EFFECTIVENESS OF GUIDANCE AND COUNSELLING SERVICES IN ALLEVIATION OF PSYCHOLOGICAL, SOCIAL AND ECONOMIC PROBLEMS EXPERIENCED BY HIV /AIDS AFFECTED ORPHANS: A CASE OF AIDS ORPHANAGES IN NAKURU MUNICIPALITY, KENYA.

BY

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A Research Report Submitted to Graduate School in Partial Fulfillment of the Requirements for the Award of Master of Education Degree in Guidance and Counselling of Egerton University.

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DECLARATION AND RECOMMENDATION

DECLARATION

I declare that this research project is my original work and has not been presented for a diploma or degree in this or any other university.

Sign ....Date 31st OCTOBER 2008

Mureithi Lucy W.

EM16/0595/02

RECOMMENDATION

This research project has been submitted for examination with my approval as University supervisor.

Sign .... Date 31/10/08

Dr. B. E. E. Omulema

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ABSTRACT

Guidance and Counselling has been recognised as an important programme in Kenyan institutions to assist individuals to cope with psychological and social problems they experience. The government of Kenya has formulated and implemented national legislation policies for the protection of children affected by HIV/AIDS. Among the policies and action plans, is the need for guidance and counselling services which was recognized to play a vital role in assisting the orphans. The purpose of this study was therefore to investigate the effectiveness of guidance and counselling services on psychological and social-economic problems experienced by HIV/AIDS affected orphans in Nakuru Municipality. The study was a descriptive survey which employed an *ex-post facto* research design. The research was conducted on a population of 212 HIV/AIDS affected orphans, 14 counsellors and 12 adminstrators. A sample of 140 orphans aged 10 – 18 years, 6 Counsellors and 6 adminstrators was drawn from the population. In order to identify the required sample, proportionate sampling method was used. Purposive sampling method was also used to identify the sample of counsellors and adminstrators. Questionnaires were used to collect data from counsellors and adminstrators, whereas interview schedule was conducted among the orphans in the 6 orphanages. Data was analysed by use of descriptive statistics. Frequencies, %ages and pie-charts were used for data analysis with the aid of Statistical Package for Social Sciences (SPSS) version 11.5 for windows. The major findings of this study indicated that guidance and counseling services have had a significant influence on the orphans' behaviour. Further evidence revealed that the orphans perceived the services more positively. Based on the finding of this study, it was concluded that there is need to enhance and strengthen guidance and counselling services in order for it to be even more effective in assisting the orphans handle the problems they experience in the orphanages. It is hoped that the findings of this study might help the Ministry of Home Affairs to lay strategies to empower the guidance and counselling services in the orphanages through administrative support and provision of resources to effectively promote the welfare of the affected orphans.

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
CSW	-	Commercial Sex Workers
FHI	-	Family Health International
G.O.K	-	Government of Kenya
HIV	-	Human Immunodeficiency Virus
KANCO	-	Kenya AIDS NGOS Consortium
NASCOP	-	National AIDS/STD Control Programme
NCEOP	-	National Committee on Education Objectives and Policies
NGO	-	Non Governmental Organization
OVC	-	Orphans and Vulnerable Children
UNAIDS	-	United Nations Programmes on HIV/AIDS
UNICEF	-	United Nations Children Education Fund
SPSS	-	Statistical Package for Social Sciences
WHO	-	World Health Organization
MOE	-	Ministry of Education

CHAPTER ONE: INTRODUCTION

1.1 Background Information

Since the establishment of guidance and counselling unit in Kenya, there have been efforts to establish and strengthen guidance and counselling programmes in institutions to respond to the new wave of indiscipline (Oketch & Ngumba, 1992). According to Mutie & Ndambuki (1999), Kenya is faced with many new problems, requiring special psychological or social services and hence guidance and counselling services are becoming increasingly important.

The guidance and counselling movement started in the United States at the end of the 19th century but gathered momentum in the 20th century. Since then, the principles of guidance and counselling have remained the same, but the procedures and focus have evolved overtime. At the beginning of the guidance movement, the focus was on the provision of occupational information, later there was need for more objective methods of assessing individuals for different jobs (Mutie & Ndambuki, 1999). The guidance and counselling movement was given serious attention; counselling organizations were established to help people understand their potentials and abilities and make intelligent personal and vocational decisions (Stone, 1984).

According to Makinde (1984), in Africa, modern guidance and counselling dates back to 1959 in Nigeria. The emphasis was put on vocational information, awareness of the world of work, location of employment and handling of examination anxiety. In Kenya, guidance and counselling programme was introduced in 1963, during the first guidance and counselling career conference held to discuss career choices among students in learning institutions (Oketch & Ngumba, 1999). The programme included all services aimed at helping individuals understand themselves, their abilities, interests, attitudes, physical, mental and social maturity for optimum development and general adjustment to life (Pecku, 1991). It was later reinforced and emphasized by the 1975 National Committee on Educational Objectives and Policies (NCEOP) (G.O.K, 1999). However, the programme has since experienced a number of restrictions in achieving the objectives. These constraints include lack of proper support and facilitation by the

administration, lack of qualified and trained personnel, lack of students' awareness, students' negative perception and attitude towards the programme (G.O.K, 1988).

In Kenya guidance and counselling programme was not limited to institutions of learning. The programme was extended and established in other institutions including rehabilitation centers, hospitals and orphanages, among others. This study was concerned with HIV /AIDS affected orphans in the orphanages. The HIV/AIDS epidemic has orphaned about a million children in Kenya and at least 3.3 million in Africa (Human Rights Report 2001). According to a report by the Ministry of Home Affairs in collaboration with the National AIDS Control Council (NACC), the current estimates in Kenya indicate that 2.2 millions Kenyans are HIV positive and 1.5 million have died leaving behind about 1.3 million orphans under 18 years of age (G.O.K, 2003). The magnitude of the epidemic has highlighted in stark colours the needs of the orphans and vulnerable children. With AIDS ravaging families, children seem to bear the full brunt of the epidemic. There is a huge and growing number of orphaned children in Africa (UNICEF, 2001). According to National AIDS and STDS Control Programmes (NASCOP), AIDS is the world's biggest fatal disease and the largest cause of death in Africa and the greatest threat to African survival (NASCOP, 2002).

The widespread occurrence of HIV/AIDS is a major concern for policy makers at all levels. On November 25, 1999, the government of Kenya declared HIV/AIDS a national disaster and together with other bodies have shown great concern about the impact of the pandemic on the children. Even as the government comes up with institutions as possible places of refuge for the affected orphans and children in vulnerable situations, there is immense need for psychological support for these children in order for them to come to grips with the reality and live positively (KANCO, 2001). Guidance and counselling is expected to play a very important role in supporting the orphans. This can only be realized when there is an effective guidance and counselling programme in place.

1.2 Statement of the problem

The HIV/AIDS pandemic has been and still is a major concern to most Kenyans and the world at large. Children seem to be the most affected by the epidemic. The government of Kenya has formulated and implemented national legislation policies and action plans for the protection of children affected by HIV/AIDS. As a result, orphanages have been established and the implementation of guidance and counselling services was emphasized in the institutions. The main objective for the services was to provide support and assist the orphans in addressing their psychological and socio-economic needs they face. However unprecedented increase in emotional disturbances, destructive behaviour and disciplinary cases have been highlighted in the media among orphans in and out of the orphanages. This has pointed greatly to a lapse in the guidance and counselling services in the institutions in assisting the orphans to cope with the problems they experience. This study therefore, sought to determine the effectiveness of guidance and counselling services on psychological and socio-economic problems faced by HIV/ AIDS affected orphans in the AIDS orphanages.

1.3 Purpose of the Study

The purpose of this study was to investigate the effectiveness of guidance and counselling services in alleviation of psychological and socio-economic problems experienced by HIV/AIDS affected orphans in the AIDS orphanages.

1.4 Objectives of the Study

The specific objectives of the study were;

i. To determine the perception of HIV/AIDS affected orphans towards guidance and counselling services in AIDS orphanages in Nakuru Municipality.
ii. To determine the perception of counsellors and adminstrators of HIV/AIDS orphanages towards guidance and counselling services in Nakuru Municipality.
iii. To determine the psychological problems that HIV/AIDS affected orphans experience in AIDS orphanages in Nakuru Municipality.
iv. To determine the socio-economic problems that HIV/AIDS affected orphans experience in AIDS orphanages in Nakuru Municipality.

v. To establish the level of training of counsellors of HIV/AIDS affected orphans in the AIDS orphanages in Nakuru Municipality.

1.5 Research Questions

i. How do HIV/AIDS affected orphans perceive guidance and counselling services in AIDS orphanages in Nakuru Municipality?
ii. How do counsellors and adminstrators in the AIDS orphanages perceive guidance and counselling services in the orphanages in Nakuru Municipality?
iii. What are the psychological problems HIV/AIDS affected orphans experience in AIDS orphanages in Nakuru Municipality?
iv. What are the socio-economical problems HIV/AIDS affected orphans experience in AIDS orphanages in Nakuru Municipality?
v. What is the level of training of counsellors of HIV/AIDS affected orphans in Nakuru Municipality?

1.6 Significance of the Study

The findings of this study point out the extent to which guidance and counselling services have impacted on the welfare of HIV and AIDS affected orphans in the orphanages. This is of great consequence given the emphasis that the government is putting on guidance and counselling services in the AIDS orphanages across the country. This study may be of value to the government by adopting the findings to enhance current policies in order to minimize suffering of HIV/AIDS affected orphans in the orphanages. The study may also be of value to adminstrators of AIDS orphanages as it may provide a basis for efficient management of the orphanages to effectively meet the needs of the orphans. The findings may also be of great importance to counsellors , who may appreciate the essential role of counselling in assisting the orphans to confront the multiple challenges they face. The study results may also be of great value to the society at large to understand and address the issue of stigmatizations on AIDS orphans and the psychological trauma they experience. Researchers and academicians may get an insight on the current knowledge and on areas for further research.

1.7 Assumption of the Study

This study was based on the following assumptions;

(i) That guidance and counselling services are provided in AIDS orphanages.

(ii) The counsellors in the orphanages are aware of their roles.

(iii) That the orphans understand the role of guidance and counselling services in the orphanages.

(iv) That the counselors, adminstrators and the orphans would co-operate and provide honest and reliable responses

1.8 Scope and Limitations of the Study.

The study was confined to six homes which included government sponsored, non-governmental organization sponsored and church sponsored homes in Nakuru Municipality. The study focused on the effectiveness of guidance and counselling services on the welfare of the orphans in the AIDS orphanages. Due to the small sample that was considered in this study, the study does not permit a wider generalization of the findings. Therefore the importance of the findings can only claim relevance to the area of study. Any other application or generalization to other areas or municipalities should be done with caution.

1.9 Limitations of the Study.

The study encountered some limitations, which included:

(i) Some of the orphans were too traumatized to communicate effectively.

(ii) There was language barrier between the researcher and some of the respondents.

The researcher employed counselling skills to overcome the limitations.

1.20 Definition of Terms

Operational definitions are presented as used within the context of this study;

AIDS: A condition by which the body loses the ability to fight against infections because the immune system has been weakened by HIV.

Attitude: Refers to the belief and feelings that orphans, counsellors and adminstrators may have about guidance and counselling services.

Cope: To deal successfully with the psychological, social-economic and emotional problems.

Coping skills: Skills passed on by the counsellors to the orphans and vulnerable children to help them handle the physical and emotional trauma caused by HIV/AIDS

Counselling: The process of helping orphans to cope with their psychological, socio-economic and other emotional problems

Counsellor: A person who is trained to provide guidance and counselling services to the orphans.

