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Influence of Family Structure on the Choice of Alternative Family Care Arrangement Offered to Vulnerable Children in Nakuru East Sub-County, Kenya

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Abstract: There are 2.6 million vulnerable children in Kenya. In the past, vulnerable children were taken care of by their kin, through informal arrangements. Today, a good number of vulnerable children are forced to find shelter in institutions such as children's homes while others are forced to live in the streets. In 2014, the government of Kenya introduced the concept of alternative family care (AFC) with the view of replacing institutional care in addressing the problem of vulnerable children. Various AFC arrangements were introduced including adoption, foster care, guardianship, and kinship care. The purpose of the proposed study was to examine the influence of family structure on the choice of AFC arrangement offered to vulnerable children in Nakuru East Sub-County. The study was guided by Bowlby's Attachment Theory. It utilized the descriptive survey design where data was collected through the use of questionnaires. The questionnaires contained both open-ended and close-ended questions. The target population comprised of 244 caregivers who were involved in some form of AFC in the 2016/17 financial year within the study area. The population was stratified in terms of the AFC arrangement in which the subjects were involved (adoption, foster care, guardianship, or kinship). From this population, a sample of 123 participants was selected using the proportionate stratified sampling method and 102 were able to complete the study. Data was analyzed using both quantitative and qualitative methods. Findings revealed that family structure particularly family type, family size, and family relationships have a statistically significant influence on choice of AFC. The study recommends that the government and other stakeholders should increase finance and other forms of support to caregivers in kinship care as findings show that the majority these caregivers have large family. Stakeholders should also raise awareness regarding the other form of AFC especially adoption, foster care and guardianship as there is the misconception that these AFC arrangements are for individuals who do not have biological children.

Keywords: Alternative Family Care, Vulnerable Children, Family Structure, Family Type, Family Relationship.

INTRODUCTION

Children must have their needs met in multiple domains to guarantee their optimal development. When children lack adequate care and protection, they become vulnerable to negative outcomes [1]. The number of vulnerable children in the modern society is quite significant. Vulnerable children can be classified into seven major categories: orphaned children, children living in extreme poverty, children with special needs, abandoned children, children in conflict situations, and children of sick parents [2]. The number of vulnerable children in the modern society is quite significant. There were 140 million orphans worldwide in 2015 [3]. Out of the 140 million orphans, 15.1 million had lost both parents. It is also estimated that about 264 children are out of school, 62.8 million suffer from acute malnutrition, 168 million children are subjected to child labour, and 30 million have been forced out of their home by war and conflicts [4]. According to Matt et al. [5], there were approximately 150 million children were living in the street without families or any support structure worldwide in 2015.

Sub-Saharan African tops the rest of the world in the vulnerable children crisis. According to Matt et al. [6], there were an estimated 56 million orphaned children in Sub-Saharan Africa is 2015. The problem is more pronounced among South African countries such as Lesotho where 11% of the general children population are orphaned. The proportion of orphan is also high in Swaziland (10%), Zambia (10%), Botswana (8%), South Africa (8%), Mozambique (8%), and Zimbabwe (8%). This crisis has been occasioned by various factors the most common being

HIV/ AIDS. It is estimated that 27% of the 56 million orphans in Sub-Saharan African lost their parents to HIV/ AIDS [7]. In Lesotho and Zimbabwe, nine out of ten double orphans lose their parents due to HIV/AIDS. Other factors that have contributed to this problem include poverty, maternal mortality, unwanted pregnancy, and wars and conflicts [8].

In Kenya, there is an estimated population of 2.6 million orphans and vulnerable children [9]. Overall about 15% of the OVC are 0-4 years old, 30% between the ages of 5- 9 years old and the rest 55% are between the ages of 10- 20 years old [10]. OVC have been associated with poor health, low educational attainment and economic disadvantage. Approximately, 25% of the OVC in the country are acutely malnourished, lack proper social support, and have limited access to basic needs such as shelter and education [11]. In the past, people used to care for and love OVC within their families and communities. Today, many OVC end up in charitable children institutions because they have nobody to care for them. According to the World Without Orphans (WWO) [12], between 300,000 and 400,000 OVC in Kenya were living in the streets and approximately 50,000 were living in 1,014 registered children homes in 2016. There are also an unknown number of OVC residing in unregistered and unregulated children's homes. Although children's home provide a quick remedy to problem of OVC in Kenya, evidence shows that they are deficient in terms of supporting cognitive, psycho-social, and intellectual development of children [13].

Children exposed to institutional care such as children homes do not receive the type of nurturing and stimulating environment needed for normal growth and healthy psychological development [14]. Children living outside of family care are often exposed to poverty, physical, and sexual violence. Although institutions help meet the basic needs of OVC such as food and shelter, they have adverse effect on the wellbeing of the children. As Groak and McCall [15] explained, large groups, high children to caregiver ratios, often characterize institutions frequent change of caregivers, and homogenous grouping by age or disability status. The institutions are also typified by institutional style of caregiving that offers little warmth, as well as, dispassionate and unresponsive caregiver-child interactions. Bhuvaneswari and Sibnath [16] also noted that few institutions have sanitation infrastructure and amenities that meet basic quality standard. Consequently, institutionalized students are prone to illnesses such as skin infections and food poisoning.

Alternative family care is viewed as a suitable replacement for institutional childcare. AFC provides a quality environment for children, opportunities for learning and growth, and protection from harm. Bos *et al*., [17] found that being placed in a family significantly reduced the stereotypes experienced by the children. Browne [18] also found that children recorded significant recovery to cognitive and physical developmental problems after being placed in family-based care settings. In the 2009 UN General Assembly, the internal community passed a resolution to close institutional childcare and develop alternative programs. However, the implementation of this shift has been complex due to various difficulties such as culture, lack of support for alternative families, and instability of the AFC system [19].

