

Economic and Psychological Challenges Facing HIV and Aids Orphaned Boys' Education in Public Primary Schools in Nairobi East District, Kenya

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Abstract

This study sought to establish the economic and psychological effects of HIV and AIDS on orphaned boys' education in primary schools in Nairobi East District, Kenya. Adler's theory of Individual Psychology as cited in Sherman and Dinkmeyer formed the theoretical framework for the study. Descriptive survey research design was adopted for the study. A total of 200 pupils and 40 teachers formed the study sample. Data was collected using the questionnaire and interview schedules. Data was analyzed using descriptive statistics. The study established that the guardians are not economically able to cater for all the orphans' needs and this makes the orphans look for alternative ways of catering for their needs by being partially employed or fully employed leading to child labour. Missing their basic needs leads these orphans to be affected psychologically leading to poor performance, absenteeism, and truancy and later drop out of school and may join the street children. It was recommended that the community should be trained and educated on capacity building and reproductive health and helped to design and implement economic projects and programmes to uplift their standard.

Key words: Child Labour, Capacity Building, Partially Employed, Reproductive Health.

Introduction

Due to HIV and AIDS there has been a recorded increase in poverty, household responsibilities, psychological distress and vulnerability to abuse child labour and sexual risks, stigma, isolation, hunger and malnutrition (Kelly, 2000). HIV and AIDS is crippling the global economy by eroding decades of developmental gains, undermining economies, threatening security and destabilizing societies (Haacker, 2007). Apart from that, HIV and AIDS affect fundamental rights with respect to discrimination and stigmatization of people living with and affected by HIV and AIDS (Kiragu, Mackenzie, and Weiss, 2008).

HIV transmission is often associated with violation of social morals regarding proper sexual relationships (UNAIDS, 2000). Stigma prevents people from talking about and acknowledging HIV as a major cause of illnesses and death. It prevents HIV-infected people from seeking counseling, obtaining medical and psychological care and taking preventive measures to avoid infecting others. Prevention behaviours stigmatize infected people, therefore, people are reluctant to introduce behaviours that could associate them with the virus such as condoms, certain medications and infant formula when appropriate (UNAIDS, 2000). Stigma can attach to children of HIV-infected parents and to orphans whose parents died of AIDS (UNAIDS, 2000). HIV-infected children may be denied school services for fear that they might spread the virus through casual contact (UNAIDS, 2000). According to World Bank (1997) estimates in Africa, only 3% of HIV positive individuals went into clinics because of stigma associated with AIDS. Some family members who sexually abused young children went unpunished due to fear and stigma that may have a life-long impact. Much of the intra-family incest was undetected or no legal action taken for fear of being taken to court.

The International Labour organization (ILO) estimated that 36.3 million persons of working age (20-50years) were living with HIV and AIDS while 40% of the 4.3 million people who were newly infected in 2006 were young adults aged 15-24 (ILO,2007).

According to Kenya National HIV and AIDS Strategic Plan (KNASP, 2009), the annual number of new child infections were 34,000 and the number of children in need of ART including those in ART were 45,000. The Joint Annual Programme Review(JAPR, 2007) asserted that ART provision to children increased from 4,000 in 2005 to 13,000 in 2007, that is, almost 56% of the 23,000 children requiring treatment. Kenya Demographic Health Survey (KDHS, 2003) estimated 150,000 children aged 0-14 were living with HIV. To that effect, HIV and AIDS affects education sector since key actors are dying of the scourge: parents, teachers, pupils and guardians, thus leaving many school-going aged children orphaned. This affects enrolment, retention and performance of these pupils. One of the goals of the Ministry of Education, Science and Technology (MOEST) policy on HIV and AIDS (Republic of Kenya, 2004) is providing continued access to education, support and training of orphaned youth. HIV and AIDS interfere with the gains made in education in supply and demand at all levels. It was estimated that Kenya will be losing 6,570 of its teaching force per annum, that is, 18 teachers daily (Republic of Kenya, 2002).

