

**EFFECT OF HIV/AIDS ORPHANHOOD ON SELF ESTEEM OF  
SECONDARY SCHOOL STUDENTS IN UPPER NYAKACH  
DIVISION, NYAKACH DISTRICT, KENYA**

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Guidance and Counseling of Egerton University**

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## **DECLARATION AND RECOMMENDATION**

### **Declaration**

I declare that this project report is my original work and has not been presented for an award of a degree or diploma in any other university.

Signature..... Date.....

Eudia Beatrice Oyier

EM16/0860/03

### **Recommendation**

This project report has been submitted for examination with my approval as the University supervisor.

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## **DEDICATION**

To Cherie, the wind beneath my wings.

## **ACKNOWLEDGEMENTS**

I express my sincere gratitude to my supervisor Dr. M.O. Udoto who closely supervised my work and gave me the necessary guidance throughout the study. I also wish to extend my gratitude to the lecturers from the department of Psychology, Counselling and Education Foundations who imparted knowledge to me during the study period. I also sincerely appreciate the input of the officers from the DEO's office Nyando and Nyakach who assisted me with the necessary data I required in my study, my course mates whom I constantly consulted to get the way forward and my friends who constantly nudged me to complete my work. My sincere appreciation goes to Cherie who had to endure my absence during the crucial stages of her life and who motivated, challenged and believed in me and my parents who constantly encouraged me.

## ABSTRACT

The number of AIDS orphans in the world has increased steadily over the years making it difficult for relatives to cater for them adequately. The stigma associated with HIV/ AIDS makes orphaned students face many challenges that may pre-dispose them to low self esteem. This study was meant to determine how being orphaned affects the self esteem of students at the secondary school level in upper Nyakach Division of Nyakach District, Kisumu County, Kenya. Aids orphans undergo many challenges due to the stigma associated with the disease which may predispose them to low self esteem. The study used a descriptive survey research design with an *ex post facto* approach. The study population comprised seventeen schools in upper Nyakach Division of Nyakach District in Kisumu County. Schools were stratified into Boys' County school, Girls' County school, Girls' District school and Mixed District schools. Out of these random sampling was used to select one County Boys' school, one County Girls' school, One District Girls' school and nine District Mixed schools. Purposive sampling was used to identify the orphans in each school setting, out of which 246 respondents were randomly selected comprising 234 students and 12 heads of departments of guidance and counselling. Data was collected using a student's questionnaire, a self esteem scale and interview schedules for heads of departments for guidance and counselling. The face 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 school in lower Nyakach Division using Chronbach's alpha coefficient. A coefficient of 0.72 was obtained and accepted for the study. Data collected from the field were analysed with the aid of Statistical Package for Social Sciences (SPSS). Data was analysed by use of descriptive statistics. The study findings indicated that orphaned students generally have average or low self esteem with boys being more predisposed to low self esteem than girls. The study recommends that guidance and counselling should be strengthened in secondary schools with more emphasis on boys' schools. The results of this study may be used to recommend to the Ministry of Education and other stakeholders the need to enhance guidance and counselling services in secondary schools with vulnerable student populations.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CDF</b>	Constituency Development Fund
<b>DEO</b>	District Education Officer
<b>G&amp;C</b>	Guidance and Counselling
<b>FOST</b>	Farm Orphan Support Trust
<b>HIV</b>	Human Immunodeficiency Virus
<b>HOD</b>	Head of Department
<b>LATF</b>	Local Authority Transfer Fund
<b>NGO</b>	Non Governmental Organisation
<b>OVC</b>	Orphans and Vulnerable Children
<b>PLWHA</b>	People Living With HIV and AIDS
<b>SCOPE-OVC</b>	Strengthening Community Partnership for the Empowerment of Orphans and Vulnerable Children
<b>UNAIDS</b>	United Nations Joint Program on AIDS
<b>UNFP</b>	United Nations Food Programme
<b>UNICEF</b>	United Nations Children Education Fund
<b>USAID</b>	United States Agency for International Development

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

Death of a parent is traumatic while death of both parents is catastrophic at whichever age. UNAIDS (2010) observes that the number of orphans has steadily increased since the first AIDS cases were reported in the 1980's with 16 million under the age of 18 years having been orphaned by AIDS, 14.8 million of whom live in Sub Saharan Africa.

In some countries badly affected by the epidemic, a large percentage of all children like, 16 % of children in Zimbabwe and 12 % in Botswana and Swaziland are orphaned due to AIDS. Ochieng (2008) indicates that in Kenya, Kisumu County leads in prevalence rates of HIV/AIDS and therefore has a bigger number of orphans. Ministry of Education (2005) indicates that in the Lake Region, one in every five or (20 %) of children under the age of fifteen has lost one or both biological parents to HIV/AIDS. We now have a crop of youngsters who have lost one or both parents at a tender age due to many causes, the most common being the AIDS pandemic. HIV/AIDS is the single greatest contributor to the big number of orphans, (Musau, 2003). UNICEF (2010) indicates that the number of orphans who had lost parents to AIDS globally by then was about 16 million.

In Medieval Europe orphans and abandoned children were initially confined to orphanages. Lindsey (1994) indicates that Charles Brace founded the Children's Aid 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. Ljungvist (2003), states that almost throughout Sub-Saharan 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 overstressing its caring capacity by the large number 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.

Hussein (2008) observes that the magnitude of the problem of orphans and vulnerable children is being felt in Kenya today than ever before. Most of these children are deprived of basic needs besides being prone to different forms of abuse and exploitation. This situation is made worse by high levels of poverty. This situation diminishes their voices to participate in issues affecting their rights. This is depicted by increased cases of child abuse and exploitation in some cases by the very people who are expected to protect them. Csete (2001) indicates that some of the children interviewed in Kenya said they had to withdraw from school so they could earn money for the family or care for a sick relative or in some cases find livelihoods on the street or in domestic labour. Csete (2001) reports that almost all the orphans had faced obstacles in inheriting the land they were entitled to and many did not have good enough information on HIV/AIDS to understand why their parents had suffered and died and to combat the stigma they faced. Epstein (2012) reports that in South Africa AIDS has perpetuated the stigma associated with the disease, with obvious AIDS victims being told they were suffering from ulcers, tuberculosis or typhoid and orphans being told that their parents had 'gone away' or had been bewitched by a jealous neighbor. Shame and silence is the primary reason for high prevalence rates in South Africa.

According to Odundo and Owino (2004) in Kenya, the Lake Region is leading in the prevalence of the scourge which has been traced to their cultural practices, like widow inheritance, among other factors. About 80% of HIV transmissions occur through unsafe sexual contact yet in Nyanza, sex is so deeply entrenched in the cultural framework that it cannot be understood in isolation. This therefore increases the infection and subsequent death rate.

Upper Nyakach Division of Nyando District is no exception in this trend. Many people in Upper Nyakach are subsistence farmers and petty traders and therefore converge at Sondu Market three times a week to sell their wares. Sondu is a border market between three districts and two provinces with about five major ethnic communities and more that come from farther away to sell their goods. This mixture of people in large numbers from different backgrounds predisposes many to a promiscuous lifestyle because of erosion of morals and dilution of cultural values

which can lead to the spread of HIV/AIDS, Ochieng (2008). Many young couples have passed on leaving children to fend for themselves, some at a very tender age with no adult or parental guidance. Child headed households have sprung up, and child labour has increased whereas some depend on ageing and financially crippled grandparents and great grandparents since sometimes living relatives are either unable or unwilling to provide care, Njagi (2004). Orphanages have been set up, some of which use orphans to attract donor funding but do very little to improve the welfare of the orphans. Such orphans lack basic needs like food and clothing and get sent home for fees despite sponsorship by donors. Orphans therefore have many economic emotional and psychological problems.

Abuse and shame perpetuate the spread of the virus. AIDS orphans of both sexes are far more likely than children orphaned by other causes like accidents or cancer to say they are frequently bullied and pinched, hit or told they are 'lazy, 'stupid' or even cursed with an evil spirit, (Epstein 2012). Suarez (2009) observes that the number of AIDS orphans tripled between 1995 and 2005 leading to tripling of the child headed households as well. He intimates that health officials in South Africa call them the 'lost generation'. Mayoyo (2008) concludes that anyone who grows up without parents not only suffers emotional damage but is also physically ill and poorly nourished. Left to fend for themselves, orphans often find that they have no one to teach them practical skills and to provide social and moral guidance for them.

Ljungvist (2003) observes that the vulnerability of children orphaned by AIDS and that of their family starts well before the death of a parent. The emotional suffering of the children usually begins with their parents' distress and progressive illness. This is compounded as the disease causes drastic changes in family structure resulting in a heavy economic toll requiring children to become caretakers and breadwinners and fuelling conflict because of stigma, blame and rejection. Lewis (2001) concludes that we may have a generation of children who will be more vulnerable to exploitation and disease because they will not have the same sense of self worth. They are likely to be hounded by feelings of hopelessness, deprivation, insecurity, uselessness and bitterness. These conditions predispose children to low self-esteem.

## **1.2 Statement of the Problem**

AIDS orphans undergo many challenges due to the stigma associated with the disease. Many of these orphans are left to fend for themselves while some of them are accommodated in local orphanages that are meant to provide them with basic needs. The extended families do not always provide for, or accommodate the orphans. This causes feelings of rejection and abandonment that may lead to depression. Depressed persons have a large amount of negative bias. These biases lead to recall of negative information about past events and contribute to negative expectations about future events leading to low self esteem. Self esteem is the rating of the self; a person's general and specific positive and negative self evaluation. Healthy self esteem is important for a balanced personality and high achievement. A high self esteem leads to self confidence, competence in tasks and high academic standards. A low self esteem leads to inferiority complex, worry, isolation, depression, self blame and low academic standards. This study was therefore meant to explore the self esteem needs of these students.

## **1.3 Purpose of the Study**

The purpose of this study was to determine the effects of orphanhood due to HIV on the self esteem of secondary school students in Upper Nyakach Division of Nyakach District, Kisumu County, Kenya.

## **1.4 Objectives of the Study**

The study was guided by the following objectives;

- i. To determine the self esteem level of orphaned students in Upper Nyakach Division of Nyakach District, Kisumu County, Kenya.
- ii. To determine the effect of gender on self esteem of orphaned students in Upper Nyakach Division of Nyakach District, Kisumu County, Kenya.
- iii. To determine the effect of the duration of orphanhood on the self esteem of orphaned students in Upper Nyakach Division of Nyakach District, Kisumu County, Kenya.



- iv. To determine the orphaned students' perceptions of the effect of orphanhood on their academic performance in Upper Nyakach Division of Nyakach District, Kisumu County, Kenya.
- v. To determine the role of counseling in building self esteem of orphaned students in Upper Nyakach Division of Nyakach District, Kisumu County, Kenya.

### **1.5 Research Questions**

This study was aimed at answering the following research questions in order to address the above objectives:

- i. What is the level of self esteem of orphaned students in Upper Nyakach Division?
- ii. To what extent do gender differences affect the self esteem of orphaned students in Upper Nyakach Division?
- iii. What is the effect of duration of orphanhood on the self esteem of students in Upper Nyakach Division?
- iv. What is the orphaned students' perception of the effect of orphanhood on their academic performance in Upper Nyakach Division?
- v. Does counseling help build self esteem?

### **1.6 Significance of the Study**

Due to the high number of HIV/AIDS deaths, many students are orphaned in Upper Nyakach Division. It is hoped that the results of this study may be used to assist administrators and teachers to enable them make adjustments to cater for the needs of orphaned students at secondary school level, and attempt to understand their behaviour. It is also meant to recommend to the Ministry of Education policy makers and other stakeholders in the education sector the counseling needs of orphaned children at secondary school level. This may clarify the need to design programs that cater for orphaned students, to boost their self esteem. It is also intended to enlighten caregivers and the community on the plight and conflicts of orphaned children and stimulate more research on issues pertaining to children orphaned by HIV/AIDS.

### **1.7 Scope of the Study**

The study was conducted among orphaned students in secondary schools in Upper Nyakach Division of Nyakach District to investigate the orphaned students' self esteem, self esteem differences by gender, duration of orphanhood, type of orphanhood, academic performance and the role of counseling services available for orphaned students in Upper Nyakach Division.

### **1.8 Limitations of the Study**

Limitation of the study emanated from inability to get desired information from traumatized students. Such students were allowed to withdraw from the study at whatever point they felt uncomfortable and teacher counselors were advised to offer them further counseling. The study was done in one division and therefore the findings of this study cannot be generalized to all regions.

### **1.9 Assumptions of the Study**

This study was based on the following assumptions

- (i) That the students knew precisely that their parents died of HIV/ AIDS.
- (ii) That orphanhood is a source of low esteem among secondary school students in Upper Nyakach Division of Nyakach district in Kenya.

## 1.10 Definition of Terms

**Affected:** Having changes in one's life (for example, being orphaned, unable to attend school or losing financial stability) resulting from HIV/AIDS. NASCOP (2005) describes the HIV affected as those who may not necessarily be suffering from the AIDS virus but may have a close relative who is infected. For this study it will relate to parents of students who are infected or suffering from AIDS.

**AIDS:** Murray (1999:5) describes AIDS as the disease a person with HIV gets. AIDS is an acronym of "Acquired Immune Deficiency Syndrome" Mbuya (2000:11) "Acquired" means it is not genetically inherited but is a result of an environmental factor. "Immune Deficiency" describes the resulting weakening of the infected person's immune system and "Syndrome" refers to the characteristics of the disease in that it does not present with one specific disease but rather a collection of symptoms. The researcher agrees with both given definitions and will be adopting both for this study.

**Caregivers:** People who provide care to those afflicted by AIDS. Can be community based organisations, religious groups or social workers or relatives. According to NASCOP (2005) caregivers are those who take care of those who are ailing or those who take care of the orphans when their parents die. For this study it will refer to those guardians who take care of orphaned students.

**HIV:** An acronym for the term "Human immunodeficiency Virus" and can be explained as a virus that enters into the cells of the body and weakens the body's ability to fight other diseases and infections Murray (1999:5) It is further described by the Centre for Disease Control and Prevention as the virus which causes or results in the onset of AIDS (2006). For the purposes of this study, both definitions will be applied when referring to HIV.

**Memory Book:** A diary of important events in and orphan's life. It includes names of the orphan's parents, grandparents, places of origin, family tree, dates of birth, marriage, personal plans, sharing of assets etc. It helps children remember their families and relatives especially in cases of sibling separation after orphanhood.

**Orphan:** Defined by UNICEF (2006) as those who before the age of eighteen have lost either one or both parents. For purposes of this study the researcher shall consider

all students at the secondary school level who have lost at least one parent to AIDS, some of whom may be above eighteen but below twenty years.

**Orphan caretakers:** Those under whose care the orphans are left after the death of both parents. These may be grandparents, uncles and aunts or other relatives. They may be given custody by surviving relatives, village elders or church organisations.

**Orphan hood:** The state of being orphaned. When a student loses at least one parent to AIDS or any other cause. For purposes of this study it will represent any student below the age of twenty who is in the state of having lost either one or both parents to AIDS.

**Partial Orphan:** A student who has lost either a mother or a father but not both to AIDS and is below 20 years of age. UNAIDS (2008) notes that loss of any parent affects the child in different ways even when it is not the breadwinner. A student may suffer problems even when they have a surviving parent.

**Pandemic:** A disease that affects a large number of people and causes death on a very large scale. According to UNAIDS (2008), AIDS has caused death to so many people in Africa and worldwide and this is what gives rise to so many orphans.

**Satelization:** Being a member of a family or group from which one derives status, ego and support. (Ausbel and Edmund, 1980). This gives children a sense of belonging and helps them find and identity. A student will derive support and get a sense of well being

**Self concept:** The way one views oneself. Positive attitude towards one's condition, abilities and appearance leads to positive self concept whereas the reverse leads to negative self concept. (Baron and Graziano, 1991). For this study it will refer to the way orphans view themselves.

**Self esteem:** Rating of the self. A person's specific positive or negative self evaluation. (Feldman, 1997). James (1890) describes self esteem as a relationship between one's achievements and one's aspirations or as the discrepancy between one's ideal or perceived For this study it has been defined as a socially constructed

emotion, which is based on a need for acceptance and belonging to a social group, (Battle 1992)

**Sib-ship:** Children taking over parental roles to cater for their siblings after loss of both parents to AIDS and any other cause. Chirwa (2002) notes that social roles start to change as parent become incapacitated through illness and eventually death. In cases where relatives become hostile, children have to stay on their own and may have to do menial jobs to survive.

**Will:** A written instruction by a person on how his/her wealth should be shared out among her children and relatives when he/she is dead. Zivor (2007) observes that it is a taboo to discuss death in most African cultures hence many people may be reluctant to write a will. Wills are sometimes disregarded by surviving relatives when the adult dies.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter discusses the related literature to the research study under orphanhood and its challenges, dealing with the stigma, the formation of self concept, self esteem of orphaned students, study of gender differences in self esteem of orphaned students in secondary schools in Upper Nyakach Division of Nyakach District. It also explores the effect of duration of orphanhood, orphans' academic performance and role of counseling in building self esteem of orphaned students, mitigation of the orphan problem and recommendations.

#### **2.2 Concept of Orphanhood**

Lindsey (1994) describes an orphan as any child who loses one or both parents before the age of fifteen. UNAIDS (2000) defines orphans as children who before the age of 18 have lost either one or both parents. For purposes of this study the researcher shall consider all students under the age of 20 undertaking secondary school education in Upper Nyakach Division who have lost at least one parent. Orphans have been in existence since time immemorial, with different factors contributing to their increase over time. They have been orphaned by wars, disease, accidents, civil strife, tribal clashes, acts of terrorism, and crime among other causes. However since the 1980s, the single greatest contributor to the number of orphans in the world has been the AIDS pandemic. Gunderson (2012) observes that AIDS kills 8000 people daily, and turns out an almost similar number of orphans at the same time. He adds that AIDS is stalking the entire globe moving inexorably into Central Europe, Russia, Asia, into some of the most populous nations on the planet. He reports that AIDS gains strength where the government is weak, justice feeble and poverty intractable.

According to Chirwa (2002) both social exclusion and inclusion are implied in the "traditional definitions and conceptualizations of an orphan. Folklore also suggests that there is a unique behaviour and treatment of orphans. This is in contrast to the two definitions of an orphan that emphasizes biological stages of human development.

One is that of “a child who has lost one or both parents because of death and is under the age of 18”; and the other is that of “a child who has lost a mother because of death and is under the age of 18.” These definitions put emphasis on biological situations or stages: the loss of a parent or parents, and chronological age.

Chirwa (2002) observes that in Malawian Culture, the concept of orphanhood is a social economic process that goes beyond the biological situation entailed in the demise of a parent or both parents. He faults the use of chronological age in definition of orphans and opines that it ignores the many young persons above 18 years whose parents are diseased and are bereft of family support. He reasons that their plight may not be any different from those below 18 years who have lost parents. The definition implies a dangerous transition from orphanhood to non orphanhood at the attainment of majority age of 18 years. Once that age is attained, all of a sudden, a person ceases to be an orphan. It also ignores the socio cultural categories of age that might be of relevance in the societies of the south. Chirwa (2002) observes that a married young person or one with a child at the age of 16 or 17 may not be regarded as a child. He/she would be regarded as an adult but this would not mean that he/she is less or an orphan than one who is 13 or 14 years of age. The definition that emphasizes the loss of a mother creates a danger in societies where ‘traditionally, the male is regarded as the ‘bread winner’. The loss of a father may put the children and their mother in serious conditions of deprivation and want.

Chirwa(2002) goes through the African definitions of orphanhood in the various tribes in Malawi. Among the Yao of southern Malawi, the orphan is called ‘*Ulanda*’ which is stretched to include poverty, physical want or lack of family resources. In Chichewa, an orphan is ‘*kusowa*’ which means lacking or missing something. Among the Tumbuka and Tonga, ‘*Ulanda*’ means to go astray, get lost or lose one’s bearing. This term is similar to falling out of the social safety net. Among the Chewa of Malawi an orphan is called ‘*umasiye*’ meaning to be left behind by one or both parents. Among the Luo of Kenya an orphan is called ‘*kich*’ meaning alone and lonely, (Mbuya 2000). Most African names for orphans depict loneliness, suffering and deprivation.

### **2.2.1 Orphans in the World**

UNAIDS (2010) reveals that there are 48.3 million orphans South of the Sahara desert, a quarter of whom have lost both parents to AIDS. From 1990-2000, it is reported that the number of orphans in Africa rose from 30.9 million to 41.5 and those orphaned by AIDS increased from 330,000 to 7 million. UNICEF (2010) puts the figure of orphans who have lost parents to AIDS worldwide at 16 million. 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-institutionalise care of vulnerable children by closing down orphanages in favour of foster care and accelerated adoption. Many countries have made bold moves 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 place in most European countries, when a child loses one or both parents, the insurance or social service scheme in place helps to cushion the family from destitution.

Barrie (2010) observes that the Middle Eastern countries have relatively few numbers of orphans, in Afghanistan; orphans are supported by Non Governmental Organizations (NGO's) whereas in Iraq there are 1,190 documented orphans in 25 state homes for orphans which are not well managed. In Bahrain, the Royal Charity Organization founded in 2001 by King Hamail Bin Isa Al Khalifa sponsors all helpless Bahrain orphans and widows through families. UNICEF (2007) reports that in India, orphans of 0-17 years by all causes was 25,700,000 by 2005. In China the official records indicate that there are 100,000 orphans, though they fail to account for many of the country's abandoned infants and children. Only a few of them are in any form of acknowledged state care.

### **2.2.2 Orphans in Africa**

Hussein (2008) reveals that of the total number of orphans in the world, 80 % of them are found in Sub Saharan 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-institutionalise orphans through family reunification and independent living.

Table 1 shows the number orphaned by AIDS in some of the worst affected African countries and the percentage of AIDS orphans to the total orphaned in certain badly affected African countries

**Table 1**

**Number of Orphans Due to AIDS in 2009 in Selected African Countries**

<b>Country</b>	<b>Number (In Millions)</b>
Nigeria	2.50
South Africa	1.90
Tanzania	1.30
Uganda	1.20
<b>Kenya</b>	<b>1.20</b>
Zimbabwe	1.00
Mozambique	0.67
Malawi	0.65

(UNAIDS, 2010)

In some countries a larger proportion of orphans have lost their parents to AIDS than to any other cause of death. Therefore were it not for the AIDS epidemic these children would not have been orphaned.

**Table 2**

**AIDS Orphans as a Percentage of all Orphans in 2009 in Selected African Countries**

<b>Country</b>	<b>Percentage (%)</b>
Botswana	72
Zimbabwe	71
Swaziland	69
Lesotho	65
Malawi	65
Zambia	53
South Africa	56
<b>Kenya</b>	<b>46</b>
Uganda	44

(UNAIDS, 2010)

Table 2 shows the countries in which the children who lost their parents to AIDS make up the highest proportion of the national number of orphans.

Van Gelder (2012), reports that 3.7 million children below the age of 17 have lost one or both parents to AIDS in South Africa according to the 2011 census. Most orphans (64%) are in the care of grandmothers who bear the responsibility of a second motherhood. The age gap makes it challenging for grandmothers to connect with these children and warn them about HIV. Ascot (2012) attributes this to the legacy of denial and South Africa's failure to address the spread of HIV. He observes that the government has made an effort to avail a stipend for orphaned minors which makes claiming of orphans attractive. He observes that some want to use the grant not in the interests of the orphaned children but for themselves. Suarez (2009) reports that in resource poor regions, areas stricken hardest by the AIDS pandemic, kinship care may not sufficiently serve the needs of AIDS orphans. Community based care models with appropriate government and community support preserving the family style and low child/caregiver ratio may constitute an effective and sustainable care model for the best interest to the AIDS orphans in developing countries.

Yana, Poude and Jimba (2010) report that more than 1.5 million children under the age of 15 have been orphaned by AIDS in Uganda and 530,000 people are living with

the virus. He reminisces that in the past people used to care for the orphans and loved them but these days they are so many and many people have died who could have assisted them hence it is a common phenomena and not strange. The few who are alive cannot support them. He states that there is a large increase in the number of families headed by women, children and grandparents selling petty goods which do not suffice. He observes that older children caring for younger siblings risk physical and psychological ill health and information needs to be collected so that measures can be developed to mitigate the burden of orphans.

