

FINANCIAL CHALLENGES FACED BY CAREGIVERS OF ORPHANS IN KITUI CENTRAL SUB-COUNTY, KITUI COUNTY, KENYA

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ABSTRACT

Caring for orphans is an enormous task. Caregivers are rarely prepared to take extra burden of caring for children who are not their biological children after the death of their parents. The caregivers are faced with a myriad of challenges, including, psychological stress due to the notion that an extra burden has been added to them. Lack of adequate support from the community makes this task more challenging. This situation is not different in Kitui District. The purpose of this study was to determine the financial, challenges faced by caregivers of orphans in Kitui Central Sub-county, Kitui County, Kenya. The study was guided by three theories which included crisis theory as advanced by Erich, the attachment theory by Bowlby hierarchy of needs theory as advanced by Abraham Maslow. The research adopted ex-post facto research design. The target population was all orphan care givers in Kitui Central Sub-county. One hundred and six caregivers were purposively sampled. Three sets of questionnaires were used to collect data. The data was then analyzed using Statistical Package for Social Sciences computer software. The analysis involved both quantitative and qualitative descriptive statistics. The study found out that despite the financial, as well as many other related difficulties the family remains a strong unit of care for the orphans. In conclusion it was observed that financial challenges influenced caregivers' provision of services such as clothing, food, school fees, to orphans, to a great extent. It was recommended that the government and other stakeholders in the community be involved in addressing the financial challenges, which orphan caregivers face.

1. Context of the Study

1.1 Background of the Study

The number of orphans has continued to increase over the years all over the world. Causes of rapid death such as HIV/AIDS, frequent road accidents, ethnic differences, natural calamities such as drought and famine, and natural deaths due to sickness, and economic decline, are straining the society's ability to care for orphans within their extended families. Lack of stable care is putting thousands of children at heightened risk of malnourishment, emotional underdevelopment, illiteracy, poverty, sexual exploitation, and HIV infection, subsequently, endangering the future health of the society they are expected to sustain. According to National Aids Control Council projection on the number of Orphans, it was estimated that by 2005, the number of orphans in Kenya was 2.4 million, (NACC, 2006).

After the death of their parents, orphans are followed by cycles of poverty, malnutrition, stigma, exploitation and psychological trauma. This occurs when parents who are supposed to raise their children die, leaving them without support, parental love, guidance and resources needed for their survival. These responsibilities often land on the laps of close family relatives who in most cases are grandparents. Usually, the grandparents are not financially, physically and emotionally ready for this new responsibility, thus leaving them with challenges that they have to face, despite their incapacity to do so (Makgato, 2009).

After the death of parents, the extended family has traditionally absorbed the orphans and as such remains the most important safety net for orphans. However, the extended families have difficulties in fulfilling the needs of the orphans and their own children. Some orphans have to face abuse, heavy work or humiliation in their new homes and some have been disinherited by the relatives. The governments, as well as, NGO's try to give these children a new hope, but the question that remains is; how should families be supported to fulfill their role in coping with the situation of orphans? (Brizay, 2008).

Most reports have shown that majority of orphans in Kenya are under the care of persons aged 60 years and above, who are past child bearing age. Most of these old people are very old and unable to do manual work to meet the basic needs of these children. Some suffer from old age related illnesses and are in fact in need of care themselves. The needs spoken of do not only refer to love, care and support, but also tangible resources, especially finances that are often a problem in the developing countries like Kenya.

Kitui Central Sub-county is one of the 16 Sub Counties of Kitui County. It has a total population of 90,376 of which 43,527 are males and 46,849 are females (KNBS 2009 census). There are about 20,508 households. Administratively, Kitui Central Sub-county has two divisions, and 10 locations with 29 sub locations. According to a survey carried out by Kenya National Bureau of Statistics in 2008 in Kitui Sub-county under a programme called Multiple Indicator Cluster Survey, reveals that only 48% of the school going age children lived with both parents, 9 % of the total children aged 0-17 years had lost one or both parents through death. Seven percent (7.2 %) of the orphans do not live with their biological parents, while 0.9 % of the children have lost both parents.

According to the survey, only 35 % of orphans had received some form of support in the last 12 months preceding the survey, which included, medical support (4.3%), emotional /psychological support (3.8 %), and social / material support (4.9 %), with educational support being the highest with 29.3 %. Overall, 35 % of those interviewed, were receiving some form of support, while 65% were receiving no support at all. This would mean that most households caring for orphans were not receiving any form of support. Hence the Sub-county was chosen owing to the high number of orphans and the limited support the caregivers received for the orphans.

