

## HIV and Development Programme



Study Paper No. 7

# FROM SINGLE PARENTS TO CHILD-HEADED HOUSEHOLDS: THE CASE OF CHILDREN ORPHANED BY AIDS IN KISUMU AND SIAYA DISTRICTS

A research project report  
By Ayieko, M A, PHD

## I. INTRODUCTION

### 1.1 OVERVIEW

The socio-economic consequences of the HIV/AIDS epidemic are felt in a growing number of countries. Increasing mortality rates among adults are threatening economic and social well-being. Women and children are bearing the heavy burden of nursing the sick and managing households with over-stretched resources. Observations show that when a husband dies of AIDS in a family, the mother is also often living with HIV/AIDS and dies shortly thereafter, leaving children as orphans.

Most parents, even if they are aware of their terminal illness, do not attempt to make any alternative living arrangements for their children before their death. Children are left in the household with limited, or no, resources. As the epidemic spreads, these child-headed households are becoming more and more frequent in rural areas.

Children in such conditions are deprived of their childhood and the opportunity to go to school. Economic hardships lead them to look for means of subsistence that increase their vulnerability to HIV infection, substance abuse, child labor, sex work and delinquency. This study looks at the status, needs and skills of orphans, especially those orphaned by AIDS. The study documented available family and community resources with the intention of facilitating future development of community-based interventions for children affected by HIV/AIDS in Kenya.

### 1.2 UNDERLYING ASSUMPTIONS FOR THE STUDY

Most Kenyans live within communities of extended families and kin in rural areas. The villagers are endowed with basic resources, production information, customs and traditions essential for sustaining life and raising families in a rural community. As discussed above, this study examined possibilities of using such resources to support community-based interventions. The study therefore was based on three major assumptions:

#### i) Raising Children in Familiar Surroundings

Children develop better socially, mentally and emotionally in familiar surroundings with extended families and thus should be cared for in such environments as long as possible.

The role and value of raising children in their own families cannot be over estimated. In the interest of the orphans they need to be retained in their own communities under the care of an adult. As argued by Reid (1993), families do not cease to exist when parents die. Secondly, children grow better in their own communities where they can have opportunities to relate to adults and other children of similar backgrounds. Therefore, to give orphans better opportunities, they should be retained and supported within their own villages as long as possible. This would foster their psychosocial development, allow them to know their extended families and their culture, and provide them with a sense of security and belonging. Such a head-start will go a long way in helping to improve their socio-economic status in the long run.

#### ii. Parental Concerns at Terminal Stages

Counselling terminally ill parents would make them more likely to pass on crucial production knowledge to their children at earlier ages.

After the diagnostic and denial stages, death becomes real to most people living with HIV/AIDS, and they often start expressing concern over the future of their children (Reid, 1993; Topouzis, 1994). With appropriate counselling at this stage, the patients are likely to pass on vital production skills and information to their surviving family members. The terminally ill parents within the community could thus be encouraged to join support groups and start instructing their children. Such support groups could be given special counselling sessions to help prepare youth in the villages and encourage peer support for orphans.

### **iii. Utilising the Minimum Available Resources**

In most typical rural communities, there are certain resources available for all residents. These resources can be identified to support children in their rural home under the care of extended families.

AIDS orphans are often left with some minimum resources such as land, housing and some supportive relatives who could be approached to take care of them. With additional support from outside, such resources could effectively be utilised to sustain orphans within their natural surroundings and communities. Such an arrangement would also minimise the future cost of land to settle the children during their adult lives because the orphans would then automatically inherit their own ancestral land. It would also reduce the number of cases in which corrupt relatives swindle unsuspecting orphans of their rightful land inheritance.

## **1.3 PURPOSE OF THE STUDY**

The prevailing poor economic conditions have caused many families to live in severe poverty. Furthermore, child oriented NGO projects being expensive and less self-sustainable, are not common in most rural areas. Therefore, responsibilities such as providing for orphans are most of the time left to households, close relatives, or communities to manage. The goal of this study was to examine orphans' coping strategies and to explore possibilities for community-based interventions for rural youth. In order to support specific interventions, it is necessary to know the nature of available community resources and how they are (or can be better) mobilised to meet the needs of the children. The survey also assessed the need for additional resources for developing and supporting interventions, and reviewed possibilities for villagers to run projects with minimum assistance from outside the community.

## **1.4 . RESEARCH QUESTIONS**

To find out how children cope under such difficult conditions, research questions were formulated to facilitate fact finding. These were:

- How do orphans manage their farms, younger siblings, and sick members of their households?
- How can extended families and the community as a whole be mobilised to help manage orphans within the villages?
- Where do orphans, children more generally, turn for emotional support?
- How do orphans make sense of what has happened to them?
- What kind of production options and survival mechanisms are available to orphans?
- What are the immediate needs of orphans for food production and security, housing, health and education?

## **1.5 RESEARCH OBJECTIVES**

The broad objectives of this study are to assess the social and economic status of households headed by children, and to identify available and required resources that may be utilised to initiate and support HIV/AIDS community-based interventions. The objectives are:

- i) To identify and map the prevalence of child-headed households in selected areas in Kenya--Nyanza province.

- ii) To identify and describe the needs and constraints of home-based children orphaned by AIDS and their potential caregivers in rural areas.
- iii) To survey the availability of national and community support for home-based orphans in rural areas.
- iv) To describe and propose possible small-scale community-based interventions for orphans.
- v) To motivate communities so as to initiate small-scale interventions within villages to help support orphans.

## **II. METHODOLOGY**

### **2.1 INTRODUCTION**

A number of methods were used to collect data. These were questionnaire schedules, focus group discussions, participant observation, personal interviews with different personalities and affected household members, community meetings, case studies, and two local workshops, one with district level officials, and the other at grassroots level with villagers and community workers.

The job of collecting information began by a brief survey in Nairobi and the sampling area to get to know what has been done or what is being done with regards to HIV/AIDS in Kenya. Potential supporters were contacted and informed of the research project. An attempt was also made to contact key people such as religious and civil leaders, and other opinion leaders in the area of operation. The data collection was conducted as follows:

### **2.2 RESEARCH TOOLS**

#### **2.2.1 Questionnaire Schedules:**

To be able to quantify some of the information, questionnaire schedules were developed and administered to affected households. This task started with a three day training workshop for the data enumerators and their field support staff from the Ministry of Agriculture, Marketing and Livestock Production. Quantitative information on household characteristics, resources and other quantifiable demographic data on households headed by children and elderly grandparents was collected.

#### **Enumerators training workshops**

At the beginning of the project, one training workshop was conducted to prepare nine enumerators and their would-be supervisors from the Ministry of Agriculture. The enumerators were trained to administer the questionnaires and also to do HIV/AIDS prevention work in the villages. Half-day seminars for the enumerators were held every month throughout the period with data collection. These seminars were conducted to review progress of data collection, learn of new relevant issues arising in the region, respond to the enumerators' concerns and to receive feedback on the villagers' responses to the questionnaire. During these seminars, the enumerators were also given further instructions on working with villagers, advocating behaviour change, and HIV/AIDS prevention in general. The seminars were especially helpful as the only direct contact with those households that were not going to be interviewed by the project.

#### **2.2.2 Interviews**

The second part of the data collection process involved personal interviews with local and national authorities. These included interviews with NGO staffers, selected senior government officials from the Ministries of Agriculture, Education, Health, and Social Services; religious organisations; community workers in the provinces, districts and divisions. These organisations were interviewed on their activities to alleviate the impact of HIV/AIDS, what they thought was lacking in their programmes which could be supplemented by community-based intervention. They were also interviewed on what their organisations could contribute to the initiation of and support for interventions.

In the list of interviewees were church elders, opinion leaders and significant local leaders and politicians in the area. Personal interviews with caregivers, the orphans themselves, and terminally ill parents in their homes and hospitals were also conducted to learn how people living with HIV were coping with their parenting roles during the last days of their lives. Others included AIDS workers in the area, medical personnel, AIDS activists, counsellors and even condom sales distributors. An effort was made to talk to every person or organisation involved in any aspect of HIV/AIDS prevention in the community. It was necessary to have all such individuals involved because their support for interventions would be crucial.

### **2.2.3 Community meetings**

Researchers also participated in several community meetings such as religious congregations, chiefs' barazas and leaders' conferences to address the villagers on HIV/AIDS and orphans issues, and to collect information for the project wherever this was possible. It was at such meetings where we heard the community members talk about what they were going through and how they were responding to the problems as individuals, households and as a community. During such meetings, we learnt how the villagers discussed the issue amongst themselves, as opposed to what they tell data collectors, and how they respond to conversations with outsiders.

### **2.2.4 Focus Group Discussions**

A total of 18 focus group discussions were conducted. In these forums, we discussed existing ideas about raising orphans in rural areas given the current poverty situation, fear and uncertainty amongst the villagers. Cultural practices for child adoption and caregiving were discussed to further our understanding of how these may prevent, inhibit or discourage a relative from taking care of a child. The main objective of the group discussions was to provide a forum for the affected groups to discuss in more detail what effects them and to explore ideas for support groups, interventions and management committees for orphans and widows. Convenient locations in the nine divisions were selected for the focus group discussions. In each of the divisions, there was one group for orphans and another group for caregivers. The caregivers groups mainly discussed the various traditions, customs and norms in the Luo community that govern child adoption and caregiving in the event of the death of both parents. Possibilities for income generation activities were also explored to assist economically poor but willing and capable caregivers.

### **2.2.5 Leaders' Workshops and Seminars**

Two local workshops, one in Siaya and the other in Kisumu districts were conducted for feedback, and to sensitise the community on the status of the HIV/AIDS epidemic in the area and their role in managing orphans. The workshops also provided forums for dissemination of some basic findings from the study and to discuss modalities for the community intervention, and to propose and to develop ideas for support and ownership of the interventions by villagers.

