



# Spatio-Temporal Contexts of Orphan Migration in Kisumu District, Kenya

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## Abstract

Migration by orphaned children, one of their adaptation strategies in response to the AIDS crisis, has become an integral part of their daily lives. However, despite their engagement in multiple and independent migrations, there is paucity of information about the spatial and temporal re-location of AIDS orphans in sub-Saharan Africa. Furthermore, the implication of spatial dispersal of care-providing extended families in the movement of these children is seldom recognized. The purpose of this study is to examine the spatio-temporal variations in levels and trends of orphan migration into Kisumu District. The purpose of this study is to examine the spatio-temporal variations in levels and trends of orphan migration into Kisumu District. It also seeks to find out the factors in orphan migration in the study area. The study, borrowing heavily from the adult migration and the multiple independent migrations of AIDS orphans theoretical perspectives, uses descriptive study design to guide its execution. Quantitative methods by means of the 2009 and 1999 census data on orphan migration are used to gather information on orphans, their distribution and movement levels and trends in Kisumu District. The study found that geographical disparity of orphans could be explained partly by orphan migration in Kisumu District. Approximately 27 and 29 percent of all orphans enumerated in the district in 1999 and 2009 respectively had migrated to the District from elsewhere. The distribution of orphan migrants was, however, spatially disproportionate in favour of urban centres in the district. Lack of economic and psycho-social support to households that care for orphans were the main cause of orphan mobility. The study recommends that in the short run, the governmental and non-governmental agencies should offer material and technical support to existing orphan care institutions to better care for the orphans. This will help curb high orphan mobility. On the long-term, high structural poverty levels in the region needs to be addressed to enable the community cope better in the management of orphans.

**Keywords:** Orphan, Orphanhood, Orphan care, Spatio-temporal contexts, Migration

## 1. Introduction

The devastating and growing numbers of orphans presents a concern and unprecedented socio-economic challenge to the governments, communities and families of heavily affected countries, and to the agencies and organizations which assist them. Children whose parents have died of AIDS make up the vast majority of this increase (Deininger *et al.*, 2003). World over, the number of orphans aged below 18 years, according to United Nations Children's Fund (UNICEF) had increased to 16 million by the end of 2009 (UNICEF, 2010), but their geographical distribution at sub-population level remains unknown.

In Kenya, the geography of AIDS epidemic is still at its infancy. A bit has been written on regional and national levels and trends of HIV and AIDS, and orphanhood prevalence and associated health and socio-economic challenges (UNICEF, 2010). Such studies are based mostly on epidemiological surveillance, socio-economic and, demographic and health studies. While it is generally agreed that



these regional/national surveys, mostly carried out by international agencies, are a major source of information on orphanhood in the developing countries, their indicators often mask unique socio-economic contexts of orphan care and spatial and temporal variations based on orphan mobility at sub-population level.

Orphan level estimates and trends need not be just based on AIDS prevalence, but should also take into account other population dynamics as well. Migration by orphaned children is one of their adaptation strategies in response to the AIDS crisis. It takes a variety of forms and is becoming an integral part of their everyday living (Ansell *et al.*, 2004). However, despite their engagement in multiple and at times independent migrations, there is paucity of information about the socio-economic context of spatial and temporal relocation of orphans in a cosmopolitan area like Kisumu District.

The purpose of this study, therefore, is to examine the variations in levels and trends of orphan migration into Kisumu District over pace and time.

### 1.1 Specific Objectives

- i). To determine spatial variations in orphan migration levels and trends in Kisumu District.
- ii). To determine temporal variations in orphan migration levels and patterns in Kisumu District.
- iii). To establish factors in orphan migration in Kisumu District

## 2. Literature Review

### 2.1 Effects of AIDS on Orphanhood Situation

One of the most tragic and difficult challenges of HIV and AIDS epidemic is the growing number of children who have lost parents to AIDS and whose lives will never be the same again. With the AIDS pandemic advancing into its third decade, the virus has claimed millions of lives. In 2004, UNICEF had predicted that AIDS would orphan more than 25 million children by 2010 (UNICEF *et al.*, 2004). At the close of 2010, there were about 34 million adults and children living with HIV globally compared to 26.2 million in 1999. In the same year (2010), there were reportedly 1.8 million deaths to adults and children related to HIV and AIDS; down from 2.2 million such deaths reported in mid 2000s (UNAIDS, 2011). In sub-Saharan Africa, where majority of new HIV- infections continue to occur, an estimated 1.9 million people were infected in 2010; and at least 1 million lives lost annually to the epidemic since 1998 (UNAIDS, 2011).

By the end of 2009, the world was home to about 16 million orphans, majority of whom (14.8 million) were in sub-Saharan Africa (UNICEF, 2010). The scale of the orphan crisis is somewhat masked by the time lag between when parents become infected and when they eventually die. Even though the number of adults and children newly infected with HIV reduced globally from 3.1 million in 2001 to 2.7 million in 2010, the number of adults and children living with HIV increased from 28.6 million in 2001 to 34 million by the end of 2010 (UNAIDS, 2011). This means that the number of adults dying from AIDS and orphans growing up without parental care and love will remain high over the decade, particularly in sub-Saharan Africa. As the United Nations (UN) Special Envoy for AIDS in Africa noted: *“The increased spiral of adult deaths in so many countries means that the number of children orphaned each day is expanding exponentially. Africa is staggering under the load.”* (Stephen Lewis, UN Special Envoy for AIDS in Africa, 2003).

Children whose parents have been affected by AIDS make up the vast majority of this increase; estimates by the turn of the century put their total in the range of 12-13.2 million (Deininger *et al.*, 2003). The vast majority of children orphaned or made vulnerable by HIV and AIDS live in sub-Saharan Africa where the virus thus far has exerted the greatest toll (Utan, 2005). More than 12 million orphaned children live in sub-Saharan Africa, where it is currently estimated that 9 percent of all children have lost at least one parent to AIDS (UNAIDS *et al.*, 2006). As HIV infections become increasingly common among adult population of the region, the brunt of HIV-associated mortality is expected to occur within this decade; as a result, millions of children will lose parents to AIDS. By 2010, it was expected that there would be around 15.7 million AIDS orphans in sub-Saharan Africa alone (UNAIDS *et al.*, 2006).



While in the early 1980s barely 2 percent of African children were orphans from all causes, the number leaped from fewer than 1 million in 1990 to 12 million in 2004 and sub-Saharan Africa alone reportedly had 14.8 million orphans by the end of 2009 (UNICEF, 2010). The number of orphans in some sub-Saharan African countries exceeds half a million, and in some countries, children who have been orphaned by AIDS comprise half or more of all orphans nationally. AIDS is responsible for leaving vast numbers of children across Africa without one or both parents. In Kenya for instance, by the end of 2009, UNICEF reported that 46 percent (1.2 million) of all orphans (2.6 million) was because of HIV and AIDS. Other countries in the region had by 2009: Zimbabwe (71%); Botswana (72%); Swaziland (69%); Lesotho (65%); Malawi (65%); Zambia (53%); South Africa (56%) and Uganda (44%) (UNICEF, 2010). It is worth noting that children who lost their parents to AIDS make up the highest proportion of the total national number of orphans in these countries.

In some countries, a larger portion of orphans has lost their parents to AIDS than to any other cause of death. This means that were it not for the AIDS pandemic, these children would have not been orphaned. According to Deininger *et al.*, (2003), the AIDS crisis has swelled the number of children at risk and changed the nature of risks that children face. It has expanded the human development agenda of countries as it is threatening the care-giving capacity of communities.

Most of the AIDS orphans, who live outside of Africa, live in Eurasia, where the epidemic is on the rise, leaving many young people vulnerable. In Asia for instance, the total number of orphans for all reasons exceeds 73 million (UNICEF, 2006). In Russia, while the number of orphans and vulnerable children (OVC) by HIV and AIDS is still relatively low, it is reported that 1,000 out of the nation's 700,000 orphans have been born to HIV-positive mothers. It is noted that in Russia, the epidemic is clearly trending toward higher rates of infection among women of childbearing age, which is almost certain to result in an increase in the total number of orphans (Utan, 2005). The Caribbean, which is now home to the second highest HIV-prevalence rate in the world, already has almost 250,000 children orphaned by AIDS. There is, however, insufficient information available to provide figures for the number of AIDS orphans in individual Asian countries.

