SOCIO-ECONOMIC IMPACTS OF HIV/AIDS ON CHILDREN HEADED HOUSEHOLDS: A CASE STUDY OF ORPHAN CHILDREN IN JUJA LOCATION, THIKA DISTRICT CENTRAL PROVINCE, KENYA

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DECLARATION

I hereby declare that this is my own work and that this project has not been submitted before for award of any other degree.

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DEDICATION

To my dear husband, thank you for inspiring me to do this course, your support and encouragement is very much appreciated. My dear children; Maria, David, Haika and Neema, thank you for your patience and encouragement.

To the orphan children who are crying for the loss of their fathers and mothers due to AIDS, we hope and wish that your tears are wiped away by the actions proposed in this project.

ACKNOWLEDGMENTS

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CHH	Children Headed households/Children Headed Homes
CRC	Convention of the Rights of Children
CVA	Capacity Vulnerability Analysis
ECD	Early Childhood Development
CBS	Central Bureau of Statistics
FHI	Family Health International
FAO	Food and Agricultural Organization
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
MOL	Ministry of Labour
MOH	Ministry of Health
NASCOP	National Aids and STI Control Programme
NACC	National Aids Control Council
NGO	Non-governmental Organization
CBO	Community-based organization
STI	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
UNICEF	United Nations Children Education Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

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ABSTRACT

This paper presents the findings and recommendations of a study conducted in Juja community in Thika district on "The Social-Economic Impacts of HIV/AIDS on Children Headed Households". A sample of 50 children and adolescents aged between 9 to 18 years old and 10 key informants comprising of community health workers, primary school teachers, representatives from chief's office and NGO working with orphans and vulnerable children in Juja was selected.

A combination of four research methods which included key informants, in-depth interviews, direct observation, focus group discussions and case studies were used to identify the factors leading to formation of child headed households, the challenges and risks which they encounter in meeting their needs, how the orphans cope with the demanding tasks, the psychological trauma of losing parents, social discrimination; and the roles played by the extended families, community members and the government to support the orphans.

The analysis confirmed that the emergence of child headed households in Juja has been prompted by the large numbers of maternal orphans who are not absorbed into their extended families. The main reasons identified from the analysis includes; extreme poverty in many rural extended families, and failure by the majority of single mothers in making prior care arrangements for the children before their death. It was noted that this was partly due to discrimination associated with HIV/AIDS particularly by relatives who associate single mothers with prostitution, thus likely to influence orphans to develop immoral behaviour. The analysis also showed that majority of orphans feared going back to relatives who live in the rural areas because they would be discriminated and segregated from children in the foster families. Some of the orphans also felt that they would not cope with rural life since they were born and grew up in Juja and would like to stick to the environment they are familiar with. The problem of property grabbing by relatives also makes the orphans distance themselves from relatives who in most cases try to take over the management of their property for their own benefit.

From the analysis, it seems that majority of the child headed households are poor and they take responsibilities which are far beyond their ability to manage. As a result, they are plunged into deep economic crisis and social insecurity soon after assuming these responsibilities. Majority of orphans are forced into child labour, where they are confronted with other problems such as unfair pay and sexual exploitation. It was noted from focus group discussion that sexual exploitation is a serious problem among adolescents living in Juja. This problem was clearly revealed by the number of adolescent participants (76%) who take care of their own children in addition to siblings without support from those who fathered the children. The study also revealed that extreme poverty in the households headed by orphan children pushes majority of orphans out of school. This was confirmed from the small number of participants (4.2%) who were able to continue with secondary and vocational training with some help from relatives, otherwise majority of the orphans attended primary school only.

Malnutrition among the under five years old was as high as 68% in households headed by children and single mothers. Considering that the study was conducted in a sub-urban environment, the participation of the extended families and community members in the care and support for orphans is very minimal. However, some NGOs do offer support like food and clothing to the very poor orphans.

The study demonstrates that as the orphans are pushed away from the extended families due to poverty and fear of HIV infections, more and more children headed homes emerge. Given that majority of the orphans are young and very poor, and considering that social services provided by the government are inadequate, many of the orphans become victims of child labour exploitation, sexual abuse and discrimination as they struggle to survive.

The recommendations emphasizes on educating single mothers about safe sex and family planning, while provision of the necessary birth control methods and antiretroviral drugs to those already infected with HIV is necessary in order to minimize the number of maternal orphans and prolong the lives of single mothers.

It was also recommended to strengthen the capacities of the extended families and community members so that they may participate fully in taking care of orphan children such as fostering of children by community members, rather than the extended families only. It is important at this juncture to note that some of the older children who have already assumed responsibility of heading households may not accept to go back to their relatives or to other foster families. In this case, the capacities for these orphans should be developed through education, economic and psychological support so that they may be able to handle those responsibilities with minimum difficulties. The government has important a role to play by ensuring that the basic social services including health care, free education and proper shelters are provided to reach orphans and vulnerable children.

CHAPERT ONE

INTRODUCTION

1.1: Background

Over two decades now, HIV/AIDS remains a major problem facing the world, with majority of infections and deaths from Sub-Saharan Africa. As the epidemic continues to claim the lives of parents, relatives and friends, the number of orphans escalates. By end of 2003, AIDS orphans in Sub-Saharan Africa were estimated at 12.3 million (28%) of all orphans compared to 550 thousand AIDS orphans in 1999. It is, however, projected that AIDS orphans will rise to 25 million worldwide by year 2010 and there is high possibility that about 18.4 million will be in Sub-Saharan Africa, representing 36.8% of the total number of orphans due to all causes.[1]

In Kenya, HIV prevalence among adults of reproductive age (15-49) was 6.4% in 2004. Infection rate was higher in the urban areas, estimated at 9.7% compared to 5.2% in the rural. The provinces mostly affected were Nyanza with 16.0% female and 10.2% male; Nairobi 10.9% female, 7.1% male; Central 8.9% female, 2.3 % male, while both Coast and Rift Valley provinces had prevalence rate of 6.6% female and 4.1% male. Young women are particularly vulnerable to HIV infection compared to young men in Kenya. For example 3% of women aged 15-19 were HIV positive in 2004 compared with less than 0.5% men of same age. While the prevalence among women aged 20 -24 years was over 4 times more than that of men in the same age group (9% to 2%).

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[1]UNICEF, UNAIDS, USAID: Children on the Brink 2004: A Joint Report on New Orphans Estimates and A Framework for Action; New York

The peak prevalence among women was at age 25-29 which was 13%.[2] The significant regional variation in the rate of HIV infections was based mainly on sexual behaviour and poverty levels. From the above data, obviously, women are more prone to HIV infections than men in all provinces. This suggests that the higher the rate of HIV infections among women of reproductive age, the higher the number of maternal orphans.

According to Kenya National AIDS Control Council (NACC), mother-to-child HIV transmission is a problem which can be controlled, but for those who are already infected, majority will either die before reaching their 5th birthday or if they survive longer, they will become orphans even before they are 15 years old. The same report also indicated that the number of adult deaths has been increasing rapidly since 1990 as a result of the rise in new infections which caused approximately 300 adult deaths per day country-wide, giving a total of about 105,000 deaths in 2004. The total number of orphans was estimated at 2.3 million by 2005[3]

The consequences of the HIV/AIDS epidemic is felt more by orphan children than any other person within families. Majority experience very serious social and economic problems which are mainly associated with food shortage, lack of school fees, deteriorating medical care and shelters. In addition to these problems is the psychological impact, which affects the orphans differently, depending on the level and quality of counseling and the amount of material support offered by relatives, the community and various institutions.

[2] AIDS in Kenya; Trends, Interventions and Impacts, 7th edition, 2005
[3] Kenya HIV/AIDS Data Booklet: NACC, December 2005.

Studies have indicated that long illnesses related to HIV/AIDS and eventual deaths of parents leave children traumatized. The younger ones in particular feel neglected by parents due to lack of nurturing, guidance and attachment, which in the long run affect their socialization process. For the double orphans the impact is even higher and more noticeable much earlier than other orphans as majority lose self confidence, social competence and motivation.[4]

A survey carried out in Uganda in 1997 revealed that many orphans showed signs of stress, fear, trauma, neglect and discrimination among AIDS orphans.[5] Other studies have also indicated that HIV/AIDS been a disease that takes long time with a lot of suffering, it produces many negative effects. Many children undergo through serious psychologically problems and some become completely withdrawn, passive and sometimes they develop continuous sadness and worries about their future. In some cases, such feelings have led to anger, violence, hostility and also serious mental health problems [6]

It has also been observed that some AIDS orphans sometimes find it difficult to express their concerns effectively due to stigma. But even those who try, sometimes, their voices

[4] Foster G.. and Williamson. 2000: A Review of Literature on The Impact of HIV/AIDS on Children in Sub-Saharan Africa; AIDS 2000, 14 (supplement 3: S275-284)

[5] Subbarao K. and D. Coury 2004: Reaching out to Africa's Orphans; A Framework for Public Action The World Bank, Washington, DC

[6] Mollica,, R.. 2003: Young Survivors, The Mental Health of Orphans and Un-accompanied Children World Bank Report - April 2003; Washington DC

may not be heard, due to discrimination and neglect. Such problems may lead to frustrations that eventually distort the orphan's lives completely.[7]

Basically, orphan-hood increases vulnerability and exploitation. Those from poor families are more vulnerable and at higher risk of exploitation because their meager family resources get depleted in the course of caring for their sick parents. Those who takes responsibilities of heading households are more likely to drop out of school much earlier in order to fend for their siblings and ailing parents. The consequence of taking such responsibilities is that majority fall into high risk of child labour exploitation. Girls in particular are sexually abused by their caregivers and often coerced into sex by those who have control of their lives. Many young girls have gone into prostitution, while others particularly boys joins criminal gangs.

The aim of this study, therefore, is to assess the risks of exploitation, discrimination and abuse facing orphan children who takes the responsibility of heading households, in Juja Community, Ruiru Division, Thika District. in Kenya.

1.2 : Problem Statement

Although there has been an increasing numbers of Orphans Headed Households (OHH) in Ruiru division in Thika district, little has been done to analyse and respond to the magnitude of vulnerability, exploitation and discrimination facing the orphan headed homes. In 2001, Thika district had the highest HIV prevalence in the country with 11%

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[7]UNAIDS 2001: Investing in our Future, Psychological Support for Children Affected by HIV/AIDS. Case Studies in Zimbabwe and Tanzania; New York

of its population infected, majority were women aged between 18-39 years old.[8] This has led to high mortality rate of parents who left behind many orphans particularly maternal orphans. Majority of the orphans are living alone and fending for themselves.

The main problem facing children headed families is extreme poverty, mainly associated with food insecurity, deteriorating shelters, reduced access to health care and lack of education. These children are psychologically affected and stigmatized with worries of whom to associate with. The situation is even worse in poor families particularly those from single mothers. Those who are lucky to have little resources left behind by their parents may face extreme interference from selfish and greedy relatives who completely fails to sympathize with the orphan's desperate situation. The main concern about child headed households is that they assume these responsibilities when they are too young. A research carried out by UNDP in Siaya district, Nyanza province showed that 24% of households were headed by children who were not more than 10 years old, while 44% were headed by adolescents who were between the age of 11-15 years old.(Ayieko, UNDP Paper No. 7)[9]

Therefore, unless the problem of vulnerability and exploitation of children headed homes in Juja is properly analysed and positively addressed, these problems are likely to lead to

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[8] Central Bureau of Statistics: Kenya demographic and health survey 2003; population projections CBS and NASCOP; Nairobi, Kenya

[9] Ayieko Paper No.7, UNDP: From single parent to child headed households; The case study of children Orphaned by AIDS in Kisumu, Siaya district, Kenya

http://www.undp.org/hiv/publication/study/spe/htm

a situation whereby the future generation in this community will be illiterate, irresponsible and poor nationals who are unable to take charge of their lives, families or even contribute effectively to the economic development of this nation.

1.3: Objectives of the study

1.3.1: Broad Objective

To assess the level of vulnerability, exploitation and discrimination of orphans who takes responsibility of heading households in Juja location, Ruiru division in Thika district.

1.3.2: Specific Objectives

1. To identify factors leading to formation of children headed households in Juja
2. To assess the challenges and risks facing the orphan children heading households.
3. To investigate their coping strategies; psychologically, economically and socially.
4. To examine the roles played by the extended families, community, government, and civil societies in supporting the orphans.

1.4: Research Questions

1. Why a majority of AIDS orphans in Juja community are been taken care of by older brothers and sisters?
2. What are the main challenges facing children who are taking responsibility of heading households?
3. What are the psychological effects of losing a parent, where do the orphans turns to for emotional support?

4. What strategies can be used to ensure that these children get the much needed support socially, economically and psychologically?

1.5. Justification of the study

While the impact of the loss of parents differs across families, communities and societies, it is very obvious that children's lives get distorted. Very often, orphans fall apart after death of parents with risk of separation of siblings, particularly when relatives try to share the burden of care. HIV/AIDS has obviously changed the traditional care system for orphans due to overstretched resources within the care families as the number of the orphans continue to grow. This has led to the emergence of children headed households as a new coping mechanism of care and support for the orphans.

The main concern is that children heading households are faced with a lot of challenges as they struggle to meet their basic needs. They undergo through many risks of child labour exploitation, sexual abuse, while others drop out of school early due to economic hardship. The psychological problems affect them even more as they lack parental love and nurturing.

According to UNICEF/UNAIDS, the Social and Economic situation of children headed households in many communities which have been affected by HIV/AIDS is very bleak Various studies have also shown significant disparities in social and income earnings. For example, in Zimbabwe, the households headed by children earned an average income of 31% less than those headed by adults simply because orphan children would accept any pay for any job to enable them eat at least a meal per day. In the same report, school

attendance rate among children living with one of their surviving parent and other care givers in Tanzania was 52%, those living alone or in their grand parents homes were 71%. In Addis Ababa Ethiopia, 75% of children in domestic work are orphans and in Zambia, 65% of children living in the streets are orphans and majority of the girls are prostitutes.[10] Studies on child labour in Kenya has shown that about 30% of coffee pickers in Kiambu and Nyeri districts in 2001 were children under 15 years old, and most of them are employed as casual workers which does not guarantee them constant job and a fair pay.[11]

Orphans from single mothers are exploited even more because most of them have no relatives living nearby where they could turn to for either material or psychological support. Also poverty in many extended families limit the relatives from absorbing the orphans. Some studies have also indicated that children who are being taken care of by relatives face discrimination and segregation, The immediate problems facing orphan headed families are extreme poverty, food insecurity, poor health care, deteriorating shelters and lack of parental love, attention and affection. This means, many orphans are denied their rights from very young age.