In Tanzania the AIDS problem is escalated by the high number of refugees from war torn Congo, 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, (Madovich, 2013). Gunderson (2012) reports that 70% of the AIDS orphans live in Sub Saharan Africa and observes that the numbers stun and then blur with time. He maintains that AIDS steals more than life, it steals the future.

The Nigeria Demographic health Survey (2009) reveal that by 2009, there were 2.5 million AIDS orphans in Nigeria out of the 7 million orphans in the country. UNICEF (2010) observes that Nigeria has the largest burden of orphans in the world and weak social protection systems. It reports that with little or no social protection system, the children found it very difficult to cope with the risks of orphanhood with far reaching negative consequences especially for the girl child. Joulmes (2005) cites limited responsibility from the government with responses mostly confined to families and communities. With the burden of poverty families and communities cannot cope with the increased number of orphans.

### **2.2.3 Orphans in Kenya**

According to NASCOP (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. Mayoyo (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 and Rift valley account for more than a half of this number.

Ministry of Health (2005) reports that 55% to 60% of orphans aged fourteen years and below have lost their parents to HIV/AIDS while 20% fall between the ages of fifteen (15) to eighteen (18) years. This province has by far the highest level of orphanhood with almost one in every five (20%) of the children under age fifteen (15) having lost one or both of their biological parents, Ministry of Education (2006). The heavy orphan burden is affecting the gains made in development. Ochieng (2008) traces this orphan problem to the early 1990's when Nyanza, Coast and Nairobi Provinces were leading in AIDS cases. Kokul (2005) observes that at least four people were being buried per administrative division in Nyanza Province while at least 500 people were infected per day. NASCOP (2010) report that an estimated 150,000 children are living with HIV.

For a long time the Kenyan government officials failed to speak out forcefully enough to reduce the social stigma associated with HIV/AIDS, Human Rights Watch (2010). The rights of children have been the missing piece of the AIDS crisis. Humans Rights Watch lamented that if their parents had died in any other way, these children would have been top of the agenda. But because their parents died of AIDS, they were relegated to the bottom of the ladder. They note that many children are unable to inherit property to which they are entitled because they are unable to navigate the legal processes that are cumbersome and ill suited to claimants who are minors.

Strazwiso (2012) gives an outline of Nyumbani village for orphans in Kenya. He reports that there are no middle aged people in Nyumbani (Kiswahili word for home). They all died years ago before this village of hope in Kenya began. Only the young and old live here. Nyumbani was born of the AIDS crisis. There are 938 children who all saw their parents die. There are also 97 grandparents who all saw their middle aged children die. But together the bookend generations care for one another. In the

village, each grandparent is charged with caring for about a dozen grandchildren, one or two of whom will be biological family. Children run, play and sleep in bunk beds inside mud brick homes. Those in secondary schools learn carpentry and tailoring. The Sister in charge was discouraged when she started off in 1992 because they were told that the children were going to die anyway as some of the children (80) were HIV positive. Today some of the children have graduated from high school.

#### **2.2.4 Orphans in Nyakach District**

Anywar (2010) reports that Nyakach and Kisumu Districts have higher AIDS endemicity compared to other districts in the Lake Region noting that out of every ten households visited at random in Nyakach District 3-4 households have an AIDS widow or orphans. Upper Nyakach Division of Nyakach District bears the burden of 2,980 orphans at the secondary school level, Nyakach District Education Office (2010). Weekends have been set aside for burials and many students are left orphaned with many homes shut down once the adult occupants all die. Death is usually of young parents who leave very young orphans, South Nyakach Location Chief's Office (2009). This has occasioned the creation of several orphan support groups like the "Kofa Orphans Support Group" (KOSU), and the 'Kenya Church Dirubi Orphanage' where a church organisation accommodates, feeds and educates orphans in the local schools, Upper Nyakach Child Welfare Office (2009). Orphans are therefore assured of education and at least a meal a day and a place to sleep. However some unscrupulous individuals use orphans to attract donor funding whereas they live in deplorable conditions. Despite this new development, many orphans still live with relatives and extended families or ageing grandparents, South Nyakach Location Chief's Office (2009)

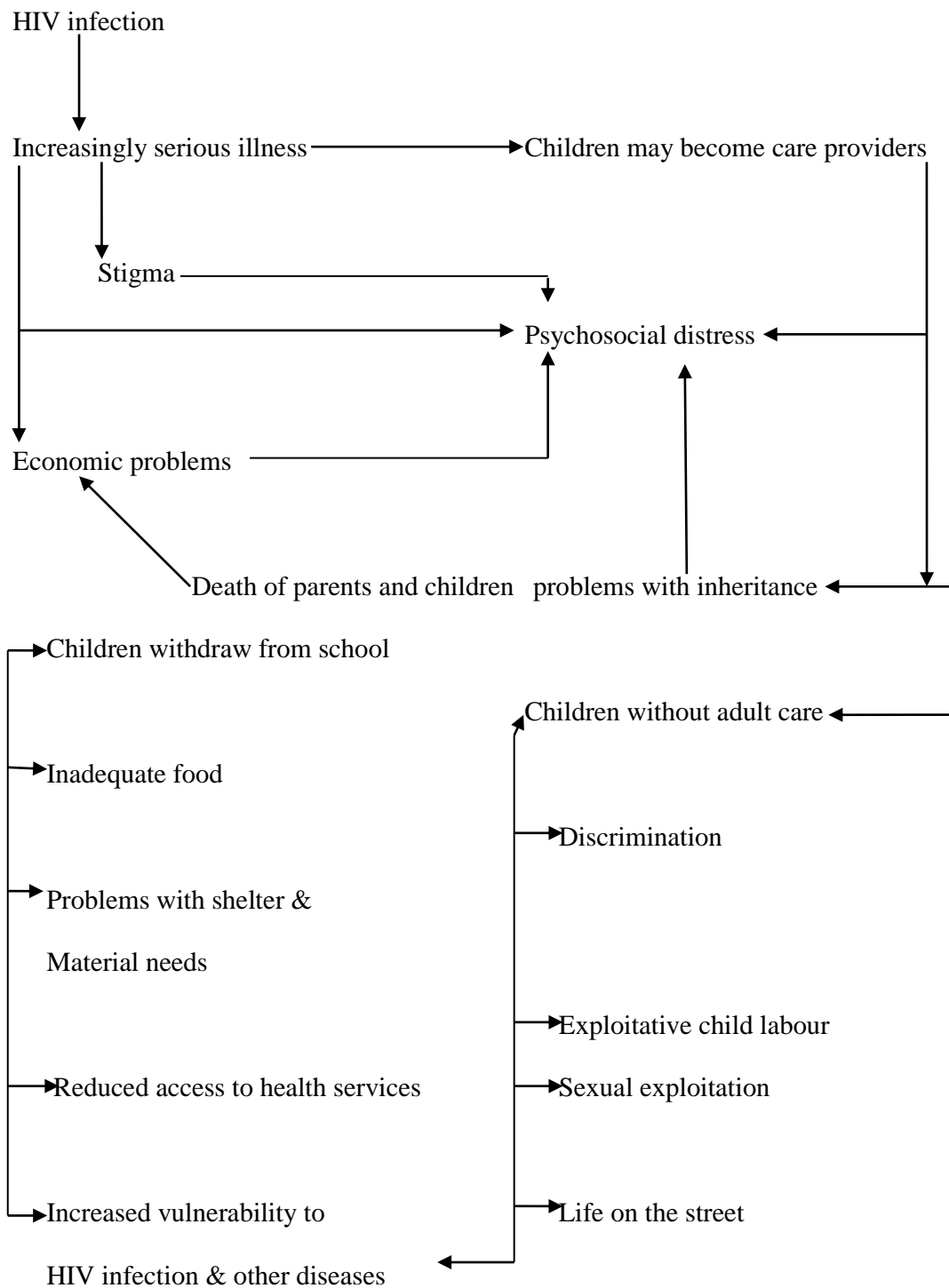
#### **2.2.5 Challenges of orphanhood**

Monasch and Boerma (2004) note that the loss of a parent to AIDS can have serious consequences for 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 marginalised and excluded for much of their lives Mwaniki (2007)

Salaam (2005) observes that the majority of children who have lost a parent continue to live in the care of a surviving parent or family member but often have to take on the responsibility of doing the housework, looking after siblings and caring for ill or dying parent(s). Evidence suggests that there is a relationship between AIDS orphans in Sub Saharan Africa and increased child labour. Children who have lost one parent to AIDS are often at risk of losing the other parent as well, since HIV may have been transmitted between the couple through sex. Lewis (2003) concludes that AIDS orphans are often at a greater risk of illness, abuse and sexual exploitation than children orphaned by other causes. They may not receive the health care they need and often run a greater risk of being malnourished and stunted. Children may also be denied their inheritance and property and are then plunged into economic crisis and insecurity.

Figure 1 attempts to capture the impact of HIV/AIDS on children and shows how it becomes a vicious cycle.



**Figure 1:** The Impacts of HIV/AIDS on children- A Vicious Cycle

Source Zivor (2007) page 30

Figure 1 traces the debilitating progress of the HIV virus from the time it manifests itself in the human being as AIDS its effects and impact and the aftermath. When parents become seriously ill, children become care providers. This means that they cannot be regular in school and therefore their performance is likely to be wanting. As the illness progresses, people start whispering and the child, family and the sick parent are stigmatized because of association with HIV/AIDS. Stigma causes psychosocial distress and the student starts avoiding company, spends more time with the sick parent and becomes even more stressed as they observe the parent wasting away knowing that there is nothing they can do about it. Economic problems also set in as most resources are channeled towards medication and hospitalization of the sick parent. Their resources shrink and this causes even further stress.

Death of parent follows and children start grappling with inheritance. In some cases relatives battle to disinherit them and slowly they are isolated and start living without adult care. Because of these economical problems, children withdraw from school. They start suffering from hunger due to inadequate food and are also discriminated against. They encounter challenges to do with lack of shelter and material needs. These challenges drive them to exploitative child labour. Some leave home to look for jobs, others get into child prostitution and basically they start life on the streets. In this scenario, their chances of accessing health services diminish. They become vulnerable to HIV infection and other diseases. When they get infected the vicious cycle repeats itself. The myriad challenges faced by orphans are indicated in figure 1 and it also shows that without proper intervention, the orphan may go through so much frustration and fall into the same trap that engulfed the parents.

Cook, Ali and Munthali (1999 as quoted by Chirwa 2002 Pp 105) give an account of the orphan problem as given by Ray an orphan in Malawi.

“The voice of an Orphan.

'My name is Ray and I am 18 years old. I have three sisters and two brothers. My eldest brother does not stay with us. He moves about doing odd jobs and comes every once in a while to give us some money. My elder sister is married. She is twenty and comes every day to see if we have food. She only got married last year. I left school because I do not have money for school fees. My elder brother also left school because of the same problem.



My father built the house we are living in, but he died before he could finish it. My father died in 1995 and my mother the following year. My elder sister is the one who took care of them during their illness. Our relatives did not want anything but their property. They used to tell us that we would suffer once our parents were dead. My elder sister was clever. When she saw that things were bad, she hid most of the furniture at a neighbour's house so there was nothing for them to take. We still have most of the furniture. When my mother died, we went to live with our grandmother but they were so cruel to us. They still wanted the furniture and they wanted this house. My sister argued with them everyday about this. In the end, we decided to go and live on our own in the same house they wanted. In the first few months, things were not easy. My uncle came almost every day trying to get us to sell the house or give him the house, but my sister and brother argued with them. No, they do not help us. We are on our own.”

We face many problems. We lack food, clothes and school fees. School fees are a real problem. Even when we work hard there is no way we can stay in school because we do not have enough money to pay for school. We have to pay MK 100.00 a month. Ena has just written her standard eight exams and is worried. She does not know if she has passed and does not know if she is going to find a place in a secondary school.

Sometimes we do not have food at all. When we eat, it is usually *nsima (ugali)* and boiled vegetables with salt. On `days that we can say that we have had a good meal then it is *nsima* and fish. This is rare. I have to look after my three siblings. The care I give them cannot match the one my parents gave us. I wish our parents were still alive. Every morning I wake up and try and think of ways of getting a meal. When we are sick we look after ourselves. I usually take them to hospital on a bicycle. It is the best I can do...’

This is a typical case of an orphan headed household that highlights several important issues: the failure `of the family structure; the coercive alternatives and survival strategies available to the orphans under crisis conditions; and the human agency, personal initiative, in this case includes the protection of family property. What is striking about this story is that the grandparents and uncles were first tried before the

orphans took the option of living alone. Difficult to explain in this case are the motives and interests in property grabbing on the part of the grandparents and uncles. An obvious explanation is that of greed. But it could also be indicative of the poor material position of these people relative to their social responsibility, (Chirwa, 2002). In the event of multiple losses, orphans are bereft of immediate family support and become extremely vulnerable to social and economic forces.

Families are in a crisis where children are taking on all the duties of getting their siblings fed, taken to hospital and getting them to school. Yana et al (2012) reveal that the greatest challenge for most orphans is loss of education due to lack of school fees or simply to look after sick parents. Morris (2012) indicates that orphans are likely to be poorer and less healthy than non orphans. Their mental, physical and emotional development is likely to be stunted by the initial trauma and its resulting deprivations. Rotheram (2005) notes that bereaved children in a study carried out in South Africa had significantly more emotional distress, negative life events, and contact with criminal system than non bereaved children. He observes that depressive symptoms, passive problem solving and risky sexual behavior were found to increase following the passing of a parent.

Tlou (2001) indicates that the orphans lose the feeling of security associated with home and their sense of direction. It is observed that even in cases where parents have been productive and have left assets for the children, immediately after their death, the relatives squander everything. In some cases relatives may grab even the house in which the children are living in leaving them homeless. In cases where parents had left a will it is normally disregarded as discussion of death in certain communities is taboo. In Botswana, IRIN News (2004) notes that orphans are entitled to food rations. Those orphans who are left with nothing are just used by their caretakers to obtain food rations and not out of genuine care and empathy. This superficial concern and exploitation is likely to create a feeling of resentment among the orphans.

The HIV/AIDS pandemic is not the only cause of the disruption of the family support systems, and the resultant vulnerability and plight of the orphans, three other causes are put forward. First the monetization and modernization of the economy has led to

a situation where extended family and clan ties are not as cohesive any more, and the spirit of voluntarism has been eroded. Second, the orphans seem to lack any legal backing to protect them against relations who are only interested in their diseased parents' estate, so that when the property is appropriated by relatives, the orphans are left with nothing. Third, as a result of the weakening of the traditional care system, there have been temptations to go institutional. The institutions such as orphanages create the danger of stigmatizing children and abuse by the service providers. They uproot the children from their natural environments and are unable to provide the love, care and attention that the children need. Furthermore they are expensive to run and do not offer a reliable solution in the face of the large numbers of the orphans created by the AIDS pandemic, (Chirwa, 2002).

Ljungvist (2003) observes that children grieving for dying or dead parents are often stigmatised by society through association with AIDS. The distress and social isolation experienced by the children, both before and after the death of their parent(s) is strongly exacerbated by the shame, fear and rejection that often surrounds people affected by HIV and AIDS. Because of this stigma, children may be denied access to schooling and health care. Once a parent dies, children may also be denied their inheritance and property. Often the children who have lost their parents to AIDS are assumed to be HIV positive themselves, adding to the likelihood that they will face discrimination and damaging future prospects. Mosota (2010) reports that some orphaned children are mistreated and abused by their guardians in the hope that they will run away to either reduce the burden of care or pave way for disinheriting them.

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 the 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.

In South Africa, Hussein (2013) reports that 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 races who are placed in their care by court order. They are unable to attract any 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.

Outside school, AIDS orphans may also miss out on valuable life skills and practical knowledge that would have been passed on to them by their parents. Without this knowledge and basic school education, children may be more likely to face social, economic and health problems as they grow up, Ljungvist (2003). Most of their caregivers still do not receive any type of external support in terms of healthcare, nutritional and psychological support (UNAIDS 2010). Many times, the orphans do not understand what is happening around them because death is not discussed in the family. They suffer a sense of confusion as they may not understand their situation due to the trauma of loss.

UNICEF (2006) observes that the cases of orphans have completely overwhelmed the traditional caring systems and social workers are unable to reach them. Lewis (2003) gives a vivid account of the orphan problem encountered in a household in Zambia.

‘In Zambia, (we) were taken to a village where the orphan problem was described as out of control. As a vivid example of that, we entered a home and encountered the following. To the immediate left of the door sat the 84-year-old patriarch, entirely blind. Inside the hut sat his two wives, visibly frail, one 76, and the other 78. Between them, they had given birth to nine children. Eight were now dead and the ninth, alas, was clearly dying. On the floor of the hut, jammed together with barely room to move or breathe, were 32-orphaned children ranging from 2-16. It is now commonplace that grandmothers are caregivers for orphans,’ Lewis (2003). <http://www.avertcorg/aidsorphans.htm>.

According to Zivor (2007), one of the most devastating social consequences of HIV is the extensive number of children orphaned by the AIDS illnesses. Typically an epidemic places the greatest threat to the elderly of a population. However the HIV epidemic is most likely to attack the productive age bracket and caregivers. As a result of the increase in orphaned children and escalating mortality rates among people in the reproductive years, an increasing demand is placed on the community for adequate childcare.

Mallman (2000) notes that when a parent has AIDS it causes children to worry the most. Children may be concerned about the parent dying or what will happen to them, they may feel pressured to tell others about their parents' illness and this may cause stigma and discrimination. Parents with AIDS may also have dramatic mood changes and may neglect their children. Children may not understand why their parents no longer show interest in them. Older children at school may worry about how their parents are coping in their absence and this may affect their performance at school.

Jackson (2002) observes that children feel lonely when a family is split by the death of one or both parents. There will be concern about the resulting decrease in family income. Children will worry about who will look after them, what they will eat tomorrow and where the food will come from. In cases of sibling separation, he recommends helping the students prepare a memory book, a diary that contains information and memories about the family. It is used to communicate with the student and helps to bring the child's memories to life again. The counselor may address the pleasant memories but refer the unpleasant memories to a professional counselor. The memory book strengthens the sense of belonging to a particular family or genealogy.

Dooley (2004) observes that sometimes sick parents in an effort to protect their children do not tell them about their sickness so they are ill prepared for the death. Children who are grieving often experience sadness, depression and their behavior may include crying, clinging, nightmares and aggression. One of the major problems when children are dealing with grief is that they are not given enough time to mourn and sometimes they are separated from their siblings. Parents also fail to leave wills because mostly it is considered a taboo to discuss imminent death and when they do,

relatives disregard them in their rush to grab the deceased's property. According to Bellamy (2002) the silence that surrounds children affected by HIV/AIDS and the inaction that results is morally reprehensible. He notes that if this situation is not addressed urgently, millions of children will continue to die and tens of millions more will be further marginalized, stigmatized, malnourished, uneducated and psychologically damaged.

### **2.2.6 Living with the stigma**

The word stigma is derived from the Greek word meaning "tattoo" or brand used in identifying criminal or slave (Brookes and Gilmour 2000). Stigma is synonymous with disgrace, being reproached dishonored and shamed. The psychological impact of stigmatization is that a person depends greatly on how people react to him or her. Stigmatisation results in self blame and shame. Zivor (2007) reveals that two factors contribute to stigmatization towards those associated with HIV/AIDS. The first is fear, especially due to misconceptions about transmission. Due to insufficient or incorrect knowledge of HIV and its transmission, people fear that they might be infected and that they have no control over the disease. This fear results in avoidant behavior and rejecting that which they fear, in this case, those infected and affected by AIDS. They avoid sharing plates, cups, spoons, beddings, and even toilets for fear of being infected.

Secondly are the routes of transmission and the people's belief regarding these. Despite society being less rigid about drug use and sexually transmitted diseases (STDs), drug users and people engaging in risky sexual behavior still feel judged and shamed. The terms 'junkie' (drug user), 'gay' and 'promiscuous' are still strongly associated with the transmission of HIV. The stereotyping results in grouping and negative labeling of those infected and affected by HIV reinforcing the stigma.

According to Zivor (2007), shame and the experience or even the expectation of reproach leads people to stay away from others and to become socially isolated. It becomes a vicious cycle in that the more the HIV infected or affected individual feels stigmatized, the more they are likely to avoid situations encouraging this. However the more they present with avoidant behavior, the more likely it is that HIV remains a

threatening, misunderstood illness thus reinforcing the stigma. Stigmatisation reinforces social oppression and social isolation.

Gerald and Gerald (2005) maintain that secrecy like avoidance of social situations is a common defense used by those infected or affected by HIV to avoid discrimination. Children who are aware of their parents' HIV status tend to hide the diagnosis from their families and communities. The result however is that these children become isolated and miss out the opportunity to receive support. Secrecy leaves the child without anyone outside the family with whom to share their fears and hurt. Children often choose not to disclose the HIV status of their parents in order to protect them. This also deprives them of the opportunity to discuss their fears of the future and the possibility of dealing with pending loss and stigma increases. Stigma impacts not only on the person stigmatized but also on society. Since it encourages isolation and secrecy, it inhibits open discussion of HIV.

Koome (2011) reports that in Cuba the government instituted the only mandatory quarantine policy in the world, in 1986. Infected persons were confined in newly constructed sanatoriums and questioned by health workers about past sexual history. The government instituted mass testing and partner tracing programs and tracked all infected persons and their partners without regard to human rights. By the end of 2003 a half of all HIV positive Cubans still lived in the sanatoriums. The etiology of the disease was not understood as it was found mainly among the gay people. As much as it has helped reduce the prevalence rates in Cuba, the stigma associated with it cannot be ignored since children are deprived of parental love even before they die, since they are quarantined. The stigma associated with the disease was so high that former president Reagan of USA declined to use the word AIDS in his speeches. Koome (2011) observes that as late as February 2011, a minister in Kenya quoted the Cuban model as a suitable model to emulate, to deal with the Kenyan AIDS problem, an indication that the issue of stigma is still prevails.

### **2.2.7 The Psychological Impact**

According to Zivor (2007), families affected by HIV very often have to face challenges above and beyond those associated with the disease. Regardless of

whether the infected person is the parent, sibling, child or relative, the entire family is subject to psychological distress. Stressors such as poverty, racism and limited access to resources contribute to the psychological distress of those affected by HIV as well as aggravating commonly associated psychiatric disorders. Depression, hopelessness and a feeling of loss, as well as confusion, loneliness, fear and suicidal ideation are typically experienced by those associated with HIV, (Kaplan 2001).

Research carried out by Bauman, Camacho, Silver, Hudis and Draimin (2002: 39) explored the behavioral problems of school aged children with mothers infected with HIV. These researchers found that children of mothers with HIV were more likely to experience both behavioral and emotional problems, presenting with such things as anxious or aggressive behavior and a depressed mood. These researchers further observed more behavioral and emotional problems in children when the mother experienced greater psychological distress. It is hypothesized that the experience of loss on the child will be greater in a family that is cohesive and enmeshed, where the loss of a mother will be strongly felt (Bauman et al., 2002:50)

According to Barret (2000), further research in the area of mental health issues observed that HIV infected mothers are often overwhelmed by their HIV status or engaging in drug use and having further physical and mental health problems, that they are unable to provide emotionally for their children. Developmental delays and psychological vulnerabilities in later life are strongly associated with maternal neglect in the early years. Children of HIV infected parents often meet the overwhelming task of taking on inappropriate roles, negotiating problems without support or parental guidance and having to cope with unstable living arrangements. Zivor (2007) identifies the consequences of these as threatening the ability of the child to develop age-appropriate activities that nurture psychosocial development and the acquisition of cognitive skills. She further states that research into maternal absence and neglect, revealed an association between a disrupted mother-child relationship due to HIV and risky sexual behavior, psychological distress, drug use and negative self-efficacy.

Zivor (2007), states that children of HIV parents have to come to terms with the pending loss of a parent. The loss of a parent has a distinctive effect on a child. De Haan,(1998) explored the impact of HIV-related parental death on 414 adolescents



over the age of six. These researchers found that bereaved children had significantly more emotional distress, negative life events and contact with the criminal system than non bereaved children. Furthermore, depressive symptoms, passive problem solving and risky sexual behavior were found by these researchers to increase following the passing of a parent.

