

Effect of HIV/AIDS on Social Welfare of Elderly Caregivers in Igembe South Sub-County, Kenya

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Abstract: *The purpose of this study was to assess the effect of HIV/AIDS on social welfare of elderly caregivers in Igembe South Sub-County. Descriptive survey design was adopted where a purposively selected sample of 220 elderly caregivers were involved in the focus group discussions and key informants interviews. Descriptive statistics was used to analyse the data. The study established that lack of participation in social activities affected the elderly caregivers' interpersonal relationships negatively and felt that they were treated unfairly by the community because of stigma and discrimination associated with HIV/AIDS. The study recommended that stakeholders like NGOs, CBOs, Government and members of public need to develop and implement programmes that will assist elderly caregivers in prevention stigma and discrimination from the society, hence improve their social welfare.*

Keywords: HIV/AIDS, Social Welfare, Interpersonal Relationship, Stigmatization, Elderly Caregivers, Igembe Sub-County

1. Introduction

HIV/AIDS pandemic is a worldwide disaster affecting different families. Since 1981, when the HIV was discovered, more than 20 million people have lost their lives worldwide and nearly 40 million people are currently living with HIV/AIDS. The huge mortality on the adult population has given rise to unprecedented numbers of children left without care and parental support (UNAIDS 2010). In 2014, an estimated 13.3 million children world-wide were orphans due to loss of parents to HIV/AIDS. More than 80% of these children (11 million) live in Sub-Saharan Africa (SSA) (UNICEF, 2015). Additionally, 60% of these orphans live with grandmothers headed homes but they have better life compared to those who live with their relatives (UNAIDS, 2014).

Kenya has a shockingly large number of HIV/AIDS victims which is the home for the third highest number of HIV/AIDS orphans in the world, estimated at 1.5 million. On the other hand, Kenya has 0.16% of these orphans living either in the streets, with the villagers, or with elderly caregivers (UNAIDS, 2014). Older adults are increasingly playing the principal role in caring for HIV/AIDS orphaned grandchildren where they need support and social intervention (Hanson, 2002). The experience of the elderly caregivers is challenging when they take care of HIV/AIDS infected and affected persons (UNAIDS, 2006). The most tragic consequences of the HIV/AIDS epidemic is that the elderly are left with no alternative but to provide care to their ailing adult children and the orphaned grandchildren (UNAIDS, 2010).

In Kenya provision of care and support for infected and affected persons is challenge, as the growing numbers overwhelm available resources (UNICEF, 2004). The number of those infected and affected has been increasing and although many Government projects, Non-Governmental Organisations (NGOs), Community Based Organizations (CBOs) offer some help, it is not enough. The elderly caregivers go through traumatic hardships due to

illness, death and changes in the family structure which impacts negatively on their social well-being (Winston, 2006). The condition of HIV/AIDS infected persons in Kenya is viewed as self-imposed; therefore, the infected persons receive little support from the community and are sometimes discriminated (Olenja, 1999). Appropriate steps such as counseling, being involved in religion and other support groups needs to be adopted to alleviate the effects of HIV/AIDS on the social welfare of the elderly caregivers. Caregiving for HIV/AIDS infected and affected persons can be trying and difficult experiences for most elderly caregivers especially when coupled with the responsibility of full time orphan care (UNAIDS, 2004). According to MoH (2015), most caregivers in Igembe South Sub-County are the elderly persons. Igembe South Sub-County is the base for the *miraa* business and an inlet or outlet for foreigners from some neighbouring countries like Ethiopia, therefore increasing the chances of the HIV/AIDS new infections which has killed or rendered the middle aged adults helpless and left the elderly caregivers as breadwinners. The elderly persons' role in care giving and how they cope deserves exploration as HIV/AIDS continue to kill their children and leading to an increase in the number of orphans.

However, many empirical studies existing globally are largely disjointed and have not looked at the relationship between HIV/AIDS and social welfare of elderly caregivers. For example, Annet (2013) conducted a study on the impact of HIV/AIDS on the elderly and proposed strategies to curb the effect. Alun and Tumwekwase (2001) carried out a study on the multiple impacts of the HIV/AIDS epidemic on the aged in the rural Uganda. Nevertheless there is no known study by the researcher on the effect of HIV/AIDS on social welfare of caregivers during this period of sustainable development goals hence, the need for the study. This will enable the stakeholders to understand areas to address when tackling sustainable development goal three of ensuring health and well-being for all by 2030.

