AN INVESTIGATION OF THE PHYSIOLOGICAL AND SOCIO-PSYCHOLOGICAL NEEDS OF HUMAN IMMUNO-DEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME ORPHANED CHILDREN IN SOME SELECTED DIVISIONS IN NYERI DISTRICT.

BY

MACHARIA,IRENE WANGARI

A PROJECT SUBMITTED IN PARTIAL FULFILLMENT FOR THE AWARD OF DEGREE OF MASTER OF EDUCATION IN EDUCATIONAL PSYCHOLOGY

KENYATTA UNIVERSITY
AUGUST 2004.
DECLARATION

This research paper is my original work and has not been presented for a degree in any other University.

Irene Macharia Date

This research proposal has been submitted for examination with my approval as university supervisor.

Dr. S. Tumuti Date
Senior Lecturer
Department of Educational Psychology
Kenyatta University
DEDICATION

To my son Alvin Macharia for his patience and understanding throughout the period of this study and to my mother Jane Mugure who encouraged me to fulfill my dreams.
ACKNOWLEDGEMENTS

First and foremost I am grateful to my supervisor Dr. Sammy Tumuti for supplying me with all the knowledge on how to carry out a research and for his patience as he guided me all through the research period.

I am also indebted to the school of continuing education, Kenyatta University, for giving me the chance to further my studies and fulfill part of my dreams.

I would also like to pass my appreciation to all those students guardians and teachers who participated in the research and willingly and openly provided responses. Without you, my research would not have been successful.

Last but not least, my greatest appreciation goes to God the almighty. I owe my all to you.

Irene Macharia.

iii.
ABSTRACT

The purpose of this study was to investigate on the needs of HIV/AIDS orphaned children in some selected divisions of Nyeri District. It also intended to find out who meets the needs of the HIV/AIDS orphaned children.

The study used descriptive research method to collect Data structured questionnaires were personally administered to guardians and to orphaned children in the sampled secondary schools. An interview was also conducted with the deputy head teachers and teacher counselors in the sampled schools. A total of 93 respondents successfully filled the questionnaires. They included 54 students orphaned by HIV/AIDS from four selected schools and 39 guardians of HIV/AIDS orphaned children. A total of four head teachers and four teacher counselors were also interviewed.

The study revealed that the HIV/AIDS orphaned children had the following needs: Food, clothing, shelter, medical care, love, and guidance and counseling. The findings revealed that most students felt that their needs were met by their guardians. However the study also revealed that the schools offered no special attention to the orphans hence the orphans had a lot socio-psychological problems within the school.

The study recommended that the schools should play a more active role in helping the HIV/AIDS orphaned children adjust. The study also
recommended that although the government gave financial assistance to some of the guardians of HIV/AIDS orphaned children, they should increase on this financial support so that they could ensure that the orphaned children remained in school as much as possible.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration</td>
<td>i.</td>
</tr>
<tr>
<td>Dedication</td>
<td>ii.</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>iii.</td>
</tr>
<tr>
<td>Abstract</td>
<td>iv.</td>
</tr>
<tr>
<td>Table of contents</td>
<td>vi.</td>
</tr>
<tr>
<td>List of tables</td>
<td>x.</td>
</tr>
</tbody>
</table>

## CHAPTER ONE: INTRODUCTION

1.1 Background to the study  
1.2 Statement of the problem  
1.3 Research questions  
1.4 Objectives  
1.5 Significance of the study  
1.6 Assumptions of the study  
1.7 Scope  
1.8 Limitations  
1.9 Definition of terms  

vi.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction 

2.2 Theoretical framework 

2.3 Impact of HIV/AIDS on the family 

2.4 Impact of HIV/AIDS on education 

2.5 HIV/AIDS in general 

2.6 AIDS Orphans in Kenya 

2.6.1 HIV/AIDS orphans in central Kenya 

2.6.2 Socio-psychological and physiological needs of orphans.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

3.2 Study population

3.3 Sample and sampling procedure

3.4 Research instruments.

3.5 Data collection

3.6 Pilot study

3.7 Data analysis
CHAPTER 4: DATA ANALYSIS AND PRESENTATION OF FINDINGS.

4.1 Introduction

4.2 Presentation and discussion of results

4.2.1 What are the physiological and socio-psychological needs of HIV/AIDS orphaned children in Nyeri District?

4.2.2 Who meets the needs of HIV/AIDS orphaned children?

CHAPTER 5: CONCLUSION AND RECOMMENDATION

5.1 Introduction

5.2 How well are the needs of HIV/AIDS orphaned children met?

5.3 Who meets the needs of HIV/AIDS orphaned children in Nyeri District?

5.4 Conclusion

5.5 Recommendations

5.6 Suggestions for further research

REFERENCES
Appendix A: Questionnaire for students 57

Appendix B: Questionnaire for guardians 61

Appendix C: Interview schedule for Deputy Head teachers and teacher counselors. 64.
### LIST OF TABLES

<table>
<thead>
<tr>
<th>Table 3.1</th>
<th>Schools and Divisions to be Included in the sample</th>
<th>36.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 4.1</td>
<td>The extent to which basic needs are met.</td>
<td>42.</td>
</tr>
<tr>
<td>Table 4.2</td>
<td>How often students go have for school fees.</td>
<td>43.</td>
</tr>
<tr>
<td>Table 4.3</td>
<td>Ages up to which the guardians were willing to support the orphans.</td>
<td>44.</td>
</tr>
<tr>
<td>Table 4.4</td>
<td>Reaction of other members of the family on supporting an orphan.</td>
<td>45.</td>
</tr>
<tr>
<td>Table 4.5</td>
<td>Death of Parents by sex.</td>
<td>46.</td>
</tr>
<tr>
<td>Table 4.6</td>
<td>Orphans custodians and payment of school fees.</td>
<td>47.</td>
</tr>
</tbody>
</table>
Table 4.7  No of children supported by Guardians.  48.

Table 4.8  Relationship between guardians and their wards.  49.

Table 4.9  Needs of HIV/ Aids orphaned children met by members of a women group.  49.

FIGURES

Fig. 2.1  Maslow’s hierarchy of human needs.  12
CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

HIV/AIDS has been regarded as one of the major concerns in education in Kenya. Not only does it affect teachers, but also has a direct effect on students and parents. For example a number of experienced teachers have died of HIV/AIDS pandemic countrywide in recent years leading to shortage of teachers in schools. Hence, the education sector as a whole is being negatively affected. On the other hand, HIV/AIDS can affect students when they themselves get infected, get sickly and finally drop out of school. They can also get affected when their parents or guardians get infected. The children may have no one to pay their school fees as well as to provide for their basic needs and those of their siblings. The final option is to drop out of school.

According to World Population data sheet (2000), the number of AIDS cases had reached 2.6 million in Kenya. On yet another study by UNICEF (2001) on child workers in the shadow of HIV/AIDS, the National Aids Control in Kenya reported that there were about 860,000 HIV/AIDS
orphans in Kenya. Since then, the number of child headed households has been on the increase.

