

**SOCIAL ECONOMIC PROBLEMS FACED  
BY LEARNERS WHO ARE HIV/AIDS  
ORPHANS IN NGARIAMA ZONE  
SCHOOLS KIRINYAGA  
DISTRICT**

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## TABLE OF CONTENT

ABSTRACT

DECLARATION .....	i
APPROVAL .....	ii
DEDICATION .....	iii
ACKNOWLEDGMENT.....	iv

### CHAPTER ONE

1.1 INTRODUCTION .....	1
1.2 BACKGROUND INFORMATION .....	1-3
1.3 STATEMENT OF THE PROBLEM .....	3
1.4 PURPOSE OF THE STUDY .....	4
1.5 SPECIFIC OBJECTIVE .....	4
1.6 OBJECTIVES OF THE STUDY .....	4
1.7 RESEARCH QUESTIONS .....	5
1.8 SIGNIFICANCE OF THE STUDY .....	5-6
1.9 LIMITATION AND DELIMITATION .....	6
1.9.1 OPERATIONAL DEFINITION OF TERMS AND PHRASES .....	6

### CHAPTER TWO

2.0 INTRODUCTION .....	7
2.1 EDUCATIONAL CHALLENGES.....	7-8
2.2 SOCIAL CHALLENGE .....	9-10
2.3 TYPES OF ORPHANS.....	10-13
2.4 TYPES OF CARETAKERS WHO FOSTERED ORPHANS.....	14

2.5 ECONOMIC CHALLENGES .....	14-15
2.6 THE ROLE OF STAKEHOLDERS .....	16-17
2.7 THE ROLE OF RELIGIOUS FAITHS .....	17
2.8 THE ROLE OF NGOS .....	17-18
2.9 THE ROLE OF DONOR COUNTRIES.....	18
2.10 SUMMARY TABLE .....	19

### **CHAPTER THREE**

3.1.0 INTRODUCTION .....	20
3.1.1 RESEARCH DESIGN / STRATEGY .....	20
3.1.2 LOCATION OF STUDY.....	20
3.1.3 STUDY POPULATION .....	20
3.1.4 SAMPLE SIZE .....	20
3.1.5 SAMPLES AND SAMPLING TECHNIQUE.....	20
3.1.6 RESEARCH INSTRUMENTS.....	21
3.1.7 VALIDITY AND RELIABILITY OF THE INSTRUMENT .....	21
3.1.8 DATA COLLECTION PROCEDURE.....	21
3.1.9 DATA ANALYSIS.....	21

### **CHAPTER FOUR**

4.1.0 INTRODUCTION .....	22
4.1.1 BACKGROUND INFORMATION .....	22

## CHAPTER FIVE

5.1.0 INTRODUCTION .....	27
5.1.1 SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS.	27
REFERENCES .....	31
APPENDIX 1 : LETTERS TO AUTHORITY.....	32
APPENDIX 2 : LETTERS TO AUTHORITY.....	33
APPENDIX 3 (i): TEACHER'S QUESTIONNAIRE .....	34
APPENDIX 3 (ii) CHURCH QUESTIONNAIRE.....	35
APPENDIX 3 (iii) PUPIL'S QUESTIONNAIRE.....	36
APPENDIX 3 (iv) LETTERS OF AUTHORITY .....	37
APPENDIX 3 (v) ROUTE MAP .....	38

## ABSTRACT

In the above study of social –economics problems faced by learners who are HIV/AIDS orphans ,the aim of the researcher was to investigate and find out ways which the government uses to curb down the fast increasing number of orphans to , to find out the social economic problems faced by learners who are HIV/AIDS orphans ,to establish possible solutions to the social-economic challenges faced by HIV/AIDS orphans ,to find out the negative impacts faced by learners whom are HIV/AIDS orphans to asses how the churches play their role in fighting HIV/AIDS and to spell out the role of the teacher in the education of HIV/AIDS orphans. To gather this information questionnaire were used to collect the information .The research revealed that those orphans faced o lot of problems ranging from lack of basic needs ,parental guidance and role model ,social stigma. The children received much spiritual support and had different care –givers.

It was therefore vital to have a lasting solution by helping these children through giving them guidance and counseling services, good health care, good role model and encouragement in order to cope up with the strains of their lives. The church need to take it's rightful role of compassionate care in order for these children to survive without much strain.

**DECLARATION**

I Caroline M. Njagi, Adm. No, BED/SNE/15567/71/DF, hereby declare that this research paper is my own origin and not a duplication of similarly published work of any scholar for academic purposes as partial fulfillment requirement of any college or otherwise.


It has therefore never been submitted to any other institution of higher learning for the award of a certificate, diploma or degree in education.

I further declare that, all materials cited in this paper which are not mine or my own, have been duly acknowledged.

Signed.......... Date: .....

**APPROVAL**

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

SIGN: .....

DATE 19/08/09.....

MRS. DEBORAH TALIGoola.

LECTURER

DEPARTMENT: INSTITUTE OF OPEN AND DISTANCE LEARNING (IODL)

## **DEDICATION**

I dedicate this research to the HIV/AIDS orphans individuals that the findings may be used by the authorities to improve on solutions to their problems, within Kirinyaga district and country wide too

A special dedication to my dear husband Benson E. Chege and my daughter Elsie Nyambura for their understanding during my two years absence.



### **ACKNOWLEDGEMENT:**

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Finally I thank Margaret Peter for typing this special study paper with patience and dedication.

## CHAPTER ONE

### 1.1 INTRODUCTION

HIV/AIDS is a disease that is infecting and affecting the whole world. There are many beliefs concerning this fateful disease. For example, only extremely immoral people get HIV/AIDS, that loosing a lot of weight automatically confirms that one has HIV/AIDS and many others depend on geographical locations or creed.

There are two types of HIV/AIDS viruses commonly known as HIV 1 and HIV 2 which have 40%-60% basic protein. Similarly HIV1 is common world wide whereas HIV 2 is commonly found in West Africa. This is according to PSABH course A (2002).

