

**ASSESSMENT OF THE EFFECTS OF HIV RELATED STIGMA ON SELF-
ESTEEM OF PUPILS IN PUBLIC PRIMARY SCHOOLS IN KIAMBU COUNTY**

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of the Requirements for the Conferment of Master of Arts Degree in Counselling
Psychology of Kenya Methodist University**

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DECLARATION AND RECOMMENDATION

This thesis is my original work and has not been presented for a degree or any other award in any University.

Signed Jambogo

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DEDICATION

This is for the support and encouragement of my dear spouse Isaac and my children, Melon, Ted and Liam Adrian. May God always guard them.

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Firstly, for the gift of life, location and time, let me acknowledge the favor of the Almighty God. He allowed me to participate in the course that is very important in my life.

I acknowledge the support given to me by my supervisors and the management of the Kenyan Methodist University, not forgetting the help and guidelines of Dr. Bernard Wamalwa and Reverend Gregory Kivanguli who have been my supervisors. They were an eye opener as to how the research should be carried out. My gratitude also goes to pupils in public primary schools in Kiambu County for their assistance during data collection. Finally, I appreciate Dennis Kazoo and Ndegwa for the assistance during research period.

ABSTRACT

With the increased cases of Human Immune Deficiency Virus related stigma, there is increased need to ensure People Living With Human Immune Deficiency Virus don't face stigma which eventually lowers their self-esteem. Specifically, pupils living with acquired immunodeficiency syndrome have been victims of stigmatization and are often the most understood thus most affected by low self-esteem as a result of stigmatization. There is need for accurate evaluation of the health needs of the community specifically those living with Human Immune Deficiency Virus. This study sought to establish the effects of Human Immune Deficiency Virus related stigma on the self-esteem of pupils in Kiambu County. The study's main objectives were to establish the effect of discrimination, denial of service, and isolation on pupils' self-esteem in Kiambu County. Besides, the study sought to establish strategies and interventions put in place and how they influence the self-esteem of pupils in Kiambu County facing Human Immune Deficiency Virus-related stigma. The study was supported by the psychosocial theory and the Maslow's Hierarchy of Needs theory. The study evaluated how discrimination, denial of service, isolation, and interventions in place affect the self-esteem of pupils in Kiambu county. The study used a quantitative research design specifically utilizing descriptive design to identify the relationship between the different variables. A descriptive research design was used since it easily describes various attributes, values, attitudes, and changes in behavior of the respondents. The demographic of interest were 2000 pupils in classes 7 and 8 from public primary schools in Kiambu County. The sample size was 333 students based on a random sampling approach with an assurance level of 95%, which corresponded to 16.65% of the overall population. Standardized questionnaires were used to collect data. The study ensured validity by conducting a pilot test involving 25 participants to assess questionnaire clarity, comprehensibility, and relevance. Reliability was established through a pilot study employing Cronbach's Alpha coefficient, a statistical method assessing internal consistency. The approach enhanced the accuracy and consistency of the research findings, thus ensuring robustness in the data collection process. To ensure the confidentiality of the collected data, each questionnaire was assigned a unique identification code, dissociated from any personal information. Besides, the responses were anonymized, and no identifying details were requested in the questionnaire. The completed questionnaires were collected in sealed envelopes to prevent unauthorized access to the information. The researcher used descriptive data analysis techniques which included means, frequencies, standard deviations and percentages. The researcher used SPSS to be able to come up with comprehensive data. The study established that there was a positive significant relationship between discrimination, denial of services and isolation supported by an overall mean of 2.52. The increase in the levels of discrimination, denial of services and isolation increased the levels of low self-esteem among pupils. Further, the study established intervention measures that can help to reduce the high rates of low self-esteem among pupils. The study recommended that the top management in government and education sector should device strategies and policies that address the psychological needs of children. Also, the research recommended that Education sector introduce a policy for organizations to have family support services and include the pupils affected or infected with Human Immune Deficiency Virus.

TABLE OF CONTENTS

DECLARATION AND RECOMMENDATION	ii
COPYRIGHT	iii
DEDICATION.....	iv
ACKNOWLEDGEMENT.....	v
ABSTRACT.....	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	x
LIST OF FIGURES	xi
ACRONYMS AND ABBREVIATIONS.....	xii
CHAPTER ONE	1
INTRODUCTION.....	1
1.1 Background of the Study	1
1.2 Statement of the Problem	6
1.3 Purpose of the Study.....	8
1.4 Objectives	8
1.5 Research Questions.....	8
1.7 Scope of the Research Study	9
1.6 Justification of the Study	9
1. 8 Limitations of the Study	9
1.9 Significance of the Study.....	10
1.10 Assumptions of the Study.....	10
1.11 Operational Definition of Terms	12
CHAPTER TWO	13
LITERATURE REVIEW	13
2.1 Introduction	13
2.2 Discrimination and Self-Esteem.....	13
2.3. Denial of services and Self-Esteem	17
2.4 Isolation and Self-Esteem.....	21
2.5 Self-esteem amongst people living with HIV.....	23
2.6 Strategies, Interventions and self-esteem	27
2.7 Theoretical Review	31

2.8 Conceptual framework	37
2.9 Chapter Summary	39
CHAPTER THREE	40
RESERCH METHODOLOGY	40
3.1 Introduction	40
3.2 Research Design	40
3.3 Population and Sampling Design	40
3.4 Data Collection	41
3.5 Validity and reliability	42
3.6 Data Analysis.....	43
3.7 Ethical Considerations	44
CHAPER FOUR	45
RESULTS AND DISCUSSION	45
4.1 Introduction	45
4.2 Response rate	45
4.3 Pilot Test Results	46
4.4 Descriptive Analysis	47
4.5 Analysis of Study Variable.....	48
4.6 Inferential Analysis.....	55
CHAPTER FIVE	58
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	58
5.1 Introduction	58
5.2 Overview of the Study	58
5.3 Summary of the Findings	59
5.4 Conclusion.....	62
5.5 Recommendations for Policy Implications.....	63
5.6 Recommendations for Further Research	64
REFERENCES.....	66
APPENDICES	74
APPENDIX I: QUESTIONNAIRE FOR PUPILS	74
APPENDIX II: INTRODUCTORY LETTER.....	78
APPENDIX III: KEMU CLEARANCE CERTIFICATE	79
APPENDIX V: RESEARCH AUTHORIZATION	80
APPENDIX VI: NACOSTI CERTIFICATE.....	82

APPENDIX VII: COUNTY AUTHORIZATION..... 82
..... 83

LIST OF TABLES

Table 4.1 Analysis of the Response rate:	45
Table 4.2: Reliability Test.....	46
Table 4.3: Gender.....	47
Table 4.4: Respondents' Age	47
Table 4.5: Effects of discrimination on self-esteem among pupils.....	48
Table 4.6: Effects of denial of service/socialization on self-esteem of pupils.....	50
Table 4.7: Effects of Isolation on Self-esteem among Pupils	51
Table 4.8: Interventions in place.....	53
Table 4.9: Pupils' Self-esteem	54
Table 4.10: Multiple Correlation Analysis	55
Table 4.11: Model Summary	56
Table 4.12: Analysis of Variance (ANOVA)	56
Table 4.13: Pupils' Self-Esteem against Cofactors.....	57

LIST OF FIGURES

Figure 2.1: Maslow's Hierarchy of Needs	35
Figure 2.2: Conceptual Framework	38

ACRONYMS AND ABBREVIATIONS

NACOSTI	:	National Commission for Science, Technology and Innovation
HIV	:	Human Immune Deficiency Virus
AIDS	:	Acquired Immune Deficiency Syndrome
HRQL	:	Health-related Quality of Life
MOH	:	Ministry of Health
PLWHIV	:	People Living With HIV
PLWA	:	People Living With AIDS
CLWA	:	Children Living With AIDS
UNICEF	:	United Nations Children Emergency Fund
UNAIDS	:	United Nations Programme on HIV/AIDS

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Human Immune Deficiency Virus (HIV) targets white blood cells, making persons who are infected more susceptible to various illnesses and infections. By coming into contact with specific bodily fluids from individuals infected, the virus is disseminated. The Human Immunodeficiency Virus (HIV) is one of the most serious pandemics worldwide. The virus evolves eventually to acquired immune deficiency syndrome (AIDS). Every day doctors and scientists continue to conduct research for possible HIV/AIDS treatment. The consequences on economic development, education, and society have been severely felt by countries as devastating impacts of the influence of HIV/AIDS. Specifically, the education sector including learning amongst schoolchildren has been greatly affected. In other cases, children fail to concentrate in class as a result of their parents' sickness or death while at the same time being stigmatized in school. The most destructive epidemic in Kenya has become HIV/AIDS, leading government officials to advocate its status as a national calamity (Nalah et al., 2021).