According to the Medical Officer of Health (M. O. H.) Nyeri Provincial Hospital, 70% of the hospitals beds are currently occupied by people suffering from opportunistic infections of HIV/AIDS. Figures also indicate that 53% of the mothers attending pre-natal clinics currently in the same hospital are HIV positive. These figures indicate that the prevalence of HIV/AIDS in the district is quite high. The same figures also indicate that there are a number of children soon to be orphaned by HIV/AIDS. Consequently this is a cause for concern. For instance, these orphans have physiological needs such as food, shelter and clothing that need to be met. They also have socio-psychological needs such as security, love, belonging, and self-esteem that have to be met. The question here is, who are meeting these needs and how will they be met in future? There was need for finding out how the needs of those who are currently orphaned are being met.

It is worth noting that due to the increase in infection rates by HIV/AIDS in Kenya, the number of orphans in the country has increased tremendously. The media has highlighted greatly the plight of the HIV/AIDS orphans in many instances. For instance, the East African Standard (September, 2003), reported that there was a report on a two-day conference held at Ufungamano House in Nairobi. The conference was to
provide guidelines to help establish the family based orphan care programmes. The organizers said that the summit sought to strengthen capacity of families to protect and care for orphans. This report proved that Kenyans have begun to realize the many problems that the HIV/AIDS orphans are undergoing and the need to address the situation.

The HIV/AIDS epidemic seemed to have caused multiple problems in the sub-Saharan African countries, Kenya included. In the Daily Nation (October, 2003), they report:

Predictably, for a disease that has swept across the country like bush fire, HIV/AIDS has had far reaching socio-economic effects for Kenya. According to a joint report by UNAIDS, USAID and UNICEF, the disease had orphaned 900,000 children under the age of 15 yearly by the end of 2001. Contributing to low school attendance, poor health indicators, rural poverty and homelessness in urban areas. By 2010, the three organizations say, the country will have at least 1.5 million orphans as a result of the scourge. (P. 7)

This showed that all the needs of these orphaned children, be it medical, economic, education or psychological well-being were being affected greatly. The number was huge and continuing to increase.

In Nyeri District, some of the orphaned children are incorporated in the homes for destitute children while a few others are being taken care by a women’s group in Nyeri Municipality. The rest are under the care of relatives within the extended family such as aunts, uncles and grandparents.
A few others live with the surviving parent. My interest therefore was to find out how the physiological and psychological needs of the orphans are being met within Nyeri District.

1.2 STATEMENT OF THE PROBLEM

With the increase of HIV/AIDS prevalence among adults in our country, the number of children being orphaned is bound to increase. This is because most of the adult dying from the condition are parents and usually young parents. According to the medical officer of health (M.O.H) in Nyeri Provincial General Hospital, 53% of mothers attending pre-natal clinics are HIV Positive. Most of them are between the ages of 20 to 40 years. Apparently, this is the most productive age.

When parents die, the most obvious destination of their children is the extended family i.e. grandparents, aunts and uncles and sometimes older siblings who are already adults. However, with the rapid increase in the number of children orphaned by HIV/AIDS, the number may be too large for the extended family to cope with. Consequently, the needs of HIV/AIDS orphaned children were totally met. The media has highlighted the plight of these children in many occasions, for most, they have inadequate food, shelter or clothing. Others have had to drop out of schools in order to support themselves and sometimes their siblings. That is what prompted
this investigation into the physiological and socio-psychological needs of HIV/AIDS orphaned children in some selected divisions in Nyeri District.

1.3 RESEARCH QUESTIONS

The research sought to answer the following questions:

1. What are the socio-psychological needs of the HIV/AIDS orphaned children in Nyeri District?

2. What are the physiological needs of HIV/AIDS orphaned children in Nyeri District?

3. Who are currently meeting the socio-psychological and physiological needs of HIV/AIDS orphaned children in Nyeri District?

4. To what extent are the socio-psychological and physiological needs of HIV/AIDS orphaned children in Nyeri District being met.

1.4 OBJECTIVES

From the above research questions, the following objectives were formulated:
1. To establish the socio- psychological and physiological needs of HIV/AIDS orphaned children in Nyeri District.

2. Find out the extent to which HIV/AIDS orphaned children's socio-psychological and physiological needs are being met.

3. To find out who meets the socio- psychological and physiological needs of HIV/AIDS orphaned children in Nyeri District.

1.5 SIGNIFICANCE OF THE STUDY

With the prevailing global trends on HIV/AIDS a lot of people are loosing their lives to the scourge and therefore most people are trying to stop it. It is therefore important to find out whether the needs of the HIV/AIDS orphaned children are being met adequately.

The study findings generated data that would enlighten the policy makers, educators and social workers on the extent to which the HIV/AIDS orphaned children are having their needs met and whether there was anyway in which they could organize bursaries from the government to help educate such children.

The findings would also be useful to all support groups such as churches and Non Governmental Organizations that were concerned about children infected and affected by HIV/AIDS. It was not enough to create awareness
about HIV/AIDS but there was a great need to meet the needs of children orphaned by the epidemic.

The research findings would also be quite useful in educational institutions. The administrators and teachers needed to know the needs of the HIV/AIDS orphans and give them special support and attention.

Other groups that would benefit from the findings of this research were families that had fostered children orphaned by HIV/AIDS and the society as a whole. HIV/AIDS is a problem that affects the entire society and those left behind take charge of the orphans. It would also be used to teacher counselors in designing their methodology to deal with HIV/AIDS orphans in their schools. Since the study has indicated the needs.

1.6 ASSUMPTIONS OF THE STUDY.

The study assumed that the sample was a representative of the target population of HIV/AIDS orphans parents and teachers. It also assumed that the subjects were willing to correctly report the details required by the research instruments and that the research would enhance the fight against the epidemics.

Another assumption was that there was no extraneous intervening variable with the process of data collection. e.g. consulting one another in the course
of filing the questionnaires. If they did, than me variable was considered insignificant.

1.7 SCOPE

This researching covered three out of five divisions in Nyeri District. Specifically, the data was collected from Othaya Division, Mukurweini Division and Tetu Division.

The subjects were the orphaned students in selected secondary schools which were spread within the three divisions. In addition, the deputy head teachers involved in teaching the orphaned children and the teacher counselors in the schools selected participated in the study.

The research also sought information from members of one women’s group, Thayu women’s group in Tetu Division, which was made up of women who had fostered HIV/AIDS orphans. Apparently, this was the only community-based organization (CBO) that catered for HIV/AIDS orphans in the district.

1.8 LIMITATIONS

The study was limited to only 3 divisions because of limited time resources and proximity. The time allowed for the research was only 3 months and would not favour a study covering a larger area or the whole of Nyeri
District. The research was also be limited to the researcher’s proximity due to the financial resources.

The instruments used for the study were being used for the first time in this the area and therefore imposed limitations upon the results that would be obtained. Most students were familiar with the research instruments. Because of the emphasis placed on examination and results it was difficult to convince the students that each question did not have a wrong answer or right answer. This influenced their response. However to control these the researcher emphasized that respondents should answer the questions objectively without fear.
1.8 DEFINITION OF TERMS

HIV/AIDS ORPHANS – Any child below 18 years who has lost either one or both parents to HIV/AIDS.

