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HIV-AIDS AND SINGLE MOTHERS LIVELIHOODS SECURITY IN SLUM HOUSEHOLDS: TARGETING PROCEDURES IN SAFETY-NET PROGRAMMES IN KENYA

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Abstract: *Single mothers coping mechanisms with the effects of HIV and AIDS in slum settlements are rarely analysed and documented. The numerous vibrant anti-Aids campaigns are no longer visible in slums. Does this imply that a cure of AIDS has finally been discovered? If not what is happening to these cohort of singles mothers who live with HIV and AIDS in Slums? The study focused on investigating how single mothers in slum settlements in Kenya cope with HIV and AIDS and their survival tricks in managing the effects. It applied mixed research methods, where both qualitative and quantitative designs were adopted. It sought to respond to the question: How do single mothers in slums cope with the effects of HIV and AIDS and how are they targeted in safety-net interventions? Qualitative methods of data collection such as in-depth interviews guided by questionnaires, key informant discussions, Focus Group Discussions and observation were predominantly employed. Both qualitative and quantitative methods of data analysis were used where specific themes generated key findings which were presented in verbatim expressions to reveal the actual feelings as presented by the respondents. Quantitative data were presented in frequency tables, percentages, pie charts, bar graphs and histograms for comparative purposes. The study found that there is little presence of the National and County governments in slums in almost all aspects like development projects, social order and social security although administrative offices of assistant chiefs and in some cases chief's camps exist. This abnormality makes life for infected and affected single mothers in slums vulnerable to more health risks, besides receiving ARVs from some health centres. The affected women engage on different survival tricks like illegal brews, commercial sex work (exposing them to the same cycle of AIDS re-infections), small scale businesses especially hawking; and washing clothes in affluent households revealed by 132 (67%) of the respondents. They live in abject poverty in un-inhabitable dwellings. Some of them sell the ARV drugs to traditional alcohol brewers to earn a living (ARVs are used as ethanol to ferment alcohol). AIDS is no longer a threat according to the inhabitants in the slums and therefore they do not care much as 168(85.3%) in all the slums under the study observed. Some see AIDS as an opportunity for selection in safety-net interventions, thus seek for infection as a quick fix to desperate slum life as 43(22%) in Kibara slums in Nairobi asserted. The study recommends that to guarantee the future stability of single mothers different stakeholders in socioeconomic and social welfare programmes should empower them to be self reliant through economic support systems. The current NGO support may lead to prolonged cycle of dependency since the poor see it as a consistent source of livelihood, when in actual fact is an handout.*

Key words: Kenya, HIV and AIDS, single mothers, livelihoods security, Slum households, Social exclusion, Targeting procedures, Coping mechanisms, dependency

1.1 Background of the study

Prior to the advent of HIV and AIDS in early 1980s, Kenya had chronic levels of poverty at above 48% since independence (Bahemuka et al, 2011). To-date, there is little empirical findings on the impact of HIV and AIDS and the coping mechanisms of different cadres of the poor in the Kenyan slums, and how they are targeted in safety net programmes. The survival tricks adopted by those affected by HIV and AIDS and how the social protection intervention initiatives affect their basic means of livelihood security specifically in slums at the household level are partially documented. Current estimates show that fewer people die daily from HIV and AIDS related ailments in Kenya (NASCO, 2016). As National AIDS and Sexually Transmitted Control Programme (NASCO) indicates, this drastic decline may be associated with positive changes in behaviour among high risk groups, condom use, successful campaign on reducing mother to child infections and high intake of Anti-Retroviral drugs and treatment. By the year 2020, it is estimated that there would be much less HIV new infections and probably fewer AIDS deaths per day, and a small number of orphaned children if the current drop is consistently sustained. However, due to the current silence on the risks posed by the disease at the public domain and high rate of unfaithfulness among the married couples, these gains may be reversed and this dream of lower deaths not realised.

1.2 Justification and Rationale of the study

In the last decade, enormous pragmatic efforts have been committed to support Kenya's preventive strategies to reduce high transmission of HIV. At the same time, the fight against poverty among single mothers has been a priority in the Kenyan development agenda. In particular, there has been an expanded campaign on promotion of safe sex among the youth, and of late among married couples. Single mothers are never a priority, though they are vulnerable and at high risk! Lately free antiretroviral treatment has been an essential safety net in hospitals and health clinic, besides food rations and handouts. There has been improved diagnostic, treatment and prevention of sexually transmitted diseases (STDs). Promotion of policy and advocacy activities; and undertaking both social and pure science research on the management of HIV and AIDS has been highly improved (Abdalla, 2015). However, this study is justified by the fact that besides all these efforts, single mothers remain untargeted since they are left to interact and explore different survival tricks more specifically commercial sex, which puts them and their clients at more risk.

1.3 Scope and Delimitation of the Study

The study targeted four selected informal (slum) settlements in Kenya. Kibra and Mukuru Kayaba in Nairobi. Kibra is the largest informal settlement south of Sahara and the most congested area inhabited by the poorest of the poor, most of whom are single mothers. Mukuru Kayaba is next to industrial area which provided valuable insights on the nature of livelihoods adopted by single mothers working as casuals in factories. The other two namely; Nyalenda in Kisumu (Nyanza County) and Bangladesh in Mombasa County at the coastal region were selected to represent the second and third major cities in the Kenya respectively. The slums were selected on the basis of the HIV and AIDS prevalence rate, population size, poverty incidence and above all, being the likely residential area for many single mothers since the cost of housing is considerably low. The study targeted a sample of 250 respondents. Nevertheless, the study did not involve HIV and AIDS testing among the target population, but HIV and AIDS awareness

was an important variable. An analysis of the implications of HIV and AIDS on poverty and AIDS among the group is important in understanding the nature of poverty caused by the disease in slums and how such discourse could be addressed alongside the HIV and AIDS interventions among the women in general. The findings would help in setting up sustainable solutions to the global outcry on the devastating impact of the pandemic on the poor in general and on single mothers in particular. It highlights innovative strategies of implementing and coordinating the fight against extreme poverty at policy level.