1.2 Statement of the Problem

The number of orphans in Kitui Sub-county has been increasing steadily in the past decades such that it has become an issue of concern. The increase poses a great challenge to care giving practices among families. Although many studies have been carried out about orphans, there is very little information touching on Kitui Sub-county per se. The Sub-county is faced with a myriad of issues that make it unique in terms of financial challenges. Similarly many researchers have analyzed the problems facing orphaned children and even given recommendations on how the challenges can be overcome, however very little attention has been given to the care givers' challenges. In other countries, especially in Tanzania, Uganda and South Africa, some studies concerning the challenges faced by caregivers of orphans have been carried out, but their situations and circumstances differ from those in Kenya and more so in Kitui Central Sub-county. It is with this picture in mind that this study sought to carry out an investigation on challenges faced by caregivers of orphans in the Sub-county, with particular reference to financial challenges.

The purpose of the study was to investigate the financial challenges faced by caregivers in the process of providing for needs of orphans in Kitui Central Sub-county, Kitui County, Kenya. Consequently, the objective of the study was establish the influence of financial challenges faced by caregivers on meeting the primary and secondary needs of the orphans in Kitui Central Sub-county.

1.3 Significance of the Study

The number of orphans has continued to increase rapidly in the last decade. Governments and communities have been slow in mitigating these rising number of orphans. The extended families, most of them living in poverty conditions, are rarely prepared to take in these children. However, with the deepening poverty in families and communities, it is not clear how extended families will continue to successfully play the role of providing care and support to the orphans. It is important that the challenges faced by caregivers in responding to the problem, be assessed and documented. The research intended to bring out this dilemma by examining social and economic challenges faced by caregivers and giving recommendations for action.

The results will be used by both the government and the private sector, in assisting caregivers cope with the challenges of caring for orphans in Kenya. The recommendations arrived at would assist the caregivers to have the orphans' plight understood and action taken to solve their problems. The results are significant in that the findings would act as an eye opener to the policy makers, health and social workers when they plan for the interventions of orphans' plights. It is hoped that gaps in financial needs of the caregivers of orphans were identified and it was expected that possible actions would be put in place to close the gap. This would help address the unmet needs of care givers within the community and help to draw programmes to alleviate the needs

1.4 Scope of the Study

This study specifically focused on caregivers of orphaned children. It determined financial challenges faced by caregivers on the provision of primary and secondary needs of orphans. It targeted double orphans who lived within a normal family setup and were being taken care of by a person rather than their own biological parents. The study was carried out in Kitui Central Sub-county, Kitui County, Kenya. The sub-county had high number of orphans and was equally expected to have a big number of caregivers of total orphans.

2. Concept and Practice of Caregiving of Orphans

Orphanhood is a condition and entails being left with no parental care by the parents. Chirwa (2002) defines orphanhood as a social category and status, as well as, a material condition for those who have lost their parents.

An orphan is a child who does not have one or the two parents as a result of various circumstances such as diseases or accidents. Orphans relate to under 18 years of age, since those over 18 years are expected to be able to fend for themselves. The Minimum Standard for Quality Improvement (MI) of programmes in Kenya published in 2012 defines an orphan as a child whose mother (maternal orphan) or father (paternal orphan) or both (double orphan) are dead. The operational manual for CT-OVC (2007) in Kenya defined an orphan as any human being who is aged 17 years and below and has lost one or both parents through death. In the wider Kamba community, the term orphan is used to mean one who has lost a mother or a father or both either through death or through one disappearing to unknown destination. The literal translation 'ndiwa', would mean one who has been left behind after the other person dies with whom they were related either by blood or marriage.

On the other hand a caregiver is a person looking after another person who may be incapacitated, or vulnerable and not able to stand on his or her own. A caregiver may also refer to the person who is taking care of the child after the death of his/her parents. (USAID, 2006)

Care giving refers to the aspect of looking after another person who may be incapacitated, or vulnerable and not able to stand on his or her own. According to oxford dictionary, a caregiver refers to the person who is taking care of the child after the death of the parents. They are those individuals who care for orphans within the communities. A caregiver is a parent who is charged with responsibility for a child's welfare including comfort, upbringing, guidance, and provision of basic rights and realizing human rights (USAID, 2006)

A caregiver is the person who plays the caring key role for the orphan. The caregiver should be able to provide all aspects of care and be responsible for this child's care. The roles of the caregiver are to protect the rights of children in their care, as far as, they are able to provide basic requirements of life and development such as shelter, food, education clothing and health care, provision of environment for psychosocial and emotional development and to support, moral, cultural and religious instruction, basic hygiene, being responsible of anything that happens to the child and being there to attend to the child (Skinner et al, 2006).

