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Compelled By Conditions: Dynamics Surrounding Care Givers Verdicts In Alternative Family Care For Children In Kenya

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Abstract: ***Care and protection to children at risk does not exist in void but is often funnelled through compelling conditions, circumstances and scenarios around the life and social space of both care givers and children themselves. The essence in this care arrangement practice is founded on both care givers and children social space, feeding into numerous factors leading to its widespread. This study sought to examine the compelling factors surrounding care giver's decisions in alternative family care for children in Kenya. Specifically, the study examined determinants for the alternative family care for children in Migori County, 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 300 and guiding questions for focus groups. Data from quantitative methods were analyzed using inferential and descriptive statistics where bivariate analyses were subjected to Pearson's chi-square tests or Fisher's exact tests to ensure that the observed differences were of statistical significance. Therefore unless otherwise stated, all the relationships presented in this paper were statistical significant at a cut-off of 95 per cent therefore the findings in this paper were a resulted of genuine observations as opposed to occurring by chance. Analysis of qualitative data adopted methodologies that drew from both a framework analysis and content analysis. The paper revealed that care givers decisions to support informal alternative family care for children was majorly influenced by donor support availability and the urge to maintain social order in the society. The study also revealed that family organization and religious practice leased influenced care givers decision regarding support to children in the informal alternative family care. In this respect, family organization and religious practice had low influences of 41% and 43% respectively. The chi square test revealed no significant influence on care givers marital status on the fear of unknown in the informal alternative family care for children with chi-square formula (X2): X2 (16) =51.999, p ≤ 0.05 [when p≤0.05 –accept the alternative hypothesis, p≥0.05 accept null hypothesis. The paper recommends to the Government of Kenya through the National Council for Children Services to formalize all alternative family care arrangements for children to help tame the competing interests among care givers.***

Keywords: Alternative family care, children, care and protection.

I. INTRODUCTION

Care and protection to children at risk does not exist in void but is often funnelled through compelling conditions, circumstances and scenarios around the life and social space of both care givers and children themselves. Unmistakeably, world over individuals families, and communities abide by constraining factors in making decisions for support to alternative family care for children in need in care and protection. In his observations (Charlow (2001), alluded to the

fact that care for children at risk is not only founded on care givers social space but they also pointed to the numerous factors responsible for the widespread care givers involvement in the informal alternative care. In the views of the authors, such compelling factors border on both children and care givers characteristics in relation to poverty, socio economic and cultural characteristics in addition to access to social supports. These factors may be interrelated leading to differential outcomes when assessing the child wellbeing in regard to realizing full potential for children. Specifically, strong links were noted between child poverty and the level of child wellbeing (AfuaTwum-DansoImoh, 2012) as embraced by care givers in different contexts and circumstances.

Alternative family care support to children therefore is determined by the exhibited level of poverty in the family and, the ability of the family to either absorb the child for support, failure to which, the child may get care and support from other able families. In regard to these arguments,(Adhiambo, 2001) noted that within economically disadvantaged families, household members will often shy away from providing any support to children at risk thereby revealing strong correlation between particular aspects of poverty and care givers decisions regarding care provision to children in alternative family care.

Care givers relations and neighbourhoods' social spaces have often predisposed resolution platforms for supporting children in need of care and protection in the alternative family care arrangement Goldman & Salus (2003). The surrounding environment both for the child and care givers, thus in some situations does not allow free interaction and relations that sanctions calm verdicts from both the child and care giver on the care arrangement to take up. Therefore, families with healthy social support networks have more access to models of suitable parental behaviour. Such families have more friends, or neighbours who may be willing to act as alternative caregivers or to provide additional support of nurturance to the needy children they were associated with. Notably, positive informal support to children is realized when there is a positive relationship between the child and the community or family providing support to the child (Davies &Ward 2012).

This study sought to examine the compelling factors surrounding care giver's decisions in alternative family care for children in Kenya. Specifically, the study examined determinants for the alternative family care for children in Migori County.

II. METHODOLOGY

Descriptive cross sectional survey design was employed in the study and the study sought to establish the extent of a range of problems, issues or concerns that have not previously been explored in depth. It helped describe features of the population and support inferences of cause and effect of variables on factors influencing alternative family care for children. Given that, the study was conducted at one point in time, cross sectional survey was best suited. 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^o 24' South and 0^o 40'South and Longitude 34^o East and 34^o 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^2 including approximately 478km^2 of water surface. Administratively the County is served by seven (7) sub counties. A sample was drawn from the target population of households in the County which was 180,211 as revealed in the Kenya population census data of 2009 census data, using 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 ±5 margin of error the set precision level is 0.05

Using the above formula, the sample size of 300 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. 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. Data collection involved mixed methods, where both quantitative and qualitative data were collected by use of semi structured questionnaires and guiding questions. Quantitative data was analyzed using inferential and descriptive statistics where bivariate analyses were subjected to Pearson's chi-square tests or Fisher's exact tests to ensure that the observed differences were statistically significant with the aid of (SPSS) version 23. Unless otherwise stated, all the relationships presented in this paper were of statistical significant at a cut-off of 95 per cent therefore the findings in this paper were a result of genuine observations. Analysis of qualitative data adopted methodologies that drew from both a framework analysis and content analysis.