The Convention of the Rights of Children (CRC) is explicit on protection of children from exploitation. This statement was emphasized by the United Nations Secretary General Kofi Annan in 2002 who stated that "The Vision of 21st century is to ensure that

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[10] UNAIDS, UNICEF: The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, July 2004

[11] UNICEF ESARO June, 2001: Child Workers in the Shadow of AIDS; Nairobi, Kenya

children and adolescents' live in stable and nurturing homes and under care of families whereby, with adult guidance and protection they have opportunity to develop to the fullness of their strengths and talents and where their human rights are respected"[12]

While this statement represents the highest level international concern for orphan children, the real situation on the ground in many communities is very different. The goal of this study therefore is to come up with possible recommendations that may contribute towards bringing changes in the lives of all orphan children.

1.6: Scope of the study and limitations

The study focuses on the orphan children who are below 18 years old and have taken responsibilities of heading households. These children live alone in households, fend for themselves, they take care of siblings and possibly their own children and surviving parents. Children who have been orphaned by causes other than AIDS and are taking same responsibilities will also be included in the study because according to UNICEF, these children face same problems and are, therefore, categorized as 'Orphans and Vulnerable Children'

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[12] UN Secretary General Kofi Annan, 2002: The State of the World Children 2002; New York

1.7: Limitation of the study

1. Because the study required children to reveal some of personal information, it was difficult and time consuming to extract information from some of the orphans.

2. Because majority of the children were more comfortable to express themselves in their own language it was time consuming to extract information from some of the participants. However, the key informants were used as interpreter and other methods including direct observation and group discussion were used to ensure that the right information was maintained.

3. Data collection took longer time than expected because children who go to school were only available from 4 in the evenings on school days and weekends. For the children who are out of school, sometimes it was difficult to find them at home because majority go to work

4. Child headed homes are scattered all over Juja, to reach them, transport was required. Also the nature of the study required careful approach to the orphans. In some situations the children were in very appalling condition which necessitated at least food support after interviews. So, lack of funding limited the researcher from taking a bigger sample, therefore, only 50 children and 10 key informants were interviewed.

CHAPTER TWO

LITERATURE REVIEW

2.1: The Crisis of Orphans Due to AIDS

It has been observed from many studies that in sub-Saharan Africa, orphan-hood have always been high due to factors such as poor health care services particularly maternal health care, nutrition and high poverty level. AIDS epidemic has on the other hand created large numbers of orphans whose lives are marked with misery and struggle without parental nurturing and inadequate social support services.[13]

Premature deaths of parents and other caregivers has obviously increased food insecurity at family level, reduced household savings and above all has led to formation of child-headed households.. At the national level, the problem raises many concerns particularly the increased mortality rate and fall in life expectancy. While, the problem of generation gap is now very noticeable in countries which are badly affected by HIV/AIDS. In mostly affected countries, the younger generation consisting of productive and reproductive age is deteriorating, leaving larger numbers of the elderly population who are no longer productive. The long term effects increases public expenditure on welfare facilities, health and education. Because of low level of employment and generally lack of adequate income, many orphans will eventually increase crime and social disruption.

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[13] UNAIDS 2004: Report on global HIV/AIDS epidemic: Joint United Nations Program on HIV/AIDS, Geneva

These problems are clearly illustrated on the diagram below:

Impacts of Parental Loss on Orphans, in Sub-Saharan Africa

Immediate:
- Dropping out of school
- Increase in Child labour

Long term:
- Loss of assets/land grabbing
- Decline in health/nutrition status
- Discrimination/exploitation

On Community

Immediate:
- Direct loss of productive labor
- Increase in working day

Longer term:
- Increase in care-giving activity
- Stress on Informal coping capacity

On households and the economy

Immediate:
- Reduced savings and investment
- Potential decline in GDP

Long term:
- Increased public expenditure on welfare, health and education
- Increase in crime. social disruption

ORPHANHOOD

Source: Deininger, Garcia and Subbarao (2003)

According to Grassley and Timaeus, AIDS is responsible for the increase of double orphans because there is high probability that both parents are infected by HIV once one is diagnosed and that both will eventually die. The epidemic has placed a lot of strains on families and communities by weakening their coping mechanisms. This has led to formation of households headed by children as a coping mechanism in response to the impact of AIDS on communities.[14]

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[14] Grassley and I. Timaeus, 2003: Orphans and Vulnerable Children due to HIV/AIDS in Sub-Saharan Africa. New York,

The appearance of child headed homes (households) is a recent phenomena with cases noted in the late 1980s in the Rakai district of Uganda.[15] In this district, 2% of orphans were living in households with adolescents who ware 18 years old, and 97% of households had adolescents who were below 17 years.[16] Same observations were reported from Kagera region in Tanzania, and later on in the mid-1980s in Lusaka Zambia and Zimbabwe. It is however, projected that orphan headed homes will rise to 40% by 2011 in mostly affected countries.[17] In Kenya for example, there were about 2.3 million orphans by December 2004, among them, 1.4 million were AIDS orphans and majority will likely be heading households.[18] Rakai and Kagera are very important in this study because the first HIV/AIDS victims were diagnosed in these regions.

2.2: Factors leading to formation of child headed households

Ideally, according to African culture, a sick family member is taken care of by relatives. Like wise, orphan children never stayed alone in households, somehow a relative or a friend will come to their aid. This tradition has changed considerably since the advent of HIV/AIDS epidemic. Now-days, many orphans fails to get supportive environment where they could enjoy the love of parents, get basic needs and opportunity to live and enjoy their childhood. Some of those who get safety nets in their extended families have come

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[15] Alden. J.S.; G.M. Salole and J. Williamson 1991. Managing Uganda's crisis.-Kampala: Technologies
For Primary Health Care Project.

[16] UNICEF 2004: Action for Children Affected by AIDS Programme; profiles and lessons learned;
New York

[17] Foster G., C. Mafula,R. Drew, E. Kralovec. 1997a.: Factors Leading to the Establishment of
Child-hded Households; The Case of Zimbabwe. Health , Transition Review

(supplement 2) 7: 155-168.

[18] NACC, Kenya 2005: HIV/AIDS Data Booklet, Ministry of Health, Nairobi, Kenya

to realize that those nets are not safe and comfortable as they used to be long before HIV/AIDS epidemic. This has been due to many factors mainly associated with poverty, stigma and discrimination. Each of these factors are analysed below.

2.2.1: Poverty

Poverty has been the main factor leading to the appearance of child-headed households.

As AIDS continues to generate many orphans, the traditional safety nets are overwhelmed and the death of young adults weakens the capacity of these extended families to take care of more orphans. For example, by 2005, more than 56% of Kenyans were living under poverty line with less than a dollar per day for their daily needs.[19] Also studies carried out in Zimbabwe, indicated that many extended families are reluctant to absorb AIDS orphans because majority of the population are poor and their resources are already constrained.

Basically, the intricate relationship between poverty and HIV continues to complicate living conditions in many communities. As poverty fuels the spread of HIV, the pandemic itself exacerbates those levels in households, as a result the extended families fails to honor their roles of care for orphans. It is very apparent that some relatives use some of the resources left behind for orphans for their own benefit. Such problems forces older orphans to take the responsibility of care for their siblings while protecting their property.

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[19] Ministry of Health: AIDS in Kenya, Trends, Interventions and Impacts, 7th Edition, 2005

It is, therefore, very obvious that poverty is the main factor fueling to the formation of child headed households because the extended families are also poor and cannot offer much help to the orphans. Also inadequate social services provided by the government have contributed immensely to this effect.

2.2.2: Discrimination and Stigma

Stigmatization surrounding HIV/AIDS also explains the phenomenon of the emergence of CHH. Because, HIV/AIDS is a disease associated mainly with immorality, some extended families are reluctant to take children whose parents have died of AIDS due to fear of infecting their families. Many relatives assume that the orphans could have been infected in the course of taking care of their parents or during birth. Other relatives feel that orphan children, particularly the adolescents may have learnt immoral behavior from parents and, therefore, would influence children in the care family. Obviously, when caregivers develop such feelings, they avoid the children. Sometimes family members may be pressured by their elders to take the orphans, but in most cases these orphans are isolated and mistreated.[20]

2.2.3: Migration and Urbanization

In urban areas, people live close to neighbours who are not related at all. Children get used to and associate more with neighbours and their children than the extended families

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[20] Ntozi, J.P.M, et, al. 1999: Orphan Care, The role of the Extended Family in the Northern Uganda. In the Continuing African HIV/AIDS Epidemic; Eds .J. Caldwell, I.O. Orubuloye and J.P. Ntozi, Health Transition Centre, National Centre for Epidemiology and Population Health, Australian National University.

who live far from them. In the event that the children become orphans, they feel threatened to move from the environment they are used to. Also, because of poverty and harsh life in the rural areas, many orphans move to urban areas hoping to lead a better life than in the rural, but in most cases majority end up leading more difficult life. As they get oriented to the urban life, they feel more comfortable when they form social networks and learn to support each other even though life may be harsh [21]

Studies carried out in Uganda, and Kenya in1997 showed that there is close link between poverty, migration/urbanization and orphan headed households. According to the study, many orphans have refused to be placed in extended families because of poverty and fear of separation of siblings.[22] While in Zimbabwe, some adolescents particularly girls have showed confidence that they can take care of siblings because they learn child care, household activities and some of the coping skills when parents falls sick. While other orphans considers changing schools, friends and neighbours as a problem. It is also believed by some relatives that sudden death of parents leave children without knowledge of caring for themselves, but with AIDS, children get longer time to learn as they take up their parents' responsibilities when they are bedridden. It has also been reported that some children's preference and parent's wish for children to stay in their households has contributed to the formation of these households.

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[21] G. Foster et al. Health Transition Review; Supplement 2 to Volume 7, 1997, 155-168

[22] Urassa, M., et al., 1997: Orphanhood, Child Fostering and the AIDS Epidemic in Rural Tanzania. Health Transition Review (supplement 2: 41-153.

2.2.4: Fear of exploitation and abuse

Although in African cultures, children are used by their parents and relatives to do household jobs and economic activities, culturally this type of work is not regarded as child labour but rather a form of teaching to enable the children lean to depend on their own when they are grownups. Some studies have, however, revealed that orphans in many foster families carry out extra workload than non orphans living in the same households. For example, studies done in Burundi in 2001 revealed that 36% of male orphans and 40.5% females worked for about four hours more as compared to non orphans.[23]   Other studies have also indicated that orphan children may be exposed to mistreatment by their foster families. This has been observed in some communities in Uganda whereby, girl orphans do a lot of household chores because of cultural practices which also denies them opportunity to go to school. [24]   In some cases these orphans are physically and sexually abused. Given this situations, some of the orphans decide to stay on their own to protect their property and siblings. It has also been reported that some of the children promises their parents before death that they will take household responsibilities and keep siblings together. Because of such promises, majority of orphans particularly those who inherit property prefer staying together with their siblings in their parents homes even if they must prematurely assume adult responsibilities, rather than separation from each other and change households, schools and neighbors.

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[23] ISTEEB 2001: In Subbarao and D. Coury (ed): Reaching Out to Africa's Orphans; A Framework for Public Action (Pg.16) The World Bank

[24]: Community Care of Orphans:
http://www.viva.org/tellme/events/cuttingedge/2001/bestpractice_orphans.html.

2.2.5: Non recognition of children born outside marriage

Children born outside marriage by single mothers or if dowry was not paid before death of parents are denied inheritance. Majority of these orphans are forced out of their parents homes soon after death of their mothers because they are considered illegitimate children. Studies carried out in Kenya, Uganda and in South Africa have indicated that lack of parental protection and supervision may lead to violation of children's rights including property grabbing. For example, a study by the Ministry of Health of Kenya showed that many orphans, especially boys living with their mothers were denied property rights after death of their fathers.[25] In Uganda, it was also found out that widows were not allowed to continue living in their matrimonial homes and any available property was taken away from the orphans by their relatives.[26] While in South Africa and Namibia, there is some evidence that majority of street children are from single mothers who could have moved to the cities after been thrown out from their family homes. Many are exposed into prostitution, drug abuse, HIV infection and crime.[27]

Although in many African cultures, children who are born outside marriage are not recognized as legitimate, the fact remains that all children are innocent and they deserve fair treatment and recognition. According to Hunter and Williamson, children living in severely AIDS affected areas are mistreated or not well taken care of because majority

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[25] Chipfakacha 2002: In K.Subbarao & D.Coury, (eds): Reaching Out to Africa's Orphans: A
A framework for Public Action; (pg.19), The World Bank

[26] Wakhweya A.M. 2003: Health, strategies to Mitigate the Impacts of HIV/AIDS on OVC : World Bank,

[27] Webb. D. 1995: Who will Take Care of the AIDS Orphans? *AIDS Analysis Africa S(2): 12-13*

are from very poor and vulnerable families whose means of survival is a problem. Given

this situations, many orphans living in foster families are given second priority when it

comes to children's needs [28]

Basically, although some orphans may wish to stay alone and take responsibility of

heading households, the main concern is that some of them assume these responsibilities

when they are too young. These children do not have the necessary knowledge and skills

to manage families and above all they start these responsibilities on an empty plate.

2. 3: Risks, Vulnerability and Exploitation of Orphans Heading Households

Young people who have lost one or both parents are the most vulnerable, particularly in

poor communities. In these communities, only few social support systems exist outside

families' and the very basic social services are in adequate. Children orphaned by AIDS

in particular are at high risks of exploitation, discrimination and exclusion which makes

their lives more vulnerable. They are exposed to extreme poverty and many drop out of

school early to go into child labour. Each of these problems are analysed below:

2.3.1: Fewer School Opportunities

According to World Bank, the death of parents or caregivers at prime age will reduce a

child's opportunity to continue with school or interrupt their education due to many

problems associated with their parent's death. This risk is even higher for children

heading households because of the care giving responsibilities. Majority miss out

opportunities for further studies at secondary and university levels or school attendance

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[28] Hunter and Williamson 1998b: Orphans Risks and vulnerabilities in Sub-Saharan Africa: in Subbarao
& D. Coury (Eds), 2004 in Reaching Out to Africa's Orphans, A
Framework for Public Action (Pg.11 , The World Bank.

may be interrupted due to lack of school fees and other school requirements. For those who manage to continue with school, majority may perform poorly due to hard life both at home and school.[29]

Although some children may be lucky to get financial support for their education, it is still hard for them to meet the basic needs. Those needs which are important for their survival such as food, shelter and medical care push them to do extra work after school hours. In Nairobi for example, majority of children who sell various items on the streets are either school drop-outs or might still be in school but working extra hours. Those orphans who fail to cope, may decide to leave school completely. Obviously, when orphan children make such a decisions, it means they close doors for good careers and marks the beginning of hard life full of misery.