Sub-Saharan Africa is home to approximately over 48 million orphans, where 12 million of these orphans are as a result of the AIDS epidemic. This includes children between the ages of 0-17 years who have lost one or both parents to AIDS (UNAIDS, 2006). In most African communities, the responsibility for the care of an orphan is placed under the care of immediate families, with the main expectation being placed on grandparents. Today many grandparents assist in the upbringing of their grandchildren and this may entail assisting financially and in other practical ways which in most cases always have their own challenges. According to HelpAge report (USAIDS, 2008), about seven orphans are currently being cared for solely by their grandparents. This number is likely to double by 2015. Consequently, many grandparents take responsibility for their grandchildren despite that many already lack money for adequate food and medicine for themselves. Research in Malawi has established that orphaned children expressed a preference for their grandparents over other adult relatives as their primary caregivers. (UNICEF, 2006). According to UNICEF (2006), the probability of finding an older person living with an orphan is higher than other persons. Evidence shows that poor elderly grandparents have emerged as the most important category of caretakers for the orphans. Grandparents are expected to pay school fees, uniforms, as well as, books which pose a real financial challenge as most of them do not have any income or are low income earners. Other challenges include emotional, psychological and social challenges which

may impact on the grandparents' life span. In Kenya, it is reported that 51% of double or single orphans who are not living with the surviving parent are being raised by their ageing grandparents who are over 60 years (Byrant, 2009).

Households with orphans are more likely to become poorer due to the increased dependency ratio, meaning that in these households, the income of fewer earning adults is sustaining more dependants. A large increasing share of families is impoverished to the point where basic needs such as food, education, medical care and clothes go unmet (UNICEF, 2004). The loss of adults in the community, such as teachers and healthcare providers, creates further stress on the community already struggling to care for its children. Orphans face the challenge of acting as caregivers and heads of households. These children face severe physical, psychosocial, and legal challenges, rendering them disadvantaged and under educated, and in turn more vulnerable to HIV infections. They face myriad issues including material (access to basic needs), emotional (need to grieve and to be supported) and social problems (need for peer groups and role models instead of stigma), all which interact and impact their vulnerable psyches (Skinner et al, 2006).

The Kenya National OVC plan of Action (2007-2010) defines a caregiver as a parent or guardian who is charged with the responsibility for the child's welfare (NPA, 2007). Caregivers contribute to orphaned children's basic, safety, economic, psychological and educational needs. A study by Mmari (2010) identified three crucial roles for caregivers, including providing basic needs and advising on behaviour which when compromised, influences the sexual behaviour of female orphans.

Caregivers face many problems which may include, poverty and lack of money, bureaucratic difficulties and lack of assistance from the social support services, and lack of support from family members (emotional, financial or physical). Frustrations of coping with rebellious orphans, pain of caring for the sick, despondency (hopelessness), conflict in the family, rejection of orphans by their fathers (Hiabyago & Ogunganjo, 2009) are common problems among caregivers. Care givers of orphans may also face the challenge of grief, stigma, and lack of knowledge of HIV/AIDS. Some caregivers face the challenges associated with old age, such as, seropositivity. Primary caregivers serve as the first line of defense to identify emotional and psychological problems of the orphans, but do not have training in child psychology or counselling, which is a knowledge gap that most caregivers want to fill (Morantz & Heymann, 2010).

Since orphans are vulnerable, it is important that caregivers have the necessary skills. Caregivers are unprepared for their newfound responsibilities and do not have the resources, financial and otherwise, to care for new charges. Lack of training of care givers to develop skills and strengthen their capacity to handle the new responsibility, such as, child development, attachment, bonding issues, child trauma and grief and behaviour management, are the key challenges. Caregivers carry an enormous burden, including plowing in their fields, producing food in the fields and keeping food daily on the table for their children. Making sure food is available is one of the most difficult problems that caregivers face on a daily basis. There is need for psychosocial support to these caregivers. They need to be recognized accepted and valued in the family and community for the work they do. They deserve respect, be comforted and involved in community affairs touching on the welfare of the orphans. Protection from harm and psychological torture is a human right and the caregivers are human beings who equally need protection.

It is estimated that 51% of double orphans and single orphans are being raised by their grandparents (Evans & Amiel, 2005). Up to two-thirds of paternal orphans stay with their mothers. However, a half or fewer of maternal orphans live with the surviving father. The percentage of orphans who have lost their mothers and are living in female-headed households has increased since the early 1990s (UNICEF, 2003). It is argued that not only are women more likely to look after their own

children, they are more likely to take care of orphans. In almost every African country, there is a notable difference between the responsibilities assumed by fathers and mothers, with widowed mothers more likely to be responsible for the care of children than widowed fathers (UNICEF, 2010).

