THE EDUCATIONAL AND PSYCHOLOGICAL EXPERIENCES
OF CHILDREN ORPHANED BY AIDS IN WESTERN KENYA

by

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ABSTRACT

The purpose of this study was to describe the perceptions of teachers and caregivers concerning the psychological and educational experiences of children orphaned by AIDS in Western Kenya. On the basis of qualitative inquiry, the design of the study focused on phenomenology inquiry. Audio-taped interviews were used as the primary source to gather data for this study. The questions that guided the study were "What are the psychological characteristics of children orphaned by AIDS in Kenya?" "What are the educational experiences of children orphaned by AIDS?" and "What strategies do the teachers and caregivers at the orphanages use to help the children orphaned by AIDS cope with the loss of the parent(s)?"

There were 20 participants, 12 teachers and 8 caregivers, in seven orphanages who volunteered to participate in the study. Findings of the study revealed that the children orphaned by AIDS went through a continuum of experiences. At one end of the continuum are the experiences that arise as the children see their parents develop signs of HIV/AIDS, become terminally ill, and eventually die. Children were most affected psychologically and educationally in their first year in the orphanages. Some of the emotions they expressed were feeling sad, rejected and unwanted, lonely, strange, in need of acceptance, gloomy, dull, cold, worried, desperate, afraid, hopeless, angry, annoyed, upset, feeling stigmatized, in panic, disturbed, frustrated, confused, tensed, angry, reserved, desperate, violent, stigmatized, emotional, and in grief.
At the other end of the continuum are the emotions, personalities, and attitudes of the orphaned children toward the end of the first year and in the second year, which included being happy, hopeful, trusting, confident, respectful, outgoing, cooperative, warm, complacent, and courageous. The techniques that teachers and caregivers used to help children cope with grief after the loss of the parent(s) are also described. The results of the study could provide information for early childhood educators, psychologists, administrators at orphanages, and policy makers, as they consider the psychological and educational needs of the children orphaned by AIDS.
DEDICATION

I dedicate this dissertation to the memory of my mother, Rose Bella Saina, and to the honor of my father, Reuben Saina.
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Many people have contributed to the completion of this dissertation. Many have given encouragement and support. Debts of gratitude are extended to them all.

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CHAPTER 1
INTRODUCTION

Background Information

The AIDS scourge is one of the greatest predicaments in the world in this century. Statistical reports verify that indeed AIDS is today's pandemic. In 2004, the United Nations Foundation (2004) approximated that about 39.4 million people in the world were living with HIV/AIDS. Another report by the Joint United Nations Program on HIV/AIDS (UNAIDS/WHO, 2004) indicated that in 2003, about 3.1 million people globally died of HIV/AIDS and 14,000 were infected daily by the HIV virus. Sub-Saharan Africa, where Kenya is located, is region greatly affected by HIV/AIDS. Of the people in the world who are living with HIV, about two thirds are in the region of western Kenya. UNAIDS/WHO (2004) approximated that in 2002, 24.4 million people were affected and the number increased to 25.4 million in 2004.

With the rising global death toll of AIDS, a population that deserves study is also growing: children orphaned by AIDS. In 1999, UNAIDS estimated that 13.2 million children under the age of 15 had lost a mother or both parents to AIDS. By 2010, the figure is projected to reach to 44 million in 34 countries that are severely hit by HIV/AIDS (Development Gateway Foundation, 2004).

Many of the children orphaned by AIDS are in Africa. In 2003, UNICEF reported that AIDS had already orphaned more than 11 million children in the continent, half of whom were between the ages of 10 and 14. The sub-Saharan region had a relatively high
number of children orphaned by AIDS, with Botswana, Lesotho, and Swaziland having a high prevalence of HIV/AIDS and the largest increases in the number of orphans. UNAIDS/WHO (2004) approximated that 90% of children orphaned by AIDS globally were in the region in 2004.

A Central Intelligence Agency (CIA, July 2007) report estimated the population of Kenya to be 36,913,721 in 2007, with 42.1% being children under 14 years of age. It also reported the established 2003 HIV/AIDS adult prevalence rate (6.7%), and approximated that 1.2 million people were living with AIDS in Kenya. Children on the Brink—a joint report of UNAIDS, UNICEF, and USAID (2004)—estimated that in Kenya in 2001, 220,000 children were living with HIV/AIDS and 1.6 million were orphaned. It also predicted that the number of orphans would increase above 2 million by 2010.

Effects of HIV/AIDS on Children's Development

Children orphaned by AIDS are affected in all areas of development. Two of those areas, educational experiences and psychological development, were addressed in this study.

Effects of HIV/AIDS on Social Networks

The families of HIV-infected people are highly influenced by the AIDS pandemic. The burdens on the families are heavy, and they persist over a long period of time (Hess, 1997). In many developing countries, particularly in Africa, children's social networks are weakened by HIV/AIDS. Extended families care for 90% of all orphans, but the majority of households live in poverty and are progressively less able to adequately
provide for the children in their care. The situation is of increasing concern because the
crisis is beginning to overwhelm traditional systems of caring for children. The networks
are overstressed and continue to be overburdened as the number of AIDS orphans
increases (UNICEF, 2003).

Effect of HIV/AIDS on Cognitive and Academic Performance

In households affected by HIV/AIDS, children tend to have less access to
education. Many children drop out of school to take over responsibilities as care-givers
and home-makers. Many will find work so that they can get something to eat and
supplement the family income. Consequently, they are under-educated, overworked, and
financially insecure (Development Gateway Foundation, 2004; UNICEF, 2003; United
Nations Foundation, 2004).

The children begin to suffer even before a parent or caregiver dies. As a result of
rising household needs, schooling is often interrupted. Notably, the majority of the
children who are forced to drop out are girls. They are forced to drop out so that they can
take care of the sick parents. When the parents die, the girl takes over the responsibilities
of taking care of younger siblings and running the household. The findings implicate
gender as a factor that determines the chances of continuing with formal education for

HIV/AIDS also affects school enrollment and attendance. The United Nations
Foundation (2004) conducted a survey in Kenya with 646 AIDS-orphaned and 1239 non-
orphaned children. The findings indicated that 52% of children orphaned by AIDS were
not in school, compared with 2% of the non-orphaned children. UNICEF (2003) did a
similar study in Zambia. The findings were that 32% of orphans in cities and 68% of orphans in rural areas were not enrolled in school.

The above findings imply that the geographical location of the orphans, whether rural or urban, is a critical factor in determining the opportunities for schooling to children orphaned by AIDS. The low attendance could be the result of poverty and stigma. Reports show that many AIDS orphans have been discriminated against by their peers and often face trauma that is difficult for them to manage in the school (UNICEF, 2001, 2003; United Nations Foundation, 2004).

Psychological, Social, and Emotional Effects of HIV/AIDS

Children orphaned by AIDS encounter serious psychological and social challenges. Many AIDS orphans face discrimination. Some are victimized and excluded from social and familial structures. Because the children are financially desperate, they are more likely to be exploited. They are vulnerable to sexual abuse, drug trafficking, violence, and child labor. These are situations that often increase the chances of HIV infection (NIAID, 2000; UNICEF, 2001, 2003).

Children whose parents are dying of HIV/AIDS are also psychologically disadvantaged. Many of the children experience trauma while witnessing the sickness and death of a parent. When the parent dies, the children experience depression, low self-esteem, alienation, disturbed social behavior, and poor life skills (Hess, 1997; United Nations Foundation, 2004).

Finally, children orphaned by HIV/AIDS are likely to suffer damage to their emotional development. When the closest kin dies of AIDS, the children are emotionally vulnerable. Because they are seeking to be cared for and accepted by others, they are
more likely to seek comfort in risky behaviors that pose greater risk of becoming infected with HIV (Hess, 1997, UNICEF, 2001).

Statement of the Problem

Studies from UNAIDS/WHO (2004) and UNICEF (2003) primarily addressed the prevalence of HIV/AIDS and related demographic factors in Africa. Studies in the sub-Saharan region on the well-being of children living with HIV/AIDS have examined the economic, academic, social, and structural effects of HIV/AIDS (NIAID, 2000; UNICEF, 2001, 2003). Studies on the educational needs of children orphaned by AIDS have shown that children orphaned by AIDS often drop out of school (United Nations Foundation, 2004) and orphans in rural areas drop out at higher rates than orphans in urban areas (UNICEF, 2003). None of these studies attempted to explore the psychological and educational experiences of children orphaned by AIDS.

Purpose of the Study

The purpose of this phenomenological study was to describe the lived psychological and educational experiences of children orphaned by AIDS in Western Kenya. For the purpose of this study, orphaned children were generally defined as those younger than 15 years who had lost either one or both parents to AIDS.

Significance of the Study

Findings from this study provide educators, families, and policy makers with information regarding the psychological and educational needs of children orphaned by AIDS. This study heightens awareness of the experiences of children orphaned by AIDS.
in Kenya, resulting in a better understanding of their psychological and educational experiences and what those experiences mean to the children.

This study also contributes to the literature on children's experiences worldwide by adding to knowledge on psychological and educational needs of children in difficult circumstances—in this case, children orphaned by AIDS. The psychological and educational experiences of children orphaned by AIDS have not been observed in detail in the literature.

In addition, findings from this study articulate and amplify children's memories and coping experiences after the loss of one or both parents. The experiences learned could provide salient information for policy makers to allocate resources to support the emotional and psychological development of children affected by AIDS in a school setting.

Research Questions

The central research question was, "What are the psychological and educational experiences of children orphaned by AIDS in Kenya?" To gather details, this question was divided into five subquestions:

1. What are the psychological characteristics of children orphaned by AIDS in Kenya?

2. How do children orphaned by AIDS perform academically?

3. What effect has the loss of parent(s) to AIDS had on school attendance of children orphaned by AIDS?

4. How do the educational and psychological characteristics vary according to gender?
5. How do the orphanages help children orphaned by AIDS to cope with the loss of the parent(s)?

Definitions of Terms

Children: Boys and girls younger than 15 years of age.

Charitable homes: Orphanages run by volunteers and funded through contributions from private individuals.

Educational experiences: The children's involvement with the educational process.

Emotional stability: The children's ability to develop a positive feeling and outlook on life.

Manager: An individual who is in charge of the orphanage. Managers play the role of administrator and oversee the day-to-day activities in the orphanage.

Matron: A lady who takes care of the children in the orphanage. Matrons perform all the roles that a mother would play in the child's life: feeding, bathing, and caring for them. Matrons sleep in a room inside the dormitories of the young children.

Orphans: Children who have lost one or both parents to AIDS.

Psychological experience: The children's perceptions of their emotions, temperaments, and personality.

Psychological stability: The children's ability to remain steady and sober mentally.

Assumptions

Two assumptions were made in the design and conduct of this research.

1. It is important to understand the educational and psychological experiences of children orphaned by AIDS.
2. Teachers' and caregivers' perceptions of the educational and psychological experiences of children orphaned by AIDS accurately reflect the children's experiences about loss of a parent(s) to AIDS.

Limitations of the Study

This study examined only the educational and psychological experiences of children orphaned by AIDS. Other areas such as the children's economic and social experiences were not covered. Purposive sampling was used to select participants in the study. This method decreases generalizability of findings (Creswell, 1998; Morse & Richards, 2002). This study described only the experiences of children orphaned by AIDS in Western Kenya. Because the study was qualitative in nature, the findings could be subjected to other interpretations (Locke, Spiriduso, & Silverman, 2000).

Organization of the Study

This dissertation has five chapters. Chapter 1 is summarized below. Chapter 2 covers the literature review and theoretical framework. Chapter 3 describes the research design and methodology. Chapter 4 contains the findings of the study. Chapter 5 presents discussion and implications of the study.

Summary of Chapter 1

This chapter introduced the study and explained the need for it. Many quantitative studies address the prevalence of HIV/AIDS and other related demographics, but few studies address the educational and psychological experiences of children orphaned by AIDS. The purpose of this study was to explain the educational and psychological
experiences of children orphaned by AIDS in Western Kenya. Findings from the study will contribute to the body of research that describe children's experiences in especially difficult circumstances and may provide criteria that policy makers could use to allocate resources to support the needs of children orphaned by AIDS. Finally, the terms, assumptions, and limitations of the study were explained.
CHAPTER 2
THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Introduction

In this chapter, two theories related to this study are discussed: attachment theory and post traumatic stress distress (PTSD) theory. In addition, literature in was reviewed regarding background statistics of HIV/AIDS and effects of HIV/AIDS on the children's well-being in four areas: social networks, cognitive and academic progress, psychological development, and emotional development.

Theoretical Framework

Attachment theory and post traumatic stress disorder (PTSD) theory both address the effects of HIV/AIDS on the well-being of children, and both explain the effects of HIV/AIDS on the psychological, emotional, and educational development of the orphaned children.

Attachment Theory

Attachment theory was described by John Bowlby (1969) and Mary Ainsworth (1973). It focuses on the enduring psychological bond between an infant and his or her primary caregivers. According to this theory, in all domains of development, the most constructive bond is one in which the infants trusts the caregiver, and feels safe and supported by the caregiver (Thomas, 2005).
According to the attachment theory, there are sensitive periods for bonding during the first years following birth. During this period, readiness to establish emotional attachment is particularly strong. So it is during the first year of life, when infants must rely on caregivers—traditionally, the mother—in order to have psychologically healthy outcomes. The infant who experiences inconsistent care is uncertain of the caregiver's caretaking competence and will develop mistrust. Short-term and long-term separation of infants from their mothers can result in long-term effects on the psychological development of the child (Ainsworth, 1973; Bowlby, 1969).

For children with HIV/AIDS, the enduring psychological bond between an infant and his or her primary caregiver is weakened when the primary caregiver is sick or dies of HIV/AIDS. The studies reviewed indicated that children whose parents are dying of HIV/AIDS are psychologically disadvantaged in numerous and often devastating ways. They experience the trauma of witnessing the sickness and death of a parent. Many of the children affected by the death of a parent may experience depression, low self-esteem, alienation, and disturbed social behavior (United Nations Foundation, 2004).

Attachment theory can also explain the emotional effects of HIV/AIDS on children. The studies reviewed showed that children with HIV/AIDS are likely to suffer damage to their emotional development. Children with HIV/AIDS may be emotionally vulnerable (UNICEF, 2001). This may occur because children orphaned by HIV/AIDS, especially in the developing world, may have lost their traditional caretaker, the mother, at a tender age. Other children may not receive adequate attention or care from the mother, especially if she is dying of HIV/AIDS. Therefore, many of the orphaned
children will not receive consistent care. Some will be in the hands of many caregivers, while others will be neglected.

The implication of this theory to this study is that children who are orphaned by HIV/AIDS early in life may not develop a secure attachment. As a result, they are often emotionally and psychologically deprived. They may not develop the necessary bonding, security, trust, and emotional stability early in life, and this may affect other domains of their development later in life.

Post Traumatic Stress Disorder Theory

Giora, Atul, and Peretz (2000) defined PTSD as an increasingly recognized diagnosis used to describe individuals who suffer from neuropsychological problems following the experience of a psychologically traumatic event. They also defined trauma as an encounter that is beyond the scope of an individual's normal life events (e.g., rape, burglary, war, torture, accidents). They noted that these events precipitate flashbacks, nightmares, and an inability to cope with the demands of daily life (Giora et al., 2000).

Perrin, Smith, and Yule (2000) noted that PTSD is an abnormal reaction to an abnormal event that involves a complex interaction of biological, psychological, and social causes. Like adults, children at infancy, early childhood, and adolescence experience PTSD but will manifest different characteristics. Furthermore, the ways in which child re-experience the traumatizing events vary with age (Scheeringa & Zeanah, 1995; Scheeringa, Zeanah, Drell, & Larrieu, 1995).

Perrin et al. (2000) stated that when children of any age are adversely affected by a traumatic event, they experience repetitive and intrusive thoughts about the trauma (called re-experiencing). Children tend to experience such thoughts mainly when they are
trying to fall asleep, are in quietness, or when they have reminders of the trauma in the environment. Young children tend to display signs of re-experiencing through drawings, stories, and play (Scheeringa et al., 1995).

Benedek (1985) reported that young children were likely to experience bad dreams, nightmares, and wakefulness through the sleep cycle. Some children develop a fear of darkness. Drell, Siegel, and Gaensbauer (1993) reported that young children may also experience fears and anxiety, such as fears of monsters, that are not directly related to the trauma. Young children and even adolescents may experience separation anxiety. They may not want to let the parents out of sight and may even sleep on the parent's bed.

Drell et al. (1993) observed that many affected children easily become upset and irritable with adults and with their peers. Such children become afraid of sharing the trauma because they do not want to bother adults. Therefore, they will keep to themselves even in the trauma. Both peers and adults tend to avoid asking the child what happened, fearing that they will upset the child. The affected child often experiences feelings of rejection. The child often ends up developing social phobias and avoidance while in school and other settings.

An earlier review of a study by the United Nations Foundation (2004) indicated that orphaned children experienced trauma from witnessing the sickness and death of a parent. As a result of that trauma, the children could experience depression, low self-esteem, alienation, disturbed social behavior, and poor life skills.

Although being diagnosed as having PTSD could add to the reasons children orphaned by AIDS feel rejected in a school setting, PTSD also helps clarify why these children have a decline in academic performance. Some of the cognitive changes these
children experience may include lack of concentration, which would affect their schoolwork. Children who have experienced trauma also sometimes have difficulty recalling previously learnt materials and with mastering new skills, which would also affect schoolwork.

Literature Review

Background Statistics

AIDS is probably the worst epidemic that humankind has ever faced. The United Nations Foundations (2004) reported that in 2003, the AIDS epidemic killed about 3.1 million people globally and that 14,000 people were infected with the HIV virus daily. UNAIDS/WHO (2004) approximated the total number of people in the world living with HIV had risen to 39.4 million in 2004.

Sub-Saharan Africa remains the worst-affected region. A UNAIDS/WHO (2004) report indicated that worldwide 25.4 million people were living with HIV in 2004. However, close to two thirds (64%) of all the people living with HIV are in sub-Saharan Africa. Fortunately, the epidemic in sub-Saharan Africa appeared to be stabilizing generally, with HIV prevalence at around 7.4% for the entire region (UNAIDS/WHO, 2004).

The global death toll from AIDS is staggering, but another growing population is in dire need of attention: children orphaned by AIDS. In Africa, AIDS has already orphaned more than 11 million children, half of whom are between the ages of 10 and 14. The countries with the largest increases in the number of orphans are Botswana, Lesotho, and Swaziland. They all have a nationally high prevalence of HIV/AIDS (UNICEF, 2003).
More than 14 million children worldwide have been orphaned because of AIDS, and this number continues to grow. The United Nations Foundation (2004) equated that number, 14 million, to the number of children younger than 5 in the United States of America, but children orphaned by AIDS have no one to watch over them. Projections claim this number can reach 40 million within the next several years. Worldwide, nearly 6 million children have died from AIDS. The United Nations Foundation (2004) reported that number, 6 million, as greater than the number of children in every grade school and high school in New York City, Los Angeles, Chicago, Washington D.C., Miami, and Atlanta, combined.

The United States has a relatively small percentage of the world's children living with HIV/AIDS. From the beginning of the epidemic through the end of 1998, 5,237 American children under age 13 had been reported to the Centers for Disease Control and Prevention (CDC, 1998) as living with HIV/AIDS. In 1998, 382 cases of pediatric AIDS were reported (UNAIDS, 1998). In June 1995, for all ages, the number of AIDS cases reported to the CDC was 476,999 (Hess, 1997).

