

Self-Esteem and Academic Performance Levels of HIV/Aids Orphaned Primary School Pupils in Children's Homes in Nyeri South Sub-County, Kenya

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Abstract: *Since the first case of HIV/AIDS was diagnosed in Kenya in 1984, it is estimated that over 1.5 million people have died of AIDS related illness, resulting to 1.1 million children who are HIV/AIDS orphans. A parent's death usually affects children's psychological well-being that includes self-esteem. Children who experience low self-esteem may have poor adaptation to human functioning and life experiences. This may in turn affect their academic performance. Therefore, the purpose of this study was to investigate self-esteem and academic performance levels of HIV/AIDS orphaned primary school pupils in children's homes of Nyeri South Sub-county. The research adopted the descriptive survey design. The population of the study was 190 HIV/AIDS orphaned primary school pupils from five children's homes who were in class one to eight in Nyeri South Sub-county. The accessible population was 53 HIV/AIDS orphaned children in class six to eight and five caretakers who were purposively selected from children's home that had HIV/AIDS orphaned pupils. Since the accessible population was small, all the 53 HIV/AIDS orphaned pupils and five caretakers were involved in the study. HIV/AIDS orphans and caretakers were obtained through purposive sampling. Data was collected using a pupil's questionnaires, a self-esteem scale and interview schedules for caretakers. The face of validity of the instruments was ascertained by getting advice from experts and incorporating the suggestions given. Reliability was established by conducting a pilot study in a children's home in Nyeri North sub-county using Cronbach's alpha coefficient. A reliability coefficient of 0.84 was obtained and accepted for the study. Both inferential and descriptive statistics were used to analyze data. Consequently, frequencies, means, percentages, and t-test statistics were used. This was aided by the Statistical Package for Social Science (SPSS) version 18.0 for windows. An analysis of the major findings indicated that self-esteem and academic performance levels of HIV/AIDS orphaned primary school pupils were moderately low, girls being more predisposed to lower self-esteem and academic performance. The findings of this study may assist the Ministry of Education and Children's department to establish programmes that may address the needs of HIV/AIDS orphans. HIV/AIDS orphans may be helped to adjust better and have a sense of belonging. The school administrators, teachers, guardians and non-governmental organizations may use them to understand the HIV/AIDS orphans better.*

Keywords: Academic performance, AIDS, Counseling, Guidance, Orphan hood

1. Introduction

Background of the Study

According to UNAIDS/WHO (2013), AIDS epidemic global update, 32.7 million people were estimated to be living with HIV globally. Out of this number of people, 30.2 million were adults and 2.5 million were children under 15 years. There were 2.6 million new infections in 2013 of which 1.6 millions were adults while 430,000 were children under 15 years. Moreover, there were 2.3 million people who died from AIDS of which 1.8 million were adults and 0.4 millions were children. In the sub-Saharan Africa, there were 22.6 million people living with HIV thus making it the most seriously affected region, with AIDS remaining the leading cause of death. HIV epidemics in Sub-Sahara Africa are giving rise to a very large number of orphaned children. Between 1990 and 2012, the Joint United Nations Programme on HIV/AIDS found that the total number of children younger than 18 years who had lost one or both parents to AIDS had increased 5500 to 18.4millions (UNAIDS/WHO,2012).

There were 1.8 million orphans due to HIV/AIDS in Kenya (UNAIDS/WHO, 2012). According to the National AIDS Control Council (2012), the number of people who were HIV positive had increased to 3.3 million in Kenya. A study

by the Government of Kenya (2013) showed that there were about 2.7 million children under 18 who were orphans of which 2.1 million were due to AIDS illness. According to the report of the Ministry of Health Kenya (2013), as of July, 2013, the HIV/AIDS data in Kenya was as shown in Table 1.

Table 1: HIV/AIDS Statistical Data in Kenya in 2013

HIV Infections	3.3 millions
HIV/AIDS death per day	0.0015-0.0017 millions
HIV/AIDS deaths per year	0.017 millions
Cumulative deaths	2.7 millions
HIV/AIDS orphans	1.8 millions

Source: Ministry of Health Kenya (2013)

National AIDS Control Council (2013) postulates that HIV/AIDS orphan hood has continued to be a major challenge to our social-economic development. Since the first case was diagnosed in Kenya in 1984, it is estimated that over 2.7 million people have succumbed to AIDS-related illnesses, resulting in 1.8 million of school going children left as HIV/AIDS orphans. It is also estimated that 3.3 million people in the Kenya were living with HIV. Parental death due to AIDS during childhood may have a lasting negative impact on all aspects of children's life (National Aids Control Council, 2013). HIV/AIDS can

affect pupils when their parents die from HIV/AIDS related illnesses, they may have no one to provide for their basic needs and those of their siblings thus may drop out of school. Moreover, their self-esteem may be affected because of the stigma that is associated with HIV/AIDS and this may in return affect their academic performance (Odiwuor, 2006)

