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Bachelor's Thesis

**CHALLENGES FACING AIDS ORPHANS IN
NAIROBI KIBERA SLUMS**

Descriptive Study

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<p>The purpose of the study was to investigate the challenges faced by HIV orphans in Kibera slums. The study was prompted by the presence of many orphans within Kibera and other slums in Nairobi city where many parents have died due to HIV/AIDS and related complications. The pandemic has brought social and economic disaster with far reaching implications to the communities.</p> <p>The methods used to collect the data were literature review and semi structured interviews. With the help of a community social worker, the author conducted a field work study in various parts of Kibera slums and made observations, took pictures and interviews. A sample of ten HIV/AIDS orphans participants were interviewed during the research process.</p> <p>The results of this study showed that orphaned children and their families are facing economic, psychological and social problems, which are hindering them from accessing basic needs and services. The findings also revealed that AIDS orphans especially the girls heading their household are the most vulnerable to various kinds of problems and they are overburdened by shouldering adults' responsibilities of care giving to the siblings and other members of the family. Based on the findings of this study, and due to the fact that the impacts of having many AIDS orphans are multidimensional and complicate, the author made some recommendation on how to support and care orphans and other children made vulnerable by HIV/AIDS.</p>	
Keywords: HIV, AIDS, Orphans, children, impact, Kibera, Challenges, Stigma	
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1 INTRODUCTION AND BACKGROUND

UNAIDS define an AIDS Orphan as a child who has lost one or both parents, or guardians to HIV/AIDS before reaching the age of 18 and who is dependent. (UNAIDS 2000). The most tragic consequences of the HIV/AIDS epidemic is the huge number of children orphaned as a result of parents dying from HIV/AIDS. Some of these children are HIV positive themselves having been infected by their mothers either at birth or through breast milk. In Kenya the number of these orphans has been increasing and many Government projects, NGOs, CBOs have come to offer some help but until now little has been achieved because children are still facing 'silent crisis'.

HIV/AIDS still remains a major challenge in Kenya and has been declared a national disaster. Not only does it contribute to high disease burden, it is also one of the major barriers to development in the country. Since the year 1981 when the HIV/AIDS virus was discovered more than 20 million people have lost their lives worldwide. Nearly 40 million people are currently living with HIV/AIDS, including nearly 2.2 million children under the age of 15. Ninety-five percent of those living with HIV/AIDS reside in developing countries. Sub-Saharan Africa remains the most affected continent with 1.9 million of the 2.2.million infected children. (UNAIDS & WHO 2003.)

As the HIV epidemic continues to ravage sub-Saharan Africa, more challenges start emerging, which have significant effects on child survival growth and development. Kenya is one of the African countries with the highest prevalence of AIDS and incidence of HIV infection and the Ministry of Health argues that, without the availability of anti-retroviral medications (ARV) orphan populations will still continue to grow.(MOH, 2005.) The main reason for choosing the subject of the study lies in the authors' previous working experience as a social worker, with various (NGOs) agencies in Nairobi slums. The Kibera slums in Nairobi is the largest slum in Africa and one of the largest in the world, with a population of about 1 million people.

1.1 Description and History of Kibera slum



Picture 1: A section of Kibera slums with a raw sewage passing near the houses

Kibera's history goes back to 'colonial period' when the urban layout was based on government-sanctioned population. This was the era of racial segregation that separated people into the enclaves for Africans, Asians and Europeans. As an informal settlement, Kibera dates back to the 1920s' when the British colonial government decided to let a group of 'Nubian soldiers from Sudan to settle on a wooded hillside outside Nairobi. The British colonials then failed to repatriate the Nubians to their country or to compensate them with land title deeds to these acquired lands from the Kenyan people. Nubians built homes, and set up businesses while they were still squatters with no legal rights and they called the place Kibera, meaning 'forest'. (BBC 2002.)

The need for cheaper housing has led to a population explosion in Kibera, whose current population is estimated to be more than one million inhabitants squeezed into an area of roughly 2 km². Kibera is located 5 kilometers South East of Nairobi city Centre and it lies at an altitude of 1,670m above sea level, latitude 36 degrees, 50° east and longitude 1 degree, 17° south about 140 km south of the equator (Karanja et al. 2002.) The growth of Kibera as an informal settlement is closely connected with Nairobi city's phenomenal growth. Life there is a daily struggle with poverty, crime, and diseases. Many Kibera residents work in Nairobi's industrial sector for wages near € 2 per day. The Kenya to Uganda railway passes through Kibera. Living structures are constructed haphazardly on every available space leaving narrow alleys which serve as open sewers and footpaths. (Karanja, et al. 2002.)

According to Lamba (1994), Nairobi slums have very low ownership of housing because the proportion of tenants to landlords is as high as 90 percent and in some settlements it is common to rent a room in a house built on public land from an illegal landlord. One household, consisting of an average of five people, generally occupies a single room. Typical houses consist of small rooms (ten square metres) under a common roof, without plumbing or running water. Settlements are often located on land unsuitable for residential purposes, either on flood plains, on steep slopes or near hazardous industrial activities. (Schuringa, W.1997.)

Kibera is divided into nine official villages, each with its own village elder. They are: Kianda, Soweto, Kisumundogo, Lindi, Laini Saba, Siranga/Undugu, Makina, and Mashimoni. The living conditions within Kibera are different depending on the area. There are very poor areas and there are estate areas with up to four storey houses, but the majorities are simple mud houses with a tin roof. Except for the few roads around the estate areas all the tracks between the houses are mud. Improvements are made by people's or NGO's efforts. (GOK, 2005.)

Even though Kibera is not an official settlement people have to pay rent, and this often collides with the decision of rather buying food for that money. For the mud houses, depending on the sizes, people pay in average 500 to 1000 KSH (5,50 – 11€) per month rent. But for a lot of other people even (5€) 500KSH per month can become a big problem. There are a lot of families living in Kibera since generations and they seem to like it there because it is their home. (Mulumba, et al 2004.)

Generally Nairobi slums residents have a high unemployment rate and they do depend on the informal sector. The income of slum residents mostly comes from informal economic activities such as hawking food and clothing, although some have formal employment. The residents commonly rely on small-scale trade to make a living, but the majority of such enterprises lack a valid commercial license from the Nairobi city council. Other common problems in Nairobi slums are that social services to slum dwellers are neglected, high unemployment and livelihood insecurity promoting alcohol and drug abuse. (Mitullah, W.2003.)

The biggest and most present problem in Kibera is the trash. It is lying almost everywhere, especially around the river area. People don't have bins and even if they did, there would be no one to pick up the trash. So they throw it out of their house, on small dumpsites in the area or in the nearby river where the children play. There are some trenches built in Kibera that lead down to the Ngong River and the Nairobi dam and people throw all kinds of things into the water, which makes it a very good breeding place for diseases. (GOK, 2005.) Toilets and water points are public. As many as 400 people can end up sharing one toilet in one of the many privately owned latrines. It is common belief that the Nairobi police are unwilling to patrol the area, specifically at night, due to insecurity. Visitors are warned to beware of "flying toilets" which result at night when, out of fear of walking to the latrines, residents use polythene bags as commodes and throw them out the door or over the roof. Since the toilets are mostly built next to a trench or the river the human waste goes directly in there. One can imagine the smell when the trenches get filled. (Mitullah, W.2003.)

Kibera perhaps suffers the greatest water shortage in Kenya due to its population. In terms of water sources, Kibera residents rely on hawked water. Drinking water is sold to the inhabitants in plastic containers after it has been pumped through metal and plastic pipes along side sewage trenches. These trenches carry refuse and human waste to the river at the base of the valley and the river then runs into Nairobi dam. Some people use both the river and the dam for recreation like swimming and resource like bathing and washing clothes. The plastic pipes are brittle and exposed, often breaking, and repaired without care for sanitation. When these pipes are jammed or taped often without being cleaned it creates a suitable habitat for water-borne diseases like cholera and typhoid (Mulumba et al 2004.)