### **2.2.8 Limitations of Institutional Strategies**

According to Chirwa 2002, the institutionalization of orphans should be the last resort. The preference is for continued familial support, or home-based care. The emphasis is on 'assisting/empowering the extended families with skills to earn income to meet cash needs on the one hand and inputs like fertilizers etc and to enable them produce enough food for the family. He observes that there has been a proliferation of institutions that claim to care for the orphans. He believes that the philanthropic interests are mitigated by vested material benefits. Most of these institutions are run almost in the same manner as private schools. They are investments that bring material and social benefits to those that operate them. The benefits include publicity, socio-political status, and honour. With these, the operators of the institutions that care for the orphans may get access to economic facilities and support provided by donors, governments and other development agencies. Though such outcomes, by themselves, might not be wholly bad, the methods and processes involved are rather controversial. They constitute banking on the poor and the vulnerable, and exploiting their plight which in turn reinforce the process of social exclusion.

Kalemba (2000) observes that while all such organizations may have the interests of the orphans at heart, limited knowledge levels may result in a situation where in some areas the needs of the orphans are not met in the best possible way. In addition, without proper guidance, a situation of contradictory activities among the organisations is possible. Ntata (1998) notes that the majority of the organisations that care for orphans in Malawi just like in other African countries are either urban based or ideologically based institutions. These raise the problem of access. For example, most religious organisations are influenced by their ideologies and thus may not pursue open door policy to all the orphans. Though discrimination may be openly

discouraged, some of the would be beneficiaries may be put off by the religious and ideological stance of the service providers. The latter would use the facilities to lure the beneficiaries to their faith. This may result in the would-be beneficiaries compromising their own religious beliefs and ideologies just for the sake of gaining access to the facilities and services. Also compromised would be some fundamental rights: of freedom of association (and disassociation), religion, faith and conscience.

Kabeer (2000), notes that another challenge to orphan care especially in Malawi relates to the incorporation of a rights based approach to the problem. It has been noted above that the process of orphanhood may include loss of access to property of the deceased parents through grabbing by relatives. This increases the vulnerability and socio-economic deprivation and exclusion of the orphans. Particularly worrying in this respect is the fact that the property is often grabbed by family members of the deceased parents, ironically in the name of guardianship of the children. Their argument is that they claim the property for the benefit of the children of the deceased. Here lies a worrying tension in the 'traditional orphan care system. The system provides for some of the gross violations of the orphans' rights.

Ntata (1998) notes that some of these violations arise from the lack of comprehensive legal provisions on the protection of orphans. He reports that in Malawi there are provisions for the adoption of such children for foster care and affiliation; the registration of institutions engaged in the protection of orphans; and for the general welfare of children through association with their widowed mothers. These are general pieces of legislation that are not specifically for orphans. However they do provide some opportunity for the protection of these people if enforced and monitored well.

### **2.3 The Formation of Self Concept**

According to Kimani, Mutua, Chesire and Chebet (2012), the main factors determining the formation of self concept of an individual are the environment as well as people with whom the individual lives who play a very crucial role in the molding of the self concept. These people are called the significant others and they include parents, teachers, peers and siblings. People describe a given individual in terms of various personality traits and when these traits are consistently applied, the person

often accepts them as descriptions of themselves. If parents praise and love a child, if playmates respect and give attention to the individual, he forms a positive picture of himself as a desirable person and hence develops a positive self concept. On the other hand, if parents and peer reject and criticize an individual and are indifferent, this leads to a derogatory self picture resulting in inferiority feelings. Kimani et al (2012), stress that the treatment a child receives has some relation to his traits and abilities. The physically strong is more likely to win the admiration of his playmates than the weak one. The intelligent child has greater opportunity of gaining success and praise in school. Relations with family members and peers may therefore influence the child's personality trait and this can affect his or her academic performance and self esteem.

According to Emler (2001), modeling also plays a significant role in the development of a positive self concept. How parent appraise themselves is mirrored in their child. When the child observes a parent approaching tasks and coping with disappointment with confidence and strength, he or she learns how to evaluate events not as threatening but rather as challenging. Demo (2001), indicates that economic hardship and financial stress negatively influence the guardian's or surviving parents' ability to attend to the orphans with warmth and affection. Parents and guardians experiencing economic stress tend to be inconsistent, harsh, and rejecting in their discipline towards their children.

Parental support has long term effects on a child's sense of self worth, conversely parental neglect; abuse and rejection result in children thinking less of themselves. The positive influence of parental support in the form of acceptance, warmth and affection cannot be overstated (Demo, 2001). AIDS orphans undergo a lot of these stresses either in the hands of the surviving parent or in the hands of guardians and this precipitates the development of negative feelings towards themselves which lead to poor self concept and consequently, low self esteem.

Battle (1981), indicates that research has revealed that children from broken families, single parent homes, orphans or where the relationship between parents is unstable was found to be harmful to how children view themselves. He notes that children who are orphaned or who live in an environment of conflict often tend to blame

themselves, receive less attention from their surviving parent and very often receive indirect or direct acts of aggression from surviving parent or guardians. As such they tend to evaluate both their family and themselves negatively.

Harter (2006), reports that as children mature, the structure and size of their social networks change and develop. Also the nature of friendships evolves from playmates in childhood to more intimate friendships in adolescence. In adolescence, the importance of peer support and evaluation comes to the foreground as those of their parents begin to wane. The researcher was able to identify three ways in which adolescents categorized relationships. The first group reportedly based their evaluations on their own sense of worth on the appraisal from their peers. The second group considered self worth as preceding approval from peers; an individual with a positive sense of self worth would receive positive appraisal from their peers. The third group did not identify a connection between self-worth and peer approval and saw these constructs as being independent of each other. The researcher further observed that those in the first group were more inclined to be preoccupied with the approval of their peers and tended to focus more on the negative judgments of their peers whereas those in the second group were more focused on the positive appraisals.

All in all, Harter (2006) found that parental attachment was more important than peer attachment. Also peer attachment did not compensate for poor parental attachment. The researcher further discovered that parental attachments were strongly correlated with self concept and self esteem. He concludes that peer attachment has a role in psychological well being; however, peer attachment cannot replace parental attachment which has been found to be more important in predicting positive self esteem and psychological well-being. Orphans therefore lack this essential attachment and may lead to a negative self concept.

According to Katz, Joiner and Kwon, (2002), 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. Membership to a devalued social group such as those infected or affected by HIV/AIDS may result in negative self appraisal, as the person begins to internalize the negative introjections associated

with membership to that group. Being devalued simply on the basis of membership to a group despite personal qualities, may influence emotional well being. Members of a devalued group may become socialized to view themselves in a negative light, which may impact their behavior and motivation.

### **2.3.1 Self Esteem**

Mruk (1999) outlines the different theoretical perspectives by which self esteem is defined. He maintains that according to the psychodynamic self esteem is a developmental process; the social psychologists view it as a formation of attitudes while the cognitive behavioral perspective conceptualized self esteem in terms of coping strategies and problem solving skills while the humanistic approach highlights the experiential elements of self esteem. Maslow (1970) described self esteem in terms of a person's feelings of worth and not on the opinion of others. Clemens and Bean (1981) describe self esteem as arising from a feeling of satisfaction which results from having one's needs met.

James (1890) considered the father of this field of study defines self esteem as a relationship between one's achievement and ones aspirations, or as the discrepancy between ones ideal and perceived self. Emler (2001) describes self esteem as an attitude either positive or negative a person has about him or herself. For purposes of this study, self esteem has been defined as a socially constructed emotion, which is based on a need for acceptance and belonging to a social group

Rosenberg (1979) identified three distinct selves, the extant self, (as one privately views oneself), the desired self, (as one would like to be) and the presenting self (the self one attempts to disclose to others). Problems in self esteem arise when there is marked disparity between these selves. He indicates that an individual may view himself as being inadequate yet having a desire to be confident and therefore projecting on impression of confidence to others in an attempt to gain verification for the desired self. However, the disparity between the presenting self and the extant self results in feelings of apprehension and insecurity. What enhances self esteem is therefore not just the behavior but rather the individual's interpretation of their behavior.

According to Mruk (2006), to feel good about oneself without earning it risks all kinds of problems like tolerating undesirable academic performance in school, facilitating the development of narcissism, or even risking an increase in likelihood of violence. Branden (1969) explains the integration of two components namely self efficacy, and self respect, (completeness and worthiness). Battle (1992), defines self esteem as where the self is a composite of the person's feelings, fears, hopes, thoughts and views of which he or she is, has been or might become in terms of the self and his or her relationship with others. Therefore the cognitive evaluation and feelings of acceptance by others are an important aspect of the construct of self esteem.

Feldman (1997) defines self esteem as the rating of the self, a person's general and specific positive and negative self evaluation. He maintains that self esteem is more emotionally oriented as opposed to self concept. Baron and Graziano (1991) describe self concept as based on how people believe others view them. Shah (2007) views self esteem as the level to which one respects and values oneself as an important and worthwhile person. Perera (2007) describes self esteem as one's opinion of oneself where high esteem is a good opinion of oneself whereas low self esteem is a bad opinion of oneself.

Kweyu (2009) postulates that self esteem is the feeling that "I am important and valued" and believes that it is vital for growing children. She observes that it is important that parents or caregivers nurture the self esteem of children as children who are overly criticized or teased are more prone to shyness and this undermines their self esteem and induces feelings of inferiority. Clark and Graham (2006) indicate that though self esteem is largely developed during childhood, it can be increased and strengthened. He however cautions that extremely high self esteem can be dangerous since it produces a self important, arrogant person who thinks the whole world revolves around them and is therefore not healthy.

Kweyu (2009) indicates that self esteem involves the desire for respect, confidence, prestige, superiority and administrative desires. She observes that some learners are motivated to be in charge in that they like influencing others. Perera (2007) recommends that teachers should create an environment where the learners can be motivated by asking them to volunteer in certain tasks. He predicts that learners who

are high in the needs will do well in the tasks they volunteer upon. He however cautions teachers against helping some learners at the expense of others.

According to Zivor (2007), parents, or the primary significant other, are considered to be the centre players in the development of a child's self esteem. Most children and adolescents hold their parents in high regard and with great affection, and as such the child's perception of the parent's evaluation of them greatly impacts on the formation of their self esteem. Parents both encourage and criticize their children's attempts to grow and define who they are; these are gradually introjected or internalized, and become the voice within, the same voice they use to judge their own self-worth.

Emler (2001) maintains that there are three main characteristics of parents of high esteem children. Firstly the ability of parents to communicate their acceptance of their child, giving the child a sense of belonging and value. Secondly, parents who create an environment which encourage a healthy balance between demands and limits communicates to the child that they are confident in their abilities to meet the expected behavior. Thirdly, parental respect nurtures individuality and uniqueness within healthy boundaries. These qualities encourage a child to be self-motivated and confident in their own judgments of themselves and thereby not relying on the reinforcement from others.

Demo (2001), makes note of the positive influence of parental control, in the form of supervision and monitoring, on the development of a healthy self esteem. In contrast, authoritarian parenting, which makes use of threats and physical punishment as a means of maintaining control, has been shown to result in the child having a devalued sense of self. He identifies the significance of a parent's approval, encouragement, responsiveness, warmth, nurturance, support and affection in the development of their child's self esteem and general emotional, social and academic regulation. Emotional closeness, and healthy attachment between the parent and child results in positive psychological adjustment, whereas insecure attachment and less emotional closeness is associated with negative psychological outcomes (Demo, 2001).

According to Baguma and Muhaguzi (2000), adolescents often face many challenges which adversely affect their perception of self worthiness including peer acceptance

which is key to self esteem. They maintain that self `esteem is crucial during adolescence when the pubertal and growth transitional factors are at play particularly friends' intimacy is positively associated with self esteem and purpose of life of adolescents. Any challenges faced by girls during adolescence often results in depressive symptoms and subsequently the lowering of their self `esteem.

Zivor (2007) concludes that against this background, self esteem can be considered a construct that has received interest and contribution from a vast array of fields and perspectives. The definitions have common themes of cognitive, affective and social aspects of self esteem. The cognitive aspect of self esteem takes into account the cognitive evaluations an individual makes about his or her worth including perceptions, beliefs and attitudes. Feelings of positive or negative self regard as well as well as having one's emotional needs met make up the affective aspect of self esteem. The social aspect of self esteem is represented by self appraisal and social comparison and a sense of belonging and being accepted as a member of a group. To make it applicable to HIV/AIDS orphans, the following was adapted: Self esteem is a socially constructed emotion which is based on a need for acceptance and belonging to a social group; it further includes components of a desire for efficacy and self actualization, (Zivor, 2007).

### **2.3.1 Effect of high Self Esteem on performance**

Shah (2007) postulates that each of us wants to be successful in life, and one of the ingredients of success is healthy self esteem. He observes that self esteem is an important part of our personality and it predicts our performance in almost everything we do. Our levels of vitality, enthusiasm and personal magnetism are determined by our self esteem. Lewis (2003) observes that people with high self esteem are more positive, more likeable and more effective in every part of their lives. He equates self esteem with the level of mental fitness and notes that self esteem is measured by how healthy and resilient one is in dealing with the inevitable ups and downs in daily life. It also determines how much peace of mind and inner contentment one experiences. Ntata (1998) identifies how people with high self esteem, although viewing themselves in a positive light, are more likely than people with low self esteem to continually strive to better themselves. People with high self esteem are motivated to challenge themselves and to see how much they can



achieve and to continually work on their deficiencies, as opposed to people with low self esteem who act to protect their self esteem through avoidance.

Yun (2001) describes self esteem as a life skill which is a social competence used to cope with academics in order to meet fundamental challenges of forming stable human relationships and maintaining hope about the future. Opolot (1997) defines self esteem as a realistic evaluation of the self's characteristics and competencies, coupled with an attitude of self acceptance and self respect. According to Potter (2001) in a study carried out in Uganda, self esteem has a positive relationship with attitude towards education. The higher the level of self esteem, the more positive the attitude to education.

When one has a high self esteem, one experiences excellent health and high levels of energy. Our thoughts determine how we live life and how we relate to life's challenges. According to Kweyu (2009) self esteem is crucial and is a cornerstone of a positive attitude towards living. It is very important because it affects one's thinking and relation with other people. It affects ones potential to be successful.

### **2.3.2 Effect of low Self Esteem on performance**

Everyone at various times in their lives, are vulnerable to attacks on their self esteem. Zivor (2007) notes that there is a marked difference in how people with high self esteem and people with low self esteem react to these threats. The researcher reports that low self-esteem people tend to be more sensitive to criticism, and tend to interpret these events as signs of inadequacy and rejection. She also found out that when faced with life stressors, such as financial stress, people with low self esteem tend to be more inclined than people with high self esteem to turn to alcohol as a means of coping with stress.

According to Zivor (2007) there are also large disparities between people with low self-esteem and people with high self-esteem in terms of self confidence and self-actualization. She reports that people with low self esteem tend to view themselves as being less confident than people with high self-esteem. This negative self appraisal results in a self-fulfilling prophecy; because they have low self confidence they are less inclined to explore new relationships and experiences, reducing the chance of positive feedback, and reinforcing the negative self appraisal. As a result of their protective behavior and fear of rejection, people with low self-esteem approach life in a reactive way, unlike people with high self esteem who are more proactive in their approach to life.

Perera (2007) observes that low self esteem feeds one's negative thinking and makes one believe negative comments others make. Low self esteem leads to poor confidence which also causes negative thoughts meaning that one is likely to give up easily rather than face challenges. It has a direct bearing on happiness and well being. Baron and Graziano (1991) reckon that research on self schemata suggests that individuals have a set of knowledge that they use to interpret and remember social information about themselves.

One cause of depression is that the depressed persons have a large amount of negative bias. This facilitates recall of negative information about the self. Negative schemata bias the ways depressed people process information. They facilitate recall of negative experiences over positive ones and contribute to the negative expectations about future events. Clark and Graham (2006) outline that low self esteem seriously impairs academic and job performance. It can lead to underachievement and increased vulnerability to many self destructive behaviour. These negative consequences themselves reinforce the negative self image and can take a person into a downward spiral of lower and lower self esteem

According to Kaplan (2001; 380) a deviant disposition can be conceptualized as “the loss of motivation to conform to conventional patterns, and the acquisition of motivation to deviate from these patterns”. He further explains how deviant behavior is a result of rejection. Children, who grow up in a society where they do not ‘fit’, constantly strive for a sense of belonging, so as to avoid rejection. However, constant attempts to ‘fit in’, which are met with constant rejection, result in the onset of protective behavior, so as to minimize the pain of rejection. The child abandons previous attempts to conform, and motivation shifts from conforming to deviating. This leads to poor performance in school or dropping out altogether.

Zivov (2007) reports that youngsters with low self esteem have frequently undergone unsatisfactory experiences in the conventional society that have created painful feelings about their self-worth. Seeking to alleviate these feelings, many turn to the delinquent reference group to enhance their self esteem. The delinquent group provides more favourable reflected appraisals, social comparison and self-attributions.

Low self-esteem children who join deviant groups in an attempt to raise their self-esteem are at great risk of developing an unhealthy, unstable self-esteem. In their attempt to protect and maintain their desired self-concept, the child may become caught in a deviant group that serves to boost their self-worth. However, because this is not genuine high self-esteem based on competence and self-worth, the child instead develops an insecure view of the self and unstable self-esteem which is more dangerous than a low self-esteem.

Ausbel and Edmund (1980) report that rejected individuals have strong feelings for volitional autonomy but find it difficult to assert themselves effectively in interpersonal relationships. They lack intrinsic self-esteem and suffer chronic anxiety. Ausbel and Edmund (1980) give the profile of a rejected individual as being alternatively described as shy, submissive and aggressive, quarrelsome, noncompliant and resistive to adult guidance. Without a secure home base, to which they can return, orphans tend to adjust less successfully than accepted children to novel and stressful situations do. Children who are orphaned miss this essential socializing agent provided by parents. Low self-esteem can create stress, loneliness and increases likelihood of depression.

The Uganda Bureau of Statistics (2006) reveals that the number of HIV/AIDS orphans in secondary schools in Uganda is two million (2 m). It further reveals that the girl child's education was the most affected by HIV/AIDS orphanhood because they were prevented from going to school and instead asked to stay at home to nurse their other younger siblings and sometimes had to forego schooling completely as their male counterparts continued with their learning in schools. The stigmatization drastically affected their levels of self-esteem and consequently their attitude to education were lowered. Amongin and Oonyu (2012) observe that several studies have established that orphanhood due to HIV/AIDS and other causes stress up students and their self-esteem was often lowered due to the discriminatory manner in which they were treated and this influenced their levels of self-esteem and attitudes to education.

Kaplan (2001) observes that low self-esteem may be the result of a depressed mood, or may have been a vulnerability factor for the onset of depression. He indicates that

low self esteem has been associated with a number of other psychopathologies including mood disorders, personality disorders, anxiety disorders, schizophrenia, eating disorders, learning disorders, substance abuse and conduct disorders. According to Zivor (2007) the negative content of cognitions is also associated with low self esteem, like pessimism, cynicism, uncertainty and weakness of conviction. People with low self esteem view the future in a negative, fatalistic light, always expecting the worst and as a result never strive for better, they view daily stressors as being rooted in their identity, and as such, they do not see a possibility of overcoming and changing the outcome. These negative cognitions result in psychological distress and emotional vulnerability.

### **2.3.3 Orphan students' Self Esteem**

Zivor (2007) reasons that when considering the aforementioned stressors of AIDS orphans, the possibility of developing low self esteem is possible. Self esteem is a construct that significantly influences the quality of life of a child. It is concerned with an individual's global evaluation of their self worth and self efficacy. Correlates of high self esteem are good personal adjustment, positive effect, managing stress, coping well with criticism, internal locus of control and personal autonomy. Low self esteem has however been associated with poor psychological adjustment, mental health problems, like anxiety, depression, drug abuse, eating disorders and suicide.

Gilbert (1992) argues that self esteem was developed from a capacity for self awareness, motivated by a social comparison. It is the collective experience of social comparative information and the position of oneself in a network. Bentall (2004) observes that negative self appraisal habitually results in lowered self esteem which in turn is related to one developing a pessimistic attributional style. It results in negative appraisal of self, work and future. Gerald and Gerald (2005) postulate that a child's self esteem is inevitably affected in the face of traumatic events. Self esteem may play a vital role in the AIDS orphan's ability to adjust to their life circumstances and impact their quality of life and future.

The implication of an unhealthy self esteem, experienced in conjunction with such adverse environmental factors of poverty, stigmatization, social isolation and inconsistent nurturance are potentially grave. This combination of an unhealthy self

esteem and negative environmental factors may result in such things as dangerous alcohol use, drug use and suicidal ideation or behavior. These may further influence school attendance, engagement in violent behavior and risky sexual relationship.

According to Salaam (2006), the physical needs of orphans such as nutrition and health care can often appear to be the most urgent. But the emotional needs of secondary school students who have lost a parent should not be forgotten. Having a parent become sick and die is a major trauma for any child and may affect them for life, IRIN News (2004). 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 their parent(s) and the emotional trauma that results. They may have to adjust to a new situation with little or no support, and may suffer exploitation and abuse, Stein (2003).

Atwine, Cantor and Banjuriwe (2005) report that in one study carried out in rural Uganda, high levels of psychological distress were found in children who had been orphaned by AIDS. Anxiety, depression and anger were found to be more common among AIDS orphans than other children. In the study, 12% of AIDS orphans affirmed that they wished they were dead, compared to 3% of other children interviewed. USAID (2005) reiterates that these psychological problems can become more severe if a child is forced to separate from their siblings upon being orphaned. In some regions this occurs regularly. A survey in Zambia by USAID in 2006 showed that 56% of orphaned children no longer lived with all of their siblings.

Atwine et al (2005) observe that orphans had greater risk for higher levels of anxiety and anger and were sensitive to the presence of depressive disorder with negative symptoms like feelings of hopelessness and suicidal ideation. Gunderson (2012) reports that a pastor from Namibia gave him an instance of a mother in their church who was diagnosed to be HIV positive. Her husband threw her out, away from her children, her birth family would not take her back and so she died in a box in the church. This definitely impacted negatively on the children and they started suffering psychologically when the mother was thrown out, they suffered from the breakup of the marriage, the isolation and stigmatization of their mother.

Yun (2001) observes that often, loss of a parent was observed as one of the most tragic and stressful events in a child's life. Instead of the child detaching him/herself from the loved ones and resolving the loss there was a greater attachment to the diseased parent resulting to denial of death. He indicates that previous studies conducted in Uganda showed that losing a parent to HIV/AIDS for the adolescent was a more stressing process which was unfortunately shrouded with stigmatization, secrecy and shame. They experienced a double abandonment, one from the parents and the other from a society that shunned them for being associated with HIV/AIDS. According to Baguma (2000), a study in Uganda revealed that these negative factors drove teenagers underground as their coping capacities were stretched to the limits. They had to maintain the precarious balance of continuing their normal routines while acknowledging that within several months or years, their parents were lost forever. The stigma attached to HIV/AIDS made the situation worse for girls orphaned by HIV/AIDS.

Ljungvist (2003) reveals 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. In view of their genuine need for volitional independence, they resent any subservience to which they are subjected and may eventually react explosively. Tlou (2001) reports that orphans are exposed to a lot of negative occurrences, the worst being the loss of parent(s). This may predispose them to low self esteem because they may easily be preoccupied with sad, negative thoughts. Musau (2003) states that students grieving for dying or dead parents are stigmatized by society due to HIV/AIDS. The students may have to deal with many psychological stresses which may have the effect of eroding their self esteem.

Zivor (2007) indicates that low self esteem does not appear to be the root cause of delinquent behavior in AIDS orphans, but is associated with them being less happy in life, and experiencing greater psychological distress. The researcher explored the needs and support required by HIV/AIDS orphans in their psychosocial development and found that depression, sadness and stigmatization were the primary influences on their psychosocial behavior. Low self esteem has also been shown to be a

vulnerability factor to a number of psychological dysfunctions. In light of the negative impact that low self esteem has on an individual's motivation for life, optimism for the future and overall emotional and psychological well-being, there is need to change self esteem.

