

# Socio-Economic Effect of HIV/AIDS on Orphans and Vulnerable Children in Nyamira District

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**Abstract:** Since the first case of HIV/AIDS was reported in Kenya in 1984 the numbers of those infected have risen and many people have since died or are living with the HIV/AIDS since the epidemic started in 1980s in the drug injecting people and the homosexuals. These deaths have resulted in Orphans and Vulnerable Children (OVC). This was a descriptive cross-sectional study, with one of the objective of finding out the socio-economic effect of HIV/AIDS on Orphans and Vulnerable Children in Nyamira district. A sample of 384 people participated in the study. The people were through simple random selected from Bonyegwe sublocation of Nyamusi division. Semi-structured interview schedules were used in data collection from the households. To remove ambiguity, the research tools were pre-tested to both HIV/AIDS organizations and householders not in the sample population but with similar characteristics. The research tools were refined and used on the actual sample population. Text, graphs, figures and tables were used in data presentation. The study indicates that those people who had not attained any level of formal education were (17%). The study revealed that householders (40%) had higher proportion of secondary education as compared with members of HIV/AIDS organizations (37%). Most of the members of HIV/AIDS organizations (89%) indicated that farming is their main source of income and a cushion for food security as compared with householders (63%). The ministry of health should strengthen provision of PMTCT services at the ANC clinic so that we prevent more cases of orphans and vulnerable children. The study suggests that in future all mothers who test positive for HIV virus should be put on treatment in order to reduce defaulters at the same time reach sustainable coverage in the provision of HIV/AIDS services to the orphans and vulnerable children in the society.

**Keywords:** children, HIV/AIDS, organizations, Orphans, vulnerable.

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## I. INTRODUCTION

Since the first case of HIV/AIDS was reported in Kenya in 1984 the numbers of those infected have risen. A report by National AIDS Control Council indicated that 2.2 Kenyan adults were living with HIV/AIDS while 1.5 million people had died of AIDS since the epidemic started in 1980s. These deaths have resulted in Orphans and Vulnerable Children (OVC). It was postulated that the cumulative number of HIV/AIDS in Kenya may rise to over 2.6 million by the end of 2005 and the number will rise by 2030 if holistic measures are not put in place to control the scourge [1].

HIV/AIDS affect the demand and supply of education, quality, content and process of education especially to the OVC's [2]. As the relatives who took in the orphans lack sufficient food for their families, most of the children under their care had a single meal a day. Government of Kenya analysis show that children consume less nutritious food because AIDS has diminished the capacity of families to grow food [3].

The health sector is central to a successful response to the HIV/AIDS epidemic, since overall development of a country is dependent on the health of its people. HIV/AIDS has negatively impacted on the health sector by increasing the number

people seeking health services and increasing the overall cost of health-care in the country. According to research by development partners, the lake region areas are experiencing very high HIV/AIDS infection levels and form a corridor from there to Nairobi [4].

There are currently many institutions, organizations operating in communities and offering Voluntary, Counseling and Testing (VCT). Research has found out VCT as a cost-effective method of HIV/AIDS prevention. It can be an entry point for provision of detection and treatment of tuberculosis, prevention of mother to child transmission of HIV and prevention of opportunistic infection in HIV (PMTCT) infected persons and this will reduce orphans and vulnerable children in the community. VCT services can help decrease anxiety, stigma and sense of hopelessness associated with fear that one has AIDS. It has been said that 'knowledge is power' and in the case of AIDS, a person's knowledge of their own HIV status is a powerful weapon in the national effort to respond to the epidemic [5].

Just like American scientists began to see cases of AIDS among those who shared sharps [6] too, the community in Nyamira district reported that non-sharing of sharps was one of the HIV/AIDS control measures [6]. This study identified that a significant number of people used the condom as a prevention measure from contracting HIV/AIDS similarly to other studies, which advocated for condom use as a simple protection device [7]

## 2. METHODS

This was a descriptive cross-sectional study, with one of the objective of finding out the socio-economic effect of HIV/AIDS on Orphans and Vulnerable Children in Nyamira district. A sample of 384 people participated in the study. The people were through simple random selected from Bonyegwe sublocation of Nyamusi division. The enumerators were trained on the tools so that they acquaint themselves with the flow of the questions. The midst of the community in relation to the population was identified and the research tossed a pen to identify the starting point. The subsequent households were systematically sampled. Semi-structured interview schedules were used in data collection from the households. To remove ambiguity, the research tools were pre-tested to both HIV/AIDS organizations and householders not in the sample population but with similar characteristics. The research tools were refined and used on the actual sample population. The householders were interviewed in order to determine the socio-economic effect of HIV/AIDS on orphans and vulnerable children in Nyamira district. The tools were handed in to the supervisor at the end of each day and verified for completeness where in case of any inconsistencies the enumerator had to return to the household for correction. The data collected was analyzed and correlated on the objective of the study. Text, graphs, figures and tables were used in data presentation.

