

# Effects of HIV/AIDS on Psychological Well Being of Elderly Caregivers and their Coping Mechanisms in Igembe South Sub-County, Kenya

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**Abstract:** *The purpose of this study was to investigate the effects of HIV/AIDS on psychological well being of elderly caregivers and their coping mechanisms in Igembe South Sub-County. Descriptive survey design was adopted with a total of 220 elderly caregivers sampled through purposive sampling procedure by use of questionnaires and focus group discussions. Key informant interviews were conducted with members of CBOs. Descriptive statistics was used to analyse the data. The study established that a high number of the elderly caregivers were grieved after losing their child/children to AIDS which lead to depression. Burnout was experienced by the elderly caregivers because they encountered difficulties and work overload in taking care of HIV/AIDS infected and affected persons. Spiritual reliance through involvement in religious groups and other support groups were coping mechanisms used by the elderly caregivers. The study recommended those stakeholders such as Churches, CBOs, NGOs, Government, Counselling Organisations and the public need to be sensitized about the wellbeing of the elderly caregivers in order to develop and implement programmes that will assist them in prevention of depression and burnout and enhance better coping mechanisms.*

## 1. Introduction

The Acquired Immune Deficiency Syndrome (AIDS) pandemic is described as one of the worst human epidemics affecting the world. 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. According to Hanson (2002), elderly caregivers need support and psychological intervention to cope with challenges faced during care taking (UNAIDS, 2014). The huge mortality on the adult population has given rise to unprecedented numbers of children left without care and parental support (UNAIDS, 2010). This may lead to burnout because of the responsibilities heaped on them in caregiving. The effect of HIV/AIDS on the psychological wellbeing of elderly caregivers has received little consideration globally (Emlet, 2004). For instance, UNAIDS (2014) acknowledges that adults who were ill with HIV/AIDS received physical, social and psychological support from older relatives. A high number of the elderly caregivers are poor and suffer financial hardships and hence, struggle to provide to the welfare of the infected and affected persons including education of the grandchildren. Poverty and financial hardships may lead to burnout and depression. Providing care and support for infected and affected persons is a challenge in Kenya, as the growing numbers overwhelm available resources (UNICEF, 2015). The number of those infected and affected has been increasing and although many Government projects, Non-Governmental Organisations (NGOs), Community Based Organisations (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 psychological well-being (Winston, 2006). In addition to mourning the loss of children to a stigmatised illness and death, the elderly are faced with challenges of caring for their grandchildren.

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 counselling, being involved in religion and other support groups needed to be adopted to alleviate the effects of HIV/AIDS on the psychological wellbeing of the elderly caregivers. Caregiving for HIV/AIDS infected and affected persons may be trying and difficult experiences for most elderly caregivers especially when coupled with the responsibility of full time orphan care (UNAIDS, 2014). 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/outlet for foreigners from some neighbouring countries, 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 caregiving and how they cope deserves exploration as AIDS continue to kill their children leading to an increase in the number of orphans. The quest of the study, therefore, was the effects of HIV/AIDS on psychological wellbeing of elderly caregivers and their coping mechanisms.

### 1.1 Objectives of the Study

The study sought to address the following objectives:

- 1) To determine the effects of HIV/AIDS on the psychological wellbeing of the elderly caregivers in Igembe South Sub-County, Kenya.
- 2) To find out coping mechanisms used by the elderly caregivers of HIV/AIDS infected and affected persons in Igembe South Sub-county, Kenya.

## 2. Literature Review

### 2.1 Erikson's Psychosocial Theory

Erikson (1993) contented that human beings undergo the following stages of development: Learning Basic Trust versus Basic Mistrust (Hope), Learning Autonomy versus

Shame (Will), Learning Initiative versus Guilt (Purpose), Industry versus Inferiority (Competence), Learning Identity versus Identity Diffusion (Fidelity), Intimacy versus Isolation, Generativity versus Stagnation and Ego-Integrity versus Despair. This study used the last two stages of development; Generativity versus Stagnation and Ego-Integrity versus Despair. During the stage of generativity versus stagnation, adults continue to build lives focusing on careers and families. Those who are successful during this phase feel that they are contributing to the world by being active in their home and community. Those who fail to attain this skill feel unproductive and uninvolved in the world. The elderly caregivers of HIV/AIDS infected and affected persons undergo despair due to lack of necessary resources to cater for the families and hence feel unproductive. Due to the feeling that they are not able to provide fully, become distressed which impacts negatively on their psychosocial well-being.