The U.S. cities that had the highest rates of pediatric AIDS during 1998 were New York City; Miami, Florida; Newark, New Jersey; Washington, D.C.; and San Juan, Puerto Rico. The disease disproportionately affects children in minority groups, especially African Americans. Out of 8,461 cases in children younger than 13 that were reported to the CDC in 1998, 58% were Black/not-Hispanic, 23% were Hispanic, 17.5% were Whites/not-Hispanic, and 5.33% were in other minority groups (CDC, 1998: UNAIDS, 1998).
*Effects of HIV/AIDS on Children's Well-Being*

The well-being of children orphaned by AIDS is influenced by HIV/AIDS in many areas. Children affected by HIV/AIDS can be engulfed by grief and distress as their parents fall sick or die. They face economic hardship and many become malnourished, withdraw from school, lose property and other family wealth and inheritance rights, and become vulnerable to abuse. Studies show that children who lose their parents to AIDS are more likely to suffer from abuse than children orphaned by other causes, largely a result of the stigma and discrimination so often associated with AIDS. These myriad vulnerabilities places the orphaned children at greater risk of contracting the virus themselves (UNICEF, 2004). In this study, the four main areas of concern were social networks, cognitive and academic performance, psychological development, and emotional development.

*Effects of HIV/AIDS on the children's social networks.* In many communities, the children's social network is impoverished by HIV/AIDS. The safety nets for children are torn by AIDS. The families often have to provide an extraordinary amount of care and support for an HIV-infected person who may live for 10-15 years or longer (Hess, 1997). In an African leader's 2004 talk about HIV/AIDS and children in Cape Town, South Africa, it was reported that in only 2 years—from 2001 to 2003—the number of children orphaned by AIDS globally rose from 11.5 million to 15 million, with the vast majority of those children living in sub-Saharan Africa (UNICEF, 2004).

The size of the crisis is overwhelming traditional systems of caring for children. The burden on families is heavy and often persists over extended periods (Hess, 1997). Overstressed, these networks will face ever-greater burdens as the number of orphans
continues to spiral. Most alarmingly, the countries where the extended family is already
most stretched are the same countries that will see the largest increases in orphans

Communities and extended families are overwhelmed by the vast number of
children orphaned by AIDS. UNICEF (2003) indicated that extended families care for
90% of all orphans, but the economic pressure becomes too much for them to bear,
especially in developing countries. In many affected families, grandparents assume the
responsibility for child care. The children may be difficult to care for as a result of their
own physical needs and parental losses. The responsibility assumed by grandparents
often depletes their resources and increases their chance of physical illness (Hess, 1997).
The majority of households are generally poor, and they become progressively less able
to adequately provide for the children in their care. Unfortunately, the most severely
affected countries in sub-Saharan Africa have no national policies to address the needs of
orphaned children, including children orphaned and made vulnerable by HIV/AIDS

A report by Development Gateway Foundation (2004) indicated that millions of
children in AIDS-affected families are now caregivers and homemakers. Looking for
work to supplement the family income or scavenging for food is the most important focus
in their lives. The orphaned children are often malnourished, under-educated,
overworked, and financially insecure. AIDS orphans who have lost both parents face
stigma and discrimination—often being victimized and thrown out of social and familial
structures. As outcasts, children quickly become prey to sexual abuse, trafficking,
prostitution, and forced labor—situations that, in turn, increase the children's vulnerability to HIV infection.

*Effects of HIV/AIDS on cognitive and academic progress.* Children with HIV/AIDS are likely to suffer damage in their cognitive development (UNICEF, 2003). Findings of a study by the National Institute of Allergy and Infectious Diseases (NIAID, 2000) showed that about 20% of HIV-infected children develop serious disease in the first year of life. Many do not gain weight or grow normally. Frequently, they are slow to reach important milestones in motor skills and mental development, such as crawling, walking, and speaking. As the disease progresses, many develop neurological problems such as difficulty walking, seizures, and other symptoms of HIV encephalopathy.

Rust and Troupe (1991) reported that traumatized children and adolescents may experience cognitive changes as well, that may include lack of concentration, especially in schoolwork. Other children have difficulty recalling previously learnt materials and mastering new skills. The authors noted that the effects were more adverse when the child had witnessed the parent's death.

Many children with HIV/AIDS have less access to education (UNICEF, 2003), which showed that orphans who lost either one or both parents to AIDS have a much harder time staying in school. Either the trauma for the children is too difficult to manage, or they are discriminated against by their peers.

The majority of the children who drop out of school because of AIDS are girls. Girls take on the responsibility of caring for sick parents or their orphaned siblings at home. In the late 1990s, a survey of 646 AIDS-orphaned and 1239 non-orphaned children
in Kenya found that 52% of children orphaned by AIDS were not in school, compared with 2% of non-orphans (United Nations Foundation, 2004).

Children in an HIV/AIDS-affected household begin to suffer even before a parent or caregiver dies. Household income plummets. Schooling is often interrupted, and many children are forced to drop out either to care for a sick parent or to earn money. Many children orphaned by AIDS have the responsibilities of a parent in taking care of younger siblings and running the household (UNICEF, 2003).

Whether the parents die from AIDS or are too sick with HIV to provide the essentials of care and nurturance, children affected by the epidemic are likely to be malnourished, unschooled, and aged beyond their years, with their rights to grow and develop fully violated. A study in Zambia, for instance, reported that 32% of orphans in cities and 68% of orphans in rural areas were not enrolled in school (UNICEF, 2001).

*Psychological effects of HIV/AIDS on children.* The three types of psychological characteristics widely recognized as key indicators of psychological well-being are self-esteem, self-efficacy, and resourcefulness. Self-esteem is how a person is satisfied with him- or herself. Self-efficacy taps a person's belief in his or her ability to accomplish important tasks such as doing well in school or getting other people to help when assistance is necessary to accomplish some goal. Resourcefulness represents the capacity to cope with difficult situations and bounce back from negative experiences (Furstenberg, Cook, Eccles, Elder, & Saneroff, 1999).

Many children and families with a HIV/AIDS member are stigmatized by the sickness in their family (Hess, 1997). In addition to the trauma of witnessing the sickness
and death of a parent, children in families affected by HIV/AIDS are likely to be impoverished and less healthy than non-orphans. Many children affected by the death of a parent can experience stress, depression, low self-esteem, discrimination, alienation, disturbed social behavior, and poor life skills (Hess, 1997; United Nations Foundation, 2004).

*Emotional effects of HIV/AIDS on children.* Children with HIV/AIDS are likely to suffer damage to their emotional development as well. Their emotional demands relate to the loss of the parent(s) to AIDS. Children and surviving parents deal with issues of grief, blame, secrecy, and shame relative to the AIDS infection in their family. Often, the children develop feelings of anger and despair as a result of the death of a parent. Emotionally vulnerable, the children are more likely to seek comfort in risky sexual behavior and are therefore at greater risk of becoming infected with HIV (Hess, 1997; UNICEF, 2001).

**Summary of Chapter 2**

This chapter discussed two theories related to this study and reviewed literature related to children orphaned by AIDS. The implication of attachment theory to this study is that children who are orphaned by HIV/AIDS early in life may not develop a secure attachment and, as a result, grow up deprived in all domains of development. PTSD theory may explain the emotional and psychological changes for children orphaned by AIDS. Various family traumas may cause the children to develop feelings of rejection and withdrawal in school and in other settings. The literature in this chapter described HIV/AIDS as a pandemic, with sub-Saharan Africa greatly affected. The reviewed
literature described ways in which HIV/AIDS affects the children's social networks, cognitive and academic progress, psychological development, and emotional development.
Research Design

To answer the research questions posed, qualitative research was used—specifically, the phenomenological tradition. Phenomenology has roots in the work of the German philosopher Husserl, and later Heidegger, who focused on experience as the basic structure of life (Creswell, 1998; Morse & Richards, 2002). A phenomenological study describes the meaning of the lived experience of several individuals about a particular phenomenon (Hatch, 2002). Phenomenology offers a descriptive, reflective, interpretive, and engaging mode of inquiry from which to derive the essence of an experience (Creswell, 1998, Denzin & Lincoln, 2003a; Morse & Richards, 2002). It was considered the best approach to examine the psychological and educational experiences of children orphaned by AIDS.

Research Setting and Selection of Participants

The aim of this study was to obtain a detailed description of the educational and psychological experiences of children orphaned by AIDS. The Western region of Kenya was selected for the study because it has a high prevalence of HIV/AIDS. Twenty participants were selected for the study to provide a rich description of the experiences. Criterion sampling, a type of purposive sampling in which all cases meet the criteria, was used to select participants for the study (Denzin & Lincoln, 2003b; Morse & Richards,
Seven orphanages that cared for children orphaned by AIDS were selected. Orphanages in both rural and urban locations in the region were selected to enrich the findings of the study. From the selected orphanages, 20 teachers and caregivers were selected as participants. Each participant had worked with orphaned children for more than 2 years.

A summary of the seven orphanages is shown in Table 1. Orphanages 1-5 were located in an urban area, and Orphanages 6 and 7 were located ten and twelve miles, respectively, from urban areas.

<table>
<thead>
<tr>
<th>Orphanage</th>
<th>Location</th>
<th>Sponsorship</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Urban</td>
<td>Private</td>
<td>Orphanage only</td>
</tr>
<tr>
<td>2</td>
<td>Urban</td>
<td>Private</td>
<td>Orphanage and school</td>
</tr>
<tr>
<td>3</td>
<td>Urban</td>
<td>Private</td>
<td>Charitable home</td>
</tr>
<tr>
<td>4</td>
<td>Urban</td>
<td>Private</td>
<td>Orphanage and school</td>
</tr>
<tr>
<td>5</td>
<td>Urban</td>
<td>Private</td>
<td>Orphanage and school</td>
</tr>
<tr>
<td>6</td>
<td>Rural</td>
<td>Church</td>
<td>Orphanage and school</td>
</tr>
<tr>
<td>7</td>
<td>Rural</td>
<td>Church</td>
<td>Orphanage and school</td>
</tr>
</tbody>
</table>

Table 2 describes the demographics of the 12 teachers and 8 caregivers who participated in the study. Eleven of the participants were men, and nine were women. They were all African in race and ranged in age between 20 and 50 years. Their education levels ranged from upper primary school to college graduates. Only one caregiver, a manager, was pursuing graduate studies. Their monthly income levels ranged from less than 5,000 to 15,000 Kenyan shillings (Kshs). This translates to approximately 70-210 U.S. dollars per month.
Table 2

Demographics of the Participants of the Study

<table>
<thead>
<tr>
<th>Participant</th>
<th>Orphanage/School</th>
<th>Race</th>
<th>Gender</th>
<th>Age</th>
<th>Education</th>
<th>Years on Job</th>
<th>Role/School Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chia</td>
<td>1</td>
<td>Black</td>
<td>Male</td>
<td>20-30</td>
<td>Diploma</td>
<td>5-10</td>
<td>Manager</td>
</tr>
<tr>
<td>2. Joshi</td>
<td>1</td>
<td>Black</td>
<td>Male</td>
<td>20-30</td>
<td>Diploma</td>
<td>20+</td>
<td>Teacher</td>
</tr>
<tr>
<td>3. Lily</td>
<td>2</td>
<td>Black</td>
<td>Female</td>
<td>20-30</td>
<td>Diploma</td>
<td>0-5</td>
<td>Teacher</td>
</tr>
<tr>
<td>4. Saint</td>
<td>2</td>
<td>Black</td>
<td>Male</td>
<td>20-30</td>
<td>Diploma</td>
<td>0-5</td>
<td>Teacher</td>
</tr>
<tr>
<td>5. Rosh</td>
<td>2</td>
<td>Black</td>
<td>Male</td>
<td>31-40</td>
<td>Diploma</td>
<td>5-10</td>
<td>Teacher</td>
</tr>
<tr>
<td>6. Tommo</td>
<td>2</td>
<td>Black</td>
<td>Male</td>
<td>31-40</td>
<td>Diploma</td>
<td>10-15</td>
<td>Teacher/Administrator</td>
</tr>
<tr>
<td>7. Maria</td>
<td>3</td>
<td>Black</td>
<td>Female</td>
<td>20-30</td>
<td>Primary</td>
<td>0-5</td>
<td>Matron</td>
</tr>
<tr>
<td>8. Phil</td>
<td>4</td>
<td>Black</td>
<td>Male</td>
<td>31-40</td>
<td>Secondary</td>
<td>5-10</td>
<td>Manager</td>
</tr>
<tr>
<td>9. Vero</td>
<td>4</td>
<td>Black</td>
<td>Female</td>
<td>51-60</td>
<td>Secondary</td>
<td>0-5</td>
<td>Matron</td>
</tr>
<tr>
<td>10. Musa</td>
<td>5</td>
<td>Black</td>
<td>Male</td>
<td>&lt;20</td>
<td>Diploma</td>
<td>0-5</td>
<td>Teacher</td>
</tr>
<tr>
<td>11. Opish</td>
<td>5</td>
<td>Black</td>
<td>Male</td>
<td>31-40</td>
<td>Diploma</td>
<td>10-15</td>
<td>Teacher</td>
</tr>
<tr>
<td>12. Pam</td>
<td>6</td>
<td>Black</td>
<td>Female</td>
<td>31-40</td>
<td>Diploma</td>
<td>10-15</td>
<td>Administrator</td>
</tr>
<tr>
<td>13. Adosh</td>
<td>6</td>
<td>Black</td>
<td>Female</td>
<td>20-30</td>
<td>Diploma</td>
<td>0-5</td>
<td>Teacher</td>
</tr>
<tr>
<td>14. Paulina</td>
<td>6</td>
<td>Black</td>
<td>Female</td>
<td>20-30</td>
<td>Diploma</td>
<td>5-10</td>
<td>Matron</td>
</tr>
<tr>
<td>15. Jela</td>
<td>7</td>
<td>Black</td>
<td>Male</td>
<td>41-50</td>
<td>Masters</td>
<td>15-20</td>
<td>Director</td>
</tr>
<tr>
<td>16. Debbie</td>
<td>7</td>
<td>Black</td>
<td>Female</td>
<td>41-50</td>
<td>Secondary</td>
<td>10-15</td>
<td>Matron</td>
</tr>
<tr>
<td>17. Ako</td>
<td>School A</td>
<td>Black</td>
<td>Male</td>
<td>41-50</td>
<td>Diploma</td>
<td>15-20</td>
<td>Teacher/Administrator</td>
</tr>
<tr>
<td>18. MA</td>
<td>School A</td>
<td>Black</td>
<td>Female</td>
<td>41-50</td>
<td>Diploma</td>
<td>15-20</td>
<td>Teacher</td>
</tr>
<tr>
<td>19. Nema</td>
<td>School C</td>
<td>Black</td>
<td>Female</td>
<td>31-40</td>
<td>Diploma</td>
<td>0-5</td>
<td>Teacher</td>
</tr>
<tr>
<td>20. Ayub</td>
<td>School C</td>
<td>Black</td>
<td>Male</td>
<td>31-40</td>
<td>Diploma</td>
<td>15-20</td>
<td>Teacher</td>
</tr>
</tbody>
</table>

Researcher's Role

In the list of characteristics of qualitative research, Creswell (2003) identified the need for researchers to clarify their role in the study. In this study, the researcher's role as the primary data collection instrument in this study made it necessary to identify the researcher's biases and personal interests in the topic. The researcher's perception about orphaned children in this study was influenced by personal experience with the loss of a
parent during childhood. The researcher therefore brought certain biases to the study as a result of earlier experiences that may have influenced data collection and interpretation. As a researcher, I perceived that children orphaned by AIDS would have more educational and psychological experiences than children orphaned by other causes, probably because of the stigma associated with HIV/AIDS. However, as the researcher, I made every effort to ensure objectivity in the study by bracketing feelings as expected in phenomenological studies (Creswell, 1998; Hatch, 2002).

Ethical Considerations

Creswell (2003) explained the need for ethical considerations while doing a qualitative study. One key element of ethical considerations is obtaining a research permit. The researcher obtained permission to conduct the research in Kenya from the Ministry of Education in Nairobi, Kenya, in March, 2006 (see Appendix A). However, the Institutional Review Board (IRB) of the University of Alabama at Birmingham (UAB) required a research permit from an institution in Kenya that had an IRB equivalent. The logistics involved in fulfilling this requirement required 4 additional months. An expert in Moi University, Kenya, read through the research proposal and recommended that the Institutional Research and Ethics Committee (IREC), Moi University, Kenya grant the permit (Appendix B). Thereafter, in July 2006, the UAB IRB granted approval to conduct the research in Kenya (Appendix C).

Two of the ethical issues addressed in this study were confidentiality and anonymity. The researcher protected the caretakers and teachers interviewed in the study by using the following procedures: The research objectives were explained clearly and in writing so that they were well understood by the participants. The participants were asked
to provide consent to participate in the study (see Appendix D). The participants were informed of all data collection activities. In the end, the decision of whether to maintain anonymity rested with the informant.

**Data Collection Procedures**

Data was collected in October-December, 2006, primarily through interviews (see Appendix E). The researcher conducted face-to-face interviews with caregivers and teachers in the seven orphanages. The researcher developed a questionnaire to elicit information on the psychological and educational experiences of children orphaned by AIDS. All the interviews were recorded on audiotapes. To protect the confidentiality of the children, the researcher asked the participants not to mention the children's names while giving illustrations during the interviews. The interviews were also conducted in private rooms away from the children.

The following guiding questions were asked during the interviews. To become familiar with the participants, the researcher began with "Tell me about yourself." This prompt solicited information about the participants' age, gender, ethnicity, geographical location, education level, and work experience.

To understand the psychological experiences of the children orphaned by AIDS, the researcher asked the following questions:

1. In what ways would you describe the emotional state of the orphaned children when they arrive at the orphanage after losing their parent(s) to AIDS? What about after they have been in the orphanage for 1 year, and for 2 years?
2. How do the children express their emotions when they arrive at the orphanage after losing their parents to AIDS? What about after they have been in the orphanage for 1 year, and for 2 years?

3. Which personality characteristics are displayed by the orphaned children when they arrive at the orphanage after losing their parents to AIDS? What about after they have been in the orphanage for 1 year, and for 2 years?

4. Have you seen any changes in attitude with the orphaned children?

5. In what ways does the above description vary with gender?

In addition, to help capture the educational experiences of children orphaned by AIDS, the following questions were asked:

1. In what ways have the students' attitudes toward learning changed over time at the orphanage?

2. In what content areas do they appear to be making the most progress?

3. In what ways does the above description vary with gender?

Finally, to understand the approaches used in the orphanages to handle grief, the following question was asked: "What coping strategies are used in the orphanage to help children overcoming grief following the loss of the parent(s)"

At the close of each interview, the researcher asked a final question, "Would you like to make any concluding remarks or share some insights on the experiences of children at the orphanage?" to allow each participant the opportunity to provide additional information.
Procedures for Verification

In qualitative research, the terms *credibility* and *dependability* are used in place of the terms *validity* and *reliability*, which are often used in quantitative research (Creswell, 1998). To ensure credibility and dependability of the findings in this study, the following procedures were used (Creswell, 2005; Denzin & Lincoln, 2000, 2003b; Maxwell, 2005). For credibility of the data in this study, long-term engagement in the field and triangulation of data were used. The data was collected from 8 caregivers and 12 teachers; 11 of the participants were men, and the other 9 were women. The seven orphanages were diverse. Five were in urban areas, and the other two were in rural areas. The orphanages were located in both affluent and non-affluent parts of the city. This diverse range of individuals and research settings enriched the findings and, hence, the credibility of the study (Creswell, 1998, Maxwell, 2005). To ensure transferability of the findings in this study, a rich, thick, and detailed description of the findings of the study, using in vivo codes was done (Creswell, 1998, Maxwell, 2005).