#### **2.4 Self Esteem Differences by Gender**

Csete (2001) observes that there is increased dependence from the increasing number of orphans, reduced number of hours spent in economic activities to take care of the ill and lack of will and helplessness. The reduced family income is reducing the ability of OVC caregivers to keep students in schools. Salaam (2006) reports that losing parents to AIDS means that orphans have to assume new roles and responsibilities within the nuclear as well as extended family. Traditional roles, duties and responsibilities of family members like providing food, cooking or farming become unclear as AIDS places additional demands and pressure on orphans. Many students resort to child labour to fend for themselves and their siblings and in some cases the elderly grandparents, whom most of them stay with. Many AIDS orphans are deprived of the opportunity for moral, intellectual, physical and spiritual development as they are often mistreated, lured into sexual activities at an early age or enslaved by their adopters leading to low self esteem, Odundo and Owino (2004).

Onyango (2004) reports that boy students are many times expected to take the responsibility of head of the family after the demise of both parents. They may have to drop out of school to seek employment in people's homes and farms to get food for their siblings. In Nyanza some boy students fall victim to the wiles of widows looking for inheritors to sort out cultural rituals who pay them for sexual services, Kokul (2005). Atwine et al. (2005) observes that this pressure to measure up to their parents' responsibilities sometimes makes the boys let off their frustrations on their siblings by being extremely harsh, abusive or dictatorial. Others resort to drinking, drug abuse or crime to counter their depression which causes low self esteem, or run away from home all together to towns to look for jobs due to inability to cope.

According to Njagi (2004) girls seem to be bearing the brunt of the burden within the home and are given more responsibilities and duties than boys as some are withdrawn from school and drafted into child labour. Musau (2003) gives an account of an

orphan who lost her parents at the age of eleven (11) and had to start taking care of her siblings. She observes that due to the trauma that orphans go through after watching their parents die, a new need arises, that of counseling them. Reuters (2004) indicates that the likelihood of orphans especially girls remaining in school is of considerable concern. Emphasis on their being in school offers them the best chance of escaping extreme poverty and associated risks.

Epstein (2012) reports about a 17 year old South African girl called Phathiswe whose mother had a steady job, but when she became bed ridden in 2008 the girl had to struggle to look for work to buy her food. She had to drop out of the school when her mother was unable to bear the jeers from neighbours who tormented her because of her HIV status and she had to move back to her rural home where she was born. Morris (2012) also gives an account of Medriatrice Kakiye (17) who lost the mother to AIDS in 1997 and the father in 2000. Her major problem was that she was too young and had the responsibility of looking after five other children who were also young and it was difficult to get food.

Mwanzia (2009) indicates that girls normally find themselves doing the housework, looking after their siblings and caring for ill or dying parents. They are plunged into emotional and economic crisis and insecurity by their parent's death and this poverty pushes them into prostitution with older men hence the spread of the disease in girls of ages 15-24. Epstein (2012) reveals that emotionally and physically abused girls are more likely to end up in abusive relationships and that South African girls from homes affected by AIDS are six times more likely to engage in sex in exchange for gifts or money than girls who have lost parents to other reasons. Girls are therefore also in greater risk of becoming infected at a younger age than boys, because they are biologically, socially and economically more vulnerable which predisposes them to low self esteem, Stein (2003).

According to Amongin and Oonyu (2012), studies carried out in Ugandan secondary schools indicated that orphaned girl students were shy, timid, lacked confidence and were not usually part of the best ranked performers in examinations at most levels of the educational system in Uganda. They observed that education increased the orphaned girl students, self confidence and self esteem. The study also observed that



school drop out rates were higher among female students who were orphaned (6.6%) compared to males (6%). Most reasons for female students drop out were due to socio cultural reasons, including illness of parents due to HIV/AIDS, orphanhood due to HIV/AIDS or other causes.

Other social cultural reasons according to Uganda Bureau of Statistics (2006) include the gender inequality accorded to girls. Boys were generally provided with opportunities to continue with their education uninterrupted while girls were usually requested by their families to stay at home and continue providing household services in the event of illness or demise of their parents. The study reveals that orphanhood due to HIV/AIDS has been one of the greatest effects of HIV/AIDS on school girls' education in Africa leading to school absenteeism during their parents, illnesses and emotional stress manifested in inappropriate behavior.

Information from the District Education Office indicate that in Upper Nyakach Division there are a total of 928 girls against 1134 boys who are orphaned in secondary schools, Nyando DEO Guidance and Counseling Report (2010). This indicates that girls tend to drop out to take care of their siblings or to get married. With poverty index of 67% according to information obtained from the District Commissioner's Office (2006), the plight of the orphaned girl cannot be gainsaid.

### **2.5 Effect of Duration of Orphanhood on Self Esteem of Orphaned Students**

Ausbel and Edmund (1980), observe that the most important consequences of early parent child relations has been the pronounced tendency for influencing children's later interpersonal relations with peers and other adults. This reflects the influence of social attitudes, expectancies and adjustive techniques experienced in dealing with their first socialisers, their parents. To children, the world of interpersonal relations is completely unstructured. It is most natural for them to use the model provided by their parents and to employ adaptive techniques previously utilized in the home situation. Children's social behaviour is also profoundly affected by whether or not they have undergone satelization, which in turn is an outcome of the parent-child relation. To satelizing children, group members provide derived status and constitute ego support. They experience a certain spontaneous joy and enthusiasm in-group activity that follows from the 'we feeling' associated with group relatedness Ausbel and Edmund (1980).

Baumman (2002) explored the behavioural problems of school aged children with mothers infected with HIV. He observes that children of such mothers were more likely to experience both behavioural and emotional problems presenting with such things as aggressive behavior, and a depressed mood. This intensified if the mother experienced greater psychological distress. Target (2004) underscores that developmental delays and psychological vulnerabilities in later life are strongly associated with maternal neglect in earlier years. Early loss of parents threatens the ability of the child to develop age appropriate activities that nurture psychological, developmental and acquisition of cognitive skills.

Monasch and Boerma (2004) observe that students who lose parents earlier in life lose the basic parent child bonding and may go through a lot of deprivation in terms of access to basic necessities that may make them grow up to be bitter and suspicious. Mishra and Arnold (2005) outline that they may tend to be very independent and may find it difficult to get into strong relationships due to the mistrust developed earlier. Mwaniki (2007) concludes that death or incapacitation of the parent robs them of the opportunity to grow up in a stable family setting which is essential for every child.

Anywar (2010) indicates that orphans who lose parents later in life tend to take longer to adjust since they may have got used to a particular lifestyle that is likely to change with the demise of the parents. Those who are adopted by relatives and other caregivers tend to find it more difficult to adjust as they may find themselves having to endure different rules and regulations or having to make do with less than they had before. The pain of watching the parents through their final stage of the disease and the stigma of the disease is also likely to be more pronounced Njagi (2004).

## **2.6 Effect of Orphanhood on Academic Performance**

Mwaniki (2007) observes that orphans continue to experience varying levels of psychological trauma and stress and have limited access to education in spite of the introduction of free primary education. According to USAID (2003) students orphaned by AIDS may miss out on school enrolment, have their schooling interrupted or perform poorly in school as a result of their situation. Expenses such as

school fees and school uniforms present major barriers, since many orphans' caregivers cannot afford these costs.

Extended families sometimes see school fees as a major factor in deciding not to take on additional children orphaned by AIDS, Matshalaga (2002). Research carried out in Kenya by Mishra and Arnold (2005), suggests that children of HIV positive parents are relatively less likely to attend school than other children. Outside of school, AIDS orphans may also miss out on valuable life skills and practical knowledge that would have been passed on to them by their parents. Students orphaned by AIDS tend to drop out of school due to lack of support from friends and relatives. They also lose traditional skills which parents may have failed to pass on to them before they died.

Feldman (1997) states that one reason that low self-esteem is so damaging is that it becomes part of a cycle of failure that is difficult to break. Students with low self-esteem who may expect to perform poorly in an examination will likely experience high anxiety and will therefore not work as hard. As a result they actually fail which in turn confirms their negative feelings. Lewis (2003) observes that there has to be a significant effort made for these children so that we do not lose them. Otherwise he fears we may have a society where children haven't been to school and therefore cannot even fulfill basic jobs and may have anti-social instincts. This may create a generation of students who will be more vulnerable to exploitation and to disease because they won't have the same sense of self worth, Mishra and Arnold (2005).

### **2.7 Role of Counseling in Building Self Esteem**

Mosota (2010) concludes that due to the upheaval that orphans go through from the time their parents get infected to the time they die, a new need arises, that of counseling them. It is apparent that most organisations have concentrated on offering the orphans material assistance and ignored their psychological needs. This is a group of youth who have had to endure more than they can handle, and every effort needs to be made to help them cope with the challenges of life Mwaniki (2007).

According to Atwine et al. (2005), the community needs to be supportive of children when they are orphaned making sure that they are accepted and have access to

essential services such as health care and education. This means improving existing services and reducing the stigma surrounding children affected by AIDS so that they do not face discrimination when trying to access these services. IRIN News (2004) indicates that it is crucial that orphans be kept in school. Education can act as a safety net in the child's life. A good school education can give children a higher self esteem, better job prospects and economic independence. As well as lifting children out of poverty, such an education can also give children a better understanding of HIV and AIDS, decreasing the risk that they will become infected. Schools can also offer emotional support and care for AIDS orphans through counselling, Onyango (2004).

Counseling students who are infected and affected by HIV/AIDS requires the caregivers to observe good ways (principles) when providing counseling. The counselor should establish a helping relationship with the students so that they can gain their confidence. They should also help them tell their stories and listen to them attentively. The counselor should be in a position to give them correct and appropriate information and also guide them to make informed decisions. The counseling process should help them identify and build upon their strengths and also to develop a positive attitude to life, Mutie and Ndambuki (2001)

Fox (2001) opines that this may help orphaned students cope with the challenges and emotions that they experience when they discover that they are either infected or affected by HIV/AIDS. Counselors should have accurate information about HIV/AIDS so as to be able to pass it on to the students. Fear and uncertainty with regards to HIV/AIDS is rampant and there is a lot of negativity in attitudes, cultural beliefs and practices. Some people still believe that one can get AIDS by shaking hands or sharing beds with infected people including children and these results in stigmatization. These misconceptions and fallacies about HIV/AIDS sometimes isolate students. Counselors should deal with these misconceptions and false beliefs about HIV/AIDS.

According to Dooley (2004) Counselors need to be aware of some of the commonly asked questions about HIV/AIDS. It is important to clearly outline modes of transmission, what cannot cause it and preventive measures recommended for students. Different cultures and societies have different views, beliefs around HIV/AIDS and sex. These cultural factors affect the way people will act on issues

surrounding HIV/AIDS and those affected or infected. Some of the factors are harmful while others are helpful. A counselor should be aware of the factors and be able to identify harmful and helpful factors and how to influence harmful beliefs and practices to make positive changes.

Some communities believe that initiation ceremonies for girls who have come of age should involve having sexual intercourse with selected men from the community. There are people who believe that condoms reduce sexual satisfaction or that they can cause cancer of the cervix or that a man should have unprotected sex with his pregnant wife to allow for normal gestation and smooth delivery. There are also beliefs that when one spouse dies, the surviving partner should be forced to have unprotected sex with a relative of the diseased spouse for sexual cleansing or that when a spouse dies, the surviving spouse should marry the relative of the diseased. All these have negative or positive effects on the fight against HIV/AIDS.

Some beliefs on HIV infection border on the absurd; like, one can get cured from AIDS by sleeping with a young boy or girl; or that one cannot get HIV/AIDS from circumcision or genital mutilation using one blade among many people, or the practice by many traditional healers of tattooing many clients using the same razor blade cannot cause HIV/AIDS; that children infected and suffering from HIV/AIDS can easily spread its to family members; that sexually transmitted diseases cannot affect nice women or that HIV positive people are promiscuous(Mbuya ,2000).Some of the above beliefs promote HIV infection and others encourage isolation of those infected or affected.

Students who hold harmful beliefs and follow harmful practices need help to change their attitude and beliefs so that they are more positive and helpful. The counselor should promote open discussion between adults and children. Fox (2001) highlights different ways by which orphaned students can be helped. There should be an open discussion between adults and students about matters related to HIV/AIDS. In this way correct information on HIV/AIDS can be disseminated to students so that they can make informed decisions. Students should be listened to and involved in decisions that affect them. It is also important to involve the entire student

community to provide emotional support to those infected or affected by giving all of them adequate information to clear the misconceptions.

According to Demo (2001), it is important that the entire student body is mobilized to provide emotional support for those infected or affected to reduce the stigma and discrimination. The counselor should share information and clarify issues about HIV/AIDS and its impact on the school community as a whole. The school community should openly discuss events around AIDS and its effects and should also be involved in planning how they could provide support for those infected and affected students.

Salaam (2005) recommends that students should be encouraged to discuss the fears and issues that worry them with their relatives, family, friends, church groups etc with whom they feel secure. Students should be made to understand that enough rest, sleep, prayer and simple exercises like jogging and dancing are helpful when dealing with trauma and emotions. More care needs to be taken when counseling students because they find it more difficult to understand their fears and emotions. Students at their adolescent age also generally feel embarrassed when talking about HIV/AIDS because it is generally linked to sex, a subject that is culturally sensitive and that children are not supposed to talk about.

Hussein (2008) indicates that once a student has opened up and disclosed a sick parent, the counselor can discuss the issue of writing a will with them to hear their views and then encourage them to discuss with their parents. The counselor may also find a way of discussing the same with the parent later on. This encourages parents to prepare a will which leaves assets to their children. The counselor can also find out the organisations that exist for protection of children in the community so that they can be approached for assistance. The counselor may use available referral systems and care networks to cater for ill students and parents, and NGOs and church groups that can help with fees.

School counselors should adopt certain approaches to enable them deal effectively with challenges facing orphaned students. They should begin by coming down to the level of the students and establish a good relationship. In starting the counseling session, they should start with something easy to talk about or find a relaxing activity

to do with them, like sports or drama stories, or games. Creativity is necessary to assist in keeping and maintaining their interest and threats should not be used under any circumstances. The counselor needs to gain acceptance of the students seeking counseling. According to Jackson (2002) in some cultures where children are not allowed to reply to adults, students tend to react with suspicion or resent an adult who may be trying to talk or listen to them. In this case, the counselor should engage the student in action oriented techniques like play, drama, drawing, song and storytelling. All this time the counselor should observe the student for non verbal signs in order to determine how they are feeling.

Kweyu (2009) indicates that in Anhui Province central China, a group of community based counselors have been trained to provide group counseling sessions focusing on self awareness and communication to provide basic therapeutic approach for depression and anxiety. The author conducted a baseline and two follow up surveys of 39 children who met clinical diagnostic criteria for depression and anxiety. There was a statistically significant improvement on depression, with greater gains immediately following the intervention. The author demonstrated the feasibility of task shifting for mental health services in this setting.

Hussein (2008) outlines several strategies for counseling youth orphaned by AIDS. He feels that other family members, friends and neighbours should be incorporated to help the orphaned student deal with the emotions and challenges they face. They also need help when dealing with illness of parents or relatives, and coping mechanisms to deal with the stigma and discrimination. This should prepare them well for death so that when it is an eventuality they can learn to accept it. The counseling session can also help orphaned students to cope with issues of livelihood to enable them to meet basic needs.

According to Zivor (2007), from a humanistic perspective, everyone is entitled to a positive self regard, it is the natural birthright of all humans, a gift, and it is from this standpoint that the view is held that respect, nurturance and trust are seen as key to self esteem enhancement. Increasing self regard also greatly depends on achieving goals and developing a sense of competence. Self esteem enhancement should therefore include giving praise where it is due, encouraging the creation of meaningful activities and setting challenges for learning and growth. Students should

be encouraged to set goals and to take responsibilities for attaining them. Enhancement programs should aim at guiding children through failures and helping them accept their failures and to persevere despite these setbacks. Zivor (2007) maintains that self esteem enhancement that is based on these outlines will help establish healthy, stable self esteem which is built on both competence and positive self regard.

## **2.8 Orphan Care systems**

Cook, Ali and Muntali (2002) observes that social rupture occurs when HIV/AIDS attacks, weakens, destroys and affects the inner circle which is the nuclear family and spread outwards until they affect the society at large. The impact of HIV/AIDS goes beyond the actual sufferer and affects all those that are close to him/her. In relation to orphans the impact starts by the actual death of parents. As the disease progresses, the children fail to understand and comprehend the situation and why it cannot be controlled. These lead to feelings of uncertainty, guilt, depression, fear, withdrawal, confusion, stigma, grief, trauma, shame, which may mark the beginning of psychological and health problems such as malnourishment. The longer the parents suffer, the greater the trauma.

Chirwa (2002) notes that social roles also begin to change as the parent(s) become incapacitated through death. Children may take up some adult chores like patient care, fellow child care, fetching food and firewood, water and many other roles. Depending on the traditional culture, the impact may affect the girl more than the boy. It may also vary according to the ages of the children. UNICEF (2003: 22) identifies the extended family as the traditional social security system where the members are responsible for the protection of the vulnerable and care of the poor and sick. However, hopes that the extended family would be sufficient to absorb the full social, economic and psychological impacts arising from the AIDS pandemic have been found by UNICEF (2003:22) to be unrealistic.

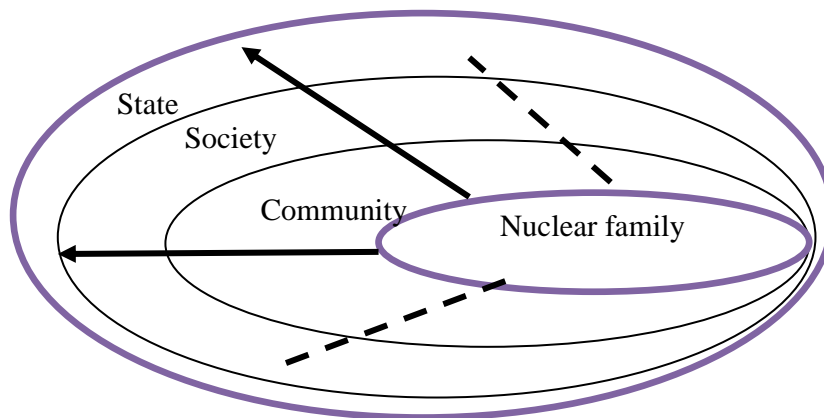
According to Chirwa (2002) alternative forms of social organization and new social relationship patterns with broad adaptive capacities are emerging as a result of the HIV/AIDS crisis. Family relations are becoming more elastic and are sometimes overstretched to accommodate the vulnerable members. The degree of success



depends on multiple factors that include the material conditions of the respective families, the level of integration of the orphan in the new social relations, the ages and gender of the orphans, the size of the family in which they are found, the willingness of the family members to accommodate more people as well as the intentions of doing so, and the degree of vulnerability of the orphans themselves.

Multiple loss of family members especially over a short period, the type of loss (status, property etc), being physically alienated from one's original home through relocation and lack of trust in the guardian are some of the challenges of orphan care. Cook, Ali and Munthali (2002) observe that to argue that orphan care system is developing adaptive capacities is not the same as to argue that it is successful. Rather it means the system is resilient. There is tension and the structures and social relationships are overstretched, but they are not totally breaking down. They maintain that there is a process of social reconfiguration in which some strategies are discarded while others are adopted.

De Haan (2002) opines that social exclusion is a process through which individuals or groups are wholly or partially excluded from full participation in the society in which they live. It constitutes the multi dimensional character of deprivation, and the processes, mechanisms and institutions that exclude people. He observes that orphans most likely fall into both situational and structural poverty to have their rights violated in various ways and consequently to less participate in the society in which they live. Social inclusion denotes a process of full or partial integration in the society in which one lives. It includes being allowed space to realize ones rights, pursue a living and fully take part in the affairs of life.



**Figure 2: The traditional Childcare system**

Chirwa (2002) observes that the nuclear family is at the centre of the system followed by the extended family and the immediate community, the neighborhood, clan, tribe and society at large. The responsibility for the care of children primarily rests with the nuclear family and diminishes as the children grow towards greater and increasing independence from it. When the nuclear family becomes incapable of providing care, say `through disability, impoverishment, parental incompetence, poverty or death, the responsibility is increasingly assumed by the extended family through the ‘economy of affection’.

Chirwa (2002) indicates that beyond the extended family the responsibility for the care of orphaned children rests with the community usually consisting of people in the same neighbourhood, belonging to the same clan or tribe. He reveals that both social proximity and residential patterns may play an important role. The state provides childcare through a series of measures that include laws, social policies and various welfare programs. Beyond the state is the international regime characterized by legal instruments and human rights standards governing the care of children.

Until very recently, the advocates of the ‘best practice in orphan care emphasized the formal institutional approaches: planning and programming; consultation and coordination; formation of task forces – or the creation of more structures; advocacy and networking; transparency and good management; holistic approaches in the design of interventions; and project evaluation and monitoring using set indicators, Ntata (1998). Of late the focus is increasingly shifting towards what are known as

bottom up approaches. These include: community mobilization and the involvement of community leaders, use of traditional structures and channels of communication, voluntarism and voluntary participation, life skills training (including HIV/AIDS education), civic education on child rights, child participation, gender sensitization, traditional forms of counseling and rehabilitation, and the integration of orphans in the community.

Kalembe (2000) maintains that there is a new thinking that is accompanied by the acceptance of the importance of local communities as change agents. Hence the call is now for the community based organisations (CBOs) to take a leading role in orphan care. The CBOs include religious-based or village based committees charged with the responsibility for orphan care. Non-governmental Organisations (NGOs), multilateral and bilateral aid agencies, government and religious institutions are now setting up these CBOs as their 'best practice' in orphan care. The system operates at three levels. First are the village level CBO committees. These are for planning and coordinating village level activities relating to orphan care. They also serve to network with other levels of orphan care in the overall national program.

Ntata (1998) indicates that the second level is that of volunteers who carry out specified activities identified at the planning stage by the orphan care committees. The volunteers identify, register, and monitor the wellbeing of the orphans; and report to the orphan care committee. Third is the level of external assistance from donor agencies, NGOs, government and other institutions. The linkages between the CBO structures and the external institutions demonstrate the degree of formality. He observes that this is a tacit admission that families and communities have the potential to re-bond and reconfigure themselves in the face of crisis.

The recognition of the adaptive capabilities of the social sub-systems has resulted in the partnership between the CBOs and other formal institutions. The latter use the former as vehicles for the delivery of their program activities. This has both positive and negative implications. On the positive side, there is a sense of 'ownership' of the problem by the community, increased participation and social re-bonding to avoid societal breakdown. On the negative side, it may easily result in the strengthening of

patron-client relationship and increased dependency of the CBOs on the formal institutions.

## **2.9 Mitigation on of the Orphan Problem in Africa**

Africa has largely borne the brunt of the AIDS pandemic due to high levels of poverty, negative cultural practices, lack of access to proper medication and nutrition (UNICEF 2006). UNAIDS (2008) reports that three of the African countries that have been worst affected by HIV/AIDS are Botswana, Malawi and Zambia. UNAIDS (2010) estimated that 93,000 children had lost their parents by the end of 2010 in Botswana. The government of Botswana encourages communities to provide care for orphans and to rely on institutional care only as a last resort. UNICEF (2010) outlines that a National Orphan Program was established in April 1999 to respond to the immediate needs of orphaned children. A trust has been set up in one of the rural districts. The trust identifies and registers orphans in the district and through home visits, schools and churches screen orphans using established criteria to identify the type of assistance they need. They also initiate community based foster placement and identify local groups who purchase food and clothing and distribute them to the orphans. They also offer education and counseling.

In Malawi, 500,000 children were orphaned by the end of 2010. The government has established a National Orphan Care Task Force, made up of representatives from different organisations responsible for planning, monitoring and revising all programs on orphan care. The task force also has established a sub-committee that is reviewing existing laws and legal procedures to provide greater protection to vulnerable children. Village orphan committees have been established in many villages to monitor the local situation and take collective action to assist those in need. These efforts are however hampered by rampant poverty.