TEACHER COUNSELOR - The teacher in charge of guidance and counseling in a school.
2.1 Introduction

This chapter presents literature related to the study and reviewed under the following subheadings:

a) Theoretical framework

b) Impact of HIV/AIDS on the society and the family

c) Impact of HIV/AIDS on education

d) The challenge of aids orphans

e) Socio-Psychological and physiological needs of orphans.

2.2. THEORETICAL FRAMEWORK

The study was guided by humanistic approach as presented by Maslow. Abraham Maslow (1954) did a study on human nature and came up with the conclusion that human beings have an innate tendency to move towards higher levels of health, creativity and self-fulfillment. Maslow’s theory holds that our basic needs form what he calls a needs hierarchy. He said that our needs are arranged in a sequence, basic ones are biological needs
otherwise called physiological needs such as hunger, shelter and thirst. The highest are the needs for transcendence as illustrated in figure 2.1.

**FIGURE 2.1 Maslow's hierarchy of Human needs.**

According to Maslow, needs at the lower level of the hierarchy dominate an individual's motivation as long as they are unsatisfied. Once these needs are adequately satisfied, the higher needs occupy the individual’s attention.

When we have enough safety and are no longer concerned, we become motivated by attachment, the need to be loved and to love and also to
belong. If satisfied, then we go to esteem needs which include confidence, sense of worth, competence and the need to be appreciated. On satisfying the esteem needs we pay attention to cognitive needs, then aesthetic needs which give rise to the creative aspect of human beings. At the top of the hierarchy, are people who are nourished, loved, loving, secure, thinking and creative and their quest is self-actualization or the need to develop to the fullest ability. Such people are self-aware and self-accepting. The highest need is that of transcendence, the desire to reach highest consciousness in relation of one to the universe. Very few people reach this level.

To Maslow, the needs are the major motivating factors in life and every individual experiences the needs at a certain level. Those whose basic needs are not met are never able to move up to higher needs. In Maslow’s hierarchy of needs, human beings move from physiological needs towards psychological needs.

At an early age, children are dependent on adults i.e. parents and guardians to meet their needs. HIV/AIDS orphaned children who lose their parents at an early age may not be able to meet even the most basic of the needs and these may stop them from developing to the next level unlike children with both parents who may be able to move to higher levels of Maslow’s hierarchy.
2.3. IMPACT OF HIV/AIDS ON THE FAMILY AND SOCIETY.

HIV/AIDS is a condition that has had profound social effect on both the rich and the poor countries. It strains health care budgets as the countries struggle to take care for those infected. In poor countries such as in Africa, it may reduce the number of productive adults who can care for the young and the old. (Barnet and Blaikie, 1992). In any country, people of ages between twenty years and sixty years are relied upon to work and produce food and other basic needs for the Children and the old. If many of these people die from HIV/AIDS, then the country’s workforce will automatically be reduced. This implies that the country will be poorer economically.

The Sessional Paper Number 4 of 1997 on HIV/AIDS in Kenya referred to AIDS as “A major public health problem with a negative impact on development” (P. 76). The paper also said that the pandemic was there to stay and its effects would be felt in all areas be it economic, political and social. Economically, the country would be affected because a large number of the country’s workforce might be infected thus becoming unproductive. They would also become dependants and needing care. For instance, they would need drugs which are expensive and other basic needs like food and shelter. Politically, the effect would be felt when political leaders died from
HIV/AIDS and the government would have to put in mind HIV/AIDS before they made policies. They would for example have to consider the challenge of HIV/AIDS orphans. Social aspects would be affected tremendously. This is especially so because families would loose loved ones and children would be left without parents and in some cases with no one at all to take care of their needs. Therefore, HIV/AIDS in sub-Saharan Africa is not just a medical problem but a problem that affects all facets of the lives and activities of individual areas, communities, nations and religions and ultimately, the entire world.

Murea and Kiarie (2000) listed some of the factors that contribute to the enormity of HIV/AIDS problem as:

a) The sexual mode of transmission which meant that people remained symptom free for long and this complicated the management and prevention of the condition. This meant that the fact that people could be HIV positive and yet show no sign of infection made it hard for the individual to know his status and therefore he could infect others unknowingly.

b) HIV/AIDS carried a lot of stigma whether at local, national, or international levels. Consequently, many people were not ready to speak openly about their infection by HIV/AIDS or that of their relatives. When people died from HIV/AIDS, relatives often claimed
they died from long or short illness but never wanted to admit that this illness is related to HIV/AIDS. Neither were majority ready to be tested on their HIV status. This made it hard to prevent the spread of the epidemic.

c) So far, there was no cure for the disease or vaccine to prevent people from being infected. When a person was infected with HIV/AIDS, the best that could be done is to prolong his life but eventually he would succumb to the disease and die. The lack of a vaccine meant that there was no way to ensuring that those who were not yet infected remained so.

d) HIV/AIDS affected individuals in the most productive age group. As stated earlier, the people at risk of infection were those who were sexually active starting from adolescence to middle age, i.e. between about 15 years and 50 years. Apparently, these were the people who were most productive in as far as working was concerned.

d) The condition had had a major impact on household incomes and created a huge orphan problem. The orphan problem was exaggerated by the fact that before parents died, the opportunistic infections they suffered from forced them to spend almost if not all of their savings on medical bills. This left their dependants with little or no economic means of support.
The above factors showed why countries and societies are so concerned about the spread of HIV/AIDS. There is a need to try and control the spread of the pandemic. The general impact of HIV/AIDS may be best concluded by the comments by Riches and Dawson (1998).

The apparent senselessness of the multiple losses proceeding and accompanying a distressing death, discrimination and abandonment by the very people who might have been expected to be supporting and the sheer international scale of the number of dying may produce intense anger and alienation from normal everyday routines and inability to share more comfortable memories of the deceased’s earlier life event (P. 26).

Riches and Dawson above were referring to the stigma that comes along with the death of those suffering from HIV/AIDS. That stigma and the fact that people were dying in large numbers made it hard for those left behind and especially the orphans to have fond memories of their departed loved ones. In fact, suicidal feelings, fear of forming new relationships and other symptoms similar to post-traumatic stress disorder were identified among people bereaved as a result of HIV/AIDS related illness (Klein 1998). When a person died from HIV/AIDS related illness, his/her relatives had to deal with losing someone they loved. Apart from that, they watched as he/she lost the society’s respect, emotional and social well-being and they also shared the consequences of discrimination. Klein (1998) argued that grief resulting from HIV/AIDS related death was unique and possessed
complications that arose both from a highly stigmatized condition and from multiple losses the children and other relatives experienced.

2.4. IMPACT OF HIV/AIDS ON EDUCATION

As indicated earlier, HIV/AIDS has had an impact on all sectors of life. Key among these sectors is education.