III. RESULT AND DISCUSSION

The findings in this study revealed the care givers and children's compelling factors surrounding decisions on alternative family care practice and prevalence in the informal alternative family care for children. The study thus identified both factors supporting increased households involvement in informal alternative family care for children and factors that led to decrease involvement of care givers in the informal

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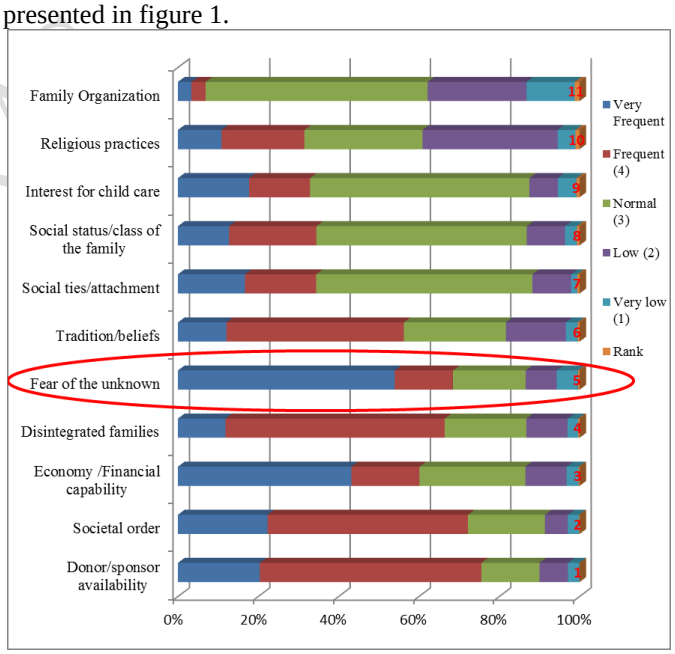
alternative family care for children. Factors influencing informal alternative family care arrangements identified in the study included: a wide range of traditional socio-cultural, socio-economic and religious practices which encouraged this care arrangement; family poverty; family breakdown (divorce, re-marriage, polygamy, early marriage, alcoholism); poor health, death of parent, HIV and AIDs; lack of access to schools, health services or livelihood opportunities and political insecurity, conflict, and disasters. The results confirmed the assertions that care provision to children does not exist in a vacuum, but is often fastened to factors related to communal characteristics (Nyambedha 2011; Oleke, Blystad & Rekdal,2005); Asfaw et al, 2014).

In detail, the organization of a family was ranked normal by the majority 41% of the caregivers, both low and very low prevalence were ranked by 28% and 27% or caregivers respectively, whereas both high and very high prevalence were recorded by 3.5% of care givers. However, qualitative data arguments that families were considered more similar in terms of organizations since communities tend to face similar problems. However it was noted that some families have embraced traditions and beliefs which work better for supporting wellbeing of children than others, an observation that concurs with the findings of Maundeni, (2009).

Similarly, the traditions and beliefs embraced in families also determined the level of family commitment to care and protection of children in the informal alternative family care. In terms of prevalence and practice, the study results indicated that majority, 43. % of caregivers rated family tradition and beliefs prevalence to be high. Care givers who considered this factor normal were 26.2%, while both low and very low were 23.1 %and 9% respectively. However, 7.5% of the caregivers rated family traditions very high in determining the practice of alternative family care for children. The study findings revealed that families were guided by moral rules of traditions and believe that enforced human regulations embedded on the family way of life which contributes to the wellbeing of children. This notably points to arguments on relevance of culture on family care for children as the basic resource for social reproduction perpetuating membership within social groups, connections, thus an essential part of caregiver's strategies for mutual relationship, group cohesion and social improvement (Grau Rebollo 2010)

In addition, the family economy was identified by care givers as another factor that would determine whether care givers would be involved in the informal alternative family care for children or not. Study results on family economy factor against the prevalence of informal alternative family care reveals that 29% and 14% of the care givers reported very high and high possibility influences of family economy respectively. The caregivers 29% also ranked family economy to be a normal factor while low and very family economy influence was ranked by 17% and 10% of caregivers respectively. Remarkably, other studies (Alao &Molojwane 2008: Berens & Nelson 2015) points that within an economically disadvantaged family were more strongly correlated with the number of children likely to be absorbed in family set up.