2 THE PURPOSE AND AIMS OF THE STUDY

The purpose and aim of the study is:

- 1 To find out the challenges and suffering children go through having lost their parents or guardians to HIV/AIDS, especially in the slums because the numbers of orphans have increased over the past few years.
- 2 To create awareness and sensitization on these problems the AIDS orphaned children are facing in their daily lives.
- 3 To give some recommendations on the care and support of orphans and vulnerable children. (OVCS)

3 METHODS

3.1 Literature review

The purpose of doing this literature review was to gain more information on the challenges facing the AIDS orphans in Kibera slums. The study utilized secondary sources of information mainly books, journals government policy documents and reports. The literature search for this study was done with the search of key words such as HIV/AIDS, Aids Orphans, impact, Kibera slums, Challenges and stigma. The literature consists of selected articles on AIDS Orphans, Child headed households and the challenges they get in Kenyan slums and other developing countries in general.

In addition, some educational publications such as journals on HIV/AIDS, Orphans, impact of AIDS on families, related publications from the newspapers, and articles from WHO, UNAIDS, USAID, UNESCO Nairobi City Council (NCC), and UNICEF, were reviewed. Some other databases used in search for this literature include: Medline Ovid, Ebrary, CINAHL, and Science direct available in Nelli-portal online database of Turku University of applied science Library. These articles the author used in this study were chosen because they focused on Orphans and other Children made vulnerable by HIV/AIDS.

3.2 Interviews

This work was a qualitative study because it tries to describe and explain the challenges faced by AIDS orphans in Kibera slums. A semi structured interview was administered randomly to selected respondents who accepted to be interviewed following the survey made by the author with the help of the community Social worker in the Kibera slum.

The semi structured interviews contained open ended questions addressing problem faced by orphaned children affected by HIV/AIDS. Opened-ended questions were designed because it encourages a full, meaningful answer using the interviewee's own knowledge, experience or feelings and it is more objective. The interviews were administered to heads of households and affected children in the slum, those cared for by parent's friends, those living with their relatives and grandparents.

According to Hudelson.P.M. (1994), qualitative research suits a research in which descriptions and explanation, rather than prediction based on the cause and effect are sought, when it is not possible or feasible to manipulate the potential causes of behavior, and when variables are not easily identified or are too embedded in the phenomenon to be extracted for study. Thus the qualitative research in this study was well suited to understand and examine complex social phenomena of AIDS induced orphanhood in Kibera slums.

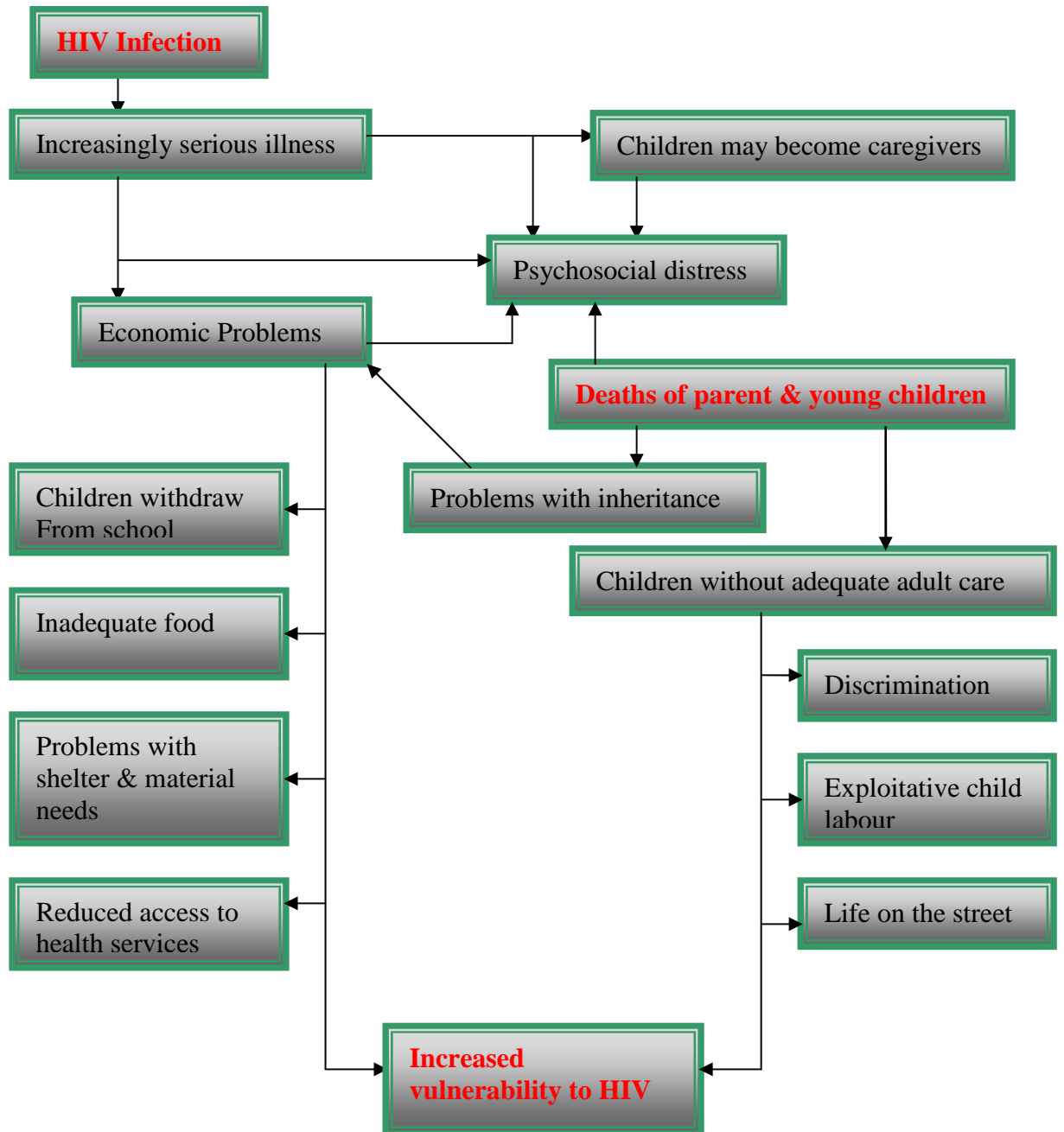
Data collection took place in December 2008 when the author made a field work trip to the Kibera slums. A sample consisted of ten AIDS orphaned children between 10 –25 years old were interviewed for the study. The age was considered as a selection criteria for the purpose of obtaining reliable data because children from ten years old category are considered to be knowledgeable and they can express their views regarding the issues and problems induced due to HIV/AIDS. Six of the participants were female, three of them had attained secondary education while three were primary school dropouts and the other four were male. One managed to complete secondary education; two had finished primary school while the other one was primary school dropout. During the interviews we could speak English or Swahili language.

4 LITERATURE REVIEW

4.1 The problems faced by AIDS orphans

There are many AIDS-orphans living on the streets of African countries, and for every child orphaned by AIDS, there are several others about to be orphaned, nursing ill parents, and already acting as primary carers of younger siblings. AIDS-affected children include orphans and children whose parents are ill or too busy caring for ill family members. Many suffer the isolation of fear surrounding the virus, hiding the secret of HIV in the family in case they are shunned by friends and neighbours. Even before they actually become orphans, children are effectively 'growing up alone' because of the shame and stigma which surrounds the disease. (UNICEF, 1999.)

Figure 1: The figure below shows the Complex and Interrelated Problems among children and families affected by HIV/AIDS (Williamson 2003). Modified by the author (2009).



The rate of AIDS deaths has risen significantly in recent years, with 150,000 AIDS deaths per year (UNAIDS & WHO, 2004). As the death rate exceeds the rate of new infections, the epidemic has moved into the 'death phase' (GOK, 2005). It is estimated that the high death rate had generated 650,000 orphans aged under 17 by the end of 2003, an estimated 2.1 million adults and children live with HIV/AIDS, representing about 14 percent of the sexually active population. Kenya has the ninth highest HIV prevalence rate in the world. (UNAIDS & WHO, 2004.)

Many children in Kenya are affected by the HIV pandemic and they are either born with the virus some acquired it through their mother's milk or orphaned due to the death of their parents to HIV/AIDS. (NACC, 2005). According to the National Aids Control Council report, 1.9 Million Kenyan children are AIDS orphans. Many AIDS Orphans in Nairobi Slums have to face a life without either parents, or a supportive family. (NACC 2005). Many of the orphans will end up in child headed households and those who go to grandparents will still be given most of the responsibility for bringing up their younger brothers and sisters. (UNICEF, 1997).