“The first cases of HIV/AIDS were noticed in USA in 1981 and in Uganda in 1982 as revealed in UNICEF handouts sessions. In Kenya the first case was reported in 1984 and consequently HIV/AIDS was declared a national disaster on 25<sup>th</sup> Nov 1999 by our retired president Daniel Arap Moi at a parliament in Mombasa .This is according to government of Kenya (2001)

In Ngariama zone which is researcher’s area of study, HIV/AIDS was first reported in 1991 (Gatumbi SDA dispensary out patient tally sheet file records)

The researcher’s biggest concern in this research was to try and get the socio-economic problems faced by HIV/AIDS orphans in the mentioned area.

### 1.2 BACKGROUND INFORMATION

Generally speaking Kirinyaga district, particularly Ngariama location, there is high productivity of cash crops both tea and coffee.

The financial avenue has seen many people getting themselves involved in alcoholism which eventually leads to reckless living at low morals.

The high income forces them to travel in urban areas like Nairobi, Kisumu and Nakuru where they involve themselves in immoral behaviors and when they come upcountry the contracted diseases are transmitted to spouses. This has left many homes without either the father or mother and the children are orphaned.

In addition ,Kirinyaga is a highly educated district in pursuit of higher education ,people move into different places and attend institutions of higher learning .They mingle with different kinds of people from different behavioral patterns ,thus leading to immorality and in return people have contracted HIV/AIDS and other sexually transmitted diseases. These diseases by extension are transmitted to local people by their counterparts when they come back home .This also has contributed greatly to the deaths of parents leaving behind a trail of orphans .However there are still some who live below the poverty line. These are very vulnerable to HIV/AIDS .This is because they are lured into illicit sex as a way of living .When this happens, these people get infected by this disease and eventually they die leaving a trail of orphans behind .Those who are not able to engage in illicit sex have an alternative of involving themselves into illicit brewing, vending and drinking. In the process they find themselves involved in sexual immorality and consequently they can contract HIV/AIDS and they leave behind orphans.

In these categories of homes whereby parents are drunk, others are immoral, others have so much money that they are forced to go to urban areas, the rate of divorce is high which leaves children being handled by single parents or none at all. This big problem has left children without any role model, any counselor anyone to guide them or teach them the right morals. Note this; the trend of how HIV/AIDS has affected all of us can be illustrated in the simple table below drawn from HIV/AIDS ISTD outpatient tally sheet – Gatumbi SDA dispensary (2003-2007)

Year	Patients diagnosed with HIV/AIDS / STD
2003	14
2004	17
2005	24
2006	28
2007	34
Total	117

### 1.3 STATEMENT OF THE PROBLEM

In general, the HIV/AIDS patients were looked down upon by other people who had not contracted the disease. This was simply because they were viewed as “outcasts” or simply “community misfits”. Coming down to HIV/AIDS orphans, the community viewed them as an extra “burden” on their shoulders. This was because children were helpless and they required all basic needs from the adults. It was of necessity to note that HIV/AIDS either affects us directly or indirectly and if we are not infected we are affected.

More importantly the HIV/AIDS orphans were a “burden” to the community and were also under psychological stress which had a long time lasting traumatic effects on their lives. That is why the researcher decided to find out the socio-economic problems faced by the learners who were HIV/AIDS orphans in Ngariama zone schools.

#### **1.4 PURPOSES OF THE STUDY**

This study was intended to:-

Identify and discuss the socio-economic problems faced by learners who are HIV/AIDS orphans.

#### **1.5 SPECIFIC OBJECTIVES**

1. Discuss the positive and negative impacts of socio-economic problems on the education of learners who are HIV/AIDS orphans
2. Find ways and means of financial assistance to the HIV/AIDS orphans in their education
3. Identify how HIV/AIDS orphans could be handled in a learning situation.
4. Device mechanisms which could assist the relatives of the affected and bereaved HIV/AIDS orphans.

#### **1.6 OBJECTIVES OF THE STUDY**

This study was meant to:-

1. Identify ways the government uses to curb down the fast increasing number of HIV/AIDS orphans by offering education to the community which was likely to contract HIV/AIDS disease.
2. Find out the socio-economic problems faced by learners who are HIV/AIDS orphans.
3. Establish possible solutions to the socio-economic challenges faced by HIV/AIDS orphans.
4. Find out the negative impacts faced by learners who were HIV/AIDS orphans.
5. Access how the churches play their role in fighting HIV/AIDS.
6. Spellout the role of the teachers in the education of HIV/AIDS orphans.

## **1.7 RESEARCH QUESTIONS**

1. Which were the ways the government used to curb down the fast increasing number of HIV/AIDS orphans?
2. Which were the possible solutions to the socio-economic problems faced by HIV/AIDS orphans?
3. Which were the socio-economic problems faced by learners who were HIV/AIDS orphans?
4. Which negative impacts did the learners who were HIV/AIDS orphans faced?
5. What were the role of the teachers in the education and learning of the HIV/AIDS orphans?
6. Which was the role of the church in fighting HIV/AIDS?

## **1.8 THE SIGNIFICANCE OF THE STUDY**

This study was meant to help in the fight against HIV/AIDS which is one of the major causes of the largest percentage of orphans. It will also create more awareness in the society on the ways and means of addressing socio-economic needs of the learners who were HIV/AIDS orphans.

This will also challenge the ministry of education to include guidance and counseling in the teacher's training institutions as part of the curriculum to equip the teachers with this professionalism.

The community need to be aroused on the negative socio-economic effects caused by HIV/AIDS hence all of us taking responsibility. The government needs to be asserted that people need policies taking care of needs and challenges of the HIV/AIDS orphans who find themselves in a dilemma not of their own choice, moreso , in an

inclusive environment need to be created to the already disadvantaged HIV/AIDS orphans end to say there is someone who cares.

## **1.9 LIMITATIONS AND DELIMITATIONS OF THE STUDY**

In carrying out this research these factors positively assisted the researcher. These included: Being known in the area, cooperative members, literacy of the people the researcher dealt with and more so being in a school setting, writing materials were easily accessible.

### **1.9.1 OPERATIONAL DEFINITION OF TERMS**

A – Acquired – Something you get.

I – Immune – Resistance against infections

D – Deficiency - lack of

S- Syndrome – collection of signs and symptoms.