Ayier (2013) noted that in the Mediera Europe orphans and abandoned children were initially confined to orphanages. Lindsey (1994) indicates that Charles Brace founded the children's Aids society and developed the placing out system where children were distributed to families and foster homes to be taken care of, increasing their sense of self-respect and chances of schooling. LJUNGUIST (2003), states that almost throughout Sub Sahara Africa, there have been traditional systems in place to take care of children who lose their parents for various reasons. However, the spread of HIV has eroded this traditional practice by overstretching its caring capacity by large numbers of orphans needing support and care. HIV also undermines the caring capacity of families and communities by deepening the poverty due to the high cost of medical treatment and funerals.

According to a study done by Odiwuor (2006) in Homa Bay, Muranga and Nyeri District children orphaned by HIV/AIDS have various problems. For instance, they are isolated by other children because of the stigma associated with HIV/AIDS. They also face denial, lack of parental attention, emotional problems like low self-esteem and self-pity. Self-esteem influences real life achievement (Forgas & William, 2002). In effect, pupils with high self-esteem tend to slightly exaggerate their ability, competence or adequacy whereas low self-esteemed pupils judge themselves harshly (Wittrock, 1991). For this reason, high self-esteemed pupils unlike low self-esteemed pupils take more responsibility for their academic successes than for their failures (Wittrock, 1991). According to Boggiano (1992), high academic ability and performance are both predictors of self-esteem during primary school. High esteem during school has two important effects among young adults: it directly predicts high esteem in adulthood and it has direct effect on further educational accomplishment and occupational status (Adams & Gollaita, 1983). Parents and educators have been faced by the problem of low academic achievement in HIV/AIDS. According to Adams and Gollalta (2005), HIV/AIDS orphaned pupils ought to be helped to do well in school by establishing positive peer relationship and maintaining a supportive aspect to assure high self-esteem.

Statement of the Problem

In Kenya today, there is an increase of HIV/AIDS orphan hood. HIV/AIDS orphaned pupils experience physical, psychological and social problems. Physical problems include shelter, clothing, proper beddings and land and property rights. They have psychological problems such as isolation by other children because of the stigma associated with HIV/AIDS. In addition, they have emotional problems which may result in low self-esteem and self pity. Some of them grieve secretly and as a result have socialization problems. They are also unable to relate closely with peers. These physical, psychological and social problems may affect their self-esteem and also their academic performance.

In an attempt to help the HIV/AIDS orphans, guidance and counseling is used. Therefore, given that in Nyeri South Sub-county there were HIV/AIDS orphaned primary school pupils in Children's homes, it was necessary to establish the self-esteem and academic performance levels of HIV/AIDS orphaned primary school pupils in children's homes and the effects of guidance and counseling on self-esteem and academic performance of HIV/AIDS orphaned primary school pupils .

Purpose of the Study

The purpose of this study was to establish self-esteem and academic performance levels of HIV/AIDS orphaned primary school pupils in children's homes of Nyeri South Sub-county, Kenya.

Objectives of the Study

The study is guided by the following objective: to establish the self-esteem levels of HIV/AIDS orphaned primary school pupils in children's homes in Nyeri South Sub-county.

Question of the Study

The research was based on the following question: What is the level of self-esteem of HIV/AIDS orphaned primary school pupils in children's homes in Nyeri South Sub-county.

Significance of the Study

The findings of this study may hopefully be used by school administration and teachers to understand the problem faced by HIV/AIDS orphaned primary school pupils. As a result, they may be able to identify alternative positive measures that can be used by teachers and caretakers towards them for instance understanding their personal background that may influence self-esteem and academic performance. This may help the teachers to establish and strengthen guidance and counseling programmes in schools. The changes so instituted, may hopefully cater for the needs of the HIV/AIDS orphaned primary school pupils with regard to self-esteem and academic performance, with the ultimate aim of improving their self-esteem and academic performance. Also, the Ministry of Education, non-governmental organizations and Children's department may also use the findings of the study to institute changes in education sector so as to incorporate self-esteem and improvement of academic performance among HIV/AIDS orphaned primary school pupils. The study findings may therefore guide the teachers, guardians and other care takers on matters concerning the needs of HIV/AIDS orphaned primary school pupils. The study findings may also provide a base on which other researches might be carried on this subject.

