

PSYCHOSOCIAL CHALLENGES FACED BY CAREGIVERS OF ORPHANS IN KITUI CENTRAL SUB-COUNTY, KITUI COUNTY, KENYA

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ABSTRACT

Caring for orphans is an enormous task. Caregivers are rarely prepared to take extra burden of caring for children who are not their biological children after the death of their parents. The caregivers are faced with a myriad of challenges, including, psychological stress due to the notion that an extra burden has been added to them. Lack of adequate support from the community makes this task more challenging. This situation is not different in Kitui Sub-county. The purpose of this study was to determine the psychosocial, challenges faced by caregivers of orphans in Kitui Central Sub-county, Kitui County, Kenya. The study was guided by three theories which included crisis theory as advanced by Erich, the attachment theory by Bowlby and Maslow's hierarchy of needs theory as advanced by Abraham Maslow. The research adopted ex-post facto research design. The target population was all orphan care givers in Kitui Central Sub-county. One hundred and six caregivers were purposively sampled. Three sets of questionnaires were used to collect data. The data was then analyzed using Statistical Package for Social Sciences computer software. The analysis involved both quantitative and qualitative descriptive statistics. The study found out that despite the psychological and social difficulties the family remains a strong unit of care for the orphans. Majority of the caregivers reported truancy as the most unruly behaviour expressed by the orphans. Similarly majority of the caregivers were old women. In conclusion it was found that psychosocial challenges influenced caregivers' provision of services to orphans to a great extent. It was concluded that although majority of the caregivers faced serious psychosocial challenges, they were still willing to carry on with the care giving services to the orphans. It was recommended that the government and other stakeholders in the community be involved in addressing these challenges, amid others that caregivers face especially, psychological and social challenges.

1. Context of the Study

1.1 Background of the Study

The number of orphans has continued to increase over the years all over the world. Causes of rapid death such as HIV/AIDS, frequent road accidents, tribal clashes, natural calamities such as drought and famine, and natural death due to sickness, and economic decline are straining the society's ability to care for orphans within their extended families. Lack of stable care is putting thousands of children at heightened risk of malnourishment, emotional underdevelopment, illiteracy, poverty, sexual exploitation, and HIV infection, subsequently, endangering the future health of the society they are expected to sustain. According to National Aids Control Council projection on the number of Orphans, it was estimated that by 2005, the number of orphans in Kenya was 2.4 million, (NACC, 2006).

Following the death of their parents, orphans are followed by cycles of poverty, malnutrition, stigma, exploitation and psychological trauma. This occurs when parents who are supposed to raise their children die, leaving them without support, parental love, guidance and resources needed for their survival. These responsibilities often land on the laps of close family relatives who in most cases are grandparents. Usually, the grandparents are not financially, physically and emotionally ready for this new responsibility, thus leaving them with challenges that they have to face, despite their incapacity to do so (Makgato, 2009).

After the death of parents, the extended family has traditionally absorbed the orphans and as such remains the most important safety net for orphans. However, the extended families have difficulty in fulfilling the needs of the orphans and their own children. Some orphans have to face abuse, heavy work or humiliation in their new homes and some have been disinherited by the relatives. The governments, as well as, NGO's try to give these children a new hope, but the question that remains is; how should families be supported to fulfill their role in coping with the situation of orphans? (Brizay, 2008).

Most reports have shown that majority of orphans in Kenya are under the care of persons aged 60 years and above, who are past child bearing age. Most of these old people are very old and probably not able to do manual work to meet the basic needs of these children. Some suffer from old age related illnesses and are in fact in need of care themselves. The needs spoken of do not only refer to love, care and support, but also tangible resources, especially finances that are often a problem in the developing countries like Kenya. Care for these orphans includes a range of resources such as finances to meet various needs, physical care and emotional care which is love and feeling of security (Makgato, 2010).

Kitui Central Sub-county is one of the 16 sub counties of Kitui County. It has a total population of 90,376 of which 43,527 are males and 46,849 are females (KNBS 2009 census). There are about 20,508 households. Administratively, Kitui Central Sub-county has two divisions, and 10 locations with 29 sub locations. According to a survey carried out by Kenya National Bureau of Statistics in 2008 in Kitui Sub-county under a programme called Multiple Indicator Cluster Survey, reveals that only 48% of children of school-going age lived with both parents, 9 % of the total children aged 0-17 years had lost one or both parents through death. Seven percent (7.2 %) of the orphans do not live with their biological parents, while 0.9 % of the children have lost both parents.

According to the survey, only 35 % of orphans had received some form of support in the last 12 months preceding the survey, which included, medical support 4.3%, emotional /psychological support (3.8%), and social / material support (4.9%), with educational support being the highest with 29.3 %. Overall, 35 % of those interviewed, were receiving some form of support, while 65% were receiving no support at all. This would mean that most households caring for orphans are not

receiving any form of support. Hence, the sub county was chosen owing to the high number of orphans and the limited support the caregivers received for the orphans.

1.2 Statement of the Problem

The number of orphans in Kitui District has been increasing steadily in the past decades such that it has become an issue of concern. The increase poses a great challenge to care giving practices among families. Although many studies have been carried out about orphans, there is very little information touching on Kitui Sub-county per se. The Sub-county is faced with a myriad of issues that makes it unique in terms of the psychological and social challenges. Similarly many researchers have analyzed the problems facing orphaned children and even given recommendations on how the challenges can be overcome, however, very little attentions has been given to the care givers' challenges. In other countries, especially in Tanzania, Uganda and South Africa, some studies concerning the challenges faced by caregivers of orphans have been carried out, but their situations and circumstances differ from those in Kenya and more so in Kitui Central Sub-county. It is with this picture in mind that this study sought to carry out an investigation on challenges faced by caregivers of orphans in the sub county, with reference to social and psychological challenges.

The purpose of the study was to investigate the psychological and social challenges faced by caregivers in the process of providing for needs of orphans in Kitui Central Sub-county, Kitui County, Kenya. Consequently the objective of the study was to identify the psychological and social challenges faced by caregivers in meeting the primary and secondary needs of the orphans in Kitui Central Sub-county.

1.3 Significance of the Study

The number of orphans has continued to increase rapidly in the last decade. Governments and communities have been slow in mitigating these rising numbers of orphans. The extended families, most of them living in poverty conditions, are rarely prepared to take in these children. However, with the deepening poverty in families and communities, it is not clear how extended families will continue to successfully play the role of providing care and support to the orphans. It is important that the challenges faced by caregivers in responding to the problem, be assessed and documented. The research intended to bring out this dilemma by examining the psychosocial challenges faced by caregivers and to give recommendations for action.

