INTERGENERATIONAL CAREGIVING OF ORPHANS AND VULNERABLE CHILDREN: A CASE OF NYUMBANI VILLAGE, KITUI COUNTY KENYA

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DECLARATION
This thesis is my original work and has not been presented for a degree in any other university.

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DEDICATION

I dedicate this thesis to my Mom Juliet, Dad Maina, my husband Denis, siblings Moses, James and Erasmus and my children Myles and Myla.
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# TABLE OF CONTENTS

DECLARATION ..................................................................................................................... ii

DEDICATION ...................................................................................................................... iii

ACKNOWLEDGEMENT ........................................................................................................ iv

TABLE OF CONTENTS ....................................................................................................... v

LIST OF TABLES ................................................................................................................ viii

LIST OF FIGURES ............................................................................................................... ix

LIST OF ABBREVIATIONS AND ACRONYMS .................................................................. x

DEFINITION OF KEY TERMS ................................................................................................. xi

ABSTRACT ............................................................................................................................... xiii

CHAPTER ONE .................................................................................................................... 1

INTRODUCTION ................................................................................................................... 1

1.1 Background to the study ................................................................................................... 1

1.2 Statement of the Problem ............................................................................................... 6

1.3 Purpose of the study ....................................................................................................... 7

1.4 Objectives of the Study .................................................................................................. 7

1.5 Research Questions ....................................................................................................... 8

1.6 Justification and Significance of the Study ..................................................................... 8

1.7 Scope of the Study ......................................................................................................... 9

1.8 Limitations of the Study .............................................................................................. 9

1.9 Assumptions of the study ............................................................................................. 9

CHAPTER TWO .................................................................................................................. 11

LITERATURE REVIEW ......................................................................................................... 11

2.1 Introduction .................................................................................................................. 11

2.2 A Global Overview on the Intergenerational Caregiving ............................................. 11

2.2.1 Intergenerational Caregiving in the African Context ............................................... 13

2.2.1.2 Intergenerational Approaches in the Sub Saharan Africa .................................... 17

2.2.2 Intergenerational Approaches in the Kenyan Context .............................................. 18

2.3 Challenges facing grandparents as caregivers ............................................................... 20

2.3.1 The role of the elderly in Society ............................................................................ 25

2.4 Government policy and programs on the elderly ......................................................... 25
2.5 THEORETICAL FRAMEWORK ................................................................................. 27
2.6 CONCEPTUAL MODEL ...................................................................................... 31

CHAPTER THREE ........................................................................................................ 32

RESEARCH METHODOLOGY .................................................................................... 32

3.1 Introduction ........................................................................................................ 32
3.2 Research Design ................................................................................................. 32
3.3 Location and site description ............................................................................. 33
3.4 Study Population ................................................................................................. 34
  3.4.1 Sample technique and sample size ............................................................... 34
3.5 Research Instruments .......................................................................................... 36
3.6 Pre-testing, Validity and Reliability ................................................................... 37
3.7 Data collection procedures ................................................................................ 37
3.8 Management and Analysis of Data .................................................................... 37
3.9 Ethical Considerations ......................................................................................... 37

CHAPTER 4 .................................................................................................................. 39

PRESENTATION AND DISCUSSION OF FINDINGS .................................................. 39

4.1 Introduction ......................................................................................................... 39
4.2 Social and Demographic characteristics of residents of Nyumbani village ....... 39
4.3 Recruitment of grandparents and children ........................................................ 42
  4.3.1. Number of children per household ............................................................. 43
  4.3.2. Criteria for exiting the grandparents and children in Nyumbani village .... 45
  4.3.3. Re-Integration of the grandparents and children to the community ......... 46
4.4 Socializing and parenting roles of grandparents and support systems provided by Nyumbani ........................................................................................................... 47
  4.4.1. Relationship between the caregivers and the children .............. 50
  4.4.2. Programs and Activities at Nyumbani Village ................................. 51
  4.4.3. Roles and Responsibilities of the caregivers of Nyumbani village ..... 52
4.5 The suitability of the set up in addressing their vulnerabilities ...................... 55
  4.5.1 The strength of the Nyumbani village set up ........................................ 56
  4.5.2. The weaknesses of the Nyumbani village set up ................................. 58
  4.5.4. Recommendation to duplicate Nyumbani village in other counties ..... 60
4.6 Challenges in Nyumbani village ....................................................................... 61
  4.6.1 Challenges faced by grandparents in Nyumbani village..................... 61
  4.6.2 Challenges faced by the Administration in Nyumbani village ............. 68
4.6.3 Challenges faced by children in Nyumbani village ........................................... 69
4.7. Addressing the challenges in Nyumbani village .................................................. 71

CHAPTER FIVE ................................................................................................................. 73

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS ............................................. 73

5.1 Introduction ............................................................................................................... 73
5.2 Summary of the findings ............................................................................................ 73
   5.2.1 The Socio-demographic characteristics of Residents of Nyumbani village ....... 73
   5.2.2 Nyumbani village intergenerational setting and recruitment criteria .............. 74
   5.2.3 Socializing and parenting roles of grandparents and support systems provided by Nyumbani .............................................................................................................. 74
   5.2.4 The perspectives of the grandparents and children on the suitability of the set up in addressing their vulnerabilities ................................................................................. 75
   5.2.5 Caregiving challenges that the grandparents in Nyumbani face and ways of addressing them ...................................................................................................................... 76
5.3 Conclusions of the study ............................................................................................ 77
5.4 Recommendations arising from the study ................................................................. 78
5.5 Recommendations for further research ..................................................................... 79

REFERENCES .................................................................................................................. 81

APPENDIX 1: A QUESTIONNAIRE FOR THE NYUMBANI CAREGIVERS ..................... 86
APPENDIX 11: A FOCUS GROUP DISCUSSION GUIDE FOR THE NYUMBANI CHILDREN ............................................................................................................................... 89
APPENDIX 111: RESEARCH PERMIT .................................................................................. 90
LIST OF TABLES

Table 4.1: Social and Demographic characteristics of Residents-----------------------pg 39
Table 4.2: Roles and Responsibilities of the caregivers in Nyumbani village ---------pg 53
Table 4.3: The support the caregivers get from Nyumbani ---------------------------pg 55
Table 4.4: Challenges faced by grandparents in Nyumbani village------------------ pg 62
Table 4.5: Percentage of children who faced challenges in Nyumbani village--------- pg 69
Table 4.6: Coping strategies for children facing challenges in Nyumbani village----- pg 70
LIST OF FIGURES

Figure 2.1: Individual actors and the expected outcome-----------------------------pg23
Figure 4.1: Reasons grandparents want to go back to original homes------------------pg60
Figure 4.2: How grandparents deal with the challenges they face---------------------pg66
Figure 4.3: Grandparents plan to go back to original homes--------------------------pg67
Figure 4.4: Reasons grandparents plan to go back to original homes------------------pg67
Figure 4.5: Challenges faced by children in Nyumbani village------------------------pg70
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP</td>
<td>American Association of Retired Persons</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ARVS</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>ASAL</td>
<td>Arid and Semi-Arid Lands</td>
</tr>
<tr>
<td>COGRI</td>
<td>Children of God Relief Institute</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<tr>
<td>HIV</td>
<td>Human Immune deficiency Virus</td>
</tr>
<tr>
<td>PCEA</td>
<td>Presbyterian Church of East Africa</td>
</tr>
<tr>
<td>NACC</td>
<td>National AIDS Control Council</td>
</tr>
<tr>
<td>NACOSTI</td>
<td>National Council of Science Technology and Innovation</td>
</tr>
<tr>
<td>NCSC</td>
<td>National Council of Senior Citizens</td>
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<tr>
<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>ADLs</td>
<td>Activities of Daily Living</td>
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<tr>
<td>IADLs</td>
<td>Instrumental Activities of Daily Living</td>
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</table>
DEFINITION OF KEY TERMS

Aging: According to Hooyman and Kiyak, aging is seen as a process of growth, development and change that involves four distinct areas: social, psychological, biological and chronological.

Caregiving: Means providing care for the physical, mental, emotional, social and psychological needs and well-being of a family member or a friend. In this context, caregiving is defined as a process of raising children to become useful members of the society through support of physiological and psychosocial needs.

Intergenerational: Is the interaction between and among members of different generations or age categories.

Life expectancy: The average length of time individuals born to a particular point in history can expect to live.

Nyumbani: This is a Swahili word meaning “home”. In this study, Nyumbani is a self-sustaining village that is home to two groups (orphans and the elderly) affected by HIV/AIDS, as well as the staff.

Older persons: This study adopts the United Nations definition of older persons as people aged sixty years and older.

Social security: This is a scheme that provides economic support for people who are retired, unemployed or unable to work. Nyumbani village provides support to the older people (grandparents) through educating their grandchildren as well as catering for their basic needs such as nutritional food, health and clothes.
Well-being: In this study, it is a state of good health and comfort. It is the totality of an individual’s experience and active involvement.
ABSTRACT

The society is increasingly marked by the number of children who are left without parents due to economic disenfranchisement, residential displacement, drug and alcohol addiction, homicide, high rates of incarceration and diseases such as Acquired Immuno Deficiency Syndrome (AIDS). The AIDS epidemic has yielded a remarkable generational shift pushing the responsibility for child rearing. The present situation is that grandparents are now taking on parenting roles for which they are not well prepared emotionally, socially, legally and economically. In the face of this observation, a Catholic priest, Father D’Agostino envisioned building self-sustaining villages that could house two groups adversely affected by HIV/AIDS pandemic – orphans and the elderly. This is what he called Nyumbani (home) village in Kitui County. The aim was to give care to the Orphans and Vulnerable Children (OVCs) affected by HIV/AIDS, who were left in the hands of the grandparents. The Village which is built on a 1,000 acre of land houses 100 grandparents (female and male) and about 1,000 children. This study sought to assess and document the Nyumbani grandparents parenting approach. The study was important in understanding the roles that the grandparents performed, and the challenges they faced in the course of caregiving. The study used a descriptive cross-sectional research design and was guided by social exchange theory and activity theory. A sample size of 25 grandparents who were the caregivers to the children was selected. The sample size was achieved through first getting information of all the one hundred households and analyzing it critically. Using systematic sampling 25 grandparents were selected and for the households headed by grandfathers purposive sampling technique was used. In-depth interviews were conducted with the grandparents. In addition, three focus group discussions were held, two discussions with the children in Nyumbani village and one discussion with community Self Help Group. Key informant interviews were held with the administrators and other Kitui county stakeholders who interacted with Nyumbani village. The findings were thematically analyzed and then presented under various themes as well as using tables. The study findings revealed that having grandparents to take care of the orphans and vulnerable children has its strengths and weaknesses. Great strengths include both the children and the grandparents benefit. For the grandparents, they benefit in that their grandchildren get education, shelter, warm nutritious meals, medical services, spiritual, moral, psychosocial and parental care. The direct benefit of the grandparents: engaging in income generating activities, exposure on dry land farming techniques. For the children, they benefit in that: they still live as a family despite being in a different set-up; they get education, food, shelter and clothing. The study revealed challenges grandparents face like; intergenerational gap, old age and its health-related problems. Based on the study findings it was concluded that grandparents are playing major caregiving roles amidst a multitude of challenges that include limited knowledge, skills, resources and social support. The approach can be more helpful if; the age of grandparents was considered and if the beneficiaries embraced the modern farming techniques. Recommendation for further study on interventions for stress and coping strategies of grandparent caregivers and also to establish the impact of expanding this approach in other parts of the country to take care of both the elderly and OVCs.
CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Families are far from being static. They respond to social change in the larger society and they contribute to or accelerate societal changes through the decisions and actions of individuals or family units. Maddox and Lawton (2007) point out that the attention is not on whether groups bonded by affiliation persist but why and how they adapt as successfully as they do in response to social change. Important shifts in grandparenthood have taken place as a result of increased life expectancy. The onset of becoming a grandparent usually begins during middle age, and a large percentage of grandparents survive beyond their grandchildren’s adolescence years (Szinovacz, 2008).

Bengtson (1993) notes that prolonged existence has created the emerging potential for four and even five-generation families/households. The advent of the four-generation family was first heralded back in the 1960s (Townsend, 2008). The possibilities for exchanges of support across so many generations raise many questions, such as whether all generations will have some responsibility towards the oldest. Will elderly sons and daughters be able to adequately assist their aging parents?

According to Bengtson (1993), one of the central issues on intergenerational relations is the degree to which the elderly can expect to receive various types of support from their younger relatives or their adult children. However, Townsend (2008) observes that the nature of eldercare
as well as the assistance provided by elders to their adult children and grandchildren is beginning to alter these relations. Townsend (2008) views intergenerational relations as an extensive area, encompassing interpersonal and intergenerational family relationships, at micro and meso levels at one end, and generational political and power dynamics, in terms of different generations on the other.

Unlike retirement, being a grandparent is often looked on as an ambiguous role in that there are no clearly defined guidelines or norms attached to grand parenting. A societal expectation exists that adult children will look after their parents in old age, the so called intergenerational contract. In some countries, adult children are legally compelled to provide financial assistance towards the care that their elderly parents may require (e.g. France). In others, notably the Czech Republic, statutory changes in pension rules has made it easier for children to provide for their parents if they wish to do so, through diverting up to one percent of their income towards their parents “pension” (Townsend, 2008).