1.4 Statement of the problem

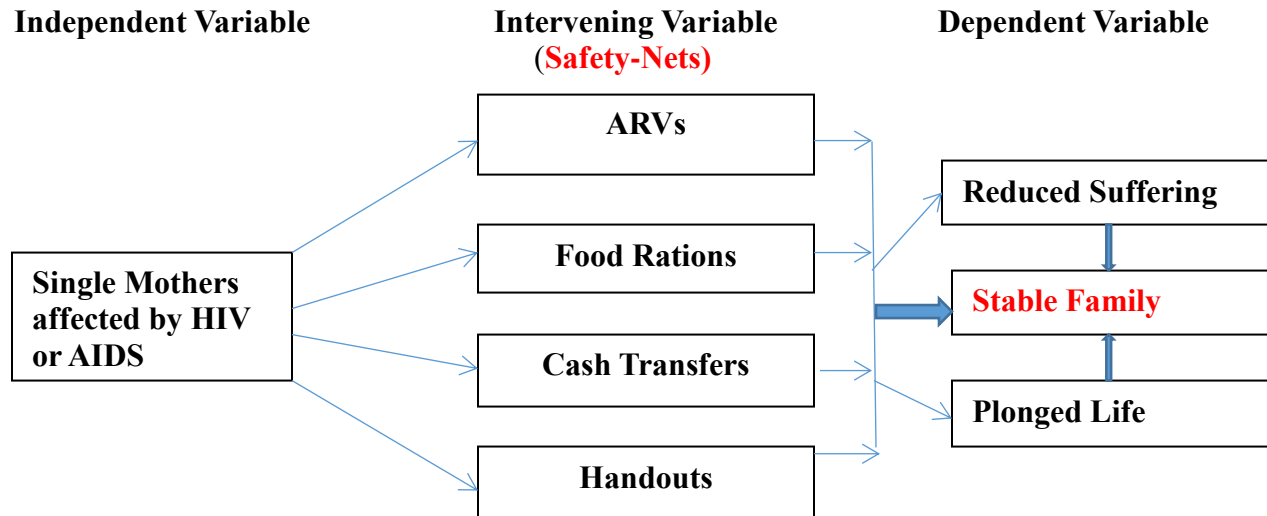
The study set-out to investigate the effects of HIV and AIDS scourge and its management on the coping mechanisms of single mothers in slums. A large proportion of the countries revenue and foreign aid has been invested on the management of HIV and AIDS, with little allocation on poverty eradication measures among the women living with HIV and AIDS. Where women are targeted, like in women enterprise fund, all of them are considered to be equal in needs and social stability. The existing literature show that chronic poverty was a serious economic challenge prior to HIV and AIDS and its consequences emerged in Kenya. However, poverty has tremendously increased during the advent of the scourge. Nevertheless, the coping mechanisms of single mothers at the household level in slums, and how they adapt to social challenges posed by the disease are somewhat speculative. The study further intended to explore the extent to which households' livelihood security systems have been aggravated by HIV and AIDS crisis, particularly in slums, and the nature of safety-nets available to protect such mothers and their dependants.

1.5 The objectives of the Study

- a) To examine the nature and extent of poverty caused by HIV and AIDS in the slums in Kenya
- b) To explore how single mothers in slums cope with the negative effects of HIV and AIDS in enhancing their livelihood security
- c) To determine the targeting procedures used cushioning single mothers affected by HIV and AIDS in slum areas
- d) To explore the existing policy framework and how it protects single mothers in HIV and AIDS related interventions.
- e) To explore the nature of poverty associated with HIV and AIDS in Kenyan slums.

1.6 Conceptual Framework

As illustrated in the model below, single mothers affected or living with HIV and or AIDS survive on safety nets such as the ARVs, nutritious food rations, cash transfer subsidies for the elderly, and low income from small scale businesses or hawking for those who have been able to establish such income generating activities for survival. Assistance from self help women groups and small Christian communities have played a pivotal role in sustaining the womens lives. Their children learn through bursaries and University loans and scholarships for the few who are lucky to attract such opportunities since in urban places they have no farms that would supplement in generating food for domestic use. Once all the safety-nets function are effectifly applied the reduce suffering, prolong lives and the end result is a stable family.



Source: Own conceptualization, 2018

1.7 Review of empirical studies

Evolution of Slum settlements in the World

The rapid urbanization growth rate and high rural to urban migration in emerging countries like Kenya are partly the cause of the ever expanding slum settlements and urban involution as Mumbi et al (2014) asserts. However in Kenya just like elsewhere, there is no official definition of the term slum or even informal settlement as they are commonly referred to. Therefore these two terms are used interchangeably (Montgomery, 2009 and Nduba, 2014). On this basis city authorities view slums as areas that lack basic services like infrastructure and decent housing according to the Directorate of Personnel Management (2015). Historically human settlements started around the lake regions, river banks and at places with adequate fresh water sources. As observed by (Amuyunzu, 2007 and UNAIDS, 2010), there is a higher population growth rate in Africa compared to other continents. This demographic factor raises key concerns on how the Social Development Goals (SDGs) in the continent would be realized; given that over a half of that population specially single mothers in slums live on less than a dollar a day. Would such people invest enough to transform their lives even with foreign aid? The poverty situation in slum settlements has been exuberated by HIV and AIDS pandemic more specifically among single mothers where majority of the inhabitants are marginalized household members. Slums are associated with high population densities, poor living conditions and lawlessness among many others ill. To ascertain this argument Ganesh (2015) observes that:

“A slum is a heavily congested and often poorly built temporary human settlement, mostly with no security of tenure and prone to antisocial activities, which is characterized by shortage of safe drinking water, inadequate power supply, lack of proper sanitation and scarce medical and social facilities.”