According to (AVERT, 2005) AIDS is now the leading cause of death in Africa, and the death toll continues to rise. Since the beginning of the epidemic, 15 million people have died, in which 2.3 million of those people died in 2004. Many countries have failed to bring the epidemic under control, with nearly two-thirds of the world's HIV-positive people living in Sub-Saharan Africa, but this region contains only about 10% of the world's population. The life-expectancy rate continues to decline, with the average age being 47, while without an epidemic, the life expectancy is 62 in this area. (UNAIDS & WHO, 2004.)

Children living in homes where AIDS has led to the sickness and or death of loved ones endure numerous challenges. Often, we imagine orphans enduring their worst challenges after the death of their parents. However with HIV/AIDS, the pre-orphan years when loved ones become sick and grow increasingly frail can be exceptionally traumatic, as well. The challenges such children endure may take place over many years, and can often go unnoticed by the teachers and other adults who are with the children. (Gilborn, 2000). The author will explore challenges of HIV/AIDS Orphans that cause it to be so potentially devastating to the healthy and functioning children.

4.2 Psychological impact

The psychological impact of HIV/AIDS on children is often overlooked. Not only do many children who live in heavily affected areas contend with the death of one or both parents, but they also frequently face the death of younger siblings, aunts, uncles and other relatives. While there are a number of programs that address the material needs of orphans and vulnerable children, there is less emphasis on helping children cope with the trauma associated with witnessing the deaths of family members. The additional burden of caring for terminally ill relatives may send children into shock leaving many of them with unanswered questions about their own mortality and future. (UNICEF, 2001.)

There are a number of psychological impacts affecting children of HIV/AIDS parents. A parent who is HIV infected may show less interest in the child due to the dramatic mood swings associated with the pressure of being infected. The child usually does not know what the problem is, that it is not his or her fault, and does not understand why the parent seems moody. The child is likely to react with fear and anxiety and sometimes will blame themselves. (UNAIDS, 2001.)

The psychological impact of HIV/AIDS on the young orphans is often misunderstood, particularly in the classroom. Children who are affected by HIV/AIDS may be frequently absent or tardy from school, find it hard to concentrate or unable to assume school-related expenses, such as school fees, uniforms, books and other school supplies. While teachers may have noticed that AIDS-affected children tend to have lower performance in school, many apparently do not link the behavior with HIV/AIDS. As a result, some organizations are beginning to train teachers on how to identify grief-related behavior. Teachers who have completed grief-identification training have reported that the sessions “opened” their eyes to the reasoning behind what they had identified as misbehavior of orphaned students. (Kiragu, 2001.)

Programs are also being developed that enable children to play, which is a luxury to many orphans and vulnerable children. Children affected by HIV/AIDS often begin to assume adult responsibilities, such as earning wages, caring for the terminally ill, and cultivating the land, leaving them with little to no time for recreational activities. These children may also be stigmatized and isolated, as ignorance about the virus remains high. (Kiragu, 2001.)

While psychosocial support for orphans and vulnerable children is important, the same type of support is often overlooked for caretakers. Reports of grandmothers caring for a dozen children with little to no income are not uncommon. The grandmothers are often exhausted and overworked. In many rural areas, senior citizens have no social security or retirement benefits. As a result, children under their care are more likely to be uneducated and malnourished. (Dwayne, L. 2000.)

4.3 Education and economic impact

The Government of Kenya introduced free primary education in 1997. Despite the availability of free primary education, some households took children out of school to care for members with AIDS and to fulfill mothers' roles. Even if children were not withdrawn from school, their education was often interrupted by poverty and the need to attend to members with AIDS. Children without appropriate school uniforms, shoes and socks were sent back home. Some children are forced to care for members with AIDS when they are bed-ridden. One child in Kibera slums had to attend to a nearly blind mother with AIDS by assisting with her walking. (UNICEF, 1997.) The growing number of children affected by HIV/AIDS could lead to a decrease of skilled laborers within a country, further destabilizing the national economy and society at large. There are over 60,000 AIDS orphans surviving in Kibera slum, often cared for by grandparents, over crowded orphanages, or completely unattended. (Gachuhi, 1999.)

In many parts of the developing world, people rely on their own plots of land for the majority of their food consumption and income. However, significant populations of engineers, miners, police, lawyers, and the like, rely on skills gained through education and professional training for income. Children who are affected by HIV/AIDS are less likely to be employed in these professions, as they have a lower chance of completing basic and secondary education. Without education and skills training, children orphaned and made vulnerable by HIV/AIDS are more likely to fall deeper into the cycle of poverty. The affected countries might find it harder to overcome national poverty and become effective members of the international economy. (Whiteside & Desmond, 2001.)

The economic challenges of children affected by HIV/AIDS occur in stages. The first stage often begins when children realize that their parent has AIDS and is likely to die. They begin to fear for their future, wondering that who will care for them, and worry about how they will be able to stay in school. Children are often pulled out of school to care for an ailing family member, or because meager household income is now spent on the sick. School fees, notebooks, and pencils become unaffordable and children begin to struggle to provide care and replace lost adult labor and income. (Cohen, D. 1999.) At this stage, the quality of child-rearing is compromised and many important lessons on life skills and self-sufficiency are not taught, mostly because the parent(s) is too ill to transfer the knowledge. After one parent dies, most children continue to live with the surviving parent or a relative, but they often slide more deeply into poverty. For some, the next stage begins when they find themselves the heads of households. (Cohen, D. 1999.)

A young adolescent may be responsible for many siblings, some of whom may be infants. Children who are the heads of households are in a difficult position not only because they must now support their siblings with little to no education or employable skills, but also because they most likely have limited resources. In many cases much of the family's possessions may have been sold to care for the sick. Large numbers of orphaned children find themselves in homes that cannot afford to pay school expenses and drop out to work in the household, fields, or on the street. (UNAIDS, 2001.) Children with minimal education or employable skills can be found doing work such as shining shoes, begging for money in the streets, bartending, selling food, and most often in the case of girls, becoming domestic workers. Many observers believe that the desperation of these young children makes them more vulnerable to abuse and exploitation, ultimately making them more susceptible to contracting HIV/AIDS. (UNAIDS, 2001.)

According to (Donahue& Williamson (1999) HIV/AIDS epidemic is taking its heaviest toll at household and community level and the economic factors are crucial in determining the responses of the extended family to provide care for orphans. The care of children affected by HIV/AIDS in developing countries is falling on poorer people within communities, especially women. In Kenya, most families that agreed to take in foster children were living below the poverty line, whereas wealthier relatives tended to maintain minimal links with orphans. (Donahue& Williamson, 1999.)

4.4 Street children

Street children are long-term runaways or homeless children who are able to fend for themselves on the streets .Worldwide, UNICEF estimates that 30 million children spend most of their time on the streets. Of these, around 10 million are to all intents "abandoned", having lost or severed links with their parental homes. These children are prime targets for STDs and HIV infection. Their life style often places them on the wrong side of the law. Emotionally vulnerable and economically hard-up, such children are easily drawn into selling sexual favors. (UNICEF, 2001.)

Kenya is estimated to host more than 300,000 children and youth on the streets who engage in survival tactics that endanger their well being and that of the society. Most of them are abused, neglected, exposed to criminal and gang activities, suffer poor health due to their lifestyles and exposure to harsh environment, drug and substance abuse, and exposure to HIV/AIDS infection (KBC 2007). According to the government of Kenya reports many of them have escaped abuse at homes. Street children face serious difficulty in getting medical treatment. Hospitals are ill-prepared to deal with children and many cannot afford the treatment. The situation of street children is complicated by the fact that they are sometimes treated as criminals. Police have repeatedly rounded up and detained street children. They are also often subjected to police brutality, sexual abuse, and economic exploitation (Human Rights Watch, 1997.)

According to GOK/UNICEF Country Programme evaluation report of 2001, with regard to Orphans and Vulnerable Children, the number of orphan children is increasing in Kenya with those orphaned by AIDS constituting approximately 80% of all orphans. (Human Rights Watch, 1997.)