Data Analysis and Interpretation

The researcher prepared the raw data for analysis by transcribing the audio-taped interviews. Data was then analyzed using QSR N6 (2006) software for the analysis of qualitative data. QSR N6 was designed and built by Tom Richards, a computer scientist, in the early 1980s. It was earlier known as NUD*IST (Non-numerical Unstructured Data Indexing Searching and Theorizing). It is a simple and clean program for managing and exploring qualitative data in projects that centers on coding-based methodologies. Its features include managing data, storing ideas, coding, developing categories and themes.
(node trees), making node reports, searching the text, constructing tables, and establishing test-coder reliability (Creswell, 1998).

The following specific steps described by Stringer (2007) were followed in data analysis. First, the researcher read all descriptions of the psychological and educational experiences of the orphaned children in their entirety to obtain the general ideas of the participants. Second, the researcher extracted significant statements from each description. The QSR N6 software was used to code the data so that the materials were organized into related themes for analysis. Third, the statements were formulated into meanings, then into themes and issues. Finally, the researcher integrated the themes into a narrative description. A tree node carrying all the themes and subthemes was generated with QSR-N6 (See Appendix C). The researcher also interpreted the data to make meaning out of it, as explained by Creswell (2005) and Denzin and Lincoln (2003b).

Conclusion

A phenomenological approach was used in this research. The study was conducted in Western Kenya. Criterion sampling was used to identify seven orphanages and 20 participants for the study. Data was collected primarily through interviews. Triangulation was done through repeated interviews with diverse participants in the orphanages over a period of 3 months. Data was analyzed then grouped into themes and issues.
CHAPTER 4

FINDINGS

Introduction

Data analyses were done following the steps described by Stringer (2007) and Moustakas (1994). The first step was the preparation of data for analysis. All 20 interviews were transcribed in preparation for analysis. The second stage involved categorizing and coding the data. Finally, the transcripts were uploaded to QSR-N6 software for analysis. Five themes were developed during the analysis, and each is described in this chapter.

The first theme was the psychological experiences of children orphaned by AIDS as described by their teachers and caregivers. This included the emotions, personality, and attitudes of the children. Individual interviews provided the adults' perceptions of positive and negative emotions experienced by the children; the adults' perceptions of desirable and undesirable personalities in children; and gender differences the adults perceived in the emotions, personality, and attitudes of the children—both on the children's arrival at the orphanage and after being there for 1 year and for 2 years.

The second theme was the educational experiences of the children orphaned by AIDS. This was gathered from adults' perceptions of the children's attitudes toward learning, academic performance, behavior problems in the classroom, and attendance in school. Also addressed were the adults' perceptions of the children's attitudes toward
learning on arrival at the orphanage and after being in the orphanage for over a year, as well as gender differences in educational experiences.

The third theme was the techniques used by teachers and caregivers in the orphanages to help children overcome grief. Descriptions related to this theme include counseling approaches, extracurricular activities, and spirituality as the main approach of counseling used in the orphanages.

The fourth theme was a preference for home-based care over orphanage care. Interestingly, the caregivers, managers, and administrators all preferred home-based care for the children over orphanage care, for reasons described in the interviews.

Finally, the fifth theme emerged from the caregivers' reports that the government must take the lead in care of the children orphaned by AIDS. Many caregivers and teachers raised concern that the government should provide various types of support to the children in the orphanages, especially those referred to the orphanage by the Children's Department, which is overseen by Kenya's Ministry of Home Affairs and Heritage. Many orphanages experienced financial constraint and were in dire financial need, which made it difficult for them to meet the immediate physical needs of the children and the caregivers.

Themes Developed From the Study

Table 3 shows a summary of the themes developed during the analysis. Detailed explanations of each of the five themes follow.
Table 3

*Themes Developed from the Study*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Descriptions</th>
</tr>
</thead>
</table>
| Theme 1 | The psychological experiences of children orphaned by AIDS  
(I) Emotions expressed by the orphaned children  
(a) Emotions displayed on arrival to the orphanage  
(i) Positive emotions  
(ii) Negative emotions  
(iii) Gender differences in the emotions  
(b) Emotions displayed after one/2 years in the orphanage  
(i) Positive emotions  
(ii) Negative emotions  
(iii) Gender differences in the emotions  
(II) Personalities expressed by the orphaned children  
(a) Personalities displayed on arrival to the orphanage  
(i) Desirable Personality attributes  
(ii) Undesirable personality attributes  
(iii) Gender Differences  
(b) Personalities displayed after one/2 years in the orphanage  
(i) Desirable Personality attributes  
(ii) Undesirable personality attributes  
(iii) Gender Differences  
(III) Attitudes of Orphaned children  
(a) Attitudes expressed on arrival to the orphanage  
(b) Attitudes expressed after a year or two at the orphanage |
| Theme 2 | The educational experiences of the children orphaned by AIDS  
(I) Attitude towards learning  
(a) Bad/negative attitudes  
(b) Positive/Good/Promising attitudes  
(c) Gender differences  
(II) Academic performance  
(a) Content areas  
(b) Gender differences  
(III) Attendance |
| Theme 3 | Techniques used in the orphanages to help children overcome grief  
(I) Counseling  
(a) Types of counseling  
(b) Counseling techniques |
| Theme 4 | Preference of home-based care to orphanage care |
| Theme 5 | Need for government to lead in the care of children orphaned by AIDS |
Theme 1: The Psychological Experiences, Personality, and Attitudes of Children Orphaned by AIDS

The first theme was the psychological experiences of children orphaned by AIDS. Throughout the study, participants reported that orphaned children were affected psychologically and emotionally in various ways. Participants described the children's positive and negative emotions, desirable and undesirable personality traits, and attitudes, both on their arrival at the orphanage and after being there for 1 year and 2 years. Gender differences with respect to emotions, personalities, and attitudes were also discussed. Table 4 gives examples of the attributes and characteristics of children orphaned by AIDS as perceived by their teachers and caregivers.

Table 4

Examples of Attributes of Emotions, Personality, and Attitudes of Children Orphaned by AIDS

<table>
<thead>
<tr>
<th>Category</th>
<th>Description of the attributes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotions</td>
<td>Happy, sad, feeling rejected and unwanted, lonely, feeling strange, in need of acceptance, gloomy, dull, cold, worried, desperate, afraid, look doomed, hopeless, angry, annoyed, upset, feeling stigmatized, in panic, disturbed, frustrated, confused, tensed, excited, angry, grief.</td>
</tr>
<tr>
<td>Personality</td>
<td>Introverted/extroverted, brave, bold, leadership skills, shy, withdrawn, repulsive, obedient, polite, isolated, quiet, friendly, fearful, closed up, hostile, inactive, aggressive, calm, wild, vulnerable, rude, vengeful, social, caring, playful, hopeful, trusting, confident, emotional, selective, respectful, outgoing, reserved, desperate, violent, cooperative, bullying behavior, warm, complacent, courageous, lazy.</td>
</tr>
<tr>
<td>Attitudes</td>
<td>Negative/bad, positive/good, don't care attitude, with low expectations, easily giving up, do not accept corrections, not persistent in learning, lacks initiative.</td>
</tr>
</tbody>
</table>
Perceptions of the emotions expressed by the children upon arrival at an orphanage. When asked whether the orphaned children expressed positive emotions when they arrived at the orphanage, most of the participants said they did not. However, one participant, named Vero, had observed children in her care at the orphanage express some positive emotions when they arrived at the orphanage:

I would say that they are happy to be here because they know they will be taken care of. We provide a high standard of living for them. They receive food, clothing, uniform, and a good place to sleep.

On the other hand, 18 of the 20 participants had observed some orphaned children express negative emotions when they arrived at the orphanages. Nema, a teacher at School C, reported that some orphaned children were unstable emotionally when they arrived at the school. Ayub, a teacher in the same school, concurred: "Most of the orphaned children are not stable emotionally. When you look at them, you can tell that something is missing in them." Chia, a manager at Orphanage 1, also observed that the orphaned children were not stable psychologically when they came to the orphanage.

Gender differences in the children's emotions were noted. Most children were perceived as having poor physical health when they arrived at the orphanages.

Jela, a director at Orphanage 7, reported that some children expressed feelings of not being wanted when they arrived at the orphanage. He explained that some of the experiences they had before coming to the orphanage made them feel exploited:

When they come from home, they are shy. You find that most of the time they want to be alone. They tend to withdraw to themselves. I think they have a feeling that they are not wanted. Most of them have been physically abused as maids, house helps, cattle keepers, or houseboys after their parents died. So they do not freely interact. They have a feeling that any adult they come across in the orphanage may be looking for a way to exploit them, as the other adults did to them.
Lily, a teacher from Orphanage 2, indicated another form of exploitation that was experienced by the orphaned children before coming to the orphanage:

As a teacher, I can see that the orphaned children are in need of acceptance from us. For example, there is one girl, 12 years old, who lost both of her parents to AIDS in a neighboring district. A family brought her to this town to go to school. But when she arrived, she was turned to work as a housemaid. She ran away to the streets and later was brought to the orphanage.

Saint, a teacher at Orphanage 2, observed how some orphaned children did not feel at home when they arrived at the orphanage. Another participant, Tommo, a teacher and administrator, reported that many orphaned children described feelings of having no parents when they arrive at the orphanage:

I think they express that feeling that they have no parents. They are very sad, very sad, meditating a lot, and thinking in deep thought. At times they are lonely, they feel strange. They also tend to be loners. They stay separate from other children, maybe because they have come to a new environment.

Opish, a teacher, had also observed some children express similar feelings of loneliness and need for parental love:

Most of them are in need parental love. They also feel repulsive, they feel they do not fit anywhere, and yet they don't have any other alternative. So the only thing is to offer them substitute parental love. The young ones are still emotional, and they cry often.

More than one caregiver reported that some orphaned children often looked dull, sad, and gloomy, when they arrived at the orphanage. Chia, a manager, said,

I would say that they are not stable psychologically. Basically they are dull, look out of place, and you can tell that they feel like going back to the homes. Those who are about seven years cry very often. Some cry for short intervals, while others may cry much of the day. The older children may isolate themselves. Some use television as an escape basically because they don't feel like being in group activities.
A number of teachers and caregivers said that they observed that other orphaned children grieved when they arrived at the orphanages. Joshi, a teacher, made the following observations:

Uh... most of the children that come are 6-12 years old, and they look dull, uh...they actually look sad. You can tell that they are still in grief. Some are very cold, quiet, and withdrawn. At the beginning, they like to stay alone; they want to be left alone. When they get affected, they pull out and play on their own.

Ako, a teacher and administrator at School A, neighboring one of the orphanages, explained that some children experienced feelings of sadness and grief long before they were brought to the orphanage:

Well, ah, when they come to school they look very sad and somehow they develop some fear. Like they are worried, and they have already begun to focus on what will happen to them before the parent dies. They realize that, the moment when the parent starts to be sick, even the family income goes down and they will not enough food and this makes them become very sad. Some even become angry and wild…. yeah ……and are difficult to control and they will not listen to their teachers.

Participants such as Pam, an administrator in Orphanage 6, observed that many orphaned children felt desperate when they arrived at the orphanage. Orphanage 6 had young children, some as young as 3 years. Some of the children had mothers who were terminally ill and could not take of them. Children whose parents had died, those with a terminally ill parent, and those with both parents were taught in the same classrooms. In explaining how desperate the orphaned children were, Pam said,

I am the one who started the preschool unit. So when the children came, they looked very desperate, very quiet and gloomy. They were also pale, and you can see the lacking look in their face. When they are brought, most of them cry when the guardian or caregiver leaves. So I nurse them and let them get used to the orphanage. I give them as much love as I can. They present themselves also as difficult and afraid. Some of them, especially those who do not have the mother, will just keep quiet. So I look for ways to find out. When the rest of the children describe their mothers they will not say anything. Some children cry when asked about their parents.
Musa, a teacher at Orphanage 5, described the desperate feelings he observed when the orphaned children arrived at the orphanage:

Those who have lost both parents are desperate, so they stay here. When they come, in most cases, they look doomed. They don't have hope, and they think they are cursed. Those who are very new to the orphanage feel left out from the rest of the children. Some of them, especially the young ones, cry when something or other children annoy them. The older children project their anger by beating others. If a child here jokes about them, they get annoyed and upset, and can abuse them verbally or harm them with a physical object.

Musa also observed that the orphaned children were stigmatized after losing their parents to AIDS. Rosh, a teacher, clearly explained these feelings:

When they arrive, they have some stigma because they do not interact freely with other children. Even the way they look, like the way they are walking, somebody will know that their parents have died. And even some of them participate at it. You know once the father or mother has died of AIDS and the child has been taking care of them, somebody may think the child is also a victim. So the children develop victim mentality. Sometimes, when they are with other children, they think that everybody knows about it. So really they fear to intermingle with other children freely.

Ako, teacher and administrator at School A, explained why children orphaned by AIDS felt stigmatized. In his school, children orphaned by AIDS attended the same classrooms as other orphaned children and other children who still had one or both parents living. He described a common event:

Then again, some of the orphaned children are neighbors with other children who come to school here. So when their parent fall sick, the other children go around "spreading the Gospel" that so and so's father is sick, he has the bad disease. And you know children now know the signs too. They say, so and so's father has become thin, "baba yake ako na Ukimwi" (a Swahili phrase meaning his father has AIDS). So that makes the children withdraw. They don't even want to associate themselves with the others. They isolate themselves.

Many participants also noted that they observed that several orphaned children were fearful and very shy when they arrived at the orphanage. Jela, a pastor and a director at Orphanage 7, gave an example of one fearful and shy boy he had observed:
When they come from home they are shy. You find that most of the time, they want to be alone. One of the boys, now 6 years old, was very fearful of adults when he came here last year. He was very withdrawn. He did not have good clothing and could not communicate in English or Swahili. Whenever I called him to come, he always wanted to keep off. He would shy away and want to be alone. But now he has developed trust. When he sees me walking around in the compound, he runs to me and greets me and is no longer afraid.

Participants reported that some orphaned children isolated themselves from others and kept to themselves when they arrived at the orphanage. Lily observed that they were lonely and withdrawn, did not easily intermingled with others, and preferred to be left alone. Both Maria, a matron in Orphanage 3, and Tommo, a teacher and administrator in Orphanage 2, observed that some children were isolated, lonely, and in deep thought when they came to the orphanage.

Rosh, a teacher, observed that in several instances, when some children were overwhelmed by grief, they were pulled out from the rest:

Sometimes, when they are with other children, they think that everybody knows about it. So really they fear to intermingle with other children freely. Like during lunchtime, break time, or games time when other children are playing or eating, you may find somebody seated somewhere alone. And it is like they are absent minded. And when you find them and ask what they are doing, they may start crying without any proper reason. It is not like in situations where a child can want to be alone to read or complete an assignment. No, they will not be reading. When you ask them, "Are you asleep?" They will tell you, "No" or "Did you over read last evening so you are tired now?" or "Did you wake up too early?" They will still say "No." At times, I think they have not had breakfast because many children come to school without breakfast, and they still say, "No." So you are left wondering what is wrong with this child. Such circumstances do not look normal.

Many participants observed that some orphaned children were withdrawn and closed up when they arrived at the orphanage. Joshi observed that some of the children were very cold, quiet, and withdrawn. Lily observed that some were lonely and withdrawn, did not easily intermingled with others, and liked to be left alone. Adosh concurred, saying,
Socially, they don't interact freely with other children. They keep to themselves. Often times they stay alone or are withdrawn from the others. They isolate themselves by hiding in one of the rooms. They are also very quiet and withdrawn. Some even hide from us.

Ako explained that the pain and trauma the children went through from the time the parents became sick till they died of AIDS made them become closed up:

When I say they withdraw, what I mean is that they do not want to talk. They are closed up. They do not want to share out. When you even ask them, how it started, they don't want to talk. They really don't want to share their experience, about how they lost their parent. At times they do not even want to share with us what they have seen. Let me say they withdraw very much. I think following the stages they are in, when the mothers or parents starts being sick, and they go on like that, depreciating in health, and towards the end, when the parent are about to die, they really go through a lot. They really find a lot of hard times, I would say. And finally when the parents die, they remain confused. They are also withdrawn. They do not want to talk. They are closed up.

Chia observed that some older children also isolated themselves and wanted to be left alone. He said that some children hid behind the television in the recreation room because they did not feel like being in group activities. Debbie, a caregiver, also observed some children hid in the dormitory to withdraw from others. She gave the following example from Orphanage 7:

When they come they are sad, afraid and in panic. They are also disturbed, frustrated, scared, gloomy, and don't feel at home. There was a boy who was brought to the orphanage by the children's officer. When he came, he was very hostile and unfriendly. He was also fearful and did not want to interact with us nor with the children at the orphanage. But we continued to care for him and protect him from being hurt by others, and now he has improved. He interacts with other children and socializes well. He greets me and talks to me all the time.

Pam, an administrator, noted that some orphaned children were also quiet and inactive at Orphanage 6:

Some of them, especially those who do not have the mother will just keep quiet. When the rest of the children describe their mothers they will not say anything. Some children cry when asked about their parents. They really don't want to share their experience, about how they lost their parent.
Participants also mentioned that some orphaned children were often angry and aggressive when they arrived at the orphanage. Adosh, a teacher in Orphanage 5, observed that orphaned children sometimes looked annoyed and also that they projected their anger to other children in the orphanage. Musa, a teacher in Orphanage 5, affirmed Adosh's observations:

The orphaned children project their anger by beating others. If a child here jokes about them, they get annoyed and upset and can abuse them verbally or harm them with a physical object. Some fight physically with other children. Some abuse other children verbally.

Saint, a teacher in Orphanage 2, said that most boys were angry and aggressive when they came to the orphanage, and illustrated his point with an example:

Most of the time they look annoyed. They project their anger to other children in the orphanage. For example if one of the children interferes with them they can even beat them. They seem to be releasing the tension they have on other children. Then after fighting they appear relieved and calm down. Last year one of the boys came to the orphanage and was angry most of the time. Abusive language was just on his mouth. One day another boy took a book from him and he projected that anger by hitting the other boy with a stone on the head.

Saint gave a further example to illustrate how some boys became violent towards other children:

They seem to seek revenge and project their anger on other children. After they seek relief of their emotions, they calm down. For example, one of the boys, 14 years old, was in class for preps one evening with other children. He gave his pen to another boy, and at the end of preps he wanted it back. The other boy had lost it. The 14-year-old boy started yelling at him and screaming abusive words, demanding for his pen.

Ako, a teacher and administrator in School A, also gave a description of boys who were angry and aggressive when they came to the orphanage:

Boys don't cry easily, but they become very wild and fight. They project their anger on other students. They also want to be recognized and be noticed that they have joined the school and they have to be accepted. For example, there is a boy that a class prefect wrote down his name and hands it over to the teacher to be punished. Later, on their way home, he fought back physically and harmed the
prefect. Also, when other children nickname the orphaned children, even in a joking way, they get very angry and fight back physically.

