



“Retirement lost”—the new role of the elderly as caretakers for orphans in western Kenya

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Abstract. A study on the new role of the elderly as caretakers of orphans was conducted in a rural part of Kenya applying a combination of qualitative and quantitative methods. One out of three children had lost at least one biological parent and one of nine had lost both. These figures are increasing exponentially. Most orphans were cared for by relatives, and about one out of five caretakers was 55 years of age or above. These elderly caretakers faced major difficulties in caring for the orphans in terms of schooling, food and medical care. There is a major difference between the present hardships of these caretakers and the traditional position of the elderly in the past. This dramatic deterioration in the situation of the elderly should be seen in the context of the rampant HIV/AIDS epidemic, population growth, changing socio-cultural values, and unfavourable macroeconomic trends.

Keywords: care, elderly, HIV/AIDS, Kenya, orphans

Introduction¹

The HIV/AIDS epidemic and demographic changes

According to the recent 1999 census, Kenya has a population of 28.7 million people (Government of Kenya 2001). The NCPD/CBS survey from 1998 indicated that 81% of the population live in the rural areas and that out of these 9.1% are 55-year-olds or above (1999:10). The Kenya National Human Development Report (Republic of Kenya/UNDP 1999) shows that the prevalence of HIV/AIDS is high and continues to grow in Western Kenya, especially in areas immediately north and south of Lake Victoria and along the road corridor to Nairobi. Nyanza province accounts for 29% of the total reported AIDS cases in the country. It also states that escalating poverty reinforces the epidemic and that the epidemic intensifies poverty (ibid.:49). Information from the Kenya National AIDS/STDs Control Programme (NASCOP) (1998) shows that the districts inhabited by the Luo people lie in a region categorized as a “very high HIV prevalence zone” with sero-prevalence

rates of people between 15 and 49 years of age estimated to be between 30–39%.

The HIV/AIDS epidemic has had enormous impact on the families and communities in the nations of sub-Saharan Africa and especially the productive young adults are afflicted. The Government of Kenya projects that the number of young adults dying annually will reach 300,000 by the year 2005 if the trend of the HIV/AIDS epidemic is not checked (NAS COP 1998). This has led to an increasing number of orphaned children in urgent need of care and protection and the figures above suggest that the number of orphaned children is bound to increase further in the coming years. Thus, it has been estimated (Forsythe and Rau 1996) that the number of orphaned children will reach nearly one million in Kenya by the year 2005. This is happening at a time when many African families are experiencing increasing difficulties in living up to the traditional ideals of sharing and mutual assistance in a context of widespread poverty, food shortage, geographic dispersion of families and change of lifestyles—factors which among other things have been attributed to the continent's incorporation into the global political economy (Cattell 1993).

Many older persons are suddenly faced with a situation where they have to resume a parental role and all the responsibilities that go with it, while having no reliable source of livelihood, and in many cases they do not have the physical capability to undertake such a responsibility (Johanson *et al.* 1996:165–169). In her study on caring for the elderly in sub-Saharan Africa, Cattell (1993) observed that this care-giving role can be burdensome to the elderly although she also found that provision of such support for children was equally a source of pride and self respect.

The elderly in traditional Luo society

Thus, major changes are taking place in the living conditions of the elderly in the Luo society. Based on the literature on Luo traditions and supplemented by statements from the elderly in the study population, a short description of the situation four to five decades ago follows below.

Previously, the elders performed various important functions in the community. During times of calamities such as epidemics, the elders attended meetings at community level (*buch piny*)² or at lineage level (*buch doho*) (Mboya 1965:2). The elders presided over such meetings as well as over ceremonies and important rituals within the community. They knew and understood many kinds of illness and could advise accordingly. This knowledge

was held in high esteem. Key informants in the study area confirmed that this knowledge earned them a lot of respect and explained why they were cared for by the community members. As a 72-year-old man explained during an interview:

“Young women liked grandmothers because the grandmothers were healers. They were doctors. They knew all kinds of illnesses, and they knew all taboos that could lead to a curse.”

It was because of their responsibilities in performing rituals and advising the young people in the community that the elders were respected. They were never left to care for themselves, especially if it was realized that they were too old to do things on their own.