Botwinick (2010) observes that in some countries, the state plays a more indirect role in fostering intergenerational relations: for example, in Singapore housing policies positively enable adult children to live closer to parents but may serve to disadvantage children who want to live further away from their parents. In Japan, long-term care insurance rules enable older people to afford a range of care options, which could in turn reduce reliance of older people for care from their children, although cultural traditions still lead to higher than expected number of multigenerational households. This suggests that even where options exist to promote external care options, the family may remain the main care provider for elderly parents. Living
arrangements and the prevalence of multi-generational households vary in a similar way across many countries. According to Sokolovsky (2009) “ethnicity or culture is identified as a key factor in shaping multigenerational co-residence in several countries (such as Argentina, the Czech Republic, South Africa, the UK, etc.) and can be viewed as an explanatory factor for differences in the number of multigenerational households between countries”. Residence in a rural area or an urban area also largely determines the proportion of multigenerational households in a country (Botwinick, 2010).

In the past, in most societies and cultures, the role of a young female was to stay at home looking after an older parent. In more recent times, however, older women also migrate to urban areas to help their children with household duties while their children go to work, or alternatively, some older women remain in rural areas but assume caring responsibilities of their grandchildren because the parents of these children are engaged elsewhere (Botwinick, 2010). According to Binstock, R., George, L., Cutler, S., Hendricks, J., & Schulz, J., (2011), in both scenarios, the flow of care has reversed from older people being recipients of care to their increasingly assuming caring responsibilities.

Townsend (2008) observes that the economic and care situation of people living in multigenerational households can be described through two commonly occurring scenarios. He cites the first as that of a couple with children, where one or both partners have lost their job, or the family can no longer afford housing costs (especially in major cities), and they have to return to their parent’s rural home. He adds that this arrangement is adequate in the majority of cases. The second commonly occurring scenario is that where it is the older parent who has limited
means and has to move in with their children, who may themselves be in a difficult economic situation (Townsend, 2008). This second scenario may not necessarily be the case in the present times.

Nyangweso (2008) observes that in traditional African cultures, older persons were accorded high esteem and social status – venerated. According to Nyangweso (2008), caring for the aged was a natural and expected part of life and had its roots in strong cultural beliefs. Nevertheless, modernization in Africa has changed the status and care of the aged. As younger people have moved to the urban areas, many of the elders remained in their rural areas and have in the process lost valuable family support and involvement (Nyangweso, 2008). The circumstances under which grandparents assume responsibility as caregivers for their grandchildren may present emotional difficulties to many of them. The primary consequence is the inability of the grandparents to provide the basic needs for these children.

There is a growing shift, particularly within Africa, where the anticipated and expected roles across generations are shifting. As opposed, to the grandparents being provided with care, there are instances where they are providing care of younger generations, thus prolonging their caregiving roles.

In Africa and specifically in Kenya, for instance, the burden of caregiving on AIDS affected children on elderly men and women is a concern (Barnett, 2002; Knodel & VanLandingham, 2002; Schatz & Ogunmefun, 2007; Ssengonzi, 2007). In many cases, grandparents are significantly affected in communities that are deeply affected by AIDS since care for orphans and vulnerable children often falls on the elderly if not in the agencies that care for the OVCs. In
the case of Nyumbani Village, the responsibility is borne by both. Cattel (2013) observes that care responsibilities fall to these elderly people because a substantial proportion of young and middle aged people living with HIV and AIDS move back to their communities of origin at some stage of the illness to be cared for by their parents, and grandparents take responsibility for both their children and grandchildren. He further observes that grandparents have traditionally always had a role in caring for children and the sick in Africa.

In communities that are deeply affected by HIV/AIDS, such as Uganda, care for orphans and vulnerable children often falls on the elderly, especially elderly women. Caring for OVCs can compromise older caregivers’ emotional well-being and encroach on time available for involvement in social and economic activities (Ssengonzi, 2007). For example, elderly caregivers in South Africa have reported feeling of little influence on the behavior of youth, sometimes expressing a sense of confusion and hopelessness (Theron, 2007).

In Kenya, Theron (2007) found that children who depend upon elderly caregivers often drop out of school and are expected to complete heavy household tasks and chores at home. In a study conducted in a rural part of Kenya, Nyambedha, E.O, Wandibba, S. & Aagaard-Hansen, J. (2003) found that one out of three children had lost at least one biological parent and one of nine had lost both. Further, the study found out that most orphans were cared for by relatives, and about one out of five caregivers were 55 years of age and older. These elderly caregivers faced difficulties in caring for the orphans in terms of schooling, food and medical care. The study concluded that there is a major difference between the hardships of elderly caregivers and the traditional position and status of the elderly in the past.
It is evident that older people have been credited for their great efforts in caregiving to those infected and affected by HIV/AIDS. In most cases, the older people do not do caregiving out of their own will but circumstances make them to be in that situation of caregiving. This therefore raises the question; how well are these grandparents prepared for the task of caregiving? What challenges do elders face in the course of caregiving and is there a model that can address the plight of these grandparents who are taking care of the OVCs?

The current study was part of a research project funded by Kenyatta University on “Eco-Friendly Dry-Land Agriculture and Water Technology for Improvement of Food Security and Health in Kitui County. The current study was riding on the objective 3, which sought to assess the social potential and feasibility of replicating Nyumbani model in the larger Kitui County.

1.2 Statement of the Problem

The demanding tasks of caring for the sick, for the children of those chronically ill, and for orphans can compromise elderly caregivers' emotional well-being and encroach on time available for involvement in social and economic activities. Moreover, grandparents often lack adequate knowledge, skills, and resources needed for caregiving, and suffer significant stress caused by their children’s death and the future of their children. Elderly caregivers in most cases have little influence on the behavior of young people.

It is noticeable that older people especially grandparents are increasingly playing the role of caregiving to children orphaned by HIV/AIDs. Several researches carried out in Kenya, Uganda, and Zimbabwe found out that more than two-thirds of the respondents were caregivers of ailing
adults or orphans who had lost their parents to HIV/AIDS. Often, older people do not have any option but to take care of their sick children and their orphaned grandchildren. In spite the important role that these grandparents play in caregiving little research has been carried out to understand which approach can be adopted to ease their caregiving burden. In order to fill this gap, this study aimed at assessing the Nyumbani village intergenerational caregiving approach of the orphans and vulnerable children. Nyumbani village in Kitui County has adopted intergenerational caregiving. The village provides a family-like setting for orphaned children under the stewardship of older adults mostly grandparents. One of the recruitment criteria in Nyumbani village is that grandparents have to accompany their grandchildren whose parents have died due to HIV/AIDS in order to take care of them. Secondly, they have to be willing to take care of other non-biological children.

1.3 Purpose of the study
To assess the intergenerational caregiving of orphans and vulnerable children in Nyumbani village

1.4 Objectives of the Study
1.4.1 Broad objective
The broad objective of this study was to assess the intergenerational caregiving of orphans and vulnerable children in Nyumbani village.

1.4.2 Specific Objectives
(i) To describe the COGRI-Nyumbani village intergenerational approach of parenting including criteria for recruitment of grandparents.
(ii) To describe the social and parenting roles of grandparents and support systems offered by Nyumbani

(iii) To document the perspectives of the grandparents and children and Nyumbani management on the suitability of the model in addressing their vulnerabilities.

(iv) To establish the caregiving challenges that the grandparents in Nyumbani face and explore ways of addressing them.

1.5 Research Questions

Essentially, this study was designed to answer the following key questions:
1. What is the relationship of the grandparents in Nyumbani village with “their” children
2. What roles do the grandparents play in Nyumbani village
3. Is the responsibility of caregiving a burden to the grandparents?
4. How important is Nyumbani village to the grandchildren and the children?

1.6 Justification and Significance of the Study

The importance of this study was in one, filling the gap in literature since there is very limited literature on intergenerational caregiving of orphans in Kenya. Most past studies have focused on policies, care, support of orphans and vulnerable children. Further understanding is required on what happens to the children who are left under the care of their grandparents.

This study was also important in understanding the intergenerational caregiving model as well as showing its importance and benefits to both grandchildren and children. The study also may provide a guide to the government and other stakeholders in planning for the elderly and the OVCs.
Finally, the study may assist in devising appropriate policy interventions to improve the lives of grandparents as well as recognizing the role they play in the society. For instance, it will show the significance of using such set up to help the elderly as opposed to other programs such as the cash transfer program.

1.7 Scope of the Study

The study was limited to the Nyumbani village in Kitui County. The sampling was limited to the grandparents and children in Nyumbani village. In addition, the participants included the grandparents, children and the staff of Nyumbani village. Interviews were also carried out with the Kitui county officials who interacted with Nyumbani village. A discussion was also held with the community surrounding Nyumbani village.

1.8 Limitations of the Study

There were a number of limitations that arose during the execution of the study. First, literature review showed that there was not much information regarding Nyumbani village. Moreover, this study only covered Nyumbani village, Kitui County thus the results obtained may not adequately reflect the situation in other parts of Kenya. Nevertheless, the data obtained were adequate to provide understanding of intergenerational caregiving of orphans and vulnerable children in Nyumbani.

1.9 Assumptions of the study

The study assumed that the respondents from the sample selected would be co-operative. It was also assumed that the respondents gave truthful and precise information upon which the study
drew objective conclusions. The study also assumed that the samples selected during the study were a real reflection of the entire population.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents reviewed literature under the following sub-headings: A global, African and Kenyan overview of the approaches used in caregiving, challenges facing grandparents as caregivers, the role of the elderly in society in relation to caregiving, government policy and interventional programs for the elderly. While the focus on intergenerational caregiving in Kenya is the subject area of the current research, the scope of literature review expands to include literature from other parts of the world.

The chapter also reviewed two theories which guided the study. These were: the Social exchange theory as advanced by George Homans (1976) and Activity theory developed by Robert J. Havighurst (1961). A diagrammatic conceptual model was used to indicate the relationship between variables of the study.

2.2 A Global Overview on the Intergenerational Caregiving

In 2010, 3.1 million grandparents aged 60 and older lived with grandchildren under age 18, up from 2.3 million in 2000 (U.S. Census Bureau 2010a; Simmons and Dye 2003). Since 1990, the
greatest growth was in the number of children residing with grandparents with neither parent present in the home (Binstock, et al., 2011).

Families are resilient to change and in many contexts continue to provide care for, and also receive care from, older people. One determining factor as to whether families provide care for older relatives is whether the family is able to provide this care in their own dwelling (house or flat) or the home of their older relative, or whether the family is able to move to another dwelling that can accommodate an older persons care needs (Szinovacz, 2008).

This is noticeably declining because greater numbers of older people are moving to public or private residential care. In France, for example, the traditional expectation of providing support to older family members has diminished, while at the same time, older people are more likely to express a preference to staying in their own home, as opposed to moving in with kin (Takagi, 2007).

According to Takagi (2007), gender has also an influence on living arrangements. Older men live with their children more frequently than women and one explanation is likely to include widowhood, with men more likely to experience difficulties in living alone after the death of a spouse. In instances where dependency increases children and grandchildren will help in disease management (for example drug administration) and personal care (for example giving help in bathing and using the toilet) in association with care professionals.
In India, the society has traditionally been one where the family was the core focus of life. Strong values of love, care and mutual respect, bound family members together. In the past, the traditional Indian family followed a patriarchal system, where the senior “Pater” (father) was a venerated and feared head of household whose opinions and decisions were final. Caregiving of family members requiring medical care, emotional support, and financial assistance was always the duty and responsibility of the entire family (Schulz & Myles, 2009).

Botwinick (2010) notes that changes in attitudes, rapid industrialization, and migration patterns, among other factors, have paved the way for a change in the profile, structure and fabric of the traditional Indian family. He observes that despite family members increasingly living far away from each other or separately, children do often continue to care for their parents. This form of care includes actual physical care in times of ill health, and assistance with daily chores, particularly those requiring physical functionality (this is also true in cases where the parents live with their children). Even in cases where children live far away from their parents and formal caregiving is not possible, children offer other forms of informal care, particularly in the form of social contact, keeping this bond intact (Botwinick, 2010).

2.2.1 Intergenerational Caregiving in the African Context

In Africa, family structures were built around the nuclear family, where women in particular took care of the elderly, and the younger generations showed great respect for them. There was a mixture of fear and deep respect for the older people. Intergenerational caregiving brings out the complexity of the cultural and social changes that are being experienced throughout the world
but also the differing roles the generations play in different contexts. The role of grandparents in South Africa in raising a generation orphaned by the impact of HIV/AIDS can never be underestimated (Cattell, 2013).

Gender is a common theme, with older populations made up of more women, and the majority of older women widowed. Gender is evident moreover in patterns of care provision, with women identified in several societies as primary caregivers to older people (e.g., Argentina, Dominican Republic, France, India, South Africa, Singapore, UK and Kenya). Older women are also often primary care givers to grandchildren (Schatz & Ogunmefun, 2007; Ssengonzi, 2007; Barnett et al., 2002).

Lawton (2007) notes that historically, African societies had a strong extended kin system and people resided in multi-generational households. In the West on the other hand, older people with good financial standing, tended to live an independent life without the care of younger family members. When frail and in need of care, older people relocated to a retirement home or other residential care facility to receive skilled care together. All those who were financially impecunious and in receipt of a social pension moved to a government subsidized old age home (Lawton, 2007).