H – Human

I – Immunodeficiency

V – Virus

Foster – take care of

Morbidity– Having unpleasant things especially disease or death.

Orphan – A child left without care of one or both biological parent(s)

Pawning – is a practice whereby relatives of the female orphan receive remuneration for these girls from those employing them as house girls.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 INTRODUCTION

When Kenya gained independence in 1963, the late founding father of this nation Mzee Jomo Kenyatta, said that the three main enemies to be fought by independent Kenya were:- poverty, ignorance and disease. These three are still our major threats mainly caused by ignorance and fueled by poverty. This whole disaster leaves behind a trail of helpless and desperate orphans who are a real 'burden' to all of us. This ranges from both economical, socio and of course and of course educational.

#### 2.1 EDUCATIONAL CHALLENGES

Our government which is full of foresight has devised educational policies that enhance HIV/AIDS awareness countrywide. For example, HIV/AIDS lessons have been included in the ministry of education curriculum beginning from primary level to university level.

According to minister of education Prof. George Saitoti in Standards Newspaper May 20, 2004 pg 7 and 15 states that, Incorporation of Aids education in the syllabus will help learners and infusion of AIDS syllabus will help learners.

According to minister of health both Mugo in Standard Newspaper October 28, 2004 pg 15 states that, some people in different communities have been misled by their dogmatic cultural beliefs which have completely brainwashed them as to the non-existence of the HIV/AIDS disease. Consequently many have involved themselves in 'unprotected sex' and hence contracting HIV/AIDS.

'There are some cultural beliefs and practices that promote AIDS (Kenya Institute of Education Journal (2002). To get rid of this ignorance some non-governmental organizations, well wishers, churches have taken their rightful role in creating



awareness'. The church should educate people (Community) on prevention and awareness of HIV/AIDS' (Christian Health Association of Kenya (2003). For example, Seminars have been of very great Importance/help. Well wishers have devised peer counseling programmes whereby people of almost equal age are able to open up to one another without much shyness. Mission of Essential Drugs and Supplies (2000) states that 'The church should counsel youth on sexual and reproductive health' The Church has also devised pre-marital counseling to those intending to get married. According to the Ministry of Health Journal (MOH)(2001) Quotes that, "Counseling is important not only for those planning to marry but also to the rest" Clubs have been created which cater for forums whereby people meet and discuss other daily activities and HIV/AIDS awareness.

Parents at home have taken this challenge as well. Many are breaking up the cultural beliefs. For example their children can be counseled by their aunts, grandparents and many others; but the parents have now taken it upon themselves to counsel their own children on issues like sexually transmitted diseases, pregnancies and many more.

According to White Gould (-) quotes that "Children needs parental counseling in order to cope up with their life." All this has created awareness which has otherwise been lacking for quite a while. This kind of enlightenment which challenges all of us to have a collective responsibility. The HIV/AIDS Orphans burdens which would have otherwise unburdened all of us becomes much lighter and easy to handle. It is worth noting that, if we are not infected we're infected and this should be the driving force into taking full responsibility of the very prevailing problem.

## 2.2 SOCIAL CHALLENGES

Our social fabric is made up of nuclear families and goes to the extended families. These families should be closely knit together by cherished values and virtues.

However, our society is disintegrated because of many things like the media, Western-education, fashion and many others. This consequently has brought about social challenges. These challenges are both social and economic.

Our challenge is HIV/AIDS Orphans. What brings about HIV/AIDS Orphans?

Because of the disintegrated families, for example fathers working in urban areas and mothers being left up country. The children are left alone to be counseled by one parent which brings a one sided attention to the children. According to Nancy Pelt (1984) She quotes that, the fathers make several contributions to child's growth as well the mother."

On the other hand parents who are working in the urban areas and without their spouses are vulnerable to promiscuous behavior which leads to STDs and HIV/AIDS is one of them. According to J. William (2001) quotes that 'the major causes of personality disorders is maternal deprivation in early childhood.'"

In the long run when they travel up country or to their spouses for that matter they carry with them what they had acquired outside marriage.

Ultimately their death leaves a string of orphan behind. This is as result of disintegration families' .According to UNAIDS (1997) quotes that "if a child is uprooted from the farmyard community this will result to abandoned children .A. G. Thuita (2001) quotes that spouse to be encouraged to live together.

Other cultural beliefs like wife inheritance polygamous marriage and many other are also vices that spread HIV/AIDS and the result is HIV/AIDS orphan .According to Kenya Institute of Education journal (2003) quotes that ,there are same practices that promote

the spread of HIV/AIDS , and the result is HIV/AIDS orphans .Both the two vices mentioned go against the Biblical teaching of “one man one matchet”,for young people media influence ,peer pressure and pornographic literature contributes to early engagement into pre-marital sex which is also a major venue of the spread of HIV/AIDS .According to pat(1984) quotes that ,mass media and especially TV has a great impact on character. Those young people eventually got married while they are already infected .After the death of their parents the children were orphaned .According to Christian Health Association of Kenya magazine (2003) quotes that “HIV/AIDS has brought orphans in the society.” This dilemma has raised an alarm and all of us now should de awake and realizes that “its not condom but conduct.” This will reinstate our cultural values, personal values and ultimately the society values. We call upon all social institution to join hands so that we can device ways and means which bring us together in formal forums whereby people can learn and plan programmer that can bring cavity into our society hence reducing promiscuousness which eventually is an avenue to immorality.

### **2.3 TYPES OF ORPHANS**

Orphans can be divided into three broad categories.