As the number of orphans varies between countries, so it varies between different regions within those countries. Particular areas may have higher or lower percentages of orphans, largely depending on local HIV-prevalence rates and the time lag between infection and death. There can also be substantial differences between rural and urban areas (UNAIDS, 2010). The age of orphans, however, is consistent across countries. Surveys suggest that overall, about 15 percent of orphans are 0-4 years, 35 percent are 5-9 years, and 50 per cent are 10-14 years old (Monasch *et al.*, 2004). UNICEF *et al.*, (2004) age distribution chart for orphans in sub-Saharan Africa, Asia, Latin America and the Caribbean shows that while those aged 0-11 year accounted for 45 percent, majority (55 percent) were in the age category of 12-17 years old.

## 2.2 Problems Faced by Orphans

Children whose parents are living with HIV often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect, long before they are orphaned. Eventually, they suffer the death of their parent(s) and the emotional trauma that results. They may then have to adjust to a new situation, with little or no support, and may suffer exploitation and abuse (Subbarao *et al.*, 2004).

In a study carried out in rural Uganda, high levels of psychological distress were found in children who had been orphaned by AIDS. Anxiety, depression and anger were more found to be common among AIDS orphans than other children. 12 percent of AIDS orphans affirmed that they wished they were dead, compared to 3 percent of other children interviewed (Atwine *et al.*, 2005). These psychological problems can become more severe if a child is forced to separate from their siblings upon becoming orphaned. In some regions, this occurs regularly: a survey in Zambia showed that 56 percent of orphaned children no longer lived with all of their siblings (USAID *et al.*, 2002).

The loss of a parent(s) to AIDS can have serious consequences for a child's access to necessities such as food, shelter, clothing, security, education and health. In an analysis of orphans and childcare patterns from national surveys of 40 countries, Monasch *et al.*, (2004) found that orphans are more likely than non-orphans to live in large, female-headed households where more people are dependent on fewer income earners. This lack of income puts extra pressure on AIDS orphans to contribute financially to the household, in some cases driving them to the streets to work, beg or seek food



(Salaam, 2005). The majority of children who have lost a parent continue to live in the care of a surviving parent or family member, but often have to take on the responsibility of doing the housework, looking after siblings and caring for the ill or dying parent(s). Children who have lost one parent to AIDS are often at risk of losing the other parent as well, since HIV may have been transmitted between the couple through sex. In addition, if they do, Deininger *et al.*, (2003) in a Ugandan longitudinal study assert that foster children were highly disadvantaged with respect to health service including vaccination and vitamin A access in Uganda.

Children orphaned by AIDS may miss school enrolment, have their schooling interrupted or perform poorly in school, because of their situation. Expenses such as school fees and uniforms present major barriers, since many orphans' caregivers cannot afford these costs (UNICEF, 2006). Even before the death of a parent, children may miss out on educational opportunities; research carried out locally in Kenya by Mishra and others suggest that children of HIV-positive parents are significantly less likely to attend school than other children (Mishra *et al.*, 2005).

In an earlier study in a rural area near Mutare, Zimbabwe, though the extended family was found to be the principal orphan-care unit, some relatives exploit the children for labour, and fail to meet their educational and medical needs. Only 5 percent of those interviewed felt that there were no differences between themselves and non-orphan children (Foster *et al.*, 1997). Extreme poverty, multiple and mutual exacerbating impact of AIDS including illnesses, draining of dependable family resources and death have been cited as some of the impacts of AIDS in most affected households (Howard *et al.*, 2006).

In an attempt to describe how AIDS has impacted on extended family orphan care arrangements, Nyamukapa *et al.*, (2005) used a combination of both qualitative and quantitative data. They explained the initial absence, followed by emergence of differentials in primary school enrolment between orphans and non-orphans in rural Zimbabwe. The duo found that maternal but not paternal or double orphans have lower primary school completion rates than non-orphans, and that these patterns reflect adaptations and gaps in extended family orphan care arrangements. Low primary school completion among maternal orphans results from lack of support fathers and stepmothers and their ineligibility for welfare assistance due to residence in higher socio-economic status households. However, sustained high levels of primary school completion amongst paternal and double orphans, particularly for girls, result from increased residence in female-headed households and greater access to external resources. These findings indicate that programs should assist maternal orphans and support women's efforts by reinforcing the roles of extended families and local communities, and by facilitating greater self-sufficiency.

However, with government support, particularly in policy articulation, things could be different. For instance, a longitudinal study in Uganda found a marked increase in the overall school enrolment mainly because of the introduction of free primary education in the country (Deininger *et al.*, 2003). Out of school, AIDS orphans may also miss valuable life - skills and practical knowledge that would have been passed on to them by their parents. Without this knowledge and basic school education, children may be more likely to face social, economic and health problems as they grow up (Salaam, 2005). Lack of such vital livelihood skills may hinder not only their personal enhancement but also their participation in overall development of the country.

Further, children grieving for dying or dead parent(s) are often stigmatized by society through association with AIDS. The distress and isolation experienced by these children, both before and after the death of their parent(s), is strongly exacerbated by the shame, fear, and rejection that often surrounds people affected by HIV and AIDS. Because of this stigma, children may be denied access to schooling and health care. Once a parent dies, children may also be denied their inheritance and property. Often children who have lost their parent(s) to AIDS are assumed to be HIV positive themselves, adding to the likelihood that they will face discrimination, which damages their future prospects. Sometimes this occurs because it is assumed that they are infected with HIV and their illnesses are untreatable.

Again, poverty and disease are like tinder and dry wood for raging the fire of the HIV and AIDS pandemic. When families are too poor to educate their children, those children will most likely live out their lives in poverty and give birth to a new generation condemned to the same fate. This poverty leaves individuals vulnerable to malnutrition, exploitation and disease (Utan, 2005). Overcoming these



twin challenges requires informed decisions based on observed spatio-temporal levels and trends of the orphanhood problem, and massive support to innovative, homegrown approaches that would ensure development based on the principles of equity and sustainability.

### 2.3 Orphan Migration

HIV and AIDS' effect on family livelihood through prolonged illness and/or death often induce mobility among surviving family members. This area now receives a lot of research attention as a survival strategy. Some strategies of coping adopted by extended families may have negative impacts on children in households indirectly affected by HIV/AIDS, thus enlarging the number of children affected (Ntozi, 1997). For example, children may see their standard of living deteriorate when cousins come to live with them following the death of an aunt or uncle. These 'other vulnerable children' experience a reduction in their quality of life and an erosion of the opportunities available for fulfilling their rights.

Changes in the composition of households through migration of family members is an important mechanism by which extended families cope with the economic and childcare need consequences of HIV and AIDS. In a study based in Uganda, Ntozi (1997) argued that urban-rural migration occurs as a result of the 'going-home-to-die' phenomenon, whilst rural-urban migration occurs as widows and widowers move to towns to seek work or remarriage. More than one half of young widows and one quarter of young widowers less than 35 years in Uganda moved from the household of their late spouse to earn money or for remarriage (Ntozi, 1997). Similarly, in southern African countries that have experienced a high degree of forced family dispersal, strategies for dealing with AIDS commonly involve splitting children or young people into distant locations, to oscillate subsequently between their own household and that of their extended families (Ansell *et al.*, 2004). In other words, orphaned children move back-and-forth between different ecosystems as their material and social fortunes change.

To study mortality, migration and dissolution of households in northern KwaZulu Natal, South Africa, Hosegood *et al.*, (2003) carried out a large, longitudinal study that found that children households affected by AIDS are more likely to move. Visiting over 10,000 households over the course of the year 2000, they found that children in households where an adult had died from AIDS were 60 percent more likely to migrate that same year. This was especially so if it was the child's mother or father who had died. Looking at child migration by gender and age, a household survey in Kenya (Yamano *et al.*, 2004) found that older daughters commonly leave the household after the death of a male head, while younger children were more likely to leave the household after the death of a female head.

The type of parental death, therefore, largely influences whether changes in residence and caregiver occur: for example, paternal orphans have been found to be more likely to continue residing with their surviving parent than maternal orphans (Nyamukapa *et al.*, 2005; UNICEF 2003). Orphanhood may also affect the socio-economic status of orphans. School attendance among orphans would differ depending on whether or not the parent(s) who died were the primary breadwinners of the household (Nyamukapa *et al.*, 2005).

