

CHALLENGES FACED BY GRANDPARENTS IN MANAGING EMOTIONAL AND BEHAVIOR PROBLEMS OF ORPHANS IN THE ERA OF HIV/AIDS

Joyce Njeri Kinyua

Lecturer, Karatina University

CITATION: Kinyua, J. N. (2013). Challenges Faced By Grandparents In Managing Emotional And Behavior Problems Of Orphans In The Era Of HIV/AIDS, *International Journal of Social Sciences and Entrepreneurship* 1 (3), 329-339

ABSTRACT

Undoubtedly, HIV/AIDS menace has devastated the social and economic fabric of African societies and made orphans of a whole generation of children. Despite donors' initial view of orphans as a short term humanitarian disaster; they now acknowledge the long term social consequences of African children growing up without parental love and guidance. Thus the potential for these children to form a large group of dysfunctional adults, which could further destabilize societies already weakened by AIDS, has increased the urgency of finding an effective solution to the orphan problem. Africa hosts 95% of the world's 13 million children orphaned as a result of AIDS. These orphans' psychosocial needs are a growing concern. Orphans in Africa suffer recurrent psychological trauma, starting with the illness and deaths of their parents, followed by cycles of poverty, malnutrition, stigma, exploitation, and, often, sexual abuse. As the epidemic takes its toll on adults, many orphans have come to rely on ageing and often impoverished grandparents. Whilst the phenomenon of grandparents caring for grandchildren is not new, there is growing acknowledgement in the community that the number of children in such care arrangements is growing and that relatively little is known about how such developments are shaping the lives and identities of the grandparents involved. These care arrangements take place in a complex space marked by paradox and ambiguity, particularly in relation to the grandparents' social, financial and legal status, as well as their social and emotional well-being, that current policy contexts fail to adequately recognize. To understand the Real challenges facing grannies charged with this responsibility, the paper examines whether their support plays a mediating role in improving mental health functioning of orphaned children.

Key Words: *Challenges, grandparents, orphans, HIV/AIDS*

Introduction

Turner (2005) argues that raising Children by grandparents is a growing phenomenon worldwide. Grandparents may resume a parenting role for a variety of reasons, most of which revolve around problems related to the child's parents. Increasing numbers of grandparents are providing permanent care to their grandchildren as a result of divorce, substance abuse, child abuse or neglect, abandonment, teenage pregnancy, HIV/AIDS, unemployment, incarceration, mental health problems. As households start fragmenting and reforming, there is an emerging focus on the role of grandparents in the provision of care for vulnerable children. Mathambo & Gibbs (2008) have suggested that the emergence of a pattern of grandparents as primary caregivers for their grandchildren risks 'sundering the inter-generational bond'. In many poorer

societies, grandparents assume that they will be cared for by their children, but this social relationship is now fractured as the middle generation dies and they are expected to care for their grandchildren. Grandparents receiving pensions from the government are often the key breadwinners in extended families. This highlights the shift in demands on the elderly as the AIDS epidemic becomes more pronounced. Children in the care of grandparents may receive inappropriate care due to caregiver deteriorating emotional and social capacities, and due to diminished household economic capacity. Additionally, children's non-material needs may be overshadowed by the urgency to provide for their basic everyday needs (Ansell, 2005). Australian bureau of statistics (2004) contends that many families are made up of grandparents, looking after children younger than 17 years of age. In 60% of these families the grandparents are over 55 years of age. 62% of grandparent families rely on a government pension for income. Around 70% of children who live with their grandparents who thought that their child rearing days were over. Grandparents can find the task very stressful particularly if they are struggling with unexpected expense or raising children and lack of energy compared to when there were younger.