Erikson further acknowledged that that the last developmental stage is Ego-integrity versus despair stage. Integrity is experienced after people have realized and fulfilled the possibilities of their lives and despair occurs when people feel dissatisfied with their lives (Kimmel, 1990). The elderly people who lose their loved ones are dissatisfied in life. At this age, they are supposed to be taken care of and not to be taking care of the HIV/AIDS infected and affected persons. The Theorist maintained that when the elderly assumes the role of a parent and a grandparent, they may experience crisis because of the demands of the roles which place them in a vulnerable position to experience role overload. The Theory discusses how an adult would look back and deal with any meaningless and intersections of life. Old age provides a meaningful interplay between one's beginning and the end. It is not the decision of the elderly to be caregivers but in the presence of HIV/AIDS epidemic, most of them find themselves with no option but to care for the orphaned children and infected adult children.

## 2.2 Stress and Coping Theory by Lazarus

Stress and Coping Theory asserts that stresses are based on an individual's perception and the ability to meet stressors (Mitchell, 2004). The Theory has two categories of stressors: event stressors related to a sudden stressful event and chronic stressors. Stressors can be internal or external. Internal stressors include anxiety and worry and external stressors include fighting, or acting out behaviours. The Theory examines the impact of chronic, on-going stress in relation to long-term impacts on an individual or family (Mitchell, 2004). It takes into account that the elderly caregivers and their families have to learn to develop coping skills for on-going stress brought about by HIV/AIDS and needs to receive support with therapy or support group services.

Mitchell (2004) pointed out that the coping resources a person or family may use, and their strategies to deal with stressful events and situations. In care-giving, coping can be influenced by caregiver's beliefs about HIV/AIDS infected and affected persons and self-efficacy of the caregivers and their desire to achieve self-actualization (Kurtz, 1994). For HIV/AIDS infected and affected persons, death is not a one-

time event requiring adjustments shortly afterwards but it results in a series of stressors. The elderly caregivers have to develop strategies to mitigate the stressors they encounter. The Theory indicates that, the caregivers weigh the costs and benefits of problem-focused coping. Coping processes need to be assessed in the context of stressful situation whereby stress is a relationship between the person and their environment (Folkman & Lazarus, 1984). The Theory highlights the coping mechanisms that can be adopted by the elderly caregivers to deal with demands of caring for HIV/AIDS infected and affected persons. In order to manage these demands, the elderly caregivers can learn a variety of coping mechanisms and be able to assess different situations in order to determine which mechanism to use.

This study, therefore, is important in discussing coping mechanisms of the elderly caregivers of HIV/AIDS infected and affected persons which are associated with situational demands and constraints. The elderly caregivers of HIV/AIDS infected and affected persons can learn problem oriented and emotion focused coping responses in order to manage the challenging situation of caregiving and coping behaviours in order to handle the emotions that the challenges evoke. Folkman and Lazarus (1984) indicates that strategies such as gathering information and resolving conflicts that create distress need to be devised. In this study, the burden of caregiving is socially and psychologically taxing to the elderly caregivers of HIV/AIDS infected and affected persons.

## 2.3 Conceptual Framework

The conceptual framework shows the relationship between independent and dependent variables. Independent variable was effects of HIV/AIDS and the dependent variables were psychological wellbeing and coping mechanisms.

## 3. Methodology

A descriptive survey research design was adopted. Purposive sampling was used to select 220 elderly caregivers of HIV/AIDS infected and affected persons aged 60 years and above and 10 members of CBOs of Igembe South Sub-County. Self-administered questionnaires, interview schedules and Focus Group Discussions were used to collect the data. Qualitative data was analysed thematically and quantitative data was analysed using descriptive statistics.

## 4. Results and Discussions

### 4.1 Response Rate

The study sought to determine the effects of HIV/AIDS on the psychological wellbeing of the elderly caregivers and their coping mechanisms in Igembe South Sub-County. A total of 10 in-depth interviews were conducted with CBOs from three 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% which the researcher found significant to the study. 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 above 76 years 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 64-70 years in Igembe South Sub-County, hence there was 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 impacted on their psychological wellbeing negatively.

### 4.2.3 Gender of the Elderly Caregivers

The study findings indicated that 63.69% of the respondents were female and male respondents were 36.31% who participated in the study to determine the effects of HIV/AIDS on psychological wellbeing of elderly caregivers and their coping mechanisms in Igembe South Sub-County. The study findings reflected domination of caregiving by female. Caregiving practices were 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

The researcher found out that 34% of the respondents were farmers, 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 impacted negatively on their psychological wellbeing.

### 4.2.5 Highest Level of Education Attained by Elderly Caregivers

The study findings showed that a great number of (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 meant 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 and burnout.

