

# The Role of Care and Support Organizations in Prevention, Control and Management of HIV/AIDS in Nyamira Kenya

<sup>1</sup>Wycliffe Manyulu Clement, <sup>2</sup>Alloys S.S. Orago, <sup>3</sup>Wilson Otengah

<sup>1</sup>Kenyatta University <sup>2</sup>National AIDS Control Council, <sup>3</sup>Kenyatta University, Sociology Department

---

**Abstract:** Care and support to HIV/AIDS clients includes the care given to the sick and the affected in their homes or hospitals; and care extended from the hospital or health facility to their homes through family participation and community involvement. This descriptive cross-sectional study, with the objective of finding out the role of care and support organizations in the prevention, control and management of HIV/AIDS was carried out in Nyamira, Kenya.

A sample size of 384 people was taken for the study. A purposive sample of the one hundred and nine (109) funded care and support HIV/AIDS organizations were recruited for the research. Prompt reporting by the care and support organizations was also considered before sampling for participation in the research as this could give reliable data on HIV/AIDS activities in the district. Two hundred and ninety one (291) households were also selected for the study. One location (Bomwagambo) in the division was also selected through simple random that was sampled after multi stage sampling where Nyamusi division, one of the seven (7) divisions in the district was selected.

This research found out that majority of the householders (95%) indicated that PLWHA were in the care of family members who provided for the upkeep as compared with 88% support from HIV/AIDS care and support organizations. Foods (89%) and clothing (96%) were the major support given by HIV/AIDS support organizations to PLWHA/orphans as compared with householders (78%) and 76%) respectively). A majority of householders (82%) indicated that they were supporting their kin's on acceptance of HIV status for those who had tested positive. The researcher concluded that the support given by organizations working with the community in the aspect of HIV/AIDS was commendable and not adequate but more dedicated support for HIV/AIDS orphans is required as the children strain the foster family and likelihood of school drop-out due lack of school fees and uniforms.

**Keywords:** care, support, householder, organizations, HIV/AIDS.

---

## I. INTRODUCTION

AIDS like sexuality trait is inevitably embedded in local social contexts, representations and responses that also may vary along cultural lines. HIV/AIDS pushes poor families deeper into poverty, forcing families to exhaust their savings on drugs and funeral expenses. Burdens on already extended families increase, especially in caring for orphan. The contribution of cultural factors to the life experience of HIV/AIDS affected and infected people is and will remain enormous [1].

Care and support to HIV/AIDS includes the care given to the sick and the affected in their homes or hospitals, and care extended from the hospital or health facility to their homes through family participation and community involvement. The care calls for a collaborative effort between hospital, family, community and support organizations. Components included in the care are physical, psychological and spiritual support [2]. Social support involves improving the ability of children

orphaned by HIV/AIDS or people living with and affected by HIV/AIDS to cope with, participate in and be accepted by both their families and communities. People living with HIV/AIDS (PLWHA) and their families often require assistance and support to cope with the impact of the infection. Support institutions provide material, emotional, mutual and moral support which is sometimes not sufficient to meet the needs of the households especially where orphans are involved [1]

HIV prevalence in Kenya is estimated based on the Demographic and Health Survey (2003 and 2008/9). A trend analysis starting from 1990 shows that prevalence in the general population reached a peak of 10.5% in 1995-96, after which it declined by about 40% to reach approximately 6.7% in 2003. The number of HIV/AIDS orphans was projected to exceed 1.5 million by the year 2005 and according to a report by UNICEF in Nyamira the number of orphans was estimated to increase from 14,398 in 2001 to 26,067 in 2005 to 31,788 by 2010 and projected to be even higher by 2030. Orphaned children overburden the extended family care structures. The elderly who lose adult children face potential economic hardship and the prospects of raising their own orphaned grandchildren thus the need for support from well-wishers [3].

There is desire for aid towards HIV/AIDS pandemic due to escalating effects on the social web of the family that 40% of orphans drop out of school due to lack of money to buy school uniforms, books and other school related expenses [4]. According to a study in Rusinga Island it was found out that there is marginal difference between AIDS afflicted households on male-drop out in primary school (56%) compared with 39% in non-afflicted households thus the need for support organizations to compliment in resilience of the communities [5]. In the communities along the shores of Lake Victoria the boys are expected to participate in economic activities such as fishing to supplement household income and provide for school expenses for young siblings and this is a risk factor for HIV/AIDS [5].

Furthermore, it has been indicated that without external support communities help people living with HIV/AIDS or orphans initially but they get drained, tired and give up [6]. The seriousness with which NGO's view HIV/AIDS epidemic in Kenya is underscored by the creation of Kenya AIDS NGO's Consortium (KANCO). Additionally, as reported orphaned children suffer a catalogue of deprivations and vulnerabilities. The deprivations include loss of family, depression, malnutrition, lack of access to education and health-care, homelessness, loss of property and loss of inheritance [7].