Emotional and behavioral disorders are a broad category which is used commonly in educational settings, to group of more specific perceived difficulties of children and adolescents' behavior may depend on many factors. (Jordan, 2013) writes that the question as to whether the child's behavior is sufficiently different to require a comprehensive evaluation by professionals may be the most troublesome of all. For instance, children who have frequent, severe temper outbursts or who destroy toys may appear to have a serious problem to some parents, while others see the same behavior as asserting independence or showing leadership skills. Jordan says that every child faces emotional difficulties from time to time, as do adults. Feelings of sadness or loss and extremes of emotions are part of growing up. Such problems can be more common in times of change for the family the death of a grandparent or family member, a new child, a move to the city. Generally, these kinds of problems tend to fade on their own or with limited visits to a counselor or other mental health professional as children adjust to the changes in their lives. At times, however, some children may develop inappropriate emotional and behavioral responses to situations in their lives that persist over time (Jordan, 2013).

Purpose of the review

This Journal aims to study the challenges faced by grandparents managing the emotional and behavior problems associated with orphaned children in the era of HIV/AIDS epidemic. It will be of value to the society and to the families, where grandparents serve as breadwinners or legal guardians. This research study brings more ideas that could be used in assisting one another in overcoming challenging situations. The researcher also will suggest the alternative ways in alleviating poverty, in an attempt to empower the grandparents to effectively deal with this staring reality. This Paper will also set out the emotional and behavior problems in this case therefore helping the agencies concerned in their rectification to act in haste.

This work will also be pivotal to the agencies of governments charged with the responsibility of policy formulation in response to this menace. It is also in record that HIV/AIDS epidemic has denied millions of Children parentage and therefore a special attention is needed to salvage the lives of many children that have been affected. The study seeks to understand the underlying

challenges so as to appropriately recommend action. This is hoped to assist planners and concerned stakeholders in their respective measures to caution these children. Upon embarking on this study, the writer acknowledges the psychological torture that children could suffer whilst in these circumstances. It could have far reaching impacts on their future lives in the society and thus downgrade the contribution that they would potentially offer to the nation. Finally, the researcher will before presenting the findings of this research expose the previous findings as well as thoughts on this situation. Following professional critique of that information, the research will choose whether or not to recommend further studies on the subject. This is so because this particular research will mainly be used as the basis on which summary, conclusions and recommendations will be made.

Literature Review

Literature review refers to a systematic identification, location and analysis of previous research documents that has information related to the research problem being investigated. It is aimed at determining what has already been done relating to the research problem under investigation (Mugenda & Mugenda, 2008). It forms a framework within which the research findings were interpreted and similarity with the existing body of knowledge. This section reviews relevant literature to this research.

Systems theory

The general systems theory was developed by Ludwig Von Bertalanfy and others stated as a framework within which to conceptualize. Family systems are complex rule-governed organizations of family members and their Interrelationships (Lunga, 2009). The properties of a family cannot be predicted from information about each of the family member only. Family relationships are central to overall functioning of the family. The general systems theory addresses the question: How is it that the whole is more than the sum of its parts? One characteristic of viable systems is their capacity to use feedback about past performance to influence future performance. This theory holds that the family, just like the group, is a system interacting with its environment like all living organisms, Exchange across the boundary is necessary for a system to continue to survive.

Grandparents' parentage and the Challenges

According to (Bailey, 2012), it is more common for parents to go through the transition from caring for their children to caring for their children's children. Caring for grandchildren may be permanent or temporary. It may involve an informal arrangement or legal custody or guardianship. In Montana and other areas around the country, the number of grandparents who provide primary care for their grandchildren is growing. A primary caregiver is someone who is responsible for meeting a child's basic needs. This includes such things as housing, food, clothing and medical care. These grandparent caregivers are parenting a second time around. Montana ranked ninth in the nation for the increase in grandparents raising grandchildren between the years of 1990-2000. During this time, the number of Montana grandparents who were raising their grandchildren grew by 53 percent. In Montana, 6,692 grandparents are raising their grandchildren (American Community Survey, 2009).