Slum settlements were initially an attempt by the ever increasing urban poor to search for cheaper dwellings. They were driven by instinct for survival and satisfaction once they were excluded

from the rich neighbourhoods. The emergence of slums in Kenya according to Werlin (2016) was as a result of racial discrimination under colonialism, where majority of the poor native African population settled since their income levels as casual shamba workers (gardeners) and cleaners in the white settler's suburbs could not pay for a decent house. *In fact this may explain why slums have ever evolved adjust to affluent residential estate in our view!*. Other scholars among them (Ngom, 2003 and Ganesh (2015) see accumulation of high international debt burden as a contributing factor due to low economic growth, which translates to low income to the poor especially single mothers in slums. These scholars further argue that besides unemployment and low salaries for the lower categories of employees, most of whom are single mothers slums were intensified by Structural Adjustment Programs (SAPs) which were imposed by the World Bank and the International Monetary Fund (IMF) in 1980 and 1990s, a situation that has been worsened by inadequate development aid, bad governance, endemic corruption and of late the effects of HIV and AIDS especially on women.

As Obudho (2006), (Urban Quarterly Centre) and Zwanenberg (2011) observe, development of slums in Kenya is largely influenced by the fact that people who lived in them during the colonial period constituted the majority of the new entrants in the city which served as the main hotspot for cheap industrial labour. Further Ganesh (2015) cites low remuneration for women casual workers in industrial construction and manufacturing plants as major contributing factors for the recent expansion of informal settlements coupled with the high population growth in urban places in Kenya as the main cause of slum settlements. Unconfirmed claims argue that most girls from single mothers end-up being single mothers themselves, which precipitates the HIV transmission and hence higher levels of AIDS in slums.

An overview of HIV and AIDS in Kenyan Slums

Although several measures and enormous resources have been invested on the fight against HIV and AIDS pandemic with great success stories like protection of mother to child infection during birth, the scourge remains a serious threat to the social welfare, human progress, social stability and food security among the slum inhabitants, particularly single mother headed households as revealed by (APHRC, 2008 and Udjo, 2015). As a result, it has had adverse effects on social and economic development of the affected single mothers who are mostly vulnerable to HIV infection or transmission to others, since they survive on commercial sex as their main or part-time source of income. Generally, people in Kenya just like the rest of the world are now quiet and there is an assumption that HIV and AIDS are not a health threat to humanity anymore! Surprisingly people seem to have gone back to their old free sexual interaction. These challenges are attributed to single mothers low household income and more children to feed and take care of, and lack of alternative sources of income. Prolonging life through ARVs extents suffering to an a certain degree for those infected by HIV and AIDS. In our view, this scenario accelerates the downward spiral trend which increases the infected single mother's level of poverty at the household level. In some instances, children are compelled to terminate their education as a result of socioeconomic challenges posed by HIV and AIDS. Where the dire need for basic needs is extreme, adolescent girls join their single mothers on the streets to fend for the family through commercial sex. Luckily, the free antiretroviral therapy and treatment seems to have worked magic, but the high cost of nutritious food stuffs, child care including education and training in slums becomes an extra burden to unemployed single mothers.

The State of Poverty in the Slums in Kenya

As indicated by NASCOP (1014) and UNDP (2016), there are serious concerns in slums in relation to social safety, unemployment, inadequate health facilities due to overpopulation arising from urbanization. Despite the enormous efforts by slum dwellers to generate moderate income individually and/or in self-help groups to improve their quality of life and standard of living, many scholars claim that HIV and AIDS has made livelihoods in this settlements worse as noted by Owusu and Rene et al (2016). Besides the poor sanitation, people purchase items in small quantities for each meal depending on their daily income margins. This argument creates a gap that this study indented to explore to what extent this lifestyle causes or aggravated by HIV and AIDS among other aspects and therefore how do the poor single mothers manage the situation in slums? Kenya like other poor countries still faces the challenge of emerging new slum settlements, and exponential growth of the old ones. Unlike the past, smaller towns and markets in the counties now have evolving slums while at the same time they are striving to achieve the Social Development Goal number three on: (*Good health and well-being*) which is a common phenomenon in all the poor countries. To confirm this aspect the above scholars highlight the interconnectedness of poverty, gender and HIV and AIDS as they claim:-

“Two out of three women in the world presently suffer from the most debilitating disease known to humanity. Common symptoms of this fast-spreading ailment include chronic anaemia, malnutrition, and severe fatigue. Sufferers exhibit an increased susceptibility to infections of the respiratory and reproductive tracts. And premature death is a frequent outcome. In the absence of direct intervention, the disease is often communicated from mother to child, with markedly higher transmission rates among females than males. Yet, while studies confirm the efficacy of numerous prevention and treatment strategies, to date few of these complications have been vigorously pursued. The disease is poverty (Jacobson, 2005:3) as quoted by Joseph et al (2012).”