The basic unit of a lineage is a homestead (*dala*)—a cluster of households where up to three generations often cohabit: the old couple, their sons and their wives and children (grandchildren). The Luo are polygamous and each of the co-wives has her own household alongside the old people. The traditional rules worked in such a way that nobody was allowed to plant in the garden before the eldest wife had planted her own share. The system ensured that the eldest wife was cared for before others in terms of planting and harvesting. It was because of the fear of breaking the taboo and the respect owed to the elderly that young and energetic people in the *dala* helped them in subsistence activities. Young girls were sent to those who were too old to prepare their own food in order to help them in food preparation. In some cases, the old people were taken to stay in the homestead of their eldest son, where their house was built next to the gate together with the grandsons. As was observed by one of the key informants:

“She was built for beside the gate in the lower parts of the home. It was in this house where girls slept.”

An older woman, for instance, was given cows that could provide her with milk and this was done by either her brother-in-law or her eldest son. In addition, her house became the place where all the women took their meals, a device that made it quite difficult for the old to go hungry. These houses (*siwindhe*) were also the places where the old women taught the young generation the many aspects of Luo traditions (Cohen 1985).

Grandmothers whose husbands had died and were past the menopause were highly valued, and they performed certain rituals that nobody else could perform (Ominde 1952; Mboya 1965). One of the key informants, an 80-year-old

man, stressed their importance by explaining that in case the community did not have one, they were forced to “hire” somebody from a neighbouring area. This was an embarrassment to the community because it indicated that they had not taken good care of their elders, which might have led to their earlier death.

“If you have a problem, you can go look for one even in Karabuor (*a neighbouring locality*). It can be an embarrassment because you left them all to die.”

Young foster children (including orphans) and especially those who were still breastfeeding could only be brought up by the grandmothers who could suckle them. As was explained by one 72-year-old key informant:

“The old grandmother was the one who look after a breastfeeding baby. She was the one who looked after the breastfeeding baby who is now brought here in Nyang’oma (*referring to a local children’s home at the local Roman Catholic mission*). It is the grandmother who could look after them to adulthood.”

A number of key informants stressed that only old grandmothers could suckle the orphaned infant. Due to perceived ill-health as a consequence of breaking the rules, the young ones were not supposed to be touched by those who had not reached menopause. Ominde observed that only mothers-in-law could break the restrictions on the suckling of babies. She could suckle her daughter-in-law’s child because it was assumed that her milk had stood the test (1952:2).

For a number of reasons the situation of the elderly among the Luo has changed considerably over time. An important factor in this process is the deteriorating economic condition. Thus, poverty and deprivation is a common denominator for most homesteads in the study area, irrespective of whether they were headed by elderly or not. Another has been the decreasing, traditional solidarity patterns within the patrilineages. On top of this has now come the HIV/AIDS epidemic, and the rapidly increasing number of orphans has worsened the pathetic living conditions for the elderly as well, as will be described below. Thus, the community in general is affected, but the elderly are more exposed. This paper presents a description of the drastic changes in the lives of many older people in western Kenya and elsewhere in sub-Saharan Africa as their prospects change from peaceful retirement to a second round of strenuous childcare.

Methodology

Study area

This study was carried out in an area within Nyang’oma sub-location of Bondo district (formerly part of Siaya District), Nyanza province of Western Kenya. The district lies along the shores of Lake Victoria and covers a total area of 1069 km². According to the Kenya 1999 population and housing census, Bondo division, in which Nyang’oma falls, has a total population of 79,833 (Government of Kenya 2001).

The majority of the inhabitants are people with Luo ethnic background. The kinship system is patrilineal, which means that it is based on the principle that descent is traced through the male line (Seymour-Smith 1986:218). The women marry outside their clan (exogamy) and move to the husband’s clan (virilocality). The main economic activity of the area is subsistence farming with additional income based on fishing, small-scale gold mining and other activities. The economic situation in the area is aggravated by the lack of adequate water resources and the recurrent droughts, which have repeatedly led to crop failures. The area is characterized by a number of beaches and consequently fish is often available. Limited local employment opportunities are available in the surrounding schools, as well as in the institutions under the neighbouring Roman Catholic mission, and migrant work is also common.

Study population

The informants were sampled from nine rural “clan areas” and the adjacent small township area. Administratively, the nine areas are called villages, though the homesteads are dispersed throughout the countryside. To a large extent, the individual villages are inhabited by clans descending from a common ancestor. The township is a small semi-urban area combining local market facilities with a beach from where fishing is conducted based on various techniques. The total population in the study area was 4,810 (1997–1998) living in altogether approximately 1,100 households.³ In our opinion it can be considered a “typical rural area in eastern Africa.”

