

**A COMPARATIVE STUDY OF SELF-CONCEPT AND
ACADEMIC PERFORMANCE OF INSTITUTIONALIZED
AND NON-INSTITUTIONALIZED PRIMARY SCHOOL
HIV/AIDS ORPHANS IN KISUMU MUNICIPALITY**

BY

**CHEBOSWONY MARGARET
EDU/PGP/09/2002**

**A THESIS SUBMITTED TO THE SCHOOL OF EDUCATION
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE AWARD OF THE DEGREE OF MASTER OF
PHILOSOPHY IN GUIDANCE AND COUNSELLING**

MOI UNIVERSITY

NOVEMBER 2009

-

DECLARATION

DECLARATION BY THE CANDIDATE

This thesis is my original work and has not been presented for a degree in any other university. No Part of this thesis may be reproduced without prior written permission from the author and/or Moi University.

**CHEBOSWONY MARGARET
EDU/PGP/09/2002**

Signature:.....

Date:

DECLARATION BY THE SUPERVISORS

This thesis has been submitted for examination with our approval as University supervisors.

**DR. KODERO H.M.N,
SENIOR LECTURER,
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY,
MOI UNIVERSITY.**

Signature:

Date:

**MR BENARD MISIGO,
LECTURER,
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY,
MOI UNIVERSITY.**

Signature:

Date:

DEDICATION

I dedicate this work to my children Ian, Erick, Wendy, and Noel for their understanding and moral support during the two year programme which denied them quality time with me. I am sincerely grateful to them.

ABSTRACT

HIV/AIDS was first reported in America in 1981, and since then, about 40 million people world-wide have been infected with the deadly virus. A half of them are found in sub-Saharan Africa (UNAIDS, 2000). With a mortality rate of 700 per day among adults of reproductive age, Kenya is producing orphans at an alarming rate (AIDS in Kenya, 2001). Kenya has lost 1.5 million adults, who have left behind about 1.3 million orphans under 18 years of age (Kenya National Development Plan, 2002-2008). These orphans are usually traumatised due to the multiple losses, isolation, stigma and grief. This comparative study investigated the difference in self-concept and academic performance of institutionalized and non-institutionalized HIV/AIDS orphaned children in Kisumu Municipality.

A total of 138 orphaned pupils that is 67 boys and 71 girls participated in the study. The study was based on Rogers' (1951) theory on self-concept. Data was analysed using both descriptive and inferential statistics to compare the relationships of institutionalised and non-institutionalised AIDS-orphaned children.

The study found out that there was a significant difference in self-concept and academic performance between pupils orphaned by HIV/AIDS living in institutions and those living with extended families, guardian homes and in parental homes. Gender had no significant effect on the self-concept of these children but there was a significant difference in academic performance between boys and girls with the later doing better. It was also discovered that self-concept and academic performance were significantly correlated.

It was therefore recommended that since stigma and discrimination was still very rampant in schools, children were to be discouraged from such behaviours to avoid orphans feeling different, and they were to be treated as ordinary children. This would have enhanced their self-concept and academic performance.

ACKNOWLEDGEMENTS

I am most grateful to Dr Kodero and Mr. Misigo, my thesis supervisors, for their guidance and assistance. Their tireless efforts to make sure I did the right thing at various stages of this study made it possible for me to finish. I will not forget Dr Ododa who always encouraged me to work harder. I am indebted to Tony who assisted me to analyze the data, without forgetting, Irene and Jemu who helped me in the typing.

I would like to express my sincere appreciation to my colleagues, Rebecca Jepleting, Esther, Mercy Mburu and Grace Weru for their words of encouragement as we struggled through the two years. Lastly but most important, I wish to thank my husband Barnabas and children for their endurance, understanding, love and patience. I will not forget all my sisters and brothers who wished me well. God bless them all.

TABLE OF CONTENTS

	Page
Declaration.....	ii
Dedication.....	iii
Abstract.....	iv
Acknowledgements.....	v
Table of contents.....	vi
List of tables.....	x
List of abbreviations.....	xi
CHAPTER ONE: INTRODUCTION.....	1
1.0 Overview.....	1
1.1 Background of the study.....	1
1.2 Statement of the Problem.....	5
1.3 Objectives of the Study.....	7
1.3.1 General Objectives.....	7
1.3.2 Specific Objectives.....	7
1.4 Research Questions.....	8
1.5 Limitations of the Study.....	8
1.6 Justification of the Study.....	9

1.7 Significance of the Study.....	9
1.8 Assumptions of the Study.....	10
1.9 Research Variables.....	10
1.10 Theoretical Framework.....	10
1.11 Operational Definition of Terms.....	12
CHAPTER TWO: LITERATURE REVIEW.....	14
2.0 Overview.....	14
2.1 Children Orphaned by HIV/AIDS.....	14
2.2 Extended Families for AIDS-Orphaned Children.....	15
2.3 Guardians' Homes for AIDS-Orphaned Children.....	17
2.4 Orphanages or Institutions for AIDS-Orphaned Children.....	17
2.5 Self-Concept of Children.....	18
2.6 The Formation of Self-Concept.....	20
2.7 Academic Performance.....	21
2.8 Counseling of AIDS-Orphaned Children.....	22
2.9 AIDS Orphaned Girls.....	22
2.10 Self-Concept and Performance.....	23
2.11 Self-Concept and Academic Performance.....	32
2.12 Gender Difference in Self-Concept and Academic Performance.....	34
CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY.....	40
3.0 Overview.....	40

3.1 Research Design.....	40
3.2 Geographical Location of the Study.....	40
3.3.0 Research Instruments.....	42
3.3.1 Reliability of the Self-Concept Scale.....	42
3.3.2 Validity of the Self-Concept Scale.....	43
3.3.3 Piloting of the Self-Concept Scale.....	43
3.4.0 Population and Sample.....	44
3.4.1 Sampling Procedure.....	45
3.4.2 Sampling Technique.....	45
3.5 Data Collection Procedure.....	46
3.6 Data Analysis.....	47

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION.....	48
4.0 Overview.....	48
4.1 Research Questions.....	50

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATION.....	57
5.0 Overview.....	57
5.1 Academic Performance and Institutionalization.....	57
5.2 Self-Concept and Institutionalization.....	59
5.3 Self-Concept and Gender.....	61

5.4 Academic Performance and Gender.....	63
5.5 Academic Performance of AIDS-Orphaned Children.....	66
5.6 Conclusions.....	68
5.7 Delimitation of the Study.....	70
5.8 Implications for Policy Makers.....	70
5.9 Recommendations for Further Research.....	71

BIBLIOGRAPHY.....	72
--------------------------	-----------

APPENDICES.....	84
------------------------	-----------

APPENDIX I: Student Questionnaire.....	84
--	----

APPENDIX II: Location of Kisumu in Kenya.....	86
---	----

APPENDIX III: Kisumu District Administrative Boundaries

APPENDIX IV:

Research Authorization letter from the Permanent Secretary, Ministry of Education,

Science and Technology

Research Authorization letter from the District Education Office, Kisumu District

A Copy of the Research Permit

LIST OF TABLES

	Page
Table 1: Demographic Description of Participants.....	49
Table 2: Academic Performance of AIDS-Orphaned Children.....	50
Table 3: Self-Concept of AIDS-Orphaned Children.....	51
Table 4: Self-Concept of Male and Female AIDS-Orphaned Children.....	52
Table 5: Correlation between Self-Concept and Academic Performance of Institutionalized AIDS-Orphaned Children.....	54
Table 6: Correlation between Self-Concept and Academic Performance of Non-institutionalized AIDS-Orphaned Children.....	54
Table 7: Academic Performance between Male and Female AIDS-Orphaned Children.....	56

LIST OF ABBREVIATIONS

HIV – Human Immune Deficiency Virus

AIDS - Acquired Immune Deficiency Syndrome

MOE – Ministry of Education

NGO – Non – Governmental Organisation

UN - United Nations

DEO – District Education Officer

MEO – Municipal Education Officer

GOK – Government of Kenya

CHAPTER ONE

INTRODUCTION

1.0 Overview

This chapter presents the background to the study, statement of the problem, objectives of the study, research questions, definition of terms, limitations of the study, hypotheses, justification of the study, significance, assumptions of the study, research variables, and the theoretical framework.

1.1 Background of the study

HIV/AIDS is a disease that was first reported in America in 1981, and since then, about 40 million people world wide have been infected with the deadly virus. The virus is sexually transmitted, and it is also passed on through direct blood-blood contact, such as through contaminated needles or blood transfusion. The other common route is the transmission from an HIV-positive mother to her baby. A smaller number of infections occur through sharing of non-sterile needles or cutting implements by traditional healers and in poorly resourced, health settings, unscreened blood and inadequate hygiene precautions when caring for AIDS patients (Jackson, 2002).

A half of the infections are found in sub-Saharan Africa (UNAIDS, 2000). Since Aids was first discovered in Kenya in 1984, it has quickly reached epidemic proportions, presenting a major challenge to the Kenyan society. A survey (NASCO, 1998) revealed that the epidemic curve continues to rise with no

evidence that it has reached its peak. With a mortality rate of 700 per day from AIDS related ailments among adults of reproductive age, Kenya is producing orphans at an alarming rate (AIDSCAP, 2001).

More than 13 million children have lost one or both parents to AIDS globally, 11 million of them being from sub-Saharan Africa. Kenya has lost 1.5 million adults, who have left behind about 1.3 million orphans under 18 years of age (Government of Kenya, 2001). In Kenya, there are several orphanages, which have been established to care for children orphaned by HIV/AIDS, and provide them with education.

The problem of children starts long before the death of a parent. Death is merely the culmination of a period of sickness, often followed by inadequate family guidance and emotional support, and limited support to education inadequate socialisation, nutrition, material and financial support. Long impact on the orphans themselves is difficult to ascertain. Twenty years after the epidemic first appeared, a generation of children orphaned by AIDS is emerging from a childhood deprived of stability, love, and nurturing. This gives us the picture of the kind of children we have in our primary schools. Some schools have even been reported to refuse to admit AIDS orphaned children (Kwama, 2003). How do they perform in class and how do they perceive themselves?

A study by (Kodero, 2000) in Kenya reveals that the HIV/AIDS orphans end up in several destinations after their parents' death. They include: extended families, guardians' homes, orphanages and parental homes with those failing to get accommodation in these residential destinations turning to the streets as their "home". In the Rapid Assessment Analysis and Planning Process (RAAPP) by the Kenya Government on orphans and vulnerable children (OVC), 12% of households are comprised of orphans taking care of themselves. While 84% of paternal orphans live with their mothers, 54% of maternal orphans live with their fathers. According to this assessment, the average number of orphans per household is 1.9. Those living in female-headed households are 2.1 compared to 1.8 orphans in male-headed households. This means that 65% of orphans live in female-headed households. Most orphans who reside with extended family members stay mainly with their grandparents (40%) and other relatives comprise 34%. About 7% are in foster care or are adopted, (G.O.K, July, 2004). According to the Sessional Paper No. 4 (1997) five-year plan 2000-2005, some of the prevention and control measures to be pursued included, rehabilitation and training of orphaned children or those heading households to equip them with skills to enable them generate income to care for their siblings.

The assessment gives the percentage of double orphans aged 10-14 years attending school at 70% lower than that of children living with at least one parent (93%) and children who have lost one or both parents (85%). This assessment also revealed that the ratio of female orphans to female non-orphans attending

school is 0.9, while the ratio of male orphans to male non-orphans attending school stands at 0.93, meaning that chances that both male and female orphans attending school are lower than their non-orphaned counterparts.