HIV/AIDS has also contributed to poor enrolment and declining level of education. In Kenya for example, HIV/AIDS has impacted negatively on the education of many orphan children. Statistics reveals that school enrolment rate for the age 6-13 year olds was only 68.2% in 1999 compared to 77.5% in 1996. The level of school drop out is higher among girls particularly in arid and semi-arid regions. [30] Similar studies on school enrolment and retention in Tanzania in 1997 showed a declining trend among children heading households aged between 13 – 17 years old. According to this study, many orphans fail to

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[29] World Bank (1997a): Schooling in Tony Barnett and Alan Whiteside 2002; pg 202. AIDS in the Twenty
First Century, Disease and Globalization: Palgrave Macmillan, New York
[30] GOK/UNICEF 2004: The Voice of Young Kenyans; Gender, Sexuality & HIV/AIDS in Education

raise school fees for secondary education, while others are unable to cope with school work and outside job, so they abandon school completely. [31]

UNICEF/UNAIDS report, 2004 on the effects of HIV/AIDS on education, emphasized that all children should get opportunity to continue with school and children from poor families should take advantage of free primary education because it provides not only academic learning but it is also important for children's psychosocial development. It was also noted in this report that early learning provides safe and structured environment for emotional support under the supervision of adults. Basically, schools give children the opportunity to learn how to interact with others, an activity that also helps them develop their social networks. Through education, children reduce risks of HIV infection by increasing knowledge, awareness, skills and opportunities [32]

As many orphans miss the opportunity to enjoy school life and to exercise their maximum ability to achieve the highest level of education, they become victims of a number of short and long term problems. According to World Bank, many orphans miss good income over their life time due to problems associated with poverty. They also lose out a range of other long-term benefits linked to education such as higher education attainment of their children and low level of nutrition and health care of their families. This is a problem that requires special attention due to the loss of investment in basic human capital they represent in the society. The childhood impact of reduced educational

[31] Urassa M.J. at al., 1997: Orphan-hood, Child Fostering and the AIDS Epidemic in Rural Tanzania Health Transition Review (supplement 2: 7: 41-153

[32] UNICEF/UNAIDS 2004: The Framework for The Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS New York , July 2004

level is likely to have direct and lifelong costs in terms of productivity and quality of life, both for the orphans themselves, their children, the communities they live in and their nations as a whole.[33]

2.3.2: Child Labour exploitation

The rising numbers of orphan-hood is strongly linked to an increasing level of child labour in many poor communities. The rapid assessment which was done by ILO to investigate the situation of working children in Southern Africa in 2003 showed that orphan children are much more likely than non-orphans to be working in commercial agriculture, domestic service, commercial sex and street vendors. Majority of these children are AIDS orphans. This assessment concluded that there is a strong link between poverty, HIV/AIDS, orphan-hood, vulnerability and other forms of children exploitation.[34]

In many communities, child labour constitutes the highest form of exploitation. Whether they work in the farms, as domestic servants, porters, street vendors, or commercial sex workers, their earning is not sustainable and environment hazards weaken their health. In addition, some of employers have complete bargaining powers since these poor children have to survive by any means available for them.[35]

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[33] World Bank 1997: Confronting AIDS: Public Priorities in a Global Epidemic; New York: Oxford
University Press.
[34] Semkiwa, ILO 2003: Orphans and Vulnerable Children Due to HIV/AIDS in Sub-Saharan Africa;
http://www.ilo.org/public/english/camp/child

[35] UNICEF: The State of the World Children, 2000; The Library of Congress , New York

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Although child labour is the main source of income for many orphans, both living with caregivers and those taking care of themselves, their earnings are not sustainable. In Kenya, the rapid assessment done by The Ministry of Labour (MOL) in collaboration with UNICEF and ILO in 2003 revealed that extreme poverty in many Kenyan communities forces children into the labour market. The study revealed that out of the total population of 30 million (2001), at least 3.5 million children aged between 6 to15 years old were working. That is approximately 10% of the entire Kenyan population or in other words, about 27% of all children in Kenya were in child labour. Majority were employed in coffee and tea plantations and others in domestic jobs. UNICEF/MOL 2001) [36]

According to the Ministry of Labour, although child labor in Kenya is exacerbated by HIV/AIDS, other obstacles including lack of collaboration between stake holders at national, regional and community levels contribute to this problem. Poor enforcement of existing labor laws and breakdown of families are the main problems which lead to increasing numbers of children into Kenyan child labour market, which is characterized by high level of risks and exploitation.

UNICEF and ILO expressed concerns about child labour exploitation because these children fail to meet even the very basic needs. There are many incidences whereby young girls from the age of 12 years old have been made pregnant by employers at work beaten or employers refuse to pay their wages when they make mistakes. ILO and

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[36] UNICEF 2001: Child Workers in the Shadow of AIDS, UNICEF ESARO Nairobi

UNICEF emphasize the need for immediate and appropriate interventions in order to minimize exploitation[37].

2.3.3: Risk of losing Inheritance

According to traditions and customs in many African societies, property of deceased person is inherited by close male relatives mainly brothers and uncles. In return it is assumed that they will use these resources to educate and provide the necessary care to the orphan children. This has not been the case with some relatives. Some children particularly boys fear that if they move to foster homes, their foster parents will take their property, particularly land and houses.[38] This means, disinheritance represents a major economic loss to orphans and their families since it does not only reduce assets and potential income in the short term, but also has implications for the orphan's long term economic security.

2.3.5: Reduced nutrition and health

Basically, the impact of HIV/AIDS on the health of orphans is determined by the level of malnutrition, stunted growth and infant mortality. The health situation of the majority of the orphans is even worse in households headed by children and those being taken care of by vulnerable families such as single mothers and grand parents.

According to UNICEF and FAO, low nutritional food intake is fairly common among children in African societies, but there is evidence that orphan children face greater risk

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[37] UNICEF 2001: Child Workers in the Shadow of AIDS, UNICEF ESARO. Nairobi
[38] Andvig, J.C. 2001: Family Controlled Children Labour in Sub-Saharan Africa, Social Protection Paper No.122. World Bank Washington, DC.

of malnutrition and other health problems than non-orphans.[39] According to UNICEF, the risks of malnutrition at young age are frequent illnesses, reduced physical and cognitive development which are not reversible later in life.

Other impacts of HIV/AIDS on the health of orphans was indicated by the longitudinal studies carried out between 1991 to1994 in Kagera district in Tanzania which showed that 50% of the orphan children's height were lower for their age as compared to 29% for non-orphans [40] Also in Rakai Uganda, studies have revealed severe stunted growth among orphan children due to poverty[41]. While in Burundi, 24% of female orphans suffered from severe malnutrition and wasting compared with 14% of male orphans.[42] Based on these studies, it was concluded that the death of the father, mother, and adult members in the household caused stunted growth among orphans due to loss of proper food consumption.

2.3.6: Psychological Effects

AIDS orphans are psychologically affected even before death of parents and this may becomes a long term trauma among majority of poor orphans. Some studies have indicated that children from poor and unstable families are psychologically affected much earlier partly due to lack of positive role model. Such problems are characterized by fear

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[39] UNAIDS, ECA,2000: AIDS in Africa, Country by Country. Fact sheets prepared for Africa Development Forum 2000. United Nations Economic Commission for Africa, 2000

[40]Ainsworth , M.and I. Semeli 2000: The impact of Adult deaths on children's health in Northwestern Tanzania: Development research Group, Poverty and Human Resources; World Bank, Washington, DC

[41] Ntozi et.al 1999: The Role of Extended Family in Northern Uganda, in the Continuing African HIV/A HIV/AIDS Epidemic Health Transition Centre, National Centre for Epidemiology a And Population Health, Australian National University

[42] K. Subbarao and D. Coury, 2004: Reaching Out to Africa's Orphans, A Framework for Public Action; World Bank, Washington DC.

of parental deaths and worries for future life. Psychological fears are mainly reinforced by culture of silence and denial of reality about HIV/AIDS in many societies.

Experiences from orphan children and families affected by HIV/AIDS have shown feelings of segregation and discrimination. A report by Save the Children in their studies in Southern Africa on "Children Social Interaction" showed that, orphan children, both living in extended families and on their own were discriminated within the community in many ways, including being given derogatory names by fellow students in school. [43]

Because HIV/AIDS is mainly associated with immorality, dirty, and a shameful disease, it causes much stigma among affected children. A Kenyan study found that whereas more poor families tend to foster AIDS orphans, wealthier families who are better off and expected to foster more orphans lag behind. One of the reasons why wealthier families maintains distance from AIDS orphans is fear of contracting HIV infections from the children or may be afraid that bringing such children into their home may lead to stigmatization.

Based on these studies, it has been concluded that, living far from orphans, lack of knowledge about the health of the orphans and stigma have led to segregation of orphans in many families. [44] In other countries like Burkina Faso, some AIDS sufferers

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[43] Save the Children : A Last Resort; The growing concern about children in residential care: International Save the Children Alliance. July 2003.

[44] Saoke P, .R Mutemi and C Blair 1996: Another Song Begins: Children Orphaned by AIDS Pg.45-64: In AIDS in Kenya, Socio-economic Impacts and Policy Impacts and Policy Implementations .ed. S. Forsythe and B.Rau

abandon their family names. Sometimes stigma drives some families to hide their sick relatives somewhere and leave them to die.[45]

Psychological impact is not often visible, but may arise slowly and in different forms. Various studies have indicated that orphan children develop abnormal behavior, including signs of constant sadness, anger, fear and withdrawal. Some of the orphans also experience additional trauma from lack of nurturance, guidance. [46] Based on such problems, UNICEF and UNAIDS have pointed out that the term "AIDS ORPHANS" which identifies orphans by the cause of deaths of their parents should be used carefully to minimize stigma and isolation among those affected and infected.

2.4: Hypothesis

Children who have lost one or both parents to AIDS are more vulnerable to exploitation and discrimination than other orphans because of poverty and the burden of responsibilities they take as heads of families. The following four assumptions will therefore guide this study:

1. Educated children are more enlightened about hygiene, general health care and proper nutrition of their families than uneducated ones.

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[45] Tavern 1997: Orphans and Vulnerable Children due to HIV/AIDS in Sub-Saharan Africa.

[46] Sengendo J. and J.Nambi, 1997: The psychological Effects of Orphan-hood: A study of orphans in Rakai district, Uganda; Health Transition Review (supplement 105-124)

2. Young children aged below 5 years who are in child headed families are likely to be more malnourished and stunted than those children living with parents and relatives.

3. Girl children who are well informed about the effects of HIV/AIDS stand a better chance of escaping HIV/AIDS and unwanted pregnancies.

4. Children who have gone to school are more enlightened about their rights and are more confident in expressing their demands than children who have not been to school.

Basically, many child headed households are from poor families. Therefore, the possibility that these orphan children will ever be in a competitive edge with children who are been taken care of by their parents and responsible relatives is a remote chance. Orphan children will always remain second to non orphans, unless adequate and effective interventions are put in place to address their problems.

2.5: Definition of Key Terms and Concepts
2.5.1: Orphan(s)

Maternal Orphans: are children under age 18 whose mothers and perhaps fathers have died. (it includes double orphans)

Paternal orphans: are children under age 18 whose fathers and perhaps mothers have died (includes double orphans)

Double orphans: :are children under age 18 whose mothers and fathers have both died.

AIDS Orphans: UNAIDS, WHO and UNICEF defines AIDS orphans as "children who lose their mothers to AIDS before reaching the age of 15 years, and some of these children have also lost, or will later lose their fathers to AIDS", hence they are double orphans.

2.5.2: Children Headed Households

These are orphan children aged below 18 who take responsibility as heads of households. These children fend for themselves, take care of siblings and they live alone in households. According to UNICEF, children who take care of their ailing parents/grand parents are also categorized as orphans because their problems are typically the same as those children with no parents. Although, in some cases orphans may receive little support from relatives and neighbours, they are still regarded as children headed households due to the fact that they plan on their own what to do, what to eat and takes adult responsibilities within households.

2.5.3: Orphans and Vulnerable Children (OVC)

These are children who are mostly at risk of facing increased negative outcomes compared with average children in their society. The main negative outcomes include; severe malnutrition, above average rates of morbidity and mortality, lower-than-average rates of school attendance and completion at the primary level, drop out from higher learning institutions and higher possibility of heavier work burden, both paid and unpaid child labour. [47]

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[47] Holzmann , R. and S.L. Jorgensen. 2000:   Social Risk Management. A New Conceptual Framework for Social Protection and Beyond. Social Protection Discussion Paper 0006, World Bank, Washington, DC. http://www.worldbank.org/SP.

2.6: Theoretical Framework

2.6.1: Capacities and Vulnerability Analysis Framework

Capacities and Vulnerability Analysis (CVA) is based on the central idea that people's existing strengths or capacities and weaknesses or vulnerabilities determines the impact that a crisis has on them as well as the way they respond to the crisis. The crisis becomes a disaster when it goes beyond individual's and society's capacity to cope.

HIV/AIDS is a social and a health crisis and it has been declared a disaster in Kenya. It is a disaster because it has and continues to claim the lives of people at their prime age. Obviously, if there was no AIDS, those who died could have made a change in the development of their families, communities and the nations. Instead, this disaster has impoverished families, communities, and above all has and continues to produce large number of orphans.

AIDS has also changed roles and responsibilities in many societies. Orphan children who are supposed to be taken care of, school fees paid for them, be guided and given all opportunities to enjoy their childhood are now heads of households, struggling to survive on their own. This means, the life of an orphan who has taken responsibility of heading household is a serious and an emergency issue which cannot be left long without intervention because it will go out of control.

According to Anderson M. and Woodrow, development is a process by which vulnerabilities are reduced and capacities are enhanced. Capacities, therefore, are the existing strengths of individuals and social groups which are related to people's physical,

economic, social resources, their beliefs and attitudes. This concept emphasizes the importance of reinforcing peoples' capacities which can be built overtime so that the orphans can solve their problems and eventually recover from it. Vulnerabilities, therefore, can be the long-term factors which weaken people's ability to cope with the disasters, whereby immediate interventions are inevitable for survival.

Based on this framework, orphans who have taken the adult responsibilities are vulnerable because they have both short and long term pressing needs. Their vulnerabilities could be alleviated if appropriate short and long term interventions are implemented for sustainable development.

The following three categories of "Capacities and Vulnerabilities" can therefore, be applied with reference to the crisis of child headed households using Capacities and Vulnerabilities Analysis Matrix.

- *The physical/material capacities and vulnerabilities:* This will involve analyzing the environment and living conditions of the children in order to identify the available materials and other resources that can be mobilized to minimize their vulnerabilities. This may include analyzing the health care support system, skills/ education, housing, vocational training, food supply and access to capital and other fixed assets.

- *The social and organizational capacities*: This will look into the community and the social structures such as the extended families, community systems, leadership/decision makers' patterns and the civil societies in order to assess their commitment in assisting the OVC, in this case the Orphan Headed Households.

Social and organizational analysis will guide on the suggestions for interventions that may improve their social and economic activities. Social and organizational capacities also emphasizes importance of gender analysis because the level of vulnerabilities and needs for orphan girls and boys may be different. For example the sexual health needs of girls will be different from those for boys.