The study also revealed the influence of religion and religious practices on the prevalence and practice of informal alternative family care to children. The majority, 43% of caregivers ranked religion to play a low role in determining whether care giver would offer informal alternative family care to children. A proportion of care givers, 25% also considered normal the influence of religion on informal alternative family care. However, both very high and high influence of religion was ranked by 7% and 13% of care givers respectively. The care givers noted the importance of religion but at the same time noted the changing perception of religion among adherents. They pointed that religious teachings have become less transformative with religious ideals emphasized only during religious meetings but not practiced in real life. However, this argument contradicts other studies pointing a strong familial sense of culture and spirituality (Seccombe 2002), greater involvement and positivity in parent-child relationships (Schwartz 2006) as well as natural extension of family role which helps parents cope with behaviorally disturbed children (Bridges & Moore 2002).The study findings thus represents mixed reactions that tend to sustain informal alternative family care practice among care givers with an indication that it is a normal practice premised on community traditions. The results from the study presents a reflection in care giver preference with regard to the factors influencing decision making process for informal alternative family care arrangement for children practice as presented in figure 1.



Source: Field data (2016)

Figure 1: Distribution of factors responsible for alternative family care in order of care givers priority emphasizing fear of the unknown

The results revealed that care givers were mostly influenced for care from the support provided by sponsors, donors or programmes aimed at improving the child wellbeing. The study results also revealed that informal alternative family care is least influenced by how the family is organized and the care giver's interest on care for children. However, the study revealed that the need for order in society is a pool factor that influence care givers response to alternative family care for children. The response in regard to family organization pointed to a similarity revealing that often

families face the same problems and tend to borrow from one another in regard to experiences and support to care givers.

In order to establish the statistical significance of the study findings, a chi square test was conducted of the null hypothesis (H_0)-there minimal significant influence on care givers marital status on the fear of unknown in the informal alternative family care for children. The hypothesis proposes that marital status have relationship with the fear of unknown among care givers. A chi-square test tabulates variables into categories and computes a statistic. In the current study, it tabulates the observed and expected frequencies on marital status and fear of the unknown and tests whether the differences between them are significant as shown in table 1 below.

Marital status of the respondent * Fear of the unknown Crosstabulation

		Count					
		Fear of the unknown					Total
		Very high	High	Normal	Low	Very low	
Marital status of the respondent	Single	15	11	21	10	14	71
	Married	78	19	25	23	18	163
	Divorced	4	6	10	3	9	32
	Separated	2	2	10	5	10	29
	Widow/er	34	7	9	7	15	72
Total		133	45	75	48	66	367

Table 1: Cross tabulation of marital status and fear of the unknown among care givers

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	51.999[a]	16	.000
Likelihood Ratio	56.170	16	.000
Linear-by-Linear Association	.194	1	.660
N of Valid Cases	367		

a. 4 cells (16.0%) have expected count less than 5. The minimum expected count is 3.56.

Table 2: Chi square tests

Four (4) cells (16%) have expected count less than 5 making the number of valid cases to be 367. This is still valid as a 20 % or above is what makes the values in the chi-square to be invalid. The minimum expected count is 3.56. The larger the chi-square (x^2) value the more likely we are able to reject the null hypothesis. The chi square value (x^2) here is 51.999 with a degree of freedom (df) of 16 and a significance value also known as the p-value (Asymp sig. 2 – sided) of 0.000. When the p-value is less than 0.05 we retain the alternative hypothesis and when it is greater than 0.05 we retain the null hypothesis. In this case we are going to accept the alternative hypothesis (H_1), there is no significant influence on care givers marital status on the fear of unknown in the informal alternative family care for children. The formula for this chi-square (X2) is: X2 (16) =51.999, $p \leq 0.05$ [when $p \leq 0.05$ – accept the alternative hypothesis, $p \geq 0.05$ accept null hypothesis.

IV. CONCLUSION

The paper revealed that care givers decisions to support informal alternative family care for children was majorly influenced by donor support availability and the urge to maintain social order in the society. The study also revealed that family organization and religious practice leased influenced care givers decision regarding support to children in the informal alternative family care. In this respect, family organization and religious practice had low influences of 41% and 43% respectively. The chi square test revealed no significant influence on care givers marital status on the fear of unknown in the informal alternative family care for children with chi-square formula (X2) is: X2 (16) =51.999, $p \leq 0.05$ [when $p \leq 0.05$ –accept the alternative hypothesis, $p \geq 0.05$ accept null hypothesis. The paper recommends that the Government of Kenya through the National Council for Children Services formalize all alternative family care arrangements for children to help tame the competing interests among care givers in alternative care for children.

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