Depression: Refers to a state of hopelessness.

Effectiveness: This is an evaluation of the extent of success of guidance and counselling services in the orphanages.

Home parents: These are persons charged with the care of orphans in the orphanages.

HIV: The virus that causes AIDS and destroys the person's immune systems.

Meta-analysis: This is a procedure that is statistically used in comparing the results of many different studies.

Orphan: A child who has lost a mother or both parents as a result of HIV/AIDS epidemic.

Pandemic: It is a disease outbreak that kills large numbers of people in a population.

Para-professionals: These are counsellors who have not had formal training in guidance and counselling .

Perception: The impression that orphans, counsellors and adminstrators have about guidance and counselling services.

Psychological problems: These include anxiety, anger, depression and a feeling of isolation.

Self –concept: Awareness that orphans possess about themselves and their perceptions.

Social-economic problems: These include poverty, stigma and discrimination among others.

Spontaneous remission: This refers to the rate of improvement without treatment or counselling.

Stigma: A label on someone living with HIV/AIDS, which results in isolation or discrimination.

Trauma: This is an emotional shock producing long lasting harmful effects on the individual.

Vulnerable child: This is a child living in a high risk setting.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents topics relevant to the study, which include: overview of guidance and counseling; effectiveness of guidance and counselling perceptions and attitudes towards guidance and counselling services, psychological impact of HIV/AIDS on children, social issues faced by children orphaned by HIV/AIDS, economic impact on children affected by HIV/AIDS, strategies to assist children affected by HIV/AIDS, care for children affected by HIV/AIDS, response to the problems caused by HIV/AIDS, theoretical framework and a conceptual framework of the study.

2.2 Overview of Guidance and Counselling

According to Wachtel (1993), counselling can be referred to as that part of the guidance process which assists normal persons to deal with or remove frustrations and obstacles that interfere with their lives. Guidance and counselling services when properly delivered help to develop an individual who is more productive, happier and well adjusted to the environment (Mutie & Ndambuki, 1999). The guidance and counselling services assist individuals in orientation in order for them to adjust to a new environment in changing from one state to another (Makinde, 1984). Individuals can be helped into making better adjustment to the situations in the homes and skills on how to solve the arising problems (Mutie & Ndambuki, 1999).

Guidance and counselling is a very important service since it prepares the individuals to be helped to manage their problems and live more effectively. Disadvantaged families in the society have many problems and needs which are to be dealt with through guidance and counselling programmes. Those individuals from such families experience difficulty in adjustment with peers, adminstrators and the environment thus guidance and counselling services can help such individuals to adjust and utilize their potential fully (Mutie & Ndambuki,1999). According to Pecku (1991), problems that a child encounters while at home can only be examined and solved in the homes since sometimes children become deviants because of their home experiences. Emotional and psychological

problems are the major causes of children misbehaviour such as truancy, substance abuse and premarital sex (Bower, 2003).

According to Bergin and Garfield (1994), guidance and counselling improves individual personal reorientation of understanding himself/herself and is facilitated as one gains insight and understanding of their needs , emotions and behaviour as resistances are reduced and are able to make their own decisions. The condition of the child is promoted through the boosting of self-esteem, so that one achieves in their day-to-day activities (Pecku, 1991). The main purpose of guidance and counselling includes helping an individual develop self-realization and build on the strengths and minimize the weaknesses.

2.3 Effectiveness of Guidance and Counselling

Measuring effectiveness is not like taking temperature readings on a thermometer. According to Lebow (1982), evaluating counselling is a very complex and perplexing task, that precise criteria for improvement is difficult to define and apply. The assessment of the client and counsellor may be valuable but both are subject perceptions and give us no objective standard for measuring the outcome of counselling. Many people seem to get better with the passage of time, even when they have no counselling of any kind. Such instances of spontaneous remissions are also misleading because these people may have received help from unacknowledged sources, friends, relatives, religious leaders or even a sympathetic stranger.

According to Makinde (1984), personal or psychological counselling service is necessary for persons who exhibit maladjustment such as unhappiness, annoyance, anger, and inability to meet needs, anxiety and excessive frustrations. In the first reported meta-analysis of counselling outcome studies, Smith, Glass & Miller (1980), combined the results of 475 investigations. The results were that, the evidence overwhelmingly supported the efficacy of counselling. The results indicated that clients on the average end up better off, than 80 % of the untreated individuals. While the claim is more modest than first appears, 50 % of the untreated people are also better off than the average

untreated persons. Smith and her collaborators concluded that counselling benefits people of all ages. On the average, counselling is somewhat effective. What people want to know is not the effectiveness of counselling in general, but the effectiveness of particular treatments for their particular problems.

According to Strupp (1984), under appropriate circumstances counselling has a great deal to offer. Such circumstances prevail when the right patient meets the right counsellor. Strupp says that those most likely to benefit are sufficiently uncomfortable to desire change, are able to step back and examine themselves and are reasonably mature and in control of themselves. When these preconditions are not met or only partially met which is typically the case counselling faces an uphill battle. Certain problems also seem more amenable to change. In general, the best results are obtained when the problem is clear-cut and specific (Singer, 1981). Those who suffer fears and phobias, who are impeded by a lack of assertiveness, or who are frustrated by premature ejaculation or orgasmic dysfunction can hope for improvement. Those who have been chronically schizophrenic, who lack the ability to control some impulse, or who wish their sexual orientation changed, are less likely to benefit from counselling (Zilbergeld, 1983).

To say that all therapies are about equally effective is not to say that all counsellors are equally effective. Regardless of their therapeutic technique, effective counsellors seem to be empathic people who can understand another person's experience; whose care and concern are felt by the client, and whose respectful listening, reassurance, and advice earn the client's trust and respect (Strupp, 1984). This seems to be supported by an important result drawn from meta-analysis of thirty-nine studies that compared treatment offered by professional counsellors with the help offered by lay people. The result was that the paraprofessionals as these people are called typically proved as effective as the professional with whom they were compared with (Berman & Norton, 1985). Although most of the behaviour problems they treated were mild, the untrained paraprofessionals seemed as effective as professionals even when dealing with more disturbed adults, such as those who were seriously depressed. Nevertheless, though, it appears not to matter how much is received, nor how experienced the counsellor is, those who receive at least

some counselling often improve more than those who receive none (Hattie et al., 1984).

2.4 Perceptions and Attitudes Towards Guidance and Counselling Services

According to Wiesel (1992), perception is selective in terms of what is attended to and how what is attended to is interpreted. The perception of an individual may be influenced by the value that is associated with the object or service. Individuals tend to attend to highly selective aspects of all the potential information available. The perceptual processes of attention are important components of social cognition, which leads to the formation of attitudes. Murphy and Miller (1997), point out that accuracy in one's perception depends on his/her emotions and personality traits. The extent to which an individual attends to his/her social surroundings has consequences on how he/she perceives himself/herself. The factors which enhance self-awareness increase the extent of perception of ones self and behaviour perception therefore is formed from the information gathered and the meaning assigned to this information. Likewise, orphans may have general perception about guidance and counselling but when they gather more information about it including the services offered, the methods used, they may form a particular perception, which would influence their attitude (Murray, 1990). These perceptions would help form an attitude that may expand or change depending on new meaning assigned to the service. The perception of significant others may also influence one's perception such that an individual may change his/her perception to reflect the perception of others if he/she feels his/her perceptions are not consistent with the others. This is the reason why it is likely for a group of individuals to have similar perceptions (Profet, 1999). Several factors may work singly or in combination to affect individuals' perceptions and attitude towards guidance and counseling. Either way, Smith (1998), asserts that an attitude towards a particular behaviour is formed according to fairly rational process where the individual considers the consequences of the attitude he adopts and evaluation of the possible consequences. However, several factors have been identified as affecting individual attitudes toward guidance and counselling. These include, culture, personality of the counsellor, and the gender of the client among others.

2.4.1 Culture

Culture refers to the sum total of an individuals' behaviour that is transferred from one generation to another. According to Sarason & Sarason (1993), culture has a profound effect on both individuals and social structure. One of the functions of culture is to provide a highly selective screen between individual and the outside world. In its many forms, culture therefore designates what to pay attention to and what to ignore. Individuals are continuously wrapped in their culture to an extent that they are rarely aware of the culture assumptions around which so much of their lives are influenced. The culture of an individual has a great effect on the perception and attitude towards events. Our culture shapes the most intimate dimensions of living in potent ways. This is because individuals are all culture's children to a greater or lesser extent and they need a practical awareness of working that allows us to stand back from it in order to exercise freedom within it (Makinde, 1984). If orphans are able to shed off their culture influence, they may open up and view guidance and counselling services positively and therefore utilize it effectively.

2.4.2 Personality of the Counsellor

Mutie & Ndambuki, (1999), describes personality as 'the whole of a person's outstanding characteristics, emotions, social traits, interest and attitudes.' The personality of the counsellor determines to a great extent the client's attitude towards counselling. A counsellor should have a strong personality that would endear him/her to clients and help create a positive attitude towards guidance and counselling. The characteristics of a good counsellor include empathy, understanding, mutual trust and confidence, sincerity and trustworthy, among others (Fielder, 1986). Negative characteristics would repel individuals from the counsellor and even make them develop negative attitudes towards the counselling services being offered by the programme.

2.4.3 Gender of Client

While gender may influence the attitude of orphans towards counselling, it is on a lesser scale and is more individualized. Male and female are cultured differently towards being open with their problems. Most male orphans believe that going for counselling would reflect a weakness in their character because they would be revealing themselves (Maccoby, 1994). This arises from the enculturation from childhood that portrays a boy child to be brave. Men/boys are not expected to share their problems but are supposed to get their own solutions. Women on the other hand, are considered fragile and in need of constant help to be able to stand on their own. As a result of this upbringing, both male and female possess different perceptions and attitudes towards guidance and counselling. Likewise, there exists a difference between men and women in terms of harmony. It is generally assumed that women are more likely to open up with little prompting than men (Bandura, 1986). This is because of the socialization process that encourages men to be tough and women by nature of their duties to be more open. The counsellor therefore should approach this aspect of gender difference with a lot of professionalism so as to encourage both sexes to view counselling as a helping profession and not feminism. In this way, the gender of the client would not prove to be a barrier to counselling.

