

People Living with HIV and AIDS (PLWHA) often require specialized care especially from those closely related to them. Most of this care giving of the infected takes place in the home and is by relatives. However, very little is understood about how these caregivers adapt to care giving. The study therefore, sought to investigate factors that predict levels of adaptation to care giving of family caregivers (FCGs) of PLWHA in Thika District. The District has had a high HIV prevalence in the country. A total of 177 primary FCGs of PLWHA drawn through proportionate stratified random sampling from three divisions in the study area were used. Data was collected using interview schedules and Focus Group Discussion (FGDs). The collected data was analyzed quantitatively and qualitatively. Quantitative data was analyzed with the use of Statistical Package for Social Sciences (SPSS) where descriptive statistics and inferential statistics were computed in order to understand the patterns and nature of relationships. Qualitative data was analyzed by use of content analysis, where labels were assigned to various categories and themes of the data. In addition, the data was presented where possible through the use of verbatim quotation.

The results showed that the FCGs face numerous challenges in care provision the most prominent ones being financial, food provision, stress and stigma.

Consequently they adopt coping strategies to ensure economic endurance, psychosocial wellbeing and spiritual support. Generally, caregivers' have a positive perception of HIV and AIDS and the care recipient (PLWHA) and a negative perception of their care giving roles. Support for FCGs is in form of training, medicines and equipment, food and psychological support largely provided by CBOs, FBOs, neighbours, friends and extended family. More or less an equal number of FCGs had adapted and mal-adapted to the situation. Chi-square results at 0.05 probability error revealed a significant relationship between adaptation levels and caregivers'; residence ($p=0.013$), sex (0.021), occupation ($p=0.005$) and income ($p=0.010$); training on; self protection ($p=0.016$), PLWHA daily care ($p=0.032$), PLWHA nutrition and feeding ($p=0.000$); timing of training ($p=0.012$) length of training ($p=0.014$); caregiver experiencing challenges ($p=0.003$), the caregiver experiencing the challenge of, stress ($p=0.011$) and stigma ($p=0.005$), borrowing as a coping strategy ($p=0.039$), caregivers' perception of; the disease ($p=0.014$), the care recipient ($p=0.021$) and overall perception ($p=0.009$).

Regression results revealed that income, training on PLWHA nutrition and feeding, the length of training, the challenges of stigma and stress and the perception of; the PLWHA and HIV and AIDS significantly predict adaptation levels of FCGs.

The study recommends that policies and interventions be put in place to ensure that the FCGs are empowered economically, given psychoogical support and their

capacity strengthened. These are fundamental in enhancing their adaptation. The result of which would be quality care for the PLWHA.