Tommo reported that he observed some children in Orphanage 2 express some signs of depression when they arrived at the orphanage:

Sometimes they can sleep even during the day. They go back to the dormitory and sleep. Others can fake a sickness, like say "I have headache" and go back to sleep. I have seen some refusing to eat; they lose appetite.

Maria also explained that some children in Orphanage 3 lacked appetite: "Some of the children don't finish eating their lunch. Some may leave food and go to the room or outside and sleep."

Saint observed that some orphaned children often looked absent-minded, confused, and lonely when they came to Orphanage 2: "When you ask anything, they do not answer. And it is like they are absent minded. And when you find them and ask what they are doing, they may start crying without any proper reason."

Ako, a teacher and an administrator, also explained his observations of the children's progressions at School A:

Well, I would say sad. When they come in, they look very sad, and at times eh, do not even want to share with us what they have seen. Let me say they withdraw very much. I think following the stages they are in ah, when the mothers or parent starts being sick and they go on like that, depreciating in health, and towards the end, when the parent are about to die they really go through a lot. They really find a lot of hard times, I would say. And finally when the parents die, they remain confused.

Lily observed that some children in Orphanage 2 were vulnerable when they arrived at the orphanage. She said that the young boys and the girls were very emotional.

Paulina, a matron, observed that some children in Orphanage 6 cried or sobbed very often. Ako, a teacher and administrator in School A, noted that girls were more vulnerable than boys:

In case of any problem, like if children are making noise in the classroom and the class prefect writes their name and brings to the teacher, they just start crying
when you want to punish them. And even after you punish all of them, the orphaned children will go on crying and sobbing way after the other children have gotten over it. It's like when they are punished, they are not seeing the mistake they have been punished for. Rather, they feel that they are now being punished because her mother or father is not there.

Participants also reported that some children had poor health conditions when they arrived at the orphanage. They said the conditions affected the children emotionally and psychologically. Nema, a teacher in School C, said some orphaned children were deteriorating in health when they came to the orphanage. Musa said that some children were pale, thin, and physically weak. Debbie, a caregiver, reported that some orphaned children had constant headaches and skin infections, and were dirty when they were brought to her care in Orphanage 7.

Participants perceived gender differences between the various children's emotions and psychological states when they arrived at the orphanages. Most perceived that the loss of the parents to AIDS affected girls more than boys, both psychologically and emotionally. They also observed a notable gender difference in the way older children expressed their emotions. Saint observed that upon arrival at Orphanage 2, boys and girls were equally angered, annoyed, and tense. But they differed in the way they expressed their emotions. Girls tended to cry, but boys had a temper. Nevertheless, Tommo observed that some girls at Orphanage 2 also expressed their emotions by being rude and verbally abusive. Musa, a teacher in Orphanage 5, noted that girls gossiped, while boys were aggressive. He explained this remarkable gender difference in the orphaned children he taught:

Girls can also gather in small groups and gossip about the others. The boys, on the other hand, tend to keep to themselves and are aggressive. They hardly express their emotions. One way they may express their anger is by acting out. They are violent at other children and can shout at them sometimes. I know of one boy who got annoyed and slapped another.
Saint also reported that some boys seemed to seek revenge. He said that they projected their anger to seek relief of their emotions before they calmed down. Tommo reported that at times, when he was teaching, he could see some boys express their anger. He said that when they got out of hand, he postponed the lesson.

Opish noted that some girls tended to be closer to female teachers at Orphanage 5. They opened up and shared their problems more than the boys did. As a result, the girls got over the grief faster than the boys. Nema gave an example of an incident that occurred the previous year when students from School C performed at the music festivals in Kisumu. One of the girls, who was a song leader, broke down and cried when they were about to perform on stage. However, with the help of the female teachers, she composed herself and went ahead to lead the song and they did very well.

However, in the young children arriving at the orphanages, participants did not observe significant gender differences. Chia reported little difference at Orphanage 1 because all of them came when they were actually fearful and uncertain about the orphanage. He observed that younger girls and boys expressed their emotions by crying and sobbing, and some cried all morning. Tommo said that some children at Orphanage 2 relieved their depression and stress by crying. Debbie, a caregiver in Orphanage 7, reported that some boys and girls younger than seven wet their beds at night.

*Perceptions of the emotions expressed by the children after 1 and 2 years at an orphanage.* Participants explained that they observed that the emotions expressed by children orphaned by AIDS changed with time in the orphanage. Many participants said that, after the children had been at the orphanage for a year or two, most developed more
positive emotions. Ayub, a teacher in School C, observed that most children in their orphanage looked better and could interact and play with others after a year. Opish, a teacher in Orphanage 5, noted that, after a year, most of the children in their care behaved like any other normal children. The positive emotions perceived by teachers and caregivers included the children being friendly and social; feeling loved and having a sense of belonging; being happy and having hope; and developing trust and confidence. In general, physical health had improved with time in the orphanages. Negative emotions, as well as gender-based differences, were also still perceived.

Tommo, Saint, and Rosh—all teachers at Orphanage 2—reported that children adjust to the orphanage after time. Tommo said that after children have been at the orphanage for some time, they have interacted with many people—other orphaned children, children with one or two parents, and teachers. Saint concurred with Tommo that the emotions of most of the children changed with time at the orphanage:

Yes, after a year or two, we observe some changes. They become friendly with the teachers and other students. The tension and stress is also reduced, and they interact well.

Rosh also observed that some children changed after some months at the orphanage. He gave the following example:

Some even change after some months. They can now interact freely, even with the teachers and other student. I think it is because we are very friendly with them. Sometimes you find that even some can come and share their problems with us. Like there is one who came and said, "Teacher, I have this problem, I do not have soap to wash myself." So even if I don't have money, I can give soap that I have kept in the house or ask another teacher to help that student.

Musa, a teacher in Orphanage 5, reported observing some children who had improved so much socially that they could regulate their own behavior:
Emotionally, they socialize more at the orphanage. In their small groups they discourage bad behavior. They have their own meetings at the dorm and in class, and they discuss good and acceptable behaviors and shun bad ones.

Pam, an administrator in Orphanage 6, illustrated the change in emotions with the following example:

After a year or two, they become very social and playful and they freely interact with others. They play, sing, and recite rhymes and poems. For example, there is a girl who was brought here when she was three and a half years. Her mother died of AIDS. The girl was afraid and cried all the time. Now she is five, and she has changed. She likes to play with the caregivers and with other children. She plays too much—we can't even control her.

Debbie observed that after a year in Orphanage 7, most of the children were used to the orphanage. She said they could play freely with others without any fear. Paulina added that most children in Orphanage 6 also became friendly and inquisitive, and explored the environment. Adosh also said that most children in Orphanage 6 became active, played around with others, were happy, and interacted freely with others after having time to adjust to the orphanage.

Chia gave an example of a boy in Orphanage 1 who had improved socially and got along well with others:

After about after 2 years, well…. you see a lot of improvement. They can now socialize, and they participate in group activities with others. They are a bit friendly. I know of a boy who came here about 2 years ago, and when he came he was a bit withdrawn and afraid to play with others. But now he is about eleven and is getting along with the others. They play, and you can see that they are sociable with others. They are also not very afraid of their teachers and other adults who come to the orphanage.

Ako also said that most of the orphaned children adapted to the orphanage and the school after being there for a year:

As I said, they come in when they are very withdrawn, but after being at the orphanage for 2 years, they adapt perform very well in school. I know of one girl who, at the beginning, she was not associating with other children. She just
wanted to stay alone in the classroom. But thereafter she opened up and played with other children and socializes with them very well.

Lily, a teacher, noted that she had observed significant emotional changes in the children at Orphanage 2 as a result of play:

After a year, they open up and can share their problem with a teacher. Especially if they know what it is they can talk freely to us. They change and can intermingle with others. For example during play, they share materials with others. Like when playing football they throw, catch and run around with it with other boys. After 2 years in the orphanage they get along real well. They discuss in small groups and play together with others.

Participants also explained that other orphaned children developed a sense of belonging as they lived at the orphanage. Musa said many children at Orphanage 5 felt that they were at the right place, and that even if their parents were not there, they had some hope. Debbie said of the children at Orphanage 7, "They like being here because we provide them with food, clothing, uniform, and their school fee is paid. We care for them and show them love." Phil offered this observation from Orphanage 4:

After a year, we see so many changes in them. Because when they come, we provide a different environment from what they had at home. We provide better food, accommodation, and clothing. We also make them feel loved and cared for here. So emotionally they feel that they have a sense of belonging to this home.

Ako, a teacher and administrator in School A, explained that most orphaned children developed more positive emotions because their basic needs were met at the orphanage:

Those at the orphanage are actually better than those who commute from home. Those at the orphanage adapt faster because sponsors have adopted them. They have sponsors who cater for their financial needs. The sponsors do exceptionally well to make the orphaned child know that they have a "new parent" who can meet all their needs. The children know it is not their biological parent, and they have accepted and take whatever they are given with appreciation. So they are not very worried because they know if they become sick, their medical expenses will be taken care of. The orphanage home caters for the medical needs and bills of the children at the orphanage. The director only needs to write a note to the sponsors.
that so and so is sick and they are taken care of. They are also sure of getting their meals, and when they come to school they have uniform and are clean.

MA, another teacher in School A, also observed that other children at the orphanage homes were better off: "They are actually okay compared to those who commute from home. They receive food and are taken care of in the orphanage."

Participants also explained that most orphaned children were happier, joyful, and hopeful after being at the orphanage for a year or two. Nema, a teacher at School C, said,

After a year, the children at the orphanage do better than those who commute from the village to school. You can't even tell that they are orphans. Those at the orphanage are happy. They are really well taken care of at the orphanage. They receive good food, have clean uniform, shoes, and their hygiene is good.

Musa observed that after a year most of the children at Orphanage 5 had brighter faces.

Jela, a manager in Orphanage 7 said, "After a year, they change. They play around, are jovial and are engaged in constructive tasks." Chia, manager of Orphanage 1 agreed with Jela when he said, "Yes, there is a change. I think they become a little bit better. They tend to be a little happy."

Debbie, a caregiver, observed that after being in Orphanage 7 for a year, most of the children were not only happy but were also confident. She said that they were no longer fearful. Jela, a manager, said that some children in Orphanage 7 looked at him as their father as they stayed longer at the orphanage:

After a year, they develop trust with us and know that we are not here to harm them. They also interact freely with us and even share the fears they had when they came to the orphanage. After 2 years, they are very friendly. They now see me as a father to them. I interact with them everyday until they develop trust in the orphanage and the staff here. We have parties at the end of the year, and we get to celebrate with them. They are social and free and have positive outlook towards life. Most of their needs are met here at the orphanage. They become themselves and are independent thinkers.
Participants also reported that after being in the orphanage for 2 years, most orphaned children faced the reality that they had lost their parents and accepted it. Tommo, explained it clearly:

After 2 years of being in the orphanage, they are doing well now. They come to reality that they are not the only ones that are orphaned by AIDS. There are so many orphans. They are not the only ones. Like in my class, AIDS has orphaned three quarters of the children.

Musa, a teacher at Orphanage 5, said that teachers play a big role in helping the children accept the loss: "Teachers also encourage them to embrace the spirit of the orphanage: that other children at the orphanage have lost their parents and they now have their lives in their hands." Pam, an administrator at Orphanage 6, reiterated the role caregivers play in helping the children accept the loss:

After being here for over a year, they forget that they don't have parents. But again it depends on the caregiver. You have to learn them and give them time. If they are well taken care of, they forget about the crisis and after being at the orphanage for 2 years, the bad memories are gone.

Debbie, a caregiver, reported that most children’s health improved with time at Orphanage 7. Phil reported that he observed changes after the children had been in Orphanage 4 for 2 years:

Yes, there is great change health-wise. Most of the children come when they are malnourished, and after being here for 2 years their health has improved. They get along well, and we have schedules to keep them active. They clean up the place and organize their rooms.

Musa also gave an example, of a girl from Orphanage 5 whose health had improved greatly at the orphanage:

They are also healthier and interact with other children. I have a girl in class one. When she came she was skinny and malnourished but now after two terms she has regained her body weight, is happier and interacts with other children.

Adosh illustrated the change in health with the following example from Orphanage 6:
There is a boy who was brought to the orphanage when he was very young and was weak and unwell most of the time. But now after a year, he is very active and healthy. He helps other children and teachers a lot in the orphanage and he is very jovial now.

Although participants noted that, over time, children at the orphanages developed positive emotions, teachers reported that they still observed negative emotions with orphaned children who commuted to school. They said that after a year, some children face the reality that the parents are gone and accept it, but others would still withdraw and cry when anyone mentioned something related to the mother's death. Some would also get overly upset when provoked by others. Participants also reported that they observed negative emotions when it was time for the children to return to their homes for holidays or when they had to leave the orphanage for good.

Phil, a manager, reported that he observed some children display bad tempers when it was about time for them to return to their homes from Orphanage 4:

We observe some emotional changes when we ask them to go back home because it is like they live in a palace here, then we are telling them to go back to a grass thatched home with limited resources. Some display bad temper.

Nema, a teacher in School C, also reported that most children who commuted to school still had negative emotions:

After a year, the children at the orphanage do better than those who commute from the village to school. The orphans who commute still look sad. You can tell that they are missing something. Some will still be malnourished and look hopeless. They are still withdrawn, walk on their own, and often are down. Some could be living with a very elderly grandmother who cannot provide. Of course they will not have shoes, their uniform is tattered, and they are not clean. Some of them, their condition becomes worse because with time, the parent who was still surviving may die. The child will be totally devastated. They are not stable emotionally.

Ako, a teacher and administrator in School A, reiterated Nema's comments:

Even after 1 year, those orphans who commute from homes are different from those at the orphanage. First, they look malnourished. They are actually thin
Madam. Two, they are not happy in that they have lost parents and are now living with relatives or probably a grandmother, and most of them are not sure of the next meal. Also, when it comes to medication, the children who commute from home and are without parents really suffer. When they become sick, their medical expenses are not covered because the new home may not be ready to cater for their hospital expenses. Some of them have guardians who are really responsible, but it takes time for the children to develop total confidence in them.

MA, also a teacher in School A, concurred with Ako. School A is attended by three categories of orphaned children: those at the orphanage, those who receive lunch through the Food to Learn program, and those who commute from home with no lunch. She spoke of the differences in these groups:

What I have seen, practically, is that those who are with relatives and are not in the Food to Learn are the most disturbed. Because they are feeling they are left out. So they really look sad and appear to lose hope. They are in great need. Their needs are not met. They do not receive food, and uniform which those in the orphanage and Food to Learn receive.

As when the children arrived at the orphanages, the participants reported gender differences in the rates at which boys and girls adjusted to the orphanages. Overall, they reported that most boys adapted quicker than girls. However, they noted that the children's background influenced their change and adaptation to the orphanage. Phil put it this way:

Boys are very friendly at first compared to the girls. Girls take a little longer, but they get along too. Again it depends on the background they had at home. For those who were in well to do, girls take time to adapt to the orphanage. But boys get used faster.

Paulina, a caregiver, also reported that most of the boys adapted to Orphanage 6 faster because they were neither as picky nor as selective as the girls. She said that many girls tend to compare the food cooked at the orphanage with what they used to eat at home.

Other participants observed that many girls opened up faster than the boys. From School C, Nema said, "Girls come out and share the problem they have with the teachers."
But the boys still keep to themselves." Ayub, also from School C, concurred: "Girls get over quickly and tend to get along more than the boys." Musa observed at Orphanage 5 that "boys socialize faster than girls. Girls take time to recover. But once girls recover they adapt faster." Ako, from School A, supported Ayub and Nema's observations, saying "Yes, they are different. Boys recover quickly. Girls take time before they adapt, but once they have opened up they do better than the boys." Rosh, a teacher and administrator, explained the gender differences at Orphanage 2 as follows:

They are different. The girls tend to talk out and express their feelings. They mainly speak to female teachers and ask for directions on handling their fears. Some girls even provide suggestions to give a way out of their problems. Some will say, "Madam, if I can be assisted in this manner, I will forget everything that happened and go on with life." They actually seem to forget about it completely like nothing had happened. But boys don't open up fast. I think it is natural, because when there is a problem at home, a woman can easily speak it out and ask for help more than a man. Also, culturally, boys are not allowed to cry in the open or share what they are going through. So that may explain why they keep to themselves.

There were no observed notable gender differences in the young children. Adosh reported no differences among young children at Orphanage 6. Pam said, of the same orphaned children, "There is no difference between the boys and girls. They are all young children and they all cry." Chia observed that the young boys and girls in Orphanage 1 played together, but as they grew older boys play on their own. Boys liked football a lot while girls may play netball on their own.

*Personalities perceived in the children upon their arrival at an orphanage.*

Participants also described desirable and undesirable personality attributes that they perceived in the orphaned children. Several participants admitted that they could not
easily tell the character, skills, and personalities of the orphaned children that arrived at the orphanage because the children were reserved and closed up.

Some participants described observing positive personality attributes. Vero, a caregiver, said that most children in Orphanage 4 felt relieved because they had come to the orphanage, where life would not be as tough as it was home. Musa said that the children looked innocent, polite, and quiet when they arrived at Orphanage 5. Jela, a manager at Orphanage 7, said that most children did not talk much but were well-behaved, obedient, and respectful. MA, a teacher at School A, said that some of the children did not open up quickly, but she also observed that they mixed well with other orphaned children. Ako also said that orphaned children came to School A with varying personalities, depending on the life they lived before they lost their parents to AIDS.

Participants also reported that they had observed some undesirable personality attributes, such as children who were sometimes withdrawn, aggressive, and lacked confidence; were uncooperative, shy, desperate, or reserved; and were neither sociable nor talkative. Musa, from Orphanage 5, said, "When they arrive in the orphanage, they don't display their personality easily. They are shy, not sociable, not talkative, not friendly, and are introverted." Pam, from Orphanage 5, affirmed Musa's observations: "When they come from home, they tend to be introverted. They do not speak a lot even when asked a question. They also look shy because they are not used to the place."

Adosh, in Orphanage 6, and Debbie, in Orphanage 7 said that they observed that some of the children were shy. Paulina, also from Orphanage 6, said, "They are always sad, desperate, withdrawn, reserved and not social." Vero, a caregiver, also observed that some of the children at Orphanage 4 were still shy and did not talk much. Phil, also from
Orphanage 4, said, "Most of them come when they can't even express themselves. They tend to be desperate, and withdrawn. They are more closed up." Saint made this observation on the children's interaction when they arrived at Orphanage 2:

At first, they are not very sociable. They are always not together with each other. They are always lonely. A child would be walking alone, not with others. Maybe I would say withdrawn and introverted. The girls look shyer.

Ayub, from School C, emphasized the case of the orphaned children who just lost the mother or the last surviving parent. He said that soon after the burial, they were isolated and sad. Saint observed the tendency of the children to be isolated even in playing: "When they come, you find that when they are playing alone. They can get a ball outside and just play alone. Then with time they can play with one or two without talking a lot."

Opish reported that some children at Orphanage 5 had bullying behavior when they arrived:

Also they do not socialize well with others. They isolate themselves from others. Some associate with a few selected friends, maybe two or three. They also withdraw. They respond to their class teachers and dorm mothers well but not to other teachers easily. Occasionally they display bullying behavior.

Participants also observed that some children felt uncomfortable when they arrived at the orphanage. Tommo reported the following observation at Orphanage 2:

When they come in, I said it before they feel like strangers. And ah, they feel as if they have been put into prison because the life here is completely different from the one they lived at home.