According to a survey carried out by KNBS (2008) in Kitui District under a programme called Multiple Indicator Cluster Survey, it revealed that, only 48% of children of school going age live with both parents, 9 % of the total children aged 0-17 years have lost one or both parents through death. 7.2 % of orphans do not live with their biological parents. 0.9% of the children have lost both parents. According to the survey, only 35% of the orphans had received some form of support in the last 12 months preceding the survey, which included, medical support (4.3%), emotional /psychological support (3.8%), social/ material support (4.9%), with educational support being the highest with 29.3 %. Overall, 35 % of those interviewed, were receiving some form of support while 65% were receiving no support at all. This would mean that most households caring for orphans were not receiving any form of support.

Kenya's population is estimated to be 38 million of which approximately 14.9 million are children below the age of 14 years (Kenya National Bureau of Statistics, 2009). There are estimated 2.4 million orphans, of which 47% are due to parental deaths as a result of AIDS (NACC, 2005). The mean size of a Kenyan household is 5.1 members. Rural areas have an average household size of 5.5. Members while those in urban areas have an average of 4.0 members. The national absolute poverty is estimated at 46% while the ultra-poor in Kenya are estimated to be 19.1% The Kenya Integrated Household Budget Survey (KIHBS) estimates that only 64% of children aged 0-14 years live with both their parents, 20.5% live with only their mothers and 2.4% live with their fathers. This leaves 13.1% of all children aged 0-14 years living outside of parental care (KIHBS 2005/2006). It is estimated that 11% of all children less than 15 years are orphans (KDHS, 2003). Nationally, 2% are double orphans. 9% have lost their fathers and 4% have lost their mothers. 40% reside with their grandparents, 34% with other relatives and 7% are fostered or adopted.

A Rapid, Assessment, Analysis and Action Planning Process (RAAAP), undertaken by the Department of Children Services in Kenya, in 2005 indicated that although the government, civil society, faith-based organizations (FBOs) and community based organizations (CBOs) have come up with several responses, many orphans still remain unreached. Lack of clear policies and empirical data that can be quoted to guide the development of programmes that can respond to the issues is an immediate problem that needs to be addressed. Coordination of orphans interventions and quality of services given to orphans remain a major area of concern.

Consequent to the foregoing issues and challenges, this study confined itself to investigating the financial challenges faced by caregivers in the process of caring for orphans.

3. Theoretical Framework

This research was anchored on three related theories, namely, crisis theory, attachment theory and hierarchy of needs theory. Each theory is explained in the subsections that follow.

3.1 Crisis theory

Crisis theory was proposed by Erich Lindermann and its main assumption is that the extent of the grief or the pain may be small or large, depending on the attachment a person had with the loss (Burns and Grove, 2005). The argument that is advanced in this theory is that loss is an inevitable part of life. In living, there may be grief which is the natural reaction to loss. For caregivers, the situation is aggravated by one assuming the responsibility of taking care of children who are not biologically theirs. The most common crisis has to do with the assumption of new responsibility of

caring for the orphans after the demise of the biological parents. Although the theory assumes that many crises are time limited, and last for a short period of between six to eight weeks, the aspect of care giving may have longer psychological effects, especially when a problem develops between the caregiver with relatives or with the child involved. The theory is relevant to this research because the caregivers are faced with grief and loss of loved ones which may lead to psychological disturbance, trauma or stress-related problems. This theory will help to give recommendations on the psychosocial needs of the caregivers for further interventions.

3.2 Attachment theory

Attachment theory was proposed by John Bowlby. According to Juffer, Bakermans-Kranenburg, and Van IJzendoorn (2008) the theory describes the dynamics of long-term relationships between humans. Its most important tenet is that an infant needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. Attachment theory explains how much the parents' relationship with the child influences development. Within attachment theory, *attachment* means an affectional bond or tie between an individual and an attachment figure (usually a caregiver). Such bonds may be reciprocal between two adults, but between a child and a caregiver these bonds are based on the child's need for safety, security and protection, paramount in infancy and childhood. The theory proposes that children attach themselves to carers instinctively, for the purpose of survival and, ultimately, genetic replication. The biological aim is survival and the psychological aim is security. Attachment theory is not an exhaustive description of human relationships, nor is it synonymous with love and affection, although these may indicate that bonds exist. In child-to-adult relationships, the child's tie is called the "attachment" and the caregiver's reciprocal equivalent is referred to as the "care-giving bond" (Van der Horst, 2011). The theory is relevant to this research because the attachment of the orphan to caregivers is basic to their development of the relationship. Caregivers need to develop a cordial relationship with the child, for the child to be able to benefit more from the relationship with the caregiver.