The study population included various categories of people within Nyang’oma sub-location, who gave verbal consent to participate and had some knowledge of orphanhood within the study area. Among these were village elders, teachers, local administrators, religious leaders, members of various women’s groups, caretakers of orphans and orphans themselves. In accordance with the local perceptions, an orphan in this study is defined

as an individual less than 18 years old with either one or both biological parents deceased. In this article we shall call them single and double orphans respectively.⁴ Elderly are defined as persons 55 years of age or more.

Design and data collection

The study consisted of a cluster of research activities conducted between November 1998 and January 2001 combining quantitative and qualitative data collection methods (Nyambedha *et al.* 2001). A major part of the data was derived from two surveys: The first survey was based on semi-structured interviews with 100 purposively sampled caretakers of orphans in 1999. The second survey was conducted in 1999–2000 in 465 randomly sampled households (with and without orphans) using a questionnaire with closed as well as open questions. The qualitative data were derived from a number of sources. In-depth interviews were conducted with a sub-sample from the first survey of twenty orphans and their caretakers as well as key informants in the local community. Narratives were collected with five orphans regarding the recent, dramatic events in their lives. Focus group discussions were held on three occasions with orphans, their caretakers and the community leaders. Five orphan households were monitored over a six months' period based on observations and semi-structured interviews in order to capture the dynamics of intra-household processes and the attitudes of the caretakers towards them. Participant observation was applied throughout where relevant. All data collection tools were piloted before use and adjusted accordingly. The interviews were conducted in the vernacular, *Dholuo*, and subsequently translated into English.

Results

The orphans

In the second survey a total of 243 (33.6%) out of 724 children in the study sample were orphans. Of these, 29 (11.9%) were aged below five years, 73 (30.0%) were aged between five and nine years, 137 (56.4%) were between ten and seventeen years old and in four cases (1.6%) information was missing. About half (49.2%) of the orphans had lost their biological fathers, while maternal orphans comprised 19.6% of the orphans studied. The last 31.2% had lost both parents and were double orphans. Thus, about one third of the children within the study area were orphans and one out of nine was a double orphan. Out of the total 243 orphans, 113 (46.5%) had lost at least one parent within the last 5 years. Out of the 75 double orphans, 53 (70.7%) had lost their second parent within the last 5 years. This is a strong indication that the

number of orphans is more or less growing exponentially. The major problems identified by the caretakers included schooling, food and medical care. Out of the 100 caretakers to whom semi-structured questionnaires were administered during the first survey, 84 mentioned schooling problems. Lack of food in the households as a problem was cited in 48% of the 100 households and this problem was related to poor school attendance. Orphaned children who go hungry do not attend school or shy away because they do not want to face the rigorous academic pursuit in school. Lack of access to medical services for the orphans was noted as being a problem as well. Orphaned children are rarely able to meet the cost of medical diagnosis or even pay for the cost of any drugs which might be prescribed in the hospitals. This was a problem in 20% of the orphan households studied. The majority of the households buy pain killers or use herbs as the only affordable means of medication (Nyambedha *et al.* 2001).

The elderly caretakers⁵

Out of the 465 households sampled in the second survey, 108 (23.2%) gave shelter to one or more orphans, who were either on their own or (most often) taken care of by various categories of adult caretakers. Among these orphan households, twenty were headed by caretakers 55 years of age or above. Table 1 shows the details of the twenty households in the second survey headed by an older person. The age of the caretakers ranged from 57 to 78 years of age (mean = 63.5 years). Twelve were females, four males and the sex of four of them is not indicated. The twenty caretakers were responsible for between one and six children each (mean = 2).

The orphans in these households were 40 in number and their age ranged between three and 17 (mean = 10.9 years). Fourteen were girls and 20 were boys whereas there were six cases without sex indicated. Out of the 40 children, 31 were taken care of by relatives, mostly grandparents (23) and step-parents (5), whereas the orphans in nine of the households were taken care of by strangers. Sixteen of the 40 were double orphans. In some of the households there were non-orphaned children as well.

Deciding to take care of the orphans

The HIV/AIDS epidemic has continued to claim the lives of the most productive members of the community. As one grandmother (age 72) and a caretaker of nine double orphaned children lamented:

“Death is everywhere. Young people who could assist are dying leaving old ones. We are only praying to God.”