AIDS and its consequences also contribute to patterns of co-residence. Ssengonzi (2007), observes that middle generation individuals who contracted AIDS would succumb to the disease and grandparents were left to raise the orphaned grandchildren; or, if urban based, the sick adult children would return to their rural home to be cared for by an elderly mother until the child
died. With increased availability of antiretroviral therapy, and HIV infected people surviving far longer than previously, this pattern may be changing. Nonetheless, numerous grandmothers are left to care for vulnerable and orphaned children. According to Hayslip and Kaminski (2005), skip generation households are common in the African population, for a variety of reasons; one being AIDS related morbidity and mortality.

AIDS related deaths are also contributing to the growing number of child headed, and therefore single generation households, in which children grow up bereft of both parents and under the care of their grandparents. Increasingly, only grandchildren are available to care for elderly grandparents when they need care (Colletta et al., 1996). The author further adds that older people continue to follow a trend of living with adult children and grandchildren, with the older person likely to be the household head, but increasingly couples are living independently in an assisted living setting.

Townsend (2008) observes that multigenerational co-residence has been a culturally well-established norm historically in South Africa. However, Williamson (2004) argues that a continuation of this norm and of older individuals’ expectation of co-residence with family may no longer be realistic”. Williamson (2004) says that several factors are intervening to change patterns of multigenerational co-residence. Essentially, new family forms are emerging in response to intervening factors driving change. For instance, a trend is noted towards a proliferation of nuclear family households in urban areas, with parents and immediate children residing in a two generation household, without older relatives (Townsend, 2008). Nonetheless,
the concept of the extended family and conjoint kin support system appears to remain intact, even though co-residence of most family members may no longer pertain.

Intergenerational relations become fractious when young adult household members abuse drugs and/or alcohol, and do not seek or maintain a job; in such cases, elderly parents will encourage the children to leave the dwelling, or they themselves may opt to relocate to a residential care facility “for peace and quiet.” However, once living there, they may fret about the wellbeing of their grandchildren no longer in their care. According to Williamson (2004), older people, grandparents in particular, who care for family members infected with or affected by AIDS are certainly in need of support, familial or non-familial. Support is often not forthcoming from the government, with only limited support available from NGOs, although these individuals may increasingly need formal care themselves.

Adult children in Africa indeed provide care and support to older relatives in need, particularly African adult children. However, the children’s capacity to do so may be compromised, and a desire to honor their filial responsibility thwarted.

According to Townsend (2008) a trend is emerging where adult children with financial means, typically where both spouses are income earners, purchase a unit in a retirement village for their elderly parents so that they may be cared for professionally South Africa has not experienced the brunt of the global economic recession in the same way that Western countries have. The financial wellbeing of the country’s older people, the majority of whom receive a social pension,
has not been compromised by the recession as such, except perhaps in the case of relatively affluent white people who rely on investment income.

An Ethnographic research from Sierra Leone indicates that grandmothers are thought to be good caregivers of young children because they “love and pamper their small charges” (Bledsoe & Brandon, 1992). Additionally, these grandparents are assumed to be less likely than other women to discriminate against children because they have no young children of their own competing for food (Bledsoe & Brandon, 1992). Moreover, in Zimbabwe, research has also established that grandmothers are believed to be impartial and generous compared to other relatives (Nyamukapa & Gregson, 2005). This could be the reason for the “grandmother hypothesis” in human evolutionary biology which proposes that “one reason that human females live beyond reproductive age is that their survival can be beneficial to the reproductive success of their kin and the survival of their kin’s offspring”.

2.2.1.2 Intergenerational Approaches in the Sub Saharan Africa

The sub Saharan Africa is a home to more than 71% of all the Global HIV infections (UNAIDS, 2014). In 2013, the number of people living with HIV was estimated to be 24.7 million (UNAIDS 2014). In sub-Saharan Africa, most often, the elderly are the main caregivers to HIV infected people and their families. In many cases, the elderly provide care to their loved ones with AIDs as the terminal stage of illness when they need constant care. Caregiving of these patients entails the responsibility to care for the children who are affected and infected too. Caregiving for the children usually starts before the death of their parents which in most cases is
very demanding to the elderly caregivers. In this case this impacts on the general wellbeing and health of the elderly caregivers. This challenge faced could be attributed to the weak health infrastructure and few resources in most African countries (Nyambedha et al., 2003).

Caregiving of OVCs in the sub-Saharan Africa is increasingly reliant on both nuclear and extended family members especially the grandparents (UNAIDS, 2014). Grandmothers are said to support the well being of their grandchildren. Certainly, many studies have shown that grandparents more so grandmothers are among the most caregivers of children affected by HIV/AIDS. Existing facts from African setting implies that living with a grandmother can present benefits to grandchildren.

Sub-Saharan Africa has been severely affected by AIDS pandemic. This pandemic has not spared any generation. The disease has seen high mortality rates of among adults aged between 15-49 years. This in turn has had a huge impact on the lives of the parents of the middle generation as well as those of their children. The primary caregiver of an older dependent tends to be the spouse, primarily a female wife, followed by a middle aged daughter or daughter in-law.

2.2.2 Intergenerational Approaches in the Kenyan Context

When HIV/AIDS was reported in Kenya n 1984, it was seen as a ministry of health concern. With the escalating number of people dying due to the disease, it was declared a national disaster in the late 1990s. In Kenya, the HIV/AIDS epidemic has matured thus leading to an increase in AID related mortality of the young energetic adults which leads to a great burden on the health
sector and also negatively impacts on growth and development of the country. The number of people living with HIV/AIDs in 2013 was estimated to be 1.6 million and the children who were orphaned by AIDS was estimated to be 1.1 million (UNAIDS 2014). In 2016, the number of orphans and vulnerable children in Kenya, was estimated to be over 2.8 million (UNAIDS 2016).

HIV/AIDs has indirect effect on the older people in most cases since they take up the responsibility of taking care of their ailing children as well as their grandchildren. The impact can also be manifested in many dimensions including; social, economic and psychological. For instance, taking care of a terminally ill person drains the limited resources that a family has and in some cases, the caregiver has to stop working or reduce time involved in working to care for the ailing person. In a study by Nyambedha et al., 2003a; Knodel and VanLandingham 2002, it was found out that elderly persons in Kenya played a key role in caring for the HIV-infected persons and orphans.

In Kenya, one of the strategies used by the Government to reduce the constraints that were being experienced in taking care of people living with HIV/AIDs in the formal sector was the introduction of home based care programmes. In this case, informal caregivers provided most care to these persons and typically they were parents or other members of the family of those ailing. Most of these caregivers may not have had any formal training on home based care and had therefore to devise their own skills. Kenyan informal caregivers are mainly older and middle aged females. According to Linsk & Mason (2004), over 70 per cent of family caregivers are women (Linsk & Mason, 2004). According to Nyangweso (2008), informal caregivers require additional preparation and training for the role they assume of taking care of the ailing persons.
Faith based and community organizations continue to actively engage in providing support to the orphans and vulnerable children with the family and friends are at the front line to support the OVCs. According to HIV/AIDS alliance (2012), family members and friends always provide long-term care to OVCs as it is seen as a source of comfort to the children who are traumatized after the death of their parents. They therefore are the source of emotional support. Many families nevertheless, lack the resources to provide adequate care to these OVCs prompting the Government to provide social support schemes to ease the burden of caregiving (Haushofer & Shapiro, 2012). As a result of these schemes, many OVCs can afford access to health care, education, food and other basic needs.

2.3 Challenges facing grandparents as caregivers

As the mortality rates increase, grandparents are tasked with the role of taking care for their grandchildren. In some cases, a situation that is viewed as a grandparent being the caregiver ends up to be a situation of mutual support as the frail grandparents turn to be the care recipients of grandchildren. The subverted relationships of care and support result in a number of challenges for both the elderly caregivers and the children in these intergenerational families.

Health challenges

The normal physiological changes of aging result from a complex interaction of the human body with its physical and social environment. The concept of health is a multilevel phenomenon as well. Biological, psychological, cultural and social cultural factors determine its very definition (Minkler & Fuller-Thomson, 2009). Health has been defined by Minkler and Fuller-Thomson as the perfect working order of human organism while the World Health Organization defines
health as a state of complete physical, mental and social wellbeing and not merely absence of disease or infirmity (WHO, 2013).

According to Solomon and Marx (2009), grandparents raising grandchildren who were at one stage exposed to drugs or HIV/AIDs have the poorest health compared to grandparents of similar age living in other household structures. Without proper training, information and supplies, there is the risk of exposure to communicable opportunistic infections. Fear of HIV infection can cause considerable anxiety on the part of caregivers, especially if they are not well informed about the actual risks. Many elderly caregivers may be living with HIV themselves and need to take care of their own health concerns.

In addition to poor health and economic deprivation, custodial grandparents experience social isolation and alienation, both as a result of the community’s lack of positive response to their situation and decreased opportunity to socialize with family and friends. Other stressors include additional caregiving responsibilities for an elderly family and lack of helpful services and support from the formal human service system (Solomon & Marx, 2009).

In a study on “Depression, Social Support, and Mental Health: A Longitudinal Mediation Analysis in African American Custodial Grandmothers” conducted by the National Survey of Families and Households (2004) it was observed that social workers were seeing, in health care settings, an increasing number of grandparent caregivers among their clients. A disproportionate number of these are African American. This article compares the demographic and physical and mental health characteristics of African American grandparents who are raising their
grandchildren with non caregiving African American grandparents, using the National Survey of Families and Households (2004). In the study findings, Caregivers reported significantly higher levels of limitations in four of five activities of daily living (ADLs) and were almost twice as likely as their peers to report clinically relevant levels of depression. It would therefore be very interesting to find out the situation in Africa, are the grandmothers who are intergenerational caregivers faced with similar health challenges?

**Grief and Trauma**

Typically, older caregivers experience considerable distress due to having lost one or more adult children to HIV and AIDS. Grandparents battling their own grief and trauma are faced with the difficult task of providing psychosocial support for the grief-stricken OVC who join the household.

In their article, Whitley *et al.* (2001) it is noted that many grandparents faced with the need to raise their grandchildren have health risks that could destabilize any family structure established for the child. This article further describes the physical and mental health status and behaviors of 100 African American grandmothers who are the primary caregivers for their grandchildren. The findings suggest the physical functioning of the grandmothers is at a level that could jeopardize the quality of life with their grandchildren. In spite of their diminished physical capacity, the grandmothers reported that their emotional state is equal to or better than the general population. A question therefore arise, is this case with the grandparents who take care of both biological and non-biological grandchildren orphaned by HIV/AIDS? Sometimes, older caregivers tend to
remain silent about their grief and other challenges; their appeals for help are harder to hear and thus easier to ignore.

**Lack of preparation for the demands of parenting**

Children and youths are being raised by grandparents in greater numbers than would be expected by choice or by chance. These new households represent a transfer of child-rearing responsibilities from an absent or incapacitated parent to an older adult who could also be at risk for incapacity and unpreparedness. This is because grandparents are taking on the demands of parenting a young generation when they are no longer as vigorous as they had once been or as culturally and psychologically oriented to the prospect of parenting children as they were in their youth. A question thus remains are these grandparents able to provide the guidance and socialization that is required for these children to grow? How do they instill values and discipline in these children?

Several researches question whether grandmothers are ideal caregivers. A grandmother’s promotion of the well-being of her grandchildren may be affected by her beliefs, knowledge, access to resources, and other physical and emotional constraints. For example, grandmothers might be less knowledgeable than other caregivers about modern health care and child care (Bledsoe & Brandon, 1992).

Nyambedha et al., (2003), expresses doubt that older guardians in Africa, such as grandmothers, will be as able as younger caregivers to provide children with discipline, socialization, food, clothing, shelter, and health care. In fact, most studies suggest that grandmothers may be too old
and weak to care effectively for AIDS orphans in Africa (Nyambetha et al., 2003). Furthermore, households headed by older individuals, such as grandmothers, may have lower incomes, compromising their ability to provide for children (Nyambetha et al., 2003).

**Poverty and inconsistent income**

Poverty is a key challenge facing especially the elderly caregivers in Kenya and Africa at large. According to Mhaka-Mutepfa et al. (2014), children living in elderly headed households are poorer than children living in households with their parents. This translates into a situation where intergenerational households regularly face hunger. Furthermore, children’s access to education is compromised, as is health care for both caregivers and grandchildren. This material inadequacy in turn creates significant psychosocial stress for both the older caregivers and their grandchildren.

Older people are significantly affected by HIV/AIDS crisis since care responsibilities fall on them. This can be attributed to the fact that people living with HIV/AIDS tend to go back to their homes of origin where they can be taken care of by their relatives together with their children. According to traditions, grandparents took the role of caring for the sick. These grandparents face unmet needs and challenges which include; financial constraints since the number of dependants increases, they are unable to engage fully in paid work, business or income generating activities and medical bills for the opportunistic diseases. In Kenya, ARVS are free according to NACC (2008) but the patients have to meet other costs such as transport and well balanced diets. Other challenges include caregivers own ill-health, insufficient skills to do the
caregiving, limited resources, limited support, stress and depression because of thinking about their ailing or departed family members and also stigma.

2.3.1 The role of the elderly in Society

One self-concept that changes with age is the social role that a person occupies. Growing up and growing older, we live behind earlier roles such as child, student, employee, parent, and eventually, perhaps spouse and friend.