Scope of the Study

The study was confined to HIV/AIDS orphaned primary school pupils from five children's homes and the care takers of the five children's homes and in Nyeri South Sub-county. Class six to eight pupils were studied alongside caretakers in five children's homes. The respondents in the selected classes were preferred because they were thought to be quite familiar with their family backgrounds and could therefore give their true feelings when responding to the items in the

questionnaire. The study focused on self-esteem and academic performance levels of HIV/AIDS orphaned primary school pupils in children's homes of Nyeri South Sub-county.

2. Literature Review

Introduction

This chapter reviews the related literature in order to put this research in context of other similar research. The chapter focuses on literature from various authors as well as other researchers. It also examines: HIV prevalence, HIV/AIDS orphans in Africa, HIV/AIDS orphans in Kenya, HIV/AIDS orphans in Nyeri South Sub-county, Challenges of HIV/AIDS orphan hood, Major influence of HIV/AIDS orphan hood on education, Determinants of Self-esteem, Parents' Influence on Children's self-esteem, Influence of HIV/AIDS Orphan hood on Self-esteem and Academic Performance, Effects of high self-esteem on academic performance, Effects of low self-esteem on academic performance, HIV/AIDS orphaned pupils' self-esteem, HIV/ADS orphans self-esteem differences by gender, Effects of duration of orphan hood on self-esteem of HIV/AIDS orphaned pupils, the Role of Guidance and Counseling Programme in Schools in Kenya, role of guidance and counseling in building self-esteem, Theoretical framework and finally Conceptual Framework.

HIV Prevalence Globally

According to UNAIDS/WHO (2013), AIDS epidemic global update, 32.7 million people were estimated to be living with HIV globally. Out of this number of people, 30.2 million were adults and 2.5 million were children under 15 years. There were 2.6 million new infections in 2013 of which 1.6 millions were adults while 430,000 were children under 15 years. Moreover, there were 2.3 million people who died from AIDS of which 1.8 million were adults and 0.4 millions were children. In the sub-Saharan Africa, there were 22.6 million people living with HIV thus making it the most seriously affected region, with AIDS remaining the leading cause of death. HIV epidemics in Sub-Saharan Africa are giving rise to a very large number of orphaned children. Between 1990 and 2012, the Joint United Nations Programme on HIV/AIDS found that the total number of children younger than 18 years who had lost one or both parents to AIDS had increased 5500 to 18.4 millions (UNAIDS/WHO, 2013).

The total number of orphans in Asia from all regions exceeds 73 million though there is insufficient information available to provide figures for AIDS orphans in individual Asian countries due to the stigma involved. Mercado (2010) reports that in Europe and USA, there has been a move to de-institutionalize care of vulnerable children by closing down orphanages in favor of foster care and accelerated adoption. Many countries have made bold move to reduce visibility of its children's institutions to meet conditions of joining the European Union. Romania is the country with the highest number of orphaned children in Europe with 24,227 orphans in 2009 and 19,000 in 2010. Due to the strong social services in places in most European countries, when a child

loses one or both parents, the insurance or social services scheme in place helps to cushion the family from destitution.

There were 1.8 million orphans due to HIV/AIDS in Kenya (UNAIDS/WHO, 2013). According to the National AIDS Control Council (2012), the number of people who were HIV positive had increased to 3.3 million in Kenya. A study by the Government of Kenya (2013) showed that there were about 2.7 million children under 18 who were orphans of which 2.1 million were due to AIDS illness according to the report of the Ministry of Health in Kenya (2013), as of July, 2013, the HIV/AIDS data in Kenya.

HIV/AIDS Orphans in Africa

Hussein (2008) reveals that of the total number of orphans in the world, 80 % of them are found in Sub Sahara Africa. In African countries that have already suffered severe epidemics, AIDS is generating orphans so quickly that family structures can no longer cope. Quieroz (2006) reports that the predominantly, Muslim north does not record very big numbers of orphans. In Egypt orphans are absorbed by the community and taken care of whereas Ethiopia is trying to de-institutionalize orphans through reunification and independent living.

In Tanzania, the AIDS problem is escalated by the high number of refugees from war torn Cong, Rwanda and Burundi, giving it the largest refugee population in Africa. It has an AIDS prevalence rate of 9% and nearly 1 million AIDS orphans representing 40% of the orphaned population, (Madorovich, 2013). Gunderson 2012 reports that 70% of the AIDS orphans live in Sub Sahara Africa and observes that the numbers stun and then blur with time. He maintains that AIDS steal more than life, it steals the future.