From the review of related literature, it is estimated that 13 million children are orphans through HIV/AIDS in sub-Saharan Africa, 11 million of them having lost both parents as reported in the Kenya National Development Plan, 2002-2008, (G.O.K, 2001). A study conducted in Uganda, showed that children orphaned by HIV/AIDS had less chances of going to school, while those who were privileged to learn, spent less time there (Kemri, 2001).

Orphaned children are usually traumatised due to the multiple losses, isolation, stigma and grief. HIV/AIDS not only ravages the human body, but also scars the mind. As children watch HIV/AIDS slowly destroying their parents, they are often left with traumatising memories of society's stigma towards them and the many unanswered questions about their parents' condition. The children suffer anxiety and stress due to uncertainty and insecurity concerning their future (UNAIDS 2003). In Kenya there are several orphanages which have been established to care for children orphaned by HIV/AIDS, and provide them with education, while others are taken in by extended families or guardians.

Another study conducted by Kodero (2002), identified the needs of AIDS orphans in their destinations as love and affection, food, shelter, security, medical care, continued education and guidance and counselling. The extent to which these needs of AIDS orphans are met in their residential destinations have not been fully investigated.

Self concept is how one characteristically feels about oneself (Durojaye 1976, p. 246) Self-view is important in determining how one learns and behaves as has been observed by Burns (1982). He further reported that, Success or failure in schoolwork or life appears to depend as much on how a person feels about the qualities and attributes he/she possesses as on these qualities themselves. Formation of self-concept starts in early childhood stages where the family socializes and shapes the child's self- concept. The school also has a role to perform in improving and adding to the self-concept of a child (Durojaye, 1976.)

Research in Kenya has suggested that there is a strong relationship between academic achievement and self-concept (Mwaniki, 1973). Writing on the great importance of ones views towards oneself, Wright (1960) asserts that; "The kind of person you think you are becomes endowed with remarkable powers. It influences and often decisively the way one perceives the intention of others, the choice of associates, the goals set for oneself and much more" (p. 38).

Burns (1982) notes that psychologists and educationists are becoming more aware of the fact that an individual's self-concept or his attitudes to or perceptions of himself are intimately related to how he learns and behaves. This study investigated how true this allegation is in regard to primary school children.

This study investigated the self-concept and academic performance of AIDS orphans, by comparing the performance of those who live in institutions / orphanages with those living in the other destinations with the exception of those in the streets. According to the Government of Kenya (July, 2004), the first areas to be affected when a child is orphaned is their academic performance and self-concept

1.2 Statement of the Problem

Children orphaned by HIV/AIDS start suffering long before their parents die. They suffer anxiety and stress due to uncertainty and insecurity concerning their future. As soon as parents die, these children are taken in by extended families, guardians and some are taken to orphanages from where they are brought up until they become adults, yet some remain in their parental homes, under the care of older siblings. Those who end up with extended family members or guardians usually have a lot of work to accomplish before or after school. Those in parental homes are frequently absent from school as they become care givers of their younger siblings and they struggle to ensure there is food and other essentials

including school expenses (books, uniforms and so on). They also make sure they look for firewood, do the cleaning and all other household chores besides their studies. These same children are expected to compete with the rest of the children, who are not orphaned and those under institutional care. Those in institutions have more time to study since they have less responsibility outside schoolwork. Most institutions also have electricity, which help the institutionalised orphans to study even at night as opposed to those who are not institutionalised. With all the housework, they get tired by the time they are going to bed and may not be able to study.

This study investigated the effects of institutional care on the children's academic performance and self-concept, by comparing orphans living in institutions with those living with extended families, in guardian homes or in their parental homes.

1.3 .The purpose of the study

Based on the preceding literature this study assumed that what orphaned children go through, the way they perceive themselves and the way they are treated in their residential destination could have an impact on their self concept and academic performance. This study therefore compared the self-concept and academic performance of the orphaned children who were institutionalized with those who were not institutionalized

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of the study was to compare the self-concept and academic performance of institutionalized and non institutionalized HIV/AIDS orphans in Kisumu Municipality.

1.4.2 Specific Objectives

The specific objectives of this study were:-

1. To investigate the effect of institutionalization of children on academic Performance of AIDS-orphaned children.
2. To investigate the effect of institutionalization of children on the self-concept of the AIDS-orphaned children.
3. To investigate the effect of gender on self-concept of the AIDS-orphaned Children.
4. To investigate the relationship between self-concept and academic performance of the AIDS-orphaned children.
5. To investigate the effect of gender on academic performance of AIDS-orphaned children.

1.5 Research Questions

The following general guiding questions were derived from the five research objectives.

1. Is there a difference in academic performance between institutionalized and non-institutionalized AIDS-orphaned children?
2. Is there a difference in self-concept between institutionalized and non-institutionalised AIDS-orphaned children?
3. Is there a difference in self-concept between male and female AIDS-orphaned children?
4. Is there a correlation between self-concept and academic performance of AIDS-orphaned children?
5. Is there a difference in academic performance between male and female children orphaned by HIV/AIDS?

1.6 Limitations of the Study

The following were the limitations to this study;

1. AIDS is associated with a lot of secrecy; therefore, the orphans and teachers were reluctant to give information. However, they co-operated after the researcher explained to them the purpose of the study.
2. Respondents sampled out for this study were HIV/AIDS orphaned children, who thought that the study would expose their problems. The researcher debriefed

and assured them of anonymity of their responses before administering the questionnaire.

1.7 Justification of the Study

The literature reviewed revealed that there are very few research studies that have been done to investigate the effects of institutionalization of children orphaned by HIV/AIDS on their academic performance and self-concept. The findings of the study will therefore fill the gap in the Literature. There are many institutions which have been started in the country as a result of the effects of HIV/AIDS scourge, therefore the findings of this study, may be useful to future researchers interested in the topic of institutionalisation.

1.8 Significance of the Study

Research in Kenya have dwelt much on the nature and mode of transmission of the HIV virus, but little has been done on its effects on the survivor's academic performance, who are the orphaned children. There is need therefore for more research on the education of the orphaned children, so as to understand them better. The findings of the study could be used by policy makers to decide on the best ways to care and support children orphaned by HIV/AIDS. Policy makers may also use the findings to formulate policies, which could ensure proper placement of orphans to enable them compete effectively with other children academically.

1.9 Assumptions of the Study

1. The examination results obtained from the school were true and accurate reflection of the students' level of academic performance.
2. The response given by the respondents are accurate reflections of their self-Concept.

1.10 Research Variables

The study involved four variables. These variables were: Institutionalization, gender, academic performance and self-concept. Both Institutionalization and gender were the independent variables, whereas academic performance and self-concept were the dependent variables involved in the study. Institutionalization was an independent variable because its effects on academic performance and self-concept were investigated. Similarly, gender was an independent variable because its effects on academic performance and self-concept were investigated.

1.11. Theoretical Framework

The study was based of Rogers' theory on self-concept (Rogers, 1951). According to Rogers, self-concept is composed of such elements as the perceptions of one's characterization and abilities; the perception and conception of self in relation to others and the environment; they value quantities which are perceived as associated with experience and objection; and goals and ideas which are perceived as having positive or negative valence (Corsini, 1984). From this, then we can say that self-concept is a multi-dimensional psychological construct with

many elements making up a general idea of how one views himself or herself in relation to others in society.

When a child loses both parents, the perception of how others relate to him/her affects his/her self-concept, worse still when the cause of death is HIV/AIDS. Dying of HIV/AIDS is treated with a lot of stigma and the orphans left behind are subjected to rejection by friends and schoolmates adding to their already existing emotional and psychological disturbances. These attitudes and actions towards them are usually internalised; making them value themselves, as they are perceived by others and this could affect their academic performance.

Self-concept and academic performance were chosen for investigation because research shows that there is a link between the two, as reported by Mwaniki (1973), who notes that negative attitudes towards the self, usually results in anticipation of failure and perceived lack of ability. This implies that the attitude towards the self may determine one's aspirations, in education as well as in other areas. Positive relationships have been found between perceptions of self and academic achievement by Mwaniki (1973) and Nyangweso (1985) among non-orphaned children in primary and secondary schools respectively.

1.12 Operational Definition of Terms

Academic performance:

A pupil's specific level of learning as measured by the mean score obtained for all compulsory subjects. In this study it was used to mean the performance of pupils in two terms' exam.

Children orphaned by AIDS:

In this study, it was used to mean total orphans less than 15 years of age whose parents have died of AIDS disease.

HIV/ AIDS related stigma: In this study, it was used to mean the feeling that something is wrong with people who are infected or affected by the HIV/AIDS scourge. This refers to some actions or treatment based on this feeling and directed towards the person or group of people infected or affected by HIV/AIDS. Stigma is an attitude and Discrimination is an act.

Institutionalisation:

In this study, institutionalization was used to mean the placement of AIDS-orphaned children under residential care.

Institutionalised children orphaned by AIDS:

In this study, it was used to mean children orphaned by AIDS whose residential destinations are the orphanages.

Non-institutionalised children orphaned by AIDS:

In this study it was used to mean AIDS-orphaned children who end up in other residential destinations apart from the orphanages. They include those who live with extended families, guardians and those who remain in their parental homes.

Orphans:

In this study, it was used to mean children less than 15 years whose parents have died. The study chose total orphans, who have lost both parents.

Self-Concept:

In this study self-concept was used to mean an orientation one has towards oneself as far as academic ability, social relations are concerned. It also refers to one's perception of others' attitudes towards him as a child orphaned by HIV/AIDS

Vulnerable children:

In this study, it means children whose basic needs (clothes, hygiene, nutrition, shelter, primary education, access to preventive and curative care, physical and psychological security, legal rights) cannot be fulfilled by the social environment (family or caregiver).

CHAPTER TWO

LITERATURE REVIEW

2.0 Overview

This chapter presents a review of literature related to the study. First, the chapter reports literature on children orphaned by AIDS. Second, it presents literature on the different residential destinations where these children are relocated to, after their parents die. They include: extended families, guardians' homes and orphanages and institutions. Finally, the chapter discusses literature on gender, self-concept, and academic performance of children who are orphaned by HIV/AIDS.

2.1 Children Orphaned by HIV/AIDS

Reports from UNAIDS (2000) indicate that 11.9% of all children in Sub Saharan Africa are orphans, 4% of who are orphaned by AIDS. Children orphaned by AIDS have been found to be different from other orphans. This is because they suffer socially, economically and psychologically (AIDS CAP/ 1996). The orphans are stigmatised and very few people are willing to offer assistance to them for fear of contracting the deadly disease from them, since some could be HIV-positive. This has led to families headed by children as young as 10 and 12, while those who are lucky are cared for by grandparents. In other cases the children are adopted to orphanages, extended families and by guardians and those who are unlucky end up in the streets (AIDS CAP, 1996).

Walker (2003) conducted a research on orphan headed households on Commercial farms in Zimbabwe and the results of the study indicated that children orphaned by HIV/AIDS have a problem of access to education and skills training. These households also lacked extended family network and lived in pathetic housing conditions. Food insecurity was also one of the major problems facing these orphan headed households and the children were constantly struggling to meet their material needs. Absence of psychosocial support, poor life skills and knowledge, abuse and exploitation were also some of the problems facing these households. These households were discovered to be especially vulnerable because of lack of “safety nets”, meaning: little or no social organisation; extended family connections non existent; none-formalised marriages; family instability; political disenfranchisement and poor access to services (Walker, 2003).