According to Kelly (2000), HIV/AIDS affects the demand for education because there would be fewer children to teach. Many children would not be able to meet the cost of education and this would mean they would have to drop-out of school and thus high school dropout rates. This would result from the high and overwhelming number of parents that die from HIV/AIDS. The children would be left with no one to pay the costs of education for them. Even when the HIV/AIDS orphans were fostered by one of the relatives, Kelly (2000) said that the stigma attached to HIV/AIDS almost always resulted in the orphans being subject to psychological stress by the foster parents. These children were often treated differently from the other children. Some were not allowed to play freely with the other children. They were also often reminded of how their parents had died. In most cases, these children were often mistreated by the foster parents and turned into child labourers instead of being taken to school. Thus, such children often ran away from home and became street children.
Odiwuor (2000), carried out a research in Murang'a and Homa Bay Districts of Kenya on the impact of HIV/AIDS on primary education in Kenya. His subjects were education officers, teachers, and primary school children from the two districts. In his findings, fostered HIV/AIDS orphans were most likely to be removed from school on the grounds that they should help on their own support. Most of the relatives felt that the child had to support himself or at least contribute to the family income. Such children often dropped out of school to go and work somewhere. In Homa Bay District, the research showed that a large number of girl orphans often dropped out of school than the boy orphans. Some girls often assumed the role of mothers at the expense of their education and had to provide some essential services to their siblings such as providing food, cooking and washing up. The research also showed that the HIV/AIDS orphans also suffered from loss of identity because they were often disinherited by their relatives and rejected and this led them to engage in child labour in order to support themselves. Doing manual labour made it hard for them to attend school because there was no time.

In his conclusion, Odiwuor (2000) noted that the demand for education was on the decrease especially in the rural communities. He said: "The study did not see any chances of savings, especially towards the education of
children. In the rural areas studied, nutrition was critical. AIDS was slowly challenging agricultural productivity, leaving hungry children who could not concentrate on their studies" (P. 46). The children were not well-fed, the parents who had provided food through agricultural activities had passed away, and the children were hungry. So, the children could not concentrate on their studies, they had to go looking for food. The easiest way for the children was to go to the streets to steal and beg. Thus the increase in the number of street children.

In conclusion, the stigma attached to HIV/AIDS led to ostracism by peers. HIV/AIDS orphans were excluded by the peers in play and in other activities. They often lacked social acceptance by their classmates and their teachers as a result of lack of counseling in schools. Such kind of treatment often led to HIV/AIDS orphans dropping out of school.

2.5. HIV/AIDS ORPHANS IN GENERAL
UNICEF defines an HIV/AIDS orphan as any child under 18 years who has lost one or both parents to HIV/AIDS. This is because the nature of the condition is such that the loss of one parent will be followed by that of the other. Often, when a father or a mother gets infected with HIV/AIDS, the other partner also gets infected. Eventually, when one parent dies, it's a
matter of time before his/her partner follows him/her leaving the children as orphans.

UNICEF (1992) projected that the number of children to be orphaned by HIV/AIDS by the year 2000 would have reached 600,000 and almost one million by the year 2003. These orphans would lack proper care and supervision that they needed at a critical period of their lives. The large number of HIV/AIDS orphans would increase the burden and stress of the extended family caring for them. Some of the families would also be headed by children of ten to twenty years after the parents' death. This would be especially so where the children lacked someone to foster them. In the same study conducted by UNICEF, out of 152 children orphaned by HIV/AIDS, 40% were found to have dropped out of school due to lack of school fees, uniforms and textbooks. Sixty had a future that looked bleak. Only 5% of these were certain they would continue with education. This meant that those unable to continue with their education could result in child labour or prostitution for girls. Girls were also liable to premature marriage. It was also found that often, even before parents died, children had dropped out of school to take care of their parents because their other relatives treated their parents as unclean and untouchable. This was due to the stigma attached to HIV/AIDS. When the parents were at advanced stage of sickness, they became helpless and often bedridden. The children cooked
for them, washed them and helped them in anyway necessary to ease their suffering.

Ntozi (1999) conducted a study on orphans in Uganda. In his findings he said:

The extended family provides much support in looking after orphans but it has been over burdened by the AIDS epidemic with the result that some care is being provided by the elder Orphans who are too young for the responsibility. The main problems of the orphans are lack of money, inadequate Parental care and sometimes mistreatment by the caregivers (P.92.)

Ntozi (1999) found that children in Uganda were often given care by distant relatives after their parents died from HIV/AIDS. However, the overwhelming number of orphans had made it difficult for the extended family to take them into their homes. As a result the older orphans had to take up the responsibility of parenting. Those older orphans were hardly old enough for such a responsibility. The orphans also underwent other problems including financial ones and sometimes the families that fostered them also mistreated and overworked them. When a married couple got infected with HIV/AIDS, in most cases, the father died first Blaikie and Barnett (1992). This meant that the mother had now to devote more time from parenting and commit herself on income generating work in order to
support the family. This eventually led to long periods of absence from home and long periods of relative emotional and physical neglect.

The mother had to work all day long and by evening, she was fatigued. During the day, the children were left on their own and were therefore physically and emotionally neglected. The mother usually stayed out of the household. In some cases, some women deserted their husbands and children when they realized they were infected. They probably did this because of the shock they received from learning they were HIV positive and they would refuse to take care of their ailing husbands.

If the wife died first, children stayed with their father. While at their father's they often got support from the paternal grandparents and aunts. Sometimes, the widower remarried and the step-mother took care of the children.

When children lost both parents, they became double orphans. They only had four destinations. They could remain in their parental homes with the older children assuming the parental responsibilities of providing the basic needs. Alternatively, the orphaned children could move in with the auntie's or uncles. Others moved in with the grandparents either paternal or maternal. Orphans with no relatives to take care of them went to children's
homes. There were also organizations that gave care to orphaned children by providing food and material needs. One of those was the Orphan Community Based Organizations (O.C.B.O) in Uganda, which got assistance from donors overseas.

It seems that the final solution for HIV/AIDS orphans lies in the orphanages and the non-governmental organizations (NGO) which as shown in the studies by Hunter (1995) and Foster (1996), they provide a direct support for basic needs and school fees for orphans. Otherwise most family members caring for HIV/AIDS orphans are either too young or too old to manage the task.

2.6. HIV/AIDS ORPHANS IN KENYA.

A study carried out by Family Health International (1997) on the impact of HIV/AIDS in Kenya, found that one of the worst impacts of HIV/AIDS was the death of young adults leading to an increase in the number of orphans. The report added that the number of orphans had reached 580,000 by the year 2000 and was projected to increase to 2.6 million in 2006.

The same study found that those children who had been orphaned by HIV/AIDS lacked the proper care and supervision they needed. At family level, there was increased burden and stress for the extended family which
had the traditional mandate to care for the orphans (NASCOP, 1996). Due to this stress, the extended family was unable to provide sufficient care for the orphaned children. Mostly, grandparents were left to care for young children and some families in Kenya, just like in Uganda, were headed by children as young as 12 years old.

At community and national levels, there was an increased burden on the society to provide services for children orphaned by HIV/AIDS. This was through orphanages, healthcare services and schools. Many of the orphaned children went without adequate healthcare and schooling and this increased the burden of the society requiring it to plan for the future years. The same problem of HIV/AIDS orphans also created another problem of street children particularly in urban areas. The street children had no one to support them and provide for their physical and psychological needs. Such children would move to the urban areas in search of employment. When they failed to get employment, they ended up in the streets resulting to stealing and begging.