3.3 Maslow's hierarchy of needs

This theory was proposed by Abraham Maslow (1970). The underlying concept is the belief that an unsatisfied need creates tension and a state of disequilibrium. To restore balance, a goal is identified that will satisfy the need and a behaviour pathway to this goal is selected. It further assumes that all behaviour is motivated by unsatisfied needs and that people will be better motivated if their experience satisfies their needs and wants. This theory distinguishes between primary (physiological) needs, such as food, sleep and other biological needs, and secondary (psychological) needs that are learned and vary by culture and by the individual. Similarly, if a lower need is satisfied, it no longer motivates behaviour; the next higher one becomes dominant. The main assumption is that there are five categories of needs which exist in a hierarchy. Higher needs only become important when lower needs are satisfied, higher-order needs provide greater motivation and different people may have different priorities. The theory is relevant to this research because understanding of the hierarchy of needs can enhance provision of services, such as, needs for hunger and accommodation. It is expected that proper fulfillment of the needs of the orphans set the pace for easier behavioural control and natural development of the orphan.

4. Research Methodology

4.1 Research Design

This study adopted descriptive survey method in the *ex-post facto* research designs. According to Mathooko, Mathooko and Mathooko (2007), an *expost-facto* design explores and clarifies relationships between two or more variables. The study examined the effect of naturalistically occurring treatment after it has occurred. Descriptive methods involved describing, recording, analyzing and interpreting conditions that exist at that time. The design gave an opportunity to describe the participants' views in a manner that is scientific and representative of their perceptions. In this study, descriptive design was used because it allowed the researcher the opportunity to describe the challenges faced by caregivers of orphans. The challenges had already affected the caregivers and were only studied to find out the challenges of the caregivers as they impacted on the caregivers' ability to provide for the needs of the orphans.

4.2 Target Population

Kitui Central Sub-county in Kitui County has approximately 10,000 caregivers of which about 10% lived with orphans (KNC, 2009). The research targeted caregivers of orphans in the district. The social workers from the Catholic Diocese of Kitui who had been working with the caregivers of orphans for a long period were interviewed. They were targeted because they had wealth of experiences in working with the caregivers especially, caregivers of HIV/AIDS orphans. The diocese had an extensive programme on psychosocial support to both the caregivers and the orphans.

4.3 Sample Size and Sampling Procedure

The study used both sub-location and households with orphans as the sampling frames. Thirty percent of sub-locations and 30% of households with orphans in each sampled sub-location were used. A sum of 10 sub-locations and 106 households were used. These were arrived at following the recommendation by Kathuri and Pals (1993) for medium size population. A list of sub-locations and the number of both households and sampled respondents were as shown in Table 3.1.

Table 1: List of Sub Locations and Sampled Respondents
N= 106

| Sampled Sub-location in Kitui Central District | Number of Households | Number of respondents |
|--|----------------------|-----------------------|
| Mutune | 15 | 15 |
| Majengo | 9 | 9 |
| Kwa mutheke | 9 | 9 |
| Mutula | 10 | 10 |
| Munganga | 11 | 11 |
| Nzaaya | 12 | 12 |
| Mulundi | 8 | 8 |
| Mulutu | 10 | 7 |
| Tungutu | 10 | 10 |
| Kwa ngindu | 11 | 9 |
| TOTAL | 106 | 106 |

The Sub-locations were sampled using systematic random sampling techniques while households were obtained using purposive sampling techniques. Only households with orphans were included in the study. The sample size of participants in the study was 106 respondents.

4.4 Instrumentation

This study used three sets of instruments constructed by the researcher. The first set was a questionnaire whose objective was to determine the challenges faced by caregivers of orphans during provision for their needs. The second set was a focused group discussion schedule for caregivers whose objective was to determine the influence the challenges on caregiving process. The last instrument was Questionnaire for staff of Catholic Diocese of Kitui whose objective was to determine the kind of support given by the church to orphan caregivers in Kitui Central Sub-county.

4.5 Pilot Study

A pilot study was conducted at Kalundu sub location which is also in Kitui Central Sub-county but was not among those sampled for the main study. Twenty respondents were used for the piloting.

Validity, which is the accuracy, meaningfulness and usefulness of the instrument was established by a team of experts in the department of counselling as recommended by Kathuri and Pals (1993). The experts looked at the contents and construction of items, among other issues of validation. The purpose was to ensure that the items meaningful and that items were comprehensive in relation to the coverage of the study objectives. Items that seemed not to reflect the objectives were either modified or dropped. The pilot study showed that the instruments were in line with the objectives and the research questions. It also showed that the items were precise and clear.