- *Motivational / attitudinal capacities and vulnerabilities:*

This refers to cultural and psychological factors which affect the children. This may involve looking at communities' history of the problems of HIV/AIDS, peoples' beliefs and expectations, what is being done and what can be done in the future to minimize the problem of HIV/AIDS in this community

The argument in CVA in relation to the vulnerability and exploitation of the orphan children is that their capacities i.e. skills and knowledge should be enhanced through well thought, designed and implementation of educational, economic and social programs that will aim at minimizing their vulnerabilities and improve their capacities to manage better the responsibilities they have with minimum struggle. It is also important to ensure that both the long and short term interventions should aim at protecting the children's rights and their dignity as stated in " The Convention on The Rights of the Children and Human Rights Approaches to Development." This will, therefore, involve mainstreaming children's needs and concerns into development policies and programs at all levels; from family, community to national level.

CHAPTER THREE

METHODOLOGY

3.1: Introduction

A number of methods were used in data collection to ensure that information obtained is true and accurate. Before data collection process, two days' visit at research site was done to familiarize with the area. Within the two days, briefing took place at Ruiru Children's Centre to help participants familiarize with the study topic, the purpose of the study and the task that need to be done during the 6 weeks of data collection which took place from 14th May to 22nd June 2007.

3.2: Research Site and Geographical Location

The study was carried out in Juja, a location in Ruiru division in Thika district Thika district is located on the Southern part of Central Province. Administratively, the district boarders Nairobi on the South, Kiambu on the West, Machakos on the East and Maragua on the North Eastern part of the Province.. It has an area of 1960.20 squire kilometers with 6 administrative divisions which are: Thika Municipality, Gatanga, Kakuzi, Ruiru, Gatundu North and Gatundu South. Ruiru Division has an area of 526 sq kilometers and made up of Ruiru and Juja locations. Ruiru has 4 sub-locations i.e.Kiuu, Mugutha, Ruiru and Theta; Juja location has an area of 235.8 squire kilometers and made up of Kalimoni, Kiaora and Komo sub-locations. Both Ruiru and Juja towns are situated 20 and 25 kilometers respectively from Nairobi on the Nairobi Thika highway.

Map of Thika District

THIKA DISTRICT
ADMINISTRATIVE BOUNDARIES

0   10   20 km.

GATANGA

GATUNDU
NORTH

MARAGUA DISTRICT

GATUNDU
SOUTH

KAKUZI

KIAMBU
DISTRICT

MACHAKOS

Ruiru   Juja   THIKA

N

NAIROBI

DISTRICT
BOUNDARY

ZONAL

Source: DRSRS

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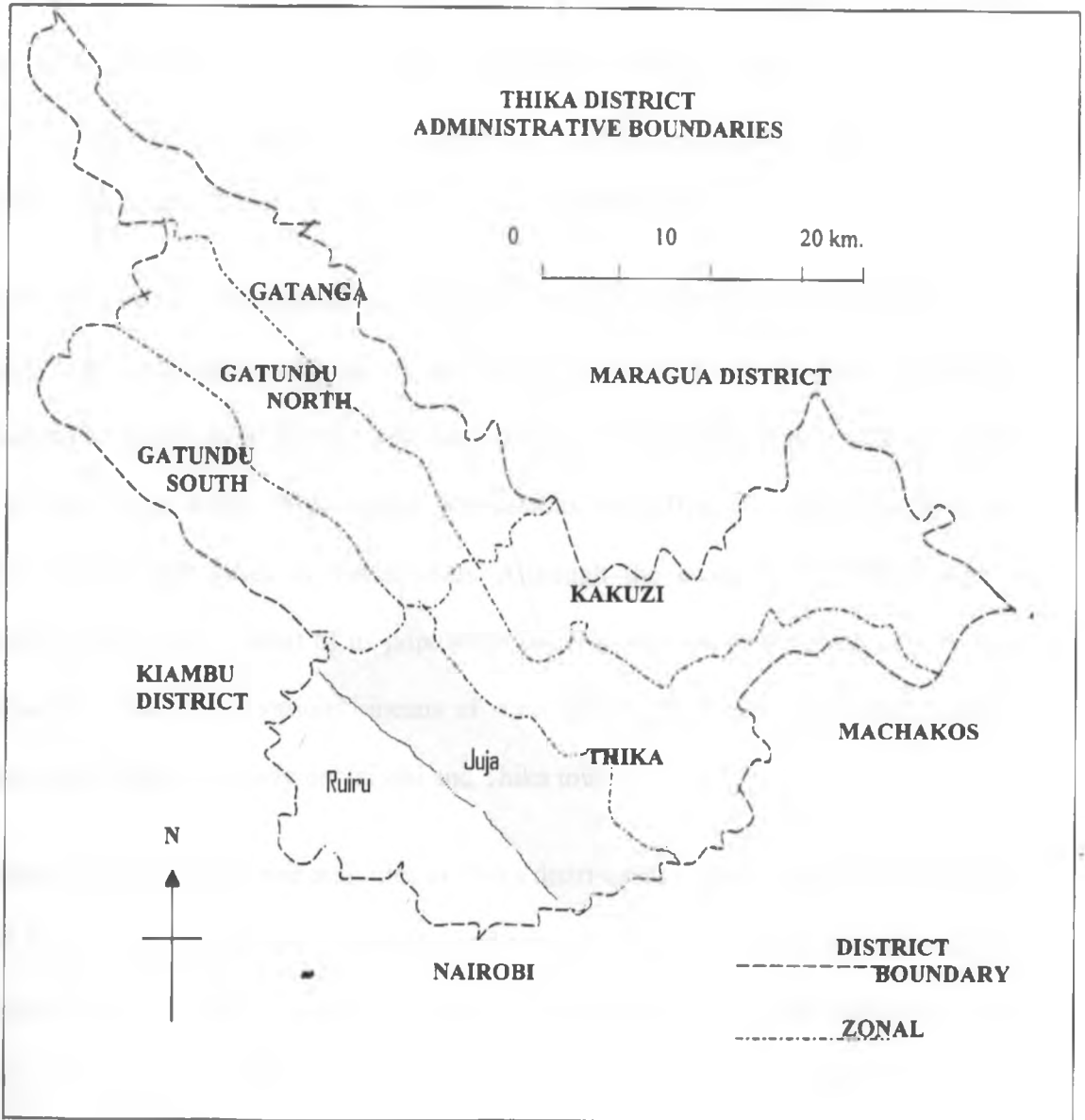
3.3: Population and Economy

According to the 1999 population and housing census, the total population in Ruiru and Juja were 78,595 and 41,136 respectively. However, due to rapid urban population growth, the projected population by 2006 was 115,885 (60,264 male, 55,621 female) in Ruiru division and 43,505 (22,858 male, 20,647 female) in Juja.[48]

Juja being a Peri-urban, majority of its population are immigrants who settled there for employment or business. Majority of the younger generation are the grand children of immigrants mainly from Kikuyu tribe who settled in Thika and its surroundings during the Colonial time when Thika district was famous for coffee, tea and sisal plantations with processing factories in Thika town. Although the economy in Thika district declined in the 1980s, most of its population never went back to their ancestral homes, instead they tried other various means of survival, mainly small scale businesses and others are employed mostly in Nairobi and Thika town.

Although, the new economic activities in Thika district since 1990s such as flower farms, fruit canning, food processing factories and various small scale businesses has slightly improved the economy, generally, majority of the people in this community are very poor due to unemployment and inadequate capital to carry out sustainable economic activities. Based on the 1999 statistics, the level of unemployment or unpaid work in Thika district was 37.7% male and 62.3% female. While working children aged between 5 -17 years as a percentage of working population in Thika was 33.7%.[49] Because of the large numbers of people with low level of income, other small scale activities serves as

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[48] Central Bureau of Statistics: Data on Population and Development Indicators 1999 household Census

[49] Ibid.

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survival measures. For example the roadside small scale fruit and vegetable business, Jua Kali activities, paid housework, illicit brewing and sexual transactions are common means of survival for many people living in this community particularly women.

3.4: Study Population

The study population are all orphan children living in Juja location, majority being those orphaned by AIDS. Purposive sampling method was used to select those children heading households. This is a purposive study because of high level of vulnerability and exploitation facing orphan headed households. Also, the study was very necessary because from literature review, very little has been documented on this topic, specifically for Juja community. However, other topics on HIV/AIDS has been done..

3.5: Sample Frame

A purposive cluster sampling procedure was used to select the sample because this study specifically targets orphan children who are below 18 years old and heading households. The aim is to collect information for in-depth analysis of the social and economic problems facing the children. The following steps were followed in select the sample.

Step 1:

Ruiru division was purposively selected because of high HIV prevalence which has been indicated in the 2003 KDHS. According to the survey, HIV infections among the 15 – 49 age group in Central province was 100,000 people and majority were poor women mostly living in Thika, Ruiru and Juja towns.

Step 2:

Eight sub-locations which constitute Ruiru division were listed which are: Kiuu, Mugutha, Ruiru, Theta, Kalimoni, Kiaora, Komo and Gitambaya. Purposive sampling method was used and only four were selected. i.e: Kalimoni, Komo, Kiaora and Gitambaya.

Step 3:

All villages in the above 4 sub-locations were listed and random sampling method was used to select only 5 units (villages) for the study. These are: Milimani, Mushada, Gachororo, Thiririka and Toll. A total number of 50 orphan headed households who are below 18 years old within the 5 selected villages were interviewed. 10 enumerators who are familiar with the orphan headed households from this community were asked to participate in the study because it was noted during familiarization process that the children would be more comfortable in the company of people they know better rather than the researcher alone who was a stranger to them.

3.6: Methods of Data Collection

The following methods were used in data collection.

3.6.1: Key Informant Interview

Ten key informants participated in the study voluntarily. This included one representative from the Chief office in Juja, five Community Health Workers, two representatives

from Ruiru Children's Centre, one counselor and one primary school teacher. These are among the people who are familiar with the problems facing the OVC and capable to assisting in data collection process. To ensure consistency in data collection in each village, both open ended and closed ended questionnaires were administered

3.6.2: In-depth interview

The 2nd part of data collection process was an informal discussion with the children heading households and their siblings. Semi-structured and unstructured questionnaire was used as a guide in the discussion. Informal discussion was used in order to record the very basic and true information about the children's background, their perspectives about the problems of HIV/AIDS, their feelings about being an orphan and their coping strategies.

3.6.3: Direct Observation

It involved close interaction with the children while observing some of their daily activities. In some households, the observation focused on how the children perform households activities The aim was to identify their level of knowledge and skills in performing these activities such as general cleanliness of home environment and their relationships with the siblings.

3.6.4: Focus Group Discussion (FGD)

Two FGD were conducted with participation of two groups.. The first group comprised of 10 children and adolescents heading households, while the second group of 10 community members who have close contacts with the orphan headed homes. The

participation of these two groups gave very useful information and suggestions on the possible solution to the problems facing OVC.

3.6.5: Case Studies

The children were asked to volunteer information/statements about their lives before, during and after death of their parents. Case studies were used in order to give opportunity to some of the children to narrate their situations and how they have managed to cope with some of the challenges. Through case studies important information on the problems facing children who take the responsibilities of heading households were recorded. At the end of each case study, permission was given by the children to include some of their stories in this study.

All 5 methods were used in order to crosscheck information provided by the participants at various stages.

3.7: Ethical Consideration

HIV/AIDS is a very complex subject because it touches sensitive issues of human life, their behavior, attitudes, health, sexuality, income, social relations and psychological aspects. Because of the sensitivity of these issues, ethical consideration was inevitable.

The participants will be required to reveal information on personal life or the lives of others in the community. Such information may have positive or negative impacts on them, the wider society and their social environment. In order to maintain ethics during research process, careful selection of research assistants was done, which was also reinforced by a day's training on the research procedures.

Voluntary participation method was maintained to ensure that children who volunteered information were not offended or their rights violated. The researcher was, therefore, obliged to clarify the topic by providing honest information about the research and how that information will be used. All participants were given freedom to respond to the questionnaire without been coerced to do so. The issue of anonymity was respected for those who did not want their names to appear on questionnaire form. All information given was made confidential although some of the children gave permission to reveal information to other people whom they believe may assist them in one way or another. Therefore, in conducting this research, care was taken to ensure that participants were not adversely affected physically, mentally, socially and even economically.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents analysis and findings of the research. From the study population targets of 50 orphans and 10 informants, all of them answered the questionnaires comprising of 100% response rate. The analysis is presented in two sections; section one provide personal details and background of the participants and section two are questions relevant to the study objectives.

Section one: Personal details and background of participants

4.1 Age range of participants

	Frequency	Percent
9-12 years	2	4.0
12-15 years	8	16.0
15-18 years	40	80.0
Total	50	100.0

The above table shows that 80% of the orphan children heading households were aged between 15-18 years, 16% were between 12-15 years, while 4% were aged between 9-12 years. The above information can also be explained by the chart below.

	9-12 years
	12-15 years
	15-18 years
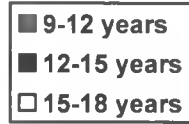
Table 4.2 Distribution of the participants by sex

	Frequency	Percent
Male	16	32.0
Female	34	68.0
Total	50	100.0

Majority of the orphan children heading homes were females, indicated by 68% of the respondents, while males were 32%. From the study, it is obvious that girls take more responsibilities of care and support for siblings than boys.

The level of education showed that majority were or have completed primary level. 68% of respondents had gone up to upper primary level .(standard eight) while 28% completed lower primary level (standard four) and only 8% had gone up to secondary level. It was also indicated from the study that majority of the children were born in Juja and Ruiru and only a small number moved in with their parents who migrated from rural areas, most of them were single mothers.

Section Two: Questions relating to the study objectives

4.1: Factors leading to the formation of CHH

Table 4.3 Who among your parents is alive?

	Frequency	Percent
Mother	4	8.0
None	46	92.0
Total	50	100.0

The most striking findings was that majority of the children (92%) are double orphans, while only 8% are living with their moribund mothers who are totally dependent on their children due to HIV/AIDS related illnesses. None of the children reported of living with their fathers. This may possibly be due to the fact that majority of the children have been under the care of their mothers and possibly maintained little or no contacts at all with their fathers.

The participants were asked to indicate the groups of people they have lived with since the death of their parents. The responses showed that majority of the participant (36%) lived alone since they lost their parents, 28% lived with uncles/aunts and 32% lived with grand parents, only 4% said they lived with step fathers.

The reasons given by those who lived alone were; poverty in their relatives homes in the rural. Some of the orphans pointed out that they thought it was better for them to start learning how to depend on their own rather than giving their relatives extra burden because they are also poor. Others said they did not feel comfortable because they were neglected and mistreated by their relatives. For example, one of the participant said they

were not allowed to eat on the same plate with other children in their foster family and sometimes they are sent back home from school due to late or non payment of school contributions and lack of school requirements. Desire to protect property was clearly indicated by those orphans who have inherited houses and plots. These children insisted that it was necessary to do so because some of their relatives were very keen to take their property.