In Zambia the number of orphans was 690,000 by the end of 2010 and is likely to rise to one million by 2014. The traditional mechanism for the care of vulnerable children, the extended family, has started to break down under the twin pressures of poverty and disease. One multi sectoral project in Zambia is Strengthening Community Partnership for the Empowerment Orphans and Vulnerable Children (SCOPE–OVC) implemented by Care Zambia. It works to keep siblings together and

children within extended families and communities. It develops district and community level capacity and resources to respond to the needs of orphans and vulnerable children.

In Uganda, Epstein (2012) reports that AIDS is talked about openly and there are plays, vigils marches and vigorous public debate about how men and women treated each other. People feel free to talk about AIDS in highly personal ways without fear of discrimination. Even the poorest people cared for the sick and other children with decency and sacrifice occasioning a 70% decline in the prevalence rate and by extension the number likely to be orphaned in the future. Uganda has allowed cultural expression through art, protest or the individual choice to help another person other than look the other way.

Morris (2012) emphasises that the AIDS stigma in Uganda has been largely eliminated by a government sponsored public awareness campaign. Epstein (2012) observes that this is contrary to the South African way which is a brutal history of silence and cruelty which continues to stigmatise people with AIDS because they do not know how the virus spreads in the community. Uganda has therefore been able to contain the HIV/AIDS pandemic to comparatively reasonable levels due to the reduction in stigma and general acceptance of the disease.

According to Mbuya (2000) Tanzania through the Swiss Agency for Development Cooperation (SDC) has the best documented and scientifically supported program for AIDS orphans through a project known as the Humuliza Project. Its aim is to provide psychological support and aims to reinforce the natural vitality and strengthen the resilience of orphaned children. Vijana Simama Imara (VSI) and organization in 20 clusters has 2200 active members and Rafiki Mdogo with 1100 children. Here the orphans experience friendship and also active help like in building a house. Here they learn their strengths and weaknesses and build up their self esteem.

The Humuliza team offers diverse support of a practical nature. Agriculture courses to teach the basic theory and practice of animal husbandry and farming and market gardening. A one year course prepares them for secondary school entrance exams. It has its own bank which operates savings accounts and provides micro credits for

orphans. For girls, there is a self defense course to curb sexual harassment. In cases of extreme hardship, Humuliza steps in with financial support. In Rwanda, Morris (2012) reveals that the conspiracy of silence is hurting the AIDS campaign. AIDS victims are described as having died of “natural causes” instead of AIDS. However an organization of child headed groups has come up to assist one another. They get together and cultivate a garden for a member who is in school so that they do not waste valuable school time doing these chores. There is also the Church World Service which has initiated a program to enable heads of households to start businesses so that they could support themselves or send their siblings to school.

In Nigeria, Joulmes (2005) outlines that there is a muted government response to the AIDS orphans problem and interventions are mostly confined to families, churches and communities. With the burden of poverty, families and communities cannot cope with the increased number of orphans. The government has instituted a national action plan focusing on policy development, capacity building and planning at all levels. Other areas include economic capacity of caregivers and access to basic services for orphaned children such as education, health and nutrition, protection and social care. There is a campaign to make sure orphans do not suffer a double jeopardy, of losing their parents and being utterly neglected by society.

UNICEF/UNAIDS (2012) reports that funding remains a major challenging factor and that there is a need for the Nigerian government to institutionalize free education policy for AIDS orphans in the state. A series of advocacy efforts have been made by Community Based Organisations (CBOs) to the government to secure abolition of school fees for orphans, though they are yet to yield positive results. School teachers are mobilizing resources locally to cater for the orphans and keep them in school. NGOs acting as Community Based Organisations (CBOs) or faith based organizations both local and national have assumed the roles of de facto government structures. They provide social protection for orphans because institutionalisation of these young people is a costly solution and one that may not be in the best interests of the orphans and also because government has failed to do this. These organizations face challenges of securing legal and educational support for orphans and integrating them into households after introducing them to major economic activities like farming and trading.

### **2.8.1 Kenya's response to the orphan crisis**

According to Hussein (2008) the government emphasises on intervention for OVC at the household and community levels. A draft National Policy on OVC is ready and is awaiting cabinet approval. The Government commits itself to ensuring that all children including orphans and others made vulnerable by various circumstances especially HIV/AIDS are protected and supported to achieve their full potential.

The Government through the Department of Children Services in collaboration with development partners has introduced a cash transfer program to poor families taking care of OVC. The overall objective of the program is to provide a social protection system through which regular and predictable cash transfer is made to poor families taking care of OVC in order to encourage fostering and retention of these children within families, communities and to promote their human development. The government has also developed child adoption regulations with a view to streamlining the process of adoption and protecting the rights of adopted children. Legal guidelines have been gazetted to guide and establish the management of such institutions that cater for orphans and other vulnerable children, Hussein (2008)

### **2.9 Theoretical Framework**

The theoretical framework adopted for this study is derived from three approaches to perception, namely Maslow's, gestalt and existential.

#### **2.9.1 Maslow's Theory**

Maslow's hierarchy of needs is a proponent of the humanistic theory that was very popular in the 1960s, Smart and Smart (1977). This theory focuses on how people acquire emotions, attitudes and interests. It helps the teacher to understand why some learners are more likely to respond to learning situations than others or why some learners would be motivated by given learning situations.

According to Maslow (1970), self esteem needs involve the desire for respect, confidence, achievement, prestige, status, mastery, dominance superiority and administration desires. It is the need to feel worthwhile, competent and independent and to feel that other people respect and appreciate us. He felt that the most stable source of self esteem is genuine accomplishment rather than public acclaim or praise.

Some learners are motivated to be in charge because they like influencing others. Teachers should create an environment where the learners can be motivated by asking learners to volunteer to do certain tasks. Learners who have high self esteem will do well in the tasks they volunteer to do while those who have low self esteem will not volunteer to do the tasks outlined and may not excel when forced to do them.

Personal aspirations are determined by self image. Positive self image will be characterized by high need achievement where students set high goals and try to achieve them. Those learners with negative self image are low need achievers and do not do much to improve themselves and easily resign to fate. HIV/AIDS orphans usually have problems due to the stigma attached to the death of their parents and hence suffer low self image leading to low self esteem.

Societal expectations may also put too much pressure on orphans because they are expected to takeover roles previously hitherto performed by their diseased parents. They tend to get frustrated, leading to low achievement and motivation. Gender stereotyping also leads to girls becoming low needs achievers because they are made to feel that they should only engage in menial tasks at home. Orphaned girls tend to drop out of school or get into early marriages so as to get means to take care of their siblings. Those who stay in school normally tend to be overburdened by household chores before they get to schools, which compromise their levels of motivation, competence and achievement.

Omulema (2000) indicates that dependent learners are highly conformist and submissive to authority. They take the fewest possible risks of social rejection and threats to their self esteem. They are more easily conditioned and set very cautious goals. They express more positive attitude towards dull tasks. They tend to seek approval and recognition from teachers. Teachers should help learners assume increasing responsibilities for their learning activities and avoid arousing too much anxiety in the learners. Teachers should avoid making learners feel like failures as this creates depression, frustration, passiveness and irresponsiveness.



### **2.9.2 The Gestalt Theory**

The Gestalt Theory, rooted in existential philosophy and phenomenology sees human nature as holistic, consisting of many varied parts which make a unique individual, Matlin and Foley (1997). As one grows and develops, they encounter experiences, feelings and fears in life that can cause 'gestalt'. Gestalt counseling whose emphasis is on learning to appreciate and fully experience the present moment assumes that individuals can themselves deal effectively with their life problems especially if they make full use of awareness of what is happening in and around them.

According to Carlson and Heth 2010, we often experience things that are not part of one simple sensation. We perceive motion where there is nothing more than a rapid sequence of individual sensory events. Its principle is that the brain is holistic, parallel and analogue with self organizing tendencies. The principle maintains that the human eye sees objects in their entirety by perceiving their individual parts, suggesting the whole is greater than the sum of the parts. It tries to understand the laws of our ability to acquire and maintain stable percepts in a noisy world.

Yontef and Smokin (1993) theorize that emphasis is on what is being done , thought and felt at the moment ('here and now') rather than on what occurred in the past or even what might be, could be or even what should be. The counselor in gestalt therapy teaches the student that what is directly experienced and felt is more reliable than explanations or interpretations based on pre-existing experiences or what should be. The goal of gestalt therapy is for the client to become aware of what they are doing, how they are doing it and how they can change themselves and at the same time to learn to accept and value themselves.

According to Yontef and Smokin, awareness and dialogue are two primary tools in gestalt therapy. Awareness defined as the experience of being in touch with one's own feelings and overall existence. It implies knowing that one has control over, choice of and responsibility for one's own feelings and behavior. A person who is aware knows what he does, how he knows it that he has options and alternatives and that he chooses to be the way he is. It provides and opportunity for change in

experiences, different options, and the client gains the freedom of choice. Awareness is the ultimate goal and path of gestalt therapy.

Yontef and smokin reiterate that responsibility is the ability to respond rather than to react. It requires awareness, acknowledging and owning our processes. When we recognize how we contribute to a situation we increase our personal power to change outcomes rather than to feel like victims. They note that many of us split out experiences, thoughts, sensations and emotions that are uncomfortable. His aim is to move people into owning their experiences and developing into a healthy gestalt (whole). Gestalt therapy emphasizes on personal responsibility, interpersonal contact and increased clarity of awareness of what is, what could be of great value in mitigating problems of the present. Gestalt therapy fosters change primarily by the client learning to understand him or herself in the world through insight. The counselor works by engaging in dialogue rather than manipulating the patient towards some goal.

De Haan (1998) notes that rather than passively awaiting the therapists response and subsequent change, the client is seen as a collaborator who is to learn how to self heal. People are responsible and are the primary agents in determining their own behavior. When people confuse responsibility with blaming and should they pressure and manipulate themselves they are not integrated and spontaneous. He maintains that gestalt therapy is an exploration rather than a direct modification of behavior. The goal is growth and autonomy through an increase in consciousness rather than maintaining distance.

The interplay of self esteem and the appraisal of self, world and future may be understood from a gestalt perspective. According to Zinker (1978) a person with a healthy self concept is aware of and accepts the opposing forces within himself since he is able to say "I am kind but sometimes cruel". Despite society's disapproval of the negative polarity, he is able to incorporate this notion of himself and continue to view the world as a positive place. However the one with a negative self concept will be unable to accept his negative polarities. When confronted with a negative thought, instead of incorporating this into the self, it is projected onto the world thus viewing the world and others as bad and the future as bleak.

The significance of nurturing self regulation as viewed from a gestalt perspective through a process of increasing awareness, new patterns of behavior are identified and integrated while the old introjected ideas are challenged and dislodged. The new effective way of being is set in motion and interruptions in the sensation, awareness and mobility cycle are undone, resulting in increased insight and improving problem solving abilities.

The Gestalt Theory also outlines the concept of unfinished business or unexplained feelings such as resentment, rage, hatred, pain anxiety, grief, guilt and abandonment. The orphans are never exactly short of these feelings. The orphan maybe beset with preoccupation, compulsive behavior, wariness, oppressive energy and much self defeating behavior. Attaining awareness put forth by the Gestalt Theory enables important unfinished business to emerge so that it can be dealt with in a counseling session.

### **2.9.3 The Existential Theory**

According to the Existential Theory the current focus is on being alone in the world and facing the anxiety of this isolation, Mussen, Janeway and Kagan (1969). This Theory recognizes in exploring capacity for self awareness that we are subject to loneliness, guilt, meaninglessness, emptiness and isolation and that we are basically alone yet we have an opportunity to relate to other beings. The counselor's function is not to tell clients what their particular meaning in life should be but to point out that they can discover meaning even in suffering. It holds that human suffering can be turned into human achievement by the stand an individual takes in face of suffering.

Existential counselors see anxiety as a potential source of growth which can be beneficial to orphans who can use the anxiety to generate growth and healing. They observe that life cannot be lived or death faced without anxiety. They observe that if we learn to listen to subtle messages of anxiety, we can dare to take steps necessary to change the direction of our lives. People acquire freedom of action by expanding their self awareness and by assuming responsibility for their actions. However the acquisition of freedom and responsibility is achieved at the expense of anxiety and dread.

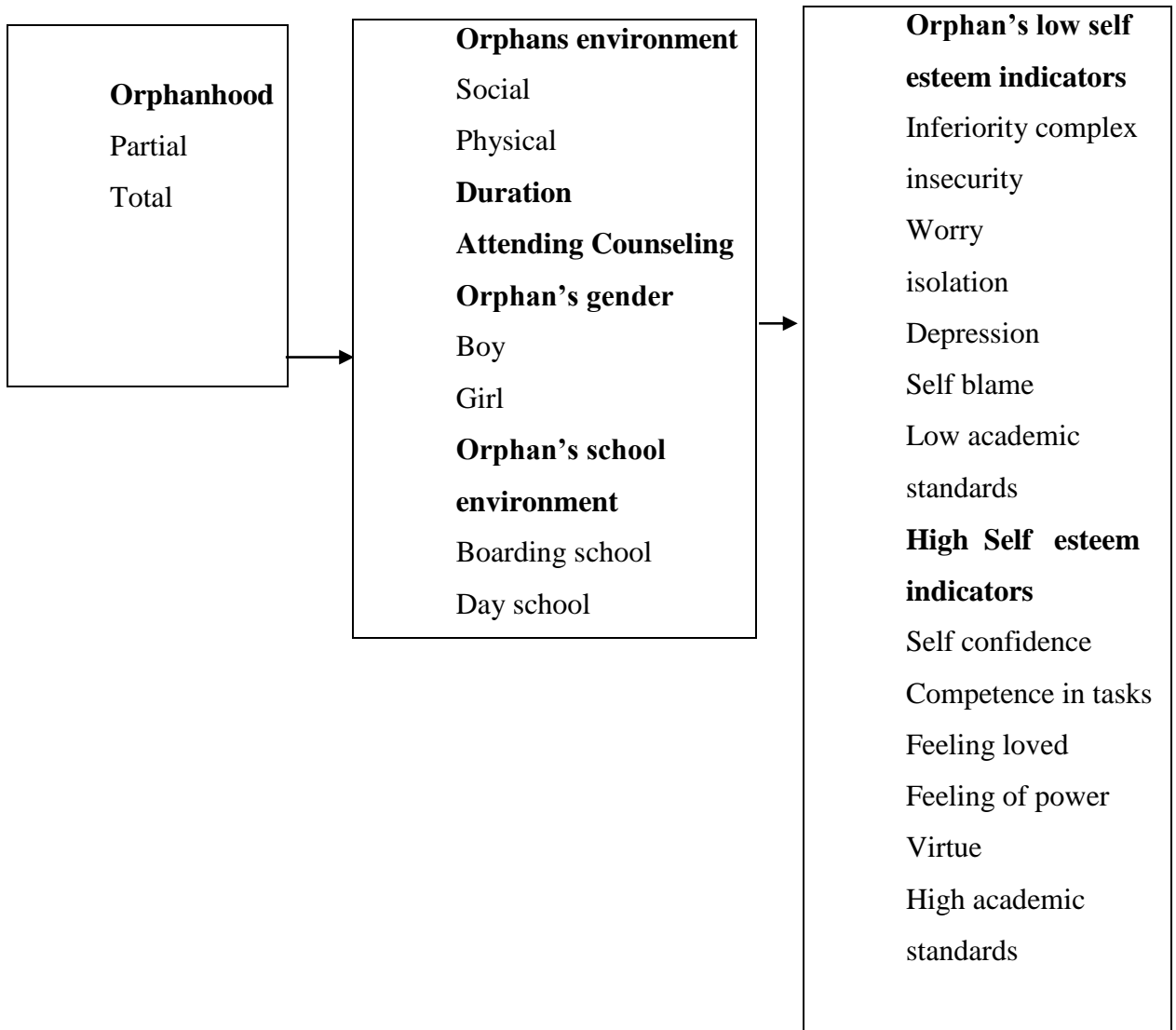
### **2.10 Conceptual Framework**

The conceptual framework describes the link between the independent variable, extraneous variable and dependent variable. It show orphans' predisposition to high or low self esteem depending on their gender, environment, duration and access to counselling services. An orphan may have one parent or none and they operate under different environments both at home and at school. The duration of orphanhood, their gender, access to counselling services may affect their self esteem in different ways leading to either low or high self esteem as measured on the Karl Perera Scale.

**Independent Variables  
Variables**

**Moderating Variables**

**Dependent**



**Figure 3:** A conceptual model showing orphanhood, orphan environment and self esteem.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This chapter covers introduction, research design, and location of study, target population, sampling procedure and sample size, instruments for data collection, validity and reliability of the instruments, data collection procedures and methods of data analysis.

#### 3.2 Research Design

The study employed a descriptive survey with an *Ex-post facto* design, aimed at describing and determining the level of the self esteem of orphaned students. This is because it examines the effects of a naturally occurring treatment after the treatment has occurred, Kathuri and Pals (1993). The study targeted students who had already been orphaned and sought to determine their level of self esteem.

#### 3.3 Location of the Study

The study was conducted in Upper Nyakach Division of Nyakach District in Kisumu County of Kenya. It is at an approximate distance of 50 km from Kisumu City and Kericho town, and is located mostly on and around the Nyabondo plateau. The basic economic activities include subsistence farming, brick making and crushing of ballast from the rocks on the plateau and petty trading. Most trading takes place in Sondu market which is a cosmopolitan town at the intersection of three Counties, namely Kisumu, Kericho and Homa Bay Counties and three districts namely Nyakach, Rachuonyo and Belgut.

There are three major market days every week, when people converge at Sondu market, from far and wide to sell their wares. Upper Nyakach is subdivided into five zones namely Bolo, West Nyakach, Nyabondo, Sigoti and Oboch. This area is overseen by an Area Education Officer (AEO) whose offices are situated at Kodingo and Nyabondo. The area is wide with rough and rugged terrain and is classified as a hardship area by the Kenyan government due to the high poverty levels, poor transport and communication network and susceptibility to droughts and floods and tribal clashes. This location has been chosen because it is familiar and accessible to

the researcher, making it relatively more economical to traverse. The division has two county schools and fifteen district schools as indicated in Table 1. The county schools admit students from all over the county.

### 3.4 Target Population

This study covered twelve secondary schools in Upper Nyakach Division of Nyakach District in Kisumu county of Kenya. This included one County Boy's school, one County Girl's school, one District Girl's school and nine District mixed schools. This is because these are the only categories available in Upper Nyakach Division. Focus was on orphaned students both male and female. The division has seventeen schools as shown on Table 2.

**Table 3**

Stratification of Secondary Schools in Upper Nyakach Division

Type of school	County	District	Total
Boys	1	0	1
Girls	1	2	3
Mixed	0	13	13
<b>Total</b>	<b>2</b>	<b>15</b>	<b>17</b>

Source: Nyando District D.E.O. Office (2009).

### 3.5 Sampling Procedure and Sample Size

The researcher selected twelve schools out of the seventeen schools within Upper Nyakach Division of Nyakach District in Kisumu County, Kenya using stratified random sampling since the population to be sampled was not homogeneous in terms of certain required characteristics, Kathuri and Pals (1993). The schools were stratified into, County Girls, County Boys, District Girls and Mixed secondary schools. It is worth noting that both county schools offer full boarding whereas all

district schools are registered as day schools. Since there is only one County Girls and one County Boys School, they were both included in the sample.

Out of the two District Girls secondary schools, one was randomly selected, whereas 9/13 mixed district secondary schools were randomly selected into the sample. This is because the challenges faced by orphaned students in different school settings are likely to affect their self esteem in different ways. Determination of this sample follows the recommendation made by Kathuri and Pals (1993) that in survey research each minor sub group should have a sample size of 20-50. For each of the twelve minor sub groups, twenty respondents were randomly selected. In cases where the number was less than twenty, then the entire population was included in the sample.

Since the researcher targeted orphaned students, purposive sampling technique was used to select the required subjects. The researcher selected 234 students from the twelve schools in the sample within Upper Nyakach Division. The researcher first established the total number of orphaned students in the selected schools by getting from the school administration the total number of orphans in the school per class then randomly selected a sample depending on the population in every school. In mixed schools that admit boys and girls, the researcher proportionately selected students by gender according to the population in every school. The researcher also conducted interviews with twelve (12) heads of departments of Guidance and Counselling, giving a total of 246 respondents.

### **3.6 Instrumentation**

The student were given a standardised self esteem scale by Karl Perera (2007) to address objective one, where low or high self esteem were scored as per the recommendations.

The researcher also developed instruments with which to collect the necessary information. A questionnaire was developed with three parts, each comprising five questions. Section A addressed objective two and three which sought information on gender and duration of orphanhood. Part B and C each comprised questions that explored the perception of the orphans on the effects of orphanhood on their academic



performance and the mitigating effects of counselling on self esteem of orphaned students.

Both structured and unstructured questions were used since according to Mugenda and Mugenda (1999), the closed ended items are easier to analyse since they are in immediate usable form and help in checking the consistency of responses provided whereas the open ended questions give the students complete freedom of response and therefore giving direct or indirect answers to the items asked. The researcher prepared an interview schedule for the heads of departments of Guidance and Counselling to find out more on the challenges they face when dealing with orphaned students. Kathuri and Pals (1993) recommend interviews when the study deals with a sensitive topic or attempts to elicit deeper response that cannot be measured by questionnaires.

### **3.6.1 Validity of the Instruments**

Validity is the degree to which results obtained from the phenomenon under study represent the variable of the study, (Mugenda and Mugenda, 1999). To attain this researcher ensures that all items of the instrument address the measurable indicators of the variables and measure what it was meant to measure. It is the accuracy, soundness or effectiveness with which an instrument measures what it was meant to measure in the research objectives (Kathuri and Pals 1993). Face validity is the accuracy of the instruments. The researcher developed instruments based on the objectives of the study to ensure content validity of the items. By reading widely, consulting other experts in Guidance and Counselling and seeking help from the supervisor the researcher checked the validity of the instruments.

### **3.6.2 Reliability of the Instruments**

Reliability is the degree to which test scores are free from measurement errors. This concerns the degree to which a particular measuring procedure gives similar results over a number of repeated trials (Orodho, 2005). It is the extent to which questionnaires or any measurement procedure gives similar results over a repeated trials. In order to establish the reliability of the study instruments a pilot study was conducted using a sample of 40 students and two teacher counselors from Lower Nyakach Division. This division was chosen due the similarities with Upper Nyakach

in terms of the economy and the challenges of the orphan problem. Chronbach's alpha coefficient was used to determine reliability coefficient and it yielded a reliability coefficient of 0.72 which was considered an acceptable threshold, (Mugenda and Mugenda 1999).

### **3.7 Data Collection Procedure**

The researcher first sought permission from graduate school to conduct research. For the purposes of ethical consideration she sought clearance to conduct the research by applying for a research permit from the Ministry of Science and Technology through the DEO Nyakach. Upon getting a go ahead, the researcher visited twelve schools within upper Nyakach Division to establish rapport and make appointments with the head teachers. The researcher then asked the heads of departments of Guidance and Counseling to identify the orphans.

Instruments were administered to the students and they were asked to respond individually after being informed clearly the purpose of the study. The questionnaires were given serial numbers for the purpose of follow up. The researcher collected the questionnaires personally after a week in each school with both students and teachers. The researcher also conducted interviews with the school HODs of Guidance and Counseling to find out the students' behaviour pattern. The researcher collected the interview data on heads of departments over a period of 5 days and the data from the questionnaires over a period of six weeks due to logistical challenges.

### **3.8 Data Analysis**

Data was coded and analysed with the aid of Statistical Package for Social Sciences (SPSS) for windows. Descriptive statistics was used in the analysis. The responses were quantified and expressed in form of frequencies and percentages. These were consequently used in addressing the research questions.

**Objective one**, to determine the self esteem of orphaned students, the researcher used the Karl Perera Scale which has a set of sixteen closed ended questions. Each 'True' response earned one point. All true responses were enumerated per student and tallied against the Karl Perera Self Esteem Scale as follows:

**Karl Perera Scale**

<b>15-16</b>	<b>True responses</b>	<b>High Self Esteem</b>
<b>12-14</b>	<b>“</b>	<b>Average Self Esteem</b>
<b>Below 11</b>	<b>“</b>	<b>Low Self Esteem</b>

The sums of the true responses were analysed using descriptive statistics and presented in tables.