#### **1. Children who had lost their parents to AIDS.**

HIV infected fathers tend to become infected and die early than their spouses. According to Christian Health Association of Kenya journal(2004) quotes that “Men are more prone to AIDS than women “when the father dies ,the sense of social and physical security associated with the male authority is gone .A female head of household often lack the right to inherit property and has only tenuous ties to within the paternal kinship system. The mother had to divide her attention between meeting the family basic needs and

parenting .According to Pat Nancy (1984) quotes that “Mother has divided attention and time between meeting the family basic needs and parenting rules” The orphan are frequently called upon to provide additional assistance in meeting household needs .In rural areas for example children work on other families farm in order to meet their own needs. Following their fathers death, new source of income are needed, according to Paul (1996) he quotes that “Orphaned children are forced to work on others farm so as to generate income to meet their needs,” but any choice a woman and her children carries a social and economic cost .Children who dropped out of the school were usually deprived of the long term opportunities for wage employment. Household whose members worked on the land of others usually received a minimal income in cash or in kind which only covered immediate needs, with little or nothing to save or invest thus a spiral of poverty was established or reinforced. According to Mission of Essential Drugs and supplies (1996) states that “Most orphans are underpaid because of their desperate situation “Household where the father died, the widow and the children faced with o lot of problems .If the mother was not previously employed, often engaged in petty trade and other services to sustain their household .The quality of care deteriorated rapidly .According to Put Nancy (1984) quotes that “Mothers constant presence play a vital role. In child guidance when the orphan deemed that care from parents (mother) was deficient, they often sought refuge elsewhere .For example from sympathizer’s .Since they were viewed as competitors of needs .Finally they were used to gravity their sexual desires. According to Christian Health Association of Kenya (2004) quotes that “Female orphans are the most sexually abused.

**(ii) Children who had lost their mothers to aids**

Fathers who had lost their wives through AIDS re-married and explained their decision as “care for the orphans .The orphaned children in those circumstances indicated that the household dynamics in their families did not favor them and they lacked their father’s protection from their new step-mothers. Tense relationship in those household where the attention the children formerly obtained from their mothers was not replaced by step-mothers. Those children had to content with discriminatory practices that ostracized them as outcasts. According to Mwaura.s and Wanyera s (2002) quotes that “these children have to peace of their neither mind nor motivation and many of them end up in streets from where they likely to conflict with law. Lack of protection by the father in confrontations forced some orphans to sought refuge in deceased mother’s family.

**(iii) Children who had no parents due to AIDS:-**

Orphans who are fostered did not find favor from foster parents. Distribution of household resources largely excluded orphans who lost both parents, while at the same time many households relied on the labor of the orphans to generate income. According to LINK (-) quotes that “children engaging in hazardous labor is associated with HIV/AIDS. Many orphans opted to remain in their own households than to be fostered”. Here they remained without any adult supervision. According to Pelt Nancy (1984) quotes that, “parents have the responsibility over their children” and the child learns that his/her peers should dictate his/her peers should dictate his/her actions and attitudes too”

In that case, the eldest child tended to assume the role of the family head regardless of gender. Female children tended to assume the role of the mother in nurturing the other children from a very early age. According to Mwaura s and Wanyera s (2002) quotes that;”

many children assume parental roles as early as age 10-12 years. This was detrimental to their health. Most of those young girls who grew up without their peers, who were themselves, uninformed. According to Pelt Nancy (1984) quotes that," children who lack parental guidance learn much from their peers who may mislead them."

Most young orphaned girls who headed households also had no time for their studies, with the loss of maternal attention; they sought emotional support from men and were particularly vulnerable to sexual exploitation. According to Welles Richard (-) says that," some orphans gravitate to brothels in search of easy money and to satisfy the need of some men or younger sexual activity earlier than the girls who had parental guidance and support. In the situation where the male child headed the family, he usually viewed his roles as an authoritarian and often sought to enforce his leadership physically. The orphans in this situation complained of many beatings which traumatized them even when in school. Lack of concentration deemed poorly to those learners. According to Pelt Nancy (1984) she says that, "many homes problems arise when leadership roles are confused." These children engaged in income generating project/activities of which some were hazardous to their health, physical, mental and his/her developmental being. Those learners lacked time to play and even to associate with other peers. They seem to be in the world of their own. Most children complained of discrimination from their fellow siblings. In cases where the young boys headed households, these orphans went without food in school.

## **2.4 TYPES OF CARE TAKERS WHO FOSTERED ORPHANS:**

In most Kenyan communities the concept of "adoption" does not exist in the western sense. Orphans are fostered to prevent the complete dissolution of their father's household - the basic unit of the kinship network system. In Kenya, each household is invaluable to the clan system and must therefore be preserved. Although the desire to survive as a family is strong, prevailing economic and social circumstances have led to separation of some HIV/AIDS orphans. These four broad-based categories were found in the area of research. These include:-

### **i) foster families:**

Children who were fostered generally remained within the extended family network, and were fostered by a parental aunt or uncle.

### **ii) Third generation caretakers:-**

This refers to grandparents who took care of primarily parentless orphans and children who had lost their mothers.

### **iii) Orphaned-headed-households:-**

These were orphans who were left to survive on their own. This forced the young prematurely into an adult life's full of responsibility.

### **(iv) Households employing orphans:-**

Some of the households employed a pawned orphan as house-girls.

## **2.5 ECONOMIC CHALLENGES**

For our institutions to operate effectively people need to have a strong economy, but as it is now many of our people (Kenyans) live below the poverty line. By these we mean, many people cannot afford three meals a day, good medical care, good education and others. Due to these above factors many people have gone into odd jobs e.g. prostitution, thuggerly, child

abuse, illicit brewing, drug trafficking and many more, while people are these 'evil' activities, the end result in broken families and consequently broken family.

This has led many orphans being affected. They had no sufficient funds or no funds at all. According to Kenya Institute of Education journal (2003) says that, "the children lack fund to meet their basic need." Due to this, orphans had offered themselves to cheap labor. Some opted to be drug traffickers and to work in other people's farm. According to LINKS (-) quotes that, "there are many risks that are faced by HIV/AIDS orphans. This poses a great economic challenge to the government and all of us. The government gets into the building orphanages, character building institutions to try and shape the HIV/AIDS Orphans.

The government further builds schools where these children would learn in addition to offering health services and other basic needs. This indeed is a very heavy responsibility and indeed demands a huge amount of money. It's in this respect that it requires the hand of well-wishers like donors, NGOs, religious institutions and many others. According to Ministry of Health Journal (1997) says that, "NGOs participation is needed to help the children affected by HIV/AIDS". The government also shoulders another financial burden of employing personnel to cater for the orphaned, but even before the personnel is employed it has to be trained to be fully armed to handle the challenges. According to Minister of Education George Saitoti in Kenyan Standard Newspaper (7<sup>th</sup> November 2004) asserts that, "teachers have failed in their war against AIDS." Such training demands a lot of money; hence draining the economy. According to Ministry of Health Journal (1997) quotes that, "A healthy person is the one who can concentrate fully".



