority of the respondents had a single meal in a day at 52.3%, 14.2% of the respondents would afford two meals per day, and 1.5% of the respondents did not respond.

**Table 4.11 Number of Dependents**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Over 10	51	32.3
5-9	79	50.0
Below 5	28	17.7
<b>Total</b>	<b>158</b>	<b>100</b>

#### **4.4.5 Number of dependents living in the same household with children.**

Table 4.11 shows that 32.3% of the families had over ten respondents, half of the children at 50.0% of the respondents had between 5-9 dependents in the households, and 17.7% of the respondents had below 5 dependents in their households.

**Table 4.12 Children opinions on poverty and vulnerability of children**

<b>Response</b>	<b>Frequency</b>	<b>percent</b>
Yes	143	90.5
No	14	8.9
No response	1	0.6
<b>Total</b>	<b>158</b>	<b>100</b>

#### **4.4.6 Children opinions on poverty and vulnerability of children**

Table 4.12 shows that majority 90.5% of the respondents believe that poverty influences vulnerability in the community; a small 8.9% of the respondents believed that poverty did not influence vulnerability of children in the community

#### **4.5 Domestic Violence and Vulnerability of children**

This section entails respondents' views on the influence of domestic violence and orphans and vulnerability of children by looking at the number of respondents who have been abused, types of abuses, who subjected abuse and the opinions of respondents towards domestic violence on orphans and vulnerability of children.

**Table 4.13 Number who experienced domestic violence in their lifetime**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
Yes	81	51.3
No	48	30.3
Not sure	29	18.4
<b>Total</b>	<b>158</b>	<b>100</b>

**4.5.1 Number who experienced domestic violence in their lifetime**

Table 4.13 shows that majority of the respondent's experienced domestic violence with 51.3%, 30.4% did not experience domestic violence and 18.4% were not sure.

**4.5.2 Children's opinion on domestic violence**

Table 4.14 shows that majority of the children strongly believed that domestic violence influences orphans and vulnerable children at 56.3%, 30.0% of the respondents believe that domestic violence do not influence orphans and vulnerable children and 12.7% of the respondents were non committal.

**Table 4.14 Children's opinion on domestic violence**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
Yes	89	56.3
No	49	30.0
No response	20	12.7
<b>Total</b>	<b>158</b>	<b>100</b>

**4.5.3 Types of abuse on children**

Table 4.15 shows that more than half of the children were subjected to domestic violence with 12% sexual abuse, 27.8% physical abuse, 10.1% psychological abuse, and 49.4% were not subjected to domestic violence.

**Table 4.15 Types of abuse on children**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
Sexual abuse	20	12.7
Physical abuse	44	27.8
Psychological abuse	16	10.1
None	78	49.4
<b>Total</b>	<b>158</b>	<b>100</b>

#### **4.5.4 Categories of people who abused children.**

Table 4.16 indicates that out of the children who were subjected to violence, 35.4% were abused by family members, 8.9% were abused by their teachers, 1.9% were abused by policemen, 4.4% were abused by strangers and 49.4% were non committal.

**Table 4.16 categories of people who abused children**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
Close family members	56	35.4
Teachers	14	8.9
Policemen	3	1.9
Strangers	7	4.4
No response	78	49.4
<b>Total</b>	<b>158</b>	<b>100</b>

#### **4.6 Individualism and vulnerability of children**

This section describes the extent to which the philosophy of individualism influences vulnerability of children in the society by assessing the number of child headed households by looking at the caregivers of the children.

**Table 4.17 Care givers who lived with the children.**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
Parents	65	41.1
Relatives	50	31.7
Well wishers	16	10.1
None	27	17.1
<b>Total</b>	<b>158</b>	<b>100</b>

**4.6.1 Care givers who lived with the children.**

Table 4.17 shows that 41.1% of the children lived with their parents, 31.7% of the children lives with their relatives, 10.1% lived with well wishers and 17.1 % of the children lived on their own without adults.