Although grandparents raising grandchildren is not new, their role as primary caregivers is a growing trend throughout the nation. Approximately 6.7 million children live in households headed by grandparents or other relatives. No parents are present in about one-third of these families. Many of these grandparents are taking on this responsibility with little or no help from others. Bailey (2012) adds that Grandparents are faced with the responsibility of caring for their grandchildren for a variety of reasons. These include parental death, substance abuse, divorce, incarceration, mental health problems, teen pregnancy, abandonment, military deployment, and the involvement of social services due to child abuse or neglect. Nearly all of these families are formed due to a family crisis where the parent is unwilling or unable to care for the children. Grandparents often assume the role of parents to keep children within the family, save them from further harm, and keep them out of the foster care system.

According to the U.S. 2010 Census, there were more than 2.7 million households with grandparents raising their grandchildren. This is an increase from the 2000 Census. Surprisingly, the figure does not even count other relatives acting as parents such as people raising their brother or sister's children or, even yet, raising their niece or nephew's children. Over sixty percent of grandparents raising their grandchildren are still in the work force. This is also up from 2000, and 16.3% are living below the poverty level. Some grandparents are dealing with children who have come to them with severe mental health issues, while other grandparents are raising children with physical disabilities needing the use of wheelchairs and medical supplies. Whether the children's medical needs are of a mental health nature or physical disabilities, grandparents can be in desperate need of financial support and medical resources.

Bailey (2012) contends that in general, grandparents are called upon to parent a second time around unexpectedly. This causes challenges. Many grandparents live on a fixed income. They may not be able to afford additional costs associated with raising a child such as child-care, insurance, health care and providing for the basic needs of the child. Some have downsized to smaller housing and have limited space in their home. Bailey finds that becoming a parent again can be overwhelming. Grandparents may not feel as though they can keep up with the child due to health concerns or simply because children are so active. They may feel out of touch with what is happening in today's schools and with child care methods that have changed since they first were parents. Grandparents raising children often deal with feelings of guilt and resentment toward their adult children for causing the reason for placement. The grandchildren have typically experienced trauma and most grandparents are not adequately prepared to handle the anger, grief and sadness the children express (Bailey, 2012). Behavioral issues can be a challenge too, as the grandchildren act out because they do not understand why they cannot live with their parents. Raising and children may also cause difficulties with the other grandchildren in the family who are living with their own parents. They expect grandparents to be traditional grandparents. These family members may feel resentful towards the other grandchildren.

Orphan Incidence and prevalence occasioned by HIV/AIDS

Miller (2007) in his study or orphan hood in Zimbabwe found out that the orphan incidence rate among 0-14 year olds was higher for paternal than for maternal orphans (20.1 vs. 9.1 per 1000 person years) and 82% of fathers and 83% of mothers who died were HIV positive. However, the incidence rate of maternal and double orphan hood for paternal orphans increased by 21% per

year between 1998 and 2003, while there was no upward trend in maternal orphans losing their fathers. This shows the startling increase in the number of AIDS deaths among women. Moreover, increasing rates of HIV in women will drive up maternal mortality and maternal orphan incidence rates, possibly surpassing paternal orphan rates by 2010 (UNICEF, 2004).

Africa's Orphaned and Vulnerable Generations Report (2006) reveals saddening statistics of orphaned Children as a result of HIV/AIDS. The AIDS epidemic in Africa puts children at risk physically, emotionally and economically. Most Children are indirectly affected when their communities, and the services these communities provide, are strained by the consequences of the epidemic. Nurses, doctors, teachers and others can become ill and die from AIDS, affecting health care, education and other basic services. Children are directly affected in a number of ways. They may live at high risk of HIV; they may live with a chronically ill parent or parents and be required to work or put their education on hold as they take on household and care giving responsibilities; their households may experience greater poverty because of the disease; and they can be subject to stigma and discrimination because of their association with a person living with HIV.

