

# THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

## Care Giver's Knowledge: A Stimulus for Advocated Alternative Family Care for Children in Kenya

**Erick Ater Onyango**

Ph.D. Student, Department of Sociology, Rongo University, Kenya

**Dr. Wilson Otengah**

Lecturer, Department of Sociology, School of Arts and Social Sciences, Rongo University, Kenya

**Crispinous Iteyo**

Professor, Department of Philosophy Masinde Muliro University of Science and Technology, Kenya

### **Abstract:**

*Public campaigns augment caregiver's knowledge base on advocated alternative family care arrangement for children. Awareness campaigns through public barazas and community dialogues complement milestones in implementing government social policies in child protection. Pointers on caregiver's knowledge of alternative family care however expose a dreary stimulus to the practice of the advocated care arrangements among care givers. This paper examined care giver's knowledge as stimulus for advocated alternative family care for children practice in Migori County, Kenya. Specifically the paper examined care givers knowledge and perception of advocated alternative family care arrangements in Kenya. The study was guided by the social theory of action systems by Talcott Parsons and theory of structuration by Antony Giddens premised on the fact that actions of individuals regulate social order. Descriptive cross sectional survey design was used and data collection involved mixed methods, where both quantitative and qualitative data were collected by use of semi structured questionnaires from a sample size of 399 and guiding questions for focus groups. Data from quantitative methods were analyzed using inferential and descriptive statistics with the aid of (SPSS) version 23 and, both correlation statistics and mean were used to organize and summarize the data for meaningful interpretations. Analysis of qualitative data adopted methodologies that drew from both a framework analysis and content analysis. The paper revealed that care givers were knowledgeable of the advocated alternative family care arrangements with 58% of the respondents pointing that they were best for child protection but pointed to the complications 11% and non practicability 8% in acquisition and use. Computation of the Karl Pearson correlation coefficient statistics revealed a moderate negative correlation of socio-demographic characteristics on knowledge of alternative family care at -0.568. The paper recommends that the Government of Kenya formalize all alternative family care arrangements for enhanced child protection intervention.*

**Keywords:** *Alternative family care, care givers knowledge, public campaigns*

### **1. Introduction**

World over, public awareness campaigns improves knowledge, and understanding of an issue, in an attempt to influence individual behaviour, build support for, and contribute to policy and social change (Erickson, 2010). The practice among African Countries is often adapted to intervention programs, hence not new to communities and state agencies in daily public policy sensitizations initiatives targeting care givers (Slater, 2011), household heads and all members of public for increased knowledge. Increased care givers knowledge is a noble and cherished endeavour for government agencies and civil societies in Kenya (Sanganyi, 2010). Care givers knowledge of alternative family care comprehends customs and traditions that suit a trajectory for programs effectiveness which results to probable espousal of family care arrangements for children through adoption, foster care or guardianship. Alternative family care arrangement programs for children depict both formal and informal care provided by non-biological parents to children and, care for children in the various institutional arrangements-commonly supported in charitable children institutions. The arrangement aims at enhancing family involvement in promoting care and protection to children in communities. Care arrangement programs for children are not only enshrined in legal documentations, but befit practices bordering secular, religious (Pargament, 2007) and even cultural orientations (Oleke, Blystad &Rekdal 2005). The practices are sporadic among family members since social systems allow fluid transfer of ideas, values, standards and practices within human spaces through awareness sessions.

The eminence of alternative family care arrangements practices among care givers in communities swings on the levels of awareness campaigns carried out, care givers knowledge of advocated alternative family care arrangement, care givers perception and attitude of the packaged programs. Practices of child protection in Kenya not only engross in public awareness campaigns for improved care givers knowledge as a best approach with the public, but focus on increased intake of children in advocated alternative family care

arrangements. The mutual habit of the venture involves publishing fliers, posters, pull ups, tear drops, for use during community dialogues and sensitization meetings. The concerted initiative in the strategy takes in the use of loud speakers during dramatized roadshows with appealing words to the public. However, despite all the efforts coupled with both financial and human involvement, progressive data at the Department of Children services 2015 & 2016 still revealed dismal intake of advocated alternative family care for children among care givers. This paper examined care giver's knowledge as stimulus for advocated alternative family care for children practice in Migori County, Kenya. Specifically the paper examined care givers knowledge and perception of advocated alternative family care arrangements in Kenya.