The results will be useful to both the government and the private sector, in assisting caregivers cope with the challenges of caring for orphans in Kenya. The recommendations arrived at would assist the caregivers to have the orphans plight understood and action taken to solve their problems. The results were also significant in that the findings would act as an eye opener to the policy makers, health and social workers when they plan for the interventions of orphans' plights. It is hoped that gaps in psychosocial, needs of the caregivers of orphans were identified and it was expected that possible actions would be put in place to close the gap. This would help address the unmet needs of care givers within the community and help to draw programmes to alleviate the needs. Exploring and describing the challenges of the caregivers in caring for orphans in Kitui Central Sub-county would contribute to formulation of recommendations to empower and enable the caregivers care for the orphans.

1.4 Scope of the Study

This study specifically focused on caregivers of orphaned children. It determined the psychological and social challenges faced by caregivers in caring for orphans and find out the psychosocial challenges faced by caregivers on the provision of primary and secondary needs of orphans. It

targeted double orphans who lived within a normal family setup and were being taken care of by a person rather than their own biological parents. The study was carried out in Kitui Central Sub-county, Kitui County, Kenya. The Sub-county had a high number of orphans and was expected to have a big number of caregivers of total orphans.

2. Concept and Practice of Caregiving of Orphans

Orphanhood is a condition and entails being left with no parental care by the parents. Chirwa (2002) defines orphanhood as a social category and status, as well as, a material condition for those who have lost their parents.

An orphan is a child who does not have one or the two parents as a result of various circumstances such as diseases or accidents. Orphans relate to under 18 years of age, since those over 18 years are expected to be able to fend for themselves. The Minimum Standard for Quality Improvement (MI) of programmes in Kenya published in 2012 defines an orphan as, a child whose mother (maternal orphan) or father (paternal orphan) or both (double orphan) are dead. The operational manual for CT-OVC (2007) in Kenya defined an orphan as any human being who is aged 17 years and below and has lost one or both parents through death. In the wider Kamba community, the term orphan is used to mean one who has lost a mother or a father or both either through death or through one disappearing to unknown destination. The literal translation 'ndiwa', would mean one who has been left behind after the other person dies with whom they were related either by blood or marriage.

On the other hand a caregiver is a person looking after another person who may be incapacitated, or vulnerable and not able to stand on his or her own. A caregiver may also refer to the person who is taking care of the child after the death of his/her parents. (USAID, 2006)

Care giving refers to the aspect of looking after another person who may be incapacitated, or vulnerable and not able to stand on his or her own. According to oxford dictionary, a caregiver refers to the person who is taking care of the child after the death of the parents. They are those individuals who care for orphans within the communities. A caregiver is a parent who is charged with responsibility for a child's welfare including comfort, upbringing, guidance, and provision of basic rights and realizing human rights. (USAID, 2006)

A caregiver is the person who plays the caring key role for the orphan. The caregiver should be able to provide all aspects of care and be responsible for this child's care. The roles of the caregiver are to protect the rights of children in their care, as far as, they are able, provide basic requirements of life and development such as shelter, food, education clothing and health care, provision of environment for psychosocial and emotional development and to support, moral, cultural and religious instruction, basic hygiene, being responsible of anything that happens to the child and being there to attend to the child (Skinner et al, 2006).

Sub-Saharan Africa is home to approximately over 48 million orphans, where 12 million of these orphans are as a result of the AIDS epidemic. This includes children between the ages of 0-17 years who have lost one or both parents to AIDS (UNAIDS, 2006). In most African communities, the responsibility for the care of an orphan is placed under the care of immediate families, with the main expectation being placed on grandparents. Today many grandparents assist in the upbringing of their grandchildren and this may entail assisting financially and in other practical ways which in most cases always have their own challenges. According to HelpAge report (USAIDS, 2008), about seven orphans are currently being cared for solely by their grandparents. This number is likely to double by 2015. Consequently, many grandparents take responsibility for their grandchildren despite that many already lack money for adequate food and medicine for themselves. Research in Malawi has established that orphaned children expressed a preference for their grandparents over other adult relatives as their primary caregivers. (UNICEF, 2006). According to UNICEF (2006),

the probability of finding an older person living with an orphan is higher than other persons. Evidence shows that poor elderly grandparents have emerged as the most important category of caretakers for the orphans. Grandparents are expected to pay school fees, uniforms, as well as, books which pose a real financial challenge as most of them do not have any income or are low income earners. Other challenges include emotional, psychological and social challenges which may impact on the grandparents' life span. In Kenya, it is reported that 51% of double or single orphans who are not living with the surviving parent are being raised by their ageing grandparents who are over 60 years (Byrant, 2009).

The Kenya National OVC plan of Action (2007-2010) defines a caregiver as a parent or guardian who is charged with the responsibility for the child's welfare (NPA, 2007). Caregivers contribute to orphaned children's basic, safety, economic, psychological and educational needs. A study by Mmari (2010) identified three crucial roles for caregivers, including providing basic needs and advising on behaviour which when compromised, influences the sexual behaviour of female orphans.

Caregivers face many problems which may include, poverty and lack of money, bureaucratic difficulties and lack of assistance from the social support services, and lack of support from family members (emotional, financial or physical). Frustrations of coping with rebellious orphans, pain of caring for the sick, despondency (hopelessness), conflict in the family, rejection of orphans by their fathers (Hiabyago & Ogunganjo, 2009) are common problems among caregivers. Care givers of orphans may also face the challenge of grief, stigma, and lack of knowledge of HIV/AIDS. Some caregivers face the challenges associated with old age, such as, seropositivity. Primary caregivers serve as the first line of defense to identify emotional and psychological problems of the orphans, but do not have training in child psychology or counselling, which is a knowledge gap that most caregivers want to fill (Morantz & Heymann, 2010).

Since orphans are vulnerable, it is important that caregivers have the necessary skills. Caregivers are unprepared for their newfound responsibilities and do not have the resources, financial and otherwise, to care for new charges. Lack of training of care givers to develop skills and strengthen their capacity to handle the new responsibility, such as, child development, attachment, bonding issues, child trauma and grief, as well as, behaviour management, are the key challenges. Caregivers carry an enormous burden, including ploughing in their fields, producing food in the fields and keeping food daily on the table for their children. Making sure food is available is one of the most difficult problems that caregivers face on a daily basis. There is need for psychosocial support to these caregivers. They need to be recognized accepted and valued in the family and community for the work they do. They deserve respect, be comforted and involved in community affairs touching on the welfare of the orphans. Protection from harm and psychological torture is a human right and the caregivers are human beings who equally need protection.