Urassa *et al.*, 2001, in a cohort study in Tanzania found that the mobility of household members was high before and after a death, especially when the head of a household died. All members moved out of the household (irrespective of cause of death) in 44 percent of households in which the head died. In contrast, none of the deaths on non-head adult members led to household dissolution. In Eastern Zimbabwe, Mutangadura *et al.*, (2001) noted that the majority (65 percent) of households where deceased adult females lived before dying was no longer in existence, in both urban and rural studies.

Further analysis of a cohort based study in Karonga in Malawi by Crampin *et al.*, (2003) examined the impact of AIDS on household structure to assess how spouses and offspring were affected. It was common (73 percent) for households to dissolve following the death of a mother whose HIV-positive husband had already died. The likelihood of dissolution was smaller (34 percent) after the death of a widowed male spouse. This study also found a lower probability that wives of HIV-positive men remarry after widowhood/separation compared to wives of HIV-negative men (this appeared to be an issue of age rather than stigma). Perhaps, therefore, widows of HIV-positive men were more likely to become heads of households, in an area where female-headed households are traditionally rare.



To explore whether the AIDS epidemic is contributing to the number of street children in southern Africa, Mawoneke *et al.*, (2001) investigated the main factors responsible for increased number of street children in two cities in Zimbabwe. Half the street children in Zimbabwe are orphans, more than twice the proportion of orphans found in the general population. The main factors that led children to the streets were poverty, a desire to handle their own money, ill treatment by guardians, orphanhood, ill treatment by parents, and overcrowding at home. The majority of street children who were double orphans (56 percent) and those who were maternal orphans (59 percent) lived on the streets most of the time. The majority of paternal orphans in the sample (68 percent) and non-orphans (71 percent), however, lived at home or with a guardian. Of the paternal orphans on the street, 59 percent lived with their mother, but only 6 percent of the maternal orphans lived with their fathers (Mawoneke *et al.*, 2001).

## 2.4 Theoretical Framework

The study borrows from two theoretical perspectives. They include the adult migration and the multiple independent migrations of AIDS orphans perspectives. These theoretical perspectives help to unveil theoretical understanding of the selective nature of spatial and temporal AIDS orphan migration in different socio-economic contexts. However, it is important to note that the field of HIV and AIDS is relatively new and hence theoretical understanding of the epidemic is still evolving.

### 2.4.1 The Adult Migration Perspective

Adult labour migration that involves the movement of male heads of households to urban and to rural areas is critical in examining orphan distribution in heavily affected regions (Oppong, 1998). This is particularly the case in most African countries, where a larger proportion of adult migrant workers living in towns away from home have a well-documented high AIDS prevalence (Ghosh, *et al.*, 2004). However, this does not necessarily imply high prevalence of orphanhood there but may lead to rising numbers of orphans in the home village where the families of the infected are located. In South Africa and Botswana, for instance, orphan numbers are increasing rapidly among rural communities, mainly as a result of AIDS-related mortality of returning migrant workers. These workers, who are likely to have experienced a high level of sexual mobility, have retained links with their rural villages, creating circular flows of people that help facilitate the HIV and AIDS exchange. According to the United Nations Children's Fund (UNICEF, 2002) roughly two thirds of the total orphans in Botswana and South Africa are living in rural areas.

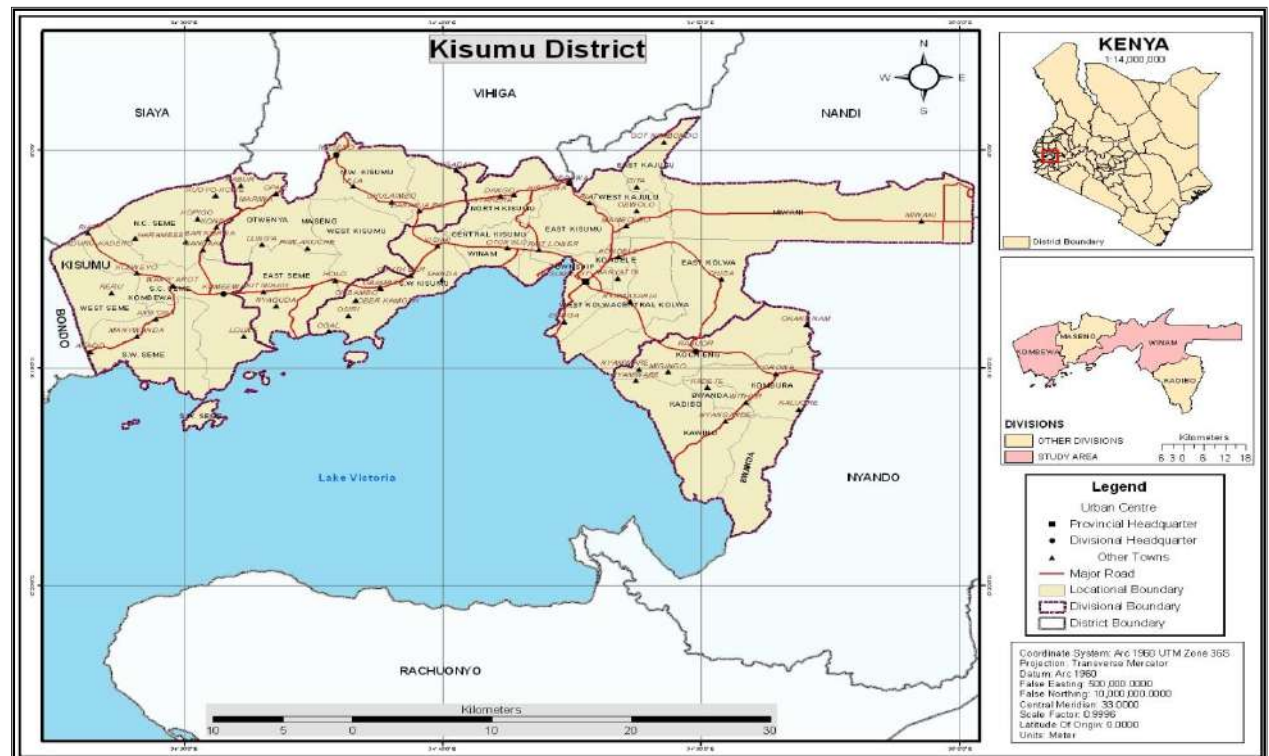
### 2.4.2 The Multiple Independent Migrations of AIDS Orphans Perspective

Perhaps a strong explanation behind the geographical disparity of orphans is to be found in the migration activities linked with the survival strategies of the children themselves (Oppong, 1998). In fact, orphans are hard to locate as a group because they are always on the move geographically and between different care giving environments. Fluidity, which is probably a unique feature of sub-Saharan African families, encourages child mobility in and out of extended families and kinship homes. AIDS results in premature deaths of adults creating more orphans and deepening poverty levels, forcing grandparent-headed and child-headed households to struggle to cope (Young, 2004). As a result, orphans not only negotiate their livelihoods and assume new social and economic responsibilities but also autonomously redefine their social and geographical position in their own society.

Orphan migration, one of their adaptation strategies in response to the AIDS crisis, is becoming an integral part of their everyday living (Ansell *et al.*, 2004). However, despite their engagement in multiple and independent migrations, there is paucity of information about the spatial and temporal re-location of AIDS orphans in sub-Saharan Africa. Furthermore, the implication of spatial dispersal of care-providing extended families in the movement of these children is seldom recognized (Ansell *et al.*, 2004). Nevertheless, based on anecdotal evidence, it is possible to identify the significance of these generalized mobility patterns of the children that are responsible for modifying the geography of orphanhood in AIDS heavily affected areas.

### 3. Methodology

Figure 1: Administrative Boundaries of Kisumu District



Source: Researchers, 2015

#### 3.1 Study Site and Location

Kisumu District lies in a down warped part of lowland surrounding the Nyanza Gulf, at the tip of which is Kisumu City. It is one of the twelve districts forming what until 2010 was Nyanza Province. The district borders Nyando District to the East, Vihiga District to the North, Nandi District to the Northeast, Siaya District to the Northwest, Bondo District to the West and Lake Victoria to the South. The District lies within longitude 33 20'E and 35 20'E and latitude 0 20'S and 0 50'S. The district covers 918.5 square kilometres and has four administrative divisions (Ministry of Planning, National Development and Vision 2030, 2009) (see Figure 1).