2.5 Psychological Impact of HIV/AIDS on Children

Individuals affected by HIV/AIDS suffer a lot of psychological distress and other mental health problems resulting to trauma. HIV/AIDS has impacted upon children a myriad of complications and challenges. Children born or living in areas with a high prevalence of HIV/AIDS are vulnerable to a host of problems. According to a report by the ministry of Home Affairs (2000), the major problems faced by children affected by HIV/AIDS include:

2.5.1 Orphanhood, HIV Infection and Psychological Distress

HIV/AIDS has reversed the gains previously made in life expectancy and crude mortality rate. Life expectancy improved from 44 years in 1962 to 60 in 1993 but decreased due to HIV/AIDS from 60 in 1993 to 47 in the year 2000. With about 700 adults deaths a day, many children are being rendered orphans, who often lack medical attention, get

separated from their siblings and lead desperate lives in deprived households headed by children or elderly persons. Unborn babies of HIV positive mothers risk infection during pregnancy, delivery and breastfeeding. Other children may also be infected as they take care of their ailing parents. Girls are especially vulnerable given that they often assume parental responsibility in the absence of the parents or whom the parents become seriously ill. They may resort to early marriage or become commercial sex workers so as to feed their siblings, thus exposing themselves to infections. HIV/AIDS not only ravages human bodies, but it also scars the mind. As children watch HIV/AIDS slowly destroying their parents, often they are left with only traumatizing memories of society's stigma towards them and the many unanswered questions about their parents' condition. They suffer anxiety and stress due to uncertainty and insecurity concerning their future (Lamptey, Wigley, Carr, & Collymore, 2002)

2.5.2 Abuse, Exploitation, Malnutrition and Illness

Poverty exposes children to abuse and exploitation even when the parents are still alive as girls are married off early to relieve the family of economic burden of feeding and educating the children. However, parental sickness and death aggravates the plight of children as they have to fend for themselves and their ailing parents amidst communities that are insensitive to their plight. Everyday, large numbers of girls are trafficked from the rural to urban areas to work as lowly paid commercial sex workers (CSW) or unskilled labourers in urban centers where they are physically, mentally and emotionally abused, then economically exploited. HIV/AIDS kill people in the most productive age group 15-49 years leaving behind children and the elderly to fend for themselves. HIV/AIDS has negatively affected agricultural productivity of many communities and families, because those in the productive age fall ill and die and much time is spent taking care of the sick and attending funerals. With dwindling food resources, orphans and vulnerable children (OVC) get inadequate nutrition and are often malnourished leading to frequently illness and stunted growth. Orphaned children are often forced out of familiar environment to hostile places, and many can be found homeless in the streets, (Human Rights Watch, 2001).

According to Jackson (2002), HIV/AIDS may affect children in many ways. This includes through infection in the family, seeing their parents or guardians become ill and die of AIDS, having to take on care roles in the family, being withdrawn from school and losing their opportunity for long-term self-reliance, becoming orphaned, increasing poverty and the need to engage in productive labour from a young age, stigma and discrimination. Some children face the risks of sexual abuse, others are neglected and some are forced to overwork. Orphanhood is not necessarily the critical point of escalating need. Long before being orphaned, many children suffer the long-term decline in health of their parents or guardians, reduced family income, and the psychological and material consequences. Many have to start productive work and undertake extensive subsistence and household chores far younger than the norm because their parents can no longer cope. Jackson (2002) asserts that the trauma of watching a loved parent or guardian suffer and die while striving to cope materially may be far the most stressful period for children. For others, life only gets worse after parents die as they may be evicted by unscrupulous relatives, siblings may be split up and their life may suddenly be devoid of any continuity, security, regular food or shelter. When other relatives or community members cannot or do not step in to help, the child risks falling through the safety net and ending up homeless on urban streets or destitute in rural areas.

2.6 Social Issues Faced by Children Orphaned by HIV/AIDS

According to UNICEF (2001), children are moved from relative to relative as fewer adults in the family attempt to care for an increasing number of orphans. When families exhaust their resources and coping capacity, children live on their own or on the street. As the epidemic progresses, more and more children are living without adult's supervision of any kind, often struggling to take care of younger brothers and sisters. Sometimes children deliberately choose this option to avoid separation from surviving brothers and sisters after their parents die. These child-headed households are growing in number, and are especially vulnerable without support. Despite their courage, children face many dangers and they are increasing as the epidemic worsens. Escalating AIDS related mortality has resulted in enormous demographic pressure on children and reduced coping mechanisms. This results in increased neglect emotional and physical suffering

and increased exploitation of child labour and sexuality. Most often, orphans say they miss the love of their parents and family. Many are traumatized permanently by the loss of care and protection of their parents. The psychosocial and economic impact of the scourge threatens the well-being and security of millions of children world wide (UN AIDS, 2003).

Affected children are at risk of abuse and social exclusion. They may be denied basic needs such as warmth and comfort by remaining relatives. In some cases, families may refuse to take in AIDS affected orphans due to stigma associated with the disease and for fear of contagion. In schools, they are discriminated against, to the extent of sometimes being prevented from playing with other children both at school and in their neighbourhoods at home. Due to the stigma associated with the illness, the children often have no confidants with whom they can share their pain. They take roles that keep them away from their peers and other social activities and in many cases, friends upon realization that they have an infected relative shun them away (William and William, 2001). According to a UNICEF (2003) report, many children are currently in the streets, most of them orphans. When HIV/AIDS strikes in a household it destabilizes the family as it sometimes results to domestic violence, blame and guilt. Movement from one foster home to another as new care taker either die or tire of them may be interpreted by the child as a sign of rejection.

2.7 Economic Impact on Children Affected by HIV/AIDS

Parental illness robs children of inheritance from their parents as family resources are used in an attempt to sustain health and prolong life of parents. Sometimes when children are orphaned, their deceased parents' relatives and employers have been known to cheat the orphans out of their inheritance UNICEF (2003). When HIV and AIDS strike the impact is especially felt in the economically deprived household. In the ever-increasing economic hardships, the family finds itself incapable of meeting the financial needs brought about by the epidemic (Mann & Tarantola, 1996). The enormous medical bills, funeral costs, and sustenance of the orphans pose insurmountable challenges, making the family vulnerable. HIV/AIDS pandemic impact has deepened the existing poverty and

created new pockets of deprivation and need throughout the world. When it strikes an impoverished household there are limited means for response and it puts a lot of pressure on the existing resources. According to a UNICEF 2003 report, children in HIV/AIDS affected families may either drop out of school or fail to enroll altogether due to lack of support through school fees, books and provision of other resources. Older children previously enrolled may drop out in order to look after their parents as well as earn income to ensure sustenance for the surviving family members.

2.8 Strategies to Assist Children Affected by HIV/AIDS

The impact of HIV/AIDS on children is not a simple problem with an easy solution. The current situation is complex, interrelated on all levels of life and cuts across all sectors of development. According to a Family Health International (FHI) fact sheet (2003), the state of the art components for the care and support of orphans and other vulnerable children have evolved from lessons learned in various countries. These include psychological support, policy and law, medical care, socio-economic support, education, human rights, and community-based programmes.

The psychological needs of children continue to be one of the most neglected areas of support. The HIV/AIDS pandemic has increased the urgency to address the psychological problems of children on a par with other interventions. Appropriate government policies are essential to protect orphans, other vulnerable children, and their families. The policies must contain clauses to prohibit discrimination in access to medical service, education, employment, and housing and protect the inheritance rights of windows and orphans. For the maximum well-being of orphans and other vulnerable children and their guardians, there is need to have access to complete relevant information and appropriate health care including clinical and preventive health care services, nutritional support, palliative and home based care. Orphans, other vulnerable children, and their families are confronted with severe threats to their well being including isolation, loss of income, educational access, shelter, nutrition, and other essentials. When families and children are forced to focus on basic daily needs to decrease their suffering, attention is diverted from factors that contribute to long-term health and well being. Education plays a vital role in the well

being of children. It offers them a chance for their future as well as developmental stimuli. The impact of HIV/AIDS on the educational system has resulted in a decreasing number of teachers due to mortality, growing number of children who are unable to attend or stay in school, and rising number of pupils whose ability to take advantage of schooling is undermined by other factors including poor nutrition and psychological stress (FHI, 2003).

Human rights- based approaches have been increasingly recognized as essential to the success of HIV prevention and care programmes, including those working with children and adolescents. Especially important are those tenets outlined in the convention of the rights of the child. There is an agreement on the components of community–based programmess for orphans and other vulnerable children. Prioritizing programme activities depends upon community needs, abilities and preference, as well as on the nature of sponsoring or partner organizations. The community is best able to identify target groups for interventions although the government may wish to select target regions or communities for programme implementation. Jackson (2002) consolidated existing knowledge from a wide range of sources. She is of the view that interventions must include five basic strategies which include:

i) Strengthen the capacity of families to cope with their problems.
ii) Mobilize and strengthen community – based responses.
iii) Increase the capacity of children and young people to meet their own needs through access to quality education, protection from exploitation and excessive labour and building the capacity to care for themselves.
iv) Create an enabling environment for children and their families through such activities as ensuring basic legal protection through laws and policies to protect children, decreasing stigma, and behaviour change interventions.
v) Ensure that government protects the most vulnerable and provide essential services.

According to a FHI (2001) report, the following should be considered in designing such programmes:

i) Emphasizing community care rather than institutional care.
ii) Strengthening the care and coping capacities of families and communities.
iii) Involving children and youth as part of the solution, not part of the problem.
iv) Building broad collaboration among key stakeholders in all sectors.
v) Application of long-term perspective.
vi) Integration with other services and
vii) Linking care and prevention

Long term institutionalization of children in orphanages and other facilities is not a desirable solution to the impacts of HIV/AIDS. Resources expended to fund institutional care for a single child can assist scores of children if used effectively to support a community-based initiative. The institutionalization of children separates them from families and communities and often delays healthy childhood development. The first line of response to the needs of children affected by HIV/AIDS should come from extended families. Strengthening the capacity of communities to fill the widening gaps in the safety net traditionally provided by the extended family may be the most efficient, cost effective, and sustainable way of assisting orphans and other vulnerable children. Families and communities also play a crucial role in identifying children who are most in need, both those affected by HIV/AIDS and other vulnerable children (World Bank, 2002).

Children are not simply a passive powerless target group to be aided, but capable actors and resources to engage in a community response to HIV/AIDS. Actively involving children in care initiatives can build their sense of self- esteem and efficacy and cultivate skills they can use in future. To meet the needs of children affected by HIV/AIDS, there have to be broad networks and target advocacy to involve government, civil society, and non-governmental organizations in shared initiatives of community action for orphans and other vulnerable children. Children will continue to be affected by AIDS for decades to come. Due to the scope and scale of the pandemic, programme design requires sustainable and replicable approaches. Although material assistance is important, it is

also important to ensure that community projects are not driven by material support alone but by ownership and responsibility.

Since the problems experienced by orphans and other vulnerable children begin well before death of their parents, care for children affected by HIV/AIDS should start at the earliest possible point. Service for orphans and other vulnerable children should be integrated with the elements of comprehensive care. This should include counselling in order to prepare children psychologically for the eventual passing away of their parents and the challenges ahead. Orphans and other vulnerable children are themselves at high risk of HIV infection due to economic hardship and loss of parental care and protection (Jackson, 2002)

2.9 Care for Children Affected by HIV and AIDS

Most programmes for orphans and vulnerable children focus on material support and meeting children's physical needs. Relatively few consider the psychosocial effects on children affected by HIV/AIDS. Children affected by HIV/AIDS need psychosocial support and the emphasis should be recognizing and responding to their emotional needs. Critical in helping children is to recognize what they are going through and to help them understand what is happening. Information should not be forced on children before they are ready, but sensitive responses to the questions they ask, and opening up opportunities for them to ask questions, can help a great deal (International Alliance, 2003). The loss of a parent is a traumatic and stressful experience and children should be given support to cope with the situation. According to UN AIDS (2003) the psychological effects of HIV/AIDS on children include the following:

i) This is the least visible effect because it is not tangibly seen.

ii) Emotional suffering appears in various forms for everyone (for example, depression, aggressions, drug abuse, insomnia, failure to thrive, and malnutrition)

iii) Children with sick parents worry about the future; where they will go and who will take care of them.

iv) Loss of consistent nurture, which can lead to serious development problems and loss of guidance, which makes it more difficult for the child to reach

maturity and be integrated into society.

v) Psychological damage can arise at any time after the event (days, months and even years)

vi) Children may not understand the situation and therefore cannot express their grief effectively. Even if they want to express their feelings, there is often no one to listen.

Early intervention is vital, and it should not be assumed that children can always cope. They should be given plenty of opportunities to express their feelings.