There is a growing concern over the psychological and social needs of orphans. They often suffer recurrent psychological trauma, starting with the illness and deaths of their parents, followed by cycles of poverty, malnutrition, stigma, exploitation and often sexual abuse (Hagen, Mahmoud, & Trofimeko, 2010). Experiencing these traumas without family love and support and without the education needed to understand and help them rise above their circumstances; orphans are at risk of developing antisocial behaviour patterns that can endanger community and national development (Sengando & Nimbi, 1997, USAID, 2001). They are victims of stigma and discrimination (Morantz & Heymann, 2010).

Current approaches to dealing with orphans emphasizes the role of families, communities, institutions and foster care. Hunter and Williamson (2000) outline different strategies to assist orphans in the context of poverty, which include, strengthening and supporting the capacity of

families to protect and care for their children, to mobilize and strengthen community-based responses, and to strengthen the capacity of children and young people to meet their own needs. This is to ensure that the government protects the most vulnerable children and provide essential services and create an enabling environment for poor children and families.

Kenya's population is estimated to be 38 million of which approximately 14.9 million are children below the age of 14 years (Kenya National Bureau of Statistics, 2009). There are estimated 2.4 million orphans, of which 47% are due to parental deaths as a result of AIDS (NACC, 2005). The mean size of a Kenyan household is 5.1 households. Rural areas have an average household size of 5.5 members while those in urban areas have an average of 4.0 members. The national absolute poverty is estimated at 46%, while the ultra-poor in Kenya are estimated to be 19.1%. The Kenya Integrated Household Budget Survey (KIHBS) estimates that only 64% of children aged 0-14 years live with both of their parents, 20.5% live with only their mothers and 2.4% live with their fathers. This leaves 13.1% of all children aged 0-14 years living outside of parental care (KIHBS 2005/2006). It is estimated that 11% of all children less than 15 years are orphans (KDHS, 2003). Nationally, 2% are double orphans. 9% have lost their fathers and 4% have lost their mothers. 40% reside with their grandparents, 34% with other relatives and 7% are fostered or adopted.

A Rapid, Assessment, Analysis and Action Planning Process (RAAAP), undertaken by the Department of Children Services in Kenya, in 2005 indicated that although the government, civil society, faith-based organizations (FBOs) and community based organizations (CBOs) have come up with several responses, many orphans still remain unreached. Lack of clear policies and empirical data that can be quoted to guide the development of programmes that can respond to the issues is an immediate problem that needs to be addressed. Coordination of orphans interventions and quality of services given to orphans remain a major area of concern.

Communities in Kenya have traditionally responded to orphanhood by placing children informally with extended family members or community members, also known as kinship care. It is estimated that there are 2 million children living in kinship care (Save the Children's Alternative Care Report, 2012). Of the estimated 2.4 million orphans, about 50% are due to HIV/AIDS. Among the many issues affecting children are that children who lose their parents to HIV/AIDS suffer psychological stress and trauma. In addition, parental illness and death may rob children their inheritance and above all, parental love, care and protection. When primary breadwinners are unable to work, the entire family's food security is increasingly threatened, which adversely affects the nutritional status of children. Poverty and disintegrating family circumstances expose children to exploitation and abuse. The extent of vulnerability depends on whether the child is infected, whether there are relatives willing and able to take care of them, whether they are allowed to go to school, how they are treated in the community, the degree of psychological trauma they have suffered after losing the parents and the responsibilities they are left with.

The guiding principles in the NPA (2009) was that, the family, extended family and the state would remain the primary support structures for the care, protection and support of orphans. That institutional care would be the last resort when all other social safety nets are not available, or are not the best option for the child's care, support and protection. Although the NPA outlines the specific objectives of providing skills training programmes for caregivers on parenting, nutrition and other skills, it is noted with concern that, the NPA is yet to be passed by the cabinet to allow implementation.

3. Theoretical Framework

This research was anchored on three related theories, namely, crisis theory, attachment theory and hierarchy of needs theory. Each theory is explained in the subsections that follow.

3.1 Crisis theory

Crisis theory was proposed by Erich Lindermann and its main assumption is that the extent of the grief or the pain may be small or large, depending on the attachment a person had with the loss (Burns and Grove, 2005). The argument that is advanced in this theory is that loss is an inevitable part of life. In living, there may be grief which is the natural reaction to loss. For caregivers, the situation is aggravated by one assuming the responsibility of taking care of children who are not biologically theirs. The most common crisis has to do with the assumption of new responsibility of caring for the orphans after the demise of the biological parents. Although the theory assumes that many crises are time limited, and last for a short period of between six to eight weeks, the aspect of care giving may have longer psychological effects, especially when a problem develops between the caregiver with relatives or with the child involved. The theory is relevant to this research because the caregivers are faced with grief and loss of loved ones which may lead to psychological disturbance, trauma or stress-related problems. This theory will help to give recommendations on the psychosocial needs of the caregivers for further interventions.

3.2 Attachment theory

Attachment theory was proposed by John Bowlby. According to Juffer, Bakermans-Kranenburg, and Van IJzendoorn (2008) the theory describes the dynamics of long-term relationships between humans. Its most important tenet is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. Attachment theory explains how much the parents' relationship with the child influences development. Within attachment theory, *attachment* means an affectional bond or tie between an individual and an attachment figure (usually a caregiver). Such bonds may be reciprocal between two adults, but between a child and a caregiver these bonds are based on the child's need for safety, security and protection, paramount in infancy and childhood. The theory proposes that children attach themselves to carers instinctively, for the purpose of survival and, ultimately, genetic replication. The biological aim is survival and the psychological aim is security. Attachment theory is not an exhaustive description of human relationships, nor is it synonymous with love and affection, although these may indicate that bonds exist. In child-to-adult relationships, the child's tie is called the "attachment" and the caregiver's reciprocal equivalent is referred to as the "care-giving bond" (Van der Horst, 2011). The theory is relevant to this research because the attachment of the orphan to caregivers is basic to their development of the relationship. Caregivers need to develop a cordial relationship with the child, for the child to be able to benefit more from the relationship with the caregiver.

3.3 Maslow's hierarchy of needs

This theory was proposed by Abraham Maslow (1970). The underlying concept is the belief that an unsatisfied need creates tension and a state of disequilibrium. To restore balance, a goal is identified that will satisfy the need and a behaviour pathway to this goal is selected. It further assumes that all behaviour is motivated by unsatisfied needs and that people will be better motivated if their experience satisfies their needs and wants. This theory distinguishes between primary (physiological) needs, such as food, sleep and other biological needs, and secondary (psychological) needs that are learned and vary by culture and by the individual. Similarly, if a lower need is satisfied, it no longer motivates behaviour; the next higher one becomes dominant. The main assumption is that there are five categories of needs which exist in a hierarchy. Higher needs only become important when lower needs are satisfied, higher-order needs provide greater motivation and different people may have different priorities. The theory is relevant to this research because

understanding of the hierarchy of needs can enhance provision of services, such as, needs for hunger and accommodation. It is expected that proper fulfillment of the needs of the orphans set the pace for easier behavioural control and natural development of the orphan.

