

**THE INFLUENCE OF PROJECTS IN EMPOWERING GRANDMOTHERS
TO COPE WITH THE EFFECTS OF HIV/AIDS; THE CASE OF GRANNIE
PROJECT IN KIAMBU COUNTY, KENYA**

BY

CATHERINE WANDIA WAMBUGU

**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL FULFILMENT
OF THE REQUIREMENTS FOR THE AWARD OF MASTER OF ARTS
DEGREE IN PROJECT PLANNING AND MANAGEMENT OF THE
UNIVERSITY OF NAIROBI**

2016

DECLARATION

This research report is my original work and has not been submitted to any other university or institution of higher learning for examination.

SIGNATURE **DATE**

NAME: CATHERINE WANDIA WAMBUGU

REG NO: L50/82197/2012

This research report has been submitted for examination with my approval as the University Supervisor.

SIGNATURE..... **DATE**

NAME: JOHNBOSCO KISIMBII

Lecturer, Department of Extra Mural Studies

University of Nairobi

DEDICATION

This work is dedicated to my family for their endless support and encouragement as I pursued this course.

ACKNOWLEDGEMENT

I wish to express my gratitude to the University of Nairobi for giving me the opportunity to undertake this course. To my supervisor, Mr. Johnbosco Kisimbii, thank you for your patient and professional guidance and advice. To the course lecturers, staff in the department of Extra Mural Studies, your invaluable support enabled me to successfully go through this course. I could also not have managed to write this research project proposal without the support of my dear husband, my mum and siblings, thank you for your encouragement and endless support. I also acknowledge the staff at the Department of Immigration (Mombasa and JKIA) for allowing me time off from work to pursue this course, my colleagues who were a source of encouragement and for carrying on my duties when I was held up. Last but not least, I wish to thank God almighty for giving me good health, perseverance and protection throughout the times of study for this degree.

| TABLE OF CONTENTS | PAGE |
|---|-------------|
| DECLARATION..... | ii |
| DEDICATION | iii |
| ACKNOWLEDGEMENT | iv |
| TABLE OF CONTENTS | v |
| LIST OF FIGURES | viii |
| LIST OF TABLES | ix |
| ACRONYMS AND ABBREVIATIONS..... | x |
| ABSTRACT..... | xi |
| CHAPTER ONE: INTRODUCTION..... | 1 |
| 1.1 Background to the Study..... | 1 |
| 1.2 Statement of the Problem | 5 |
| 1.3 Purpose of the Study | 6 |
| 1.4 Objectives of the Study..... | 6 |
| 1.5 Research questions | 7 |
| 1.6 Research Hypothesis..... | 7 |
| 1.7 Significances of the Study..... | 8 |
| 1.8 Delimitations of the Study..... | 8 |
| 1.9 Limitations of the Study..... | 8 |
| 1.10 Basic assumptions of the Study..... | 9 |
| 1.11 Definition of Significant Terms..... | 9 |
| 1.12 Organization of the Study..... | 10 |

| | |
|---|-----------|
| CHAPTER TWO: LITERATURE REVIEW..... | 11 |
| 2.1 Introduction..... | 11 |
| 2.2 The Influence of Education in Empowering Grandmothers..... | 11 |
| 2.2.1 Education for the Grandmothers..... | 11 |
| 2.2.2 Education for Orphans and Vulnerable Children..... | 14 |
| 2.3 The influence of Financial Resources allocation in Empowering Grandmothers..... | 15 |
| 2.4 The influence of Cultural Perceptions in Empowering Grandmothers..... | 18 |
| 2.4.1 Stigmatisation of HIV/AIDS Victims by the Community..... | 19 |
| 2.4.2 Gender Role and the Society..... | 20 |
| 2.5 The influence of Religion in Empowering Grandmothers..... | 21 |
| 2.5.1 Religious Support Role..... | 21 |
| 2.5.2 Protection Role against Violence and Abuse..... | 22 |
| 2.6 Theoretical Framework..... | 23 |
| 2.7 Conceptual Framework..... | 25 |
| 2.8 Summary of Literature Review..... | 26 |
| | |
| CHAPTER THREE: RESEARCH METHODOLOGY..... | 27 |
| 3.1. Introduction..... | 27 |
| 3.2 Research Design..... | 27 |
| 3.3. Target Population..... | 27 |
| 3.4 Sample Size and Sampling Procedure..... | 27 |
| 3.5. Data Collection Instruments..... | 29 |
| 3.6. Validity and Reliability of Research Instruments..... | 29 |

| | |
|---|----|
| 3.6.1 Validity of instruments..... | 29 |
| 3.6.2 Reliability of the instruments..... | 29 |
| 3.7. Data Collection Procedure..... | 29 |
| 3.8. Data Analysis | 30 |
| 3.9 Ethical Considerati..... | 30 |
| 3.10 Operational Definition of Variables..... | 31 |

CHAPTER FOUR: DATA ANALYSIS, PRESENTATION AND INTERPRETATION

| | |
|---|----|
| 4.1 Introduction..... | 32 |
| 4.2 Response rate | 32 |
| 4.3 Demographic characteristics of the population | 32 |
| 4.3.1 Gender of the respondents..... | 32 |
| 4.3.2 Age distribution of the respondents..... | 33 |
| 4.3.3 Level of education of the respondents..... | 33 |
| 4.3.4 Working experience of the respondents..... | 34 |
| 4.4 Findings on the item of Education Role..... | 34 |
| 4.5 Results on Item on Financial Allocation Role..... | 35 |
| 4.5.1 Funding..... | 35 |
| 4.5.2 Rating of Financial Resources Allocation..... | 36 |
| 4.6 Item on Culture Change..... | 38 |
| 4.7 Religious Role..... | 39 |
| 4.7.1 Responses on Relevance of Religion | 39 |
| 4.7.2 Rating of Religious Role..... | 39 |

| | |
|---|----|
| 4.8 Testing the First Hypothesis using Chi Square..... | 40 |
| 4.9 Testing of the Second Hypothesis using Chi Square..... | 41 |
| 4.10 Testing of the Third Hypothesis using Chi Square..... | 43 |
| 4.11 Testing of the Fourth Hypothesis using Chi Square..... | 44 |

CHAPTER FIVE: SUMMARY OF FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

| | |
|--|----|
| 5.1 Introduction..... | 45 |
| 5.2 Summary of Findings | 45 |
| 5.3 Discussion of Findings | 46 |
| 5.4 Conclusion of the Study | 48 |
| 5.5 Recommendations | 49 |
| 5.6 Suggestions for Further research | 50 |

| | |
|-----------------|----|
| REFERENCES..... | 51 |
|-----------------|----|

| | |
|-----------------|----|
| APPENDICES..... | 57 |
|-----------------|----|

| | |
|--|----|
| APPENDIX 1 Letter of transmittal..... | 57 |
|--|----|

| | |
|--|----|
| APPENDIX 2 Respondents Questionnaire..... | 58 |
|--|----|

LIST OF FIGURES

| | | |
|-----------|---------------------------|----|
| Figure 1: | Conceptual Framework..... | 25 |
|-----------|---------------------------|----|

LIST OF TABLES

| | |
|---|----|
| Table 3.1 The Number of Respondent Sample in Grannie projects..... | 27 |
| Table 3.2 Random Sample of Respondents to be targeted for Research..... | 28 |
| Table 3.3 Operationalization Table..... | 31 |
| Table 4.1 Gender Distribution of Respondents..... | 32 |
| Table 4.2 Age Distribution of Respondents..... | 33 |
| Table 4.3 Academic Qualifications of Respondents..... | 33 |
| Table 4.4 Working experience of Respondents..... | 34 |
| Table 4.5 Rating of Education..... | 34 |
| Table 4.6 Funding activities..... | 36 |
| Table 4.7 Rating of Responses on Financial Resources Allocation..... | 37 |
| Table 4.8 Degree of Support on Culture Change..... | 38 |
| Table 4.9 Relevance of Religion..... | 39 |
| Table 4.10 Rating of Religious Role..... | 40 |
| Table 4.11 Observed and Expected Responses..... | 41 |
| Table 4.12 Chi Square Testing for the First Hypothesis..... | 41 |
| Table 4.13 Observed and Expected Responses..... | 42 |
| Table 4.14 Chi Square Testing for the Second Hypothesis..... | 42 |
| Table 4.15 Observed and Expected Responses..... | 43 |
| Table 4.16 Chi Square Testing for the Third Hypothesis..... | 43 |
| Table 4.17 Observed and Expected Responses..... | 44 |
| Table 4.18 Chi Square Testing for the Fourth Hypothesis..... | 44 |

LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|---------------|--|
| AIDS | Acquired Immuno Deficiency Syndrome |
| ARV | Anti-retroviral drug |
| AVERT | International AIDS Charity |
| CBOs | Community Based Organizations |
| CLAN | Child Legal Action Network |
| CTs | Cash Transfers |
| FBOs | Faith Based Organizations |
| GOK | Government of Kenya |
| HIV | Human Immuno-Deficiency Virus |
| IAP | Integrated Aids Program |
| KSH | Kenya Shilling |
| MOH | Ministry of Health (Kenya) |
| MOE | Ministry of Education (Kenya) |
| NACC | National AIDS Control Council |
| NGO | Non-Governmental Organization |
| OPs | Old Parents |
| OPCTs | Older Persons Cash Transfers |
| OVC | Orphans and Vulnerable Children |
| STDs | Sexually Transmitted Diseases |
| STIs | Sexually Transmitted Infections |
| UNDP | United Nation Development Programme |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNICEF | United Nations Children’s Fund |
| USAID | United States Agency for International Development |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| VCT | Voluntary Counseling and Testing |
| WHO | World Health Organization |

ABSTRACT

Grannies projects have for a long time existed in developed and developing countries since the discovery of deadly diseases and have been the only ways in which most of the services and care was channeled to the affected in the community since most grandmothers are easily trusted. The purpose of this study therefore was to find out the influence of projects in empowering grandmothers to cope with the effects of HIV/AIDS; the case of Grannie project in Kiambu County, Kenya. The study was guided by four objectives that sought to; examine the extent to which education influences the empowering of grandmothers in coping with the effects of HIV/AIDS in Kiambu County, assess the extent to which financial resources allocation role influences the empowering of grandmothers in coping with the effects of HIV/AIDS in Kiambu County, determine the extent to which culture change influences the empowering of grandmothers in coping with the effects of HIV/AIDS in Kiambu County, and, determine the extent to which the religious role influences the empowering of grandmothers in coping with the effects of HIV/AIDS in Kiambu County. The objectives also formed the themes in literature review. A descriptive research design was adopted for the study. In the study purposeful sampling was used in accordance to the characteristics the elements in the population possess. The research targeted employees of grannie projects and the direct beneficiaries of the operating grannie projects. The target population was about 1620 but a population sample of 95 was used. A pilot study was conducted to check the instruments reliability and validity. Data was collected using a structured questionnaire which was administered personally, via e-mails, enumerators and then collected after they have been filled. Data was coded and analyzed using the SPSS version 20.0. The data was analysed and the variables correlated to check the relationship of data. The hypothesis was tested using the simple chi-square tests to establish this relationship. In the study, 90 questionnaires were returned, fully filled and desirable for the study. This made a response rate of 94.7%. Female gender dominated the study maybe due to the nature of the topic of discussion. Female respondents made majority of the respondents at 70% while the male respondents who participated in the study made 30%. Over 60% of the respondents were for the idea that the Grannie project in Thika is working closely with relevant bodies to provide education to the affected grannies and other close people like grandchildren. Based on the responses in the field and the discussions from the literature reviewed, the grannies project in Thika has done a significant job in empowering the grandmothers. The project has for example come up with structured programmes of giving education to the grandmothers and their grandchildren. This is aimed at helping them understand the effect of HIV/AIDS besides getting knowledge on how they can survive. The researcher recommends that the grannie project idea should be allocated a particular curriculum from the MoE, department of adult education that is integrated with the contents adopted from the NACC so that the project can give its clients a very specific and relevant education so that their lives can be better than they are today. Also, the MoE in partnership with various bodies and NGOs should develop specific teachers to offer such education instead of using of volunteers. The study also recommends that the national government, county government and other stakeholders like USAID should come up with specific special budget that targets the grannies that are infected, affected and impacted by the HIV/AIDS virus. The researcher suggested that; a similar study could be carried out in the other counties and the whole County at large; a research can be done in the county to assess the challenges facing various grannies projects implementation in Kiambu county and the country at large, and finally, another study can be done to examine the various strategies adopted by the grannie projects in Kenya to ensure their sustainability.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Johnson & Raphael (2009) observed that any infectious agent's effectiveness is based on the interactive elements that include: the human host, the social environment and the biological environment. Infectious agents in this case include a virus, bacteria, or fungi. Their study indicates that the most infectious disease that emerged in the 20th century that put the whole world into a panic mode was the HIV virus. The virus is believed to might have originated from the monkeys and the Chimpanzees in the Congo forest. It was better defined in the 1950's in areas around Kinshasa and was first reported in South Africa among the gay people; leading to checked efforts and radical measures to combat its effects (Gates, 2011).

