

Psychological Implications of HIV and Aids on Child-Headed Households in SEME Sub-County, Kisumu County- Kenya

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Abstract- HIV and AIDS, is decimating African society, most specific Sub-Saharan Africa, dismantling family systems and resulting into millions of orphans and child headed households. Having lost parents and close relatives, child-headed households experience extreme difficulties in accessing basic survival needs. The objectives of the study were to: - determine the psychosocial implications of HIV and AIDS on child-headed households in Seme Sub-County, Evaluate the implications of HIV and AIDS on school attendance and performance among child headed households in Seme Sub-County, Kisumu County and establish the effectiveness of the existing interventions to address the effects of HIV and AIDS on child headed households in Seme Sub-County, Kisumu County.

The study was anchored on Family Systems theory by Bowen and Ecological systems theory by Bronfenbrenner. The target population was child-headed households and Community Based Organizations in Seme Sub County; the sample size for the study was 100 respondents out of which there were 80 orphans selected through simple random sampling from 160 child-headed households and 20 personnel selected from 40 CBOs working with orphans in the area of study. A pilot study was conducted in North Seme location and the research tools achieved a reliability coefficient score of 0.7. Face and content validity was ascertained by experts in the Faculty of Arts and Social Sciences and the author respectively. The data was collected using face-to-face semi-structured interviews and through questionnaires. The data were analyzed using thematic content analysis and themes extracted and presented. In the study it was established that child-headed households experience various psychological and psychosocial challenges. It is recommended that psychosocial services should be made accessible to help mitigate the effects of HIV and AIDS on the children.

Index Terms- Psychological Implications, HIV and AIDS, Child-headed Households.

I. INTRODUCTION

Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS), according to Coles (2014), are currently decimating the African society, especially

in Sub-Saharan Africa. It is tearing apart the extended family system, eliminating skilled workers and creating millions of orphans.

According to UNAIDS (2008) the high incidence of HIV infection means that the impact of HIV and AIDS morbidity and mortality will be felt for decades. According to Population Reports (2012), nine out of every ten children orphaned by AIDS are in Sub-Saharan Africa.

In Africa, family members traditionally cared for orphaned and vulnerable children; historically, members of the same family were under a (moral) obligation to care for one another and children were certain of being cared for either by their own parents or by a family member. In the recent past, however, care of children whose parents have died has become an insurmountable burden for many families, pushing them beyond their ability to cope. (Tsegaye, 2007).

The Extended family networks, once the social security for African children have quite simply become overwhelmed by the increasing number of children in need of alternative care. Since the availability of alternative care arrangements ensured by the government is limited, these developments initially led to a rise in the number of families headed by aunts or grandparents.

However, from the early 1990s an unprecedented rise in the phenomenon of child-headed households has been witnessed. (Nyambetha, *et al* 2007). In this study, a child-headed household was referred to as a household where a member who does not exceed the teen years fully or partially finances, controls, plans and implements the immediate management of the activities that affects the occupants of the household.

II. STATEMENT OF THE PROBLEM

HIV and AIDS leads to social and economic hardships of children and adolescents whose right to basic needs are constantly violated. The resultant psychosocial burden on the orphans may seem less important, less urgent and less compelling, however, to the affected individuals, it is urgent and their psychosocial concerns are real; and require urgent attention. Young people whose parents have died experience enormous emotional and psychological demands which often go unnoticed and neglected. Changes in behavior among children and adolescents may be dismissed as temporary presentation that will

pass rather than an indicator of psychological trauma with possible long-term implications. Some of the commonest effects include; anxiety, stress, low self-esteem, frustrations and other behavioral changes. In Seme Sub County, how the orphans sustain their disrupted life after the loss of their parents is no longer an extended family affair. Their situation is made worse by the fact that AIDS-related deaths in the communities have increased at an alarming rate. The multiplication of child-headed households within the area of study was an indicator of the magnitude of the problem.

Psychosocial implications of HIV and AIDS on child-headed households

Death of a parent is considered a crisis for any child (Dane, 2007). However, reports from different studies indicate that grieving process may be particularly difficult for children orphaned by AIDS due to material and psychological stress that often accompany the parents' illness and death (Wild, 2001). Parental loss in childhood is quite traumatizing and is considered a major cause of depression in young adults.