Various communities in Kenya differ in the role and manner the older persons are regarded and status they are accorded. Some communities respect highly their older generation (senior citizens) and are given much dignity among the population. They accord their older persons great esteem and respect. This group regards the aged people as a source of both economic and social wealth. Other communities view the older people as citizens who have passed their productive stage and are now more of consumers than producers in economic activities. Nevertheless, according to Nyambedha et al. (2003), elderly people have great wisdom and experience. They have the knowledge of all the years of their lives. If they are allowed to share this knowledge, they can greatly benefit society by enhancing the knowledge of younger people. They can still make a valuable contribution to society by sharing what they have learned.

2.4 Government policy and programs on the elderly

Many different orientations have been adopted by different countries in the attempt to formulate general approaches toward social policy for the elderly.
2.4.1 Social Welfare Programmes

These programmes provide support to the needy and disadvantaged in the community. This is mainly in form of social and financial assistance to individuals, organizations and institutions involved in addressing the needs of disadvantaged persons, including the aged. Meanwhile, the various Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs) and religious organizations in the country continue to be supportive to individual older persons, institutions and community projects targeted at older persons.

2.4.2 Homes of the aged

Homes of the aged are facilities for elderly people who need care. The primary goal of such institutions is to maintain interest in life, not just maintaining life (Scott et al, 2007). The homes work on a schedule where the elderly have to wait for services and all other basic needs to be provided by the institution. According to Scott et al. (2007), homes for the elderly lack personal space and tend to take away many of the individual choices that people have in their lives. The result is that residents experience a feeling of loss of control over themselves.

Homes for the elderly provide full-time nursing where nurses/ volunteers provide round-the-clock care and dispense medication. They also are responsible for monitoring the health of the elderly residing in the homes. Other activities undertaken by nurses in the homes include help with bathing, dressing, walking and eating. There are many other supplementary professionals such as doctors, social workers and physical therapist who visit the homes from time to time (Scott et al., 2007). Inability of an elderly to perform activities of daily living (ADLs) and
instrumental activities of daily living (IADLs) necessitate external assistance, the amount of assistance necessary is a function of their level of independence.

According to Scott et al., (2007), Homes for the older persons are fairly new concept and could not meet the high demand by the elderly people who should be taken care of. They are supported mainly by nongovernmental organizations and faith based organizations, the homes provide various forms of care and social support to older persons. It is also recognized that a number of charitable organizations have been collaborating among themselves so as to tackle the old age agenda. These include the PCEA Kikuyu Hospital eye unit Department, Undugu Society of Kenya, Help Age Kenya and a number of religious organizations.

Nevertheless, Nyumbani Village values the older persons and views them as great caregivers. This is why they uniquely use grandparents to take care of the orphans and vulnerable children as they also take care of these grandparents. Owing to the fact that many families do lack resources for adequate care of their older people as well as for the orphans and vulnerable children, any material support to the families is greatly treasured. This support reduces the burden of taking care of these two groups (Haushofer & Shapiro, 2012) and as a result of the support, the two groups can afford food, shelter and access to medical care.

2.5 THEORETICAL FRAMEWORK

The study was guided by two theories, the Social Exchange theory and Activity theory

2.5.1 Social Exchange Theory

This study was guided by Social exchange theory. Social exchange theory was introduced in 1958 by George Homans (Emerson, 1976). Social exchange theory has a basic premise that the
exchange of social and material resources, whether tangible or intangible is a fundamental form of human interaction. Homans underlined the individual behavior of actors in interaction with each other. He summarized human behavior into five propositions. The first premise he called the success proposition. Homans argues that for all the actions a person takes, the more often an action is rewarded, the more likely the person is to perform the action. In Nyumbani Village, if the actions of the grandparents are recognized and rewarded, the more they get encouraged in their roles and responsibilities as caregivers.

The second premise he called “stimulus proposition”. It postulates that “If, in the past, the occurrence of a particular stimulus, or set of stimuli, has been the occasion on which a person's action has been rewarded, then the more similar the present stimuli are to the past ones, the more likely the person is to perform the action, or some similar actions” (Emerson, 1976).

The third premise which he called value proposition holds that the more valuable to a person is the results of his/her action, the more likely a person is to perform the action. This is regardless of whether it has a positive or negative value. Grandparents value their grandchildren and thus are likely to do the caregiving with ease than an ordinary caregiver. The main result of caregiving in Nyumbani is to bring up a wholistic, independent adult and therefore this could motivate the grandparents in their roles. Children in Nyumbani could also behave in a certain manner if the results of their action are valuable to them. For instance, if they value education then, they are likely to work hard, if they value games, they are likely to keep practicing.

The fourth premise he called the “aggression/approval proposition”. It proposes that when a person’s action receives or does not receive unexpected punishment, he will be angry and is more likely to perform aggressive action. Equally, when there is unexpected reward, or an
expected punishment does not occur, he is pleased and more likely to perform complimentary behavior.

The fifth and final proposition is the Rationality proposition. It states that “In choosing between alternative actions, a person will choose that one for which, as perceived by him, the value (\(v\)), of the result multiplied by the probability (\(P\)) of getting the result is greater” (Emerson, 1976). This is best explained by a saying by B.F. Skinner that “If it is rational of pigeons to LEARN to take the shorter of two paths, so it is of men and women” (Skinner, 1990).

This theory is relevant to this work because the purpose of this study was to assess and document the Nyumbani village grandparents’ parenting approach, understanding the role of the grandparents as well as getting views on the suitability of this approach. Due to the propositions by Homans on success, value, aggression/approval and rationality and given that in our entire life, starting at the infancy stage, we learn and our behavior is always modified to be constant with the goals of the people doing socialization both grandparents and grandchildren influence each other’s behavior and their feelings about their own relationships in Nyumbani. This does not only affect their relationship within Nyumbani but it has great influence on their wholistic development.

2.5.2 Activity theory

The theory was developed by Robert J. Havighurst in 1961. It proposes that successful aging occurs when older adults stay active and maintain social interactions. It takes the view that the ageing process is delayed and the quality of life is enhanced when old people remain socially active. This theory posits that in the course of maturing children gain a sense of themselves through their socializing experiences and via responses of significant others to
various identities tried on in much the same way adults try on clothing. As adults, people continue to refine and refurbish their self-concepts in their performance of socially valued or at least legitimated, actions, seeking out consensual validation, the affirmation of their personal sense of worth and integrity. Upon reaching that socially prescribed stage of life when they are commonly divested of many roles that have been so central to their lives for years, older people experience a narrowing of their social radius, a reduction in activity levels and consequently a loss or confusion in their sense of who they are. To offset these losses, to preserve morale and to sustain self concepts, the activity theory of aging presumes that restitution, in the form of compensatory activities must take place. By keeping active, it is presumed that people will remain socially and psychologically fit.

This theory was relevant to this study in that the grandparents involved in Nyumbani Village may seek to be engaged as this offers them the social engagement they require to remain active. Moreover, for these grandparents, the greater the role with which they get to old age, the better they withstand the demoralizing effects of exits of their children. Moreover, the grandparents who take care of the grandchildren in Nyumbani village may show what Havighurst et al. 1968, call successful aging which simply means active aging whereby they manage to stay active and resist the shrinkage of their social world by maintaining the activities of their middle age for as long as possible and then finding substitutes for those that had to be relinquished like work, friends and loved ones who died.
The conceptual model above shows three major actors; the child is from a vulnerable community affected and infected by HIV. First, the individual role performance of the actors, that is the grandparents and the agency which is the institution. Secondly, the interaction of the two and how they affect the outcome and finally the individual factor of the target who in this case is the child. The child is expected to grow into a whole being.
CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter described various methods and procedures that were adopted in conducting the study to answer the research objectives. The chapter is organized into the following sections: research design, study site, population and sampling, research instruments and validation, piloting, validity and reliability, data collection procedures, management and analysis of data and ethical considerations.

3.2 Research Design

This study was part of a larger study undertaken by Kenyatta University in Nyumbani village on “Eco-Friendly Dry-Land Agriculture and Water Technology for Improvement of Food Security and Health in Kitui County”. The study fitted within the objectives of the larger study since the focus was on the social potential and feasibility of replicating Nyumbani grand parenting approach as well as identifying the areas for improvement in case it was to be replicated.

Therefore, the study was undertaken using a cross-sectional study design to describe the interactions of different variables. This design allowed a situation analysis of Nyumbani village since it takes a sample of the target population and bases its overall findings on the views or behavior of those selected, assuming them to be typical of the whole group (Babbie, 2005).

The study used a combination of quantitative and qualitative methods to capture in-depth information about Nyumbani village. It involved interactions with the respondents; in this study,
the researcher interacted with the participants during interviews to collect data. The design allowed deductions to be made by the researcher therefore making it easy to tell how important and successful it is to use intergenerational caregiving of orphans and vulnerable children.

3.3 Location and site description

The Children Of God Relieve Institute (COGRI)-Nyumbani Village is located in Kitui County, Eastern Kenya. As a semi-arid region, Kitui County is one of the most drought vulnerable regions in Kenya receiving annual rainfall of between 500-1050mm (ROK, 2010). There is a general decline of rainfall in the main season of April/May and short rains in September and December (ROK, 2010)

Nyumbani Village is a model settlement for HIV/AIDS affected orphans. It is situated at Makuyuni Sub-Location, Kwa Vonza Location, and Yatta Division. Nyumbani Village is located in about 1000 acres. The village has 100 homes. Each of these homes is located in half an acre piece of land where the family is allocated a quarter acre farm to cultivate. The village has a primary, a secondary and a technical school, a worship center, a health facility, 500 acre tree farm and 200 acre organic farm.

Nyumbani village was considered the best site for the current study since it has adopted an intergenerational approach where grandparents are used in caregiving of their own biological grandchildren as well as other non-biological grandchildren
3.4 Study Population

The study looked at the intergenerational caregiving of the orphans and vulnerable children. Therefore, the study targeted all the grandparents in Nyumbani village, the children in Nyumbani village and all those who are involved in the caregiving of those children. The current population of the grandparents in Nyumbani village was 100 grandparents. One grandparent takes care of approximately 10 children.

3.4.1 Sample technique and sample size

Information and characteristics of the 100 households was obtained from the Programme Manager. The researcher then analyzed the 100 households and found them to be similar. This prompted the researcher to do an in-depth interview with 25 household heads.

Therefore, a total sample size comprising of 25 household heads who were the care givers in Nyumbani village was selected. The sample size was achieved through cluster sampling. This was made possible owing to the fact that the 100 households were clustered. Every four households made one cluster where they shared a common water source and a washing area. The study picked one house per every cluster using systematic sampling technique; however all the seven households that were headed by grandfathers were purposively selected since there were only seven in the study making a total of 25 household heads.

The researcher also purposively selected two social workers, a counselor and the project manager as key informants. In addition, the researcher also conducted two focus group discussions with the children who are the beneficiaries of Nyumbani village. Moreover, the study also interviewed key people in various ministries who interact with Nyumbani Village including; the Ministry of
Health, the ministry of energy, Ministry of water, ministry of Education, ministry of Agriculture, the deputy county commissioner and two neighboring community self help groups. The aforementioned representatives gave answers to the research objective two of the larger study on the level of adoption and diffusion of the Nyumbani model among community members who are in contact with the village.

3.4.2 Study Variables

3.4.2.1 Dependent Variable

The dependent variable for this study was the orphaned and vulnerable child who is from a community that is full of vulnerabilities such as HIV/AIDS, poverty, stigma and discrimination and food insecurity among others. The child is either affected or infected with HIV/AIDS. This child is taken to Nyumbani village with the objective of making him/her a responsible, healthy person in the society through holistic home care, medical care, education as well as acquiring life skills, social skills and religious values. While in the village, the child is exposed to many actors who shape his/her life.

3.4.2. Independent Variables

In this study, the independent variables are; the available institutions in Nyumbani village such as schools, clinic, a home care and counseling department as well as the grandparents who do the caregiving, socializing and parenting roles. The grandparents are mandated to nurture, to love and to safeguard the children under their care. Other independent variables include the social workers, the nutritionists and the teachers whose mandate is to help these children grow to be healthy and responsible adults.
3.5 Research Instruments

The main data collection tool for the study was a questionnaire. The questionnaire had both open and closed ended questions and was personally administered by the researcher who was also a research assistant in the larger Kenyatta University project. The interview schedule was developed by the research assistant with the help of the supervisors and the entire team of the larger project. This mode of administration promoted a high rate of response as well as maintaining and ensuring quality. The focus group guide was also used to collect data during the focus group discussions.

3.5.1 Primary Data

Primary data was obtained through extensive fieldwork. This entailed undertaking in-depth households interviews which were conducted with the household heads. This data was obtained from the grandparents using interview schedule which consisted both open and closed ended questions. The researcher used personal or face-to-face mode of administration in order to maintain and enhance quality of the data. This is because this mode of administration of the interview schedule enabled the respondent to understand the questions as asked by the researcher.

3.5.2 Secondary Data

Existing reports and documentation of Nyumbani Village were obtained and reviewed. Data on Nyumbani that existed in the institution but had not been published or documented was also obtained from the Director of Nyumbani village. The data was synthesized and gaps identified as well as areas for further investigation.
3.6 Pre-testing, Validity and Reliability

The interview schedules were pre-tested in the first two clusters. Five questionnaires were pre-tested. Those households included in the pre-test were not part of the sample in the study. The pre-testing was to ensure clarity and sustainability of the language to be used. The purpose of this pre-testing was also to assist in finding out any weakness that might be contained in the instruments. In addition, the pre-testing helped the research team to determine whether the instruments were reliable and valid.