Opish gave an example of a child at Orphanage 5 who had strange behavior, but ultimately improved:

There is one child who had strange behavior when he arrived. Probably because of being frustrated by relatives when the parents died. At one point, he sneaked away from the orphanage for a month. The relatives brought him back and he was accepted back, but he was still behaving in a strange manner. He would not be in
class, and it took time for him to change. Eventually I decided to have him close to me and gave him responsibilities during school debates and also as a prefect. He actually improved a lot.

Chia described observing children who were not confident when they came to Orphanage 1:

I would say that most of them lack confidence. They also seem to be afraid that they are not accepted. And as I say it on your own some feel like crying, some are shy, and others are withdrawn. Mostly they will keep to themselves.

Participants also reported that they observed some of the orphaned children were violent and aggressive when they arrive at the orphanage. Saint observed violence and verbal abuse at Orphanage 2: "I would say that the boys are always violent when they come. And uh... how would I put it ... mainly verbally abusive." Lily explained her observation of the violence at the same orphanage:

Normally, they like to fight others in class. They are aggressive as well. They want to answer every question you ask, and when you do not give them a chance they get demoralized. They give up quickly. I have seen some boys and even girls fighting others in class when they are seated together. Some are violent in getting materials for use in class or for games.

Saint reported that he observed that some of the children in his Orphanage 2 were not cooperative because of a language barrier:

Well, they tend not to be interested. They tend not to be cooperative. They do not communicate with each other. From what I have seen, they have a language barrier. Some have never been to school before and therefore cannot communicate in English well with others. After a few days, they can play but not talk. For example when playing ball, one kicks to another and the other kicks back, but they don't talk.

The participants did note gender-based differences, but only among older children. Participants such as MA reported no big gender difference in personality for younger children. At Orphanage 2, Saint said that both young boys and girls in lower classes were quiet. He said that they did not talk a lot and were shy, but also that as they
stayed on at the orphanage, they changed. Lily observed that a difference as the children in that orphanage grew older. She said that boys became more aggressive and violent than the girls.

**Personalities perceived in the children after they were in the orphanage for 1 or 2 years.** Several teachers and caregivers reported that they observed changes in the personalities of the orphaned children who lived at the orphanages for 1 or 2 years. They also said that they were more able to observe the true character of the children. Participants observed more desirable personalities develop as children stayed at the orphanage, such as children being more outgoing; being cooperative, working in teams, and showing leadership skills; showing care and respect and behaving well; showing warmth and complacence; and being courageous. Participants also reported having observed undesirable personalities attributes, even after the orphaned children had been in the orphanage for over a year, as well as gender-based differences.

Many caregivers and teachers said that after the children had been in the orphanage for a year or two, some became more outgoing, jovial, friendlier, social, and more active. They also observed that some orphaned children opened up, interacted freely with others, and were more playful. Lily reported that she observed some children at Orphanage 2 wrestling with others during playtime. She said that they also did story-telling and discussed movies they watched at the orphanage with other children in the school.

Tommo said that other children made an about-face turn after they have been in Orphanage 2 for about a year. He had observed some children who were shy when they
came to the orphanage but had changed slowly with time. Phil, the manager of Orphanage 4, explained his observations:

Yeah, it takes them a lot of time but eventually they can open up and interact freely with us. They develop friendship. They can play with others, cook with the help of the matron, and play football.

Vero gave an example of two children from Orphanage 4 who were withdrawn when they came to the orphanage, but had changed after being in the orphanage for a year. Vero said that the change was even evident in the children's academic performance:

After a year or two at the orphanage, they will now be used to the orphanage. You see them playing with others, are chatting, talkative, and study well. I know of two children who were very withdrawn when they came. They were also slow learners. But now they have improved a little.

Saint reported that he observed that some children in Orphanage 2 cooperated more with teachers and other children after being there for a year. Musa reported that some of children in Orphanage 5 developed talents and portrayed leadership skills after being in the orphanage for a year. He gave an example of one child whose leadership skills developed with time in the orphanage:

After a year they are friendly, can socialize, and they are active. They actually can now show their talents and leadership skills. They become brave and bold. There is a child, now in class three. When she came in, she could not talk a lot. But now she has very good leadership skills. She leads other students in her class.

Rosh said that after being in Orphanage 2 for a year, some children started to explore their leadership qualities. He gave an example of one boy whom he had been talking to and encouraging, and eventually the boy wanted to be a teacher in future. MA, a teacher in School A attended by children in Orphanage 1, said that after the children were at the orphanage for a year, she had observed the children's leadership skills. She noted that most of the student leaders in the school were from the orphanage. Opish, a teacher in Orphanage 5, observed that the orphaned
children develop teamwork and leadership abilities in the classrooms and the dormitories.

Adosh, a teacher, observed that some children in Orphanage 6 became more respectful to teachers and subordinate staff. They also cared for each other in the orphanage. Debbie, a caregiver, observed that after a year, the children in Orphanage 7 were like any other normal children. They were friendly, respectful, and well behaved.

Joshi, a teacher, reported that some children in Orphanage 1 became complacent when they realized that they would be leaving the orphanage. Children in Orphanage 1 were required to leave the orphanage and return to their homes after completing eighth grade. He described it this way:

After some time, when they are about to leave the orphanage some come to realize that this is not their home. They come to realize that they don't belong here and they will be leaving soon. They now tend to change a bit because they know they will be going home and will be forced to be doing what others are doing. They may display some warmth and complacency.

Saint, also a teacher, reported that other children developed what he perceived as courage after being in Orphanage 2 for a year. He associated the courage with the children's ability to communicate in English and Swahili, the national language of Kenya. Several orphaned children could communicate only in the native language when they arrived at the orphanage. Saint said,

They do not change real fast; they pick up some courage slowly for about a year. After a year, they have learnt some English and Swahili, and they can now communicate with the rest and play with them. They can speak up without being afraid. After some time, they get along with others and are very good friends.

Caregivers and teachers also reported that they perceived some undesirable personality attributes in some children who had been in the orphanages for 1 or 2 years. The participants noted that some children tend to be lazy and fail to take initiative
because their sponsors provide everything. Nema, a teacher in School C, made the following comments:

I would say that children at the orphanage are over-loved. They have everything provided: food, clothing, uniform, beddings and even tours to expensive places. I think they are over-protected and they get more than regular children.

Joshi, a teacher in Orphanage 1, made the following remarks:

To me, still, they are lazy. I think it is because everything is done for them here. They really don't do anything while here. They do not take any initiative. If you ask them to do anything, they really don't want to. They feel that somebody else should be doing it for them. Sometimes they feel it is not their duty. Madam actually when they stay longer here, they develop their own common culture. They feel they should not work. Yeah…. they just feel that because they have sponsors other people should work for them. Most of them really create a good first impression to the sponsors. They look very obedient to them but not to other people in here.

Participants reported that a few children were still violent after they had been in the orphanage for over a year. Paulina, a caregiver in Orphanage 6, gave an example of one such child:

There is one girl who has been violent. She used to fight with others and was self-centered when she came. When you dress her in girls' dresses, she would remove them and wear boy's attire. I would warn her not to fight, but she was still fighting with the others.

In terms of gender differences, participants reported no notable differences in types of personalities between boys and girls, but they did report differences in the rate at which boys' and girls' personalities changed. Tommo, a teacher and administrator in Orphanage 2, said "The boys take a bit of time. Girls come out of grief faster. I think it is just they way they open up faster and can easily confide with the teachers." Nema, a teacher in School C, reiterated Tommo's comments: "Girls pick up faster than the boys. As I mentioned, girls cry out their pain and share with teachers the problems they have. But boys just keep quiet. They do not share." Vero, a caregiver in Orphanage 4, noted
that the girls were milder in temperament than the boys, but also that they changed at adolescence:

Girls are not as bad as the boys. They are mild and cooperative. They are not stubborn. Except when they reach adolescence they develop some resistance. Boys also don’t like us to send them to get something. It is like you have crossed their path and they resist. But we still push them to do it so that they become learn to take responsibilities.

Participants also reported that some girls tended to be shy and fearful when they were young, but when they reached adolescence they might become rude and arrogant, gossip, and withdraw from adults. They also noted that some boys did speak up and were bolder, while most boys kept to themselves most of the time. They reported that boys took longer than girls to socialize.

*Perceived attitudes of the children upon arrival at the orphanage.* Only one participant, Vero, a caregiver in Orphanage 4, noted that some children came to the orphanage with a positive attitude. She believed it was because they already knew that the orphanage would provide for their food, clothes, uniform, shoes, and give them good beds. However, most of the teachers and the caregivers said that most of the orphaned children had a negative attitude when they arrived at the orphanage. They reported that some children did not like the orphanage because they felt like they were being forced into it. Other children were afraid when they came because they did not know where they were going.

Participants generally concurred that many of the children's attitude upon arrival at the orphanage reflected the lives they had before their parents died of AIDS. Some children who lived affluent lifestyles before coming to the orphanage generally had a negative attitude toward the orphanages. Some of the children, those who were in affluent
homes with higher standards than those of the orphanage, would not fit at the orphanage and would run away. MA, a teacher in School A, said of the children from Orphanage 1,

I discovered one thing as I watched these children. I think it depends also on the standard of living they had before they lost their parents. Those who were in well-off homes feel as if they are suffering when they are brought to the orphanage. They don't feel comfortable. Eventually some of them run away from the orphanage to their relatives. So even if people at the orphanage think they were helping them, the standard was too low. Maybe some of them were in high-class homes and schools in Nairobi. Yeah, they just walk out of the orphanage. But, I would say that boys can persevere more than the girls. The girls sneak and run away.

Ako, a teacher and administrator in School A, reiterated MA's observation:

Yeah, when they come from their homes, they display attitudes they developed after losing their parent. During their initial days at the orphanage, they remember how they were living in their homes before they lost their parents and the changes they have had to go through. For example, some of these children were in very good schools. Some in the best schools in Nairobi where there were just driven and picked from school from family drivers. Some were even learning in high-class schools. But now they find themselves in a low-cost school where they sit on a wooden desk with no shelves, in a dusty classroom, where a teacher walks from home to school, not driving a Mercedez, looking very shaggy.... Look at that contrast. The children just wonder where they are... Some even come with the books with the names of their former high-cost schools on the book cover, like M. M. Shah, Highland Academy, Nairobi Sunshine etc., and when they arrive here we do not even have enough exercise books for them, leave alone one with the name of the school written on the cover page. You see that...? Other children come from Nairobi where they speak only English, and then they arrive in this school where many children speak only the native language (laughs).... You see that! The teacher is explaining a point on the board speaking the native language, and this child cannot speak even a word in the native language... so the children do not like being at the orphanage.

Musa, a teacher in Orphanage 5, said that most of the children were not well disciplined when they arrived at the orphanage. Pam, the administrator of Orphanage 6, reported that some orphaned children could not forgive others for any wrongdoings:

You realize that even if they are on the wrong, they do not submit they have made the mistake. They deny the wrong and become defensive and are ready to fight. They are also resentful. And even some of them will tell you that they are ready to go back.
Perceived attitudes of the children after 1 or 2 years at the orphanage.

Participants reported that there was a change in attitude as some children stayed at the orphanage for 1 or 2 years. Musa, a teacher in Orphanage 5, noted that some children were hopeless when they came to the orphanage, but with time they developed positive attitude and became interested in living at the orphanage. Tommo noted that other children liked the orphanage to the extend that they "owned" it after being there for a year. He said, "If you ask them about the orphanage they will tell you. They get it; it is part of their home now. This is their home and home is home no matter what happens."

Phil, a manager of Orphanage 4, where children were expected to leave the orphanage and return to their homes after completing eighth grade, made the following remarks:

Once they are here and realize that in future they have to leave the orphanage, they become ambitious and want to take advantage of the facilities we have for their future benefit. But when it comes for them to be relocated back home after they have finished exams, their attitude changes again. So we do not hurry them up from the orphanage.

Jela noted that some children's attitudes in Orphanage 7 were influenced by peer pressure:

Their attitude changes very much because of peer pressure. As I said, the older boys influence the young ones negatively and they settle for less in life than what they would have had if they took advantage of the opportunity they have. Those who are determined to achieve in life don't give in to the pressure.

Ayub, a teacher in School C, also described how some children were influenced by peer pressure and ended up with pornographic information:

You find that children who were in well-off homes before losing their parents to AIDS come with ideas and they want to influence the others. In this school we do not have entertainment, but some of the children come with videos or have contacts outside that provide pornographic information. Like there is a time two
girls escorted a colleague who commutes to school and later we told that they had been arrested by police because they were found in bad areas in town.

Teachers and caregivers also expressed a lot of concern about the behavior and discipline of some children at the orphanages. Jela was concerned that some children at Orphanage 7 did not accept being corrected: "I have also observed that some have behavior problems like indiscipline. They do not accept correction from adults here at the orphanage."

Other participants noted that some children at the orphanage developed behavioral problems because everything was being done for them to the extent that they became spoilt. Ako made the following remarks about the orphaned students at School A:

Yes, ah…. you know for them, most of the things are done for them. So they do not become self-reliant. The children tend to develop a culture of their own. Like some children come from homes where there was no television, and at the orphanage they now can watch TV and movies and they come bragging to the other children. For example, let one of them talk of a movie like Maria De Los Angeles, and other children in the orphanage can describe it, but for the other orphaned children who commute from home, they have no idea about it. Children at the orphanage tend to be lavished a lot until they become spoilt. They have too much of the things they could not afford at home. So it's like they really have a lot of influence from the culture from the West.

MA, from the same school, noted that some orphaned children made the orphanage a comfort zone and developed disciplinary problems:

Yeah, I would say that when they come they tend to isolate themselves. Then after realizing that there are many other children at the orphanage that have lost parent too, they tend to develop a comfort zone and just fit it. Yes… some of the children at the orphanage may become spoilt. They may have disciplinary problems. I have seen in this orphanage when they have serious disciplinary problems they are sent back home. When the guardians bring them back they are given another chance, and if they do not improve they are send off completely and others are brought in. There are serious disciplinary measures at the orphanage.

Despite the improvement in children's attitudes with time at the orphanage, many participants reported that they observed some children's attitude became negative when it
was time for them to return to their homes. Vero described one of her observations in Orphanage 4:

I saw, a few months ago, when some of the children were required to leave the orphanage, they were not happy with the administration. They formed groups and have their leaders. They show their anger, but they could not reveal what they have agreed on to anyone outside their group.

Opish, a teacher in Orphanage 5, concurred with Vero's observation: "They normally have higher expectations and positive attitude, but as they tend to complete their studies, they realize that others have not been able to get jobs, and their expectations tend to decline."

Theme 2: The Educational Experiences of Children Orphaned by AIDS

The second theme developed from the analysis was the educational experiences of children orphaned by AIDS. Three subthemes were identified: attitudes toward learning, academic performance, and attendance. Gender differences in attitudes toward learning and in performance are also described.

*Attitudes toward learning.* During the interviews, some participants reported that many of the orphaned children did not have a very good attitude toward learning when they arrived at the orphanages. Tommo, described Orphanage 2:

Well… their attitude to learning is not very good when they are coming. Often they really don't participate much, may because they still have that feeling of loneliness. They do not concentrate in the first days, but after sometime they do it. Saint explained the negative attitude some children in Orphanage 2 had toward education as follows:
When they come in they are always having a negative attitude towards education. You can see that when you are teaching them in their first few days in class, they walk out any time from the classroom and they don't tell you. Some go once for good and do not come back to the classroom. Like they go to the toilet and then go ahead to the dormitory without telling you. Basically, they are hiding from you. I would say that is a sign of rudeness. Some will go for the entire period. That really forced us to look up for them and talk to them then teach them when they want to learn.

Jela, the manager in Orphanage 7, suggested some possible reasons for the negative attitude the children had:

A few like being in school when they are coming by the majority don't like to go to school when they come. Most of the children are brought to the orphanage when they have dropped out of school. So they have a low start. Some do not like school anymore. So when they encounter serious reading they give up early. They therefore settle to pursue skills in vocational schools after their final exams.

Despite the loss of the parents and the grief the orphaned children went through in the orphanage, they were still expected to sit for the final exams with other children. The teachers helped some of the children through the crisis. MA, a teacher in School A attended by children in Orphanage 1, made the following remarks:

The children, especially the girls, cry when they just arrived. When you ask them what happened, they may shed some tears when they think of the parents. But they can't do that for too long because there is no time for that when they come to the orphanage. They have to catch up with schoolwork and other tasks in school even after losing the parents. Especially for those who are in Class eight, they have to sit for final exam at the end of the year, and we do not want them to be left behind.

Teachers and caregivers reported that they observed some changes in attitude toward learning for some children in the orphanage. They said that most of the children's basic needs are met at the orphanage. Teachers thought that most children liked going to school because books and other school necessities were bought for them. The participants also reported that some children developed positive attitude when they realized that their
parents were gone and all they are left with was education. Nema, a teacher, explained her observation in School C as follows:

I would say that for many orphaned children, their attitude to learning tends to be more positive as they live at the orphanage. Many come to the realization that all that they have left is education. So they try to perform at their best. Their attitude becomes positive as they are in the orphanage. Some realize that their future is in the education they receive at the orphanage and they work hard. I have about five of them who are really promising now. They are doing real good.

Other participants said that some of the orphaned children received motivation to learn because of the expectations they have from their sponsors. Ako gave the following illustration from School A:

Madam, there is a change. They pick up after a year. For example, if you look at the performance, overall the children at the orphanage perform better than the others. In the orphanage, there is a timetable indicating time to eat, to play and to read. So you see when they come some of them did not have that at home. So they develop a reading culture and they have a positive attitude towards learning. They develop persistence in learning. Also, they are motivated to read and do well by their sponsors. Like they are told, if you get 400 marks you will get a bike, or you will be flown to Nairobi so they work really hard because of those pledges.

Phil, a manager in Orphanage 4, reported that some children worked very hard and changed their attitude when they realized they would be leaving the orphanage:

They develop a positive attitude towards learning as they stay here. Especially when they come to realize that they will be leaving the orphanage after they complete the exams. They then work very hard to get good marks to enable them go to a good high school.

Saint, a teacher, gave an example of a boy in Orphanage 2 whose attitude changed within a year in the orphanage. According to Saint, the boy's performance also improved:

Yes, well, it just calls for patience. They change with time, maybe after a year or so. Like when I came in there was a boy who was very stubborn. He would just walk out of class like that. He was actually rude. But now, he has changed and is behaving well. Last year he had 348 point out of 500, and he was very stubborn. But now he has improved in academic performance and he is doing a little better.
Participants reported that not all the children changed their attitude toward learning after being in the orphanage for a year. They said that although a few children devote their time to studying, some other children in the orphanage liked to work under supervision. They gave an example of some children who were older than their classmates and needed somebody to push them to learn. Rosh gave the following illustration from his teaching at Orphanage 2:

As they grow older they feel they are in class with younger children. Like when they are in class three their age mates are younger than them and they are affected. Majority however feels that being forced to learn because of the requirement of the scholarship from their sponsors.

Participants also reported that there were other children who were more adversely affected by the loss of their parents and could not change their attitude within 2 years.

Ayub gave an example from his teaching at School C:

One of the boys has been a very bad boy. He fights other children very often in school. His performance has been bad all the time. He also has a bad attitude towards school. I think it is because he was the last of the four children whose parents both died of AIDS and it really affected him.