Lack of income puts extra pressure on AIDS orphans to contribute financially to the households, in some cases driving them to the streets to work, beg or seek food (Salaam, 2005). UNAIDS (2004) study in Cambodia affirmed that one in every five children in AIDS-infected families reported to have worked to earn wages to support their families, one third had taken on major household work and many had left school due to lack of basic needs. This was affirmed by Kadzamira and Swainson (2000) that the enrolment gap between orphaned and non-orphaned was big as orphans run greater risks of education being denied (UNICEF, 2000).

The Government of Kenya (1999) estimated that 4.2 million school age children were out of school due to HIV and AIDS and related cases. It also estimated 3.5 million working children in the labour market to be school going children. This was affirmed by UNICEF (1999) that children in Kiambu and Nyeri were working in tea and coffee plantations. Saitoti (2007) affirmed that 15% of the orphans in Kenya were children in primary and secondary school while 25% of the orphans were out of school, making the Free Primary Education (FPE) not to achieve its millennium goal of education for all by 2015.

Republic of Kenya (2005) indicated that over 56% of Kenya's population lived below the poverty line. Nairobi East is not an exception as most of its population lives in informal settlement such as Mukuru slums, Mariguini slums, Fuata Nyayo slums, Lunga Lunga slums, Sinai slums, Kayaba and Embakasi slums. These slums are engraved in poverty, which was worsened by retrenchment exercise that was carried out by the private sector and the Government agencies, coupled with the slow growth of the economy due to changes in climate, global financial crisis and the rural-urban migration. Ngenoh (2011) asserted that the culture of street boys turning rowdy to rob residents in Nairobi was back especially the area between Machakos Country Bus Station and Muthurwa Market. The areas are begging zones and theft traps to the vulnerable. The same trend was in Maringo estate along Jogoo Road (Okoth, 2011).

The study was guided by Adler's (1870-1937) theory of Individual Psychology that posits that we are conscious of our helplessness, incapability and inadequacies that generate feelings of inferiority. Individuals will strive for superiority, moving from a perceived lower position to a perceived higher position (Corey, 2005). Hence, orphan boys may stop learning and move into the streets because they view that as a way of overcoming an overwhelming situation at home or school. They probably regard the streets as a better option for gaining independence and control of their lives that they have failed to fulfill at school. To the orphans, the street is a plus position and the school a minus position, the move to the street may be viewed as creativity that has gone awry. The orphan boys strive to compensate their perceived economic and psychological inferiority by moving to the street to earn notoriety and acknowledgement even if it is negative. This study sought to establish the economic and psychological effects of HIV and AIDS on orphan boys' education in public primary schools in Nairobi East.

Methodology

The study adopted descriptive survey research design and was conducted in public primary schools in Nairobi East district. The target population consisted of 1168 boys who were orphaned as a result of HIV and AIDS in 20 public primary schools in Nairobi East district. According to Kerlinger (2004), an ideal sample should be between 10% and 30% of the target population. Simple random sampling was used to pick the schools so that each school had an equal chance of being picked to make up the sample and to have a fair representation. Proportionate random sampling was used to pick seventeen percentages of orphans from each school. This ensured equal proportion of presentation (Kombe and Tromp, 2006). On this basis, 20 public schools represented 25% of the eighty one schools in the district, while 200 pupils represented seventeen percent from each school. This was done using the secondary data of orphan boys from the office whereby the researchers wrote their names on the pieces of paper and picked names at random. On the other hand, 40 teachers, two from each school who knew the orphans well were purposively selected. In total there were 240 respondents in the study.

Data collection was by questionnaire for the pupils and interview schedules for teachers and document analysis. The questionnaire had both open and close ended items (Mugenda, 2003). Interview schedules had open questions which made possible to obtain data required to meet specific objectives of the study (Mugenda and Mugenda, 2003). The document analysis helped in analyzing, validating and clarifying responses given and shed light on the performance, enrolment and absenteeism of orphans (Mwiria and Wamahiu, 1995). Descriptive statistics were used to analyze the data.

Results and Discussion

The research findings were presented, interpreted and discussed on the basis of psychological and economic challenges facing HIV and AIDS orphaned boys in their education.