2.2 Extended Families for AIDS-Orphaned Children

The African traditional extended family system absorbs most of the AIDS-orphaned children in most Kenyan communities. Casual observation reveals that, when parents die of AIDS, the children automatically fall under the care of grandparents, but if the grandparents are no longer there, the paternal relatives take the responsibilities. Where parents have been living in urban towns, the orphans are often sent to the rural areas where these grandparents live.

The cost of the upkeep of the AIDS orphans is met by those who accept to take care of them. A Study by AIDS CAP (1996) in western Kenya showed that most families who agreed to foster a child, lived far below the poverty line while the wealthy relatives tended to maintain minimal links with the orphans, they offered help from a distance if they chose to (AIDSCAP, 1996). The study also reported problems associated with this extended family adoption. Discrimination in the distribution of food was reported with the orphans eating less than the rest of the family members or ate in the kitchen after everybody else had finished. These households relied on the labour of the orphans to generate income or to assist in the house instead of hiring a house help. The education of the orphans living with extended families is greatly affected because they always absent themselves from school due to problems associated with this arrangement.

Extended family care requires more attention from researchers especially due to the ever-increasing number of AIDS-orphaned children. Barnett and Baike (1992) as quoted by Kodero (2002) reported that, coping with a large number of AIDS-orphaned children has increased the extent to which people are inconsistent with their customs and values. For instance, upon the insistence of the dying parent orphans may be taken in by friends outside the extended family into guardians' homes.

2.3 Guardians' Homes for AIDS-Orphaned Children

A guardian is a person who is entrusted to another person not related by blood. Kenyan law accepts such arrangement through a legal process, which involves signing of papers. Among the Luo, guardianship of needy children does not go through legal process. The prospective guardian makes arrangement with the extended family about the adoption. However, guardian homes as an alternative for AIDS-orphaned children has not been investigated in Kisumu District, neither has the education progress of these orphans been researched on. The AIDS-orphaned children who do not get accommodated by extended families and guardians' homes are usually taken to the orphanages. There were 18 orphanages catering for orphans including AIDS orphaned children in Kisumu District.

2.4 Orphanages/Institutions for AIDS-Orphaned Children

Orphanages/Institutions are alternative homes for the housing and care of orphans. Children who are abandoned by parents also get accommodated in these orphanages. Initially it was usually neglect, abandonment or poverty that brought abandoned or orphaned children to orphanages. Now the children in orphanages are almost entirely AIDS orphaned, many of who have lost not only parents but all their adult relatives too (Kwama 2003). Orphanages system in Kenya is not well developed, but with the AIDS scourge killing 700 men and women daily, there is need to establish more, to cater for the children left behind after their parents die.

There were no orphanages in Kisumu District prior to the late 1980's but, today, there are 18 of them, which started operations in the late 1980's and early 1990's. These dates correspond to the period when there was high death rate due to AIDS. All these orphanages are privately run by individuals with some affiliated with religious organisation (Kodero, 2002). In Uganda, the orphanage system is well developed. A survey showed that most Ugandans were opposed to the creation of new orphanages to care for needy children from communities making it hard and even impossible for them to return and be accepted as full community participants. They recommended community-based programmes instead of orphanages (Kodero, 2002).

2.5 Self-concept of Children

The importance of the self-concept as a determinant of behaviour has long been recognized by psychologist such as Mead (1934), Rogers (1951) and Wylie (1961), who have done scholarly work on the area of self-concept. The major problem in self-concept assessment however, is that it is similar to other psychological constructs like anxiety, motivation, emotion and depression, whose assessment is plagued with problems. This is because they are all covert phenomena; they cannot be seen, heard or touched, they can only be inferred. An individual's testimony or self-report is the main source of access to the self-concept, a technique that is faced with many shortcomings (Wylie, 1961).

A review of self-concept studies indicates that the results from these studies have not been consistent due to the different techniques used to assess the self-concept, or the differences in the way researchers conceptualise the self-concept. For example, Anyango (1982) investigated the self-concept of visually impaired persons and found out that they have a lower self-concept compared to non-blind persons. Although the results were supported by Shindi's (1983, 1990), that disabled persons have poor or negative self-concept, Kamau (1986), seeking to find out the effect of self-concept, among other factors on aspirations of physically disabled persons found that they have positive self-concepts.

Sex differences in self-concept have been reported by several researchers. They include reports by Youngblood (1976); whereby girls, whether high or low achievers are found to hold high self-conceptualisations than boys. Withycombe (1970) also reported sex differences in self-concept of white children in a study carried out in the United States. In some cases no significant sex differences in self-concept have been found. Lanza (1969) investigated various antecedents of self-esteem as related to sex using a modified self-esteem inventory and found no significant sex differences.

Children orphaned by HIV/AIDS express feelings of sadness and loneliness and experience loss of self-esteem and self-pity (U.N.I.C.E.F, 1992). This study investigated the self-concept of HIV/AIDS orphans who are institutionalised compared to those who are non-institutionalised.

2.6 The Formation of Self-Concept

There are people who play a very crucial role in the moulding of self concept of every individual. These people are called the significant others and they include parents, teachers, peers and siblings. Morgan (1956) claims that 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 him/her.

If parents praise and love a child, if playmates respect and give attention to the individual, he forms a 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 the individual and are indifferent, this leads to a derogatory self-picture resulting in inferiority feelings. Morgan stressed 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/her academic performance. This study investigated the difference in academic performance and self-concept of Aids-Orphaned children who are institutionalized and those who are not institutionalized.

2.7 Academic Performance

Orphans are children with social, psychological and emotional problems while those orphaned by AIDS have additional problems (Rao, 1990). These children, though capable of performing well in school, suffer from stigma, rejection and discrimination, which may make it hard for them to realize their dreams. He further pointed out that academic work demands that pupils/students should pursue tasks efficiently without undue stresses, strains and anxieties and should be able to relate well with their academic situation.

Research carried out in Kenya on the needs of orphans, showed that, AIDS orphaned children expressed that they lacked education needs like books, school fees, uniforms, shoes, writing pens, building funds and school trip funds. Some of these orphans who were burdened with heavy domestic responsibilities said that it was hard for them to concentrate on their studies. Caretakers interviewed reported that, out of 441 orphans identified, only 5% were expected to complete Form 4 education (AIDSCAP, 1996). This particular study investigated how the non-institutionalised orphans, who live with extended families or in guardians homes performed academically as compared to those under institutionalised care or orphanages.

2.8 Counselling of AIDS-Orphaned Children

The increasing number of AIDS-orphaned children in Kenya today has increased the need for better care in both educational and non-educational sectors. Teacher counsellors need to be equipped with more information regarding the needs of these orphans in order to enhance their academic excellence, which will help them, have a brighter future. Counselling is not only necessary for personal development of the human beings, but also maximizing the person's contribution to the economic growth of the nation (Rao, 1990). This study's finding will assist school counsellors to understand the difficulties facing the HIV/AIDS orphaned children in their respective residential destinations, in order to give the necessary counselling. It is hoped that with the necessary intervention these orphans will be able to cope with the problem of orphan hood and lead better lives.

2.9 AIDS -Orphaned Girls

For girls whose parents have died of AIDS, childhood becomes a nightmare. The scenario is often predictable, with husbands first contracting the disease and unknowingly passing it on to their wives. The wives take care of their dying husbands through their dying days, before falling ill themselves. When this happens, the responsibilities for holding the family together often rest on the shoulders of the oldest daughter in the family. She will care for a dying mother and also younger siblings, tend the family garden, prepare the meals, do the cleaning and make sure the younger siblings go to school without hindrance.

According to Christian Children's Fund magazine (undated), surviving children are often left to fend for themselves. If they are sent to live with family members, girls are generally called on to carry the bulk of the responsibility for household chores in their new home. School becomes a luxury and if they manage to attend one they usually perform poor due to the burden as shown in the present study.

2.10 Self-Concept and Performance

Educational psychology has been concerned with analyzing different types of relationships, both associative and predictive that exists between self-concept and academic performance. Despite the abundance of studies, however, there are no conclusive studies that clearly identify the direction of the link which joins these two variables. In results obtained, one perceives different extraneous variables that can alter the results to differing degrees (Garzarell, & Lester., 1987). These authors indicate the need to differentiate four possible patterns or causal models between self-concept and academic performance.

1) Academic performance determines self-concept. Academic experiences of success or failures significantly affect the pupil's self-concept and self-image and this has been explained by the role of evaluation by significant others, or by the theory of social comparison. Given that the influencing variable is academic performance, psycho-pedagogic interventions should give priority to modifying the students' level of achievement, since this will contribute to changing the level of self-concept.

- 2) Levels of self-concept determine the degree of academic achievement. Likewise for this causal relationship model, there are implications for applying important educational decisions. Given that self-concept is what determines levels of academic achievement, and self-concept in turn can be strongly influenced by contingencies provided by the pupils significant others, among whom we must not underestimate teachers (Pygmalion principle), we can infer that it would be possible to increase levels of school performance by previously optimizing levels of self-concept and very specifically levels of perceived competence.
- 3) The third model of causal relationship postulates that self-confidence and academic performance influence and determine each other mutually.
- 4) Other authors who support this model postulate the existence of additional variables that may be the cause of both self-concept and of academic performance, among which we might find personal and environmental variables, academic and non-academic variables.

In addition, the beneficial effects produced by a good level of self-concept have been substantiated.

A number of investigators using both Kenyans and other nationalities as subjects have reported a statistically significant relationship between self-concept and school achievement. Studies in Britain and America on self-concept and academic

performance by Lecky (1951), Roth (1959) Fennimore (1968), Black (1974), Brookover and Joiner (1964), as reported by Misigo, (1998) have a view that self-concept influence academic performance at all grade levels – primary, secondary and tertiary. Their study, reported a correlation of 0.61 and 0.63 respectively between self-concept and academic performance.

All these researchers generally supported the existence of relationship between self -concept and academic performance. According to Pigeon (1970), a pupil's conception of his own capabilities will also influence his performance. If he is led to believe that he is capable of very little, that is, has low expectations of himself, he will have little self -motivation and will in fact achieve poorly.

One of the most important studies in the area of self-concept was carried out by Coopersmith (1967) in American. This was a longitudinal study of elementary school pupils. He investigated the self-esteem of his subjects and their abilities. He found a significant correlation of positive $r = 0.36$ between the children positive self-esteem and their academic performance. Coopersmith, reported a significant correlation of $r = 0.3$, at < 0.05 level confidence between self-esteem scores and grade point average. An analysis of Bachman and O'Malley (1977), as reported by Misigo (1998) based on sample of about 1600 young men from American high school classes, showed that self-concept was positively correlated with educational success.

Reck (1980) reported that a pupil with a positive self-concept stands a better chance of performing better than a pupil with negative self-concept. Given this premise, Reck pointed out that, educators have become increasingly interested to enhance self-concept either as a means to the end of academic achievement or as an educational end itself.

Jordan (1981) in America quoted research studies done by Combs & Syngg (1959), as researchers whose findings support the hypothesis that self-concept is positively related to academic performance. This means that a learner with a higher self concept will perform better in academic tasks than a learner whose self-concept is low. Quoted by the same researcher are studies by Purkey (1970). This researcher agrees that self-concept has a strong relationship with academic performance. According to these studies inadequacies in self-concept have been reportedly implicated as a causal factor in academic performance problems. In this study, orphanhood by HIV/AIDS has been associated with low self-concept due to stigma and discrimination by society, thus it totally agrees with the researcher.