## 4.3 Effects of HIV/AIDS on Psychological Wellbeing of Elderly Caregivers

The study sought to find out the effects of HIV/AIDS on the psychological wellbeing of the elderly caregivers. Two selected indicators of psychological wellbeing of elderly caregivers of HIV/AIDS infected and affected persons which included depression and burnout were investigated.

### 4.3.1 HIV/AIDS and Depression of the Elderly Caregivers

Depression occurs when huge demands are heaped on an individual without adequate support which affects their mental and social wellbeing (Lazarus & Folkman, 1984). Lack of sufficient resources by the elderly caregivers to meet the demands of HIV/AIDS infected and affected persons compounds the caregiving role and leads to depression. The responses on HIV/AIDS and depression are presented on Table 1.

**Table 1:** HIV/AIDS and Depression of the Elderly Caregivers

Parameter	Never	Rarely	Sometimes	Often	Always
	%	%	%	%	%
Feels the future seems hopeless due to the death of adult children out of HIV/AIDS.	26.83	18.43	18.43	12.85	23.46
Has lost interest in the daily activities due to HIV/AIDS.	13.98	31.28	9.50	22.90	22.34
Feels life is not worth living after losing the adult child/children out of HIV/AIDS.	13.42	30.72	32.4	9.50	13.96
Pleasure and joy has gone out of life due to HIV/AIDS.	12.86	15.64	25.14	19.55	26.81

The findings show that 31.81% of the respondents were always feeling grieved due to loss of a member of the family, 26.81% often felt grieved while 18.43% never felt grieved, 12.85% were rarely grieved and 10.10% felt grieved sometimes. 18.43% sometimes lost hope, 26.83% never lost hope, 18.43% rarely lost hope while 12.85% often lost hope and 23.46% always lost hope due to death of adult children out of HIV/AIDS. The 31.81% of the elderly caregivers of HIV/AIDS infected and affected persons make up the majority number who according to Odhiambo (2004) face challenging circumstances and feel life was not worthy living after the death of the adult child/children. The study also concurs with Kubler-Ross (1969) as shown in the findings that most of elderly caregivers always felt grieved.

A great number of the respondents 26.81% always felt pleasure and joy had gone, 25.14% sometimes gone, 19.55% often and 15.64% rarely, while 10.7% never felt that pleasure and joy had gone. Other problems that made the elderly caregivers of HIV/AIDS infected and affected persons sad and unhappy were failure of their adult children to take drugs as prescribed which made them succumb to HIV/AIDS faster and lead to depression on the elderly caregivers. The study agrees with More and Henry (2005) who observed that the elderly are cared for by their children

and therefore when there is reversal of role, the elderly felt that pleasure and joy had gone out of life due to HIV/AIDS.

Analysis on FGDs showed that the elderly caregivers of HIV/AIDS infected and affected persons lost hope as a result of despair about their situation. The elderly caregivers go through distress associated with caregiving in late adulthood and the health problems associated with late adulthood. Their needs have not been recognised and attended because the concern is on the infected adult children and the orphaned grandchildren (Kimmel, 1990).

Information from CBOs indicated that the elderly caregivers of HIV/AIDS affected and persons were affected mentally because of overwhelming responsibilities of caregiving. The study findings concur with Lazarus & Folkman (1984) that the huge demand of caregiving affects the elderly caregivers mentally and socially which resulted to depression.

#### 4.3.2 HIV/AIDS and Burnout of the Elderly Caregivers

Burnout occurs where work demands lead to exhaustion and reduced personal accomplishment (Cummings, et al.2002).Information in Table 2 presents analysis on HIV/AIDS and burnout of the elderly caregivers.

**Table 2: HIV/AIDS and Burnout of the Elderly Caregivers**

Parameter	Never	Rarely	Sometimes	Often	Always
	%	%	%	%	%
Feels indifferent about the new roles and responsibilities of taking care of HIV/AIDS infected and affected persons.	22.35	20.12	26.82	16.75	13.96
Feels dissatisfied and lacks enjoyment in caregiving of HIV/AIDS infected and affected persons.	19	32.4	15.64	15.1	17.86
Feels overloaded with responsibility of caregiving of HIV/AIDS infected and affected persons.	20.12	26.82	9.49	27.37	16.20
Worries when thinking about the future of HIV/AIDS infected and affected persons.	10.58	23.5	26.82	24	15.1
Lacks inner drive and motivation to continue with caregiving of HIV/AIDS infected and affected persons.	24	29.1	16.8	12.84	17.26