A report by World Health Organization (WHO, 2003), indicates that different approaches to counselling for children need to be explored further in relation to the feelings experienced by children when they lose their parents. These common feelings include: grief, guilt, anger and sadness. Children affected by HIV/AIDS can show grief even before their parents die and after their death may act in a way that seems strange. Adults often believe that children will forget their parents in a few months. In many cultures there is little understanding of children's grief or how grief is expressed by children of different ages. It can therefore be difficult to acknowledge and talk about their strong feelings concerning a parent's illness or death even if they are able to express these feelings. Some children feel that they are responsible for the death of the parents and if they are not helped to work through their guilt they can become depressed. Some children, especially adolescents are angry when they lose their parents. This anger may be directed against the deceased parents, who they think have abandoned them and left them to suffer alone, or against whomever the child feels has caused the death of his or her parents. Counselling and support is required to work through this anger. Sadness is a common and normal feeling which, with support most children can work through and overcome. Children are often shielded from death and when they realize their parents have gone forever they may become depressed and take a long time to recover. This can also result in "inhibited grief" that is, grief erupting later in the form of emotional disturbances, various kinds of phobias and eventually depression. Feelings associated with the death of a parent are usually negative and painful to experience. Grief can be very difficult to deal with, especially in cultures that prevent children from expressing

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their feelings. Counselling approaches should give the child the opportunity to explore and express their feelings.

When children living in stressful situations receive little or no support, they may try to cope in ways that harm themselves or others, for example, by becoming aggressive or withdrawn, taking drugs or drinking alcohol. The effects on a child's psychological well being of losing or nursing a sick parent will leave an indelible mark unless the child is helped to manage the subsequent changes in his or her life. Strategies to meet the psychosocial need must be appropriate to a child's age. This is because the way that children react to the illness of a parent also depends a great deal on their age, and the support they are given should be tailored to their particular needs (Bollinger & Stover 1999). According to Mchagwi (1993), the psychosocial impact of children living in families affected by HIV/AIDS will lead to stress, often characterized by anxiety, loss of self esteem, stigma, discrimination and depression.

Some parents find it too difficult to talk to their children about HIV/AIDS and this lack of communication often confuses the children. Children without parents may lose their confidence and self esteem as a result. Often they feel ashamed that their parents have died of AIDS because of the social stigma attached. Children may feel ashamed that adults do not notice them or their needs and they may feel rejected. Affected children may suffer stigma in their play environment. If children know that a parent has died of AIDS they may be afraid to tell anyone because of the associated stigma. Depression is a deep sadness with long- term harmful effect on the health and development of the individual when parents die, children not only miss their physical presence, but also the many positive things they gave them when they were alive, such as love, care and protection. In many instances, orphans and vulnerable children have no one to share their grief with and this can compound their sense of helplessness. Lack of support during the grieving process and inadequate help in adjusting to an environment without their parents may lead children to become depressed (World Bank, 2002).

2.10 Response to the Problem Caused by HIV and AIDS

Due to the magnitude of the problems caused by HIV/AIDS and the fact that those hardest hit are often the most disadvantaged, the response comes from various quarters; these include:

2.10.1 Families and Communities

According to FHI (2001), spontaneous family and community responses are the most effective, affordable and least visible programmes currently available to assist children and adults affected by HIV and AIDS. Families in developing countries are anxious to do all they can to keep their children in the home and village environment. Most families oppose the idea of orphanages because they remove children from the love and protection of their homes, from their property, villages and tradition, and place them in an artificial environment that is not conducive to long term social development. Families are fostering children informally and formally, attempting to live up to their own and society's expectations. But as pressure increases they are finding it more difficult to do so. Studies have shown that poor families need two things to continue caring for children:

i) Psychosocial support to deal with their own guilt, fear and grief and that of children who have lost their parents under very traumatic circumstances.

ii) Assistance to become more productive and innovative, so that fewer adults can support more children. Most of the interventions needed by families are economic in nature, although psychosocial counselling helps families to adjust to new members and additional burdens.

Communities locate children and vulnerable families, organize committees to plan assistance, provide voluntary community services to the needy and develop informal monitoring systems to ensure that children are not abused and guardians receive needed help.

2.10.2 Residential Institutions for HIV and AIDS Orphans

According to international HIV/AIDS Alliance, (2003), in the absence of sufficient family and community response, residential institutions can play a valuable crisis role as long as the commitment remains in getting the children back into community care as soon as possible. The risk is that the institution becomes an easy dumping ground and resettlement into the community gradually declines. In countries with highly urbanized populations the need for short term and possibly long-term residential child care facilities may increase. This is particularly because of the gradual breakdown of extended families, the escalation of poverty, and the sheer numbers of children being orphaned by AIDS.

A well-resourced residential home can guarantee clothing, food, education, companionship and induction into a set moral or religious code. However, several critics argue overwhelmingly against the development of residential children homes as the key response to the epidemic. Children taken into a well-resourced residential care do gain certain benefits materially. For the most part they emerge well dressed, well fed, healthy and well educated. Nevertheless, what they miss is considerable and may cause severe psychological and social damage (Muraah & Kiarie, 2001). As well as often being an insignificant member of a large institutional group, children in residential homes may lose a substantial part of their sense of belonging to a particular community or area especially if the home is far away from their place of birth. Siblings too may not be kept together and this may make them lose the last possibility of family togetherness. They may be separated on the basis of age, gender or both. Parents normally help children to develop a sense of self, without that, many orphans particularly those who have been institutionalized, lack a sense of identity, culture, belonging, status, self-respect and confidence. According to a study involving a few non- governmental organizations (NGO's) in Ethiopia, the kind of services residential home give to HIV/AIDS orphans include: food, shelter, health services, counselling, educational and material support. However, the NGO's give relatively greater attention to food and educational support (Marissa, 2000). From the point of view of the NGO's involved in the survey, the major problems of HIV/AIDS orphans include feeling of shame, rejection, inferiority, isolation, withdrawal and failure to take responsibility. Among the other problems mentioned by

the NGO's include, dropping out of school, disinheritance, and total resignation and going out to the street. Guidance and counselling plays a major role in preparing children for what lies ahead and encourages them to believe that they can manage through grief and loss. Programmes dealing with children affected by HIV/AIDS should develop a holistic, multidisciplinary approach by balancing the supply of material and psychosocial support.

2.11 Theoretical Framework.

This study was based on the psycho-social theory and the behavioral theory.

2.11.1 Psycho-social Theory.

Erik Erikson (1902-1994) has made a number of contributions to ego psychology, but perhaps most important is his exploitation of psycho-social life stages that include adult as well as child development. Erikson's eight stages focus on crises that must be negotiated at significant points in life. If these crises or developmental tasks are not mastered, this failure can provide difficulty when other developmental crises are encountered. Thus there is positive outcome and the negative or dysfunctional outcome. Whether the outcome is positive or negative will depend on how well each stage is handled.

Although the psycho-social theory identifies eight stages, the current study utilizes only the first five stages which relate to the young persons (orphans). First, there is the stage of trust versus mistrust which occurs in the period of the first year. Here an infant must develop trust in his/her mother to provide food and comfort, so that when the mother is not available he/she does not experience anxiety or rage. If these basic needs are not met, non trusting interpersonal relationships may result. Second is the stage of autonomy versus shame and doubt which occurs between 1-3 years. If parents promote dependency or are critical of the child, the development of independence may be thwarted. The third stage is initiative versus guilt whereby the energy is directed towards competence and initiative. Rather than indulge in fantasies, they learn to be involved in social and creative play activities. Children who are not allowed to participate in such activities may develop guilt about taking the initiative for their lives. The fourth stage which is between 6-12 years is industry versus inferiority. At this stage the child must learn skills required for

school and sex role identity. If the child does not develop basic cognitive skills, a sense of inadequacy or inferiority may develop. Finally there is the fifth stage of identity versus role confusion which occurs between 12-18 years. At this point, adolescents are able to develop educational and career goals and deal with issues regarding the meaning of life. If this is not done, a sense of role confusion may result, in which it is difficult to set educational or career goals.

The implication of this theory is that development of young persons is a complex phenomenon which requires all the stages of development to be fulfilled. Grief or loss of a parent jeopardizes normal behaviour and the feelings of the orphan, undermine his/her self esteem and induce a feeling of helplessness and frustration which can permanently disable his/her adjustment. As the orphan grows with grief as a result of the loss of a parent, anti-social behaviour is common. These includes aggression, stealing, cruelty, seeking attention and lying, among others. Unless each stage is successfully handled, the individual is likely to meet with greater stresses in his/her life. Although these stages encompass the first five, Erikson's major contribution has been through his work with adolescents and children. He has developed several innovative approaches to play therapy, and his concept of the identity crises of adolescents has been found useful by many counsellors and therapists. His work and that of other psychologist have provided a conceptual approach that counsellors and those who work in a short-term model can apply to their clients by emphasizing ego defenses, current interactions with others conscious as opposed to unconscious process, and developmental stages across the life span.

2.11.2 Behavioral Theory

This theory postulate that behavior, whether adaptive or maladaptive, is learnt, shaped and maintained through the reinforcement. The approach of operant conditioning to learning, developed by B.F Skinner (1904-1990) examines how environmental influence affects or shapes the behaviour of individuals. Basically operant conditioning is a type of learning in which behaviour is altered by systematically changing consequences. The general goal is to create new conditions for learning. The assumption is that learning can

ameliorate problem behaviors. The counsellor's task is to apply principles of human learning to facilitate the replacement of maladaptive behaviors with more adaptive ones. At each developmental stage in life, important social skills must be mastered. Children need to learn how to interact with the opposite sex, peers and adminstrators. Persons who lack social skills frequently experience interpersonal difficulties at home, school and during leisure time. Behaviour methods have been designed to teach such individual ways of interacting successfully. Many persons have difficulty in feeling that it is appropriate or right to assert.

Assertion training can be useful for the following persons: those who cannot express anger or irritation, those who have difficulty in saying no, those who are over polite and who allow others to take advantage of them, those who find it difficulty to express affection and those who feel that they do not have a right to express their thoughts, beliefs, feelings and attitudes. All these behaviors can be observed among the orphans. Since 1970's, behaviour therapy has been applied to a great number of areas such as child-rearing, improving athletic performance, and enhancing the lives of people in nursing homes, psychiatric hospitals, and other institutions (Mishne, 1994). Furthermore, behaviour therapy has been better understood as a process in which patient and therapist (counsellor), in many cases, collaborate together for improvement in psychological functioning. In behavioral therapy, the relationship with the client is valued just as it is in other therapies.

2.12 Conceptual Framework.

The independent variable of this study was guidance and counselling services. These services are emphasized in the orphanages to alleviate the psychological, social and economic problems experienced by the orphaned children. Therefore, the dependent variables were psychological, social and economic problems experienced by HIV/AIDS affected children in orphanages. However other peripheral problems can result due to the dependent variables, these may include crime, violence, discrimination, stigmatization and increased HIV infection. The intervening variables include age, awareness of the services, education, religion, gender and counsellors level of training among others. Fig.