Other studies which report this causal implication of self-concept in academic performance were carried by Lecky (1951), in America. This study considered learning as not wholly a direct result of teaching, rather as a purposive achievement. The study showed that a pupil who has learned to see himself as a poor reader maintains that self-concept as part of his personality despite having

the ability to learn to spell and to read. This is what Lecky referred to as self-consistency, and this explains why poor spellers despite their high achievement in other subject, did not improve their spelling performance. This was not due to lack of ability, but rather an active resistance which prevent him from learning how to spell.

In other academic areas, Lecky further provided two sources of data to support his hypothesis that more often pupils tend to defend their self concept against change and wherever such a defence arises, a pupil's performance is related to what he/she believes he/she is capable of doing rather than with his actual mental ability. His data came from two case studies in America. In one of these studies, he reported a case where a student who had despised mathematics in high school, but during his freshman year acquired a sudden attachment for the subject and became a professional statistician.

Roth (1959) investigated the relationship between self-concept and academic achievement among 54 college students in Britain. On academic level, the achievement measures used were the co-operative English test, Vocabulary Scores and grade point averages before and after the programme. The results of this experiment showed that those whose performance in academic achievement in co-operative English and reading measures were high in grade point average from pre-test to post-test, were more concerned with self as a student and as a

reader. Those who did not improve in reading and those who dropped out of the experiment differ in self-conceptions.

That data in this study clearly indicate that not only is self-concept related to achievement but that, in terms of their conception of self, individuals have a definite investment to perform as they do with all things being equal, those who do not achieve choose not to do so, while those who do achieve choose to do so. Roth (1959, p. 281)

Burns (1982) claimed that though the array of correlations are positive and statistically significant, they tend to range between $r=.20$ and $r=.50$ level, thus indicating that only up to a maximum of 25 percent of the variance in academic performance can be explained in terms of self-concept level.

The above statement is meant to be cautionary rather than damning, since in the background information to the statement of the problem in the proceeding chapter, the researcher suggested that self-concept was only one of the numbers of variables that are responsible for academic performance. The link between academic performance and self-concept gained further support from research carried out in Africa. In Uganda, Hynemann (1979) hypothesized that a child who felt more confident and more self assured would perform better on the primary leaving examination. His subjects were 2293 randomly selected Standard 7 pupils from five districts in Uganda and he found that the level of self confidence was

related to school achievement and general knowledge irrespective of sex, ethnic group and district. Heynemann therefore held the view that in Uganda academic performance will suffer due to pupil's lack of confidence and not due to their impoverished backgrounds.

In a study of 80 boys chosen from a secondary school in Nigeria, Magsud (1983) observed that self-concept was significantly related to better academic performance. He also observed that change in academic performance can be improved by enhancing a child's self-concept. It is important therefore that educators in Africa bear in mind that, self-concept is essential in facilitating quality education and that teachers can play a greater role in this area. This view was supported by Purkey when he stated that "Teachers should consider self-concept a vital and important aspect of learning and development which the school, through its education process should seek to promote and foster in every child" (Purkey, 1967, p. 48)

Few studies have dealt with self-concept and its effect on school achievement in Kenya. Mwaniki (1973) carried out an investigation of self-concept and academic achievement among the seventh grade pupils in a rural and urban community. The study did not report sex differences in self-concept and achievement between urban and rural children. She found that on self-concept scale she developed a modified Sears (1970) self-concept inventory where both urban and rural boys tended to rate themselves as being good in mathematics and in fact out performed

rural boys and girls in that subject. The study also reported that urban girls outperformed urban girls and rural boys and girls in English. In general, the study reported that in terms of the school subject self-concept measure, boys possibly considered and took their work much more seriously than girls. She however, recommended for further investigation in the area of self-concept and academic achievement. Mwaniki did her study on a population study sample comprising of girls and boys from both rural and urban areas and tested them in particular subjects notably mathematics and English.

This present study carried out a slightly different study, though it looked at self-concept and academic performance just like Mwaniki's study. Instead of using only seventh grade pupils, the study included Standard 5 and 6 pupils living in institutions and those who lived outside institutions. The other difference was that this study involved Aids- orphaned children unlike Mwaniki who involved pupils with parents.

Maritim (1985) conducted a study in Kenya, which found that the perception of boys as regards their ability to learn to be higher than girls. He suggested that this could be explained in terms of African sex role systems. In most African societies, the boys are brought up to believe that they are superior and academically more able than girls, hence the African boys normally perceived themselves to be academically superior. Maritim (1979) carried out a research on Class 7 Kipsigis pupils and found that self-concept and teachers perception are

strongest predictors of grade achievement. The pupils who thought highly of their abilities significantly out achieved those who had low perception of their abilities.

He reported that on all achievement variables investigated, self-concept is a very important variable in influencing academic performance of an individual. He stressed the need to look at factors that have been ignored in the previous research and to provide an alternative way of looking at the same problem from the child's personality. He noted that, although considerable studies linking self-perception with school achievement have been conducted in America and Britain, there are a few cross-cultural studies with empirical findings that can be compared. Transitional societies are going through a period of rapid social and economic changes. In Kenya, these pervasive changes have made school performance and self-concept crucial areas for both society as a whole and its individual members.

He argued that many researchers assumed that school performance as a manifest independent of psychological (Personal characteristics) and sociological factors. For example, Sommerset (1979) was particularly concerned with pupils' performance but did not include in his discussion the important dimension of pupils' personality. He reported that, the interpretations of his findings were based on assumptions which ignored intrinsic individual differences. He looked at performance from external control point of view that is from factors external to the individual. He therefore, stressed the need to look at factors that have been ignored in the previous research and to provide an alternative way of looking at

the same problem from the child's personality. Not all investigations however, have come up with the same findings that is, self-concept is positively related to academic performance but hold the contrary view that self-concept is not related to academic performance.

As has been pointed out above, educational psychologists have been preoccupied with research in an attempt to find out whether or not global self-concept is positively related to academic achievement. Majority of researchers cited in the preceding literature show that self-concept is a crucial element in understanding an individual's personality and educational development. A number of other researchers however, have not come up with same findings that self-concept is positively related to academic performance. Hence making it imperative for more research in this area. The present study investigated the relationship between global, self-concept and academic performance.

2.11 Self-Concept and Academic Performance

Mintz and Muller (1977) cited in Burns, 1982, examined the correlation between academic achievement and aspects of self-concept as well as global self-concept for 314 fourth and sixth grade boys and girls. The Primary Self-concept Inventory (PSI) was used to measure self-concept on six scales, physical size, emotional state, peer acceptance, helpfulness, success, and the student self. A global self-concept score was derived by totalling the scores on the six scales. The two aspects measures of self-concept that were most reflective of school performance,

success and student self-image, showed low positive correlation $r=.26$ and $.39$ respectively with school achievement. The global measure tended to show no relationship to achievement. The results of Mintz and Muller's (1977) investigations indicated that a factor specific model of self-concept is of greater utility in assessing the relationship between self-concept and achievement than undifferentiated or global model. Brookover and Joiner, (1967), carried a study on 17 year old American students and found that the correlation between self-concept of ability and grade point average ranged from $r=.48$ to $r=.63$. The higher correlation between perceived evaluation and self-concept tends to support the theory that perceived evaluations are necessary for the growth of a positive or high self-concept of ability, and a positive self-concept is in turn necessary for a high academic achievement. The latter is further supported by the analysis of the achievement of students with high and low self-concept of ability. This revealed that although a significant proportion of students with high self-concept of ability achieved a relatively lower level, practically none of the students with lower self-concept of ability achieved at a high level. (Burns, 1982).

In a study of the developmental changes in self-concept in America using a cross-sectional approach involving nearly 1500 children Larned and Miller (1997) found out that self-concept level remained stable in relation to physical self and peer relations. They were also able to show that it is academic ability self concept which bears a closer relationship to academic performance than other areas of self conceptualization do.

Jones (1970) identified self-concept of academic ability as the best, associate of achievement from among a range of none intellectual variables at the college level at the University of Texas Austin. The correlation of academic self-concept with achievement was $r = .43$ and with the scholastic aptitude test was $r = .42$.

Studies using a wide variety of self-concept and academic performance tend to show a consistent picture of significant positive though low association between the two variables. The correlation tends to range from $r = .3$ to $r = .5$ overall. The fact, that, certain aspects of self-concept measures show low correlations with the academic performance seems to call for more research. This study investigated the relationship between academic ability, and self-concept and academic performance.

2.12 Gender Difference in Self -Concept and Academic Performance

Bledsoe in 1967 investigated the relationship between the self-concept and academic achievement of 4th and 6th grade boys and girls in American elementary schools. The study found out that girls had significantly higher averages in self-concept than boys. Correlation between self-concept and academic performance were positive for both groups, but significant only for girls (Misigo, 1998).

Marsh and Parker (1985) examined the effect of multi-dimension of self-concept in American schools. They found out sex differences in aspects of self-concept.

The analysis of variance results indicated that these differences were statistically significant at $F(1, 929) = 4.75, p \leq .005$. Garzarell et al (1987) sought to explore the association between self-concept and academic achievement in Jamaican adolescents and to explore the association on both male and female adolescents. Subjects were 36 male and 43 female aged between 14 to 17 years and tested at two single sex schools in Kingston, Jamaica. The Tennessee self-concept scale by Fitts (1982) was used; it provided measures of three types of self-concept identity (what I am), self-satisfaction (how I feel about myself) and moral self. There was also a total overall measure of self-esteem. The average performance for the year in mathematics and English was calculated for each student.

For the male students, academic performance was lowly related to the total self-concept score (Pearson $r = .01$) and to all the computed scores (it ranged from $r = .07$ to $r = .10$). In contrast, for female students, although academic performance was lowly related to the total self-concept score ($r = .21$), academic performance was highly related to self-satisfaction ($r = .36$) the moral self ($r = .37$).

The study concurred with the previous reported positive relationship between self-concept and academic performance, especially female Jamaican high school students. Reasons for the differences between boys and girls must be speculative. However, Garzarell and Lester (1987) did find that female Jamaican high school students were more maladjusted, than Jamaican high school boys. It may be

concluded that the association between self-concept and academic performance is found only in the more maladjusted students.

Olukayonde (1977) investigated sex differences in self-concept among secondary school students in Ibadan, Nigeria. He administered the Peris-Harris self-concept scale and 47 item general questionnaires 1380 (552 girls, 828 boys). The boys were hypothesized to have a higher mean self score than girls. It was found out that the total self concept score had a mean of (M= 58.19, SD: 10.06, median 59.47). The hypothesis that boys would have a higher mean self-concept score than girls was supported. Mean self concept score was higher for boys (M=59.11, SD 10.01) than for girls (M=56.82, SD 9.96). The difference was statistically significant at [F (1, 1373) =17.40, p<.01]

In a cross-sectional study of self-concept development in Nigerian adolescents, Rosenberg (1965) reported that the self-concept disturbance occurring in girls at ages 12 to 14 is greater than in boys of that age. She reported that the relatively inferior position of females in Nigerian society may explain the sex difference in self-concept scores.