Table 1. Characteristics of the twenty out of the 465 households in the second survey, which were headed by a person 55 years of age or more, who was a caretaker of one or more orphans. The table shows the household composition focusing on age, sex, kinship relationship and year(s) of death of parent(s)

House-hold ID	Caretaker			Child			
	Relation to orphan	Age	Sex	Age	Relation to head	Mother died	Father died
1	Father/step-father	62	M	15	Stepson	—	1992
			M	15	Son	1999	—
			M	12	Son	1999	—
2	Father	65	F	16	Daughter	1998	—
3	Grandmother	67	F	16	Child to son	1997	1990
			M	14	Child to son	1997	1990
4	Grandmother	64	M	11	Paternal grandson	1997	—
5	Grandmother	60	M	10	Child to daughter	1986	-
6	Grandmother	66	F	9	Child to daughter	1997	1997
7	Grandmother	57	F	13	Child to daughter	1998	—
8	Grandmother	57	F	10	Child to son	—	year?
			F	7	Child to son	—	year?
			F	6	Child to son	year?	year?
			F	5	Child to son	year?	year?
			M	3	Child to son	year?	year?
9	Grandmother	62	F	10	Child to son	year?	—
10	Grandmother	57	F	9	Child to son	—	1996
11	Grandmother	62	M	6	Child to son	1999	1995
			M	4	Child to son	1999	1995
12	Grandfather	67	M	10	Child to son	1998	1996
			F	8	Child to son	1998	1996
13	Grandmother	60	M	13	Child to daughter	1994	—
			F	7	Child to daughter	1994	—
			F	6	Child to daughter	1994	—
14	Grandmother	62	M	10	Child to son	1993	—
			M	6	Child to son	1993	—
15	Grandfather	73	M	17	Maternal grandson	1999	—
16	Paternal aunt	57	M	16	Stepson	1997	1993
			M	14	Stepson	1997	1993
			M	12	Stepson	1997	1993
			F	10	Stepdaughter	1997	1993
17	Volunteer	58	M	12	N/A	1996	1996

Table 1. (Continued)

Household ID	Caretaker			Child			
	Relation to orphan	Age	Sex	Age	Relation to head	Mother died	Father died
18	Volunteer	78	?	16	N/A	year?	year?
				14	N/A	year?	year?
				14	N/A	year?	year?
				11	N/A	year?	year?
				10	N/A	year?	year?
				9	N/A	year?	year?
19	Employer	70	M	?	Servant	year?	—
20	Employer	66	M	17	Servant	1995	1995

Decisions to accommodate orphans in the older persons’ households seemed to be guided by affection. Emotionally driven decisions overshadowed the older person’s lack of economic ability to implement their decisions. They felt that the children (most often their grandchildren or step-children) should not to be left to suffer alone, and saw them as their responsibility since “they are their blood,” as one of them (female, age 57) indicated:

“When their mother died and people dispersed, they had to remain here. Where else could they go?”

Some of the older persons who participated in this study were over 70 years of age and some of them had large numbers of orphans under their care. They were found to be incapable of carrying out the meaningful subsistence activities and income generating activities in which the younger members of the community engage. Some of them appeared to have lost interest in these activities out of emotional distress. This was especially seen in situations where the elderly had previously relied almost exclusively on financial assistance from their deceased children. As one of them (female, 72-year-old) asserted during an in-depth interview:

“If I remember that it is on this road that the vehicles used to stop to bring me food from Eldoret or bring me money for cultivation, then I stop digging and go to sleep in my house.”

Schooling

Schooling was observed to be the most frequent problem affecting orphaned children. In Kenya, as in most other sub-Saharan countries, money has to be paid for children to attend primary school, which varies between 400 and 750 Kenyan Shillings (5.1 USD to 9.5 USD) depending on the grade.⁶ In a rural setting like the one studied, even this seemingly rather moderate amount is prohibitive, especially when many children in the same household are of school-going age. They often attend school at the mercy of the sympathetic school headmasters who exempt them from paying the school levies. However, this can only solve their problems to a certain extent as the same school authorities are unable to buy other school requirements such as books and writing materials, which the Kenyan government no longer provides because of cost sharing in the education sector. Lack of food within the households worsens the schooling problem. Orphaned children who are deprived of food have far more problems with school attendance and the situation is not improved by their attempts to go to school without meals. Interviews with teachers showed that the pupils were not attentive in class and some of them sneaked out of school in between the sessions. Orphans reported being sent away from school on repeated occasions for non-payment of school levies. This frustrated the orphaned children in their efforts to complete primary schooling. The older persons with whom these children stayed were not comfortable about asking for assistance from younger people because they felt they were bothering their relatives. As a 67-year-old grandmother put it:

“People have problems and it is also embarrassing to keep on begging because they talk badly about you. Now I fear asking for more assistance because they will complain my sons did not die for them to be disturbed.”