## 2. Methodology

The study adopted a descriptive cross sectional survey design which helped establish in depth concerns of care givers knowledge as stimulus in practice for advocated alternative family care arrangements for children. The design allowed description of features of the population and supported inferences of cause and effect of variables (Kombo and Tromp, 2006). The study was carried out in Migori County, one of the forty-seven counties in Kenya. It is situated in the southwestern part of Kenya and is located between latitude 0° 24' South and 0° 40'South and Longitude 34° East and 34° 50'East. It borders Homa Bay County to the north, Kisii and Narok Counties to the east and the Republic of Tanzania to the south. It also borders Lake Victoria to the west. The county covers an area of 2,596.5Km<sup>2</sup> including approximately 478km<sup>2</sup> of water surface. Administratively the County is served by seven (7) sub counties. A sample population was drawn from the entire number of households in the County which was 180,211 as revealed in the Kenya population census data of 2009 census data, using Glenn Israel's formula (Israel, 1992).

$$n = \frac{N}{1+N(e)^2}$$

$n$  = the required sample size;  $N$  - Population size (**180,211**);  $e$  - The precision level at a precision level of 95 % with a  $\pm 5$  margin of error the set precision level is 0.05

Using the above formula, the sample size of 399 respondents was arrived at and household heads were interviewed. The study used cluster, multistage, and random sampling techniques where eight 8 sub counties were treated as clusters which were further clustered into 88 locations. Three sub counties were selected by use of purposive sampling technique based on the population in the first stage to ensure fair representation. In the second stage, one Location from each of the three sub counties was again selected using purposive technique and the location with high population was selected. The percentage representative of the three location's household populations against the sample size was calculated. Simple random sampling technique was used to identify the household heads to be interviewed from each location. Further, three focus group discussions were conducted where quota sampling method was used to identify a group of women only in one Sub County, a group of men only in the second sub county and a group comprising both men and women in the third sub county. Grouping on gender basis was meant to enhance free discussion of issues since homogeneity in gender could reduce intimidation. The participants were informed of subject of discussion beforehand to enable them to prepare themselves appropriately. Data collection involved mixed methods, where both quantitative and qualitative data were collected by use of semi structured questionnaires and guiding questions. Data from quantitative methods were analyzed using inferential and descriptive statistics with the aid of (SPSS) version 23 and, both correlation statistics and mean were used to organize and summarize the data for meaningful interpretations. Analysis of qualitative data adopted methodologies that drew from both a framework analysis and content analysis.

## 3. Result and Discussion

The varied responses regarding care givers knowledge of advocated alternative family care arrangements indicated that majority, 56% of the caregivers were aware and knowledgeable of the advocated alternative family care arrangements in Kenya. This was attributed to the continued awareness campaigns by both government and civil agencies through various media. Nevertheless, 31% of respondents pointed that caregivers were not aware and knowledgeable of the advocated alternative family care arrangements for children. On the other hand, the findings revealed that 13% of the respondents pointed that only a few caregivers were aware of the advocated alternative family care for children as illustrated in the table 1 below.

Variable	Item	Frequency	Percentage (%)
Opinion on the advocated alternative care for children	Complicated Processes	44	11
	Not Practicable	30	8
	Easily Accessible	76	19
	Not Important	16	4
	Best for Children Care	234	58
	<b>Mean</b>	<b>80</b>	<b>20</b>
Members awareness	Yes	226	56
	No	125	31
	Only a few members	51	13
	<b>Mean</b>	<b>134</b>	<b>33.333</b>

Table 1: Distribution of respondents in regard to awareness and opinion

As the study reveals, majority of care giver's population were enlightened and knowledgeable of the advocated alternative family care for children. This is an indication of concerted effort of ensuring that care givers are properly equipped with knowledge base on advocated alternative family care arrangement for children. The result is then a revelation of influences of awareness campaigns on care giver's knowledge of advocated alternative family care for children. Associated to influence of awareness campaigns, the proportion of care givers population not knowledgeable of alternative family care could have result from care givers reservations (Davies and Ward 2012) about the value of formal alternative family care arrangements as an intervention to promote and safeguard rights and welfare of children. Care givers in the focus groups explicitly pointed the reasons for reservations premised on both cultural orientations and operation indicators, supporting arguments advanced by (Oleke, Blystad, &Rekdal, 2005; Nyambedha, &Aagaard-Hansen, 2003).

The fact that almost half, 47% of the caregiver were not knowledgeable of advocated alternative family care for children could be allied to the inefficiency in implementation of alternative family care for children programs. This resulted from care givers apathy and absence during public sensitization meetings (Asfaw et al, 2014), a point supported by assertions from the focus groups. The probable dynamics surrounding low knowledge of alternative family care for children would involve indicators such as cultural and traditional orientations which finally expose children to destitution and confusion (Nyambedha et al, 2003b; 2011; Oleke et al, 2005) ensuing from care givers lack of appropriate knowledge. The study findings thus expose knowledge inconsistencies making it impossible to uniformly implement alternative family care mechanisms for improved child protection in Kenya.

