



Educating Orphaned and Vulnerable Children in Elgeyo-Marakwet County, Kenya

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Educating Orphaned and Vulnerable Children in Elgeyo-Marakwet County, Kenya

According to UNICEF, 13.3 million children (0-17 years) worldwide have lost one or both parents to AIDS. Nearly 12 million of these children live in sub-Saharan Africa. Together, with other children who have been severely impacted by the AIDS pandemic, these orphaned and vulnerable children (OVC) are at higher risk of missing out on schooling, living in households with less food security, and suffering from anxiety and depression. Although the needs of OVC are complex and influenced by numerous variables, the provision of education has the potential to address many aspects of a child's well-being, including food and nutrition, health care, social welfare, and protection. Drawing on data collected using the Orphans and Vulnerable Children (OVC) Well-being Tool in one area of Kenya, the authors of this study describe their findings on the educational well-being of the surveyed children and present recommendations for teachers on how to better support the diverse needs of OVCs.

By Grace Jepkemboi, Pauline Jolly, KaNesha Gillyard, and Lydia Lissanu

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Educating orphaned and vulnerable children presents many challenges for educators, administrators, and other stakeholders in education. The loss of a parent or caregiver is quite distressing for children and may have great impact on their education. This study evaluated the “educational well-being” of orphaned and vulnerable children in Elgeyo-Marakwet County, Kenya. A total of 215 children ages 8-17 enrolled in the Academic Model Providing Access to Healthcare (AMPATH, 2014) program participated in the study. Data were collected over three months using the Orphans and Vulnerable Children (OVC) Wellbeing Tool.

Results from the study showed the children’s educational well-being to be higher than anticipated, given their circumstances. The average score for educational well-being of the studied children was 2.66 on a scale of 0-3, with a minimum score of 1.4. The study also explored other well-being domains: Food and Nutrition, Shelter, Economics, Protection, Health, Family, Mental Health, Spirituality, and Community Care.

The findings of this study on children orphaned by AIDS are of interest to educators, families, and policymakers. It contributes to the literature on children’s experiences worldwide by adding to knowledge on the educational needs of children in difficult circumstances.

Literature Review

The United States President’s Emergency Plan for AIDS Relief (PEPFAR, 2011) defined OVC as children who: 1) are HIV-positive; 2) live without adequate adult support (e.g., in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child); 3) live outside of family care (e.g., in residential care or on the streets); or 4) are marginalized, stigmatized, or discriminated against. An orphan is also defined as a child who has lost one or both parents to AIDS (Bryant et al., 2012; Ssewamala, Neilands, Waldfogel, & Ismayilova, 2012).

Kenya has been adversely affected by the AIDS pandemic, just as other nations in Sub-Saharan Africa. Reports from UNAIDS (2012) and the National AIDS Control Council & National AIDS and STD Control Programme (2012) in Kenya estimated the adult HIV prevalence rate in Kenya was 6.1% and 1.6 million Kenyans (ages 0-49) were living with HIV/AIDS at the end of 2011. Notably, a significant decrease in HIV prevalence was noted among adults 15-49 years old in urban areas, from

10.0% in 2003 to 8.7% in 2007 (National AIDS Control Council & National AIDS and STD Control Programme, 2012; UNAIDS, 2012).

Children in Kenya have been severely impacted by the AIDS pandemic. The Central Intelligence Agency (2007) reported that children under 14 comprised 42.1% of the population. The UN General Assembly Special Session on HIV/AIDS identified 2.4 million orphans in Kenya, of which 1.2 million were orphaned by AIDS (National AIDS Control Council, 2010).

Effects of HIV/AIDS on Children

The loss of one or both parents is a devastating and traumatic experience. When this loss is coupled with societal discrimination and stigmatization, and burdened by poverty and the loss of formal education, a child easily may become depressed (Delva et al., 2009). Delva et al. (2009) notes that some of the OVC also become victims of child labor, food deprivation, and homelessness. Moreover, the effects of HIV/AIDS-affected communities are already pronounced in terms of poverty, poor infrastructure, and limited access to basic services.