This was in reference to one of her stepsons whom she has had to approach on different occasions to ask for assistance in a case where one of the orphans has been sent out of school.

Some orphaned children were determined to stay in school and attempted to do so irrespective of whether or not they had adequate food. Some of them engaged in petty business while at school to help purchase what was required of them at school. One female double orphan who was 14 years old at the time of the interview explained her situation thus:

“I sell tamarind fruit at school and get money to buy exercise books. My grandmother tells me that she does not have money.”

However, later this young orphan had to drop out of school to nurse her younger brother at the neighbouring mission orphanage, because the staff at

the children’s home did not want to let her brother interact freely with others in the home, probably for fear of HIV infection. It turned out later that the young girl was allowed to continue her schooling in a girls’ boarding school within the Roman Catholic mission, exempted from the fee by the sympathetic school authority. At the same time she also helped to take care of her younger brother at the mission orphanage.

Providing food for the orphans

Subsistence farming and income generating activities can help the older persons to meet the needs of orphans under their care. However, it was noted that these households face severe economic strains. Indeed, the older persons undertook the decision to accommodate orphans with great personal sacrifices. Although they were able to cultivate land themselves, the old people were quick to point out that there is plenty of food within the area, but only for money.⁷ A grandmother (age 70) and caretaker of nine double orphaned children stated:

“There is plenty of fish for Kenyan Shillings 20 and maize, but the problem is money to buy them.”

A number of the elderly have taken austerity measures to ensure that the orphans they support have something to eat before going to sleep, such as going hungry themselves, so that their share of the meal is consumed by the orphaned children they support. Some of them have learned to make do with the little they have during the difficult days. One of them (female, age 71), who was the caretaker of a nine months’ old granddaughter explained:

“There must be flour for porridge in the evening—otherwise I can not make ugali (maize porridge).”

Interviews with orphaned children who had been adopted in older persons’ households confirmed the fact that resources were lacking. In some situations, this shortfall made some orphans believe that they were discriminated against, which can be exemplified by the following comments from a 13-year-old, double orphaned boy who stayed together with the 70-year-old grandmother:

“I could go without meals for days. Sometimes I could come to eat and she could give me some food or send me away because she had so many people.”

The old persons, with whom infants were left, complained of missing sleep in the night because they had to nurse the young ones. One conspicuous

characteristic of these households was the difficulty in feeding the orphans and the caretakers complained that the infants needed to be fed with short intervals, but this required adequate food resources.

Providing medical care

Within the medical pluralistic system an array of opportunities (*e.g.* biomedical clinics, traditional healers and herbalists as well as self-treatment based either on medicinal plants or over-the-counter drugs) is available. In Kenya, as in most developing countries today, medical services are not free. In the formal government system, as in private clinics, a fee has to be paid for a consultation, and expenses for drugs and utensils such as needles and syringes come on top of this. Apart from the medicinal plants that one collects oneself, most treatment is expensive by local standards.

For some of the elderly, the situation is further complicated in circumstances where the orphans left behind are also ailing. This happened in a few cases where the older persons were in charge of infants suspected of being HIV positive, and implies that besides proper feeding, the caretakers are also required to meet the cost of medication for the orphans. Cases where the older persons realize that they cannot help the orphans meet their costs of medication may give rise to concern and stress, as was observed with one of the grandmothers, 72 years of age and a caretaker of seven double orphans of which one was an infant who was probably HIV positive. She lamented thus:

“I spend sleepless nights thinking about how to settle that bill and get the child out of the children’s home.”

in reference to an outstanding bill of Kenyan Shillings 3000 (USD 38.25) at the children’s home, which was definitely beyond her reach.