Jirattikorn et al. (2020), posits that, in 2013, an estimation of 35 million persons were already living with HIV/AIDS, and there were 2.1 million HIV cases and 1.4 million related deaths. Newer Infection rates remain to outnumber AIDS-related fatalities, according to the United Nations. In 2012, it was predicted that 1.67 million infection rates and 1.3 million HIV/AIDS-related fatalities occurred in Africa. In comparison with the world at large, Sub-Saharan Africa bears the brunt of the pandemic, accounting for 69% of all cases. Despite a reduction in HIV-related fatalities, Sub-Saharan Africa presents 71% of all HIV-related fatalities globally. According to the research, over 90% of children in Sub-Saharan Africa who contracted HIV in 2011 had bad behaviors.

Stigma is a negative attribute that makes the person feel less than human. Discrimination is the behavior that reduces the chances for a person to have a good life. This starts with marking someone as different from the social norm. This marking, or stigma, makes them a target for negative behavior and discrimination (Sandro & Carlos, 2018).

Stigma according to Pongtriang et al. (2017) investigation was identified as a "they" and "us" dilemma. Discriminatory behaviors which include abandoning, avoiding eye contact, verbal abuse, physical aggression, scapegoating, and gossip are all examples of how stigma which associates itself with HIV-connection manifest itself. Even when this stigma in most of the time results in discrimination, an individual can experience stigma toward another person while still choosing not to act in a discriminatory or unjust manner. Literally, a person can be prejudiced against another without personally believing in stigmatizing ideas.

In a 2012 global cross-sectional survey done on people living with HIV, 37% of the 2035 participants reported feeling lonely and socially isolated because of their HIV status. About 27% of the participants also mentioned suffering of depression, and the cited causes included living in North America as opposed to other continents, not being a member of a support group, being unemployed and secrecy in ones HIV status. From the investigation, 78% reported that the infected person are stigmatized (Casais & Proença 2018).

47% of the participants said that HIV infected people are stigmatized for engaging in dangerous activities including prostitution, drug use, and sexual promiscuity is a typical occurrence (Chipawe, 2017).

Individuals living with HIV/AIDS around the globe experience rejection from strangers, family, and at the workplace, they might experience physical abuse and be forced out of their homes. These difficulties which are discrimination-related to HIV deter people from getting tested for HIV or from telling their intimate partners, family, and acquaintances about their

status. According to Casais and Proença (2018), the fear of being identified as someone with HIV increases the risk of the patients avoiding testing or treatment, and not disclosing their HIV status to healthcare providers and family members.

Threats to the global HIV/AIDS pandemic include stigma which is connected to HIV. In terms of delaying care, withholding one's HIV status out of fear of rejection and isolation, and disobeying medical advice, stigma has a catastrophic impact on one's health and the spread of illness. The "greatest hindrances" in preventing disease and providing care and support for persons infected with HIV/AIDS have been identified as HIV-related stigma and prejudice. Nalah et al. (2021) claim that what causes stigma and prejudice is vaguely understood and that insufficient efforts have been made to comprehend the issue. The root causes of HIV-related stigma and prejudice, however, may be fear of HIV infection, misconceptions about HIV transmission, and unfavorable depictions of persons living with HIV. These claims are also corroborated by a qualitative study by Cane et al. (2018) that looked at how migrants from rural to urban China expressed stigma in connection to HIV. From participants it was clear that there was fear of moral judgment, fear of HIV transmission and its detrimental societal effects, and dread of being connected with HIV/AIDS or those at risk for HIV/AIDS. 92% of nations have put in place programs that lower stigma and prejudice connected to HIV, and about 89% of nations create awareness or address human rights in their national AIDS plans. However, the criminalization of HIV patients continues to be a significant obstacle for the AIDS response (Sitienei, 2019; Yolles & Fink, 2014). Worldwide, rules against same-sex conduct are present in more than 80 nations, and restrictions governing the travel of HIV-positive individuals in particular regions are present in 51 nations. Efforts to increase access to HIV prevention, treatment, care, and support are hindered by these discriminatory and unfair policies (Dela Cruz et al., 2016).

HIV/AIDS-related stigma among pupils

People aged 3 to 24 make up around 60% of all new HIV infections globally, and they are particularly prone to getting HIV and other STDs (Mahadew, 2020). Adolescents are the most capable group that is most negatively impacted by HIV/AIDS-related stigma (Martin et al., 2020). Due to their stage of life development, adolescents are particularly the most victims, so they should adhere to getting support from others when making the journey to adulthood (Mahadew, 2020). According to a study by Bowen et al. (2016), in Sweden, young people living with HIV protect themselves from the risk of stigma by keeping their HIV status a secret and only disclosing it when receiving medical care. They act as if they are in good health as everyone else, around friends and at school. HIV is frequently a taboo even within families, therefore they also protect their siblings from discrimination. Living with HIV was associated to keeping a dark secret, therefore the individuals chose to keep quiet rather than disclose their HIV status.

In a large city in Columbia, Miles et al. (2020) discovered that just 10% of the 2625 high school pupils had knowledge about HIV/AIDS. It was also discovered that pupils who attended private schools and older people were linked to have improved awareness about HIV/AIDS. In order to ascertain their knowledge and attitudes on HIV/AIDS, 705 high school students in Turkey took part in a quantitative study. From the findings, there was an indication that all of the pupils had a moderate degree of knowledge. As pupils' ages grew, so did their levels of knowledge improved. In addition, boys scored higher than girls did, and pupils in private schools had more comprehensive understanding of HIV/AIDS.

Kiambu County Overview

Kiambu Sub County is one of the most vulnerable children's regions in Kenya, even though it is one of the richest districts with many food products like coffee, pyrethrum, tea, and flowers. Besides, dairy farming, given the cold environment is also a component of the vast agriculture in the county (Mbugua et al., 2012). Economic empowerment in places where people are

economically stable has extremely high outcomes with progress in education and schools. In Kiambu and Nairobi, most wealthy families bring their children to private schools, mainly third-school and moderate-income households are the majority of students attending public schools in the municipality of Kiambu. Casual laborers live largely under the poverty line on the plantations as squatters. They do not supply themselves and their children with the fundamental necessities, which makes them highly vulnerable. Many parents have worked in commercial sex, resulting in 5% of these workers living with HIV to satisfy necessities (United Nations Programme on HIV/AIDS [UNAIDS], 2019). Children were also coerced into commercial sex work or child labor because of poverty and desperation to put food on the table. These youngsters are stigmatized by both instructors and pupils when they attend school. Under the World Health Organization (WHO, 2023), such youngsters do not answer questions properly according to their observations in schoolwork, while others do not play since their teachers discriminate against them.

Children with HIV/AIDSs may have difficulties interacting with their peers, making it more difficult to manage the condition. Burnout is a common reaction to long-term illnesses. People may become depressed and isolated, and may struggle with the need to take their medications regularly and accurately. This process can be emotionally draining and can lead to criticism from family members.