In a study in Rwanda, clinical depression was common among youth (aged 13-24) who headed households. The heads of households who reported higher levels of depressive symptoms, social isolation, and/or lack of adult support were also more likely to report that children under 5 in the home were showing more signs of socio emotional disruption" (Boris *et al.*, 2006,).

In another study in Uganda, depression was found to be higher among orphans than matched non-orphans. Depression among orphans was found to be associated with smaller household sizes, which suggests the potentially buffering function of a larger support system (Atwine *et al.*, 2008).

In a related study in Namibia, there were significant levels of suicidal ideation among child-headed households (Ruiz-Casares, 2010). Nevertheless, like adults, children are grieved by the loss of their parents. However, unlike adults' children often do not feel the full impact of the loss simply because they may not immediately understand the finality of death. This prevents them from going through the grieving process, which is necessary to recover from the loss. Children therefore are at risk of growing up with unresolved negative emotions that are often expressed with anger and depression.

However multiple studies in sub-Saharan Africa have demonstrated that HIV and AIDS orphan- hood is associated with emotional distress – particularly with regard to symptoms of anxiety, depression, and post-traumatic stress (Atwine, Cantor-Graae, & Bajunirwe, 2010; Bhargava, 2009; Cluver & Gardner, 2014; Nyamukapa *et al.*, 2008).

Stigma and discrimination on child-headed households

The negative attitude and judgment projected towards persons with AIDS, their partners and children and rejection by their extended family, friends and the society may lead the affected individuals to withdraw from social support networks because of the ramification of disclosure (Herek and Glunt 2011). The stigma attached to HIV and AIDS exacerbates the trauma already experienced and hampers the bereavement process due to the secrecy of AIDS deaths. The bereaved in most cases lack the necessary emotional support because they would not want to disclose to other people the pain and sorrow for fear

that other people will learn the cause of their relative's death. Even though awareness of HIV and AIDS is now high in most of Sub Saharan Africa nevertheless many children whose parents have died of the virus still face stigma and discrimination (Ayieko, 2007).

Emotional effects of HIV & AIDS on child headed families

In a study of child-headed households in the Free State province of South Africa it was found that some children experienced a feeling of vulnerability, the absence of a feeling of security (Leatham, 2006). They feared for their safety, worrying about being physically attacked or mobbed. The children compensated by being careful to be home before dark, avoiding drug and alcohol use and having fewer friends.

Children receive a lot of social, physical and psychological security from parents, but a lack of this assurance makes a child feel handicapped, uncertain of his own abilities, fearful and therefore on the defensive.

When failing to provide emotional security to the children, parents cause unhappiness, lack of loyalty and tension (Wanda 2007). Children from child-headed households are likely to miss this kind of security.

They develop defense mechanisms to protect themselves such as aggressive behavior when they play with other children. The remote awareness that they have to stand up for themselves makes them aggressive in order to control the situations around them. This way they become bullies. As Crosson-Tower highlights the residual effects of family maltreatment leads to having difficulty trusting others, having low self -esteem, anger, impaired objects relation, impaired parenting abilities, lowered intelligence, impaired development, verbal inaccessibility, inability to play, difficulty with relationships, abuse of alcohol and drugs and perception of powerlessness (Crosson, 2010).

Although past victims demonstrate an ability to survive despite incredible odds, they lack a true sense of trust in themselves. Not only have they lacked encouragement and stimulation to develop a positive self- image but they have modeled themselves as parents who thought little of themselves also (Crosson, 2010). Children are in several cases forced to go without some basic provisions, something that compromises their dignity. For example, some female children do not wear inner linen or use sanitary towels because of the opportunity costs involved. They are forced to choose between buying food and other basic provisions and their personal needs. Such difficult situations can make children grow up with feelings of bitterness and may be at times overwhelmed when faced with other challenges.

Effects on school attendance and performance

Children belonging to child-headed households may be compelled to leave school, as a consequence of poverty or in order to comply with the responsibilities of household heads (Meintjes *et al.*, 2009). When a parent becomes ill, the education of a child is disrupted. Children may be unable to go to school because there is no money to pay for books and fees or because they experience rejection or discrimination. Some must leave school to help care for younger children or to earn an income to help support the household (Government of Kenya, 2004).