1.1 Objective of the Study

To determine the effect of HIV/AIDS on social welfare of the elderly caregivers in Igembe South Sub-County, Kenya

2. Literature Review

2.1 Activity Theory

The theory was developed by Havighurst (1961) who affirmed that there are six developmental stages in lifespan perspective; there are biological, psychological and cultural values involved in every stage. The Theory points that activity is vital for well-being and older people undergo stress in order to be dynamic and active participants in the world around them. The successful achievement of each task leads to happiness and better chances of success with later task. The degree of subjective satisfaction achieved depends on how active the individual is (Waden, 2003). The theory posits that successful ageing occurs when older adults stay active and maintain social interaction (Havighurst, 1972). For the elderly people to be satisfied in life, they have to maintain an active relationships and continuing involvement in meaningful pursuits. Individuals develop equilibrium in middle age which should be maintained in later years. The elderly people may face role conflicts because they may not desire to engage in new challenges of caregiving. The Theory emphasizes the importance of ongoing social activity. The elderly people who maintain high levels of activity such as hobbies, develop new ones and remain socially active are happier, healthier and live longer than those who do not maintain the activity level (McEwen & Wills, 2002). Well-functioning of the ageing bears a relationship to well-being. When an individual is able to deal with the complex environment, it leads to well-being. However, when the elderly engage in multiple role environments like social activities, they experience less depression, higher life satisfaction and greater self-efficacy (Bengtson & Schaie, 1999). The elderly caregivers of HIV/AIDS infected and affected persons may not be able to engage on multiple social activities in the society because of stigma and discrimination associated with HIV/AIDS.

2.2 Conceptual Framework

The conceptual framework shows the relationship between the independent variable and the dependent variable. Independent variable was HIV/AIDS and the dependent variable was social welfare of elderly caregivers.

3. Methodology

A descriptive survey research design was adopted. The target population for the study comprised 220 elderly caregivers aged 60 years and above and 10 members of CBOs of Igembe South Sub-County. Census method was adopted where purposive sampling was used to obtain the respondents. The researcher used self administered questionnaires, interview schedules and Focus Group Discussions to collect data. Data collected was analyzed using descriptive statistics.

4. Results and Discussions

4.1 Response Rate

The study sought to investigate the effects of HIV/AIDS on the social welfare of the elderly caregivers in Igembe South Sub-County. A total of 10 in-depth interviews were conducted with CBOs from 3 wards in the sub-county. A total of 179 questionnaires were duly filled and returned to the researcher indicating a response rate of 83.25%. The response rate was adequate for this analysis and conforms to Babbie (2002) stipulation that any response of 50% and above is adequate for analysis.

4.2 Respondents' Characteristics

4.2.1 Age of the Elderly Caregivers

The age of the respondents evaluated ranged from 60 to 76 years and with majority of the respondents, 28.49% aged between 64-67 years, 17.88% were aged between 68 – 70 years, 27.37% were between 60-63 years, and 15.64% were aged between 71-75 years while 10.62% ranged above 76 years. This indicated that a high number of elderly caregivers of HIV/AIDS infected and affected persons were aged between 64-70 years in Igembe South Sub-County, hence there is need for more CBOs in the area to support the elderly.

4.2.2 Relationship with the Care Recipient

The researcher found out that 88% of the respondents were giving care to grandchildren while 22% were taking care of either son or daughter who was infected with HIV/AIDS. This indicated that the elderly caregivers bear the burden of caring for the sick adult children and orphaned grandchildren. The study findings showed that there is increase in workload for the elderly caregivers which impacts on their psychosocial welfare negatively.