1 illustrates the interaction of these variables

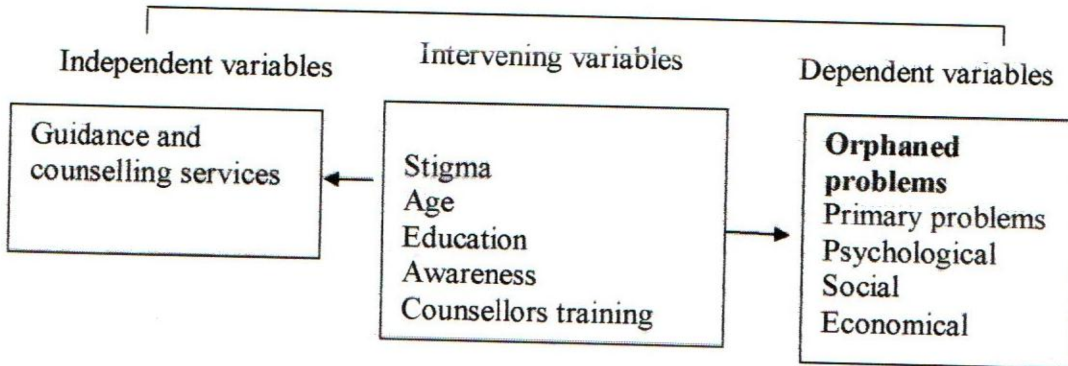

Figure 1: Effectiveness of Guidance and Counselling Services on Alleviation of Problems Experienced by HIV/AIDS Orphans.

CHAPTER THREE: RESEARCH METHODOLOGY.

3.1 Introduction.

This chapter outlines how the research was conducted by describing the research design, location of the study, population of the study, sampling procedure and sample size, instrumentation, data collection procedures and data analysis.

3.2 Research Design

The research design employed in this study was descriptive survey. It permitted the use of research questionnaires in order to determine the opinions of the respondents on the problem under study (Kathuri & Pal 1993). An *ex post facto* research design was adopted because the researcher did not have direct control of the independent variable because its manifestations had already occurred (Kerlinger 2000). The *ex-post facto* design was appropriate because the researcher rather than creating the treatment, only examined the effect of naturalistically occurring phenomena after the treatment had been rendered.

3.3 Location of the Study.

The study was conducted within Nakuru Municipality, Nakuru District of Rift Valley Province Kenya. The area was chosen because it is a cosmopolitan town inhabited by different ethnic groups with varied culture. This means that the respondents were not biased in terms of ethnic background, gender and locality.

3.4 Population of the Study.

The Study used 6 orphanages with a target population of 316 orphans. The accessible population was 212 orphans who were aged 10 – 18 years, 14 counsellors and 12 adminstrators. The orphans in the 10 – 18 years age bracket were purposively identified for the study because they were considered to be able to communicate without problem during the interview. Table 1 gives a summary of the target population.

Table 1:

Population of the Study

Home	No of orphans	Counsellors	Adminstrators
House of plenty	23	2	2
Bishop Hannington	30	2	2
Ron and Marie	48	2	2
Amani	44	3	2
Arap Moi	41	3	2
St. Stephen	26	2	2
Total	212	14	12

Source: Children's Homes (2007)

3.5 Sampling Procedures and Sample

The AIDS orphanages were categorised into three groups that is, government (Public), church, and non government organization (NGO) sponsored. All of the six orphanages in the municipality were purposely selected to form the sample. A sample of six counsellors and six adminstrators was purposively drawn from the six selected orphanages. Proportionate sampling technique was used to select the samples from the orphanages. According to Fraenkel & Wallen (2000) proportionate sampling technique is used to ensure that the samples are in the same proportions as they exist in the population. To obtain the desired sample size, the researcher adopted the sample selection formula by Kathuri & Pals (1993). A sample size of 140 was obtained from the population of 212 orphans.

3.6 Instrumentation

In order to obtain data, two sets of questionnaires and an interview schedule for the orphaned were used. The questionnaires were filled by the counsellors and the adminstrators. The questionnaires were self-scoring with both open and closed questions.

The two sets of questionnaires were divided into two sections. Section one elicited personal data, section two comprised of psychological, socio-economic and guidance and counselling related issues. An interview schedule was designed for the orphans because some of the children were too young to read. Generally interviews provide in depth information since the interviewer guides the questions. The interview schedule was also made of two sections as indicated for the counsellors and adminstrators.

The instruments were piloted on a sample of twelve HIV/AIDS affected orphans, two counsellors and two adminstrators identified from two AIDS orphanages within Nairobi city. Piloting enhances the reliability of the instruments (Mugenda &Mugenda, 1999). Piloting was done to establish the clarity and comprehensibility of each item to ascertain the time required to complete the interview and the questionnaires and establish reliability of the research instruments which was computed using Cronbach's coefficient alpha to determine internal consistency (Frankel &Wallen 2000). A reliability coefficient of 0.74 was achieved and was considered acceptable. The validity of the instruments was established through consultation with the supervisor and lecturers in the Department of Psychology Counselling and Educational Foundations.

3.7 Data Collection Procedures

A research letter of authorization was obtained from Egerton University. The questionnaires were personally administered by the researcher. Also the interview schedule was conducted by the researcher with the help of the administration officers in the orphanages. Data collection process took three and a half weeks.

3.8 Data Analysis

In order to interpret the results of the study, data was analyzed by the use of descriptive statistics. The descriptive analysis was used to provide a meaningful description of the distribution of scores with the use of frequencies and %ages. To enhance easier analysis of data generated, the computer programme - Statistical Package For Social Science (SPSS) version 11.5 for windows was used.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

The purpose of this study was to investigate the effectiveness of guidance and counselling services on the alleviation of psychological and socio-economic problems experienced by HIV/AIDS affected orphans. This chapter presents a discussion of the research results. The discussion addresses the demographic characteristics of the respondents and the research objectives of the study which include:

i.) To determine the perception of HIV/AIDS affected orphans on guidance and counselling services in AIDS orphanages in Nakuru municipality.

ii.) To determine the perception of counsellors and adminstrators of HIV/ AIDS orphanages on guidance and counselling services in Nakuru Municipality.

iii.) To determine the psychological problems that HIV/AIDS affected orphans experience in HIV/AIDS orphanages in Nakuru Municipality.

iv.) To determine the socio-economic problems that HIV/AIDS affected orphans experience in HIV/AIDS orphanages in Nakuru Municipality.

v.) To establish the level of training of counsellors of HIV/AIDS affected orphans in the HIV/AIDS orphanages in Nakuru Municipality

4.2 Demographic Characteristics of the Orphans

The demographic characteristics covered included: age and gender of the orphans. In this study the age of the orphans was considered to be very important in responding to the interview that was conducted. Table 3 presents a breakdown of age by gender of the respondents.

Table 2:

Ages of the Orphans by Gender

Age	Male Frequency	%	Female Frequency	%	Total Frequency	%
10	10	14.1	7	10.1	17	12.52
11	12	16.9	9	13.1	21	15.0
12	10	14.1	11	15.9	21	15.0
13	12	16.9	9	13.1	21	15.0
14	10	14.1	12	17.4	22	15.7
15	6	8.5	10	14.5	16	11.4
16	5	7.0	6	8.7	11	7.9
17	5	7.0	3	4.3	8	5.7
18	1	1.4	2	2.9	3	2.1
	71	**100**	**69**	**100**	**140**	**100**

As it can be seen from table 2 the respondents were aged between 10 and 18 years with the youngest both male and female constituting 12.52 %. The oldest who was 18 years constituted only 2.1 %. The 71 male respondents composed 50.7 % while female respondents numbered 69 composed 49.3 %. Majority who were 76.1 and 69.6 % of the male and female respectively were aged between 10 and 14 years. According to the World Health Organization (WHO, 2003), during these years, the behaviour of the children is very much influenced by the dynamics of transition from childhood to adulthood. It is therefore a very critical period of development where the children need maximum support for they may try to cope in ways that can harm them or others.

4.3 Demographic Characteristics of Counsellors in the AIDS Orphanages

Table 3
Age of Counsellors by Gender

Age	Male		Female		Total	
	Frequency	%age	Frequency	%age	Frequency	%age
20-25	0	0	1	16.7	1	16.7
26-35	1	16.6	1	16.6	2	33.3
36-45	1	16.7	0	0	1	16.7
46-55	1	16.6	1	16.6	2	33.3
	3		3		6	100

From table 3, it can be observed that the majority of the counsellors were between 26-55 years old. Both male and female were equal in number. Among the female, there was one counsellor whose age was between 20 and 25 years, making her the youngest of all the counsellors . Male counsellors constituted 50 % while their female counterparts also constituted 50 %. The analysis of gender indicates that sexes were equally represented.

4.4 Demographic Characteristics of Adminstrators of AIDS Orphanages

Table 4
Ages of Adminstrators by Gender

Age	Male		Female		Total	
	Frequency	%age	Frequency	%age	Frequency	%age
20-25	0	0	0	0	0	0
26-35	1	16.7	0	0	1	16.7
36-45	2	33.3	1	16.7	3	50.0
46-55	2	33.3	0	0	2	33.3
	5	83.3	1	16.7	6	100

As can be seen from table 4, there were five male adminstrators, with their ages ranging from 26 to 55 years. These male adminstrators were the majority and constituted 83.3 %. There was only one female administrator who represented 16.7% of the sample. This disparity of 66.6% can be considered to be great. The disparity may soon be eliminated

since at this time the government has engaged in streamlining the appointment procedures. In the process, it is initiating and enacting policies for equal opportunity in the employment sector. In Kenya this tendency where men are more than women in administrative posts is likely to change with the implementation and action plan of the presidential declaration that a third of the government employees holding high positions should be female. This hopefully will be accomplished by gender based recruitment in decision making and management position that are in accordance with the affirmative action and this may lead to the hiring of qualified females as adminstrators in the orphanages and any administrative positions elsewhere (MOE, 2005).

4.5 Orphan's Perception onGuidance and Counselling Service

Objective one sought to determine the perception of HIV/AIDS affected orphans towards guidance and counselling service in the AIDS orphanages. The responses were measured on the range of three points: – high, moderate and low. The questions and ranks on the interview schedule were verbally posed to each respondent and requested to respond by indicating the rank. Table 5 summarizes the responses as they were coded on the checklist into three ordinal levels.

Table 5

Orphaned Perceptions Towards Guidance and Counselling Services

Perception scores.

	High (31-40)		Moderate (21-30)		Low (10-20)		Total	
Gender	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Boys	7	5.0	20	14.2	44	31.4	71	100
Girls	18	12.8	22	15.7	29	20.7	69	100
	25	17.8	42	29.9	73	52.1	140	

n=140

As indicated in table 5, it was clear that girls perceived guidance and counselling services as being high or effective more than their counter parts. The girls, who were eighteen in number, represented 12.8% while boys were only seven representing 5.0%. Further analysis shows that most of the boys and girls had moderate and low perceptions on the effectiveness of guidance and counselling services. The observation of boys with moderate and low perception of 14.2% and 31.4% respectively suggest that boys had not fully recognized the guidance and counselling service. The girls with moderate and low perception constituted 15.7% and 20.7% respectively. This indicates that the girls had the same attitude as the boys towards the services. This perception likeness among boys and girls on guidance and counselling services may be linked to the Ministry of Education (2005) recommendation, that male and female counsellors be appointed to serve for boys and girls respectively. The argument was that a counsellor of the same sex as the client is viewed to be more effective than that of the opposite sex. For this reason, they may positively influence the orphan's perception on guidance and counselling services in the orphanages.

4.6 Counsellors and Adminstrators' Perceptions on Guidance and Counselling Services

The second objective sought to determine the perceptions of counsellors and adminstrators of HIV/AIDS affected orphans in AIDS orphanages on guidance and counselling services. This objective was accomplished by use of questionnaires and the responses were recorded and coded on the three points range- high, moderate, and low. Table 6 summarizes the responses in frequencies and percentages.