Many children who had lost their parents through HIV/AIDS were traumatized by the epidemic. The psychological trauma some of these orphans underwent instilled a feeling of despair on the part of the child. The children underwent a lot of psychological problems such as: feeling of loss,
emotional grief, denial fear, self esteem depletion, anxiety, depression, lack of parental guidance and love (Bukusu, 1995). HIV/AIDS orphans experienced the feeling of loss as they were left without the parents they had always depended on for their livelihood. They also underwent denial; they didn't want to believe their parents had died from HIV/AIDS. The children also feared for their future, they didn't know what was ahead of them or how to go about providing for themselves. Their self-esteem was depleted due to the stigma attached to HIV/AIDS and at times were treated as social misfits. This really depleted the orphan's self-esteem. The HIV/AIDS orphans also became depressed and anxious. They also lacked parental guidance and love especially if they didn't have a loving relative to foster them.

According to Bukusu (1995), efforts to deal with the grief that most of these children underwent were insufficient and hence led to emotional starvation. He said the neglect of such orphans was a big problem in Kenya as most people provided only physical and material needs and neglected the emotional needs of the children. They provided the food, clothing and shelter but were not concerned with helping the orphans cope with their grief from loss of their parents neither did they provide love to them. As a result, the children would suffer from poor concentration, emotional tantrums or would become short tempered and hysterical. Mureah and
Kiarie (2001) say that many of these orphaned children were likely not to start or continue with education due lack of school fees. Their emotional and psychological health was expected to suffer due to the trauma of losing their parents and the difficulties they faced as a result of these deaths. Mureah and Kiarie (2001) also said that the HIV/AIDS orphans were likely to grow up lacking suitable guardians and mentors and thus hinder general development. If children lacked mentors, they were likely to achieve high goals in education and in life. Thus, the death of parents almost always had a long-term impact on the orphan's lives.

2.6.1 HIV/AIDS ORPHANS IN CENTRAL KENYA.

A study on child workers in the shadow of HIV/AIDS in Central Kenya was carried out by UNICEF in the year 2001. The subjects were 264 orphaned children in Nyeri and Kiambu Districts.

They found that there was a growing number of children orphaned by HIV/AIDS and they were not being admitted to children's homes. The assessment done revealed that the working children had access to basic services. Those services included sanitation, food, shelter, and medical care but they were extremely limited.
The need for food was not very well met. Half of the children did not have three meals a day. Many of the children especially in Nyeri District took only two meals. The morning meal consisted of leftovers from the previous night. About 30% of the children had no lunch and those who did, ate only ugali, (maize meal) or githeri (maize and beans) but not a balanced diet. Dinner for most of them was made up of sukuma (kales) or githeri (maize and beans) but no meat or other animal proteins. The children therefore were malnourished and yet were expected to work very hard in the tea and coffee plantations.

The assessment by UNICEF (2001) also revealed that the living arrangements for the children were inadequate. They had filthy cooking and bathing areas and cramped unsanitary living quarters for sleeping. While 50% of the children bathed once a week, the rest hardly did so. Some of the children also slept outdoors and feared contracting malaria. These findings showed that yet another basic need was not met, the need for shelter. It would be hard then to meet the needs in the next level of Maslow’s hierarchy of needs.

Another finding of the study was that 60% of the children had begun to work at the age of six years. This was quite a tender age and in normal circumstances, such a child was still considered to be very young. Fifty
percent of the interviewed children worked for six to eight hours a day, while 30% of them worked for 9 to 12 hours in a day. The reason given for such long working hours was that if the children did not finish their task for the day, they would not receive full pay. So, the children had to stay and finish up the task however long it took. The children were only paid $\frac{1}{4}$ of the daily wages paid to adult workers for the same work. Of these working children, $\frac{3}{4}$ were not attending the school. The teachers from the schools around the study areas noted that some schools were losing as many as three parents in a term hence the high school drop-out rates. From that study, it was notable that most of the children orphaned by HIV/AIDS in Kiambu and Nyeri Districts were not able to meet their most basic needs for food and shelter. Majority had therefore resorted to working in tea and coffee plantations. The plantation owners had taken advantage of the orphans’ situation and were exploiting them by paying them much less than the adults despite the fact that they did the same amount of job. This showed the extent to which the HIV/AIDS orphans were suffering

2.6.2. SOCIO - PSYCHOLOGICAL AND PHYSIOLOGICAL NEEDS OF ORPHANS

A four-month study was carried out by United States Agency For International Development (USAID) and the Family Health International in 1994. The study included interviews with 128 HIV/AIDS orphans and 32
care takers in Kisumu, Busia, Kitui and Mombasa. They found that the orphans were vulnerable to physical and emotional deprivation as most had no adult care-takers to provide them with nurturing, social education and physical needs. As far as physiological needs were concerned, food was found to be the most important need for the orphans. This need was identified by both the orphans and the care-takers during the interviews. The orphans were vulnerable to malnutrition.

Another physiological need identified was shelter; most orphans in urban areas lived in slum-like dwellings. Others were homeless and living on the streets. In the rural areas, most of the orphans lived in huts constructed for cultural purpose. The children had neither resources and skills nor cultural authority within the family network to rehabilitate these huts. In other words, they were not allowed to rehabilitate the huts to make them comfortable for themselves. Some of the children were found to be living in half-finished houses which their parents had not completed before they died.

A third physiological need of clothing was not met. Most of the children needed a change of clothes for some only had a school uniform which was often tattered. Others were unable to go to school due to lack of uniforms.
The HIV/AIDS orphans studied did not have proper beddings. Some slept on cartons and weaved mats. Blankets were inadequate with as many as three children sharing a blanket. The blankets were old and often tattered. Some of the orphaned children used the clothes usually left from their dead parents as beddings.

Other needs identified by the study were the legal, social and emotional needs. The legal needs include the land and property rights of the orphans. In most of the cases, land was taken from the orphans by other relatives and the children were left landless.

There was no one to advise them on how to fight back for their land. Some families took in orphans as a way of enticing them so that they could have a claim to the orphans’ land. Some made themselves into self-appointed land trustees and others took the land or manipulated boundaries. In other cases, land and property belonging to the departed parents was often used to pay off debts incurred during the parent’s HIV/AIDS related illness and to meet the cost of burial. Most of the children were left with almost no property.

Children orphaned by HIV/AIDS were also found to have various psychological needs by the same study by USAID 1994. They were isolated by other children because of the stigma associated with HIV/AIDS. The
children were also found to be in denial, they needed to come to the reality of being orphans. They lacked parental attention. Another need was lack of physical and social security. Often, the orphans were taken advantage of by other members of the society. Girls especially were at a high risk of being raped. They also lacked acceptability within the foster family. This was probably so because they were viewed as added and unwelcome responsibility. In the foster homes, there was unfavourable division of labour within the households and preferential treatment was given to the biological children of the parents. While the orphans were overworked and underfed, the biological children received enough food and less work.