Most of the orphaned boys complained of stigma and discrimination both at home and at school. The stigma and discrimination was attributed by parents who warned their children not to mix with children who were infected or affected by HIV and AIDS. Some orphans had psychological distress as they remembered the tough times when they nursed their ailing parents and the idea of joining other families not of their own choice. The infected orphans lacked medical care and had fresh memories about their parents' deaths. Hunter and Williamson (1997) and Saoko and Mutemi (1994) affirmed that orphans were traumatized and suffered from depression long before a parent died.

Table 1: Who the Children Stay with

Whom they stay with	Frequency	Percentage
Children's homes	5	2.59%
Remaining parent	96	49.74%
Siblings	12	6.22%
Maternal relatives	42	21.76%
Paternal relatives	31	16.06%
Others	7	3.63%
Totals	193	100%

According to table 1 the orphans who stayed with their maternal relatives, accounted for 21.76%, the orphans encountered many challenges as they buried their mothers at Langata main cemetery in Nairobi and have nowhere to call home as they did not know their paternal relatives. The findings concurred with Bachmann (2003), that family members who had settled for 2 or 3 decades (or more) in urban centers some had weak links with the wider family members, thus the orphans were abandoned. This truth made some orphans turn to the street and formed street gangs, harassing people as to them the world was unfriendly.

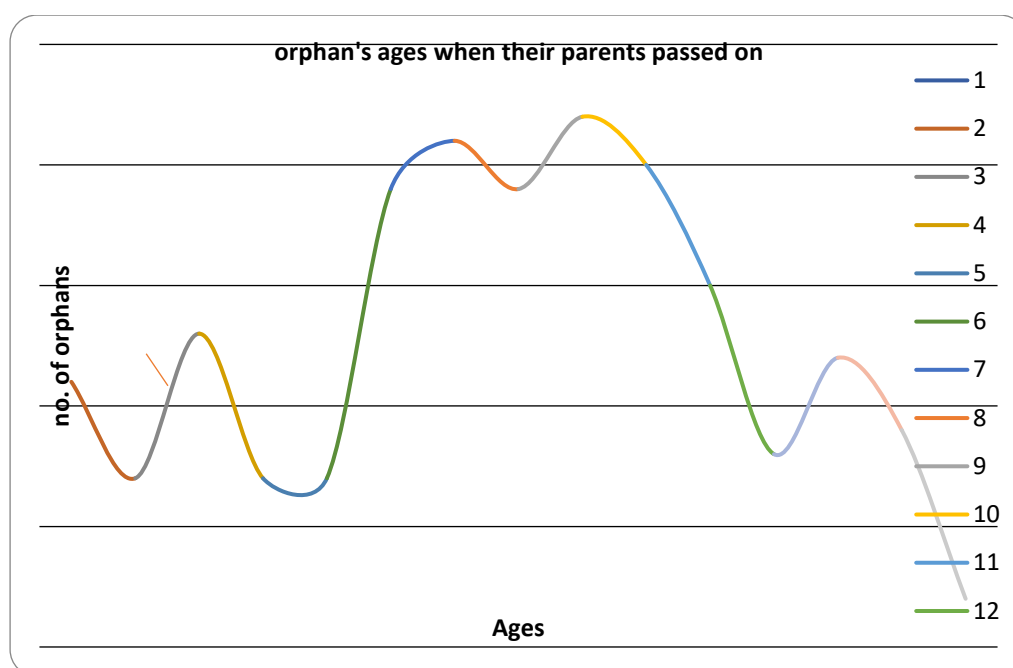


FIGURE 1 : ORPHANS AGE WHEN THEIR PARENTS PASSED ON

Referring to figure 1, most orphans had lost their parents between the ages of 6-10. This is the age when such orphans had started schooling and they needed parental love and care which they missed. These orphans lacked the feeling of belonging. They did not have positive connection with their caregivers. This affected them psychologically and as a result their performance was generally poor. The findings concurred with Musee (2008) in Western Province who stated that older orphans were affected psychology due to the knowledge of the changes around them.