## **2.6 THE ROLE OF STAKEHOLDERS:**

The afterbirth of HIV/AIDS Pandemic orphans is everywhere. This challenges call for a collective responsibility which is well spelt in the saying that, ‘ If you are not affected you’re infected’ So it is the responsibility of all religious institutions, government, donor countries and NGOs to shoulder this burden to at least lighten the hearts of these disadvantaged ones namely the HIV/AIDS Orphans.

### **Government Responsibility:-**

To be able to address this problem the government needs to put policies in place which will be able to address the whole challenge. For example, prostitution should be illegal which is the major cause of immorality and has an end result into the spread of HIV/AIDS leading to a string of orphans.

The government should re-affirm the already existing children policies and Acts on protection of their rights. According to Kaberi J (-) asserts that, ‘Children have rights to special protection and relief,’ policies should be strengthened to protect Child’s rights. The government should put learning Institutions in place for the orphans, Health Institutions to provide for medical care, provide for personnel both for formal education and informal one. For example, reading and writing, counseling services and vocational training. The Daily Nation June 30<sup>th</sup> (2004) Hon. Najib Balala assert that, the government should organize entertainments, visits to recreational and educational Institutions like museums’’. After the growth of orphans and completion of booth formal and informal education, the government should offer employment turning the orphans into productive community. The government should device ways of monitoring AIDS transmission to prevent more orphans. According to the Ministry of health (2002) asserts that, “AIDS transmission should be monitored to prevent more orphans’’. AIDS affects families bringing problems to the country’’. The

Christian Health Association of Kenya (2004) asserts that; “HIV/AIDS has brought more orphans in society”. The government should also start more ambitious voluntary counseling programs and resting programmes to avoid more deaths leading to more orphans. CHAK (2002) asserts that “HIV/AIDS VOLUNTARY Counseling and testing programmes should be started”.

## **2.7 THE ROLE OF RELIGIOUS FAITHS/INSTITUTIONS**

Orphans in Kenya need both immediate and long term assistance. It's therefore the work of religious Institutions to provide spiritual strength to the children under difficult circumstances. The Christian Health Association of Kenya (2003) asserts that, “the church in an excellent position to play a pivotal role in fighting AIDS”. The Kenya Institute of Education Journal (2003) quotes that, ‘people affected by HIV/AIDS should be given spiritual strength in order to cope with sufferings and sadness in the family’. The church should guide and teach these children to understand and accept themselves in their overwhelming situations. The church should be in the frontline to compact and fight stigma suffered by HIV/AIDS Orphans. According to Mission of Essential Drugs and Supplies Journal asserts that, “the church should be involved in the Ministry of healing which involves quality support services, actively working towards the Mission statement in every area of health care and works”.

## **2.8 THE ROLE OF NGOS**

A national task force needs to be formed to design and implement intervention programmes for orphans. This task force includes organizations that are involved with the orphans at grass-root levels. For example the NGOs should be involved in an enumeration survey to

quantify the number orphans at grass-root levels. They should provide more Aids to help those children cope with their lives. The Christian Health Association of Kenya Journal asserts that, in conjunction with the government reforms'', all community agencies should be alert to their opportunities and HIV/AIDS dependents'' says Willis Richard (-)