HIV/AIDS Orphans in Kenya

According to NASCO (2010) at nearly 8% HIV prevalence in Kenya is among the highest in the world and continues to grow. Between 11%-13% or about 2.5 million under the age of 15 are orphans and of these 1.5 million were orphaned by AIDS. Ramadhan (2009) indicates that as the number of orphans varies between countries so does it between regions within those countries. Particular areas may have higher or lower percentage of orphans largely depending on the local HIV prevalence rates. There could also be a substantial difference between rural and urban areas. Moyoyo (2009) observes that according to the 2009 Kenya AIDS indicator survey, the lake region leads the country in AIDS prevalence with 15.3 % infection rate. A total of 1.4 million adults are infected with HIV in Kenya. The Lake Region, Rift valley and Nyeri County account for more than half of this number.

Human Immune-deficiency Virus (HIV) and acquired immune deficiency syndrome (AIDS) is a terrible epidemic occurring in every county in Kenya (M.O.H.K, 2013). It is responsible for deaths of 1.5 million people since the early 1980s. These deaths left behind more than one million orphans. About 500 people in Kenya die each day from AIDS. There is still no known cure and no effective, affordable vaccine. Estimates suggest over two million people out of a population of 29 million are infected. The cumulative number of deaths due to HIV/AIDS rose to 2.6 million by the end of 2012.

HIV/AIDS Orphans in Nyeri Sub-county

According to the Ministry of Health Kenya (2013), HIV/AIDS in Nyeri sub-county has far reaching effects in the whole sub-county from the household to sub-county level. It is estimated that 21% of the population in the urban areas are HIV/AIDS positive as compared to 18% in the rural areas. The age group 15-45 has been greatly infected by the scourge because it constitutes the sexually active with women being the majority. This has resulted in high increase in number of HIV/AIDS orphans in the sub-county and loss of families' incomes which is directed towards addressing the pandemic in household. Many weekends are used for burials and many pupils are left orphaned with many homes closed down once the parents die. Most of the deaths are of young or middle aged parents who leave very young orphans, Nyeri Sub-county officer's office (2012). This has led to the creation of several children's homes that take care of the HIV/AIDS orphans like Mahiga children's home, KENWA children's home Mumbu-ini children's home among others. In these homes, the HIV/AIDS orphans are accommodated, feed and educated. Orphans are therefore assured of education and at least some food and a place to sleep. However, some greedy people use orphans to attract donor funding whereas they live in miserable conditions. Despite all this, many orphans still live with relatives and extended families or ageing grandparents, Nyeri Sub-county officer's office (2012).

Challenges of HIV/AIDS Orphan hood

Monasch and Boerma (2004) note that the loss of a parent to AIDS can have serious consequences for example a child's access to basic necessities such as shelter, food, clothing, health and education. These may also vary in relation to the developmental stage and other social factors that the child may present. Moreover, children orphaned by AIDS are more likely to require added emotional support from caregivers, (Zivor, 2007). This is said to be particularly true in sub Saharan Africa, where few support systems exist outside of families and where basic social services are largely inadequate. This lack of income puts extra pressure on AIDS orphans to contribute financially to the household and in some cases drives them to the streets to beg or seek food. There is a fear that they might come to constitute a lost generation of young people who have been marginalized and excluded for much of their life (Mwaniki, 2007).

Zivor (2007) observes that orphaned children absorbed into a fostering family were treated inferior to the biological children of the family. Many caregivers were also found in a study carried out in Kwa ZULU natal to be too young or too old to provide adequate care for the orphaned child. Due to the overwhelming demands of caring for an orphaned child, many families are only able to take in one child, resulting in separation of siblings. This separation places added emotional and psychological stress on the children. Many children hence opt for child-headed households to avoid this separation.

Hussein (2013) reports that in South Africa, discrimination of orphans exists even in racial lines, with one of the orphanages being described as 'too white for donations'. They have 250 orphaned children between the ages of 8

months and 18 years of all financial support from large companies on account of the fact that 70% of them are white children who have been orphaned by AIDS. Suarez (2009) indicates that many orphans display symptoms of sleepiness and inattention that comes from hunger and acting out that follow the death of a parent. Many students come to school, just because they have an opportunity to be fed.