From the study findings, majority of the respondents 26.82% sometimes felt indifferent, 22.35% never felt indifferent, 20.12% rarely while 16.75% often felt the indifferent and 13.96% always felt indifferent. The findings showed that majority of the respondents 32.4% rarely felt dissatisfied, 17.36% always felt dissatisfied, 19% never felt dissatisfied with caregiving and 15.64% sometime felt dissatisfied and lacked enjoyment, while 15.1% often felt dissatisfied, 26.82% of the respondents felt overloaded with responsibilities of caring for HIV/AIDS infected and affected persons, 20.12% never felt overloaded, 27.37% often felt burdened while 16.20%always felt overloaded and 9.49% sometimes felt the overloaded with responsibilities. The study shows that majority of elderly caregivers (26.82%) sometimes felt worried when thinking about the future of HIV/AIDS infected and affected persons and majority of the caregivers (29.1%) rarely lost motivation in caregiving. Mitchell (2004) argues that added responsibilities of the elderly caregivers may lead to physical and psychological burnout. However, the study concurs with Havighurst (1972) who affirms that activity is vital for the elderly caregivers' well-being and hence, the majority of elderly caregivers in the study rarely felt overloaded with responsibilities because of being dynamic and active participants in their surroundings.

Lack of adequate support from the Government, NGOs and CBOs made it difficult for the elderly caregivers of HIV/AIDS infected and affected persons to adopt to change. Findings from FGDs noted that mostly the elderly caregivers got help in form of education and training on how to take care of HIV/AIDS infected persons and economic and physical support but little psychological support. The elderly caregivers of HIV/AIDS infected and affected persons undergo challenges that involve psychological and emotional wellbeing which leads to burnout as posited by (More & Henry, 2005). Many elderly caregivers faced difficulties in raising the grandchildren which gave rise to health problems leading to burnout. Report from CBOs

showed that caregivers who experienced work overload over a period of time were particularly vulnerable to burnout.

Qualitative data was collected from FGDs on the effects of HIV/AIDS on the psychological wellbeing of the elderly caregivers as indicated in Excerpt 1.

#### Excerpt 1

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

**Anna:** I have no problem taking care of the orphaned grandchildren; I am worried about their future, what might happen to them in case I die. I raised my child and now I have to raise my grandchildren with difficulties, when I think about it, I become heartbroken.

**Dorothy:** I feel depressed to see my daughter when I think of what she is going through (referring to the illness related to HIV/AIDS).

**John:** I started having stress when my daughter passed on, she was the one I was depending on and now I have to look after my grandchildren whom I have to provide emotional support for although I am also emotionally drained.

The elderly caregivers reported that they suffered from worries and stress on how to make ends meet as they depended on their children before they got sick or passed on which lead to depression. The study findings showed that the elderly caregivers of HIV/AIDS infected and affected persons were in some instances frustrated and disappointed that they had to support their orphaned grandchildren and the ailing adult children and that the roles were reversed which lead to burnout.The findings agree with Mitchell (2004) that added responsibilities of the elderly caregivers can lead to physical and psychological burnout.

#### 4.4 Coping Mechanisms of the Elderly Caregivers

The study sought to find out the coping mechanism of the elderly caregivers of HIV/AIDS infected and affected persons. The responses are presented on Table 3.

**Table 3:** Coping Mechanisms of the Elderly Caregivers

Parameter	Never	Rarely	Sometimes	Often	Always
	%	%	%	%	%
Gets support from CBOs in caring for HIV/AIDS infected and affected persons.	34.1	10	11.2	26.3	18.4
Needs of HIV/AIDS infected and affected persons are met by NGOs.	26.82	20.7	13.38	18.4	20.7
Gets support from religious groups in caring for HIV/AIDS infected and affected persons.	19	19	22.9	12.8	26.3
Attends guidance and counselling to be helped to cope with the burden of caregiving to HIV/AIDS infected and affected persons.	21.2	15.1	26.3	19	18.4
Gets visits from CBOs, NGOs, religious and counseling groups to give support in caregiving of HIV/AIDS infected and affected persons.	24.04	26.82	15.64	19.5	14

Coping mechanisms refers to the different ways in which the elderly caregivers of HIV/AIDS infected and affected persons manage the psychological demands experienced in the process of caregiving.