The 2009 Kenya Population and Housing Census preliminary report, indicated that the district had 618,556 people distributed in the four divisions as follows: Winam (412,323), Maseno (77,554), Kombewa (67,353) and Kadibo (61,326) (GoK., 2010). Winam Division hosts Kisumu City, the provincial headquarters of the former Nyanza Province, Kenya. Figure 1 illustrates the administrative boundaries of Kisumu District.

Geographic position of the study area and its relevance to economic activities, population mobility and spread of HIV and orphanhood is critical in this case. Kisumu City, being the third most populous city in Kenya after Nairobi and Mombasa, and a fast growing urban centre in Nyanza region, is the destination for migrants of both sexes in search of employment within the city. In the city's neighbourhood, there are a series of large scale agricultural activities including sugarcane in Miwani, Muhoroni, Chemelil and Kibos, and rice in Ahero and Kano irrigation schemes. These plantations and their processing factories attract high migrant populations from everywhere either working directly in the agricultural companies or doing business around the area. Moreover, Kisumu District has a series of fish landing beaches, which also attract many migrant populations interested in the fish industry in the area. Kisumu is strategically located on the major highway to Uganda to the North West, and it has a direct link to Tanzania in the South. For decades, the town has been a major trading link for Uganda



and it is an important transit point for travellers throughout East Africa. This rural-urban interface in the context of large and highly mobile population has had and continues to have consequences for high HIV and AIDS related mortality and orphanhood prevalence.

### 3.2 Study Design

The study uses descriptive study design. Mixed-method approach is employed where quantitative methods including census data on orphan migration are used first to gather baseline information on orphans and their distribution and movement levels and trends. Qualitative methods were later used to get deeper insights on orphan care conditions and causes of orphan migration.

### 3.3 Area Sampling Design

Kisumu District had four administrative divisions; Winam, Maseno, Kombewa and Kadibo. The four divisions had twenty four (24) locations half of which (12 locations) were located in Winam Division alone, and four each in the remaining three divisions. To gather comprehensive orphan migration levels and trends, all the four divisions were considered.

However, for better representation, diversity and rural-urban comparative analysis, therefore, two divisions (Winam-largely urban, and Kombewa-rural) were purposively selected for deeper insight on rural-urban context of causes of orphan migration in the study area.

### 3.4 Population Sampling Design

#### 3.4.1 Secondary Data

Kenya carries out national population and housing census after every ten years. In order to analyze spatio-temporal orphan movement, the study targeted all orphans aged 0-17 years who had reportedly migrated into the four divisions of Kisumu District in 2009 and in 1999.

#### 3.4.2 Primary Data

A sample saturation approach was used in conducting in-depth interviews (IDIs) among fifty two (52) total orphans aged 8-17 years and seventeen (17) care providers based in informal (13) and formal (4) care and support institutions. In addition, eighteen (18) local opinion leaders were predetermined and purposively selected. Out of the eighteen (18) opinion and sector leaders, six (6) were from relevant government department (2 local gender, children and social development, and 4 provincial administration) officials; eight (8) local community leaders including teachers, retired civil servants; two (2) officials of community service organizations; and two (2) local women and youth groups. Opinion and sector leaders were people who were knowledgeable in orphan care and support issues, either by virtue of working directly with orphans or indirectly by working with agencies operating in the study area to assist orphans in various ways. They were drawn from local members of the community, relevant government officials, community service organizations and local community group representatives. In addition, eight (8) focus group discussion (FGDs) sessions were conducted with orphans in upper primary (standard 4 to 8) and secondary schools (form I to III). A session consisting of ten homogeneous participants, two from each level of schooling per site was considered. FGDs were meant to gain deeper knowledge on crosscutting orphan care related issues.

### 3.5 Data Collection

#### 3.5.1 Secondary Data

In order to capture spatio-temporal orphan movement into Kisumu District, the 1999 and 2009 Kenya population and housing census data were used. This 10 year inter-censal period was considered to help bring out temporal variations in orphan migration levels and patterns into Kisumu District. Data on the region of birth/origin (province, and district in Nyanza Province) of every orphan enumerated in the District in 1999 and 2009 were used to reveal level and pattern of orphan migration into the study area. An attempt was equally made to look at the contribution of the newly created counties in the former Nyanza Province to orphan migration levels and trends in the district.



### 3.5.2 Primary Data

To gain deeper insights on orphan care conditions and causes of orphan migration the study conducted 87 in-depth interviews (IDIs) consisting of 52 orphans, 17 care providers and 18 key opinion leaders in the study area. The local opinion leaders were particularly targeted because of their wealth of knowledge and experience on socio-economic issues affecting the community like those related to orphan migration. In addition, to gather information on crosscutting issues related to orphan care, 8 FGDs were conducted with orphans in both primary and secondary schools in the study area. Each session consisted of about ten participants and gender equity was ensured.

## 3.6 Data Analysis

### 3.6.1 Secondary Data

Data generated from the 1999 and 2009 population and housing census, and questionnaires were analyzed descriptively. Since, the two census data sets contained the universe (target) populations, it was needless to subject such to inferential statistical techniques. The orphan migration-related data for 2009 and 1999 population census figures were described by comparing and contrasting the figures. This was to help to reveal spatial and temporal variations in orphan movement levels and patterns for the various administrative units of the study area.

### 3.6.2 Primary Data

Qualitative data was analyzed using content analysis approach to make sense of the texts which were generated in the IDI scripts and FGD transcripts. Silverman (2006) has advocated for this approach. It recommends establishing a set of categories, and then counting the number of instances that fall into each category. The study proceeded by coding respondents' answers into different sets of categories. Three concurrent data processing activity flows as suggested by Miles *et al.*, (1984) was then followed: data reduction (simplifying and abstracting data), data display (assembling information as to permit drawing conclusions), and verification and conclusion (giving provisional meanings to regularities, patterns and flows, and testing provisional conclusions). At this stage, the findings were linked to the study objectives, assumptions and theoretical framework, and existing literature.

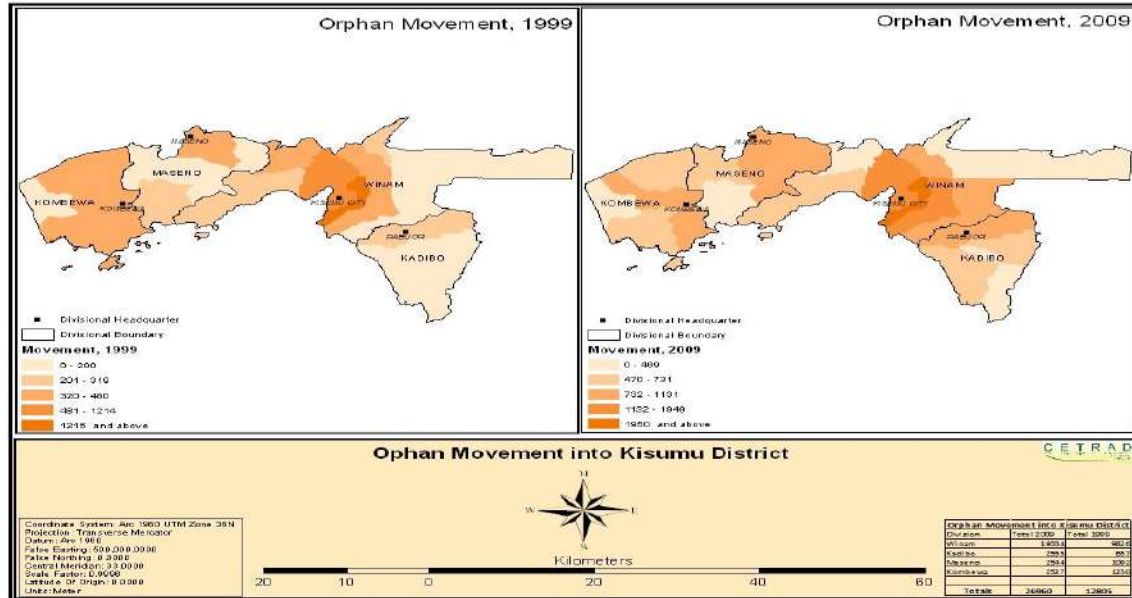
Data presentation techniques like charts and maps were used to illustrate spatial and temporal variations in orphan movement into Kisumu District. The two data sets were triangulated for validation purposes.