The Kisumu workshop brought together researchers, individuals, extension workers, district leaders, civic and other community leaders. During this workshop, the following topics were discussed and resolutions passed by the group:

- a. availability of community resources for development and support of the intended interventions in the communities
- b. legal and ethical support systems necessary for interventions
- c. spiritual and social well-being of orphans
- d. sustainability of the interventions and support groups
- e. orphans' property ownership and inheritance rights
- f. essential concerns such as education, health and food security
- g. mobilisation of the community for the project interventions including involvement, empowerment and guardianship of orphans
- h. community strengths and resources
- i. community weaknesses and difficulties
- j. resolutions and suggestions for future action

The second workshop was organised for grass-roots community workers and selected villagers. In attendance were village elders, primary school teachers, church leaders, caregivers, widows and widowers, village AIDS workers, community volunteer health workers and village social workers. To facilitate active discussion and to provide new ideas, the discussion topics were

presented in question form as follows:

- a. how can we involve the whole community in running the intervention?
- b. how can villagers be empowered to take the major role in running the intervention?
- c. who should identify or appoint a guardian for orphans should parents die without having done so?
- d. how can we impart to orphans a sense of belonging to encourage them to live in their own community rather than running away to the streets?
- e. what are the various Luo community strengths that can help manage the interventions?
- f. what are the major community weaknesses that may hinder the smooth running of the intervention? how can we deal with these?
- g. what resources are available in the rural areas that can be used to manage such an intervention?
- h. what are the possible community difficulties that may be encountered by the intervention?
- i. which customary laws and norms can be used with government laws in protecting the needs of orphans?

The two complete workshop reports are available as separate documents.

### 2.2.6 Case Studies

Several special case studies were undertaken. These included special interviews with households headed by female orphans, male orphans, joint leadership, and those headed by very elderly grandparents. Some of the case studies are reported here as box inserts.

### 2.2.7 Video Filming and Photographs

To accompany the data collection, photographs were taken and some actions captured on videotapes to facilitate production of a documentary film. The documentary film is available as a supplementary report.

### 2.2.8 Personal Observation

The purpose of personal observation was to gain acceptance in the affected households, churches and the villages in order to record less obvious but essential information about HIV/AIDS management in the area. By walking around in the villages and visiting with the affected families, some vital information about the households, practices and beliefs were recorded and are presented in the report. To verify certain issues that were observed, these were brought up for discussion during the workshops and seminars. Most traditions and customs in the Luo community are fairly uniform with minor variations from one location to another. However, due to marriages across the locations, variations are generally accepted and are practised freely by households.

## 2.3. SAMPLE SELECTION METHODS

### 2.3.1 The Study Area

The study was conducted in Kisumu and Siaya districts in Nyanza province. Nyanza is an administrative province in western Kenya with a total population of 3 million (Kenya Bureau of Statistics, 1994). A mid-year medical report of 301 patients at the ante natal clinic from the Ministry of Health, Nyanza Provincial General Hospital indicates that a total of 34.3% of mothers who visited the clinic were HIV positive. HIV prevalence is uniformly distributed amongst all types of homes. Table 2.1 shows the details of reported cases of the epidemic amongst women in the ante natal clinic.

Table 2.1 Distribution of Patients by Marital Status

Status	Number tested	Percentage HIV+ve
Single	59	32.2
Monogamous	165	35.7

Polygamous	75	33.3
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Source: NACP Sentinel Surveillance Summary Sheet, New Nyanza Provincial General Hospital - 1997, Analysis of ANC Patients

Nyanza has the highest number of HIV infections in the country. The province is divided into seven administrative districts of which Kisumu and Siaya are the most affected districts with the highest levels of HIV prevalence and HIV-related mortality in the province.

### 2.3.2 Sampling Methodology

Purposive and convenience sampling methods were used to collect data. A total of nine enumerators were selected from the research areas to enable them to relate easily to the respondents. Each enumerator was assigned to cover two administrative divisions with about 25,000 households each. Due to limited resources (time and money), only nine divisions were relatively well covered by the enumerators. Three other divisions were partially covered. With the help of chiefs and trained research assistants, an attempt was made to identify all households with orphans.

### 2.3.3 Sampled Population

A total of 1101 households participated in the study with a total of 2878 orphaned children. From Kisumu district, 493 (44.7%) households from eight divisions and 605 (55.3%) households from six divisions in Siaya district were selected as shown in Table 2.2 below. Muhoroni, Lower Nyakach, Kadibo, Maseno, Madiany, Bondo, Boro, Ukwala, and Wagai divisions were strategically selected as "the home divisions" for the enumerators, such that all households identified with orphans were included in the study. The data collectors were instructed to enumerate all other households in the bordering locations upon completing their home divisions.

Table 2.2 Distribution of Sample Population by District and Division (N = 1101)

	Frequency	Percentage
<b>Kisumu District</b>		
Muhoroni	84	7.6
Miwani	30	2.7
Upper Nyakach	3	.3
Lower Nyakach	117	10.6
Kadibo	82	7.4
Nyando	41	3.7
Winam	44	4.0
Maseno	92	8.4
<b>Total</b>	<b>493</b>	<b>44.7</b>
<b>Siaya District</b>		
Madiany	123	11.2
Bondo	123	11.2
Boro	122	11.1
Ukwala	115	10.4
Wagai	106	9.6
Yala	19	1.7
<b>Total</b>	<b>605</b>	<b>55.3</b>

The intention was to cover the neighbouring divisions working from outside inward. Given the distance to be covered, weather conditions and limited time, only a few sublocations were reached. This brought about the inclusion of a few respondents from the neighbouring divisions such as Yala and Upper Nyakach. In any case the sampled households display a typical pattern of the spread of orphans in the region.

### III. STUDY FINDINGS

#### DEFINITIONS

In this study, the term household and family are used interchangeably to mean a group of orphaned children (brothers and sisters, sisters or brothers only) living under one caregiver, or alone under one head. Therefore, more than one group from different parents could be found living under one caregiver. Such groupings were enumerated as different families. Not more than 5 of such households were enumerated.

#### 3.1 DESCRIPTION OF HOUSEHOLDS

##### 1. Number of Orphans per Family

Orphaned children try to stick together as much as possible. However, in certain cases when the surviving parent is ailing and increasingly becoming incapable of attending to family needs, some children start worrying about being separated. This is particularly so because many have witnessed their friends being separated when parents die. Such fears were expressed by many children participating in focus group discussions and in personal interviews. Cases of two or three different families of orphans living together in a single grandparent's household were not unusual.

Table 3.1 Distribution of Siblings in Households

No of children	Frequency	Percentage
1	339	30.9
2	254	23.1
3	212	19.3
4	155	14.1
5	90	8.2
6	29	2.6
7-11	21	2.0

Average number of siblings per households = 2.6

Most households had few siblings as indicated by Table 3.1. It is possible that the first two categories of households with not more than two children may have had some of their members dispatched to other destinations. As explained later under movement of orphans, a larger percentage of one- and two-child families include orphans of unwed mothers as well. These families encounter frequent illnesses and experience high mortality rates because the children were mainly under five years of age.

However, the rate of dispersion as a coping mechanism for caregivers is higher in larger groups probably due to economic reasons. It was observed also that many adolescents and older teenagers in the larger families tend to leave their homes in search of better living conditions elsewhere. Others were also taken away from home to live with sympathising relatives and friends in other locations.

##### 3.1.2 Age Range of Orphans

About one quarter of the households (24%) had fairly young children with the oldest being not more than 10 years old. A total of 44% of the homes had adolescents aged 11 to 15 years (Table 3.2). This is a crucial stage in a child's social development process requiring a lot of parental guidance. Another 22% of households had at least an older teenager (ages 16 to 18 years) as an

older sibling living in the same family. This is the age group that is currently managing some of the orphaned families. Youth were treated as young adults and expected to behave as mature adults with families. As much as they try to work in the home and provide some leadership for their families, they are still children. They need guidance, time and a chance to be children, to be teenagers and to experience this important stage of human development.

Table 3.2 Distribution of the Orphans by the Oldest Member of Family

Age (years)	Frequency	Percent
00-05	41	3.7
06-10	230	20.8
11-15	485	44.0
16-18	245	22.3
19-24	100	9.1

Only 20% of homes had children aged 0 to 5 years. This is a critical age group for child survival. It is a vulnerable age group in developing countries and needs parental care and adequate health and other services. Although this age group gets free medical care in most public hospitals and clinics in Kenya, their caregivers may not be keen to facilitate this. Some of them do not know of the existence of this health privilege at clinics.

A number of sibling groups do not have female children. There were no girls in 34% of households compared to only 18% for boys. This was an unusual variation in sex distribution in orphaned families. It may be an indication and a confirmation from personal observations that girls are more likely than boys to be separated from other siblings to live away from home with relatives, friends or other persons.

### 3.2 MORTALITY RATES

Orphans experience a high death rate in rural areas (Table 3.3). A number of children are born HIV infected, hence, a jeopardised beginning to life. About 20-25% of children born to mothers who are HIV positive also become infected before or during the birth. A further 15% become infected with HIV during breastfeeding. Most of these children are exposed to a poor environment, malnutrition, lack of medical attention and parental despair which further compromises their quality of life.