Children from HIV/AIDS-affected families are often exposed to substantial psychosocial risks, such as a lack of family support, which leads to the creation of child-headed households due to the HIV/AIDSs crisis. These students who take care of themselves and their siblings frequently have difficulty meeting their basic needs. Families living with HIV/AIDSs usually experience hostility and exclusion instead of assistance. Such families are often subjected to social isolation, substance abuse, inadequate housing, poverty, and discrimination. According

to Jommaroeng et al. (2020), when a child is infected or affected by HIV/AIDS, they become vulnerable and may experience low self-esteem and rejection.

1.2 Statement of the Problem

HIV/AIDS has globally affected economic growth, human development, and academic performance since 1984, when the first case was reported. Research has been done to investigate the effect of HIV/AIDS on economic performance. Pachuau et al. (2021), in a case analysis done in India, discovered that HIV/AIDS greatly influenced service delivery and performance among pupils in schools. Children affected or infected with HIV/AIDS present a wide range of conditions that require intensive intervention. According to World Health Organization (2023), education and support are the most effective ways to assist children with HIV/AIDS to survive the HIV-related stigma issues such as discrimination, denial of services, and social isolation. Through education, children learn to take charge, take care of those affected, and fight stigmatization (Davis et al., 2019).

Jirattikorn et al. (2020) performed a study in Thailand and discovered that a few infections had led to the growth of the HIV and AIDS pandemic in Thailand. United Nations Programme on HIV/AIDS (2016) said that it is difficult for many orphans to deal with the stigma and confront schooling. Children with deceased parents in Thailand find themselves socially isolated and have no one to turn to, and very few have the luck to remain in school as they feel like the whole world is against them. In 2004, 40,000 pupils were lost to HIV and AIDS.

Research by Dela Cruz et al. (2016) shows that Uganda is seeing a significant increase in the number of HIV and AIDS orphans, most of whom are hard to contact, who are not trustworthy, and who are socially isolated. Similarly, Wella et al. (2017) confirm that HIV and AIDS cause up to 12% of fatalities in Uganda. Consequently, 46% of the total orphans

die every year because of HIV and AIDS, with an annual death rate of 380 000. This shows that HIV and AIDS have a disagreeable impact on children in general and their schooling in Uganda and throughout the world. In Kenya, Davis et al. (2018) established that children living with HIV/AIDS face obstacles ranging from absenteeism caused by medical attention and care for their elderly and ill parents, as well as self-isolation, social isolation, and even refused necessary services (Davis et al., 2018). Some students feel sick in a classroom, so they cannot engage completely in primary school education. In addition, instructors and colleagues are prevalent in their victimization and stigmatization of sick and affected people.

In Kiambu County, Kenya, the issue of stigmatization related to HIV/AIDS remains prevalent. A study conducted by McHenry et al., (2017) within Kiambu County have shed light on the challenges faced by children living with HIV/AIDS. The study established that such challenges include absenteeism due to medical attention and caring for sick parents, self-isolation, social isolation, and the denial of necessary services. In Kiambu, as in other areas, students with HIV/AIDS often face victimization and stigmatization from both teachers and peers (McHenry et al., 2017)

Although various studies have been done on this study, this specific study seeks to answer the research gaps identified in those studies. Most studies evaluated the effect of HIV/AIDS in general including its effect on the economy, population, children and society. This specific study however seeks to establish the effects of HIV related stigma on self-esteem of school pupils. Clearly, children are more morbid, and absenteeism and low performance have resulted to a disaster in primary education. No study has yet concentrated in all studies on the effect of HIV-related stigmatization on the self-evaluation of children in Kiambu County public primary schools that affected the study's researchers.

Conducting further research in Kiambu County will provide a deeper understanding of the local context and the specific manifestations of stigmatization related to HIV/AIDS. By exploring the

experiences of affected individuals in Kiambu, the study will identify targeted interventions to address stigmatization, promote inclusive education, and support the well-being of youngsters affected by HIV/AIDS in the area.

1.3 Purpose of the Study

To examine the effects of HIV related stigma on self-esteem of pupils in public primary schools in Kiambu County.

1.4 Objectives

- i. To examine the effects of discrimination on self-esteem of pupils in public primary schools in Kiambu County.
- ii. To evaluate the effects of denial of service on self-esteem of pupils in public primary schools in Kiambu County.
- iii. To determine the effects of isolation on self-esteem of pupils in public primary schools in Kiambu County
- iv. To identify the strategies and interventions available in public schools to assist pupils affected with HIV/AIDs in Kiambu County.

1.5 Research Questions

- i. What are the effects of discrimination on self-esteem of pupils in public primary schools in Kiambu County?
- ii. What are the effects of denial of service/socialization on self-esteem among pupils in public primary schools in Kiambu County?
- iii. What are the effects of isolation on self-esteem of pupils in public primary schools in Kiambu County?
- iv. What are the strategies and interventions available in public schools to assist pupils affected with HIV/AIDs in Kiambu County?

1.7 Scope of the Research Study

The research was carried out in Kiambu County solely in primary schools. All of the public primary schools in Kiambu County were the subject of the planned research. The target population were solely children who lived with HIV/AIDS.

1.6 Justification of the Study

The need to examine the impacts of stigma connected with HIV on students' self-esteem in public primary schools in Kiambu County served as the rationale for this study. There has been an increase in the prevalence of HIV-related stigma in the county, leading to a decline in self-esteem among pupils as reported by a survey conducted by the Ministry of Health in various schools within Kiambu County (Ministry of Health, 2018). The study sought to examine the effects of HIV-related stigma on self-esteem among pupils in public primary schools in Kiambu County, in order to identify the root causes of the stigma and to develop appropriate interventions to address the issue. The study also assessed the impact of the interventions on pupils' self-esteem and academic performance. The findings of this study were used to inform policy and practice in Kiambu County, and contributed to the broader understanding of the effects of HIV-related stigma on pupils' self-esteem.

1.8 Limitations of the Study

The study was centered on Kiambu County public primary schools. Therefore, there is need to replicate the study in other counties and to establish the effect of HIV-related stigma on pupils' self-esteem in those specific counties.

On the other hand, certain respondents exhibited reluctance to engage with the questionnaires, and some provided inaccurate responses, thereby potentially influencing the quality of the questionnaire-derived data. In response, the researcher sought to mitigate this challenge by emphasizing the research's significance during interactions with participants.

Specifically, the researcher enhanced a comprehensive and clear training session for the participants before administering the questionnaires. Furthermore, the researcher clarified that the information could be treated with confidence and could not be used for other purposes other than for academic purposes.

1.9 Significance of the Study

Teachers might utilize this study to determine the influence of HIV associated stigma on school children's self-esteem and suggest potential alternatives. The MoET may also make the greatest use of it to assist pupils afflicted and infected by the HIV/AIDS pandemic. Primary schools will be beneficiaries of this study as instructors are able to adopt the habit of maintaining health records and understand the difficulties that the children face with a view to provide them with solutions, such as advice.

The data could also be used by NGOs and other organizations to identify ideas for interventions on the performance of students in classrooms. The national council services can take use of the study since they can gain insight into how HIV-related stigma affect self-esteem and social isolation amongst youngsters.

1.10 Assumptions of the Study

The assumptions of the study included:

- i. It was presumptive that HIV related stigma exists in primary schools in Kiambu County. Therefore, the study assumes that there is a belief or attitude among primary school students in Kiambu County that is negative towards people living with HIV.
- ii. It was assumed that HIV related stigma has an effect on pupil's self-worth in the schools. The study assumes that negative attitudes towards people living with HIV can affect how well-liked school children feel about themselves.

- iii. It was assumed that the stigma is based on a person's HIV status and no other factors. Specifically, the study assumes that any stigma related to HIV is based solely on the person's HIV status and not on other factors.
- iv. It was assumed that the pupils are aware of their own HIV status and that of their peers.
- v. It was assumed that the pupils are able to accurately report their own self-esteem and that of their peers.

1.11 Operational Definition of Terms

Human Immunodeficiency Virus: refers to the AIDS-causing virus (Wong, 2017).

Acquired Immunodeficiency Syndrome: Refers to a condition where an infected person who has several clinical signs and symptoms at a clinical stage of HIV illness (Wong, 2017).