## 4. Study Findings and Discussions

### 4.1 Spatio-temporal Variations in Orphan Movement

#### 4.1.1 Spatial Variations in Orphan Movement

**Figure 2: Spatial Distribution of Orphan Movement, 2009 and 1999.**



Source: Researchers, 2015

Migration of orphans could be a major factor in altering the spatial landscape of orphans. It was assumed in this study that orphans reportedly born elsewhere but enumerated in Kisumu District in 2009 or 1999 were migrants into the district.

In the twenty four locations of Kisumu District, the study found that five urban locations in Winam Division received more than half (14,908 out of the 26,960) orphan migrants enumerated in the district in 2009. They included West Kolwa location (5,145), Kondele location (4,591), Township location (1,949), East Kisumu location (1,767) and Central Kolwa location (1,456) orphan migrants. In the same period, East Seme location in Maseno Division and Miwani location in Winam Division recorded the least number of migrants in the district at 396 and 360 orphans respectively (see Figure 2).

On the other hand in 1999, only three urban locations including West Kolwa, Kondele and Township in Winam Division accounted for almost half (6,714 out of 12,805) orphan migrants into the district. The least orphan migrant recipient locations in 1999 included Bwanda (126) and Kombura (130) in Kadibo Division, and West Seme (130) in Kombewa Division, which are typically rural locations of the district. Winam division is largely urban as it hosts Kisumu City hence a common destination for apparently higher number of orphan migrants compared to rural locations (see Figure 2).

A number of studies have confirmed this finding particularly among older orphans. UNICEF (2003) has cited a 'regular' pattern of migration procedure involving the movement of orphans with or without their care-giving families from rural villages to urban centres. The death of a male head of household in a rural area could force a mother and children into the city in search of work or other forms of support (UNICEF, 2003). In Kenya, migration to urban area has been observed among orphans who wish to look for waged employment especially when they realize that they do not have further opportunity for schooling, and when working is presented as the only feasible alternative (Nyambedha *et al.*, 2003). Similarly, in Zambia, the number of street children in urban areas rapidly increased in 2000s due to migration of AIDS affected children who could not be absorbed into the livelihood system of rural relatives (Guest, 2003).

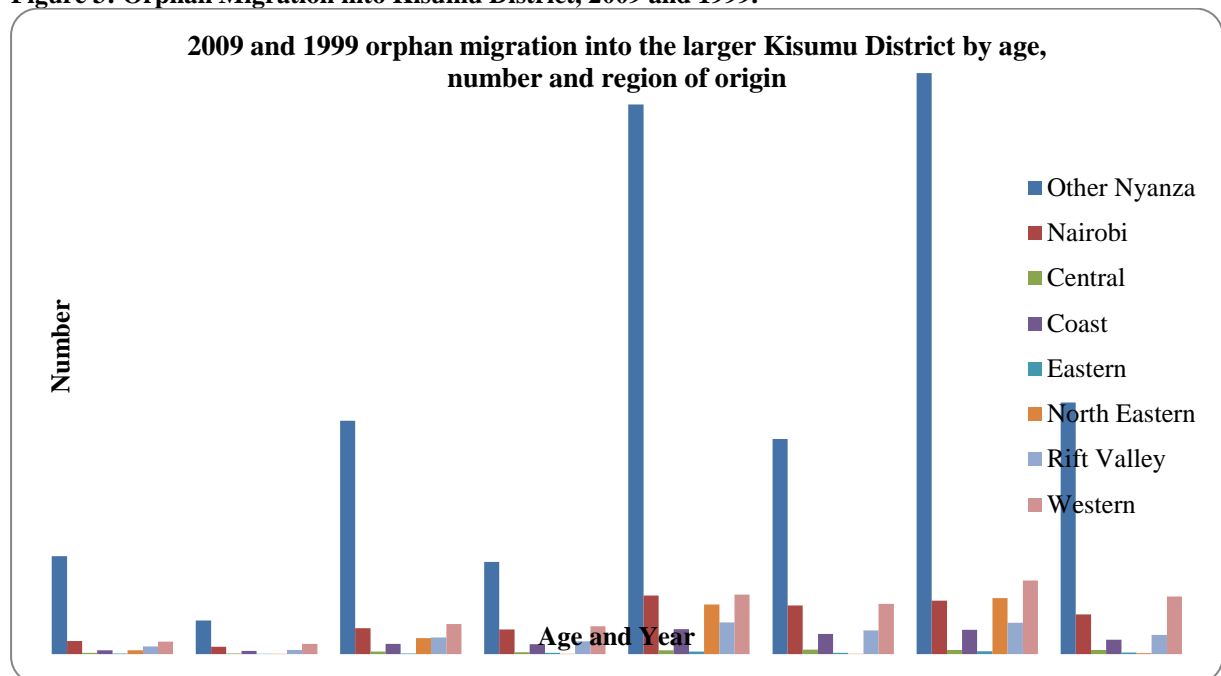
Urban and market centres were the most preferred for orphans migrants (see distribution in Figure 2). A study by Nyambedha *et al.*, (2003), in neighbouring Siaya District found that unfamiliar rural



environment often led to relocation of town-born orphans to urban centres. In urban areas, such orphans were reportedly putting up mainly with non-relatives, well-wishers, friends, former neighbours to their parents, and in orphanages (Nyambedha *et al.*, 2003). Others found themselves surviving in the streets or working as casual labourers without any form of adult care (Nyambedha *et al.*, 2003). Urban localities appear to offer orphaned children relatively better livelihood opportunities, particularly in the informal sectors as they symbolize deprived children’s hope for an improved future and a better social status (Meinert, 2003). In western Kenya Nyambedha and others noted that the involvement of AIDS orphans in daily labour and street–vending activities was becoming significant in generating remittances to siblings back home in rural areas (Nyambedha *et al.*, 2003).

The younger orphans moved too, though their movements were a bit restricted as suggested by low numbers involved. This could be because they were likely to co-move with either their surviving parent as cultural or socio-economic opportunity seekers in urban areas. They could also be in the company of relatives for care and support at relatives’ places. According to Ntozi (1997), orphan involvement in urban rural migration occurs as a result of the ‘going-home-to-die’ phenomenon; whilst rural urban migration occurs as widows and widowers, with or without children, move to towns to seek work or remarriage. More than one half of young widows and one quarter of young widowers less than 35 years in Uganda had moved from the household of their late spouse to earn money or for remarriage (*ibid.*).

**Figure 3: Orphan Migration into Kisumu District, 2009 and 1999.**



Source: Researchers, 2015

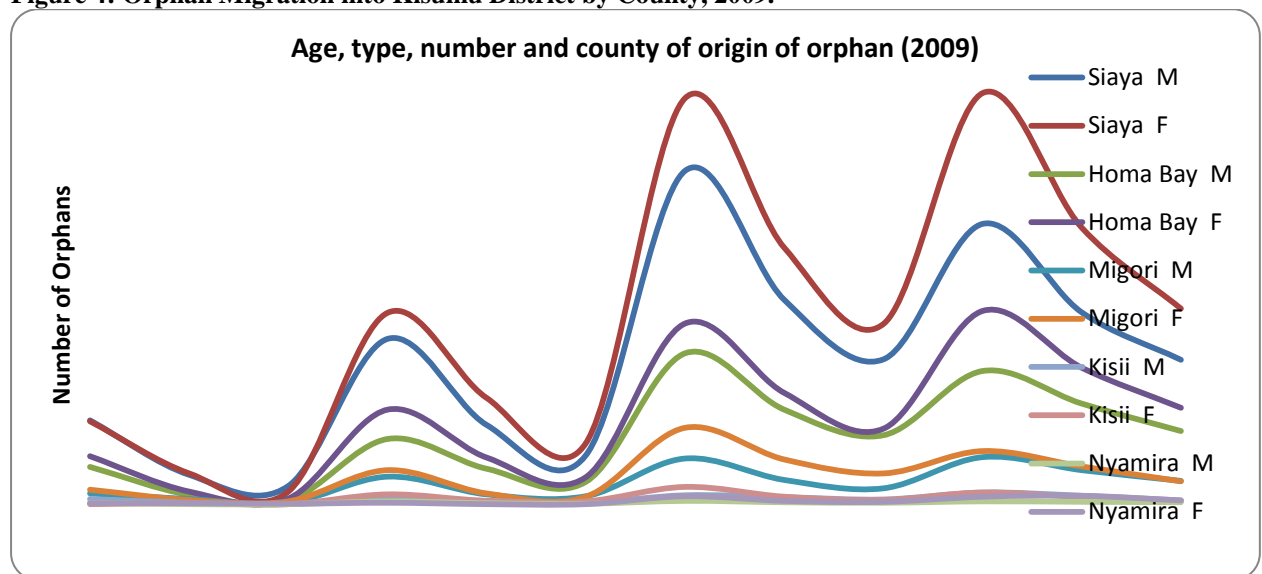
The largest orphan contributor to Kisumu District in both 2009 and 1999 was other areas of Nyanza region (see Figure 3). There were, however, differences in the order of other significant contributors. For instance, the next highest contributing regions to urban locations of Winam Division in order of number contributed were Western, Nairobi, and Rift Valley regions.