Sources of support

The manner in which the deceased’s property is handled in relation to the welfare of orphaned children further puts the elderly in a vulnerable position. Most members of the extended families in the study area appear to carry out expensive and elaborate funerals and subsequent after-burial rituals according to the Luo customs (Nyambedha *et al.* in press). In some cases, adult siblings denied the grandparents the opportunity to inherit the deceased’s property, but later went away leaving behind their younger siblings. There was generally

very little support offered by other members of the patrilineage and consequently, some of the older persons found it easier to approach people of their own generation in similar situations, it being apparent to them that nobody else in the community was sympathetic to their situation. One of the grandmothers who was 72-years old at the time of the interview, and who was left with five school-going orphans, was quick to observe this when she commented:

“There is only one sister-in-Christ whose son was also rich but died. So when she gets some money she gives me something like 100 Kenyan Shillings. Even yesterday I asked her for salt and flour from which I prepared porridge.”

To cope with their situation in the old persons' households, some orphaned children resorted to paid labour.⁸ They worked for relatively well-off people in the villages, who often appeared to give them a lot of work for little pay. Orphans also engaged in other income generating activities such as charcoal burning, fishing, mining and sometimes cutting wood to sell as firewood. Those sent away from school because of non-payment of school fees hardly ever went back. For those who did go back to school after having earned a little money, repeated cases of absenteeism adversely affected their academic performance. Consequently, many of them were compelled by the schools to repeat classes, thus jeopardizing their chances of completing basic schooling.⁹ Furthermore, the fact that these children were able to work and earn money, gave them substantial power in the adopting households, a trend which did not augur well for their continued education and they commanded a greater voice over their own affairs. This did not compare favourably with the traditional norms of child rearing in the African context, where children are not supposed to deal with money directly. However, a number of orphaned children did so in order to survive. As a 15-year-old boy (mother dead), who stayed with his 62-year-old father reported:

“During the day when someone has work to be done, I do get money and come to prepare food for my father and me, and then I go to sleep.”

Lack of adequate care for the orphans within the elderly households seemed to expose them to incidences of child abuse from outside the adopting households. The orphaned children were also psychologically affected by the death of their parents. This was particularly noticed in situations where the old people were unable to provide adequate support. Orphaned children therefore remembered with nostalgia the good care they used to receive from their now deceased parents.

Keeping the discipline

The study also examined the relationships between the orphaned children and the elderly. Some older persons pressured those under their care to be more active in subsistence production and in performing other household chores. Those who did not comply with these conditions were often punished by denial of food and this forced some orphaned children to seek alternative ways of feeding themselves outside the households. This again exposed them to incidences of child abuse and neglect. Contrary to the common belief that grandparents are extra kind and pamper their grandchildren, grandparents who supported the orphans expected them to take an active role in the household production process. A 71-year-old grandmother expressed it like this as she was talking about a 15-year-old grandson:

“He decided not to assist me carry out some garden work and this has been my source of survival. Therefore I told him to keep off from my house since I cannot stay with a grown up who cannot engage in food production. He decided to stay in Duka (the local township at the lake shore) and I do not know exactly where he can be found.”

A number of old persons were not keen on following children who went astray in order to rectify them. They might consider such children as troublesome and therefore worth neglecting. There were cases of orphaned children being sent out of school on disciplinary grounds, where the old people were reluctant to follow up on these cases with the school authorities.

Orphaned children who were born and brought up in towns proved to be more problematic for the elderly than orphans socialised in a rural environment. They showed difficulties in becoming integrated with other members of their extended family. Some of the children refused to share meals with the other members of the extended family. As one female double orphan (age 14) put it:

“I do not eat in other people’s homes even if they ask me to. When there is no food at the grandmothers’ place, I eat at the uncles’ place.”

Discussion

The present situation

According to the Kenya National AIDS/STDs Control Programme (NASCOP), the districts inhabited by the Luo people lie in a region categorized as a “very high HIV prevalence zone” with sero-prevalence rates of people

between 15 and 49 years of age estimated to be between 30–39% (1998). Furthermore, the HIV/AIDS epidemic and the difficult economic situation in Kenya, combined with harsh environmental conditions in the semi-arid areas, recurrent drought and persistent crop failures, have further worsened the state of affairs (UNICEF 1994).