It was, however, mentioned by the majority of the respondents that they rented shelters in areas where they have friends and relatives. This arrangement could possibly explain that, although some of the orphans live alone and take care of their siblings, some of family members and friends occasionally kept an eye on them. It was also indicated by some of the orphans that even though their relatives were unable to support them with material things, they somehow feel protected and get psychological support particularly from grandmothers. Interviews with ten adult participants and focus group discussions provided further information about the main factors leading to formation of child headed households in this community as listed below:

4.1.1: Poverty

This was rated number one factor by all ten key informants. It was stated that many relatives refuse to take the orphans into their homes mainly because of financial constraints and other personal problems which prevent them form taking extra burden of care and support for orphans.

4.1.2: Single parenthood

Majority of the participants pointed out that rural urban mgration by many single mothers, adolescents and widows has increased the number of orphan children in Juja. It was further pointed out that single others and widows have no support from relatives or those who fathered their children and have no stable income. Such problems have forced many young mothers into prostitution, leading to large numbers of maternal deaths due to AIDS. One major concern raised in the focus group discussion was that single mothers fail to make prior arrangement of how the children will be taken care of after their death. This is among the problems leading to the emergence of child headed homes in Juja.

4.1.3: Little or no contacts with relatives in rural areas

The responses to this question indicated that majority of single parents lose contacts with relatives who live in the rural when they move to the urban. This is mainly due to the fact that single mothers are associated with prostitution, as a result, they maintain little or not contact with relatives and some friends. As the children grow up they have no motivation to build relationship with people in their ancestral homes. Some of the children also grow up with the mentality that they will be mistreated like their mothers if they go back. Furthermore, many children do not know their relatives since their deceased mothers never introduced them.

4.1.4: Discrimination

All respondents mentioned that there is an element of mistrust by some relatives who believe that children who grow up in the urban have bad behaviour, they are stubborn

and most likely they will influence their children. It was also stated that some of the relatives believe that the children are also HIV positive, so they fear taking responsibility of care for the orphans.

4.1.5: Fear of losing property

It was mentioned that some of the children who have inherited property from their parents experience some interference from relatives. For example one of the orphan girl said her relative sold their house with an understanding that she will be sent to secondary school but it never happened. Instead she was sent to do dress making course in Nairobi and her two siblings are still in primary school, not sure if they will go to secondary level. Because of such problem, orphan children holds on their property and opt to take care of siblings on their own.

4.1.6: Conclusion

The above analysis indicate a possibility that child headed households will continue to emerge in Juja due to extreme poverty particularly among single mothers and stigma associated with HIV/AIDS. It is, therefore, very necessary that this problems is addressed from the family and community levels. This can be done by empowering the extended families and community members so that they may be in a better position economically to assist the orphans. This should include encouraging and educating community members the importance of fostering children outside their families. While the economic empowerment, educational support and counseling will encourage and improve the capacities of the older orphans to take care of siblings without much suffering. It is also necessary that provision of the social services including medical care, relief food and clothing reach the OVC.

4.2: Challenges and risks facing the orphan headed households

4.2.1: Lack of education

From the study, 72% of the orphan children who head households were not able to continue with school after the death of their parents, particularly secondary education. It was mentioned that hardship at home due to lack of basic needs particularly food was the most challenging problem. Some of the respondents said that although they started working even before the death of their parents, still they managed to continue with school because of encouragement and little support they received from their parents.   When they became orphans, they found themselves in a totally different situation to a point that, very often, they miss school to do extra jobs in order to make ends meet. Only 28% said they were able to continue with school after the death of their parents, majority are those orphans who get support from relatives. It was, however, noted that primary school enrolment was high, about 92% but attendance was infrequent in all the schools which were visited during the study. The main reasons given for poor school attendance arelisted below:

Table 4.4 Reasons for poor school attendance

	Agree	Disagree
Lack of school fees	45	5
I had to work to earn a living	42	8
I had to take care of my siblings and sick parents	40	10
I had to combine school and work	39	11
Had completed school	8	42
I did not feel strong to continue with school after losing both my parents	7	43

School fees for secondary education was identified by 45 participants as the major problem that hinders many orphan caregivers from pursuing secondary education. It was also disagreed by 42 participants that majority of orphan children had completed school when their parents died. While 43 participants said despite the death of their parents, they would have continued with school if their basic needs were met.

The problem of combining both school and work is that most likely their performance will be below standard or they might not be able to meet their basic needs. This problem forces majority of the orphans to drop out of school before completing standard eight. Others said their morale and commitment to go back to school is low since they have other pressing needs and have been out of school for a long time and most likely would not be able to cope well with school work.

Majority of respondents particularly girls who shoulders more burden of care and support for siblings said that the death of their parents have robbed them their bright future and the possibility that their siblings will ever achieve higher education is very remote, unless the government ensures that OVC get special treatment in terms of education and other basic necessities. It is, therefore, clear that even with free primary education, other basic needs are so pressing that these children cannot concentrate in school. (Case study "1" on page 67 explains the challenges of meeting school fees and other requirements).

Table 4.5 Number of siblings who are in school

No .of siblings	Frequency	Percent
1	22	44
2	14	28
3	6	14
More than 3	6	14
Total	50	100.0

The assessment showed that, on average, each caregiver has two siblings who go to school. It was also mentioned that majority of the young orphans who dropped out of school went back after the introduction of free primary school education. From the study, school drop out was not high although attendance was infrequent. This was also verified by the survey carried out in 3 primary schools. In Ki-aora primary, only two boys dropped out in 2006 and one girls in Milimani because she became pregnant and got married at the age of 15. The boy dropped out because he could not cope with school life after staying home for four years, but he has managed to start " bodaboda" business with support from his aunt. At St Paul Primary school, none of the children have dropped out since 2005 but irregular attendance is a problem particularly for girls.

The problem of nursery, secondary school education and vocational training was raised as a constraint among majority of OHH. Four of the participants, however, mentioned that they are able to meet educational needs through partial sponsorship from Ruiru Children's Centre, Mugutha Women's Group, RAAG and Penta flower farm. It was also mentioned that young children refuse to go to school because of hunger. For example, when children miss dinner or if they get only little food without proper breakfast, they go to the streets begging for food.

4.2.2: Problem of paying rent and poor shelter

Table 4.6: How long have you lived in this home?

	Frequency	Percent
0-5 years	18	36.0
5-10 years	16	32.0
Over 10 years	16	32.0
Total	50	100.0

Establishing the length of time the orphans stay in a home would give an idea of how well the children had coped with the loss of a parent. The responses showed that 36% have lived in the same shelters for about five years (0-5 years). While 32% said that they have lived in same place for more than five years (5-10 years) and another 32% said that they have lived in the same neighbourhood but in different houses for over 10 years.

It was also noted that majority of the orphans live in rented shelters, which was indicated by 68%, while 32% said the houses are owned. This information is explained on the figure below.
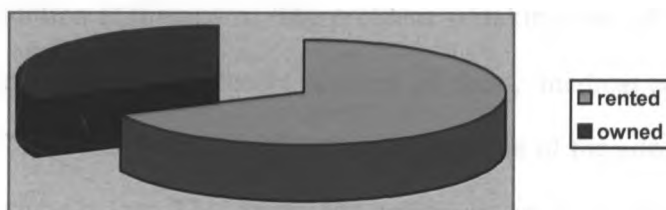
It was further noted that 75% of the respondents who owned property have inherited from their parents, mostly from their mothers and grand parents. The children were also asked about their plans to improve their shelters because most of them were in very

poor condition during the study such as roof leakage and wet floors. Majority said they have no plans of improving their shelters due to lack of financial resources. They however, appealed for assistance from the government. The orphans who live in rented shelters said that it was difficult for them to pay rent on time because their income is not reliable and very little. This was indicated by 64.7% of the respondents who said they are often harassed by landlords who sometimes lock them out when they fail to pay rent on time.

4.2.3: Challenges of taking care of young children

Table 4.7 How many siblings do you have?

	Frequency	Percent
1	16	32.0
2	16	32.0
3	4	8.0
4	8	16.0
5	2	4.0
None	4	8.0
Total	50	100.0

The above responses shows that at least 92% of the CHH have responsibility of care and support for young children. The study also revealed that 36 (72%) out of 50 orphans interviewed, have children of their own. The problem of taking care of young children is that their needs are higher and expensive in terms of food, medical care, clothing and also nursery school. This has serious implication on the lives of the adolescents based on the fact that their income is low. This means the caregivers are more likely to be exposed into more risks of child labour and other forms of exploitation including sexual abuse. This may lead to further problems of unwanted pregnancies or having more children who will have no proper care and also a possibility of contracting HIV and other sexual related infections.

4.2.4: Resistance from siblings

The researcher also wanted to know what kind of relationship exist between the older children heading households and their siblings. Majority (76%) of participants said that they get resistance from their siblings, while 24% said that they do not experienced many problems apart from the normal kids mistakes such as playing when they are supposed to do other duties and occasional fighting with each other.

Majority of those who said they experience resistance also indicated that sometimes their siblings refuse to go to school particularly when there is food shortage in the house. One of the respondents said his younger brother sometimes goes to Nairobi streets to beg for food, a problem which embarrasses her when her friends comes to tell her that they saw her brother in the streets begging. She said she has made effort to bring him back home several times but he may stay only for few days and go back to the streets. She, however, admitted that it is not possible to ensure that there is enough food in the house all the time because her income is small and unreliable.

Another participant said his brother who is 14 years old give her problems because he demands to take the responsibility of heading the family so that he controls everything which was left for them. She said their mother left them a house which she is renting to get money to support the siblings but her immediate brother want them to sell the house and share the money which she refused because they will have nothing to fall back on. She admitted that she has a problem which is getting out of control because the same brother forced one of their tenant out of the room she was renting and decided to use it

alone after he failed to collect rent. The boy also refused to go to school and he spends most of his time watching television in a nearby shop and moves around with boys who collect scrap metals and believed to be taking drugs.

Based on interviews and focus group discussions with key informants who have long experience of working with OVC in Juja, majority of the orphans heading homes are unable to maintain good relationship with their siblings for various reasons as listed below:

- Some of participants said that boys always try to demand attention and recognition even if they are younger than the girls. They also want to maintain their manhood ego, and in most cases, they disagree with suggestions or advice given by their sisters. Such problems sometimes lead to fighting among siblings.

- Shortage of basic needs particularly food leads to quarrels and sometimes the children run away from home while others attempt to sell some of household items such as radio to get money and they do not share with others.

- It was also mentioned that some older brothers and sisters mistreat the younger ones. Although majority of the children heading homes struggle a lot to survive, there is an element of neglect for siblings in some households because the older ones are mostly busy with work. Some of them eat when they are at work and when they come home they do not worry much about what their siblings will eat.

- The problem of young children who run away from home was also raised in focus group discussion. Majority of the participants said it is a big problem because when these young children go to the streets, they are influenced by the children who have lived in the streets for a long time and adopt bad behaviour mainly

stealing, sniffing glue and they use bad language. It was also mentioned that majority of the young street children are sexually assaulted by the older ones and sometimes they are beaten up. When they get such problems, they decide to go back home but they maintain the behaviour they have adopted from the streets. This becomes a problem to the other siblings and particularly the caregivers who completely fails to control them.

4.2.4: Challenges of managing property:

The responses showed that 72%, of the orphans were not left with any property/wealth by their parents, while 28% said that they were left with some houses and plots. The figure below explain the above information.
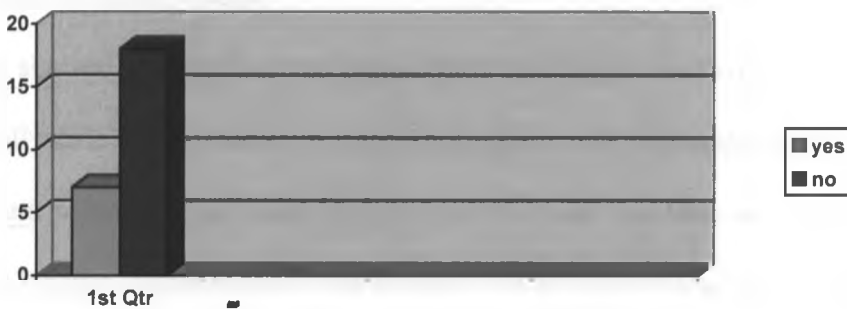
It was further indicated that majority of the children (70.%) who own property also manage it themselves without interference from relatives, while 16% said they manage it with guidance from relatives, while 14% said their relatives manage the property.

Some of the problems of managing the property as indicated in the study is that the children face difficulties in collecting rent. It was mentioned that some of the tenants do not pay rent on time and others may leave without giving notice or pay rent. Even when

they try to trace where they have moved to, some tenants may refuse or deny that they have never rented their houses. This problem is very common in poor communities like Juja because tenants do not sign proper rental agreements.

It was further observed that those who have houses and plots worries that their property will in the long run be grabbed by rich people who are greedy or some of their relatives who may attempt to throw the children out of the houses so that they may develop the plots or sell the property. Girls are harassed even more than boys because culturally, girls are not given land by parents. (Case study two on page 68 is a reflection of the some of the problems orphans face in protecting their property).

4.2.6: Problems of employment

The analysis showed that 80% of the respondents are casual workers while 12% said they run small scale businesses such as roadside fruit and vegetable selling, ridding "bodaboda" and selling second hand clothes, only 8% said that they are employed and earn monthly income. The assessment about their income showed that majority earns not more than three thousand shillings per month on average. This is even lower than the minimum wage in Kenya.

Thetable below indicate some of the barriers that orphan children encounter when seeking for employment.

Table 4.8: Problems of employment

	Strongly agree	Agree	Disagree
Discriminated because I am young	44	4	2
Low educational level and lack of skills	39	11	0
Cannot get permanent job because I have no ID	36	5	9
I do not have money to bribe for jobs	50	0	0
Not easy to compete with adults in job market because of age and lack of experience	34	10	6

It appears from the study that majority of people give bribes to supervisors and job brokers in order to get employment or renewal of contracts. This problem was raised by all 50 participants in a focus group discussion. The main challenge with the arrangement is that majority of the orphans fails to raise money to pay bribes which means the job brokers refuse to guarantee them a job. Identity card was also mentioned as an important document which may help them get good jobs such as contracts in flower farms and factories which pays better wages. Those who are HIV positive said they are forced to look for jobs in areas where people do not know them because of discrimination and stigma. They said it is complicated because of the process of getting guarantors who must be well known to both the employer and employee.