4. Research Methodology

4.1 Research Design

This study adopted descriptive survey method in the *ex-post facto* research designs. According to Mathooko, Mathooko and Mathooko (2007), an *ex-post-facto* design explores and clarifies relationships between two or more variables. The study examined the effect of naturalistically occurring treatment after it has occurred. Descriptive methods involved describing, recording, analyzing and interpreting conditions that exist at that time. The design gave an opportunity to describe the participants' views in a manner that is scientific and representative of their perceptions. In this study, descriptive design was used because it allowed the researcher the opportunity to describe the challenges faced by caregivers of orphans. The challenges had already affected the caregivers and were only studied to find out the challenges of the caregivers as they impacted on the caregivers' ability to provide for the needs of the orphans.

4.2 Target Population

According to a survey carried out by KNBS (2008) in Kitui District under a programme called Multiple Indicator Cluster Survey, it revealed that, only 48% of children of school going age live with both parents, 9 % of the total children aged 0-17 years have lost one or both parents through death. 7.2 % of orphans do not live with their biological parents. 0.9 % of the children have lost both parents. According to the survey, only 35% of the orphans had received some form of support in the last 12 months preceding the survey, which included, medical support (4.3%), emotional /psychological support (3.8%), and social / material support (4.9%), with educational support being the highest with 29.3 %.

Kitui Central Sub-county in Kitui County has approximately 10,000 caregivers of which about 10% lived with orphans (KNC, 2009). The research targeted caregivers of orphans in the district. The social workers from the Catholic Diocese of Kitui who had been working with the caregivers of orphans for a long period were interviewed. They were targeted because they had wealth of experiences in working with the caregivers especially, caregivers of HIV/AIDS orphans. The diocese had an extensive programme on psychosocial support to both the caregivers and the orphans.

4.3 Sample Size and Sampling Procedure

The study used both sub-location and households with orphans as the sampling frames. Thirty percent of sub-locations and 30% of households with orphans in each sampled sub-location were used. A sum of 10 sub-locations and 106 households were used. These were arrived at following the recommendation by Kathuri and Pals (1993) for medium size population. A list of sub-locations and the number of both households and sampled respondents were as shown in Table1.

Table 1: List of Sub Locations and Sampled Respondents
N= 106

Sampled Sub-location in Kitui Central District	Number of Households	Number of respondents
Mutune	15	15
Majengo	9	9
Kwa mutheke	9	9
Mutula	10	10
Munganga	11	11
Nzaaya	12	12
Mulundi	8	8
Mulutu	10	7
Tungutu	10	10
Kwa ngindu	11	9
TOTAL	106	106

The Sub-locations were sampled using systematic random sampling techniques while households were obtained using purposive sampling techniques. Only households with orphans were included in the study. The sample size of participants in the study was 106 respondents.

4.4 Instrumentation

This study used three sets of instruments constructed by the researcher. The first set was a questionnaire whose objective was to determine the challenges faced by caregivers of orphans during provision for their needs. The second set was a focused group discussion schedule for caregivers whose objective was to determine the influence the challenges on caregiving process. The last instrument was Questionnaire for staff of Catholic Diocese of Kitui whose objective was to determine the kind of support given by the church to orphan caregivers in Kitui Central Sub-county.

4.5 Pilot Study

A pilot study was conducted at Kalundu sub location which is also in Kitui Central Sub-county but was not among those sampled for the main study. Twenty respondents were used for the piloting. Validity, which is the accuracy, meaningfulness and usefulness of the instrument was established by a team of experts in the department of counselling as recommended by Kathuri and Pals (1993). The experts looked at the contents and construction of items, among other issues of validation. The purpose was to ensure that the items were meaningful and that items were comprehensive in relation to the coverage of the study objectives. Items that seemed not to reflect the objectives were either modified or dropped. The pilot study showed that the instruments were in line with the objectives and the research questions. It also showed that the items were precise and clear.

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. The purpose of the pilot study was also to ensure the reliability of the results. (Orodho, 2005). For this reason test-retest method was used. The results from the two tests were correlated using the Pearson Moments Correlation method. A reliability coefficient of 0.7 and above was acceptable. In this case, the reliability coefficient was 0.76 which meant that the items were reliable.

4.6 Data Collection Procedure

The researcher sought authority from the Deputy County Commissioner of Kitui Central Sub County before visiting the assistant chiefs of the sampled sub-locations to arrange for the date of administering the first instrument. The researcher also visited the Catholic Diocese of Kitui and arranged for interviews with the officials in charge of social work. On the material day the researcher administered the questionnaire on one on one basis. The researcher administered the questionnaires by directly interviewing and gathering information from the respondents. The researcher controlled the discussions by asking the questions as per the second set of data collection instrument.

4.7 Data Analysis

The researcher recorded all the questionnaires which had been filled after which the questionnaire items were coded. All responses were assigned numerical values for the closed-ended questions. For the open ended questions all possible answers were categorized, enumerated and repeated answers coded, accordingly, thus creating themes or categories of responses. The data was analyzed using descriptive statistics, through the help of the Statistical Package for Social Sciences computer software. Results were presented using graphs, charts, and descriptive narratives for the qualitative data. This enabled the researcher to meaningfully describe the results.

4.8 Ethical Considerations

The respondents were first explained the purpose of the study. The researcher then assured the respondents that the information would be treated with utmost confidentiality and would only be used for academic purposes. The researcher also avoided direct questions that would precipitate emotional feelings as much as possible. The respondents were also informed of their freedom to participate in the research.

5. Results and Discussions

5.1 Demographic information

This section of the chapter shows the distribution of respondents in terms of age, marital status, level of education and occupational status.

The demographic information of the respondents in terms of gender indicated that 18 (17%) of the respondents were males while 88 (83%) were female. Consequently, majority of those who cared for orphans were female. Besides, both gender were represented in the study.

In terms of relationship to the orphans, the result were as in Table 2

Table 2: Relationship between Respondents and the Orphans

Relationship to Orphans	Counts	Percentage
Paternal grand child	10	9.4
Maternal grand child	51	48.1
Sister/brother	10	9.4
Niece/nephew	13	12.3
Other relative	19	17.9
Non relative	3	2.8
N=106		

Majority of the caregivers were caring for maternal grandchildren at 48.1% and the paternal grandparent at 9.4%. The findings indicate that majority of the children were cared for within

kinship relationship as only 2.8% of the respondent cared for non-relative orphans. Table 3 indicates the acquisition of orphans' custody.