Table 6:

Counsellors and Adminstrators Perceptions towards Guidance and Counselling Services

	Perception Scores							
	High (31-40)		Moderate (21-30)		Low (10-20)		Total	
Gender	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Counsellors								
Males	2	16.7	1	8.3	-	-	3	25.0
Females	1	8.3	2	16.7	-	-	3	25.0
Adminstrators								
Males	2	16.7	3	25.0	-	-	5	41.7
Females	1	8.3	-	-	-	-	1	8.3
	6	50.0	6	50.0	-	-	12	100

n= 6 counsellor n= 6 adminstrators

From table 6, it is evident that half of both counsellors and adminstrators had high perception on guidance and counselling services. The other half, again of both respondents recorded moderate perception on the services. This observation clearly shows that both counsellors and adminstrators had a positive favourable attitude towards guidance and counselling services in the orphanages. This judgment could possibly suggest that both counsellors and adminstrators were in consensus in implementing the guidance and counselling programme with the hope that it could have some significant positive effect on the orphans' behaviour. Further analysis shows that there were an equal number of male and female counsellors which represented 25% and 25% respectively. Male adminstrators constituted 83.3% while females only 16.7%. This great disparity of 66.6% can be considered to be alarming Kenya being a signatory to the United Nations and other International Conventions such as the Charter for The Children Rights and removal of all forms of discrimination against women. More females are expected to be in administrative positions in the work place but this does not seem to be the case. Chege (2007), claims that there are very few adminstrators yet they are qualified to hold such positions. Nevertheless most of them never apply for the positions due to several factors such as parenting, sexual harassment, lack of interest and gender discrimination among

others. However, other studies postulate that social roles are defined differently for the two sexes. This trend is likely to change and role reversals are now taking a new turn since women are currently engaged in the job market and are competing for the same jobs with men.

4.7 Psychological Impact of HIV/AIDS on the Orphans in AIDS Orphanages.

The third objective aimed at determining the psychological problems that HIV/AIDS affected orphans experience while in AIDS orphanages. The respondents were presented with a number of common psychological problems and requested to indicate the level of commonality of these problems on a 4-point range (very common – V C, common – C, not common - N C, and not common at all – N C A). Table 8 summarizes the distribution of these problems depending on how common they are experienced in the orphanages.

Table 7

Common Psychological Problems Among the Orphaned

Orphans %

Problems	V C	C	N C	N C A
Stigmatization	30.7	20.5	17.5	31.3
Loneliness	31.5	28.5	16.3	24.0
Shame	33.3	30.6	21.4	14.7
Bitterness	32.9	35.3	6.5	28.0
Fear	21.5	29.3	16.5	32.7
Denial	12.7	16.7	30.6	40.0
Anger	36.7	25.3	4.7	33.3
Low self esteem	34.5	31.5	18.7	15.3
Stress	41.3	30.7	16.0	12.0
Disclosure	44.3	30.0	10.8	16.9
Violence	44.8	39.4	10.0	5.8
Depression	43.6	38.6	12.0	5.8

n=140

From table 7, it is evident that some problems were more commonly experienced than others. Among the most prevalent problems faced by the orphans are violence which accumulated 84.2%, depression 82.2%, stress 72%, bitterness 82.2%, disclosure 74.3%, stress 72%, low self esteem 66%, shame 63.9%, anger 62% and loneliness 60.7%. As can be observed, all these problems account for three quarters of the problems presented to the orphaned and accounting for 75%. These were above 60% and the remaining 25% were rated common and represented only 40%. Among those that represented 40% were stigmatization 51.2%, fear 50.8% and denial 29.4%. As can be seen from these results, it is evident that orphans experienced a multitude of psychological problems that need to be addressed by guidance and counselling services. Among the major problems that are experienced was violence 84.2% which was characterized by fighting and quarreling among themselves. Vulgar language was also commonly used among the orphans and in most cases they did not adhere to the rules and the regulations of the orphanage. The other problem that was most common was depression which accounted for 82.2%, followed by disclosure 74.3% and stress 72%, low self esteem was also observed and it was characterized by self dislike, feeling of being unloved and a tendency of having thoughts of harming oneself. These findings concur with Lamptey et al (2002) who assert that orphans suffer anxiety and stress due to uncertainty and insecurity concerning their future. This is supported by Mchangwi (1993) who claims that children of families affected by HIV/AIDS will suffer stress often characterized by anxiety, loss of self esteem and confidence, stigma and discrimination and depression. In such cases children require emotional support and social approval by those taking care of them. In this case, guidance and counselling services are of significant concern.

4.7.1 Gender Disparity on the Commonality of the Psychological Problems Experienced by the Orphans.

To support these findings, an analysis on the gender disparity on the commonality of the psychological problems experienced by the orphans among boys and girls slightly differed. Figure one recorded the %age of boys and girls in relation to the psychological problems experienced in the orphanages.

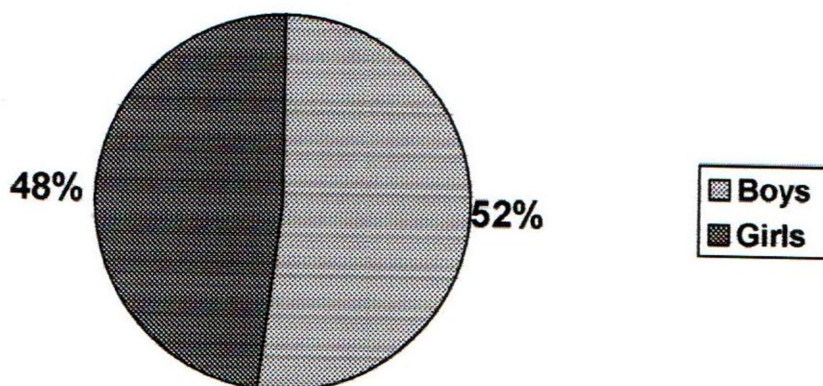

Fig 2: Gender Disparity on the Psychological Problems among Boys and Girls.

The result in figure 2 reveal that there was a trifling disparity of 4%. Boys accounted for 52% while girls recorded 48%. As a result of this it can be concluded that both boys and girls experienced psychological problems almost equally as demonstrated by their responses rendering the disparity insignificant. This made the researcher to conclude that guidance and counselling service should be enhanced to address these psychological problems among the orphans in the orphanages.

4.7.2 Counsellors and the Adminstrators View on Psychological Problems Faced by Orphans

To support the findings on this issue more information was generated from the counsellors and the adminstrators. The counsellors and adminstrators who participated in the study held the view that the orphans' psychological problems were of major concern. Among those who were involved in the study, five counsellors felt that the orphans were highly experiencing these problems and only one had the opinion that the problems were not that severe to warrant guidance and counselling services. All the six adminstrators that participated in the study felt that the orphans had severe psychological problems.

This shows that both counsellors and adminstrators were in agreement that orphans experienced enormous psychological problems. They felt that guidance and counselling should be adequately rendered to the orphans to cope and alleviate the multitude of psychological problems. With these kinds of responses, it can be concluded that guidance and counselling services can be effective if it is adequately administered. This means trained counsellors, administrative staff support, adequate facilities, stakeholders support and others should be in place and emphasized.

4.8 Socio- economic Impact of HIV/AIDS on the orphaned in AIDS Orphanages

The fourth objective sought to determine the socio-economic problems that HIV/AIDS affected orphans experience while in AIDS orphanages. The respondents were verbally presented with a number of common socio-economic problems and requested to indicate the level of commonality of these problems on a 4 – point range (very common – V C, common – C, not common – N C and not common at all – N C A. Table 8 show the distribution of these problems, depending on how common they were in the orphanages.

Table 9

Common Socio-Economic Problems among the Orphaned.

Problems	VC	C	NC	NCA
Inferiority	34.9	46.9	13.4	4.8
Insecurity	48.1	48.4	6.7	2.8
Isolation	38.4	43.8	11.1	6.7
Rejection	39.0	36.4	17.8	6.8
Discrimination	40.4	37.7	6.4	15.5
Health care	36.3	43.8	12.2	7.7
Food	38.2	30.8	2.5	28.5
Clothes	33.7	34.9	23.1	8.3
Money	33.3	26.2	30.4	9.7
Shelter	6.8	25.4	28.4	39.4
Education	46.5	29.6	20.5	3.4

n= 140

As indicated in table 9 most of the problems were considered to be more common. However only one percent of the problems were of lesser concern among the respondents and this was the issue of shelter. Major concerns were expressed on the issues of insecurity, which culminated to 96.5%, isolation 82.2%, inferiority 81.8%, and health care 80.1%. As can be observed the results of insecurity, isolation, inferiority and health care are alarming. It is evident that these issues were of major concern to the orphans. It emerges that the issue of insecurity was a major worrying concern. This might have been due to the imagination of not knowing who the HIV/AIDS will strike next. Inferiority was highly graded to be common among the orphans. Most of the orphans experienced loneliness, fear, and rejection, among other emotions, and often they avoided socializing with other children.

The health and medicine needs are interrelated and they include nursing care or hospitalization and provision of drugs. About 80.1% considered health care to be a serious problem in the orphanages. However, from the research result it is also evident that health care issue was not adequately addressed. Good health care usually requires several individuals with different skills for instance, doctors, nurses and the counselors, among others. This was not the case in the orphanages studied, with the exception of the counsellors . Discrimination and rejection recorded at 78.1% and 74.5% respectively, were prevalent among the respondents. It was however, not established whether this was on tribal lines or other related issues. The issue of education was also recorded and ranked 75.1%. This high score may not be attributed to school fees, since there is free education in Kenya for the age of the respondents who participated in the study. One can associate this to other emotional issues that the orphans experienced such as stigma and discrimination which eventually forced them out of school while still at home. Care taking as well as bread winning roles may take their minds off school and some can drop out due to poor performance. Marissa, (2000) concurs with this and says that major problems of HIV/AIDS orphans include feeling of shame, rejection, inferiority, isolation, withdrawal, failure to take responsibility, dropping out of school, disinheritance and total resignation and going out to the street.

Other problems that were commonly graded were lack of food 69%, clothes 68% and money 59.9%. The respondents conceded that food was a primary need. They complained that food was poorly cooked and mainly contained maize, greens and beans. They preferred food that would include chicken, meat and chips, among others. Clothes which were donated by well-wishers and distributed, was marred by favouritism and also were shared by caretakers. The issue of money as can be seen from table 9 also scored moderately high. This was about 59.9%. As a result of these the respondents claimed that they sneaked out to borrow money or work to be able to buy clothes themselves. They felt that the beddings were not adequate and they had to share and even some of the dormitories did not have enough beds. They also complained of not having varying entertainment. They only had a television set and suggested other forms of entertainment, for instance, video, sports, and games to keep them busy.

According to Muraah & Kiarie (2001) a well- resourced residential orphanage can provide clothing, food, education, companionship and induction into set of moral or religious code. This was not the case in the orphanages that were involved in this study. However, several critics raise concern and argue overwhelmingly against the development of residential homes as the key response to the affected orphans. They maintain that children taken into a well resourced residential care do gain certain benefits materially. For most part they emerge well dressed, well fed, healthy and well educated. This study disagrees partially as can be observed from the findings in table 8. This study established that what the orphans miss is considerable and may cause severe psycho social damage to the orphans. Children in a home may feel that they belong to community of other children in similar circumstances, but their sense of belonging to a particular community or area is overshadowed. This may cause the children to experience identity associated problems. Even separation from other family members, especially siblings, causes severe stress as the children do not have anybody to call family.