## 2. METHODS

This was a descriptive cross-sectional study, with the objective of finding out the role of the care and support organizations dealing with prevention, control and management of HIV/AIDS in Nyamira, Kenya. A purposive sample of the one hundred and nine (109) funded care and support HIV/AIDS organizations were recruited for the research. Prompt reporting by the care and support organizations was also considered before sampling for participation in the research as this could give reliable data on HIV/AIDS activities in the district. Two hundred and ninety one (291) households were also selected for the study. One location (Bomwagambo) in the division was also selected through simple random that was sampled after multi stage sampling where Nyamusi division, one of the seven (7) divisions in the district was selected. While in the middle of the location based on housing, a pen was dosed and the enumerators released in four directions where they collected the information from the simple randomly selected households. The household heads were the ones interviewed but in case of their absence another person in the same household with the same responsibility was interviewed.

Semi-structured interview schedules were used in data collection from the subjects. The research tools were pre-tested on both HIV/AIDS support organizations and householders not in the sample population but with similar characteristics. Modified semi-structured interview schedules in respect with the characteristics of each sub-group were used on the actual sample population. Each subject was interviewed separately in order to gather information on his or her experiences related to the care and support organizations in the fight against HIV/AIDS in Nyamira. The data so collected was verified while still in the field and any missing data was corrected. The data collection tools were collected at the end of the day for verification on entries by the researcher over-night.

## 3. RESULTS AND DISCUSSION

This research in Nyamira district found out that majority of the householders (95%) indicated that PLWHA were in the care of family members who provided for the upkeep as compared with 88% support from HIV/AIDS support organizations. The extended family network absorbs in most of children orphaned by HIV/AIDS and to some extent it is

still one of the informal care structures of many families. As customarily known, especially in the African settings, the community as an institution caters for the needs of the bereaved through the extended family structure where they take in the orphans for care and support and may seek external support [4].

As this study indicated that food (89%) and clothing (96%) were the major support given by HIV/AIDS support organizations to PLWHA/orphans as compared with householders (78%) and 76%) respectively) which, is contrary to a study done in Rusinga Island [5]. The research in Rusinga island found out that boys in the community are expected to participate in economic activities such as fishing in order to supplement household income for food, clothing and provide school expenses for their young siblings. Just like other studies indicated that communities help PLWHA/orphans so did this study which, found out that HIV/AIDS support organizations (100%) helped PLWHA as compared with householders (84%) [6].

The householders reported that there were PLWHA within the community and that they needed support so that they can come up and be supported so as to reduce stigma surrounding HIV/AIDS. The study also found out there were HIV/AIDS orphans (88%) within the membership of the HIV/AIDS supported organizations. According to a report by UNICEF (2002) in Nyamira district the prevalence of HIV/AIDS orphans was estimated to be over 26,000 and this calls for concerted efforts both internally and externally address the health threat [3].

The community in did all it can to HIV/AIDS infected by provision of transport and referral to conventional health facilities. The householders (85%) played a significant role in encouragement of the sick to seek conventional medical assistance as compared with HIV/AIDS supported organizations (3%). A similar study advocated for equipping HIV/AIDS organizations with Antiretroviral Therapy (ART) so as to cope with drug compliance and adherence by clients [1]. A majority of householders (82%) indicated that they were supporting their kin's on acceptance of HIV status for those who had tested positive. Where family members have been used to observe treatment of chronic diseases like HIV/AIDS the results indicate high compliance and cure of opportunistic infections. Additionally, as reported orphaned children suffer a catalogue of deprivations including loss of inheritance, similarly this study found out that there is a significant need for the provincial administration intervention to help secure property ownership [7].

#### 4. CONCLUSION

The researcher recommends to the Ministry of Health to take a lead role in the support and care of the people affected and infected by HIV/AIDS in the district. There might be a high number of HIV/AIDS infected or affected people in this community than envisaged as the community seems to be having a strong sense of concealing what they are suffering from. The support given by the care and support organizations need to be doubled so as to reach as many people as possible. The support given by organizations working with the community in the aspect of HIV/AIDS was commendable but more dedicated support for HIV/AIDS orphans is required as the children strain the foster family and likelihood of school drop-out due lack of school fees and uniforms. There was reasonable care for the orphans who had been recruited in the support and care organizations thus complimenting health service delivery and strengthening in the field of HIV/AIDS.

#### REFERENCES

- [1] Farmer, P. (1999). *Infections & Inequalities: The Modern Plagues* Berkeley: University of California Press.
- [2] NACC (2000). *Strategic Plan*. NACC. Nairobi.
- [3] UNICEF (2002). *Estimated number of children orphaned by HIV/AIDS in Kenya*. UNICEF. Nairobi.
- [4] Saoke, P., and Mutemi, R. (1994). *Needs assessment of children orphaned by AIDS*. UNICEF. Nairobi.
- [5] Fergusson, A., and Johnston. *AIDS, gender and school dropout*. Population communication Africa. Nairobi. (1997).
- [6] GoK/UNICEF (2000). *The impact of HIV/AIDS on education and the potential for using education in the widest sense for the prevention and control of HIV/AIDS*. UNICEF. Nairobi.
- [7] Hunter, S., and Williamson, J., (1997). *Children on the brink. Strategies to support children isolated by HIV/AIDS*. USAID.