**Table 4.18 Respondents opinion on individualism and vulnerability of children.**

<b>Response</b>	<b>frequency</b>	<b>percent</b>
Lesser extent	16	10.1
Great extent	66	41.8
Greater extent	48	30.4
Not sure	10	6.3
No response	18	11.4
<b>Total</b>	<b>158</b>	<b>100</b>

**4.6.2 Respondents opinion on individualism and vulnerability of children.**

Table 4.18 illustrates that 10.1% of the children answered to a lesser extent on influence of individualism on orphans and vulnerable children, 41.8 % responded to great extent on influence of individualism on orphans and vulnerable children, 30.4% responded to a greater extent influence of individualism on orphans and vulnerable children, 6.3% of the

respondents were not sure whether individualism influences orphans and vulnerable children and 11.4% did not respond.

#### **4.7 Summary**

This chapter has dealt with the analysis, interpretation, and the presentation of the findings. The results of the procedures have been described in tables, texts and figures.

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter presents the summary of the findings, discussions, conclusions, and recommendations of the study findings. It summarizes the results which were obtained from the analysis of the questionnaires. The study was to determine factors influencing vulnerability of children in Meru cluster- A case of Compassion International Kenya partners.

#### **5.2 Summary of the findings**

This section represents the summary of the findings as per objectives.

##### **5.2.1 Influence of HIV and AIDS on vulnerability of children.**

From the analysis 40.0% had both natural parents 28.5% lived had single parents, 26.7% had none of the natural parent alive and 3.8% didn't know whether their natural parents were alive or not. 65.2% of the respondents were HIV negative 29.1% were HIV positive, 4.4% were not aware of their HIV status and 1.3% were non committal. 58.9% of the respondents had a family member or die out of HIV related illnesses, 32.9% had nobody die out of HIV/AIDS related illnesses and 1.3% were not sure the cause of death of their friends or family members.

##### **5.2.2 Influence of poverty on vulnerable children**

Out of sampled respondents, 88.0% of the respondents were children in public schools 8.2% of the respondents were children in private schools, 2.5% of the respondents were children not in schools and 1.3% did not respond. 60.8% of the children had temporary residence owned by their parents or guardians, 3.8% had permanent residence owned by their parents and guardians, 23.4% of the children's parents had rental houses, 10.1% of the children had donated by friends and 1.9% were non committal. 1.3% of the children's parents/guardians had more than 3 acres of land, 65.2% of children lived in less than 3

acres of land, 31.6% of children's parents/guardians didn't have land at all and 1.3% were non committal. 54.4% of the children were sure of having a single meal in a day, 24.7% had 2 meals a day, 19.6% had more than 2 meals a day and 1.3% were non committal. 32.3% of the children had over 10 dependents in their households, 50.0% had 5-9 dependents in their households and 17.7% of the respondents had less than 5 dependents in their households. 90.5% of the respondents had opinion that poverty influences orphans and vulnerable children, 8.9% of the respondents think that there is no influence between poverty and orphans and vulnerable children, 0.6% were non committal.

## **5.2 Influence of domestic violence on vulnerability of children**

It was found that 51.3% of the respondents had experienced domestic violence in their lifetime, 30.3% of the respondents had not experienced domestic violence in their life time and 18.4% of the respondents were not sure whether they experienced domestic violence in their lifetime or not. Majority of the respondents had the opinion that domestic violence influences orphans and vulnerable children with 56.3%, 30.0% of the respondents had the opinion that domestic violence does not influence orphans and vulnerable children and 12.7% did not respond. 12.7% of the respondents had sexual abuse, 27.8% had physical abuse, 10.1% had psychological abuse and 49.4% of the respondents didn't respond. 35.4% of the children were abused by the close family members, 8.9% of the children were abused by their teachers, 1.9% of the children were abused by strangers, 4.4% were abused by strangers and 49.4% did not respond.

### **5.2.4 Influence of individualism vulnerability of children**

It was found that 7.1% of the children think that individualism influences orphans and vulnerable children to a lesser extent, 80.1% to a great extent, 5.3% were not sure and 1.5% did not respond.

## **5.3 Discussion of the findings**

This section discusses the findings after analysis on the gender of the respondents, age of the respondents, and education level of the respondents, respondents opinions on HIV



and AIDs on orphans and vulnerable children, respondents view on poverty and orphans and vulnerable children, analysis of domestic violence on orphans and vulnerable children and individualism and orphans and vulnerable children.