Studies indicate that, a flight attendant who was a homosexual might have contracted the disease in the New York and led to the discovery of the disease in SA in 1992 (WHO, 2013). This led to the medical authorities concentrating on the white male homosexual community. The rapid spread of HIV/AIDS was not only a source of concern for scientists in Africa but also those in developed countries too. In Russia by late 1980, about 5.12% young intelligent and working population was infected with the virus hence, stagnating the labour force and the country's economy at large as most of the efforts were directed towards treating the HIV/AIDS victims and getting a cure for the disease. This resulted to an overall slowed rate of development in the country (World Bank, 2012). In Russia about 2.2 million orphans were left behind by HIV/AIDS deceased parents by 1998. This forced most of the old grandparents especially the grandmothers to take the central role in bringing up the grandchildren left behind by their deceased children. It was not until 2001 when the Russian president, Vladimir Putin, advocated for radical steps that could substitute the hands given by single grandmothers who could handle as many as nine orphans on average. This led to the formation of several NGOs, CBOs, FBOs and major granny projects that focused on helping lessen the impact that resulted from HIV/AIDS deaths (Annie, 2012).

Empire Justice Center (2011) carried out a research in Russia in 2005/2008 and found out that most projects that addressed the HIV/AIDS pandemic concentrated in addressing the older

persons who were handling the orphans. However, the World Bank (2010) found out that the 102 granny projects that addressed the effects befalling the older persons due to HIV/AIDS could not fully be implemented because they were faced with a number of issues. For example, in 2001-2004, about 20 projects that targeted grandparents in the region collapsed because they lacked sufficient funds as a result of the World Bank withdrawing its funding, some were constrained due to the fact that the old persons in the community were stigmatized and looked at by the community negatively and also most of the old people lacked modern education/information. (Generations United, 2010).

Center for Disease Control and Prevention (2011) carried out a research in Bangladesh .It found out that about 75% of the old people whose children had died of HIV/AIDS, cancer, kidney failure and high blood pressure were given the responsibility of bringing up their grandchildren. This was found to have stressed them and some even died early due to high pressure put on them as they struggled to provide for the basic needs of their grandchildren. This challenged the local and international NGOs to engage in services that aimed at helping these old grandparents in the upbringing of the orphans. According to Administration on Aging (2012), NGOs, CBOs and Older Persons Cash Transfers (OPCTs) were formed with HIV/AIDS impact reduction on the otherwise aged population but the projects implementation were faced with a number of challenges. For example, in Pakistan, about 12 NGOs had to close down their projects due to lack of funds, 17 had to adjust their objectives while 32 had to comply with the demands of the donors in order to get funds. Illiteracy, community perceptions about HIV victims and gender roles in Pakistan also influenced grannie projects rates implementation.

According to the WHO (2010), South Africa's HIV/AIDS infections increased drastically between late 1990s and mid-2000 when the greatest gold mining country lost about 4.35 million women and men due to the virus. This later led to an influx of orphans with reported burdens of raising them in most cases passed on to the parents of the infected/dead young parents. Most women aged between 56 and 83 were the major care takers of these bedridden young parents and once they passed on, the parenting responsibilities were left in the hands of the old, non-pensioned and weak grandparents. According to HelpAge International (2011), grandparents who could be otherwise enjoying their social benefits were strained with taking care of these

orphans with some extreme case that burdened these old people, infected some and later on passed the stress to the orphans who from time to time feared the unknown future.

According to the World Bank (2011), children of parents who die of HIV/AIDS in Africa or the sick people receive little help from the government, forcing a good number of them to drain the family resources. For example, when people in urban centres are normally very ill beyond the recovery point tend to move to the villages where the old grannies are forced to take care of them. A study in South Africa, between 1999 and 2005, shows that 92% of the grandparents who lived in Soweto slums were on average attached to 7 dependent orphans. This forced the government and other stakeholders to come up with structured programmes and projects that aimed at easing the burden of these older persons. This led to the development of CBOs, FBOs and NGOs projects that offered services aimed at focusing on HIV/AIDS effects among grannies and other aged parents.

In Lesotho, for example, 14 grannies projects were started in the late 1995 and aimed at reaching about 15,320 old parents by 2007 but could not succeed in their objectives due to various factors that came into play. Some of the issues included: lack of sufficient funds, lack of HIV/AIDS information/education among the aged, religious beliefs, cultural beliefs and stigmatization among other factors. This forced most of the projects fail to achieve their objectives that targeted the poor slum grannies who continued raising their grandchildren in poverty and died in poverty (World Bank, 2013), (WHO, 2012) and (Help Age International, 2011).

Regionally, AVERT (2012) carried out a study on the role of CBOs and FBOs in compacting and reducing HIV/AIDS effects on Uganda's Kisu and Nyankore women. They found out that after the mass deaths experienced in the 20th century in Uganda due to HIV/AIDS and civil wars, most old women were strained in spending on their sick children and the left behind orphans. This called for the birth of grannies assisting projects under the umbrella of the HelpAge International group that operated then in the northern Karamojong areas. Between 1997 and 2000, 11 NGOs and other CBOs and FBOs were in place in Uganda and they carried out projects initially aimed at reaching 2.78 million Orphans and Vulnerable Children (OVC) and their older grandparents. However, most of these projects failed due to the withdrawal of funds by the

donors, political instabilities that constantly destabilized their operations, lack of education for both the aged and OVC and poor cultural practices. (World Bank, 2009)

According to Akinyi and Agwanda (2010), the first HIV/AIDS related case was reported in Kenya in 1984. Ten years later (June 1995) the Ministry of Health recorded 56,573 cases of AIDS while in June 1999 there were 87, 070 cases reported. Most of these victims were abled men and women aged between 21 and 40 who were working in major towns in the country. It is believed that Kenya had an actual number of over 760,000 people who had succumbed to HIV/AIDS by the start of the millennium. By December 2011, between 1.6million to 2.05m Kenyans were HIV positive (210,221 of which were children aged below 14 years) (Gelmon et al, 2009). The probability that 1 in every 10 persons are HIV positive in Kenya is high; the rates going to 1 in every 6 persons in HIV preference areas like Homa Bay, Kisumu, Thika, Salgaa and Busia. These mostly fall within the childbearing and bread-winning ranges of 15-49 years. (Baird et al, 2012).

According to Cohen et al. (2011), the most immediate impact of the HIV virus to the community is unprecedented orphan numbers. In January 2000, Kenya was reported to have 350,000 orphaned children due to HIV/AIDS. According to De Walque (2010), the worst consequences of HIV in Kenya today is increased deaths and increased number of orphans. This is happening while there are no organized orphanage homes or sufficient Orphan and Vulnerable Children (OVC) Cash Transfers (CTs); leaving them at the mercies of their weak and unable grandparents. In fact the situation is worsening in Kenya today since over the 2.5million orphans in the country have almost half of the kids being left behind due to HIV/AIDs deaths and these orphans have been left under the care of grandparents who rarely have much financial support, lack awareness on HIV/AIDS and do not have the energy required to take care of these orphans (NACC, 2010). This has challenged the Kenyan government, NGOs, CBOs and FBOs to come up with grannies' support projects that support the old parents who support OVC whose cause was brought by death of parents due to HIV/AIDS. Under the umbrella of the NGOs Council of Kenya and the HelpAge International, various grannies projects have been operating in Kenya since 2003.

According to NACC (2010), 12 projects closely operated in Garissa between 2005 and 2009 to support HIV/AIDS deaths related orphans, 20 operated in Kajiado, 45 operated in the Nairobi slums of Kibera, Mukuruini, Mathare 1, 2 and 3, 10 operated in Kiandutu slums of Thika and 4 operated in the outskirts of Thika region. Research by King's College London (2010) showed that in the past 10 years, various projects have been developed in almost all the districts in the country with the aim of helping the aged grandparents who have been burdened by the roles of taking care of their ill children or the left behind orphans. However, most projects have failed to meet their objectives due to the following challenges; lack of sufficient funds, lack of HIV/AIDS awareness and information to the grannies, stigmatization of the grannies and their orphaned grandchildren. In Thika, for example, the aged parents were found to be too weak to travel long distances to the Thika level five hospital to get ARVs for their sick children, 73% of these grannies had little knowledge/information about HIV/AIDS. Lack of resources at the NGOs levels and the grannies' level acted as a big impediment in adopting and diffusion of projects aimed at helping them lessen the effects of HIV/AIDS pandemic in the region (AIDS Vaccine Advocacy Coalition 2010).

1.2 Statement of the Problem

Statistics show that in Kenya, the infection rates for HIV/AIDS are very high with the country being rated among the top six countries with new infections, and later on associated deaths. The majority of these infected are the youths or young parents who later on die and leave the orphans under the care of old/aging parents (NACC, 2014). In Homabay for example, up to 15% of young parents die of HIV related infections and later on leaves the young children under the hands of the aging parents since the other relatives are always poor and this makes it hard to take care of these orphans.

HelpAge (2013) shows that the greater impact of these orphans across the country is that most grannies in the country have been forced to be new mothers in the caregiving to their ailing children or left behind helpless grandchildren. A study by the HelpAge (2013) showed that in Kenya, the impacts of HIV had been reduced to some extent by the government in 2012/2013 through CTs but there is still a big burden of the number of orphans that have been left in the

hands of the grandparents. This has called a number of consorted projects to address the grannies and their support to the orphans.

NACC (2014) has shown that in Kiambu, the situation is similar. According to the report, over 1500 people die of HIV/AIDS annually in Kiambu county leaving behind about 2500 orphans. Mostly, these orphans are left at the hand and care of grandparents who are weak, sick and very illiterate. This necessitated the introduction and adoption of grannies projects that operated under the umbrella of the NGOs Council of Kenya, Help Age International, NACC etc. However, the implementation of these grannies' projects in Thika sub-county has been faced by a number of challenges. Included in the issues are: the ever increasing number of orphans due to deaths of the parents, unavailability of adequate funds to the various bodies running projects supporting the grannies, insufficient funds allocated to the grannies and their families, the illiteracy level among the aged women who are the immediate caretakers, the religious beliefs, cultural perceptions, stigmatization and many more.

Little has been done to establish the factors influencing the effective implementation of projects that deal with the grandmothers affected by HIV/AIDS either directly or indirectly and this has created a gap for the research. Hence this study will fill in the gap by examining the influence of projects in empowering grandmothers in handling effects associated with AIDS related deaths, while focusing on the Grannie Project in Kiambu County.

1.3 The Purpose of the study

This study was carried out with the purpose of examining the influence of projects in empowering grandmothers in coping the HIV effects; the case of Grannie Project in Kiambu county.

1.4 Study Objectives

The study was guided by the following objectives:

- i. To examine the influence of education in empowering the grandmothers in coping with the effects of HIV/AIDS.

- ii. To assess the influence of financial resources allocation in empowering the grandmothers in coping with the effects of HIV/AIDS.
- iii. To determine the influence of culture change in empowering the grandmothers in coping with the effects of HIV/AIDS.
- iv. To determine the influence of religion in empowering the grandmothers in coping with the effects of HIV/AIDS.

1.5 Research Questions

The study was guided by the following questions:

- i. What is the influence of education in empowering the grandmothers in coping with the effects of HIV/AIDS?
- ii. What is the influence of financial resources allocation in empowering the grandmothers in coping with the effects of HIV/AIDS?
- iii. What is the influence of culture change in empowering the grandmothers in coping with the effects of HIV/AIDS?
- iv. What is the influence of religion in empowering the grandmothers in coping with the effects of HIV/AIDS?

1.6 Study Hypothesis

The study was guided by the following alternative hypothesis:

- i. H₁: education has an influence in empowering the grandmothers in coping with the effects of HIV/AIDS.
- ii. H₁: financial resources allocation has an influence in empowering the grandmothers in coping with the effects of HIV/AIDS.
- iii. H₁: culture change has an influence in empowering the grandmothers in coping with the effects of HIV/AIDS.
- iv. H₁: religion has an influence in empowering the grandmothers in coping with the effects of HIV/AIDS.

1.7 Significance of the Study

Thus study is expected to be of great importance to government agencies, HIV/AIDS donor fraternity, HIV/AIDS related NGOs, CBOs, and FBOs in Kenya and beyond as it will help them in restructuring/including main objectives in their major goals of operations that address the effects felt by the older parents who have been forced to take the new parental roles. The study has highlighted a number of strategies that should be undertaken by Grannies projects so as to help the grannies in the world to avoid the extreme effects that arise as a result of being befallen by HIV virus in their families. The study will also be of significance to the national government and county governments as it will enable them to make effective strategic plans and to increase allocation of resources for projects targeting grandmothers, OVCs affected by HIV and AIDS. Researchers will also benefit from this study.

1.8 Study Delimitation

The study concentrated its scope to Kiambu County. The geographical scope was selected from the grannies' empowerment projects in Kiambu County, Kenya. The research targeted the management/head of grannie projects, related CBOs/FBOs/NGOs of these projects that directly have been hitting on grannies affected by HIV/AIDS in Kiambu County. The researcher administered both questionnaire and key informant guide to the respondents as guided by the four objectives.

1.9 Study Limitation

This Research was limited by time and financial resources. For example, time allocated for the research and for the work place was greatly in competition. However this was overcome by creating time during the weekends, evenings, at times travelling during lunch breaks to link with the supervisor at the University in Mombasa town and taking leave from work so as to contact the respondents in various places in Kiambu County. Financial constraints were a major challenge especially where the researcher was required to travel to upcountry and rural places like interior parts of Juja or the slums of Kiandutu to gather information. However this was overcome by using strategic informants in the field.