Other psychological problems experienced by HIV/AIDS orphaned children were emotional problems resulting from death of parents including low self-esteem and self-pity. Some of the orphans grieved secretly and consequently had socialization problems. The orphaned children were withdrawn and unable to relate closely with peers.

In another study by Soake and Mutemi (2000) on needs assessment of children orphaned by HIV/AIDS, one officer of the child’s welfare of Kenya said foster homes were not ready to accept Kenyan children orphaned by HIV/AIDS. This was regardless of whether the children were HIV positive or not. While other children were more easily fostered, most people were not willing to foster HIV/AIDS orphans. Those involved in orphan care both within and outside the extended family network had
severely limited resources and were currently overwhelmed by the number of children in need.

Traditional orphan care structures within the extended family network were already showing signs of being stretched too thin. The study showed that combined efforts and resources from the Kenyan Government, Non-governmental Organizations and donors were urgently required in order to provide long-term solutions to this looming problem.

In conclusion, various studies as examined showed that HIV/AIDS was a condition that had tremendous impact on Kenyans. The most critical as concerns this research was the death of parents from HIV/AIDS. This left children as orphans and in need. It was also noted that the HIV orphaned children had very many physiological and socio-psychological needs and although those needs were being catered for, due to the increased number of orphans, it was not possible to meet all the needs adequately.
CHAPTER 3
METHODOLOGY

3.1 INTRODUCTION
The study was a descriptive study using a survey design. Coolican (1994) Cohen and Lawrence (1995) describe a survey research as a method that enables one to gather data from a relatively large number of cases at a particular time. It was done with the intention of investigating the needs of HIV/AIDS orphaned children in Nyeri District.

The method was effective in collecting data from a large number of sources and in a short time. It involved asking questions on whether the physiological and socio-psychological needs of HIV/AIDS orphans are adequately met and who meets these needs.

3.2 STUDY POPULATION
The subjects involved in the study to investigate the needs of HIV/AIDS orphaned children in some selected divisions in Nyeri District involved; deputy head teachers and teacher counselors, students in schools who are
orphaned by HIV/AIDS and one community-based organization that gives care to children orphaned by HIV/AIDS. The target population of this study was secondary schools in Othaya, Tetu and Mukurweini Divisions of Nyeri District.

The student population varied from one school to another and the deputy head teachers and teachers were government employed. Most of the orphans came from within the three divisions and a few from the neighbouring divisions.

3.3. SAMPLE AND SAMPLING PROCEDURE

Fifty-four AIDS orphans from 4 secondary schools out of 150 schools in Nyeri District were randomly selected for the study. Eight teacher counsellors, 4 deputy head teachers, and 50 guardians (women) who offered care to HIV/AIDS orphans were purposively selected. This was because of the limited time and resources. This formed about 40% of the target population.

studies, 10% of the accessible population was enough. The study sample from each school was slightly higher than expected because the number of schools and divisions selected were few (Table 3.1). The choice of 4 schools catered for various categories of schools, that is:

(a) Day mixed
(b) Girls Boarding
(c) Boys Boarding

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>DIVISION</th>
<th>GIRLS</th>
<th>BOYS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>KARIMA</td>
<td>Othaya</td>
<td>-</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>MATHAKWA</td>
<td>-INI Tetu</td>
<td>16</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>GATUGI</td>
<td>Othaya</td>
<td>10</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>KAHELI</td>
<td>Mukurweini</td>
<td>-</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

| TOTAL    |        | 26    | 38   | 54    |

To do sampling, the names of schools in each division were written on separate pieces of paper. These papers were folded. Shuffled thoroughly and then four papers were picked to represent four schools for the sample. After picking the schools randomly, the researcher solicited information
from the deputy head teachers of the selected schools, teacher counsellors, guardians and orphaned children who were purposively sampled.

3.4. RESEARCH INSTRUMENTS

Direct contact questionnaires were found suitable because they would facilitate good rapport with the respondents.

Three instruments were developed. There was a questionnaire for orphaned students in Secondary Schools. The questionnaire had two sections, A and B. Section A sought information on pupils age, sex and school. Section B had ten questions which sought information on who met the various needs of the student, both physiological and socio-psychological and whether they were adequately met. The questions in this questionnaire were both open ended and closed.

The second questionnaire was administered to the foster parents. This included relatives and non-relatives who had fostered HIV/AIDS orphaned children. Those fostered children had organized themselves and formed a women’s group. The questionnaire had both open ended and closed questions. There were nine questions which sought information on how the guardians met the needs of their wards.
An interview schedule was used for deputy head teachers and teacher counselors in the sampled schools. Through each question, it sought information on the number of HIV/AIDS orphaned children in each school and how the school meets their needs.

3.5. DATA COLLECTION

The researcher got a permit from the School for Continuing Education which authorized her to conduct research in the selected divisions of Nyeri District. The researcher booked appointments with targeted respondents to whom the questionnaires were administered personally. They were asked to fill the questionnaires and submit them immediately.

3.6. PILOT STUDY

The researcher carried out a pilot study on the research instruments i.e. the questionnaire and interview schedule. This was done to establish validity and reliability of the research instruments. Those questions that were not clear were modified depending on the responses given in the pilot study. The researcher carried out the pilot study using five students and a teacher counsellor from Gathera Mixed Secondary School which did not participate in the actual study.
3.7. DATA ANALYSIS

Once the completed questionnaires were received, they were edited. Those with major response errors were deleted while the remaining ones were scored and the data coded for analysis. Frequency distribution tables and percentages were used because they are easier to read and interpret by a variety of readers. Qualitative analysis was done by content analysis.
CHAPTER 4

DATA ANALYSIS AND PRESENTATION OF FINDINGS

4:1 INTRODUCTION.

This study investigated the physiological and socio-psychological needs of HIV/AIDS orphaned children in Nyeri District. It looked into how their needs were met and who met them.

Due to financial and time limitations, the focus was only put on the HIV/AIDS orphaned children in four schools in three divisions of the district. It was also restricted to guardians who had formed a women group in Tetu Division.

A lot of information was gathered from the respondents concerning their needs, who met them and whether or not the needs were adequately met.
4.2 PRESENTATION AND DISCUSSION OF RESULTS.

4.2.1. WHAT ARE THE PHYSIOLOGICAL AND SOCIO-PsyCHOLOGICAL NEEDS OF HIV/AIDS ORPHANED CHILDREN IN NYERI DISTRICT?

To answer the first research question on what the needs of HIV/AIDS orphaned children were, and question 4, seeking the extent to which those needs met. The established needs were food, clothing, shelter, medical care and love.