Children that are deprived schooling are generally hampered in their ability to achieve their full potential, and would not contribute effectively to the society because of lack of knowledge and skills. A good school education can give children a higher self-esteem, better job prospects and economic independence. As well as lifting children, out of poverty, such an education can also give children a better understanding of HIV and AIDS, decreasing the risk that they will become infected (Bennel, 2012; Subbarao & Raney, 2011).

The abolition of school fees in Kenya is a step in the right direction that will help keep children in school (Sara, Fatuma & Wawire, 2009). However, other associated costs such as the school uniform, activity fund and miscellaneous expenses that keep children out of school need to be addressed if children are to remain in school. For example, in 2003, when the Government of Kenya eliminated user fees, it brought over 1.5 million children (a third of which were girls) to school.

A study on child headed households in Uganda (Gilborn *et al.*, 2010) shows that 26 percent of children reported a decline in school attendance and 25 percent reported a decline in school performance when parents became ill. It was observed from this study that parental illness detracts from school attendance because children stay home to care for sick parents; they have increased household responsibilities and need to care for younger children. The greatest challenge that these children are likely to experience is the lack of parental involvement in their education.

Children who are orphans may also not get much attention from teachers who are aware that there is no parent to follow up on the academic performance of the child. The children may also be ridiculed by others during play and may be intimidated when others laugh at them for not having parents. A better picture was provided by data gathered from all countries in South of Sahara in a study sponsored by UNICEF (2010).

Absenteeism from school

Majority of the orphans 78.5% reported being absent from school with 63.5% indicating being absent very often. 19.5% opined that they were absent sometimes, while 13% were rarely absent. Only 3.75% reported never being absent from school. Majority of pupils reporting absenteeism indicated that they will eventually drop out of school to seek a source of income so as to take care for their younger siblings.

Pradhan & Sundar's (2010) study in India also investigated the reasons for dropping out of school: the study indicated no variations in reasons for dropping out, either among children 6–14 or those 15–18. However, the study showed increased responsibilities for children in HIV-affected households is a major reason for leaving school.

According to Meintjes *et al.* (2009) the rate of non-attendance amongst children heading households in South Africa is high. The primary factor leading to children discontinuing their schooling is the lack of funds for school fees, books and other school essentials. Children heading a household may have trouble in focusing on their own education while bearing the responsibility for a household. However, a study by Wandah & Munya (2011) contradicts the findings of the majority of researches and suggests that the attendance rate of children living in child-only households was not found to be significantly lower.

Effectiveness of the existing measures against the effects of HIV and AIDS on child-headed households

Households led by children employ a number of measures in order to cope with their emotional and psychological burdens. In Kenya, the extended family network is seen and upheld as the traditional social security system and its members are responsible for the protection of the vulnerable and for providing care to the old, the poor and the sick. This family setting was in the past times responsible for the transmission of traditional values and education. In the 21st Century, as in other African countries the extended family unit has disintegrated due to factors such as migration to cities in search of paying jobs. There has been an increase in population resulting in insufficient land resource to sustain the traditional large extended families making it necessary for families to migrate in search of land and pasture for their livestock and livelihoods. (Foster *et al.*, 1997)

Labor migration and urbanization have led to a reduction in frequencies of contact with relatives and encouraged social and economic dependency and possessions are no longer owned communally (Ayieko 2007).

Education about social values that was obtained through traditional mechanism is no longer possible; the younger generation has to depend on the interaction with peers in schools. Despite the external and internal pressures exerted on the extended family network, this unit remains the pre-dominant caring unit for sick relatives and orphans throughout Africa and specifically Kenya (Foster *et al.* 1997).

The extended family responsibility towards members of the family was without a limit even where a family did not have sufficient resources. This was the basis of the assertion that traditionally, “there is no such thing as orphan” in Africa. Even during the current crisis precipitated by HIV and AIDS, it is expected that orphans be under the supervision of an extended family member even when they are not adopted and living under the same roof.

This way of coping and adaptation to change presented by AIDS illustrates the strength, resilience and adaptability of the extended family. The phenomenon of child headed households appearing in communities affected by AIDS is an indication of the saturation of the traditional extended family networks for orphans coping mechanism. This development should be seen as a coping mechanism meant to address the orphan crisis within the communities and not an abandonment of their responsibility to care for orphans within the family (Ansell & Young 2004).