1.10 Basic Assumptions of the Research

This study presumed that the projects in Kiambu County, Kenya had significant roles in empowering grannies/grandmothers and specifically in coping with HIV effects; an idea that held positive prediction. Also the study had assumption that the educational role and that role that focused of finances had a significant influence in empowering women (grannies) and specifically in coping with HIV effects; the idea that held at the end. It further presumed that the culture change role and religious role had a significant influence in empowering of grannies against effects caused by HIV/AIDS. The study finally assumed that the respondents could fill the questionnaires faithfully and completely without any subjectivity. All the above assumptions held in the study.

1.11 Definition of Terms Used in the Study

Culture – this is the way of people’s lives that revolves around the activities, religious values, traditions and natural setting.

Cultural Perceptions - refers to all the views and opinions that associate and classify a particular happening with common generalized opinions by a group of community members; that could be right/wrong at times.

Education – is the process through which individuals acquire vales, skills and habits that enable this individual to be an effective member of the society (Ojobo, 2008).

HIV/AIDS Effects – is the negative outcome associated with HIV/AIDS among the grandmothers who could be psychological, physical, social or economic.

Empowerment – is giving people an opportunity to be able getting relevant means that allow them to control resources and other means of operations.

Financial Resources - are funds that are allocated to grandmothers and OVCs affected by HIV/AIDS.

Grandmothers - these are women whose adult children are either ailing or have died as a result of HIV/AIDS and hence they have been left with the responsibility of raising their grandchildren.

Grannie Projects - refers to projects that aim at bettering the lives of grandmothers who are caring for children whose parents are ill of HIV or have passed on.

1.12 Organisation of the Study

The project report has been organized into five chapters. Chapter one is basically the introduction, problem statement, objectives, hypothesis and other information that gives the background of a study. Chapter two is the literature review, chapter three carries the research methodology used while chapter four carries data analysis and interpretation. Finally chapter five has the summary of the findings, discussions, recommendations and suggestions for further studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter contains the literature review in subheadings that include: education, financial resources allocation, culture change and religion and how the above variables influence the empowerment of grandmothers and how this helps them to know how they can cope with effects of HIV/AIDS. This chapter also included the conceptual framework which showed the relationship between dependent and independent variables as well as the intervening variables and finally a summary of the chapter.

2.2 The influence of Education in Empowering the Grandmothers

Education plays a vital role in developing people, eliminating their negative thinking and showing people a common course of action that will strategically place them in a better position of articulating issues. It has been also been cited as one of the most important determinants of economic growth since it is both an indicator, and an instrument, of development. In this study, the role played by education in empowering grannies will be looked at in two categories that include, education given to grannies/old parents and the education given to OVC.

2.2.1 Education for the Grandmothers

According to Bray, R. (2009) in his research on the Carers of Africa in the 21st century, he argued that most grandmothers had been forcefully turned into mothers after their children died from HIV/AIDS related complications. He noted that most of these grandmothers lacked formal education, for example, in Angola 91% of its grannies were illiterate and they were only able to communicate in the local languages and not the national or foreign languages. From his study, the government had to move radically in educating the Older Persons (OPs) by giving them non formal education through organized seminars and under the tree classes, radios and through local administration so as to equip the grannies with a common language that could be used. According to Aboderin (2010), education for the OPs is very important more so when it is projected towards helping the grannies with information to read and follow the right medical prescription that the old carers give to their ill children and grandchildren or get common

language that could enable them communicate with the projects coordinators and those who bring information that could place them in the best position to handle the effects of HIV/AIDS.

According to Abebe and Skovdal (2010), information is power that is vested in one common language that binds people of a particular community. They analyzed the factors that placed China in a much better position of handling the effects of HIV/AIDS and found out that the country has made the first step of nationalizing the Chinese language that joins all the Chinese people; making communication very easy. Most of the people including the local grannies in remote towns of Shanghai could read and write Chinese easily. This was arrived at after the discoveries by the national government on the importance of common education knowledge to the aged people in combating HIV/AIDS.

After discovering the effects of lack of education in the old population in Cuba, the president, Fidel Castrol ordered all the active population, NGOs, CBOs, FBOs, politicians to collaborate with HelpAge International , the grannies projects and many more in educating all the illiterate people in the villages for two years. The resultant outcome was that the OPs got enough education that helped them get the relevant information that helped them handle severe economic challenges like epidemic diseases that included HIV/AIDS. (Save the Children, 2010).

According to Skovdal (2010a), HIV/AIDS role in the society has much more negative effects than it can be explained on its literal outlook. In 2009 he did a research in 4 districts in four West African countries (Sierra Leon, Nigeria, Cameroon and Guinea) and noted that the grandparents had little knowledge about HIV education, knew little about the importance of taking their grandchildren to school and had no money to provide education to their grandchildren. This forced most of them to take their grandchildren to mining/quarrying site, big farms and roadside selling so as to get some money for the family.

In Nyanza, Kenya, most of the grandparents are new parents as a result of HIV prevalence in areas like Siaya, Kendu-Bay and Migori which has caused many deaths. This has forced the local NGOs, CBOs, FBOs, county government and national government to take action so as to ease the burden placed on the old grannies (Evans, 2010a). In Nyanza, most of the programs that

target the OPs and the people affected with HIV/AIDS are facing a great challenge that has greatly limited their penetration and effective diffusion. Included were, the religious beliefs among the old who believed that HIV/AIDS is a curse from God and not much that could be done, cultural beliefs of wife inheritance and above all was the factor of most of the old people being illiterate; meaning that they could not read, write, communicate well in national languages and articulate modern issues. 92% of the old grannies could only communicate in Dholuo making it difficult for the foreigners operating in the region to implement their projects that targeted these old women and men. In this response, centers like the Sarah Obama Centre were developed whereby OPs could be given evening classes and adult education under the trees and shades so as to equip them with the knowledge of attending to those who were affected by the HIV/AIDS that included reading the instructions written on the ARVS, posters and radios awareness messages about the virus (World Bank Report, 2013).

The PI (2011) did a study in 6 villages in Bondo, Thika sub-county, Kajiado of Rift Valley and Kangundo of Eastern province in the year 2009. Bondo has an alarming rate of 22.5% adults infection with a remarkable number of orphans, Thika has its standing at 18.5%, Kajiado at 17% and Kangundo at 16.91%. The elderly parents were handling their ill children as well as taking care of their grandchildren though faced with a number of challenges that most NGOs and grannie projects under the umbrella of HelpAge moved to address. Respondents showed that the grandmothers/aged care givers nursed the sick or the HIV affected victims with little knowledge and education/information in relation to HIV transmission; exposing them to a number of infections and associated dangers.

These old care givers at times are not aware of the disease that is facing their kids or to some extent the people they are taking care of. They further don't know on the transmission mechanisms of the disease, the protective measures and the impact of HIV to them when they are carelessly exposed to the victims. Some grandmothers could innocently share blades and other sharp objects with the sick blindly and due to lack of knowledge and ignorance; exposing them to more dangers of HIV/AIDS (Gelmon et al, 2009).

Despite the challenges they face, the grannies have been doing a lot in taking care of their siblings for a long period now. This has attracted most grannies related projects to take up the education role whereby they educated the elderly through the adult education programs, formal and non-formal ways so as to get the right education that could enable them handle the issue they faced: cases of HIV/AIDS ailing children caregiving and upbringing of their young grandchildren (Lurie & Rosenthal, 2010). In Thika, researches done showing HIV/AIDS effects among the elderly have been done, OVC funds and strategies taken to lower HIV infection but none has been done in relation to the role of grannies projects in providing education to the grandmothers, thus leaving a gap for this research.

2.2.2 OVC Education

Among the greatest challenges accompanied by HIV/AIDS deaths is that, the children are left with no support and finally leave schooling due to lack of school fees. In India, for example, most of the grannie projects that operate there have education as the first priority for the OVC so as to relieve the grandparents off the burden (UNAIDS, 2010). According to UNAIDS (2009), despite the fact that South Africa gave free education to the children whose parents passed on due to the HIV virus, a lot was still lying in the hand of the children's grannies. In Soweto, children without proper school uniforms, shoes and even ties were sent out of schools. In other situations, some other children were forced to go and vend for the family, take care of their ill parents and their grannies are unable to give the required financial support thus forcing them to be absent from school or drop out entirely.

Kimetu et al. (2009) carried a research on the role of grannies projects in ensuring the grandparents are not strained with their grandchildren's education in Northern Kajiado, Busia, Kitui, Garissa, Kibera slums and Kwale. He found out that the NGOs, government and the grannie projects were playing the role of educating the OVC but failed to provide their education enabling materials like uniforms, food, stationary and many more; a factor that left most of the orphans out of schools. Over 60,000 orphans are surviving in Kibera slums in Kenya, often cared for by their grandparents, while some live in overcrowded orphanages and others are completely unattended. In Thika and Kajiado, the number of orphans is between 61,000 and 71,000 who are living in deplorable conditions without better care especially from the grandparents; a factors

that has made the lives of these grannies worse. This is due to the fact that 67% of the OVC from the studied districts lacked 100% schools attendance as a result of lack of proper schooling enabling materials. In this response, the HelpAge International has been offering services and materials like blankets, school uniforms, shoes and books to the OVC throughout the country so as to maintain their stay in school (UNAIDS, 2010).

According to World Bank (2012), Kenya like any part of the developing country in the world has many people who depend on farming as a source of income. However the returns from farming are low and more often leave the poor sinking into poverty. Equally, the OVC from parents who suffer or die of HIV may not have better education, thus lacking better paying jobs like teaching, medication, engineering, law etc. This may make them more vulnerable to poverty; disturb the grannies and the other people in the society.

Attia et al, (2009) note that once children realize that their parents are sick, may die, or are no more; they tend to fear and from time to time get disturbed of their future. A good number of them see all the family resources drained towards the medications of the ill parents. Later on the children end up dropping out of school, performing poorly in school and many more. This makes it hard for the grannies since most of the times they are not happy with the lives their grandchildren are subjected to. Due to this educational challenge that is facing the OVC in the community, 71% of the NGOs, CBOs, FBOs and the granny projects operating in areas greatly affected by HIV virus, have greatly invested in proving school fees for the OVC, giving them educational enabling materials and giving psychological educational materials support (Karim et al. 2010).

2.3 The influence of financial resources allocation in empowering grandmothers

According to UN (2012), the greatest number of the people who are sick or HIV positive is the working population. Most of these people when they get very ill or die; they leave the burden of poverty in the country and the family. The families lack formal or known ways of making a living. Most of the money is carelessly shared among the people and the little money that is held by the families is used in funeral arrangements and other settlements that leave the people who are affected to be more poor (HelpAge International, 2010), and paying the funeral expenses of

their family members (Kipp, 2007). The grandparents are left poor and in most occasions the grandparents have to struggle to raise funds to help these orphans and other people affected with HIV (HelpAge International, 2013).

According to National AIDS Control Council (2010), extended family members in countries like Nigeria were found to be abused by the poor economic situations thus they could not extend funds to the grannies since they have no money. The elderly caregivers have no rights to access funds that are left behind in form of inheritance and many more; making their work very hard and difficult.

According to Evans (2010b), in his study about the Future of HIV in Uganda, Rwanda and Lesotho, he found out that the grannies in these three countries complained of lack of enough finances to buy food, medication for their ill children, money to transport the dead from the peri-urbans to the villages, lack of funds for proper sick people equipment handling like gloves and many more. More than 89% of the grannies complained of having been forced in getting to such extra activities at old age like selling of bananas, sweets, groundnuts, vegetables and fish (omena) so as to raise the required funds for their sick children and grandchildren.

In Northern Uganda, a group of 60 grannies were interviewed on areas where the grannies projects should provide their help in. From their responses; lack of financial resources was a major concern for the majority of them. The grandparents lack money to buy food for their grandchildren and the sick children; they can't afford decent foods, shelter, clothing, etc. The grannies did not have sustainable financial resources nor did they have better means of accessing finances, making it hard for the grannies to help solve the problems associated with care giving (Skovdal, 2010b).

A study on the magnitude of spread of HIV in the Nyanza-Kenya, the Northern Uganda parts and parts of Malawi observed that old women had financial constraints despite the fact that they had great business ideas. The only limiting factor was capital thus a good number of them only depended on the CTs and networks from the society, mobilization from the community health personnel, hospital outreach, cash from granny projects and other limited sources of capital.

Most OVC were found to be lacking basic commodities like food, shelter, clothing, and sanitary towels for girls and school fees among others since they had no stable sources of income (Maticka and Tenkorang, 2010).

A study carried out in the Kenya's Rift Valley and Coast provinces by HelpAge International, UNICEF and USAID in 2009 showed that grannies required up to 78% of financial support that went beyond \$1,000 per month due to the great numbers of OVC they helped. This left them with no option except turning to borrowing from politicians, CBOs, chiefs, FBOs and to some extent some depending on the cash transfers. Comparative studies were carried out in Kinshasa DRC, 4 rural towns in Nigeria and 5 HIV/AIDS preference districts in Kenya and the results on how grannies organized themselves to deal with the severe effects of the deadly virus were given. In all the three countries, 78% of the old parents argued that they needed to do small businesses to raise some funds, 80% of the grannies were found to odd jobs like burning bricks, artisan mining, and many more to raise funds (Skovdal and Ogutu, 2009).

