

**AN INVESTIGATION OF FACTORS LEADING TO CHILDREN BECOMING
ORPHANS AND SOCIAL PROBLEMS ORPHANS FACE IN LIMURU AREA**

BY

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(C50/62005/2013)

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

2015

DECLARATION

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

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DECLARATION BY THE SUPERVISOR

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

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DEDICATION

This research project is dedicated to the hundreds of orphans and vulnerable children in all child care institutions (orphanages) in Limuru, Kiambu County that formed part of the study and those that did not.

ACKNOWLEDGEMENTS

I thank the Almighty God for His total care, protection and guidance throughout the period of this study.

My most gratitude goes to my supervisor Prof. E.K. Mburugu who guided, encouraged and supervised me. I would like to extend my gratitude to the staff of orphanages sampled in Limuru for providing me with the information requested and continued support throughout the study.

I would like to thank my family for continued support in financial and moral support throughout the study.

Lastly, I am grateful to any other person not mentioned who in any way or another contributed towards realization and success of this research project.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION.....	iii
ACKNOWLEDGEMENTS.....	iv
TABLE OF CONTENTS	v
LIST OF FIGURES	viii
LIST OF TABLES	ix
LIST OF ABBREVIATIONS.....	x
ABSTRACT	xi
CHAPTER ONE: INTRODUCTION	1
1.1 Background of the Study	1
1.2 Statement of the Problem.....	5
1.3 Research Questions	7
1.4 Objectives of the Study.....	7
1.4.1 General Objective	7
1.4.2 Specific Objectives	8
1.5 Significance of the Study.....	8
1.6 Scope of the Study.....	8
1.7 Limitations of the Study	9
CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK	10
2.1 Introduction.....	10
2.1.1 Factors leading to children becoming orphans and children placement in CCI'S	10
2.1.2 Life in orphanages and CCI's role in child development	11
2.1.3 Orphans and Education	13
2.1.4 Nutritional Status of orphans living in orphanages	15
2.2 Theoretical Framework.....	16
2.2.1 Social Disorganization Theory.....	16
2.2.2 Social Network Theory	18
2.3 Conceptual Framework.....	21

CHAPTER THREE: RESEARCH METHODOLOGY	22
3.1 Introduction.....	22
3.2 Site Description	22
3.3 Research Design.....	22
3.4 Unit of Analysis and Units of observation.....	23
3.5 Target Population	23
3.6 Sample size and sampling procedure	24
3.7 Tools of Data Collection.....	25
3.7.1 Questionnaire as a tool of data collection	25
3.7.2 Collection of Qualitative Data.....	26
3.7.2.1 Key Informant Interview Guide	26
3.8 Ethical Considerations	26
3.10 Data Analysis	26
CHAPTER FOUR: DATA ANALYSIS, INTERPRETATION AND PRESENTATION....	28
4.1 Introduction.....	28
4.2 Research Response Return Rate.....	28
4.3 Social and Demographic Characteristics of Respondents	28
4.4 Factors contributing to the children becoming orphans	29
4.5 Social problems faced by children living in orphanages	31
4.5.1 Basic needs Provision	31
4.5.2 Role played by CCIs in child care, protection and children opinions about CCI	31
4.6 Quality, Accessibility and Reach of Education by Orphans in Orphanages	33
4.6.1 Education Status of Children in CCIs.....	33
4.7 Psychosocial Support Systems for Children in Orphanages.....	36
4.7.1 Children’s response on rules related to playing in the CCI compound	37
4.7.2 Child abuse.....	37
4.8 Nutritional Status of Children in Orphanages.....	38
4.8.1 Number of times children eat in a day.....	38
4.8.2 Response of key informants on the health and nutrition programs in CCIs	39
4.8.3 Observation of researcher on the social determinants of health.....	40
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS	41
5.1 Introduction.....	41
5.2 Summary of findings and discussions	41

5.2.1 Factors Leading to children becoming Orphans.....	41
5.2.2 Social Problems Faced by Children Living in Orphanages	42
5.2.3 Quality, Accessibility and Reach by Orphans in Education	43
5.2.4 Nutritional Status and the Psychosocial Support System	44
5.3 Conclusions	44
5.4 Recommendations	46
5.5 Suggestions for further research.....	47
REFERENCES.....	48
APPENDICES.....	50
A1: Interview Schedule	50
A2: Key Informant Interview Schedule Guideline	55
A3: Research Permit.....	56

LIST OF FIGURES

Figure 1: Children's response if they liked being in the orphanages (N=96)	32
Figure 2: School performance (N=96)	33
Figure 3: Academic challenges (N=96)	34
Figure 4: Co-Curricular Activities (N=96).....	36
Figure 5: Child abuse prevalence in the Limuru area sampled CCI's (N=96)	37

LIST OF TABLES

Table 1: Distribution of the target population and sample selection	24
Table 2: Age, gender and educational levels of the orphaned children in CCIs	29
Table 3: Children’s response on how they were brought to CCI	30
Table 4: Whether the children have the required basic needs	31
Table 5: School performance.....	34
Table 6: Children’s response on selected education matters.....	35
Table 7: Child Nutrition Status Index	39

LIST OF ABBREVIATIONS

ACK- Anglican Church Of Kenya

AIDS- Acquired Immunodeficiency Syndrome

CCI- Charitable Child Institution

CDC- Centre for Disease Control

FCI- Family Care International

GOK- Government of Kenya

HIV- Human Immunodeficiency Virus

ICRW- International Centre for Research on Women

KEMRI- Kenya Medical Research Centre

NGO- Non-Governmental Organization

NPA- National Plan of Action

OVC- Orphaned and Vulnerable Children

PEPFAR- President's Emergency Plan for Aids Relief

UNAIDS- United Nations Program on HIV/AIDS

UNESCO- United Nations Educational, Scientific and Cultural Organization

UNICEF- United Nations Children Fund

USAID- United States for International Development

WHO- World Health Organization

ABSTRACT

The care and support provision for orphans and vulnerable children is among of the greatest challenges that face Kenya today; it is estimated that about 2.4 million children according to KDHS 2008/2009, fall in the category of vulnerable people and these growing numbers overwhelm the available resources. AIDS, fuelled by high poverty levels, is one of the main contributors to OVC incidence in Kenya. Understanding the magnitude of the problem and socio-demographic characteristics of OVC can provide the foundation for building programs of appropriate design, size and scope. The National Plan for Action for OVCs 2007-2010 has guidelines that provide for inclusion in programs for orphans and vulnerable children. Child care institutions are required to comply with these guidelines.

In Kenya, according to population fact sheet, 2011, more than 40% of children population comprises of needy children, of whose support must be drawn from the working groups including parents, guardians and relatives. However, it is acknowledged that not every needy person is able to get assistance from potential providers, and in most cases, such children are adopted by other families or end up in child care centers. This study aimed to explore social problems faced by such children in Limuru area. This area has a high number of orphans. The number of households with orphans were 41,068 and poor households with an orphan were 20,123 (National Aids Control Council, 2013). The specific objectives studied were to identify social problems faced by children, assess quality, accessibility and reach of education among orphans, find out the factors leading to the children becoming orphans, examine the psychosocial support systems for these children and establish the nutritional status of children in orphanages.

The descriptive survey design was adopted for the study and data was collected by use of open and closed ended questionnaire for OVC, key informant schedules for care givers and focus group discussion for OVC. Collected data were analyzed by use of SPSS. The target population was 104 including 96 OVCs and 8 care givers.

The study findings indicate that HIV and chronic illnesses are the major contributing factors leading to increased number of children becoming orphans. These echoes the UNAIDS findings. Most of the children attend public schools whilst the findings indicate that school performance is of average, which means getting good quality higher levels of education is not guaranteed, as based on Kenya system of education. The findings further indicated that physical and sexual abuse is high at 25% and 24% respectively, mostly done by relatives at 44%.

The study concluded that HIV/AIDS is a major cause of children becoming orphans and therefore there is need to educate populations on good health practices if infected. There are social problems that negatively influence the orphans and vulnerable children in orphanages and they need to be addressed by aid of the government, private sector and well-wishers. The experiences of orphans in orphanages are characterized by lack of basic needs such as food, clothing and identity among orphans.

The study suggested three areas for further research which included the predicament of children living with HIV in orphanages and how children institutions provide care to this key population, the role of policy makers in child welfare in orphanages and to find out the extent of child defilement by perpetrators who are known to them in orphanages.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

As of 2011, the Kenyan population was approximately 42 million, of which 42.2 percent were children below the age of 14 years (Kenya Population Data Sheet, 2011). This reveals that the entire population is largely dominated by children. It is notable that these children depend on other adults for food, shelter, and clothing. The needs of such children do not only stop at the basic needs, but also extend to include secondary and tertiary needs. The same children are also entitled to love and care from their parents or guardians. However, not every child is lucky to receive the aforementioned care. The question is whether these children enjoy the protection they are entitled to acquire from those tasked with the duty to nurture them.

In many cases, such children are never adopted into other families. The lucky ones always end up in orphanages where they spend most of their childhoods and only leave them at maturity. The number of children who lead such lifestyles is large. This owes to the reality that UNICEF and UNAIDS (2004) reveal that millions of children have been made vulnerable or orphaned by HIV/AIDS. In fact, the same authors further assert that the Sub-Saharan Africa is the most affected region because AIDS has orphaned more than 12.3 million children. It is anticipated that the orphaned population will increase in the coming decade because of the large number of HIV positive parents. Kenya is part of the sub-Saharan Africa and the statistics prove that HIV is likely to leave many orphans in the coming decades if intervention measures are not put in place.

In Kenya, over 10 percent of the fifteen million children are orphans. This owes to the reality that HIV/AIDS has claimed and still claims the lives of many parents, leaving behind a trail of

orphans. Statistics reveals that for every ten children who are orphaned due to Aids, three to four children will have died by the time they are two years old. It follows that the ability of the Kenyan society to protect and care for orphans is overstretched. Coupled by the current level of poverty, it is estimated that more than 34 percent of the Kenyan population lives below the poverty line. Many orphaned children have been forced to head their homes, live as street children, or in institutions of care. Additionally, death rates resulting from HIV have doubled in the past six years increasing the number of orphans in the State. The fact that the extended family always takes care of orphaned children does not account for all the orphaned children in Kenya. In fact, some of the orphaned children are forced to remain in institutions of care or live as street children (Vinod et al., 2007).