As a party to the United Nations, Kenya is obliged to implement the resolution adopted by the UN General Assembly to end institutional childcare and provide alternative programmes. In response to this obligation, the Government of Kenya [20] developed guidelines to regulate the AFC services in the country. In this guide, there are six AFC arrangements: adoption, foster care, kinship and guardianship, child-headed households, and supported independent living [21]. Even with the various AFC options, the implementation of the AFC concept in Kenya remains underutilized. According to Government of Kenya [22], there were only 48,000 children in formal alternative arrangements in Kenya representing 4% of the 1.2 million OVC who need AFC care. Although the bulk of AFC is provided informally through kinship arrangements, this proportion has declined by more than 10% as result of economic difficulties. The number of children in institutional care has also increased to 50,000 while an estimated 300,000 to 400,000 children are living in the streets [23]. This study, therefore, seek to establish the various factors that influence caregivers' choice of Alternative family care (AFC) arrangement in Nakuru East-Sub County.

In Nakuru East Sub-County, a survey conducted by the Agape Children Ministry found that there were 462 children living in the streets [24]. About 63% of these children were under 16 years old and 49% of the whole group was girls. Another survey showed that there are over 1,000 street children in Nakuru with only 400 coming to the streets during the day [25]. The majority of the street children end up in the street after losing their parents or when their parents are unable to provide for their basic needs. Other finds their way into the various children homes within the area. According to the Nakuru County Children Office, there are 13 registered and 5 unregistered charitable children institutions in Nakuru East Sub County with a total population of 532 children. According to Government of Kenya [26], there were only 48,000 children in formal alternative arrangements in Kenya representing 4% of the 1.2 million OVC who need AFC care. In Nakuru East Sub-County, the majority of vulnerable children find their way to the streets or children's homes. According to the Nakuru County Children Office, there are over 500 children living in charitable institutions with the sub-

county while there are over 1,000 children living in the streets [27].

Studies examining factors that have contributed to the limited adoption of the AFC concept for providing care to orphaned and vulnerable children within the Kenyan context are few and focus on single AFC programs. For instance, Stuckenbruck [28] examined the main opportunities and barriers to adoption in Nairobi where it was found that stigma is the most significant barrier to adoption. On the other hand, Goodman *et al*., [29] examined predictors of child fostering attitudes among Kenyan women where it was found that wealth, childhood adversities, and life meaningfulness were significant predictors of fostering attitude. The two studies only addressed barriers to child adoption and fostering, which are only two forms of AFC. In addition, their focus on single AFC program did not allow comparison of the various programs. The current study therefore sought to fill this gap in evidence by examining how family structure influences caregivers' choice of AFC arrangement in Nakuru East Sub-county. The study placed particular emphasis on investigating how the caregivers' family structure shapes the kind of relationships that they are willing to develop with the vulnerable child. This knowledge will shed light on issues that are instrumental to the adoption of the various alternative family care (AFC) options.

THEORETICAL FRAMEWORK

The study was guided by the Attachment Theory developed by Bowlby in 1969 to explain how the relationship between human beings emerges [30] The theory has been particularly used to explain how the bond between a parent/ guardian and a child is created. One of the central concepts proposed in this theory is that caregiving behavior system (CBS). According to Bowlby [31], the CBS is a system that organizes the caregiving behavior of human beings. This system emerged over a long course of evolution and is aimed at increasing the inclusive fitness (ability to pass on genes to next generation) of individuals by caring for children, siblings, and tribe members. The attachment theory contends that all human beings are born with the capacity to provide support and protection to others who are temporary in need or a chronically dependent [32].

Although the CBS emerged primary to enhance the survival of an individual's own offspring and close relatives, it has been more generally adapted to respond to the needs of anyone in need [33]. Although human beings tend to care more for people to whom they are closely related, they can also show compassion and empathy for all suffering human beings. This tendency to show compassion to non-related individuals is evidence that caregiving motivation goes beyond the need to ensure inclusive fitness. Shaver et al. [34] proposed that if a person's CBS is characterized by favorable social conditions, this person become more capable of extending compassion, generosity, and empathy towards other people's needs. However, if a person's CBS has unfavorable social conditions, this person tends to become less empathic to other people's needs. Caregiving capacity can also be impaired by deficit in social skills, emotional problems, and fatigue.

The theory suggest that participants whose CBS developed under favorable condition are likely to develop greater compassion and attachment towards the vulnerable child motivating them to choose more formal and long-term AFC arrangements such as adoption. Participants whose CBS are characterized by unfavorable social condition are likely to develop weaker attachment towards the vulnerable child result in the selection of less permanent arrangements such as kinship. Example of social condition include family relationship, access to basic amenities such as education, and housing, presence of parental modeling, and social support [35].

LITERATURE REVIEW

Alternative family care is a concept that involves taking care of orphaned and vulnerable children in a family environment [36]. It is an alternative to the institutional child care that entails placing children in institutions such as children's homes and orphanage. There are different AFC arrangements. The most common forms include kinship, foster care, guardianship, and adoption. In the past, the responsibility of taking care of vulnerable children in developing countries was shoulder by the extended families in informal kinship arrangements. Today, strain in economic resources and reduced household investments have reduced the ability of extended families to care for vulnerable children [37]. As result, there has been an increase in the number of children living in the streets as well as those receiving long-term care in orphanages.