The needs of OVC are thus diverse and extensive, including the need for education, food, and medical care (Andrews, Skinner, & Zuma, 2006). Bryant (2009) found that Kenyan children living in communities affected by AIDS often lacked basic necessities of life, such as shelter, food, clean water, health care, and education. Wang et al. (2012), in research conducted in China, found that OVC were likely to suffer from isolation, rejection, depression, anxiety, anger, and posttraumatic stress symptoms. The researchers also explored the stigma children in AIDS-affected families experience, including isolation, ignorance, and rejection. All these difficulties and stigma may negatively affect the psychological well-being and emotional stability of children orphaned by HIV/AIDS. Yet the research on the psychological well-being and mental health factors of children orphaned by HIV/AIDS is limited (Cluver & Gardner, 2007).

Parental HIV/AIDS also adversely impacts children’s education. A study by Mishra,

Author Note:

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Arnold, Otieno, Cross, and Hong (2005) showed that Kenyan children with one or more HIV-infected parents were significantly less likely than other children to be in school, more likely to be underweight, and less likely to receive basic medical care. Another study, conducted by K'Oyugi and Muita (2002), found that children living in communities highly affected by AIDS were at risk for lacking the basic necessities of life, such as shelter, food, clean water, health care, and education.

On a positive note, society has worked tirelessly to meet the needs of OVC. Jepkemboi and Aldridge (2009), studied children in orphanage care in Western Kenya and found that a positive and supportive environment could improve the attitudes of OVC toward learning. In Kenya, the government in partnership with non-governmental organizations and community-based organizations, has been providing needed services for OVC.

PEPFAR provides financial aid to governments in developing countries to help them meet the needs of people living with AIDS. AMPATH, one beneficiary of PEPFAR grants, is a non-governmental organization housed at the Moi Teaching and Referral Hospital and Moi University School of Medicine in Eldoret, Kenya. This global partnership promotes and fosters a comprehensive approach to HIV/AIDS. It supports and strengthens capacities of families to protect and care for OVC through treatment, food, income, security, and community-based health education and prevention (AMPATH, 2014).

The Study

This research study was conducted in Elgeyo-Marakwet County, Kenya, in a population served by the AMPATH program. Permission to conduct the research was granted by the Institutional Review Board at University of Alabama at Birmingham, the Institutional Review Ethics Committee at Moi Teaching and Referral Hospital, Kenya, and the AMPATH Program in Eldoret, Kenya.

A total of 215 indigenous African children with an age range between 8 and 17 years participated: 8-10 years (23.3%), 11-14 years (50.7%), and 15-17 years (25.6%). Gender distribution was 51.6% male and 48.4% female. Data were collected over three months using the OVC Wellbeing tool questionnaire comprising 36 questions corresponding to 10 indicators of child well-being: Food and Nutrition, Education, Shelter, Economics, Protection, Mental Health, Family, Health, Spirituality, and Community Care. The five questions in Table 1 are those relating to educational well-being.

After data analysis¹, the children's educational well-being was found to be fairly high (see Table 2). The average score for educational well-being of the 215 participants on a scale of 0-3 was 2.66 and the median score was 2.60. The minimum score study was 1.4.

Using the OVC Well-being Tool, the study also explored correlations between the child's education well-being and other indicators of well-being: Food and Nutrition, Shelter, Economics, Protection, Mental Health, Family, Health, Spirituality, and Community Care (see Table 3).

Table 1: Questions Describing the Child's Educational Well-Being

Domain Scoring Template Statement	None	Some	All
4. My teachers treat me like the other students	1	2	3
5. I have the materials I need to do my classwork	1	2	3
6. I am not treated as well as the other students in my class	3	2	1
7. I like school	1	2	3
8. I have enough books and supplies for school	1	2	3

Table 2: Descriptive Statistics of Education Domain of Well-Being (N = 215)

Mean	Median	Range	Minimum	Maximum
2.66	2.60	1.60	1.40	3.0

Table 3: Pearson Correlation Between Education Domain and Other Domains of Child's Well-Being (N = 215)