On the other hand, the next highest contributor regions to other locations (mainly rural locations of the district) were Nairobi and Rift Valley regions. This pattern was maintained for both single and double orphans. North Eastern region, the least contributor of orphan in-migrants to Kisumu District in 1999, was surprisingly noted as a key contributor 2009 (see distribution in Figure 3). It is important to note that Kisumu City hosted in Winam Division is the main urban centre in western part of Kenya. Lyons argues that Kisumu City, being the third most populous city after Nairobi and Mombasa, and a fast growing urban centre in Nyanza, is the destination for migrants of both sexes in search of employment (Lyons, 2004). Though the city draws migrants from within and beyond the region due to its strategic location, the intensity of migration is known to follow the principle of proximity based on gravity model of migration (Rodrigue, 2013). In this model, the level of migration or intensity of interaction is negatively related to distance. That is, the closer two places are to each other, the more the likelihood

of intense interaction between them. More orphan migrants from other parts of Nyanza region were, therefore, more likely to move to Kisumu City compared to other regions of Kenya. This could also be due to multiple migrations of orphans, for whatever reasons, either with surviving family member(s) or independently among kin/relatives of the Luo origin who are spread across Nyanza region.

Notably, Western region was mainly a key contributor of orphans to the urban locations of Winam Division. This could suggest that most orphan migrants from Western region were mainly better care or economic opportunity seekers in the city. Their counterparts from Rift Valley and Nairobi regions were significantly reported to have moved fairly evenly to both the urban and rural locations of the district. This could plausibly be an indication that they were return migrants after death of parent(s) or those affected by the infamous 2007/2008 post election violence that heavily affected the two regions. Historically, a lot of people from Nyanza region have for many years migrated to these two (Nairobi and Rift Valley) regions to seek better economic opportunities either in Nairobi city or in the agro-based plantations in the Rift Valley region. Lyons (2004) in a study based in Kenya noted that like migrant workers elsewhere in East Africa, Kenyans in Kisumu maintain close relations with their rural homes so that there is movement back and forth

**Figure 4: Orphan Migration into Kisumu District by County, 2009.**



Note: F = Female; M = Male orphans; FD = Father Dead; MD = Mother Dead  
Source: Researchers, 2015

The disruption of family after death of breadwinner is extensively quoted in literature (UNICEF, 2010; Young, 2004; Meinert, 2003); Nyambedha *et al.*, 2003). The newly created counties of Siaya and Homa Bay had a disproportionately large share of orphan migrants (mainly older and fatherless females) compared to other counties in Nyanza region (see Figure 4).

This reflects the higher age specific mortality of men and the fact that women usually marry older men. To study mortality, migration and dissolution of households in northern Kwa Zulu Natal, South Africa, Hosegood *et al.*, (2003) carried out a large, longitudinal study that found out that children in households affected by AIDS are more likely to move. This was especially so if it was the child's mother or father who died. In a household survey carried out in Kenya on child migration by gender and age, Yamano *et al.*, (2004) found that older daughters commonly leave the household after the death of a male head, while younger children were more likely to leave the household after the death of a female head. Urassa *et al.*, (2001), in a cohort study in Tanzania found that mobility of household members was high before and after a death, especially when the head of a household died.

These two (Siaya and Homa Bay) counties are some of the poorest in the country (KNBS, 2010). Poverty could plausibly be a push factor to increased orphan migration from these counties. Lyons asserts that Siaya District, north of Kisumu, is one of the poorest and most important labour exporting districts in Kenya. About 30% of the people born in the district have travelled beyond its borders (Lyons 2004). Ledward also argues that in order to generate an income, adolescent orphans may leave



impoverished households to seek work in towns, as agricultural labourers for more prosperous farmers and as domestic labourers (Ledward, 1997).

Disproportionately higher fatherless compared to motherless orphans had equally been reported (UNICEF, 2010). Further, the percentage of children who are paternal orphans generally exceeds the percentages who are maternal orphans at all ages all over the world (*ibid.*). Similarly, Case *et al.*, (2004) observed that in some countries, particularly Kenya, Namibia, Tanzania, Uganda, Zambia and Zimbabwe, the fraction of children who had lost a father were markedly larger than those who had lost a mother.

Winam Division is largely urban as it hosts Kisumu City, hence a common destination for apparently higher number of orphan migrants compared to other rural counterparts. It is a common destination for many orphans looking for casual jobs and opportunities for care and support especially in the orphanages in the city.

The geographical disparity of orphans could, therefore, be found in the migratory activities of orphans either as co-migrants with their surviving parent/guardian or independent orphan migration. The study assumption that there were no spatial variations in orphan movement in Kisumu District was invalidated. Migration of orphans to various areas of Kisumu District was spatially disproportionate, leading to skewed spatial distribution of orphans in the district.

#### 4.1.2 Temporal Variations in Orphan Movement

The soaring number of orphans and their associated migratory activities has drawn world attention in the recent past. A temporal variation in orphan movement into Kisumu District was a reality. Kisumu District was home to 12,805 migrant orphans in 1999, approximately 27 percent of the total number orphans in the district then. In 2009, 29 percent of all orphans in the district were born elsewhere. This translates to a 117 percent increase in the number of orphan migrants between 1999 and 2009. In terms of the overall number of orphan migrants, the urban locations of West Kolwa, Township and East Kisumu in Winam Division received the highest number both in 2009 and 1999. However, in terms of percentage change in orphan numbers between 1999 and 2009, a number of rural locations registered higher figures compared to their urban counterparts. The 1999-2009 inter-censal increase in the number of orphans moving into Kisumu District from other regions varied widely. It was highest for North Eastern region at 6,116 percent, and lowest for Central Province at 6 percent. North Eastern region which, for instance, was the third most significant contributor in 2009 was in fact the least contributor of orphans in 1999.

The study established that the number of orphan migrants increased consistently with age both in 1999 and in 2009. There was considerably low and fluctuating number of orphan migrants in the lower age groups (0-4) and (5-9) years as compared to upper age groups (10-14) and (15-17) years. This could plausibly suggest that the movement of those in the lower age groups were likely to be restricted as such movements would depend on that of an accompanying adult. On the other hand, those in the upper age groups were likely to be free independent orphan movements. UNAIDS report on global AIDS epidemic pointed out that the age of orphans is fairly consistent across countries with surveys suggesting that overall, about 15 percent of orphans are 0-4 years, 35 percent are 5-9 years and 50 percent are 10-14 years old (UNAIDS, 2010).

In western Kenya, orphans whose parents have died in towns subsequently migrate to the countryside to live with new, patrilineal related kingships (Nyambedha *et al.*, 2003). When this happens, children are relocated to the rural areas adding to the already existing orphan numbers there. In Swaziland and parts of western Uganda, orphaned children are sent to live with relatives in their parents' home village in order to cope with deterioration in economic and social resources (Barnett *et al.*, 2002). Further, AIDS related long distance migration of orphans in Lesotho and Malawi are urban to rural (Ansell *et al.*, 2004). Such 'reverse migrations' to rural farms, according to USAID, may provide a sense of safety particularly within the context of possible subjection to poverty, stigmatization and discrimination. However, large influxes as noted by USAID may overwhelm the resources of rural relatives particularly if they add to the burden of caring for those who are ill as a result of HIV and AIDS (USAID, 2002).

The migratory activities of orphans for various reasons evidently increased with time, especially among older and double orphans. The study assumption that the number of orphan migrants into Kisumu



District had since 1999 gone down has been disapproved. Increased migration of orphans, especially from rural to urban areas has and will continue to have demographic and service related consequences both to the donor and recipient districts for many years to come.