Fink (1962) studied a group of older American students which included 20 pairs of boys and 20 pairs of girls. Each individual student was judged as an under achiever depending on whether his marks fell above or below the class average. It

was found out that there were significant differences between achievers and underachievers. Achievers self concept rated higher than that one of underachievers. Fink concluded that there was a strong significant relationship between self-concept and academic under achievers and this relationship was stronger for boys than girls. This is in view of the fact that boys focus more on academic achievement than girls to acquire self-esteem.

A significant relationship between self-esteem and academic achievement was found by Primavera and Simon (1974) for 11 year old girls which ranged from $r=.21$ to $r=.50$ in seven academic performance tests but only in one test for boys $r=.25$. They said it is probably true that this qualification is related to age and it is quite possible that academic performance and self-esteem may be related to high school male students since it is at this level of education that academic achievement becomes an increasing important source of social approval for the male. The result of this study strongly indicated the need for more investigations in this area with reference to sex differences.

Veness (1962) noted that girls are more concerned with personal appearance and social relations than boys who show more concern with academic performance. It has been noticed that people who have positive self-concept tend to be more successful in life, including academic life, than people who have negative self-concept (Mwamwenda, 1989).

Reck (1980) carried a study on Mexican-American Students and reported that poor academic performance by Mexican-American students was a function of low self-concept. The study showed that more male than female subjects had a high level of self-concept and that performance of the tasks was linked with a positive self-concept. Similarly Song and Hattie (1984) studied self-concept among 537 and 611 Korean boys and girls respectively. The subjects were randomly selected from schools in Seoul and ranged in age from 14 to 15 years. The relationship between self-concept and academic performance was greater among boys than girls.

On the other hand other studies have observed no distinction between males and female self-concept. (Marsh & Parker, 1985). In his study of 226 male and female Nigerian Secondary, Tertiary and University students ranging in age from 14-50, Marsh & Parker observed that male and female subjects' self-concepts were comparable and not significantly different. According to Obura (1991), the depreciation of a social group generally led to diminishing self-concept. She argued that this was well documented. She said that the consequence of lowered self-concept was reduced performance. In this case it meant inferior career achievement (women represent only 7.1 percent of personnel in the senior civil servant category in Kenya, job group K and above). She said this also concerned school performance; girls perform poorer than boys. The disagreement in the findings of the researchers so far reviewed on the sex differences in the

relationship between self-concept and academic performance warrant the need for more investigations. The present study investigated the difference in academic performance and self- concept between boys and girls who are institutionalised with those who are non- institutionalised.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0 Overview

This chapter outlines the methodology and procedures that were used to obtain research data. It describes the study setting, study population, sampling procedures that were used, reliability and validity, development and administration of research tools and data analysis techniques.

3.1 Research Design

The study used ex-post-facto research design. This was because, the children were already orphaned, existing examination results were used, and the fact that the effects and causes of differences between the two groups of orphans had already occurred. The residential destinations studied had already influenced the orphans' self-concept and academic performance. However this study was also correlation in design because it investigated the relationship between two dependent variables: academic performance and self-concept of children orphaned by HIV/AIDS

3.2 Geographical Location of the Study

This study was conducted in Kisumu Municipality, Kisumu district, in the western part of Kenya. Kisumu District is occupied by the Luo community. The Luo practice a patrilineal decent system (Kodero, 2002). Traditionally, Luo men pay bride wealth to the bride's family before marriage. Any child born to a

marriage legitimised by bride wealth belongs to the father. Deceased Luo women leave their children with the husband. In this district, when both parents die of AIDS, children are usually left with the husband's kin but the overwhelming number of orphans has made it necessary to consider other alternatives as stated in the study.

According to the 1989 census, Kisumu district had a population of 674,000 (NASCO, 1998). This district was chosen for the study for two major reasons. First, the district had the highest rate of HIV/AIDS cases in Kenya, suggesting a high concentration of orphans in the district (NASCO, 2000) as quoted by the Ministry of Health, 2001. The results of Sentinel Surveillance database conducted in 2000 indicated that 35 per cent of women in the district who attended antenatal clinics were HIV-positive (NASCO, 2000). Although the exact number of AIDS orphans in Kisumu has not been established, these statistics could be as high as the percentage of seropositive pregnant women in the district.

Secondly, the Agha Khan Rural Development Project has been functioning in the district since the 1980's and through it; records of deaths and births are well kept, and this enabled the researcher to identify AIDS-orphaned children for the study. Kisumu district has 13 orphanages and while some of these orphanages have their own schools within them, some take their children to neighbouring schools. The institutions chosen for the study had the highest number of Aids-orphaned

children according to the children's department in Kisumu. Those not included in this study concentrated mostly on rehabilitation of needy children in general, including street children.

3.3.0 Research Instruments

A Self-Concept Scale was used in this study. This scale was developed using a modified Sears Self-concept Inventory (Mwaniki, 1973). Only 20 out of the original 40 items were picked for use in this study. The rest were omitted because they were not relevant to the study. The Self-Concept Scale was a 5-point Likert's scale, that is, Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree. Data was collected using this Scale, which included questions on social self-concept and academic self-concept. For each item, the subject was supposed to indicate with a tick his or her feelings about a certain statement. The items measuring self-concept of academic ability were numbers 1, 3, 5, 8, 10, 12, 14, 15, and 17. Those measuring self-perception of social acceptances were numbers 2, 4, 6, 7, 9, 11, 13, 16, 18, 19, and 20. The scale is shown in Appendix 1. The scores for both sub-scales were calculated for all pupils and the total scores were treated as a measure of self-concept.

3.3.1 Reliability of the Self-Concept Scale

To test reliability of the Self-Concept Scale, Pearson's product moment correlation coefficient was used. Pearson product moment formula for test-retest

was used to compute the correlation coefficient in order to establish the extent on which items were consistent in eliciting the same responses. The results from the correlation coefficient were $r = .68$ and this showed that the instrument was reliable enough for research study

3.3.2 Validity of the Self-Concept Scale

Instrument validity is concerned with whether the instrument measures what it is supposed to measure. Validity has been defined as the appropriateness, meaningfulness, and usefulness of the specific inferences researchers make based on the data they collect. It is concerned with whether the measures used really do deliver what the researcher claims for them. A valid instrument contains content that is relevant to the study, in this case content relevant to the self-concept and academic performance of children orphaned by AIDS. Content validity is a non-statistical method used to validate content employed in the questionnaire. Experts from the department were asked to assess the relevance of the research instrument independently. Adjustments were done to the questionnaire to improve their validity according to their advice.

3.3.3 Piloting

Piloting is a small-scale trial, intended to assess the adequacy of the research design and of the instrument to be used for data collection (questionnaires). Piloting tests the level of language used and highlights probable typographic

errors. Piloting also helps in devising a set of codes or response categories for each question, which will cover the full range of responses that may be given in reply to the questions in the main investigation. For this to work effectively, the pilot sample must be representative of the variety of individuals that the main study is intended to cover. The researcher piloted the research instrument in two selected schools in Kisumu Municipality. Five orphaned children who were not going to take part in the research study were randomly selected from each of the two schools. The responses from the instrument were used to work out correlation coefficient to determine reliability of the instrument. The reliability index was $r=.68$ and that was considered to be moderately adequate to make the instrument reliable for research study. From the pilot study the researcher was able to correct grammar, ambiguous questions and modify the instrument to suit the research study.

3.4.0 Population and Sample

In this study, children orphaned by HIV/AIDS were involved. Children orphaned by HIV/AIDS in this case refer to “total orphans”, that is, children who have lost both parents as opposed to “semi orphans” who have lost one parent. Since HIV is largely transmitted through heterosexual contact, AIDS often kills both parents leaving behind total orphans. Studies also showed that children in the orphanages in Kisumu district were total orphans.

The study sample included the total number of 138 orphans between ages 10 and 15 years whose parents had died of AIDS in Kisumu Municipality. Orphans who

were at least 10 years old could describe what they thought about themselves. Lists of the total orphans between ages 10 and 15 years were obtained from the children's Department in the District and the Agha Khan Rural Development Offices and orphanages in Kisumu Municipality hence they were purposively selected. From this information it became easier to know the schools where they learnt thus the choices of schools involved in the study.

3.4.1 Sampling Procedure

This study used purposive sampling procedure to select schools where the orphans attended and also the orphans who lived in extended families and guardians' homes. A total of 10 schools were picked. Two schools were used in the pilot and eight were in the actual survey. All were chosen according to the location of orphanages. This was because some of the orphanages had no schools of their own, thus sending their children to the nearest primary schools. Three of these schools were located within the orphanages while the others had orphans both from orphanages outside and also those living with families. Two of the ten schools were used for pre-testing the questionnaire while eight were included in the final study.

3.4.1 Sampling Technique

All the orphans whose parents died of AIDS were chosen from classes 4, 5 and 6 in all the sampled schools. These children were assumed to be mature enough to understand the questions in the questionnaire. The children's Department in

Kisumu provided the information about these AIDS-orphaned children. The Agha Khan Rural Development Project also helped in the location of the orphans, who were all in primary school. AIDS death rates started going up in the late 1980's and 1990's; majority of those who were born around this time lost their parents to the disease (Kodero, 2002). The respondents (children orphaned by AIDS) were stratified by two variables; residence and sex. The respondents were first grouped according to their residential destinations: institutions or orphanages, and extended families or guardians homes. They were then grouped according to their gender, as shown in page 50. (Table 1).

3.5 Data Collection Procedure

Permission was sought to conduct this study in Kisumu Municipality from the Ministry of Education Science and Technology in Nairobi (see Appendix iv), and District Education Office in Kisumu. This permit authorized the researcher to have access to any documents relevant to the study, such as lists of AIDS orphanages/institutions and orphans in the Municipal administrative offices and to administer research instruments to the participants.

3.6 Ethical and Logistical considerations

The administrators of the schools and the AIDS-orphanages, and the AIDS-orphaned children were informed about the objectives of the study and their informed consent to participate in the study was sought. Since all orphans involved in the study were children, the consent of their Head teacher and

teachers was sought and considered as sufficient for the orphans to participate in the study. They were informed that they were free to withdraw from the study at any time if they did not wish to participate.

The children in all the schools were reassured and they participated fully making the researcher make the assumption that the responses they gave were genuine and correct.

3.7 Data Analysis

The quantitative data collected in this study were analyzed using the statistical package for social science (SPSS) computer programme. Both descriptive and inferential statistics were used in data analyses. The descriptive statistics used were: mean standard deviation and percentages. The inferential statistics used were: t-test for independent samples and Pearson product moment correlation. The significance level for all statistical analyses was set at .05.

CHAPTER FOUR

DATA PRESENTATION, ANALYSES AND INTERPRETATION

4.0 Overview

This chapter reports the results of data analysis related to the effects of institutionalization and gender on the academic performance and self-concept of children orphaned by AIDS in Kisumu District. The chapter also reports the results of data analyses on the correlation between academic performance and self-concept of AIDS –orphaned children.

The reporting of statistical results in this chapter follows a fairly consistent pattern: a restatement of the research question, after which the pertinent descriptive statistics, inferential statistics, and appropriate interpretations are made. The demographics of the participants involved in the study are presented in Table 1

4.0 Table 1 Demographic Description of participants

	Residential Destination			
	Institutionalized		Non-Institutionalized	
	n	%	n	%
Males	28	49.12	39	48.15
Female	29	50.87	42	51.85
Total	57	100	81	100

4.1 Data Analysis

Presentation, Analysis and Interpretation.