These orphans are likely to be adopted into different families but some of them may end up in orphanages. This problem was further aggravated by the 2007 post election violence where 1,100 people were killed (Ministry of Gender, Children and Social Development, 2008). It is undeniable that among those killed, were parents to children, who are now orphans. As Vaida (2013) reveals over fifty years of study provides substantial evidence that institutions of care have detrimental effects on emotional, cognition, social, and behavioral development of young children. Contrary, studies from poverty-stricken nationalities reveal that children from institutions of care are likely to turn out becoming successful adults (Tinova, 2007). Some of the problems faced by these children include high school dropout rates, drug abuse, early pregnancy, child labor, social downfall, immunization, and other healthcare problems. These problems at the global level can be reflected at the local level in areas where there are many orphans such as Limuru area. This calls for a study to identify the challenges faced by orphans in Limuru area. The Kenyan government has policies that safeguard the wellbeing of orphans and vulnerable

children. The existence of the “*National Plan of Action for Orphans and Vulnerable Children 2007-2010*” is an evidence of this reality (National Plan of Action, 2008). Furthermore, the Kenyan Law has sections on child rights, which protects orphans because they are still children. Ultimately, the existence of Non-Governmental Organizations in the country is an additional guard to the rights and wellbeing of orphans in the country.

The challenges facing succession guidelines include cultural practices and superstition. Many Africans are wary of making official wills when they are still alive (Kameri, 1995). They hold on to superstitious beliefs that making of a will bring on death. Often, the word of mouth is exercised. Unfortunately, these words are not always honored especially where a widow and children or children only are left. Illiteracy hinders the dissemination of information on legal provisions. It calls for translation of the constitution and the revised children’s Act of 2001 in mother tongue and address in mother tongue for the grassroots stakeholders to understand. Language barrier therefore comes in as constrain for program and government staffs that are not fluent in the language understood by the local people. Moreover, ignorance of laws protecting orphans and lack of experience in legal issues by the guardians results in disinheritance (Kelin, 2010)

Orphans in orphanages face a major problem when it comes to obtaining birth certificates and identification documents. Dr Theresia Kavuli "*Disenfranchised Grief and Challenges of Orphans: A case study of Kibwezi Township and its environs, Kenya*" findings were that not a single orphan had a birth certificate from the sampled group. A KELIN and AAIK 2010 report on the *Consultative breakfast meeting on the Protection of Orphaned and vulnerable Children's Rights to Family Property/ Procedure on Administration of Estates and of Acquisition of Registration of Birth and Identification Documents* reveals that the procedures are tedious and

more theoretical than practical. Adversely, the failure of identification documents results in loss of inheritance to misguiding relatives'. There is need for advocacy on the matters of a public trustee. To clarify on public trustee duties, an administrator is appointed only if the estate is less than half a million. Moreover, the state appoints an administrator when the family fails to do so. Notably, the state has limited resources and is bureaucratic in its endeavors. These facts imply that the succession may be delayed and the children may suffer. The government of Kenya needs to be clearer with regard to inheritance by OVCs in the Children's Act. Proper laws are lacking. There is no country definition of OVC and up to date to clear figure of the numbers of OVCs in the country.

A Nairobi University and Boston collaboration study of 2009 (UoN, 2009) revealed that by 2009 Kenya had not yet come up with a descriptive definition of OVC. It was not until 2010 when the National Plan of Action for OVCs was revised. It is also worrying that there isn't a specific number stating how many OVCs are in Kenya. Roughly UNAIDS states there are 1.4 million orphans, NACC books 2.4 million orphans, 1.2 of these being those orphaned due to HIV/AIDS whereas the UNGASS reports 100,000 children living with HIV. For UNICEF there were 1.9M OVCs and USG/PEPFAR Support OVCs reached are 533,700. On a brighter side, allocations to orphans, vulnerable children and older persons went up dramatically during the 2013 period. The funding for the elderly went up from Sh1, 519 million in 2012 to Sh3, 168 million last year. The allocation to orphans rose from Sh1, 081 million to Sh4, 763 during the same period. Limuru has a high number of orphans. The number of households with orphans were 41,068 and poor households with an orphan were 20,123 (National Aids Control Council, 2013).

1.2 Statement of the Problem

Despite the fact that several studies have proved that institutions of care are connected to negative outcomes for children's development, orphaned children are constantly being kept under institutional care in the entire world. For instance, children in orphanages are likely to experience poor health, deterioration in brain growth, physical underdevelopment, emotional attachment disorders, and developmental delays. As a result, they have reduced behavioral and social abilities than those growing up within normal families. Further, child abuse susceptibility is high. The dailies on 22nd July 2014 carried news of a 19 year old missionary who allegedly admitted to having sexually abused 10 orphans as young as 4 at Upendo Children's home in Nairobi where one child was infected with HIV. The theory of social learning depicts that we learn by observing other people's behavior attitudes and consequences of their attitudes. As such, the abused children are likely to be abusers later in life unless proper counseling is done.

Information from UNICEF and other international organizations suggests that the use of residential care for children is increasing, especially for countries in economic transition, conflict or disaster zones. In sub-Saharan Africa, for example, recent reports indicate that the number of privately funded institutions has risen rapidly. In a follow-up to the 2001 United Nations General Assembly Special Session on HI V/AIDS, UNAIDS researchers recently noted that nearly 40 percent of countries suffering from a generalized AIDS epidemic lacked a national policy to support children orphaned as a result of HIV/AIDS (Salaam, 2005). This is an important issue in Sub-Saharan Africa, where the death of prime aged adults due to HIV/AIDS has led to pronounced concentrations of orphans. There are other causes of children becoming orphans such as road accidents, crime related deaths and other calamities.

There is a grave problem stemming from the cumulative number of children living in child headed households that are deprived of adult supervision and guidance. These children are unprotected and girls are forced into early marriages and are vulnerable to sexual exploitation. The Kenyan National Orphan Care Policy is informed by a community-based model of care, which is operating on the assumption that, if the nuclear family is not their extended family then the community takes responsibility for the care of OVC. The problem is that the extended family and the community are now overstretched and seriously impoverished due to the collapse of social protection measures as well as the high rate of unemployment. Many households are living below the poverty line and are failing to generate income to sustain their families let alone their relatives' orphaned children. Yet, the placing of children in orphanages deprives such children of the comfort and love of growing up in a normal family. Children in orphanages always experience many difficulties (Mwaniki, 2013). There is a variety of literature on the general problems facing orphans in Kenya (Lonnie & Embleton, 2014). Poverty, disease, disability, conflict, disasters and discrimination are resulting in children being separated from their families and placed in orphanages and so-called homes. This is still happening, even though we know that many institutions have an appalling record of abuse and neglect. Orphaned, abandoned, and maltreated children pose problems for societies throughout the world. Most institutions are staffed with caregivers who work rotating shifts in rather bleak material conditions. Young children in institutional care have often been abandoned at birth or soon after because of poverty or parental instability. Dozier et al (2013) argued that institutional care is structurally and psychologically at odds with what young children need and that stakeholders should work to develop alternatives for orphaned and abandoned children. The ecology of institutional life for young children has been described (Provence & Lipton, 1962) and studied empirically (Smyke et

al., 2007; The St. Petersburg-USA Orphanage Research Team, 2008). There are often large differences from one institution to another, from one unit to another within an institution, and even variability in the care individual children receive within the same grouping. Nonetheless, there are certain modal features of institutional care that have characterized these settings across countries and continents. These include: generally high child to caregiver ratios; caregivers with low wages and little education or training who work rotating shifts; regimented and nonindividualized care; and a lack of psychological investment in the children (The St. Petersburg-USA Orphanage Research Team, 2008; Zeanah et al., 2003). These qualities of institutional care present challenges to children's development (Nelson, 2007; Zeanah, Smyke, & Settles, 2006). The studies that have looked into the specific problems facing orphans in children charitable institutions in Kenya are scanty. This study therefore sought to establish the problems faced by orphans in children homes.

1.3 Research Questions

- i. What are the major factors that cause orphan hood in Limuru area?
- ii. What are the social problems facing orphans in orphanages within Limuru area?
- iii. How is quality and access to education by orphans in Limuru area?
- iv. Are there adequate psychosocial support systems for children in orphanages in Limuru area?
- v. What is the nutritional status of children in orphanages in Limuru area?

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of the study is to explore the challenges and social problems faced by children living in orphanages within Limuru focusing on orphans.

1.4.2 Specific Objectives

The specific objectives of the study are:

- i. To examine the factors leading to the children becoming orphans
- ii. To determine social problems faced by children living in orphanages within Limuru area
- iii. To establish quality and access to education by orphans in orphanages
- iv. To examine the psychosocial support systems for children in orphanages
- v. To establish the nutritional status of children in orphanages

1.5 Significance of the Study

The findings of the study would be useful both in theory and in practice. This study is informed by social disorganization theory and social network theory. In terms of theoretical value, the findings would put more light on any additional problems in children orphanages that have not been documented in previous publications. With regard to practice, the findings of the study will be useful in several ways:

- 1) The County government of Kiambu will use the findings that will be obtained from this study to help formulate policies that will tackle the social problems facing orphanages within the county.
- 2) Humanitarian organizations and individuals will apply information that will be obtained from this study to identify orphanages with the best management practices for funding.
- 3) The knowledge that will be obtained from this study will help underperforming orphanages to identify and correct their areas of weaknesses.

1.6 Scope of the Study

This study focused on the social problems faced by orphans within Limuru area. It focused on identifying the frequency of occurrence of the discovered issues among orphans. The

study also categorized the magnitude of the problems based on age. The focus of orphans was on nine to seventeen years. Ultimately, the study identified the loopholes in current government policies and recommend interventions to solve the problems under investigation.

1.7 Limitations of the Study

Limuru area is semi urban with more rural aspects than urban aspects; the findings of this study therefore may not be replicated in other areas. The researcher relied on the memory of the interviewees and responders to questionnaires. Therefore, the study was limited by the recall bias. The research methodology only provides a snapshot analysis so there is always the possibility that a study could have differing results from another if a longitudinal study would be done.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter focuses on literature related to the study of challenges facing orphans in orphanages. It particularly explores the contemporary institutions of child care presently referred to as Charitable Children Institutions (CCI's) to determine quality of life in orphanages. Ultimately, social issues are discussed thematically with an emphasis on observed practices in OVC organizations in Kenya and research done in Kenya.