Effects: This is the result of HIV/AIDS in the education of primary school pupils.

Discrimination: Practice of less equitable treatment than other children with HIV/AIDS (Ronda, 2017).

Isolation: Isolation is the state of being physically or mentally removed from other people, or a place where someone or something is separated or kept away.

Vulnerability: means a dangerous state vulnerable to possible damage or illness (Sistenei, 2019).

Stigma - a shame mark in connection with a certain situation, trait or person

Self-esteem - Trust in your own values or capacity; respect for yourself (Nalah, 2021).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Previous studies done by various scholars are highlighted in this chapter in relation to variables under study. Specifically, the chapter discusses theoretical and empirical research on stigma, self-esteem, and interventions as well as the effects of HIV related stigma on self-esteem.

2.2 Discrimination and Self-Esteem

Jirattikorn, et al. (2020) conducted research on the sexual behaviors in relation to HIV awareness and attitudes among Shan immigrants infected with HIV. The study involved Shan migrants originating from Myanmar. The research used quantitative study where in-depth interviews were conducted. The study was the first of its kind to study the sexual behaviors, ways of life and HIV knowledge. The study established that economic and social vulnerability is highly associated with migration. Generally, the study established that immigrants living with HIV are more likely to be discriminated and face stigmatization. The study established that AIDS related mortality, migration social and economic vulnerability can be linked to discrimination and self-esteem. Also in the study, Jirattikorn et al. (2020), established that there are higher levels of HIV stigmatization among women while the risk behaviors among HIV positive women increase.

Pongtriang et al. (2017) conducted research in Bangkok on what AIDS orphan go through. Semi structured interviews were used involving 40 interviewees who were interviewed and observed at entertainment venues in Bangkok. The research study concluded that, orphans go through many emotional crisis.

Moreover, long before their parent(s) die, many AIDS orphans go through unfavorable life changes like neglect and emotional pain. They undergo emotional agony that follows the death of their parent or parents. They endure exploitation, and abuse while trying to adjust to their new circumstances with little to no help. Among AIDS orphans, there is a clear presence of psychological anguish, anxiety, sadness, and anger. It becomes even worse when a youngster is separated from other siblings (Pongtriang et al., 2017)

Marutha and Mosweu (2020) conducted a study on the security and confidentiality of information provided by patients in public hospitals in Africa. The study aimed at ensuring that the information provided by patients in public hospitals remain confidential to avoid trauma and stigmatization amongst individuals living with HIV. The study was qualitative and used literature in order to guarantee privacy and security of patient data. The study established that most African countries have neglected the patient information privacy and confidentiality. Failure to keep patients' information confidential affects HIV/AIDS patients negatively. Specifically, patients are more likely to face stigma trauma and eventually skip hospital appointments leading to deterioration of health and high mortality rate among HIV patients (Marutha & Mosweu, 2020).

Mahadew (2020) studied discrimination and stigma amongst children living with HIV/AIDS (CLHA) in Kenya. In order to enhance equal representation across the county, stratified random sampling was chosen. The study determined that because of their link with AIDS infection, orphans experience discrimination from society. Shame, anxiety, and rejection significantly worsen CLHA's distress and social isolation both before and after the loss of their parent(s). Because of this, Mahadew (2020) asserts that CLHA are denied schooling and health care opportunities. Furthermore, CLHA are denied their inheritance and property, leaving AIDS orphans in a terrible state. It was determined that CLHA experiences

psychological issues such as depression and other mood disorders, as well as social rejection, financial insecurity, humiliation and guilt. Children who experience feelings of rejection, lack of financial security, low self-esteem, and depression in most cases portray inadequate levels of interaction in the classroom. In this way, children's rights are violated.

In a study conducted in Vietnam in 2017, Wolcott et al. compared health-related quality of life (HRQL) of adults living with HIV with health of general population. According to the study's participant characteristics, more HIV-positive respondents lived a lonely life, they were unemployed and had less education than those not infected with HIV.

Additionally, it was evident that respondents who had a history of injecting drugs and were receiving antiretroviral therapy had lower HRQLs chances than the general population. In a rural region of Vietnam, there are those who had experienced HIV stigma in the form of avoidance, hostility, and rejection as well as being seen as a social sickness. Families with HIV-positive relatives undergo stigma inform of isolation from neighbors, in various instances they are labeled as poor parents, they as well undergo prejudice from medical personnel, and overhearing contemptuous conversations about HIV status. The study conducted by Wella (2020) in Malawi found that orphaned children due to HIV deaths who were still continuing with their education were weak and skinny, lacked school supplies like books and pencils, they wore shoddy outfits and had higher rates of absenteeism due to their susceptibility to opportunistic diseases. Furthermore, the study revealed that Children living with HIV/AIDS (CLHA) had their rights to education, associational freedom, and financial safety. The study used qualitative interview study, in which interviews were conducted with CLHA to gain insight into their experiences with discrimination and its implications to their self-esteem. According to the United Nations Convention on the Rights of a Child Article 28,

all children have the same education rights, so the government should enact rules that make education compulsory and free to all children.

This study thus highlights the discrimination that CLHA face, which affects their self-esteem and educational prospects.

Sholeye et al. (2018) conducted a study which highlighted the damaging effects of AIDS on school enrolment, particularly on the rights of children living with HIV/AIDS (CLHA). Human Rights Watch (2003) noted that CLHA are often subjected to discrimination and stigma related to their HIV status. To investigate these effects, the study used qualitative research, allowing for in-depth exploration of the effects of discrimination on the self-esteem of those affected. Through their research in Romania, they found that CLHA were barred from enrolling in mainstream classes if they were older by two years in comparison to those already in their grade level. This came about due prolonged hospital stays or educational opportunities provided by public institutions which substandard leading to them was being too old for the required grade level. Additionally, the study discovered that CLHA were unjustly placed in special schools with inadequate resources, violating education rights for these children.

A study by Martin et al. (2020) revealed that during classroom interactions, teachers voiced their anxieties or concerns about the possibility of HIV transmission to other students. The study used a qualitative research methodology to understand the experiences of CLHA and the discrimination they face. Parents have complained about the presence of children living with HIV (CLHA) in the pre-school, which is a form of discrimination and obstructs the right to education. Other studies, Alajmi and Alasousi (2019), have shown that CLHA are often denied admission to preschool on the grounds that a child has HIV. Additionally, when CLHA attend school, they are often handled with great caution, the teachers maintain

distance from the child, backbiting about the child's HIV status. This can lead to CLHA infected children feeling uncomfortable and preferring to restrain from going to school and this interferes with their rights for education.

Tackling the issue of discrimination and its effects on self-esteem among individuals affected by HIV/AIDS, Cane et al. (2018) explored HIV/AIDS related knowledge and stigma among college students in Yemen and Dar-es-Salaam in Tanzania. Using a qualitative method to investigate the perceptions of college students on HIV/AIDS transmission, the study found that female students had less knowledge in comparison with the male students, while male students were more likely to have stigmatizing attitudes towards HIV/AIDS infected patients. In addition, ignorance from the affected persons and the essence that the disease is seen as lethal were considered to be factors in HIV/AIDS discrimination and stigma. The findings of this study suggest that concerning education and creation of awareness on HIV, more effort need to be made, also further studies need to be done in relation to this field of study.

2.3. Denial of services and Self-Esteem

Edwards and Bowen (2019) conducted a study to establish whether individuals living with HIV are denied better healthcare systems in Zambia. The study involved a stratified research designs to locate the hospitals that could be used for this study. Simple random sampling was used to identify HIV patients in the identified hospitals. 68% of the patients assessed reported being discriminated in healthcare facilities because of their status. Specifically, most of them reported not being attended to or being left in their hospital bed without services. The research also established that some hospitals conducted HIV tests without the consent of the patients while they didn't offer treatment options to those whose results tested HIV positive. On the other hand, HIV patients were not offered with prevention knowledge while most services were perceived as incurable thus justifying offering HIV patients bad or no service.