Psychosocial distress

Children are psychologically traumatized by the illness and death of their parents. This change in children can cause them to show a range of behavior, during their grieving process. For instance they may regress which means they revert to an early stage, like wetting themselves or wanting to be fed (Turner, 1995). Ross (1994) as cited Sdorrow (2005) listed such behaviors that children may show namely; attention seeking and clinging, being withdrawn, inability to concentrate, aggressive behavior, temper tantrums, refusal of food and regression. As a result of parental death the children tend to seek psych-social support and satisfaction from as many peers as possible in turns enhances interpersonal relationships (Kiirya, 2003). This argument agrees with Erickson (1963) who said that children who are faced with loss of parents make up for isolation by seeking social support from several people including fellow peers. This influences the HIV/AIDS orphans' academic performance and self-esteem.

Major influence of HIV/AIDS orphan hood on education

The World Education Forum in Dakar, Senegal listed six goals on Education for All. One of the goals was to expand and improve comprehensive early childhood care and education especially for the most vulnerable and disadvantaged children. Among the vulnerable group are the HIV/AIDS orphans in primary schools. In Kenya primary education is free in terms of tuition, but other learning materials and development projects are still left under the parents. Those HIV/AIDS orphans who have no one to care for them may absent themselves from school due to this factor. This may end up affecting their academic performance and self-esteem. Despite the commitment to promoting the health and learning of school children, progress on this front is seriously threatened by HIV/AIDS. The capacity to supply education has decreased where large numbers of teachers and other staff have become infected and affected of HIV/AIDS. Children leave school due to change in the families, social and economic circumstances particularly those children who are orphaned by HIV/AIDS. Equal opportunity is limited especially girls vulnerability to infection, particularly in high prevalence settings and where effects of poverty and other stressors on social are exacerbated by the low status of girl and women (UNICEF, 2002).

Determinants of Self-esteem

The way our mind is tuned determines the acquired self-concept and self-esteem. For instance, if one believes that he is worthless and incapable of doing well in school so he thus performs poorly. According to Dainow (1992), social interaction particularly that of peers, determines the self-esteem one is likely to have. If one interacts with peers who happen to motivate him, he gets high self-esteem and vice

versa (Adam & Gollalta, 1983). Cole (1993) states that self-talk determine self-esteem.

Self-esteem reflects a state of inner security or lack of security. It reflects confidence in ones capability. Adam and Gollalta (1983), states that boys have healthy self-esteem and self-perception than girls. In adolescence, self-esteem is likely to decline for both boys and girls. Santrock (1996) saw the determinants of self-esteem in adolescence as being: Parental positive perception for instance lack of parental interest is measured by interest in child for example lack of dinner conversation was predictive of very low self-esteem in adolescence as human beings and environment, (social and physical) for example school setting, changes of environment affect self-esteem.

The Role of Guidance and Counseling Programme in Schools in Kenya

Guidance is the process through which a counselor directs or guides his/her clients to make choices in life. It is counselor centered and the client listens to the counselor. Pupils have problems related to themselves, their parents and family, their friends and teachers. Some may have disappointing memories related to home or family like death of a parent. Parents could leave their children with a feeling of insecurity and incompetence, when they fail to live up to their expectations. In case of HIV/AIDS orphaned pupils unhappy relationships at home with relatives and maltreatment, lack

of sense of belonging and mental disturbances require expert guidance. Pupils also face difficulties when changing schools and when getting involved in new social situations that require guidance so as to adjust properly (Ndambuki & Mutie, 2006). Counseling on the other hand is the process where a client is helped by the counselee to make the right choice out of the many options available. It is client centered and he/she pours out his/her problems while the counselor listens and empathizes. However, the two processes are interrelated and both help the clients to make right decisions in life. Counseling may be more concerned with addressing and resolving specific problems, making decisions, coping with crises, working through feelings and inner conflicts or improving relationships with others (Ndambuki & Mutie, 2006)

Theoretical Framework

The researcher employed two theories in the study namely, Information processing theory and Abraham Maslow hierarchy of needs theory.

Conceptual Framework

The variables of the study can be conceptualized through figure 1.

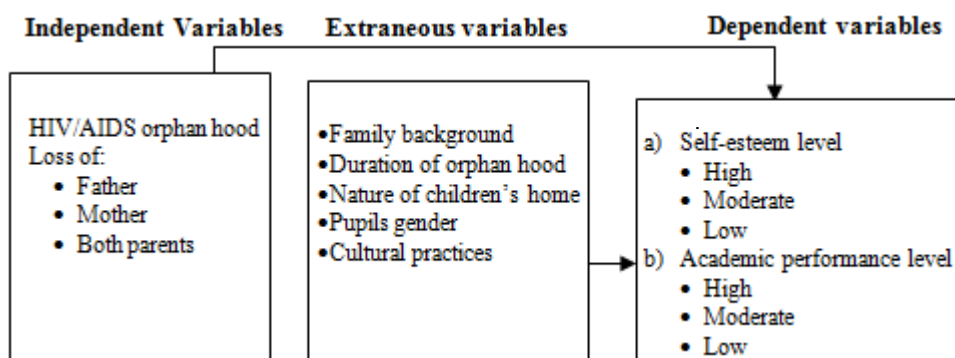


Figure 1: HIV/AIDS Orphan hood, Self-esteem and Academic Performance.