Right from symptomatic stage of AIDS to full blown AIDS, children suffered from economic constraints as the household providers became sick, could not work and lost their jobs. The responsibility of earning money and providing food remained to the children. They often went hungry, became malnourished and unable to concentrate. Hunger was a common cause of poor performance and dropout. Other economic impacts included no money for school uniforms, material, clothing and other necessities. These challenges made these orphans unable to cope up with the others and made them be hot-tempered and got easily annoyed. They felt ashamed, withdrawn and had low self-esteem with feelings of rejection thus affecting their performance and retention. The findings concurred with a study by Kibet (2007) in Eldoret municipality whereby 99% of her respondents agreed that lack of learning materials as the cause of poor performance and retention. Similarly this conforms with Locke's Theory of Children Development and Learning whose core underpinning is that the social environment is responsible for shaping the human mind and character, especially learning during infancy and childhood. During infancy, the child's mind is pliable, hence can be moulded in any way which in turn sets good or bad behaviour in childhood and adulthood. Essentially, feelings and thoughts develop through association, repetition, imitation, etc. while learning occurs through rewards and punishments. Orphaned children are vulnerable to this situation (Dr. Mwanaongoro, 2012).

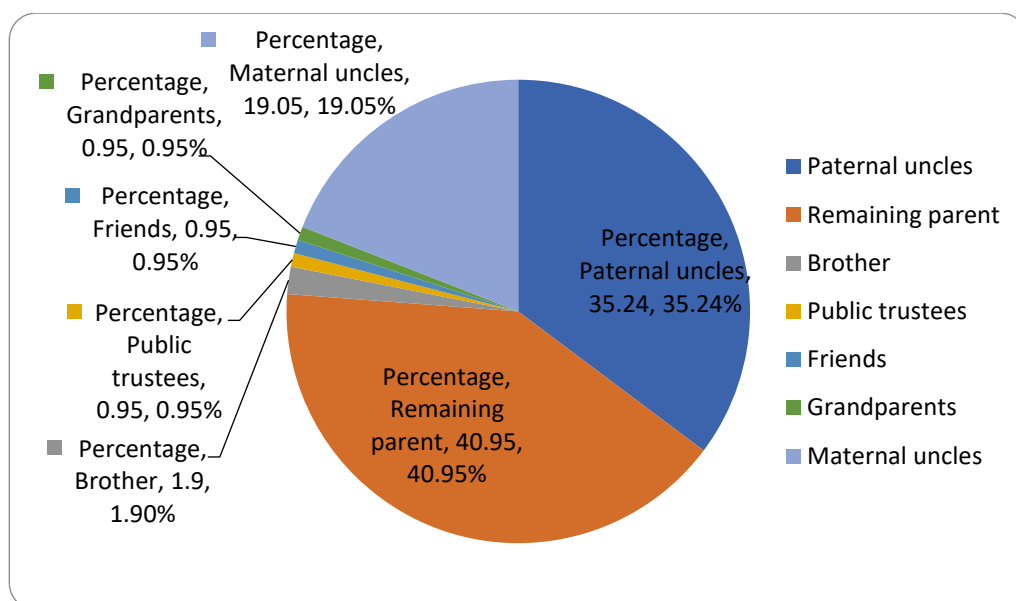


FIGURE 2: CUSTODY OF PROPERTY LEFT

As indicated in figure 2, the property under paternal relatives was 35.24% while according to table 1 paternal relative stayed with only 16.06% of the respondents compared to the ailing widows who stayed with 49.94% of the orphans. Though most of the property was sold to cater for the hospital bills, the paternal uncles played a big role or contributed a lot to the suffering of the orphans as they used the property to better their own families. Due to this most orphans had to help their mothers or themselves to meet their economic needs thus making them irregular at school, not finish their homework and eventually dropped in performance and schooling. These findings were in agreement with the findings of Musee (2008) whereby over 50% of the interviewees in Western province confessed that their paternal uncles sold everything they had.

Table 2: Assistance in Education needs

Assisting needs	Frequency	Percentage
Relatives	146	75.65%
Teachers	18	9.33%
Well wishers	8	4.15%
Remaining parent	10	5.18%
Others	11	5.69%
Totals	193	100%

As indicated on table 1, the remaining parents stayed with 49.74% of the orphans. Surprisingly the remaining parents catered for only 5.18% of the orphans and 75.65% were catered for by relatives as shown on table 2. Though most orphans claimed to be helped by relatives, the help was only occasional. The findings concurred with Kibet (2007) who noted that 67% of the orphans had no support from any organization or NGO. This showed that NGOs had not reached all parts of the country.