4.2.3 Gender of the Elderly Caregivers

The study participants were male and female. The female elderly caregivers were more than the male. 63.69% and 36.31% of the respondents were female and male respondents respectively who participated in the study to investigate the effects of HIV/AIDS on social welfare of elderly caregivers in Igembe South Sub-County. The study findings reflect domination of caregiving by female. Caregiving practices are deemed by Mandela (2005) to entrench gender stereotypes due to traditional roles of women, which explains why female elderly caregivers were more than male.

4.2.4 Respondents' Source of Income

Work experience refers to the specified type of work undertaken by the elderly caregivers. The researcher found out that 34% of the respondents carried out farming activities, those who had been working in informal employment were 30% while 20% were in personal business, 16% were retirees who depended on retirement pension scheme. The study findings indicated that the elderly caregivers did not have enough resources to cater for the HIV/AIDS infected and affected persons; the highest percentage relied on seasons and spent time farming. Therefore, they lacked individual time to socialize with

other community members which affected their interpersonal relationships negatively.

4.2.5 Highest Level of Education Attained by Elderly Caregivers

The findings of the study indicated that majority (46.40%) of the elderly caregivers had informal education, 33.50% primary education, 13.96% secondary education and the rest 6.14% had achieved tertiary education. Data analysed indicated that the highest number of elderly caregivers either had informal education or had gone up to primary school, which indicated that the level of education was low and therefore, lacked necessary information on how to cope with the burden of caregiving which lead to depression.

4.3 Effect of HIV/AIDS on Social Welfare of Elderly Caregivers

The study investigated the effect of HIV/AIDS on the social welfare of elderly caregivers. Two selected indicators of social welfare of the elderly caregivers of HIV/AIDS infected and affected persons which include interpersonal

relationships and stigma and discrimination were investigated.

4.3.1 HIV/AIDS and Interpersonal Relationship of the Elderly Caregivers

The high demands of care giving to HIV/AIDS infected and affected persons brings about care giving distress to the elderly caregivers and results in despair, loss of physical activity and weaken self-esteem and confidence hence, leading to negative interpersonal relationships. Study findings as show in table 4.1 indicate that majority of the respondents spent most time in care giving. Study findings concur with Emlet (2004) who noted that the elderly caregivers' responsibilities are overwhelming to them, most of the respondents often felt distressed when balancing between care giving and family responsibilities. The study agrees with Nyambedha, *et al.* (2003) who noted that, grandparents often found it difficult to cope with the responsibility of care giving to the HIV/AIDS infected and affected persons which is also in agreement with the study in that most of them often felt not able to meet the expectation of HIV/AIDS infected and affected persons.

Table 1: HIV/AIDS and Interpersonal Relationship of the Elderly Caregivers

Parameter	Never	Rarely	Sometime	Often	Always
	%	%	%	%	%
Spends most time care giving to HIV/AIDS infected and affected persons and hence, has no individual time	0	0	41.4	29.6	29
Feels distressed between care giving and meeting other responsibilities for the family or work.	15.6	19	15.1	29.6	20.7
Still maintains friendship contacts whom you had before your child/children got infected or died of AIDS	0	16.2	22.34	45.26	16.2
Feels has not catered for the expectations of HIV/AIDS infected and affected persons	21.23	12.84	17.9	25.13	22.9
Feels has lived to the expectations of life even though taking care of HIV/AIDS infected and affected persons.	20.7	12.84	21.23	27.33	17.9

FGDs observed that the plight of the elderly caregivers is worsened by withdrawal and isolation from social support systems. The study noted that the elderly caregivers of HIV/AIDS infected and affected persons had difficulties in care giving because of distress experienced as they try to adapt to the new role of parenting to the grandchildren. The study findings agree with Erikson (1993) who posits that some aspects of the past that cause pain can affect the future by bringing about feeling of uncertainty and despair which can lead to negative interpersonal relationships. For some participants, their problems were not being viewed as those of the society but individual, therefore, they felt uncomfortable participating in some of the social activities. The findings concur with Wild (2001) that integrity is difficult to achieve because the society views HIV/AIDS infected and affected persons and their families as deserving to be ill and hence, it is difficult for the elderly caregivers to socialize with the same society. Report from CBOs indicated that the elderly caregivers of HIV/AIDS infected and affected persons were excluded from community and social activities which affected their interpersonal relations negatively.