Question One

The first research question asked if there was a difference in academic performance between institutionalized and non-institutionalized AIDS- orphaned children. To answer this question, examination results for two terms were considered and the mean scores for institutionalized and non-institutionalized AIDS-orphaned children were computed. The mean scores for the two groups of orphans are presented in Table 2.

Table 2 Academic Performance of AIDS-Orphaned Children

Residential destination	n	Academic performance	
		Mean	SD
Institutionalized	57	345.81	55.17
Non-Institutionalized	81	231.32	52.29
Total	138	278.60	77.73

To test whether or not the mean scores for institutionalized and non-institutionalized AIDS- orphaned children were significantly different, t-test for independent samples was used. The results of this analysis showed that there was a statistically significant difference between the two mean scores, $t(136) = 12.38$, $p < .05$. It was concluded that institutionalized AIDS-orphaned children performed better in academics as compared to non-institutionalized children.

Question Two

The second research question asked if there was a difference in self-concept between institutionalized and non-institutionalized AIDS-orphaned children. To answer this question, self-concept results from the self-concept scale administered were considered and the mean scores for institutionalized and non-institutionalized AIDS-orphaned children were computed. The mean scores for the two groups of orphans are presented in Table 3.

Table 3

Self – Concept of AIDS-Orphaned Children

Residential destination	n	Self – Concept	
		Mean	SD
Institutionalized	57	54.08	22.30
Non-Institutionalized	81	54.33	18.38

Total	138	108.41	40.68
-------	-----	--------	-------

To test whether or not the mean scores for institutionalized and non-institutionalized AIDS-orphaned children were significantly different, t-test for independent samples was used. The results of this analysis showed that there was a statistically non-significant difference in self-concept of institutionalized and non-institutionalized children, $t(136) = -0.07, p > .05$. It was therefore concluded that there was no significant difference on the self-concept of institutionalized and non-institutionalized AIDS-orphaned children.

Question Three

The third research question asked if there was a difference in self-concept between male and female AIDS-orphaned children. To answer this question, self-concept results from the self-concept scale were considered and the mean scores for male and female AIDS-orphaned children were computed. The mean scores for the two groups of orphans are presented in Table 4

Table 4 Self-Concept of Male and Female AIDS-Orphaned Children

Gender	n	Self-Concept	
		Mean	SD
Male	66	61.77	15.80

Female	72	47.32	21.05
Total	138	54.23	36.85

To test whether or not the mean scores for male and female AIDS-orphaned children were significantly different, t-test for independent samples was used. The results of this analysis showed that there was a statistically significant difference on self-concept of male and female AIDS- orphaned children, $t(136) = 4.53$, $p < .05$. It was then concluded that boys had a higher self-concept as compared to girls among the AIDS- orphaned children.

Question Four

The fourth research question asked if there was a correlation between self-concept and academic performance of AIDS-orphaned children. In order to answer this question, the AIDS- orphaned children were asked to complete the self-concept scale and their mean scores were computed. Moreover their marks for end term examinations were added and averaged. The mean scores for self-concept and academic performance for each child were correlated using Pearson product moment correlation and the results of the analysis is reported in Table 5 and Table 6.

Table 5 Correlation between Self–concept and Academic Performance of institutionalized AIDS-Orphaned Children

	Self-concept	Academic Performance
Self–Concept	-	.17
Academic performance	.17	-

Table 6

Correlation between Self –concept and Academic Performance of non-institutionalized AIDS Orphaned Children

	Self-concept	Academic Performance
Self–Concept	-	-.13

The results of the analysis indicated that the institutionalized AIDS- orphaned children had a statistically significant positive correlation between self-concept and academic performance, $r=.17$, $p<.05$, while those of non-institutionalized had a statistically no significant negative correlation $r=-.13$, $p>.05$. It was then concluded that there was correlation between self-concept and academic performance of AIDS-orphaned children who were institutionalised.

Question 5

The fifth research question asked if there was a difference in academic performance between male and female children orphaned by AIDS. In order to answer this question examination results for male and female children for end term were added and averaged. The results are presented in Table 8.

Table 8

Academic Performance between Male and Female AIDS-Orphaned Children

		Academic Performance	
		Mean	SD
Gender	n		
Male	66	295.00	78.14
Female	72	263.58	74.75
Total	138	278.61	77.72

A t-test for independent samples was performed to test whether or not there was significant difference on academic performance of males and females AIDS-orphaned children. The results showed that there was statistically significant difference of academic performance of males and female AIDS- orphaned children, $t(136) = 2.41, p < .05$. It was then concluded that male AIDS-orphaned

children had a higher academic performance as compared to female AIDS-orphaned children.

The results of the study gave 4 positive and one negative response to the research questions, concluding that residential destination had an impact on the self-concept and academic performance of HIV/AIDS-orphaned children.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECCOMENDATIONS

5.0 Overview

The purpose of this study was to investigate the relationship between self-concept and academic performance of institutionalised and non-institutionalised HIV/AIDS orphans in Kisumu Municipality. Using questionnaires the researcher collected data from pupils. Data was then presented and analysed accordingly. The findings of the study are discussed in detail in this chapter.

4.1 Academic Performance and Institutionalization

This study investigated the difference in academic performance between institutionalized and non-institutionalized AIDS orphaned children. The findings of this study showed that institutionalized AIDS-orphaned children perform better in academics as compared to non-institutionalized children. This result is supported by the findings of a study conducted by AIDSCAP (1996) which showed that Institutionalisation has more benefits compared to non-institutionalisation. This report gives a picture of the kind of families who accept to take in orphans.

The study also showed the problems associated with extended family adoption, which affects the performance of these orphans in class. Most orphanages provide the children with important facilities, for instance, boarding schools, providing

them with basic needs like clothing, health care and food, these orphans also are given counselling services to assist them adjust accordingly thus enhancing excellence in academic achievements compared to their counterparts who are not-institutionalised.

There is also uniformity of care and treatment of all pupils including the non-orphaned, in the institutions which raise their self-concept thus enhancing good academic performance. Counselling in schools also helps reduce stigma and discrimination, which is commonly associated with HIV/AIDS. All the above advantages become consistent if pupils are within the institution, but it becomes quite difficult to follow up problems affecting children living outside the institution especially if they are absent from school many times. According to the teachers' reports, most absentees in their classes were children living with extended families who in most cases were old grandparents or poor relatives who wait on the very pupils after school to assist in housework, farm work and even work for other people during holidays and weekends as casual labourers. Some of the activities that the children engage in include fishing and hawking of fish after school and during weekends and big market days in centres neighbouring Kisumu town.

Children staying either with extended families or guardians are usually absent from school as they become care givers of sick parents and younger siblings. The older orphans may struggle to ensure there is food and other essentials, look for firewood, do the cleaning and other household chores. These children are

expected to compete with the rest of the children, who are not orphaned and those under institutional care. Those in institutions have more time to study since they have no responsibilities outside school work. There is electricity in most of the institutions in Kisumu municipality, which enable the children to study even at night as opposed to those who are not institutionalized.

4.2 Self-Concept and Institutionalization

In addition to academic performance, this study investigated the difference in self-concept between institutionalised and non institutionalised AIDS orphaned children. Also, the findings of this study indicated that there was a statistically non-significant difference. This finding is in agreement with other studies which have highlighted the effects of HIV/AIDS on one's self-concept. In most cases, HIV/AIDS kills both parents.

Multiple deaths in a family make children sad and isolated, lowering their self-concept and this could affect their academic performance especially when they were made to appear inadequate in the presence of peers who were not orphaned. Mavimbela (2003) said that Kinsmen or clan members who cared for orphans often struggled to an extent of reducing the general livelihood within the households. It was also observed that many orphans were living miserably with their relatives, and they become second-rank children, who did more work around the household than the other children. They were often absent from school and when sick were not let to access health facilities. These situations were seen to be

similar to those in Kisumu District among extended family members who cared for children orphaned by HIV/AIDS.

Lack of concentration had been cited as a cause of poor performance. On the other hand, orphaned children living in institutions went to class with fresh minds and were able to engage themselves in activities after school like fishing and hawking. Moreover they did not lack basic needs hence the task of learning does not compete with any basic need like in the case of orphans living outside the institutions. It may also be reasonable to suggest that sponsors of the institutions also encourage children in these institutions in their academics and that was why they worked hard and excelled. It has been found that failure to encourage children in schoolwork was a significant factor in poor performance (Selfe, 1975).

The Christian background of most of the institutions helped in promoting positive attitudes among the orphaned children which made them see one another as equals. This was further reinforced by the counselling departments of these institutions which worked to ensure that children felt loved and cared for; thus giving hope to those otherwise hopeless children.

Institutionalised pupils' high self-concept was attributed to the treatment they got from their respective caregivers. The institutions or orphanages did not discriminate against orphaned children. On the other hand, in extended families and guardian homes, boys were viewed with a lot of suspicion by the host

children. They were seen as intruders who had come to take away their inheritance (land and property) and this was made worse if the children of the host family performed poorly in school. The host children fear they could infect them with the disease. However, the knowledge of having relatives around them, gave them a sense of belonging thus building their self-image despite the difficulties they went through. This explains why there was no significant difference in their self-concept compared to those who live in institutions.

Institutionalized children were found to have no significant difference in self-concept from those who were not. They were treated equally without favour and therefore, had a sense of belonging and shared a common problem that could be a source of encouragement therefore enhancing high self-concept. However, treatment in those residential destinations might not have been uniform and might have been worse in cases where siblings were separated and given out to different people for care.

5.3 Self- Concept and Gender

The study aimed at investigating the difference in self-concept between male and female AIDS-orphaned children. The findings in table 4 indicated that there was a statistically significant difference in the self-concept of males and females AIDS-orphaned children. It was then concluded that boys had a higher self-concept compared to girls among the AIDS-orphaned children.

Many researchers generally supported the existence of relationship between self-concept and academic performance. According to Pigeon (1970), a pupil's conception of his own capabilities will also influence his performance. If he is led to believe that he is capable of very little, that is, has low expectations of himself, he will have little self motivation and will in fact achieve low. Such experiences traumatise girls a lot thus affecting their self-concept. They feel useless, misused, and hopeless. Those who are lucky they are rescued but most of them suffer silently, fearing that if they raise any alarm they could be kicked out. The boys on the other hand, though they are also mistreated, get out of it once they are in school because in most cases they are overworked, given less food or scolded. Although this affects them psychologically, the extent is not as much as that of the girls, which even affects their health. This explains why girls who were not institutionalised had a lower self-concept than boys.

Ligeve (2001), noted that a female child's performance in education might not be as highly valued as that of a male child. She further reported that in many countries, the school day for girls was long because they had to come early from school and accomplish some domestic chores. Sometimes they left for school later than boys for the same thus concluding that, girls had a heavier workload at home than boys. This had a negative impact on girls' academic performance, and worse still, being orphans.

There seems to be a general belief that the rightful place for a girl is in the kitchen, where school certificates are not needed. Hence girls attending school may argue that there is no need to study hard because they will end up in the

kitchen after marriage. This argument agrees with what Brey, Melarke, and Stephens (1986), and Noller and Callan (1991) suggest that girls have a weaker incentive to remain in school than boys because they are less likely to seek paid employment and therefore, less likely to need a school certificate, hence dropping out early or performing poorly in academic work (Ligeve, 2001).