### **5.3.1 Respondents view on HIV/AIDS and vulnerability of children**

After analysis, a few of the respondents had both parents majority had single parents and others had no parents at all .Minority of the children did not know whether their natural parents were alive or not. It was clear that majority of the respondents either had one parent alive or none at all .These qualify to be orphans and vulnerable children as stipulated by UNICEF (2006) that the percentage of children orphaned by HIV/AIDS are vulnerable and live in households with extreme poverty. Majority of the respondents with knew of a family member or a friend who died out of HIV/AIDS related illnesses, a few of the respondents had not known somebody in their family or friend die out of HIV/AIDS related illnesses and less than half of the respondents were not sure of the nature of deaths.

This was in line with the presidential emergency plan for aids relief office in the US global coordinator of 2006 that many African countries, the number of HIV/AIDS orphans comprise of at least half of the total number of orphans children in the country and these children may forego their education to take care of their sick parents.

### **5.3.2 Poverty and vulnerability of children**

It was found that majority of the respondents had the opinion that poverty influences vulnerability of children with and minority of the children thinking that poverty does not influence orphans and vulnerable children, a few of the respondents were noncommittal. This is in agreement with the study done in Nigeria by Kufi Mustapha in 2010 where poverty was identified as a cause in orphans and vulnerable children. The findings of this study are also in line with Chirwa (2002) concluded that poverty among other factors make orphans and vulnerable children whose by resulting to reside outside their late parents leaves these children alone with children headed households. Majority of the respondents had between 5 –10 dependants in their household, minority of the children had below 5 dependants. With big number of dependants in the households made children

more vulnerable since affording basic needs would be an issue with some opting to run away to the streets or to look for employment. This is in line with UNAIDS report for 2004 which argued that Poverty therefore becomes a cause of increased OVC in Africa because in most cases children are turned into unpaid laborers or nurses to their sick siblings and parents or caregivers. These children end up abandoning schooling completely making them even more poorer.

### **5.3.3 Domestic violence and vulnerability of children**

From the analysis respondents opinion whether domestic violence influences orphans and vulnerable children, those who responded yes were the majority, those who think that domestic violence does not influence orphans and vulnerable children were a few and minority did not respond. This study supported that abuse of children, with girls being particularly vulnerable, is one form of sexual violence which orphans are susceptible to as they do not have protection that parents would normally provide (Kiellan,2004).other studies revealed that when there is domestic violence the family is torn apart and the children in the family suffer a lot hence the increase of vulnerable children. Many times children run away from violent parents and guardians because they like staying in places which are conducive; where there is love, care and protection.

### **5.3.4 Individualism and vulnerability of children**

From the analysis the children who lived with their parents were minority. Majority of the children live with relatives, well wishers and other children lived in child headed households. Opinions whether individualism influences orphans and vulnerable children a few to a lesser extent, and majority to a great extent respondents did not respond. These findings support the study by Mustapha Kufi, (2010) that individualism is among other factors contributing to orphans and vulnerable children conditions which makes children be exposed to health, education, moral, emotional and psychological problems. Garba (2007) blames colonization for disrupting the comprehensive traditional social welfare provisions for children; disruptions of traditional values and the idea of communal living and the spirit of brotherhood were replaced with money economy and excessive individualism. Dawes and Snider (2006) is in the agreement that the

family ties and kinship has been eroded due to individualism and aspects of Westernization and that's why many children among our communities who are socially orphan have been left alone to fend for themselves.

#### **5.4 Conclusion**

The research was conducted in Meru cluster, Kenya .The study sought to determine factors influencing vulnerability of children in Meru cluster. Based on the findings of the study, the following conclusions were drawn as per objectives of the study: It was established that HIV and AIDS influences orphans and vulnerable children in a number of areas because most of the children did not have their parents alive. Quite a number of children were also infected. It was established that poverty influences vulnerability of children because majority of children are plunged into poverty upon the demise of their parents. Domestic violence influences vulnerability of children by leaving them prone to all sorts of abuse and individualism influences vulnerability of children since some lived without adults and this means there are child-headed households.

#### **5.5 Recommendations**

Based on the findings of this study, the researcher recommends the following-:

1. Since there is a clear definition of a child, the Government of Kenya should enforce laws of children protection, no child should be left to suffer on the demise of their parents since the constitution of Kenya protects such.
2. The Government should empower child- headed households so that such children can be able to compete in the same platform as those with both parents. This will enable orphans and vulnerable children have access to basic needs and at the same time attain education and training so that they are able to compete in the job market.
3. Children need to be taught non violent conflict resolution right from an early age by the society and different agents of socialization, with the family having a great responsibility

4. The partner should consider supporting more than one child in a family since some families are very large, also to empower the parent or guardian of the sponsored child to reduce overdependence on the organization.
5. The Government should emphasize on the cash transfer programme so that many orphans and vulnerable children can benefit.