The challenges of getting and retaining employment were also recorded from focus group discussion held with ten adult participants. One of the participants gave a story of a young girl who took over responsibility of taking care of their family from her sister who was sexually exploited, she became pregnant, contracted HIV and now she is bedridden. (case study three on page 69).

The discussions also revealed that orphans who take responsibilities of heading homes try to perform duties which are beyond their capacity. Because they are poor, they often fall into many risks of sexual abuse and child labour exploitation. This was clearly justified by the large numbers of young girls who have been made pregnant in the process of trying to make ends meet. One of the participants gave an example of how young girls are coerced into sex when they go to sell food and biting in building constructions and at the quarry. She said, some of the men who work in the quarry and lorry drivers sometimes buys food from the young girls and purposely refuse to pay them as transaction takes place. Instead, they ask the girls to give direction of where they live or they sometimes agree to meet in a restaurant in the evenings to get their money. Through this arrangement, the girls may end up having sex with their clients so that they may get paid more than what they should have been paid before. Other participants also said this arrangement is now common to many young girls in this community and they even use common word like "JIPANGE" meaning "sell on credit for a better pay".

4.2.7: Lack of Legal protection

Respondents said many OVC do not have voice, in most cases their rights are violated and they lose out when they are faced with problems because they have neither the financial support nor skills to be able to demand and protect their rights. One participant told us a story of a young teenager who was unfairly convicted and jailed for one year because she was working for a family which was dealing with illicit brew and drug trafficking. Although her duties were only house work, it was not easy to defend herself from the accusation that she was involved in criminal activities. She was eventually

convicted and jailed for one year. (Case study four on page 70 is the story reflecting this issue).

4.2.8: Conclusion

From the analysis, child headed homes are faced with serious economic and social crisis soon after death of parents. Majority miss opportunity to continue with school which mark the end of their bright future. Lack of food, shelter and medical care force the older ones into child labour market where they are sometimes met with even harder problems of harassment by employers, poor working conditions, sexual exploitation, and prostitution. Others join gang groups and involve themselves in stealing and later on they may graduate into robbery with violence. It is, therefore, very necessary that their problems are taken seriously in order to avoid the danger of having a future generation that may not be able to support their families and contribute to the development of their nation.

The main problems that require urgent attention are secondary education, vocational training, employment and shelters for OVC. In this case the government may offer free or subsidize secondary and higher learning education, expand vocational training centers to accommodate more orphans, create opportunities for employment and improve shelters. Sexual health problems of the children particularly the adolescents is a major concern which also need to be addressed from the family level. This is important because these children are at their adolescent age, they undergo through sexual maturity but they lack parental guidance on how to conduct themselves at this delicate age.

4.3: Coping strategies adopted by OHH

In order to identify how the orphans cope with some of their problems, they were asked to list down their needs by indicating the most pressing and list pressing as indicated on table below:

Table 4.9: Priority of needs

	Most pressing	Pressing	Not pressing
Food	45	5	0
School fees	23	20	7
Shelter	40	6	4
Clothes	14	20	16
Skills training	30	14	6
Medical care	38	12	0

The above information shows that food is the most pressing need for majority of the orphan headed homes which is justified by low income earnings. Shelter, medical care and skills training were also rated as the most pressing needs while clothes were rated as list pressing. Those who rated education as one of their most pressing need are among orphans who were unable to raise fees for secondary education and vocational training. The need for free nursery schools was also raised as a priority by those who have young children. It was pointed out that majority of children who have reached nursery school age are still at home because fees are not affordable by their caregivers. This means most of the young children who are being taken care of by orphans miss the opportunity to enjoy their early childhood education, which may be detrimental for their mental and physical development.

4.3.1: Strategies for solving financial and food problems

Some 35% of participants said that they make arrangements for a loan from their employers while 25% said they borrow money or food from friends and neighbours because they also assist them when they are held up. One of the participants explained to the researcher how this strategy works. She said if she borrows 60 shillings she can buy "dinangeria" (beans juice and 2 slices of bread) for 3 days and flour. They avoid preparing a meal when they have little money because of the added costs such as cooking oil and kerosene. 27% said they work for other people to get food instead of money, and 13% said they ask their boyfriends to assist. It was also pointed out that if the above options fail they go to shop owners with their children and plead with them for a packet of flour and beans, in most cases they give them because they sympathize with the children.

4.3.2: Payment of rent

In a focus group discussion, majority of the participants said that they make arrangement with their landlords with guarantee from the Chief to pay by installments. While a small percentage (10%) said sometimes they may borrow money from their social groups like "merry- go- round" and pay back later with a small interest. It was also mentioned that when the landlords pressures the orphans too much they arrange to work for them without receiving any pay in order to offset rent. They, however, pointed out that the landlords may refuse the above alternatives and lock them out. In this case they stay with neighbours and friends until they to raise money to pay. Although the arrangements which the orphans make enables them to solve their immediate problems, the fact remains that they are exposed even more to other problems such unwanted pregnancies.

4.3.3: Support from other groups

Relatives: Some of the relatives have helped the orphans to set up small scale businesses such as bodaboda, selling second hand clothes and fruit/vegetables.

Neighbours: Majority said that neighbours help them with food when they are completely held up and they take care of their babies when they go to work and also advises them how to live positively with what they can afford.

Family friends: Sometimes they give them food and money for uniforms when they visit the orphans.

Other sources: Three girls said their boyfriends support them with food and rent

The chief: He provides them with security and relief food when it is available. One of the children said the chief also acts as a guarantor for many orphans when seeking for employment and help them to solving problems such as rent and protects them if they are unfairly harassed by police or other people.

The government: Free primary education was indicated as a major relief for the orphans. It was mentioned that majority of the young children enjoy going to school because they get opportunity to play with friends. While caregivers are happy with the programme even though performance may not be that good among some orphans, but the burden of school fees is taken off them. Also they go to work without worrying who will stay with the younger ones at home.

4.3.4: Living with trauma

When the children were asked how they cope with the trauma of losing their parents, majority said that a counsellor from Ruiru Children's Centre often visit them in their homes or sometimes they meet with other orphans at the centre where they get

opportunity to share their problems and socialize. Those who live with their grandmothers said they get comfort and protection even though their grandmothers may not be able to support them financially. Others said the church leaders and some of their family friends give them psychological support. However, majority of the participants said psychological support help them better if it is accompanied with material support. This means more economic interventions is necessary to alleviate their problems.

4.3.5: Life of orphans before and after death of parents

	Frequency	Percent
Vulnerable and insecure	16	32.0
Very traumatizing	8	16.0
Stronger and more mature	2	4.0
No future for me and my siblings	24	48.0
Total	50	100.0

The children were finally asked to describe their feelings now and before the death of their parents. It appears from the description that majority of the orphans heading households as indicated by 48% have lost hope for a better future. 32% said they feel more vulnerable and insecure, while 16% said they feel traumatized and helpless. Only a small proportion of respondents represented by 4% said that the challenges of life made them feel stronger and more mature.

4.3.6: Conclusion

Based on the above information it is very obvious that orphan children lead miserable life. Some of survival strategies used by the orphans who head households are not safe. For example dropping out of school in order to work increases the number of illiterate children and adolescents who in the long run may not be able to support their families

and contribute effectively to the development of the nation. Earning income through sex has a number of negative effects on the lives of adolescents such as unwanted pregnancies and sexual related infections. Going to the streets is a coping strategy adopted by some of the OVC particularly young boys, but the lives of these children are put in danger in terms of poor health and high possibility of getting killed when they engage themselves into criminal activities.

Given these problems, it is very important to introduce more interventions which will help improve the living condition of OVC. This may involve giving orphans priority for higher education and skills training to help them get better paying jobs and self employment. Sexual health education and free antiretroviral drugs for those who are already infected with HIV to prolong their lives. Legal support is very necessary to get justice, while economic empowerment will enable them to carry out sustainable development activities.

4.4: The roles played by the extended families, the community, government and civil societies in supporting the orphans

4.4.1: Fostering Option

The children were asked to give their views on various options of supporting the orphans including fostering. The responses showed that majority (76%) did not support the idea of fostering children in their extended families. They said they would rather stay alone and take the hard responsibilities instead of living with some of their relatives. The main reasons given were indicated by 50% of respondents who said extreme poverty and discrimination hinders them from going to their relatives in the rural areas. 40 % said

they have lived in Juja throughout their lives, therefore, they do not think that they will be comfortable to live in rural areas. While 10 % said they would like to keep their property and family name and give opportunity to their siblings to continue playing with same friends and go to schools they are used to.

The second option of fostering orphans in children's homes was not favorable either to the majority of the participants which was indicated by 52%. While 48% said they would prefer being taken care of in those homes because they have no any other alternative. Majority of the orphans clearly indicated that they would not separate from their siblings if they are given opportunity to go to the children's homes or foster families. The respondents also stated that many children are mistreated and overworked in those homes. An example was given of children as young as five years old who may be asked to do house work such as washing clothes or dishes and if they do not do it well they are beaten by the care takers. It was also revealed that the orphans do not get some of the basic needs as expected because majority of those who run orphanages depend on donations which may not be regular or when available most of it may end up in other people's hands. 25% said that they would not feel comfortable when their siblings grow up in children's homes because they will feel neglected by their families, so they strongly think it is better to continue struggling on their own

4.4.2: The role of government in supporting OVC
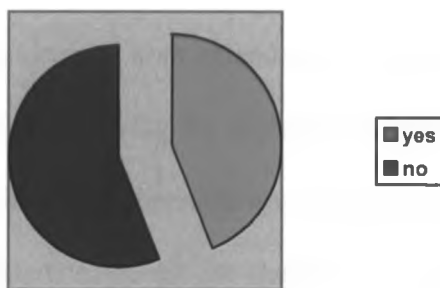
The above chart indicate that majority of respondents agrees that the chief has been actively involved in channeling the problems of the orphans and vulnerable children to higher authorities, while a smaller percentage (44%) said he has not done enough to assist the orphans. The researcher wanted further clarification on the above question by asking what specifically the chief has done for the orphans in the last 3-6 months.

The respondents who said that the chief has been actively involved also pointed out that he has been following up the issue of identity cards and youth fund to ensure that orphan children are not left out when this matter is finalized by higher authorities. It was also mentioned that the chief has been active in following up cases of child abuse and exploitation and ensure that the offenders are punished. For example (case study five on page 71 is among sexual offences committed by some community members). The chief also protect the children's property and ensures that when relief food is given the most needy orphans get good share. Although majority of participants said the government has not done enough to alleviate the suffering of the OVC, they do appreciate free primary education programme.

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4.4.3: Conclusion

Basically, fostering orphan children by both extended families and community members may be the best option rather than leaving the orphans take adult responsibilities which may be too demanding for them. Orphanages are even worse because they make the children feel guilty and neglected. Although the responses from the majority of orphans who participated in the study did not support the idea of fostering orphans in their extended families, it is believed that if orphan children go back to their extended families it will help to maintain family names, minimize psychological suffering and improve the traditional family system of care and support for orphans. This strategy can only be achieved if appropriate education about the importance of fostering orphans by both family members and within the wider community is well understood. This will therefore require adequate social and economic support to all those who will volunteer to take the responsibility.

It is also important that the government in collaboration with civil societies such as religious organization, legal societies, social groups and NGOs participate fully in supporting the OVC through counselling and various social and economic interventions. This may involve providing opportunity for free nursery and secondary education for OVC. Subsidise medical care for young children and orphans who are HIV positive. Encourage and train youth mostly the orphans to start social and economic groups because it is easier for them to do sustainable development activities in a group rather than individuals. Provision of identity cards to young people may help them get secure employment. Expansion of vocational training centres and free training for OVC may minimize idleness and crime among adolescents. Construction of low housing for poor community members and rental subsidy for OVC will provide better living condition.

4.5: Case studies

The following case studies illustrate some of the information analysed in chapter 4

Case Study 1:

Stella, will turn 18 years old in December this year (2007), by now she should have been in form two but her dream never came true. She is now selling fruits/vegetables near Ruiru Children's Centre for survival. She narrated her story below:

" My mother died in August 2004 when I was in class seven. This was the most depressing thing that has ever happened to us. From that time, I knew I would not complete even primary school.; but thank God, with the help and encouragement from my aunt I managed to finish class eight.. Aunt continued to visit us very often and has been encouraging us so much. She advised me to do some casual work on weekends when I was in school and I have been washing clothes and any other available housework. When results came out I was very happy that I was among those selected to go to secondary school. This was a relief but my only worry was how to get school fees We started planning with my aunt how to raise the money. She also discussed with other relatives how they could help me. Although my relatives are poor they tried to help me with little money but it was not enough. My effort did not end there, I talked to my neighbour who sent me to Ruiru Children's centre. We explained our problem to the person in charge but she said they do not have funds for school sponsorship.. However, she sympathised with my situation and promised to raise money from friends. Likely she raised ten thousand shillings. I used some of the money to buy school requirements then my aunt and Irene from Ruiru Children's Centre sent me to school with the little money we raised and explained my situation to the headmistress with promises that they will pay the remaining before end of the term. Unbelievably, the school headmistress categorically refused to listen to our plea. She said she has accepted children with similar problems before but they let her down.. With that answer, my aunt just picked my suitcase and I came back home crying, nothing more I could do and that was the end of my school. However, my aunt did not give up, she took the rest of the money and helped me to set up this small fruit/vegetable kiosk. It is not easy to forget, but all in all God has been with me, I am able to survive with my siblings through my business. Thanks to my aunt, my neighbour and Ruiru Children's Centre for their support "

Case Study 2:

Wanjiku will turn 18 in November this years (2007), and her mother died in 2005. She was left with a house and a plot. Wanjiku takes care of her six year old sister. Below is her story:.

" After my mother's burial, my uncles and aunts told us to go and stay with them in Muran'ga for a while. When we were there, our eldest uncle called a meeting with other relatives and told us that they want to sell the house and the plot because they lent money to my mother to buy the property but she could not pay them before her death. They said, some of the money will help us because my sister will go to boarding school and they will give me part of the money to start business. I did not agree with their plans because my mother never told me anything about any loan she received from her brothers. Before my mother's death she told me that I should keep the house for ever and gave me all the papers for the house and the plot. This brought a lot of argument but they insisted that the property will be sold soon.

After a month they came with people to look at the property and advised me again that I should decide to go to Muran'ga or find somewhere else to stay. From this time they harassed me so much that my sister could not even concentrate on her school. One time they came and threw our things out of the house and threatened to kill me. I reported to the chief who promised to protect and support me. She also advised me to discuss this problem with my other relatives. I decided to see other aunt on my mother's side who is married in Kiambu. I explained the problem and they tried to convince my two uncles to stop harassing me but my uncles did not listen to them. As they continued to harass me, my relative from Kiambu decided to take my sister to continue with school in Kiambu. They also came to discuss my problem with the Chief in Juja who advised us to report the matter to the police. My uncles were then instructed to stop interfering with the property until the court decided whether they have legal grounds of inheritance. Now I cannot live in the house, I stay with my aunt in Kiambu but I come regularly to check my house. My uncles are very bad because they never visited us when my mother was sick and they never mentioned anything to my mother about the money even before she fell sick. I do not know why they have decided to do this to me while they had all the time to claim the money from my mother if at all is true that she owed them money. I told them I will not surrender the property even if they threaten to kill me. I now rely on the chief and police to protect me from my own relatives, which is very unfair".