According to Nyandikio et al. (2010), in Western Kenya the grannies are faced with challenges of no money that is required to take care of the sick, the orphans and other related people suffering within the reach of the grannies. This has forced the Grannie projects working hand in hand with the HelpAge International in regions like central Kenya, eastern Kenya, western Kenya and Nyanza region to invest heavily in providing some cash that is aimed at substituting the budgets of these strained families.

In Kibera slums in Kenya, the grannies were found to be very poor and their grandchildren could resort into mugging, robbery and prostitution while others turned into street children just to get food. In Busia, Nyeri, Muranga and Kiambu, HIV/AIDS orphans described financial problems. According to the orphans, the financial problems facing the orphans and other people related to the grannies face comes when the parents who could be earning die. This hinders the orphan from getting the medication they need, the food, shelter, education among other basic needs (World Bank, 2010).

There are many issues on financial resources that are touching on the ill parents (money needed for their medication, food, house rent and burials), money needed by the OPs (for caring for themselves, their children's health and many more) and OVC money (money for school uniforms, food, medication, school fees, sanitary pads and many more). This has made most of the NGOs and Grannie projects aiming at empowering old grandmothers to provide them with finances to help improve their lives. In Dandora, Dodoma, Kiamaiko, Kigali and Eldama Ravine, grannies are provided with money through organized chamas that come up with an income generating activity; enabling the old women to have a sustainable financial source (World Bank, 2010). Further research by the World Vision (2012) shows that in Garissa before the Grannie projects started to offer other services, they first introduced some specific amount of money for the grannies each month and later on started projects like water kiosks that were run by the grannies. As much as this has been done in almost all the 47 counties, little has been done to exactly study the financial role played by the grannie projects in the country, leaving a gap that needs to be addressed by this research.

2.4 The influence of Culture Change in Empowering Grandmothers

The UN (2010) defines cultural perceptions as the views and classifications of a particular group of people living together due to daily interactions with the environment. What one group of people calls a woman's right or role could be different from the way another community sees it. To be either a woman or a man, to be right or wrong differs from one community to another. It argued that women in Africa are not as strong as those depicted by the system of the Indians, therefore, an African woman has to be under a man who should dictate what to share with her, what to eat, how many children to give birth and how many fellow wives to live with (a case of polygamous families) (World Bank, 2013). These ideas for a long time have left the Africa women perceived as a weaker sex whose work is to give birth and cook for men; a fact that has left HIV prevalence in Africa being at 29.12% among women compared to 21.28% for men. Women are not allowed to own/inherit property, make major property decisions and much more (NACC, 2010). Focus of this study shall be on how the grannie project has enabled the gender equity among men and women in Kiambu County and how the project has dealt with HIV/AIDS stigmatization.

2.4.1 Stigmatisation of the HIV/AIDS Victims by the Community

A study by World Bank (2010) in 4 locations in Kano Plains Nigeria found out that 45% of the grannies could give wet breastfeeding (alternative mothers' milk) to their young grandchildren left under their care because they feared having their children being known that they are ill/died due to HIV virus. One reason for doing this is avoiding the discrimination befalling the families that have their members perish of HIV/AIDS. However, The Fulani Grannies Operation that operates in parts of Lagos and Abuja has for a long time been educating the local grandmothers to open the causes of the deaths of their children as the virus is considered a condition that can be controlled through the ARVs and it is never transmitted via sexual immorality only.

Save the Children (2010), found out that in Zambia, the education programme on HIV increased the mothers' disclosure of their status. This was after a series of education that was carried out by the HelpAge International, the Zambian government and the various CBOs with the aim of reaching the HIV positive mothers and the grannies who were turned to be mothers after their children died. As a result of these education that targeted the grannies, there were recommendations that the Grannies' projects operating in the region should give encouraging information to the grannies and the community should be educated of the different ways of HIV transmission, contrary to the held perception that those who contracted the disease were immoral and promiscuous. Besides, those with disclosure got and were supported by NGOs, grannies projects and the OVC supports kitty (Wilkerson, 2010).

The WHO (2009) indicated that, ultimately most of the East African states governments have been forced to pay for building of different wards in major level five hospitals including Thika Level Five. In the study, it was found out that those children, grannies and relatives who took care of the ill parents/children in such wards could not even exchange hands with their fellow friends in the hospitals and their environs since they were seen as potential HIV/AIDS transmitters. According to Akinyi and Agwanda (2010), in Kigumo Location, Maragwa District Kenya, even children and grannies whose people died, they were always discriminated and looked upon as potential HIV virus carries or transmitters.

A study done in Mbitini-Kitui county, Vanga- Kwale county, Katwii-Machakos county and Oyani-Migori county found out that orphaned children and their grannies experienced

discrimination within their new households and the surrounding environments despite the fact that many campaigns had been going on (headed by the government via the grannies projects, OPCTs programmes and the OVC projects) to educate the community against discrimination and stigmatization (UNESCO, 2010).

2.4.2 Gender Role and the Society

A study by the Catholic Church operating in Kenya and Rwanda found out that HIV virus is spreading faster among women than men and these women face much more economic hardships as compared to their male counterparts. Their husbands may infect them, while most in-laws send the wife back to her 'people' when she falls ill. She often leaves with her children. Subsequently, grandmothers may be recruited into caring for an ailing adult daughter as well as for the grandchildren (Lurie and Rosenthal, 2010).

In the present case, rural grandmothers increasingly face competing demands to fetch food, to offer care for ailing children suffering from opportunistic infections, to provide care and consolation to bereaved grandchildren, while protecting their own health (Mishra et al, 2009). Due to this issue that works against the women, most of the grannies projects operating in the country have been emphasizing on the importance of gender equity so that all the members of the society are protected equally.

In Zimbabwe, traditionally, women did enjoy some entitlement to land, but they could not inherit their husband's property, rather, when a husband died, the widow, children, and other possessions were inherited by his male relatives. These customs contribute to heightened vulnerability, especially amongst households headed by old women (UNICEF, 2012). This has been the case in Kenya too whereby one woman in Kiambu county was reported to lack a place to be buried since if such could be done, she could have some access to some property in their home; against the cultural norms of land/property inheritance (WHO, 2010). It is this negative gender discrimination that almost all the grannies projects operating in the country have been going against, including those operating in the central province of Kenya (CCK, 2013).

2.5 The Influence of Religion in Empowering Grandmothers

Religion has been described as a sense of reasoning that always takes one's thoughts in a unique world that is eternal without any definite end. FBOs, churches and other religious groups have always given hope to the HIV victims, their relatives and the community at large of God being in control of all that happens. Most grannie projects have partnered with the FBOs in providing psychological support to children/grannies/sick children, providing food, medical support to the children and to a great extent protecting the children and grannies from abuse (WHO, 2011).

2.5.1 Religious Support Role

Almost all FBOs in the world subscribe to some hopes for the future in an unknown world in heaven after death. This has for a long time made death look like a spiritual thing that ought to happen so as to prepare one for another second life. This has been used mostly by churches across the world to psychologically help the grannies, sick children and the OVC (World Bank 2010). Across the world, most HIV/AIDS affected people have been found to be psychologically affected.

According to Gelmon et al (2009), 41 grannies in Kibera slums felt psychologically satisfied once a pastor or any FBO visited them. This was discovered to have come in with a lot of blessings as seen by the grannies since they felt that God heals. One cited example was that in Dandora in 2010 whereby one grannie took her three grandchildren to a pastor for miracle healing and indeed the health of the girls improved later. The major reasoning behind was that the children were in denial stage and always believed they were bewitched. Psychologically, they believed it was miraculous healing but in truth, the pastor was giving them ARVs in powder form just like a miracle facilitator. Therefore they continued living with much hopes of going to heaven. Churches too operating in Nyeri, Muranga, Siaya and almost all parts of the world have always had programmes that donate food, clothing, medicine and even pay for school fees/arrears of those affected by HIV virus thus empowering them. (Grant et al, 2010).

In Thika, for example, FBOs, NGOs, grannies projects and Integrated Aids Program (IAP)-Thika have been intertwining the religious affair in their operations in order to support the otherwise hope losing grandmothers. The Catholic Church, for example, has built two primary schools in

Kiambu where the OVC get free education with full support of education enablers like uniforms and money among others. This has greatly empowered the grandmothers who would otherwise be going round begging for assistance so as send their grandchildren go to school. In Kibera slums, the HelpAge has been organizing guidance, counseling and bible study sessions that target the aged parents who benefit too by getting donations like food, money for rent, school fees for OVC, medical support and many more (World Bank, 2012).

2.5.2 Protection Role against Drugs and Substances Abuse and Violence

Violence has been subjected to various abuses that could be either due to traditions, associations, perceptions and many more due to weak policies and laws. In Zambia, the grannies were denied access to their children properties despite the fact that they are the ones who took care of them when they were almost dying and to some extent took care of their grandchildren. This forced the intervention of the religious leaders through the church elders who could be appointed as the custodians of the overall rights of the properties but allowed the affected grannies to access about 42% of their children's properties as a strategy of limiting the effects of HIV virus in the country.

Human Rights did a report about the abuses to the children who are left by parents who have passed on due to HIV virus, the grand parents of these children and many more. The report shows that a number of these grannies and orphans face a number of abuses, violence, harsh conditions subjection and many more. For example, the hostile surrounding slum community and care takers in Kibera have a significant trouble to the individuals. Grannies projects and CBOs operating in Nairobi and its environments have for a long time provided security, information and made significant steps in helping the old people be relieved off the abuses put on them (World Bank, 2012).

According to Omondi et al (2009), among the girls who went to the towns to work as sexual workers, about 75% of them came back with children/pregnancies and seriously ill; just coming to die. This left their grandmothers in rural areas with severe effects such as stigmatization and rejection as witches who bewitched their children. In Kilifi, Kwale, Kisii, Oyugis and Busia, up to 10% of the grannies are stoned/lynched/burnt/assassinated because they are believed to have bewitched the neighbors' children or their own. In 2012 alone, 10 elderly people were burnt in

Kilifi because they were suspected to be witches who had been sending peoples' children a disease that made them as thin as a needle (HIV/AIDS). This was attributed to lack of knowledge by some locals of HIV virus. In Kiambu County, the elderly have been regarded as people who are there just to complain, bewitch other people's children and by extent shut up the dreams/bright future of some families' children. This has exposed most of these grannies to physical and psychological abuse, for example, cases have been reported of grandmothers who have been raped. Because of these problems, both the local NGOs and the CBOs have partnered with the local churches and local administration to protect the aged/old grannies from wrong intentions and perceptions from the communities (NCKK, 2012).

2.6 Theoretical Framework

This study adopted the Theory of Gender and Power as advocated by Connel in 1987 when HIV/AIDS and its effects were very fresh in the world. According to CDC (2010), the theory of gender and power accounts for gender-based power differences in male-female relationships. It examines the division of labor between men and women, the distribution of power and authority in male-female relationships, the focal focus point of projects among male and female, the attention focus to the health of the ageing male and female, and gender-based definitions of sexually appropriate conduct. In addition, the theory considers a woman's willingness to adopt and maintain sexual risk-reduction strategies in heterosexual relationships as it pertains to how much power she has, her commitment to the relationship, and her role in the relationship.

The relevance of this theory in Grannies' project related implementation is its suggestions. For example, this theory suggests that difficulties arise in practicing safer sex because self-protection is often influenced by abusive partners in instances of rape for the aged and polygamous marriages, economic needs, values around intimacy, and norms supporting women's passive behavior in sexual relationships. The theory of gender and power acknowledges the gender-based differences in male-female relationships in societies or cultures where men have more power than women (CDC, 2011).

These power differences result in the following: the division of labor between men and women (e.g., what kind of jobs and positions women are likely to hold); the distribution of power and

authority in male-female relationships (i.e., men hold more power than women; men have control over women); and, gender-based definitions of sexually appropriate conduct (e.g., roles and characteristics that are deemed appropriate for women, such as non-assertiveness, sexual naiveté, valuing intimacy and relationships). As applied to HIV/AIDS among the grannies, these gender-based differences may affect a woman's ability to negotiate and practice HIV risk-reduction strategies with male sex partners. Also, women (especially the aged who have been prone to poor culture) may have a hard time practicing safer sex if they follow gender norms that promote male partners' decision making about their sexual behaviors, are in abusive relationships, or depend on their male partners for financial and other forms of practical support (CDC, 2010).

2.7 The Conceptual Framework

This figure 1 below is a conceptual framework that is showing the relation between the various variables. It helps one to understand the relationship between the variables of the study.