## **5.6 Suggestions for further research**

The researcher suggests that further research should be done in the following areas-:

1. Since the sample studied was small, further research need to be conducted using a larger sample in Meru cluster
2. Further research can also be done on-;
  - a) Impact of sponsorship on orphans and vulnerable children in Compassion International Kenya in Meru cluster
  - b) Socio-economic status of post sponsored children in Meru cluster
  - c) Social-cultural Factors influencing partner implementation of programmes in Meru cluster.

## **5.7 Summary**

This chapter has presented the summary of the findings, discussions and study conclusions, recommendations as well as areas for further studies.

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## **APPENDICES**

### **APPENDIX 1: Letter to Seek Authority to Collect Data in Meru cluster**

P.O. BOX 1840-60200

MERU

TO

.....  
.....  
.....

#### **RE: PERMISSION TO COLLECT DATA IN MERU CLUSTER**

I would wish to inform you that I am undertaking research for my Master of Arts Degree in Project Planning and Management at the University of Nairobi.

The study deals with investigating factors influencing orphans and vulnerable children in projects partnering with Compassion International (C.I.K) in Meru Cluster.

I wish to request for permission to collect information from the projects in Meru cluster.

After successful completion of this research study, the results will be useful to Government authorities, Compassion International Kenya and other NGOs implementing child protection as their core mandate. The information provided will be strictly handled confidentially

Therefore I am humbly requesting for your authority.

Thank you and God bless you.

**Yours faithfully,**

**FRIDAH GAKII MIRITI**

### **APPENDIX 2: Questionnaire for children.**

## SECTION 1: GENERAL INFORMATION

**Instructions:** Answer all questions.

1. Which is your project number?  
a) 700 [ ] b) 701 [ ] c) 704 [ ] d) 705 [ ] e) 714 [ ] f) 323 [ ]
2. What is your gender?  
a) Male [ ] b) Female [ ]
3. Please indicate your age  
a) 11-12 [ ] b) 13-14 [ ] c) 15-16 [ ] d) 17-18 [ ]
5. What is the status of your natural parents?  
a) Both parents alive [ ] b) single parent [ ] c) no parents [ ] d) don't know [ ]
6. What is your HIV status?  
a) Negative [ ] b) positive [ ] c) don't know [ ]
7. Have you known of a family member who has died out of HIV & AIDS related illnesses?  
a) Yes [ ] b) Not [ ] c) Not sure [ ]
8. What type of schools do you attend?  
a) Public [ ] b) Private [ ] c) None [ ]
9. What type of residence do your parents/guardians have?  
a) Owned temporary [ ] b) owned permanent [ ] c) Donated by friends [ ]  
d) none [ ]
10. What size of land do your parents /caregivers own?  
a) more than 3 acres b) Less than 3 acres [ ] c) More than 3 acres [ ] d) one [ ]
11. How many meals do you have in a day?  
a) 1 [ ] b) 2 [ ] c) more than 2 [ ]
12. How many people live with you the same household who are catered for by your parents/guardians  
a) Over 10 [ ] b) 5-9 [ ] c) below 5 [ ]
13. What would be your opinion on poverty. Do you think poverty makes you suffer?  
a) Yes [ ] b) No [ ]

16. Do you think the government and other institutions are doing what it takes to help children?

a) Yes [ ] b) no [ ]

17. Have you ever experienced domestic violence in your life?

a) yes [ ] b) no [ ] c) not sure [ ]

18. If yes in the question 17 above, what was the type of abuse?

a) sexual [ ] b) physical [ ] c) psychological [ ] d) none

19. If yes to question 18 above, who were the abusers?

a) Close family members [ ] b) teachers [ ] c) policemen [ ] d) strangers [ ]

20. In your opinion, does the issue of people becoming individualistic and having no concern for others influence children and other people in the community?

a) Lesser extent b) [ ] b) great extent [ ] c) greater extent [ ] d) not sure [ ]