The orphans need emotional support and assurance; they need counseling and education on the new role as house heads. They need support and encouragement to go on with school. The burden of household chores coupled with schoolwork is stressful; youth orphans need direct interventions not only to sustain them in school but also to minimize negative psychological impacts that such a role may have on the young person.

In reaction to their parent's deaths 50 percent felt very sad and helpless, while another 22 percent were too young to express themselves. The study reported that adolescents losing a parent are more likely to experience a special case of identity loss (Sengendo & Nambia 2010).

Most felt pessimistic about the future, while one fifth of the participants expressed the strongest hope if they get good jobs in

future, others hoped they could complete their education or attend vocational education.

Perceived Social support

When a household begins to feel the effect of HIV and AIDS, families provide the most immediate source of support; psychological, economic and social (Foster & Jiwli 2001). Families are the best hope for orphans, but they require support from outside sources for both immediate survival needs and the longer term. It is therefore important to assist building the capacity of families to improve their economic standing, provide psychosocial support to the affected orphans and strengthen young people's life skills. The capacity of families to protect the rights of orphans and vulnerable in their care depends largely on their economic strength.

Possible interventions should aim to enhance the economic resilience of the household, such initiatives as conditional cash transfer, insurance, direct subsidies and material assistance can help alleviate the urgent needs of the most vulnerable house hold (Landgren, 2005).

Long term interventions should include studying closely what was left behind by their departed parents and assist orphans to increase family production in terms of land, livestock and provision of professional advice on how to access micro –credit to start small business, for those who can't continue with school or college. Vocational education should be made available as well for those orphaned youths who have been made to drop out of school.

Providing Psychosocial Support

Interventions to orphans due to HIV and AIDS tend to focus on education and material needs and ignore the psychosocial needs. These needs are in most cases misunderstood and are difficult to assess. HIV and AIDS undermines and destroys the fundamental human attachments to normal family life and youth development as observed by Foster & Jiwli (2001).

Youth affected by HIV and AIDS suffer fear and anxiety during parental illness then grief and trauma with the death of the parent. These problems are further compounded by traditional taboos surrounding discussion of AIDS and death. Children and youths orphaned by AIDS cannot cope without support; they need plenty of opportunity to express their feelings without fear of stigma, discrimination or exclusion. (Foster & Jiwli, 2001; REPSSI, 2013).

Programs addressing the psychosocial needs of the orphans should be incorporated into other programs /activities. Peer support, individual counseling, and group approaches are needed. The school counseling and social welfare programs, faith-based organizations, community volunteer groups, all should be sensitized and equipped to offer psychosocial support to children orphaned by AIDS. Teachers, health care workers and other stake- holders interested with the welfare of the children should be trained to identify signs of distress and take appropriate actions (REPSSI 2003).

Providing the orphaned children with life and survival skills

In the absence of parental guidance and support, young people who have taken parental responsibility do so without

much skill and preparations. Young people require training to enable them cope with the demands of their new responsibilities, they need new and strengthened skills in areas including household management, caring for young siblings, budgeting and accessing other important services.

Vocation and apprenticeship are key to enhancing their ability to generate income. Further the orphans must be equipped with social and inter personal skills necessary to make informed decisions, communicate effectively and develop coping and self-management mechanisms that will enable them to protect themselves from HIV infections and other risks. These young people should be encouraged to participate actively in planning and implementing all programs that involve their welfare as explained by Williamson (2002), that by involving young people in the fight against HIV &AIDS their confidence and self -esteem is improved as they feel responsible as partners.

Community support

When families cannot adequately meet the basic needs of the orphans and the vulnerable in their care, the larger community becomes the safety net in providing essential support. Local leaders, including traditional and religious leaders, administrators, women groups, prominent citizens, journalist, teachers and others need to be sensitized to the impact of HIV and AIDS and to the circumstance of orphans within their community. This sensitization program should encourage leaders and their communities to take action in support of the affected house -holds and monitor the most vulnerable.

Their role should be to ensure such orphans are under supervision of adults, that they are enrolled in school, have their basic needs met and can access most of the essential services. Of particular importance is alerting leaders to the risks the children are exposed to, for forced marriages for girls. Leaders should create a culture in which abuse of any kind is unacceptable and violations are dealt with effectively, this heightened awareness can provide attention to the young people made vulnerable by AIDS and stimulates locally driven action in response to identified needs as observed by William (2002).