Table 3.3 Orphan Mortality Rate

Number of deaths	Frequency	Percent
No death recorded	573	52.0
1 death recorded	471	42.8
2 deaths recorded	54	4.9
3 deaths recorded	2	.2
4 deaths recorded	1	.1

During one focus group discussion session, cases of death as a result of carelessness and child abuse by caregivers were reported and discussed. Also other children are hurt in fatal accidents at home in the course of providing labour and due to ignorance in accident prevention. It is not possible to report all deaths in the families because some respondents were not informed of the

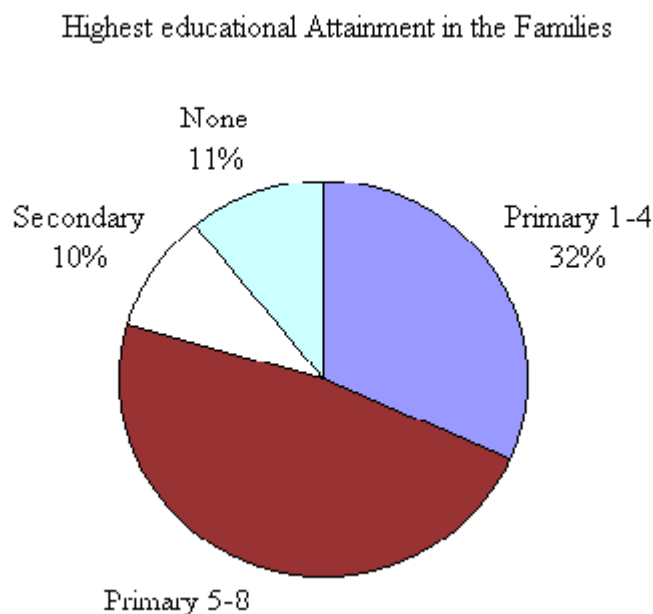


whereabouts of other children not living at home. These figures may thus be underestimates.

### 3.3 EDUCATIONAL NEEDS

Many orphans are not in school. Figure 3.1 indicates low levels of educational attainment amongst children orphaned by AIDS. According to age distribution, about 4% were below the minimum age for school attendance (5 years of age).

Figure 3.1



It was also recorded that a total of 20% of the households do not have children in school due to several reasons, the most common being lack of funds. Poverty is the main reason why most children are not in schools. Some orphans are kept away from schools by malicious caregivers in order to suppress their future economic potential. During focus group discussions with youth, a number of children expressed their concerns about education. When orphans were asked to discuss how they related to classmates and teachers at school, they narrated incidents of embarrassment and fear at being stigmatised as AIDS orphans. One pupil discussed how he no longer attends classes because he may be bewitched and die like his deceased educated parents. When asked to explain further, he discussed his beliefs on how his parents were bewitched because they were well educated and envied by their extended family line. Of course, others stay away from school due to lack of parental guidance and encouragement.

Discussions with teachers revealed that many of the orphans are not in school due to the heavy domestic responsibilities most of them have to do before going to school. As stated earlier, many of them provide all the necessary labour in their homes. During certain agricultural seasons they are also expected to provide labour in the morning before going to school and in the evening after school. Going to school is not compulsory or a priority in such families, and many orphans choose to quit school. For those who remain in school, many have poor academic performance due to low class attendance, lack of school materials, poor diet and appalling living conditions.

During a focus group meeting, caregivers discussed various strategies they use to retain orphans in school. One middle-aged caregiver who has 9 orphans in his household explained how he sends them to school when they have attained the age of 10 years and only keeps them until standard 7. The older ones who came under his care while in secondary school are also retained there until form 3 only. He does this because the final years (standard 8 and form 4) are expensive and have too many school requirements that he cannot afford. He also explained that

sending a child to school four years late is also cheaper. The children can help provide labour at home and go to school as well, conditions which would be too difficult for the younger ones. In that manner, the orphans pay for their own education. A few caregivers also talked about seeing their orphans through primary education only because high school education is now a luxury and too expensive even for their own children.

### 3.4 LIVING ARRANGEMENTS

#### 3.4.1 Living Without Parents

Traumas of parental death were still very fresh in young minds as they narrated how they are learning to live alone. More than 15% of the children interviewed had been made orphans in the last 6 months prior to our interviews. About 12% had been orphaned for one year and only 5% had been orphaned for two years.

Death of a father deprives children of male authority, a status symbol in many communities. But the subsequent death of a mother further deprives the children of crucial emotional and mental security as well.

Many women infected by HIV migrate back to their maternal homes during the later stages of their illness. Frequent illnesses which precipitate deteriorating economic conditions, a sense of despair and worthlessness have weakened many marital bonds that obligate wives to remain in the nuptial home when husbands die. As such, a significant number of women return to their maternal homes when their husbands die. Other women return to their homes because they are too frustrated by their in-laws to continue living with them. A few terminally ill women respondents in this study opted to return home with a hope that children would find a male authority (maternal grandfathers and uncles) and social and emotional security amongst maternal kin. Of course, this has not solved the problem in many homes because death still does catch up with many. When the mothers eventually die, such orphans are twice disadvantaged by a second trauma of parental death and adjusting to unfamiliar relatives in a foreign place.

#### Profile 3.1

Mary, a young woman of about 30 years old narrates in tears how she was sent away from her marital home for having caused the death of her husband and a brother in law. She also lost three children. Mary lives with her elderly widowed mother while taking care of her younger sister's daughters and a brother's family of four children.

"My sister who was not married died one year ago leaving two daughters with our mother. My brother and his wife died six months later. They both died in the same month also leaving four children under my care. I don't have any child of my own. I lost my three babies in infancy and then my husband died also. I was inherited by my brother-in-law but he also died two years later before we could have any child. I lived a miserable life after the death of my second husband. Everybody in my in-law's extended family did not want to associate with me. They all called me a devil woman and claimed that I am carrying some bad blood which should not be buried in their home lest it bring a curse to the whole household. I was therefore sent away by my in-laws. I now live with my mother in our home and help take care of my six nieces and nephews. Life is very hard but I also work hard at my business of selling fish and used cloths at our village market. All the children are in primary school. The good thing is that my deceased brother left a good house for us. Our main problem is food and medicine. But the good Lord sustains us"

#### 3.4.2 Wife Inheritance

There is a growing concern among women for being blamed for the death of their husbands. Many young Luo women whose husbands die are frequently encouraged to remarry within the extended family regardless of what caused the death of their spouses. When such husbands subsequently die, lack of adequate knowledge about HIV transmission encourages negative rumours associating the death with the widow's witchcraft. They are thus branded "husband

killers", mistreated and encouraged to leave their marital homes.

### 3.4.3 Guardians and Caregivers

A significant number of children do not have caregivers in their households (Table 3.4). Of the 5.2% (57) of households without living-in guardians, 17 had no caregivers at all. Such children live and manage their own household activities without supervision of an adult. The rest had at least one answerable adult in a nearby home. However, some of these adult relatives only claimed responsibility for orphans where they anticipated rewards.

Due to a lack of counselling services for the caregivers and orphans, a number of guardians were experiencing caregiving fatigue. These were the consequences of being stressed by children from other families, strained relations between them and the orphans, and high demands on their time, particularly for nursing ailing children. Given the growth of individualism and the nuclear family amongst villagers many caregivers do not welcome the obligations that come with an extended family support system.

Table 3.4 Appointment of Caregivers

Caregiver	Frequency	Percent
Appointed by parents	41	3.7
Appointed by relatives	40	3.6
Self appointed	316	28.7
Automatic next of kin	647	58.8
No caregiver	57	5.2

Twenty orphaned families reported that distant relatives occasionally bring them gifts such as maize meal, beans, and potatoes and to check on how they are doing.

Unfortunately most parents do not make alternative living arrangements for their children before they die. This oversight by parents is becoming increasingly burdensome to the communities. Only 3.7% (41) of families said their sick parents made prior arrangements with friends and relatives to help take care of their children. Most caregivers (59%), however, were identified by virtue of being next of kin or by being the closest relative in the home. This kind of appointment has brought a lot of resentment and difficulties for many caregivers because they may not necessarily be willing to take care of the orphans.

From the grassroots workshop, it was observed that tradition does not allow one to turn down such an assignment which is normally done by the village elders. Nevertheless, due to economic reasons, refusals are becoming common without any reproach. Self-appointed caregivers were observed to be working best. This is probably because of personal willingness and commitment by the caregivers to take responsibility without economic support from the extended family. Cases of self-appointed caregivers becoming unsupportive leading to the abandoning of the orphans were also reported. Such incidents although not common, could be attributed to individual differences and preconceived motives for self-aggrandisement. One caregiver narrated how she gave up the responsibility after being suspected of self-interest in the wealth of the deceased. When the extended family realised that the orphans were now suffering more, she was requested to disregard the talk and re-assume responsibility for the children.

### 3.5 HOUSING AND SHELTER

Many orphans move from their parents' house to live with grandparents or move in with uncles and aunts when both parents die (Table 3.5).

Table 3.5 Persons Who Provided Current Residential Shelter

	Frequency	Percent
Grandparents	400	36.4
An uncle	149	13.5
An aunt	109	9.9
Older sibling	25	2.3
Community members	20	1.8
Some other persons	105	9.5
Live in original house	293	26.6

About 400 (36%) households reported living in their grandparents house, and 149 (13.5%) lived with uncles. One quarter of the families (26.6%) lived in their original parents' house. By Luo tradition, when both spouses die, their house cannot be maintained by repairing the roof by somebody else unless the wife was inherited by customary laws. This causes many children to move into different houses for shelter. Most of the original houses found intact were semi-permanent or permanent buildings which do not fall down immediately with lack of maintenance. Of course, at the time of our visits, some houses were still standing and in good condition. In some cases the houses could be repaired at minimal costs to provide shelter for the children. We also learned that there are certain rules that could be observed to provide housing for the orphans in their grandparents home if funds were available.

### Profile 3.2

*Jennie, a school girl aged 14 years narrates how she commutes every night to her sleeping place, a detached kitchen in a relative's home.*

I cannot sleep in my grand parents' house. I do not know why. But she cannot let us sleep in her house. She has space in her living room but they say we cannot. She is not old enough yet for grand children to sleep in her house. We tried to repair the floor and walls of our house but the house leaks too much. Rain water keeps spoiling the walls. My elder brothers cannot repair the roof. It is against tradition. They may also die if they do that. Our mother was not inherited when our father died. It is so hard travelling to sleep every day. Sometimes we share the kitchen with some goats and chicken. Insects bite us a lot. I cannot do my homework there.