2.1.1 Factors leading to children becoming orphans and children placement in CCI'S

HIV/AIDS scourge continues to be a leading reason for children becoming orphans. The rate of AIDS deaths has risen significantly in recent years, with 150,000 AIDS deaths per year (UNAIDS & WHO, 2004). As the death rate exceeds the rate of new infections, the epidemic has moved into the 'death phase' (GOK, 2005). It is estimated that the high death rate had generated 650,000 orphans less than 17 years by the end of 2003, an estimated 2.1 million adults and children live with HIV/AIDS, representing about 14 percent of the sexually active population. Kenya has the ninth highest HIV prevalence rate in the world. (UNAIDS & WHO, 2004.)

From a 23 OVC organizations sample in a research of the situation of OVCs in Kenya, the number of orphans due to HIV/AIDS was 20 (UoN, 2009). Malaria, followed by pneumonia was the leading killer-diseases in the country having claimed more than 46,000 lives; the ailments have proved to be serious threats to the economy. Cancer, a silent top killer disease for the first time, surpassed AIDS as the third largest killer, having claimed 13,720 lives compared to 11,448 deaths caused by HIV. Accident deaths clocked a close mark of 5000 in 2013 (Standard, 2014). Cancers and respiratory diseases deaths increased steadily.

Maternal deaths are a price too high to bear. A study done revealed that in every two hours in Kenya, a woman dies during pregnancy or childbirth, devastating her surviving family members with grief. The new study, 'A Price Too High to Bear,' was conducted from 2001 to 2013 by Family Care International (FCI), the International Center for Research on Women (ICRW), and the KEMRI-CDC Research and Public Health Collaboration. It shows that far too often a maternal death is directly linked to neonatal mortality. Among the 59 maternal deaths examined, only 31 infants (52%) survived delivery. Of these, 8 babies died in their first week of life and another 8 died over the next few weeks. In all only 15 babies (25%) survived. Some older children whose schooling was interrupted had to leave the family home to live with relatives. Husbands and older family members, particularly mothers and mother-in-laws, had little time to grieve, as they immediately began taking over the deceased women's household and childcare responsibilities. When they lose a loved one to maternal death, families are confronted with medical and funeral costs greater than their total household spending in a typical year.

2.1.2 Life in orphanages and CCI's role in child development

A look at life in orphanages can help establish social problems in child care institutions. A study done by UoN in collaboration with Boston University in 2009 in Kenya reported cases of child abuse in 18 out of the 23 sampled OVC organizations. Those infected with HIV/ADS were in 17 CCIs. Stigmatization was in 15 out of the 23 organizations whereas cases of marginalization were in 15 institutions and 13 reported discrimination cases against orphans. Stigmatization chances increase when children are placed in an institution of care. They are labeled as AIDS victims (Ayieka, 1997). Orphaned children try to stick together (Ayieka, 1997). The fear of being separated from siblings was reported by children in focus group discussions especially those who had witnessed their friends separated when parents died.

Buckner (2011) observed that child care institutions in Kitale majored on the twelve strategies for supporting orphans as identified by UNICEF in 2004 publication. The strategies were:

1. Focus on the most vulnerable children and not only those orphaned by HIV/AIDS
2. Strengthen the capacities of families and communities to care for children
3. Reduce stigma and discrimination
4. Support HIV prevention and awareness particularly among the youth
5. Strengthen the ability of caregivers and youth to earn livelihood
6. Provide material assistance to those who are old or too ill to work
7. Ensure access to healthcare, lifesaving medication and home based care
8. Provide day care and other support services that ease the burden on caregivers
9. Support schools and ensure access to education for all girls as well as boys
10. Support the psychosocial as well as material needs for the children
11. Engage children and youth in decisions that affect their lives
12. Protect the children from abuse, gender discrimination and labor exploitation.

The study explores the extent to which this has been done by the programs of Buckner in Kitale. A sample of 13 homes representative of the target population provided that selection of orphans was not based on cause of orphan hood. Support of self-help groups in the area through public trainings increased the community awareness of abuse. Also, appeals were made to traditional and cultural values to help parent any child in the community. The OVC programs in Kitale also raised awareness of HIV/AIDS and gender inequality in foster homes where children had been placed. The house parents to ensure psycho-social development refer to the children as their own and refer to themselves as their parents in the community when

speaking to people in the community, for instance, teachers. There was open communication between staff and the orphans which allowed for issues and facts on HIV to be shared. Strengthening of the ability of caregivers and youth to earn livelihoods was done through life skills training such as farming. Those who did not attend institutions of higher learning attended vocational training on site. A merry go round for savings and credit improved on availability of resources. In comparison to the Kitale case study, ACK Mount Kenya mother's union HIV program has introduced table banking among those affected and infected with HIV. This operates as a revolving fund with as little as twenty shillings per week contribution under the concept of table banking until a time when members can little borrow at an agreed 5% week interest . The final result is a huge amount of money meant for development purposes as a group. They also have a support system of training community health workers on child counseling, memory book, paralegal and home based care for them to reach out to the community. Mobile clinics on designated days ensure access to medical care. Spiritual teachings through churches and spiritual leaders' ease the psychological burden on caregivers in Mt Kenya region.

2.1.3 Orphans and Education

Education is critical to the future of all children, but especially to those who are orphaned or vulnerable. It gives hope for life and work, and is a strong protector against HIV to which these children may be susceptible (UNICEF, 2009). Many children are not in school (Ayieka, 1997). Orphaned children who attend school are less likely to be at the correct class for their age group. Due to heavy domestic responsibilities-child labor there is frequent absenteeism from school (Kavuli, 2003). Orphans are less likely to complete basic and secondary education (Desmond, 2001) as they are pulled out of school to care for an ailing family member or due to lack of material needs such as stationery and school uniform (Togom, 2009). Those who live

with non-parent guardians may face violations of property rights, labor exploitation, sexual harassment, abuse and violence (UNAIDS & WHO, 2003) which may hamper performance in school. Basic needs of OVCs again remain unmet curtailing their full participation in the schooling process. Child headed homes and poverty affect education (Sara Jerupo Ruto, 2006). The deprivation of the right to grief for orphaned children in primary schools affected them negatively (Kobia, 2011). Two different case studies in Akithi, Tigania and Kibwezi Township and its environs show that orphans continued to grieve their parents because they never had the chance to mourn due to their age or circumstances of death of their parents such as AIDS related deaths, suicide or offences. Children are excluded from funeral rituals. Failure to grieve leads to emotional disturbance, sadness and withdrawal. It was noted that minimal grief counseling was going on in schools. Hence, play therapy and a guide on mourning were recommended including expressive arts and individual counseling. Grief affects education. A caring and nurturing head teacher is paramount for a child's participation in primary education. Sound school management is typically characterized by children who are kept safe and by consistent affection, stimulation, conversation, responsiveness and opportunities to learn about their world. Research indicates that support and warmth from care-giver results in greater social competence. School-age children will therefore have fewer behavioral issues and better thinking and reasoning skills (WHO, 2004). At the same time, strong and supportive care giving relationships make children more resilient and also cushion them against the ravages of deprivation, poverty and violence. This is the strongest and clearest explanation as to why some children who grow up in materially wretched conditions are nonetheless healthy and productive at school and in society and have good relationships (Goldin, 2001).

2.1.4 Nutritional Status of orphans living in orphanages

In least developed countries, one out of every four children under the age of five is underweight UNESCO 2005. Children whose nutritional status is deficient are small for their gestational age and they suffer from common childhood diseases and respiratory diseases which could be fatal (Alston and Kent, 2006). Children will be less engaged both in school and anywhere else for that matter, are less active, have shorter attention spans than their well malnourished counterparts. Malnourished students score lower in school and have less emotional control. They also have low levels of iodine, iron protein which are major nutrients. This impairs mental, social and cognitive development which interferes with the overall educational attainment of the child. Poor performance and school drop outs are the end result (Murugi, 2013).

Children in orphanages may be at increased risk of poor health due to trauma and loss of parental care (UNAIDS, 2005). School going children are very susceptible to under nutrition as the priority in nutrition interventions is often to prevent malnutrition during fetal development in the first years of life. This is the most critical period for growth and development. Malnutrition in orphanage children is completely lacking in National surveys. However this study was set to determine whether orphanage children attending school in Dagoretti Nairobi were at a risk of getting malnourished. Findings showed that only 7.2% of orphanage children consumed more than four food groups. Majority 92.9% consumed less than four food groups especially cereals food group. Eggs were completely lacking in their diet. The boys had a higher rate of stunting 26% and wasting 4.8% compared to girls-stunting 21 and wasting 4.3%. However girls had a higher rate of underweight than boys 33%. Prevalence of malnutrition seemed to increase in proportion with increase in length of stay in the orphanage (Mwaniki, 2013). These studies are similar to Western Kenya study where cereals contributed the highest proportion of food energy

(45.1%) for school children. Nonetheless, the contribution of the cereal fell way below the recommended food based dietary guidelines of 55%. This study backs the 1999 micronutrients survey which reported a relatively low consumption of fruits in Kenya. The facts were blamed on declined agricultural practices due to rapid urbanization and therefore orphanages had to rely on purchased food rather than own-produced food. The children were hungry for the better part of the day and supper was a more important source of energy 45% compared to lunch 44% and a quantity similar to four slices of bread in the morning.

2.2 Theoretical Framework

A theory elucidates the correlation between variables while trying to explain social phenomena. It is an analogy. The theories on social learning and family systems were selected to inform the study on social challenges facing orphans living in institutions of care. A theory according to Sullivan (2006) is a set of statements that explains the relationship between phenomena. He further asserts that the key role of theories is to tell us why something occurred. They help us organize the data from research into a meaningful whole. Williams and McShane (1999) buttress the above point as they assert that theory is part of everyday life and the most important thing about theories is that we need them to live.

2.2.1 Social Disorganization Theory

This research employed the Social Disorganization Theory (SDT) and the Social Network Theory (SNT) to explain societal responses to the state of orphans and vulnerable children (OVC) in Limuru. While the SDT describes the situation of the OVC, the SNT describes the role and impact of the societal response specifically the efforts of children's homes in addressing OVC's conditions in Limuru. This study utilizes the general characteristics of social disorganization to describe what led to the conditions of OVC in Limuru. Response to the

conditions of OVC in the study area by child care institutions can be referred to as “social control”. What we can borrow from this theory is that members of public in Limuru are capable of coming under the umbrella of community organizations to act in an effective way to solve the problems of OVC in the area.