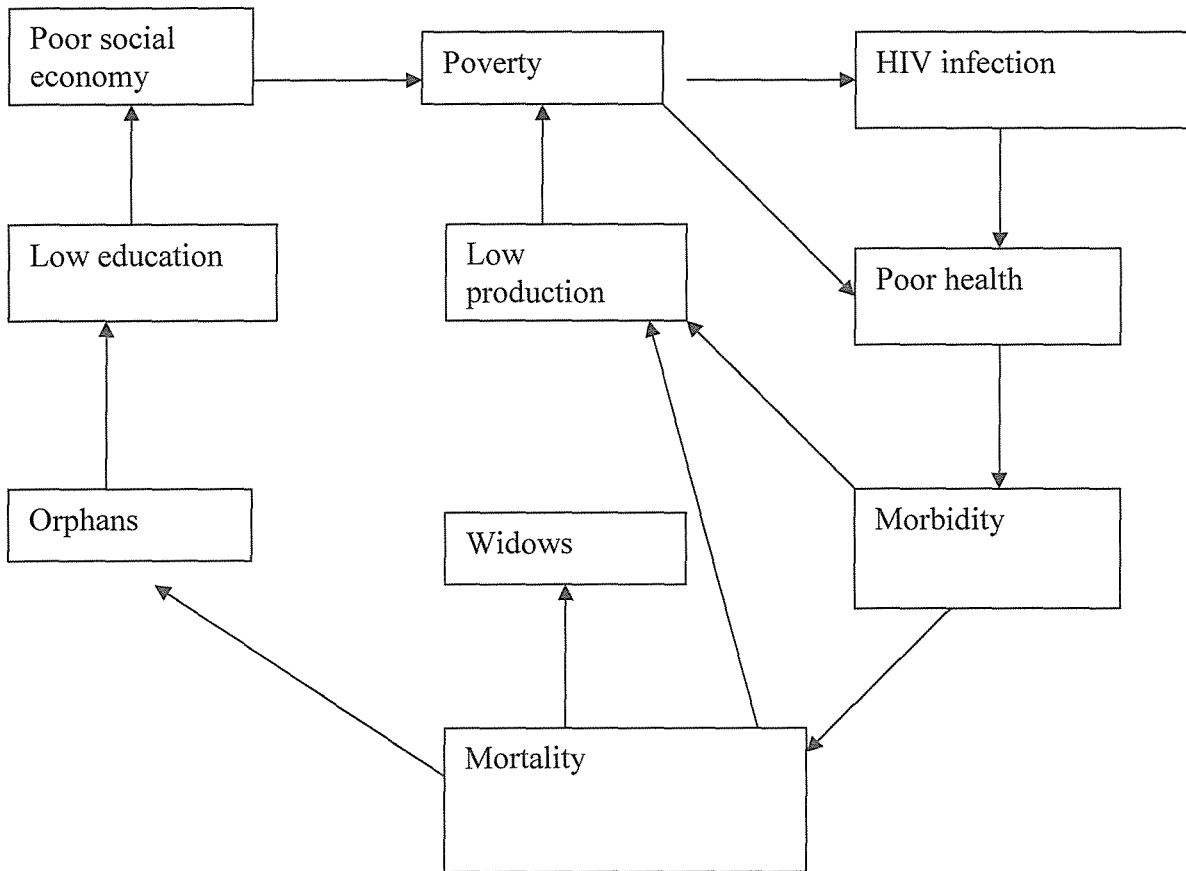
## **2.9 THE ROLE OF DONOR COUNTRIES**

Donor in AIDS pandemic problem play a very major role. Mainly they provide Aids to the country which in final the final end is given to orphans as grants to aide their education. According to Preble E (1990) He says that "the effort and resources from donors provide long term solutions to his looming problem"

## SUMMARY

The problem faced by learners who are HIV/AIDS orphans can be summarized using the sample illustration below.

Orphans' poverty cycle



### Sources:

According to Christian association of Kenya  
Times Feb.- April (2004)

## **CHAPTER THREE**

### **RESEARCH METHODS**

#### **3:1:0 INTRODUCTIONS**

This chapter describes research design ,location of the study ,study population ,sample and sampling technique, research instrument, validity and reliability of the instrument ,data collection procedures and data analysis.

#### **3:1:1 RESEARCH DESIGN/ STRATEGY**

The researcher mainly aimed at finding out the socio-economic problems faced by HIV/AIDS orphans by use of questionnaires which were filled by the respondents.

#### **3:1:2 LOCATION OF STUDY**

This study was conducted in Ngariama zone in Kirinyaga district, central province. It borders Embu district to the East, Murang'a district to the west and Nyeri district to the north.

#### **3:1:3 STUDY POPULATIONS**

The target population of study was mainly teachers, church members and orphaned learners in Ngariama.

#### **3:1:4 SAMPLE SIZE**

The large population of teachers consisted of twelve teachers three from each school; ten church members from the four local churches and ten orphans from each school were involved in the study.

#### **3:1:5 SAMPLES AND SAMPLING TECHNIQUE**

The researcher mainly used simple random sampling.

### **3:1:6 RESEARCH INSTRUMENTS**

Questionnaires were used for data collection. Gay (1996) explains that descriptive data are usually collected using questionnaires. Others like Simons (1998), Cohen and Manion (1998), Emony (1985) and Ogola (1998) have also positively identified questionnaires as instruments of data collection in descriptive research. Since the design of the research was descriptive, questionnaires were found to be appropriate for data collection. The choice of questionnaire was also used because they are useful in reaching a large population of respondents within a short time with little cost. Self completion questionnaires can be filled in the absence of the researcher hence limit biases resulting from personal characteristics of the researcher.

### **3:1:7 VALIDITY AND RELIABILITY OF THE INSTRUMENT.**

The researcher carried out pretest of the instrument by piloting in four schools in the area of study. After piloting, the ambiguous questions were corrected and the questionnaires given back to the same respondents. This was done to determine whether the instrument would yield the needs data. Data collected would be tabled and analyzed. According to Mugenda and Mugenda (1999) 'a high degree of reliability with coefficient of 0.80 and above will be accepted'

### **3:1:8 DATA COLLECTION PROCEDURE**

In order to administer questionnaires effectively, the researcher went personally and dropped the questionnaires and collected them after one hour.

### **3:1:9 DATA ANALYSIS**

Data was first edited to identify and eliminate errors made by the respondents. Tables were used to translate question responses into specific tables'. Tables were used to describe data. Data presentation took the form of tables with percentages in each case.

## CHAPTER FOUR

### PRESENTATION, ANALYSIS OF FINDING, INTERPRETATION AND DISCUSSION

#### 4: 1:0 INTRODUCTION

There is absolute need to present analyses and discuss raw data .The researcher wish to send light on the information gathered so that the data would have meaning so that any interested party would understand the meaning of data .The researcher wanted to find out which ways the government used to curb down the fast increasing number of HIV/AIDS orphans ,socio-economic problems faced by learners who are HIV/AIDS orphans ,establish possible solutions to the socio-economic challenges faced by HIV/AIDS orphans ,find out the negative impacts faced by the learners who are HIV/AIDS orphans ,assess how the churches played their role in fighting HIV/AIDS and to spell out the role of teachers in the education of HIV/AIDS orphans as interpreted in the tables.

#### TABLE 1

##### 4:1:1 BACKGROUND INFORMATION

##### FOSTER PARENTS LIVING WITH ORPHANS

Category	Frequency	Percentage
Partial orphans	40	40%
Total orphans	60	60%
Total	100	100%

Source: Field data 2008

The table shows that a big number of total orphans which was 60% lived with foster parents, 40% of partial orphans lived with foster parents. This was as stated by the learners themselves.

**TABLE 2**

**Category of orphaned learners**

Category of orphans	frequency	Percentage
Partial orphans	40	67%
Total orphans	20	33%
total	60	100%

**Source: Field data 2008**

The table shows that partial orphans recorded the highest number in percentage which was 67% as given by pupils. Total orphans were 33% this shows that these orphans lacked most of their basic needs. This is as cited by Pelt Nancy (1984)

**4:1:3 TABLE THREE**

**Showing economic challenges of orphaned learners.**

category	frequency	Percentage
Lack of clothes	40	57%
Lack of shelter	20	29%
Lack of good health care	10	14%
total		100%

Source; field data 2008.

The above table shows that 57% of orphans lacked clothes as compared to other needs. This recorded the highest percentage .Some orphans lacked shelter .This was 20%.The lowest



percentage lacked good health care. This according to LINKS (-) Ministry of health journal.

As a result of this, these learners could not concentrate in class as a result of these problems.

#### 4:1:4 SHOWING GOVERNMENT INTERVENTION FOR ORPHANS

Type of provision	frequency	Percentage
Feeding program	10	11%
Health care	60	67%
bursary	20	22%
total	90	100%

Source: field data 2008.