**Objective two**, to determine whether gender differences exist in self esteem of orphaned students, responses from the closed ended questions in section A from 1-14 were summarized in sheets to determine frequencies and tallied, then converted into percentages.

**Objective three**, to determine the effect of duration of orphanhood on self esteem of orphaned students, responses from the open ended questions in section 5a and b were interpreted and their frequencies worked out. Percentages were calculated from the frequencies and the data presented in tables on the basis of the first parent lost.

**Objective four**, to determine the orphaned student’s perception of orphanhood on their academic performance, responses from the closed ended questions in section B questions 6-8 were coded and summarized in sheets to determine the frequencies. These were then tallied and converted to percentages and presented in tables. Open ended questions in section B (9-10) were also interpreted and their frequencies worked out.

**Objective five**, to determine the role of counseling in building self esteem of orphaned students, responses from closed ended questions in section C(11) and open ended questions 12-15 were interpreted and summarized in sheets to determine frequencies and tallied , then converted into percentages. The data was presented in tables, Responses from the interview with HOD’S Guidance and Counseling were also transcribed and their frequencies worked out.

## CHAPTER FOUR

### RESULTS AND DISCUSSIONS

#### 4.1 Introduction

This chapter presents the results and discussions of the findings. The study findings in Section A, seeking background information indicated that there were slightly more orphaned boys in the secondary schools sampled than orphaned girls although the number was negligible. This meant that both boys and girls had almost equal opportunity to access secondary education. It was also noted that most of the orphaned students were between the ages of 15-18 meaning most of them accessed secondary education a bit late. It also emerged that majority of the orphaned students had lost their parents for a period of between 4-11 years.

The study findings that sought information on academic performance revealed that majority of orphaned students had the perception that there was a decline in their academic performance on the death of their parent(s) meaning that loss of their parent(s) had a negative impact on their academic performance.

The instrument that sought to find out the role of counseling in building self esteem of orphaned students revealed that students who seek counseling are better equipped to deal with the challenges of orphanhood.

The Self Esteem Scale by Karl Perera sought to determine the level of self esteem of orphaned students revealed that majority of students have low or average self esteem with very few orphaned students having high self esteem. It further emerged that fewer orphaned boys had high self esteem compared to girls.

The interview schedule for HOD's of Guidance and Counseling gave more in-depth description of the challenges faced by orphans and their academic performance, discipline issues and retention rate in secondary schools. These either corroborated the above findings or reinforced them. It also emphasized the need to strengthen counseling in secondary schools to assist orphaned students especially boys who seemed to have a lower self esteem than girls.

## 4.2 School Characteristics

The first part of the research instrument aimed at finding out the general information on the school attended and its classification. This was considered important because it enabled the researcher to know the school environments from which the orphans operate. Table 3 captured the type of school, whether girls, boys, or mixed and their classification in terms of day, boarding or both day and boarding.

**Table 4**

### School Characteristics

Characteristics	Number of Schools		Respondents	
	Frequency	Percentage (%)	Frequency	Percentage %
Type				
Boys	1	8	17	7.3
Girls	2	17	59	25.2
Mixed	9	75	158	67.5
<b>Total</b>	<b>12</b>	<b>100</b>	<b>234</b>	<b>100.0</b>
<b>Classification</b>				
Boarding	2	17.7	54	23.1
Both day and boarding	5	42.7	77	32.9
Day	5	42.7	103	44.0
<b>Total</b>	<b>12</b>	<b>100.0</b>	<b>234</b>	<b>100.0</b>

Table 4 shows characteristics of school types and classification. It emerged that 17 % were girls' schools, 8 % boys' schools and 75 % were mixed schools. The sample study consisted of 234 students in twelve schools 59 of whom were in girls' schools, 17 in boys' schools and 158 in mixed schools. It also emerged that out of this sample 103 students were in day schools 54 in boarding schools and 77 in both day and boarding schools representing 44 %, 23.1 % and 32.9 % respectively.

This is corroborated by Csete (2001), who observes that the reduced family income is reducing the OVC caregivers' ability to keep students in school. Because boarding schools are more expensive, most caregivers are likely to take orphans to day schools which are subsidized by the government to minimize costs. Salaam (2006) indicates that some orphans have to do odd jobs to fend for themselves and their siblings and can therefore only operate from a day school. Chirwa (2002), confirms that family relations are sometimes overstretched to accommodate the vulnerable members taken into account such as the ages and gender of the orphan, the size of the family to which they are found, the willingness of the family members to accommodate more people- as well as the intentions of doing so, and the degree of vulnerability of the orphans themselves. He adds that sometimes the motivation is also on the property they are likely to acquire through adoption of the orphan. Because of these many considerations, many caregivers tend to pick orphans when they do not have any choice at all and therefore many can offer just the barest minimum in terms of subsistence and education hence the large number of orphans in day schools.

**Table 5**

**Number of Orphaned Students by Gender**

<b>Gender</b>	<b>Number</b>	<b>Percentage</b>
		<b>%</b>
Boys	539	51.53
Girls	507	48.47
<b>Total</b>	<b>1046</b>	<b>100</b>

Research data, Upper Nyakach Division (2009)

Table 5 gives the total number of orphaned students in the 12 schools in the sample as indicated in the interview schedule for heads of department. The study revealed that there were a total of 539 male students and 507 female students in the sample giving a total of 1,046 orphaned students. This translates to 51.53 % male students and 48.47 % female students in the sample. This indicates that overall there are more male orphaned students enrolled in secondary schools in Upper Nyakach Division compared to girls. Both boys and girls have almost similar opportunities to access education in the various schools.

The researcher also outlined the actual number of orphaned students by gender per school to give an indication of the kind of orphan burden carried by various schools in Upper Nyakach Division of Nyakach District in Kisumu County. The schools were coded for purposes of confidentiality due to the sensitivity of the matter. These were only the orphaned students in the schools chosen to be in the sample.

**Table 6**

**Number of Orphaned Students Per School by Gender**

<b>School</b>	<b>No of Boys</b>	<b>No of Girls</b>	<b>Total</b>
A	80	40	120
B	15	10	25
C	41	31	72
D	12	16	28
E	40	32	72
F	62	23	85
G	200	-	200
H	36	20	56
I	-	208	208
J	40	56	96
K	13	15	28
L	-	56	56
<b>Total</b>	<b>539</b>	<b>507</b>	<b>1046</b>

(Research data, Upper Nyakach Division 2009)

Table 6 gives the real picture of the orphan situation in different schools. Many schools have to deal with a large number of orphans in different school environments with majority of orphans enrolled in mixed day schools. 638 students representing 60.99% are enrolled in day schools of different categories whereas 408 students representing 39.01% are enrolled in boarding schools. This is due to the fact that

many guardians fear taking on additional responsibilities and would be reluctant to sponsor an orphan in a boarding school. The cost of living has also gone up and if a guardian has children of his/her own, they would not welcome another burden that would strain their meager resources.

The number of girls in boarding schools in the selected schools was 208 (41.1%), whereas those in day schools either mixed or girls' schools were 299 (58.97%). This indicates that more orphaned girls were enrolled in day schools than boarding schools. The orphaned boys were 200 in boarding schools representing 37.05% of all the orphaned boys whereas those in day schools were 339 representing 62.28%. This also indicated that more orphaned boys were enrolled in day schools than in boarding schools. This is an indication that fewer guardians are willing to sponsor orphaned students in boarding schools than in day schools.

Further probing and interview with the heads of department guidance and counselling revealed that some of the orphans in boarding schools were either partially orphaned or had financially stable guardians or siblings who were willing to see them through school. Some had parents who had insured their education or left property that could be used to pay for them. There were also some who were sponsored by the Constituency Development Fund or other faith based sponsors who took care of their educational needs. The orphaned students in boarding schools were a bit sheltered from the vagaries of everyday hustle and bustle. They could at least be assured of three square meals in a day. Some of the orphans in day schools had to engage in menial jobs either in the evenings or on weekends to raise money for their upkeep and this would definitely impact on their academic performance and psychological well being.

The interview with the heads of departments of Guidance and Counseling also revealed that more orphaned girls tend to drop out of school due to pregnancy while some others drop out to take care of bedridden parents. Some drop out to get married while some drop out to look for work to cater for their siblings. This is corroborated by Omongin et al (2012) who observed in a study carried out in Uganda that the girl child's education was the most affected by the HIV/AIDS orphanhood because they were prevented from going to school and instead asked to remain at home to nurse



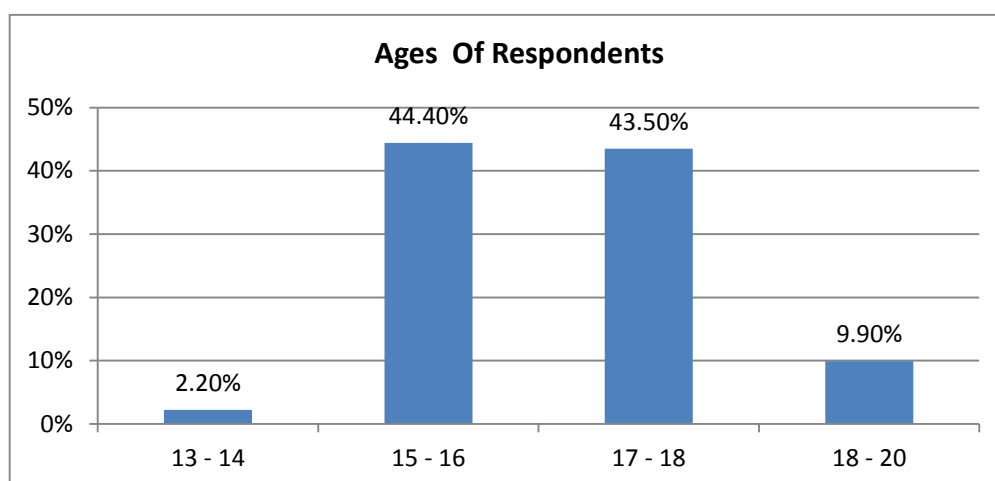
their other younger siblings and sometimes had to forego school completely while their male counterparts continued with their learning in schools. Boys mostly drop out to look for work. This is confirmed by Chirwa (2002) in the story of Ray, the sixteen year old boy from Malawi who had to drop out of school to look for odd jobs to take care of the younger siblings after the death of the parents. Njagi (2004) and Mwanzia (2009), confirm that girls are given more responsibilities than boys as some are withdrawn from school and drafted into child labour.

There were 116 female respondents representing 49.6 % as compared to 118 male respondents representing 50.4 %. It is however noteworthy that the number of female respondents were boosted by the high number of girls willing to participate in the study from the pure girls school as opposed to the number of willing respondents in the pure boys school. This is due to the fact that boys tend to find it more difficult to open up especially about emotional issues as compared to girls and indeed some male students picked the questionnaires and handed them back blank, whereas all the female students filled in their questionnaires.

Omongin et al (2012) confirm that orphaned students become stigmatized for being associated with the HIV/AIDS and their levels of self esteem become drastically affected and consequently their attitude to education becomes lower. This is likely to contribute to their shyness and reluctance to fill in the questionnaires as a result of fear of being associated with HIV/AIDS due to the stigma it elicits or they may still be traumatized by the pain of loss and stigma they may have suffered in the past. Ljungvist (2003) observes that students are stigmatized due to parent's ailment and may be denied access to schooling and health. Csete (2001) also confirms that these students spend a lot of time taking care of ailing parents and less in school and interferes with their schooling. Onyango (2004) confirms that some orphaned students take the responsibility of head of family after the demise of both parents and may therefore delay in starting secondary school.

Figure 4 captured the age of the orphaned students in the study. The data revealed that out of the 234 respondents, 232 indicated their ages whereas 2 respondents abstained. Those between 13-14 were 5, representing 2.2 %, those aged 15-16 were

103, representing 44.4 %, those aged 17-18 were 101, representing 43.5 % whereas those aged between 18-20 were 23 representing 9.9 % of the total sample.



**Figure 4:** Ages of the Orphaned Students

Figure 4 reflects that most orphaned students in the secondary schools are between the ages 15-18 representing 87.9 %. The number of orphans at ages 13-14 years is quite low due to the fact that many guardians may be reluctant to take up responsibilities of pupils who are orphaned at class 8 level due to the heavy costs associated with Form One admission. Indeed an interview with the HODs Guidance and Counseling revealed that some of the orphaned students joined the work force after completion of primary school for a year or two to get funds to enable them gain admission into secondary schools. That would explain why there were quite a number of orphaned students who were in the ages of 15-18 in form one. There were also a few respondents in the 18-20 year age bracket which is attributed to the students who join form one age 15-17 years.

It was also revealed that there were quite a number of dropouts at this level by students who leave schools to be able to get jobs to sustain themselves or to take care of their siblings. Some guardians are also reluctant to fend for students who are over 18 because they feel that they are capable of fending for themselves. This corroborated by Chirwa (2002) who noted that the ages of the orphaned children, the capabilities of the particular guardian at a particular time will determine if they will be

ready to take up the responsibility of the orphan. It is also noteworthy that there were orphaned students who were above the age of 20 in several schools in Form Two and above who were beyond the scope of this study. This confirms that indeed many orphans stay for several years after completion of primary education looking for funds from donors or doing odd jobs to save enough money to pay for their secondary school education.

### 4.3 Self Esteem of Orphaned Students

The first objective of the study was to establish the self esteem level of orphaned students in Upper Nyakach Division of Nyakach District. The students were given the self esteem scale of Karl Perera (2007) which has a set of sixteen closed ended questions. Each individual students score was computed with each true response earning a point. All the scores were enumerated and marked out of a possible 16 maximum points. They were then interpreted with students earning **11 marks** and below being classified as those with **low self esteem**, those earning **12-14** being classified as having **average self esteem** while those scoring **15-16** being classified and having **high self esteem** as given in the Karl Perera Scale. This is captured in **Table 7**.

**Table 7**

#### **Self Esteem of Orphaned Students on the Karl Perera Scale**

<b>Self Esteem</b>	<b>Frequency</b>		<b>Percent% (n=234)</b>
Low self Esteem	(0-11)	102	43.6
Average	(12-14)	121	51.7
High	(15-16)	11	4.7
<b>Total</b>		<b>234</b>	<b>100.0</b>

Table 7 indicates that of the 234 respondents, 102 representing 43.6 % had low self esteem, whereas 121 representing 51.7 % had average self esteem and 11 representing 4.7 % had high self esteem. Out of the total sample of 234 respondents, 223 representing 95.3 % registered either low or average self esteem with only 4.7 %

having high self esteem. It was discernible from their responses that the many challenges they face, lack of supportive structures, deprivation and anxiety about their future could predispose them to low self esteem. This is a large percentage which shows that the orphaned students need interventions that can help boost their self esteem. Further analysis of the eleven respondents who registered high self esteem revealed that these respondents were open to counseling or had supportive guardians. These mitigating factors had the effect of helping them cope with their many challenges and boost their self esteem.

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 introjections associated with membership to that group. It may also influence emotional well being and lead the orphan to be socialized to view themselves in a negative light which may impact their behavior and motivation and diminish their self esteem.

This is further corroborated 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).

Zivor (2007) asserts that high self esteem has been found to be positively correlated with a number of desirable outcomes, as well as with positive emotional experience and positive self appraisal. She confirms that high self esteem people have been found to experience more positive effect, more life satisfaction, less anxiety, less

hopelessness and fewer depressive symptoms than those with lower self esteem. She concludes that overall, high self esteem people are happier and more satisfied with life than low self esteem people. High self esteem therefore serves as a buffer against negative outcomes. She observes that people with low self esteem tend to be more sensitive to criticism and tend to interpret these events as signs of inadequacy and rejection. Orphaned students are exposed to so many stressors and possibly criticism that may lead them to start thinking less of themselves, expect negative outcomes out of different life challenges and this may predispose them to low self esteem as indicated by the 43.6% of respondents who reflected a low self esteem as compared to the 4.7% who had high self esteem.

**Table 8**

**Level of Self Esteem in Different School Environments**

	<b>Characteristic High (15-16)</b>		<b>Average (12-14)</b>		<b>Low (11 and below)</b>		
<b>Total</b>							
	Freq	(%)	Freq	(%)	Freq	(%)	
<b>Type</b>							
Boys' School	1	(5.9)	8	(47.1)	8	(47.1)	<b>17</b>
Girls' School	4	(6.8)	37	(62.7)	18	(30.5)	<b>59</b>
Mixed School	6	(3.8)	72	(45.6)	80	(50.6)	<b>158</b>
<b>Total</b>	<b>11</b>		<b>117</b>		<b>106</b>		<b>234</b>
<b>Classification</b>							
Day	5	(4.9)	42	(40.8)	56	(52.8)	<b>103</b>
Boarding	4	(7.4)	31	(57.4)	19	(35.2)	<b>54</b>
Both	2	(2.6)	44	(57.1)	31	(40.3)	<b>77</b>
Day & Boarding							
<b>Total</b>	<b>11</b>		<b>117</b>		<b>106</b>		<b>234</b>

Table 8 shows how the school environment would influence the level of self esteem of orphaned students. The investigation of self esteem of orphaned students in same sex schools as compared to mixed schools revealed that of the 11 respondents who had high self esteem, five (5) were in same sex schools whereas six (6) were in mixed schools. However it was noted that most orphaned students in pure girls' schools had average self esteem at 62.7 %, whereas a majority of students in mixed schools depicted low self esteem at 50.6 %.

When the schools were classified as day, boarding or both day and boarding, it emerged that majority of students in day schools had low self esteem at 52.8 % whereas those in either pure boarding schools or schools offering both boarding and day recorded a majority of students with average self esteem at 57.4 % and 57.1 % respectively. It also emerged that five (5) respondents in pure day schools recorded high self esteem whereas six (6) respondents were from either pure boarding or both day and boarding school environments. It is noteworthy that there are a relatively large number of students with low self esteem compared to students with high self esteem in the study.

The interview with the heads of departments of guidance and counseling revealed that a number of orphans depicted an inferiority complex especially when they were constantly sent home for fees or when they lacked basic necessities compared to those with parents that had most of what they needed. They reported that some of the orphaned students withdraw and keep to themselves especially when they feel deprived. They observed that during counseling some students blamed themselves and thought that they should have done something to help keep their parents alive whereas some blamed the departed parent for “bringing the disease into the family by being wayward.”

They also observed that those with ailing parents tended to be very withdrawn whereas there were those in denial who did not want to be recognized as orphans and constantly refused to disclose their status until maybe a guardian came to the school and revealed the same. These are all factors that if not properly mitigated can predispose the orphaned students to low self esteem. This is confirmed by Ljungvist (2003) and Salaam(2006), who observed that orphans suffer distress, social isolation and trauma before and after the death of their parents and may affect them for life.

On the whole the findings of the first objective indicate that a large number of orphaned students have average to low self esteem irrespective of the school environment in which they are. However those in day schools seemed to be more exposed to the challenges of fending for themselves and probably their siblings and tended to suffer more neglect and discomfort. The orphans in the boarding schools are at least assured of the school meals during the school term and may suffer less

deprivation and exposure to the elements. The majority have average self esteem probably due to the mitigating effects of counseling and supportive guardians while a very small number have high self esteem.

Interviews with the heads of department of guidance and counseling revealed that those orphans in boarding schools had supportive guardians or had a surviving parent who could take care of their school fees. Some were so positive about life that it was not easy to identify them as orphans until it was confirmed by the guardians or surviving parents. Some were sponsored by church organizations, NGO's, CDF and other foreign donors and this relieved them from the stress of everyday hustle. However those sponsored by donors in days schools still suffered need, neglect and stigma because only their school fees were catered for. After school they would still have to do odd jobs to be able to get food and other school requirements. This corroborates the study carried out by Atwine et al (2005) in rural Uganda that observed that high levels of distress were noted in children who had been orphaned by AIDS and many had low self esteem. Tlou (2001) also reported that orphans are exposed to a lot of negative occurrences the worst being the loss of their parents which predisposes them to low self esteem. Salaam (2006) indicates that having a parent become sick and die is a major trauma for any child and may affect them for life.

It can therefore be concluded that the school environment in terms of whether they are same sex schools or they are day, boarding or both day and boarding do not have a discernible effect on the level of self esteem of the orphaned students since the distribution of self esteem levels in these classifications does not seem to deviate from the original distribution of self esteem of orphaned students. Previous studies and researches therefore outline that most orphans tend to have low self esteem.

#### **4.4 Gender Differences in Self Esteem of Orphaned Students**

The second objective was to establish if gender differences exist in the self esteem of orphaned students in Upper Nyakach Division of Nyakach District. The respondents were classified according to gender and then the scores attained using the Karl Perera Scale was used to determine whether they had high, average or low self esteem.

In the study, the male and female respondents were classified according to the scores attained in the Karl Perera Scale so as to get those who had high, average or low self esteem by gender.

**Table 9**

**Level of Self Esteem by Gender**

<b>Self Esteem</b>	<b>Female n=116</b>		<b>Male n=118</b>		<b>Total</b>
	<b>Freq</b>	<b>%</b>	<b>Freq</b>	<b>%</b>	
Low	43	42.2	59	57.8	<b>102</b>
Average	65	53.7	56	46.3	<b>121</b>
High	8	72.7	3	27.3	<b>11</b>
<b>Totals</b>	<b>116</b>		<b>118</b>		

The study revealed that out of the 102 respondents who had low self esteem, 43 were female representing 42.2 % whereas 59 were male representing 57.8 %. Of the 121 respondents who had average self esteem, 65 were female representing 53.7% while 56 were male representing 46.3 %. Of the 11 students who depicted high self esteem 8 were female representing 72.7 % as opposed to 3 male students representing 27.3%. This study indicates that more boys (57.8%) than girls (42.2%) have low self esteem. It also reveals that more girls (72.7%) compared to boys (27.3%) have low self esteem.

This could be due to the fact that girls being generally more emotional tend to grieve during loss of parents and get people to comfort them and counsel them even at the point of loss whereas boys tend to want to look strong and keep everything to themselves so they do not benefit from the counselling that takes place during funerals. Thus they carry the baggage with them and suppress their grief to put up a brave face and to look strong for the family. Any public display of grief for boys is frowned upon in certain communities or cultures and a boy who breaks down during the funeral of a parent feels like a failure.



One is looked down upon as a failure when they mourn their loved ones. They may start developing feelings of inadequacy because indeed grief occasionally overwhelms them. This predisposes them to low self esteem as they do not develop proper coping mechanisms to deal with the loss. Atwine et al (2005) seem to confirm this when they observe that some boys resort to drinking, drug abuse and crime to counter the effects of depression after loss of parents. This is because, traditionally boys are supposed to be heirs of their parents after death and hence are expected to take over the mantle of leading the family. This puts excessive pressure on the boy child leading to depression which could lead to antisocial behavior. The story of Ray (Chirwa, 2002) the eighteen year old Malawian orphan who had to drop out of school to fend for the family is an indication of what pressure orphaned boys have to go through which could lead to low self esteem.

Generally out of the total sample of 234 respondents a total of 132 students scored above 11 on the Karl Perera Scale thereby indicating that they had average to high self esteem, representing a total of 56.4%. Of these, 73 were female whereas 59 were male showing that fewer boys than girls have average to high self esteem. It can therefore be concluded that more boys who are orphaned have lower self esteem than girls in secondary schools in Upper Nyakach Division. It can also be deduced from the figures given above that more girls who are orphaned in Upper Nyakach Division have average self esteem compared to the boys.

The findings also indicate that more girls who are orphaned in this study have high self esteem compared to the boys. Generally society expects boys to get over loss faster than girls without an explicit display of grief. While a girl can grieve long after the death of a parent, a boy may not. While a girl may talk about their pain and grief and even discuss their needs with a confidant or a caregiver, probably boys want to pretend that they can cope and that all is well. This places a bigger psychological burden on boys as compared to girls predisposing them to low self esteem.

The findings that gender differences exist in self esteem of orphaned students are commensurate with earlier observations and expectations of different scholars and researchers who have studied orphans, Onyango (2005), Njagi (2004), Mwanzia (2009) Kokul (2005) and Atwine Et al (2005). However the findings seem to

contradict earlier observations by Mwanzia (2009) and Stein (2003) who felt that given the great responsibility left to girls during the illness and after the demise of their parents, they would be more predisposed to low self esteem. The researcher would therefore have expected girls to have lower self esteem than boys contrary to the findings in this study. It is also possible that as girls take care of ailing parents, they come to terms with the reality of the disease and accept death as an eventuality. When death finally comes, they learn to come to terms with it, they grieve with fewer reservations than boys and they learn to let go. This prepares them faster for the healing process as they will not take a long period in denial.