Such cases make HIV patients feel unwanted thus lowering their self-esteem since they get stigmatized and discriminated.

Research conducted by WHO (2023) in UNAIDS on the reasons why CLHA together with their caregivers neglect seeking medical attention, established that reasons for failure to seek healthcare services include apprehension of negative sentiments among caregivers of CLHA victims. Additionally, the study found that health professionals do not auger well with CLHA efficiently, and this decreases health care standards. There is no confidentiality in CLHA HIV status and they are less likely to seek health care services. Most individuals living with HIV have lower self-esteem and this makes them posses fear due to the bad treatments they receive. Most CLHA live in fear while their self-esteem remains low as they grow due to isolation and denial of their rightful properties that may include their inheritance. Most HIV patients use much resources on treatment and are more likely to be struggling financially. Such cases are likely to lower their esteem while they lack many choices while seeking services (Family Health International, 2017).

Wong et al. (2018) conducted research on the extent of Children living with AIDS in Toronto access to healthcare services. The research applied surveys and questionnaires on children above 12 years as well as their guardians. They demonstrated that CHLA frequently go without access to basic medical care which is provided to other patients. Specifically, most CLHA admitted in various hospitals in Toronto did not enjoy the services of being bathed, fed or changed when wet like the other children. Often, medical professionals do not treat CLHA since they believe that they will soon pass away. Children as well lack access to healthcare and they become unwell and may even die, this prevents them from enrolling in pre-school or from being retained. A sick youngster is not in a position to take part in physical activities or the educational process. Infringing child's right to health care might

have an impact on the child's rights to education, association, and participation it also lowers their self-esteem of the affected children (Wong et al., 2018).

According to a study conducted by the Family Health International (UNAIDS, 2017), CLHA and those who take care for them are afraid of looking for medical attention. This is due to negative attitudes care-givers have towards CLHA, they lack skills to successfully deal with them, or they provided lower standards of treatment. In the study, focus groups and interviews are examples of qualitative research techniques adopted to identify the effects of denial of services on the self-esteem of CLHA. CLHA avoid getting medical attention because of fear of losing their privacy regarding their HIV status infringing on their health care rights. This can cause withdrawal in children, and consequently participate poorly in activities. Furthermore, according to Family Health International (UNAIDS, 2017), the majority of orphans and vulnerable children fail to receive inheritance, and in some instances, family resources misused while a parent is sickly. These challenges and losses of family funds among CLHA are manifestations of Social and Economic Disadvantage (UNAIDS, 2017).

In a study conducted by Kiragu, et al. (2020), it was found that factors such as stigma, discrimination, and denial of services were closely associated with low self-esteem among people living with HIV. The study utilized a qualitative research design, employing in-depth interviews and focus group discussions with a sample of 150 people living with HIV. In the study, the authors found that stigma and discrimination were the most commonly reported factors that lead to denial of services, which in turn have a negative impact on self-esteem of people with HIV. In a similar study conducted by Odhiambo, et al. (2016), it was found that stigma and discrimination experienced by people living with HIV was closely related to feelings of low self-worth. The study employed a quantitative research approach, using a

survey to collect data from a sample of 478 people living with HIV. The authors of the study found that denial of services was the most commonly reported type of stigma and discrimination experienced by people living with HIV, and this had a significant negative impact on their self-esteem. In both of these studies, the authors found that stigma and discrimination, particularly denial of services, had a significant negative impact on the self-esteem of people living with HIV.

A study conducted by Clair-Sullivan et al. (2020), used a cross-sectional design to investigate the effects of HIV-related stigma on self-esteem among HIV-positive individuals in Zambia. Data was collected using a semi-structured questionnaire and the Rosenberg Self-Esteem Scale. Results showed that HIV-related stigma had a negative impact on self-esteem among the participants, with stigma resulting in feelings worthlessness and low self-esteem. The study concluded that HIV-related stigma had a significantly negative effect on self-esteem among HIV-positive individuals.

A study conducted by Yeboah et al. (2019) also used a cross-sectional design to investigate the effects of HIV-related stigma on self-esteem among HIV-positive individuals in Ghana. The study used a semi-structured questionnaire and the Rosenberg Self-Esteem Scale to collect data. Results showed that HIV-related stigma had a negative effect on the self-esteem of the participants, with the majority of participants reporting that they had lower self-esteem due to stigma. The study concluded that HIV-related stigma had a significantly negative effect on the self-esteem of HIV-positive individuals in Ghana.

A study conducted by Parcesepe et al. (2020) used a qualitative research design to explore the effects of HIV-related stigma on self-esteem among HIV-positive individuals in Tanzania. Data was collected through in-depth interviews with HIV-positive individuals. Results showed that HIV-related stigma had a detrimental effect on self-esteem of the participants,

with stigma resulting in feelings of worthlessness, low self-esteem, and a sense of isolation. The study concluded that HIV-related stigma significantly negatively affected the self-esteem of HIV-positive individuals in Tanzania.

2.4 Isolation and Self-Esteem

Adimora et al. (2019) did research on discrimination and isolation as self-worth indicators in Nigeria to those people who have been infected in Nigeria. Specifically, the study investigated the influence of isolation on HIV infected people. The research applied cross-sectional study in hospitals across western Nigeria. The study established that isolation and discrimination have a significant influence on self-esteem as well as work status and income. This investigation evidenced that isolation influences the self-esteem negatively among PLHIV (Dorothy et al., 2020).

According to a study conducted by LeGrand, et al. (2016), on whether children living with HIV experience isolation in schools in Zambia. The study applied stratified random sampling stratifying the schools used for this study to select respondents infected with HIV. From the study, it was established that attending school kids restrain themselves from mingling with children known to be infected by HIV or with those they have information that their parents are also sick. The study established that CLWA struggle to find study mates as well as attention from their teachers. Such students grow in isolation and thus their self-esteem remain low.

Yeboah et al. (2019) evaluated the self-esteem of people living with HIV/AIDS in the isolated city of Ribeirao in Brazil. Cross-sectional research methods were used in outpatient clinics in the interior part of Ribeirao city. The data was collected through interviews to evaluate the self-esteem of the HIV/AIDS isolated patients in Brazil. The study established that people living with HIV have low self-esteem while most of them felt isolated claiming

that health facilities are not well distributed in their isolated town due to the fact that there are prevalence rates of HIV. The study concluded that the physical, social and emotional need of HIV patients need to be attended to ensure they don't feel isolated and this would boost their self-esteem (Yeboah et al., 2019).

Wolcott et al. (2020) revealed that extended family ostracism and reject HIV/AIDS orphans in commonplace. Qualitative research including survey and interviews was used to conduct the study. As evidenced from the children of people who are sick with HIV/AIDS, CLHA are prevented from playing and associating with family members. In extreme cases, CLHA were even refused entry into their relatives' homes. Furthermore, the study established that youngsters born into affected and impacted families are shunned by their peers, infringing on their playing rights and associate. The results of the study matched those of a survey conducted by (United Nations Educational, Scientific and Cultural Organization [UNESCO] (2022). Specifically, UNESCO reported that CLHA can even be forced out of school, infringing further on their rights to associate with their peers. Qualitative research was used to investigate the effects of this isolation on the self-esteem of the affected individuals.

A study by Okello et al. (2019) employed a descriptive cross-sectional study design to examine the impact of HIV-related stigma on self-esteem among HIV-positive individuals in Mbarara, Uganda. The study included a sample of 340 HIV-positive individuals, of whom 306 participated in the study. The researchers used the Rosenberg Self-Esteem Scale and the Stigma-Related Stress Scale to measure self-esteem and HIV-related stigma, respectively. From the results, it was clear that HIV-related stigma had a significant negative effect on self-esteem. In a similar study by Chhabra et al. (2017), a descriptive correlational study design was used to assess the effects of HIV-related stigma on self-esteem among people living with HIV in India. The study included a sample of 500 participants, of whom 450 completed the

study. The researchers used the Rosenberg Self-Esteem Scale and the Stigma-Related Stress Scale to measure self-esteem and stigma which is associated with HIV's consequences, respectively. According to the findings, stigma associated with HIV significantly lessened one's self-esteem.