4.8.1 Counsellors and Adminstrators View Point on Social-economic Problems Faced by Orphans

Information generated from the counsellors and adminstrators indicated that the main issues exhibited by the orphans were insecurity and discrimination. All the six counsellors and adminstrators reported that children exhibited fear and insecurity. This was attributed to the trauma of having lost their parents and being separated from their family. According to Jackson (2002), orphans have a desperate need for love and acceptance and may tolerate forms of abuse for fear of aggravating their loss. When children lose their parents, the loss may cause severe psychological and social damage. They may lose a substantial part of their sense of belonging to a particular community or area, especially if the residential home is far from where they were born. Bereaved children may also be separated on the basis of age or gender or both. Lack of family, which provides children with an emotional setting that enables them to feel loved and accepted and gives them something to identify with, makes the children lack a sense of self worth, which leaves long-lasting and deep psychological scars (UNAIDS, 2000). Stigmatization often leads to discrimination where people are unjustly treated and disadvantaged due to their being affected by HIV/AIDS. The counsellors and adminstrators who participated in the study indicated that orphans often felt discriminated against by society. According to Marissa, (2002), when parents die, orphaned children are tossed from household to household or from one foster home to another. This may be due to death of the new guardians, rejection due to associated stigma or simply the fact that the number of orphans in a household becomes unmanageable. Lack of permanence and a feeling of rejection often lead to development of low self-esteem and a sense of isolation from the society. The counsellors and adminstrators were of the view that health care, food, clothes, shelter and education were well taken care of in the residential institutions.

4.8.2 Drug Abuse among the Orphans

In relation to the psychological problems experienced by the orphans, the study also sought to determine the prevalence of drug abuse among the orphans in the orphanages. According to Chege (2002), the causes of drug abuse are many and include stress,

loneliness, lack of leisure activities, broken families, lack of parental care, love and despair. Sadker (1994) noted that more young people take drugs and are likely to engage in violent crimes either as victims or perpetrators. To sum up, he added that the drug culture displays symptoms of introverted behaviours, phobias, nightmares, violent outbursts, restlessness, fear of the future and inability to form trusting relationships. The study established that drug abuse was common among the orphans. Figure 3 summarizes the rate of drug abuse in the orphanages.

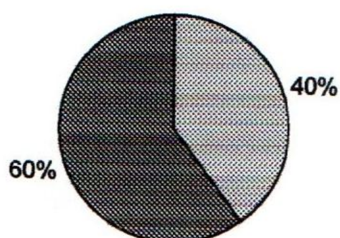

Fig 3 Rate of Drug Abuse in the Orphanage

As indicated in figure 3, 60% of the orphans admitted to using drugs. This suggests that drug abuse in the orphanages was prevalent. Only 40% of the respondents reported to having not abused drugs. While the adminstrators and counsellors admitted the prevalence of drug abuse in the institutions. It was clear that most of them were not aware of the magnitude of the vice in their institutions. All the adminstrators and four counsellors categorized cases of drug taking as few, while two counsellors were not sure. They also reported that although cases of drug abuse were present and increasing, the rate of occurrence was not quite alarming. However, the two respondents who were not sure of the rate of substance abuse, reported that the management mechanisms put in place may have increased the orphan's awareness in handling and concealing drugs, making the drug taking cases in the orphanages to go unnoticed. The study also sought to identify the actual types of drugs abused. Table 8 summarizes the common types of drugs used by the orphans.

Table 8

Common Types of Drugs used by the Orphans.

Drug	%
Glue	21.4
Petrol	20.0
Alcohol	64.7
Bhang	40.8
Cigarettes	70.6

Table 8 shows that alcohol consumption and cigarettes smoking were the most common drugs used by the orphans. This may be attributed to the easy access and availability of these drugs. The other types of drugs were less common among the orphans with an exception of bhang which accounted for 40.8%. This was attributed to the fact that they are illegal and banned substances whose possession and use warrants legal action. Therefore their access and availability was limited.

4.9 Level of Training of Counsellors of HIV/AIDS Affected Orphans

Objective five sought to establish the level of training of counsellors of HIV/AIDS affected orphans in the AIDS orphanages. This objective was achieved by examining the counsellors' professional qualifications that included seminars, in-service training, certificate, diplomas bachelors and masters level. Table 9 presents the findings.

Table 10

Qualifications of Guidance and Counselling Counsellors .

Qualifications	Frequency	%ages
Seminars	2	33.3
In-service	2	33.3
Certificate	1	16.7
Diplomas	1	16.7
Bachelors	0	0
Masters	0	0
	6	100

n=6

Table 9 indicates that majority of the counsellors had obtained their counselling knowledge through seminars and in-service training. These constituted 33.3% and 33.3% respectively. Others who were considered to have also attained counselling knowledge were those with certificates constituting 16.7% while those with diplomas represented 16.7%. None of the counsellors had obtained the first or second degree. These results are evident that most of the counsellors were paraprofessional who accounted for 66.6% while those who had undergone basic training and obtained certificate and diploma represented only 33.4%. For guidance and counselling services to have a positive impact in dealing with the psychological and socio-economic problems facing the orphans, it is necessary for the counsellors to be professionally trained. As indicated, majority of the counsellors were not professionally prepared to effectively handle the personal and social needs of the orphans. According to Bor, Landy, Gill, & Brace, (2002), guidance and counselling service is supposed to be managed by professionally trained counsellors who are capable of providing a healthy environment for helping the orphans in their personal, social and other problems they face. This finding is not in line with an important result drawn from meta-analysis of thirty-nine studies that compared treatments offered by professional counsellors with the ones offered by lay people (paraprofessionals). The results were that the paraprofessionals typically proved as effective as the professional with whom they were compared (Berman & Norton 1985). Although most of the behaviour problems they treated were mild, the paraprofessionals proved effective even when dealing with more disturbed adults.

According to Mutie & Ndambuki (1999), not all counsellors end up being good counsellors even if they have undergone professional training. Some may have taken up the job due to frustrations and had no other options. There has been concern for along period of time, that counsellors end up doing more harm than good to their clients. This at times result in increasing the problems of the client rather than decreasing them. A counsellor who is not trained may experience difficulties in recognizing different types of problems experienced by the orphans. They may also fail to recognize the cause of the problems and the mode of dealing with them. Durogaiye (1972), asserts that counsellors should acquire competency in the guidance and counseling process so as to be effective

in planning, developing and organizing appropriate services that can help individuals. Professional training equips counsellors with appropriate psychological knowledge and skills. This study has revealed that this area of training was lacking and is of concern in AIDS orphanages. Counsellors with this knowledge can be able to understand the counselling needs of the orphans and use proper techniques to assist orphans' solve problems.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the major findings of the study, conclusions arrived at and the recommendations based on the conclusions. Also indicated are suggestions for further research on the topic.

5.2 Summary of the Findings.

Based on the objectives and analysis of data, the following findings were established:

i) A general feeling among the respondents was that guidance and counselling services can positively influence the behavior of orphans.

ii) A large proportion of the orphans reported having had a behavioral change, enhanced interpersonal relationship with others as well as having attitude change

iii) Modalities of appointing counsellors were found to be wanting with personality traits being the most important criteria rather than training and professionalism.

iv) Among the counsellors, factors considered to instigate change were found to be minimal since most of them were paraprofessionals.

v) The psychological and socio-economic problems of the orphans were being addressed but not adequately, especially the psychological problems

vi) The study gave insight into the effects of sibling separation and highlighted varied emotions experienced by the orphans at the institutions that are indicators of low self- esteem.

5.3 Conclusions

Based on the findings of the study, the following conclusions were made:

i) Even though guidance and counselling services were considered to be effective in the orphanages, there was still a need to strengthen the programmes.

ii) The modalities of selecting counsellors as well as their induction and training should be improved.

iii) The orphans' experienced a number of psychological and socio-economic

problems in the institutions which needed to be addressed.

iv) The level of perception of the orphans on guidance and counselling in the orphanages was not gender-biased.

v) The counsellors and adminstrators in the institutions perceived guidance and counselling services positively even though counsellors lack adequate skills to effectively deliverthesrevices.

vi) The positive perception of the respondents was a good basis for effective guidance and counselling services in the institutions.

vii) The orphans have had the ability to cope with the psychological and social-economic problems if the guidance and counselling services were rendered by professionals.

5.4 Recommendations

In view of the conclusions made, the following recommendations were made concerning the need for effective guidance and counselling services in the orphanages.

i) Professionalism should be the key criteria in recruitment of counsellors in line with government policy.

ii) The administration should conducting in-service quality training for counsellors and establish appropriate policies in guidance and counselling to enhance effective services.

iii) The institutions should make an effort to link themselves with organizations that may assist financially or give more information on guidance and counselling services.

iv) The government and other stakeholders should lay strategies that will help to streamline the role of guidance and counselling services in the orphanages.

v) There is a need for the counsellors to maintain trust and confidentiality and demystify the cultural beliefs about the guidance and counselling services, in order to break through the cycle associated with the AIDS epidemic.

vi) Peer counselling should be enhanced and strengthened in the orphanages since it plays a great role in socialization process.

5.5 Suggestions for Further Research

From the findings of this study, the following areas have been identified for further research.

i) Research should be conducted to establish the relationship between the level of effectiveness of the guidance and counselling services and the ages of the orphans.

ii) A study should be carried out in other parts of the country in the AIDS orphanages so that the findings can be generalized to other areas.

iii) Further research should be carried out on other factors that may influence the welfare of the orphans besides guidance and counselling services.

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APPENDIX A: INSTITUTIONAL COUNSELLOR QUESTIONNAIRE

The purpose of this questionnaire is to seek information on the effectiveness of guidance and counselling services being offered in the HIV/AIDS orphanages. The information you give in this questionnaires is for research purpose and will remain confidential, therefore feel free and give personal opinions in your responses by either ticking in the brackets provided or writing in the spaces provided (where necessary)

Thanks in advance for your cooperation

Section A

Name of institution...

Type of institution:

- Government (public) ☐
- Private (NGO) ☐
- Church based ☐

Year founded...

Gender: Male ☐ Female ☐

Age : 20 – 29years ☐ 30 – 39 years ☐

40 – 49years ☐ above 50 years ☐

6. (i) Religion...

7. (i) Are you a professionally trained counsellor? Yes ☐ No☐

(ii) If yes, what is your highest professional qualification?

Seminars / In-service ☐ Certificate ☐

Diploma ☐ Bachelors ☐ Masters ☐

8. How long have you served in this institution

Less than one year ☐ 1 – 10 years☐ 10 – 15 years ☐

15 – 20 years ☐

9. Indicate your counselling experience (practice) in years

Less than 1 years ☐ 1 – 5 years ☐

6 – 10 years ☐ 11 – 15 years ☐

Over 15 years ☐

10. Do you think that you have sufficient knowledge, skills, resources, facilities and support to effectively deal with psychological and socio – economic problems faced by the children in the institution

Yes☐ No ☐

Section B

1. Are the children in the institution aware of the existence of the guidance and counselling services being offered? Yes ☐ No ☐
2. Do the children utilize the counselling services you offer adequately Yes ☐ No ☐
3. How frequently do the children seek counselling from you on average?