The household is the basic unit for childcare. The family is also the basic unit involved in the maturing of a child [38]. There is a suggestion by growing literature that the structure of a family such as the family type, family size, number of biological children, and relationship between family members has an influence on individuals' willingness to provide alternative family care to vulnerable children. For instance, in their study examining predictors of adoption in a sample of 579 American women, Laningham *et al*., [39] found women experience with infertility was one of the significant predictors of considering adoption and taking steps to adopt.

In another study, Jones [40] found people involved in child adoption were more likely to be married and have used infertility services. This findings highlight to issues related to family structure.

The first issue is the marital status of the caregiver. According to Jones' study, individuals who are married are more likely to adopt children than those who are not married. Lamb [41] also found that being married was a significant predictor of adoption seeking behavior in a sample of White American women aged between 18 and 44 years. The second issue is the inability of have own children.

This issue of infertility is also highlighted in a study by Cudmore [42] that surveyed 2,587 adoptive parents in California. The study found that 69% of the adoptive parents had adopted due to the inability to have a biological child. Although these studies highlight factors that influence child adoption, all of them are conducted in the context of the United States. These studies may not reflect the situation in Kenya; hence, the need for the current study. In addition, all the studies have focused on adoption which is just one form of AFC.

In Kenya, Stuckenbruck [43] found that adoption is largely motivated by childlessness, kinship motive, and welfare motive. The majority of the interviewed parents reported that they adopted a child because they had not children of their own. The childlessness motive highlights that family structure also play a role in determining involvement in AFC in Kenya. In another study, Goodman et al. [44] found that Kenyan women with family that are functioning optimally were more likely to engage in child fostering than those who experienced family dysfunctions. Although this study establishes a connection between family structure and AFC involvement, it only focuses only on family functioning that is just one aspect of family structure. Other aspects such as family type and family size have not been explored; hence, the need for the current study.

CONCEPTUAL FRAMEWORK

The conceptual framework for proposed study is presented in Figure-1.

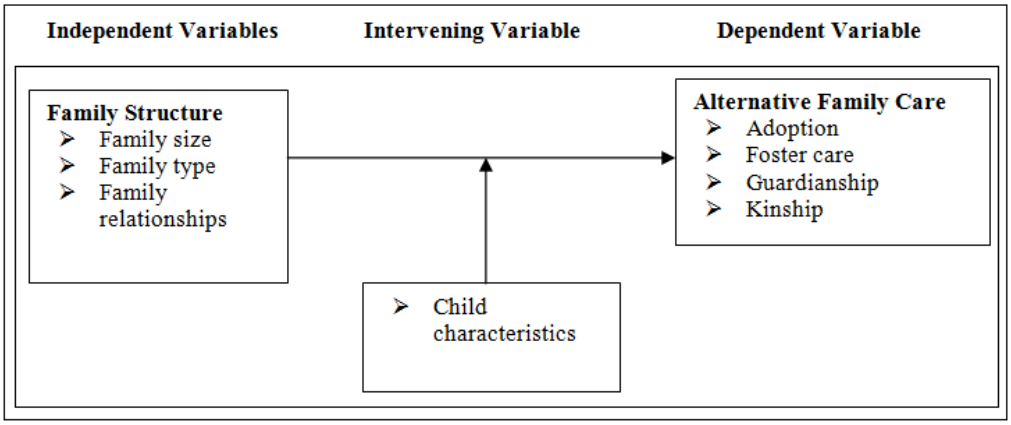

Fig-1: Conceptual Framework

RESEARCH METHODOLOGY

This study made use of the descriptive survey design. Descriptive design is a research strategy that focuses on observing and describing the phenomenon of interest without influencing it in any way [45]. The descriptive design was selected for this study because the researcher did not have control over the study variables (family structure and choice of AFC); hence, they could only be studied as they exist without manipulating them in any way. The target population comprised all caregivers who were enrolled in any of AFC services within the Nakuru East Sub County. There were 31 adoptions, 52 guardianships, and 63 fostering arrangements. In addition, there were 98 individuals enrolled in cash transfer for orphan and vulnerable children program, which is often reserved for families living with OVC. Therefore, the total number of caregivers who were involved in at least one form of AFC service within the sub county are estimated at 244 caregivers. These individuals form the target population for the study.

Since the population of study was relatively small, the study used 50% of the population as the sample. The study utilized the stratified random sampling method. It is probability based sampling method that involve dividing the population into distinct categories known as strata and selecting a number participants from each stratum randomly [46]. This method was selected because it increases the representativeness of the sample by ensuring that all distinct categories within the population are represented in the sample. In this case, the study population was stratified according to the kind of AFC service (Adoption, foster care, guardianship, and kinship).The sampling plan is shown in Table-1:

Table-1: Sampling Plan

Category	Population	Percentage Selected	Sample Size
Adoption	31	50%	16
Foster Care	63	50%	32
Guardianship	52	50%	26
Kinship	98	50%	49
Total	**244**	**100%**	**123**

Source: Adopted from Nakuru County Department of Children Services

Data was collected using questionnaires. The researcher designed the questionnaire. The questionnaire had three main section; demographic section, section on AFC, and section in family structure. Family structures refer to the organization/ configuration of the family. The study focused on three main factors: family type, family size, and family relationships. Family type was operationalized as categorical variable with participants being grouped into the following categories: dual parent family, single parent, children raised by grandparents, and blended family. Family size was measured in terms of number of individual within the particular family where the child has been placed. Family relationships was defined in terms of the following categories; dual parents, single parent, children living with relatives (grandparents, uncles, and aunties), and blended family (family where one of the couples had been married before and has children from previous marriage).