Montgomery (2009) and Mumbi (2014) unanimously acknowledge that this argument is valid in both the poor and rich countries. A poor person in developed countries is still poor since s(he) can not afford the basics in life regardless of whether there is welfare support or not. Indeed, poverty is more than just lack of income; as cited in the World Development report of 1990. It emphasised that poverty largely involves lack of opportunities, empowerment and dignity for the poor which is predominantly evident among single mothers in the Kenyan slums.

Single Mother’s Survival Tricks in Slum Settlements

As Mumbi (2014) observes, the poor single mothers in slums engage on almost any activity that yields to money however little they earn in a day. These activities range from hawking of items that attract very little cash leave alone making any profits. Some sell sweets and peanuts and biscuits, while carrying a small child on their back. Few of them produce illegal brews, others roast green maize besides cooking for casual workers on construction sites. Most of these activities are considered to be illegal in most cities. In Kenya the rich own the shanties (housing units in slums) and whole sale shops but live in the middle class estates adjacent to the slums for easier collection of rent payments. Surprisingly some proportion of the slum dwellers are not poor (APHRC, 2008 and Ganesh, 2015). The single mothers infected with HIV and AIDS survive on ARVs and food rations from the numerous health centres run by religious

organizations in the area. Quite often sick single mothers administer herbal self-treatment using cheaply acquired materials that are not approved for human treatment by World Health Organization (Nyamongo, 2014).

The poverty situation in slums is worse due to the arguably the bad economic circumstances affecting the developed countries leading to reduced donor aid on social development programmes as noted by Udjo, et al (2015). In addition, Africa lacks strong inter-governmental economic initiatives for regional development investment on health and poverty reduction. Similar sentiments are highlighted by the United Nations Development Programme (UNDP, 2016) who argue that poverty aggravates other factors that heighten the susceptibility of single mothers to social risks as noted below:-

“Women are people of high moral values. However, when their children are pushed to extreme suffering their moral standing is affected. Most of them take risky decisions to provide for their dependants. Others especially single mothers work for very little just to feed and educate their children. Mothers do whatever possible to protect their families (Nduba, 2014)”

Nduba further argue that unequal social and economic positioning between men and women is essential in determining health outcomes. Therefore the scale of income differences between the genders is one of the most powerful determinants of health standards in different countries hence influencing health through its impact on the general social standard of living. Poverty is therefore a contributor to increased HIV transmission and an exacerbating factor towards the increase of full AIDS infections as a key informant indicated below:-

“The experience of HIV and AIDS by individual single mother’s households and poor communities can readily lead to an intensification of poverty and even push some non-poor into poverty. Thus HIV and AIDS can impoverish people’s socio-economic livelihoods systems in such a way that intensifies the epidemic itself where awareness levels are much lower.”

Not only have the single mothers experienced challenges relating to HIV and AIDS but also the greatest losses and burdens associated with economic and social crises and trauma caused by loss of family members, whenever it happened. Not all single mothers were unmarried! A number of them lost their spouses to AIDS and other health complications. Voluntary Counselling and Testing (VCT) units are some of the support systems that are readily visible almost everywhere in the Kenyan slums as NASCOP (2014) and Kabiru, et al, (2016) ascertains. There is no doubt that these facilities are essential in making women more specifically single mothers in slum areas know their HIV and AIDS status so that they could strive to live a healthy life and protect their loved ones. In these centres, the poor household members are identified for other types of assistance like nutritious food rations and door to door surveillance on ARV adherence. Unlike in other settlements, there is high cohesion and enhanced family therapy in slums where household members voluntarily provide health information to one another.

1.8 Theoretical Framework

The Social Exclusion Theory: Social exclusion as a concept and theory is relatively new. Initial debates on the concept are associated with the work of Rene’ Lenoir (1974). Nevertheless more than two centuries earlier, Adam Smith (1776) in his famous classical work on ‘*The wealth of*

Nations’ had extensively discussed social deprivation of the minority individuals and groups’ without directly analyzing the term. Amartya Sen (2009) in his work on “*Social Exclusion: Concept, Application and Scrutiny*” brought a new dimension on the causes, types and implications of this practice in society. He affirmed that any form of discrimination that alienates some proportion of the society on whatever basis amounts to social exclusion. According to Barry and Le Grand (2014), social exclusion refers to processes in which individuals and entire communities of people are systematically blocked from accessing their rights, opportunities and resources such as land, decent housing, productive employment, income, healthcare, transport, water, education, security and civil engagement on the basis of politics, religion, social status, gender, geographical locality, ethnicity or other social factors. Adolfo Figueroa (2016) advanced a new theoretical approach, focusing on social inequality and introduced the discourse of social exclusion into the analysis. In so doing, he specifically addresses the question: is inequality a result of some peculiar form of social exclusion, or rather an emerging form of discrimination taking place in the social process of development? Social inequality is conceived in this study in a broader perspective than income, property and rank to include social status inequalities, like the exclusion of single mothers in meaningful income activities in slums. Adolfo’s analysis goes further to assert that *Exclusion from the political and leadership processes*, in the context of being of a low gender like women, democratic alienation and participation, meaning; exclusion from citizenship and individual patriotic rights counts. All citizenry rights are not universal, and even universal rights are not equally provided in society. These insights are partly adopted from (www.wikipedia.org accessed on 18/04/2018) and (www.aunt.sue.info accessed, 19/04/2018). There is no doubt single mothers are quite often excluded from social welfare support systems, with their children being left out from the best schools since their parents can not afford them. They are alienated from the best health care services even in the current situation, where the National Health Insurance Fund (NHIF) pays for most household members simply because they are neither civil servants nor employed in the private sector. However even universal healthcare initiative has been introduced like in Makueni county, some single mothers fail to contribute the registration fees of Kshs. 500/- (US\$ 4.9) charged, subjecting them to further agony. Social exclusion is manifested in all aspects of life in slum settlements in Kenya and beyond.