Social disorganization refers to the breakdown of the social institutions in a community. In the inner city, families would be disrupted, adult-run activities for youths would be sparse and religious or worship places would be poorly attended. When such a pervasive breakdown occurred, adults would be unable to control youths or stop competing forms of delinquent and criminal organizations from emerging (such as gangs and other vices). Freed from adult control, youths roam the streets, where they come into contact with older juveniles who transmit to them criminal values and skills. From the above characteristics, we can conclude that Limuru has the features of social disorganization. The Social Disorganization Theory (SDT) is an important theory developed by the Chicago School. Although, there are different forms of the theory, this study utilizes the general characteristics of social disorganization to describe what led to the conditions of OVC in Limuru.

Sampson (2006) presents not only what causes social disorganization in cities according to ecology, but also alternative to deal with the problem. His basic premise is that social and organizational characteristics of neighborhoods explain variations in delinquent or crime rates that are not solely attributable to the aggregated demographic characteristics of individuals. The differential ability of neighborhoods to realize the common values of residents and maintain effective social controls is a major source of neighborhood variation in violence. He suggested that social control is the answer to social disorganization. Social control refers generally to the capacity of a group to regulate its members according to desired principles- to realize collective,

as opposed to forced, goals. Informal social control therefore generalizes to broader issues of importance to the well-being of neighborhoods. Here, we can refer the NGOs' response to the conditions of OVC in the study area to as "social control."

Sampson and his colleagues (2006) invented the notion of "collective efficacy." They hypothesized that when people in a neighborhood trusted and supported one another, they had a basis for binding together to control disorderly and criminal behavior. This did not mean that people went about fighting crime on a daily basis. Rather, collective efficacy implied that when disruptive conduct arose, the people in these neighborhoods had the cohesiveness to act in an "effective" way to solve the problem. Collective efficacy is thus a resource that is activated in crucial situation.

2.2.2 Social Network Theory

The power of social network theory (SNT) stems from its difference from traditional sociological studies, which assume that it is the attributes of individual actors - whether they are friendly or unfriendly, smart or dumb, among others that matter. Social network theory produces an alternate view, where the attributes of individuals are less important than their relationships and ties with other actors within the network. Castells, a major figure in urban sociology is a proponent of the Social Network Theory (2001). According to Castells (2001), a social network is a social structure made of individuals or organizations called "nodes," which are tied (connected) by one or more specific types of interdependence, such as common interest (as in CCIs), friendship, kinship, financial exchange, dislike, or relationships of beliefs, knowledge or even prestige. He further postulates that social meaning arises primarily from challenges posed by certain kinds of social structures, notably those that generate social conflict, social inequality

and the destruction of social solidarity. In addition, if there is one unitary kind of social structure then there is a unitary basis for resolving the challenges and problems associated with it.

Applying this theory to the research therefore, we consider the various factors that drift the OVC into their conditions as the challenges that are posed by the social structure especially the erosion in family values of social cohesion and failure of the extended family to provide protection to children. It is the same set of identified problems (being historical, economic, political, or social) that destroy the family values, and instigate social inequality- making the OVC and some widows at a greater disadvantage. But all hope is not lost because it is the “associational tie” that binds members of the community together and serves as a unitary basis for resolving the crises through home-care. This also indicates that the home-care is an alternate to the “official” orphanages.

There can be many kinds of ties between the nodes described above. Research in a number of academic fields has shown that social networks operate on many levels, from families up to the level of nations, and play a critical role in determining the way problems are solved, organizations are run, and the degree to which individuals succeed in achieving their goals. For the purpose of this study, “Associational tie” will be utilized to describe how the community through CCIs identify and solve the problems of OVC in Limuru. Feld (1981) asserted that Social networks can be built in various organizational contexts, including voluntary associations, workplace, neighborhood, and schools. Furthermore, ties formed within civic associations or social movement organizations are more effective as channels of mobilization.

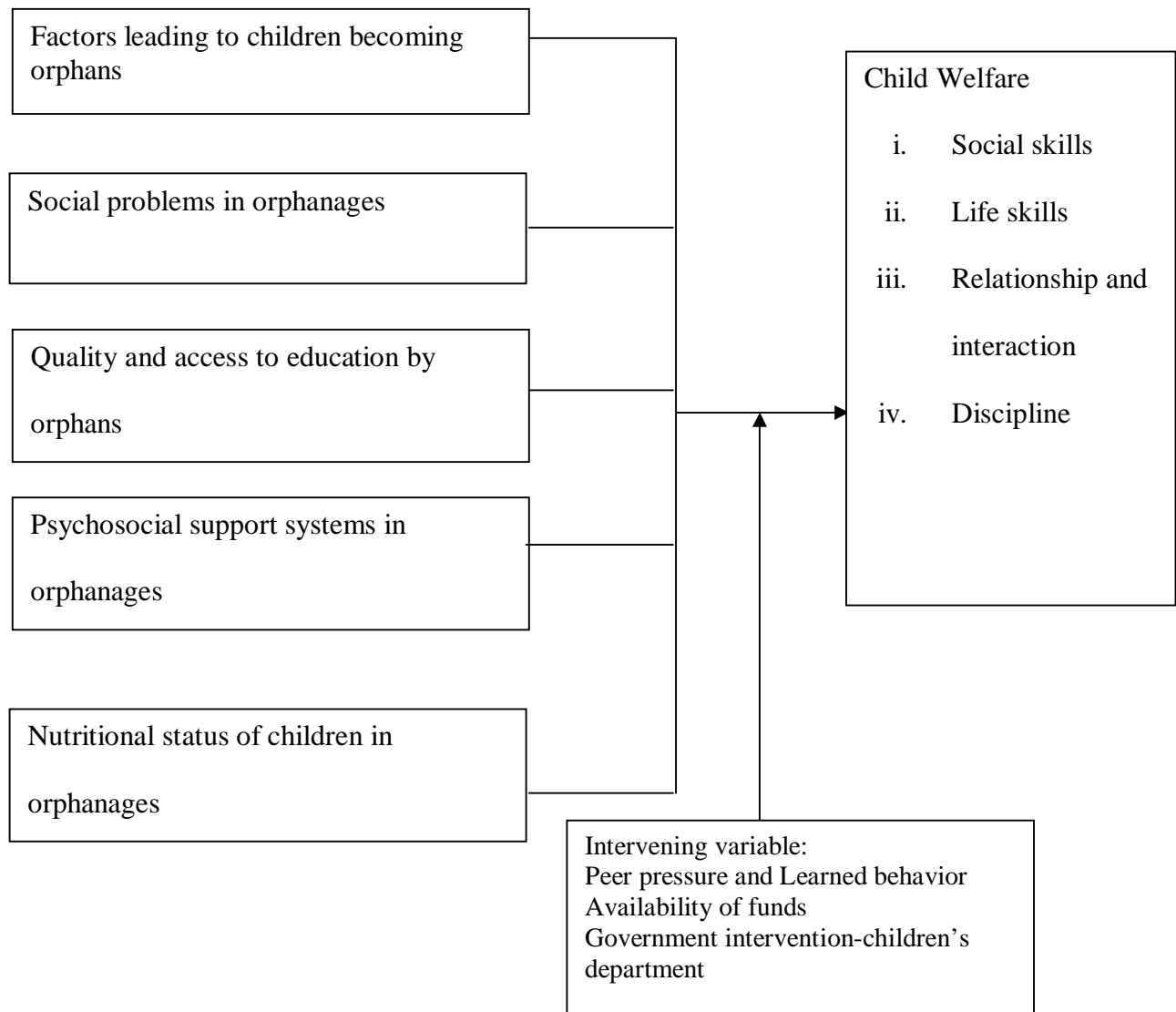
An “associational tie” is a connection through common membership in a voluntary or civic association. This definition indicates that although, members of the CCIs that come together do not build their relationship on blood ties, nevertheless, it is their association as a

result of voluntary membership for a common goal, that binds them together. In line with the above, findings of Lim (2008) confirmed that associational tie make members of a particular community more responsive to common interests than even blood tie. Similarly, people may be more responsive to requests by neighbors to join community activities because they share interests in community issues. From the above, we can employ “appreciative inquiry” to see the value of CCIs’ activities in responding to the needs of OVC in Limuru. Appreciative Inquiry (AI) involves making a very conscious and deliberate choice to ask positive questions when seeking to understand what is needed to make life better in organizations. A basic assumption of the AI is that people have more confidence and comfort to journey to the future when they carry forward parts of the past. Again, when we carry parts of the past forward, they should be what are best about the past. This means, we can utilize AI to examine what CCIs have brought forward in terms of playing some roles of the extended family in Limuru. By maintaining social network, the CCIs find some innovative ways to create the future. At that moment, we can recognize with gratitude, value, and admire highly the roles of the associations in impacting the lives of orphans and vulnerable children in the study area. With that we can increase in the value by not only knowing the positive sides of the associations, but also knowing the negative to increase in value of what they do. It is worthy to note that AI has implications for methodology, it is hereby employed to appreciate the value for CCIs’ performance in impacting the lives of OVC in Limuru. In other words, the use of AP is limited only to show its significance vis-à-vis the social network theory to the study. In addition, the research inquires not only about the positive but also the negative aspects (like problems/challenges) orphans face in the orphanages.

2.3 Conceptual Framework

Independent Variables

Dependent Variable



CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter sets out the various stages and phases that were followed in completing the study. Specifically the following sub sections were included in this chapter: the study design, the study area description, the study target population, sampling method, and sample size criteria for inclusion in the study, data collection methods, data collection instruments, and analysis methods and also the ethical consideration for the study. It is a description of both research design and research methods applied in answering the research questions.

3.2 Site Description

Kiambu County covers Thika, Githunguri, Juja, Kiambu West, Ruiru, Kikuyu, and Gatundu which are urban centers with a population of more than 2000 people. Limuru town is within Kikuyu administrative boundaries. Limuru Kenya is approximately 281.81 square kilometers and the population is 131,132. In Kiambu County 2011 year end, there were 47,033 people living with HIV AIDS of which 10% were children. The number of households with orphans were 41,068 and poor households with an orphan were 20,123 (National Aids Control Council, 2013). The major economic activities include agriculture and animal rearing with cash crops such as tea being a major source of income for the farmers in the area.