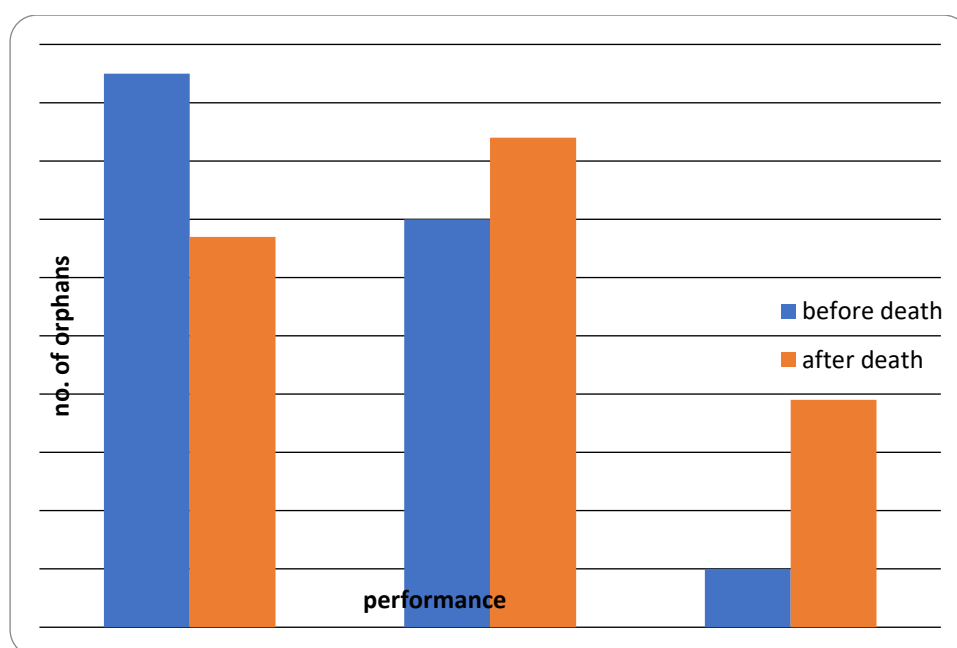


Figure 3: Orphans performance

As shown on figure 3, orphans' performances never remained the same. Before the death of their parents, orphans above average were 55%, average 35%, and below average were 6% but after the death of their parents those who were above average dropped to 35.26%, average increased to 44.21% and below average increased to 20.53%. The findings differed with Kibet's (2007) who cited that only 2% of the orphans had good performance. So generally the performance of the orphans was poor. This was mainly due to psychological trauma they go through, lack of essential learning materials, food, parental love, financial support, emotional and moral support.

CONCLUSIONS

From the study findings orphan boys are affected psychologically from the trauma they go through right from the time when their parents were ailing to the present time as the community at large does not accept and care for them fully. Their parents passed on at the prime age of starting schooling and some had just started schooling. These orphans did not get good education foundation and those who had good foundation lost it on the way due to the trauma. As a result, the performance of orphans is lower compared to non-orphans.

The study also found out that many orphan boys dropped out of school due to economic constraints. The rate of poverty of the guardians is high as most of them, 51.81%, do petty businesses in town which could not cater for their mounting family needs and those for the orphans. Many orphans did not get enough basic needs such as food, health care, good education and clothes. All these contributed to poor performance, dropping out of school and later joining the street children.

The study emphasized the need for the government, donors, NGOs, the community and well-wishers to join hands to help and support the orphans. The guardians were overburdened. The community, well wishers and stakeholders should be trained in capacity building by creating economically viable projects and programmes to uplift the well-being of the orphaned boy child and the community at large because poverty is one of the major factors that spreads HIV and AIDS. Teachers should have regular refresher courses, workshops and

seminars to update them on emerging issues in education such as HIV and AIDS and orphaned boy child so that they can effectively, confidently and competently handle such children's problems.

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