3.7 Data collection procedures

Data collection was carried out at the same time when the data collection for the larger study was done. The researcher who was a research assistant in the larger study was helped by two other well trained research assistants.

3.8 Management and Analysis of Data

The research combined both qualitative and quantitative data. The qualitative data was categorized into various themes in line with the research objectives and analyzed accordingly. To manage and analyze this data, the researcher read through the data. This was followed by developing codes, coding data, trying to identify themes, patterns and relationships. The data was then summarized under various themes or categories. The quantitative data was analyzed and presented in frequency tables.

3.9 Ethical Considerations

This project was part of Kenyatta University project and therefore Clearance and authorization to undertake the research was obtained by the team leader of the larger project (Prof. Joseph J.N.
Permission to conduct research in Nyumbani village was sought from the executive director, Nyumbani village Sr. Mary Owens and at the household level permission was obtained from the COGRI-Nyumbani Village management. Once the homes (households were selected), informed consent was sought from the household heads who were the key targets in this research. They were informed about the purpose and objectives of the study. Information obtained was treated with utmost confidentiality and would only be accessible to the research team. To enhance privacy and confidentiality, households were assigned unique codes for identification, and no names were used to identify the participants. The codes were kept secret by the KU research team and would not be shared with the COGRI-Nyumbani Village management.

There was no monetary compensation for participation in the study. However, the participants were informed about the prospective benefits of this research, more so it’s potential in informing policies and programmes aimed at addressing the food security situation in Kitui County which was the overall theme for the research. The raw data was kept safely and was accessed only by authorized persons. In addition, the data stored in computers was limited to authorized persons and was protected using a password.
CHAPTER 4

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter is a presentation, discussion and interpretation of the study findings based on the data collected through interview schedules with the Nyumbani Village care givers, the key informant interviews with Nyumbani Village staff and focus group discussion with the beneficiaries of Nyumbani village as well as secondary data from Nyumbani Village. The findings are presented thematically in this section according to the research objectives of this study.

4.2 Social and Demographic characteristics of residents of Nyumbani village

Table 4.1: Social and Demographic Characteristics of Residents

<table>
<thead>
<tr>
<th>Variable</th>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
<th>Totals(N=102 households)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>484</td>
<td>474</td>
<td>958</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-10</td>
<td></td>
<td>108</td>
<td>97</td>
<td>205</td>
</tr>
<tr>
<td>11-20</td>
<td></td>
<td>298</td>
<td>301</td>
<td>599</td>
</tr>
<tr>
<td>21-30</td>
<td></td>
<td>78</td>
<td>76</td>
<td>154</td>
</tr>
<tr>
<td>Grandparents</td>
<td></td>
<td>7</td>
<td>95</td>
<td>102</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-70</td>
<td></td>
<td>4</td>
<td>58</td>
<td>62</td>
</tr>
<tr>
<td>70-80</td>
<td></td>
<td>2</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Above 80</td>
<td></td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td>0</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>
There are twenty six clusters in Nyumbani and each cluster has four households except the last cluster (cluster number 26) which has only two households. The youngest child is 2 years old while the eldest child is 25 years. The household with the greatest number of children has 14 children while the household with the least number of children has 5. Having 14 children in a household may be overwhelming for the grandparent who takes care of them especially if they are too young or in their teenage stages. In a study by Mynarska et al., (2015) on vulnerability of families with children, in an ideal family set up, a household with fourteen children would be classified as a vulnerable family likely to face challenges such as social exclusion, lack of stability, stigmatization and economic hardships and for this reason, the family may require more support. Nonetheless in Nyumbani village fourteen children may be irresistible given that the social workers are also involved in helping the grandparents in care giving.

Large families may have both positive and negative effects. One disadvantage of a big family is that there may be a disconnect between the parents and the children as the parents try to fetch for them or even a missed connection with some children, there could also be some financial stress and emotional stress especially when some of the family members are experiencing tough times. On the contrary, children in large families may have stronger connection with other siblings, a source of family labour and more often they tend to be more responsible since duties are divided for each of them.

The total number of children in Nyumbani village were nine hundred and fifty eight with 484 males and 474 female children. While some households had equal number of boys and girls, some households have only boys (7). Out of the 958 children, majority of them (648) were in
primary school, 223 children are in secondary school, 73 of them are in polytechnic and university and 5 children are in special schools while nine children have not joined school yet. This is clear that Nyumbani village focuses greatly on encouraging both school attendance and performance owing to the fact that the village has a primary, secondary and tertiary trade school.

There are 102 grandparents each grandparent taking care of one household. Out of the 102 grandparents, only 7 of them are grandfathers while the rest are grandmothers. In many circumstances especially in the African culture, men do not actively get involved in the role of caregiving. However, under some circumstances men and grandfathers find themselves caregiving. Several factors act as moderators or mediators. For instance; if there lacks any other caregiver or if the grandfather is doing it out of care and concern for his grandchildren or if he sees it as his obligation then it may influence their decision to assume the role. For the grandfathers in Nyumbani village, several factors may guide their decisions like lack of resources to take care of their grandchildren.

The researcher sought to understand how the grandfathers socialize the children under their care and especially the girls. Findings show that the grandparents take the children under their care as their own children. A key informant added that this was like any other village in a community where a grandmother may die and leave the grandfather to take care of the grandchildren. In this case therefore, the grandfathers take the role of the father figure in the households and clusters. There are also counseling sessions that are conducted in schools, by the counseling department and also by social workers. Nyumbani village has reactive sessions and preventive counseling sessions. During these sessions, the social workers talk to the children more often, do counseling
and regular visits where they talk about topics to do with relationships, sex, and teenage pregnancy among others.

A key informant who is a beneficiary of Nyumbani village recounted that “some grandfathers are better caregivers than grandmothers; their houses are very clean and better in organization. In fact, the grandfathers counsel the children by talking to them as if they were their own biological children”.

Grandfathers play significant roles in the lives of their grandchildren. According to Bates & Goodsell (2013), “Grandfathers execute lineage work in response to grandchildren’s needs to be connected to ancestral roots, to know from where and from whom they came, as well as to be acquainted with progenitors”. Grandfathers do this for their desire to connect their grandchildren to their family’s history. In other words, they act as links between the past and present for the grandchildren. Grandfathers also mentor their grandchild (ren) that is they pass their knowledge and wisdom to the next generations (Bugental & Grusec, 2006). Grandfathers put a lot of time and energy in instructing and teaching their grandchildren in practical and skills (Bates & Goodsell, 2013). From the grandfather’s point of view, the skills are important in the development and growth of the grandchild (Mueller, Wilhelm & Elder, 2002). Grandfathers may also offer spiritual guidance to their grandchildren grounded in their firm religious principles and practices.

4.3 Recruitment of grandparents and children

The findings show that there are certain qualities that grandparents should have in order to join the village. First, the grandparents must have a biological grandchild (ren) under their care. In
addition, they must be willing to go to Nyumbani village. Moreover, they must be between 65-70 years and must be capable of giving care. Some of the grandparents decline to join Nyumbani if the relatives are not willing to release them.

The findings further showed the criteria Nyumbani village used in adopting the children. One condition for the children to be adopted was that they must be orphans orphaned as a result of HIV/AIDS; secondly, the child(ren) must be needy. They could also be referred to Nyumbani by the area local administrators, the church, the school/teachers, and they also must produce a death/burial permit or certificates of their parent(s). The administration has a tool that they use to assess the situation of these children before approving them to join the village.

For the grandparents, decisions to join Nyumbani village and take care of the grandchildren seemed to be guided by the burden of taking care of their grandchild (ren). Emotionally driven decisions overshadowed the grandparent’s lack of economic stability to implement their decisions. They felt that their grandchildren should not be left to suffer alone, and saw them as their responsibility since “they are their blood”.

4.3.1. Number of children per household

From the findings, the number of children per house varied from one household to another. Some households had as few children as 5 while others have as many children as 14. The researcher therefore, sought to find out how Nyumbani village decided the number of children per household. A key informant explained that the normal number of children per family is between 10 and 12 but added that there were other observations and criteria they used in deciding the number of children per household. First, they looked at the capability of the grandparents to
provide care since there are some grandparents who are very good in their roles while others are not. Again some grandparents were sickly while others were quite old thus many children would be a greater burden for them.

Secondly, they looked at the space of the houses since some houses are bigger in size than others hence for the bigger houses the number of children was more than for the smaller houses. Findings also showed that the number of children was also affected by the rate of children exiting. A house could have fewer children if some of the children had already exited.

There are many factors that influence the number of children per household in Africa. These include; the strong family/kin system, secondly, being an agrarian society, people tend to prefer more children as that means more hands on the farms, again, the fact that the infant mortality rates, was high people had to get more children. Also, traditionally, women did not have much control over their lives hence the tendency to have more children.

In the African traditions, parents did not wish to be a burden to their children as the years progressed. Therefore the practice of raising many children assured that they would be looked after in their old age but the responsibility would be spread amongst siblings. In this perspective, the unfortunate aspect of this is that many African traditions have been lost having been colonized; African cultures have been replaced with worst traits and lifestyle from the Western cultures which has led to grandparents taking care of their own grandchildren.
Nyumbani Village may have considered the benefits of having larger families per household thus embracing the beauty of African cultures. It was found out that each household has a quarter acre farm where the children under the guidance of the grandparents were expected to practice modern farming such as use of zai pits. In this perspective, the children may be a great asset in the production in those farms. However, very few farms had embraced this modern farming technique. The findings also showed that some of the households had embraced the modern farming technology and their farms had great yields enough for their consumption and for sale.

4.3.2. Criteria for exiting the grandparents and children in Nyumbani village

The researcher also asked whether there is a limit of how long the grandparents should stay in the village. The findings show that there was no limit as to how long they stayed in the village. However, there are special circumstances that grandparents can request for exit for some reasons though they should have served for a minimum of 3 years before requesting to exit. Another reason for exit could be grandparent(s) who discriminate the children who are under their care or fail to play their roles.

Exit for the children could be due to various reasons. For children, there is what they called mature exit: this is where children have finished school and the management allows exit. There is also exit due to indiscipline cases. For instance, if a girl became pregnant, she would be exited. According to Wu and Martinson (2003), the change in family arrangement over the course of childhood is an important predictor of some outcomes, like the risk of having a child outside of marriage. Events that cause children to join an alternative family set up oftentimes involve a loss or trauma, either the death of a father or of a mother or of both. Wu and Martinson add that these
events are stressful in the short term and have the potential to impact children’s long-term life course trajectories in negative ways.

4.3.3. Re-Integration of the grandparents and children to the community

The findings reveal that it is a big challenge exiting the children especially if the child is being exited as a result of indiscipline. However, what the administration does is try to advise those that are involved and do counseling several times before finally exiting them. For mature exit, the children are prepared as they come to the village. They are always allowed to go back to their homes when school closes so that they are still in contact with their homes and when they finally finish school, they are counseled and allowed to go home.

“For the children, we do adequate preparation for them to exit. There is an exit form they sign and we also call their relatives to prepare them for exit” Respondent L

Findings showed that when the grandparents are being adopted into the village, they are told why they are coming to the village, the period depending on the classes their children are. But when they are found to be very old or sick they are exited to be taken care of by their children/family. However, findings revealed that there were some grandparents who wanted to go back to their homes since they had strong attachment with their children. This explains the ‘aging in place principle’ that every older person would prefer to remain in their own homes and community independently regardless of their age and ability.

Some grandparents wanted to be near their children in order to instruct/guide them on how to live together. Others wanted to go back and show their children where they were to be buried. This clearly shows the centrality of the family as an organizing force in lives of an individual.
Suitor et al., (2004) observes that “most enduring social linkages in life are located in the family, in our social roles as children and parents”. Children are physically and emotionally dependent on their parents regardless of their ages. Though they do not remain dependent on their parents throughout life, there is always a high level of social and emotional interdependence as they grow old. This could be the reason why these grandparents look forward to being with their families.

### 4.4 Socializing and parenting roles of grandparents and support systems provided by Nyumbani

#### 4.4.1. Changes in Roles and relationships in Nyumbani village

Families undergo transitions, both large and small, including changes in family membership through marriage, divorce, remarriage, birth, or death; changes in living arrangements, including who is living in the household; and changes in health and caregiving needs of individual members, such as a child undergoing treatment for serious illness or requiring care after bereavement by his/her parents. The transitions between stages are marked by changes in roles and relationships within the family, and these are associated with changes in lifestyle (Schaninger & Danko, 2013).

Consequently, family life may look very different and difficult for a child who has seen her/his parents die as a result of a long illness and also for a mother who has lost her/his child and has to bear the burden of taking care of her/his grandchildren. In either way, adjusting in roles and relationships is quiet challenging. These children require people who will show them love and affection. This could be the reason why Nyumbani village uses the grandparents to these children to take care of them.
An interesting finding revealed that in the village, both grandmothers and grandfathers are involved in caregiving. The researcher sought to find out how Nyumbani decides whether to take in a grandfather or grandmother as a caregiver. Findings show that there was no criterion of taking any sex for a caregiver except that they had to be willing to take up the responsibility. It was also found out that in most cases the grandfathers back at home were never willing to take the responsibility hence the reason why, they were fewer in number than the grandmothers.