The above table shows that government was more efficient in provision of Medical care as compared to other provisions. As a result of this most children had to work in order to earn a living. This was as cited by Kenya nation Newspaper June 30<sup>th</sup> (2004) quotes minister of sports and gender. Another thing to note is that because these children don't get enough food, they had to look for it elsewhere Willis Richard (-) states.

#### 4.1.5: Showing socio problems faced by orphaned learners

Behavior	Frequency	Percentage
Exhibited		
Obedience	10	10%
Disobedience	15	15%
Co-operative	8	8%
Un-co-operative	20	20%
Temper tantrums	30	30%
Bullying	17	17%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Source: field data 2008.

The table shows that most learners had a problem in dealing with their emotions ten teachers said, so the problems of being uncooperative. As a result of his teachers didn't like dealing with them thus isolating them. Disobedience was another problem as stated by fifteen teachers. Their peers excluded them from the social activities. There children seemed to be loners, checking on the life they lead, attitude of the society they lived in portrayed the results in the table shown below:-

**4.1.6: showing attitude of people towards orphaned children.**

Category of people	Attitude		Frequency	Percentage
	Positive	Negative		
Teachers	-		40	40%
Community	-			
Members	-		30	30%
Fellow peers	-		30	
Total			100	100%

**Source: Field data 2008**

It's very pathetic for the orphaned learners' situation. According to the table nobody loves these children. They're looked at a social misfit. All the people in the environment has negative attitude towards them. As a result of this these learners develop personality disorders as cited by J. Williams (2001). These children also conflict with law because nobody likes them. Mwaura s. Wanyera. s (2002) cites.

**4:1:7 Showing; types of caretakers who fostered orphaned learners**

Type of care takers	Frequency	Percentage
Foster families	10	10%
Third generation caretakers	20	20%
Orphaned-headed households	40	40%
House hold employing orphans	30	30%
Total	100	100%

**Source: field data 2008.**

The table above indicates that orphaned children are vulnerable to many problems. Those children who are employed are the most in number. These children lack time to socialize

with their peers. They have very little or no time at all to play. These children are likely to be exploited by their employers. The work done by these children is hazardous to their life. LINKS (-) quotes and support these idea. These children assume parental roles at an early age. Wanyera s (2002) Supports this.

## CHAPTER FIVE

### 5.1.0 INTRODUCTION

In this chapter the researcher wish to give summary of the findings on which ways the government used to curb down the fast increasing number of HIV/AIDS Orphans, the possible solutions to the socio-economic problems faced by HIV/AIDS Orphaned learners, the negative impacts which were faced by the learners, the role of the teachers in the education and learning of the HIV/AIDS orphans and the role of the church in fighting HIV/AIDS.

### 5:1:1 SUMMARY OF FINDINGS, CONCLUSSIONS AND RECOMMENDATIONS.

Because of the socio-economic problems faced by HIV/AIDS Orphans, these children were found to be over worked in order to be given something to support them. Most of the employers exploited them as cited by LINKS (2000)

These children also assumed parental role at a very tender age. This is detrimental to their health. LINKS (-) quotes and supports this idea. Orphaned children are also seen as social misfits. They are labeled and stigmatized by the community members they live with. They are the world of their own and some find no reason to live and thus they end up eliminating themselves by committing suicide.

Nobody in the community loves them. Everybody or every member seems to close his/her eyes not to be associated with them or even see them. Their peers exclude them even whether at school or at home. They've no place in the society.

These children also develop personality disorders. They have nobody who acts as their role model. They also lack basic needs and as a result of this, they engage in petty crimes where they come into conflict with law and the end result is to be put in juvenile courts where they are prosecuted and judged

It's therefore good for the teachers to take their rightful role in teaching guidance and counseling to these orphaned children in order to develop good virtues.

It's important for the church to be in the front line to ease the burden of these children by developing right morals. The church and the government to ease the burden of these children. If they take their rightful role these children could be in the safe hands and led life in a 'normal way'.

In support of these children both Christian Health Association if Kenya (2003) and Mission of Essentials Drugs and supplies Journal (2004) presupposes the provision of spiritual nourishment to people with special needs.

Indeed orphans supported by the church had some relief and life was not cumbersome to them.

The HIV/AIDS Orphans were also vulnerable to juvenile crimes. Some also engaged in commercial sex so that they could supplement for their needs. This was too demanding for some who opted to be employed as inn keepers and businessmen assistants. They were exploited by being given very low wages.

As a result of the problems these children faced, they suffered from stigma and also labeling. In support of these children the government seemed to try on how to assist them but their assistance was not sufficient, it was like a drop of water in an ocean.

## **CONCLUSIONS**

Most of the children are total orphans and this made to live a poor life. It therefore hard for them to get their basic needs.

The government and the religious faiths need to intervene in the life of these children by providing basic need of clothes, food, shelter and good health as majority of them are very poor especially those fostered by third generation caretakers.

The NGO'S can also play a very vital role. They can assist by sponsoring these children for education and their life at large.

There are some problems faced by HIV/AIDS orphaned learners as some were noted from the study as:-

- i. Exploitation by greedy men and women.
- ii. Lack of good health care, basic needs and good counseling.
- iii. Lack of a good role model to emulate leading to personality disorders.
- iv. Discrimination, labeling and stigmatization.

## **RECOMMENDATIONS:**

### **TO THE GOVERNMENT:**

The government should have a number of programs and policy to help mitigate the impact of AIDS on children and social Institutional networks in which they live in.

It should initiate primary Schools' feeding programmes which will be targeted to orphans.

There should be implementation of program whereby other pupils can be asked to sponsor orphaned children in difficult circumstances thereby subsidizing some of the costs.

The ministry of education should have subsidies for low-income students be expanded and targeted to include children orphaned by AIDS, have a system of peer support within the

education system in order to reduce discrimination and strength the emotional needs of orphans.

Property rights for widows and need to be strengthened. Females need to be able to inherit like their male counterparts. An enumeration survey of all orphans need to be carried out to quantify the number of orphans in Kenya, as well as to determine the amount of resources needed to assist the and the most appropriate mechanism for obtaining these resources.

Community based financial support need to developed and implemented.