Table 3: Acquisition of Custody of Orphans

Acquisition of custody of orphan	Counts	Percentage
Took child at will	59	55.7
Child did not have anywhere to go	33	31.1
Family agreed I stay with the child	12	11.3
Parent appointed me as guardian	2	1.9
N=106		

The findings indicate that majority (55.7%) of the caregivers took custody of the orphans at will, while very few parents (1.9%) appointed guardians for their children before they died. The age levels of the caregivers were as in Table 4.

Table 4: The Age Bracket of the Caregivers of the Orphan

Age bracket	Counts	Percentage
19-35	22	20.8
36-60	40	37.7
61 and above	44	41.5
N=106		

It was observed that many of the caregivers (41.5%) were above the age of 61 years which was past the normal child bearing age. These findings were consistent with other study findings which showed that after the death of biological parents, the responsibility of caring for the children often landed on the laps of close family members who were mostly grandparents (Makgato, 2009). The predominance of the grandparents as caregivers of orphans is consistent with other studies in other parts of Africa (Chirwa, 2002; Nyambedha, and Wandida & Aagaard-Hansen, 2003). These findings were predictive of the HELPAGE report, (UNAIDS, 2008) which observed that half of the world 15 million orphans are currently cared for by their grandparents. Analysis of the age caregivers who were caring for their brothers/sisters revealed that they were all above 19 years of age. There were very few orphans living with caregivers to whom they had no blood relationship (2.8%). This implies that the role of the extended families was still strong in absorbing children of the deceased relatives.

When the marital status of the caregivers of the orphan was investigated the results were as shown in Table 5.

Table 5: The Marital Status of the Caregivers of the Orphan

Marital status	Counts	Percentage
Single	9	8.5
Married	47	44.3
Separated	7	6.6
Divorced	2	1.9
Widowed	41	38.7
N=106		

Results in Table 5 indicate that majority of the caregivers were married and therefore, majority of orphans were living in a normal family set up.

Investigation about the occupation of the caregivers of the orphans gave the results as shown in Table 6. It was observed that majority (73.6%) of the caregivers were low income earners as many of them were small scale farmers. The findings also show that majority of the caregivers were either semi-literate or had never been to school at 47.2% and 38.7%, respectively.

Table 6: The Occupation of the Caregivers

N=106

Occupation	Counts	Percentage
Teacher	2	1.9
Self employed	12	11.3
Casual laborer	4	3.8
Small scale farmer	78	73.6
House wife	8	7.5
Others	2	1.9

N=106

It was found that, on average each caregiver had stayed with the orphans for at least 8 years and those who had not completed a year since they began to live with the orphans had an average of five months. It would mean that most caregivers began caring for children who were at their tender ages. This could be a great challenge, especially to the grandparents who were the majority and who were generally past child rearing age.

5.2 Psychosocial and Social Challenges Faced by Caregivers

The objective of this study was to determine the psychological and social challenges faced by caregivers on meeting primary and secondary needs of the orphans. Psychological and social support constitutes the ongoing process of meeting the caregivers' physical, social, emotional, mental and spiritual needs. The findings were organized in subsections as explained in the following paragraphs.

Psychological and social problems experienced by care givers in caring for the orphans were analyzed and the findings are displayed in Figure 1.

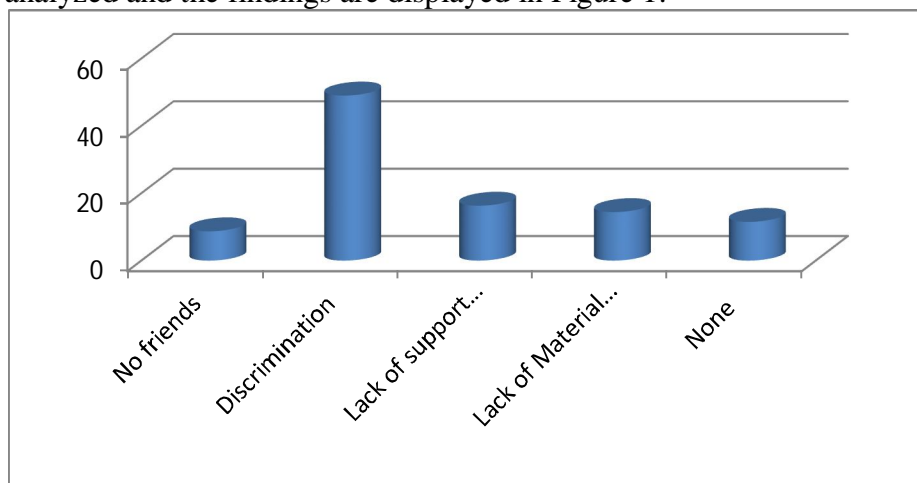


Figure 1. Behaviour problems faced by respondents

Majority of the respondents cited discrimination (49.0%) as the greatest psychological and social problem they experienced during the care for the orphans. Others indicated that they lacked support

networks (16.3%) and material support (14.4%), while 8.7% said that they lacked friends. A few of the respondents, (11.5%), said that they faced no psychological or social problems. These findings were in conformity with studies among family caregivers in Ghana, Tanzania, South Africa, and the Democratic Republic Congo which showed that caregivers were also victims of adverse socio-economic consequences, stigma and discrimination, isolation and lack of support (Nnko et al. 2000, Mwinituo, 2006; Nkosi et al. 2006, and Omer 2006).

Although psychological and social challenges are not easy to overcome, especially when it is so deep as to affect one's self esteem. Figure 2 indicates that the caregivers had several ways of dealing with the challenges

Majority of the respondents (45.9%) said they sought assistance from well-wishers while 28.6% said they made no effort to alleviate the challenges they faced, meaning that they just became content with the situation.

In a study done by Wamanya Ahimbisibwe in Uganda, on challenges faced by caretakers of orphans in 2010, it was observed that even the orphans faced by psychological and social problems did nothing to address the problems. They said, they just kept quiet when they felt distressed, uncertain and discriminated both at home and in school. This was not a solution but an indication that there were no viable systems through which the orphans and their caregivers could address their psychological and social problems.