In view of this, a Sociology scholar would argue that the reason there are more women than men doing caregiving in Nyumbani is because caregiving is a gendered role. Caregiving is still largely women's work. Gender roles that are formed in upbringing permeate throughout life. Even with the increase in women in the employment force, women are still responsible for the majority of the domestic chores and childcare. In spite of the fact that households may divide responsibilities, women have retained the primary caregiver role within familial life. The role of women is still seen as child-bearing, caregiving and all domestic chores and therefore male grandparents may be fewer for the fact that caregiving is seen as a woman’s job.

This can also be considered as feminization of old age. According to Dickerson-Putman (2004b), women constitute more than a majority of the aged population in virtually all parts of the world. She adds that in developing countries, for those over age 60, the gender ratio is relatively big, about 80 men for every 100 women. In these countries, Dickerson-Putman observes that the social worlds of males and females are found to be most socially and culturally divergent. Cool and McCabe (2007) also observe that as women become older, they often assume more
authority, become more assertive, tender their advice more frequently and intervene where the activities of any of their kindred are likely to run contrary to the tribal law. This could also be the reason there are more grandmothers than grandfathers in Nyumbani village.

In their book on *Parents’ Jobs and Children’s Lives*, Parcel and Menaghan (2004) observe that in the case of single-mother families, father-absence reduces the family’s ability to provide optimal amounts of support and control to children. The emotionally distressing event of a parent’s death, coupled with responsibility overload, negatively impacts the psychological well-being of those who are affected. According to Weinstein and Thornton (2009) this leads to inconsistence in parenting and less supervision over the children and parental authoritarianism. Weinstein and Thornton adds that there is an expectation that children mature in ways inappropriate for their age and all of these undermine the healthy development of children in one way or the other. It is in realization of these challenges that Nyumbani Village includes different players in shaping the healthy development of the children.

Problems in child socialization and parental control will occur in a variety of types of alternative families that children may experience. For instance, Cherlin and Furstenberg (2006) points out that having a non-biological grandparent to do the caregiving can create disruption and friction in intergenerational relations that can take years to resolve and adjust to. The main prediction of sociological perspectives is that the two-biological-parent family is generally the optimal form for the successful socialization of children in modern society and that children from any kind of alternative family will, on average, do less well. Social learning theory views the family as a primary site where children learn about how to get along in the society when they reach

Looking at the evolutionary psychology perspective on the family, Emlen (2007) gives more weight to the role of the mother than that of the father in determining children’s fates, and it places special importance on biological relationships. The evolutionary view starts with the premise that mothers invest more of their resources in children than fathers. The survival (or, perhaps, in the modern context, the “well-being”) of a given child is of greater interest to the mother than to the father, because more of the mother’s than of the father’s potential reproductive investment is tied up in any one child. Parental death creates sadness, distress, and related problems for children in the short term. Negative effects on children’s health, self-esteem, and school performance have been observed.

4.4.1. Relationship between the caregivers and the children

Being raised by a grandparent is an enculturative phenomenon. The cultural conservator role is a contemporary extension of the traditional relationships. In the African context, grandparents live with their grandchildren in order to expose them to their way of life. The use of grandparents as caregivers in Nyumbani Village also serves as an opportunity for the grandparents to instill cultural values on the children however the challenge is that these children are from different backgrounds which make relationship difficult.
Respondent P said “some of them are very good because they don’t favor, they advise us, they are good role models, and some assist us in house chores such as washing utensils and cleaning the house”

Respondent Z said, “Mine is good because I see my grandmother treating all children equally like they are hers. She tells us to concentrate on our education, she is not discriminative and she advices us when we are wrong. She guides us well whether we are biologically related or not”.

Caregivers also have a responsibility to make sure that the children under their care are healthy and safe, to equip them with the skills and resources to succeed as adults and to transmit basic cultural values to them. They should also offer the children under their care with love, appreciation, acceptance, guidance and protection. In fact, grandparents have a role to play in the rearing of healthy and happy children. Literature shows that spending time with a grandparent is linked with better social skills and fewer behavior problems among teenagers which is beneficial to both generations. It goes further to note that grandparents in many cases act as confidants and sources of comfort to their grandchildren (Bugental & Grusec, 2006).

Some of the key qualities of a caregiver are that she/he must have good communication skills, instructional skills as well as interpersonal skills in order to relate well with the children and other people around them. If the three qualities are lacking, the caregiver and the children could be overwhelmed and also find it difficult to relate.

4.4.2. Programs and Activities at Nyumbani Village

The researcher sought to find out what programs Nyumbani has for the children. The findings show that Nyumbani village has life skills programs for sustainable development after exiting
Nyumbani. In this case, the children are encouraged to plant trees and if 10 of the trees survive they win prizes as a way to motivate them, the social workers also organize for visitors from outside the village to give talks to the children as well as the grandparents. There are also games organized for those who are interested.

Schools offer life skills which include career guidance, goal setting, social life in campus, life after high school, making the right choices in a free environment and decision making, financial management. the talks given in secondary school touch on: self-awareness, self-esteem, coping with emotions/stress, assertiveness, empathy, negotiation skills, non-violent conflict resolution, communication skills, decision making, critical and creative thinking, problem solving.

Lawson secondary school (the name of the secondary school in Nyumbani village) has co-curriculum activities which include: basketball for girls champion), football, Rugby, netball, handball, hepta-deca, cross country, science congress, music, drama, sakata, clubs which include scouts, environmental club, drama club, journalism among others. The school also has Amani Club and Amani garden where they resolve conflicts. All these are geared towards the wholistic growth of these children.

4.4.3. Roles and Responsibilities of the caregivers of Nyumbani village
The researcher sought to find out the role of the grandparents. Out of the 25 respondents, 8 (32%) described their role as taking care of the children, 20% indicated that their responsibility was to guide and counsel the children, 16% of the respondents said their role was to do all the
household chores, 12% indicated that their role was to be part of the Nyumbani vision and a similar number said to be the head and leader of the family as indicated in Table 4.2.

Table 4.2: Roles and Responsibilities of the caregivers in Nyumbani village

<table>
<thead>
<tr>
<th>Roles and responsibilities</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking care of the children</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Guiding and counseling children</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Doing all the household chores</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Be the head/leader of the family</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Being part of Nyumbani vision</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Act as security in the house</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Farming &amp; selling produce</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Totals</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

One of the key roles of the grandparents is to provide guidance to the children and also give security to them. Skaff and Pearlin (1992), note that caregivers have a number of roles and responsibilities which include: to monitor and supervise the safety of children who are under their care, to help them observe hygiene, organize activities so that children can learn about the world and explore interests, help them develop and nurture their talents, provide for their basics like food, shelter and clothing as well as to monitor and keep records of the children under their care. The caregivers of Nyumbani village carry out their roles and responsibilities as required of any caregiver. However, one major role of a caregiver is to help improve children’s social skills by having them work together and involving them in creative activities such as art, dance, music etc which could be a challenge to some of the grandparents owing to their ages and illnesses. Nevertheless, this is complemented by the activities carried out in schools. Caregivers also often
make detrimental and long term sacrifices in order to provide care for their recipients. Such sacrifices loss of personal time, financial insecurity and deterioration of health (Paul & Moser, 2009).

Literature on the role of grandparents shows that they are involved in enculturation of their grandchildren (Elmendorf, 2006). The grandparents are depicted as story tellers too. Grandmothers were mentors to the girls about to become socially acknowledged as women while grandfathers advised and spiritually supported boys old enough to be men (Gurian, 2006). Therefore, grandparents are depicted as protective, affectionate and tutorial in their interactions with their grandchildren.

Historically, in Kamba culture, grandmothers were teachers to granddaughters and younger grandsons. The youngsters slept in the grandmother’s house, where they conversed after supper. Grandmothers were socially recognized as the “owners” of important knowledge who had responsibility of advising the young. Among other things, grandmothers taught girls about sexual and marital behavior. In effect, the old women controlled significant aspects of adolescent sexuality and the intergenerational transmission of knowledge. This could have been the reason Nyumbani uses grandparents in caregiving. However, it is not clear whether the grandparents’ cultural expertise and social authority has been eroded by new knowledge in the modern society. The knowledge of books and the knowledge by formal education in languages (Swahili and English) which most grandparents may not know could hinder their relationships.
4.4.4 Social support for caregivers

In addition, the researcher sought to know what support the respondents get from Nyumbani village.

**Table 4.3: The support the caregivers get from Nyumbani**

<table>
<thead>
<tr>
<th>Support received</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and water</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Seedlings to plant e.g. maize, beans, peas</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Clothing and beddings</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Hope for my grandchildren</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Medicare</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Education</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>25</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The findings in Table 4.3 indicate that slightly below half (44%) of them get support on education that is school fees, school uniforms and stationery, 20% indicated that they received food and water, 12% indicated they get clothing and beddings, while 8% indicated that they receive hope for their grandchildren.

4.5. The suitability of the set up in addressing their vulnerabilities

The views of the grandparents as well as the children on the suitability of Nyumbani village in addressing their vulnerabilities showed that such a set up where grandparents take care of the grandchildren both biological and non-biological had its strengths as well as weaknesses as discussed below.
4.5.1 The strength of the Nyumbani village set up

One of the greatest strength of Nyumbani village is that it was designed to bring out a family set up in a natural environment. Findings show that all the households do practically everything that any household does including cooking one meal, eating together, collecting firewood, washing dishes, fetching water, having their own farms where they are all involved in tilling, planting, watering, weeding and harvesting. They also go to school without any follow up, they have freedom to interact and visit other children in other clusters and they also share a common washing area as well as playing together. This presents what is done in a natural environment and was geared to making the children and grandparents feel like they were in a natural set up.

Besides presenting a natural environment to the children and grandparents, Nyumbani village takes care of the needs of both children and grandparents. The grandparents are enabled to have their grandchildren access education, food, water, clothing and security. Nyumbani also provides an atmosphere where the children grow to be responsible. For instance, at the village, the children have to attend the church service for spiritual nourishment, they also are taught good morals by different departments, their physical growth is also well taken care of and the nutritionist help in monitoring their growth and development while both the social workers and the guidance and counseling department provide psycho social support. Nyumbani Village also provides control measures and restrictions on how the children interact and where they go which is for the better of the children.

In addition, children who join Nyumbani Village, most of them get education to the level they want and they also acquire life skills from the programs offered at the village. Moreover, there is
a lot of capacity building done to them therefore as they exit, they are able to take care of them and their children. Findings showed that the grandparents had satisfaction, peace, relaxation, toleration, reflection and the freedom to do what they do. Moreover, the grandparents were happy providing childcare since their greatest expectation was to have their grandchildren taken care of. Naturally, many older people get great fulfillment from looking after their grandchildren, building relationships with them and supporting them.

For the grandparents, each grandparent comes in the village with special characteristics. They have different talents and abilities which they bring to the field. Findings showed that some grandparents were very good in farming and their farms looked very green and had a lot of yields. Other grandparents had skills to make baskets (ciondos), while others made beautiful cooking sticks.

Having these children in the village makes assessment and monitoring easy unlike helping these children in their original homes. This is because the concept is a duplicate of a family set up as it provides wholistic growth for the children and there is no discrimination. Also, the fact that these children are taken care of by their grandparents makes them feel more loved unlike if it was social workers who were doing the caregiving.

There are consensual relationships whereby a grandparent helped another grandparent to take care of their children in case of sickness or old age. This is unlike if this was in normal set up where an old grandparent has been left to take care of the grandchildren.
4.5.2. The weaknesses of the Nyumbani village set up

According to Wenger (2004) grandparents who provide higher levels of childcare experience significantly more depressive symptoms which make this idea of grandparents taking care of both biological and non-biological children questionable. It also needs to be recognized that as a grandparent gets older or their health deteriorates, they are not as able to look after young children.

Nyumbani village is different from an ideal family as it consists of grandparents taking care of their biological and non-biological grandparents. In this set up, it is clear that there exists a generational gap in the two groups. This may present a challenge in that grandparents naturally are known to be very gentle to their grandchildren. They may not discipline their grandchildren as parents would do.

Again, these grandparents often do not come to the village voluntarily but often due to some circumstances and in need of some help. First, they need help to deal with the loss of their children and secondly, they need help for their grandchildren. This means that Nyumbani village has two sets of groups that are vulnerable and needy. Regardless of their vulnerability one is required to take care of the other. In this case, the grandparents come with baggage because they are forced by circumstances. The reason why some of the grandparents have a mindset of going back to their homes after three years or as soon as their grandchildren finish schooling.

In addition, having a houseful of grandchildren is an expected privilege of old age. However, Nyumbani village presents some grandparents who were unprepared to take on the caregiving responsibilities. They are pressured by cultural norms to take care of their grandchildren. When
they get to the village and are supposed to take care of ten or more children, it may be overwhelming for them.

From the findings, some grandparents are abusive to the children under their care which could also be looked at as a strategy to get them exited and leave their children to be integrated in other households. This also could be that the grandparents need alternative care. They could be reacting out of depression or even stress from the children since taking care of ten or twelve children is not easy.

Respondent Y. said that “here the children need a lot of counseling due to suppressed hopes. Their performance in school is very poor; hygiene is also very poor....and therefore if the grandparents who take care of them fail to understand this, we are not helping these children”.