4.3.2 HIV/AIDS and Stigma and Discrimination of the Elderly Caregivers

Stigma and discrimination is the negative experience that the elderly caregivers of HIV/AIDS infected and affected persons undergo in the community in the process of care giving. As revealed in table 2, the data analyzed connotes that majority (25.14%) of the respondents sometimes felt treated unfairly. According to the results, majority of the respondents 26.29% always experienced stigma which affected them in interaction with HIV/AIDS infected and affected persons which agrees with Bond and Nubani (2002) that the elderly caregivers are stigmatized due HIV/AIDS. The elderly caregivers of HIV/AIDS infected and affected persons also kept the status of those under their care a secret for fear of stigma and discrimination as depicted by the 27.37% who sometimes felt ashamed identifying with HIV/AIDS infected person as stated by Makame, *et al.* (2002). The study found out that the elderly caregivers are left to care for the grandchildren when the parents die of HIV/AIDS, and therefore, should be well enlightened on where to get social support because of failure to access available support in care giving and to get important information and advice on HIV/AIDS.

Table 2: HIV/AIDS and Stigma and Discrimination of the Elderly Caregivers

Parameter	Never	Rarely	Sometime	Often	Always
	%	%	%	%	%
Feels that have been treated unfairly or denied rights because of HIV/AIDS.	15.64	17.32	25.14	26.8	15.1
The experiences with stigma affect the interaction with HIV/AIDS infected and affected persons.	15.64	13.4	20.67	24	26.29
People do not get close because of HIV/AIDS.	32.88	17.9	19.6	15.1	14.52
Feels embarrassed or ashamed for identifying with a person with HIV/AIDS.	15.1	22.9	27.37	10	24.63

FGDs found out that majority of elderly caregivers of HIV/AIDS infected and affected persons got little support from other family members and the community because of the stigma and discrimination associated with HIV/AIDS. Even if some family members and community appreciated the role of elderly caregivers in taking care of HIV/AIDS infected and affected persons, the elderly caregivers still faced rejection and were alleged that they would never be able to live normal life or to cope with the impact of HIV/AIDS. The study findings concur with Alubo (2000) who noted that stigma is also felt in crowded hospitals which poses as a barrier for the elderly caregivers of HIV/AIDS infected and affected persons to seek medical attention. Consistent with Kimemia (2006), data analyzed established that the elderly caregivers had to contend with strains that arose from stigma and discrimination while they experienced physical and emotional demands of caring for infected adult children and the orphaned grandchildren as well as grieving for the death of the adult children.

Results from FGDs as noted in Excerpt 1, indicated that, stigma and discrimination associated with HIV/AIDS impedes the elderly caregivers' access to basic facilities.

Excerpt 1

Researcher: What social problems do you undergo in the process of care giving to HIV/AIDS infected and affected persons? (Names are not real)

Catherine: The responsibility of nursing my ailing daughter hinders me from visiting friends and attending social activities such as education functions where one can get good information. I do not like attending to some social functions because people see as if I deserve the difficulties I am going through.

Tabitha: I feel the community is unfair to me and my grandchildren. At times, my grandchildren are stigmatized because of the discrimination they get from other children in school.

Silas: I go through several difficulties when caring for my ailing son and my grandchildren. I am a casual laborer but I cannot go to work regularly because of attending to them. Sometimes I go to work late because I have to take my son to hospital first before reporting to work.

The study findings indicated that the elderly caregivers of HIV/AIDS infected and affected persons spent a lot of time providing care hence, had little time to socialize or to attend to social functions which affected their interpersonal relationships leading to social stigma.

5. Conclusion

In conclusion, the study revealed that HIV/AIDS affected social welfare of the elderly caregivers negatively. They become overwhelmed with reversal of roles which lead to strains in care giving. The stigma and discrimination associated with HIV/AIDS leads to negative interpersonal relationships on the elderly caregivers.

6. Recommendations

From the findings, the following recommendations were made:

Social support from extended families, NGOs and CBOs need to be extended to elderly caregivers of HIV/AIDS infected and affected persons. Ministry of Health, CBOs and NGOs can spread their coverage to the rural areas in order for the elderly caregivers and their orphaned grandchildren to be involved in implementing and developing programmes that will assist them to prevent stigma and discrimination from the society.