   Daily ☐ Weekly ☐ Fortnight ☐ Monthly ☐ Never ☐
4. Indicate by ticking the major counselling issues exhibited by the orphans in the institution in relation to psychological and socio – economic issues

Psychological Problems:

	V C	C	N C	NCA
Stigmatization	☐	☐	☐	☐
Loneliness	☐	☐	☐	☐
Bitterness	☐	☐	☐	☐
Fear	☐	☐	☐	☐
Denial	☐	☐	☐	☐
Anger	☐	☐	☐	☐
Stress	☐	☐	☐	☐
Violence	☐	☐	☐	☐
Depression	☐	☐	☐	☐

Socio-economic Problems:

	V.C	C	NC	NCA
Insecurity	☐	☐	☐	☐
Inferiority	☐	☐	☐	☐
Isolation	☐	☐	☐	☐
Rejection	☐	☐	☐	☐
Discrimination	☐	☐	☐	☐
Health care	☐	☐	☐	☐
Food	☐	☐	☐	☐
Cloths	☐	☐	☐	☐
Money	☐	☐	☐	☐
Shelter	☐	☐	☐	☐
Education	☐	☐	☐	☐

5. What form of counselling do you use most in your counselling practice?

   Group☐ One on One☐ Both☐

6. For what purpose do you use group counselling ?

   Socialization ☐ Sharing experience ☐ Removal of fear ☐

   Showing acceptance☐ Relating with others ☐

7. How would you rate the attitude of home parents, adminstrators and orphans? towards guidance and counselling services.

   Positive ☐ Negative ☐

8. How would you rate the effectiveness of guidance and counselling serves on socio- economic problems experienced by the orphans?

   Very effective ☐ Effective ☐ Slightly effective ☐ Not effective ☐

9. Please suggest ways by which guidance and counselling service can be improved to be more effective in the orphanages.

   (i)..

   (ii)...

   (iii)..

   (iv)..

   (v)..

10. What is the level of drug taking in your institution?

High ☐ Moderate ☐ Low ☐ None ☐

11. What type of drugs are commonly used by the orphans?

Glue ☐ Petrol ☐ Alcohol ☐

Bhang ☐ Cigarettes ☐

APPENDIX B: ADMINSTRATORS QUESTIONNAIRES

The purpose of this questionnaire is to seek information on the effectiveness of guidance and counselling services being offered in the HIV/AIDS orphanages. The information you give in this questionnaires is for research purpose and will remain confidential, therefore feel free and give personal opinions in your responses by either ticking in the brackets provided or writing in the spaces provided (where necessary)

Thanks in advance for your cooperation

Section A

1.Name of institution...

2.Type of institution: Government (public) ☐

Private (NGO) ☐

Church based ☐

3. Year Founded...

4. Gender : Male☐ Female☐

5. Your Age ....

6. (i) Religion...

7. (i) What is your highest professional qualification.

Seminars / In-service ☐ Certificate ☐ Diploma ☐ Bachelors ☐

Masters ☐

(ii) What is your designation?

Director ☐ Deputy Director ☐ Administrator ☐ Pastor ☐

Church elder ☐

8. For how long have you served in the current position?

Less than 1 year ☐ 1 – 5 years ☐ 6 – 10 years ☐

11 – 15 years ☐ Over 15 years ☐

9. Have you implemented guidance and counselling services in your institution?

Yes ☐ No ☐

10. Are the children in the institution aware of the existence of the guidance and counselling services you offer?

Yes☐ No☐

Section B

1. What is the major basis (criteria) of appointing counsellors?

   Professionalism ☐ Personality ☐ Availability ☐

   Staff member seniority ☐

2. Does guidance and counselling services play any important role in solving children's problems?

   Yes ☐ No ☐

3. Do you think that the counsellors have sufficient knowledge, skills, support, resources and facilities to effectively promote the welfare of the orphans?

   Yes☐ No ☐

If yes

why?...

If no

why?...

4. How are the counsellors in the institution updated ?

   Seminars☐ Workshops ☐ Refresher courses☐ None ☐

5. Please indicate the major problems faced by your institution in the provision of psychological needs for the orphans?

   ....

   ....

   ....

   ....

   ....

6. What challenges do you face in dealing with disciplinary cases among the orphans?

....

....

....

....

....

7. How would you rate the effectiveness of the strategies (methods) used by counsellors in dealing with the orphans problems?

Very effective ☐ Effective ☐ Slightly effective ☐

Not effective at all ☐

8. Indicate how the following psychological problems are experienced by the orphans in the institution

Problems	VC	C	NC	NCA
Stigmatization	☐	☐	☐	☐
Loneliness	☐	☐	☐	☐
Shame	☐	☐	☐	☐
Bitterness	☐	☐	☐	☐
Fear	☐	☐	☐	☐
Denial	☐	☐	☐	☐
Anger	☐	☐	☐	☐
Stress	☐	☐	☐	☐
Violence	☐	☐	☐	☐
Depression	☐	☐	☐	☐

9. Indicate how the following socio – economic problems are experienced by the orphaned in the institution

Problems	VC	C	NC	NCA
Insecurity	☐	☐	☐	☐
Inferiority	☐	☐	☐	☐
Isolation	☐	☐	☐	☐
Rejection	☐	☐	☐	☐
Discrimination	☐	☐	☐	☐
Health care	☐	☐	☐	☐
Food	☐	☐	☐	☐
Cloths	☐	☐	☐	☐
Money	☐	☐	☐	☐
Shelter	☐	☐	☐	☐
Education	☐	☐	☐	☐

10. In your opinion how effective is the programme of guidance and counselling in meeting the needs of the orphans?

Very effective ☐ Satisfactory ☐ Average ☐

None of the above ☐

11. What is the level of drug taking in your institution?

High ☐
Moderate ☐
Low ☐
None ☐

12. What types of drugs are commonly used by the orphans?

Glue ☐
Petrol ☐
Alcohol ☐
Bhang ☐
Cigarettes ☐

APPENDIX C: ORPHANS INTERVIEW SCHEDULE

Section A

1. Name of institution

....

2. Type of institution: Government (Public) ☐

   Private (NGO) ☐

   Church based ☐

3. Gender : Male ☐ Female ☐

4. Age:

   Below 10 years ☐

   10 – 12 years ☐

   13 – 16 years ☐

   17 and above ☐

5. Level of education

   Lower primary ☐

   Upper primary ☐

   Secondary ☐

   Other ☐

6. At what age did you lose your parents?

   1 – 5 years ☐ 6 – 1 years ☐ 13 – 18 years ☐

7. How do you feel about having lost a parent?

   Sad ☐ Disturbed ☐ Indifferent ☐

   Lonely ☐ Withdrawn ☐ Happy ☐

   Nothing ☐ Rejoice ☐

8. i) Do you have a guardian Yes ☐ No ☐

   ii) If yes how are you related?

   Uncle ☐ Sibling ☐

   Friend ☐ Aunt ☐

9 i) Have you been able to share your loss with anybody?

Yes ☐ No ☐

ii) If so who?

Counsellor ☐ Friend ☐

Grand parent ☐ Teacher ☐

10. What do you miss most about your parents?

Parental love ☐ Parental guidance ☐

Parental care ☐ Security ☐

Provision of material things ☐

11. Who is the first person you talk to when you have a problem or worry?

Friend ☐ Counsellor ☐

Teacher ☐ Home parent ☐

Administrator ☐

12. For how long have you been institutionalized (in years)?

....

Section B

1. Do you experience the following psychological problems?

Problems:	V.C	C	NC	NCA
Stigmatization	☐	☐	☐	☐
Loneliness	☐	☐	☐	☐
Shame	☐	☐	☐	☐
Bitterness	☐	☐	☐	☐
Fear	☐	☐	☐	☐
Denial	☐	☐	☐	☐
Anger	☐	☐	☐	☐
Low self esteem	☐	☐	☐	☐
Stress	☐	☐	☐	☐
Disclosure	☐	☐	☐	☐
Violence	☐	☐	☐	☐
Depression	☐	☐	☐	☐

2. Do you face the following socio economic problems?

Problems	VC	C	NC	NCA
Inferiority	☐	☐	☐	☐
Insecurity	☐	☐	☐	☐
Isolation	☐	☐	☐	☐
Rejection	☐	☐	☐	☐
Discrimination	☐	☐	☐	☐
Health care	☐	☐	☐	☐
Food	☐	☐	☐	☐
Cloths	☐	☐	☐	☐
Money	☐	☐	☐	☐
Shelter	☐	☐	☐	☐
Education	☐	☐	☐	☐

3. Have you ever been abused in the following ways while at the institution?

Physically ☐ Verbally ☐ Sexually ☐

4. While at the institution have you ever engaged in the behaviour of using the following drugs?

Glue ☐ Alcohol ☐ Cigarettes ☐ Petrol ☐

Bhang ☐

5. i) Are guidance and counselling services available in the institution?

Yes ☐ No ☐

ii) If yes, how often do you utilize the services?

Very often ☐ Regularly ☐

Rarely ☐ Not at all ☐

6. i) Who usually provide information and advice about your personal and socio – economic problems you experience?

Counsellor ☐ Home parent ☐

Administrator ☐ Friend ☐ Teacher ☐

ii, Rate the value of the information and advice given to you.

	Very useful	Moderately	Useful	Not of use
Counselor	☐	☐	☐	☐
Administrator	☐	☐	☐	☐
Teacher	☐	☐	☐	☐
Home parent	☐	☐	☐	☐
Friend	☐	☐	☐	☐

7. If you know a friend with a personal problem would you advice him or her to go for assistance from the institutional counsellor?

Yes ☐ No ☐

8. The counsellor listens to your problems and provides assistance on an individual basis.

Strongly agree ☐ Mildly agree ☐

Uncertain ☐ Mildly disagree ☐

Strongly disagree ☐

9. Do you think the strategies used in providing guidance and counselling services in providing guidance and counselling services in the institution are effective in dealing with the problems faced by children?

Yes ☐ No☐

10. Do you also think that your counsellors have sufficient knowledge, skills support, facilities and resources to effectively render the services to the children in the institution?

Yes ☐ No ☐

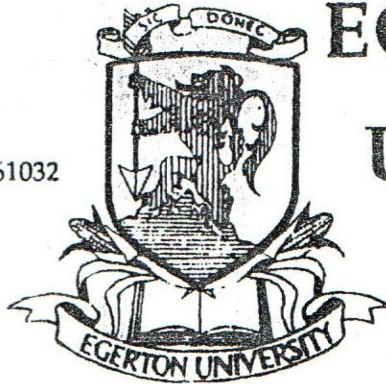
THANK YOU VERY MUCH

APPENDIX D: TABLE USED FOR SAMPLE SELECTION

Required size for randomly chosen sample from a given finite population of N cases such that the sample proportion P will be within plus or minus .05 of the population proportion P with a 95 % level of confidence.

N	S	N	S	N	N
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	241	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	110	800	260	20000	377

Telephone: Nakuru 61620, 61031, 61032
Telegrams: UNIVERSITY, Njoro
Telex: 33075



EGERTON UNIVERSITY

P.O. Box 536
Njoro, Kenya.

In reply quote Ref: ....   Date: ....

TO WHOM IT MAY CONCERN

RE: GUIDANCE AND COUNSELLING STUDENTS'RESEARCH

The above programme is offered in our University at Master's level. In order to complete their study requirements they have to carry out a reasearch. They are currently seeking a place to do so and have found your institution a valuable place to enhance their learning.

I wish to introduce to you ..LUCY W. MUREITHI.............. registration number .EM11/0595/02.. for your kind assistance in their study.

Please, accord them the help they may need in order to achieve this objective. While they are carrying out a research, they are familiar and bound by the ethical standards of collecting information, safeguard of the same, and using the findings pro-actively.

On behalf of the University, we wish you well and thank you for your partnership in the training of our students.

Sincerely,

CHAIRMAN
EGERTON UNI.
EPSB. PSY & COUN.
P.O. BOX 536 NJORO

DR. FR. STEPHEN MBUGUA NGARI
CHAIRMAN, DEPARTMENT OF EDUCATIONAL, PSYCHOLOGY AND COUNSELLING

For: Vice Chancellor – Egerton University

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