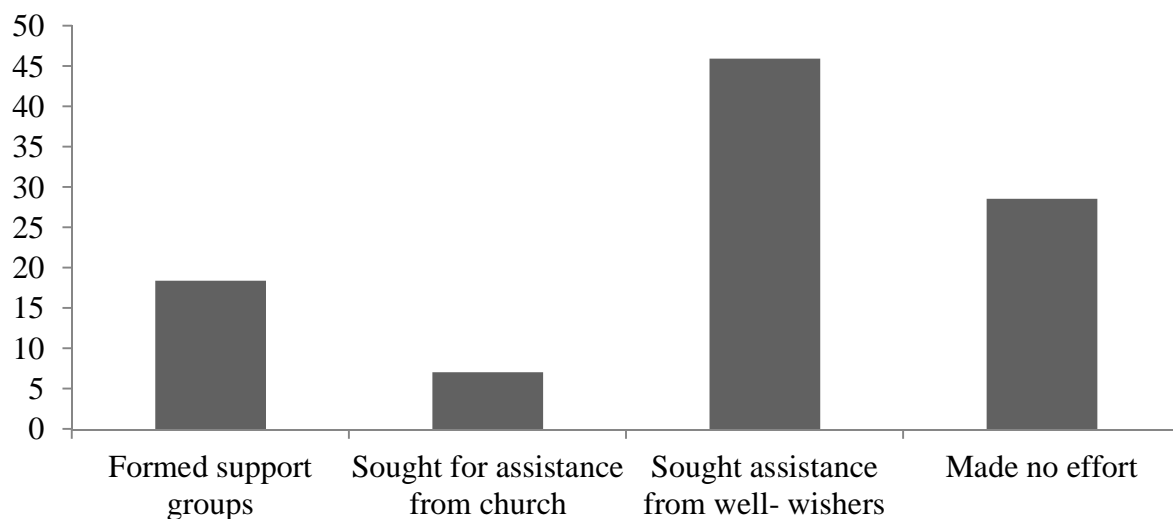


Figure 2: Respondents' action to overcome the psychological and social challenges

The question on "how many members of your family have died?" was asked to assess the extent of grief at the family level. Majority of the respondents confirmed that they had lost a member or more of the family. On average, each of the respondents interviewed had lost two or three relatives by the time of interview. The caregivers still had fresh memories that affected them psychologically and emotionally, hence, intervention was relevant and appropriate. The findings in this research showed that the caregivers still grieved for the deceased relatives. It is evident that majority of the respondents had lost their daughters or sons as 48.1% were caring for maternal grand children while 9.4% were caring for paternal grandchildren which in total made 57.5% respondents caring for their grandchildren. The extent of grief was expressed in the statement, "imagine a grandparent who is still mourning and grieving for their lost child and were expected to care for the orphan just because nobody can take over!" (Makgato, 2010).

According to Uys and Middleton (2004), people from all backgrounds tend to experience a similar set of stages following the loss of a loved one such as denial, anger, bargaining, depression,

acceptance and move to hope. The authors further stated that people move through the above stages at different rates and may stay in one stage for quite some time. Alpaslan and Mabutho (2005) found that at times, the bereaved person may even go back to an earlier stage and support is required, because usually the early stages of bereavement involve idealizing the dead person. Winston (2006) found maternal grief to be lengthy and intense, given the unique relationship between the mother and her child. Therefore, grandparents grieved for a lengthy period.

Caregivers revealed that they had major psychological problems resulting from the burden of caring for the orphans in the context of very limited resources. The findings indicate that the caregivers faced immense psychosocial problems. The major stressors stemmed from inadequate resources, such as finances resulting to failure to have the orphans basic needs met.

As concerning behaviour management of the orphans, caregivers reported great challenges associated with upbringing of the orphans as shown in Figure 3.

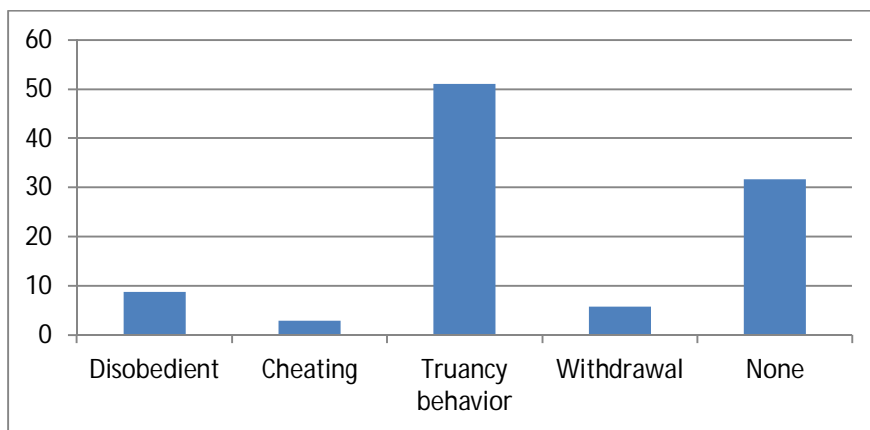


Figure 3. Psychological and social problems respondents experienced in caring for orphans. Truancy among the orphans was cited as the greatest challenge experienced by the respondents at 51%, while 31.7% said they did not experience any behavioural problems among the orphans they cared for. Other noticeable behavioural challenges were disobedience, (8.7%) and withdrawal (5.8%), as shown in Figure 3.

The researcher went further to investigate how the caregivers handled the behaviour challenges from the orphans. The results are as per Figure 4.

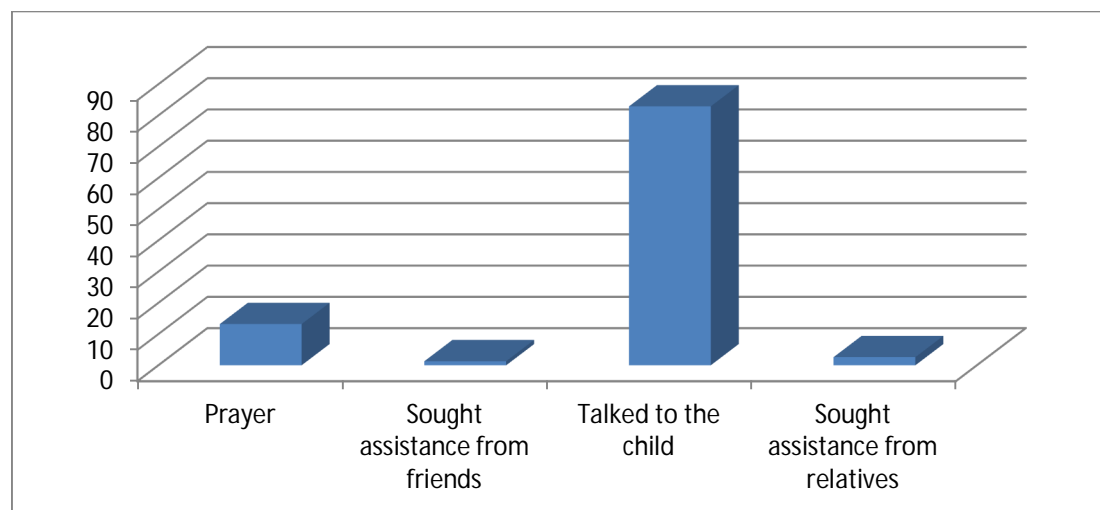


Figure 4: Respondent's action to handle the behaviour challenge of the orphan

The study, interestingly revealed that talk therapy actually worked better in controlling the behaviour of the orphans. Eighty three percent (82.9%) of the respondents said they talked to the child while 13.2% said they prayed for the child to change.