The findings showed that Nyumbani village has embraced Dry-Land Agriculture and water technology in order to improve food security. It has adopted the use of solar powered irrigation and water retention systems to address the food situation in the village. The technology includes water harnessing, harvesting and storage and use of surface water conservation technology. This enables the village to practice dry land agriculture techniques such as greenhouse and drip-line irrigation, vegetable farming bunks, organic farming, permaculture techniques (food forests), dry land commercial forestry, bee-keeping. It also enhances value addition of agricultural products and has established community buffer farm plots. These innovations, though sustainable, are lacking in the quarter acre farms within the village and also in the neighboring communities. The grandparents have not embraced the use of these modern technologies and instead they stick to their old, traditional methods. While it is expected they adopt use of zai pit technology for better production as practiced in Nyumbani farms, the grandparents are still planting pigeon peas and
maize. This means that the children do not benefit from these technologies since they lack exposure from the grandparents on alternative farming methods and systems practiced by Nyumbani.

4.5.4. Recommendation to duplicate Nyumbani village in other counties

When asked whether they would recommend that such a set-up be put up in all counties, all the respondents (100%) said they would. Further they were asked the reason they would recommend it and gave different reasons as presented in figure 4.1.

![Figure 4.1: Reasons given to have such set up in other counties](image)

In their introduction book on “Grandmothers as caregivers”, Minkler and Roe (2003) starts their introduction by pointing to an Oakland, CA, finding that grandparents were serving as parents for more than 20 percent of children enrolled in a local Head start preschool program during 2002. In some urban neighborhoods, these authors tell us, it has been estimated that 30-70% of all children were receiving primary care from grandparents. This presents a concern on the
grandparents who are doing caregiving to their grandchildren and is also a concern that many policy makers seem to regard as a new phenomenon, unique to this era.

This is not a finding unique to one country but it is the case in many countries especially the developing countries. The number of children residing with their grandparents as a result of diseases is alarming. The AIDS epidemic provides dramatic examples of generational shifts in the responsibility of caregiving (Minkler and Roe, 2003). Therefore, it would be of great significance if such a village would be set up in all parts of the countries to ease the burden of grandparents doing caregiving. However, the identified challenges and lessons learnt should be addressed while replicating it.

4.6 Challenges in Nyumbani village

There are various challenges that caregivers face based on several factors. One of the factors is the age of both the caregiver and the children. In such a set up, it is likely that an older person doing caregiving will have more challenges than a younger person. This is due to the fact that the number of children per household is quite big and in a tender age. In addition, taking care of a child who is from a different background, may be more difficult than if the child was biological. It is even more challenging if the child is ill since the care givers must always take care of their special needs. In this view, the researcher sought to find out what challenges the grandparents face as caregivers, what challenges the administration face and the challenges the children face.

4.6.1 Challenges faced by grandparents in Nyumbani village

According to Novak and Guest (1992) “caregiving is a challenging role that can place social, emotional, physical, developmental and time-dependence demands on the caregivers”. Most of
the respondents (84%) said they faced challenges and only 16% said they did not face any challenge. Table 4.4 gives a summary of the challenges given

<table>
<thead>
<tr>
<th>Challenges faced by grandparents</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiscipline, rude and stubborn children</td>
<td>12</td>
<td>48</td>
</tr>
<tr>
<td>Run out of firewood</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Taking care of HIV infected children</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Children not from same background hence indiscipline</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>No monetary support</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Health problems e.g. Diabetes, blood pressure</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Did not face any challenges</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Totals</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

Out of those grandparents who faced challenges, almost half (48%) said the children were rude and stubborn, 8% faced challenge taking care of the children who were infected with HIV/AIDS, a similar number cited health challenges.

Respondent X said, “there are a lot of challenges in terms of relationship between the grandparents and children since these cucus are very traditional and they believe their way of life is right while children are digital. There is a great difference since some of these cucus lack exposure while the children may have never seen cucus in their lives and are not used to be sent. They are also very old to connect with the children and these children are so sensitive that these grandparents are not their biological parents and grandparents”.

The respondents also said that the Government does not support the institution in any way so they do not benefit from government programs like money for the elderly or OVCs. This is due to the fact that Nyumbani village is an institution supported by the catholic church of Kenya hence believed to get funding from different organizations and agencies.
Respondent N said that “many cucus come from a terrible situation back at their homes hence when here their houses fail. In other cases, problems crop up while they are here. Thus there is a proportion of stress. So far 40 of the cucus are on stress management and hypertension. 33 of these are on medication. Again these cucus are working for free no monetary pay so they wish they would be given a token.”

Literature review shows that wealth and health set a firm foundation for old age. Wealth in this case implies ownership of money and access to resources and commodities (Williamson, J. B. (2004). In my view, material security which is the subsistence and the assurance that food is available as well as the satisfaction of basic physical requirements such as shelter, warmth and protection against any environmental insults is what keeps grandparents in Nyumbani village

Findings showed that some of the grandparents are too old and cannot stay awake past 8 and some don’t see well at night which might leave the children with all the freedom to do anything they want. When people advance in age, many challenges come in such as loss of eyesight and other old age related diseases which lead to poor concentration and social isolation. Therefore for the grandparents, as they advance in age, caregiving becomes difficult as they are not able to play their roles and responsibilities and on the contrary, they are taken care of by the children whom they should be caregiving.

A key informant from the counseling department gave his perspective on the challenges the grandparents face.

“For the grandparents, the most pressing issues are: one, they are stressed up what we call creative attachment disorder with their people, since many came against their wishes but was as a result of their poverty and grieving for their lost daughters and sons. Secondly, osteoporosis
due to age, arthritis, some are psychologically tormented, some lack financial support which was their expectation as they joined Nyumbani for instance their house back at home has fallen and they need it repaired. So basically they endure due to their grandchildren who are benefiting from education” Respondent M.

From these findings, we can deduce that a caregiver should have good health and physical ability to do all the chores of a care giver. Linsk, N. L., & Mason, S. (2004), shows that elderly people have more difficulties in responding to challenges whether physical, social or psychological. Health and functionality are factors that affect caregivers in Nyumbani village. The grandparents in Nyumbani would be more productive if they have energy, vitality and great interest in the activities they do. In Nyumbani, health of the grandparents is seen as declining with age and thus limits the activities they accomplish.

The respondent added that some of the cucus faced abuse and insults from the children under their care. Some cucus came here medically free and healthy but develop high blood pressure and depression here as a result. In the view of the researcher, sociality which refers to the qualities which facilitate interaction in people in the community lacks or is poor in Nyumbani village. Factors such as sentiments, emotion, mood and perceptions are qualities that make a social relationship enjoyable or difficult and in this case, it is clear that these qualities are negative hence making it very difficult.

Cattell (2013) shows that however much one loves their grandchildren, it’s one thing to handle them when their parents are doing something to be proud of and you have volunteered to help in caregiving and its quite another when an adult child has failed as a parent or has died. Nyumbani village presents a combination of resentment about the situation balanced by relief that the
grandchild will be educated and taken good care and on the other hand, sadness and remorse about their dead children. The greatest challenge is for the children to manage the negative feelings as well as the grandparents’ feelings.

While the community may have social support systems with grandparents, children and relatives, in Nyumbani village the environmental set up is totally different since the grandparents can only interact among themselves (they are in a confinement) and the grandparent is the sole parent for these child without any external support other than the material support. These grandparents lack the social support which raises a concern whether some of the challenges they face are as a result of social isolation.

When asked how they deal with these challenges, 20% said they talk and counsel them as their own children, 12% said they did not do anything since they were tired of them, a similar percentage caned and disciplined them as presented in figure 4.2.
Figure 4.2. How grandparents deal with the challenges they face

From the above findings, it is clear that disciplining children is a major challenge for the caregivers. Some of the caregivers lack skills for disciplining children. Some over indulge the children while others punish children excessively or simply ignore them when they make mistakes hoping they will change. Some children were very sensitive, demanding or jealous more so at the adolescence stage.

The researcher asked the respondents whether they had plans to go back to their original homes and out of the 25 respondents, 23 of them said yes and only 2 of them did not have any plans to return to their original homes as shown in figure 4.3.
Figure 4.3: Plans to go back to their home of origin

Asked why they wanted to go back to their homes of origin, more than half (64%) of them said that once their children finished schooling, they would go back, while others said they had other family members to take care of. The reasons given are presented in the figure 4.4.

Figure 4.4: Reasons grandparents want to go back to homes of origin
4.6.2 Challenges faced by the Administration in Nyumbani village

The researcher sought to find out what challenges the children faced in Nyumbani and found out that a number of children became pregnant. This was attributed to several factors which include; lack of parenting since they are from rescue cases, some children came to Nyumbani with weird behavior, abusive, hardy and not willing to do assignments. The researcher also established that the administration had a challenge when it came to drug adherence for the children infected with HIV/AIDS.

“Since we are working for the donors, we don’t impose the law because it is against the child’s protection policy and even the institution” Respondent K.

“For few pregnancy cases, the reason is that teenagers who are non blood related are housed under one roof hence they mess. There is a campaign to zero rate pregnancy through empowerment and equipping them with the realities of life since being a Catholic institution, there is no use of contraceptives so we only preach total abstinence. Our hands are actually tied due to catholic doctrines as you know it’s a grave sin talking of contraceptives as the perception is we are advocating for immorality” Respondent L.

Another challenge that the administration faced is the access to the children birth certificates. This is because some birth certificates got lost and the relatives do not cooperate with the management thus the management actually risks by taking in these children without committal order. In such cases, the management liaised with the chief. The process of making decisions about caregiving can be especially fraught with tension and stress as multiple decision-makers (including the elderly person) seek to make decisions in the best interest of the elderly person. Families must balance multiple decision goals to make choices that make good use of family resources and that are in line with the family’s identity (Dean et al., 2014).
Findings showed the other challenge was land. Some children especially from the single parents did not have a piece of land and so they have nowhere to go after exit. In Ukambani, it is never defined to who the child belongs so children face the challenge of land generally. In addition, the administration said that they faced challenge in getting scholarships.

“Children from Nyumbani never get scholarships/sponsorship since it is believed that Nyumbani is self sufficient. For instance, last year we had 6 children who scored over 350 marks in KCPE but when we source for scholarship with Equity wings to fly foundation, they were declined” Respondent K.

4.6.3 Challenges faced by children in Nyumbani village

The researcher asked the respondents whether the children they took care of faced any challenges and only 24% of the respondents answered on the affirmative while 76% said they did not face any challenges as presented in table 4.5.

Table 4.5: Percentage of children who faced challenges in Nyumbani village

<table>
<thead>
<tr>
<th>Children who faced challenges in Nyumbani village</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>76</td>
</tr>
<tr>
<td>Totals</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

Further, the researcher sought to find out what challenges the children faced and out of the 24% that said the children faced challenges, 8% cited lack of monetary support, 4% cited teenage pregnancies and similar percentage citing conflict among the children, lack of inner wears for girls and younger children getting spoilt by the older ones through social learning. Figure 4.5 shows the responses.
Some of the challenges and feelings experienced by these children are normal in that these children are in Nyumbani due to different reasons which result into a loss and therefore they need room to deal with their sadness, their anger and their longing for their parents and their past lives. In Nyumbani therefore, the grandparents and social workers should be made to understand this and let the children be while performing their work as nurturers and disciplinarians. When asked how they deal with these challenges they gave the responses as presented in table 4:6

**Table 4.6: Coping strategies for children facing challenges in Nyumbani village**

<table>
<thead>
<tr>
<th>Ways of dealing with the challenges</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do nothing</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Talking to them</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Ask for support from relatives</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Advice from other children</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>6</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>
4.7. Addressing the challenges in Nyumbani village

The researcher sought to find out the ways of addressing the challenges faced in Nyumbani and some of the recommendations include: separation of boys and girls since they live in the same house and are not blood related. This could reduce the cases of indiscipline. Secondly, having boarding facilities for the big boys since the fact that both the big and small boys live together, they instill bad behavior to the young boys.

“I think the setting of the house is a challenge because a form four 4 student sleeping in the same room with a child in a baby class. This exposes the young ones to the bad behavior by the old children” Respondent R.

Another respondent T said, “I think using grandparents is a challenge due to age and ability to perform and if they could be replaced by young mothers some of the challenges we face could be eliminated”.

From the social worker’s point of view, the number of children one social worker has to take care of is very high that is 5 clusters each containing an average of 10 houses which translates to 200 children per social worker. The respondent recommended half of this number of children (100) per social worker for effective monitoring.

A respondent from the clinic said that social workers should be keener on hygiene. The social workers should also have their houses near the clusters in order for them to monitor the behavior of children to minimize chances of pregnancy or new infections. The respondent added that there was need for more counseling and awareness creation on the repercussions since the children were from very vulnerable backgrounds.
The respondents also said that they would recommend isolation of those infected “those who are positive should be isolated and taken to Nyumbani home for the children who are HIV infected, located in Karen, where they can be taken good care of because at Nyumbani some of the grandparents do not take good care of them as required” According to Whitley, Kelley and Sipe (2011) physical health, material security and family relationships can be seen as a three legged stool upon which successful caregiving by the grandparents is assured. Without the three, caregiving may not work successfully.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Grandparents are increasingly playing the role of caring for grandchildren who are orphaned due to HIV/AIDS. Often the grandparents have no alternative but to provide care to their grandchildren left behind after the death of their children. Owing to the important role these grandparents play, this study sought to assess and document the desirability of the intergenerational linkages setting in taking care of the OVCs as well as recognizing the role of the elderly in the society through Nyumbani village which takes care of both the grandparents and OVCs.