3.3 Research Design

Descriptive survey involves exploration of existing social issues and drawing inferences from them in a snapshot. That is collecting data concerning a topic at one point in time and finding the relationship between variables at one point in time. It is not time bound and sampling is done randomly. The data collected is from a large number of subjects. In addition, descriptive

studies are able to estimate the prevalence of an outcome of interest because the sample is usually taken from the whole population.

Quantitative and qualitative methods of data collection were used. The administrators of orphanages were interviewed using an interview schedule. This method was chosen due to the advantage that interaction with administrators would stimulate richer responses and allows not only new and valuable thoughts to emerge but also allow for the exploration of factors that are difficult if not impossible to obtain using quantitative methods. The respondents of this study comprised of managers of orphanages in Limuru area and children in orphanages.

3.4 Unit of Analysis and Units of observation

A unit of analysis is the basic entity or object about which generalizations are to be made. It is the major entity that is to be analyzed and for which data have been collected. It is the “what” or “who” that is being studied. In this case the units of analysis were the Charitable Children Institutions (orphanages). The units of observation on the other hand were orphans living in Charitable Children Institutions (orphanages) and managers of orphanages.

3.5 Target Population

Population refers to the total number of units from which data can be collected (Parahoo, 1997). Burns and Groove (2003) described population as all the elements that meet the criteria for inclusion in a study. The study targeted a population of ninety six orphans in OVC institutions and eight key informants adding up to one hundred and four respondents, all within Limuru area. Determination of the sample size from the target population is as follows below.

3.6 Sample size and sampling procedure

There are four institutions of care in Limuru, Mama Maria, Children's Nest, Nyumba ya Mikate and Joy Centre. The sample for this study was drawn from the four centres. A sample is a representative unit of the population. Mugenda and Mugenda (1999) suggested that at least 10% of the accessible population is adequate to serve as a study sample. Eligibility or inclusion criteria of this study was based on the following list of characteristics in the target population

- Boys and girls between 9 and 17 years
- An orphan living in a children's home
- Be willing to participate in the study exercise either in the focus group discussion or in responding to the questions in the questionnaire

Table 1: Distribution of the target population and sample selection

CENTRE	Total No. of boys	% boys target population	Sample population for boys	Total No. of girls	% girls of target population	Sample population for girls
Centre 1	14	18.4	9.0	24	27.9	13
Centre 2	22	29.0	14.0	18	20.9	11
Centre 3	17	22.4	11.0	28	32.6	14
Centre 4	23	30.2	14.0	16	18.6	10
TOTALS	76	100.0	48.0	86	100.0	48

Centre 1- Mama Maria

Centre 2 Children's Nest

Centre 3 Nyumba ya Mikate

Centre 4 Joy Centre

The boys and girls sampled in each center were different due to age variance. The target was from age nine to seventeen, the rest were underage (below 9 years). Age nine to seventeen were considered because they could be interviewed and well understood and could explain their

experiences in their orphanages. The OVC institutions studied were to have been in existence for more than three years. This would ensure that children have stayed in their orphanages long enough to be in a position to describe their experiences.

Sampling is a process of selecting a group of people, events or behavior with which to conduct a study (Burns & Groove, 2003). The basic idea of sampling is that by selecting some of the elements from a population and gathering information, the researcher was able to draw conclusions about the entire population. Simple random sampling procedure was followed. In this case the names of respondents were randomly selected from a basket after writing out the children's names on pieces of paper. This was the most convenient method as the sample size was small and there was equal chance of selecting each respondent's name.

3.7 Tools of Data Collection

The tools of data collection included questionnaires, interview schedule and focus discussion guide. Questionnaires were used to collect information from children while interview schedule was used to collect data from children's homes administrators.

3.7.1 Questionnaire as a tool of data collection

One of the objectives of this study was to identify social problems faced by children living in orphanages. This could only be reached if data was statistically analyzed. The questionnaire addressed this. Moreover, there was no bias as the respondent filled the questionnaire without influence of the researcher. Anonymity was guaranteed since no identifying information was put in the questionnaires. The questionnaires were administered on OVCs in the four charitable children institutions by the researcher. Since the respondents were children in the age 9-17 years, the children were assisted by their caregivers to fill the questionnaires.

3.7.2 Collection of Qualitative Data

Qualitative data brings out perceptions and dynamism of issues that a questionnaire fails to address due to inflexibility of questionnaire structure. Qualitative techniques provide a close interaction between the respondent and the researcher. Qualitative data was collected from the orphanages administrators. This data supplemented data collected through questionnaires.

3.7.2.1 Key Informant Interview Guide

The researcher conducted a total of eight interviews. Selections made were based on experience and knowledge of OVC related issues and policies. It also enabled clarification of meaning of questions as well as providing a chance to introduce the research intentions, research topic and objectives. Moreover, it explored themes and classified them into categories which made data analysis easier.

3.8 Ethical Considerations

Participants were informed on the objectives of the research. All respondents were informed beforehand the identity of the researcher and the purpose of the study. It was purely on a voluntary basis and no coercion of sorts in exchange of information was conducted. Verbal consent, a letter of permission to undertake research in relevant authorities was obtained. The anonymity and confidentiality of information was maintained. No pictures were taken without the authorization of the caregivers. Privacy and respect was accorded to all respondents. All citations and references were acknowledged in respect of copyrights.

3.10 Data Analysis

Data analysis was both quantitative and qualitative. Qualitative data from interviews was analyzed thematically using content analysis. Quantitative data from questionnaires was

analyzed using descriptive statistics such as frequencies and percentages. SPSS data package version 15 was used to aid in data analysis.

CHAPTER FOUR: DATA ANALYSIS, INTERPRETATION AND PRESENTATION

4.1 Introduction

This chapter relays and assesses the data collected with regard to the research ‘Social Problems Faced by orphans living in orphanages in Limuru area’. The focus was on key objective areas which were to identify social problems faced by children in CCIs; to assess the quality of education, accessibility to schools and availability of education materials, to identify factors leading to the children becoming orphans, examining the psychosocial support systems for children in CCIs and to establish the nutritional status of children in CCIs. The respondents came from Nyumba ya Mkatu, Joy Centre, Children’s Nest and Mama Maria of whom 96 were children and 8 encompassed CHWs, F.Os, Social workers and Program managers.

4.2 Research Response Return Rate

The study achieved a 95% response rate. The caregivers guided the children in filling the questionnaires. All the 96 OVCs assisted by their caregivers attempted filling the questionnaires. The qualitative research was satisfactory with all the key issues addressed in terms of interviews with the orphanages administrators.

4.3 Social and Demographic Characteristics of Respondents

The demographic characteristics of the OVCs were important in describing background information of the respondents. As presented in table 2, more than half of the children (85.4%) were above the age of 11 years. The unanswered questions in the questionnaires were treated as missing and could be attributed to the minority 14.6% of the children of ages 9 and 10.

Table 2: Age, gender and educational levels of the orphaned children in CCIs

Variable	Frequency n=96		Percentage	
Sex				
Male	50		50.0	
Female	50		50.0	
Total	100		100.0	
Age in years				
9	2		2.1	
10	12		12.5	
11	19		19.8	
12	16		16.7	
13	18		18.7	
14	13		13.5	
15	5		5.2	
16	5		5.2	
17	6		6.3	
Total	96		100.0	
Level of education				
Education Level	Boys Number	Percentage	Girls Number	Percentage
S.3	2	4.2	0	0
S.4	5	10.4	7	14.6
S.5	9	8.7	10	20.8
S.6	8	16.7	8	16.7
S.7	8	16.7	10	20.8
S.8	8	16.7	5	10.4
F.1	2	4.2	3	6.2
F.2	3	6.2	2	4.2
F.3	3	6.2	3	6.2
F.4	0	-	-	-
Total	48	100.0	48	100.0

The grade of a child evidently is dependent on the age of a child. Most of the children in Limuru area orphanages are in aged 10-14 years. Secondary school going children are few with the majority being primary school pupils.

4.4 Factors contributing to the children becoming orphans

It can be seen from table 3 that most of the children (86.5%), more than half of the sampled population could not recall who brought them to the CCI. The conclusion is that most of the children were brought into the orphanages at a tender age when conceptualization and

understanding aspects in child development were not fully developed. The other 13.5% percent included 8.3% who were picked from the street by authorities after being abandoned, and 5.2% who were brought in by well-wishers. These figures were derived from children who could remember having been in the streets, left at home, and orphans rescued to safe houses by police and social workers.

Table 3: Children’s response on how they were brought to CCI

Variable	Frequency n=96	Percentage
Cannot remember	83	86.5
Picked from the street by authorities after being abandoned	8	8.3
Brought in by well-wishers	5	5.2
Total	96	100.0

The orphanages administrators informed the researcher that of the children they take up; there are those from child headed households, those who were linked from the children’s department to their orphanages, those who were brought in by relatives and those who were rescued from the streets including infants who had been abandoned. Majority of these children according to orphanages managers had lost their parents to HIV/AIDs among other causes. Notably, the church is an influential partner in the rehabilitation process of the rescued children as it reinforces values and beliefs meeting the spiritual needs of the children. Involvement of the church was identified as one of the avenues of coping mechanisms as noted by key informants.

From the records of the orphanages and response from the CCI staff, the children in the orphanages consisted of those rescued from the streets, those whose both parents had died of HIV or whose parents suffered from chronic illness and there were no any willing relative to take them in and those who were brought in from child headed households. The implication is that the

OVCs lacked families to care for them and orphanages filled this gap. HIV/AIDS is yet to be curbed and the key population at risk being married couples which resulted to children being orphaned at an early age. Key informants said HIV and chronic illness are major causes for children becoming orphans when their parents die and there is no one to take care of the children. The researcher noted that, the findings correspond with UNICEF findings on causes of vulnerability among children.

4.5 Social problems faced by children living in orphanages

4.5.1 Basic needs Provision

As shown in table 4, 96 (92%) of the respondents had the basic requirements, which are a bed to sleep on, a pair of shoes, two sets of uniform, and a blanket. Some children 8% all in one of the centers were living in a congested place and girls shared a bed and a blanket. The management said there was a crisis as more children were being enrolled and they were yet to expand the CCI. The implication was that the children often fought and rivalry was common.