Independent variables

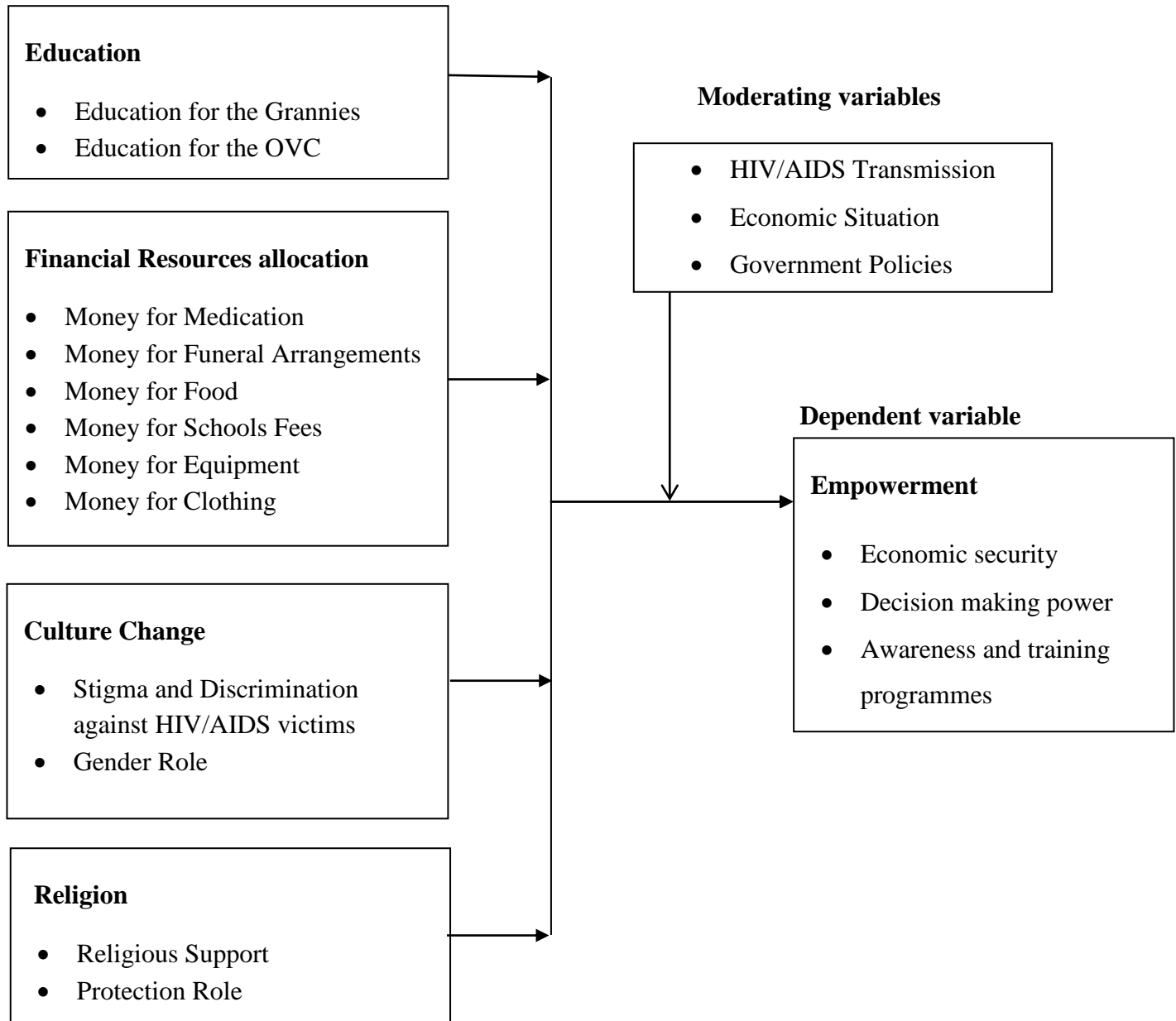


Figure 1: Conceptual Framework

This research aimed at investigating the influence of projects in empowering grandmothers in coping with the effects of HIV virus in Kiambu County. In this study the independent variables were education, financial resources allocation, culture change and religion while the dependent variable is empowerment of grandmothers. The moderating variables are HIV/AIDS transmission, economic situation and government policies.

2.8 Summary of Literature Review

A series of researches have been carried out in the world on NGOs, CBOs, FBOs, CTs and grannies' projects and reports from various spheres have been given. However, little has been done on projects that empower grannies to cope with HIV virus effects in Kenya; specifically in Kenya's central region. The research therefore addresses the influence of projects in empowering grannies to cope with the effects of HIV virus. This chapter highlights the theoretical reviews of literatures which is guided by the objectives and are under different sub-topics which are; educational role, financial resources allocation, culture change and the role of religion/divine guidance. The chapter also highlights the conceptual framework, relationship between variables and research gaps.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter presents the methodology used in the study.

3.2. Research Design

The study used a descriptive survey design. This design was suitable for this study as it brought out information on attitudes that would be difficult to measure using observational techniques.

3.3 The Target Population

In Thika there are about 32 NGOs that support the old people and at times work hand in hand with the grannie project/initiative. Out of these, 12 NGOs get funding from the national and county government, 10 from church/religious organisations, 5 from regional research groups and the rest have their own sources from the community mobilization. The number of grannies benefiting from the empowerment projects (including NGOs, CBOs, FBOs and county support groups) are above 1,500. Grannie project(s) operating in the region have about 120 employees (both permanent, temporary and on contract basis). All this population made the population of study.

Table 3.1 The Number of Respondent Sample.

| Respondents | Total Number | Percentage |
|--------------------|---------------------|-------------------|
| Employees | 120 | 7.40% |
| Grannies | 1500 | 92.6% |
| Total | 1620 | 100% |

Source: NACC, 2013.

3.4 Sampling Procedure and Sample Size

Study participants included key informants whom the researcher believed could provide the needed data. The sample included employees handling the grannies projects and direct

beneficiaries (grannies, who were helped by the enumerators to fill the questionnaire due to the assumption that most of them couldn't read and write) who possessed characteristics relevant to the study. The study sample size was calculated using Yamane formula (1967). In this formula, sample size can be calculated at 3%, 5%, 7% and 10% precision (e) levels. Confidence level used was 95% with degree of variability (p) equivalent to 50% (0.5).

$$1 + N (e)^2$$

n = required sample population

e= sampling error/precision level

N = Study Population

In this study sample size will be at precision level of 10% (e=0.1). Therefore the desired sample size is:

$$N = \frac{1620}{1 + 1620 (0.1)^2} = 94.18 \approx 95$$

Given that the target population was heterogeneous due to the nature of the factors and projects being carried out by Grannie project in the sub-county, stratified random sampling was used to allow full participation of the direct beneficiaries and other target population. The researcher therefore was required to pick 95 respondents as shown below whereby the calculation of $N*95/1620$ was used as shown below.

Table 3.2 Sample of Respondents

| Respondents | Population | Sample (N*95/1620) |
|--------------------|-------------------|--------------------------------------|
| Employees | 120 | 7 |
| Grannies | 1500 | 88 |
| Total | 1620 | 95 |

3.5 Data Collection Instruments

A questionnaire was used for the study. This is because it brings much detailed information from the study subjects; it gives out the attitudes and is capable of gathering much information within a short period of time. The questionnaires were used to collect data from the permanent and temporary employees and the people who directly benefit from the grannies projects. Observation was expected to be used to help gather crucial data that could not be obtained through questionnaires. A questionnaire was administered by the researcher and selected enumerators who at one point served as translators.

3.6 Validity and Reliability

3.6.1 Validity of the Research Instrument

Content validity was used as a measure of validity of the instrument. This instrument was verified by the supervisor and other two senior lecturers in the University of Nairobi, Mombasa campus. Also other researchers in the grannies projects researchers were involved in verifying the instrument.

3.6.2 Instrument Reliability

In this study, reliability was determined by a test-retest administered to 10 subjects not included in the sample. Input from invaluable sources was obtained during the study that is useful in modifying the questionnaire before a final set of questions will be produced.

3.7 Data Collection Procedure

A questionnaire was used since it was the best tool for this study that aimed at investigating the influence of projects in empowering women to cope with the effects of HIV/AIDS in Kiambu County, Kenya. The questionnaire was prepared on the basis of a review of literature on grannie projects roles. Data collection tools were piloted and suggestions made before finalizing the questionnaire. The study utilized a self-administered questionnaire and equally referred to the existing secondary data. The researcher got a permit from the graduate school and county HIV/AIDS coordinator. The researcher visited the sample, used enumerators to access some other people in far areas and e-mailed a questionnaire to some respondent who could be

committed for one on one filling. Appointments to the sampled projects employees and beneficiaries were arranged prior to the visits to avoid any inconveniences to the respondents. The researcher emphasized that the information given was specifically used for the study and it could be private and confidential and that names could not be necessary.

3.8 Data Analysis

Quantitative data obtained from the open ended questions was coded to facilitate quantitative analysis. The coded data was analyzed by use of descriptive statistics comprising of frequency tables. The hypothesis was tested by use of Chi Square. Data analysis will be done by use of SPSS 20.2.0

3.9 Ethical Considerations

All government and county authorities were informed prior to the study to avoid suspicions and resistance from the community members and NGOs/CBOs/FBOs/grannie projects employees. The respondents were talked to and made aware of the research and notified that the participation was voluntarily. Information they provided could be treated with utmost confidentiality. Privacy and dignity of the respondents was considered during the research. Names of the respondents were not being exposed and codes were used instead. The respondents were assured that a feedback session could be organized in order to disseminate the research findings to the NGOs council, NACC, NASCOP and other interested stakeholders.

3.10 Operational Definition of Variables

Table 3.3 Operationalization Table

| Objective | Variable | Indicators | Measurement scale | Types of analysis |
|--|----------------------|---|--------------------------|--------------------------|
| i. To examine the influence of education in empowering the grandmothers in coping with the effects of HIV/AIDS | Educational Role | Education for the Grannies Education for the OVC | Ordinal Scale | Descriptive |
| ii. To assess the influence of financial resources allocation in empowering the grandmothers in coping with the effects of HIV/AIDS. | Financial Role | Money for Medication Money for Funeral Arrangements Money for Food Money for Schools Fees Money for Equipment | Ordinal Scale | Descriptive |
| iii. To determine the influence of culture change in empowering the grandmothers in coping with the effects of HIV/AIDS. | Cultural Perceptions | HIV/AIDS Victims Stigmatization Gender Role | Ordinal Scale | Descriptive |
| i. To determine the influence of religion in empowering the grandmothers in coping with the effects of HIV/AIDS. | Religious Role | Religious Support Protection Role | Ordinal Scale | Descriptive |

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

Data collected was subjected to SPSS for analysis. The coding was done by experts in data analysis and later on presented in form of frequency tables and narrations. The chapter presents results of the research in different sub-sections that focus on the objectives of the study and the items questioned in the questionnaire.

4.2 Response Rate

Questionnaires were administered to the total population of 95 respondents. In the study, 90 questionnaires were returned, fully filled and desirable for the study. This made a response rate of 94.7%. Kothari (2004) argues that, a return rate of 50% is fair, 60% is good but anything above 70% is the best. This research therefore achieved the best return rate.

4.3 Demographic Characteristics

Bio data, age and education levels were sought for and given as follows:

4.3.1 Gender

The gender of the respondents is as shown below:

Table 4.1: Gender Distribution

| Gender | frequency | percente |
|---------------|------------------|-----------------|
| Male | 09 | 10% |
| Female | 81 | 90% |
| Total | 90 | 100% |

Female gender dominated the study maybe due to the nature of the topic of discussion. Female respondents made majority of the respondents at 90% while the male respondents who participated in the study made 10%.

4.3.2 Age Distribution

Respondents' ages were sought for and the results were as shown

Table 4.2 Respondents' ages

| Ages | frequency | percent |
|----------------|------------------|----------------|
| Below 20 Years | 9 | 10% |
| 21 - 30years | 9 | 10% |
| 31 - 40 Years | 9 | 10% |
| 41 - 50 years | 20 | 22.22% |
| 51 - 60 years | 43 | 47.78% |
| Total | 90 | 100% |

Majority population that participated in the study were between 51- 60 years who attracted the response rate of 47.78%, this was followed by ages of 41 - 50 years who scored 22.22%. On average, 70% of the respondents were over 40 years.

4.3.3 Respondents' Education

Respondents' education levels were sought for and results documented as follows:

Table 4.3 Academic Qualification of Respondents

| Education level | Frequency | Percentage |
|------------------------|------------------|-------------------|
| Primary | 28 | 31.1% |
| Secondary | 25 | 27.8% |
| Diploma | 15 | 16.7% |
| Bachelors' degree | 07 | 7.8% |
| Masters' degree | 04 | 4.4% |
| Others | 11 | 12.2% |
| Total | 90 | 100% |

Respondents with a primary level education dominated at 31.1%. They were followed by those with secondary level at 27.8%, diploma 16.7%, others 12.2%, while masters took the least share of 4.4%.

4.3.4 Respondents' working experience

The respondents had the following working experience

Table 4.4 Working Experience

| Work experience | frequency | percent |
|------------------------|------------------|----------------|
| Below 1years | 18 | 20% |
| 1-2 years | 9 | 10% |
| 2-4 years | 9 | 10% |
| Above 5 years | 4 | 4.4% |
| No employment | 50 | 55.6% |
| Total | 90 | 100% |

20% of the respondents were below with 1 year of work experience, 1-4 years had 20% of the respondents on average, above 5 years had 4.4%, while the rest who made 55.5% attracted the remaining 50 non employed respondents.

4.4 Findings on the Item of Education Role

In relation to the first question that asked, to what extent do the grannie projects offer both formal and non-formal/informal education to the old grandmothers, only 5 respondents said it has been provided to very great extent, 4 argued it was to great extent, 9 argued that it was to moderate extent, 20 argued that it was little extent while the remaining who made 57.78% went for not at all response. This can be closely linked to the national statistics that are available in the ministry of health linking old people to illiteracy and stigmatization.