1.9 Methodology

Research design

The study adopted a mixed research designs where a survey (quantitative) and naturalist (qualitative) designs with a before-after problem solving evaluation approach was predominantly applied. This historical dimension applies a comparative analysis of the poverty, HIV and AIDS trends and coping mechanisms adopted by the poor single mothers in slums in the advent of HIV and AIDS in comparison with the situation before. A research design is a plan of action (road map) that shows how the problem under investigation can be treated or resolved. This study adopted a mixed research paradigm namely quantitative and qualitative perspectives. Quantitative paradigm focuses on survey design and the qualitative employs the case study or naturalistic design (where specific slums form the cases under analysis). The two designs were used to collect data from four informal settlements that are treated as cases namely:- Kibra and Mukuru Kayaba both in (Nairobi County), Nyalenda (Kisumu County) and Bangladesh (Mombasa County) whose characteristics are not necessarily similar.

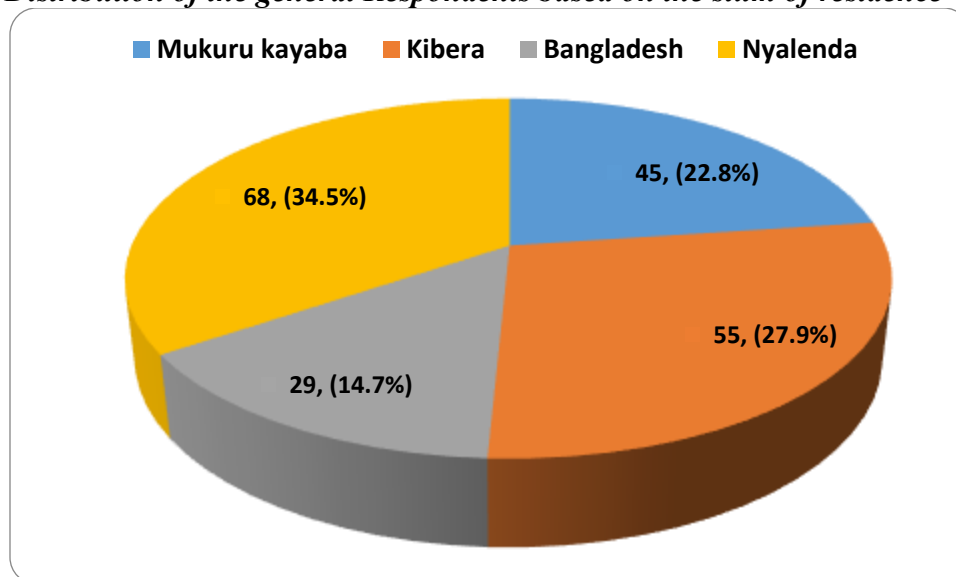
Data Collection Methods and Instruments

Data were collected partly by use of content analysis, interviews and structured observation.

Observation guides were used to observe and record some of the visible survival activities that single mothers living with or affected by HIV and AIDS were involved in at the household level. Questionnaire(s) were widely used in guiding interviews and recording responses from the general respondents, focus group discussions and key informants were highly used. This was useful in organising responses in order of merit which made it easy during coding and entry into SPSS spreadsheets. This was ideal since it helped in using both open and closed items for both specific and general issues that were being discussed. With respondent's permission and consent we recorded some of the focus group discussion in tape recorded mode so that we would remember the issues that were being discussed during transcribing exercise. We also look some photographs as evidence of some of the living conditions and survival mechanisms with written consent of the respondents, without capturing the images of the respondents for their safety and prevention of their privacy. Key informant's guides were really handy in guiding open discussions with professionals in different sectors within the Government, civil society agencies and the private sector. The Statistical Package for Social Scientists (SPSS) was extensively used to process the quantitative data, while qualitative verbatim responses were analysed qualitatively under specific themes.