The researcher personally distributed the questionnaire rather than use other modes of distribution such as post or internet. This method of distribution was deemed suitable as it allowed the researcher to interact and create a rapport with potential participants resulting in high response rate [47]. The questionnaire was subjected to scrutiny by the university supervisors to enhance its validity. It was also subjected to a pilot study that examined its reliability, as well as, ability to elicit the required information. Quantitative analytical procedures were used to analyze the data. First, descriptive statistics such as frequencies, percentages, and means were used to assess the demographic traits of respondents as well as summarize the current situation within the study area with respect to the study variables. Then, inferential statistics were used to assess the relationship between study variables. Cross-tabulation and chi-square tests and the analysis of variance were used to conduct the inferential analyses.

RESULTS AND DISCUSSION

Response Rate

The study targeted 123 caregivers involved in alternative family care. However, the researcher and administer questionnaire to 102 caregivers. This number translates to a response rate of 82.9%. According to Mugenda and Mugenda [48], a response rate of above 70% for descriptive studies is excellent. Table 4.1 illustrates how the respondents were distributed across the four strata/ AFC options.

Demographic Characteristics of Respondents

Female caregivers were the majority constituting 54 (52.94%) of the respondents. The mean age for all respondents was 51.64 years. The youngest was 32 years old while the oldest was 84 years. The respondents' level of education was classified into four categories. The distribution of respondents across the four levels of education was almost even. However, the college level of education had slightly more participants than the other levels with 27.5% of the respondents indicating that they had attained this level of education. About 25.5% of the respondents indicated that they had attained at least a Bachelor's degree while 23.5% had the high school level of education and another 23.5% had the primary level or below. The study also examined the marital status of the respondents. The majority of the respondents were married with this categoery accounting for 62.7% of the respondents. The second largest category was the widowed that consituted 18.6% of the sample. About 13.7% of the respondents said that they have never been married while 4.9% were divorced or seperated.

Alternative Family Care in Nakuru East Sub-County

The study sought to examine the alternative family care (AFC) program that the respondents were involved in. This information is presented in Figure-2:

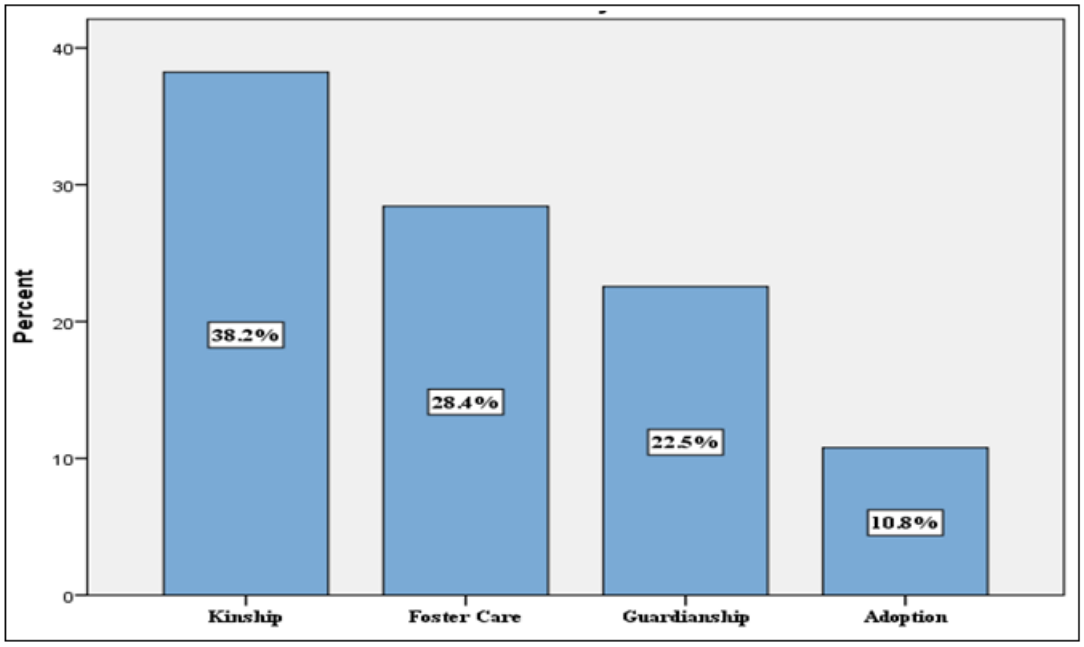

Fig-2: Percentage Distribution of Respondents according to AFC Program

Kinship program had the highest representation of 38.2%. This is not suprising given that Kinship is the most common approach used to provide care to orphaned and vulnerable children in Kenya [49]. About 28.4% (29) of the respondents were involved in foster care, 22.5% (23) were involved in guardianship, and only 10.8% were involved in adoption. The study by Stuckenbruck [50] also found that adoption is not a thoroughly explored solution for addressing the problem of vulnerable children due to barries such as social stigma, fear and misinformation, and lack of harmonizaton of procedures. The average number of years that the respondents were involved in the AFC was 5.96 years. However, the duration varied significantly from a minimum of 1 year to a maximum of 15 years. The duration in which the respondents were involved in AFC also varied with the type of AFC program. Foster care had the lowest average duration of 1.59 years while Kinship had the highest average duaration as shown in Table-2.

Table-2: Average Number of Years involved in AFC for Respondents in each Program

AFC Program	Mean Duration	Minimum	Maximum
Adoption	4.91	2	9
Foster Care	1.59	1	3
Guardianship	7.43	3	12
Kinship	8.64	2	15
Total	**5.96**	**1**	**15**

Nature of the Children's Vulnerability

The study also examined the nature of the children vulnerability. As illustrated in Figure-3, the majority of the children (54.95) that were receiving AFC from the respondents were orphaned children. About 24.5% were children who were abandoned by the parents. About 10.8% are childrem whose parents are unable to take care of them due to extreme poverty while 9.8% were children who were seperated from abusive parents.