Table 4.5 Rating of Education

On a likert scale of degree of measure of 1-5 where: 1=strongly disagree,2=disagree, 3=weakly agree, 4=agree, 5= strongly agree), the research established the extent to which following roles played by grannie projects empower grandmothers in Thika with coping with effects related to HIV. Results are shown in this table and explanations follow:

| Factor | 1 | 2 | 3 | 4 | 5 |
|--|----------|----------|----------|----------|----------|
| Education for OVC | 9 10% | 6 6.7% | 18 20% | 21 23.3% | 36 40% |
| Education for the grannies | 4 4.4% | 5 5.6% | 6 6.7% | 30 33.3% | 45 50% |
| Education for the ill children of the grannies | 9 10% | 9 10% | 9 10% | 27 30% | 36 40% |

60% respondents supported the idea that, education for OVC has been provided by various projects addressing grannies in Kiambu while 40% disagreed. 50% of the respondents agreed that education for the grannies has been provided by various projects addressing grannies in Kiambu County. Finally, 60% respondents supported the idea that, education for the ill children of the grannies has been provided by various projects addressing grannies in Kiambu County. Generally, this trend can be attached to national AIDS council's report of 2014 that indicates, education has also been stigmatized against all.

4.5 Results on Item on Financial Resources allocation

The respondents were asked a number of questions in relation to financial resources allocation and different results given as follows.

4.5.1 Funding

The respondents were asked to whether thought that grannie projects in Thika were giving sufficient funds required by grandmothers as a strengthening strategy against HIV/AIDS effects and the following results given.

Table 4.6 Funding Activities

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| YES | 63 | 70% |
| NO | 18 | 20% |
| NOT SURE | 9 | 10% |
| Total | 90 | 100% |

From the findings, 63 respondents who represented 70% were of the general view that the projects targeting grannies had done a good job towards allocating funds for the grannies; though the amounts could not be as per the expectations, 20% said no to the suggestion while the remaining 10% were not sure. When asked to give reasons, some respondents argued that the grannie projects have provided funds for building common houses for the affected grannies, some have allocated them budgets to elevate them from the poor states they are in, while others have argued that there have been pushes to NACC and the Ministry of Labour that have set some special funds for the infected, affected and impacted on grannies.

4.5.2 Rating of Financial Resources allocation

Respondents were asked to indicate how effective has/have the Grannies project(s) been in Kiambu County as it pertains to the following financials roles. A scale of use of 1-5 where: 1=strongly disagree, 2=disagree, 3=weakly agree, 4=agree, 5= strongly agree), was considered and the results below arrived at:

Table 4.7 Rating of Responses on Financial Resources allocation

| Statement | 1 | | 2 | | 3 | | 4 | | 5 | |
|--|----|-------|----|-------|----|-------|----|-------|----|-------|
| Provision of money for HIV patients medication | 20 | 22.2% | 10 | 11.1% | 30 | 33.3% | 20 | 22.2% | 10 | 11.1% |
| Provision of money for funeral arrangements for the deceased | 15 | 16.7% | 10 | 11.5% | 25 | 27.8% | 30 | 33.3% | 10 | 11.1% |
| Provision of money for food and nutrition | 30 | 33.3% | 20 | 22.2% | 20 | 22.2% | 10 | 11.1% | 10 | 11.1% |
| Provision of school fees for the OVC | 20 | 22.2% | 15 | 16.7% | 15 | 16.7% | 30 | 33.3% | 10 | 11.1% |
| Provision of money for care equipment like glove | 40 | 44.4% | 20 | 22.2% | 10 | 11.1% | 15 | 16.5% | 5 | 5.6% |

According to Table 4.7, the findings revealed that 67% of the respondents agreed that the projects have been effective in the provision of money for HIV patients' medication. As per the second statement, 56% of the respondents were in agreement that the projects have been effectively providing money for funeral arrangements for the deceased. The findings also revealed that 78% of the respondents agreed that the projects in Kiambu have been effectively providing money for food and nutrition to the grandmothers and OVCs. 56% of the respondents felt that the projects in have been effective in provision of school fees for the OVC. The findings revealed that even though the majority of respondents agreed that the financial resources allocation was effective, I did not meet their expectations to the full as their financial needs surpassed the money allocated. Skovdal and Ogutu (2009) did a comparative study in Kinshasa DRC, 4 rural towns in Nigeria and 5 HIV/AIDS preference districts in Kenya and the results on how grannies organized themselves to deal with the severe effects of the deadly virus were given. In all the three countries, 78% of the old parents argued that they needed to do small businesses to raise some funds, 80% of the grannies were found to odd jobs like burning bricks, artisan mining, and many more to raise funds

4.6 Item on Culture change

The first question in this section intended to seek the extent to which HIV/AIDS affected people get discriminated in the community. From the field information, 45 of the respondents said that they are discriminated to very great extent, 15 said that they are discriminated to great extent, 10 said that the discrimination is to a moderate extent, 15 said it is to the little extent while the rest who made 5 respondents said the discrimination is not there at all.

Table.4.8 Degree of Support on Culture Change

On a rating scale, respondents were given statements below. Scale of use of 1-5 where: 1=strongly disagree, 2=disagree, 3=weakly agree, 4=agree, 5= strongly agree), was considered and the results below arrived at:

| Statement | 1 | 2 | 3 | 4 | 5 |
|---|----------|----------|----------|----------|----------|
| Projects have been rallying against stigmatization | 6 6.7% | 7 7.8% | 10 11.1% | 27 30% | 40 44.4% |
| The community has learnt that HIV/AIDS is not a curse | 18 20% | 10 11.1% | 18 20% | 18 20% | 26 28.9% |
| Projects have helped reduce discrimination against old women | 10 11.1% | 8 8.9% | 20 22.2% | 36 40% | 16 17.8% |
| The project has helped both male and female children be treated equally | 15 8.9% | 10 11.1% | 25 27.8% | 30 33.3% | 10 11.1% |

From the study, 74% of the respondents agreed that projects have been rallying against stigmatization in Kiambu County. The findings also revealed that the community has learnt that HIV/AIDS is not a curse with 49% of the respondents being in agreement with this. 64% of the respondents agreed that the projects have helped reduce discrimination against old women. This was achieved through training and awareness campaigns conducted in the community. Finally, 44% of the respondents agreed that the projects have helped both male and female children be treated equally in the community. This was done by providing equal opportunities for education, healthcare, protection and other basic needs of the children.

4.7 Religious Role

Respondents were required to give information as per the relationship between religion, grannie projects and the management of HIV among the grandmothers in Kiambu county and the responses recorded in the tables below:

4.7.1 Response on Relevance of Religion

When asked whether they thought that the grannie project have partnered with various churches in spreading God's gospel to the affected grandmothers and their ill children in Thika region, the following responses were arrived at:

Table 4.9 Relevance of Religion

| Response | Frequency | Percentage |
|-----------------|------------------|-------------------|
| YES | 63 | 70% |
| NO | 27 | 30% |
| Total | 90 | 100% |

The responses were that, 70% representing 63 respondents were in agreement that grannie projects have partnered with various churches in spreading God's gospel to the affected grandmothers and their ill children in Kiambu County while 30% of the respondents disagreed.

4.7.2 Rating of Religious Role

When asked to rate the extent to which the following factors have been employed by the grannies projects in empowering grannies in managing the HIV virus , A scale of use of 1-5 where: 1=strongly disagree, 2=disagree, 3=weakly agree, 4=agree, 5= strongly agree), was considered and the results below arrived at:

Table 4.10 Rating of Religious Role

| Factor | 1 | 2 | 3 | 4 | 5 |
|---|----------|----------|----------|----------|----------|
| Bible studies meetings | 14 15.6% | 15 16.7% | 25 27.8% | 20 22.2% | 19 21.1% |
| Food, clothing and financial support | 10 11.1% | 8 8.9% | 12 13.3% | 29 32.2% | 31 34.4% |
| Protecting against abuse to the OVC | 11 12.2% | 11 12.2% | 14 15.6% | 30 33.3% | 24 26.7% |
| Abuse against the grandmothers protection | 05 5.6% | 09 10% | 12 13.3% | 29 32.2% | 35 42.2% |

From the study, 82.3% respondents agreed that Bible studies meetings have been employed by the projects in empowering grannies to cope with the effects of HIV/AIDS. The study also revealed that 66% respondents agreed that the food, clothing and financial support provided by the projects empowered grandmothers enabling them to cope with the effects of HIV/AIDS. 73% of the respondents agreed that through the projects the OVC were protected against abuse. Finally, 52% of the respondents were in agreement that through the projects, grandmothers have been protected against abuse of hence empowering them and enabling them to better cope with the effects of HIV/AIDS.

4.8 Testing the First Hypothesis Using Chi-Square

H₁: The educational role played by the projects has a significant influence in empowering the grandmothers to cope with the effects of HIV/AIDS in Kiambu County.

Table 4.11 Observed and Expected Responses

| Scale | 1 | 2 | 3 | 4 | 5 |
|--------------|----|----|----|----|----|
| Observed (O) | 9 | 6 | 18 | 21 | 36 |
| Expected (E) | 18 | 18 | 18 | 18 | 18 |

Table 4.12 Showing Chi-Square

| obs | exp | dif | dif ² | dif ² /exp |
|-----|-----|-----|------------------|-------------------------------------|
| 9 | 18 | -9 | 81 | 4.5 |
| 6 | 18 | -12 | 144 | 8 |
| 18 | 18 | 0 | 0 | 0 |
| 21 | 18 | 3 | 9 | 0.5 |
| 36 | 18 | 18 | 324 | 18 |
| | | | | $\sum \text{dif}^2/\text{exp} = 31$ |

$\chi^2_c = 31 > \chi^2_{0.05} = 9.488$ at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 31 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, the educational role played by the projects has a significant influence in empowering the grandmothers to cope with the effects of HIV/AIDS in Kiambu County.

4.9 Testing of the Second Hypothesis

H₁: Financial resources allocation role played by the projects has a significant influence in empowering the grandmothers to cope with the effects of HIV/AIDS in Kiambu County.

Table 4.13 Observed and Expected Responses

| Scale | 1 | 2 | 3 | 4 | 5 |
|--------------|----|----|----|----|----|
| Observed (O) | 20 | 15 | 15 | 30 | 10 |
| Expected (E) | 18 | 18 | 18 | 18 | 18 |

Table 4.14 Showing Chi-Square

| obs | exp | dif | dif ² | dif ² /exp |
|-----|-----|-----|------------------|-----------------------|
| 20 | 18 | 2 | 4 | 0.2 |
| 15 | 18 | -3 | 9 | 0.5 |
| 15 | 18 | -3 | 9 | 0.5 |
| 30 | 18 | 12 | 144 | 8 |
| 10 | 18 | -8 | 64 | 3.6 |

$$\sum \text{dif}^2/\text{exp} = 12.8$$

$$\chi^2_c = 12.8 > \chi^2_{0.05} = 9.488 \text{ at 4 degrees of freedom and 5\% level of confidence.}$$

Since the calculated chi-square value of 12.8 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, financial resources allocation role played by the projects has a significant influence in empowering the grandmothers to cope with the effects of HIV/AIDS in Kiambu County.

4.10 Testing of Third Hypothesis

H₁: Cultural perceptions role played by the projects has a significant influence in empowering the grandmothers to cope with the effects of HIV/AIDS in Kiambu County.

Table 4.15 Showing Observed and Expected Responses

| Scale | (1) | (2) | (3) | (4) | (5) |
|--------------|-----|-----|-----|-----|-----|
| Observed (O) | 6 | 7 | 10 | 27 | 40 |
| Expected (E) | 18 | 18 | 18 | 18 | 18 |

Table 4.16 Showing Chi-Square Testing for the Third Hypothesis

| obs | exp | dif | dif ² | dif ² /exp |
|-----|-----|-----|------------------|-----------------------|
| 6 | 18 | -12 | 144 | 8 |
| 7 | 18 | -11 | 121 | 6.7 |
| 10 | 18 | -8 | 64 | 3.6 |
| 27 | 18 | 9 | 81 | 4.5 |
| 40 | 18 | 22 | 484 | 26.9 |

$$\sum \text{dif}^2/\text{exp} = 49.7$$

$\chi^2_c = 49.7 > \chi^2_{0.05} = 9.488$ at 4 degrees of freedom and 5% level of confidence.

Since the calculated chi-square value of 49.7 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, Cultural perceptions role played by the projects has a significant influence in empowering the grandmothers to cope with the effects of HIV/AIDS in Kiambu County.

4.11 Testing of Fourth Hypothesis

H₁: Religious role played by the Grannie project has a significant influence in empowering the grandmothers to cope with the effects of HIV/AIDS in Kiambu County.

Table 4.17 Observed and Expected Responses

| Scale | (1) | (2) | (3) | (4) | (5) |
|--------------|-----|-----|-----|-----|-----|
| Observed (O) | 5 | 9 | 12 | 29 | 35 |
| Expected (E) | 18 | 18 | 18 | 18 | 18 |

Table 4.18 Showing Chi-Square Testing for the Fourth Hypothesis

| obs | exp | dif | dif ² | dif ² /exp |
|-----|-----|-----|------------------|-----------------------|
| 5 | 18 | -13 | 169 | 9.4 |
| 9 | 18 | -9 | 81 | 4.5 |
| 12 | 18 | -6 | 36 | 2 |
| 29 | 18 | 11 | 121 | 6.7 |
| 35 | 18 | 17 | 289 | 16.1 |

$$\sum \text{dif}^2/\text{exp} = 38.7$$

$$\chi^2_c = 38.7 > \chi^2_{0.05} = 9.488 \text{ at 4 degrees of freedom and 5\% level of confidence.}$$

Since the calculated chi-square value of 38.7 is greater than the critical chi-square value at 5% level of confidence, we accept the alternative hypothesis. Thus, religious role played by the Grannie project has a significant influence in empowering the grandmothers to cope with the effects of HIV/AIDS in Kiambu County.