4.5 Uncertainty in life.

Both before and after the death of a parent, AIDS-affected children are exposed to a high degree of uncertainty. Unfortunately, it seems that the only thing that is certain to them is the eventual death of the loved one. Children are faced with many questions, which often are impossible to answer. Questions such as “How long will the sickness last?”, “How will we afford medicine if my father is unable to work?”, “Will my parent die?”, “What will happen to me and my siblings once they die?”, “Where will we live?” Such uncertainties pose a great challenge to secure psychological base essential to a child’s development of a healthy and functional personality” (Dwayne ,L.2000.)

A case study of a young boy called Frederic, a 13-year-old orphan in Kibera, said he was scared that he might lose the only caregiver he had, even though his home situation was far from the caring environment a child needs. He lives with his uncle because his mother died in the year 2000 and then his father in the year 2003. He says that he does not know why they died, and his uncle did not talk about it. His uncle's wife ran away when she got sick, she had sores all over her body. They are just the two of them living together. He complains that he always goes to bed hungry. And he does all the work in the house. He gets water, cooks, washes clothes and dishes but there is never enough food or even money to buy water. His uncle does not let him play with his friends even when the work in the house is done. When he sees him playing he beats him. The worst fear he has is who he will take care of him when his uncle dies. Human Rights Watch interview with Frederic age 13, at Stara center Kibera slum, Nairobi. (Human Rights Watch, 2007.)

After the death of their parents, AIDS orphans continue to face enormous uncertainties. If they are living with extended family members, they may be uncertain about their role within the existing family, and how much of a burden they are placing upon the family. They may also be uncertain about their education, and whether the family will be able to pay the fees to send them to school. On the other extreme, some orphans either fall outside of the extended family safety net and end up as street children, or they become heads of households, where they are responsible for looking after their siblings and taking on the roles that their parents used to have. Such children often must face the everyday uncertainties of life on their own. (Fleshman, M. 2001.)

They are expected to forego their childhood and to assume the responsibilities of adults, which may include caring for younger siblings, growing their own food, and engaging in income generating activities. Often, these young children are poorly prepared for their new adult roles. For example, it was reported that " In Namibia, children left with small livestock – chicken and goats – saw many of their animals die, simply because they did not have the experience to care for them properly. (UNAIDS 2000.)

A study carried out in Kenya found out that four out of five orphans who were farming in one rural area said they did not know where to go for information about food production. Such uncertainties can severely affect the psychological and physical health of these children, and hinder their opportunities to become loving, caring, socially-developed individuals. (UNAIDS, 2000.)

4.6 Stigma, discrimination and depression

According to UNAIDS, stigma and discrimination continue to accompany the HIV/AIDS epidemic. Children are not immune from stigmatization. In cases of stigma, children tend to be rejected as early as their parents fall ill with AIDS. Some children may be teased because their parents have AIDS, while others may lose their friends because it is assumed that proximity can spread the virus. (UNAIDS, 2001.) Harsh cases of discrimination have been reported in many countries, including India particularly for HIV-infected children. UNAIDS study found out that HIV-related stigma is particularly high in India, where 36% of the respondents in a survey felt that HIV-positive people should kill themselves, and the same percentage felt they deserved their fate. Another 34% reported that they would not associate with an HIV-infected person. (UNAIDS & WHO, 2004.)

A recent case study from India illustrated how the desire to disassociate from HIV-positive people impacts children. Two HIV-positive children, who lost both of their parents to HIV/AIDS, were repeatedly barred from schools for two years in India. After the children and their grandfather protested in front of government buildings, one school finally accepted them. However, all 100 of their schoolmates were withdrawn by their parents fearing infection by association with them. (*BBC 2003.*)

Ultimately the government was forced to pay for a private tutor so that the children could learn at home (*BBC 2003*). Even children who are not HIV-positive may find themselves rejected and alone. This only adds to the feelings of anger, sadness, and hopelessness that they may feel after witnessing their parents slowly and painfully die. One study in Kenya found that 77% of the children orphaned by AIDS said that they had no one outside of their families to “tell their troubles to” (Human Rights Watch, 2001.)

The feeling of isolation can be heightened if the orphaned children are separated from their siblings, as often occurs when family members split up the child caring duties. Another survey also conducted in Kenyan slums by the United Nations Development Programme (UNDP) found that 48% of the households with orphans reported that some of their family members were relocated to other Communities (Ayieko, 1997.) Sibling separation can be difficult for children as they often rely on each other to cope with the loss of their parents. (Ayieko, 1997).

Children who are orphaned by AIDS often have a lower performance in school than children who are not. The preoccupation with the illness or death of their parents, the isolation due to the loss of friends, and the undertaking of additional work that comes with caring for ill parents or supporting oneself after one’s parents have died often make it difficult for orphaned children to concentrate in school. (UNAIDS, 2001).

It is common for teachers to report that they find orphaned children daydreaming, coming to school infrequently, arriving at school unprepared and late, or not being responsive in the classroom. Some teachers ignorant of the cause of the children’s distress are not sympathetic. Orphaned children have reported that unsympathetic teachers yelled at them, made fun of them, or put them out of the classroom. However, other orphaned children have reported that their teachers have been their primary support base at school. (Wild, L. 2001.)

Orphaned children can also experience discrimination within their new households. Reports have emerged of orphaned children receiving less food, denied school fees, and forced to do more work. Children especially girls have also reported instances of sexual abuse in their new households. However, many may silently accept it because they have nowhere else to turn for shelter or for protection. (Wild, L.2001.)

4.7 Violence and abuse against AIDS orphans

AIDS orphans are particularly vulnerable to violence and abuse. Access to medical treatment can also be very difficult for such children. Orphaned Children who live with non-parent guardians may face violations of property rights, labour exploitation, sexual harassment, abuse, and violence. (UNAIDS & WHO, 2003.) According to Human Rights Watch (2007), it was found out that some orphans in Kibera slum are suffering from beatings and other physical mistreatment by their guardians and care takers. Example is a case study of James a 14-year-old boy who ran away from home and was forced to live on the streets, where he was vulnerable to further abuse. He said he could not remember exactly when his parents died but he thinks he was about 10years old. An uncle took him and his sister to stay with him, in his house in Kibera slum. He claims that his uncle was harassing and beating him for example when he played for too long time outside with other children. (Human Rights Watch, 2007.)

He wanted him to stay inside the house while other children were playing, his sister was not beaten because, she stayed inside and worked as domestic worker for his family. The uncle often beat him on the back with a belt or other objects he could find. He would do it every couple of days. This violence made James to run away from home. But the uncle found him again and brought him back to his home by force. He would beat him again because he saw him as a burden after his parents passed away. James claimed that at one time his uncle told him that he should have died instead of his parents. (Human Rights Watch, 2007.)

When staying with his Uncle became unbearable he ran away to Karen a Nairobi suburb for a few days where he stayed on the street and in the forest begging. Then he went to the streets of Nairobi where he met other street children who faced similar problems. He stayed there for about six months when he found a Good Samaritan who gave them food and allowed them to sleep in uncompleted room his in kiosk. (Human Rights Watch, 2007). Finally, the man became tired of them and he decided to send them to a children's home where they stayed there for six months. The other three children were picked up by their families then he became lonely and ran away from the children's center back to the streets, when a gentleman took him to the police station in Nairobi Kilimani where he was detained in a police cells for about one week there after he was transferred to orphanage in kibera and during the time of the interview, James was staying in a small shelter in Kibera and getting antiretroviral drugs and other medical care through a (CBO) community project because has been diagnosed in the VCT Centre to be HIV positive. (Human Rights Watch, 2007.)

4.8 Loss of inheritance

Children who are solely responsible for their siblings struggle not only to support the household, but also to keep their homes. Property grabbing is a practice where relatives of the deceased come and claim the land and other property, is reportedly a serious problem for widows and child-headed households in Kenya. Traditional law in many rural areas dictates that women and children cannot inherit property. (Makame et al, 2002.)