1.10 The study findings and discussion

Figure 1: Distribution of the general Respondents based on the slum of residence



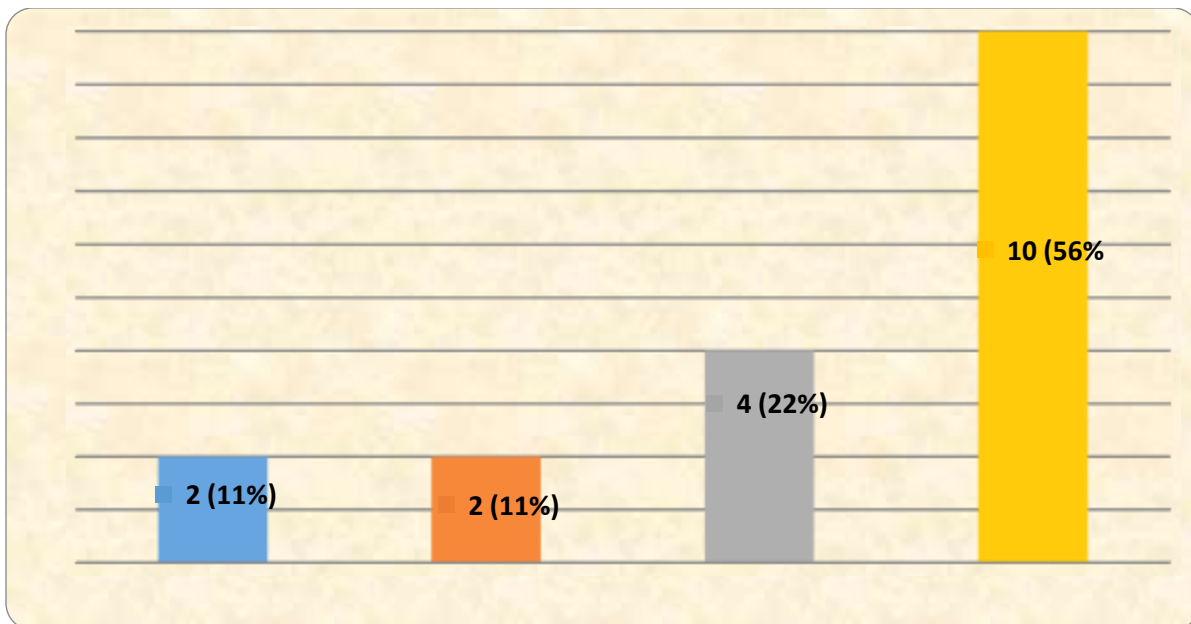
Source: Field data, 2018

As shown in figure 1 above, the study involved 197 people living in the slums and 18 key informants drawn from the Government and other service delivery organizations making a total of 215 respondents. Among the general respondents the majority 68(34.5%) were drawn from Nyalenda slum in Kisumu, followed by Kibera with 55(27.9%) and Mukuru Kayaba 45(22.8%) respectively both of which were selected from Nairobi county. In the smallest slum (in geographical size and population), Bangladesh in Mombasa 29(14.7%) respondents were involved in the study. The two slums in Nairobi had the highest representation of 100 since the city has many other slums that were not targeted in the study. As figure 2 below illustrates, out of the 18 key informants, 10(56%) were above forty years of age followed by 4 (22%) who were

between 35–39 age – group. This could be explained by the fact that most organizations are headed by mature experienced chief executive officers who have been in the field for quite some time. Below is an expression of one of the agency managers in Mombasa:-

“....In the church, I have been a chairperson of our Jumuiia ‘small neighbourhood prayer group’ for six years. You know in the church, we have different groups; upper, middle and lower categories in terms of income and social status, although the categories are never specified. We have witnessed bread winners die, wives following in less than a year and children who were socially and financially secure becoming orphans. They start to struggle to survive here in all manner of ways! We have seen children turn into lobbers, casual labourers and others turn into fish mongers. Once they venture the sex industry, they die in less than five years, just like their parents did”.

Figure 2: Distribution of Key Informants by Age-group



Source: Field data, 2018

The rest were between 25-29 and 30-35 with 2(11%) each respectively. This implies that some organizations preferred young leaders and coordinators. An elderly single mother and church leader in Nyalenda, Kisumu claimed: In Bangladesh, Mombasa a religious leader claimed that the poor especially single mothers who are infected by HIV and AIDS survived on church food rations and retroviral drugs and treatment. Many sought for school fees, clothing, and medical care and worked as community mobilization leaders. A District Development Officer (DDO) in the area added that:-

“Among the wealthy, we wouldn’t know whether they had been affected or infected with HIV and AIDS until they begin falling sick. They provided for themselves, unlike the poor single mothers who come to us to seek assistance. Its not that the rich are not infected or

affected. They take care of their themselves. However, we have buried many here. I have to confirm nevertheless, that the higher number of the infected people in slums are single mothers.”

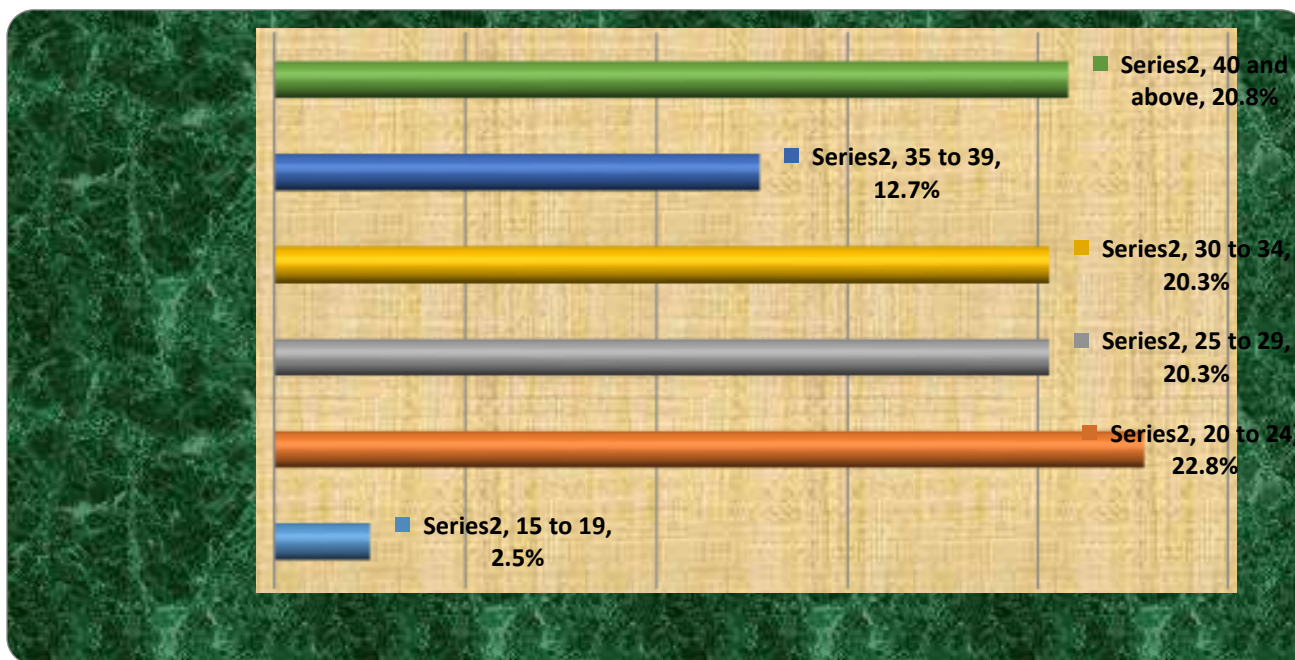
Table 1: Distribution of the Respondents based on Gender and Area of Residence