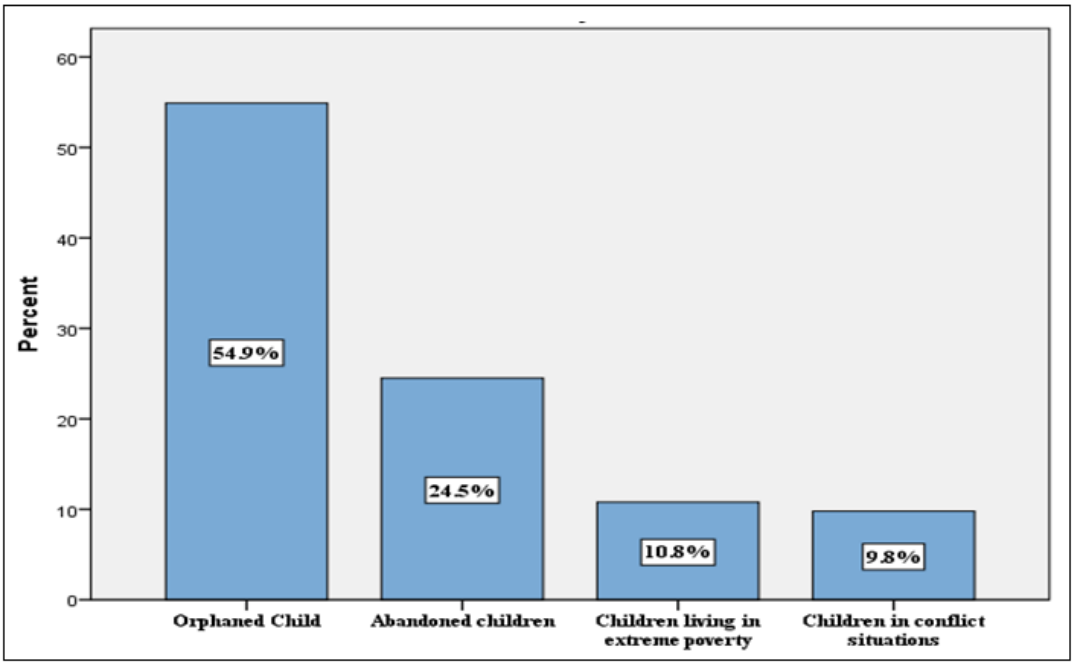

Fig-3: Nature of the Children's Vulnerability

Influence of Family Type on Choice of AFC

The objective of study was to assess the influence of family structure on the choice of alternative family care program. The first issue that was examined under the subject of family structure is the family type. Respondents were categorized into four family types as shown in Figure-4:

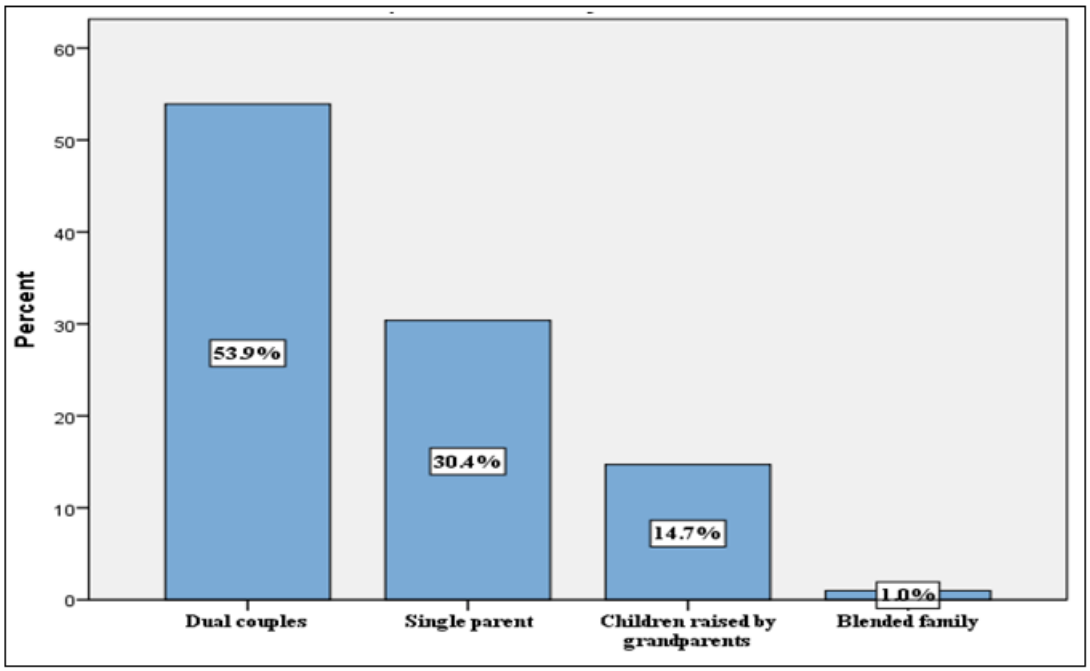

Fig-4: Percentage Distribution of Respondents by Family Type

As shown in the Figure-4, the majority of the respondents (53.9%) are in dual couple families. About 30.4% are in single parent families whole 14.7% are grandparents raisinh their grandchildren. About 1% of the respondents comprised of individuals living in blended families; families with step-parents and step-children. To establish whether there is a relationship between family type and choice of AFC, the four family types were cross-tabulated against the four categories of AFC as shown in Table 3:

Table-3: Cross-Tabulation of Respondents Family Types against AFC Categories

Percent Distribution of Respondents by:		Family Type				Total
		Dual couples	Dual couples	Children raised by grandparents	Blended family	
Alternative Family Care	Adoption	63.6%	36.4%	0.0%	0.0%	11
	Foster Care	51.7%	48.3%	0.0%	0.0%	29
	Guardianship	73.9%	21.7%	4.3%	0.0%	23
	Kinship	41.0%	20.5%	35.9%	2.6%	39
Total		53.9%	30.4%	14.7%	1.0%	102

Pearson Chi-Square= 29.211, Significance (2-sided) = .001

From Table-3, there is pattern in how respondents in the various AFC programs are distributed across the various family types. For instance, 63.6% of those in adoption program are in dual couple families and the remaining 36% are single parents. None of the adoption parents are in children raised with grandparents' blended family. The distribution in the foster care and guardianship program is also similar to that of adoption. Most of the respondents in the two programs are either in dual couple or single parent families. However, in the kinship program there is high representation of dual couples and children raised with grandparents. This finding is consistent with the study by Cappicie *et al*., [51] who found that the burden of taking care of orphaned children is largely left to grandparents especially grandmothers. These grandparents live with their children in informal kinship arrangements. The chi-square test gave a p-value of 0.01, which implies that there is a statistically significant relationship between their family type and the AFC programs in which they are involved in.

Influence of Family Size on Choice of AFC

Another element of the family structure that was examined was the family size. Respondents were asked to indicate the number of members that make up their current families including parents and children (both biological and nonbiological). However, the study was interested in children that were currently living in the respondents' household. Therefore, grown up children who had left the home were not considered. Results are presented in Table-4:

Table-4: Average number of Members in Household for each AFC Program

Alternative Family Care	**Mean**	**N**	**Minimum**	**Maximum**
Adoption	3.36	11	3	4
Foster Care	4.38	29	3	7
Guardianship	6.61	23	4	9
Kinship	7.74	39	4	12
Total	**6.06**	**102**	**3**	**12**

F= 46.970, Significance= .000

As illustrated in Table-4, the respondents' families had an average of 6.06 members. The smallest family had 3 members while the largest had 12 members. There were differences in the average family size of the respondents involved in the four AFC programs. Those in the adoption program have the smallest average family size comprising of 3.36 members. The largest family in this AFC category had 4 members. On the other hand, Kinship program had the largest average family size comprising of 7.74 members. The smallest family in the kinship category had 4 members.

The Analysis of Variance (ANOVA) test was used to examine whether the differences in average family size observed across the various categories of AFC are statistically significance. The test gave a p-value of 0.000 suggesting that these differences in average family size are statistically significant at the 0.05 level of significance. This finding implies that there is a statistically significant relationship between family size and the choice of AFC program. Small families tend to prefer adoption and foster care while relatively large families tend to prefer guardianship and kinship arrangements.

Influence of Number of Biological Children on Choice of AFC

The study also examined the relationship between number of biological children and choice of AFC program. Respondents were asked to indicate the number of biological children. This time, the study considered all children including those who had left the parents' home. Results are presented in Table-5:

Table-5: Average Number of Biological Children for Respondents in each AFC

AFC Program	Mean	N	Minimum	Maximum
Adoption	.55	11	0	2
Foster Care	1.97	29	0	6
Guardianship	2.65	23	2	4
Kinship	3.87	39	2	6
Total	**2.70**	**102**	**0**	**6**

F= 29.939, sig= .0000

As shown in Table-5, there are also major differences in the number of biological children among respondents in the four categories of AFC. The average number of biological children among respondents in the adoption category was 0.55. There were respondents who did not have biological children. The respondents with the largest number of biological children in this category had 2 children. Respondents in the kinship category had the largest average number of biological children of 3.87. The ANOVA test gave a p-value of 0.00 suggesting that the differences in average number of biological children observed across the four AFC categories is statistically significant at the 0.05 level of significance. This finding implies that there is a significant relationship between number of biological children and choice of AFC program. Those with few biological children are more likely to prefer adoption and foster care while those with many biological children are more likely to prefer guardianship and kinship.

Influence of Family Relationships on AFC Choice

Another element of family structure that was examined was family relationship. The study sought to examine whether there is a relationship between family relationship and choice of AFC programs. Respondents were asked to rate the quality of the relationship between family members on a three point scale (poor, fair, excellent). The majority of the respondents (58.8%) rated the relationship between family members as excellent, 27.5% rated it as fair while the remaining 13.7% rated it as poor. To establish whether family relationship has an influence on AFC choice, these three relationship ratings were cross-tabulated against the four AFC categories as shown in Table-6:

Table-6: Cross-Tabulation of Family Relationship against AFC Categories

Percent Distribution of Respondents According to:		Rating of relationship between family members			Total
		Poor	Fair	Excellent	
Alternative Family Care	Adoption	0.0%	0.0%	100.0%	11
	Foster Care	0.0%	6.9%	93.1%	29
	Guardianship	0.0%	39.1%	60.9%	23
	Kinship	35.9%	43.6%	20.5%	39
Total		13.7%	27.5%	58.8%	102

Pearson Chi-Square = 53.653, Significance = .000

As shown in Table-6, there are differences in how individuals in difference AFC programs rated relationships within their families. All individuals involved in adoption rated their family relationship as excellent. About 93.1% of those in foster care and 60.9% of those in guardianship rated their family relationship as excellent. Only 20.5% of those in kinship care rated the relationships between members in their family as excellent.