Property grabbing has a number of negative consequences particularly for girls' and women. Girls may experience sexual abuse and exploitation from their new caretakers, girls and women may be forced into the sex trade in exchange for shelter and protection, further increasing the risk of contracting HIV. Some are concerned that the practice of property grabbing heightens the strain on extended families and increase the number of street children. (Geballe & Gruendel, 1998.)

On paper, Kenyan inheritance law provides children with important protections when both parents die without leaving a will, their property is to be divided equally among their children, whether male or female. If the child is under 18, a public trustee will administer the property until the court appoints a person who administers the property on the child's behalf this may be the guardian or any other adult. Yet, in reality, many children in Kenya do not inherit the property they are entitled to from their deceased parents, such as a house or apartment, land, or movable property. (Law of Succession Act, 1981)

For AIDS orphans in particular this can mean denial of basic social and economic rights, including the right to health and education. Children rarely know their rights, how to get a lawyer, or how to access the Office of the Public Trustee. In many cases, surviving relatives grab the property they are meant to administer for the child, in other cases, relatives seeking to safeguard a child's inheritance face numerous bureaucratic obstacles. Sometimes children are chased away from their parent's property. (Geballe & Gruendel, 1998.)

Some families strip children off their property and then place them at the orphanage. According to a case study (Human Right Watch 2007), there was a case of a child staying with her aunt in Nairobi, after her mother had died. The parent had a flat and the aunt took the flat and rent it out to some tenants, then placed the child in an orphanage. Another case study is a story of Peter and his family who lives in Kibera slums were evicted by relatives when his father died. Immediately after the funeral, Peter's uncles and aunts came to the house, took everything away and evicted them all. Peter, his brother and sister had to drop out of school. (Human Right Watch, 2007.) His mother had to sell their few remaining possessions to rent a small room and struggle to educate the children. Peter could not concentrate on his studies and his mother finds him silent and withdrawn. He tries to help the family by earning extra money from doing petty jobs which his mother regrets but gratefully accepts. (Human Rights Watch, 2007).

According to (Human Rights Watch 2007), when children demand their inheritance their relatives sometimes react with threats and in some cases, Child Legal Action Network (CLAN), a local NGO, have managed to assist some orphans whose relatives had evicted them from their parents' property. The NGO helped to get a court order to reverse the eviction. (Human Rights Watch, 2007).

4.9 Gender exploitation

In some African countries, the education of girls is considered to be less important than that of boys, and girls are more likely to be withdrawn from school to perform household work and care for sick family members. On the other hand, in some contexts boys are regarded as more likely to contribute to production and so are more likely to be fostered under conditions of emergency. (Ntozi & James, 1997.)

The rapid spread of HIV/AIDS in many countries is fueled by gender inequities. Since girls tend to be educated at lower rates than boys, some assert they are more likely to engage in sex for survival. Recently UNAIDS survey found out that around two million female sex workers in India, 20% were under the age of 15 and nearly 50% were under 18years old. In addition to the practice of exchanging sex for food, money, and clothing, young girls face a range of challenges that affect their sero prevalence. While at school young girls may be raped by their peers or coerced into having sex with their teachers. Young girls are also vulnerable to sexual exploitation as they work, particularly as vendors and domestic servants. A study in Fiji found out that 8 in 10 young domestic workers reported having been sexually abused by their employers. (Worden, J.1996.)

5 MAIN RESULTS OF THE INTERVIEWS

5.1 Financial problems

During the interviews with the AIDS Orphans open-ended and semi-structured interview was used as the main data collection instruments. AIDS orphans described financial problems like lack of income and psychosocial problems, social stigma and discrimination as the major problems they face them. In this regard ,the AIDS orphans described that the economic problem arise from income loss due to the death of a parent/guardian from AIDS and it is considered as a major problems hindering them from accessing the basic needs like food ,shelter and clothing as well as the problem of health and education. The financial problems are affecting the survival of orphans and their families.

For example one respondent described the financial problem by saying that the death of parents from the AIDS pandemic directly leads to transition of the orphans and their families into a circle of poverty, economic debts and lack of income. These problems are deterring the orphans from adequate feeding, clothing, schooling, shelter, health care services and the like thus the livelihood and welfare of AIDS orphans will go down.

5.2 Psychosocial problems

AIDS orphans interviewed in Kibera slums described the psychological and emotional problems like lack of love, discrimination and stigmatization affect their personality in everyday life. Some tried to elaborate their experiences by saying that they do miss a lot of things due to their parent/s loss. They will not forget grief and trauma attached to their minds when they were watching their parents suffering from HIV illness and died turn by turn.

For the orphans, loss of parent/s means loss of everything like love, hope, protection or security, care and support. One of the orphans interviewed in this study described their experience That: “we orphans are exposed to different problems that requires parental care and protection, it affected our identity and personality, we have no one to hug us that is why we are emotionally jealous when children around us were hugged by their parents”

Because of social exclusion and stigma, most orphaned children are vulnerable to sexual exploitation and labour abuse, which leads them to live in a very difficult life like living on the streets and others, can engage in child prostitution and a resultant. Due to stigma and discrimination from some members of the society and some institutions, many orphaned children are denied from access to basic social services like health, education and shelter. Because of these, the orphaned children are self stigmatizing themselves to cope with the problem of abuses and stigma.

Some of the orphans interviewed in this study provided their reasons for the causes of stigmatization and discrimination as the negative attitudes and misconceptions about the cause and mechanism of HIV transmission, some people in the society see AIDS orphans as if HIV positive children. Some orphans said that other neighbours do not allow their children to play with them while others reject and insults them which is so painful to them. So they do feel scared to integrate with others freely. Also from the author's observation, the living condition of some orphans and caregivers particularly those who are managing their life as heads of the household have severe problems of clothing, food, and shelter.

5.3 The coping mechanisms

Orphaned children described their coping mechanisms from their problems as leaving their 'original' living homes and lives due to abuses and stigma, seeking aid and assistance from institutions, relatives, community and parent's friends, compromising education to seek for income generating activities including the engagement in the risky behaviors or combining work with school of which the attendance often are interrupted or sometimes attending school during day time and working at night. Compromising consumption and using their clothing, shoes and school materials by shifting with their siblings who are living in the same household.

6 SUMMARY OF THE RESULTS

Children orphaned due to AIDS are directly affected by both the social and economic impacts. Social impacts like lack of parent's love and affection, protection and care, social exclusion and stigmatization leads the children to be abused by the society and some community organizations who manage to get funds for their own individual gain.

AIDS Orphans face emotional and psychological challenges and live with the constant memory of their deceased parents. The majority of children suffer feelings of loneliness, desperation and depression following bereavement and stress associated with shouldering an adult role at a young age, low self-esteem, fear, and a sense of alienation. During the parents' or guardians' illness and after their death, the family is stigmatized and the children are often rejected or discriminated against. This situation justifies why many AIDS orphans or children living with AIDS parents seem to have fewer friends and suffer from social isolation more than their friends.

Most AIDS Orphans interviewed in Kibera slums also suffered stress resulting from assuming adult roles and responsibilities of caring with no resources or minimal resources for many needs. At the same time they are at risk of neglect, violence, sexual assault and other abuses. They live with both fears and hopes about their future as they struggle with a lot of responsibilities which are well beyond their experience or capacity, thus some become depressed, anxious and loss hope in daily life.