In the interview with the heads of department guidance and counseling it became apparent that more girls seek counseling services compared to boys in the mixed schools. In the pure boys and girls schools it was revealed that the guidance and counseling departments in the pure girls schools received more clients than those in the pure boys' schools. This means that girls tend to open up more easily and share problems than boys and therefore can more easily get interventions to cope with the pressures of orphanhood than boys who keep a lot of hurt to themselves. Girls will also find it easier to open up to fellow girls or to a close friend and it is widely believed that a problem shared is a problem half solved. These friends provide a shoulder to lean or cry on when they want to grieve and this gives them an opportunity to heal faster.

The findings of the second objective indicate that on the whole gender differences exist in self esteem of orphaned students with orphaned boys depicting generally lower self esteem compared to the orphaned girls. More orphaned boys are registered in the low self esteem category compared to girls whereas more orphaned girls appear in the average and high esteem categories compared to the boys. This may be attributed to the orphaned girls' ability to open up and share their deepest problems with close friends and teacher counselors as compared to orphaned boys who close up and decline to discuss their fears, anger and hurt.

#### **4.5 Duration of Orphanhood and Self Esteem of Orphaned Students**

The third objective of the study was to determine the effect of duration of orphanhood on self esteem of orphaned students. The length of orphanhood was determined from

the year of either mother's or father's death. The duration of orphanhood was divided into categories with a three year range as shown on Table 8. The score attained in the self esteem scale was used to determine how many in each classification had high, average or low self esteem.

**Table 10**

**Duration of Orphanhood in Relation to Self Esteem of Orphaned Students**

Duration of orphanhood	High(15-16)		Average(12-15)		Low(11-below)		Total
	Freq	(%)	Freq	(%)	Freq	(%)	
0-3 years	2	(6.7)	14	(46.7)	14	(46.7)	<b>30</b>
4-7 years	5	(6.7)	36	(48.0)	34	(45.3)	<b>75</b>
8-11 years	1	(1.3)	38	(50.0)	37	(48.7)	<b>76</b>
12-15 years	2	(6.1)	19	(57.6)	12	(36.4)	<b>33</b>
Above 15 year	0	(0.0)	9	(50.0)	9	(50.0)	<b>18</b>
<b>Total</b>	<b>10</b>		<b>116</b>		<b>106</b>		<b>232</b>

Table 10 reveals that majority of orphaned students have average or low self esteem irrespective of the duration of orphanhood. There is no evidence from the findings depicting that things get better with time and that perhaps after long periods of orphanhood one gets used to the situation and their self esteem is boosted. It is actually revealed that of the 18 students who had been orphaned the longest, beyond 15 years 50 % had average self esteem whereas another 50 % had low self esteem and none of them recorded high self esteem. Of those who had been orphaned for the shortest time, of 0-3 years it was also realized that of the 30 orphaned students in this category, 6.7 % recorded high self esteem while 46.7 % recorded average and another 46.7 % low self esteem. Those who lost either parent in the interim period did not depict any major deviation from this trend.

Ausbel and Edmund (1980) intimate that those who lose their parents early lose their basic socialisers, which affects their interpersonal lives. Monarsch and Boerma (2004) hypothesise that those who lose their parents earlier in life lose the basic parent child bonding and may go through a lot of deprivation predisposing them to low self esteem. The scholars both seem to conclude that those who are orphaned for longer

suffer for longer and therefore are more predisposed to low self esteem. However, Anywar (2010) tends to feel that those who lose parents later in life tend to take longer to adjust due to the abrupt change in lifestyle and may make them lose self esteem compared to those who have been orphaned for long.

Contrary to earlier studies, findings of the third objective lead to the conclusion that there is no apparent effect of duration of orphanhood on self esteem of orphaned students because each student deals with their situation very differently. It is probably due to the various challenges faced by orphans, their constant worry and uncertainty about schooling and its completion and the lack of basic necessities and school fees, which may disadvantage many leading to low self esteem. Those who have been orphaned for longer probably are worse off because they may have endured a longer period of lack and deprivation predisposing them to low or average self esteem.

It is noteworthy that none of those orphaned students who had lost parents for the longest time in the study had high self esteem. Though the total number of orphans in the different age sets who have high self esteem is very small compared to the number of orphaned students who have either average or low self esteem in different age sets. However a number of orphaned students had lost one parent earlier and lost the other parent much later or still lived with the surviving parent. This would mitigate the harsh effects of orphanhood and the resultant low self esteem and explain the reasonable number of orphaned students who depicted average self esteem.

#### **4.6 Orphans' Perception of Orphanhood and their Academic Performance**

The fourth objective of the study was to determine the orphaned students' perception of the effect of orphanhood on their academic performance. The objective sought to find out the academic performance before and after parent/s loss. The researcher relied on the students' perceptions of their academic performance as opposed to examining actual records of examinations results. This is due to the fact that the researcher wanted to get the feelings of the students regarding their academic performance since some test scores may seem high yet be viewed as a drop by the student or may be low but viewed to be an improvement by the student depending on their self esteem.

**Table 11****Perception of Orphans on their Academic Performance Before and After Loss of Parents**

<b>n=234</b>		
<b>Statement</b>	<b>Frequency</b>	<b>Percent (%)</b>
<b>Before loss of parent(s)</b>		
Declining	38	16.2
Stable	36	15.4
Improving	160	68.4
<b>Total</b>	<b>234</b>	<b>100.0</b>
<b>After loss of parent(s)</b>		
<b>n=228</b>		
Declining	102	44.7
Stable	94	41.2
Improving	32	14.1
<b>Total</b>	<b>228</b>	<b>100.0</b>

The question investigating the orphaned students' perception of their academic performance before the loss of parents had 234 respondents. Of these, 38 students representing 16.2 % indicated that they perceived that their performance was on the decline even before the death of their parents whereas 160 representing 60.4 % felt that their performance had been improving before the death of their parents. The remaining 36 respondents reported that the performance had been stable before the loss of their parents.

In response to the question seeking to find out how the students compared their current academic performance with the performance before the loss of the parents, 228 students gave a feedback. Of these, 102 reported that their current performance was on the decline representing 44.7 % while 32 (14.1 %) felt that their performance was improving whereas 94 (41.2 %) felt that their performance was stable. This shows that there is a perception of a general decline in academic performance of orphaned students after loss of parents compared to their performance before death of their parents. Most students felt that the loss of their parents had a negative effect on their academics with 44.7 % responding in the affirmative whereas 14.01 % felt that their academics actually improved after the death of their parents.

Table 11 enumerated the specific issues that students felt contributed to the decline in their academic performance while Table 12 outlines the factors that they felt acted as boosters to their academic performance despite the loss of their parents.

**Table 12: Perception of Factors Negatively Affecting Academic Performance**

**n=194**

<b>Negative effects of parents loss on academic performance</b>	<b>Number</b>	<b>Percent %</b>
School fee problems	111	57.2
Too much worries over parents death	20	10.3
Stress from guardians	5	2.6
Has to contend with extra labour	4	2.1
Miss parental love	22	11.3
Lack of supervision at home	5	2.6
Lack of provisions and advice at home	26	13.4
Stigmatized in the village	1	0.5
<b>Total</b>	<b>194</b>	<b>100.0</b>

Of the 194 students who felt that the loss of their parents had a negative effect on their academics, 57.2 % cited fee problems as their greatest hurdle, 13.4 % felt that lack of basic provisions and advice at home hampered their academics whereas another 21.6 % either worry too much about the loss of their parents or miss parental love and affection. Stress from guardians, extra labour and stigma were also cited as problems affecting orphaned students though the study in Upper Nyakach showed that cumulatively it contributed to just 6.2%. This seems to contradict earlier studies by Chirwa(2002), Mwaniki (2007), Baguma (2000) and Omongin and Oonyu (2012) who seemed to indicate that some of the greatest stresses faced by orphans was stress from guardians and relatives, extra work that would be done by orphans - indeed some families considered the age and gender of the orphan before deciding on whether to adopt one or not. Stigma was also stressed by Zivor (2007) as a very serious factor affecting self esteem and academic performance of the orphaned students.

**Table 13****Perception of Factors Boosting Academic Performance**

				<b>n=31</b>	
<b>Factors boosting academic performance</b>			<b>Number</b>	<b>Percentage %</b>	
Assisted by siblings			3	9.7	
Have a supportive guardian			6	19.4	
Motivated by condition to work hard			1	3.2	
Has accepted death as an eventuality			9	29.0	
Long duration of orphanhood			5	16.1	
Supportive remaining parent			2	6.5	
Financial support from school			1	3.2	
Stability in academic performance			4	12.9	
<b>Total</b>			<b>31</b>	<b>100.0</b>	

There were 31 students who felt that the death of their parent/s had not negatively affected their academics and actually indicated that they had registered an improvement in academic performance. Of these, 29.0 % felt that they had accepted death as an eventuality and would not let it interfere with their academics. There were 16.1 % who cited long duration of orphanhood as the reason for it not having an effect on their academics. Indeed some of them had not seen either one or both parents or lost them before starting formal schooling so could not relate the demise of their parents to their academic performance. Some of the students representing 19.4 % reported having been left in the care of supportive guardians who treated them as well as their parents had.

There were some orphaned students who indicated that they were receiving support from older siblings, surviving parents or getting financial support from the school, a

total of 19.4%. Another 12.9% indicated that they had gained stability in academic performance over time and hence were not declining academically while 3.2% felt that their conditions and the deprivation they were going through were the motivating factors that spurred them to a better performance. There have been efforts to cushion orphans from the extreme deprivation and destitution that they are sometimes left in through a cash transfer program by the government to help them get something to keep them going. The constituency Development Fund and the Ministry of Education also rolls out bursary programs that are aimed at assisting the students who are bright and needy, quite a number of whom are orphans.

The researcher has also observed that there are some orphans who have very supportive guardians, siblings or surviving parents. Indeed it is sometimes even difficult to ascertain their status as orphans unless they disclose the same. Their fees are paid on time and in full, their shopping is done to a level that even surpasses those who have both parents, and they have sufficient pocket money. These orphans may have no option but to work hard because they do not lack basic provisions. There were those who claimed that their condition motivated them to work hard. Some of the orphans come from such desperate backgrounds that they deem education to be their only savior. These orphans work very hard so as to escape this extreme poverty and in the process their academics improve.

The number of orphans in this category seems to be in the minimum as it represents a mere 7.25% of the total number of orphans. Their responses tend to contradict earlier studies that indicated that academic performance tends to decline when students are orphaned because many have to fend for themselves, pay their own fees, take care of dying parents, take care of siblings and that sometimes many have to drop out of school in order to take care of other interests, Zivor (2007), Chirwa (2002), Cook, Ali and Munthal (2002).

The findings on the whole indicate that orphans perceive that loss of parents have a negative effect on academic performance as indicated in Table 11. It is also noted that most students had an improving or stable academic performance prior to the loss of their parents but this was felt to have reversed after the loss of their parent/s as seen in Table 10, since they started recording declines in their academic performance. This



seems to corroborate earlier research by Mwaniki (2007), USAID (2003), Matshalaga (2003), Mishra and Arnold (2005) and Feldman (1997) who observed that loss of parents has an effect on academic performance due to changes in economic status, psychological pain and deprivation which may lead to depression and lack of concentration in academics.

It is however noteworthy that not all students felt that the loss of their parents contributed to or caused a decline in their academic performance. A minority of students felt that their academic performance was either stable or was actually improving. Some indicated that orphanhood actually spurred them to work harder since they realized that they could not rely on anyone but themselves. They therefore resolved to concentrate on their academics hence the stability or improvement. Some had been orphaned too early in life, even before the onset of formal schooling so they could not be able to compare their performance before and after the death of their parents. For them the improvement, stability or decline in academic performance could be attributed to any other reason other than orphanhood.

Some had not stayed with their parents in life since they were under the care of guardians even when their parents were alive so their loss did not alter their way of life. Some reported that they had very caring guardians who supported them materially and encouraged them in their academic performance hence their improvement or stability in academic performance. There were also the partial orphans who were provided for and encouraged by the surviving parent. Some who had undergone rejection and other challenges as a result loss of one parent felt they owed a good performance to their surviving parent. They therefore worked hard to impress and uplift the surviving parent in the hope of giving them a better future.

Interviews with the teacher counselors indicated that on the whole the orphaned students tended to perform worse after loss of parents due to the increased stress and additional responsibilities. Some had to take over the roles hitherto performed by parents hence they had less time for studies and the decline in performance. They reported that in following up their academic progress, they found that those who sought counseling services tended to register some improvement in academic performance though this was sometimes negated by the fact that many orphans tend to

be sent home frequently for fees reducing their contact hours with teachers. They generally felt that girls tended to fare poorly in academics compared to boys.

On the whole, the findings of the objective seeking to determine the orphaned students perception of the effect of orphahood on the self esteem of orphaned students indicate that the performance of orphaned students' tends to decline after the demise of parents. Many of them are preoccupied with worries about how their fees will be paid and how their basic needs will be provided. They also miss the parental love and wonder how life would be if their parents were alive. The majority of the orphaned students, (86 %) felt the death of their parents had a negative effect on their academics while 14 % felt that the loss of their parents had no effect on their academics due to the fact that they had been orphaned too early before they began formal schooling, or they had supportive guardians.

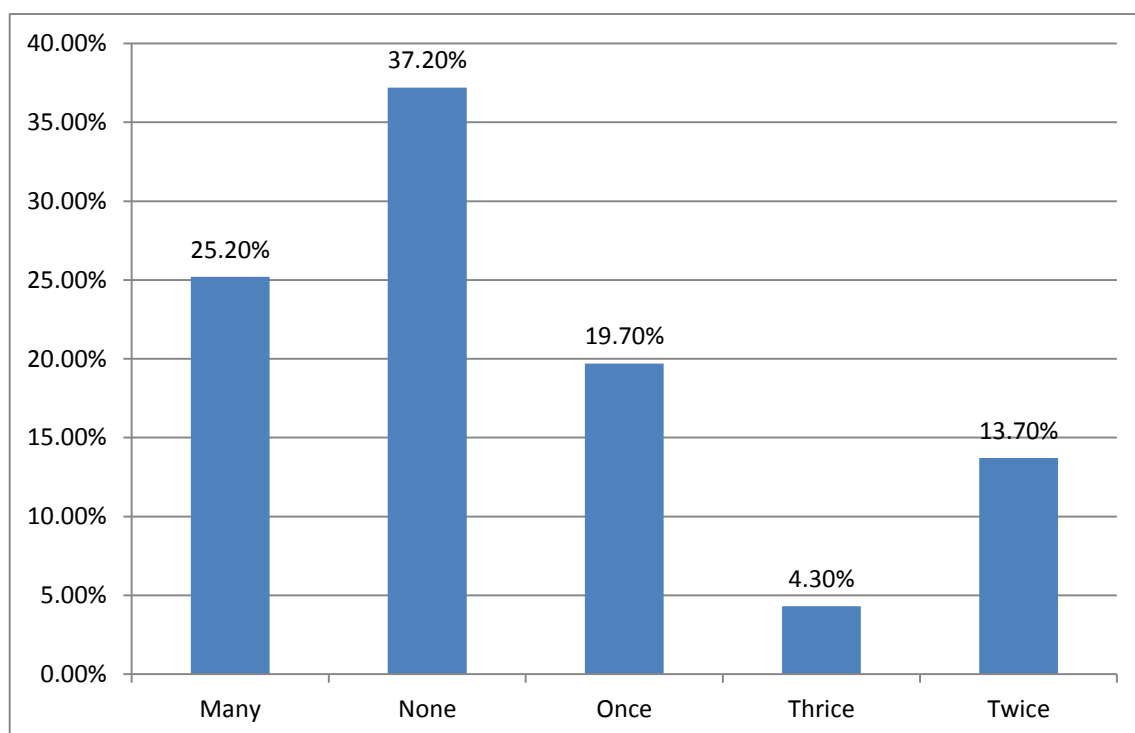
The effects of counseling on mitigating the effects of orphanhood on academics cannot be gainsaid. Some orphaned students revealed that they actually maintained a stable academic performance or even improved due to counseling. It has enabled some students to accept their status and learn to view death as an eventuality that everyone must face. This allows them to reduce the worry about death and what the future holds and enables them to concentrate on their academics leading to better performance.

#### **4.7 Role of Counseling in Building Self Esteem of Orphaned Students**

The fifth objective was to examine the role of counseling in building self esteem of orphaned students in Upper Nyakach Division of Nyakach District. Of the 234 respondents, 212 respondents representing 91.0 % conceded that they have a school counselor whereas 21 respondents (9.0 %) indicated that they do not have a school counselor, Figure 3. This indicates that counseling services are available in most schools or that most schools have a teacher counselor. However due to the fact that some respondents from the same institution sometimes gave conflicting information about the presence or otherwise of the counselor it became apparent that some were form one students or newcomers who were still not conversant with all departments in the school. Some therefore indicated that there was no school counselor simply

because they were not aware. This points to a need for proper orientation of new students so that they can know where to seek assistance from.

The findings on the frequency of visits to the school counselor are captured in Figure 3. Of the total respondents, 37.2 % claimed not to have visited the school counselor at all, 25.2 % had visited the school counselor many times whereas the remaining 37.7 % indicated that they had visited the school counselor at least once. There seems to be a relatively large number of students who do not seek counseling services despite their availability. It is however encouraging that at least 62.9 % of all the students have visited a counselor at least once which could help them to deal with the many challenges they are exposed to.



**Figure 5:** Frequency of attendance of counseling services

In response to the question that sought to find out if counseling had helped them in any way, a total of 148 students representing 63.2% of the sample responded in the affirmative whereas 67 students representing 28.6 % did not think that counseling had helped them in any way and another 19 students representing 8.2 % abstained. It is noteworthy that a majority of students have confidence in counseling services. However the 36.8 % that did not feel counseling is helpful to them or abstained is a

reasonable number that needs to be brought into the counseling fold so as to benefit from it.

Table 13 and 14 sought to capture the effect of counseling services on the students' ability to cope with their situations. It captured their views on how they felt counseling was of benefit to them. Frequencies of similar views were enumerated and their percentages tabulated.

**Table 14**

**Help from Counseling Services**

<b>n=149</b>		
<b>Aspects of help</b>	<b>Number</b>	<b>Percentage%</b>
Able to control myself	34	22.8
Advised not to lose hope academically and spiritually	41	27.5
Advised on how to cope with fellow students	9	6.0
Can consult in case of any problems	9	6.0
Get courage and confidence to move on	30	20.1
Helps to accept things as they are	16	10.7
Helps to avoid sexual immorality	7	4.7
Provide basic needs	3	2.0
<b>Total</b>	<b>149</b>	<b>100.0</b>

There were students who felt that counseling was helpful to them of whom 27.5 % felt that it helped them not to lose hope both academically and spiritually while 22.8 % indicated that through counseling they were able to control themselves in terms of emotions and grief. Another 20.1 % were able to get courage and confidence to move on through counseling whereas 10.7 of the students were encouraged to accept things as they are. These students seemed to accept death as an inevitable eventuality and therefore felt it was better not to resist it when it visited the family since that would not change the facts.

Some of the students just felt contented that there was a counselor at their service that they could consult in case of any problem while others gained advice that would help them to avoid sexual immorality. There is however still a perception among some students that teacher counselors should help in provision of basic needs as reported by 3, (2.0 %) students who managed to get provision of basic needs from their teacher counselors. This needs to be discouraged as it defeats the purpose of counseling. Some 12% of the students felt that counselling helped them cope with fellow students or that it made them feel free to consult at any time. This is important because when students are able to cope with one another, they are able to confide in one another and share some problems that they would find rather sensitive to discuss with a person in authority. It could even give way to the strengthening of peer counselling clubs that would offer interventions that would assist students at their levels.

Those respondents who felt that counselling gave them confidence and freedom to seek intervention any time they had a problem also gained because they would hitherto not shy away when they had a problem. When students build sufficient confidence in their teacher counselors to an extent that they can go to them any time they have a problem, it is a positive sign. Orphaned students can seek interventions and open up to heal the deepest wounds they may be nursing from the death of the parents. Zivor (2007) maintains that a counselor should be able to get down to the level of the student in order to assist him/her and should inspire such confidence in the student that they would feel free to discuss any issue.

Table 14 captured the views of students who felt that counseling had not been beneficial to them. Frequencies of similar views were enumerated and their percentages worked out after which they were tabulated.

**Table 15****Why Counseling has not helped****n=70**

<b>Aspects not helped</b>	<b>Number</b>	<b>Percentage %</b>
Advised to visit orphans centers for assistance	1	1.4
Lack of confidence in the teacher counselor	7	10.0
Have not visited one	49	70.0
Has not helped in coping with academic problems	3	4.3
Try to handle the problem alone	7	10.0
Gets guidance from relatives	1	1.4
Consulted about other problems but not orphan problem	2	2.9
<b>Total</b>	<b>70</b>	<b>100.0</b>

A total of 70 students felt that counseling had not been of benefit to them out of whom 49 (70 %) held the view since they had never visited a counselor and they were therefore not in any position to enjoy its benefits. Some 10 % lacked confidence in the teacher counselors since they feared that if they opened up to them they were likely to disclose this confidential information to third parties. Counselors have an obligation to build students confidence in them so that students can feel safe when sharing personal or sensitive information. Another 10 % were trying to handle their problems on their own without involving the counselor since they felt that their problems were not major.

Some lost confidence because they thought that by going for counseling their academic problems would be solved and when this did not happen they felt let down. Some have visited the counselor but did not disclose that they were orphans and consulted about other unrelated issues. One student felt that they were getting

sufficient counseling from their guardian and therefore did not need to visit the school counselors, yet another felt disappointed when they went for material assistance from the teacher counselor and was instead referred to the orphan support centre. This made the student feel that the teacher counselor could not adequately address their issues.

The interview with the heads of department revealed that due to the sensitivity of the AIDS issue and the stigma associated with it, students did not usually disclose that they were AIDS orphans, though in the course of counseling some would talk of “this current disease” or “this disease of nowadays” which would make them link the death to AIDS. Some of the students would seek counseling during the period of ailment and some would seek counseling soon after the loss of the parent.

The counselors generally believed that those who sought counseling services elicited positive behaviour change and were not found in numerous disciplinary issues whereas those who did not were more prone to get into trouble. They also observed that the students who came for counseling tended to be braver and could open up and disclose their problems. This helped them find solutions to their problems and enabled them to adjust appropriately to stressful situations. They were able to accept their situations as they were, while some of those who did not come for counseling may be in denial and did not even want people to know that they were orphans. Some got overwhelmed by their problems and may have broken down and dropped out to get involved in drugs, prostitution, work or early marriages.

The teacher counselors however cited various challenges that they experience in dealing with these orphaned students. Most prominent was the fee problem and lack of basic needs that led to frequent absenteeism as students sought ways of raising funds. This made it difficult to keep track of a student’s progress and also frustrated the students and lowered their self worth leading to withdrawal and low self esteem. Some orphans reportedly got negative influence at home or from peers in cases where the parents were either diseased or too sick to instill discipline. Some counselors indicated that orphans reported lack of time for studies as they had to work for long hours at home yet others were too shy to come for counseling. They also noted that there were those students who thought that counseling could not help them in any way

and hence kept away from the teacher counselors while some of them felt that there were some fellow teachers who were negative to the whole concept of counseling and would therefore discourage students from seeking the services.

There has been a long standing discord between teachers in charge of discipline in schools and those in charge of counselling. The former normally feels that the latter handles students with kids' gloves and gives a rough time to the disciplinary committee when they want to correct issues in the school This sometimes spills over to the students especially where the students are discouraged from seeking counselling services. Teachers need to realize that both the work of the discipline master/mistress and that of the teacher counselor complement one another and should go hand in hand to make a more balanced and stable individual. There is need to sensitize teachers on the benefits of counselling so that they can all embrace it and take it as a collective responsibility.