Jela said that some children at Orphanage 7 develop a "don't care" attitude. Those children also influenced the others negatively. They lowered their expectations and ended up taking courses such as mechanics, tailoring, hairdressing, catering, and carpentry in the local polytechnics. Jela reacted:

There are others who realize that they have opportunity to change their future at the orphanage and they study very hard. They are obedient and respectful. But those who have been here for a while and see that they can't make it to high school or anywhere give up. So they influence others negatively. They develop a don't care attitude. They are not hardworking and resist guidance from staff here in the orphanage. Most of them really don't study very hard. They influence each other and they lower their expectations from studying hard to go to the university in future and want to attend polytechnics or technical schools. They feel that they are better off than when they came and will be okay with a skill at polytechnics. But later they regret.
The participants reported that they had noted some differences between boys and girls in the children's attitudes toward learning. Overall, they observed that some girls were more persistent and had positive attitude toward learning. Jela said,

I have observed that many girls had a better attitude to learning than the boys. Many boys settle for middle-level colleges after they complete class eight. They give up early instead of working a little harder to attain better marks to be admitted to a good secondary school. You know when they were at home, they have been studying on their own and could make their own decisions, especially when they parents were very sick. But now when they come here, we tell them what to do. They don't like that.

Academic performance. During the interviews, teachers and caregivers reported that some orphaned children were affected in school performance when their parents developed AIDS. They reported that the children's performance went down when the parent was in the last stages of AIDS. Eventually, when the parent died, some children's performance dropped drastically but picked up later. Some teachers reported that, generally, children who lived at the orphanage performed better than children who commuted from home.

Ako, an administrator and teacher in School A, stated that most orphaned children in Orphanage 1 performed even better than the children with both parents in School A. He thought that it could be because the children in Orphanage 1 received very good care, every child had a sponsor, and the orphanage was well managed:

In our school, children at the orphanage perform the best, followed by those in ordinary homes with both parents, and last are those who are orphaned and are commuting to school and live with grandmother or other relatives. Like if one is staying with a grandmother, but the parents were learned people and had big jobs in Nairobi so this child still had developed good attitude towards learning but now can't get much from the grandmother. So really they are not having a conducive environment to read because grandmother goes to bed early and there is no timetable schedule at home.
However, Rosh, a teacher in Orphanage 2, observed that some children from homes with both parents performed better than children who lived at the orphanage, but the difference was not great. Children in Orphanage 2 attended the same school with children from homes with two parents or those with one parent. Joshi, from Orphanage 1, made a similar observation:

Compared to children from home with both parents, they do not do too well. Some are doing pretty well, but others don't. For example, we had one who was number one in her class, which was really good. Generally there isn't a very wide difference in performance.

Participants also reported notable differences in performance in the arts and sciences. Overall, children at the orphanage performed better in science, mathematics, and Christian religious education than they did in reading and writing in English. Participants noted that some orphaned children experienced a lot of difficulty in reading because nobody had read to them at home. Lily, a teacher in Orphanage 2, noted that some orphaned children experienced difficulty in English because they could not relate the sounds to the alphabet letters:

They have a lot of difficulty in reading. So we have to teach them sounds and connect letters with the sounds as they learn. I know many children who come here and have not read at home. Some may know the letter but do not know the sound. So they have difficulty in reading. However, they enjoy art the most. They use crayons to color domestic animals they draw and do other creative arts.

Despite their overall poor performance in English language, some orphaned children had a good background in English and performed relatively well. Ako gave illustrations of some children from Orphanage 1 who attended School A and outshined others in English because they had been in better schools before coming to the orphanage:
You see some of these children have a lot of outstanding characteristics when they come. Some have very good English and finish their assignments real fast, while the other children from around here are still doing slowly. You ask a question, the hand is up, the answer is given, and the other children are still struggling, searching for the answer or are just looking at this new child in amazement!

In addition, teachers and caregivers reported performances in English, both from children in orphanages that required speaking English and from children in orphanages that did not require that the children speak English. Chia, a manager in Orphanage 1, which requires that the children use English, said,

The children perform better in languages here at the orphanage. They are required to use English all the time at the orphanage. Most of the time we do not allow them to speak their mother tongue. So they do better in languages than the other children who are commuters.

Teachers in orphanages that did not require children to speak in English reported that some children who came to the orphanage without prior use of English experienced the most difficulty. Generally, children who were not required to speak in English at the orphanage did not perform well in English. Some of those children came to the orphanage when they were older and experienced difficulty picking up English as a language. Saint, a teacher in Orphanage 2, observed the following:

Most of them like math and science. They don't like art very much. They have a big problem in languages. I think it is because of the background. They do not speak English at home and when they come here they have to communicate in English. They have difficulty picking up English. Some come when they are of age and you can't send them to nursery school to start learning English.

Joshi, a teacher in Orphanage 1, supported Saint's remarks:

I think they perform well in science. But not in languages because they do not speak English as an official language yet their test is in English. All of them speak the native language here; even those who are not from this area eventually are influenced to speak the native language.
In regard to gender-based differences in academic performance, several teachers reported that in overall academic performance some boys did better than the girls. However, the teachers at the preschool level said that they did not observe wide gender differences. Both boys and girls did well at preschool level. Pam, an administrator in Orphanage 6, which housed children 3-8 years old made the following observation:

At the preschool level there is no gender difference. A child is a child, and we give an overall progress of the child in all areas not just in class work. They all do well.

The teachers did, however, report some gender differences for children at the elementary level. They said that they observed that at the lower levels, Grades 2-5, some girls performed better than the boys. Opish, a teacher in Orphanage 5, said, "Boys do well at the upper primary, but at lower primary girls do better than the boys. Girls are more active and they perform better."

The teachers also reported that as the children reached adolescence, some boys did better than the girls. Tommo, a teacher and administrator in Orphanage 2, said, "Yeah, and I am sorry to say, my boys are doing better than the girls. Generally the boys are better than girls as they continue to increase in age." Phil, the manager in Orphanage 4, concurred with Tommo in the following comments:

So far I can say that boys are performing better than the girls. I have three boys and two girls who do very well, but eventually boys outshine the girls. There is a boy I gave new uniform and shoes. He was very happy and excited, and for the entire year his performance greatly improved. You could tell his attitude towards learning really changed.

Joshi, a teacher in Orphanage 1, thought that the difference in performance was a result of the cultural influence:

Yes… boys are better overall that the girls. Maybe it is a cultural influence. If a boy performance better than the girls, it is very normal. But not normal for the girls; well that is a cultural belief.
However, other participants still thought that if some girls overcame the grief, they could perform as well as some boys. Nema, a teacher in School C, made the following comments:

Overall, boys tend to do better than girls. But I think that if the girls can get over the loss faster, they will all perform well. I told earlier on that it takes girls time to catch up, but once they do, they work extra hard and do better. The girls are always serious. In some cases boys display don't care behaviors.

The teachers and administrators in the orphanages also reported some gender differences in content areas. Overall, they said that some boys did better than the girls in math and science. On the other hand, some girls performed better than the boys in language. Adosh, a teacher in Orphanage 6, said:

The boys are very good in mathematics and sciences. Girls fear math, but they do well in languages. They have a very high command in English and Kiswahili compared to the boys.

Rosh, a teacher in Orphanage 2, thought that some girls did not perform well in math and the sciences because they lacked role models. He gave the following illustration of some girls in his classroom:

I had three girls who were not doing well as the boys in math. I realized that the girls thought that they did not need to do well in math to be lawyers in future. They were actually counting the number of prominent women who were engineers from their area, and they could not find any. So I was trying to encourage them by giving some examples of prominent women who are in leadership, in judiciary and other sections of government. So eventually they realize that women can perform equally well as the men in science and math. I actually took them on a trip to a big supermarket that was being built here in town and they saw young women doing electrical engineering work such as wiring the facility. I found that thereafter they have improved in math and science. They now have the motivation to be like those female engineers.

Attendance. Participants reported that they witnessed many children drop out of school when the parents were at the final stages of AIDS. Some children, especially the
girls, dropped out of school to help the sick parent and prepare meals for the other siblings. Nema, a teacher in School C, gave this example:

Yes… I can tell you about one girl in my class, she is about twelve. She has a brother here, too. Her father had died of AIDS, and the mother was sick too. So she was not happy most of the time. She would cry and weep every time. At times, she would miss school to take care of her mother and get drug for her from the hospital. The mother would not be able to cook for them sometimes. So she stayed home to cook for her and the brothers. Occasionally, when her mother felt better, her face brightened up in school. So I keep inquiring how her mother is doing. I can tell when she is down because the girl cannot concentrate in class. Because her mind is elsewhere, on the sick mother.

However, the teachers in Schools A and C reported that the trend of dropping out of school declined for children who made it to the orphanages. They reported that all the children at the orphanages were able to attend school. Those who had sponsors had all their school needs met, and they always attended school. Ako, a teacher and administrator in School A, gave this illustration:

Madam, I am sure you have seen for your self even as you have gone around the orphanages. The children at the orphanage across the street do not lack anything! Many of them with sponsors from abroad have many things provided. They have food, clothing, space, television and medical expenses covered. The orphanage is clean, has clean water, and have things that are expensive we can't even afford. In the orphanage, there is a timetable indicating time to eat, to play, and to read. So they develop a reading culture, and they have a positive attitude towards learning. Also, they are motivated to read and do well by their sponsors. Like they are told, if you get 400 marks you will get a bike, or you will be flown to Nairobi, so they work really hard because of those pledges. But this does not happen at all orphanage homes. Some are not well managed, and they are rundown and children are suffering there.

The participants in School A also reported that other children in the school commuted from home and received lunch through the Food to Learn project. As a result, they hardly ever missed school. The majority of the orphaned children who missed school were those who commuted to school and did not receive lunch. MA, a teacher in School A, gave the following comments on school attendance:
Those who are taken care of by the Food to Learn project also look okay because they know that they have something to eat during lunch. They may not want to miss to come to school. The others who commute from home and do not receive lunch are the most affected. It is very difficult to get money from the relatives or grandparents to subsidize for the child's needs at school. Most of them will be poor anyway. Some of them drop out of school. I have a case that dropped out because he stole a pair of shoes from one of the children at the orphanage. When we tried to follow up, even after I promised him that if there is an extra pair of shoes he will be given, he left and never returned to school. When we looked for him and asked him to come back, he lost hope and refused to return to school. He was very ashamed to have been found with another child's shoes.

The participants also noted that some of the orphaned children dropped out of school because the relatives they lived with overworked them. MA, a teacher in School A, gave one illustration:

I told earlier of one who dropped out and went to herd cows for a rich family. But there is another one who is in Class 3 and is in the Food to Learn program, but his grandmother really overworks the child. After school he does a lot of work for her. He goes to dig some red soil for her and does more work in the home. So he could not perform well in school. So I think that those at the orphanage are better than those who commute from home. At times he misses school and comes twice or thrice. At times when he comes late, he fears to be punished and he hides in the bushes all day and returns home later.

Theme 3: Techniques Used in the Orphanages to Help Children Overcome Grief

Counseling techniques and extracurricular activities used in the orphanages to help children overcome grief was the third theme developed from the analysis of the interviews. Counseling in the orphanages is performed by a wide range of individuals, including pastors, orphanage staff members, teachers, and others. Techniques for individual and group counseling often focus on spirituality and the Bible.

Counselors. Participants described that the local pastors counseled some children most of the time. They reported that the pastors conducted prayers and Bible study
fellowship at the orphanages on Friday and Sunday morning. Tommo described it as follows:

There is a pastor who conducts pastoral service every Friday morning. Many orphaned children are still grieving after the loss of their parents. So because we do realize this, during their first days here we try to have some sort guidance and counseling sessions with them. We try to make them feel a part of this institution. And also we try to encourage them get over the grief process.

Participants said that staff at the orphanages also offered emotional support for the orphaned children. Jela, a manager in Orphanage 7, gave this illustration:

For those who are coming in, we give them a lot of love and acceptance. Staff extends that love to them. All the time we want them to be around us. We eat, sit and fellowship with them. We protect them and share our time with them. We share in their loss and sorrow, and we care for them. Food, clothing and education are provided for them. We provide them with gifts and anything in this orphanage that is in surplus is given to them.

In all the orphanages, teachers and caregivers reported that there was no trained counselor to help orphaned children in the grieving process. However, some teachers played the role of a counselor. The teachers attend seminars on guidance and counseling organized by the Ministry of Education or by private groups. Regular class teachers at the orphanages also had meetings with the children once per week. Tommo, a teacher and administrator, at Orphanage 2, gave this illustration:

No, we do not have a counselor in this orphanage. However, teachers do basic counseling. The teacher just talks to the children. They have some training in counseling in college, and they also have seminars. We have three of our staff that has been trained in child counseling by a group called SWAK, Society of Women with AIDS in Kenya…No… we don't have a counseling room as such because of finance. But the teacher just meets with children, maybe at their own time in the staff room. So far, we have not had a team that is trained in grief management. I wish that someday we could have a trained counselor to help the children here.

Chia, the manager in Orphanage 1, said that the teachers also played roles of counselors:

We also have a panel of guidance and counseling comprised of teachers who guide children. The teachers who are counselors attend workshop organized by the Ministry of education to train personnel working with orphaned and
vulnerable children. The counseling teacher comes with that information and shares with others in the counseling panel.

Rosh, a teacher in Orphanage 2, made similar remarks:

No, we don't have a pure counselor, and I am not sure there is any in any of the schools around. The counseling teacher attends seminary by the Ministry of Education then is the one who counsels the children.

Ako, an administrator and teacher in School A, also mentioned that they offered guidance and counseling to the orphaned children in the school:

One, we have guidance and counseling sessions for them. Like when we come across unique cases, we refer those to the counseling teacher to work with the children. We encourage them to come to us when they are in problem, and we see how we can help. The counseling teacher, Ms. MA, normally does counseling. But she does meet with the children regularly because we are busy with school. We encourage them and tell them that there are others who have lost their parent too and they are not the only ones. Also their lives have to go on despite losing their parents. So after you talk to them they seem to feel better, but it takes time.

Few orphanages received outside support for counseling. One orphanage had a social worker who did basic counseling for the children. The children also received some counseling from their sponsors whenever they visited the children. The manager in Orphanage 3 said they also had some friends of the orphanage from the medical training center who visited to counsel the children when they had time. Saint, a teacher in Orphanage 2, said that they have a guidance and counseling department. They did not have a residential counselor in the school, but counselors from the medical training center came once every month to talk to the children.

Types of counseling. Participants reported that teachers and caregivers who did counseling in the orphanages mainly did individual counseling. They said that basically the counseling teacher or manager individually met with the child for counseling and if
the case became extreme then the child was referred to the pastor. Jela, the manager in Orphanage 7, said,

I have individual counseling with a child who I realize is still in grief and still looks affected by the loss. Sometimes I identify individual problems or students with individual needs. However, when it is too much, I assign the student in need to a specific teacher for counseling or to the local pastor.

Participants reported that group counseling was also used at the orphanages. They said that class teachers met with a group of children when they arrived at the orphanage to encourage them and help them accept their circumstances. They said that they encouraged children to share their experiences with others. Jela said,

I also have group counseling with the children in their small groups. I have continuous counseling session because I am here at the orphanage full time. I talk with children individually when they are free on Saturday, and at times have them as a group. The counseling teacher organizes for counseling meetings may be once or twice and month and meets.

Techniques used in counseling. Participants noted that many pastors used a biblical or spiritual approach to counseling. In this approach, the children are taught the word of God. They also have morning and evening devotions. They said that the pastor or any guest from the evening fellowship came to share biblical scriptures with the children. Tommo, an administrator in Orphanage 2, said,

Well, we have what we call spirituality or a biblical approach. We have biblical counseling, and then we have sessions for discussing the Bible. Things like memory verses; acting, little drama on the Bible is a way of keeping them busy. At the same time it is a way of portraying God. Even if they don't have a mother or a father, God the father is taking care of us all here. So we try to center our lives really in God and this is really helping.

Chia, a manager in Orphanage 1, added,

We also involve the spiritual nourishment. We have a pastor who comes and conduct pastoral programs every Friday morning, and he meets the children in need sometimes. The pastor prays with the children and shares the word of God.
We also have evening fellowships where staff pray and fellowship with the children. The children also watch tapes of Biblical stories.

Participants said that in instances where the children were most affected by the loss of the parents, the children would be withdrawn from school for a while to help them go through the grieving process. Ako, a teacher and administrator in School A, said,

Some children will display a lot of anger. As a deputy head teacher, I am also in charge of discipline, so I try to help the children get over the anger. I call the manager at the orphanage, and we talk to the children who are easily angered and warn them to desist from hurting others. Also we have guidance and counseling. When there is a problem, like if a child is crying every time, we agree with the manager to withdraw the child from school and let the child rest, and adjust to grow through the grieving process.

Participants also said that they used peer counseling to help children in the grieving process. Opish, a teacher in Orphanage 5, gave the following process used in their orphanage:

When they come, each has a dorm mother who helps adjust to the orphanage and also helps them emotionally. They have teamwork and have social groups, like being choir members and they participate in group activities. So they get along well because they have good food, friends, a place to sleep, good security, education and caring staff. Young boys interact with others of the same age. Every year we assign a new comer to a dorm mother, who is usually a slightly older child that has been in the orphanage for a while. That is when we see their caring and cooperative skills.

Some participants, like Jela, the manager in Orphanage 7, used a scaffolding technique to help children open up during the grieving process:

Mainly I used scaffolding as a technique to help the children open up and share what they are going through. I then schedule sessions until when they can stand on their own. I also don't rebuke them in the open. If one has made a mistake, we call them aside and talk to them until they recognize their mistakes.

Participants, such as Rosh, a teacher in Orphanage 2, said that they discussed AIDS openly with the children since it had been integrated in the curriculum. Doing this allows some children to more easily express their feelings and thoughts about AIDS:
When they arrive they have some stigmatization. Sometimes, when they are with other children they think that everybody knows about it. So really they fear to intermingle with other children freely. So because we do realize this, during their first days here we try to have some sort of guidance and counseling sessions with them. We try to make them feel a part of this institution. And also we try to encourage them get over the grief process. We talk about HIV/AIDS every time because HIV/AIDS has now been integrated in every subject. In mathematics, science, social studies, English, Swahili and everything—HIV/AIDS is there. Although some of them have a lot of anger towards even their own relatives who want to take advantage to take the property the parents had. They also mistreat the children and really want them to go to the orphanage so that they can have the land and other property. To help with that, we have a topic now in social studies called human rights. In this topic we teach the children to know of their rights. The right to life, freedom of worship, association, property etc. So they know if the parents die, they know they have a right to the property.

Participants also said that they used extracurricular activities such as traditional songs, drama, story telling, and poetry to help children express grief. In addition, children also discussed HIV/AIDS in health clubs at school. Participants also said that they used sports to help children express their emotions. Tommo, a teacher and administrator in Orphanage 2, said,

Yeah, we have sports and I see it really helping them a lot. Yeah, I see it like when they play. Like a boy kicking a ball, they release their emotions as well as expressing themselves. We also encourage them to share their stories with other students through drama, singing, and writing essays. The children perform drama and recite poems related to HIV/AIDS. It is a way of reducing the stigma about AIDS.