Case Study 3:

Mercy told us about her life with tears how she has taken up the responsibility of heading household from her sister who is pregnant and HIV positive.

" After the death of my father in 2003, my mother had a lot of financial problems because she had to take care of 3 children and our grandmother who is now about 87 years old. Food and shelter was the main problem. Sometimes the landlord used to lock us out when the rent was not paid on time. Eventually we moved to this house because it is cheaper. We have been selling ground nuts, eggs and ripe bananas after school and weekends to get some money. Unfortunately my mother died in 2005 after short illness. This is when we experienced the real problems of being an orphan. My sister had to leave school when she was in class seven because we had no food and could not pay rent except for her to do casual work. One of our neighbours helped her get a job as a house girl in Ruiru. After working for one year she came back home and told us she left the job because she was not feeling well and the landlord was not treating her well when she started falling sick.   Later on we realized that she was sucked because she was sent for medical checkup and was found pregnant and HIV positive. My sister told our neighbour that her employer's younger brother had been forcing her to have sex with him and he has been giving her some money and other presents. My sister is now very sick, she is admitted in Thika hospital. Now I cannot go to school because I have to work to get food .and pay. I am very depressed because I do not know if I will ever go back to school. I try to work hard but I get only little money not even enough for food for all of us. I am also very worried with my sister's health and when she gets her baby who is going to help us and if she dies who will take care of the baby? My grandmother is old and very depressed because she has lost four children and worried about my sister's situation. Life is very hard, I have pleaded with my counselor and community health worker to help us get someone to adopt us because life is too hard for us."

Case Study 4:

Mary is an orphan from single parent. She grew up in Juja with her mother, her uncle and three siblings. Her uncle was mentally sick so he depended entirely on her mother. Many went to school up to class 3 because her mother used to do casual work and many times Mary would stay home to take care of her siblings. One of her oldest sibling left home, she does not know where he is. When her mother died, she was left with her two sister siblings and her child who was 2 years by the time the study was done. She has been struggling hard to raise money for food and paying rent. After the death of her mother she managed to get a job as a house girl in Juja where she used to work for 3 days per week. .One day when she was washing clothes 2 policemen went and took her to police station without telling her what the problem was. When she was at police station she was asked to explain what her boss does and how she has been selling drugs to young people in her area. Mary was very surprised because she did not know what job her boss used to do. She explained to them that she only goes there for work and does not know what goes on with her boss except that he has many friends who come and go. This explanation did not convince the police that she was not involved in selling drugs. Investigation was done but it was difficult for Mary to prove that she was innocent, partly because she did not have a lawyer to defend her case. Although the chief of the area and neighbours tried to defend her, she was found guilty and sentenced into prison for 1 year. Because her child was only 9 month by the time she was convicted, she was allowed to go to jail with her baby but her siblings were left with her neighbour who volunteered to take care of them. I had opportunity to discuss this problem privately with Mary. My observation during discussion showed that Mary has been psychologically affected because she looked worried, unsettled and has lost hope for a better life."

Case Study 5:

Jacob was only 13 years old when he told us his story. He dropped out of school at class 4 because he became partially blind and the diagnoses showed that his problem was due to untreated infections caused by immoral behaviour of his step-father. Jacob narrated his story with tears while blaming his grandmother who cheated her late mother that she will take care of the children.

"Before my mother died she told us that we will stay with our grand mother who lives in Milimani. My mother said she does not trust my step father because he drinks a lot and they have been fighting for a long time. One day when my mother was very sick my grand mother promised my mother in-front of us that she will take care of us because she is not very old.. After my mother's burial, we moved to our grandmother's house with my two sisters; Wahuu and Wangari. After about six months she told us that she cannot feed all of us because she was earning little money. She told my sisters that they we should go back to our step father's house because the house is bigger than hers and she will assist us when we are there. She also told my sisters that they are old enough and they can do any casual work. One day she told us to pack our things and escorted us back to live with our step father. Four months after, my sister Wahuu dropped out of school because our step father never bought food for us, although he is a mason, he did not care about us, he used to drink so much and when he comes home he used to beat us and sexually abused my sisters. I did not know about this until he turned to me after my sisters decided to get married. My step father used to do bad things to me every night and he told me if I tell anybody he will kill me. My friends used to laugh at me because I would dose in class all the time and my health was not good. I could not tell my teacher what was happening to me. but after sometime she noticed that I had a problem. She started talking to me very nicely and sometimes she would give me food during lunch break. One day she insisted that I should tell her my problem which I did. When she heard my story, she was very sad and went to discuss with the head teacher. After two days the health worker and counsellor came to school and told me to go with them to a dispensary. When I was examined, the nurse said my problem was complicated so I was referred to Thika hospital when they found out that my private parts and back born were damaged and infected. My teachers and health officer reported my case to the chief who also reported to the police and my step father was arrested. The chief made arrangement with my neighbour to take care of me when I came back from the hospital until last week when he told my care taker that they have managed to get a place in children's home where I can live while undergoing treatment. So I will leave this home next week if everything goes on well."

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CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1: Discussion of the findings

Introduction:

This study raises pertinent issues that clearly demonstrate that children heading households takes responsibilities which are beyond their ability to manage. The children face many problems mainly sexual abuse, child labour exploitation and discrimination. In addition, they are psychologically affected due to lack of parental guidance, nurturing and love.

From the study, it was observed that the gender related vulnerability of boys and girls has more effect on girls heading households than orphan boys due to the fact that culturally, girls takes more responsibilities in households including caring for families than boys. In this study it was revealed that more orphan boys ran away from home after death of parents compared to girls who in most cases shoulders family responsibilities. For example, out of 50 households visited, 39 were headed by girl children and adolescents. Also during interviews, an orphan girl who was 13 years old said that her two elder brothers used to work in Juja quarry and sometimes they collected scrap metals for sale but they never contributed much to the upkeep of the family. Instead they used to drink so much that they quarreled very often. She said sometimes even the young siblings locked them out and eventually the boys decided to leave Juja. Now, the youngest brother live in Kayole and work as casual labourer in the market. They do not know where their second brother works or live.

5.1.1: What prompted large numbers of child headed families in Juja?

From the study, it was obvious that child headed homes is a new coping strategy for care and support of orphans in this community. Juja being a sub-urban area, extended families are not very common but still, child headed homes never existed before HIV/AIDS epidemic. Basically, the traditional care system for orphans has, for many years been strong and taken seriously. Orphans were always absorbed into their extended families, but this has not been the same in the decades of HIV/AIDS. More and more child headed families are emerging due to deteriorating care mechanism within the extended families.

It emerged from the study that various factors leading to formation of child headed homes are very similar to some of the factors that have been documented before from research studies done in different countries. Some of the reasons given include large numbers of maternal orphans, poverty in the homes of extended families, stigma and fear of discrimination, desire to keep families together and protection of family property.

Hunter and Williamson 1998b, as mentioned earlier under literature review pointed out that care for orphans in the extended families is a problem and many orphan children are exposed to increased vulnerabilities because they are cared for by vulnerable families and communities. This is particularly so in families headed by single mothers. In Kenya for example, two thirds of HIV victims are single mothers aged between 15 and 49 years old and most of them live in urban/sub-urban with their children and without stable income. It has also been observed in Kenya that urban/sub-urban residents have

significantly higher risks of HIV infection (10%) than rural residents (6%) and urban/sub-urban women are at higher risk of HIV infection (12%) compared to rural women (8%) – NASCOP/KDHS/CBS 2003.[50]   This has been the reason behind the formation of child headed families in Juja given the large numbers of maternal orphans.

It was noted from this study, majority of single mothers fail to make proper care arrangements for the children before their death. This is very common in many communities because single mothers are regarded as prostitutes and their children are not considered as legitimate by uncles and other relatives. This problem was carefully researched by the Ministry of Health of Kenya and the results indicated that boys from single mothers were denied property inheritance. Based of such reasons, many orphan children remain with no option except to fend for themselves. Basically, there are various factors leading to changes in traditional care patterns of orphan children, but there is no doubt that HIV/AIDS is the main factor predisposing to the establishment of child and adolescents headed households in communities affected by HIV/AID in Kenya.

Some writers such as Case, Paxson and Ableidinger 2002 emphasized that fostering system within family lines is still the most preferred safety net for the care of orphans, but there is no doubt that this care system is dying because of overstretched resources in the extended families and stigma, leading to discrimination of AIDS orphans. Aspaas (1999), referred such changes as "Crisis fosterage" which implies that more and more

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[50] NASCOP/ Ministry of Health: AIDS in Kenya – Trends, Interventions and Impacts; 7th edition 2005

orphans are being pushed into households rather than being pulled. [51] This is the true situation of orphans in Juja based on the fact that majority do not know their relatives who live in the rural areas. Even those who knows them, poverty, stigma and discrimination limit their motivation to go into those homes. As a result, they continue to suffer serious exploitation and other forms of abuse as they struggle to fend for themselves.

5.1.2: Challenges and risks facing orphan headed homes in Juja

Although majority of orphans have opted to stay alone and continue to take adult responsibilities, these children are putting their lives in danger because of their vulnerable situation. Majority of the children will never be able to survive on their own without any support. From the study, the level of sexual abuse and exploitation was rampant based on the number of participants (72%) who already have children of their own and not married.

Poor nutrition in households headed by children also is an indication of inability for the orphans to meet their basic food needs. It was noted from the study that majority of the orphans were not very much concerned with nutrition but any available food to relieve hunger which has led to high level of malnutrition. For example the statistics obtained from the Ministry of Health in Thika district, for year 2003 showed that 68 % of the under 5 children in Juja were severely malnourished. Although it was not easy to establish whether the most malnourished children were from child headed homes,

[51] Asppas, H.R 1999. AIDS and Orphans in Uganda: Geographical and Gender Interpretation of Households Resources; Social Science Journal 36 (2): 2001 -2006

majority of severely malnourished children were from single young mothers which most likely includes the orphan adolescents who takes care of both siblings and their own children.

Early Childhood malnutrition can affect the later growth and development of a child. Also it has been observed that in Africa, stunting is a big problem and commonest manifestation of chronic under-nutrition. Poor nutrition is associated with serious diseases, obstructed labour and high maternal mortality particularly for women who give birth to their first baby before the age of 20 years when their bodies are not fully developed. This is one of commonest health problems particularly among poor community members like the slum dwellers.

Education was raised as a challenge for many orphans. Although free primary education has created opportunity for many orphans who had left school and raised enrolment, it was, however, revealed that some of the children go to school simply because it is free and not because they believe it will help them. The participants were concerned that even for those orphans who complete their secondary education successfully, they may not get opportunity for further education due to other pressing needs which force them to take up any employment before getting proper qualifications.

According to Word Bank 2003a[52] and the operational guidelines for supporting ECD 2003b[53] orphans stand higher chances of missing opportunities for further education

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[52] World Bank 2003a: Ensuring Education Access for AIDS Orphans and Vulnerable Children, Washington DC

particularly girls due to poverty, lack of income. It was mentioned that the standard of education may also be low for orphans as compared to non orphans due to many other psychological problems which they go through in their lives.

Looking back on the studies carried out by Urassa and Subbarao in Tanzania and Uganda respectively in 2003, on school enrolment and attendance, there was significantly low school enrolments rate for the OVC compared to children living with their own parents. Based on these studies, orphan children are less likely to achieve higher levels of education than non orphans particularly the double orphans due to financial hardship and double work especially for girls. This means, therefore, the problems of education is not only a current challenge for the orphans heading homes but it is obviously a long term problem that has serious effect on the future generation.

Low paying jobs is a common phenomena among OVC particularly those heading homes because of their low level of education and lack of skills. According to UNICEF 2001,[54] and ILO 2003[55] exploitation through child labour is a common problem because orphans lack appropriate knowledge and skills to compete well in the labour market. There is a high probability that these children will always be second to non orphans in all aspects.

5.1.3: Survival Strategies adopted by the orphans heading households

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[53] _____2003b: Operational guidelines for supporting Early Childhood Development (ECD) in Multi-Sectoral HIV/AIDS programs in Africa; http://www.worldbank.org/children/ECDGuidelines..html

[54] UNICEF 2001: Child Worker in the Shadow of HIV/AIDS; UNICEF, East and Southern Africa Regional Office, Nairobi . UNICEF – http://www.childinfo.org

[55] ILO: Orphans and Vulnerable Children due to HIV/AIDS in Sub-Saharan Africa

It was noted from the study that some of the strategies which are used by the orphans to survive are only short term and possibly very lethal. For example some informal discussions with key informants revealed serious sexual abuse among young girls particularly those who are taking care of their ailing parents and siblings. In a focus group discussion, one of the participants told us a shocking story that "One time, a young girl who was not more than ten years old was forced by her own mother to have sex with her mother's boyfriend so that she could get money to buy food. Her mother was so sick that she could not do anything. This girl suffered so much, eventually she was rescued by one of their neighbours who reported the matter to Ruiru Children's Centre. Because of the seriousness of the matter, the girl was taken away from her mother to children's home." All participants said that although such things happen in poor communities like in slums, this particular lady went to an extreme considering the age of her girl. Criminal abortions and dumping babies were also mentioned as the worst problems associated with the survival strategies adopted by the young orphans.

Considering that majority of the orphans who head homes have long term responsibility of bringing up their siblings and the fact that they have no adequate and reliable income, they will always lead unhealthy and miserable life unless the problem is given high priority through combined efforts by the government, the community and donor agencies to alleviate the suffering of OVC.

5.1.4: The roles of government and communities to support the orphans in Juja.

Although majority of the children were happy with the free primary education, other important services such as food, health care, shelter, clothing, water and sanitation are still lacking. This means that the nature and intensity of public provided support services will dramatically change the lives of OVC if the government machinery for providing such services are empowered and properly monitored. Also such services will only improve the children's lives if there is serious commitment by the community members and families in supporting and preventing the orphans from falling into destitution.

Basically, orphan-hood threatens many aspects of children's lives, but "The International Convention on the Rights of the Children in principle provides a protective framework for children". Therefore, the government has responsibility of mobilizing community based initiatives such as NGOs, women groups, youth clubs, PLWHVA groups so that they could work together with donors to support and prevent orphans and vulnerable children from sinking into more problems.