## 3.6 MOVEMENT OF THE ORPHANS

### 3.6.1 Relocation

A number of children move to new localities to live with relatives and family friends on the death of both parents. Others simply run away in an effort to find a more suitable living arrangement for themselves. During focus group discussions, the children discussed the feelings brought about by moving to live with others families. Some expressed negative feelings while the majority did not seem to have any ill feelings against it, or were probably shy of expressing their concerns. In any case, guilt feelings in children contribute to behavioural problems because of being looked at as a liability when living in someone else's home. The caregivers observed that some orphans tend to be moody, withdrawn, and prone to over reacting to minor stimuli. When such behaviours are misunderstood, they are likely to be misinterpreted and responded to inappropriately.

It was noted that girls are often taken away by relatives and are more easily absorbed in other families than boys. This is particularly so because most girls when old enough work in their new adopted homes as house helps. Also upon growing up, girls get married and move away from the

home. Hence, they are not permanent members of the home and do not pose long term competition for family resources with caregivers' own children.

In the event that both parents are ill simultaneously, some children were sent away to live with relatives soon after one parent dies. It was regarded as a coping strategy to ease the burden of child care for the remaining but unhealthy parent. In 67% of the cases, fathers died first. The strategy of sending away children to live with relatives was reported in cases where mothers died first. Most mothers stayed with all children under their care until they died. Only two cases were reported where mothers sent children to live with relatives in anticipation of death.

### Profile 3.3

Margaret, the only child in her family, was 12 years old when both her parents died. Her father was a senior navy officer and her mother worked as an administrative secretary with a local company in Mombasa. Margaret's future life was promising till her both parents died within one year.

When her mother died, her father was sickly most of the time, Margaret spent a lot of time with a family friend of Arab origin. When her father died, three of the Arab family members accompanied Margaret to her rural home in Siaya district for the burial. Margaret had not lived in a rural area before. She was not conversant with her grandparents neither was she with the extended family. Two of the Arab girls therefore stayed with her in the rural area for several months after the burial to help her familiarise with her new home.

Margaret's major relocation problems were language and adjusting from an affluent western style family to a poor rural home without water and electricity. Talking to us two years after the death of her parents, she sorrowfully narrated how she was ridiculed by other children in school because she could not speak Luo language, her mother tongue. Her Arab friends walked her to school every day for couple of months. The gesture only complicated her life. She took so long to make friends at school because other pupils could not understand why she had to be walked to school, lived with light Arab girls in her home and not play with them. Her teachers were, however, very caring and helpful because they understood what she was going through. Her only nightmare was other children.

Margaret's caregiver informed us that her class performance was very poor, she had been losing weight (due to withdrawal and poor nutrition), did not want to relate to her, cried easily, and had twice attempted to run away from home.

Some girls are lured into leaving their parents' home with a promise of job training by their would be hosts. However, most of them turn out to be used as domestic workers during the day and child sex workers at night. The double role that girl child orphans play in their alleged new homes makes it difficult for the law enforcement authority to fight against child exploitation in towns and other neighbouring shopping centres. The occasional rounding up of sex workers in Kisumu town has shown that a large percentage of the young females on the streets are orphaned children.

Unlike girls, boys get left behind in their rural homes because of four main reasons:

- Boys take longer to mature and thus they do not leave the foster home as quickly as girls.
- When boys grow up, they need land on which to build homes for themselves. It is therefore to their advantage to be left on their ancestral land.
- Upon growing up, boys would one day want to marry. The cost of providing dowry might turn out to be too expensive for the caregivers.
- In some families, it is traditionally believed that an orphan is likely to thrive and crowd-out other sons in their foster home. This is particularly a major problem facing many boys.
- Fostered sons are ill-treated in such households to prevent them from thriving in the home lest they inhibit other sons from becoming prosperous.

Table 3.6 Movement of Orphans Upon Death of Parents (N = 1101)

	Frequency	Percent
To live with other relative	403	36.6
Taken to orphanages	15	1.4
Moved to unknown place	8	.7
Went to look for income	40	3.6
Taken by family friends	11	1.0
Went to undisclosed places	57	5.2
No movement at all	566	51.4

Of the households surveyed, about 48% had lost some of its members by relocating to live away from their communities (Table 3.6). Some of the orphans were actually residing with relatives in the same or different districts within the Luo community. This was noted when the researchers found that a number of children had relocated into the study area and were not necessarily left there by their departed parents. Of course, caregivers also distribute the orphans to different relatives as a strategy to spread the economic burden of supporting them.

### 3.7 CONTACTS WITH EXTENDED FAMILIES

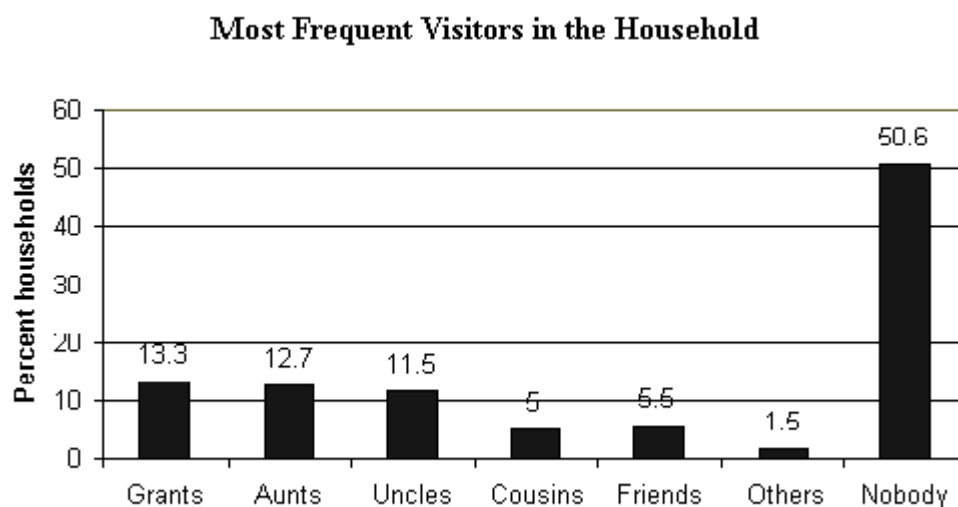
Although many children live alone with caregivers, or move to other locations, more than 45% of households remain in touch with their extended families who come to visit with them regularly. Table 3.7 shows that only 52% of the households do not get to be visited on a regular basis. Focus group discussion respondents complained that due to the high cost of travelling, few relatives get to visit orphans who live in different locations.

Table 3.7 Frequency of Relatives' Visits to Orphans

	Frequency	Percent
Every day	24	2.2
Once or twice a week	62	5.6
Once a week	10	.9
Once or twice a month	245	22.3
When there is a problem	178	16.2
Nobody comes to visit	582	52.9

Travelling is indeed expensive for most villagers. The high cost of fuel and poor road conditions in Kenya have led many transporters to charge exorbitant fares which has discouraged long distance travel. Furthermore, during the rainy seasons, the villagers walk long distances to catch a bus. A caregiver commented that "worrying about your next meal is enough, why would you think of travelling?" Many people who can still afford travelling, now meet relatives during funerals only. Figure 3.2 below indicates that a large percentage of households (51%) do not receive visitors.

Figure 3.2



However, uncles and aunts do make many efforts to remain in touch with their orphaned nephews and nieces. Grandparents, however, are the most frequent visitors when not staying with the orphans.

### 3.8 FAMILY SUPPORT SYSTEM

Frequent deaths are weakening the extended family support system and threatening to separate household members. It is likely to continue reducing surviving members' capacity to manage and support each other until an effective educational programme is established. Orphans are the major victims of the incohesiveness settling on the community.

The growing individualistic trend could also be attributed to the frequent droughts, famine and civil unrest that have weakened and undermined many other societies. The current urban lifestyle and tendency to emulate the Western nuclear family are also playing a role in eroding the concept of extended family support system in Nyanza. Funeral rituals and expenses which were once an affair of the whole community are becoming a household burden. Children are no longer the collective responsibility of communities, a legacy that has been historically associated with child rearing in Africa. Extended families no longer feel obliged to welcome orphans when they are not even sure of the future for their own children. This is due to the over stretched household resources and the discouraging number of deaths in communities from HIV/AIDS. Kenyan communities have been known for their spirit of support. Family and friends would unite in pooling resources together to help each other during major financial needs. Such devotion and attachment are slowly fading away as each family fends for its own survival.

### 3.9 FOOD SECURITY

Food security is a major concern for households affected by HIV/AIDS for four main reasons.

#### 3.9.1. Marginal Land

Like other parts of Nyanza, many parts of Kisumu and Siaya districts are situated on marginal land. Most of the households in the region, cannot therefore produce adequate food supply to last a whole year using traditional technology. This is a threat to food supply and predisposes the households to low food supply for six to eight months after harvest.

#### 3.9.2. Inadequate Land

The second factor contributing to lack of food in households is lack of land for food production. Some families do not own adequate land for agricultural production. During the terminal stages of

the illness, many households sell off land to raise money for hospital bills and medication. Some hospitals and clinics also encourage terminally ill patients to surrender land title deeds as security for medical bills. This happens with full knowledge of the medical personnel that the patients will not recover fully to claim back the documents. This makes certain households lose a lot of land to such medical institutions. Furthermore, property such as land is sold off in a desperate bid to raise money for medication and other essentials to support families when parents are ailing. By the time both parents are dead, families are left with limited land and property. The situation is even made worse in cases where the ancestral land has not been subdivided yet amongst the sons. The grandparents (in particular the grandmothers), in an effort to save her dying sons or daughters-in-law, sell possession to raise money for medication. Such activities deprive households of the essential means for sustainable livelihood in rural areas.