The study revealed that 79% of the students' needs were being adequately met, 17% of the students indicated that their needs were not met adequately, while only 4% felt their needs were not met at all as indicated on Table 4:1. This is an indication that most of the basic needs of HIV/AIDS children in the three divisions are well met.
Table 4.1 The extent to which basic needs are met.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Adequately met</th>
<th>not adequately met</th>
<th>Not met at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakfast</td>
<td>40</td>
<td>70</td>
<td>12</td>
</tr>
<tr>
<td>Lunch</td>
<td>44</td>
<td>81</td>
<td>8</td>
</tr>
<tr>
<td>Supper</td>
<td>42</td>
<td>78</td>
<td>10</td>
</tr>
<tr>
<td>Clothing</td>
<td>38</td>
<td>70</td>
<td>11</td>
</tr>
<tr>
<td>Shelter</td>
<td>51</td>
<td>94</td>
<td>2</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td>42</td>
<td>78</td>
<td>9</td>
</tr>
<tr>
<td>Love</td>
<td>40</td>
<td>70</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>297</td>
<td>79</td>
<td>64</td>
</tr>
</tbody>
</table>

When the orphans were asked whether they get sent home for school fees, 67% said yes and 33% said No. of those sent home for fees, 26% went home and 26% twice while 13% were sent home more than twice as shown on table 4:2
Table 4.2 showing how often students go home for school fees.

<table>
<thead>
<tr>
<th>No of times</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>18</td>
<td>33</td>
</tr>
<tr>
<td>Once</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Twice</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>More than</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twice</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>54</td>
<td>100</td>
</tr>
</tbody>
</table>

The indication is that for most of the children, the need of school fees is not adequately met.

When the children were asked whether they were happy with the way the guardians treated them, 65% said they were happy but 35% said they were not. The reasons given for being happy with the guardians were that the children were treated well by having all their needs provided for. They were also shown concern and given encouragement. They were treated as important members of the family and given guidance and counseling. Where the needs were not met adequately, children said they understood their guardians' limitations.
Those who said they were not happy with their guardians gave reasons such as being sent away by an uncle from home or an aunt not being happy because an uncle had taken the child in. They also said they were treated differently from the guardians biological children. Some were mistreated and felt unloved. In some cases, the child had to rely on the ministry for education for bursary because the guardians were not willing to pay for them. Other reasons given were that the uncle and auntie were too busy with their work to listen to the child’s problem. One girl said she was not happy because she had been separated from her brother.

When the guardians were asked up to what age they would be able to support their wards, majority (54%) said they would do so until the child was 20 years old only 3% indicated that they would support the child until they were self reliant (Table 4.3 illustrates this).

Table 4.3 showing the ages up to which the guardians were willing to support the orphans.

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>17</td>
<td>43</td>
</tr>
<tr>
<td>20</td>
<td>21</td>
<td>54</td>
</tr>
<tr>
<td>Above</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>100</td>
</tr>
</tbody>
</table>
In relation to other family members reaction to the guardians supporting an HIV/AIDS Orphan. Majority of the guardians said that they accepted as shown on table 4.4

**Table 4.4 Showing reaction of other members of the family an supporting an orphan**

<table>
<thead>
<tr>
<th>Response</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly accept</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Accept</td>
<td>29</td>
<td>74</td>
</tr>
<tr>
<td>Pont care</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Strongly against</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
<td></td>
</tr>
</tbody>
</table>

When the deputy Head teachers and teacher counselors were asked whether they had a special program that catered for HIV/AIDS orphaned children. They all indicated that they did not but they indicated that they counseled the orphans when they seemed to be under stress. They also gave first priority to the orphans when disbursing bursaries from the ministry.
Other needs for the orphans were identified when the deputy head teacher and teacher counselor were asked what problems the orphans experienced while at school.

They said some of the orphaned children were withdrawn and unable to socialize with others. Others were said to be seeking attention from teachers and other students by rebelling against the administration and fellow students. Other orphans were said to be so stressed that they had developed stomach ulcers as a result of psychological and social problems. The girls also were said to be reluctant in revealing their identity that they were orphans.

4.2.2 Who meets the needs of HIV/AIDS orphaned children in 3 selected divisions of Nyeri district.

The study found that 44% of the orphans had lost both parents while the other 56% had lost one parent as indicated on table 4.5.

Table 4.5 showing death of parents by sex

<table>
<thead>
<tr>
<th>Parent</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>15</td>
</tr>
<tr>
<td>Father</td>
<td>15</td>
</tr>
<tr>
<td>Both</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
</tr>
</tbody>
</table>
Majority of the orphans had lost both parents as compared to those who had lost only the mother or only the father. Most of the students (30%) indicated that they lived with either the surviving relatives or with uncle or auntie as indicated on table 4.6.

Table 4.6 showing orphans custodians and payment of school fees.

<table>
<thead>
<tr>
<th>Career</th>
<th>Custodian</th>
<th>Payment of school fees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>Parent</td>
<td>16</td>
<td>30</td>
</tr>
<tr>
<td>Grand parent</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td>Uncle/aunt</td>
<td>16</td>
<td>30</td>
</tr>
<tr>
<td>Distant relatives</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Children’s home</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Unrelated guardians</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Elder sibling</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Bursaries</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Inheritance</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Public trustee</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Guardians belonging to a women group were also asked how many children each supported.

Table 4.7. No of children supported by Guardians

<table>
<thead>
<tr>
<th>No of children</th>
<th>No of guardians</th>
<th>%</th>
<th>Total no of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

All guardians indicate that they received financial assistance form the government. 22 of them (56%) also indicated they got financial assistance from well wishers.

On the relationship between the guardians and their wards, the study found that majority of them 92% were members of the extended family and only 8% were not relatives as show on table 4.
Table 4.8 Relationship between guardians and their wards.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparents</td>
<td>20</td>
<td>51</td>
</tr>
<tr>
<td>Aunt/ Uncle</td>
<td>14</td>
<td>36</td>
</tr>
<tr>
<td>Sister</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Not related</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>39</td>
<td>100</td>
</tr>
</tbody>
</table>

The guardians also indicated that they assisted their wards by providing the physiological, socio-psychological needs. Table 4.9 illustrate this.

Table 4.9 Needs of HIV/AIDS orphaned children met by members of the women group.

<table>
<thead>
<tr>
<th>Need</th>
<th>No of guardians</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>39</td>
<td>100</td>
</tr>
<tr>
<td>Clothing</td>
<td>38</td>
<td>97</td>
</tr>
<tr>
<td>School fees</td>
<td>36</td>
<td>92</td>
</tr>
<tr>
<td>Medical</td>
<td>35</td>
<td>90</td>
</tr>
<tr>
<td>Love</td>
<td>14</td>
<td>36</td>
</tr>
<tr>
<td>Guidance and counseling</td>
<td>13</td>
<td>33</td>
</tr>
</tbody>
</table>
CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION.
The research found that most of the needs for the HIV/AIDS orphaned children in the selected divisions of Nyeri District were met.

5.2 HOW WELL ARE THE NEEDS OF HIV/AIDS ORPHANED CHILDREN MET?
The study established that the needs of HIV/AIDS orphaned children are not to a great extent, (79%) indicated that they felt their needs were adequately were met although quite a large number (67%) of the orphaned children were sent home for school fees, this may not be necessarily because they were orphans but it’s a problem that faces the society as a whole. Majority of the orphaned children (65%) were quite happy with the way their guardians treated them. They felt they were loved and had a feeling of belonging. However a lesser number (35%) felt that their needs were not met completely and they felt they needed love and understanding. Others felt that they were being discriminated against and not treated the same way...
as the biological children of the guardians. The guardians studied indicated that they met all the needs of HIV/AIDS orphaned children under their care. They all expressed that they were ready to cater for the orphans up to 18 years or above for most children, by 18 years they have already completed their secondary school education and are old enough to take care of themselves. Other members of the guardians’ families had no problem staying with the orphaned children. This indicated that since they were accepted, they were treated as equal members of the adoptive family.