Table 4: Whether the children have the required basic needs

Required basic needs	Frequency	Percentage
Number of orphans with all the basics (blanket, a bed, a pair of shoes, and two sets of uniform)	88	91.7
Number of orphans without all the listed basic necessities	8	8.3
Total	96	100.0

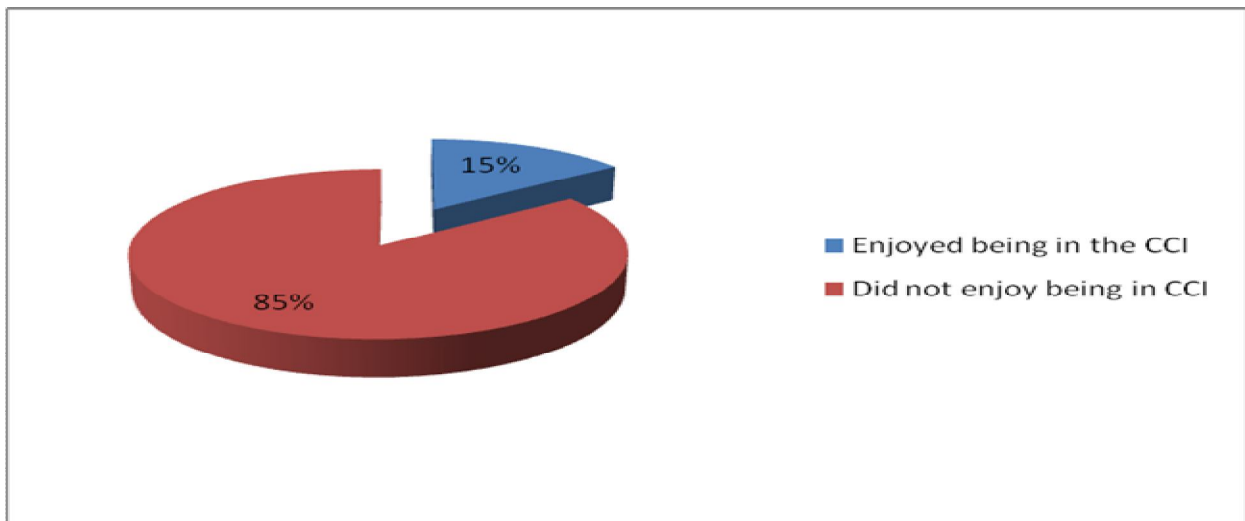
4.5.2 Role played by CCIs in child care, protection and children opinions about CCI

In a bid to establish if there existed good relations between CCIs and children living in CCIs; the researcher asked the children if they enjoyed living in the CCIs. According to figure 1, more than three quarters of the children (85%) indicated that they did not enjoy being in the orphanages. The reason given by the majority is that they had a place to call home unlike the

children in the streets. Slightly less than a quarter (15%) did not like being in the children homes some saying they missed their siblings, they were yet to meet their real parents and especially the older ones comparing the life they lived before at family level and now in the orphanages. The implication is that a significant number of orphans had been separated from their siblings during placement in CCIs. Also, family tracing was not proactive and innovative enough as a means of keeping siblings together. Another observation is that a few children enrolled in the CCIs at an older age.

Basically, the terms protection and child care encompass meeting of child needs in five compartments. These are nutrition, health, child rights and psychosocial needs. It was noted that although a substantial proportion of basic needs have been met, majority of the children did not enjoy being in CCIs.

Figure 1: Children’s response if they liked being in the orphanages (N=96)



The CCIs plays a major role in ensuring vulnerable and orphaned children live a normal life. The researcher was informed by orphanages administrators of the needs that arise within the institution financially in a bid to ensure children lead a normal life. “The Department of Children Services, within the Ministry of Gender, Children and Social Development, in collaboration with

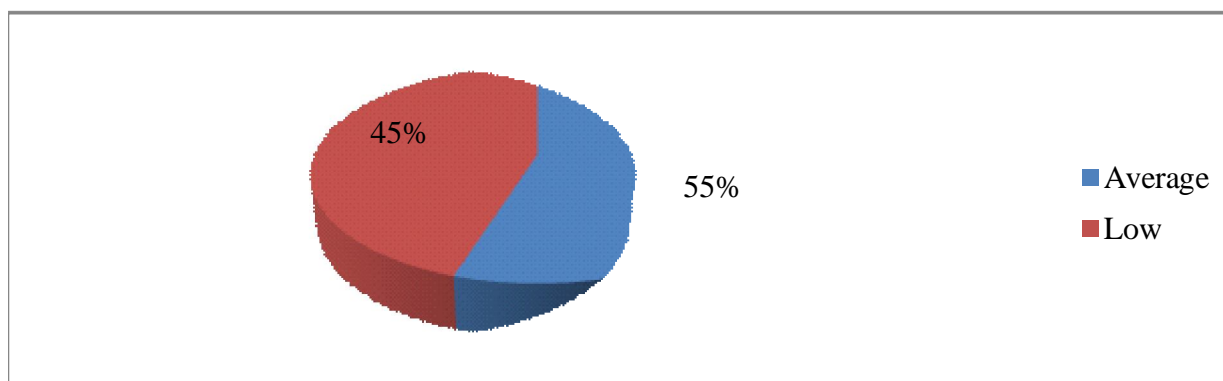
the National Steering Committee on OVC developed the OVC Policy, a key aspect of which is the provision of a direct predictable and regular cash subsidy of KSH 1,500 per month to institutions caring for OVC. However, the implementation has not been as consistent and therefore the institution has to look for alternative sources to support the children” a key informant said. The CCIs are well linked to Kenya police and other security organs, and have security protocols; a key informant informed the researcher, how an orphanage is protected in law, in the Social Act, 2013 and the rights of children as addressed in various laws, internationally and nationally.

4.6 Quality, Accessibility and Reach of Education by Orphans in Orphanages

4.6.1 Education Status of Children in CCIs

From the focus group discussions, the researcher identified that more than three quarters of the children were in public schools. Only a few were enrolled in private schools of which all were sponsored by donors or well wishers. Those in public schools relied on second hand books which were cheaper and those passed down from their friends in the orphanages. Unfortunately, only one center had a community library and an established system of distributing text books to its children. Mama Maria center had a success story of having two of their own, currently enrolled in the Jomo Kenyatta and Kenyatta Universities.

Figure 2: School performance (N=96)

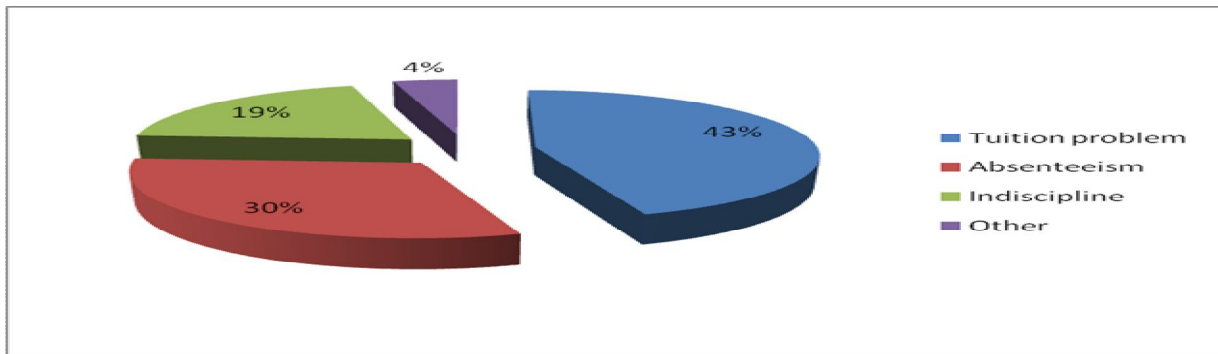


As the results in figure 2 shows, 55% of the primary school children were average performers scoring above 300 out of 500 marks, whereas 45% had earned less than 300 marks. This information was confirmed by data from the key informants and the children interviews and focus group discussion. The researcher also gained access to school performance records and corroborated that information.

Table 5: School performance

Children	Grade	Mean score
53	1-8	>300-500
43	1-8	<300-0
96		

Figure 3: Academic challenges (N=96)



The children listed academic challenges as evident in figure 3 above; which varied from tuition problem 43%, absenteeism 30%, and indiscipline 19% and other 4%. The academic challenges indicated as others could be lack of learning materials and resources. Poor performance could be attributed to lack of qualified staff to help the children with their homework. The older children who were a class ahead and had shown good performance helped the younger ones. Further, absenteeism statistics indicate that most children had at least once

skipped school at 73%. This was related to the school fees payment system in each of the centers and heavily contributed to absenteeism hence poor performance of the orphans since catching up with other students who had been in school all through was hard. The CCIs relied on well-wishers to supplement the funds they received from CDF and government bursaries, close relatives and other IGAs. The major reason for skipping school was lack of school fees and exam pay. Only 5% complained of the long distance to school, 95% of the respondents were comfortable with the school proximity.