### **3.9.3 Lack of Human Labour**

Gathering at funerals or visiting with the sick members of the household is not only unique to the Luo communities but common in many cultures in rural areas. Many household members thus spend a lot of time nursing the sick and attending funerals. As respect to a dead relative, one cannot attend to farm work or other income generating activities within the close relative circle until all the burial rituals have been completed. Further, as many people fall sick, they spend valuable production time seeking medical attention or nursing their ailing bodies. This also deprives the community of its labour force. To cope with lack of labour for farm work, some elderly grandparents practice share cropping. These grandparents invite neighbours or outsiders to farm their land and then they share the produce. However, some caregivers complained that they have not adopted the idea of share cropping for fear of being swindled of their share during harvesting. Others also complained of a lack of willing share croppers when needed.

### **3.9.4 Burial Ceremonies**

As discussed earlier, people no longer meet at weddings and other social occasions but at funerals. There is limited time for weddings, traditional initiations, and other celebrations because of attending funerals. Despite many frequent deaths, a number of households still feel obliged to dispose of their dead in the traditional way by slaughtering at least one cow to ensure that all relatives who come for the burial ceremony are fed. To serve with the meat, staples and local beer have to be provided for mourners. In the course of showing respect to the deceased, the funeral only worsens the already threatened food security of the bereaved.

### **3.9.5 Lack of Purchasing Power**

HIV/AIDS is one of the most expensive illnesses ever recorded in the history of health in Kenya and in many other countries. The epidemic has made many rich families experience extreme poverty and lack of resources to purchase the basics of life. Although there is an adequate stock of staple foods for sale in rural areas, many families cannot afford to buy them because they have no income. Prolonged droughts and poor harvests have heightened levels of poverty in Kenya. This has weakened the fabric that bonded relatives to provide for each other in times of need. Orphans as a vulnerable group are most affected by this lack of cohesion. Children command a weak position in respect to food distribution within households. Orphans are especially vulnerable to both malnutrition and even starvation due to the weaker position they occupy in households.

Of course, other factors such as lack of knowledge and motivation to raise animals also contribute to food insecurity in the HIV/AIDS affected households. Also, agriculture is concentrated on production for home use only. Such a system does not permit the establishment of reserves of food grains for back-up during shortages. The area also suffers from problems associated with lack of diversification in production.

## **3.10 HOUSEKEEPING AND FOOD PRODUCTION**

### **3.10.1 Agricultural Production**

In most rural households, both girls and boys as young as age 6 and above are encouraged to take part in agricultural production (Ayieko, 1989). Sisters and brothers share the responsibility of producing food for the entire household in 20% (216) of households. In another 21% (237) of



households, a living-in relative assumed food production. However, in the majority of households (57%, 629), the caregivers were responsible for agricultural production. As explained above, older orphans contributed a lot of farm labour in their homes.

### 3.10.2 Knowledge of Agricultural Production

Agricultural work is not a popular activity with many youths. Even rural youth, born and brought up on the farm have to be encouraged by parents to work on the farm. Besides, youths often spend most of their time in school. As such, many parents do not insist on them taking part in the activity except during peak periods when they are compelled to help. Nevertheless, some parents are particularly keen on teaching farm work to their young children.

Table 3.8 Required Agricultural Skills

Area of need	Frequency	Percent
Land preparation	143	13.0
Seed selection/sowing	46	4.2
Harvesting and storage	2	.2
Use of fertilisers	2	.4
Use of farm chemicals	4	.4
Raising farm animals	16	1.5
Marketing farm produce	3	.3
Most of the above	875	79.5
Others	8	.7

In this study, youth from 18% (204) of the households had learned about food production from their departed parents and in another 31% (340) of families they received production instructions from grandparents. The rest of the households received their production information from different sources such as uncles, aunts or distant relatives and friends. Orphans were also asked if they knew where they would go to for production information should the need arise. Only 17.6% (194) of households responded in the affirmative. A total of 82% did not have any idea of where to seek production information.

Most households lack information on improved technology for food production. Table 3.8 shows that 79% (875) of households would like to be taught agricultural techniques. Another 13% (143) needed information on land preparation and 16 only needed information on raising animals. This did not mean that the children are knowledgeable in animal production. Raising indigenous animals has always been taken for granted. Most villagers do not use any improved technology. Because the livestock are fairly hardy, they are sustained on minimal forage growing on marginal land. About 42% (512) of families reported they can raise small animals at home. It is a tradition of the villagers to have at least a few chicken kept on free range around the homes, a tradition which could be encouraged to strengthen food supplies.

It is possible for households to be self-sufficient in the basic staples necessary to maintain life in these villages. Although this is a semi-arid area, the agricultural system could be developed further to specifically target caregivers and households headed by children. There are willing and capable caregivers, and older orphans who can be trained and given support to improve the economic situation of households.

Figure 3.3

### Knowledge of Agricultural Production

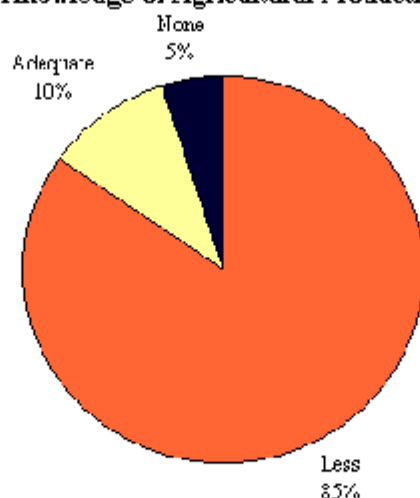


Figure 3.3 verifies that only 6.7% of the households have adequate knowledge of agricultural production. A number of households raised livestock such as sheep, goats, rabbits and poultry, although these did not necessarily belong to the orphans. Most households could be trained to raise small animals which could be sold to generate income.

### 3.11 HOUSEHOLD PRODUCTION

Like their departed parents, girls assume mother roles while boys take their fathers' place and become the woman and man of the house at tender ages. Girls begin assuming the role of housekeeping at the time their mothers become bed-ridden by HIV-related illnesses. However, more boys than girls reported housekeeping because most older girls leave the house sooner than boys when both parents die as discussed earlier.

Table 3.9 Distribution of Housekeeping Duties (N = 1101)

	Frequency	Percent
Sisters only	35	3.2
Brothers only	64	5.8
Brothers and sisters	137	12.4
Living-in relative	238	21.6
The caregivers	618	56.1
Someone from outside	9	.8

Girls as young as nine years assume heavy responsibilities of working in the garden, preparing and serving meals to both younger and older siblings in the households. Boys who take on the leadership role tend to over-exercise their authority and rule with a heavy hand because of ignorance and childhood immaturity. In these circumstances, management becomes fairly difficult and demanding for the young female housekeepers.

### 3.12 INCOME AND PROPERTY OWNERSHIP

## 1. Income for Families

Most people living with HIV/AIDS in these rural villages often die poor after spending most of their assets on large medical bills. Hence, the caregivers are rarely left with enough savings or dependable sources of income to support families. It is ironic that the caregivers who are also elderly grandparents have to provide economic support for the orphans. This is unexpected because the grandparents in the past depended on the children's parents for financial assistance during their old age. They have to figure out again how to generate money to raise grandchildren. It is noted that only 6 of the households in this study reported having been left with some money for support of the children. The departed parents, despite having known that they had limited chances of recovering from their illness, did not instruct their surviving dependents about the family properties. This is mainly brought about by fear of talking about death. Fear has led many HIV-infected people to die intestate and thus lose a lot of their hard earned income and properties. Such financial resources are often not accounted for and are lost not only to the trustees but also to unethical family friends, work colleagues and relatives who take advantage of the unsuspecting and naive survivors.

Table 3.10 Main Sources of Income

Provider	Frequency	Percentage
Grandparents	477	43.3
Uncles	191	17.3
Aunts	137	12.5
Other relatives	98	8.9
Siblings employment	64	5.8
Parents savings	6	.6
Undisclosed sources	128	11.7

Elderly grandparents often do not have the capacity to follow up on their deceased children's rights due to advanced age, ignorance, fear of being intimidated while pursuing the wealth, and feelings of helplessness for having lost a financial supporter. Lengthy procedures and red-tape for recovering personal assets has led many able bodied relatives to decline requests from caregivers for assistance in recovering assets.

### Profile 3.4

Ann is a 35 years old widow. Her husband died three years ago leaving her with three children of ages 10, 14, 15. The family of four lives in a two-room house in Kisumu district. Two of the children were in secondary school at the time of the husband's death. Due to financial strains, she can only support one child in school.

One year after the death of her husband, a colleague advised her about the deceased savings worth Ksh 30,000 in his former company's savings and credit scheme. She therefore went to Nairobi and spent two weeks trying to have the money released to her in vain. Ann said she had to heavily bribe someone at the company's accounts office to follow up on the issue for her. The money was eventually released six months later with a deduction of 25% as company expenses and tax due. Ann was only traditionally married, thus did not have marriage certificate to prove to the company her right to ownership of the deceased property. The check issued in her name could therefore be paid only at

her home district bank, after further identification by the administration officers in her marital home district

When she went to the bank, she was further shocked when the banker paid her Ksh 15,500. She claims to have been made to sign several papers written in difficult English and banking jargons of which she did not even have time to read and understand. Being only primary school graduate and naive about banking services, she could not ask questions or refuse to accept the less money. When the cashier observed her questioning and suspicious eyes, she was told that the rest of the money was deducted for taxes and bank commission. Ann lost more than 50% of the money due to lack of legal assistance for widows and corrupt individuals within the system. Her case is typical of what many widows and orphans go through when claiming dues left by spouses and parents.