Supporting Cooperative activities

The rural poor communities provide examples of utilizing locally available resources to help children and house- holds made vulnerable by HIV and AIDS. Community groups can provide direct help to the orphans. They are better placed to assist AIDS affected families in monitoring and visiting the affected house- holds and the provision of volunteer programs that provide much needed psychosocial support, communal gardens, community childcare services, community schools, pooling of funds to provide material assistances, youth clubs and recreational programs. (UNAIDS, 2003)

The Kenyan community is known for its innovative ways of dealing with issues that threaten its cohesive nature. Specifically, the Luo of Nyanza are known for addressing community issues by forming community –based organizations or groupings to address issues such as funerals, school fees problems, hospital bills and any other threatening issue to the families, this can be seen through the common fundraisers- commonly referred to as *harambees*. On recognizing the increasing vulnerability of orphans in the communities; groups

are responding by ingenuity; such attempts are meant to provide support for the orphans within their locale. (Williamson, 2002)

Most community initiatives grow out of the concerns of a few motivated individuals who work together to support the orphans. These initiatives spring from a sense of obligation to care for those in need.

Theoretical Framework

The study was guided by family systems and ecological systems theory.

Family Systems Theory

The study was guided by Family Systems theory by Bowen (1954), which posits that people do not exist in a vacuum, but in families and communities. Every family member is connected to each other through a system of overlapping and intertwining relationships that can only be deciphered when all members work as one. This also applies to children affected or infected by AIDS. This theory sees different levels and groups of people as interactive systems where the functioning of the whole is dependent on the interaction between all parts. Family Systems Theory assisted the researcher in this study, to understand the educational and psychosocial factors that affect learners orphaned by AIDS. Whole systems can interact with other systems around them, for instance family may interact with schools, communities, education department and other government departments among other systems.

AIDS orphans are not treated like any other orphans; they are discriminated against by their peers and are absent from school because some of them need to take care of their terminally ill parents. These factors affect other levels of the system such as community; whereby community members discriminate those who are affected or infected by AIDS; and school level whereby learners orphaned by AIDS are being discriminated by their classmates.

If most of the learners are having difficulties to perform well in school due to the factors mentioned above, the entire education system will be affected. There may possibly be an imbalance in the whole system because of the disturbances between each of the levels, and so it may be detrimental to view the challenge as being caused by the learners' home factors, which in this study are their parents' illnesses and deaths related to AIDS.

Ecological Systems theory

Another theory that was relevant to this study is ecological systems theory propounded by Bronfenbrenner (1986) whose assumptions are based on the interdependence between different Organisms and their environments.

The relationships between organisms and their environments are seen holistically. In a family or household such as child headed households, every individual is essential to another in order to sustain the cycles between birth and death. Therefore, the links between organisms or people within their entire systems depend largely on one another. The theory sees different levels and groups of people as interactive systems where the functioning of the whole is dependent on the interactions between all the parts.

Orphans as in this study, are part of a system that can be affected by different aspects such as members of the extended family, siblings, teachers, neighbours, peers, the curriculum and the school administration. Interdependence here is highly dependent on the activities of each member.

Therefore, it becomes vital to understand how children's development is shaped by their social contexts (Bray *et al.*, 2010). Bronfenbrenner (1986) explains fully how different levels within a system in the social context interact in child development.

Research Design.

This study was a descriptive survey as it set out to describe and interpret a situation (Etemesi 2013).

This design helped the researcher to obtain information concerning the status of the orphans at that point in time. Emphasis on qualitative methods allowed the researcher to probe.

Target Population

Primary school pupils living in child-headed households, and Community Based Organizations formed the unit of analysis. An age range of 9-18 years was selected because they were considered to be mature enough for an interview and they also met the standard definition of a child according to Kenyan Law. Community Based Organizations were picked because they are considered the authority in the community and have personal information on orphaned children in the community. In order to participate in the study, the participants were required to have met the following criteria; aged 9-18 years, heading a household, living in Seme Sub- County, orphaned as a result of a HIV and AIDS-related illness, orphaned for a minimum of 6 months and able to understand and converse in English or Dholuo. At the time of the study, there were approximately 2347 primary schools with a pupil population of 36,000. There are 74 Community Based Organizations working in Seme Sub-County.