5.2 Summary of the findings

5.2.1 The Socio-demographic characteristics of Residents of Nyumbani village

These findings show that the children are in a very tender age which requires caregivers to have skills necessary to guide and shape them. This means that the caregivers must be so close to the children in order to counsel them. Also, owing to the background of these children, the caregivers must have the ability to deal with them. There must also be teenage friendly programmes to address teenage issues. Results however suggest that within Nyumbani village, there are programmes to engage these children to being responsible people. There are also life skills and capacity building programs to aid these children.
5.2.2 Nyumbani village intergenerational setting and recruitment criteria

Nyumbani village is a set up where two vulnerable groups are housed in a family like set up. These are children orphaned as a result of HIV/AIDs and the elderly people who are grandparents to some of these children. The administration uses certain criteria to recruit these groups of people. For the children, they must be total orphans as a result of HIV/AIDs and for the grandparents; they must be taking care of their grandchildren who were orphaned due to HIV/AIDs. Moreover, they must be willing to join the village and also take care of other non-biological children.

5.2.3 Socializing and parenting roles of grandparents and support systems provided by Nyumbani

The findings of this study established that the grandparents in Nyumbani village have several roles to play in terms of socializing and parenting of these children.

- They are supposed to act as the heads of the family
- They provide guidance to the children
- They model them to be responsible adults by assigning them roles to play in the house such as cooking, cleaning the house and dishes, cleaning their own clothes, farming
- Encouraging them to work hard in school.
5.2.4 The perspectives of the grandparents and children on the suitability of the set up in addressing their vulnerabilities

The idea of having grandparents to take care of the orphans and vulnerable children has its strength and weaknesses.

5.2.4.1 Strength of Nyumbani Village

- Nyumbani village brings out a communal family set up in a natural environment. The children and guardians still live as if they are in a real family set up and are provided with basic needs.

- Nyumbani village takes care of the needs of both children and grandparents like shelter, food, clothing and education.

- Nyumbani also provides an atmosphere where the children grow to be responsible e.g. attending church service for spiritual nourishment, nutritionist to monitor their growth and development, social workers and the guidance and counseling department provide psycho social support.

- All the siblings live in one house with a grandparent hence they enjoy the oneness unlike in cases where children are distributed to various homes.

- Most of the children get education to the level they want and they also acquire life skills like tailoring, carpentry and hairdressing.

- Children grow to be responsible and are able to contribute to the building of the nation.

- Each grandparent comes in the village with special characteristics. They have different talents and abilities which they bring to the field. The grandparents engage in income
generating activities in Nyumbani like; making ciondos, cooking sticks, baskets, poultry
keeping, and they can also farm in their small houses and sell the produce to earn some
money for the school fees.

• Assessment and monitoring of the children in the village is easy unlike helping them in
their original homes.

• Grandparents help each other to take care of their children in case of sickness or old age.

5.2.4.2 Weakness of Nyumbani village

• There exists a generational gap in the two groups—grandparents and grandchildren.

• The two groups are vulnerable and in need of support. They need help to deal with the
loss of their children and secondly, grandparents need help for their grandchildren.

• It may be overwhelming for the grandparents to take care of as many children as 14 in a
household.

• Some grandparents are not friendly to the children who may mean they need an
alternative care or are depressed.

• Most of the grandparents have not embraced the use of modern technologies used in
Nyumbani and instead they stick to their old, traditional methods of farming.

5.2.5 Caregiving challenges that the grandparents in Nyumbani face and ways of
addressing them

The study revealed a number of challenges that grandparents go through in Nyumbani. These
include;

▪ Illnesses such as high blood pressure which could be as a result of several factors such as
old age, the grieving for their children, being away from their other family members and
the stress they get in the course of their caregiving.
Due to the generational gap, the grandparents also face challenges in dealing with children especially when the children are in their teenage and adolescence stages.

For those taking care of children infected by HIV/AIDS, there was the challenge of drug adherence.

According to the study, the grandparents address the challenges they face through;

- Reporting indiscipline cases to the management.
- For the illness they go to the clinic which is within Nyumbani and get drugs as well as counseling.
- They are also allowed to visit their homes regularly when they want.
- They also do some income generating activities like making chiondos, cooking stick, keeping chicken, bead making and farming Sukuma wiki where they sell to Nyumbani and get some money.
- For the children who are infected, Nyumbani village has a nutritionist who takes care of their nutrition and together with the social workers; they ensure that they adhere to their drugs.

5.3 Conclusions of the study

This study indicates that grandparents are playing major caregiving roles amidst some challenges that include limited knowledge, skills, resources and social support. Some of the grandparents who participated in this study were over 70 years of age and they had large numbers of grandchildren under their care. Such grandparents may strain in carrying out caregiving activities, the meaningful subsistence activities and income generating activities in which the younger grandparents engaged in. Some of them appeared to have lost interest in these activities.
out of emotional distress while other grandparents do not have adequate training on how to take care of the HIV infected children under their care.

In general, it can be concluded that intergenerational caregiving of orphans and vulnerable children is a great idea especially in passing down cultural values from one generation to the other. However, it is necessary that the criteria for setting up such a model as Nyumbani Village be critically reviewed regularly to determine the challenges and impact of those children being taken care of. One of the areas that need more attention is the setting of the households in handling the boys and girls, the infected and the affected as well as their ages. This will go a long way in curbing some of the challenges already reported in Nyumbani. Adequate well trained and friendly staff will also help in handling the children’s need as well as in training the grandparents on how to nurture and care for the children. This is important as the findings showed that a very high number of grandparents did not have any skills or knowledge on how to take care of the children which puts their lives at risk of infection and re-infection.

The Government should consider set ups like Nyumbani to strengthen its programs for elderly caregivers. This includes working with the ministry of health in the counties to train the caregivers on HIV home care and also mobilizing resources to help the OVCs in their education and throughout their lives. It is also important to provide psychosocial support for the grandparents’ caregivers and the OVCs.

5.4 **Recommendations arising from the study**

In view of the above conclusions the following recommendations were made if Nyumbani was to be replicated in other counties.
i. There should be separation of boys and girls based on their sex. As they grow to adolescence, it becomes difficult for the grandparents to deal with adolescent challenges.

ii. The age of the grandparents should be considered to avoid generational gap, old age challenges and illnesses. Another challenge of using these very old grandparents is that they may not understand the language used by the generation they are taking care of and therefore they may have great difficulties in their responsibilities. They can consider use of young mothers like the case of SOS village and Mama Ngina children’s home.

iii. Nyumbani village should try and break the culture of dependency by training and encouraging these grandparents adopt the modern farming techniques used in the village. When the grandparents adopt these methods in their quarter acre farms, the children will also benefit with the skills and are likely to use them once they exit from the village.

This study only concentrated on Nyumbani village in Kitui County. In view of the fact that we now have the national and county governments and there are many children all over the country who have been orphaned due to HIV/AIDS. Indeed, it would be important to come up with such set ups where the grandparents who are taking care of the OVCs are recognized and helped in order to bring them up in a wholistic manner without being overburdened.

5.5 Recommendations for further research

The literature review in this study clearly shows that caregiving by grandparents is becoming a norm not only in the country as well as in other parts of the world.

- This study identified the need for additional research about interventions for the stress and coping strategies of grandparent caregivers.
• A study should also be conducted to establish the impact of expanding this approach in other parts of the country to take care of both the elderly and the OVCs.
REFERENCES


APPENDIX 1: A QUESTIONNAIRE FOR THE NYUMBANI CAREGIVERS

INTERGENERATIONAL CAREGIVING OF ORPHANS AND VULNERABLE CHILDREN: A STUDY OF NYUMBANI VILLAGE, KITUI COUNTY

My name is -------------- I am a student in Kenyatta University. I am doing a research on “intergenerational caregiving of Orphans and Vulnerable Children: a study of Nyumbani village, kitui county”. I have chosen you as one of the people to interview because you reside and are a beneficiary of Nyumbani village. I believe you will provide me with the required information for this study. Your honesty and co-operation in responding to these questions will be highly appreciated and treated with utmost confidentiality and be used for academic purposes only. My phone number is 0721 351 990 in case you may have any question. If you allow me, we can now start the interview.

Questionnaire No. _____  Time started ____                             Time ended____

SECTION A: BACKGROUND INFORMATION

(Please fill in the required information in the spaces provided. Tick ( √ ) where necessary)
To begin with, I would like to know some background of you.

1. Respondent No.-------
2. Category of the respondent 1. Grandparent: Male (  )  Female (  )
3. Age
   1. 50-55 (  )
   2. 56-70 (  )
   3. 70-75 (  )
   4. 76+
4. Do you come from around Kitui county? 1. Yes (  )  2. No (  )
5. Do you have your own children here? 1. Yes (  )  2. No (  )
   If yes indicate the number (  )
6. Do you have other children that you have left behind to come and take care of these children
   1. Yes (  )  2. (  )
   If yes indicate the number (  )
7. What do those children do?------------------------
8. Do you have a spouse? 1. Yes (  )  2. No (  )
9. If Yes, where does he/she live?------------------------
10. Who does he/she live with he?------------------------
11. What does he/she do?-----------------------------

SECTION B: Reasons for joining Nyumbani village

12. When did you join Nyumbani village
13. Why did you decide to join Nyumbani village?
   1) 
   2)
3)
14. How did you join Nyumbani village?
   1) Through a friend
   2) Through the management of Nyumbani
   3) Others (specify)

15. What is the procedure of joining the village

SECTION C: Involvement in the village and after care program

16. What is your role in the village?

17. How many children are under your care? (Indicate the number)

18. What programs do you have as a ‘family’? (List them)

19. What activities do you carry out as a family? (List them)

20. Do you have any plans to go back to your original home? 1) Yes ( ) 2) No ( )

SECTION D: After care program

21. Does Nyumbani village offer any services to you and your family/siblings back at home?
   1. Yes ( ) 2. No ( )

22. If yes, which are they?

23. If No, what do you think should be done?

CHALLENGES FACED

24. As a grandparent, are there any challenges you experience in relation to your caregiving?
   1. Yes ( ) 2. No ( ) (If Yes, go to Qtn 26)

25. As a child do you face any challenges here? 1. Yes ( ) 2. No ( )

26. If yes please complete the table below and suggest possible solutions to the challenges

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Explain</th>
<th>Suggested solution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. Does the Nyumbani village management help in any way to address these challenges? 1. Yes ( ) 2. No ( )

28. If Yes, in what ways?

29. If No what do you think the management could do?

30. Do you face any challenges in comparison to other grandparents out of Nyumbani village?
   1. Yes ( ) 2. No ( )

31. Would you recommend the Government to start such a program to other counties? 1. Yes ( ) 2. No ( )
32. If Yes, Why-----------------------------------------------
33. Can you kindly, describe an average day for you -----------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------
------------------------------------------

34. Is there anything else that you would like to tell me related to the issue of caregiving in Nyumbani village?  
--------------------------------------------------------------------------------------------------
-----------

Thank you for your cooperation
APPENDIX 11: A FOCUS GROUP DISCUSSION GUIDE FOR THE NYUMBANI CHILDREN

INTERGENERATIONAL CAREGIVING OF ORPHANS AND VULNERABLE CHILDREN: A STUDY OF NYUMBANI VILLAGE, KITUI COUNTY

My name is -------------- I am a student in Kenyatta University. We are doing a research on “intergenerational caregiving of orphans vulnerable children: a study of Nyumbani village, kitui county”. I have chosen you as one of the people to interview because you reside and are a household head in Nyumbani village. I believe you will provide me with the required information for this study. Your honesty and co-operation in responding to these questions will be highly appreciated and treated with utmost confidentiality and be used for academic purposes only. My phone number is 0721 351 990 in case you may have any question. If you allow me, we can now start the interview.

FGD GUIDE FOR THE OVCS IN NYUMBANI VILLAGE

1. How old were you when you joined Nyumbani village
2. Who helped you to join Nyumbani village?
3. When joining, did the Nyumbani management give you any guidelines /rules/regulations of the village
4. Why Comparing the life you lived before joining the village and now, which differences do you perceive
5. What benefits do you see/get by being in Nyumbani village
6. What are the disadvantages/challenges of being in Nyumbani village
7. When you meet with your friends/other siblings who are not in Nyumbani, what do you discuss (what do you admire about them)
8. Given an opportunity, would you move from Nyumbani village? (For the answer given, probe why and to where)
9. What things do you like doing in Nyumbani village
10. What things don’t you like doing (probe for the reasons)
11. What do you like about your caregivers? (how do they help you grow)
12. How do you relate with them? Do you spend time with them?
13. Do you have counseling/socialization moments with your grandparents (probe how it’s done in respect to gender, how often, where?)
14. Do your grandparents discipline you (to get forms of disciplining used)
15. In school, what punishment does your teachers give you
16. In Nyumbani, who are your mentors?
17. Let’s talk about relationships and sex…do you have boyfriends and girlfriends here?
18. What do you think the Nyumbani management would do to help you grow to be responsible citizens
APPENDIX 111: RESEARCH PERMIT
NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Ref. No. NACOSTI/P/15/1902/5832

Prof. Joseph J.N. Ngeranwa
Kenyatta University
P.O Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Eco-friendly dry-land agriculture and water technology for improvement of food security and health in Kitui County,” I am pleased to inform you that you and your co-researchers namely:
1. Dr. Anne Wairimu Kamau
2. Dr. D. Ombaka

have been authorized to undertake research in Kitui County for a period ending 30th April, 2017.

You are advised to report to the County Commissioner and the County Director of Education, Kitui County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

DR. S. K. LANGAT, OGW
FOR: DIRECTOR-GENERAL/CEO

Copy to:
The County Commissioner
Kiui County.