The data analysed indicated that 34.1% of the respondents never got support as they care for HIV/AIDS persons from CBOs, 26.3% often got support from CBOs, 11.2% sometimes got support, 18.4% always got support, while 10% rarely got support from CBOs. NACC (2008) report agrees with the study that although a number of CBOs and NGOs supported older people infected and affected by HIV/AIDS their role was not enough in addressing the challenges that the elderly caregivers faced. UNAIDS (2014) concurs with the study majority of the elderly caregivers' needs were never met as depicted in the study that 26.83% never had their needs met by NGOs. Muntanli and Ali (2000) who pointed out that church brings spiritual and moral support to its members supports the findings of the study that a great number of the respondents (26.3%) always got support from religious groups. 26.3% of the respondents sometimes attended guidance and counselling, 21.2% never attended counselling, 19% often attended guidance and counselling, 18.4% always attended while 13.6% rarely attended guidance and counselling. The findings showed that the elderly caregivers needed to be sensitized about the importance of guidance and counseling as depicted by the small percentage (18.4%) who always attended guidance and counseling which was in agreement with (Worden, 2002).

The elderly caregivers can be involved in training and seminars, home based education/home based care support, support from CBOs and religious and guidance and counselling groups to help them cope with the burden of caregiving. They can also join support groups to help them overcome depression and burnout.

Further, qualitative data collected from FGDs on coping mechanisms of the elderly caregivers is indicated in Excerpt 2.

#### Excerpt 2

**Researcher:** What coping mechanisms do use to cope with the burden of caregiving of HIV/AIDS infected and affected persons? What other approaches do you use to overcome the challenges encountered while caring for HIV/AIDS infected and affected persons? (Names are not real)

**Elizabeth:** I thank God because He has not forsaken me because He has given me the strength to continue providing care. Church members also support me in prayers and sometimes make contributions in form of money and food stuffs.

**Josephine:** I feel very happy on Wednesdays when we meet as a group and I get to talk to others who are facing the same challenges which made me feel relieved.

**Peter:** Seeing my orphaned grandchildren receiving support from NGOs and CBOs keeps me motivated and that enables me to cope.

The findings of the study revealed that all the elderly caregivers interviewed were members of a church in their community and acknowledged spiritual power to improve their situation. The elderly caregivers reported having being able to socialize with the religious organization and being able to meet in social groups where they encourage one another.

The findings from FGDs acknowledged that the elderly caregivers differed in their coping styles and abilities. The elderly caregivers underwent complications and stressful situations as they took care of the orphaned children. They might have looked forward to relaxed periods during the late adulthood which was altered as they had to give security and stability to the orphaned grandchildren and experience what (Erikson, 1993) referred to as despair. The study found out that during the time of despair, the elderly caregivers sought religious affiliation for consolation. For some, being involved in the support groups where they met other people in similar situations assured them that they were not alone. The data analysed was in agreement with Folkman & Lazarus (1984) that the elderly caregivers could develop coping skills and may require therapy through guidance and counselling or by joining support groups. The findings from CBOs indicated a need for support through education and training on HIV/AIDS and a need for support on the psychological needs. Most NGOs and CBOS were mainly concerned with education assistance and food security for the orphaned grandchildren leaving the elderly caregivers to take care of their psychological needs.

## 5. Conclusion

The study findings revealed that the elderly caregivers of HIV/AIDS infected and affected persons were grieved due to loss of adult child/children out of HIV/AIDS, some felt that the future was hopeless which lead to depression. A great number of the respondents felt a change in life due to loss of adult children which also affected their day to day activities. Feeling indifferent about the new roles and responsibilities of taking care of HIV/AIDS infected and affected persons caused the elderly caregivers to feel dissatisfied and lacked enjoyment in caregiving. The elderly caregivers felt overloaded with the responsibility of care giving to HIV/AIDS infected and affected persons and were worried about their future which lead to burnout and depression. They also lacked inner drive and motivation to continue with caregiving of HIV/AIDS infected and affected persons. The elderly caregivers are tasked with keeping balance in life as they care for the HIV/AIDS infected and affected persons and therefore, they applied different coping mechanisms to overcome the challenges of caregiving. They embraced spiritual reliance through involvement in religious groups as one of their coping mechanisms.

## 6. Recommendations

From the findings, the following recommendations were made:

There is need to sensitize the elderly caregivers of HIV/AIDS infected and affected person to attend guidance and counselling services. Attendance of guidance and counselling services would help them to be mentally fit in order to play the role of caregiving adequately. The elderly caregivers of HIV/AIDS infected and affected persons need to be more involved in religious activities and other support groups which would help them to interact with others who have the responsibility of caregiving and help one another to deal with emotional problems that lead to negative psychological effect on their wellbeing.

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 caregiving burden and the kind of help needed by the elderly caregivers in order to help them cope with the burden of caregiving. 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 psychological 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 psychological effect of HIV/AIDS and 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.

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