Sampling Procedures and Sampling Techniques

A criterion-based purposive sampling strategy was used to select participants for this study. It is a form of non-probability sampling in which decisions concerning the individuals to be included in the sample were taken by the researcher, based upon a variety of criteria, which may include specialist knowledge of the research issue, or capacity and willingness to participate in the research. When using a purposive sampling technique, researchers rely on their experience, ingenuity and, or previous research findings to obtain a research sample deliberately in such a way that the sample may be regarded as representative of the relevant population (Welman *et al.*, 2010). Purposive sampling technique helped the researcher to select orphaned children who met the research criteria. The researcher then used simple random sampling to select a sample from the pool of orphaned children.

The sample size for the study was 100 respondents out of which there were 80 orphans selected through simple random sampling from 160 child-headed households and 20 personnel from CBOs working with the selected orphans.

Data Collection Instruments

The unstructured interviews also allowed the researcher to probe extensively for sensitive issues. In this regard, unstructured interviews enabled the researcher to obtain in-depth data from the perspectives of the child-household heads. The interview schedule was administered to 80 child household heads and 20 community-based organizations personnel.

III. RESULTS

Demographic information of children heading households

Sixty-two (62.%) of the 80 household heads analysed were male and the rest (37.5%) were female, a ratio of almost 2:1. This was indicative that the number of orphan male-headed households are almost double when compared with orphan female headed households in Seme Sub County. Those aged below 10 years comprised 6.25% while those aged 10 to 14 years were the majority at 58.75%. Those above 15 years constituted 35% of the respondents

Demographic information of the CBOs personnel

Male respondents working in the community-based organizations totaled 65% of the respondents with the remaining 35% being female respondents. The ages of the respondents ranged between 19 and 55 years, with those aged below 21 years being only 3.5% of the study respondents. These were mostly field and outreach officers. Those aged between 22 and 29 years were the majority in the study at 35% and generally comprised research officers. Workers aged 30 to 39 years constituted 25% and mostly worked as program officers, while those between 40 and 49 years old comprised 15% and were at management levels. There were only 1.25% respondents aged above 50 years.

This indicates that young people who are still energetic and can conduct effective outreach programs and the research necessary to help the orphans manage most CBOs in the Sub County. How effective their approaches can only be understood from the psychosocial sequels experienced by the orphans in the community. The elderly are very few in the CBO sector and may be involved in advisory services in the community but their expertise and experience is still essential in the management of CBOs.

Psychosocial effects due to HIV and AIDS

Table 4.1: Psychological reactions of orphans (Source: field data)

Reaction	Percentage
Anxiety	36.25
Depression	23.25
Suicidal ideation	20
Panic Attacks	15
Others	5.5

As noted in Table 4.1. Anxiety accounts for (36.25%) of the psychological sequel experienced by the orphans. The symptomology of anxiety presented itself in various forms, with

45% of the orphans reporting being restless often and 35% noting being restless sometimes. Only 25% reported not being restless.

Forty five percent reported never having panic attacks, with only 15% percent noting them. Fifty percent sometimes feel that something bad is going to happen to them, while forty percent had the feeling often. Being scared with a reason sometimes was noted by forty percent of the orphans, with fifteen percent being afraid often. However, forty-five percent were not scared without reason.

Low energy levels were highlighted by (35%) of the orphans and was the most frequently reported depressive symptom resulting from excessive stress noted. Other symptoms of depression presented themselves in the form of suicidal thoughts and self-blame at 20% respectively.

The effects of HIV and AIDS on school attendance and performance

According to this study, the orphans reporting to have attended school constituted about 90 %, (72) of the respondents. However, only 61.25% (49) reported being currently enrolled in formal schooling. Those currently enrolled in school were those above the age of ten years. The performance of the children in school was noted as being generally poor (66.25%). Some of factors cited by the orphans include losing interest in their studies, becoming depressed, and even dropping out of school because of taunts by peers.

The findings highlighted that in some cases teachers actively discriminate and even mistreat affected children in the classroom by neglecting or abusing them hence leading to poor self-concept and low concentration in academics. The dropout rate was higher more among girls interviewed. The factors that may have led to the high dropout rates among the girls include household chores and indifference to girl’s education in the community.

Across Africa, the girl child is viewed as property to be married off at early ages and hence most communities don’t pay much attention to their education. Other contributing factors that may lead to early dropouts is the need to seek employment to sustain the child-headed households that may not be receiving support from the extended family members. The children also reported that ostracism and humiliation by their peers were other reasons for dropping out.