Regarding the care givers opinion on the advocated alternative family care arrangements, the findings indicated that 58.5% which was the majority population in the study revealed that the advocated alternative family care was the best for children an observation supported by care givers comments from care givers in focus group:

*“The advocated alternative family care arrangement is perfect to some circumstances. The fact that it is binding reduces ill intentions of those with bad motives since they fear arrests. The problem with these arrangements is the cost involved, it rules out our cultural orientations and the associated processes involved. Comment from one respondent during FGD*

Other care givers 11% and 8% pointed that alternative family care arrangements for children were complicated and not practicable in communities respectively, this they noted made caregivers shy away from practicing advocated alternative family care arrangements. The study results corresponded to arguments from the focus groups who lamented frustrating encounters in accessing advocated alternative family care arrangements for children. Lack of conformity to local customs, practices and community expectations (Williamson 2004) resulted to the above care givers experiences. However, 19% of the respondents of the respondents argued that alternative family care arrangements were easily accessible while 4% of the respondents noted it lacked importance and was of no significance in the community. The results in this study corresponds to (Aldgate 1989) position on uncertainties surrounding alternative family care for children which this paper links to negative perceptions and, questions raised about the extent to which alternative care is a positive intervention (Davies and Ward 2012) regardless of the care givers knowledge of advocated alternative family care arrangements.

The result from multiple correlations between socio demographic characteristics and, knowledge on advocated alternative family care was conducted using Karl Pearson coefficient for the influence of care giver's socio- demographic characteristics on the care givers knowledge of alternative family care. Computation of the Karl Pearson correlation coefficient statistics revealed a moderate negative correlation of socio-demographic characteristics on knowledge of alternative family care at -0.568 as shown in table 13 below.

Variables	Socio-demographic characteristics (x)	Knowledge on alternative family care (Y)
Socio-demographic characteristics (x)	1	-0.568
Knowledge on alternative family care (Y)	-0.568	1

Table 2: Multiple correlations direction and strength of variables relationship

Source: Field data (2016)

The correlation coefficient ( $r$ ) measures the strength and direction of a linear relationship between two variables on a scatterplot. The value of  $r$  is always between +1 and -1. The value interpretation of -0.568 presents a moderate downhill (negative) coefficient relationship between variables, indicating a linear relationship exist between variables but with a slight influence. This could be attributed to the fact not all sociodemographic characteristics randomly selected had influence on knowledge on advocated alternative family care arrangement for children.

#### 4. Conclusion and Recommendation

This paper found out that care givers were informed and knowledgeable of the advocated alternative family care for children. This has been attributed to the influences of conducted awareness campaigns on alternative family care arrangements. The paper also pointed that care givers knowledge and perceptions of the advocated alternative family care for children both contributed to decisions in alternative family care practice for children. The fact that care givers still had various reservations and divergent opinions regarding the advocated alternative care arrangement for children revealed that they did not fully embrace these arrangements for practice. Further, the study revealed that some demographic characteristics had influence on knowledge of advocated alternative family care for children. The paper recommends formalizing all alternative family care arrangements to limit care givers choices thereby enhancing child protection interventions.

**5. References**

- i. Aldgate, J. (1989). Foster families and residential care for older children: Some interpersonal dynamics. *Children and Society*, 3(1), 19-36.
- ii. Asfaw, S., Davis, B., Dewbre, J., Handa, S., Winters, P. (2014). Cash Transfer Programme, Productive Activities and Labour Supply: Evidence from a Randomized Experiment in Kenya. *The Journal of Development Studies*, Vol. 50(8): 1172-1196.
- iii. Davies, C., & Ward, H. (2012). *Safeguarding Children Across Services - Messages from Research*. London: Jessica Kingsley Publishers.
- iv. Erickson, I. 2010. "Geography and Community: New Forms of Interaction Among People and Places," *American Behavioral Scientist* 53 (8), pp. 1194-1207.
- v. Kombo, D., & Tromp, D. (2006). *Proposal and Thesis Writing: An Introduction*. Nairobi: Pauline's Publications.
- vi. Nyambedha, E., & Aagaard-Hansen, J. (2003). Changing places, Changing position: orphans' movements in a community with high HIV/AIDS prevalence in western Kenya, In K. Olwig & E. Gullov (eds.), *Children Places: cross cultural perspectives* (pp.162-176) London: Routledge.
- vii. Nyambedha, E.O. (2011) Child Vulnerability and the Community Coping Mechanisms: Implications for Social Protection policy in Africa. In *Social Protection for Africa's Children*, pp.192-215, (Sudhansu Handa, Stephen Devereux and Douglas Webb, Eds). New York and London: Routledge.
- viii. Oleke, C., Blystad, A., & Rekdal, O. (2005). When the obvious brother is not there': Political and cultural contexts of the orphan challenge in northern Uganda. *Social Science & Medicine*, 61(1), 2628–2638.
- ix. Pargament, K. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York: The Guilford Press.
- x. Sanganyi, N. M. O. (2010). *Challenges facing Cash Transfer for Orphans and Vulnerable Children Programme: The Case of Kasarani, Nairobi, Kenya*. Unpublished Master's Thesis, University of Nairobi.
- xi. Slater, R. (2011). Cash transfers, social protection and poverty reduction, *International Journal of Social Welfare*, 20, 250–259
- xii. Williamson, J. (2004). A family is for a lifetime. Part I. A discussion of the need for family care for children impacted by HIV/AIDS. Part II. An annotated bibliography. USAID Contract report. Washington DC: The Synergy Project.