Reliability is a measure of the degree to which a research instrument yields consistent results or data after repeated trials. The purpose of the pilot study was also to ensure the reliability of the results. (Orodho, 2005). For this reason test-retest method was used. The results from the two tests were correlated using the Pearson's Moments correlation method. A reliability coefficient of 0.7 and above was acceptable. In this case, the reliability coefficient was 0.76 which meant that the items were reliable.

4.6 Data Collection Procedure

The researcher sought authority from the Deputy County Commissioner of Kitui Central Sub County before visiting the assistant chiefs of the sampled sub-locations to arrange for the date of administering the first instrument. The researcher also visited the Catholic Diocese of Kitui and arranged for interviews with the officials in charge of social work. On the material day the researcher administered the questionnaire on one on one basis. The researcher administered the questionnaires by directly interviewing and gathering information from the respondents. She assisted those who could not understand English by translating the items to vernacular languages. She then conducted two focused group discussions in two sub locations not included in the sampled sub locations. The researcher controlled the discussions by asking the questions during the data collection.

4.7 Data Analysis

The researcher recorded all the questionnaires which had been filled after which the questionnaire items were coded. All responses were assigned numerical values for the closed-ended questions. For the open ended questions all possible answers were categorized, enumerated and repeated answers coded, accordingly, thus creating themes or categories of responses. The data was analyzed using

descriptive statistics, through the help of the Statistical Package for Social Sciences computer software. Results were presented using graphs, charts, and descriptive narratives for the qualitative data. This enabled the researcher to meaningfully describe the results.

4.8 Ethical Considerations

The respondents were first explained the purpose of the study. The researcher then assured the respondents that the information would be treated with utmost confidentiality and would only be used for academic purposes. The researcher also, as much as possible, avoided direct questions that would precipitate emotional feelings. The respondents were also informed of their freedom to participate in the research.

5. Results and Discussions

5.1 Demographic information

This section shows the distribution of respondents in terms of age, marital status, level of education and occupational status.

According to those interviewed, 17% were males while 83% were females, indicating that there was gender parity in caring for orphans, as majority were females. Besides, both genders would be represented in the responses.

In terms of relationship to the orphans, the result were as in Table 2

Table 2: Relationship between Respondents and the Orphans

| Relationship to Orphans | Counts | Percentage |
|-------------------------|--------|------------|
| Paternal grand child | 10 | 9.4 |
| Maternal grand child | 51 | 48.1 |
| Sister/brother | 10 | 9.4 |
| Niece/nephew | 13 | 12.3 |
| Other relative | 19 | 17.9 |
| Non relative | 3 | 2.8 |

N=106

Majority of the caregivers were caring for maternal grandchildren at 48.1% and the paternal grandparent at 9.4%. The findings indicate that majority of the children were cared for within kinship relationship as only 2.8% of the respondent cared for non-relative orphans. Table 3 indicates the acquisition of custody to orphans.

Table 3: Acquisition of Custody of Orphans

| Acquisition of custody of orphan | Counts | Percentage |
|-------------------------------------|--------|------------|
| Took child at will | 59 | 55.7 |
| Child did not have anywhere to go | 33 | 31.1 |
| Family agreed I stay with the child | 12 | 11.3 |
| Parent appointed me as guardian | 2 | 1.9 |

N=106

The findings indicated that majority of the caregivers took custody of the orphans at will (55.7%), while very few parents appointed guardians for their children before they died at 1.9%. Table 4 indicates the caregivers' age levels.

Table 4: The Age Bracket of the Caregivers of the Orphans

| Age bracket | Counts | Percentage |
|--------------|--------|------------|
| 19-35 | 22 | 20.8 |
| 36-60 | 40 | 37.7 |
| 61 and above | 44 | 41.5 |

N=106

Table 4 indicates that many of the caregivers were above the age of 61 years at 41.5% who were past child bearing age. These findings were consistent with other study findings which showed that after the death of biological parents, the responsibility of caring for the children often landed on the laps of close family members who were mostly grandparents (Makgato, 2009). The predominance of the grandparents as caregivers of orphans is consistent with other studies in other parts of Africa (Chirwa, 2002; Nyambedha, and Wandida & Aagaard-Hansen, 2003). These findings were predictive of the HELPAGE report, (UNAIDS, 2008) which observed that half of the world 15 million orphans are currently cared for by their grandparents. Analysis of the age caregivers who were caring for their brothers/sisters revealed that they were all above 19 years of age. There were very few orphans living with caregivers to whom they had no blood relationship (2.8%). This implies that the role of the extended families was still strong in absorbing children of the deceased relatives.