The independent variable is HIV/AIDS orphan hood which was expected to have a direct impact on self-esteem and academic performance. Therefore, HIV/AIDS orphan hood was the independent variable while self-esteem and academic performance were the dependent variables. However, there were extraneous variables that may also affect self-esteem and academic performance which includes family background, duration of orphan hood, nature of the children's home, pupils' gender and cultural practices.

3. Research Methodology

Research Design

The study utilized the descriptive research design. The researcher collected a set of data regarding the students' self-esteem and academic performance levels. Again, in this research design no treatment was given to the respondents before collecting data from them. The data that was collected was already in existence. It had occurred naturally, thus the variables of the study were not controlled as their

manifestation had already occurred (Gall, Borg & Gall, 1996; Mugenda & Mugenda, 1999).

Population of the Study

The population of the study was 190 HIV/AIDS orphaned primary school pupils in the children's homes in Nyeri South Sub-county in class six to eight. The District had 10 children's homes out of which five of them had HIV/AIDS orphaned pupils.

Sampling Procedures and Sample Size

Since the accessible population of the study was small, all the 53 HIV/AIDS orphaned primary school pupils in class six to eight from five children's homes were selected because they could understand the items. Also, the researcher purposively selected five care takers, one from each of the five children's homes.

4. Results and Discussion

4.2 Demographic Data of Participants

This section focuses on the demographic characteristics of the respondents in the study location. The study sought views from 53 respondents on demographic characteristics. Such background information was important in understanding the respondents of the study and also helps in analyzing the study findings. Analysis of the respondents was done on the basis of their gender and age.

Levels of Self-esteem of HIV/AIDS Orphaned Pupils

The objective of the study was to establish the self-esteem levels of HIV/AIDS orphaned primary school pupils in Nyeri South Sub-county. In order to determine this, the percentages of the self-esteem levels of HIV/AIDS orphaned pupils were computed as shown in Table 2.

Table 2: HIV/AIDS orphans' Responses on Levels of Self-esteem

S.E	HIV/AIDS Orphans				Total
	High Moderate	Fairly Moderate	Low		
HIV/AIDS orphans (f)	6	25	7	53	
(%)	11.3	47.1	13.2	100	

There were 23 items for measuring self-esteem level given to the HIV/AIDS orphans. Levels were categorized into four categories: high, moderate, fairly moderate and low for example 92 to 115 measured high levels, 69 to 92 measured moderate levels, 46 to 69 measured fairly moderate and 23 to 46 measured low. Those with high were 11.3 %, moderate 9.4 %, fairly moderate 47.1 % and low 13.2 %. These results indicate that HIV/AIDS orphaned pupils had fairly moderate self-esteem levels.

These results agree with the findings of the previous researches. According to Rainey and Rainey (1986), parents are probably the greatest influence on the development of a person's self-esteem as they are the children's primary advocates and provide the first psychological situation in which the child must survive and thrive. In addition to this, Bornstein (1998), noted that childhood is the stage of life cycle when parents provide experiences that are believed to exert significant and salient influences because the parent's attitudes, feelings and actions are always recorded in the child's mind and form a basis of his or her self-image (Mruk, 1983). The level of self-esteem is a product of the extent to which the child was praised, encouraged or relentlessly criticized (Rainey & Rainey, 1986).

Zivor (2007) indicates that most people see themselves as belonging to one or more social groups based on such things as age, social class, gender, race, sexual orientation, marital status and occupation and membership to these groups make up the individual's collective identity. She observes that membership to a devalued group such as those infected and affected by HIV/AIDS may result in negative self appraisal as the orphan begins to internalize the negative light which may impact their behavior and motivation and diminish their self-esteem.

This is further supported by Salaam (2006), Stein (2003), Atwine et al (2005) and Ljungvist (2003) who observed that orphaned children suffer distress and social isolation before and after the death of their parents. This is strongly exacerbated by the shame, fear, and rejection that often surround people affected by HIV/AIDS. They point out that secondary school students whose parents are living with HIV/AIDS often experience many negative changes in their lives and can start to suffer neglect, including emotional neglect, long before they are orphaned. Eventually they suffer the death of the parent(s) and suffer the emotional trauma that results. These are all factors that culminate into a low self-esteem and development of deviant behavior (Harter, 2006).