The chi-square test gave a p-value of 0.000, suggesting that the differences in family relationship rating observed across the four categories of AFC are statistically significant. This implies that there is statistically significant relationship between family relationship and choice of AFC program. Those whose families exhibit excellent and fair relationships are more likely to be involved in adoption, foster care, and guardianship while those who family relationship are poor are more likely to be involved in kinship care.

CONCLUSIONS

The aim of the study was to examine the influence of family structure on the choice of AFC offered to vulnerable children in Nakuru East Sub-county. Three elements of family structure were assessed: family type, family size, and family relationships. The findings led to the conclusion that family structure has a significant influence on the choice of AFC offered to vulnerable children in Nakuru East Sub-County. Specifically, family type, family size, and family relationships have a statistically significant impact on the choice of AFC offered to vulnerable children. Caregivers from dual couples and single parents families, with relatively smaller families, and whose families are characterized by excellent relationship are more likely to pursue adoption, foster care, and guardianship. On the other hand, grandparents raising their grandchildren, those with large families, and those whose families are characterized by poor relationships are more likely to

go for kinship care. The study established that the size of the families varied significantly from one respondent to another and that there is a statistically significant relationship between family size and choice of AFC. Those with relatively smaller families are likely to be involved in adoption and foster care while those with large families are more likely to be involved in guardianship and kinship care. The study also found a significant relationship between family relationship and choice of AFC. Those whose families exhibit excellent and fair relationships are more likely to be involved in adoption, foster care, and guardianship while those who family relationship are poor are more likely to be involved in kinship care.

The study has established that kinship care is the most common AFC offered to vulnerable children in Nakuru East Sub-county. This form of AFC is mainly provided informally where the kin just take over the custody of the children after the demise of parents or when parents are no able to take care of the children. The government and other stakeholders should raise awareness regarding the existence of these other forms of AFC which are more structured and provide a stable environment for the child. Particularly, stakeholders should raise awareness regarding foster care plan that enables individuals who may not be necessary related to the vulnerable child to take care of the child on temporary basis. The government should also consider providing financial assistance to families that are willing to foster or become guardians to vulnerable children but do not have adequate resources. Currently, financial support is only extended to those in kinship care. To popularize the more formal AFC programs such as guardianship, foster care, and adoption, stakeholders should develop interventions for strengthening family relationships. The study established that individuals whose families are characterized by excellent relationships between members tend to go for the long-term and formal AFC arrangements. Interventions such as advisory services, counseling, and financial support can help strengthen family relationships; hence, increase uptake of the AFC programs.

There is also a need to create awareness that families can adopt and foster children even when they have biological children of their own. The study established that most of the individuals who go for adoption and foster care are mainly motivated by the need to have children of their own. This implies that the majority of Kenyans would not consider this option because they have children of their own. The government and other stakeholders should create the awareness that adoption is for everyone and not just individuals who do not have their own biological children. Stakeholders should also address the stereotype and social stigma directed to individuals who adopt children. Some of the respondents involved in the adoption reported that one of the challenges that they experience is being stereotyped and stigmatized by community members. A good number of Kenyan still finds it mysterious that one can raise a child not born by themselves. Others view adopted children as naughty or unruly, which is just a misconception.

REFERENCES

1. Subbarao, K., & Coury, D. (2017). *Reaching out to Africa's orphans: A framework for public action.* Washington, DC: The World Bank.
2. Abashula, G., Jibat, N., & Ayele, T. (2014). The situation of orphans and vulnerable children in selected Woredas and towns in Jimma Zone. *International Journal of Sociology and Anthropology*, *6*(9), 246- 256.
3. UNICEF. (2017). Orphans. Retrieved 14 January 14, 2018 from https://www.unicef.org/media/media_45279.html
4. UNICEF. (2016). *Kenya Children: Basic Statistics.* Retrieved October 30, 2017 from https://www.unicef.org/infobycountry/kenya_statistics.html.
5. Matt, V., Chris, J., & Lewis, H. (2017). Global orphan crisis: Facts and statistics. *Journal of Community Development, 8*(3), 134-142.
6. Matt, V., Chris, J., & Lewis, H. (2017). See note 5.
7. UNDP. (2017). AIDS orphans in Sub-Saharan Africa: A looming threat to future generations. Retrieved 14 January 2018 from http://www.un.org/events/tenstories/06/story.asp?storyID=400.
8. Olanrewaju, A., Jeffery, C., Crossland, N., & Valadez, J. (2015). Access to education for orphans and vulnerable children in Uganda: A multi-district, cross-sectional study using lot quality assurance sampling from 2011 to 2013. *PLoS One, 10*(7), e0132905.
9. UNICEF. (2016). See note 4.
10. Lee, V., Muriithi, P., Gilbert-Nadra, U., Kim, A., Schmitz, E…..& Galbraith, J. (2014). Orphans and vulnerable children in Kenya: Results from a nationally representative population-based survey. *Journal of Acquired Immune Deficiency Syndrome, 6*(1), 89- 97.
11. Afwai, F. (2013). The plight of orphans in Kenya, A perspective of hope children's home. *Light Up Hope.* Retrieved October 30, 2017 from https://lightuphope.org/the-plight-of-orphans-in-kenya/.
12. World Without Orphans. (2016). *The East African Orphan Summit 2016-Kenya.* Retrieved October 30, 2017 from http://www.worldwithoutorphans.org/event/calendar_event/6518157
13. Browne, K. (2009). *The Risk of Harm to Young Children in Institutional Care.* London, UK; Stephen Austin & Sons Ltd.
14. Ijzendoorn, M., Palacios, J., Barke, E., Gunnar, M., Vorria, P., & Juffer, F. (2011). Children in institutional care: Delayed development and