There is need for education, training and awareness campaigns designed for the elderly caregivers because the plight of elderly people affected by HIV/AIDS is ignored and more emphasis focused on the young people. There is need for sensitization programmes to enable understanding of the care giving burden and the kind of help needed by the elderly caregivers in order to help them cope with the burden of care giving.

The government through the Ministry of Health should develop programmes that can assist the elderly caregivers by identifying them in their rural settings and organizing for the social needs.

There is need to increase funds given to the elderly caregivers by the government of Kenya which will increase their resources and hence alleviate the social effect of HIV/AIDS and hence, help them cope.

7. Limitations of the Study

Igembe South Sub-County is in the rural area and the road and transport network are poor, this made the research to consume a lot of time. The researcher hired a motorcycle to traverse the rugged routes which made the research successful. The researcher had also to reschedule timelines.

References

[1] Alun, W. & Tumwekwase, G. (2001), Multiple Impacts of the HIV/AIDS Epidemic on the aged in the rural

- Uganda. *Journal of Cross-cultural Gerontology*.16(3): 221-236.
- [2] Alubo, O. (2000). Acceptance and Stigmatization of People Living with AIDS in Nigeria, *AIDS Care*, 14(1): 117-126.
- [3] Annet , N. (2013). The Impact of HIV/AIDS on the elderly and proposed strategies to curb the effect. *Journal of AIDS and HIV Research*.5 (10): 380-386.
- [4] Babbie, R.(2002).*The Basic of Social Research*. Amazon Publishers: New York.
- [5] Bond, V. &Nbubani, P. (2002).*Stigma, HIV/AIDS and Prevention of Mother-to-Child Transmission in Zambia: Evaluation and Program Planning*. *AIDS Care*, 25(4), 347-356.
- [6] Erikson, E. (1993). *Childhood and Society*. New York: Norton and Company.
- [7] Emler, C. (2004). *HIV/AIDS and Older Adults Challenges for Individuals and Communities*. New York: Springer Publishing Group.
- [8] Havighurst, R. J. (1972). *Developmental Tasks and Education*.David McKay; New York.
- [9] Havighurst, R. J. (1961). Successful ageing. *The Gerontologist*. 1: 8–13.
- [10] Kimemia, M. V. (2006).*Caregiver Burden and Coping Responses for Females who are the Primary Caregivers for a Family Member Living with HIV/AIDS in Kenya*.University of Central Florida Orlando, Florida, USA.
- [11] Mandela, N. (2005). *Reducing the Burden of HIV/AIDS Care on Women and Girls*.VSO (SA).
- [12] Nyambedha, E. O., Wandibba, S., &Aagaard-Hansen, J. (2003a). Changing Patterns of Orphan Care Due to HIV Epidemic in Western Kenya: *Social Science and Medicine*, 57(2), 301-311.
- [13] Olenja, J. (1999). Assessing Community Attitude towards Home-Based Care for People with HIV/AIDS (PWAS) in Kenya. *Journal of Community Health*.
- [14] UNAIDS, (2010). *Report on the Global AIDS Epidemic*. Geneva: Joint United Nations Programme on HIV/AIDS
- [15] UNAIDS. (2008). *Report on the Global AIDS Epidemic*. Geneva: Joint United Nations Programme on HIV/AIDS
- [16] UNAIDS. (2006). *Report on the Global AIDS Epidemic*. A UNAIDS 10th Anniversary Special Edition: Author
- [17] UNAIDS/UNICEF. (2004). *Children Orphaned by AID: Frontline Response from Eastern and Southern Africa*. Washington. DC
- [18] UNAIDS&WHO (2004). *Action for Persons Affected by AIDS*.New York: United Nations Children’s Fund.
- [19] UNAIDS & WHO. (2003). *AIDS Epidemic Update*. Geneva: Joint United Nations Programme on HIV/AIDS: Author
- [20] Wild, L. (2001).The Psychosocial Adjustment of Children Orphaned by AIDS. *Southern African Journal of Child and Adolescent Mental Health*, 13, 3-22.