Rosh, also a teacher in Orphanage 2 reiterated the importance of extracurricular activities in helping children get over grief:

We also have several clubs in the school. In the health club we talk with the children on health issues. We talk about HIV/AIDS every time because HIV/AIDS has now been integrated in every subject. We also have music, drama and art. Through poems, music, and drama they learn and express their feelings after the loss of the parents. Like one day I wrote a poem on wife inheritance and when we discussed that, some of them expressed the feelings they developed when they lost a father and their mother was disinherited and sent away. We have also tried to use songs to help the children express their emotions. At the end, the children express themselves and in groups come up with ideas on how they cope with the loss and help other children in similar circumstances.
Theme 4: Preference of Home-Based Care Over Orphanage Care

The fourth theme developed from the study was based on the debate over home-based care and orphanage care. Reasons given by participants for preferring home-based care were to avoid alienation of children orphaned by AIDS from their extended families or the surviving parents, to avoid the child losing his or her inheritance, to encourage responsibility on the part of a surviving parent, and to help make children responsible. Many participants acknowledged the important role that orphanages played in the children's lives, such as providing clothes, food, and shelter for the children. Ako clearly illustrated that role:

Madam, I am sure you have seen for your self even as you have gone around the orphanages. Many of them with sponsors from abroad have many things provided. They have food, clothing, space, television and medical expenses covered. The orphanage is clean, has clean water, and have things that are expensive we can't even afford. The children at the orphanage, they do not lack anything! But this does not happen at all orphanage homes. Some are not well managed and they are run down and children are suffering there.

However, participants felt that even though children became comfortable at the orphanages, there were problems back at home that the children would face later in life. Overall, the participants preferred home-based care to orphanage care except in cases of very young children and those whose lives would be endangered if they returned to their relatives. Chia, a manager in Orphanage 1 said,

Yes, I think for some of them who really have a hard time at home, they are better off staying here. And mostly for the very young children I think they are safer staying at the orphanage. But for the older ones they can fight for their father's property from home.

Paulina, a matron in Orphanage 6, gave an example from a child leaving the orphanage:
There is one boy who is eight years and was brought here by the stepmother. He was afraid when he came, but now he is all right. Whenever the stepmother comes to visit, he runs away to go and hide. He says, "I don't want her to see me." He is now afraid of going back home, so he stays here when the others return home in December.

Some participants emphasized the need for doing a background check at home before children were brought to the orphanages. They said this would ensure that the neediest children get priority for orphanage care. Also, this would provide details about the children so that the staff at the orphanages would better understand their background and address their needs adequately. Orphanage 6 was the only orphanage in this study that did such background check. Jela, who worked there, made the following remarks:

We have 56 children who are in home-based care. This has been an orphanage for children that are orphaned by many reasons. But since 1990, we have had an increased number of children who are orphaned by AIDS. We do background check for every child. We visit their homes to assess whether to bring the child to the orphanage or leave them with a responsible adult relative and have home-based care. Because we do not have enough facilities to accommodate all the children, only those who are in great need are brought to the orphanage.

Participants felt that orphanage care was appropriate for the children when the conditions at their relatives' homes were not favorable for their growth and development. However, for the rest, home-based care or an option to return home sometime during their stay in the orphanage was thought to help the children develop a relationship with the rest of the extended family. As a result, children in several orphanages were required to go back home in the month of December. The participants reported many instances in which children did not like to return home. Phil, a manager in Orphanage 4, made the following remarks:

One thing that we realize is that when we bring children in to the orphanage, we do not want to alienate them from the rest of the extended family they are in. So we have set a rule that once schools are closed for four weeks, they have to go back to their families. We have realized that they really don't like it because they may not get the services we offer here at home. But we believe that the best place
for the child is in the family, and so we try to keep that contact to their homes even as children grow in the orphanage. We want when they are grown to have their inheritance, learn who the rest of the extended families are. But still when the time comes for them to go back home, they still don't like it. We still insist that they do so that they develop a belonging to their home. Some of them may have one living parent, mostly the mother, and we want the child to go back and be with the mother. We also encourage them to call us back when they are at home to let us know how they are doing.

Vero, a caregiver in Orphanage 4, illustrated the children's reactions when the time came to return home:

Last year the new management came up with the policy for children to return to their relatives after they complete the final exams. However, I saw the children were not happy. The mature ones even wanted to fight the administration. They were not ready to leave. When their time of going home comes, they are upset; they cry and have a lot of anger. But the administration and even us as matrons we encourage them to go back. We remind them that they need to go back to their relatives because they will not stay in the orphanage for the rest of their lives. So when they are going they are not happy.

Paulina, a matron in Orphanage 6 gave further illustration of the emotions children displayed when it was time to return home:

But after they have been here and it is time to go back home for holiday majority of them feel very bad. They don't want to go back. They are afraid of going back. You see like they want to cry. We provide everything for them here, but when they are at home, they don't get all their needs met. Majority of them come back to the orphanage before the four weeks holiday is over.

Participants described the loss of inheritance as the main reason home-based care is needed for the orphaned children. Participants reported that some relatives threatened most of the orphaned children when they stayed at home. Some who wanted to inherit or to take their father's property, especially land by force, saw the children as a barrier and wanted them to go away from the home. Jela, a manager in Orphanage 7, described his realization of this fact:

We realized during our home visits that orphaned children lose their inheritance when they stay in the orphanage all their lives. They lose everything their parents had: land, the home, and other property. So we came up with a policy that
orphaned children have to go back to their homes and stay with the relatives in the month of December. By so doing, they participate at home and can be of benefit to the society and even help their brothers and sisters in future. Therefore, they do not lose their inheritance. In some cases where orphaned children have lost their inheritance to their relatives, we have had FIDA take legal action against them. In many cases, they recover.

Rosh, a teacher in Orphanage 2, also gave his views of how some children at the orphanage had lost their inheritance:

Although some of them have a lot of anger towards even their own relatives. You know some of the people who are left with the children are bad. They want to take advantage to take the property the parents had and mistreat the children and really want them to go to the orphanage so that they can have the land and other property. Yes… Yeah… many people do that. Especially when they children are orphaned when they are still young, they are ignorant. So the relatives, especially the uncles, take the title deeds and change to their names and send the children away. Now we realized that we have two such cases here in the orphanage. The manager of the institution had to intervene through the chief and the area advisory council.

Rosh also described two incidences where children lost their inheritance while at the orphanage and how the orphanage intervened:

In fact, there is one girl here who comes from a village not too far from the orphanage. She was the only child. And you know us Africans, that a woman does not have a right to own anything. So a relative had taken all the land and everything in the home. We send people to her home to survey what was happening there. With the assistance of the District children's officer and the police, she was helped. After they intervened, the title of the land was changed to her name.

His second example involved a boy:

Like last year, I observed a boy who lost his father and his mother was still alive. But the relatives came to their house and took everything from them, even their clothes, and chased the mother away. When the boy was brought to the orphanage, he was crying all the time. One day I asked him what had happened, and he said he was afraid where he would go when they are sent home for holidays. He was afraid, too, that the uncles would reject him and not have a share of any property. This boy's father was a medical doctor and had lived in Nairobi for most of the time.
Other participants felt that some surviving parents were avoiding their parenting responsibility by sending their children to the orphanage. In such cases, participants felt that children should be placed in home-based care. Jela, a manager in Orphanage 7, said,

There are some instances that the surviving parent does not want to be responsible for the children and want to disown them. When such children are brought to us, we do background check at such homes. After evaluation, we have the children placed on the home-based program. We do evaluation all year round. If the situation worsens, we bring the child to the orphanage.

Other participants felt that the orphaned children would be more responsible if they are aware that they will be required to return home after being in the orphanage for a while. Joshi, a teacher in Orphanage 1, said,

To me, I think we can have a system that is home-based care for them so that they can learn to be responsible. That can be best for them. But when their time to return home they become afraid because they are not sure, they will get those needs met when they go back.

Theme 5: Need for Government to Lead in Caring for the Children Orphaned by AIDS

Many caregivers and teachers at the orphanages were concerned about the increasing numbers of children sent to the orphanages by the children's department. They said that they needed government support for those children. They also needed the government to provide lunch for some orphaned children in their schools. Many participants reported that orphanages experienced financial constraint and were in dire financial need. For example, Jela reported that there were 30 children without sponsors in Orphanage 7. He expressed his concerns:

Finally, I wish that the government supported the orphaned children. Currently, we do not receive any help from the government. We have instances, two in the past month, which the judge just gives an order that a child be taken to the orphanage. The children's officer brings the children here, and they leave. They
do not care how the child is taken care of and how we get money to care for the child's needs. They never return even once to check on the progress of the children they bring.

Chia, a manager in Orphanage 1, raised his concern also:

Yeah… the children's department just sends the children here by court order but they do not provide support. The government does not provide finances for the children either, and they don't care to even follow up to see how the children are doing. Yeah, it is really frustrating for us. Because this is a private organization, and the government just sends the children here even without asking us if we can still accommodate them.

Tommo, a teacher and administrator in Orphanage 2, concurred:

The biggest problem we have is finance. We don't have a reliable source of income, and we have to feed, clothe, and shelter these orphaned children. Unfortunately, we don't have that reliable source of income. We just rely on donations. Maybe someone can come and donate money, food etc., and so we survive just on well-wishers.

Only two orphanages in the study had sponsors for most of the children. The rest lacked reliable funds and experienced financial crises. The worst affected was Orphanage 2, where the teachers had not been paid salary for 5 months. Rosh, a teacher there, described the situation:

Right now we actually have a financial crisis. For the last five months we have not been paid. At this time many schools have done their end of term exam, but us we have not done. Because once we do it, the children will be dismissed and we will not be paid. Yet we have house rent to pay and families to take care of. But we are still working. Yeah at times we are not sure about tomorrow, but we continue hoping for the best.

Lily, also a teacher Orphanage 2, said that they did not have enough money to meet the needs of some of the children:

Yes, we try to provide for the basic needs of the children. But we do not have enough food, clothing and other necessities for their daily care. We also need playing materials, storybooks, and toys for the children.

Nema, a teacher in School C, made her plea to the government to provide lunch for some of the orphaned children in her school:
We ask for government intervention in providing lunch for the orphaned children. Because some of them during lunch have nowhere to go to get food. Also the bursaries provided by the government do not reach the real orphans. Therefore, funds should be allocated to cater for the needs of the orphaned children in the orphanages and in the communities.

The participants were also concerned with the education of some orphaned children at the high school level. Many managers reported that they could only afford to support the children up to eighth grade. They were therefore worried about the payments for the high amount of fees at secondary schools. Ayub, a teacher in School C, expressed the concern:

Many orphaned children are demoralized because they do not have anybody to pay fees for them in high school. So the government should send aside funds to help the orphaned children attain secondary education and also be able to go to college.

Joshi, a teacher in Orphanage 1, also wished that the government would fund the education of the orphaned children at college level:

The only thing I can add is that these children should be helped to go to college after being in the orphanage. Many do not have enough money to pay for college level or be helped to go to a technical school.

Summary: The Essence of Experiences of Children Orphaned by AIDS

The findings described in this chapter explained what the orphaned children in the orphanages went through. The orphaned children encountered a continuum of psychological and educational experiences. At one end of the continuum, the children's parents are whole, healthy, and able to provide. Along the continuum, the children see their parents fall sick, deteriorate in health, go through the final stages of AIDS, and eventually die. At this far end of that continuum, following the death of the parent(s), the children were brought to the orphanages. Their experiences during the first 2 years in the
orphanages were described. Participants described that other children became affected when the parents' health started to deteriorate.

The findings indicated that the children were most affected psychologically and even educationally in their first year in the orphanages. However, participants described that they observed a great change in the emotions, personalities, and attitudes of the orphaned children toward the end of the first year and in the second year. The techniques that teachers and caregivers used to help children cope with grief following the loss of the parent(s) were described. In addition, reasons described by participants that they preferred home-based care instead of orphanage care are discussed. Finally, a crisis that arose from the increased number of orphaned children sent to the orphanages by the courts, without government financial support, was noted.
CHAPTER 5
DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Responses from the 12 teachers and 8 caregivers were analyzed using the QSR-N6 software. Results of the analysis were presented in Chapter 4. In this chapter the results of the analysis are discussed. This chapter is divided into four sections: discussion of some major findings, implications for early childhood professional and program personnel, recommendations for future research, and unanswered questions.

Discussion of Some Major Findings

Interviews conducted with the participants focused on (a) the emotional and personality characteristics and attitudes of some children orphaned by AIDS when they arrive at the orphanages and after being in the orphanages for one and 2 years; (b) attitudes towards learning and the overall academic performance of some children orphaned by AIDS when they arrive at the orphanages and after being in the orphanages for one and 2 years; and (c) strategies that are used in the orphanages to help some children orphaned by AIDS overcome grief following the loss of their parents.

Seven interview questions were used for this study. Four questions were designed to address the psychological experiences of children orphaned by AIDS. Two questions were used to elicit information to describe the educational experiences of children orphaned by AIDS. The final question concerned the strategies used in the orphanages to help children overcoming grief.
What Are the Psychological Experiences of Children Orphaned by AIDS?

Teachers and caregivers reported that most children orphaned by AIDS went through a continuum of psychological experiences from the time they arrived at the orphanage till they had been at the orphanage for 2 years. The continuum began with emotions, personalities, and attitudes that were observed when children arrived at the orphanages and continued throughout their first 2 years at the orphanages.

Overall, the findings indicated that most children orphaned by AIDS were mainly affected psychologically during their first 2 years in the orphanages. Participants thought that some children were even affected psychologically long before they came to the orphanages. The effect began to be felt when their parents' health began to deteriorate as a result of HIV/AIDS. Participants said that some children arrived at the orphanages with the emotions and personalities that arose when they witnessed the parents develop signs of HIV/AIDS, become terminally ill, and eventually pass away.

The findings pointing to negative emotions at the time children orphaned by AIDS arrive at the orphanages and within the first year are not surprising. Research studies have indicated that it is difficult for children to cope emotionally with the loss of a parent. The South Africa Institute for Traumatic Stress (SAITS, 2007) listed the stress that results from losing a primary member of the family as one of the top ten stressors that people experience. SAITS (2007) further reported that people who are bereaved for one who has died of AIDS have even more stressed. As described by participants in the current study, this stress starts from the time of knowing that a person is HIV positive and continues as they watch their loved one die a painful death.
In discussing the bereavement of AIDS orphans, SAITS (2007) noted that the stress of coping with the loss of a parent is often more adverse for children orphaned by AIDS. The study noted that children orphaned by AIDS start developing stress as they watch a parent die. Thereafter, they encounter more stress when they have to take care of themselves after the parent's death. SAITS (2007) also cited the possibilities of being neglected or abused as causes of stress for children orphaned by AIDS.

Hess (1997) also addressed the emotional effects of HIV/AIDS on children. His findings indicated that children orphaned by AIDS and the surviving parent deal with issues of grief, blame, secrecy, and shame relative to the AIDS infection in their family. Further, some children will develop feelings of anger and despair from the death of a parent. Therefore, some children orphaned by AIDS are likely to suffer damage to their emotional development.

The effects of losing a parent to AIDS are also reflected in the personalities and attitudes of the orphaned children. Participants in this study observed that many of the children, upon arriving at the orphanages, had undesirable personality traits and attitudes such as being shy, repulsive, hostile, aggressive, and closed up. Several research studies have addressed the psychological effects felt after losing a parent. Hess (1997) found that many children and families with a HIV/AIDS member may experience stigma, depression, low self-esteem, discrimination, alienation, disturbed social behavior, and poor life skills.

In related study, Drell et al. (1993) observed that many orphaned children were easily upset and irritable with their parents and peers. Such children become afraid of sharing the trauma because they do not want to bother adults and peers. Therefore, they
kept to themselves even in the trauma. Further, the peers tend to avoid asking the child what happened, fearing that the child will become upset. The affected child often experiences feelings of rejection. As a result, the child often ends up developing social phobias and avoidance in school and other settings.

Second, participants also explained that on the other side of the continuum were the emotions, personalities, and attitudes that were observed after the children had been in the orphanage for a period of 2 years. Participants described that they observed a great change in the emotions, personalities, and attitudes of some orphaned children at the end of the first year and in the second year. Participants observed, at the end of the children's first year at the orphanage and in the second year, that some children orphaned by AIDS had developed more desirable personality attributes and positive attitudes. Examples included being caring, cooperative, sharing, respectful, friendly, and accepting the loss of their parents.

A number of research studies support the proposition that the psychological effects of losing a parent to AIDS may diminish with time if sufficient interventions are available to children orphaned by AIDS. Earlier studies by Bowlby (1969) and Ainsworth (1973) stressed that children can develop constructive bonds with other caregivers if the caregivers provide consistent care, and a safe and supportive environment. Children orphaned by AIDS rely on caregivers at the orphanages for that care and warmth. If the caregivers provide consistent care and a warm and safe environment, some children orphaned by AIDS may develop more positive emotions, personalities, and attitudes.

Participants also noted that some young children (3-8 years old) wet their beds at night, and others had nightmares. One possible reason for the differences as it relates to
age has been explained by Scheeringa and Zeanah (1995). In their study of children at infancy, early childhood and adolescence, they noted that children differ in the way they experience a traumatizing event. Benedek (1985) reported that young children were likely to experience bad dreams and nightmares. Some children developed fear of darkness. Drell et al. (1993) reported that young children may also experience fears and anxiety, such as fears of monsters, that are not directly related to the trauma. The young children and even adolescents may experience separation anxiety. They may not want to let the parents out of sight and may even sleep on the parent's beds.

*What Are the Educational Experiences of Children Orphaned by AIDS?*

The responses of teachers and caregivers were classified into three areas: attitude toward learning, academic performance, and attendance. Participants reported that children orphaned by AIDS had more negative attitude toward learning when they arrived at the orphanage. However, after being in the orphanage for one or 2 years, teachers and caregivers reported that they observed a change in attitude toward learning for some children in the orphanage.

Several reasons for the change in attitude arose from the interpretation of the analyses. One reason is that the children's basic needs are met at the orphanage. Books and other school necessities are bought for them, so they begin to like going to school. The participants also reported that some children developed a more positive attitude when they came to the realization that their parents are gone and all they have left is education.

Some studies have attempted to account for the decline in academic performance for children orphaned by AIDS. Rust and Troupe (1991) report that traumatized children and adolescents may also experience cognitive changes, which may include lack of
concentration, especially in schoolwork. Other traumatized children will have difficulty in recalling previously learnt materials and even in mastering new skills. The authors noted that the effects are more adverse when the child witnessed the parent's death.

In relation to academic performance in the current study, participants noted that majority of the orphaned children did not perform extremely well academically on arrival to the orphanages. They said that most children experienced more difficulties in reading and language than when they had their parents. Teachers and caregivers reported that children's school performance declined soon after the parents developed signs of AIDS. The teachers also reported that they witnessed the worst drop in performance when the parents became extremely sick at the last stages of AIDS. Eventually when the parents died, the children's performance dropped drastically. But the children picked up later and performed well. Some teachers reported that children who lived at the orphanages performed better than the orphaned children who commuted to school in all content areas. Participants also noted that the boys at the orphanage performed better than the girls.

With regard to attendance, participants reported that they witnessed many children drop out of school when the parents were at the final stages of AIDS and that when the parents died, attendance deteriorated the most. Participants reported that most of those who dropped out were girls. They also noted that girls dropped out of school to help the sick parent and prepare meals for the other siblings.