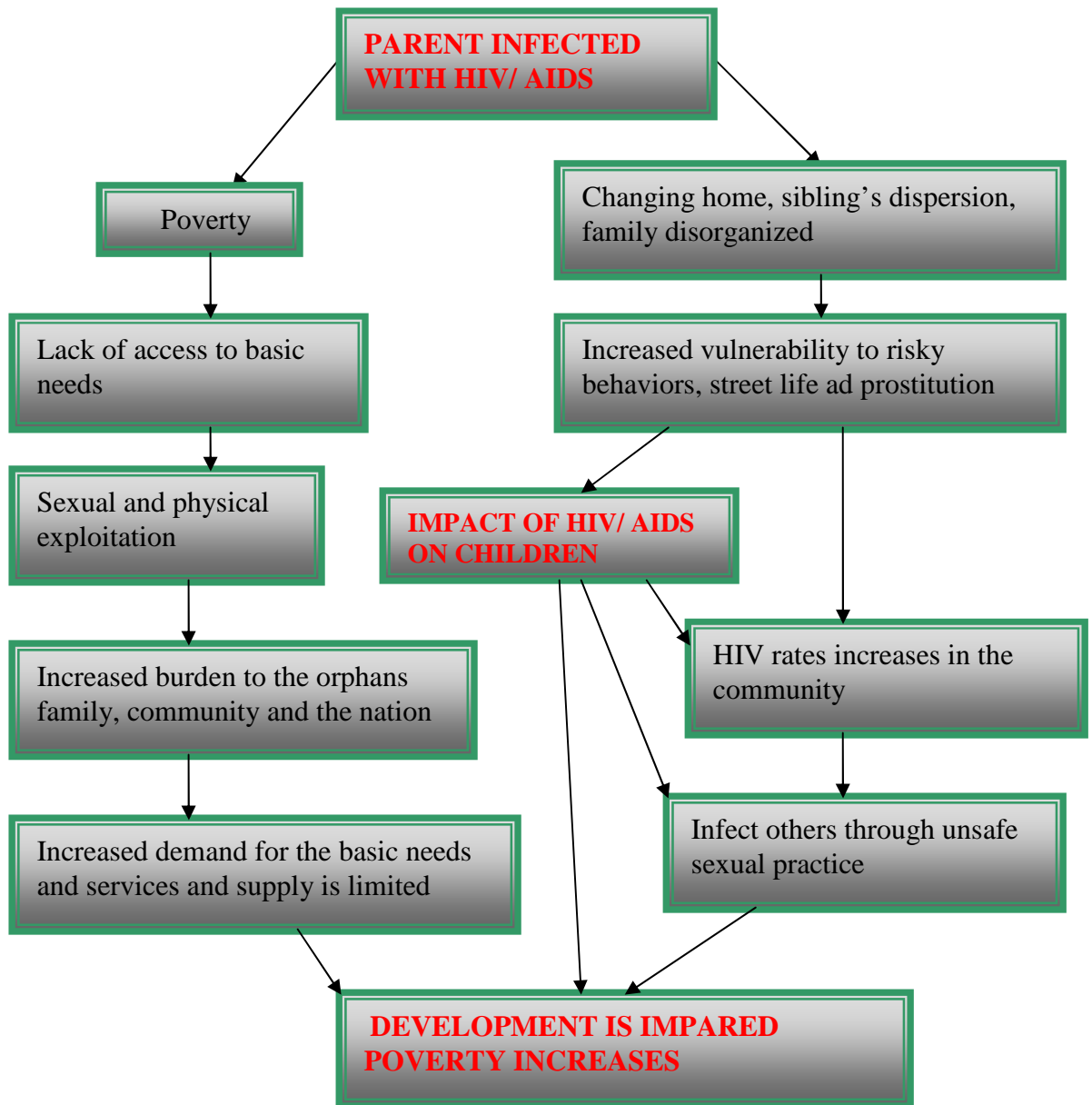
In this study, the author found out that most Aids Orphans in Kibera slums suffer from low quantity of food and often others survive on rotten and thrown away food stuffs. The study also found that, in most cases, they engage in hazardous labour in exchange for food or prostitution for food. The affected children find it hard to attend school because of lack of money for buying reading materials even if they do, the majority does not attend school regularly because they feel tired, and no enough food to sustain them during school days or because of frequently occurred sickness.

Most of them have to work late into the evening to make ends meet by selling cigarettes, roasted grain, and lottery tickets. These children mostly do not perform well in school and on the other hand ADS orphans who are child-headed households are more likely to lose their rights to home through failure to secure their inheritance rights or because of stealing by some opportunist relatives. Unlike the adults, the property rights of the orphaned children are actually future rights, and therefore, their rights are more susceptible to greedy relatives or neighbours.

Aids orphans who are bereaved of their parents after a prolonged illness are likely to begin their new lives without resources or very limited resources. The illness is often impoverishing and it often requires the family to sell off land and other assets to raise money to cater for hospital bills and medication. The resources needed for survival are depleted even before the parents die, showing the danger of poverty for the children when they subsequently establish as Orphans. With limited or no education, external support and no means to generate income to provide for their siblings and a sense of desperation, a number of orphan girls end up as prostitutes or get married at a very early age, often to much older men.

The boys may join armed groups, or make their way to the streets to look for petty employment. The findings in this study also reveal that when the parent/s gets AIDS it will lead to income loss in the household/family, erosion of the social capital, support mechanism and the quality of life of the AIDS orphans and their families will go down socially and economically. The generation of children is going to grow up without socialization, emotional and economic support of their parents or their guardians.

Figure 2. The figure below shows the impact of HIV/AIDS on children and Development. Formulated from the literature review ideas by the author (2009).



7 RELIABILITY AND VALIDITY

The author was taking notes of the data and doing observation while conducting the interview. The cultural similarities of the author and people living in Kibera slums play a role in the credibility of the study. The author is also familiar with the other cultures from the previous working experience in the slums of Nairobi, and the phenomenal related to the study.

The author also speaks some vernacular languages with the Kibera residence, but mostly the Swahili and English language was used during the interview. Because the author made a field work trip to Kibera slums and found first hand information on the phenomenon, it increased the reliability of the study. In addition, most authors and researchers of the researched articles shared the same findings with the author of this study hence it make the study reliable. The literature review articles used in the research in this study may cause some biases. Therefore, the author of this study acknowledges that the researched articles used may interfere with the results due to their interests, or interpretation because some researched articles were from different developing countries and the situation may not be the same.

On the other hand the reliability and validity may have been limited because the sample of ten orphaned children used for the study was small, though it was very convenient sample for the author due to the time limitations. The findings of this study may not to be necessarily generalized to all AIDS orphans of Kibera slums and larger study should be done to provide more reliable evidence.

8 DISCUSSION

The current condition these orphaned children expressed in this study is a situation marked by severe poverty, loneliness and worries about tomorrow. The consistent lack of money exposes the children to many risks such as contracting HIV/AIDS infections. HIV/AIDS pandemic increases inequalities between different regions of the world and widens the gap between the rich and the poor.

The epidemic steals from the human development and wipes out decades of investments in education. It creates server loss of breadwinners, head of households, professionals and resources and it leads to a growth in number of orphans, and this factor makes fighting of the epidemic more taxing .(UNESCO, 2001.) Becoming an orphan of the HIV/AIDS is rarely a sudden switch of roles. It is slow and painful and the slowness and pain have to do not only with the loss of a parent but also with a long term care which that parent's failing health may require. For example a young girl of twelve years may be used to caring for younger siblings, she is unprepared to take care of her mother, father or both of them. Copping with a parent who is weak and requires food to be cooked or water to be brought is one thing, coping with a parents' server disease, declining mental function and mood changes is quite another. (UNAIDS, UNICEF & USAID 2004.)

In addition to this emotional distress arising from circumstances such as these, children whose parents have died from AIDS suffer numerous adverse social consequences for example they may arouse sentiments of fear and suspicion in others and are likely to experience stigmatization and discrimination and are often the subject of cruel jests, insults and unreasonable demands.

Large proportions of orphans end up as street children. Emotional vulnerability and financial desperation expose orphans to greater risk of sexual abuse and exploitation. Their vulnerability to sexual abuse puts them at a higher risk than other children of becoming HIV infected.

It is critically important that orphaned children are allowed to develop in an atmosphere that is normal and emotional secure. This has two very practical implications for policy and practice. One is that orphans should not be singled out as special category above all those whose parents have died from AIDS should not be categorized as “AIDS orphans” labeling them in this way increase stigmatization, discrimination and harm for these children. Such labeling is all the more undesirable in situations where there are also large numbers of other vulnerable children whose parents are still alive. Jackson (2002) argued that within the communities assistance should be directed to the most vulnerable children and households regardless of orphans’ status.

9 CONCLUSION AND RECOMMENDATIONS

9.1 Conclusion

HIV/AIDS is a disaster in developing countries especially in African countries. HIV/AIDS pandemic has a severe impact on the social and economic developments. Children face the loss of one or both of their parents, as well as they risk being infected themselves. Children often drop out of school to take care of their ailing family or because they become orphans and are forced to live on the streets without anywhere else to turn. Women and grandparents often become the only providers for their families, making it extremely difficult to provide food and the basic necessities for all the children. Individuals suffer and in turn communities begin to fail and it becomes apparent that society is suffering further because of the AIDS epidemic.