Children also become orphans, having lost one or both parents to AIDS-related illnesses. In sub-Saharan Africa, the Report says that AIDS is the leading cause of death among adults ages 15–59. Although the total number of orphans from all causes in Asia and in Latin America and the Caribbean since 1990 has been decreasing, the number of orphans from all causes has risen by more than 50 per cent in sub-Saharan Africa, where an estimated 12 million children aged 0–17 have lost one or both parents to AIDS. This makes the region home to 80 per cent of all the children in the developing world who have lost a parent to the disease. Children are experiencing the greatest parental loss in southern Africa, where HIV prevalence rates are highest. By 2010, an estimated 15.7 million children (30 per cent of the 53 million) anticipated orphans from all causes in sub-Saharan Africa, will have lost at least one parent due to AIDS. The Report posits that even where HIV prevalence stabilizes or begins to decline, the number of orphans will continue to grow or at least remain high for years, reflecting the time lag between HIV infection and death. The experiences of orphaned and vulnerable children vary significantly across families, communities and countries.

Africa's Orphaned and Vulnerable Generations Report (2006) further remarks that orphans and vulnerable children are at higher risk of missing out on schooling, live in households with less food security, suffer anxiety and depression, and are at higher risk of exposure to HIV. The situation is influenced by a complex mix of variables, including children's relationship to their caregivers, the wealth of their household and community, HIV prevalence in the community and an array of other factors. In almost every country in the region, there are notable differences between the responsibilities assumed by fathers and mothers, with widowed mothers more likely to be responsible for the care of their children than widowed fathers, making children who lose their mothers less likely to live with the surviving parent compared to children who lose their fathers.

According to the United States Agency for International development (USAID) report of 2007, it was revealed that more than 13.4 million children have lost one or both parents to the AIDS epidemic. A total of 34 million children in sub-Saharan Africa were orphans, one-third of them due to AIDS. Due to its massive population, the total number of orphans in ASIA is much larger

than in Africa. There were 65 million orphans in Asia, with approximately 2 million of them orphaned due to AIDS. The number of people in many of the largest Asian nations with HIV/AIDS threatens to surpass the numbers in some of the most severely affected African countries. Even a small increase in the prevalence of AIDS in these countries would lead to even more orphans. Just 12 countries in sub-Saharan Africa accounted for 70 percent of the orphans. Nigeria, Ethiopia and the Democratic Republic of Congo had the largest orphan populations, with smaller countries feeling the impact of AIDS even more acutely. The report projects a continued rise in the number of orphans, with the prevalence rate of AIDS largely determining the geographic pattern of orphaning over the next decade.

Emotional and behavior problems among the orphaned

Tarko (2006) on Softpedia says that studies conducted on abandoned children show that growing up in an orphanage inhibits both early mental and physical development. He argues that foster care can undo these negative effects to a certain degree, especially in case of girls. The researchers tested the verbal skills and intelligence, the emotional and behavioral problems, and the physical characteristics of children of various ages. They have found significant differences between boys and girls. IQ tests conducted on children between 4 and 5 years old revealed a difference between girls in foster care and those in an orphanage but showed no difference in case of boys. Girls in foster care scored an average of 82, while those who remained at the orphanage.

Laurent Clerc National Deaf Educational Centre (2010) writes that characteristics which identify an individual as having a behavior disorders are demonstrated in a variety of settings, with little consideration or understanding of social or cultural rules. Among these characteristics are;

1. Disrupts classroom activities
2. Impulsive
3. Inattentive, distractible
4. Preoccupied
5. Does not follow or appear to care about classroom rules
6. Poor concentration
7. Resistance to change and transitions in routines
8. Often speaks out with irrelevant information or without regard to turn taking rules
9. Demonstrates aggressive behavior
10. Intimidates and bullies other students
11. Regularly absent from school
12. consistently blames others for their dishonesty
13. Low self esteem
14. Difficulty working in groups
15. Demonstrate self injurious behavior
16. Can not apply social rules related to others personal space and belongings
17. Often manipulative of situations