5.3: Conclusion

In concluding this study, it should be reiterated that the social and economic impacts of HIV/AIDS on child headed households is a serious problem. As the children are pushed away from their extended families due to overstretched resources and stigma, more and more child headed families continue to emerge. Because these children are young and very poor, they are at high risks of child labour exploitation, sexual abuse and discrimination. Also the possibility that these children will achieve good education is

very remote. While psychological effect due to lack of parental love and nurturing adds more trauma on their lives.

Although the Kenyan government is making good progress in supporting the OVC particularly in education, still, there is a wide range of social protection interventions including health care services, food and nutrition, HIV/AIDS prevention and other poverty reduction programmes that could benefit the orphans and vulnerable children. The main problem is that, the government is also overwhelmed by the HIV/AIDS pandemic. Therefore, more support from donor agencies is needed in terms of financial, material and skills to be able to carry out more sustainable social protection and poverty reduction interventions to ensure that both orphans and non orphans get equal rights and opportunities to grow up in an environment where they could enjoy their childhood.

5.4: Recommendations

The following recommendations were designed to address the problem statement while relating to specific objectives of the study, the hypotheses and theoretical framework and suggestions were given on how the problems of orphan headed households can be alleviated.

In order to minimize and control the emergence of child headed households in Juja, it is important to introduce interventions that will help to prolong the lives of single mothers so that they may continue to take care of their children. Such interventions may include:

1. Education on safe sex and family planning. This should also be accompanied with provision of birth control methods and antiretroviral therapy to those who are already infected by HIV in order to prolong their lives and minimize the number of maternal orphans. Free health care service for women including VCT is also an important intervention that may reduce orphanhood.

2. Encourage and teach single mothers particularly those who are HIV positive to keep records of their next of kin, their partners and family members in order to ease up the exercise of re-integrating orphans into their extended families after death of their mothers.

3. Strengthen the capacity of communities and families to improve their involvement in supporting AIDS orphans. The intervention should, therefore, start with training the community and families in Juja so that they may understand important issues relating to HIV/AIDS. The training may help them develop positive attitude towards the problems of the OVC. The support mechanism should focus on mobilizing the community based resources such as fostering children both within and outside the extended families and also adoption. Financial support for caregivers is very necessary because the reluctance of some extended families to take responsibility of care for orphans is partly due to inadequate financial resources. Therefore, economic support for the caregivers should be well planned, organized and implemented through micro-credit and income generation activities.

Minimize problems facing OHH and improve their coping mechanisms.

1. Strengthen economic support for child headed households. This program may be implemented with the understanding that some of the orphans will not leave their homes even if they are given opportunity to be cared for by relatives, foster families or in children's homes, some will always want to stay alone. Given this possibility, it is necessary that some of the intervention programmes target the specific needs of the orphans where they are. The capacity and resources to respond to their needs should, therefore, involve promotion and engagement of CBOs, like Ruiru Children Centre, local leaders like the chief, community health workers, primary school teachers and religious leaders who will guide and support the orphans on socio-economic activities. The interventions should focus on important needs mainly financial in order to give them economic base for development activities. Other important support should include higher education to help them compete well in the labour market, health care, improvement of shelters, and vocational training. Counseling should be done continuously for psychological healing.

2. Address sexual health problems of the adolescents. The sexual health of adolescents is an issue that seems to have been forgotten by the government. Considering that majority of the orphan headed households are at adolescent age, they undergo sexual maturity while allot of changes taking place in their bodies. Because of high level of poverty facing the orphans and lack of parental protection, guidance and love, it is very obvious that the children's sexual health is in danger due to lack of information and knowledge about their sexuality. It is

striking to note that 72% of the adolescents who participated in the study are already categorized in the group of single mothers at such young age and are taking the responsibility of caring their young children, single handedly in addition to their siblings, some of the adolescents are already infected with HIV. This should be considered as an urgent matter that requires further research with effective participation of the adolescents in order to tap their views on how the problem can be effectively addressed.

3. The problems of exploitation and sexual abuse can be minimized by ensuring that children's rights are met which includes:

- The rights for education as specified under (article 28) of the International Convention of the Rights of Children (CRC); that all children regardless of their sex should get opportunity for education

- The rights to be brought up by responsible parents or guardians. (Article 18). Because majority of extended family members for the orphans headed homes in Juja are also poor, it is important to empower those who will volunteer to care for the orphans so that the basic needs of these children may be met.

- The right to be protected from economic exploitation and performing any work that interferes with their education or harmful to their mental, or social development (Article 32). In this regard, it is important to ensure that minimum age for admission to employment or work is carefully observed. Labour laws should be enforced to ensure that children and young people are not doing hazardous work that may affect their

education, safety, morals and health. However, light work may be granted particularly at family and community level so that their participation may be beneficial to both the children, families and the community.

The role of the government, NGOs, CBOs and community members in solving problems of CHH and other OVC:

1. The government should ensure that OVC and poor caregivers access important social services such as health care, education and security at reasonable costs and where necessary should be given free. Food relief may be necessary as an emergency intervention, otherwise, the government in collaboration with NGOs and CBOs should implement sustainable development activities which may include food security and microfinance activities for the orphans and caregivers.

2. The problem of shelters does not only affect the OVC but many poor community members. The government in collaboration with other stake holders should seriously implement a cost effective housing programme which should also include water and sanitation so that OVC may get opportunity to live in more habitable shelters.

3. Religious organizations should be involved in counseling for the purpose of psychological healing, educate and encourage community members to foster and adopt orphans as well as offering them material support including implementation of development activities.

4. Although primary education in Kenya is free, and also a possibility that secondary education may be free or highly subsidized soon after the new government is formed, there is a danger that those who have the upper hand may benefit from this service

more than the poor. Majority of OVC may be pushed to the corner because they have no voice. Therefore, It is very necessary that planning and implementation of education programme focus on the poor community members particularly OVC. The issue of nursery school for the under five children is also critical. As stated earlier in the study, young children from poor families are left home until they reach primary school age because nursery school fees is not affordable by the majority of care givers. This problem should be given serious consideration based on the fact that Early Childhood Development (ECD) is very important for mental and physical development of young children.

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http://www.worldbank.org/children/ECDGuidelines.html

APPENDICES

Appendix 1:

Questionnaire for children headed households

Section A: **Personal Details and background** (Please tick one from the list)

Age: Between 9 - 12 years old ☐
                12 - 15 "   ☐
                15 - 18 "   ☐

Sex: Male ☐ Female ☐

Level of your education:

- Lower primary school – up to class 4   ☐
- Upper Primary School – up to class 8   ☐
- Secondary - Form four   ☐
- Never went to school   ☐
- Never went to college/university   ☐

Background Information

Were you born in Juja or Ruiru? Yes ☐   No ☐

- Were your parents born in Juja or Ruiru? Yes ☐ No ☐
- Are you from single parent? Yes ☐ No ☐
- Who among your parents is alive?
  Mother ☐ Father ☐ Both ☐ None ☐

Have you lived with any of the people mentioned below?

        Yes ☐ No ☐

If 'Yes' whom did you live with (you can tick more than one)

- Grand mother/father ☐
- Uncle or aunt ☐
- Family friend ☐
- Have been staying alone with my siblings ☐

Did you continue with school after the death of your parents(s)? Yes ☐ No ☐

If "No" why? (Please indicate your reason using key below)

	1	2	3
(a) Lack of school fees and other school needs	☐	☐	☐
(b) Work to earn a living	☐	☐	☐
(c) Take care of my siblings and my mother	☐	☐	☐
(d) Had completed school : Std.8/ form 4	☐	☐	☐
(f) Hat no motivation after losing my parents	☐	☐	☐

Key: 1= strongly agree 2= Agree, 3= Disagree

Section B: Your background

You can choose more than one from the box

1. How long have you lived in this home?
- 0 - 5 years ☐
- 5 - 10 years ☐
- Over 10 years ☐

2. (a) Is the house rented or owned? [Rented] [Owned]

   If owned whom did you inherit from?
- My parent(s) ☐
- Grand Mother ☐
- Uncle/ Aunt ☐
- Others (specify) _____

(b) If rented how much is the rent per month? (K.shs)

- Less than 500 ☐
- 501 to 1000 ☐
- Above 1001 ☐

(a) Who is paying the rent?

- Myself ☐
- My relative ☐
- Myself and relative ☐
- Others (specify) _____

3. (a) Do you find difficulties in paying the rent?   Yes ☐   No ☐

If "Yes", what are the problems? (Please list 3 main problems)

_____

_____

_____

(b) How do you solve the problems? (Please explain)

_____

4. (a) How many siblings are staying with you?

1 ☐ 2 ☐ 3 ☐ 4 ☐   5 ☐ more than 5 ☐

(b) How old are they? (Please chose from the box-)

- Less than one 1 year ☐
- Between 2 – 5 years ☐
- Above 5 but less than 10 years ☐
- Less than Above 10 but less than 15 years ☐

5. (a) How many of your siblings are in school? 1☐ 2 ☐ 3☐ more than 3 ☐

   (b) Who is paying for their school fees? (You can tick more than one)
   - Myself   ☐
   - Relative   ☐
   - Myself and relative ☐
   - Free education   ☐
   - Others (please specify) _____

(b) Do you get any problem in paying school fees?   Yes ☐ No ☐
    If 'yes' what problems do you get? (Please list 3 main problems)

_____

_____

6. Have you experienced any resistance from your siblings Yes ☐ No ☐
(a) If ' Yes' what kind of resistance (please explain).

_____

_____

(b) How do you solve the problem?(please explain)

_____

_____

7. Who else are you taking care of? (Please specify)

_____

_____

8. What is your job?

- Casual work ☐ (please specify _____
- Business ☐ " " _____
- Employed ☐ " " _____
- Part time job] ☐ " " _____
- Others (specify) _____

9 On average, how much do you earn per month job? (K.shs)

- Less than 1000 ☐
- More than 1000 but less than 2000 ☐
- Above 2000 but less than 3000 ☐
- More than 3000 ☐

10. What problems do you/did you face in getting a job?   1   2   3

- Discriminated because I am young   ☐ ☐ ☐
- Because of my low educational level and lack of skills ☐ ☐ ☐
- I cannot get permanent job because I have no ID   ☐ ☐ ☐
- I had/ have to bribe for the job   ☐ ☐ ☐
- I am paid little money compared to adults   ☐ ☐ ☐

Key: 1 = Strongly agree 2= Agree 3 = Disagree

11 Do you get any additional support from the following persons? Yes☐ No ☐
If 'yes' what kind of support? (Please specify)

- Relatives_____
- Neighbours _____
- Family friends _____
- My boyfriend/girlfriend_____
- Chief _____
- Government _____
- Others (specify)_____

12. Indicate your needs using the key below.

	1	2	3
• Food	☐	☐	☐
• School fees and other school requirements	☐	☐	☐
• Shelter	☐	☐	☐
• Cloths	☐	☐	☐
• Education and skills training	☐	☐	☐
• Medical	☐	☐	☐

Key: 1 = Most pressing   2 = Pressing   3 = Least pressing

13. How do you solve the problems such as food and rent (please explain)

_____

_____

14 (a). Did your parents leave any property/wealth for you   Yes ☐ No ☐

If 'Yes' What did they leave ? (You can tick more than one)

Land☐ House☐   Business ☐ Money☐ None ☐

(b) If they left property/wealth, who is managing it?

• Myself   ☐

• My relative   ☐

• Myself and relatives   ☐

• Others (please specify) _____

(c) If you are managing property do you get any interference from relatives? Yes☐ No ☐

(d) What kind of interference? (Please explain).

_____

_____

(e) How do you/have you solved the above problems? (Please explain)

_____

_____

_____

15 (a). If you are given opportunity, would you like to live with relative rather than staying alone Yes☐No ☐

(b) If 'Yes' whom among your relatives would you mostly prefer to stay with?
- Uncle/ Aunt   ☐
- Grandfather/mother   ☐
- My parent's very close friend   ☐
- Others (please specify) _____

(c) If 'No" Why" (you can choose more than one)
- I have lived in Juja for many years I do not want to leave   ☐
- My relatives are also poor, we will give them more problems   ☐
- My relatives have not taken trouble to assist us   ☐
- I do not want to separate from my neighbours   ☐
- I/my siblings want to continue studying in the same school   ☐
- Others (please specify)_____

16. If given opportunity, would you go to children's homes or foster families Yes☐ No ☐

If "Yes"(please explain)_____

If "No"(please explain) _____

17. When you are depressed, what do you usually do?

_____

_____

18. Has the Chief or Sub-Chief of this area been actively involved in channeling the problems of OVC to higher authorities Yes ☐ No ☐

If "Yes", what specifically have they done in the last 3 or 6 months? (Please explain)

_____

_____

_____

19 (a).Do you feel the government is doing enough to help orphan children Yes☐ No ☐

   (b) If "Yes" what has the government done to improve the lives of orphans
      (Please explain)

_____

_____

_____

   (b) If "No" What do you suggest the government could do to improve the lives of
      Orphans and vulnerable children? (Please explain)

_____

_____

_____

20. How would you describe your life now and before the death of your parents? (You can tick more than one)

- I feel more vulnerable and insecure   ☐
- Very depressed   ☐
- I have become stronger and more mature   ☐
- I do not see my future and for my siblings   ☐
- Others specify _____

Appendix II:

Questionnaires for key informants

- Your Job: _____
- Are you a resident in Juja or Ruiru Yes☐ No ☐
- How long have you been involved with issues of OVC in this area? (please specify)

_____

1. From your experience,, what could have prompted the large numbers of children heading households in this community? (Please explain)

_____

_____

_____

_____

2. Please list the commonest problems facing children headed homes in this community?

_____

_____

_____

3. From your observation, how do some of these problems affect their lives? (Please specify by examples)

_____

_____

_____

_____

_____

4.(a) From your observation, how do majority of orphans heading homes relate with their siblings: Good ☐ Fairly ☐ Good ☐ Not good ☐

(b) If not "good" what are the main complaints/misunderstandings (Please list 4)

_____

_____

_____

_____

5. What do you think are the main challenges they get in taking care of young siblings? (Please explain with examples)

_____

_____

_____

6. How do they solve the problems? (Please explain)

_____

Appendix III

Guiding questions for focus group discussion

1. What kind of problems do the orphans heading homes face in this community?

2. To what extent are girls in this community are exploited compared to boys?

3. What hinders orphans from going back to their relatives when they become orphans?

4. How can OVC in this community be assisted in order to alleviate their problems?

5. What specific issues that need be addressed by the district/government religious organizations that may help minimize the problems of OVC in Juja?

Appendix IV

Photographs Illustrations

A 14 year old child dropped out of school to assist her sister in taking care of the children

These two children live alone in this dilapidated shelter, their grandmother died six months ago

The teenager carrying her daughter while making food, the siblings are too hungry to wait

The children are at home, her sister went to work, no nursery school for them

The caregiver and siblings are not sure where the next meal will come from

Teenage girls doing dressmaking training at Ruiru Children Centre.(Pathfinder sponsored project)