4.3.1 Caretakers' responses on HIV/AIDS orphaned pupils' self-esteem levels

To shed more light on objective one, care takers' observations were computed as shown in Table 3.

Table 3: Care takers' Responses on HIV/AIDS Orphaned Pupils Levels of Self-esteem

S.E	HIV/AIDS Orphans				Total
	High Moderate	Fairly Moderate	Low		
Caretakers (f)	1	2	1	5	
(%)	20	40	20	100	

There were 14 items for measuring self-esteem level given to the care takers. Levels were categorized into four categories: high, moderate, fairly moderate and low. Those with high were 20%, moderate 20 %, fairly moderate 40 % and low 20 %. These results indicate that HIV/AIDS orphaned pupils had fairly moderate self-esteem levels according to the caretakers.

5. Summary of Findings, Conclusion and Recommendations

Based on the objective and the analysis of the study in chapter four, the following can be considered as the summary of the findings: Majority of the HIV/AIDS orphaned pupils in Nyeri south sub-county had moderate or low self-esteem with a very small number having high self-esteem. The impact of loss of parents on their self-esteem was negative and tended to make them lose confidence and become very uncertain of their future due to the fear of the unknown; Most of the HIV/AIDS orphaned pupils in Nyeri south sub-county had average or poor academic performance with a very small number having high academic performance. The impact of loss of parents on their academic performance was negative and tended to make them lose concentration in their academic performance and become very uncertain of their future due to the fear of the unknown; Gender differences existed in self-esteem and academic performance of HIV/AIDS orphaned pupils in Nyeri south sub-county with the female pupils depicting a higher self-esteem than the male pupils. This could be attributed to the fact that girls tend to share their problems more easily and seek counseling services; Academic performance level of HIV/AIDS orphaned primary school pupils who were boys was higher than for girls; Guidance and counseling enhanced self-esteem and academic performance of HIV/AIDS orphaned primary school pupils.

It played a key role in mitigating negative effects and challenges of orphan hood. Majority of the pupils felt that counseling had helped them to a great deal to cope with their situation.

6. Conclusions

In general then, from the study it can be concluded that: HIV/AIDS orphan hood affects the self-esteem levels of primary school pupils in Nyeri South Sub-county; HIV/AIDS orphan hood affects the academic performance of the primary school pupils in Nyeri South Sub-county; The self-esteem levels of HIV/AIDS orphaned primary school was affected by gender in Nyeri South Sub-county; The academic performance levels of HIV/AIDS orphaned primary school was affected by gender in Nyeri South Sub-county; Guidance and counseling enhanced self-esteem and academic performance of HIV/AIDS orphaned pupils positively in Nyeri South Sub-county.

7. Recommendations

From the findings of this study, it is evident that HIV/AIDS orphan hood influences the pupils' self-esteem and academic performance level. Therefore, the following recommendations are made: The Ministry of Education, Science and Technology, Ministry of gender and equality commission, school administrators, teachers, guardians and other stakeholders need to identify and understand the unique needs of orphaned pupils owing to the challenges of HIV/AIDS orphan hood. This may help to boost the orphaned pupils self-esteem and academic performance; The Ministry of Education, Science and Technology should organize some seminars and workshops which will equip teachers with the necessary skills on the plight of HIV/AIDS orphaned pupils; The ministry of education should employ enough teachers with skills to handle the HIV/AIDS orphaned pupils; During the world's orphans day HIV/AIDS issues should be highlighted by the Ministry of Gender and equality commission to make the stakeholders in primary schools to be sensitive as they deal with HIV/AIDS orphans; Teacher counselors should be cautious when dealing with HIV/AIDS orphaned pupils so as to understand their feelings and HIV/AIDS orphans' caretakers should be equipped with guidance and counseling skills

8. Acknowledgement

I am particularly grateful to my academic supervisors Prof. M.C Chepchieng and Dr. B.E.E Omulema for their academic guidance, patience, encouragement and fruitful suggestions towards completion of this research journal. I am also grateful to those who allowed me to access their materials and I am particularly indebted to the Managers of children's homes, caretakers, and HIV/AIDS orphans who participated in this study. To all those who in one way or another participated and contributed to the success of this study but are not mentioned herein, your contributions were most important and kindly accept this as recognition of your efforts. May God bless you abundantly

