Impact of HIV/AIDS on selected cooperative societies in Kenya

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Abstract:
This study examines the impact of HIV/AIDS on selected cooperative societies in Kenya. This was a cross-sectional descriptive study that was undertaken in six districts of Kenya namely Makueni, Thika, Meru Central, Uasin Gishu, Nandi South and Kericho. Qualitative and quantitative data collection methods were used with respondents being members of cooperative societies, society's leaders, employees of the societies and staff of the ministry of cooperatives. Data was analyzed using SPSS. 906 respondents (74% male and 26% female) participated in the study. Majority of the respondents were from age groups 35-44 and 45-54, and the married constituted the majority (85%). About 44% had attained secondary level of education. This study identified HIV/AIDS impacts within the selected societies to be at three main domains; where a member of society had a chronically sick family member, had lost a productive household member or was hosting orphans. Stigma and discrimination also presented an impact to the selected societies. More than 50% of the respondents knew at least a member of their society who had died of AIDS related illnesses while about 30% had a family member living with HIV/AIDS. 35% of the respondents indicated having lost a productive family in the last two years. Percentages of those who had lost a family member were higher among the SACCOs compared with agro-based societies. Tests of significance showed this not to be significant at 5% (U test, Z= -1.184, p>0.05). About 38% of the males and 52% of the females who participated in this study had lost a productive family member due to AIDS; this was statistically significant at 5%. (U test z = -3.695, p<0.05). Hosting orphans and Respondents who had taken care of orphans were 25% and this was statistically significant at 5% ((Kruskal-Wallis test, χ² = 9.813, p < 0.05). The study also found out that 50% (males) and 52% (females) had taken care of chronically ill family members. Test of significance by type of SACCO showed statistical difference at 5% (z = -3.894, p<0.05). Stigma and discrimination was reported to lead to lower participation in cooperative societies. The study assessed the existence of stigma and discrimination in the cooperative societies. Majority of respondents did not mind sitting next to a PLWHA in society meetings, however a small percentage (4%) would mind. This analyzed by type of society was statistically significant (Kruskal-Wallis, χ² = 21.229, p<0.05). Impact reported included failure to do usual savings, delivery of less than usual supplies and failure to attend cooperative meetings. 25% of the respondents had taken in orphans. Members from agro based societies who had taken care of chronically ill member from AIDS in the last two years, 44 (71%) indicated that they could not deliver the usual supplies to the societies as well as those who had lost a family member due to AIDS (72.2%) and (73%) for those hosting orphans. Stigma and discrimination was also identified within the societies and this could have a negative impact. In conclusion, findings from this study indicated that HIV/AIDS has profound effects on cooperative movement sector in Kenya. HIV/AIDS leads in reducing membership, participation and contributions in form of shares and deliveries to cooperative societies by affected members. The study recommends HIV/AIDS mainstreaming within the cooperatives both externally and internally.