Managing Emotional and Behavior Problems among Orphans

Mazefsky (2013) finds that different contributors to emotional and behavioral problems would lead to different choices of intervention targets. The choice of intervention should be directly linked to the functional assessment. Further, the treatment approach should be multifaceted. The preference according to him is always to avoid the problem behavior in the first place, which can be accomplished via the first level of treatment. In passive Behavior Management, the word passive is not meant to mean inactive; rather, it is used to infer that the intervention is not directly with the child. Often, the first step is to change the environment. This can involve either changing an actual aspect of the environment or teaching the people who interact with the child new skills. In fact, the majority of interventions often focus on changing something about the behavior of the people working with the child as a means of changing the child's behavior. For example, talking in shorter sentences and breaking down complex concepts may help avoid a meltdown in a child with receptive language deficits who becomes easily overwhelmed by task demands that he or she cannot follow (Mazefsky, 2013).

American Academy of Pediatrics (2013) submits that the most widely practiced one-to-one talk therapies for children are cognitive therapy and behavioral therapy. Both are results-oriented, short-term interventions, consisting of anywhere from ten to thirty-five weekly sessions. Many times the two approaches are merged into cognitive-behavioral therapy. The goal of behavioral therapy is to “unlearn” self-defeating attitudes and behavior. With young children, behavior modification often incorporates a reward system, like gold stars in school. With teenagers and adults, desirable behaviors are reinforced through the general improvement in the patient's mental outlook. Cognitive-behavioral therapy may include social-skills training, because youngsters who are anxious or despondent frequently feel awkward in social situations. They're probably not nearly as inept as they believe themselves to be, but their self-consciousness gets in the way of making eye contact, initiating conversation and so on. Socialization training allows them to practice being more self-assertive, approachable and communicative.

Research Methodology

This research was conducted through a case study descriptive design of Nairobi City. For the purpose of this study, the sample frame consisted of grandparents who were raising their grandchildren in Nairobi City. This sampling method is based on the judgment of a researcher regarding the characteristics of a representative sample. The sample was selected in deliberative and nonrandom fashion so as to gain rich data from individuals (grandparents) who had experiences in raising their grandchildren, while parents of their grandchildren are not present due to some various reasons, such as death.

Results and discussions

This study used a number of secondary sources of information and firsthand account of sampled homes undergoing the circumstances being studied to arrive at the following;

Painful Pleasure

The initial analysis of the grandparents' stories revealed a complex picture of their experience of raising grandchildren, simultaneously marked both by deep pain and pleasure. Every grandparent interviewed spoke with considerable emotion about the circumstances leading up to the placement of the children in their care. Key findings included parental loss due to HIV/AIDS. As the grandparents' talked of their experiences, the feelings of sadness, frustration, grief and loss were palpable in their stories, particularly as they revealed the many challenges they faced in taking over the primary care of their grandchildren. These included financial issues, legal battles, physical and emotional health problems, social isolation and lifestyle changes, parenting problems and conflict with the children's relatives.

Grandparents voiced a number of future concerns, including the grandchildren's education, raising teenagers, retirement issues, conflict with members of their extended families, as well as what might happen to the grandchildren if and when they could no longer care for them. At the same time, however, the grandparents' stories revealed the depth of their commitment to the care, safety and happiness of their grandchildren, often at the expense of their own lives. For example, the grandparents reported giving up their routines, their friends, retirement plans, social lives and, in some cases, their jobs to devote more time and energy to the well-being of their grandchildren.

They routinely put their grandchildren's financial needs before their own, often drawing on very small income to provide for the children's health, education, out of school/sporting activities and the like, in an attempt to give their grandchildren the same opportunities available to other children. Some of the grandparents took on menial jobs such as ironing and cleaning to supplement their income, and furthered their education in order to help grandchildren with their schooling, as well as updating their parenting skills. For most, the fact they could do this gave them deep satisfaction despite their ongoing pain, since they knew their grandchildren's lives would be immeasurably better as a result. The benefits they perceived for themselves included the chance to parent a second time, be close to their grandchildren as they grow, and feel reassured and confident they were now emotionally and physically safe, happy and cared for. On setting to the field, this Study reveals that most grandparents are antagonized on the reality and the abounding myths on what they should be doing. This complexity surrounding the experience of grandparents raising grandchildren is very evident in the discussion thus far. Participants interviewed could articulate how and why the pleasure outweighed the pain and everyday realities muted any longing to be in the role of 'traditional' grandparent.