Gender		Location				Total
		Mukuru Kayaba	Kibera	Bangladesh	Nyalenda	
Male	f	30	28	16	28	102
	%	15.2	14.2	8.1	14.2	51.8
Female	f	15	27	13	40	95
	%	7.6	13.7	6.6	20.3	48.2
Total (n)	f	45	55	29	68	197
	%	22.8	27.9	14.7	34.5	100

Source: Field data, 2018

As shown in table 1 above, out of the 197 general respondents, majority 102(51.8%) were men whereas single mothers represented 95(48.2%).

Figure 3: Distribution of the general Respondents on the basis of Age-group



Source: Field data, 2018

The reason for involving men is that women never leave in isolation. Mostly men were the potential clients for commercial sex and or traditional brews and other things that single mothers traded on. Men excluded single mothers either deliberately or otherwise from numerous

opportunities. The inclusion of men meant the study balanced.

Table 2: Respondent's Age per Region

Age	Location				Total
	Mukuru Kayaba	Kibera	Bangladesh	Nyalenda	
No response	<i>f</i>	1	-	-	1
	%	0.5	-	-	0.5
15 to 19	<i>f</i>	3	1	1	5
	%	1.5	0.5	0.5	2.5
20 to 24	<i>f</i>	15	17	5	45
	%	7.6	8.6	2.5	22.8
25 to 29	<i>f</i>	8	11	6	40
	%	4.1	5.6	3	20.3
30 to 34	<i>f</i>	7	10	7	40
	%	3.6	5.1	3.6	20.3
35 to 39	<i>f</i>	4	5	4	25
	%	2	2.5	2	12.7
40 and above	<i>f</i>	7	11	6	41
	%	3.6	5.6	3	20.8
Total (n)	<i>f</i>	45	55	29	197
	%	22.8	27.9	14.7	100

Source: Field data, 2018

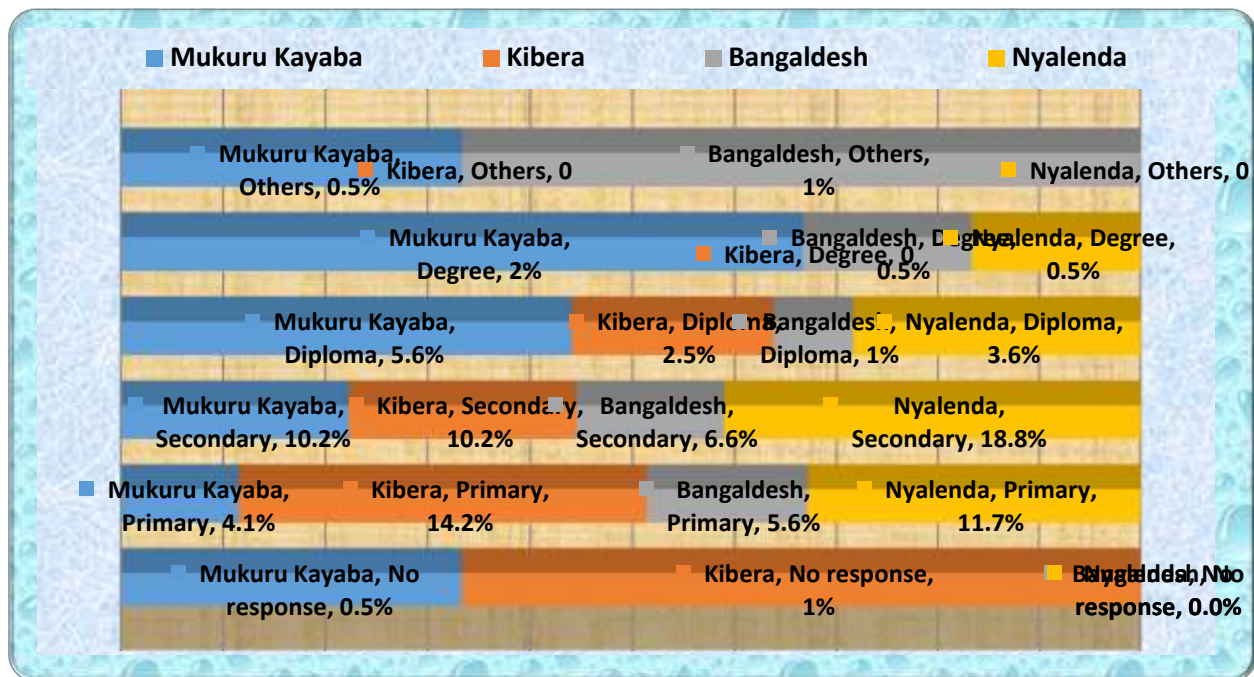
As summarized in table 2 above, the percentage distribution of the age group 15 to 19 years in Mukuru Kayaba was 3(1.5%), and 1(0.5%) respectively in Kibera and Bangladesh.