### 3.12.2 Land Ownership

Siaya and Kisumu districts have been demarcated for issuance of title deeds. However, only 58% of the households said that they have title deeds for the plots of land they own. The rest of the households did not either legally own the land they were living on, had not bothered to collect the deeds, or were not sure of the status of the land they call theirs.

By tradition, many families have lived on their ancestral land for many generations and took ownership for granted without legal documentation. This has led many families to lose properties unknowingly to other people. In many parts of the country, court cases have been reported where female spouses or sons have taken to court male heads of households for having sold the only land the family owned. Such cases are becoming common, where husbands sell off their land to raise money for medication in the belief that on recovery they will be able to buy other land and settle their families on it.

#### Profile 3.5

John, a businessman and a senior employee of a local bank was a father of four. He earned good money and took advantage of his status at the bank to acquire loans to buy several residential houses and commercial buildings in town. He had worked hard in acquiring wealth in order to live rich later. When he was informed of his immune system status, he was so depressed and discouraged. He decided to enjoy the wealth he had accumulated before dying. He sold off all his properties and spent the money travelling and living in big hotels. When he died, his wife and family was shocked to find out that John's account was in red and that all his properties were sold off. The children now live poor and alone in a semi-permanent house in their rural village after the death of their mother, too.

Cases of discouraged male spouses selling family land for selfish reasons were also reported. A terminally ill patient who had not accepted the fact that he was suffering from HIV-related illness narrated how he sold a large piece of land at a very low price to meet his medical expenses while in the hospital. Due to frequent illnesses and absence from his work place, he lost his job and could no longer support his family nor raise money for his heavy medical bills. He convinced his family to sell land while he was hospitalised. He died a few weeks later. Cases of people living with HIV and AIDS who sold their properties to enjoy the money before dying were also reported. A typical case is that of John reported above in Profile 3.5.

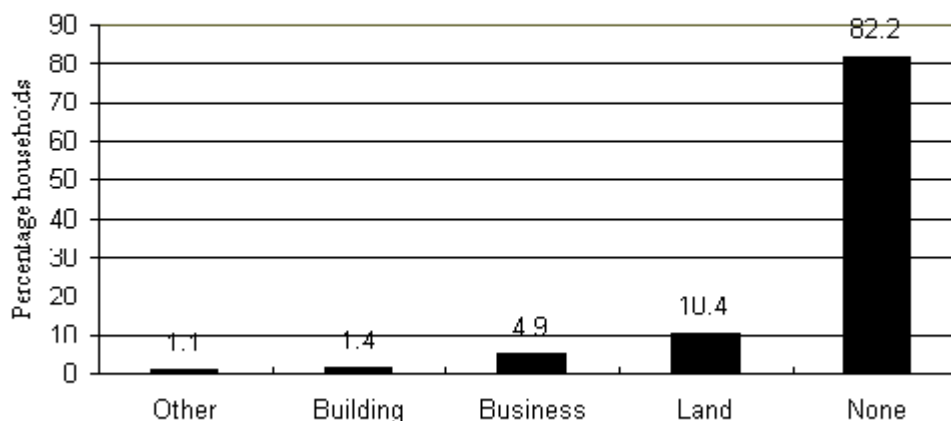
### 3.12.3 Property Ownership

Orphans also live in desperate conditions not only because they were born in poverty stricken families but because they are still too young to manage properties left for them by their departed parents. Many of these properties fall apart due to the lack of financial and entrepreneurial ability of surviving family members. Others get repossessed by the financiers due to lack of debt repayment. The 4.9% of the families who own business facilities do not necessarily run those businesses (Figure 3.4). Most of these were not functional at all at the time of our visits. A few

could be salvaged with minimal effort. The other 10.4% of families who said that they own land as a property actually have a separate piece of land apart from the one they lived on. These parcels could be used for economic development projects for the orphans.

Figure 3.4

### Property Ownership by Households



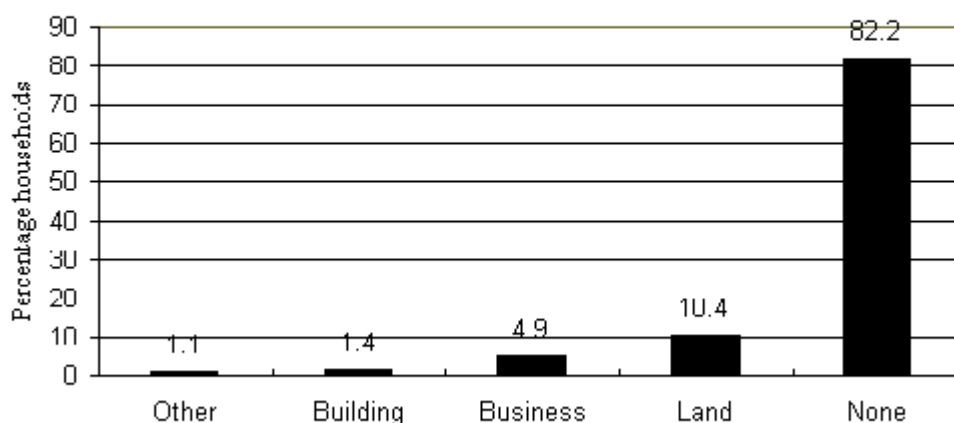
It is unfortunate that many of these economically viable properties get abandoned soon after the death of the owners. About 78% of households reported that they have had to abandon some properties due to a lack of management capacity. Some orphans have attempted running their deceased parents' businesses but with little success. With some training and business management counselling, most of the activities could be maintained to sustain the orphans in the rural areas. A total of 2.4% (26) of families reported having at least one person among the siblings taking care of the deceased parents' businesses however difficult it seemed. It is clear that the orphans have a desire to keep the businesses going except for their tender ages, lack of training and experience.

### 3.13. LEADERSHIP IN THE HOUSEHOLDS

Few orphans have adults from the extended families for leadership. Most of them only realise for themselves what had happened to their parents and that they are on their own long after burial. The fresh mounds of soil in front of their houses only bring more questions to their young minds. In this survey, only 13% (142) of families had their children informed of the expected death in the family. Orphans in these households were given some basic instructions on what to do when both the parents die. Although Figure 3.5 below indicates that fewer girls provide leadership than boys, field observations suggested that they actually do most of the household chores and decide on the major operations from day to day. By seeing the girls being more efficient in housekeeping the boys rely on them to do most of the chores alone around the home. Traditional gender roles favour males for leadership in the home whether they provide it or not. As such, more boys than girls were recorded as leaders. Of course, children living under caregivers depend on them for leadership.

Figure 3.5

### Property Ownership by Households



### 3. 13 JOB SKILLS AND EXPERIENCE

Although the Kenyan education system is supposed to prepare youth for self employment after 8 years of education job skills are lacking among youths in the rural areas. Most of them do not have job skills or work experience that can enable them to earn a decent living in the rural areas (Table 3.11). This is attributed mainly to lack of educational facilities in the villages. This has contributed to the movement of youth from the rural areas to the urban centres in search of employment opportunities.

Table 3.11 Job Experience, Skills and Information Learnt from Parents by Area of Technology

Areas	Job Experience		Job Skills		Info from Parents	
	Freq.	%	Freq.	%	Freq.	%
Agricultural	2	.2	4	.4	46	4.2
Building	1	.1	1	.1	-	-
Wood work	2	.2	6	.5	3	.3
Tailoring	6	.5	13	1.2	10	.9
Metal work	2	.2	6	.5	2	.2
Mechanical	6	.5	16	1.5	3	.3
Herbal Medicine	2	.2	-	-	1	.1
Other Business	11	1.0	18	1.6	7	.1
None at all	1069	97.1	1037	94.2	1029	93.5

Many children claimed to have learned some agricultural practices from their parents. These are, however, traditional practices which may be less productive even though they have been used to support families for generations.

### 3.15 SOURCES OF ADVICE FOR ORPHANS

Grandparents play a vital role in educating youth in rural areas. Because of female longevity, many elderly grandmothers have found themselves doing a second round of parenting young children. They educate youth on traditional methods of rural production and other ways of sustaining life. Table 3.12 shows that most of the orphaned households (46.6%) depend on their grandparents as their main advisors. Grandparents also play the role of linking orphans with the outside world through the chiefs' barazas, church meetings, radio or by word of mouth. These are channels through which vital information is passed and these can be used to reach households during educational campaigns. Families receive their mail and other information through their local churches. Mail is delivered during church services, through school mail boxes and chiefs' barazas. Like other households, orphaned families can be reached through such media.

Table 3.12 Major Source of Advice for the Orphans

	Frequency	Percent
Grandparents	513	46.6
An uncle	227	20.6
An aunt	172	15.4
Other relatives	136	12.4
Close friends	17	1.5
Nobody	36	3.3

Rural communities in Kenya are known for harambee spirit in which they organise themselves into small interest groups to run development projects. The Kenyan government and many NGOs encourage youth and other villagers to organise themselves in development groups. Many women and youth organisations have received project funding through group efforts. Also through such groupings households receive vital information relating to project development.

A total of 72% of the families of siblings did not know which project groups their deceased parents belonged to, but were aware of the fact that their parents were members of such groups in the village. In such cases the orphans could not follow up on their departed parents group shares at the appropriate places due to lack of adequate information. They also lose their parents' properties to other group members.

Many orphans did not belong to the youth interest groups in the villages. It was observed that a number of the children terminated their membership in the youth clubs soon after the death of parents due to a lack of guidance and cost of membership. Of the families surveyed, only 26% of the households had one child belonging to a religious group organisation in the community. Orphans may confide in persons they trust. After the death of parents, they often become especially removed and withdrawn for a period of time. Guidance and counselling for the orphans might encourage them to join such organisations to enable them to mix freely with others, learn to trust and to work with different people. They will be able to request funding for their development projects only if they form development groups and register these with appropriate government offices.