CHAPTER FIVE

SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

The chapter contains the summary of the findings, discussions, recommendations and suggestions for further studies.

5.2 Summary of the Findings

The main purpose of this study was to examine the role of projects in empowering grandmothers to cope with the effects of HIV/AIDS in Kiambu County, Kenya. From an analysis and review of the research data and additional data gathered through questionnaires filled, a number of issues became apparent. This was guided by the four objectives that focused on finances, education, religion and education.

In relation to the first objective that sought to examine the influence of education in empowering the grandmothers to cope with the effects of HIV/AIDS, 60% of the respondents supported to the idea that, education for OVC has been provided by various projects addressing grannies in Kiambu. However 40% were of the opinion that the education for OVC, grannies and the ill children had no influence. Generally, over 60% of the respondents agreed that the projects in Kiambu County are working closely with relevant bodies to provide education to the OVC, the affected grandmothers and other close people like their ill children.

As per the second objective that sought to assess the influence of financial resources allocation in empowering the grandmothers to cope with the effects of HIV/AIDS, it had responses as follows: 63 respondents who represented 70% were in agreement that the projects for grannies effective in their allocating funds for the grannies. Also, 67% of the respondents felt that the projects in Kiambu County have been effective as it pertains to provision of money for HIV patients medication, 56% agreed that the money allocated for funeral arrangements of the deceased was adequate. Provision of money for food and nutrition was also effective with 78% of the respondents in agreement. When asked to give reasons for their various responses, some respondents argued that the grannie projects have provided funds for building common houses

for the affected grannies, some have allocated them budgets to elevate them from the poor states they are in, while others have argued that there have been pushes to NACC and the ministry of labour that has always set some special funds for the infected, affected and impacted on grannies. In relation to the third objective that sought to determine the influence of culture change in empowering the grandmothers to cope with the effects of HIV/AIDS, a number of responses were arrived at as follows: the first question in this section that intended to seek the extent to which HIV/AIDS affected people get discriminated in the community, 75% of the respondents were in agreement that a lot has been done by the projects in rallying against stigmatization in the community hence reducing it significantly. 49% of the respondents agree that the community has learnt that HIV/AIDS is not a curse while 20% of the respondents were not sure a lot still needs to be done in this area.

In relation to the fourth objective that sought to determine the influence of religion in empowering the grandmothers to cope with the effects of HIV/AIDS, responses were as follows: 70% representing 63 respondents were in agreement with the idea that grannie projects have partnered with various churches in spreading God's gospel to the affected grandmothers and their ill children in Kiambu County while 30% percent went against. 82% of the respondents agreed that Bible studies meetings have been employed by the grannies projects have been effective in empowering grannies to cope with the effects of HIV/AIDS. In relation to the idea that, food, clothing and financial support been employed by the grannies projects in empowering grannies, 66% of the respondents agreed that they were effective in helping the grandmothers and their immediate dependents. Finally, 52% of the respondents agreed that through the religious role played by the projects, the grandmothers were protected against abuse in the community.

5.3 Discussion of Findings

Discussion of Findings

In relation to the first objective, 9 respondents supported to very great extent the idea that, education for OVC has been provided by various projects addressing grannies in Thika, 6 went for great extent, 18 went for moderate extent, 21 went for little extent while the majority 36 went for not at all. Generally, over 60% of the respondents were for the idea that the projects in

Kiambu are working closely with relevant bodies to provide education to the affected grannies and other close people like grandchildren. According to Aboderin (2010), education for the OPs is very important more so when it is projected towards helping the grannies with information to read and follow the right medical prescription that the old carers give to their ill children and grandchildren or get common language that could enable them communicate with the projects coordinators and those who bring information that could place them in the best position to handle the effects of HIV/AIDS.

As per the second objective that sought to assess the influence of financial resources allocation in empowering the grandmothers in coping with the effects of HIV/AIDS, it had 63 respondents who represented 70% and were with the general view that the projects for grannies had done some wonderful and estimable work towards allocating funds for the grannies. When asked to give reasons for their various responses, some respondents argued that the grannie projects have provided funds for building common houses for the affected grannies; some have allocated them budgets to elevate them from the poor states they are in etc. According to Evans (2010b), in his study about the Future of HIV in Uganda, Rwanda and Lesotho, he found out that the grannies in these three countries complained of lack of enough finances to buy food, medication for their ill children, money to transport the dead from the peri-urbans to the villages, lack of funds for proper sick people equipment handling like gloves and many more. More than 89% of the grannies complained of having been forced in getting to such extra activities at old age like selling of bananas, sweets, groundnuts, vegetables and fish (omena) so as to raise the required funds for their sick children and grandchildren.

In relation to the third objective, a number of responses were arrived at as follows: the first question in this section that intended to seek the extent to which HIV/AIDS affected people get discriminated in the community, 45 of the respondents said that they are discriminated to very great extent, 15 said that they are discriminated to great extent, 10 said that the discrimination is to moderate extent, 15 said it is to the little extent while the rest who made 5 respondents said the discrimination is not there at all. According to WHO (2009), ultimately most of the East African states governments have been forced to pay for building of different wards in major level five hospitals including Thika Level Five. In the study, it was found out that those children,

grannies and relatives who took care of the ill parents/children in such wards could not even exchange hands with their fellow friends in the hospitals and their environs since they were seen as potential HIV/AIDS transmitters. According to Akinyi and Agwanda (2010), in Kigumo Location, Maragwa District Kenya, even children and grannies whose people died, they were always discriminated and looked upon as potential HIV virus carries or transmitters

In relation to the fourth objective, 70% representing 63 respondents were with the idea that grannie projects have partnered with various churches in spreading God's gospel to the affected grandmothers and their ill children in Kiambu County. On a rating scale, 14 respondents strongly disagreed with the idea that Bible studies meetings have been employed by the grannies projects in empowering grannies in coping with the effects of HIV/AIDS, 15 disagreed, 25 were not sure, 20 agreed, while 19 strongly agreed. According to World Bank (2010), all FBOs in the world subscribe to some hopes for the future in an unknown world in heaven after death. This has for a long time made death look like a spiritual thing that ought to happen so us to prepare one for another second life. This has been used mostly by churches across the world to psychologically help the grannies, sick children and the OVC (World Bank 2010). Across the world, most HIV/AIDS affected people have been found to be psychologically affected.

5.4 Conclusions

Based on the responses in the field and the discussions from the literature reviewed, the grannies projects in Kiambu have done a significant job in empowering the grandmothers. The projects have for example come up with structured programmes of giving education to the old mothers and their grandchildren. This is aimed at helping them understand the effect of HIV/AIDS besides getting knowledge on how they can survive.

Secondly, the project of source and allocate finances to the affected grannies and their children or grandchildren. This has enabled them get better medication, attention, nutrition and has to a great extent lowered their stress levels. The grandchildren who have been sponsored to schools too have had a chance to better the lives of the grannies since they have a better understanding of the disadvantaged (both social and economic) attached to someone who is diagnosed with HIV/AIDS; especially at old age.

The projects in Kiambu have helped mobilize the community understanding of the causes of HIV/AIDS, its effects, its future, control and common partnerships for better living. This has helped minimize the stigmatization, discrimination and abuse directed towards the grandparents affected by HIV/AIDS and their siblings. The project has also been in the forefront in helping the community understand that being diagnosed with HIV/AIDS is not a death sentence.

Finally, the projects have allowed a number of FBOs and NGOs, churches etc. to come together, reach the grannies and their people easily. This has helped change the perception of the grannies and their close relatives about death, second living and the future of heaven. Also, these organisations have donated food, medication, have given psychological support and many more; helping the grannies to better their lives.

5.5 Recommendations

Based on the findings of the study that has come from the respondents in the field and the literature, the researcher recommends that the grannie project idea should be allocated a particular curriculum from the MoE, department of adult education that is integrated with the contents adopted from the NACC so that the project can give its clients a very specific and relevant education so that their lives can be better than they are today .Also, the MoE in partnership with various bodies and NGOs should develop specific teachers to offer such education instead of using of volunteers.

The study also recommends that the national government, county government and other stakeholders like USAID should come up with specific special budget that targets the grannies that are infected, affected and impacted by the HIV/AIDS virus.

The researcher also recommends that the various bodies in the community should come up with sensitization campaigns that are aimed at equipping the community with the knowledge that grandmothers are equally human beings and anything can befall them including the HIV/AIDS. There should be organisations that should be concerned with spreading the information across the county on the importance of the aged people and how people can learn from them instead of stigmatizing them; to the point of killing some as witches.

Finally from the findings, the researcher recommends that the religious groups in the region must be brought on board at any step so that they can help eliminate the effects of denial of the people infected and affected by HIV/AIDS. Also, these groups should be encouraged to participate in giving both moral and material support to these grannies.

5.6 Suggestions for Further Research

1. This study was carried out in Kiambu County. A similar study could be carried out in other counties and the whole country at large.
2. A research can be done in the county to assess the challenges facing various grannie projects implementation in Kiambu County and the country at large.
3. Another study can be done to examine the various strategies adopted by the grannie projects in Kenya to ensure their sustainability.

REFERENCES

- Abebe, T., & Skovdal, M. (2010). Livelihoods, care and the familial relations of AIDS affected children in eastern Africa AIDS Care, iFirst. <http://dx.doi.org/10.1080/09540120903311474>.
- Aboderin, I. (2010). *“Life Course, Family Support, and Poverty of Older Persons in Sub-Saharan Africa: Implications for Policy.”* A presentation made during the South-South Social Protection Training Event, June 23, 2010. HelpAge International, Nairobi, Kenya.
- Administration on Aging. (2012). National family caregiver support program. Retrieved from http://www.aoa.gov/AoA_programs/HCLTC/Caregiver/index.aspx
- Administration for Children and Families. (2012). Children’s Bureau. Retrieved from <http://www.acf.hhs.gov/programs/cb/>
- AIDS Vaccine Advocacy Coalition (2010). Ongoing and Planned Clinical Trials of Topical Microbicide Candidates. Accessed on 6 January 2014 at <http://www.avac.org/ht/a/GetDocumentAction/i/3109>.
- Akinyi Magadi M, Agwanda AO (2010). Investigating the association between HIV/AIDS and recent fertility patterns. *Social Science & Medicine* 71:335-344.
- Annie E. Casey Foundation. (2012). Stepping up for kids: What government and communities should do to support kinship families. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/S/SteppingUpforKids2012PolicyReport/SteppingUpForKidsPolicyReport2012.pdf>
- Attia S et al. (2009). Sexual transmission of HIV according to viral load and antiretroviral therapy: systematic review and meta-analysis. *AIDS* 23:1397-1404.
- AVERT. (2012). HIV and AIDS among African Americans. Retrieved from. www.avert.org/hiv-african.
- Baird SJ et al. (2012). Effect of a cash transfer programme for schooling on prevalence of HIV and herpes simplex type 2 in Malawi: a cluster randomized trial. *Lancet* doi: 10.1016.
- Bray, R. (2009). A literature review on child carers in Angola, Nigeria, Uganda and Zimbabwe. Pretoria, South Africa: Save the Children UK/South Africa. Retrieved from. http://www.crin.org/docs/SCUK_lit_review.pdf on 04/10/2010.
- CDC.(2010). Costs of intimate partner violence against women in the United States. Available at: http://www.cdc.gov/ncipc/pub-res/ipv_cost/ipv.htm.

- CDC.(2011). Understanding intimate partner violence: fact sheet. Available at: <http://www.cdc.gov/ViolencePrevention/pdf/IPV-FactSheet.pdf>.
- Centers for Disease Control and Prevention (2011). Diagnoses of HIV infection and AIDS in the United States and dependent areas, 2009. Atlanta, GA: Author.
- Cohen MS et al. (2011). Prevention of HIV-1 Infection with Early Antiretroviral Therapy. *New Eng J Med* doi: 10.1056/NEJM0a1105243.
- De Walque D (2010). Evaluating Conditional Cash Transfers to prevent HIV and other sexually transmitted infections (STIs) in Tanzania. XVIII International AIDS Conference, Vienna, Session SUSA22 – Conditional Economic Incentives for HIV Prevention in the Developing World.
- Evans, R. (2010a). Children's caring roles and responsibilities within the family in Africa. *Geography Compass*, 10(4), 1477–1496.
- Evans,R. (2010b). The experiences and priorities of young people who care for their siblings in Tanzania and Uganda: School of Human and Environmental Sciences, University of Reading. Retrieved from http://www.crin.org/docs/Sibling%20Caregivers_Evans.pdf04/1.
- Evans, R. (2010c) .We are managing our own lives...” Life transitions and care in sibling headed households affected by AIDS in Tanzania and Uganda. *Area*, doi:10.1111/ j.1475-4762.2010.00954.x.
- Empire Justice Center. (2011, June 16). Private kinship care: An underutilized child welfare resource. Retrieved from <http://www.empirejustice.org/assets/pdf/policyadvocacy/testimony/private-kinship-care.pdf>
- Gadling-Cole, C., Crewe, S. E., & Joyner, M. C. (2011). Caregivers of persons living with HIV/AIDS in Kenya: An ecological perspective. London, England: Adonis & Abbey Publishers.
- Gates, H. L., Jr. (2011). *Life upon these shores: Looking at African American history, 1513-2008*. New York, NY: Alfred A. Knopf.
- Gelmon L et al. (2009). Kenya HIV Prevention Response and Modes of Transmission Analysis. Nairobi: Kenya National AIDS Control Council.
- Grant RM et al. (2010). Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men. *New Eng J Med* 363:2587-2599.