Indicators of Child Well-Being	Pearson Correlation (With Education Domain)
Food and Nutrition	0.298**
Shelter	0.160*
Economics	0.457**
Protection	0.558**
Mental Health	0.217**
Family	0.381**
Health	0.264**
Spirituality	0.231**
Community Care	0.340**

* Correlation is significant at 0.05 level (2-tailed)

** Correlation is significant at 0.01 level (2-tailed)

Discussion

Research findings indicated a disparity in the responses of OVC on their educational well-being. The average score of the 215 responses to questions about educational well-being was 2.66 on a scale of 0-3. This average score would be considered to be very good, although some participants scored very low—the minimum score was 1.4.

A major factor that could have contributed to the children's positive responses is the participants were drawn from a population already being served by the AMPATH program and so some of their educational needs were being addressed. AMPATH takes a comprehensive approach to helping families living with HIV/AIDS, through provision of financial, educational, medical, food and income, and empowerment services (AMPATH, 2014).

Another factor that could have contributed to the favorable responses is the introduction of free and mandatory primary education in Kenya in 2003 (Ministry of Education, Science and Technology, 2004; UNESCO, 2005). Thus, all children, including OVC, have access to free primary education. The government covers all tuition costs, but families still have to pay fees and purchase school supplies and other learning materials for their children. The government's support did increase enrollment and increase the literacy rates.

Despite the impact of government intervention and programs such as AMPATH on children's

basic needs, OVC are still likely to suffer stigma, depression, anxiety, anger, isolation, rejection, and posttraumatic stress symptoms (Cluver & Gardner, 2007; Wang et al., 2012). As noted by Delva et al. (2009), the loss of one or both parents is a devastating, traumatic experience. When this loss is coupled with societal discrimination and stigmatization, and burdened by poverty, a child may become depressed. Thus, children need support from extended family members, educators, and the larger community. Children need love, care, and social support, in addition to free education and school supplies, to be successful in school.

The findings also indicated a strong correlation between educational well-being and other indicators of the children's well-being. These correlations imply that improvements in other domains of children's well-being (Food and Nutrition, Shelter, Economics, Protection, Mental Health, Family, Health, Spirituality, and Community Care) will impact education outcomes. Therefore, investment in all aspects of children's well-being will result in better educational outcomes.

Implications

The findings of this study have many implications for educators. OVC are likely to experience changes in school attendance and academic performance, and will require more help from teachers and school administrators to excel in school. Recommendations for teachers to follow:

- Seek ways to meeting OVCs' wide array of needs: educational, physical, emotional, and psychological to school
- Help meet children's needs by showing love, acceptance, and empathy
- Make classrooms welcoming and safe for the children by teaching tolerance and bullying prevention
- Meet children's needs through one-on-one or group counseling
- Work with those children who do not have a conducive learning environment at home to complete their homework during school hours
- Provide extracurricular opportunities for children to express themselves through drama, music, writing, and reciting poetry
- Include children's books about HIV/AIDS in the curriculum and create opportunities for conversations about HIV/AIDS in classrooms.

Conclusions

Collaborative efforts, initiatives, and practices that

promote the well-being of orphaned and vulnerable children, break down the barriers they face, and optimize their potential are important. The participants in this study were children orphaned by many causes, including HIV/AIDS. They are among the 2.4 million orphaned children in Kenya and the 1.2 million orphaned by AIDS in 2012. These OVC face educational challenges that can be alleviated by initiatives such as AMPATH, which promote children's well-being and provide the support systems for their positive development.

Note:

¹ Data coding and analysis was conducted using the Statistical Package for Social Sciences (2013). The following steps were used in data coding and analysis: 1) Check for accuracy and completeness of the responses to all questions for each questionnaire. Incomplete questionnaires were discarded. 2) Enter each individual score on the SPSS data sheet. 3) Compute domain sum for each respondent by dividing the sum of the responses by the total number of questions in the domain. 4) Compute the mean score of education well-being domain from the entrees. Analysis of Pearson-bivariate correlations with a two-tail T-test was done to determine the correlation between educational well-being and the other nine indicators of well-being and to test for their statistical significance.

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