These results were similar to studies in China that compared attendance for children orphaned by AIDS. Enrollment rates were high overall, and no differences were seen among children living in HIV and AIDS affected households and unaffected children. Children orphaned by AIDS had lower attendance but the difference was not significant (Jainhua *et al.*, 2006). In another study conducted in Lao PDR, involving 115 children aged 6–18 years, of which 69% were HIV affected and 31% were not: 95% had ever been to school, and 83% were currently attending.

These results concur with those of low prevalence Africa Nations, in which enrollment rates are low. A cross-sectional study interviewing 1013 children in Benin found 77% of orphans and vulnerable children aged 6–18 years old were enrolled compared to 82% of non-orphans (GECA, 2005).

Absenteeism from school

The child household heads reported that the reasons for absenteeism were seeking part time employment to sustain the family and ostracism by other pupils and teachers. The absenteeism rate among the child household heads was 63.5%.

The effectiveness of existing interventions to address the effects of HIV and AIDS on child headed households

Support by siblings

Some of the orphans had siblings who were married (26.5%) and reported that they received some kind of support (11.25%) from them. The kind of support offered to the orphans by their married siblings as indicated in the Figure 6 denotes that food (80%) was the main support. Clothing (8.75%), upkeep money (8%) and schooling support (7.5%) were also reported by the orphans. To a minor extent the elder siblings contributed to medical and accommodation support at 3.75%. Financial upkeep and medical support is noted as being minimal at 8% and 3.75% respectively. These findings illustrate that the extended familial system once prevalent in the Luo community and many similar communities in Africa is slowly being eroded by modernization. The support reported by the orphans in Seme Sub County is a reflection of what is more prevalent in town and city life with the socio-economic hardships encountered in these settings. However, in a rural setting like the study geographical area, the support is supposed to be much higher than represented by the findings, as many relatives are assumed to reside in the rural setting. The support towards the orphans' accommodation and related matters including education that is currently highly subsidized by the government of Kenya for both primary and day secondary education should be much higher.

Support from CBOs

Majority (60%) of the community, based organizations C.B.O reported legal and advocacy services as their forte. 35% and 25% respectively reported education and food provision as the service they engaged in. medical services accounted for 20% of the service provision, while 15% respectively engaged in shelter, clothing and other services. However, it was noted that there were organizations that engaged in cross cutting service provision such as medical and nutrition services or legal aid together with education. The reasons for the selective support provision by the Community based organizations was reported as limited donor funding to the CBOs. They opined that the donors were keener to support the big Non-governmental organizations in Seme Sub County as compared to the CBOs that are mostly family and communal outfits.

IV. CONCLUSION AND RECOMMENDATIONS.

Children heading households experience increased levels of psychological and emotional distress. Furthermore, the factors that are inherently part of the reasons that children are affected by HIV and AIDS appear to cause psychological stress in orphans and vulnerable children may also be the result of conditions other than HIV and AIDS. Physical and verbal abuse, level of psychological distress of the guardians, and health status of the guardians are all significant predictors of psychological

distress in orphans and vulnerable children, these predictors may also be caused by phenomena other than HIV and AIDS and thus apply to other children as well.

In African communities, the extended families take in orphans who lose both parents. Children affected by HIV and AIDS in Seme Sub County are at serious risk of exploitation, including labor and sexual abuse. Isolated from emotional connections with the family, some have been forced to live on the market places and beaches either begging or engaging in petty crime as a means to survive. While most of these children, especially the girls were born free of HIV, they are highly vulnerable to HIV infection while in the markets or beaches. The work by the community-based organizations in the Sub- County, focus on legal and advocacy services with limited focus on education and food provision. Medical services account for 20% of the CBO service provision with the Ministry of health playing a major role in health care provision of these orphans. Their shelter, clothing and other services are mainly sourced from their hard earned labor with very little CBO contribution.

The researcher recommends that there should be accessible psychosocial services to help mitigate the effects of HIV and AIDS on child household heads. These should include counseling and mentoring of children and/or caretakers, self-help groups, and various types of community mobilization. In some cases, psychosocial interventions may be designed specifically for children and youth. Self-help groups such as weekly clubs and after-school programs where children can discuss their concerns with individuals similar to themselves can also be implemented. An important area needing attention is focusing on material and financial issues.

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