In a study by Oskouie et al. (2017), the authors used a qualitative approach to examine how HIV-related stigma affects people's self-esteem in Brazil who have been affected with HIV. The authors conducted semi-structured interviews with 30 HIV-positive participants and analyzed the data using thematic content analysis. The results showed that HIV-related stigma had a significant negative impact on the self-esteem of participants, including feelings of shame, guilt, and fear. A study by Rasoolinajad et al (2018) used a quantitative approach to assess the connection that exists between stigma associated with HIV and self-esteem among HIV-positive patients in Zimbabwe. The authors used self-administered questionnaire to collect data from 120 participants. The results of the study showed that stigma which was HIV-related had a significant relationship with lower levels of self-esteem in the participants.

2.5 Self-esteem amongst people living with HIV

Agyemang et al. (2020), assessed the self-worth of adolescent individuals infected with HIV in Kumasi, Ghana. The study assessed the predictors of self-esteem amongst adolescent individuals visiting the Komfo Hospital. Cross sectional research strategies including sampling of adolescent people using purposive sampling technique was conducted. The study concluded that low esteem among adolescents living with HIV was high specifically between the age of 17 to 19 years. The study also established that there was a significant difference in self-esteem before and after intervention measures. Specifically, the study established that intervention including life skill training, and psychosocial support improved self-esteem.

Mathew (2022), conducted a study on self-efficacy and self-esteem among HIV positive students in the university of Karnata in India. The study aimed at evaluating how self-efficacy

and self-esteem amongst HIV student's changes with intervention. The study further sought to establish a comprehensive intervention scheme for the HIV positive students as well as reassess the levels of self-esteem after intervention. Self-esteem and self-efficacy are related to the wellbeing of individuals and are used as indicators of the wellbeing of people infected with HIV.

Folayan et al, (2017) conducted a study on the associations between self-esteem and HIV status among residents in Nigeria. The study was done through an online survey using a sample of respondents above 13 years. Most respondents infected with HIV responded to have low resilience and self-esteem as compared to those not infected with HIV. Resilience and self-esteem appeared to be low amongst younger adults infected with HIV in Nigeria. The study proposed that the populations with low self-esteem and resilience need to be identified to establish a program to improve their wellbeing (Folayan et al., 2017).

Ray (2016) argues that HIV can be a major factor contributing to the development of low self-esteem in individuals affected by it. Ray (2016) used a quantitative methodology to assess self-esteem of those affected by HIV, examining the psychological environmental and social factors associated with it. By examining the various stressors associated with AIDS orphans, Ray (2016) postulates that they are more likely to struggle with self-esteem. Self-esteem is an important construct that determines the overall quality of life of a person, as it is associated with changes of oneself, positive effect, stress management, taking criticism with a stride, among other factors. On the other hand, low self-esteem has been linked to psychological issues like, anxiety, drug abuse, feeding difficulties, suicide as well as depression.

LeGrand et al. (2016) assert that a person's capacity for self-awareness builds their self-esteem and is therefore influenced by social comparison. The study thus sought to investigate

the role of self-esteem in HIV-affected individuals, and how it impacts how best they carry themselves in life and future prospects. In order to do so, the study employed a quantitative methodology to measure the levels of self-esteem in HIV-affected individuals, and how this relates to their quality of life and future outlook. The findings of the study suggest that negative self-appraisal can lead to lower self-esteem and a pessimistic attributive style. This, in turn, has a significant effect on an individual's self-perception, work and outlook on the future, particularly when faced with traumatic events.

A study conducted by Mahadew (2020) found that secondary school pupils who have lost a parent to HIV/AIDS often experience a decrease in self-esteem and an overall reduction in well-being. The research employed a qualitative approach, involving in-depth interviews with secondary school pupils whose parents have died from HIV/AIDS. The study revealed that these pupils often struggle with feelings of social isolation, anxiety, anger, and depression. Moreover, their peers may stigmatize them for the illness of their parent, which further contributes to their low self-esteem. The study concluded that providing psychological support and counselling to these pupils is essential in order to help them cope with their grief and foster a sense of self-worth.

Edwards and Bowen (2019) have reported in a study conducted in rural Uganda that HIV-affected children are prone to higher levels of psychological distress than other children. Their study employed both quantitative and qualitative methodologies. Symptoms such as anxiety, depression, and anger were found to be prevalent among the HIV-affected individuals. Furthermore, the study found that 12% of HIV-affected individuals had no desire for living, this resulted from the 3% children surveyed. United States Agency for International Development (USAID, 2005) also suggests that the psychological problems of HIV-affected individuals can become more severe if they are separated from their siblings

when orphaned. Evidence of this was found in a survey conducted by USAID in Zambia in 2006, the study demonstrated that 56% of orphaned children no longer live with all of their siblings.

Marutha and Mosweu (2020) observed that HIV-affected individuals, such as orphans, were at a greater risk of higher levels of anxiety and anger, as well as symptoms of depression such as feelings of hopelessness, suicidal idea and other negative emotions. The study was similar to that of Gunderson (2012) who also reported a case study of a pastor from Namibia whose church had a member, a mother, who was diagnosed as HIV positive. Both studies used quantitative methodologies, such as a survey, they were used to further explore the link between HIV, self-esteem, and the psychological effects of HIV on affected individuals. Her husband had thrown her out, causing her to be isolated and stigmatized, leading to her death in a box in the church. This would have had a severe impact on her children, who experienced the breakup of their marriage, the isolation, and stigmatization of their mother, all of which can cause psychological distress and lower self-esteem.

Wella et al. (2017) observed that the death of a parent is a traumatic and stressful event for a child, and that the death of a parent due to HIV/AIDS is even more traumatic. Similarly, Stulens et al (2021) found that the stigma associated with HIV/AIDS compounded the stress of the situation, leading to adolescents feeling a double abandonment from their parents and society. This has led to adolescents feeling overwhelmed in terms of their ability to cope, and feeling the need to maintain their normal routine while dealing with the permanent loss of their parents. The impact of this on the self-esteem of these adolescents was examined through a qualitative methodology, such as interviews or focus groups, to gain an in-depth understanding of the lived experience.

Bowen et al. (2016) revealed that the death of a parent often causes distress and social isolation for orphaned children, exacerbated by the shame, fear and rejection associated with HIV/AIDS. Similarly, Martin et al. (2020) through their study on orphans reported that the negative experiences of orphans, such as the loss of parent(s), can lead to preoccupation with sad, negative thoughts, and as a result, low self-esteem. Furthermore, students affected by HIV/AIDS are stigmatized by society, which can cause psychological stress and erode their self-esteem. Both studies evaluating the effects of HIV on the self-esteem of affected individuals used a qualitative research method to make conclusions.

Mahadew (2020) found that, even if delinquent behavior in HIV/AIDS orphans does not appear to be primarily caused by low self-esteem, it relates with unhappiness and psychological distress. The study used focus groups and interviews on HIV/AIDS orphans in Magira district in DRC. This suggests that self-esteem is an important vulnerability factor in the psychological well-being of this population. The researcher employed a qualitative approach to explore the support and resources needed by HIV/AIDS orphans in order to better understand their mental and social growth. It was evident that the main factors influencing their psychosocial behavior were depression, unhappiness, and stigmatization. In order to promote a healthier emotional and psychological well-being among HIV/AIDS orphans, it is necessary to improve their self-esteem in order to increase their motivation for life, optimism for the future, and overall emotional and psychological well-being (Mahadew, 2020).

2.6 Strategies, Interventions and self-esteem

A study by Eke et al. (2020) aimed to determine the effectiveness of an anti-stigma campaign among secondary school students in Nigeria. The study employed a quasi-experimental design and surveyed 525 students, both male and female, before and after the intervention.