Our study showed that 33.6% of all children had lost either one or both biological parents. Out of these, 49.2% had lost their fathers, 19.6% their mothers and the remaining 31.2% had lost both of their parents. In other words, approximately one out of nine was a double orphan. These figures are considerably higher than the NCPD/CBS figures for Nyanza province which state that 8% had lost their fathers, 3% had lost their mothers and about 1% had lost both parents (1999:12).¹⁰ Similarly, Hunter and Williamson (2000) show figures that are markedly lower. Thus, the authors indicate a national estimate of orphanhood for Kenya of 9.1% (ibid.:16).¹¹ These differences can reflect real differences between our study area and national or provincial averages or they may be caused by methodological differences. Whichever the reason it doesn't affect the main point of this article, *i.e.* the focus on the altered intergenerational relationships in a community where major demographic changes are taking place.

Elderly as caretakers of orphans

In this study, 20 (4.3%) out of 465 households were found to have orphans staying with a caretaker 55 years of age or more, most of whom were grandmothers or stepmothers. Thus, a considerable number of orphaned children were in the care of elderly people who apart from struggling to cope with the loss of loved ones have had to adjust drastically to the role of being the provider instead of the one being provided for. A study of four districts in Uganda showed that the elderly were second to the surviving parents in providing care to orphans (Ntozi *et al.* 1999). In Zimbabwe, the majority of caregivers are women, widowed and over 50 years of age. They are often the children's grandparents, frequently their grandmothers (UNICEF/UNAIDS 1999). The fact that the majority of the elderly caretakers were females is significant. Partly, it might be because women tend to live longer than men and partly it might be a reflection of the clear tendency in Luo society that women are the prime caretakers of children.

Our study has shown that the orphans mainly faced problems with schooling (84%), food (48%), and medical care (20%). In accordance, Hunter showed in her study on orphans in Uganda (1990) that grandparents are less able to provide adequate socialization and even to address the basic needs of food, clothing, shelter and health. Similar observations have been made

from various other studies conducted in sub-Saharan Africa (Manguyu 1991; Poonawala & Cantor 1991; Barnett and Blaikie 1992; Forsythe and Rau 1996).

In the present study, many elderly were found to be incapable of carrying out subsistence activities as well as income generating activities to help meet the needs of orphaned children under their care. This meant that the orphans adopted in such households had to survive under conditions of severe economic strain. Indeed, the study showed that most of the grandmothers undertook the decision to accommodate orphans with great personal sacrifices. Such emotional decisions overshadowed the individual's economic ability to implement his/her decision. There was declining support from other members of the kin group, which should be seen in the context of decreasing availability of resources at the community level. Some older persons who had been used to remittances from their working children in urban areas appeared psychologically disturbed and lost hope in life altogether. They were not able to actively engage in subsistence activities thus worsening the survival prospects for the orphaned children they supported. According to Hunter (1990) and Poonawala and Cantor (1991), most of these caretakers are too old to care for additional children. Obbo (1995) observed that as the AIDS death toll rose, it was apparent that the female caretakers, often widows or elderly grandparents, had access to fewer resources and less income compared to men. Additionally, she added that grandmothers in their sixties or more have returned to long hours of cultivating the garden so as to grow food for their grandchildren.

The new role of the elderly as caretakers meant that they faced new challenges in terms of reinforcement of discipline, emotional stress, and personal sacrifice. In some situations, the grandparents in the study argued that they also had to be considered as orphans as they were not energetic enough to support themselves as well as the orphans. These grandparents often did not have any education or any meaningful economic livelihood. Their ability to continue providing for the orphans in the absence of adequate support services was highly doubtful. The orphaned children themselves were found to be more psychologically affected by the death of their parents when the grandmothers failed to provide the support the deceased parents used to give.

Kilbride (1985) observed in his study that there is a contradiction of grandmothers who were expected to and often desired to help their grandchildren (a traditional value), but were not able to do so. However, monetary and other constraints in modern life do not support this tradition. Cattell (1993) argues that providing such support can be burdensome although it is also a source of pride and self respect among the elderly.

In situations where children are orphaned, solutions are first sought to keep them on their father's land. Maintaining orphans within the kin network has been found to be a better solution than institutionalization (Hunter 1990;

Preble 1990; Johanson *et al.* 1996). This has put the paternal grandparents at the centre of the support for the orphans who have lost both parents. The paternal grandparents living in the native village of the children are ideal primary caretakers as they do not have an interest in the father's land, since the deceased fathers of the orphans inherited the same land from them originally (Johanson *et al.* 1996). Furthermore, they are beyond issues of jealousy between co-wives or half-brothers which are rather frequent among the Luo (Nyambedha *et al.* in press).