In reference to figures 4 below, in the same order of location, it was interesting to note that respondents who held degree qualification were so few in slums especially single mothers. For instance Mukuru Kayaba had 4(2.0%) followed by Bangladesh and Nyalenda with 1(0.5%) each respectively. Surprisingly, all of them were young unemployed male graduates who had just graduated.

This trend may imply that most degree holders relocate to the middle class estates that are a bit secure with better social amenities and improved social conditions after they get jobs even if they were initially living with parents or relatives in the slum as college students or job seekers. In all the regions only 13(6.6%) of the respondents were separated. The number of widows seemed to be more in Nyalenda at 9(4.6%) compared to Kibera which had 4(2%) and 3(1.5%) in Mukuru Kayaba and 1(0.5%) in Bangladesh in Mombasa. Most single mothers were therefore widows.

This small percentage of the widows could be explained by the fact that people in slums have had good access to anti-retroviral drugs (ARVs) from the medical clinics which prolongs their lives even when they were living with HIV or AIDS. Similarly, a small number of 5(2.5%) of the respondents in the four study sites claimed to have divorced.

Figure 4: Respondent’s Level of Education



Source: Field data, 2018

1.11 Conclusions

The study had initially targeted 250 respondents, however the researcher managed to access 197, out of whom 102(51.8%) were males compared to 95(48.2%) single mothers. This was almost on a 50:50 gender ratio basis although males were slightly more available for in-depth interviews. Its important to note that single mothers were not many in the area. This may be explained by the fact that most women were busy in casual jobs or attending to customers in their businesses during the day. This trend was different in Nyalenda in Kisumu, where more single mothers 40(23.3%) to males 28(14.2%) were found. This is associated with the higher number of widows who participate in organized group empowerment initiatives as their source of livelihood in Nyalenda slums. On the basis of these findings, the study concludes that:-

- There was a general consensus with 175(89%) out of all the 197 respondents to confirm that they chose to live in slums because of the prohibitive cost of living in the middle and the upper class residential areas. Besides rent, food stuffs are readily available on the streets. There is less government presence and police disturbances, making slum areas ideal for illegal enterprises especially for the youth and unemployed single mothers..
- Many NGOs and religious organizations offer assistance to single mothers unlike in other high class residential areas. These included ARVs, nutritional food supplements, free or subsidized health care services, education in informal schools, vocational training centres for the youth in Mukuru promotion centres for example among others as highlighted by 79(40.1%) respondents.
- They cited low cost of living compared to affluent residential areas that are more preferred by the non poor urban residents. It was revealed that in slums the poor single

mothers enjoy cheaper accommodation, food stuffs, second hand products like clothes, cheaper or free informal community schools that are run by the civil society.

- The '*kadogo economy*' (where most products are sold in small quantities like sugar, cooking oil, maize flour are measured with a glass or a spoon according to what one can afford to pay for is the most ideal for single mothers headed households. This was cited as an influencing factor). This makes the cost of living much more bearable. On the basis of this revelation, it can be concluded that the poor single mothers are driven in to the slums by extreme desperation and poverty.
- Informal settlements were also preferred as hide-outs for illegal activities that the single mothers engage on like brewing of illicit traditional alcohol, drug packaging and distribution and mercenary cartels like members of the Mombasa Republican Council (MRC) where youths find comfort and pressure, a group which is seeking to be freed from the mainstream system of Governance of Kenya, and gain self rule at some day as they claim!.

1.12 Recommendations

On the basis of these conclusions, the study recommends:-

a) To the National Government

- Since single mothers choose to settle in slums because of poverty, those living with HIV and/or AIDS are even poorer and more vulnerable to socio-economic shocks and political manipulation. There is need for a policy framework to declare all those affected by the disease as special vulnerable groups that needs special support and empowerment by all stakeholders, but not to cluster them together with the other poor in society where they are not clearly identified for social economic support.
- The study found that there is very little involvement and participation of the National Government in slums although chiefs offices and camps exist. The state and particularly the county governments should set aside resources to exclusively target the single mothers who are living with HIV and AIDS in slums and initiate capacity building programmes by designing special education and technical training projects to support children from single mothers headed households in vocational, business investment and entrepreneurial skills, management and accounting techniques. The state cannot adequately feed all families, single mothers could effectively feed themselves and their dependants if they were well empowered and supported.

- b) Avail a special revolving investment fund (RIF) accessible to single mothers and their adult youth; where those affected by HIV and AIDS could invest in any ventures of their choice and refund the funds with little interest margin of between to cater for the inflation rate. This would create permanent sources of income and make those households self reliant.

c) To the County Governments

- The County Governments should set up vibrant social welfare offices to support initiatives by single mothers and destitute childrens.
- d) The relevant county ministries of health, education and special programmes should ensure that there is adequate nutritional support to WLWHAs in partnership with Faith

Based Organizations. This should target particularly the youth from single mothers in slums

e) Non-Governmental Organizations (NGOs)

- NGOs should establish good targeting methods to avoid excluding the deserving single mothers and their children on bursaries and other types of support.
- Faith Based Organizations (FBOs), Non-Governmental Development Organizations (NGDOs) in partnership with private sector could target creation of employment opportunities through affirmative action targeting single mothers headed households and their children where they qualify.
- The current silence on HIV and AIDS campaign in Kenya, and deliberate withdrawal of donor support is worrying; and it is likely to result in renewed transmission of HIV to people who were actually safe unless the trend changes. The vibrancy that was there before should be revived to contain any potential HIV and AIDS risks in Kenya.

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