During the group discussions, it became obvious that caregivers needed skills in order to deal with the orphans effectively. It is observed from figure 5, that very few caregivers had attended some training as only 14.3% had received some training and 53.3% of respondents who had trained, received leadership training , 26.7% parenting skills, 13.3% financial management, while only 6.7% said they trained in trauma management as shown in Figure 6.

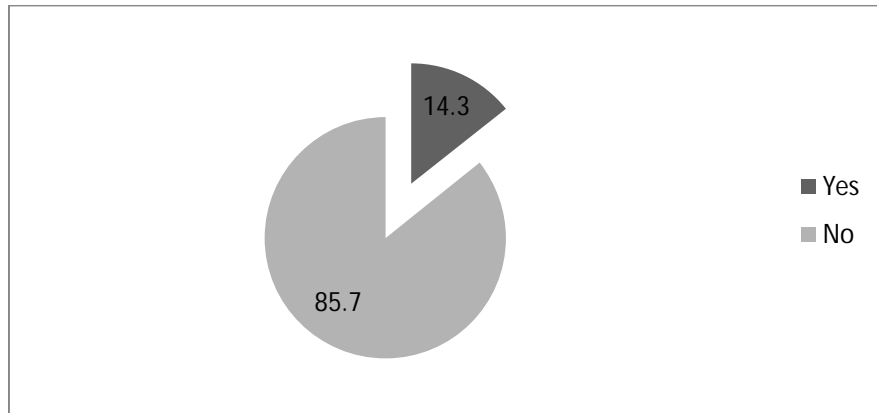


Figure 5. Attendance of respondents in training on how to deal with orphans

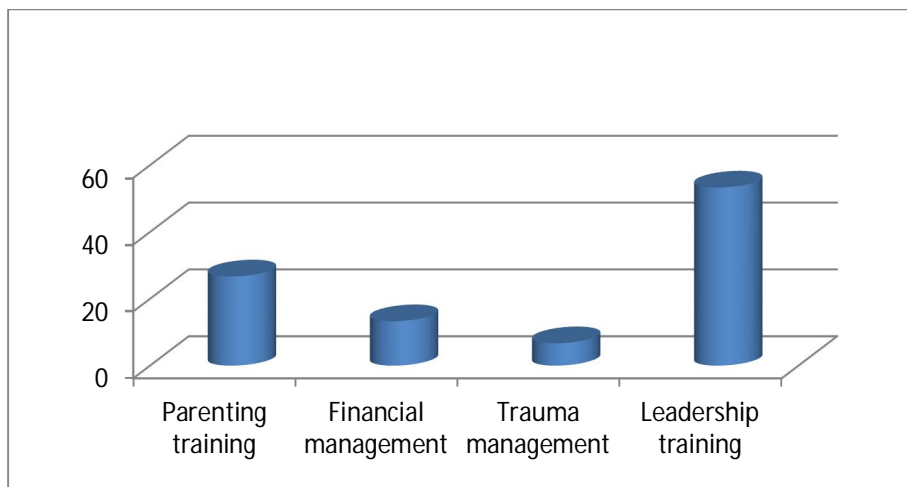


Figure 6. Kind of training respondent has attended

Human capital development is very key to all human beings. Caregivers equally need continuous training on emerging issues concerning children. Training on core areas such as parenting, counselling, trauma and crisis, and social skills would help the caregiver have an idea on how to handle the orphans. Acquisition of counselling skills seems to be a popular skill among the caregivers as 43.2% of the respondent interviewed said they would like to acquire this skill, 21.6% said they would like to acquire parenting skills, while 28,4% said they were not interested in acquiring any skills as shown in Figure 7.

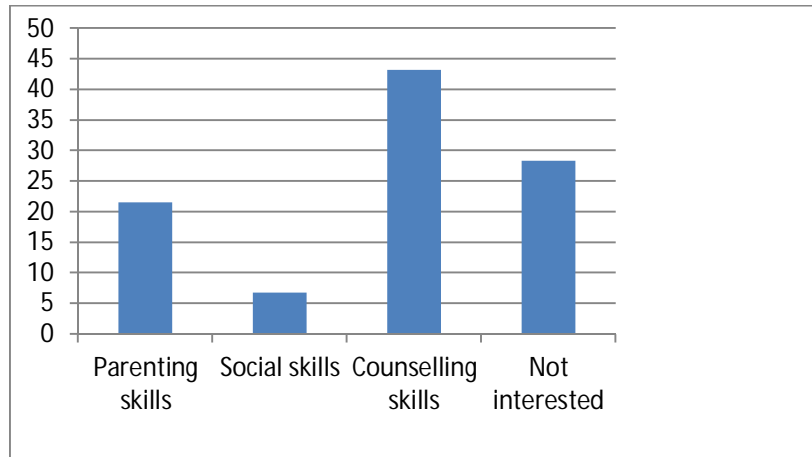


Figure 7. Kind of skills respondents wished to acquire

5.3 Emerging Issues during Focused Group Discussions

The focused group discussions were held in an open space near the local chief's office. Forty one caregivers who comprised seven men and thirty four women took part in the discussion. Amid other challenges, the caregivers cited many behavioural challenges they faced while dealing with the orphans.

In the process of the discussion it was cited that misguidance of the orphans by other people that when they do work at home they were being mistreated was a major challenge. In fact one respondent said that, when a child is found fetching water some people asked the child "so you are the one who has been told to go and fetch water?", with a connotation that there could have been a better option than that. There was occasional interference of the orphans by outsiders, hence, the truancy behaviour cited earlier. Further, it was reported that the aged caregivers were normally denied support and other necessities by their other own children once they began to care for the orphans. This could translate to great psychological trauma for the caregivers, especially the aged caregivers who themselves were in need of help. However, they said they overcame the problem of denial of support by just becoming patient and carrying on with the work of caring for the children. It was noted that caregivers experienced tremendous behaviour challenges on the part of the orphans. Children changed and became rude and naughty and did not follow instructions or advice. It was reported that the orphans showed withdrawal behaviours whenever they remembered their dead parents and became annoyed and moody for no apparent reason. It was reported that relationship between the caregiver and the child could sometimes change and become unbearable. The respondents said they handled these challenges by consistently talking to the child, and tried to advice and guide the children whenever they made mistakes.