AIDS has reduced the status of many families especially in Kibera slums where the study was conducted and focused. It has forced women and children to survive by begging on the streets due to lack of food or because their bread winners have died. The epidemic has damaged the educational sector of the economy, by reducing the number of teachers and has kept children out of school so that they can take care of the sick family members. The family structure is quite often mangled because of infected members who become ill and pass away from HIV/ AIDS complications. When the primary wage-earners die, it adds more responsibility to the surviving partner to take care of the children and also earn an income for the family.

The overall economy suffers because the health care system, education, and labour force are all affected by a dying population. In regions that are already faced with poverty, this economical difficulty causes the economy to experience disastrous times, and if the epidemic continues, the communities will not survive. The study indicated that AIDS orphans are forced to live with persistent pains of life and being out of it is beyond their control.

They are socially, economically and psychologically disadvantaged, thus lost some aspect of normal childhood development. By being exposed to sexual, physical and emotional abuses, they are vulnerable to make street as their home which is more dangerous to them. Prevention of AIDS needs to be the number one concern by the Kenyan government and other developing nations in order to stop the epidemic. Children that are dying today are valuable resources that will be missed in future generations. The economy will continue to suffer if the epidemic is not contained and the human population and family structure will continue to deteriorate.

9.2 Recommendation

HIV/AIDS has got server implications on the lives of AIDS orphans, caregivers and the community at large. With the best interest of orphans and other children made vulnerable by HIV/AIDS in mind, the author believes in the importance of support services and care in supporting the needs of orphans, families and communities to enable them build up their capacity to confront the disease. Children affected by HIV/AIDS have a right to basic needs, education, health care, family care and protection.

Based on the study findings, the author recommends the following support services and care, in supporting the needs of orphans and children made vulnerable by HIV/AIDS.

1. Social stigma and discrimination must be improved by changing the public, the attitudes of the society towards AIDS orphans through social mass education campaign.

2. Special attention and urgent support should be given to orphan-headed households. Because the traditional role of the extended family in caring for orphans is threatened and weakened by HIV/AIDS, Orphans in child-headed households are likely to live in poor conditions and have little chance of escaping poverty without external support. So their attempt to survive and continue as a family unit needs to be supported.

3. Legal and human rights advocacy

An advocacy is required to give protection and support for orphans and other vulnerable children. It is basically needed to ensure that child-headed households are recognized by the Government and addressed in national constitutions, legislation and social welfare systems.

4. State support for orphans and vulnerable children in education, health, food security are very important. Support from the state can be in many forms like exemption of school fees, school meals, free health care services etc

5. The Government should promote social and economic support to improve incomes of caregivers through income generation activities.

6. Institutions working with AIDS orphans and local community organizations like CBOs and NGOs must review their bylaws and regulations so as to make the orphans self supportive and protect them from further risks and vulnerability.

7. There should be availability and access to anti-retroviral drug therapy. ARVs can reduce the numbers of orphans and prolong the capacity of caregivers. Affordable ARV and other appropriate therapies should be made available to people living with HIV/AIDS and especially pregnant girls and women to promote safe motherhood and lower mother-to-child-transmission rates.

8. More studies should be done in-depth to explore adequate and reliable information on the implications of HIV/AIDS on children, coping mechanisms, best strategies to adopt for orphan support programs in Kibera slums and other parts of the country by using both qualitative and quantitative methods of investigation. This is because the findings of this study cannot generalize to all AIDS orphans of Kibera slums.

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APENDIX 1

ACRONYMS

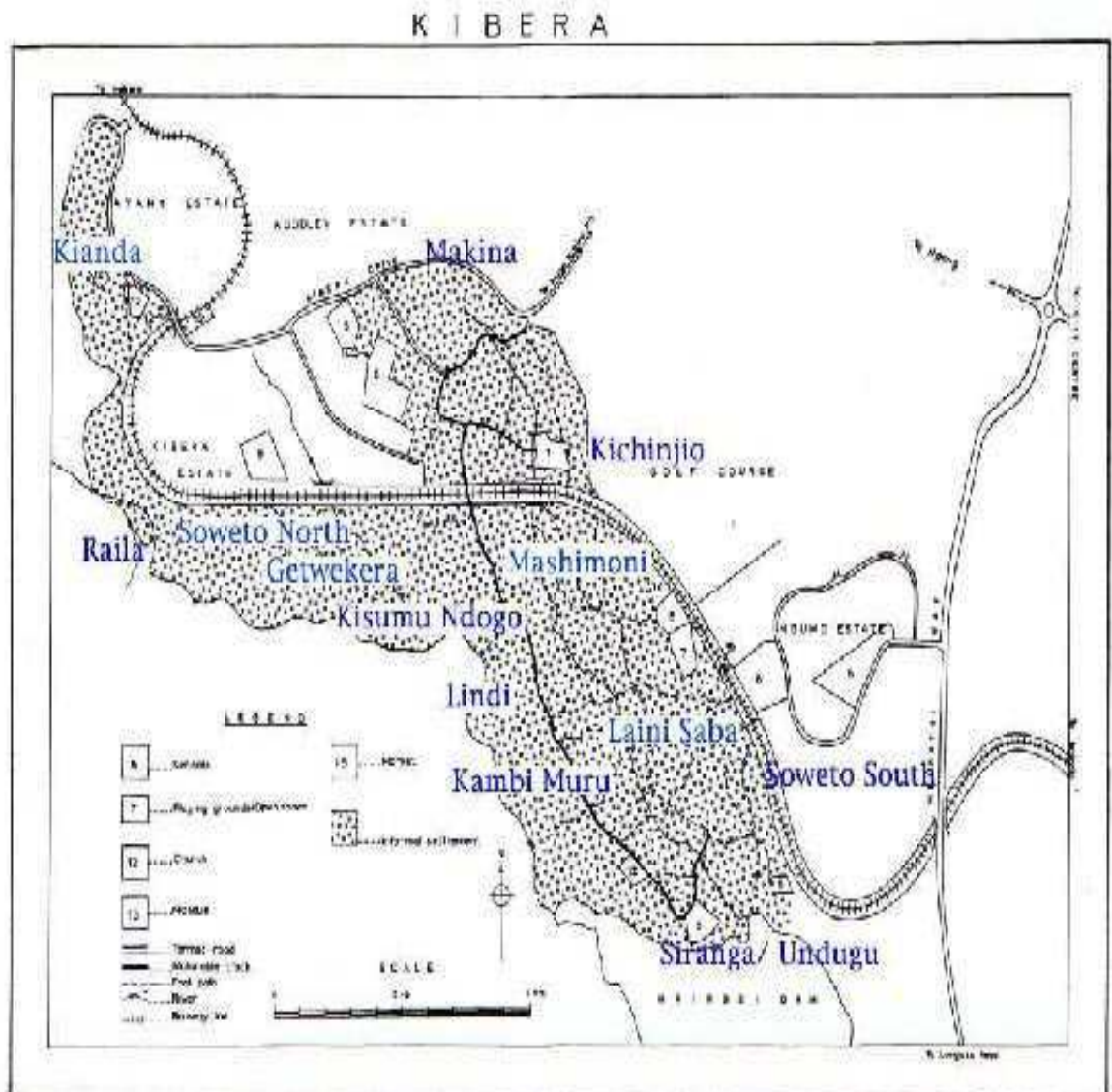
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral drug
AVERT	an International AIDS Charity
CBOs	Community Based Organizations
CLAN	Child Legal Action Network
GOK	Government of Kenya
HIV	Human Immuno-Deficiency Virus
KSH	Kenya Shilling
MOH	Ministry of Health (Kenya)
NACC	National AIDS Control Council
NCC	Nairobi City Council
NGO	Non Governmental Organization
OVC	Orphans and Vulnerable Children
STDs	Sexually Transmitted Diseases
UNDP	United Nation Development Programme
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UNESCO	United Nations Educational, Scientific and Cultural Organization
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
€	Euro

Appendix 2

Semi-structured interview questions

Name:
Age:
Gender:
Level of Education:

1. Where do you stay in kibera and whom do you live with?
2. How do you feel living with people or relatives who are not your real parents?
3. Tell me how your life have changed since you lost your parents/guardian and how do you feel about it as an orphan?
4. How is the burden of caring your siblings and what are your coping strategies?
5. How does the HIV/AIDS stigma does affect you and your siblings?
6. Tell me more about the challenges/problems you encounter in your daily life as an orphan especially in this Kibera slums?
7. Are you studying? How is/ or was your studies?
8. Please would you tell me how you survive/manage in your daily living? Do you work or have you been working to support your siblings?
9. Have you got any help/assistance? Given opportunity how would you wish to be helped?
10. How is the living conditions in – Kibera slums, orphanage, or in streets?
11. Do you wish to share any other information that will help us in this study?