The only area that was found wanting as concerns meeting the needs of HIV/AIDS children were the schools. In all the sampled schools, the teacher, counselors and deputy head teachers indicated that they had no special program to look into the problems of the orphans.

### 5.3 WHO MEETS THE NEEDS OF HIV/AIDS ORPHANED CHILDREN IN NYERI DISTRICT.

The study found that those children who had lost only one parent (56%) were living with the living parent while the 44% who had lost both parents lived with the extended family. Only 2% of the orphaned children were living with guardians who were not their relatives. It is also found that for the majority of the orphans the school fees was paid by members of the extended family.
especially the uncles and the aunties. Only one orphan indicated that her fees came from the inheritance from the parents.

Some 39 guardians of HIV/AIDS orphaned children had formed a women group and supported 96 orphaned children. The members of the group all received financial aid from the government to go towards orphan support. A large number of the guardians (56%) received donations from well wishers. This showed that the government, members of the society and extended family members combined efforts to cater for the needs of HIV/AIDS orphaned children.

5.4 CONCLUSION

The study findings did not support the research done by NASCOP (1996) in Kenya which found that the extended family had increased burden of stress and was unable to provide sufficient care for the orphaned children. What this study found was that in the sampled area and population, the needs were met to a great extent and unless in future the rate of death from HIV/AIDS is too high for now the problem of HIV/AIDS orphans is not very big. The extended family and members of the society seem to have accepted their traditional mandate of caring for orphaned children.
Majority of the orphans were satisfied with the way their needs were being met and the foster parents seemed ready to care for them.

5.5 RECOMMENDATIONS

Following the findings of the study, the researcher would like to make the following recommendations:

a) That all schools should be more involved in providing the emotional care to the orphaned children. They should identify the HIV/AIDS orphaned children and counsel them so that they can adjust well. Where the children tend to seek attention from teachers and other students, then they should be given for this might help boost them self-esteem where children displayed rebellion towards school administration and fellow students. They should be counseled rather than be punished. In cases where the orphaned children are withdrawn, they should also be counseled so that they can be able to socialize with others.

In short, the schools ought to take a more active role in as far as providing for the socio-psychological needs of the orphaned children.

(b) The government can offer more support to the HIV/AIDS orphaned children especially in form of school fees. This would ensure the orphans are not sent home too often as this interferes with the orphaned children’s learning negatively.
5.6 SUGGESTIONS FOR FURTHER RESEARCH

(a) With enough time and money, there is a need to extend the study to a larger population than the sample in this study. This might create a better picture on whether the needs of HIV/AIDS children are met well throughout the Nyeri District.
REFERENCE


United States Aid (1997 December) Family Health International AIDS control prevention project.

APPENDIX A.

QUESTIONNAIRE FOR STUDENTS

The information given in this questionnaire will be treated as private and confidential. It will be used for no other purpose other than provide data for a research project. Your sincere answers will be appreciated.

INSTRUCTIONS

This questionnaire has two sections

In section A please provide answers in the space provided.

In section B, please tick the correct answer from the given choices. Where choices are not given, please write down the answers in the space provided,

NB: You are not required to put down your name anywhere on this questionnaire.

SECTION A

Age (years)_____________________________________________________

Sex (male or female)_____________________________________________

School_________________________________________________________
Section B

1. Have you lost any parent?
   - Yes [ ]
   - No [ ]

2. If yes, which one
   - Mother [ ]
   - Father [ ]
   - Both [ ]

3. Who takes care of you at home? (By providing food and shelter)
   - Parent [ ]
   - Uncle/aunt [ ]
   - Grandparents [ ]
   - Elder sister/brother [ ]
   - Distant relatives [ ]
   - Children’s home [ ]
   - Any other _______________________________
4 Who pays your school fees?

- Parent
- Uncle/Aunt
- Grandparents
- Elder sister/Brother
- Any other

5 Do you ever get sent home for school fees?

- Yes
- No

6 If yes in (6) above, how often do you get sent home?

- Once a term
- Twice a term
- More than twice a term

7 Where do you stay when not at school?

- With parent
- With uncle/aunt
- With grandparents
- With distant relatives
- In a children’s home
- Any other
8. In your opinion, how does your guardian meet the following needs?

Please tick (✓) what applies to your case.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Adequately Met</th>
<th>Not adequately met</th>
<th>Not met at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Breakfast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii) Lunch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii) Supper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care (Medical care)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Love</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Are you happy with the way your guardian treats you?

Yes □ No □

10. Give reasons for your answer in (10) above ________________________________
APPENDIX B

QUESTIONNAIRE FOR GUARDIANS

The information given in this questionnaire is intended for research on the physiological and socio psychological needs of HIV/AIDS orphans. It will be treated as confidential and for no other purpose other than research. Your sincere answer will be appreciated.

INSTRUCTIONS

Please provide answers for the given items. Tick where choices are given and write down your answer to the open-ended questions on the space provided.

1. How many orphans do you support? ____________________________

2. What is (are) the age(s) of the orphans? ____________________________

3. In which way do you support them?
   Food [ ]
   Clothing [ ]
   School fees [ ]
   Other ____________________________________________

61
4. Do you get any financial assistance to support the orphans?
   Yes [ ]  No [ ]

5. If Yes in number (4), who assist you?
   Government [ ]
   Non-governmental organization [ ]
   Well-wishers [ ]
   From the society [ ]
   Foreign donors [ ]
   any other ____________________________

6. Up to what age do you think you will be able to assist the orphan(s)?
   10 Years [ ]
   18 years [ ]
   20 years [ ]
   Other ____________________________
7. How do the members of your family feel about your staying with an orphan(s)?

- Strongly support □
- Accept □
- Don’t care □
- Do not accept □
- Strongly against it □

8. How are you related to the child(s) you support?

- Aunt/Uncle □
- Grandparent □
- Elder sister/brother □
- Distant relative □
- Other ___________________
APPENDIX (C)

INTERVIEW SCHEDULE FOR DEPUTY HEADTEACHERS
AND TEACHER COUNSELLORS.

Name of institution

Division:

Category:   Girls [ ]
            Boys [ ]
            Mixed [ ]

1. Total number of students in the school

2. Total number of orphans in the school

3. Who pays the school fees for the orphan(s)?

4. Do they pay their school fees on time?
   Yes [ ]
   No [ ]
5. Does the guidance department follow up on the performance of the orphans?

Yes ☐
No ☐

6. Does the school have a special programme that looks into the problems of the orphans?

Yes ☐
No ☐

7. Do the orphans experience any physiological or socio-psychological problems?

________________________________________
If so, please give examples __________________________

________________________________________

8. How does the school handle problems experienced by the orphans?

________________________________________

________________________________________