Lacking support

Most grandparents interviewed said that often they were left in a difficult and ambiguous emotional, social, financial and legal space where they felt they often weren't afforded the recognition and respect their care giving efforts deserved. Most grandparents commented that they were saving the government money by raising their grandchildren, yet not receiving adequate financial and social support to do the job well. The interviewees also commented on the fact that authorities did not appear to acknowledge that, unlike foster care, grandparent caregivers have the burden of family to deal with in addition to their caring responsibilities. Many of the grandparents believed that there was a lot of stigma attached to the grandparent-as-

parent role, that they have been unjustly blamed for having to raise their grandchildren, and are somehow responsible for what's gone wrong.

At the epicenter of this difficulty, seems to lie the different ways both law and policy are applied across jurisdictions which entail different treatments of grandparent headed families, shaping the conditions and frameworks of care, and affecting the distribution of services and benefits. The financial and emotional stress reported by the grandparents appeared to be exacerbated by the pervading sense of injustice they experienced as they fought for the decisions, supports and resources they felt would be available to them were they not a kin caretaker. At the time of this study, there was little by way of acknowledgement of the rights and support available to grandparents raising grandchildren in Nairobi. Based on the experience reported by the grandparents in this study, it appears such high level State and Government policy initiatives had failed to take into account the complexity of their circumstances in raising their grandchildren.

Poverty and poor nutrition

This study exposed several dimensions of poverty bedeviling grandparents namely, such as lack of food, goods, services and opportunities, moral poverty (lack of physical wellbeing, lack of energy and lack of space, lack of time and lack of power) and a spiritual dimension. The malnutrition associated with poverty implies a compromised immune status and exposes people to infections such as tuberculosis and AIDS. Lack of basic services such as water, shelter, food and so on, also predisposes them to infections like TB. Grandparents living in the informal settlements with their grandchildren fetched water that is not even clean enough to drink or cook with and this may further exacerbate vulnerability to infection. Indeed, the consequences of poverty are not just physical, but poverty also impacts on social and economic relationships.

Further, raising a child is not an easy task, particularly for an elderly woman, because there are needs and demands that should be met. Young orphans were malnourished because of the inability of the grandparents to cope with the increasing number of orphans. In many instances, grandmothers do not have the basic essentials that are required to care for the AIDS orphans. Older women caring for children affected by HIV/AIDS cited scarcity of food and a day to day struggle to get enough food to feed the family. Although grandparents may be able to care for one orphan, the demands of caring for any additional orphan undermine the nutritional wellbeing of all the children in the household. Furthermore, nearly half of all grandparents had difficulty meeting the needs of children. This implies that many more children will not receive adequate nutrition in order to develop and grow. The costs of feeding, clothing and paying school fees have proven to be a major concern for older. The repercussions of financial problems mean that many grandmothers sacrifice a lot to raise the children and to restore the weakening family as a haven for orphans. In addition, the grandmothers either stop working or continue to work well past the age of retirement in order to support their grandchildren.

Conclusions

The findings of the study indicate that grandparents do not take over the parenting role, unless there has been a significant disruption in the family. What this means is that they do not choose or plan to assume this role of parenting again. This role to some grandparents is more difficult as

they have physical problems that restrict their ability to fully participate in their grandchildren's lives. However, the grandparents who participated in this study are clearly deeply committed to the welfare and well-being of their grandchildren. It will be waited to see whether more recent policy initiatives will better recognize the complex positioning of these grandparents as they navigate the difficult emotional, social, financial, legislative and policy contexts of their lives, primarily in search of better outcomes for their grandchildren. The Governments and its appropriate agencies will need to continually examine how their emerging policy frameworks can accommodate the experiences of grandparents raising their grandchildren given such policy practices considerably shape what is possible in such relationships of care, including the health and well-being of both grandparent and grandchild. Nevertheless, programs that would furnish grandparents to cope with these difficult situations should be developed.