## 3. RESULTS AND DISCUSSION

### **Socio-economic and demographic factors of both householders and members of HIV/AIDS organizations:**

The study indicates that those people who had not attained any level of formal education were below seventeen per cent (17%). This might well be attributed to HIV/AIDS impact as a similar study [2] shows that HIV/AIDS affect the demand and supply of education, quality, content and process of education. The study in Nyamira district revealed that householders (40%) had higher proportion of secondary education as compared with members of HIV/AIDS organizations (37%). HIV/AIDS is major threat to the education sector as NACC, (2000) indicates that there is death of teachers, children taking care of the sick instead of attending school and drop-out of school due to decreased household income. In this descriptive cross-sectional study in can be rightly seen that the care and support organizations did play some vital roles in prevention, control and management of HIV/AIDS in Nyamira district. The community staying in this district still recognizes the family extended structures that care and support for the Orphans and Vulnerable Children (OVC) especially those that arise due to HIV/AIDS [1].

Most of the members of HIV/AIDS organizations (89%) indicated that farming is their main source of income and a cushion for food security as compared with householders (63%). However, the agricultural sector of Kenya, which has engaged more than 80% of the labour force accounting for 25% Gross Domestic Product (GDP) has not escaped the ire of sickness and death of most productive age group of 15-49 years due to HIV/AIDS [2]. A study by Government of Kenya and other health partners showed that children consume less nutritious food because HIV/AIDS has diminished the capacity of families to grow food. This study in Nyamira indicates that both members of HIV/AIDS organization and

householders planted finger millet (55% and 63% respectively), which contains a lot of iron that can be fed to the sick as a food supplement that can prevent one from contracting opportunistic infections [3].

#### **Prevention, control and management of HIV/AIDS:**

Most of the householders (98%) than HIV/AIDS organizations (88%) reported the use of condom as a preventive measure. Majority of the householders (96%) than HIV/AIDS organizations (6%) indicated that the best control of HIV/AIDS after infection was non-sharing of sharps. HIV/AIDS organizations than householders (9%) reported that Home Based Care kits (HBC) supply was a sufficient mitigation in management of those infected by HIV/AIDS. There are currently many institutions and organizations in communities that offer VCT service, which is a cost-effective method in HIV/AIDS prevention [7]. Similar to this study is where ARV's (4%) were reliably given to those tested at VCT sites as this can be an entry point for provision of detection and treatment of tuberculosis, PMTCT and prevention of opportunistic infection in HIV infected persons although this was a challenge when it comes to OVC due to confidentiality issues [5]. Although the research found out that there were few OVC in Nyamira as compared to other areas around the lake region. Areas with very high infection levels border Lake Victoria and form a corridor from there to Nairobi [4]. Medium levels of infection can be found in areas adjacent to lakeside districts, southeast of Nairobi, Mombasa and on the Kenya-Ethiopian border to the north and this is where there are notable OVC's in dire need of both social and financial support [6]

#### **4. CONCLUSION**

There is need for the care and support organizations to raise more funds so that they can reach as many orphans and vulnerable children as possible. The care and support to orphans and vulnerable children need holistic efforts from all the community members so as to lessen the burden on the development agencies. The ministry of education should ensure that the children are going to school as this can reduce the stress they undergo at the same time acquire knowledge and skills that can assist them. The adults with good level of knowledge can cater for the orphans and vulnerable children. The ministry of health should strengthen provision of PMTCT services at the ANC clinic so that we prevent more cases of orphans and vulnerable children. The study suggests that in future all mothers who test positive for HIV virus should be put on treatment in order to reduce defaulters at the same time reach sustainable coverage in the provision of HIV/AIDS services to the orphans and vulnerable children in the society.

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