resilience. *Monographs of the Society for Research in Child Development, 76*(4), 8-30.
15. Groak, C., & McCall, R. (2011). Implementing changes in institutions to improve young children's development. *Infant Mental Health Journal, 32*(5), 509- 525.
16. Bhuvaneswari, K., & Deb, S. (2016). Efficacy of family-based care as compared to institutional care: A careful review. *Journal of Institutionalized Children: Explorations and Beyond. 3*(2), 107-121.
17. Bos, K., Zeanah, C., Smyke, A., Fox, N., & Nelson, C. (2010). Stereotypies in children with a history of early institutional care. *Archives of Pediatrics and Adolescent Medicine, 164*(5), 406-411.
18. Browne (2009). See note 13.
19. Quiroga, M., & Giachritsis, C. (2016). Attachment styles in children living in alternative care: A systematic review of the literature. *Child & Youth Care Forum, 45*(4), 625- 653.
20. Government of Kenya. (2014). *Guidelines for the Alternative Family Care of Children in Kenya.* Nairobi, Kenya; Government Printers.
21. Child Welfare Society of Kenya. (2015). *Alternative Family Care.* Retrieved October 30, 2017 from http://childwelfaresocietykenya.org/Programmes/alternative-family-care-programme/
22. Government of Kenya. (2015). *National Plan of Action for Children in Kenya 2015-2022.* Nairobi, Kenya; Government Printers.
23. World Without Orphans. (2016). See note 12.
24. Kahenda, M. (2016). Number of street urchins in Nakuru goes up. *Standard Digital.* Retrieved October 30, 2017 from https://www.standardmedia.co.ke/article/2000212339/number-of-street-urchins-in-nakuru-goes-up.
25. Wanja, M. (2017). Street children increase in Nakuru town as department blamed for laxity. *Daily Nation.* Retrieved October 30, 2017 from http://mobile.nation.co.ke/counties/Nakuru-increase-in-street-children/1950480-2165280-format-xhtml-6aex8n/index.html.
26. Government of Kenya. (2015). See note 22.
27. Stuckenbruck, D. (2013). *Advancing the rights of children deprived of parental care: Domestic adoption of children in Kenya*. Thesis submitted to Graduate Institute of Kurt Bosch
28. Stuckenbruck (2013). See note 27
29. Goodman, M., Zhang, Y., Gitari, S., Azubuike, M., Keiser, P., & Seidel, S. (2017). Predictors of child-fostering attitudes in a large cross-section of Kenyan women: Family, health and psycho-social factors and the residual presence of childhood adversities. *The British Journal of Social Work, 47*(7), 1850- 1869.
30. Collins, N., & Ford, M. (2010). Responding to the needs of others: The caregiving behavioral system in intimate relationships. *Journal of Social and Personal Relationships, 27*(2), 235- 244.
31. Bowlby, J. (1969). *Attachment and Loss, Vol.1: Attachment.* New York, NY: Basic Books.
32. Collins & Ford (2010). See note 30.
33. Gilbert, P. (2017). *Compassion: Concepts, Research and Applications.* New York, NY: Taylor & Francis.
34. Shaver, P., Mikulincer, M., & Shemesh, M. (2009). *A behavioral System Perspective on Prosocial Behavior*. Washington, DC: American Psychology Association.
35. Gilbert, P. (2017). See note 33.
36. Seferi, D. (2014). Alternative services: New service for every child. *Mediterranean Journal of Social Sciences, 5*(19), 91-101.
37. Biemba, G., Beard, J., Brooks, B., Bresnahan, M., & Flynn, D. (2010). The scale, scope, and impact of alternative care for OVC in developing countries. *Paper present to the Center for Global Health & Development at Boston University.*
38. Newkirk, K., Jenkins, M., & Sayer, A. (2017). Division of household and childcare labor and relationship conflict among low-income new parents. *Sex Roles, 76*(5), 319- 333.
39. Laningham, J., Scheuble, L., & Johnson, D. (2012). Social factors predicting women's consideration of adoption. *Michigan Family Review, 16*(1), 1-21
40. Jones, J. (2009). *Who adopts? Characteristics of women and men who have adopted children.* Hyattsville, MD: National Center for Health Statistics.
41. Lamb, K. (2008). Exploring adoptive motherhood: Adoption-seeking among Hispanic and non-Hispanic white women. *Adoption Quarterly, 11*(1), 155- 175.
42. Cudmore, L. (2005). Becoming parents in the context of loss. *Sexual and Relationship Therapy, 20*(1), 299- 308.
43. Stuckenbruck (2013). See note 27.
44. Goodman, M., Zhang, Y., Gitari, S., Azubuike, M., Keiser, P., & Seidel, S. (2017). See note 29.
45. Walliman, N. (2015). *Social Research Methods: The Essential.* New York, NY; Sage Publishers.
46. Walliman. (2015). See note 45.
47. Walliman. (2015). See note 45.
48. Mugenda, O., & Mugenda, A. (2003). *Research Methods: Quantitative and Qualitative Approaches.* Nairobi, KE: African Centre for Technology Studies.
49. Cappiccie, A., Wanjiku, M., & Mengo, C. (2017). Kenya's Life Lessons through the Lived Experience of Rural Caregivers. *Social Sciences, 6*(4), 145.
50. Stuckenbruck. (2013). See note 27.
51. Cappiccie, A., Wanjiku, M., & Mengo, C. (2017). See note 49.