Determinants of Psychosocial Well-Being Among School-Going Children (10-17 Years) Affected by HIV/AIDS in Informal Settlements in Kenya

Mwangi, J.N. KCA University, Nairobi Kenya.

jigmwas@gmail.com or mwangij@kcau.ac.ke

Extended Abstract

1.0 Introduction

School-going children affected by HIV and AIDS (CAHA) face numerous psychological, social, and economic challenges, exacerbated by the loss of their parents to the disease. This study examines the psychosocial well-being of CAHA in Kibera, the largest informal settlement in Kenya. While various programs address their material needs, there is less focus on helping these children cope with the emotional distress of nursing sick family members, witnessing parental deaths, and dealing with the subsequent consequences. The study investigates the determinants of psychosocial well-being and the coping strategies employed by these children.

1.1 Statement of the Problem

The HIV and AIDS pandemic has profoundly disrupted the social fabric and psychosocial well-being of children within affected families, particularly in informal settlements (UNAIDS, 2021). Children living with HIV/AIDS face significant cognitive, social, and emotional trauma due to parental illness and death, exploitation, stigma, discrimination, and separation from siblings, compounded by a lack of adult support (Cluver et al., 2007). This situation is further exacerbated by extreme poverty, which limits families' capacity to provide adequate care and support (Kenya National Bureau of Statistics [KNBS], 2010). Consequently, these children are at heightened risk of neglect, abuse, and inadequate access to essential services, leading to increased psychological stress and long-term emotional and social challenges (Akunga, 2006; Cluver & Orkin, 2009). Despite numerous studies addressing the material needs of these children, there remains a critical gap in research concerning the specific determinants of their psychosocial well-being and coping mechanisms (Kamau & Ssewankambo, 2013). This study aims to address this gap by examining the factors influencing the psychosocial health of school-going children affected by HIV/AIDS in Kibera Sub-County, Nairobi County, to better understand and address their unique needs (Kenya AIDS Indicator Survey [KAIS], 2009).

1.2 Objectives

The primary objective of this study was to examine the determinants of psychosocial well-being and coping strategies of CAHA aged 10-17 years in Kibera informal settlement in Nairobi County, Kenya.

2.0 Methodology

This cross-sectional survey targeted 3,780 children aged 10-17 years affected by HIV and AIDS, living in foster families associated with registered Community-Based Organizations (CBOs) in Kibera, Nairobi County. Multi-stage cluster sampling was used to select 345 children for the study. The research was guided by the Double ABCX model of adaptation and adjustment (McCubbin, 1996). Data collection involved key informant interviews, questionnaires, observation checklists, and child drawings. Quantitative data were analyzed using descriptive statistics, chi-square tests, and factor analysis, while qualitative data were transcribed, coded, and categorized into themes.

3.0 Results

3.1 Determinants of Psychosocial Well-Being

The study identified care provided by foster families as a key determinant of the psychosocial well-being of CAHA. The measures of psychosocial well-being included psychological, emotional, and social aspects. Key findings highlighted the importance of an enabling environment tailored to the individual needs of CAHA, which helps build resilience and supports their personal growth, self-acceptance, positive relationships, and environmental mastery.

3.1.1 Psychological Well-Being: Personal traits and relationships significantly influenced CAHA's ability to adjust and thrive. Children in supportive foster homes exhibited higher levels of self-acceptance and personal growth. Conversely, negative actions by caregivers, such as shouting or humiliating, led to low self-esteem and stigma.

3.1.2 Emotional Well-Being: Emotional responses such as happiness, fear, and anger were linked to the loss of parents and the distress of living in foster care. Support from teachers, peers, and community health workers played a crucial role in mitigating these negative emotions and fostering self-development.

Table 3.1 Frequency of Selected Emotional Behaviours Observed in Children Affected by HIV and AIDS by Caregivers (N=345)

Behaviours	Always	Most times	Sometimes	Rarely	Never
Cry	5 (1.5%)	83 (24.1%)	74 (21.5%)	84 (24.4%)	99 (28.7%)
Unhappy	11 (3.2%)	72 (20.9%)	81 (23.5%)	62 (18.0%)	119 (34.5%)
Fights	0 (0.0%)	0 (0.0%)	30 (8.7%)	10 (2.9%)	305 (88.4%)
Stays alone	2 (0.6%)	14 (4.1%)	65 (18.8%)	108 (31.3%)	156 (45.2%)
Refuse school	17 (4.9%)	12 (3.5%)	53 (15.4%)	71 (20.6%)	192 (55.7%)
Disobedient	3 (0.9%)	13 (3.8%)	39 (11.3%)	86 (24.9%)	204 (59.1%)
Bully others	0 (0.0%)	5 (1.5%)	2 (0.6%)	86 (24.9%)	252 (73.0%)
Worried	10 (2.9%)	2 (0.6%)	35 (10.1%)	54 (15.7%)	244 (70.7%)
Refuses to eat	0 (0.0%)	27 (9.0%)	22 (6.4%)	101 (29.3%)	191 (55.4%)
Runs from home	8 (2.3%)	17 (4.9%)	30 (8.7%)	31 (9.0%)	259 (75.1%)