When the marital status of the caregivers of the orphan was investigated, the results were as shown in Table 5.

Table 5: Marital Status of the Caregivers of the Orphans**N=106**

| Marital status | Counts | Percentage |
|----------------|--------|------------|
| Single | 9 | 8.5 |
| Married | 47 | 44.3 |
| Separated | 7 | 6.6 |
| Divorced | 2 | 1.9 |
| Widowed | 41 | 38.7 |

Results in Table 5 indicate that majority of the caregivers were married and therefore, majority of orphans were living in a normal family set up.

Investigation about the occupation of the caregivers of the orphans gave the results as shown in Table 6. It was observed that majority (73.6%) of the caregivers were low income earners as many of them were small scale farmers at 73.6%. The findings also show that majority of the caregivers were either semi-literate or had never been to school at 47.2% and 38.7%, respectively.

Table 6: The Occupation of the Caregivers N=106

| Occupation | Counts | Percentage |
|--------------------|--------|------------|
| Teacher | 2 | 1.9 |
| Self employed | 12 | 11.3 |
| Casual laborer | 4 | 3.8 |
| Small scale farmer | 78 | 73.6 |
| House wife | 8 | 7.5 |
| Others | 2 | 1.9 |

N=106

It was found that, on average each caregiver had stayed with the orphans for at least 8 years and those who had not completed a year since they began to live with the orphans had an average of five months. It would mean that most caregivers began caring for children who were at their tender ages. This could be a great challenge, especially to the grandparents who were the majority and who were generally past child rearing age.

The findings revealed that of the 106 respondents interviewed, majority (69.8%) did not hold any leadership positions within the community, hence, confirming the reason why most of those interviewed cited discrimination as the most psychological and social challenge they faced. And even those who held leadership positions, majority (45.2%) were just members as shown in Table 7. This can be attributed to low self-esteem, probably brought about by the negative feelings of discrimination, hence, not able to seek leadership positions within the community.

5.2 Financial Challenges Experienced by Caregivers

The objective of this section was to establish the financial or economic challenges faced by caregivers of orphans on meeting primary and secondary needs of orphans.

Shelter is very critical to the wellbeing of any individual. The caregivers' capacity to provide adequate shelter for the children, therefore, was very important in this study. The respondents' actions to ensure shelter for orphans was as shown in Figure 1.

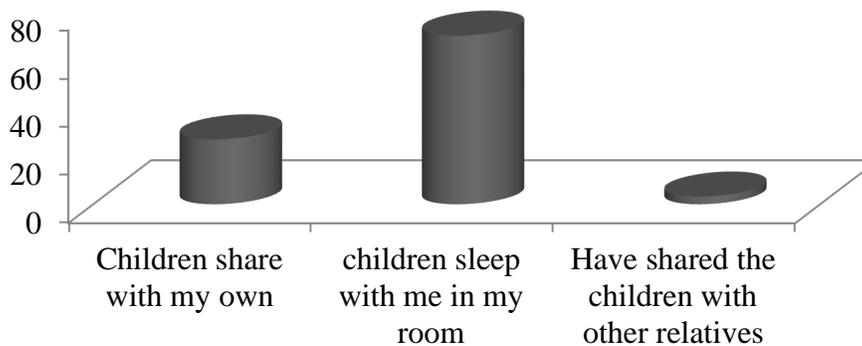


Figure 1: Respondent's action to ensure shelter for the orphans

Majority of the caregivers (86.7%) covered under the study said they were not able to provide shelter and clothing for the children, although they were staying with the orphans in their households. From the findings of this research, it was clearly indicated that the caregivers had limited space for accommodation since the orphans joined their families. It was evident that the caregivers' gesture to stay with the orphans made their houses be overcrowded with limited space to share. According to Aronson et al. (2005), overcrowding is the subjective feeling of unpleasantness due to the presence of other people and was a source of stress. The author further state that limited physical space makes it difficult for the caregivers to move around as freely as they would like. It also lowers the feelings of control and, limits the caregivers' privacy. According to the World Health Organization (2002) accommodation has become a major problem, especially, in households caring for orphans and as a result there are too many people in a house. Most of the caregivers (69.9%) said they were sharing their sleeping room with the orphans, 26.9% said the orphans shared bedrooms with their other children and only a very small number (3.2%) said they shared the orphans with other relatives to overcome the problems of shelter. The sharing of sleeping places with the orphans raises serious concerns on their privacy and that of the children, especially those in

the adolescent stages. The research did not find any case of children living on their own without an adult caregiver.