The results of the study showed that students had a significant improved self-esteem after the intervention. Additionally, students had a higher level of knowledge and attitude towards HIV/AIDS, and a positive attitude towards the campaign. In a similar study, Simiyu et al. (2020) aimed to assess the effectiveness of a stigma reduction intervention among students in Kenyan secondary schools. The study used a pre-post survey design, and surveyed 537 students. The results of the study showed that the intervention was successful in reducing the stigma associated with HIV/AIDS among the students. Additionally, the study found that there was an improvement in the self-esteem of the students after the intervention. These studies demonstrate the effectiveness of anti-stigma campaigns in reducing the effects of HIV-related stigma on self-esteem of pupils in public primary schools.

A study conducted by Ngugi et al. (2018) in Kenya found that an intervention consisting of educational lectures and materials was effective at reducing HIV-related stigma and improving self-esteem among students in public primary schools. The educational lectures focused on the causes and prevention of HIV/AIDS and were targeted at students in grades 5-12. The intervention also included pamphlets on HIV/AIDS that were distributed to the students. The study found that the intervention was effective at reducing HIV-related stigma as well as increasing acceptance of HIV-positive individuals among the students. Additionally, it was found that the intervention led to an improvement in self-esteem among the students. The study concluded that education and awareness programs are effective at reducing HIV-related stigma and improving self-esteem among students in public primary schools (Rasoolinajad et al., 2018)

A research study done by Mwangi et al. (2016) in Kenya found that an intervention consisting of student-led activities was effective at reducing stigma associated by HIV and improving self-respect among students in public primary schools. The intervention consisted of student-led activities such as discussions, role-playing, and debates that were targeted at

students in grades 5-12. The study found that the intervention was effective at reducing HIV-related stigma as well as increasing acceptance of HIV-positive individuals among the students. Additionally, it was found that the intervention led to an improvement in self-esteem among the students. The study concluded that student-led activities are effective at reducing strain brought about by HIV and improving self-esteem among students in public primary schools.

Casais and Proença (2018), did a study on the effectiveness of customs and traditions in Zambia. The study aimed at investigating whether traditions and customs are effective in preventing discrimination and low self-esteem among individuals living with HIV in Zambia. The study applied stratified sampling to identify various communities in Zambia and choose participants using simple random sampling. The study established that almost all of the old African practices are no longer practiced while children and the youth utilize most of their time while at school. Such changes have eventually weakened the structure of society and customs and traditions are no longer effective in preventing isolation and discrimination amongst people living with HIV. The study however proposed that traditional and custom teachings should be revived amongst the younger generation to ensure they stick to those teachings, respect and treat people infected with HIV with dignity thus protecting them from lowering self-esteem.

Jommaroeng, et al. (2020), did a study on the kind of interventions done to help people affected by HIV in Rwanda. Specifically, the study aimed at establishing whether those interventions were effective in boosting the self-esteem of HIV patients. The study methodology included active observation, interviews, and questionnaires. The study revealed that there is demand for counseling orphans because of the trauma they experience from the moment their parents get ill until they die. Furthermore many organizations have prioritized providing children with material aid while ignoring their psychological needs. A concerted

effort must be undertaken to assist this group of children in overcoming the difficulties in life since they have experienced more than they can handle (Jommaroeng et al., 2020).

According to Davis, et al. (2019), through a study conducted in Uganda on the level of support the community offers to children affected by HIV, they established that when children become orphans, the community must embrace them, ensure they are accepted and can access necessities like health care and education. Specifically, the study pointed out that there is need to improve existing services thus reducing the stigma surrounding children affected by HIV/AIDS so that they do not face discrimination when trying to access these services. The study further advocates for the orphaned kids be kept in school. The study further proposes that the life line of a child can be mounded when that child gets good education. Quality education contributes to pulling kids out of poverty since they are offered a higher sense of self-worth, better career choices, and financial independence. It enables kids to have more understanding on HIV and AIDS, and this lowers their risk of contracting the disease. Additionally, through counseling, schools can provide AIDS orphans with emotional support as well as care (Davis et al. 2019).

Miles et al. (2020), on their study on the children's understanding on the effects HIV infections on self-esteem in the western region established that most young people have little or no knowledge on HIV and its effects. The study was conducted through stratified random sampling within schools in the western region. It was clear that most pupils do not have the courage to discuss their worries about HIV with their loved ones, close friends, and church communities, among other people they feel free with. The study suggested that students should be taught that enough rest, sleep, playing, and engaging in easy workouts like jogging and dancing might be beneficial for handling trauma and emotions. Counselling students requires extra caution because it is very sensitive for them to comprehend their anxieties and

feelings (Li et al, 2016; Guilding et al., 2014 & Bowser, 2020). The study also posed that for teenagers, HIV/AIDS topic is uncomfortable to discuss since it is often connected to sex, a culturally sensitive topic that is not meant to be discussed in public.

Edwards and Bowen (2019) through their study conducted in Anhui province central China, established a number of community-based counselors who specialize in depression and anxiety and were familiar with conducting group counseling sessions. They emphasized on self-awareness and communication. 36 children who satisfied the clinical diagnostic criteria for depression underwent baseline and two follow-up surveys were done. Statistically, there was significant improvement on depression, with greater gains immediately following the intervention. The researcher demonstrated the feasibility of task shifting for mental health services in this setting.

A study conducted by Ondimu et al. (2017) in South Sudan found that an intervention consisting of guidance and counseling sessions was effective at reducing HIV-related stigma and improving self-esteem among students in public primary schools. The intervention consisted of one-on-one counseling sessions between teachers and students. The study found that intervention was effective at reducing HIV-related stigma as well as increasing acceptance of HIV-positive individuals among the students. Additionally, it was found that the intervention led to an improvement in self-esteem among the students. The study concluded that guidance and counseling programs are effective at reducing HIV-related stigma and improving self-esteem among students in public primary schools.

2.7 Theoretical Review

The theoretical framework outlines in details the theories that explain why there is the existence of the research problem. The theories outlined in this study include; Psychosocial theory and Maslow's Hierarchy of Needs.

Psychosocial theory

The psychosocial theory addresses the different patterns in life and how they influence the development of the ego. The theory argues that the social environments and individual interactions lead to development. Kremers et al. (2018) defined psycho-social as a constant interaction between the individual psychological features and the social milieu. The theory may be used to establish better individual and social interactions among people living with HIV in the efforts of ensuring they do not feel isolated thus their self-esteem remaining high. On the other hand, development of people also affects the environment. Individuals have diverse perspectives about growth and their social requirements. The eco-systemic viewpoint and the constructive perspective helps to the knowledge by the researchers of each person with regard to its social setting.

The eco-systemic viewpoint and the constructive perspective help researchers with knowledge of each person with regard to its social setting. The individual and his/her social surroundings are related according to these views. People are related to social structures, energies and interactions that make up the environment, as individuals think, feel, conduct and evolve. It is not just the people, but their active involvement and exploration of their social and physical worlds that are the basis for development (Biron et al., 2018).

The psychosocial theory postulates that individuals undergo a series of psychosocial stages during the life span, each of which has an important bearing on their development. In the context of this study, it is important to consider the stages that pupils in Kiambu County are at in order to better understand the effects of HIV-related stigma on their self-esteem. The first stage, known as the trust vs. mistrust stage, occurs during infancy and is characterized by a child's emerging sense of trust or mistrust in the world. During this stage, a child begins to develop a sense of security and trust in caregivers, which is essential for their physical and emotional development. Regarding this study's context, it is important to consider the extent

to which pupils in Kiambu county feel secure in their environment and trust their caregivers in order to gauge stigma connected with HIV disease and its relation on people's self-esteem (Tay et al., 2019).