The fifth objective indicates that students who seek counseling services tend to be better able to cope with the challenges of orphanhood. The teacher counselors were unanimous on the importance of counseling despite the many challenges they face in trying to assist this group of students. Majority of students at 62.9 % felt that counseling had improved their well being. This is in line with the findings by Mosota (2010), Mwaniki (2007), Atwine et al (2005) and Onyango (2004) who also emphasized the need to strengthen guidance and counseling in schools to mitigate the problems faced by orphans. They were unanimous that school provided a safety net for the orphans that shielded them from the many challenges they were exposed to and would also ensure a brighter future.

A total of 70% of the students who felt that counseling had not been beneficial to them had actually not visited any counselor at all and some were not even aware of the availability of the services in the school meaning that they did not know the benefits that could accrue from such a visit. It is imperative that guidance and counseling departments be strengthened and run by trained teacher counselors who can inspire confidence in students so that more students can benefit from the exercise.



It is apparent that the orphaned students sometimes just want someone they can talk to, to get things off their chests. This is evident in the case of a student who wrote that she “just felt good knowing that there was someone she could talk to when she felt low”. Counselors should however know that it is not proper to make the students dependent on them for material assistance as this would subtract from the true value of counseling. Such students who actually often suffer great want may start anticipating material help and if this is not forthcoming they feel rejected and demoralized.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter contains the summary of the study findings, conclusions and recommendations of this study.

#### 5.2 Summary

The number of AIDS orphans in the world has increased steadily over the years making it difficult for relatives to cater for them adequately. The stigma associated with HIV/ AIDS makes orphaned students face many challenges that may pre-dispose them to low self esteem. This study was meant to determine how being orphaned affects the self esteem of students at the secondary school level in upper Nyakach Division of Nyakach District, Kenya. Aids orphans undergo many challenges due to the deprivation and stigma associated with the disease which may predispose them to low self esteem.

The study used a descriptive survey research design with an *ex post facto* approach. The study population comprised seventeen schools in upper Nyakach Division of Nyakach District in Kisumu County. Schools were stratified into Boys' County school, Girls' County school, Girls' District school and Mixed District schools. Out of these random sampling was used to select one County Boys school, one County Girls school, One District Girls' school and nine District Mixed schools. Purposive sampling was used to identify the orphans in each school setting, out of which 246 respondents were randomly selected comprising 234 students and 12 heads of departments of guidance and counselling.

Data was collected using a student's questionnaire, a self esteem scale and interview schedules for heads of departments for guidance and counselling. The face 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 school in lower Nyakach Division using Chronbach's alpha coefficient. A coefficient of 0.72 was obtained and accepted for the study. Data collected from the field were analysed

with the aid of Statistical Package for Social Sciences (SPSS). Data was analysed by use of descriptive statistics. The study findings indicated that orphaned students generally have average or low self esteem with boys being more predisposed to low self esteem than girls.

The findings of the study reveal that:

Majority of orphaned students in Upper Nyakach had average or low self esteem with a very minimal number having high self esteem. The impact of loss of parents on their self esteem was negative and tended to make them withdraw to themselves and make them lose confidence and become very uncertain of their future due to fear of the unknown.

Gender differences existed in self esteem of orphaned students in Upper Nyakach with the female students depicting higher self esteem than the male students. This could be attributed to the fact that girls tend to share their problems more easily and seek counseling services whereas boys tend to keep their frustrations to themselves and this impacts negatively on their self esteem.

There was no indication that those who had been orphaned for longer periods had higher self esteem or that those who had been orphaned for shorter periods had higher self esteem. Hence there was no apparent relationship between duration of orphanhood and self esteem of orphaned students.

Orphans generally felt that orphanhood had a negative effect on their academic performance as they tended to face many challenges that interfered with their school attendance topped by lack of school fees and basic necessities. Majority of orphaned students felt that their academic performance had declined after the loss of their parents.

Counseling played a key role in mitigating the negative effects and challenges of orphanhood. Majority of students felt that counseling had helped them a great deal to cope with their situation. Teacher counselors also reported that those who attended counseling were more disciplined and avoided getting into disciplinary problems unnecessarily. They also reported that girls tended to attend counseling and open up

more easily compared to boys who tended to feel that seeking counseling was a sign of weakness.

### **5.3 Conclusions**

- i. The findings of this study show that the many challenges faced by orphaned students predispose them to low self esteem. They are assailed by many fears and uncertainties and despite the fact that they may be in school, many worry about so many issues beyond their control.
- ii. Both boys and girls who are orphaned have almost equal opportunity to join secondary schools though boys tend to have lower self esteem compared to the girls.
- iii. Duration of orphanhood does not have an effect on self esteem of orphans as loss of parents seems to have affected them similarly irrespective of time since demise of parents.
- iv. Loss of parents leads to general decline in academic performance.
- v. Counselling helps orphaned students to cope with the challenges of orphanhood.
- vi. Some orphaned students do not have confidence in their teacher counselors and have therefore not benefited from counseling.

### **5.4 Recommendations**

From the findings of this study the following recommendations were made.

- i) The government should set up a kitty through the relevant ministries concerned with social affairs or youth affairs to cater for the basic needs of orphans which will relieve them from worrying about how to survive from day to day and afford them a chance to concentrate on their academics.
- ii) The Ministry of Education should set up a strong bursary committee to assist the orphans in day schools to pay their lunch fees since orphans are still sent home for lack of lunch fees and this interferes with their school attendance.
- iii) School heads in areas that have large number of orphans should be sensitized to be more considerate to the orphaned students and strive to keep them in school against all odds.

- iv) Education officers should monitor the number of orphans in schools in their jurisdiction with an aim to keeping track of drop outs and finding out the reasons why so that they can be assisted appropriately.
- v) Some County government funds should be set aside in areas with a high number of orphans to cater for the lunch and other levies that students are expected to pay in schools so that orphans can be retained in school which could lead to and improvement in their academic performance.
- vi) The guidance and counseling departments need to be strengthened and manned by trained counselors who can professionally deal with orphaned students. This should be monitored by County Quality Assurance and Standards Officers. Special attention should be paid to male students in pure boys schools and mixed schools so that they can be assisted to open up and share their problems.
- vii) Extended family relations should be strengthened so that close relatives take care of orphans after demise of parents.
- viii) County governments should promote, encourage and monitor NGOs CBOs and work with them to support OVCs.
- ix) Church organizations should be encouraged to have a program for orphans so as to offer them sponsorship and possibly accommodation and subsistence to keep them in school.
- x) Local administrators should set up an early detection system for orphans in distress and report to relevant ministries for early intervention and appropriate support.
- xi) Schools should ensure proper orientation of new students to highlight orphans support systems early in the life of the student for relevant support.

### **5.5 Suggestions for further Research**

The following suggestions were made for further research:

- i) A similar study should be carried out at other levels of education like primary schools, colleges or in social set ups like in the increasingly popular orphanages.

- ii) Since the study was in a small area, more studies should be conducted in other areas to determine whether orphans in other cultural backgrounds face similar challenges.
- iii) The study was limited to only a few factors. More factors other than the ones investigated by the researcher should be examined in depth.
- iv) A similar study should be carried out using more quantitative approaches.
- v) The study only considered the students' perception of their academic performance. A similar study should be carried out taking into account actual academic performance.

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## APENDIX A

### QUESTIONNAIRE FOR STUDENTS

Dear student,

My name is Oyier Eudia. I am a Master of Education Student at Egerton University currently doing a research on the self esteem needs of orphaned students in Upper Nyakach Division of Nyando District of Nyanza Province. The questionnaire is intended for academic purposes and the information you give shall be treated confidentially. I request you to give honest information as required. Thank you very much for your cooperation.

**Please tick (✓) where appropriate;**

#### Section A

What type of school is this? Girls  Boys  Mixed

It is classified under Day  Boarding  Both boarding and day

Gender Male  Female

Age 13-14  15-16  17-18  18-20

1) a) Year of father's death -----

b) Year of mother's death -----

#### Section B

2) How was your academic performance before the loss of your parent(s)? Improving  Declining  Stable

3) How do you compare your current performance with your performance before the parent(s) loss? Declining  Stable  Improving

4) Do you think loss of your parents has any effect on your academic performance?

Yes  No

5) If Yes, how? -----

-----

6) If No, Why? -----  
-----

7) Do you have a School Counselor? Yes  No

8) How many times have you visited the school counselor?  
Many  Thrice  Twice  Once  None

9) Has counseling helped you to cope with your situation in any way?  
Yes  No

10) If Yes, How? -----  
-----

11) If No, Why? -----  
-----

## APPENDIX B

### SELF-ESTEEM SCALE

#### Karl Perera Scale

##### Instructions

The statements below are about you, read each statement carefully and decide how it describes the feelings you have towards yourself. Choose the response that you feel shows exactly the way you feel about yourself. Put a tick (✓) only where appropriate; either true or false.

	False	True
1. Other people are not better off or more fortunate than me.	<input type="checkbox"/>	<input type="checkbox"/>
2. I accept myself as I am and am happy with myself.	<input type="checkbox"/>	<input type="checkbox"/>
3. I enjoy socialising.	<input type="checkbox"/>	<input type="checkbox"/>
4. I deserve love and respect.	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel valued and needed.	<input type="checkbox"/>	<input type="checkbox"/>
6. Being myself is important.	<input type="checkbox"/>	<input type="checkbox"/>
7. I don't need others to tell me I have done a good job.	<input type="checkbox"/>	<input type="checkbox"/>
8. I make friends easily.	<input type="checkbox"/>	<input type="checkbox"/>
9. I can accept criticism without feeling put down.	<input type="checkbox"/>	<input type="checkbox"/>
10. I admit my mistakes openly.	<input type="checkbox"/>	<input type="checkbox"/>
11. I never hide my true feelings.	<input type="checkbox"/>	<input type="checkbox"/>
12. I always speak up for myself and put my views across.	<input type="checkbox"/>	<input type="checkbox"/>
13. I am a happy carefree person.	<input type="checkbox"/>	<input type="checkbox"/>
14. I don't worry what others think of my views.	<input type="checkbox"/>	<input type="checkbox"/>
15. I don't need others approval to feel good. Total	<input type="checkbox"/>	<input type="checkbox"/>
16. I don't feel guilty about doing or saying what I want.	<input type="checkbox"/>	<input type="checkbox"/>



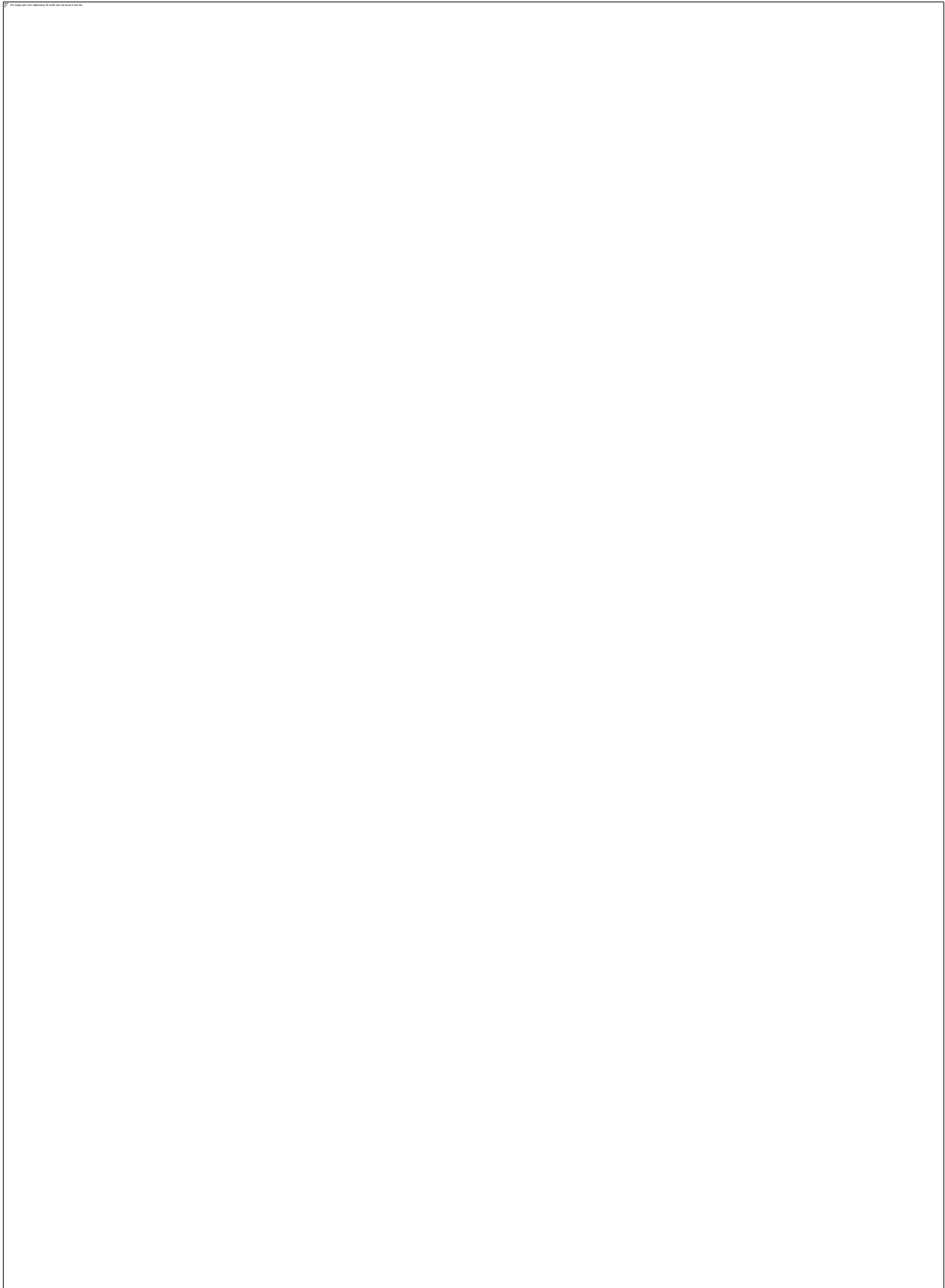
## **APPENDIX C**

### **INTERVIEW SCHEDULE FOR HOD GUIDANCE AND COUNSELLING**

1. How many orphans do you have in the school by gender?
2. How many AIDS orphans visit your office for counseling?
3. How do you compare behaviour of students who come for counseling and those who do not?
4. What kind of challenges do you face in taking care of them?
5. In dealing with them do you think they in any way feel they are to blame for their predicament and do they exhibit any kind of inferiority complex or withdrawal?
6. How do they perform academically?
7. How many orphans drop out of school due to pregnancy and other unexplained reasons?

**APPENDIX D**  
**STUDENTS FIELD RESEARCH INTRODUCTION LETTER**

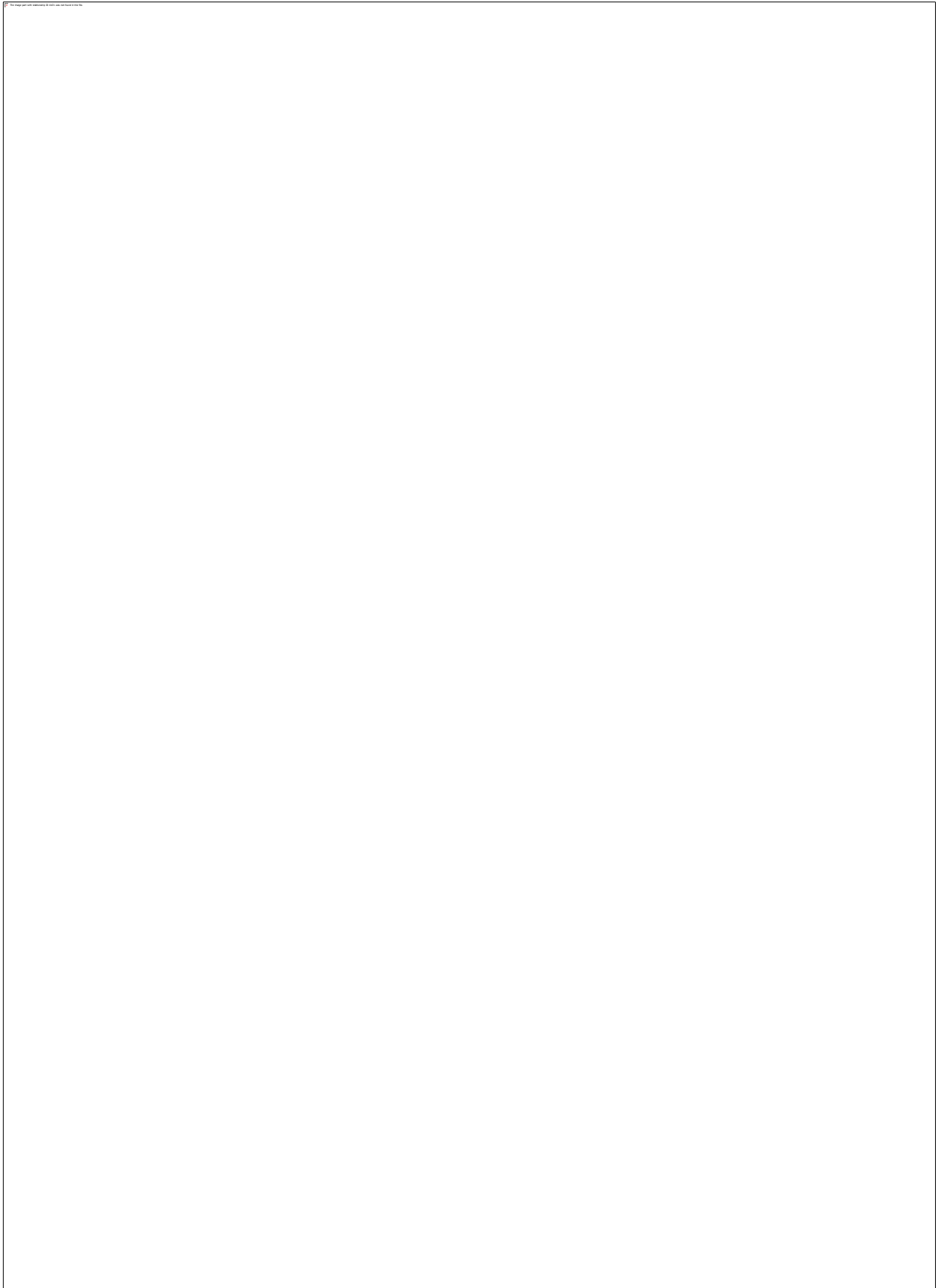
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**APPENDIX E**

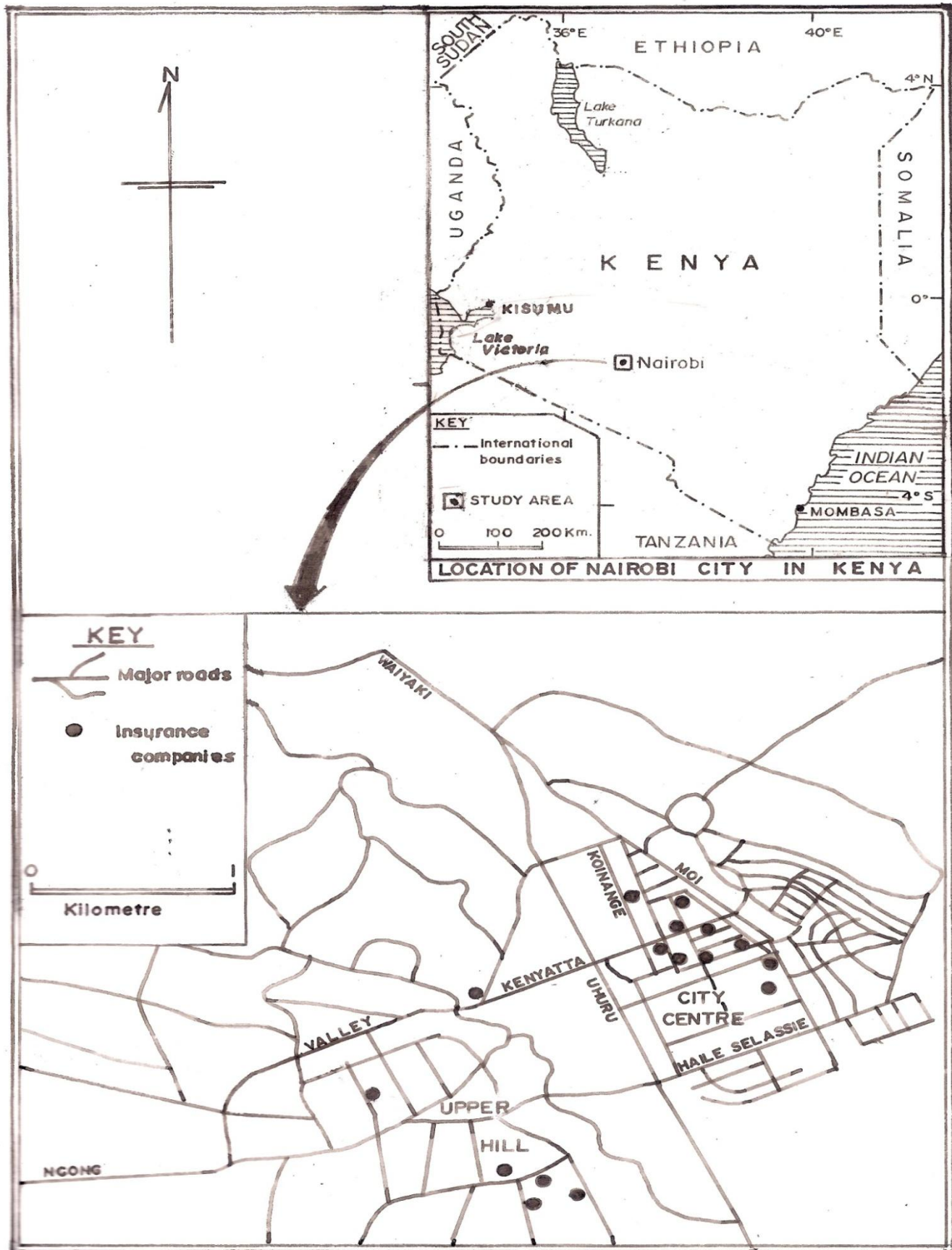
**MINISTRY OF EDUCATION RESEARCH AUTHORIZATION LETTER**

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# APPENDIX F

## MAP OF THE PROVINCES OF KENYA



Eudia Beatrice Oyier,

P.O. Box 124,

AWASI.

Email address eudiaoyier@gmail.com

15<sup>th</sup> October 2013

To

The Accounts Controller,

Egerton University,

P.O.Box 536 Njoro.

Att. In Charge of Students Affairs,

Thro'

The Director,

Board of Postgraduate Studies,

Thro'

The

Chairman of Department

Educational Psychology, Counselling

and Educational Foundations.

Dear Sir,

**RE: APPEAL AGAINST EXTENDED SUPERVISION CHARGES**

I started my school based M Ed in Guidance and Counselling in 2003 and completed my course work in 2005. I was called to defend my proposal at the department of

Educational Psychology Counselling and Educational Foundations in November 2008. I subsequently defended my project report on 16<sup>th</sup> may 2012.

I was assigned one supervisor who also has a very heavy schedule and was sometimes overwhelmed with work.

I had to deal with a terminal illness and eventual death in the family that interfered with my ability to give full attention to my work. For a long while I wallowed in grief and depression and a total loss of hope in life. I pulled through eventually thanks to this course in Guidance and Counseling, but I had lost some valuable time.

I am a single mother of 47 today with several dependants in both secondary and tertiary institutions. I am embarrassed about the delay and depressed that it has such heavy cost implications on me. With all due respects there are times in the course of my work that I also felt delayed, inconvenienced and even frustrated. This delay has also been costly to me in terms of missed opportunities and promotions. I was actually ignorant of the penalty until I came to college to clear.

To my credit, I made a deliberate and positive attempt to clear all my fees and obligations to the college in good time because I was aware of the fee burden I had for my dependants and I wanted to be able to support them.

In view of the above I wish to appeal to your good office to exempt me from paying the penalty for extended supervision charges so as to enable me to graduate this year as I had cleared all my fees.

Thanking you in advance.

Yours Faithfully

OYIER EUDIA B.

EM16/0860/03