The study on the determinants of psychosocial well-being and coping strategies among children aged 10-17 years affected by HIV and AIDS in Kibera Sub County, Nairobi County, reveals significant emotional distress in these children. Data from caregivers shows that a notable proportion of children frequently exhibit behaviors such as crying (25.6%), feeling unhappy (24.1%), and refusing school (8.4%). Conversely, a majority of children rarely or never engage in fighting (88.4%) or bullying others (73.0%), indicating lower tendencies toward externalizing behaviors. However, many children seldom worry (86.4%) or refuse to eat (84.7%), which may signal severe emotional distress or apathy. Additionally, high instances of children staying alone (76.5%) and being disobedient (84.0%) suggest issues with social isolation and non-compliance. These findings highlight the urgent need for targeted emotional support and interventions to improve the psychosocial well-being of children affected by HIV and AIDS in informal settlements, with a focus on reducing emotional distress and promoting healthy coping strategies.

3.1.3 Social Well-Being: Social interactions with caregivers, teachers, religious leaders, and peers were vital. Positive relationships reduced stigma and promoted a sense of belonging. Social inclusion, facilitated through play and community activities, was essential for holistic growth.

3.2 Coping Strategies Adopted by Children Affected by HIV and AIDS

Coping strategies were categorized based on the children's interactions with their social environment. The study examined the coping strategies of children aged 10-17 years affected by HIV and AIDS in Kibera Sub County, Nairobi County, and categorized them into economic, psychological, emotional, and social strategies. Economic coping involved caregivers seeking community support to meet basic needs such as food, shelter, clothing, and healthcare, although education needs were fully met (100%). Psychological coping strategies were influenced by negative actions from caregivers, such as shouting (38.3%) and threatening (5.5%), leading children to cry (45.5%) or stay alone (31.3%). Emotional coping was facilitated by caregivers providing encouragement (91.1%) and listening to children (84%). Social coping involved interactions with family, friends, and community members, with most children (64%) having siblings and 100% interacting well with caregivers and teachers. However, 6.67% of children reported feeling lonely and withdrawn. The study found that children adopting these coping strategies generally had moderate (53.1%) to high (38.2%) psychosocial well-being. A chi-square test confirmed a significant relationship between the coping strategies and psychosocial well-being (p=0.003). This information can be summarized in the table below.

Table 3.2 Relationship Between Coping Strategies Adopted by Children Affected by HIV and AIDS and Their Psychological Well-Being

Coping Strategy	**Psychological Well-Being**			
	High	Moderate	Low	Total
Economic	38.2%	53.1%	8.6%	100%
Psychological	20.6%	77.3%	2.1%	100%
Social	4.1%	2.9%	1.7%	100%
Emotional	2.0%	12.5%	1.7%	100%

Chi-square test results ($\chi 2=6.420$; df=6; p=0.003\chi^2 = 6.420; df = 6; p = 0.003$\chi 2=6.420$; df=6; p=0.003) for establishing the relationship between coping strategies adopted by children affected by HIV and AIDS (CAHA) and their psychosocial well-being yielded p-values of 0.003, indicating a significant relationship. Therefore, the hypothesis was rejected.

The study emphasized the importance of a strong, responsive social support system in fostering psychosocial well-being. Support from caregivers, teachers, peers, and community health workers was pivotal in helping children develop resilience and cope with their challenging circumstances.

4.0 Discussion

The findings underscore the multifaceted nature of psychosocial well-being among CAHA. Effective care from foster families and the broader community significantly contributes to the well-being of these children. The study highlights the need for comprehensive support programs that address not only the material but also the emotional and social needs of CAHA. By fostering supportive environments, communities can help these children achieve their full potential and improve their overall quality of life.

5.0 Conclusion

This study provides valuable insights into the determinants of psychosocial well-being and coping strategies among school-going children affected by HIV and AIDS in Kibera, Kenya. The results emphasize the

critical role of supportive foster care, community engagement, and tailored interventions in enhancing the well-being of CAHA. The findings are instrumental for policymakers, non-governmental organizations, and other stakeholders in planning and implementing effective support programs for these vulnerable children. By addressing both material and psychosocial needs, it is possible to create a nurturing environment that empowers CAHA to thrive despite their challenging circumstances.

5.1 Implications for Policy and Practice

The study offers several implications for policy and practice:

a) **Government Planning**: The findings can inform government strategies for supporting CAHA, emphasizing the need for comprehensive programs that address both material and psychosocial needs.
b) **NGO Interventions**: Non-governmental organizations can use the insights to develop targeted interventions that foster resilience and psychosocial well-being among CAHA.
c) **Educational and Health Programs**: Schools and health services can integrate psychosocial support into their programs, ensuring that CAHA receive holistic care.
d) **Community Engagement**: Encouraging community involvement in the care and support of CAHA can create a more inclusive and supportive environment for these children.

By adopting a holistic approach to the care of CAHA, stakeholders can significantly improve their quality of life and help them overcome the challenges posed by HIV and AIDS.

Keywords: psychosocial well-being, HIV/AIDS impact, coping strategies, foster care and childhood trauma.

Themes: Theme 5: children adolescents and youths and theme 20: population shocks and pandemics

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