## 4.2 Orphan Care

### 4.2.1 Foster Care Providers

The most greatly recognized care institution by the orphans, care providers and opinion leaders was the foster care system. Traditionally, this is where members of the surviving or extended family on their own free will offer to take up orphans into their families for care and support. In some situations, the extended family members may also ask a surviving member to take up an orphan for care and support in his/her family. Yet others just find themselves with orphans to care and for support. This type of care arrangement according to care providers and the opinion leaders is culturally embedded and has been in existence within the Luo culture since time immemorial. However, with the overwhelming nature of orphan care within the community, even non-relatives within the community may voluntarily take up an orphan into their families for care and support. The care providers within this care arrangement were of diverse demographic, socio-economic and socio-cultural characteristics.

### 4.2.2 Institutionalized Care Providers

One of the prominent orphan care and support systems identified by orphans, care providers and opinion leaders was the institutionalized orphan care and support system also commonly referred to as the orphanage care system. This is where orphans are removed from their immediate or extended family members, relatives and at times community and are taken care of collectively in a care centre. Such an institutionalized orphan care centre, a place where orphan care and support provisions take place is often referred to as an orphanage. Community service organizations (CSOs) including NGOs, CBOs, and FBOs; Government (central or local); companies, and foreign and local donors including individuals often contribute financially, materially or in kind towards supporting orphans in such institutionalized care facilities. Therefore, it is a system of care and support which arose as a safety net due to the great orphan care and support needs that had overwhelmed the community.

Though children were kept and cared for in the institutions for most needs, majority of the orphanages sent children under their care to neighbouring public schools. Only a few had their own primary and secondary schools. The 27 orphanages in Kisumu District hold about 2, 908 children, majority of whom were reportedly drawn from the rural areas. Most of the orphanages was church affiliated, foreign donor funded and under the management of appointed management boards. A few were under the management of ad hoc management committee, owner or employee among others. The larger majority of orphanages reportedly had at least one trained staff to look into the welfare of the orphans. A good number of orphanages were reportedly in some sort of collaboration with other community service organizations (CSOs), government departments, and other local and international agencies working in the area of child welfare. This was encouraging because apart from helping in building synergy and mobilizing for extra support, it also gave them a unique opportunity to share experiences for the best practices in orphan care management.

Further, the qualitative interviews and discussions also established that there were gender differences with regard to orphan challenges and response to such challenges. Lack of adequate orphan care and mistreatment were singled out as the key challenges to most orphans both in rural and in urban areas. Gender differences in response to such challenges emerged. Mistreatment and lack of support in meeting personal and basic needs, and being denied an opportunity to attend school reportedly led to early sexual debut, early pregnancy, child labour, prostitution and early marriage among girls. Girls were singled out by care providers, opinion leaders and the orphans themselves to be more vulnerable when their psychological and personal needs were not met. A report from the World Bank (WB) reported that girls are more likely than boys to be retained at home for domestic work or for caregiving when incomes plummet due to AIDS deaths (World Bank, 2002). A study by UNAIDS also pointed out that prime age-adult deaths cause the removal of children, especially girls, from school (UNAIDS, 2002).

Girl orphans faced increasing cases of physical and sexual abuse with dire consequences to their health and general wellbeing. Unfortunately, numerous cases of abuse go unreported as they were largely



linked to care providers and their close relatives. Dews *et al.*, (2007) reported that all evidence regarding sexual abuse and rape are limited by inadequate reporting and recording, particularly in the developing world. In urban areas, for instance, the study found that relatives particularly the elder children of care providers were the main culprits. In a related finding, Jewkes *et al.*, (2003) carried out a study on the prevalence of domestic violence among orphan samples in South Africa that indicated that there were heightened levels of violence in AIDS affected families. Gregson and others in a study based in eastern Zimbabwe found that orphaned children were more likely to have had sex at younger age than non-orphans. They also observed that female orphans in eastern Zimbabwe had higher teenage pregnancies, STIs and HIV-prevalence than non-orphans (Gregson, *et al.*, 2005). In most cases, they have older sexual partners (Muula, *et al.*, 2003; Oleke, *et al.*, 2007). Lack of loving care by guardians was perhaps the key factor which increased vulnerability and orphaned girls were the least likely to feel they had such support (Population Council, 2007). Girls who had lost their mothers were considerably more likely to have had sex due to lack of love, care and parental guidance from guardians than girls whose mothers were still alive. Orphans were more likely to be given more work and less affection than other children in their households (Population Council, 2007).

On boy orphans, inadequate care was found to be associated with school dropout, child labour/child abuse and early marriage among others. Case *et al.*, 2003; Nyamukupa *et al.*, 2003; Makame 2002 had linked orphan school dropout to child abuse including child labour. Early marriage in some cases reportedly involved young orphaned boys, who in the middle of extreme poverty and lack of any sort of financial and emotional support, were reportedly being lured into widow inheritance for promise of better care and support by widows. Population Council had pointed out, in a study conducted in Nyanza, that boys who had lost their mothers were more vulnerable to early marriage, particularly to young widows (Population Council, 2007). Similar results have been documented by Oleke *et al.*, (2007) and Thurman *et al.*, (2006).

In general, inability to meet to basic needs, including education was reported to be the most critical challenge facing orphans in urban and rural areas. Rampant poverty and lack of sufficient income to meet the basic needs were cited as key factors. Orphans in the foster care arrangement were more likely to experience lack of the basic and particularly psychosocial needs from their care providers. Very few of those orphans based in the modern institutionalized care system (orphanages) complained about these needs after joining the centre. Widespread poverty throughout Nyanza Province was perceived by adults and children to be a major factor putting all children at risk (Population Council, 2007). That inability to meet basic and personal needs, rather than money parse, such as school fees and materials, food, clothing, bending, soap and body/hair oil, was thought to motivate children to engage in transactional sex to be able to meet these needs (Oleke *et al.*, 2007; Population Council, 2007; Muula *et al.*, 2003). UNICEF had affirmed that though the physical needs of orphan such as nutrition and health care appear to be the most urgent, emotional needs of children who have lost a parent (s) should not be forgotten (UNICEF, 2010).

Additionally, other children in the household may see orphans as strangers or intruders hence high reported cases of orphan abuse. In this study, a number of orphans were reportedly physically and sexually abused by the elder children of their care providers, particularly in the city. The following statements by affected orphans living in some of the up-market areas of urban Winam Division help explain what many orphans go through.

*Most orphans are sexually abused, especially girls. Care provider's male adult children usually do this. It happened to me and when I reported the case, the family accused me of creating stories to win their favor (A girl of 16 years, Form 3, Winam Division).*

*While others may love you, some of the relatives may hate you so much without any reason. Like where I am staying, one of the elder daughters (to my aunt) just hates me. She one day slapped me badly until I fell without any reason. She is like a chameleon, sometimes she is good but sometimes she is bad (A boy of 14 years, Class 7, Winam Division).*

On the contrary, a survey carried out by Population Council in Nyanza reported that non-orphans were more likely to report having been beaten in the previous 12 months compared to orphans. Guardians might have felt uneasy disciplining orphans who are not their own children fearing that the children may interpret this as abusive rather than as a form of guiding the child (Population Council, 2007).



The following statements from affected orphans better espouse the survival nature of most orphans and their linkage to orphan movement.

*Orphan movement depends on how you are treated. If one treats you badly, you move to another relative. Movement of orphans is just a cycle (A boy of 17 years, Form 3, Winam Division).*

*When the time for eating comes, orphans are given small portions compared to the children of the home, or sent to go and draw water or do any other work and by the time s/he comes back, all other people shall have finished eating and s/he is given fragments. And in case they ask for money, the children of the home are given while the orphan is told that there is no money, they should look for it elsewhere (A boy of 16 years, Class 6, Kombewa Division).*

In Kenya, migration has been observed among orphans who wish to look for waged employment especially when they realize that they do not have further opportunity for schooling, and when working is presented as the only feasible alternative (Nyambedha *et al.*, 2003). This has been confirmed in similar studies (Ansell *et al.*, 2004; Guest, 2003; Barnett *et al.*, 2002, and Ledward, 1997).