References

- [1] Adain, J. (1990). *Understanding Motivation*. New York: Pewley Hill, Talbot Press.
- [2] Adam, G., & Gullalta, T. (1983). *Adolescence and Life Experience*. Monteny: California: Brook Publishing Company.
- [3] Ambrom, S.R.A. (1986). *Lifespan on Human Development*. New York: Holt, Rinehart and Winston.
- [4] Anywar N. (4th Nov 2010) *Plight of Elderly who Must fend for Grandchildren*. The Standard I & M Bank Tower. Kenyatta Avenue, Likoni Road Nairobi, Kenya pp 6.
- [5] Appilla, N.M. (2000). *Problems of orphans* cited in Sdorrow, L.W. (2005). *Psychology*. (2nd Edition) Oxford: Brown and Benchmark publishers.
- [6] Bornstein, M.H. (1998). *Parents*: Available: (on-line). <http:// Parenthood Library. Wise. Ed Bornsrein. Html>. Accessed on 12.8.2013
- [7] Branden N. (1969). *The Psychology of Self-esteem*. New York Bantein
- [8] Byren, B. (1990). *Self concept and Academic Achievement*: investigating their importance as discriminators of academic track membership in high school. Canadian Journal of Education, 15(2) 173-182.
- [9] Chirwa C.W. (2002) *Social Exclusion and Inclusion Challenges to orphan care in Malawi*, University of Malawi, Malawi.
- [10] Clemens H. & Bean R. (1981). *Self-esteem: The Key to Your Child Well Being*. New York: Puttman.
- [11] Colen, L., & Manion, L. (1994). *Research Methods in Education*. London: Routledge.
- [12] Cole, K. (1993). *Crystal Clean Communication*. New York: Prentice Hall Publisher.
- [13] Congour, J.J. & Peterson, A.C. (1984). *Adolescence and the Youth*. New York: Harperand Row Publishers.
- [14] Coopersmith, S. (1967). *The Antecedents of Self-esteem*. San Francisco: Freeman and Company Publisher.
- [15] Csete J. (2006) *Kenya Government Neglects AIDS Orphans*. Human Rights WATCH. Retrieved on February 10th 2014 from <http://hrw.org/english/docs.2014/2/10 /kenya96txt.htm>
- [16] Brown, H. & Kulik, M. (1977). *The Brain*. Sdorrow, L.M. (2005). *Psychology*. (2nd Edition). Oxford: Brown and Benchmark publishers.
- [17] Fraenkel, J.R. & Wallen, N.E. (2000). *How to Design and Evaluate Research in Education*: San Francisco State University.
- [18] Frogas, J. & William, K.D. (2002). *The Social Self*. New York: Psychology Press.
- [19] Gacheru, F.M. (2005). *Analysis of the Perception of Self-esteem of Secondary School Students: A case of Othaya Division, Nyeri District, Kenya*. Published. M.Ed. project. Egerton University, Njoro campus.
- [20] Gall, M., Borg, W. & Gall, J. (1996). *Educational Research*. New York: Longman
- [21] Gerald & Gerald. (2005). *Counseling Children. A Practical Introduction*. Second Edition. London. Sage.
- [22] Gherman, E.M. (1981). *Stress and the Bottom line*. New York: Amacom Publishing Publishers.
- [23] Gichuru, M.C. (2005). *The relationship between self-concept and academic performance among secondary school students in Ol-jororok Division of Nyanarwa*

- District, Kenya*. Published. M.Ed. project Egerton University, Njoro campus.
- [24] Glencoe, F. (1990). *Teen Health*. Illinois: McGraw Hill.
- [25] Kerlinger, F.N. (1973). *Foundation of Behavioral Research*. New York: Holt, Rinehart and Winston.
- [26] Kiirya, A.S. (2003) *AIDS-related parental death and its effects on orphaned children's self-esteem and sociability at school*. Makerere University, Kampala.
- [27] Kweyu D. (March 11th 2012). Self-esteem. Daily Nation. Nation Media group, Nairobi pp15
- [28] National AIDS Control Council (2013). *The Kenya National HIV/AIDS Strategic Plan 2000- 2005-popular version*: NACC, Nairobi.
- [29] Ndambuki, P.K. and Mutie, E.K. (1999). *Guidance and counseling for schools*: Zima Press.
- [30] Newman, F. (1993). *Children in Crisis*. Toronto: Scholastic Canada Ltd.
- [31] Rainey, D. & Rainey, B. (1986). *Building Your Mates' Self-esteem*. Here's Life Publishing Inc.
- [32] Zivor A.C.J. *Self-esteem of AIDS Orphans-a descriptive study*. University of South Africa.