A number of research studies have addressed the issue of school attendance for children orphaned by AIDS. A study by UNICEF (2003) indicated that schooling was most often interrupted for children orphaned by AIDS. That study noted that many
children who are AIDS orphans have the responsibilities of the parents in taking care of younger siblings and running the household.

The United Nations Foundation (2004) also did a survey of 646 AIDS-orphaned and 1239 non-orphaned children in Kenya in the late 1990s. It found out that 52% of children orphaned by AIDS were not in school, compared with 2% of non-orphans. The study also found that the majority of the children who drop out of school because of AIDS are girls. This study also noted that girls take on the responsibility of caring for sick parents or their orphaned siblings at home.

Participants also reported that regular school attendance resumed for some orphaned children who were admitted to the orphanages. However, participants noted that some orphaned children who lived with an uncle, aunt, or grandparents continued to be absent from school most of the time. The participants also noted that some of the orphaned children later dropped out of school because the relatives they lived with overworked them. A study by Kodero (2002) supports the findings that orphanages are probably better options for children orphaned by AIDS in Kenya because they cater to the physical and educational needs of children orphaned by AIDS.

There were notable gender differences with respect to attitudes toward learning, academic performance, and attendance. Overall, girls were more persistent and had more positive attitude towards learning. Several teachers reported that boys did better than the girls in overall performance. However, the teachers at the preschool level said that they did not observe wide gender differences; both boys and girls did well. Some children, especially the girls, dropped out of school to help the sick parent and prepare meals for the other siblings.
A number of research studies cited earlier addressed the issue of gender
differences for children orphaned by AIDS. Studies by UNICEF (2003) and The United
Nations Foundation (2004) found that the majority of the children who drop out of school
because of AIDS are girls. They noted that girls take on the responsibility of caring for
sick parents or their orphaned siblings at home. Because many orphaned girls tend to
shoulder more responsibilities they may not have as much time as the boys to concentrate
in school tasks. Therefore, their performance is more likely to be lower than that of the
boys.

*What Techniques Do the Teachers and Caregivers at the Orphanages Use to Help
Children Cope With Grief Following the Loss of the Parent(s)?*

Participants reported that most of the children were brought to the orphanage
before they had overcome their grief. The noted that some of the children had temper
tantrums, were angry, cried most of time, withdrew from the rest of the children, lacked
appetite, and had irregular sleeping patterns.

Many researchers have addressed the need for counseling for people in grief,
especially children. The leading researcher in the area of grief management is Kubler-
Ross (2005). Kubler-Ross outlined five stages of grief that everybody in grief, including
children orphaned by AIDS, goes through: denial, anger, bargaining, depression, and
acceptance. She recommended professional counseling for people undergoing grief.

However, participants noted that they did not have professional counselors for the
children in the orphanages. Related studies by CDC (1999) and NIAID (2000) noted that
most of the orphaned children suffer because sex education and services are not available
to them. In the United States, for example, most children living with HIV/AIDS live in
inner cities, where poverty, illicit drug use, poor housing, and limited access to and use of medical care and social services add to the challenges of HIV infection.

Spirituality was the main approach for counseling used at the orphanages. The majority of the counseling was done by local pastors and other friends of the orphanages. They used a biblical approach to counseling. It was noted that none of the participants in this study were trained counselors. However, some had attended seminars on how to counsel children orphaned by AIDS.

What Are the Overall Views of the Teachers and Caregivers on the Role of Orphanages in the Orphaned Children's Development?

Despite the fact that orphanages play a great role in the lives of the orphaned children, the caregivers, managers, and administrators all preferred home-based care for the children over orphanage care. Participants felt that orphaned children were alienated from their extended families or the surviving parent when they lived at the orphanages. Overall, the participants preferred home-based care to orphanage care except for very young children and for older children those whose lives would be endangered if they returned to their relatives.

Most of the participants felt that even if the children became comfortable at the Orphanages, there were challenges back at home that they would face later in life. The greatest of this challenge was the loss of their inheritance. If a child remained at the orphanage too long, members of their clans would take the property of the child's parent(s).
Implications of the Research

Implications for Early Childhood Professionals and Program Personnel

The findings of this study have several implications for early childhood professionals and program personnel. Children orphaned by AIDS experience changes in school attendance and academic performance, and these students require a greater amount of attention on all fronts to address the life issues they now face, to perform well academically in school, and to overcome grief from the loss of their parents to AIDS. Some of the implications are outlined below.

1. An increasing number of children are orphaned by AIDS today in many public schools in Kenya and other places in sub Saharan Africa. Teachers and program personnel therefore need to be aware of this new category of children in the schools today and provide accommodation for them.

2. Teachers need to know that a few of the orphaned children have been placed in the orphanages and have their basic needs and schools needs met by sponsors. However, the majority of the orphaned children are in the care of grandparents who may not be able to provide a conducive reading environment or help children with assignments at home after school. As a result, it may not be efficacious for teachers to send those children home with assignments in the evening. One way that teachers can help these children is by assisting them complete their tasks in school or in an after-school setting. However, teachers may send assignments home with the children at the orphanages.

3. Teachers and program personnel need to help children orphaned by AIDS in their classrooms by providing adult support to enable the children to feel secure and comfortable. The children at the orphanages have had traumatic experiences watching
their parents die of AIDS, and they need help in developing self-confidence again. By providing the appropriate care, teachers and program personnel will help them to adjust to a new family and friends at the orphanages.

4. The teachers and program personnel also have a responsibility for helping the orphaned children through the grief process by providing opportunities for the children to discuss AIDS in the classrooms and other social settings in the school and in the orphanages. One way this can be done is by integrating AIDS discussions in the learning objectives and allowing the orphaned children to share their experiences of losing their parents to AIDS.

5. Teachers and program personnel can help the children orphaned by AIDS by developing a peer mentoring program. The teachers can ask children that have overcome the grief of losing their parents to AIDS to help the others who just lost their parents. The teachers and program personnel can also initiate activities where the children can interact with each other and eventually develop friendships, as well as express their experiences through art and music projects.

6. Teachers and program personnel should provide basic counseling to the children in their classrooms. Teachers with an open-door policy make children feel secure and comfortable to share with them. Some children, especially girls, may need help from female teachers.

7. Teachers and program personnel should provide opportunities for orphaned children to participate in extracurricular activities. For example, a health and wellness group could allow children to share their experience of losing a parent to AIDS with others who are interested in the school and even in the community.
8. Teachers and program personnel can have children express their emotions through drama, writing and reciting poems, and use of songs that are AIDS related.

9. Teachers and program personnel can also use the bibliotherapy approach to help children orphaned by AIDS to express their feelings and emotions. The use of children's literature as therapy in cases where children are traumatized has been recommended in many psychological studies. Another possible literature project is for the children and teachers to write and illustrate books together, and share them among schools in Kenya.

10. Finally, teachers should use the whole language approach to help children orphaned by AIDS in reading and writing. As noted in the study findings, many of the orphaned children experienced difficulties in reading because nobody had read to them previously. Other children could not relate the sounds of the alphabet to the letters. The whole language approach would be appropriate for addressing these problems.

*Implications for Policy Makers*

One implication of the findings of this study is that policy makers should set a criteria for placing children in the orphanages. Participants emphasized the need for doing a background check at home before children were brought to the orphanages. They said this would ensure that the neediest children get priority for orphanage care. They also felt this would provide details about the children so that the staff at the orphanages would better understand their background and be able to address their needs adequately.

Another policy implication is that the government should take the lead in care of the children orphaned by AIDS. Many caregivers and teachers raised concern for the government to provide various types of support to the children in the orphanages,
especially those referred to the orphanage by the Children's Department. Participants reported that many orphanages experienced financial constraint and were in dire financial need, resulting in difficulty in meeting the immediate physical needs of the children and the caregivers.

Recommendations for Future Research

The results of this study imply recommendations for future research in the educational and psychological experiences of children orphaned by AIDS.

1. A study involving the orphaned children as participant could provide first-hand information on the experiences the orphaned children have gone through.

2. A study of the orphaned children who are in the care of grandparents, uncles, and aunts could provide a better understanding of the experiences of children orphaned by AIDS that are in circumstances different from those found in orphanages.

3. A longitudinal study that examines the stability of children of the orphaned children after being in the orphanages for a longer time might explore whether orphanages are the best options for the orphaned children.

4. Findings from a comparative study of the orphaned children in orphanages, those in home-based care programs, and those without any support could provide a basis for the allocation of funds to the orphaned children who are most needy.

5. A study based on an ecological framework could be designed and conducted to identify all the variables in the orphanages, the child, the child's home, and in the immediate environments at home and school to provide a comprehensive analysis of the experiences of the children orphaned by AIDS.
6. Quantitative research could be conducted to explore the multiple and complex factors that contribute to the psychological and emotional adjustment of the orphaned children at the orphanages. Such a study would require translation to achieve cross-cultural validation of the research instruments.

7. The current study could be replicated with other populations of children orphaned by AIDS in culturally and linguistically diverse backgrounds. This could confirm and validate the findings reported here.

8. This study could be replicated with teachers and caregivers who work with children orphaned by AIDS in a variety of socioeconomic and cultural backgrounds. This could provide evidence on how the orphaned children's experiences vary according to socioeconomic or cultural differences.

9. A study could explore the property and inheritance lost by the orphaned children when they are in the orphanages and the interventions that the legal society has attempted to prevent those losses.

Unanswered Questions

Given, orphanages accommodate very few orphaned children. What is the plight of the many orphaned children who do not get a place at the orphanages? How many of the orphaned children will fall through the cracks? What other approaches would be appropriate in helping children orphaned by AIDS overcome grief? What initiatives should the Ministry of Home affairs and the Ministry of Lands in Kenya take to help children orphaned by AIDS retain their property when they are at the orphanages? How long should children be placed at the orphanages? What can be done to help children orphaned by AIDS to be self-sufficient after they leave the orphanage?
LIST OF REFERENCES


APPENDIX A

APPROVAL LETTER FROM
MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY—
NAIROBI, KENYA
MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGY

Telegram: EDUCATION, Nairobi

 Fax No.
 Telephone: 318581
 When replying please quote
 MOEST 13/001/36CI49/2

JOGOO HOUSE
HARAMBIE AVENUE
P. O. Box 50040
NAIROBI
KENYA

7th March 2006

GRACE JEPKEMOI
UNIVERSITY OF ALABAMA
BIRMINGHAM
UNITED STATES OF AMERICA

Dear Madam

Re: RESEARCH AUTHORIZATION

Following your authority to carry out research on ‘Experiences of Children orphaned by AIDS in Kisumu Kenya.’

This is to inform you that you have been authorized to carry out research in Kisumu District for a period ending 30th April 2007.

You are advised to report to the District Commissioner and the District Education Officer Kisumu District before commencing your research project.

On completion of your research, you are expected to submit two copies of your research findings to this office.

Yours faithfully

M. O. ONDIEKI
FOR: PERMANENT SECRETARY

Copy to: The District Commissioner – Kisumu District
The District Education Officer – Kisumu District
APPENDIX B

APPROVAL LETTER FROM
INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE (IREC)—
MOI UNIVERSITY, KENYA
Reference: IREC/000143
Approval Number: 090497

20th June, 2006

Ms. Grace Jepkemboi,
1324 11th Ave, South, Apt A2,
BIRMINGHAM, AL 35205

Dear Ms. Jepkemboi,

REG: FORMAL APPROVAL

The Institutional Research and Ethics Committee has reviewed your research proposal titled:

"The Educational and Psychological Experiences of Children Orphaned by AIDS in Kitui, Kenya".

The proposal has been granted a Formal Approval Number: FAM: IREC 000143 on 20th June, 2006 and you are therefore permitted to commence your investigations.

You are required to submit progress report(s) regularly as dictated by your proposal. Furthermore, you may notify the Committee of any proposal change(s) or amendment(s), section or unexpected outcome related to the conduct of the study, or issues relevant for any reason. The Committee expects to receive a final report at the end of the study.

Yours Sincerely,

PROF. B. NGARE
CHAIRMAN
INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE

cc: Director - NHRE
    Dean - SOM
    Dean - SPH
APPENDIX C

APPROVAL LETTER FROM INSTITUTIONAL REVIEW BOARD—UNIVERSITY OF ALABAMA AT BIRMINGHAM
The UAB Institutional Review Board for Human Use (IRB) has an approved Federally mandated Assurance with the Office for Human Research Protections (OHRP). The UAB IRB is also in compliance with 21 CFR Parts 50 and 56 and ICH GCP Guidelines. The Assurance became effective on November 24, 2003 and expires on February 14, 2006. The Assurance number is FWA000050600.

Principal Investigator: JHPS, PM/BL, GE566
Co-Investigator: 
Protocol Number: X08060280-7
Protocol Title: The Educational and Psychological Experiences of Children Orphaned by AIDS in Kinshasa, Zaire

The IRB reviewed and approved the above named project on 07/17/07. The review was conducted in accordance with UAB's Assurance of Compliance approved by the Department of Health and Human Services. This Project will be subject to Annual Continuing review as provided in that Assurance.

The project received EXPEDITED review.

IRB Approval Date: 07/17/07
Date IRB Approval Issued: 07/17/07

Marjorie Dore, MLA
Vice Chair of the Institutional Review Board for Human Use (IRB)

Investigators should note:

The IRB approved consent form used in the study must contain the IRB approval date and expiration date.

IRB approval is given for one year unless otherwise stated. The project is subject to annual review; research activities may not continue past the one-year anniversary of the IRB approval date.

Any modifications in the study protocol/numbers/consent form must be submitted for review and approval to the IRB prior to implementation.

Adverse Events and unanticipated risks to subjects or other at UAB or other participating institutions must be reported promptly to the IRB.
APPENDIX D

INFORMED CONSENT DOCUMENT
TITLE OF RESEARCH: The Educational and Psychological Experiences of Children Orphaned by AIDS in Kisumu, Kenya

INVESTIGATOR: Grace Jepkemboi

SPONSOR: None

EXPLANATION OF PROCEDURES
You are being asked to participate in a research study to explore the educational and psychological experiences of children orphaned by AIDS. In this study, teachers and caregivers of the children orphaned by AIDS will be asked to describe the psychological characteristics, school attendance and academic performance of the orphaned children following the loss of the parent(s) to AIDS. If you agree to participate in this research, you will be asked to participate in a one hour audio-recorded interview. You will also be asked to review the transcribed interview for another hour for validity of data collected. Tapes will be destroyed after the research is completed.

RISKS AND DISCOMFORTS
The only risk is the possible risk of confidentiality but measures are being taken to prevent this from happening.

BENEFITS
You will not personally benefit from your participation in this research; however, your participation may provide valuable information to the development of policy on the education and psychological needs of the children orphaned by AIDS in Africa and all over the world.

ALTERNATIVES
An alternative to participating in this study is not to participate in this research.

Participant's Initials __________
CONFIDENTIALITY

The information gathered during this study will be kept confidential to the extent permitted by law. Confidentiality will be maintained throughout the study through the use of pseudonyms or fictitious names. In addition, all materials related to the research and any data collected by the researcher will be locked in a metal file cabinet, a safe deposit box, and or metal security safe. The results of the study may be published for scientific purposes; however, your identity will not be revealed. The University of Alabama at Birmingham Institutional Review Board for Human Use, USA, may review the research records for auditing purposes.

WITHDRAWAL WITHOUT PREJUDICE

You are free to withdraw your consent and to discontinue participation in this project at any time without prejudice.

COST OF PARTICIPATION

There is no cost to participate in this study.

PAYMENT FOR PARTICIPATION

You will receive no monetary payment for your participation in this study.

QUESTIONS

If you have any questions about the research you can contact Grace Jepkemboi at [redacted]. She can also be reached by email on [redacted]. If you have questions about your rights as a research participant, you may contact Prof. Duncan Ngare of Moi University. He may be reached at [redacted] between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

LEGAL RIGHTS

You are not waiving any of your legal rights by signing this consent form.

Participant's Initials ______
SIGNATURES

Your signature below means you have read and discussed the information in this consent form. You have had an opportunity to discuss any questions you may have had and they have been answered to your satisfaction. You will receive a signed copy of this consent form.

___________________________________________________
Signature of Participant       Date

___________________________________________________
Signature of Investigator       Date

___________________________________________________
Signature of Witness       Date
APPENDIX E:

INTERVIEW PROTOCOL
Research Instrument for the caregivers and teachers

Research Project: The Educational and Psychological Experiences of Children Orphaned By AIDS in Kisumu, Kenya

Time of Interview: ……………………….. Date: ………………………….  
Interview: ………………………………. Interviewee: ………………….  
Location: ……………………………….  

Description of the Study: 
Thank you very much for your time today. This research is devoted to understanding the educational and psychological experiences of children orphaned by AIDS. In this study, teachers and caregivers of the children orphaned by AIDS will be asked to describe the psychological characteristics, school attendance and academic performance of the children orphaned by AIDS following the lose of the parent(s). 

To protect the confidentiality of the participants in this study, the names of participants will be changed when writing up the final report. If you agree to participate in this research, you will be asked to participate in a one hour audio-recorded interview. Later, you will be requested to review the transcribed interview for another hour to verify the validity of data collected. Tapes will be destroyed after the research is completed. 

I will be asking primary questions and a few other probing questions to clarify your thoughts as we continue in the discussion. Are you ready to start?

Interview Questions
1. Tell me about yourself
   i. Gender: □ Male □ Female.  
   ii. Ethnicity ________________________________  
   iii. Geographical location _____________________  
   iv. Age: □ Less than 20 □ 20-30 □ 31-40 □ 41-50 □ 51-60  
   v. Educational level: □ Primary □ High school □ Diploma  
      □ Bachelors degree □ Masters Degree  
   vi. Working Experience (in years): □ 0-5 □ 5-10 □ 10-15 □ 15-20 □ 20+  
   vii. Income level (In Kenyan Shillings):  
      □ Less than 5,000 □ 5,000-10,000 □ 10,000-15,000, □ 15,000 +  
2. (a) In what ways would you describe the emotional state of the orphaned children, at the following time periods, following the loss of their parent(s) to AIDS?  
   i. At the initial point of arrival to the orphanage  
   ii. After 1 year in the orphanage  
   iii. After 2 years in the orphanage  
(b) Without mentioning names of the children can you illustrate the above description?  
(c) In what ways does the above description vary with gender?
3. (a) How do the children express their emotions, at the following time periods, following the loss of their parent(s) to AIDS?
   i. At the initial point of arrival to the orphanage
   ii. After 1 year in the orphanage
   iii. After 2 years in the orphanage
   (b) Without mentioning names of the children, can you illustrate the above description?
   (c) In what ways does the above description vary with gender?

4. (a) Which personality characteristics are displayed by the orphaned children in the orphanage at the following time periods?
   i. At the initial point of arrival to the orphanage
   ii. After 1 year in the orphanage
   iii. After 2 years in the orphanage
   (b) Without mentioning names of the children, can you illustrate the above description?
   (c) In what ways does the above description vary with gender?

5. (a) Have you seen any changes in attitude with the orphaned children?
   (b) In what ways have the students' attitude toward learning changed over time at the orphanage?
   (c) In what content areas do they appear to be making the most progress?
   (d) Without mentioning names of the children, can you illustrate the above description?
   (e) In what ways does the above description vary with gender?

6. What coping strategies are used in the orphanage to help children overcoming grief following the loss of the parent(s)?

7. Would you like to make any concluding remarks or share some insights on the experiences of children at the orphanage?

Thank you very much for your time today and for the vital contribution you have made to this study.