The greatest challenge most orphan foster care providers faced across the board, according to the opinion leader and orphan discussants and interviewees, was lack of means to cater for their basics of life including education. This was cited also by a majority of foster care providers who felt rather frustrated that they were unable to meet all the basic needs of the orphans under their care. They reportedly lacked meaningful income and the needed financial and/or material support to meet the basic needs of their own families let alone the orphan. Depletion of one's own and family resources because of overwhelming AIDS-related medical care needs for sick relatives, their funeral expenses when they die, and orphan care needs have been cited as big challenges (Young, 2004; Nyambedha *et al.*, 2003; UNICEF, 2003). A good number had to suspend personal or family plans to care for and support the orphans. A few foster care providers felt disappointed with the fact that some orphans under their care were never satisfied with care and support efforts however hard they (care providers) tried.

Surprisingly, some care providers reportedly had not been affected at all by orphan care. This could perhaps be due to genuine self sufficiency in meeting orphan care needs or an indication of an emerging "don't care attitude" among some caregivers as mentioned by a number of orphans during FGDs. A number of foster care providers, however, recognized orphan care as a humbling experience with a lot to learn from. The following statements captured the overwhelming and frustrating nature of orphan care both within the rural and urban communities.

*They (care providers) do not have enough money to provide for us, especially food, school fees and paraffin for study. They are often in dilemma to choose what to buy between food and paraffin (A boy of 17 years, Form 2, Kombewa Division)*

*There is no money (to buy food) to feed us and sometimes my aunt and my uncle shout at each other. We end up sleeping without supper (A girl of 14 years, class 6, Winam Division.)*

*I agree with the rest (other discussants), most care providers go for otong'o (weeding for others for pay) for them to put food on the table. Some of us go many times without supper at night (A girl of 15 years, class 7, Kombewa Division).*

*Jaber's (not real name) father was my best friend. He died in 2007 when Jaber was 12 years old. A few months before he died, he had asked me not to let his children suffer especially Jaber. Therefore, when he finally died, I took Jaber to my home and she is now in form 3. I have two wives and six children to look after as well. It is really a burden but God is there... (A 58 year old foster care provider, Kombewa Division).*

In addition, communication between orphans and their care providers was reportedly limited. Most care providers did not share their challenges with the orphans. In fact, some were reported to have no time for the orphans under their care. This existed despite the fact that some orphans contributed substantially to the host family financially. Lack of communication was cited by the discussants to often lead to misunderstanding hence strained relationship between orphans, particularly older ones and



their care providers. The orphans would be very happy to share in the frustrations and challenges of their care providers as depicted in the following statements.

*My care provider does not share with me. She does not talk to me. She does not feel like talking to me. I eat when I get and I do not complain. We orphans would really wish our care providers shared with us the challenges they go through (to care for us). This will help us understand the situation better and the reason why there is no food (A boy of 17 years, class 7, Kombewa Division).*

*We orphans will sometimes realize that there is no food in the house when the care provider becomes so cruel to us (A girl of 15 years, class 7, Kombewa Division).*

*No (she does not share). However, I really like the issue of my stepmother sharing the challenges with me because I will get to realize that the little that there is has to be used economically. I will avoid wasting things because we are not going to get any other soon (A girl of 16 years, Form 3, Winam Division).*

*Orphan movement depends on how you are treated. If one treats you badly, you move to another relative. Movement of orphans is just a cycle (A boy of 17 years, Form 3, Winam Division).*

## **5. Conclusions and Recommendations**

### **5.1 Conclusions**

#### **5.1.1 Spatial Variations in Orphan Movement**

The principal orphan contributor region in both 2009 and 1999 was other areas of Nyanza, perhaps due to proximity to Kisumu City. Other key orphan contributor regions were; Western, Nairobi, and Rift Valley. Kisumu City, due to its strategic location and being the main urban centre in western part of Kenya, draws migrants from within and beyond the region.

Western region was mainly a key contributor of orphans who for the most part moved to just a few urban locations in Winam Division. They could, therefore, be described as better care and/or economic opportunity seekers in the city. Orphans from Rift Valley and Nairobi regions were reportedly fairly evenly distributed in both the urban and rural locations, an indication that they were likely to be return migrants after death of parent(s) or those affected by the infamous 2007/2008 post election violence that heavily impacted the two regions. Traditionally, many people from Nyanza migrate to these two regions to seek better economic opportunities either in Nairobi city or in the agro-based plantations in the Rift Valley region.

Considering the counties, the poor counties of Siaya and Homa Bay received a disproportionately large share of orphan migrants compared to other counties in Nyanza in 2009. Orphan migrants from these counties were mainly fatherless and aged 8 years and above. They were destined predominantly to Kisumu City in search of better care in orphanages, and/or socio-economic opportunities mainly in the informal sector including domestic work in the city.

#### **5.1.2 Temporal Variations in Orphan Movement**

The growing number of orphans and their associated migratory activities and consequences has drawn world attention in the recent past. In Kisumu District, approximately 29 and 30 percent of all orphans enumerated in the district in 2009 and 1999 respectively were born elsewhere. While urban locations were the key destination for migrating orphans, a number of rural based locations registered significant percentage change in the number of orphan in-migrants in the period between 1999 and 2009 compared to urban locations. This was attributable to increasing orphan numbers in the country side. Other regions of Nyanza remained the prime contributor of migrating orphans both in 1999 and in 2009.

The 1999-2009 inter-censal increase in the number of orphans moving into Kisumu District from other regions varied widely ranging from 6,116 percent for North Eastern to only 6 percent for Central Province. The number of orphans who had migrated into Kisumu District had increased with age both in 1999 and in 2009. In 1999 and 2009, there was considerably low and fluctuating number of orphan migrants in the lower age groups (0-9) years compared to those in the upper age groups (10-17) years, a



clear indication that the movement at lower ages was a bit restricted, perhaps due to the fact that they needed to be accompanied by an adult. Those in the upper age groups (10-14 and 15-17 years) were likely to be free independent orphan movements. At about 8 years and above, orphans were reportedly beginning to have more needs in life because of physiological and biological changes characterized by this stage in life, which the care providers apparently were unable to meet. They were also relatively more aware of their rights than the comparably younger ones were. At this stage, they understandably began to separate normal duty assignment from mistreatment from care provider. This often put them at loggerheads with their care providers, triggering movement.

The overall proportion of double orphans to all orphans who migrated into Kisumu District increased from about 14 percent in 1999 to 18 percent in 2009. This could point to the fact that due to increased deaths among surviving parents, more needy single orphans joined the double orphanhood rank between 1999 and 2009. It could also indicate an increasingly worse orphan care conditions with time triggering sharp orphan mobility. The migratory activities of orphans had heightened in 2009, especially among older double orphans.

### 5.1.3 Orphan Care and Orphan Movement

Limited access to basic needs including food and education alongside exposure to stigma and physical abuse were more likely to trigger orphan movement. Depletion of one's own and family resources because of overwhelming AIDS-related medical care needs for sick relatives, their funeral expenses when they die, and orphan care needs were the main contributing factors.

## 5.2 Recommendations

### 5.2.1 Recommendations for Research

Isolating HIV and AIDS related orphanhood remained a major challenge to this study. This was partly because obtaining hospital data linking parental deaths in Kenya, like in most third world countries was not possible. This was due to ethical and confidentiality concerns and the complicated nature of opportunistic infections related to an AIDS patient at the point of death. This study recommends the use of other cause specific approaches like mathematical models to more precisely capture the magnitude of orphanhood that could be attributable to HIV and AIDS epidemic per se. Moreover, it should be noted that assessing the impact of AIDS and indeed orphans on the community has not been fully explored. The study recommends the use of approaches that would help assess the impact of HIV and AIDS, particularly that of orphanhood on the community.

The study, due to financial and time constraints, focused on orphan immigrants to Kisumu District only. The orphan out-migrants from the District to other areas were, therefore, not considered. It would have been interesting to consider both processes to help establish whether Kisumu District is a net exporter or importer of orphans. The study, therefore, recommends that future studies should endeavour to consider both orphan out-and-in migration as this is a critical in resource planning for both orphan donating and receiving areas.

### 5.2.2 Recommendations for Policy

Orphan mobility was found to be a reality with back and forth movements in the larger Kisumu District. This has altered the occurrence and distribution considerably in the study area. The study recommends that in the short run, the governmental and non-governmental agencies should offer material and technical support to existing orphan care institutional arrangements to better care for the orphans and hence curb high orphan mobility in the study area. On the long-term, high structural poverty levels in the region needs to be addressed to enable the community cope better in the management of orphans in order for them to participate fully in the future development of the country.

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