Female orphans need specialized counseling and support, in additional to assistance with basic survival needs to help reduce vulnerability to sexual exploitation

More research is needed to better understand the orphans' survival mechanisms and low families can best manage orphan care.

#### **TO THE CHURCH.**

The church should keep the Divine Commission of caring and compassion towards people in need. Religious leaders, Congregations and faith based organizations have a duty to be open, set up projects and campaigns in HIV/AIDS which are effective in reducing infections' rates and lessens stigma and discrimination against people affected and infected by HIV/AIDS.

The church should advocate for the poor and sick regardless of the cause of their situations.

The church should maintain the highest moral standards in word and deed. It should form support action groups that help the orphans acquire vital skills for self and community development.

The church should educate the community on prevention of AIDS. It need to support NGO<sup>s</sup> like (ADRA) Adventist Development and Relief Agency which is a humanitarian agency that can act on their behalf and express church concern and compassion as the church hand in hand.

## REFERENCES

- Bennett T. & Blackie P, (1995) Impact of HIV/AIDS on children in Thailand, That Red.
- Blair C (1996) AIDS in Kenya, socio-economic impacts and policy implementation NASCOP Nairobi; Kenya.
- Christian Health Association of Kenya, (2003) Effects of AIDS on orphans bulletin, 13(4)10.
- Gould W, (1981) life at its best, California Pacific press Publishing Association.
- Howell W.(1986) new beginning Lincolnshire stanborough press Ltd.
- Jills W. (2001) Therapy, Hagerstown, MD 21740 Review & Herald Publishing Association.
- Kenya Institute of Education (2003) Let's talk about AIDS book II Nairobi, Kenya Institute of Education.
- Kaberi J (1990) The child custody, care and maintenance, Nairobi (K) Jiregemea Publishers.
- LINKS (2004) Risks faced by orphans Molt Bulletin 7(1) 24-26.
- Mugenda O. M. & Mugenda A. G, (1999) Research methods, quantitative and qualitative approaches Acts press, Nairobi Kenya.
- Preble E.A (1990) Impact of HIV/AIDS ON African children, social-science medicine Vol 31, No 6 pp 671-680.
- Soake P. (1996) Aids in Kenya and social-economic impact Nairobi (k) UNICEF Kenya.
- Valleroy L. Jeffrey Harris & Powel O; the consequences of HIV/AIDS in Eastern Africa on mothers, children and orphans, 'population and environment, vol. 14 No.3 January 1993.
- Simon, J. 1(1998) Basic research methods in social sciences, 2<sup>nd</sup> Edition, iron series in information and decision sciences, Illinois.



**APPENDIX 1**

CAROLINE M. NJAGI  
BOX 39  
KIANYAGA.  
**06/09/2008.**

TO  
THE HEADTEACHER,  
KIAMBATHA PRY SCHOOL  
PO BOX 231  
**KIANYAGA**

Dear Sir,

**RE: ACQUISITION OF INFORMATION**

In reference to the above subject, I humbly request to visit your school. This will enable me to collect information on a research to be carried out on socio-economic problems faced by learners who are HIV/AIDS orphans in your School.

Thank you.

Yours faithfully,

**NJAGI**

**APPENDIX 2**

CAROLINE M. NJAGI  
BOX 39  
KIANYAGA.  
06/09/2008.

TO

THE PASTOR IN-CHARGE  
KAMWANA A.C.K. CHURCH,  
P.O. BOX 15  
KIANYAGA.

Dear Sir,

**RE: ACQUISITION OF INFORMATION**

In reference to the above subject, I humbly request to allow me to visit your office on 15/9/2008 to acquire some information. This is meant to help me in carrying my research on socio-economic problems faced by HIV/AIDS orphaned learners.

Thank your in advance for your consideration.

Yours faithfully,

**NJAGI.**

**APPENDIX 3(i)**

**QUESTIONNAIRE FOR THE TEACHERS**

**Please tick where applicable**

1. How many pupils are total orphans in your classroom?

Few  several  None

2. Do you offer guidance and counseling services to the affected and infected pupils?

Yes  No

3. How many trained counselors do you have in your school?

Few  Several  None

4. Are there School feeding programs designed to help the needy children?

Yes  No

5. Are the feeding programs regular?

Yes  No

6. Do your pupils report to school regularly?

Yes  No  Occasionally

**APPENDIX 3(ii)**

**QUESTIONNAIRE FOR THE CHURCH**

**PLEASE TICK WHERE APPLICABLE**

1. How many total orphans are there in your church?

1    Few     Several     None

2. Does the church support these children regularly?

Yes     No

3. Are these children regular attendants of your church?

Yes     No

4. How many children are supported by the church?

Few     Several     None

5. Which form of support do you offer more regularly?

Clothes     Food

Shelter     Spiritual

**APPENDIX 3 (iii)**

**QUESTIONNAIRE FOR THE PUPILS**

TICK WHERE NECESSARY

1. How many churches support you with basic needs?

Few       Many or several

2. Do you receive guidance and counseling services in your school?

Yes       No

3. Are you provided with food in your school?

Yes       No

4. Do you have church sponsorship?

yes       No

5. How many parent(s) do you have?

1      One       None

6. Would you prefer having a feeding program in your school?

Yes       No

7. In which area does the church support you more fully?

Clothes       Food       Shelter       Spiritual



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## Office of the Director

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**TO WHOM IT MAY CONCERN:**

Dear Sir/Madam,

RE: INTRODUCTION LETTER FOR MS/MRS/MR..... HJAGI CAROLINE M.

REG. #..... BED15377HDF.....

The above named is our student in the Institute of Open and Distance Learning (IODL), pursuing a Diploma/Bachelors degree in Education.

He/she wishes to carry out a research in your Organization on:

SOCIO-ECONOMIC PROBLEMS AFFECTING  
HW/AIDS ORPHANS IN NARIAMA ZONE  
KIRINYAGA DISTRICT.

The research is a requirement for the Award of a Diploma/Bachelors degree in Education.

Any assistance accorded to him/her regarding research will be highly appreciated.

Yours Faithfully,

  
**MUHWEZI JOSEPH**  
**HEAD, IN-SERVICE**  
Inst. of Continuing & Distance Education  
DIRECTION