Table 6: Children’s response on selected education matters

Education matters	Frequency	Percentage
Academic Challenges		
Tuition problem	43	44.8
Absenteeism	30	31.2
Indiscipline	19	19.8
Others (lack of learning materials and resources)	04	4.2
Total	96	100.0
Sponsor		
Guardian	1	1.0
Sponsor (donors, NGO, banks, foundations, well-wisher)	43	44.8
Government through bursaries	40	41.7
Others (Fundraising ,IGAs, self)	12	12.5
Total	96	100.0
Absenteeism		
Have never skipped school	71	74.0
Have skipped school	25	26.0
Total	96	100.0
Discrimination in school		
Equal treatment	94	97.9
Total	96	100.0

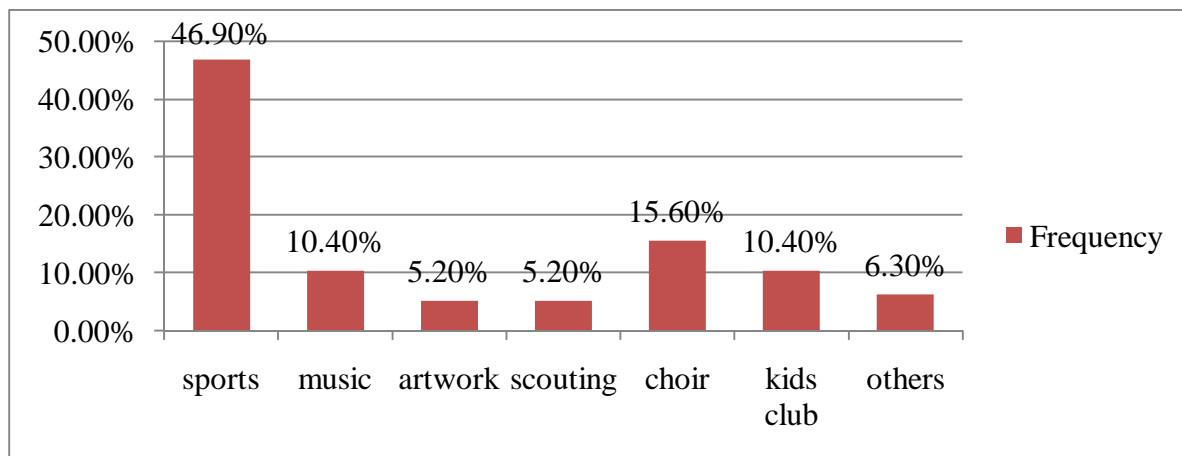
From the key informant interviews, the researcher understood that orphans education is put on hold after the death of parents, running off to the street to escape from abusive relatives, or placement in an orphanage that is far away from original home. Less than one third of the children enrolled in Grade 3 do not have basic Grade 2 level literacy and numeracy skills since introduction of Free Primary Education (UWEZO East Africa report, 2013). This shows that education in public primary schools since the introduction of FPE has been derailed. The state of

affairs concurs with the research findings on poor performance, explains why many of the orphans are in public schools and shows how school fees is a burden on the CCIs. The researcher also learnt that, education level has improved since access to public schools has been made easier through government free primary education, and there is reduced discrimination by peers among others, of HIV vulnerable child and orphans. A key informant acknowledged discrimination reduction attributed to acceptance of orphans and vulnerable children by themselves and other pupils through mainstream advocacy carried out periodically by the Ministry of Labor and Social Security, which has improved public awareness.

4.7 Psychosocial Support Systems for Children in Orphanages

The staff interviewed said that they give support to traumatized children through play therapy, child counseling and group counseling at a later stage. They also as a preventive mechanism, partner with NGOs to train on life skills offering an opportunity of role models and improve self-esteem of the children. Further co-curricular activities were part of the psychosocial support system as shown in figure 4.

Figure 4: Co-Curricular Activities (N=96)



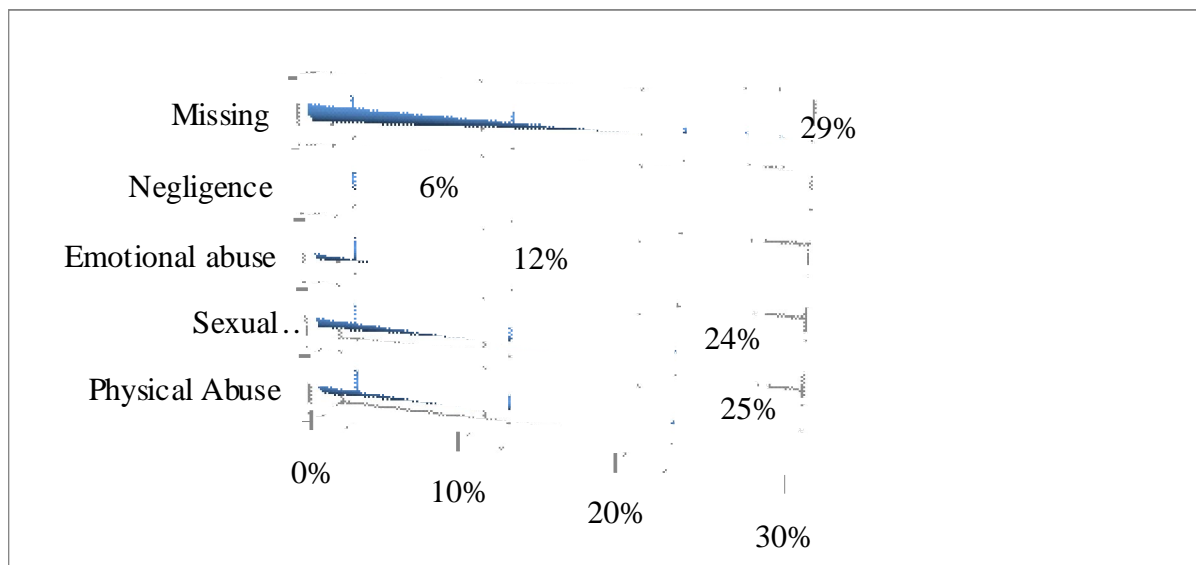
4.7.1 Children's response on rules related to playing in the CCI compound

All of the children participants were allowed to play at a given time in the playground. The researcher observed that one center had a squeezed space and thus the playground was tiny not allowing for much movement. The implication of these is that children looked uneasy and there was little grass due to overpopulation.

4.7.2 Child abuse

Child abuse is the physical, sexual, emotional mistreatment or neglect of children. Child defilement is violation of the chastity of a child. It is robbing the child innocence through sexual abuse. Physical abuse was rated at 25% followed by sexual abuse 24% including child defilement, then emotional abuse 12%, abandonment 6% and 29% were recorded as missing.

Figure 5: Child abuse prevalence in the Limuru area sampled CCIs (N=96)



From the figure 5 above, emotional abuse was the greatest weakness attributed to caregivers in the CCIs sampled. It encompassed belittling and humiliating verbal abuse. The children said this was the case because at times they were shouted at or humiliated in front of their friends for wrong doing. Name calling and labeling was from their peers depending on

one's physical appearance. Jane (not her real name), says "I am hardly addressed by my real name, they call me 'big empty head' when I fail to answer any question in class". Verbal abuse eventually causes emotional discomfort among children hence verbal abuse can be termed as emotional abuse.

The researcher sought an opinion from one of the key informants about child abuse; whose view was that physical and sexual abuse had stringent punishments provided by the institution, and therefore negligence, emotional and others which are not evidence based was hard to determine the burden of proof for punishment; however, such was well handled when children were receiving psychosocial support, which was frequently offered through groups and not individual based.

Abuse rate from visitor's raises eye brows as volunteers were termed as abusers and were negatively rated. This is a major concern considering that CCIs have developed an IGA system of charging volunteers from overseas for them to be allowed to participate in CCI activities. There lacks a proof system of background check up for the volunteers and therefore the children are susceptible to abuse. This state of affairs confirms the findings of a recent research that child abuse is rampant in orphanages (UoN, 2009).

4.8 Nutritional Status of Children in Orphanages

4.8.1 Number of times children eat in a day

Children in orphanages may be at increased risk of poor health due to trauma and loss of parental care (UNAIDS, 2005). Every child has a right to proper feeding. School performance and proper child growth and development including cognitive development are determined by nutrients ingested by the child. The Millennium Development Goal one is to eradicate poverty

and hunger. As evidenced in table 6 fruit intake was low. The researcher observed that cereal intake was major in the four orphanages and all the CCIs were able to provide the children with meals at least three times a day. Thus child care as far as food was concerned was taken care of although much more emphasis on nutritional value was required.

Table 7: Child Nutrition Status Index

Number of meals	Frequency	Percentage
3	81	84.0
2	15	16.0
1	0	0.0
Fruit intake per week		
Many times	19	20.0
Few times	71	74.0
Once in a while	6	6.0
Never	0	0.0

4.8.2 Response of key informants on the health and nutrition programs in CCIs

Out of the four centers sampled, only 1 had a nutritionist. The administrators in the other three did not see the need of having a nutritionist. However, there were kitchen gardens in two of the sampled centers and one actually practiced sack gardening. The supply of fresh local vegetables was in plenty in Nyumba ya Mkate and Mama Maria. Upon enquiry, the orphanages managers informed the researcher there were orphans living with HIV. Orphans infected with HIV accumulated to 43% of the total population in the four centers and needed immune boosts to avoid opportunistic diseases. Besides, most CCIs do not provide such nutrition programs, and therefore Nyumba ya MKate and Mama Maria centers had identified a service gap that proved a need to address.

4.8.3 Observation of researcher on the social determinants of health

Social determinants of health are the conditions, in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money power and resources at global, national and local levels (WHO). The researcher observed that food preparation, environment where food was prepared and the environment in which the children lived were related to the health and well-being of the children. At Mama Maria, Nyumba ya Mikate and Children's nest there was a playground with well watered grass. The kitchen and cooks were clean. The researcher observed that these children too were looked clean and in good physical shape. At Joy center, there was little room to play and the playground had little vegetation. The children looked dull, sickly and had eye problems. However, the medical clinic records did not indicate a prevalence of diseases by children, though the environment indicated a predisposing factor.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter involves summary of the results presented in the previous chapter. It also presents the conclusions and recommendations for future action, in respect to the findings from the study area.

5.2 Summary of findings and discussions

This sub topic provides a briefing of the chapter laying emphasis on the purpose and objectives of the research. The general objective was to identify the social problems that orphans face in orphanages.

5.2.1 Factors Leading to children becoming Orphans

From the findings, it was clear that AIDs is a significant factor contributing to orphans in the area. The government has put clear mechanism in providing assistance to the affected families to ensure there is a clear tracing of relatives of children, there is access to other means of livelihoods and access to education through the free education and special needs education policy.

It was evident that in orphanages in Limuru area, 25% of cases are from streets. However, the role of children institutions is to provide care and protection. The CCIs are obligated to ensure that each child gets enough food, is given proper attention and is protected from any unforeseeable danger. Emotional abuse was evidently a weakness on the part of the CCIs. Physical well-being, good health and proper development are also prerequisites of protection not forgetting mental well-being which gives the child the opportunity to develop intellectually. In addition protection relates to social well-being of the child. This is by ensuring that the child gets the opportunity to flourish socially and spiritually. Generally, Limuru area

orphanages were above average in terms of child protection measures gathering that ninety percent of the children provision of basic needs was met. However, the need for disaster preparedness and emotional protection is a concern. The bonds formed between children, care takers and other stakeholders should be maintained to allow for trust development. When there occurs a high turnover of the caretakers and child abuse by volunteers highly rated the vulnerability of the children increases.