The Map above shows the villages of Kibera slums

Source: Nairobi City Council. 2002

Case Study: 1

AIDS leaves Africa's grannies to raise children

Estandard Newspaper 28th November 2007 <http://www.estandard.net>

NAIROBI - Skinny and gap-toothed, her nose smudged with black dust, Grandmother Kanotu Mumo sorts charcoal into small pots for sale on the stoop of her slum hut.

Mumo is an "AIDS granny" in Kibera, one of Africa's biggest slums. Like grandmothers all over Africa, they have been left to fend for orphans after their own children and husbands died.

Her hut stacked with sacks of charcoal, measures 10 by 8 feet (3 by 2.5 metres) and is too dark to see more than a few inches (cm) even in the middle of the day.

Somehow she shelters four grandchildren, two great grandchildren and the child of a dead relative, who sleep on mattresses and two beds. There is no toilet or running water.

According to U.N. figures, at least 12 million children in Africa have lost one or both parents because of AIDS. This is 80 percent of all AIDS orphans in the developing world.

The number of orphans in Africa has increased by 50 percent since 1990 while falling in other regions. The United Nations says there will be 53 million by 2010, some 30 percent of them bereaved by AIDS.

The burden of this disaster is borne by extended families, most often grandmothers, who might have otherwise dreamed of returning to their home villages for retirement at the end of a tough life.

Kanotu Mumo moved to Kibera, home to 1million people, when her husband died about 25 years ago in eastern Kenya. "I can't remember. It has been so long. When my husband died the relatives threw me out and sold the land."

Unlike many of the grandmothers, doleful and worn down by their fate, Mumo smiles and jokes. She says she cannot remember her age. As she talks, two teenage granddaughters come and go.

Her story is typical of the everyday tragedies of Kibera. Two daughters and a son died of AIDS. Another son was stoned to death by a mob after he was caught stealing. "I am embarrassed to talk about it but it was due to the unemployment."

She lives close to the railway line that runs through the sprawling slum, acting both as a pedestrian thoroughfare and place for traders to lay out shoes and clothes.

She sells her charcoal -- the slum's primary fuel -- for a few shillings profit, after buying from a nearby wholesaler who carries it to her hut.

SCHOOL

Like other grandmothers interviewed by Reuters, Kanotu Mumo comes to the Stara school in Kibera to clean twice a week. Their grandchildren attend the school and are fed from huge vats of steaming maize porridge and beans.

The project, supplied and funded by Dutch charity Childs Life International, the U.N. World Food Programme and Kenyan aid agency Feed the Children, was started seven years ago by a group of Kibera mothers, after friends died and left them to look after their children.

The school on the edge of Kibera houses more than 500 lively children, 70 percent of them orphans, dressed in green uniforms.

More than 30 of the children are HIV positive and receive anti-retroviral from a nearby clinic in the slum, supplied against vouchers from the school. The small size of the premises means classes are noisy and overcrowded, with up to 80 children of mixed

ages. The school, headed by dynamic Kibera resident Josephine Mumo, has proven skilful in raising support.

Singer Harry Belafonte, Barbara Bush, mother of President George W. Bush, and actress Drew Barrymore have been backers.

Without their grandmothers and projects such as Stara, many more orphans in Kibera and elsewhere would end up as glue-sniffing street children or child prostitutes.

Josephine Mumo says that when the mothers started the school, they brought in children who had been raped as they went door-to-door begging for food.

SURVIVE FOR THE CHILDREN

Many of the grandmothers are themselves weakened by HIV as well as old age, making it even harder for them to feed their charges.

Peris Owuor, 50, is a Kibera grandmother looking after seven grandchildren.

"Sometimes my body does not feel good and I cannot go to look for food," she said.

Owuor, whose husband died of AIDS in 1998, washes clothes to make money, at 150 Kenya shillings (\$2.25) a day, and tries to help feed her three surviving children who have no jobs.

"But when my body is not good I just have to stay at home."

Another grandmother, Antonina Mujenge, also HIV positive, cares for five of her own children and four grandchildren. She also sells charcoal.

"I try to look after them like other children but it is very difficult because of my low income. Sometimes there is not enough for all of them," she said.

"My main aim is to stay around long enough to make sure the kids can get an education and find jobs," said Mujenge, who has lived in Kibera for 20 years.

She would love to return to her village in western Kenya. "But I am an outcast at home. They say I can infect others. I cannot go back."

Grace Atema, 65, looks after three grandchildren and her daughter, mother of two of them. She washes clothes twice a week to raise money.

"I put everything I get towards the children. But I worry what would happen if I died. How would they survive?" she said.

Case study: 2

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"Consigned to poverty and without any other option, 17-year-old Silas Odhiambo defied tradition and saw nakedness of his grandmother. The young man bathed, cleaned the soiled, massaged and took care of his 75-year-old granny with the hands of a nurse. Silas was orphaned by HIV and Aids while still a toddler and grew up to assume the role handled by only those much older than him.

To Silas, Grandma Domitila Achieng Obera was not a grandmother like any other; she was the "mother" who bottle-fed him from the age of four months.

"Silas' mother died when he was only four months old. Grandma, who had been taking care of her other orphaned grandchildren, did not hesitate. We are told that she instantly took up the infant even though she had been through with this call years ago," recalled photographer Felix Masi whose organization Voicelesschildren.org chronicled Domitila's life until her death in May this year. In stunning heart-breaking photos capturing Silas lifting and cleaning his bed-ridden grandmother off a tattered mattress hoisted over a stone for a pillow, Silas goes about his service quietly and carefully.

Though in total they are 11 HIV and Aids siblings and cousins, it is Silas who bathed her, cleaned her up whenever she answered a call of nature.

Biggest wish

“Two days before Grandma Domitila died and these pictures were taken with Silas close by, we asked him what his biggest wish in life was. He said all he wanted was to see his grandmother live long enough for him to build her a house. Sadly that was not to be,” recalled Masi.

Three months after her death, Silas is back to the struggles of life together with his siblings in their Kibera shanty, grappling with an uncertain future. While she was alive and able, these HIV and Aids orphans found comfort and solace in the aged hands of their grandmother who refused to let them suffer after their parents were claimed by Aids. Theirs is the predicament of many HIV and Aids orphans left under the care of grandmothers who are too old and sickly to fend for them.

The cycle of poverty continues, with the cruel hand of HIV and Aids aggravating an already desperate situation. “It is not difficult to see that the mothers and grandmothers are bearing the heavier responsibility for poverty and Aids. The situation in the depths of Kibera is so pathetic that dignity and traditions for children like Silas would not matter much,” says Mr. Steve Ombogo, a social worker in Kibera based at the Stara Kicap Rescue Centre.”

Pictures (9) of Kibera slums



Picture 1: Orphaned girls taking care of their siblings



Picture 2: Houses in Kibera slums, Nairobi.



Picture 3: People going on with their business in Kibera slums.



Picture 4: Children playing outside their homes in Kibera slums



Picture 5: Trash are littered everywhere in Kibera.



Picture 6: Sewage and water pipes flow together a suitable habitat for water-borne diseases.



Picture 7: AIDS/HIV infections make life in the slums harder and mostly affected are the children who become orphans.



Picture 8: Aerial View of Kibera slum, Nairobi Kenya



Picture 9: Children light fires on the rubbish in Kibera slum, Nairobi Kenya