- Generations United. (2010, December 14). Census Bureau reports increase in children living With grandparents: During hard times, families depend on each other more than ever. Retrieved from <http://www.gu.org/Portals/0/documents/Press%20Releases/2010-Dec-14-PressRelease-Grandfamilies-Census.pdf>
- HelpAge International.(2010;2012). HIV/AIDS and ageing: a briefing paper. London: HAI.
- HelpAge International. 2013. Orphans in sub-Saharan Africa. *Ageing and Development*, 15:3.
- HelpAge International.(2011). HIV/AIDS: why strategies must include older people. *Briefing. Ageing and Development*, 8: 6-7.
- HelpAge International.(2010).The Impact of HIV/AIDS on Older People, Workshop Report. Africa Regional Development Centre.
- HelpAge International and UNIFEM, (2010). Community Based Responses to HIV/AIDS: Challenges Facing Older Women and Men in Kenya.
- Johnson, R. C. & Raphael, S. (2009). The effects of male incarceration dynamics on acquired immune deficiency syndrome infection rates among African American women and men. *Journal of Law and Economics*, 52, 251-293.
- Kenya National Bureau of Statistics (2010). 2009 Kenya Population and Housing Census: Volume 1A. Nairobi: Kenya National Bureau of Statistics.
- Kabiru CW, Orpinas P (2009). Correlates of Condom use Among Male High School Students in Nairobi, Kenya. *J Sch Health* 79:425-432.
- Karim QA et al. (2010). Effectiveness and Safety of Tenofovir Gel, an Antiretroviral Microbicide, for the Prevention of HIV infection in Women. *Science* 329:1168-1174.
- Kimetu S et al. (2009). HIV/AIDS Baseline Survey on Behaviour Change 2008/2009. Kenya Electricity Generating Company.
- Kelch-Oliver, K. (2011). The experiences of African American grandmothers in grandparent-headed families. *Family Journal*, 19, 73-82.
- King's College London (2010). Prison Brief for Kenya. Accessed on 17 August 2010 at http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb_country.php?country=25.
- Luchters SMF et al. (2010). Association of HIV infection with distribution and viral load of HPV types in Kenya: a survey of 820 female sex workers. *BMC Infect Diseases* 10:18.
- Lurie MN, Rosenthal S (2010). Concurrent Partnerships as a Driver of the HIV Epidemic in Sub Saharan Africa? The Evidence is Limited. *AIDS Behave* 14:17-24.

- Maticka-Tyndale E, Tenkorang EY (2010). A multi-level model of condom use among male and female upper primary school students in Nyanza, Kenya. *Social Science & Medicine* 71:616-625.
- Mishra V et al. (2009). Levels and spread of HIV seroprevalence and associated factors Evidence from National Household Surveys. Calverton, Maryland (USA): Macro International Inc.
- Mugenda, O. & Mugenda, A. (2003). *Research methods: quantitative & Qualitative Approaches*. Nairobi. African Centre for Technology Studies.
- National AIDS and STI Control Programme (2014). *HIV and AIDS in Kenya 2014 Factsheet*
- National AIDS and STI Control Programme (2012). *Annual Health Sector HIV Report for 2011/2012*.
- National AIDS and STI Control Programme (2010). *Annual Health Sector HIV Report for 2009*.
- National AIDS Control Council (2010). *UNGASS 2010: United Nations General Assembly Special Session on HIV and AIDS. Country Report – Kenya*.
- National AIDS Control Council of Kenya (2010). *UNGASS 2010: United Nations General Assembly Special Session on HIV and AIDS*.
- Nyandikio WM et al. (2010). Outcomes of HIV-Exposed Children in Western Kenya: Efficacy of Prevention of Mother to Child Transmission in a Resource-Constrained Setting. *J Acquir Immune Defic Syndr* 54:42-50.
- Ojobo j., (2008). *Education: A catalyst for Women Empowerment in Nigeria*. Institute of Public Management and Development Studies, 4, 98
- Omondi Odek W et al. (2009). Effects of Micro-Enterprise Services on HIV Risk Behaviour Among Female Sex Workers in Kenya's Urban Slums. *AIDS Behav* 13:449-461. Pretoria: Save the Children UK, Southern Africa. url. http://www.savethechildren.org.uk/en/docs/Child_Carer_Report_English.pdf retrieved on 15/02/2011.
- Save the Children (2010). *Child carers: Child-led research with children who are carers*.
- Skovdal, M. (2010a). Agency, resilience and the psychosocial well-being of caregiving children: Experiences from Western Kenya. In S. Evers, C. Notermans, & E. van Ommering (Eds.), *Not Just a Victim: The Child as Catalyst and Witness of Contemporary Africa*. Leiden: Brill.
- Skovdal, M. (2010b). Children caring for their 'caregivers': Exploring the caring arrangements in households affected by AIDS in Western Kenya. *AIDS Care*, 22(1), 96–103.

- Skovdal, M., & Ogutu, V. (2009). "I washed and fed my mother before going to school Understanding the psychosocial well-being of children providing chronic care for adults affected by HIV/AIDS in Western Kenya. *Globalisation and Health*, 5, 8, doi:10.1186/1744-8603-5-8.
- Ukeje, B. (1992). *Educational Administration*. Enugu: Fourth Dimension Publishing Company.
- UNAIDS (2010). Outlook Breaking News: Young People Are Leading the HIV Prevention Revolution. Geneva: Joint United Nations Programme on HIV/AIDS.
- UNAIDS (2009). AIDS epidemic update. Geneva: Joint United Nations Programme on HIV/AIDS.
- UNAIDS (2010). International consultation on "Positive Health, Dignity and Prevention." Accessed on 28 August 2014 at <http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2010>.
- UN-Kenya (2009). Joint UN Programme of Support on AIDS (2007–2012): 2008–2009 Progress Report.
- UNAIDS. (2010) Global Report on HIV/AIDS. Oxford Publishers. New York.
- USAID, UNAIDS and UNICEF (2013; 2014). Children on the Brink. New York.
- UNICEF, (2012). Poverty and exclusion among urban children. UNICEF Innocent Research Centre; Innocent Digest No. 10. Available: www.unicef-isd.org.
- United Nations (2011). The world ageing situation. New York: Author
- World Bank (2010). World Development Indicators 2010. Washington DC: World Bank.
- Wilkerson, E. (2010). The warmth of other suns: The epic story of America's great migration. New York, NY: Vintage Books.
- WHO (2010). Antiretroviral Drugs for Treating Pregnant Women and Preventing HIV Infection In Infants: Recommendations for a public health approach. Geneva: World Health Organization.
- WHO et al. (2010a). Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector. Geneva: World Health Organization.
- WHO and UNAIDS (2010). Progress in male circumcision scale-up: country implementation and research update. Geneva: World Health Organization
- World Bank (2010). World Development Indicators 2010. Washington DC: World Bank.

- World Bank (2010a). Malawi and Tanzania Research Shows Promise in Preventing HIV and Sexually- Transmitted Infections. News Release. 18 July. Accessed on 18 November 2010 <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0..contentMDK:22649337~pagePK:34370~piPK:34424~theSITEPK:4607,00.html>.
- World Bank. (2013). Long-run economic costs of AIDS: theory and an application in South Africa. Washington, DC: World Bank.
- World Bank. 2011; 2012. Confronting AIDS. Public priorities in a global epidemic New York: Oxford University Press.
- World Health Organization. 2012. Ageing and AIDS in Africa. Research Update. Geneva.
- World Health Organization. 2011. Impact of AIDS on older people in Africa. Zimbabwe case study. Geneva: WHO. WHO/NMH/NPH/ALC/02.12.
- WaterAid.(2010) .*Equity and inclusion*, London, WaterAid.
- World Health Organization and HelpAge International, (2012). *Humanitarian action and older persons: An essential brief for humanitarian actors*, Inter-Agency .Kampala Uganda.
- World Health Organization(2012). Active ageing: A policy framework; WHO contribution to the Second United Nations World Assembly on Ageing; April 8-12; Madrid. Apr, 2012.
- World Bank (2012b). The Targeting of Transfers in Developing Countries: Review of Experience and Lessons, World Bank, Washington D.C.

APPENDICES

APPENDIX 1:

Letter of transmittal

Catherine Wandia Wambugu

P.O Box 90287-80100

Mombasa.

Tel: 0721748730

Email: wandiah2003@yahoo.com

Dear participant,

My name is Catherine Wambugu and I am a student undertaking a Master of Arts Degree in Project Planning and Management at the University of Nairobi, Mombasa Campus. To fulfill the completion of this course, I am carrying out a study on ‘The roles played by grannies projects in empowering grandmothers in coping with the effects of HIV/AIDS in Thika Sub County’. Since the matter affects the whole community, I am inviting you to participate in this research study by completing the attached questionnaire.

If you choose to participate in this research, please answer all questions as honestly as possible. Participation is strictly voluntary and you may decline to participate at any time. In order to ensure that all the information will remain confidential, you do not have to include your name. The data collected will be for academic purposes only.

Thank you for your cooperation.

Yours faithfully

.....

Catherine Wandia Wambugu

Appendix 2:

Research Questionnaire

Section A: Background Information

1. Gender: Male [] Female []

2. Your age bracket (**Tick whichever is appropriate**)

Below 20 Years [] 21 - 30years [] 31 - 40 Years []
41 - 50 years [] 51 - 60 years []

3. What is your highest education level? (**Tick as applicable**)

Primary certificate []

Secondary certificate []

Diploma/certificate []

Bachelors' degree []

Postgraduate degree []

Others-specify.....

4. Working Experience in the Grannies project Organization (*for employees only*)

a) Less than 1 year ()

b) 1-2 years

c) 2-4 years ()

d) 5 years and above ()

Section B: Item on Education Role

5. To what extent do the grannie projects offer both formal and non-formal/informal education to the old grandmothers?

Very great extent []

Great extent []

Moderate extent []

Little extent []

Not at all []

6. According to your rating, to what extent do the following roles played by grannie projects empower grandmothers in Thika in coping with the effects of HIV/AIDS?

(Very great extent=1, Great extent=2, Moderate extent=3, Little extent=4, Not at all=5).

| Factor | 1 | 2 | 3 | 4 | 5 |
|--|----------|----------|----------|----------|----------|
| Education for OVC | | | | | |
| Education for the grannies | | | | | |
| Education for the ill children of the grannies | | | | | |

Section C: Item on Financial Resources allocation

7. Do you think that grannie projects in Thika are giving sufficient funds required by grandmothers as a strengthening strategy against HIV/AIDS effects?

Yes () No () Not sure ()

8. Briefly give reasons for your answer in 7 above-----

9. How effective has/have the Grannies project(s) been in Thika as it pertains to the following financials roles? Use a scale of 1-5 where

1= very effective, 2= effective, 3=weakly effective, 4= ineffective, 5 = very ineffective

| Factor | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Provision of money for HIV patients medication | | | | | |
| Provision of money for funeral arrangements for the deceased | | | | | |
| Provision of money for food and nutrition | | | | | |
| Provision of school fees or the OVC | | | | | |
| Provision of money for care equipment like gloves | | | | | |

Section D: Item on Cultural Perceptions

10. To what extent do HIV/AIDS affected people get discriminated in the community?

Very great extent []

Great extent []

Moderate extent []

Little extent []

Not at all []

11. To what extent do you agree or disagree on the following roles played by grannie projects in strengthening the coping strategies of grandmothers? Use a scale of 1-5 where **1= Strongly disagree; 2 = Disagree; 3 =Not sure; 4 =Agree; 5 = Strongly agree.**

| Factor | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Grannie projects have been rallying against stigmatization | | | | | |
| The community has learnt that HIV/AIDS is not a curse | | | | | |
| Grannie projects have helped reduce discrimination against old women | | | | | |
| The project has helped both male and female children be treated equally | | | | | |

Section E: Item on Religious Role

12. The grannie project has partnered with various churches in spreading God’s gospel to the affected grandmothers and their ill children in Thika region?

Yes () No ()

13. To what extent do the following factors have been employed by the grannies projects in empowering grannies in coping with the effects of HIV/AIDS? Use a scale of 1-5 where, **Very great extent=1, Great extent=2, Moderate extent=3, Little extent=4, Not at all=5**).

| Factor | 1 | 2 | 3 | 4 | 5 |
|---|----------|----------|----------|----------|----------|
| Bible studies meetings | | | | | |
| Food, clothing and financial support | | | | | |
| Protecting against abuse to the OVC | | | | | |
| Abuse against the grandmothers protection | | | | | |