### Profile 3.6

Livingston is an agricultural extension agent working with a donor funded livestock project in Siaya district. The project which runs on Merry-Go-Round basis, was initiated to promote animal and milk production amongst the villagers who are able to grow fodder crops for zero grazing. He explained how the problem of AIDS is causing failure when other technicalities have been taken care of.

The project which is self sustaining was initiated by donating two heifers-in-calf and

one bull to each group. The animals are reared collectively as breeding stock by women groups. When a female calf is born, it is given to a trained group members at no cost. The member then rears the heifer to maturity and donates the first female calf to the next elected member of the group. In this manner, every member of the group is expected to own a cow in the long run. Male calves are sold in the village for community up grading, while few are retained by the groups as replacement stock. By selling the male calves, money is earned for the project veterinary and other expenses.

The project is threatened by the HIV/AIDS epidemic. It is experiencing several hardships resulting from poor health and frequent deaths of members. Livingston observed that some animals are doing very poorly because their keepers are often ill, busy nursing their ailing family members, or attending to funeral activities. Few keepers have also died after training making the project experience set back in human development and financial loss incurred while training the deceased. Such participants do not pass the necessary knowledge to members of their families to enable them continue with the project. One group experienced a loss of a breeding bull while under care of a member. The bull was mistakenly slaughtered during a funeral ceremony of its keeper who was a member of the women group.

Children who live on their own all go to their grandparents for advice and consultation. Only 3% of the families said that they have nobody to consult with and another 1.5% households went to friends for advice when necessary. Grandparents are thus the key caregivers for orphans in these rural villages.

#### **4. CHILD ADVOCACY AND SUPPORT: RECOMMENDATIONS**

##### **4.1 EMPOWERING THE CAREGIVERS**

Placing an orphaned child in a household to live within the extended family circle is the main focus of this discussion. Several options undertaken by villagers to bring up orphans within the community were discussed with the caregivers during focus group discussions. As well as visiting children in their homes to observe where the orphans come from, they were also involved in separate group discussions. During the meetings, we discussed what the current situation is, the problems being encountered, and possible suggestions for improving the lives of orphans, caregivers and the community as whole. Some of the suggestions are discussed below.

##### **4.4.1 Minimising Antagonising Factors**

For every additional orphaned child placed in a household, there are far reaching consequences for both the child and the guardian. Many relatives who turn down requests to host orphans often cite social and economic problems as being the main reasons for refusing. The most cited constraint is economic changes brought about by spreading out the already limited resources of the household. Similarly, there are social adjustments expected of all in the family, and the consequent emotional changes frequently observed in children when strangers suddenly join the family. Such concerns constrain people and make caregivers shy away from taking in orphans. When both parents die, the child is severely disturbed and often needs some emotionally stable adult to lean on. Helping the child thus entails helping the caregiver and the community, and educating all those concerned with providing support for the child. This discussion attempts to highlight some of the hurdles observed in the field, and addresses possibilities for minimising these if an effective child intervention and advocacy programme is to be feasible.

##### **4.1.2. Involving the Whole Community**

Sustenance of orphans in rural villages requires the involvement of the whole community to ensure a supportive external and internal environment for the households and for the children. It cannot be overstressed that the welfare of children raised in a village depends to a great extent on the socio-economic well-being of the whole community. This can best be achieved by empowering the caregivers in the communities to enable them to appreciate the important task that they are performing both for themselves and the nation. A general observation of the study is



a need for an integrated approach to supporting the welfare of orphans through support for adopting families and the community in which households live. Such a programme requires strategic planning and monitoring by an external agency.

#### **4.1.3 Availing Resources**

Access, control and mobilisation of household resources for the advantage of a family may facilitate a sense of security and social stability amongst caregivers. Such a condition is necessary for fostering a healthy attitude to cope with the extra burden in the family created by an additional child. It was noted that orphans who live in households with better economic prospects perform much better than those in relatively poorer homes. Conversely orphans joining poor families only increase the level of poverty in the households. It follows that the external community, particularly the government and supporting organisations such as the church and NGOs, can improve the well-being of children by strategically directing their support to households with orphans so as to empower the custodians to take on the task at hand.

#### **4.1.4 Funding and Income Generation**

Of late there has been an increased deterioration in living conditions in most rural households as a result of the weakening of the economy. Employment opportunities have been adversely affected, further reducing incomes in the rural areas. Caregivers operating income generating activities, with inadequate investment capital, often report poor business and an inability to generate resources to run their projects. Organisations working with similar projects also report economic hardship which has hindered support for their clients. With such an economy, projects which are less than fully self supporting are often disadvantaged, requiring special and specific channelling of resources to reach their desired clientele.

#### **4.1.5 Selecting Project Clients**

Studies of orphans support models from other countries such as Zambia and Uganda (Zambia Social Policy Group, 1993) suggest that economically empowering the guardians to enable them to extend patronage of the children works better than only directly reaching out to support the orphans as the unit of interest. The orphans are members of the families they live with. It would be illogical and ineffective to isolate them and discriminately support them. To effectively manage programme resources, it is recommended that competent households be identified for such a support programme. However, it is recognised that some caregivers (particularly elderly women who have never handled such an activity and are not functionally literate) may not be able to manage resources for income generation. From such households, members with potential economic abilities could be selected for training to help manage the income generating projects while the less able caregivers are encouraged to do what is within their capacity. This would be one way of involving other household members in an integrated orphan management programme.

### **4.2. PROJECT IDENTIFICATION**

Many viable rural activities have performed below expectations due to difficulties with implementation. Identifying a project is one thing and implementing one to fruition and realising its full potential is another. There are models of project planning and implementation that have been developed and tried out in various programmes. They can be adapted for use as necessary. The aim is to foster community partnership. For example, involving caregivers and orphans in project identification and developing the project together would generate better results than designing one in isolation and handing it over to recipients. Involving clients imparts a sense of ownership and commitment, factors which are crucial for programme sustainability.

To improve project potential also requires improving the self image of clients. As noted above, the stigma of losing both parents to AIDS is still strong for many orphans. It has led many orphans to believe that they are cursed and that getting out of their predicament is not within their ability to change. Such situations require counselling so as to minimise the observed sense of alienation and worthlessness in the orphans and to enable them to realise their abilities. Involving orphans in their caregivers' income generating projects, particularly where the caretaker is an elderly person, may facilitate a smooth succession in the event that he/she is unable to continue with the project.

### 4.3. VOCATIONAL TRAINING AND JOB CREATION

The Kenyan industrial and marketing structure does not favour business entrepreneurial development. This has contributed to a lack of job opportunities in the rural areas. As a result, many young people often emigrate from the rural areas in search of employment opportunities, significantly contributing to the over-crowding of youth in the urban centres. Like other youths, most rural orphans are tempted to move to urban centres, to try their luck in the labour market in the big towns. Few are lucky and land low paying jobs, others end up as child labourers, while many enter criminal activities and sex work within the community and in the surrounding urban centres.

One administration officer consulted in Siaya observed that "many city dwellers buy their groceries in Nairobi and bring them down here when they come home to visit in the rural areas. They even bring their vegetables such as onions and tomatoes because these are not available down here. This is bad because we lose that money. That money should be brought for spending in the villages". The administrator expressed this sentiment because there is a lack of petty traders. Entrepreneurs are also not aggressive enough in attracting customers in the rural areas. This is why visitors bring with them commodities and consumer products for their home use instead of purchasing locally. Such items are generally not available in the area. They are usually in short supply and more expensive relative to buying them from larger towns such as Nairobi or Kisumu. This deprives the rural areas of income at the expense of creating employment in the towns.

The complaint is not only about consumer products but also other cottage industry products, popularly known as jua kali products. Most household items manufactured in the jua kali sector are brought in from other towns. The items which can cheaply be produced in the rural areas are made in the urban cities with costly inputs. This inflates the cost of production because of expensive overheads, transportation cost leading eventually to higher consumer prices.

Rural producers are disadvantaged due to a lack of vocational training. They thus manufacture products of much lower quality which cannot compete effectively in the local markets. Job training would be one effective method of making the products produced by youth more competitive. Youths need to be trained in marketing products and maintaining supply to the rural areas where incomes are low. Such job opportunities would help in retaining them in their rural homes, minimise idleness and frustration, and keep them away from the escalating waves of violence and criminal activities reported in many places.

As mentioned earlier, orphans need to be assisted in getting title deeds for their properties, where possible. Such deeds could be useful as security for loan procurement to fund projects. This would also provide a chance to teach youths on the benefits of loan programmes and financial management, and even make them appreciate their ancestral land more.

The following are some ideas and suggestions for possible rural orphan projects. Some of the ideas are already being implemented in certain villages. However, due to lack of funding and technical knowledge in the areas of operation, most of the projects suffer from management problems. Many of the projects have been disbanded and some are on the verge of shutting down.

#### 4.3.1 Agricultural Activities

Being an agricultural country with the majority of people residing in rural areas, Kenya has a great potential for developing employment opportunities that keep its labour force in their rural homes. Furthermore, the country has a well laid out extension system for every division in the country. This mechanism could be used to reach orphans with special projects designed for them. For example, the agricultural extension workers could reach youths under special projects that promote food security for households. Many NGOs also operate agricultural programmes in the area. They could be called upon to assist youth by setting up special projects to reach orphaned youth in rural areas.

Youth workers in extension departments need to focus their attention on the orphaned youths as a needy group. This would also provide guidance and leadership for the children and provide them with the emotional support that they are currently lacking.

Most parts of Kisumu and Siaya districts experience a lack of fresh fruits and vegetables during drought. The use of the lake for commercial agricultural purposes has yet to be exploited by the villagers. Villages with water fronts tend to grow limited amounts of vegetables for home consumption only. These plots have high potential for crop intensification but have yet to be exploited for the benefit of community members.

