THE SOCIO-ECONOMIC DETERMINANTS OF THE QUALITY OF CARE FOR HIV/AIDS ORPHANS BY OLDER PEOPLE IN RESOURCE-POOR URBAN COMMUNITIES: THE CASE OF KOROGOCHO SLUM IN NAIROBI, KENYA.

BY

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ABSTRACT

There is an increasing number of HIV/AIDS orphans under the care of older people in sub-Saharan countries today, including Kenya. One of the reasons this is happening is because most AIDS orphans lack comprehensive institutionalized care thus ending in the hands of older care givers who are largely their grandparents. Older people’s care giving responsibility is even heightened by the fact that antiretroviral treatment (ART) coverage is still very low, occasioning many deaths as a result of HIV/AIDS. The emergence of this new role of older people as HIV/AIDS orphans caregivers is occurring amidst a period of their life course often marked by decreased economic activity and declining physical capability. This study was based in Korogocho slum, one of the typical urban slums of Nairobi, Kenya. Located 11 kilometers northeast of the Nairobi city centre, Korogocho borders one of Nairobi’s main rubbish dumps, Dandora and is home to about 200,000 people pressed into 1.5 square kilometers. The area is known to have incidences of high illegal drug and alcohol abuse, and had an estimated 14% HIV rate in 2008 according to past studies.

The main objective of this study was to establish the socio-economic determinants of the quality of care for HIV/AIDS orphans by older people in resource-poor urban communities. Specific objectives included: to determine circumstances that lead older people to take up care giving to orphans; to examine specific problems older people experience in their provision of care to orphans; to assess how the problems faced by older people affect their care giving to orphans and to establish the relationship between older care givers and the orphans. Besides, the study intended to establish what specific support would help older people meet their care giving needs effectively.

This was a qualitative study and data were obtained through in-depth interviews. Thirty older care givers and eight key informants were interviewed through In-depth and Key Informants guides respectively. The Key Informants included the local government administration, teachers, NGO representatives, teachers and community health workers (CHW). This study showed that older people are playing major care giving roles amidst numerous problems that included limited financial resources, knowledge, skills and social support. On average, each
older care giver had 2.6 orphans to take care of. Data was summarized on the basis of major themes and patterns of responses that emerged across various respondents on each question. The process of constant comparison played a central role in this development. Data were then interpreted and analyzed by textual, conversational and trend analyses before a report was written.

The study revealed that slightly more than two thirds of care givers were women while the rest were men. There was no man taking care of orphans without the help of the woman, and this perhaps underscored the notion that socially, the woman’s role in the household is very crucial. On the marital status, only the minority (about a third) of the respondents were married. The rest were widowed, divorced, separated or single. This meant that at the household level, a greater number of older care givers handled care giving responsibility singlehandedly, pointing to the tough task of care giving. Majority of the respondents (53.3%) were illiterate with only the minimum (6.7%) having attained secondary education. Though women were the majority care givers, no woman had gone beyond primary school. Their low level of literacy had a direct negative impact on the care givers’ poor income generating avenues hence their low earnings. It also meant that most respondents were unable to even assist their orphaned grandchildren with school homework.

Some of the recommendations by this study include mainstreaming of older people into policy formulation about care giving to AIDS orphans, especially on the face of lack of elaborate institutionalized care for these children. There is need for advocacy for inclusion of social protection measures for older carers and OVC in national HIV/AIDS policies and strategic frameworks and child focused CSOs to mainstream support to older carers of OVC. This would include facilitating older carers’ support groups and parenting skills training. It has also suggested a similar research to be replicated in a different social setting. It would be necessary for the policy makers and implementers to research on how AIDS affects the older care givers in a wide variety of social, economic and epidemiological urban resource-poor settings so as to get a more comprehensive picture of care giving by older people and the problems they encounter.

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