Finally the respondents equally suggested that it was good to organize meetings with all children of the group members for communal counselling and promotional talks and also be willing to consult each other on issues concerning their experiences in caring for the orphans.

6. Summary, Conclusions and Recommendations

6.1 Summary

Socially, caregivers were willing to keep the orphans within their families. Financial difficulties did not necessarily reduce the social obligation of families for sharing the non-material resources of care, nor did it damage the deeply embedded emotional exchange with which poor people cope with the crises. Social capacity still remained an essential ingredient in orphans care and justified the

preference of community/family care to institutional care. Inability to provide for the orphans when the spirit is wanting may lead to psychological problems such as despair, and frustration. Apart from the depression and frustration emanating from inadequate resources and discrimination, caregivers were found to be faced with the challenge of unbecoming behaviour of the orphans. Majority of the respondents reported truancy as the most unruly behaviour exposed by the orphans, which could resurface the deep memories of the caregivers about their relationship with their departed relatives.

Most caregivers joined support groups as a means to help each other through financial and psychosocial support. Consequent to the fact that, majority of the caregivers indicated that they had not received any form of support since they began to care for the orphans, the support groups acted as an avenue to learn from one another the new social skills for survival purpose.

6.2 Conclusions

It can be concluded that majority of the caregivers' were older persons, and their ability to meet the needs of the orphans remained a big challenge though they were willing to continue with their caregiving responsibility.

However, sometimes because of the choice of caregiving responsibility and lack of the necessary social support the caregivers experience discrimination and frustration from the society. This sometimes leads to depression.

Because of the challenge to meet the needs of the orphans, many of the caregivers often tend to be frustrated almost to the point of despair. The greatest or commonest unbecoming behaviour from the orphans is truancy.

6.3 Recommendations

It is recommended that the government together with other partners, put structures in place such as counselling centres at the community level where caregivers can access services such as counselling services and psychosocial support at no cost.

The policy makers and especially the relevant government departments develop a programme for caregivers of orphans which should include availability of training opportunities within the community. This will help the caregivers opportunities to obtain skills necessary in dealing with the behaviour of the orphans.

It is recommended that there be developed family and community based care of orphans' policy in order to tap the caregivers' experiences to help assist them deal with the challenges and better understand the orphans.

The researcher further recommends for more advocacy and awareness creation on the plight of caregivers and orphans and on how the communities can join hands for the support of caregivers and orphans within their midst. There is need to increase sensitization and encouragement to males to be more involved in the caring practice of orphans.

The researcher recommends that there should be regular information sharing among the caregivers on parenting and counselling skills. Such interactions would increase motivation among the caregivers.

7. References

- Brizay U. (2008). *Best Practice, Guide For comprehensive Orphan care in Tanzania*, Germany: Block-Verlag,
- Burns, N. & Grove, S.K. (2005). *The practice of Nursing research: conduct, critique and utilization*. 5th Edition. St Louis, Mo: Elsevier.

- Chirwa, W.C. (2002). Social Exclusion and Inclusion: Challenges to Orphans Care in Malawi, In: Nordic: *Journal of African Studies*, (2) 93-103.
- Department of Children Services (2009): National Action Plan for Ovc, Kenya, *National Report*. Nairobi:
- Hiabyago K. & Ogunganjo G. (2009). The Experiences of Family Caregivers Concerning their care of Hiv/Aids Orphans, Pretoria: University of Limpopo.
- Hunter, S. & Williamson, J. (2000). Children on the Brink: *Strategies to Support a Generation Isolated by HIV/AIDS*. New York: UNICEF/USAID.
- Juffer, F., Bakermans-Kranenburg M.J. & Van IJzendoorn, M.H. (2008). Promoting positive parenting: An attachment-based intervention. New York/London: Taylor and Francis Group.
- Kathuri, N. J. & Pals, A. D. (1993). Introduction to Educational Research, Egerton: Educational media Center Kenya.
- Kenya National Bureau of Statistics, (2008). Multiple Indicator Cluster Survey, Kitui District, Nairobi: KIHBS.
- Kenya National Bureau of Statistics, (2009). Kenya National census. Nairobi: KIHBS.
- Makgato, M. J. (2010). Challenges Faced by the Grandparents in Caring for Aids Orphans in Koster, **unpublished** MA research.
- Mmari K. (2010): Exploring the relationship between care giving and health: perceptions among orphaned and non-orphaned adolescence in Tanzania. *Journal of Adolescence* (1) 207-230
- Morantz, G. & Heymann J. S. (2010) "life in institutional care: The voices of children in residential facility in Botswana", *Journal of AIDS Care*, 22 (1) 10-16.
- Muthooko, J. M. Muthooko, F. M. & Muthooko, P. M. (2007). Academic Proposal Writing. Nakuru: Amu Press.
- Nkosi T.M., Kipp W., Laing L., & Mill J. (2006): family caregiving for AIDS patients in the Democratic Republic of Congo. *World health & population*, 8(3), 4-13.
- Nnko S., Chiduo B., Wilson F., Msuya W., & Mwaluko G. (2000): *Tanzania; AIDS care-learning from experience*. Review of African Political Economy. 27 (86), 547-557.
- Nyambedha, E.O.Wandibba, S. & Aagaard-Hansen, J. (2003). Changing patterns of orphans care due to the HIV epidemic in Western Kenya. *Journal Social science medicine*. 57(2) 301-11
- Orner P. (2006): *Psychosocial impacts on caregivers of people living with AIDS: AIDS care* 18(3) 236-240.
- Skinner D, Tsheko N, Mtero-Munyati S, Segwabe M, Chibatamoto P, Mfecane S, chandiwana B, Nkomo N, Tlou S, & Chitiyo G. (2006). Towards a definition of orphaned and vulnerable children: AIDS Behaviour: *Journal Social science medicine*. (1) 619-626.
- UNICEF. (2006). The state of world's children: education. Website: <http://unicef.org/sowc2006>. Retrieved on 29, Jan, 2013.
- Uys, L & Middleton, L. (2004): Mental health nursing; A South African perspective. Cape Town: Juta.
- Van der Horst FCP (2011). *John Bowlby - From Psychoanalysis to Ethology; Unraveling the Roots of Attachment Theory*. Oxford: Wiley-Blackwell.
- Wamanya, A. (2010): *Challenges and strategies for coping with the orphan problem at family level; A case study of caregivers in Busenyi District: Makerere University, Uganda*.
- Winston, A.C. (2006): African American grandmothers parenting AIDS orphans; grieving and coping, *Qualitative social work*. 5(1): 33-43.
- World Health Organization (2002); Care for HIV/AIDS orphans. Geneva. <http://www.who.org/media.html> retrieved 15th December 2012.