Possible agricultural projects in the area include vegetable growing under irrigation using the lake and river sources of water. These would be particularly valuable for marketing in neighbouring urban centres and also to provide fresh fruits and vegetables for locals during drought. The lake area can also support horticulture for export purposes as well. The Ministry of Agriculture has shown that several varieties of flowers, fruits and vegetables can be grown under irrigation throughout the year for export.

#### **4.3.2 Jua Kali Sector**

Like the agricultural industry, the jua kali sector has a lot of potential in rural Kenya. Most local villagers do not depend on imported sophisticated products. They buy tools and equipment made by the jua kali industries in neighbouring urban centres. This promising sector could be promoted with specific attention to the marketing of the products both within and outside the rural areas.

Most jua kali projects do not require electricity. They only need certain tools and equipment which are manually driven or connected to portable generators. This makes them suited for rural areas without a power supply. Local markets are however very limited and efforts need to be made to develop these through income generation activities and improvements in marketing.

#### **4.3.3 Lake Oriented Activities**

Lake oriented opportunities in Nyanza region remain to be exploited. There is a strong tendency to associate the lake with fishing and as a source of domestic water only. Many youths from locations bordering the lake often go to the lake to look for employment opportunities as soon as they finish school. However, the major activity which takes place around the water is traditional fishing using rudimentary tools and equipment. Aquatic leisure activities, water transportation, and production of flowers using the lake water has not been developed yet by locals.

As the fishing industry develops in Kenya and large scale producers come in with expensive equipment, the traditional fisheries are displaced and lose their position in the industry. After processing their huge catches a lot of off-cuts are usually left behind. Most of the off-cuts could be used to make animal feed for livestock and poultry production. One major reason why youth in the area have not been involved in such operations is because of the costs involved. Such undertakings require a substantial amount of capital investment; amounts not available to most poor villagers. Also, such projects require job training and supporting activities which are beyond the reach of most orphans.

Fish is a common food in the diet of the Luo. Even people living inland depend on the lake fish for their food. To readily supply fish to all and to promote the fish industry, the Lake Basin Development Authority has introduced fish production in ponds for the inland villagers. Depending on the soil type and its water retention capacity, rural youth can be trained and supported to run fish culture projects on their land. Supporting the fishing industry with inputs such as fishing nets, bait and floaters, and development of complementary activities will provide employment opportunities for youth. Domestic weaving of fishing nets can be a popular project for women groups as well.

#### **4.3.4 Government Intervention**

All government ministerial organisations have important roles to play in rehabilitating orphans in their rural homes. Departments such as Ministries of Health, Education, and Agriculture have critical functions in the lives of these needy children. Through their extension systems, they can reach youth at home. Most of the major difficulties that orphans experience in the rural areas are very basic and can be addressed by these ministries. The departments have a network of extension services which can collaborate with churches and other external agencies to reach out and work with households. Government currently lacks clear policies on how to proceed with the situation. They have been slow in defining how to respond to new issues emerging in the wake of the HIV epidemic. The epidemic has, however, intensively affected their work both in the rural and urban areas. Departments of Commerce and Industrial Development and Science and

Technology have vocational and career training officers who have a capacity for expending training and research for job creation for youth.

The village polytechnical centres need to be improved to attract more youth. Most of the centres operating in the villages are running on very restricted budgets. They have been left for the villagers and junior technical staff to manage. However, tools, equipment and apprentice opportunities are lacking. Instructors claim that their students prefer other polytechnical centres in larger towns. This has hindered their progress in many areas. Parents and other villagers cannot raise adequate funds during such difficult times to effectively run the centres. Injecting some finance into these projects to provide for tools and equipment may attract more patrons and allow for future self-financing for these village institutions. However, given government budget constraints, they are limited to how much can be initiated without additional funding. Nevertheless, collaborating with them in project identification, training and development would be helpful.

#### **4.4 INSTITUTIONALIZING CHILDREN**

Apart from retaining and sustaining the orphans in their original homes, the community has a second option of placing the children in institutions away from or within the community. However, the concept of orphanage or foster home is foreign to the Luo and several other tribes in Kenya. Traditionally, children belonged to the whole community. Placing an orphan in a relative's home was not an issue for discussion and was the only available option for orphaned children. Isolated difficult cases, however, were quickly resolved by the village elders. Everybody contributed material resources such as food and clothing to enable orphans to live in the village till they were old enough to marry. An orphan would then be assisted to get a spouse and settled into an adult life in an appropriate village. Current circumstances have changed the community outlook on orphans. Orphans are now regarded as financial obligations and liabilities to be avoided. Many people would opt to place their orphaned children in orphanages but still maintain close links with them.

There are also consequences for institutionalising children for longer periods. People are fairly uninformed of the pros and cons of orphanages. In any case, no adequate studies have been done in Kenya on how children placed in institution as an alternative living arrangement perform later in life. Furthermore these children are stigmatised by HIV/AIDS and the impression the community has painted of "AIDS victims". Their status is different from that of other children. This is because of a lack of knowledge on the part of the villagers.

Many parents, when they are both terminally ill, are concerned about what will happen to their children after they die. However, very few make attempts to approach close relatives or friends to help them make appropriate arrangements. In the same light, friends and relatives often express similar concerns when a colleague is entering the terminal stages of illness, yet very few people make attempts to help. The dilemma is normally brought about by a fear of talking about death to sick persons. It is popularly believed that such discussions hasten death, an act nobody wants to be associated with.

On many occasions community members did suggest building orphanages to accommodate orphans in the community. But there is a lack of knowledge concerning home-care relative to institutional-care for orphans. Because of this ignorance, some individuals have rushed into building orphanages in many areas without due consideration of sources of funding and how to take care of institutionalised children. It is unfortunate that almost all the orphanages visited in the area during this survey, operated below average in terms of care due to lack of adequate funding and basic information about how to look after children in an institutional setting.

##### **4.4.1 Models of Orphanages**

Different orphanages operate on different models to provide alternative living arrangement for orphans. Some homes admit only young children who still need close mothering attention. Others receive only children old enough to bathe, dress and feed themselves without supervision. Others do not discriminate children by age as long as they are needy and space is available in the institution. One home in Madiany division in Siaya district is operating on a model whereby all the siblings are admitted and housed as a family to avoid separating children from the same parents. This model sounds fairly attractive particularly when one of the siblings is old enough to help care for the younger ones with minimal supervision from the home staff. The home also ensures that

the children pay regular visits to their extended families during week-ends. This enables them to remain in touch with relatives, learn their culture and hopefully they will become assimilated more easily in their villages when old enough to leave the orphanage.

#### **4.5 POLICY, LEGAL AND ETHICAL CONCERNS**

There have been many discussions concerning the rights of the child in Kenya. Most of the discussions have concentrated on protecting the child against unlawful labour activities, sex work and other violent acts. The right to own property and be protected from inimical activities of land grabbers are yet to be spelled out. Nevertheless, as many people become aware of the status of children orphaned by AIDS, hopefully, appropriate rules and regulations will be enacted and reinforced to protect them.

The problems associated with HIV/AIDS and the unprecedented rapid increase of orphans has taken Kenyans by surprise. The Kenya Sessional Paper on AIDS (Sessional Paper No 4 of 1997) has not directly addressed legal issues facing children orphaned by AIDS. It is suggested that the rights and status of children be reinforced under existing child protection laws. As indicated earlier, many orphans face the danger of losing inherited properties at the hands of callous relatives and friends. The government needs to protect children from such people. Legal services should be provided to ensure children's rights are protected. Counselling should be provided to reassure children of their significance and value to their villages. Together with legal services, community counselling is necessary to educate villagers on the value of retaining their children under their care, the benefits of upholding extended family support, and the need to provide basic rural livelihood resources, including land.

Furthermore, some caregivers take on the responsibility of looking after orphans while in a real sense they may not be ready for the task. Others enter into the responsibility half willing, and with a lot of reservation brought about by family misunderstandings. By involving and consulting with the close relatives, ideal caregivers could be identified for children. On certain occasions, children themselves requested that they live with a relative of their choice. Although their choices may not necessarily be rational most of the time, their concerns are worth listening to before compelling them to move into certain households. Community members themselves are also in a position to make suggestions and assist in placing the children within the extended family as necessary.

Villagers most of the time do not buy insurance coverage for their properties. Neither do parents buy insurance policies for children. This could be encouraged to protect the properties for the children since insurers will always ask for the next of kin to be stated at the time of purchasing the policy. Government could reinforce this by encouraging all employed parents to buy insurance coverage for children. Such insurance claims could be used to support the family when parents die while children are still under age.

The community can also help in reconstructing, evaluating and reinforcing those positive traditional values and norms which may govern the caregiving of orphans. Some recommendations were discussed in the two workshop reports (See the Kisumu and Siaya workshop reports). With good governance from the community elders, many children can be accommodated modestly but comfortably in their villages. Within the community, they will come to know their culture, be able to relate to their extended family, and be integrated socially.

#### **4.6 REINFORCING COMMUNITY VALUES**

As discussed earlier, responding to HIV/AIDS has led the communities to re-examine their values and develop new ones to deal with the unknowns brought about by the epidemic. Villagers have departed from their traditional way of life and are less dependent on the extended family support system. An increasing number of households are becoming more individualistic without calculating its implications and the subsequent effects on future generations. As noted by Campbell and Rader (1995), community counselling would help the villagers understand what is happening and how to cope with the inevitable consequences of the epidemic. It would help build trust amongst them, help them discover new aspects of particular problems, and help to develop ideas and strategies to address these issues. Counselling would also encourage exploration of new options for the implementation and monitoring of agreed strategies. In the longer term what is needed is capacity building with villagers so that they are strengthened in their ability to respond effectively to the needs of orphaned children.

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