5.3 Emerging Issues during Focused Group Discussions

The focused group discussions were held in an open space near the local chief's office. Forty one caregivers who comprised seven men and thirty four women, took part in the discussion. The participants cited financial challenges they experienced while taking care of the orphans which included, finances for school fees for both primary and secondary schools, school uniforms, food and shelter for the orphans. Majority said they overcame these challenges, through search for casual employment in the agriculture sector, cleaning of people's clothes, do business of selling charcoal, bananas, cassava, borrowing from neighbours and sale of farm produce when rains are adequate. The respondents said that they used the same techniques to ensure adequate food for their children. It also emerged that provision of shelter and clothing for the children was a very critical issue for the caregivers. They said that they lacked adequate beds and beddings. The caregivers' were not able to construct spacious houses fit for the whole family.

Most houses were grass thatched which leaked during rainy seasons. With persistent drought and famine, there was no thatching grass available most of the times and hence, the recurrent problem of houses leaking during the rainy season. To mitigate this problem, the respondents said they used the house both as kitchen and sleeping place.

During the focused group discussion, the respondents said that the only meaningful support they had received was given by the government. They indicated that before the government began to give support to them; nobody was willing to assist them, not even their relatives. They even went on to say that, some community members would not be willing to be in the same meeting or group because they mocked and disrespected them. However, only 74.5% of the respondents received some support from the government, leaving 25.5% of them with no support. The caregivers who received the government support, which was in form of cash transfers, expressed concern that the funds were inadequate to meet all the needs of the orphans such as school fees, food, shelter and clothing and health care, hence, they pleaded with the authorities to have the funds increased. Each of the participants said they were members of support groups. They were carrying social activities such as merry go round, and table banking

All participants said that the support groups had been helpful in that they borrowed loans to pay school fees, buy school uniform and clothing for the children and to boost their small businesses such as selling bananas, charcoal, cassava, sugarcane and green groceries. They also said that only the groups they had started, had been helpful to them

The respondents further said that they faced more challenges in that most people were not willing to loan them anything. They were like a burden in the community and when they borrowed, they were given whatever they borrowed half-heartedly. This is probably because they did not have anything to give in return. All the participants who received support from the government, said most community members discriminated against them and were shown more hatred and discontentment. The participants suggested strengthening of the support groups as better ways to overcome the challenges they faced.

6. Summary, Conclusions and Recommendations

5.1 Summary of Findings

Findings from the research show that amidst the financial challenges the caregivers faced, is that, they remained resilient to the pressures imposed on them by the need to provide care to the orphans. All the caregivers covered under this research indicated that they would continue to offer care to the orphans since the orphans were with them. In terms of financial capacity, the ability of caregivers to meet the primary and secondary needs of orphans was overstretched to the limit.

Majority of the caregivers cited inadequate funds as their most financial challenge to enable them meet the orphans' daily needs as well as educating them, in addition to their own children. It was observed that despite the financial difficulties the family remained the strongest and most permanent unit of care for the orphans. Persons aged 60 years and above provided the bulk of care for the orphans. This implied that the greatest burden of care was borne by persons who were already weakened by age and not able to work to earn extra income.

Most caregivers indicated school fees as their greatest challenge and a priority area in caring for the orphans besides other needs needed for sustaining the orphans such as food and accommodation. Investing in the human capital is the only way to help orphans be able to stand on their own and equally a permanent and sustainable investment for the development of the individual, the family, the community and the country as a whole. Caregivers categorically said they would like the government to take over all educational needs of the orphans.

6.2 Conclusions

The financial challenges that faced the caregivers included lack of adequate funds to meet the daily needs of the orphans, such as, food and clothing. This was due to lack of employment. The finances available were inadequate to meet such needs as to provide for adequate accommodation, school fees, clothing and balanced diet.

6.3 Recommendations

The researcher recommends that efforts be made by the government, civil society and private sector to help the individual caregivers and families' capacity to cope with the growing number of orphans by assisting them to live well above the subsistence level. Strategies to this recommendation would be establishing a family support system to all needy caregivers and specifically introduce cash transfers for those who do not have any other source of income.

For those caregivers who can be able to engage in gainful business, the researcher recommends that their entrepreneurship skills be enhanced to realize better results from their business, so that their households can be lifted out of poverty.

The researcher further recommends that strategies be put in place by the government to ensure that all orphans in any institution of learning beginning with pre-primary, primary, secondary and higher institutions of learning access education without being sent home for fees

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