Conclusion

In the past, the elderly among the Luo were generally respected and well cared for within the extended families (Ominde 1952; Mboya 1965). This was confirmed by the statements of some of the older persons in the study area as quoted earlier in this paper. Within the homesteads, they could retire from the hardship of daily work and lead a more passive life. However, in cases of need even older women could play an active role in taking care of foster children (including orphans).

Due to a combination of factors the present situation of the elderly has deteriorated significantly. The rampant HIV/AIDS epidemic has caused the death of a large number of adults of productive age. Unfavourable macroeconomic trends, population growth and scarce outcome of subsistence farming due to unreliable rainfall in this semi-arid area make it increasingly difficult to ensure access to food, medical care and schooling for the orphans under their care. The influence of modern lifestyle may have introduced a gradual change in the traditional kinship values. In the study area, 23.2% of all households gave shelter to one or more orphans, and about one fifth of these were headed by a person 55 years of age or above. According to the study findings, these elderly caretakers usually found themselves in a situation where the obligations to care for the orphans in their custody far outstripped their abilities and resources. Support from their social environment was very minimal which again should be seen in the context of a general trend of increasing poverty and changes in traditional values of solidarity within the patrilineage.

In the present precarious situation where the civil societies in many sub-Saharan countries are faced with an exponentially increasing number of orphans, the elderly serve as an important resource in the rural communities. Based on sympathy, they do whatever they can to care for the many children in need, but it has a price. The elderly have to cope with hard work, personal sacrifices and emotional strain, the price being to abstain from what should ideally have been a peaceful life. The price is a "retirement lost."

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Notes

1. The early version of this paper was presented at the Third African Conference on Child Abuse and Neglect, 13–17 September 1999, Nairobi, Kenya.
2. All terms in the local language *Dholuo* (e.g. *buch piny*) or in Latin (e.g. *et al.*) are written in italics.
3. The unit of analysis was the household, which was taken to mean people who live together and eat from the same kitchen.
4. Different researchers have chosen different definitions of orphans. For instance, the NCPD/CBS survey only counted children below 15 years of age, and an orphan was defined as children with both parents dead (1999:12). We have found the local Luo definition (where only one dead parent is the decisive factor) appropriate because both mother and father have important (though different) contributions to make during different phases of the children's lives. We have chosen the 18 years age limit for a number of reasons. The age limit of less than 18 years is based on the Kenyan definition of a child. Traditionally, the Luo people didn't have a specific age limit for orphanhood. This depended on when an individual was considered to be socially and economically independent. Seen in the local socio-cultural context this makes sense as many young people of 15 (or 18 for that matter) are still going to primary school due to frequent repetitions. Furthermore, young men still need support for the payment of bride wealth (traditionally several heads of cattle and other items) in order to be formally married.
5. In the following section caretakers and orphans are quoted from all parts of the study. Hence some are not represented in Table 1, which only depicts the characteristics of the ones interviewed during the second survey.
6. Apart from the school fee itself (300–350 Kenyan Shillings), there are expenses for school uniform, books, extra teaching help, repair of buildings, chalk and many other petty items. This is what roughly adds up to the cost estimate of Kenyan Shillings 400–750 per year.
7. In the study area access to land is not a problem. Partly, there are parts of wasteland that can be cultivated and partly the productive adults who had passed away had frequently left behind fields to be cultivated.
8. In this community all children work, irrespective of whether they are orphans or not. Depending on age, children are given assignments such as fetching firewood, cooking or

fetching water from the lake. The study has not explicitly compared orphans and non-orphans with regard to this. Nevertheless, we contend that the orphan households will generally be in a more desperate situation and thus more dependent on the resources mobilised by the children.

9. The Kenyan primary school is based on eight years of schooling with an optional, extra nursery class in the beginning. Schooling concludes with the exam for the Kenyan Certificate for Primary Education (KCPE).
10. However, the NCPD/CBS survey only counted children below 15 years of age, whereas we counted everyone below 18, though that doesn't explain the whole difference. The NCPD/CBS data were collected only about one year earlier than ours so that can't explain the difference either.
11. Hunter & Williamson also use below 15 years of age as the cut-off point. Though not explicitly stated, it seems that they define orphans as both double and (paternal or maternal) single (2000).

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