5.4 Academic Performance and Gender

This study was intended to find out if there was a correlation between self-concept and Academic performance of AIDS-orphaned children. The results in Table 5 and Table 6 indicated that the institutionalised AIDS-orphaned children had a statistically significant Positive correlation between self-concept and academic performance, while those of non-Institutionalised had statistically no significant negative correlation. It was then concluded that there was a correlation between self-concept and academic performance of AIDS-orphaned children who were institutionalised.

Girls generally assisted their mothers who bore proportionately a large share of both domestic and agricultural work (District Development plan, 2002 -2008). This situation was applicable to all girls, even those taken in by relatives, guardians, or living with brothers in their own parental homes. Their contribution to family farm income was considerable, whereby they spent time in planting, weeding, cultivation, fetching firewood and water. The orphaned girls had to assist their “mothers” when not in school, during weekends and sometimes even missed school to stand in for an ailing “mother”. With all that to be done, there

was little time left for these girls to attend to school work. They feel they have to pay for the kindness shown to them by their hosts thus will always feel more of a servant than a part of the family. This affects their self-concept negatively compared to their male colleagues in the same situation; this explains why they perform poorly and have low self-concept.

The girls who live in institutions access good services, for example counselling. They also share experiences with colleagues and give each other moral support during leisure time, something which the girls staying outside the institutions do not access. In most cases, orphaned girls living with relatives, guardians and in own parental homes had no time since they have a lot of house work to do and hardly get time to attend to school work. This perhaps lowered their self-concept a great deal.

There was a significant difference in academic performance or achievement of boys and girls orphaned by HIV/AIDS. The boys in both institutions and non-institutions had higher mean scores than girls in the two groups. Boys could be performing well because after School they had fewer duties to attend to compared to girls (UNICEF 1992), notes that greater demands are made on female children to assist with household chores, to care for the young siblings, fetch water and collect fire wood. The report further revealed that these duties depressed female performance in academics, thus the findings of this study concur with the above report. Kaongo - Male and Onyango (1991) observed that female children were

often more burdened with duties after school than male children. This was attributed to the fact that after school duties were largely performed by females, after all those chores were done, the girls might have been too exhausted to concentrate on their studies, leading to poor performance.

This difference between the academic performance of orphaned boys and girls in institutions can also be explained by cultural attitudes towards girls. In many cultures, female children have a lower ranking than male children and are also generally denied educational opportunities (U.N.I.C.E.F, 1992). Some parents do not take girls' education seriously, since they will eventually get married and worse still, these are just caretakers with their own children

Girls are more involved in housework and in providing for the family and therefore have less time to devote to studies. The UNICEF report in 1992 indicated that greater demands were more on female children to assist with household responsibilities, to care for younger siblings, fetch water and collect firewood (Ligeve 2001). The dual role may be depressing girls' performance in academics. Boys on the other hand rarely contribute to domestic work at home therefore they manage to perform better in their school work.

Orphans are children with social, psychological and emotional problems while those orphaned by AIDS have additional problems (Rao, 1990). These children, though they are capable of performing well in school, suffer from stigma, rejection and discrimination, which may make it hard for them to realize their

dreams (NASCOP, 1998, September). Academic work demands that pupils/students should pursue tasks efficiently without undue stresses, strains and anxieties and should be able to relate well with their academic situation.

5:5 Academic Performances of AIDS-Orphaned Children.

The study aimed at finding out the difference in academic performance between male and female children orphaned by HIV-AIDS. The result in table 7; indicated that there was a statistically significant difference in academic performance of male and female as children orphaned by HIV/AIDS. It was concluded that male AIDS-orphaned children, have a higher academic performance compared to female AIDS/orphaned children.

The results of this study showed that boys orphaned by HIV/AIDS living in institutions and those living with extended families, guardian homes and in parental homes had significantly higher academic performance mean scores than girls in same situation. This could be attributed to the kind of support they get from the society. There is widespread agreement that masculine identity emphasises an orientation towards achievement and a great deal of self-reliance (Elkind & Handel, 1978). The society expects a boy to be strong and responsible and because of this expectation, boys develop higher self-concept than girls. Girls are portrayed as weak and dependant while boys are idolised as the future bread winners and therefore have to work hard to live up to that role.

5.6 Conclusions

Given these findings, the community should be made aware of the need for proper placement of children orphaned by HIV/AIDS. Those children, who cannot be fully cared for by the close relatives, should be placed in orphanages where the government and well wishers can have them cared for.

Extended family members especially the grandparents should not insist to stay with orphaned children if they are unable to provide for them sufficiently because lack of basic necessities has been found to be the major cause of poor performance and poor self-concept of these children. The families should also accept that HIV/AIDS is a disease just like any other disease in order to reduce stigmatisation of those affected by the disease, especially the orphaned children. This has been proved to be the main cause of poor self-concept of the orphaned child. People who are sick of HIV/AIDS should be made aware of the dangers which might face their children ones they die and thus should organise themselves well, by making plans of how the children will live and with whom they wish to take care of the child/children.

The government on the other hand should come up with clear policies on orphans and inheritance so as to stop relatives and those entrusted with the care of the orphaned children from misusing or taking the parents' property to benefit themselves, leaving the orphans suffering. Such incidences of relatives benefiting

from orphans' inheritance has been known to cause a lot of psychological torture on the part of the children leaving them bitter and hopeless in life, thus affecting their academic performance and self concept.

The government could consider starting school feeding programs in all primary schools in Kisumu District. The programme will improve the health of these pupils since it will supplement their nutrient intake thus in turn may improve school attendance and performance of orphaned children who sometimes work during school days. Orphanages run by Non-governmental Organisations, government and individual ones should be supported materially to improve their services to the orphaned children, especially in this era of HIV/AIDS pandemic. This will improve the quality of pupils we teach in our schools

Parents and society at large to be sensitized on the importance of education to all children. Both boys and girls should be taught to assist at home equally. This will enable them to compete on an equal ground. Consequently, girls should be given a supporting environment, not only at home but also by the society in order to realise their potential. The traditional role of women as mothers and wives only doesn't augur well with dwindled economic resources necessitated by the increased cost of living and other issues including HIV/AIDS.

The government should educate the community on the rights of the child in Kenya. The child should be protected against unlawful labour activities, sex work and other

violent acts. The right to own property and be protected from inimical activities of land grabbers are yet to be spelled out. Society should be made aware of the status of children orphaned by HIV/AIDS, appropriate rules and regulations should be enacted to protect them. The government needs to protect children from callous relatives and friends, by providing legal services to ensure children rights are protected.

Counselling should be provided to reassure children of their significance and value to society. Counselling is also necessary for the community to educate villagers on the value of upholding extended family support and the need to provide basic rural livelihood resources, including land. Some caregivers take on the responsibility of looking after orphans while in real sense they may not be ready for the task. Others enter the responsibility half-willing, and with a lot of reservation brought about by family misunderstanding.

5.7 Delimitation of the study

Given that the study was conducted in Kisumu Municipality, generalization of the Findings will apply to schools in Kisumu Municipality only. Generalization to other parts of the country could be done with caution.

5.8 Implications for Policy Makers

- (1) The government should promote community based organizations, which will ensure orphan support and care in parental homes.
 - (2) Strict laws to be made to ensure that orphans do not lose their parents' property in order to have something to live on in the absence of parents.
 - (3) From the results, orphaned siblings should learn in one school/institution to boost their self-concept and promote family bonding.
 - (4) From the study findings, stigma and discrimination is still very rampant in schools. Children should be educated against such behaviours to avoid orphans feeling different from the rest of the children.
5. Adoption should be encouraged to allow those who wish to assist orphaned children to do so and avoid having children living with relatives who can take care of their own families

5.9 Recommendations for Further Research

- (1) A similar study with a larger sample should be carried out so that a valid generalisation can be made about self-concept and academic performance of institutionalised and non-institutionalised HIV/AIDS orphans.
- (2) More research on the impact of institutionalisation on either girls only or those of boys only is required.
- (3) An assessment of financial constraints faced by institutions, extended families and guardians for the care of orphans should be studied.

REFERENCES

- Anyango R. A. (1982). *Self-perception of Blind Students Aged Nine to Fourteen Years in Kisumu*. Unpublished MA Thesis, University of Nairobi, Nairobi, Kenya.
- AIDSCAP, (1996). *AIDS in Kenya. Socio -economic Impact and Policy implications*. U.S.A: Family Health International/NASCOP
- Black, F.W. (1974). Self-concept as Related to achievement and age in learning of disabled children. *In Journal of Child Development, 45*, 1137-1140.
- Bledsoe, C. J. (1967). Self-concept of Children and their Intelligence, Achievement Interests and Anxiety: *In Journal of individual Psychology, 9*, 55-58.
- Borislow, B. (1962). Self-evaluation and Academic Achievement: *In Journal of Counseling Psychology, 9*, 246-254.
- Brey, M.M.Mclarke, P.S. & Stephens. (1986). *Education and society in Africa*. London: Edward Arnold Ltd.
- Brookover, W. B and Joiner, L.M (1967). *Self-concept of Ability and School Achievement*, Cooperative Research Project, No 2831, Michigan State University, USA.
- Brookover, W. B, & Peterson, A. (1964). *Self-concept of Ability and School Achievement: Sociology of Education*: New York: American Book Company.
- Burns, R. B. (1982). *Self-concept Development and Education*. London: Holt Rinehart & Winston Publishers.

Combs, A.W. & Syngg, D. (1982). The Adolescent Experience. In R. Burns (Ed.), *self - concept Development and Education*. East Sussex: Holt Rinehart & Winston Ltd.

Coopersmith, S. (1959). A method for determining types of Self-Esteem: *In Journal of Abnormal Psychology*, 59, 87-94.

Coopersmith, S. (1967). *The antecedents of self-esteem*. San Francisco: W.H. F Freeman and co. publishers.

Corsini, R J. (1984) *Encyclopedia of psychology*. John Wiley and sons, 3.

Durojoiye, M. O. A. (1976). A New Introduction to Educational Psychology: *British Journal of Educational Psychology*, 53, 215-225.

Elkind, F and Handel (1978). *The child and the society*. New York: Random House

Erickson, E. (1985). *Development Psychology, Theory, Research and Applications*. Shaffer University of Georgia, USA: Wadsworth Inc. Publications

Fennimore, F. (1968). Reading and Self-Concept: *In Journal of Reading*, 11, 447-481.

Fink, M. (1962). Self-Concept as it Relates to Academic under- Achievement: *In Journal of Educational Research*, 13, 57-62.

Fitts, W. H. (1982). *Development of Mental Health, Self - Concept Development and Education*. East Sussex: Holt, Rinehart & Washington Ltd

Garzarell, P. & Lester, D. (1987). Self - Concept and Academic Performance in Jamaican Teenagers. *The Journal of school Psychology*, 73 (4), 509-519.

U.N.I.C.E.F, (1992) *Children and women in Kenya*. A situation Analysis, Nairobi: Government Printers.

G.O.K, (2001) *Effective Management for sustainable economic growth and poverty reduction*. Kenya National Development Plan (2002-2008): Government Printers, Nairobi.

G.O.K, (July, 2004). *Report on Rapid Assessment, Analysis and Action Planning Process (RAAAPP) for orphans and other children made vulnerable by HIV/AIDS in Kenya*: Government Printers, Nairobi.

Hyneman, S. P. (1979). Why Impoverished Children do well in Ugandan Schools. *In Journal of Comparative Education*, 15, 175-188.

Jackson. (2002). *Aids in Africa*. Continent in crisis, Zimbabwe: SAFAIDS.