Recommendations

It is strongly recommended that counseling be offered to elderly grandparents to avert their emotional difficulties and be able to face their new realities and be capable to care for bereaved grandchildren. In order to bridge generation gap, training and education activities with clear statements about how times have changed, and how important is to update, develop new skills and acquire new knowledge should be insisted during counseling sessions. It is also the view of the researcher based on this study that groups that can offer support are also recommended to empower grandparents to define their needs, develop strategies, and take action to meet those needs whether they are for services such as stress management and parenting classes or medical care for their grandchildren. They will be an important resource to address directly emotional problems reported by grandparents. It is also imperative that sensitization seminars are necessary for the grandparents to enable them cope with the challenging roles of parenting in the modern times.

The governments and agencies concerned should develop organizations or a community centres that will build capacity and empower grandparents to cope with challenges of re-parenting through programmes that would improve grandparents' abilities to contribute to household income, provide psycho social care, provide education regarding HIV/AIDS, parenting skills, child-care, nutrition, healthy ageing, bereavement, household budgeting and Child Rights. These programs should also focus on providing workshops on skills training, income generation and food gardening, engaging and supporting grandparents in income-generating projects, training grandparents to train others, for example to teach others skills to do handwork and other important strategies to alleviate poverty. These skills would play an important role in enhancing the livelihoods of these families. Assisting grandparents in accessing grants and securing their pensions, increasing grandparents' access to supportive community services, training volunteers in community care programs in family assessment and supervision will be monumental in tackling this scenario. Finally, we need to promote the establishment and development of community care programs especially in the rural areas because they have limited access to social welfare departments.

References

- Africa's Orphaned and Vulnerable Generations Report (2006). *children affected by aids*
- American Academy of Pediatrics (2013). *How Emotional and Behavioral Disorders are Treated*
- Ansell, N., & Young, F. (2005). *Children, Youth and Development; Perspective on Development*. New York: Routledge.
- Bless C. & Higson-Smith, C. (2000). *Fundamental of Social Research Methods*. Cape Town, Utah Publishers.
- Jordan D (2006). *My Child Have an Emotional or Behavioral Disorder?* PACER Center Does <http://www.pacer.org/ebd/ebdart.asp>
- Laurent Clerc national Deaf Educational centre (2005). *Emotional/Behavioral Disorders* Gallaudet University
- Lunga N R (2009). *challenges experienced by grandparents in raising their grandchildren in utrecht in kwa- zulu natal*
- Mathambo, V. Gibbs, A. (2008). *Qualitative accounts of Family and household changes in response to the effects of HIV and AIDS: A review with pointers to action*. Accessed on the 25th of August 2009, from www.unmillenniumproject.org
- Mazefsky C A (2013). *Managing Problem Emotions and Behaviors in Children With ASD: An Assessment-Driven Three-Step Approach*
- Miller C (2007). *A Review of the Literature on Orphaned and Vulnerable Children*. Center for International Health and Development Boston University Children Affected by AIDS:
- Mugenda & Mugenda (2008). *Research Method Qualitative and Quantitative Approaches*. African Centre for technology studies publishers Nairobi
- Ngechu M. (2004). *Understanding the Research Process and Methods: An Introduction to Research Methods*. Nairobi, Acts Press.
- Sandra J & Bailey (2012). *Grandparents Raising Grandchildren: Parenting the Next Generation* Montana State University
- Tarko V (2006). *The Psychological Difficulties of Orphans*:<http://news.softpedia.com/news/The-Psychological-Difficulties-of-Orphans-18378.shtml>
- Turner J (2005). *Grandparents Raising Grandchildren*. Washington D.C: American Association of Retired Persons.
- UNICEF. (2004). *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*. New York: UNICEF.