5.2.2 Social Problems Faced by Children Living in Orphanages

One of the specific objectives of this study was to identify the social problems that orphans living in orphanages face. The objective of the study was achieved as education, health and social rights were the main social challenges the orphans faced. This study concurs with the UNAIDS and WHO (2004) findings that HIV/AIDs continues to be a leading cause of orphans. This is supported by the government of Kenya and the study done by University of Nairobi. It is due to this disease burden that our study arrived at child-headed households and street child, making up the higher number of orphans in the orphanages. There has been a direct link of poverty and rise in number of orphans, the little available resources are often overstretched and because of poor legislative policies and their implementation, the affected often find their way to streets and the lucky ones to the orphanages.

This study in its findings, identified 5% of sampled children did not have the basic needs and 16% indicated they have meals twice a day. This impairs mental, social and cognitive development which interferes with the overall educational attainment of the child. Poor performance and school drop outs are the eventual results, this concurs with Murungi (2001) findings.

The study findings identified the eating habits on a daily basis with interest in balanced diet, as noticed, 74% and 6% eats fruits few times and once in a while respectively. Evidence has indicated that this has impact on the health and mental development which eventually impacts on the education of the children. The study further sought to find out the existing nutrition and health program in the sampled institutions, which 43% acknowledged that there is need to boost immune to avoid opportunistic diseases. Although this study did not measure the nutritional deficiencies in the children, through observation, it was indicative to note that nutrition deficiency was a major concern. Observation of the social determinants, it was noted that children more often appeared sick, dull and had eye problems, which is directly attributed to the environment sanitation, diet and eating habits. This is a call for quick response by the health systems and improved/quality food provision of balanced diet.

5.2.3 Quality, Accessibility and Reach by Orphans in Education

Education has always been an important factor in the personal and societal development, as this is directly attributed to better access to health services, a just society and improved environmental conditions favorable for better life. While this is the norm expectations of the society, children in orphanages more often than not does not have this experience. As the study findings show, school performance by orphans is average and this affects their level of academic achievement in life. The educational system does not have a specific policy that addresses needs of children from orphanages. For instance, a child who gets average scores has the same chances of been placed in a school with other children in the family system, regardless of the conditions. Other identified factors in the study that leads to low educational level in orphanages include tuition problems, which are directly affected by insufficient finances and, absenteeism and indiscipline. The analysis on Pearson correlation showed that there is a notable correlation

between the fee sponsor and the academic challenges, which is a share of the findings by Desmond (2001) and UNICEF findings on *State of the World's Children*.

5.2.4 Nutritional Status and the Psychosocial Support System

Limuru area CCIs overall nutritional status indicated that CCIs were able to provide three meals a day to the orphans. This shows that food provision as a basic need in CCIs was met. However, the incorporation of a nutritionist in child programs and fruit intake in Limuru area was low. Presence of kitchen gardens was necessary for taking care of PLWHAs considering that some orphans in CCIs were infected with HIV. This key population of children at risk of low immunity needed proper care and support including referrals to CCCs.

5.3 Conclusions

The purpose of this study was to establish and explore social problems faced by orphans living in orphanages. HIV AIDS scourge is still the major reason why orphans are flocking CCIs. Also, infected orphans need proper care and additional nutritional input to maintain good health. To this regard the gospel of kitchen gardens having indigenous vegetables and health communication is a necessary tool.

From the foregoing findings, it is evident that social problems influence child welfare in Charitable Children Institutions. Children needs do not stop at basic needs provision. Their rights to emotional balance, psychosocial support and protection from possible danger define child care. A substantial proportion of the children reported to having three meals in a day. The implication is that Limuru area capacity to meet nutritional needs is high. All the same, fruit intake was low and needs to be attended to. The coping mechanisms identified by care givers in CCIs were psychosocial with sports and other types of games incorporated in the CCIs systems. In as much as more than three quarters of the children said they enjoyed being in the CCIs their

background and origin is important. Family tracing and reunification was reportedly low and ultimately, some of the children lacked a sense of identity and had no or little knowledge of their family trees. To this effect, this research recommends family visiting days for the children to get to know their history as it shapes their future and enhances emotional balance and cognitive growth.

When a child is not informed of his or her rights, often than not, they will be infringed upon. In one of the sampled CCIs, some children shared a bed and a blanket. Further, every child is entitled to good health and ample physical structures. Arguably, ample playing ground with well watered grass is a social determinant of health. The eye problems reported were due to dust from the small playing ground. A Child defilement case by volunteers is a new area requiring deep analysis and it questions how CCIs protect the young ones. It is important that thorough screening is done on volunteers and proper measures of having a staff present in any activity involving volunteers or the IGA on volunteers done away with. Substantial proportion of children was reported to having been rescued from traumatic conditions such as sexual abuse. The implication is that child defilement is high within and without our CCIs which calls for instant redress.

Education is the key as it forms the basis of all and if not the only hope, then it is the greatest key for a great future. To this regard it needs to be guarded in terms of quality and accessibility. Of concern is that most if not all of the children owing to factors leading to children becoming orphans fell short of education level with regard to age. Ninety eight percent were older than their class level. Still, accessibility to reading materials was poor and all children had no caregiver helping with their homework. A substantial number of children lacked text books with only one CCI having a text book distribution system and a library in place. More than a

quarter of the primary school going orphans scored less than the average 300 marks which may culminate to lack of transition to good secondary schools and ultimately an unfulfilled life. A lot of timely action with regard to the education of orphans in CCIs is immediately required.

5.4 Recommendations

From the research findings, the researcher therefore recommends that:

- The CCIs need to network with CCCs, non-governmental organizations and other to provide comprehensive care for children infected with HIV.
- The government of Kenya is obligated to train the stakeholders on child growth and development needs and insist on child counseling in CCIs. It should also institute strict laws in relation to volunteers and defilement to protect vulnerable children such as orphans restricting their access to CCIs.
- The CCIs should have educative materials, puzzles and other play items in addition to food clothing and shelter for cognitive development of the children.
- The government should lay emphasis on child family tracing and reunification but the social policies must warrant the family reunification safe as most of the abusers of children are relatives.
- There CCIs administration should perform risk management, having a backup and a master plan in place. They should not take in orphans if they know they are not in a capacity to do so.
- The children's department should ensure that every CCI has a nutritionist and a kitchen garden with indigenous vegetables to cater for Y-PLWHIV immune boosting.

- The agricultural extension officers and program managers should encourage drip irrigation system in kitchen garden in CCIs and sack gardening as a convenient way of small scale farming especially for CCIs in urban areas.
- Sex education and health communication especially on reproductive health is an important aspect that should be introduced in CCIs for children between ages 13-17 years. Orphans are a vulnerable key population that needs this information for them not to be susceptible to abuse and irresponsible sexual behavior

5.5 Suggestions for further research

There are a number of areas that this research may not have dug deep into.

1. The predicament of children living with HIV in orphanages and how children institutions provide care to this key population.
2. The role of policy makers like Sub-county children officers and Social development officers and advisory area committees in child welfare in orphanages.
3. To find out the extent of child defilement by perpetrators who are known to them in orphanages.

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APPENDICES

A1: Interview Schedule

Hello,

My name is Margaret Wanjiku Kamau

I am conducting a research on **Social problems faced by orphans living in orphanages within Limuru area** as partial fulfillment of my master's degree in the University of Nairobi. Participating in this study is voluntary; you have a right to refuse or withdraw. There are no risks involved and no direct benefits. The data collected shall be used for academic purposes only and anonymity of the respondents will be maintained.

INSTRUCTIONS

1. DO NOT write your name anywhere on this paper.
2. Tick in the boxes provided appropriately. ✓
3. For the sentences with blank spaces (.....) please fill in the blank spaces with an answer.

SECTION A: BACKGROUND INFORMATION

1. How old are you?

2. Gender

Male

Female

3. Which class are you in?

SECTION B: FACTORS THAT LED TO THE CHILDREN BECOMING ORPHANS

4. Where were you before coming to this children's home?

5. Who brought you to this children's home?

6. Do you enjoy being here? Yes

No

Why do you like being in this children's home?

Why don't you like being in this children's home?

SECTION C IDENTIFYING SOCIAL PROBLEMS

7. Tell me some of the things you face here in this institution and in school.....

SECTION D: BASIC NEEDS

8. Do you have the following?

- | | | | | |
|-------------------------------|-----|--------------------------|----|--------------------------|
| a) A pair of shoes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Two sets of school uniform | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) A bed to sleep on | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) A blanket | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

SECTION E: EDUCATION

9. What is your main challenge in school?

10. Who pays your school fees? Guardian

Sponsor

Government through bursaries

Others (specify).....

.....

12. Have you ever skipped school? Yes

No

If yes why did you skip school?.....

.....

.....

SECTION F: HEALTH AND NUTRITION

13. How many times in a day do you feed? Three

Two

One

14. How many times do you eat fruits? Many times

Few times

Once in a while

Never

SECTION G: PSYCHOSOCIAL SUPPORT PROGRAMS

15. Which co-curricular activities do you engage in this home? Tick where appropriate

Sports

Music

Artwork

Scouting

Choir

Kids club

Others (specify).....

.....

16. Are you allowed to play within the home compound? Yes

No

If No what reasons are given?

.....

SECTION H: CHILD ABUSE

17	Physical abuse e.g. beating, overworking, biting, pinching, confinement Emotional abuse e.g. isolation, reservation of some information like who is the mother or father, denial of privacy and lifestyles. Neglect and abandonment e.g. failure to give clothes, education, freedom, religion, attention, identity.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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18	As an orphan, who abuses you most?	Guardian <input type="checkbox"/> <input type="checkbox"/> Teachers <input type="checkbox"/> Classmates Friends and other children at home <input type="checkbox"/> Others.....
19	Do you think it would have been different if you weren't an orphan?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Thank you very much for your cooperation

A2: Key Informant Interview Schedule Guideline

Discuss the major problems children institutions face

Which are some noticeable sensitive social problems you spot in children who are orphans in OVC institutions?

Which are the coping mechanisms that you train the orphans as life skills?

Discuss on the education status showing evidence of your children.

How does your OVC program offer psychosocial support to traumatized children?

What are some of the achievements the program has achieved?

How do you ensure that the children are provided with good nutrition?

A3: Research Permit