Jones, J. G. (1970). Measures of Self-perception as Predictors of Scholastic Achievement: *In Journal of Educational Research*, 63(5), 201

Jordan, T. J., (1981). Self-concept, Motivation and Academic Achievement of Black Adolescent: *In Journal of Psychology*, 73(4).

Kamau, M. (1986). *A Comparative Study of the Occupational Aspirations of Physically Handicapped Secondary School Students and the Actual Job Placement of these Graduates*. Unpublished Masters Thesis, Kenyatta University, Nairobi, Kenya.

Kemri, (2001) *AIDS update*, quarterly Report (October-December), No 004, 4

Kenya Episcopal Conference (NASCP, 2000). *HIV/AIDS Manual for Facilitators / Trainers*, Nairobi, Kenya.

Kodero, H.M.N. (2002). *Adoption and Education of AIDS-Orphaned Children in Kenya*. A Paper Presented during the 12th European conference on early childhood education at Cyprus University, Cyprus. August 29 to 31

Kwama K. (2003, January 5) AIDS Orphans. *Sunday Standard*. Standard Ltd. Nairobi, Kenya, p2.

Lanza, R. A. (1969). *An Investigation of Various Antecedents of Self-Esteem as related to Race and Sex*. Dissertation Abstract International, Vol. 1077A.

Larned, D. T. & Miller, D. (1997). *Development of Self-concept Theory*. Pacific Pallisades, California: Good year Books.

Lauver, P. & Harvey D. R. (1997). *The Practical Counselor, Elements of Effective Helping*, Boston: Cole publishers.

Lecky, P. (1951). *Self-consistency*, New York.: Island Press.

Ligeve, N.S (2001). *The influence of child labour on academic achievement of primary school pupils in Suba and Homabay Districts in Kenya*. Unpublished Masters Thesis, Moi University, Eldoret, Kenya.

Magsud, M. (1983). The Relationship of Locus of Control to Self – Esteem, Academic achievement and Prediction of Performance among Nigerian Secondary School pupils: *In British Journal of Educational Psychology* 53, 215 – 225.

Maritim, E .K. (1985). The Dependence of ‘O’ and A level Result on the Sex of the Examiners. Bureau of Educational research of Kenya. *Journal of Education* 2, 21-23

Maritim E.K. (1979).*The Academic Self-concept and Teachers Perceptions: the Relationship to Pupils Grade Attainment in Rural Kenya*. Unpublished PhD Thesis, Havard University, USA.

Marsh, H. W. & Parker, J. W (1985). Determinant of Student Self concept-. *Journal of Personality and Social Psychology*, 47(1), 11.

Marsh, O. D. & Smith (1989).Multi-dimensional adolescent self-concept: their relationship to age, sex and academic measure. *The Journal of Personality and Social Psychology*, 59, 2-5.

Mavimbela, N. (2003). *Household Capacity to Care for and Support Orphans, Vulnerable Children and the Seriously ill*. ICASA Conference, 23rd September, Nairobi, Kenya.

Mead, G.H (1934).*Mind, self and society*. Chicago: University of Chicago Press.

Misigo, B. L. (1998). *The Relationship between Self-Concept, Socio-economic Status and Academic Performance of Students in Kenya Secondary Schools: A Case Study of Lugari Division in Kakamega District*. Unpublished Masters Thesis, Moi University, Eldoret, Kenya.

Mintz, R. & Muller, D. (1983). Academic achievement as a function of specific and global measures of Self-Concept. *Journal of Psychology*, 97, 53-58.

Morgan, C. & King, K. (1956). *Introduction to Psychology*, New York: McGraw Hill Inc.

Mwamwenda, T. S. (1989). *Educational Psychology: An African Perspective*, Durban: Butter Worth Professional Publishers Ltd.

Mwaniki, M. K. (1973). *The Relationship between Self-concept and Academic Achievement in Kenyan Pupils*. Unpublished PhD, Thesis, Stanford University, USA.

Noller, P. & Callan, V. (1991). *The adolescent in the family*. London: Routledge

Nyangweso, E. (1985). *The Influence of the Self-concept on Class Performance*. Unpublished P.G. D. E. Thesis, University of Nairobi, Nairobi, Kenya.

Obura, P. (1991). *Changing Images Portrayal of Girls and Women in Kenya*. Nairobi: Text Books African Centre for Technology Studies Press.

Olukayonde, R. (1977). A cross Sectional Study of Self-concept Development in Nigeria Adolescent: University of Ibadan Nigeria. *Journal of Psychology*, 110, 19-82.

Pigeon, D. A (1970). *Expectations and Pupils Performance*. National Foundations for Educational Research in England and Wales. London: (NFRE) Publishers.

Primavera, L. H. & Simon, W. R. (1974). The Relationship between Self-esteem and Academic Achievement: An Investigation of Sex differences in Schools, 2 (11), 13-215.

Purkey, W. W. (1967). *The Self-concept and Academic Achievement*. Florida Educational Research and Development Council, Research Bulletin, 3, 15-23.

Purkey W. W (1970) Perceptions of Peoples in an Experimental Primary School. *Elementary School Journal*, USA: Holt, Rinehart and Winston Ltd.

Rao, A. (1990). *Educational Psychology*. New Delhi: Wiley Eastern limited.

Rapid Assessment, (2004). *Report on the Rapid Assessment, Analysis and Action Planning Process for Orphans and other Children Made Vulnerable by HIV/AIDS in Kenya*. Government Printers, Nairobi

Reck, V. L (1980). Self-concept, School and Social setting: Comparison of Rural and Urban Appalachian Sixth Grades. *In Journal of Education Research*, 74, 49-54.

Republic of Kenya, (2002-2008). *National Development Plan on Effective Management for Sustainable Economic Growth and Poverty*. Government Printers, Nairobi.

Rogers, C. (1951) .*Client-centered therapy*. Boston: Houghton Mifflin Company.

Rosenberg, M. (1965). *Society and the Adolescent Self-Image*. New York: Princeton University Press.

Roth, R.M. (1959) Role of Self-Concept in Achievement: *In Journal of Experimental Education*, 27, 265-281

Sears, R.R (1970).Relationship and early socialization experiences to self-concept and gender role in middle childhood. *In Journal of Child Development*, 41,267-287.

Selfe, P.L (1975).*Sociology. Introduction course*. Nairobi: Nelson & son Ltd.

Sessional Paper No. 4 (1997). *Five-year Strategic Plan 2000 – 2005*. Government Press: Nairobi.

Shindi, J. (1983). Self-concept of Handicapped Persons. In A.A. Olowu (Ed.) *Contemporary Issues in Self- concept Studies*. Shaneson: Ibadan.

Shindi, J. (1990). Self-concept of Orthopedically Handicapped Children. *International Journal of social Psychiatry*, 16, 135-140.

Smith, C. (1967). *The Antecedents of Self – esteem*. San Francisco: W. H. Freeman Publishers.

Sommerset, H. C. A. (1979). *The Academic Self-concept and the Teachers Perception: The Relationship to Pupils Grade Attainment in Rural Kenya*. Unpublished Ph.D. Thesis, Havard University, USA.

Song, I. & Hattie, J. (1984). Home Environment, Self - Concept and Academic Achievement: A casual Modeling Approach. *In Journal of Education Psychology*, 76, 1269-1281

Uganda AIDS Commission (April, 2000).*Scaling up HIV/AIDS and orphans response to accelerate poverty reduction in Uganda, 2000/2001-2005/2006*.

U.N. AIDS (2000). *AIDS: Palliative Care*. Joint United Nations Program on HIV/AIDS. Best Practice Collection, UN Information Centre, Geneva.

Veness, T. (1928) *School Leavers: their Aspirations and Expectations*. I R. Burns (Ed.). *Self-concept Development and Education*. Holt, Rinehart & Winston Ltd.: East Sussex, USA:

Walker (2003) .*We will burry ourselves*. ICASA Conference, 24th September, Nairobi, Kenya.

Withycombe, J. S. (1970). *An Analysis of Self-concept and Social Status of Painte and Social and White Elementary School Children in Nevada*. Dissertation Abstract international vol. 31. No. 12 article 6420 A.

Wright, B. A. (1960). *Physical Disability. A Psychological Approach*. New York: Harper & Row Publisher:

Wylie, R. C. (1961). *The Self-concept. A Review of Methodology Considerations and Measuring Instruments*. Lincoln: University of Nebraska Press:

Youngblood, R. L. (1976). Self- esteem and Academic Achievement of Philipino High School Students. *In Educational Research Quarterly, 1, 25-27*.

APPENDICES

Appendix 1

Student Questionnaire

The purpose of this questionnaire is to help us understand the feelings and experiences of HIV/AIDS orphans and how these affect their self-concept and academic performance. The findings will assist in making suggestions on ways and means of helping the orphans cope with their problems and also improve in academics. The information is for research purposes and will be kept confidential. Your participation in this important exercise is most welcome and highly appreciated. This instrument has been divided into two parts. Part I have questions about the pupils biography while part II contains questions about the pupil's self-concept and academic performance. Part I have 4 items while part II has 20 items.

PART I: Biographical Form (Please tick the appropriate one)

- Residential destination**
- a) Extended family
 - b) Guardian's home
 - c) Orphanage/institution
 - d) Parental home

1. What is your gender?

A. Male

B. Female

2. When were you born?

Year _____ Month _____

(Indicate year)

3. When did your parents die? Mother _____

Father _____

PART II:

Respond to the following by ticking in the bracket according to what you feel applies to you. Tick Strongly Agree if you feel the statement strongly applies to you; agree if it does not apply so strongly; Undecided if you are not sure about it; Disagree if it does not apply to you and Strongly Disagree if you feel it does not apply to you at all

KEY –

- SA (Strongly Agree)
- A (Agree)
- U (Undecided)
- D (Disagree)
- SD (Strongly Disagree)

1. I am proud of my work at school.

SA ()

A ()

U ()

D ()

SD ()

2. I like playing with other children during break time

SA ()

A ()

U ()

D ()

SD ()

3. I learn new things fast

SA ()

A ()

U ()

D ()

SD ()

4. I am popular with other children

SA ()

A ()

U ()

D ()

SD ()

5. I believe I can learn up to University level

SA ()

A ()

U ()

D ()

D ()

6. I make friends easily

SA ()

A ()

U ()

D ()

SD ()

7. I am just like any other pupil

SA ()

A ()

U ()

D ()

SD ()

8. I remember easily what I have learnt

SA ()

A ()

U ()

D ()

SD ()

9. I don't feel shy in front of other pupils

SA ()

A ()

U ()

D ()

SD ()

10. I learn quickly in class

SA ()

A ()

U ()

D ()

SD ()

11. I find it easy to get along with other pupils

SA ()

A ()

U ()

D ()

SD ()

12. I participate in answering questions in class

SA ()

A ()

U ()

D ()

SD ()

13. People do like me as much as they should

SA ()

A ()

U ()

D ()

SD ()

14. I would like to study science in future

SA ()

A ()

U ()

D ()

SD ()

15. I usually do well in any class work

SA ()

A ()

U ()

D ()

SD ()

16. I normally have a good time with other pupils

SA ()

A ()

U ()

D ()

SD ()

17. I am clever

SA ()

A ()

U ()

D ()

SD ()

18. I do not complain about how others treat me in school

SA ()

A ()

U ()

D ()

SD ()

19. I don't fear making new friends

SA ()

A ()

U ()

D ()

SD ()

20 I like my present home

SA ()

A ()

U ()

D ()

SD ()

Thank you for your co-operation