The second stage, known as the autonomy vs. shame and doubt stage, early infancy and is characterized by a child's emergence of independence and autonomy. During this stage, a child begins to explore the world and develop a sense of pride in their accomplishments. Within the framework of this study, it is important to consider how pupils view their own autonomy and independence in order to assess the impact of HIV stigmatization on their self-esteem. The third stage, mostly referred to as the initiative vs. guilt stage, happens during late childhood and is marked by the emergence of a child's sense of direction and purpose. During this stage, a child begins to take initiative and explore the possibilities available to them. In the context of this study, it is important to consider the extent to which pupils take initiative and explore the possibilities available to them in order to assess the impact of HIV-related stigma on their self-esteem (Tay et al., 2019). The fourth stage, known as the industry vs. inferiority stage, occurs during early adolescence and its characteristics are attributed to child's emerging sense of competence and mastery. During this stage, a young person boasts of their achievements and develop a sense of self-efficacy. In the context of this study, it is important to consider how pupils view their own competence and mastery in order to assess the impact of HIV-related stigma on their self-esteem. The fifth stage according to Bowser (2020) which is, late adolescent period known as the identity vs. role confusion stage is characterized by a child's developing sense of identity and direction. During this stage, a child begins to explore the various roles available to them in life and the values they will adopt. Regarding this study's context, it is important to consider the extent to which pupils in Kiambu county have developed a sense of identity and direction in order to assess the impact of stigma in association with HIV on their self-esteem (Kremer et al., 2020).

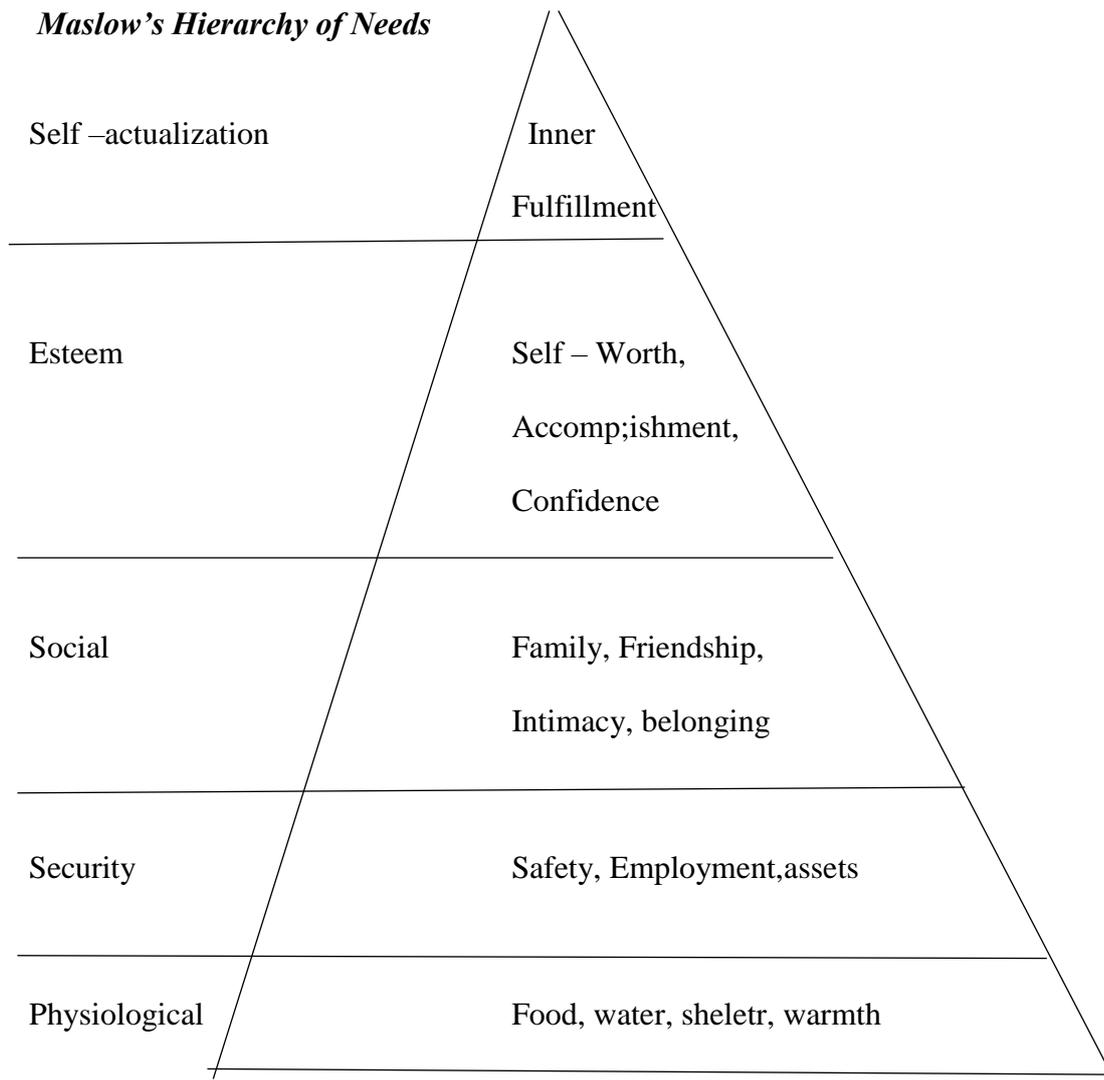
The psychosocial stages are an important aspect of the life span, and it is important to consider the stages that pupils in Kiambu County are at in order to better understand the effects of HIV-related stigma on their self-esteem. Besides, psychosocial theory provides helpful guidelines for comprehending HIV stigmatization affecting students' perceptions of their own worth (Chory et al., 2021). It emphasizes the importance of social interactions, as well as the impact of individuals on their environment. By understanding and utilizing this theory, it is possible to reduce the stigma associated with HIV and thus improve self-esteem of pupils living with HIV in public primary schools.

Maslow's Hierarchy of Needs

The Maslow's Hierarchy of needs was developed by Abraham Maslow in his 1943 paper "a theory of human motivation. The theory consists of a five human Starting from physiological, safety, social, esteem and lastly self-actualization (Ronda et al., 2018). Maslow outlines esteem as one of the basic human needs where he insists that humans need to be appreciated and be respected for them to build their self-esteem.

Figure 2.1:

Maslow's Hierarchy of Needs



Source: McLeod, (2018).

Esteem Needs are the needs that only come after one has attained the social needs and even other more basic needs have been met, they include self-esteem, respect, self-confidence, achievement, recognition, status and even respect. People start to develop a sense of confidence and tend to have pride in their work and in them as individuals. The Maslow hierarchy of need theory can therefore be applied in establishing the intervention measures that may be used to raise the self-esteem of people living with HIV.

Maslow points out that the most fundamental needs must be fulfilled before focusing heavily on self-actualization. This definitely reinforces the fact that individuals living with HIV ought to have their physiological, safety needs, love and belonging needs met before focusing on their esteem needs.

Maslow's Hierarchy of needs is an important theory to consider when assessing the effects of HIV related stigma on the self-esteem of pupils, as it provides a framework for understanding how realization of one's greatest needed and human needs satisfaction (Morris, 2018).

Physiological Needs are the most basic needs, such as food, water, shelter, clothing and sleep, which must be met in order for individuals to survive and be healthy. Safety requirements refers to the urge for security and defense against injury, both physical and emotional. Love and belonging needs include the need for acceptance and belonging in relationships with family, friends, and members of a community. Esteem needs are the needs that only come after one has attained the social needs and other more basic needs have been met, they include self-esteem, respect, self-confidence, achievement, recognition, status and even respect. People start to develop a sense of confidence and tend to have pride in their work and in them as individuals. Finally, self-actualization needs are the highest needs, and they inspire the drive of maximizing one's potential in order to improve oneself in every way. According to Maslow, these needs ought to be fulfilled for people to be able to achieve self-actualization (Osemeke & Adegboyega, 2017).

For pupils living with HIV, considering how stigma in relation to HIV influence them, the attainment of each of these needs is very crucial. For instance, if these pupils experience HIV related stigma from their community, it may lead to an inability to satisfy their love and belonging needs, which could then lead to a decreased sense of self-esteem, making it more difficult for them to reach self-actualization. Therefore, it is important to address the issue of HIV related stigma in order to ensure that pupils living with HIV can fulfill their needs and

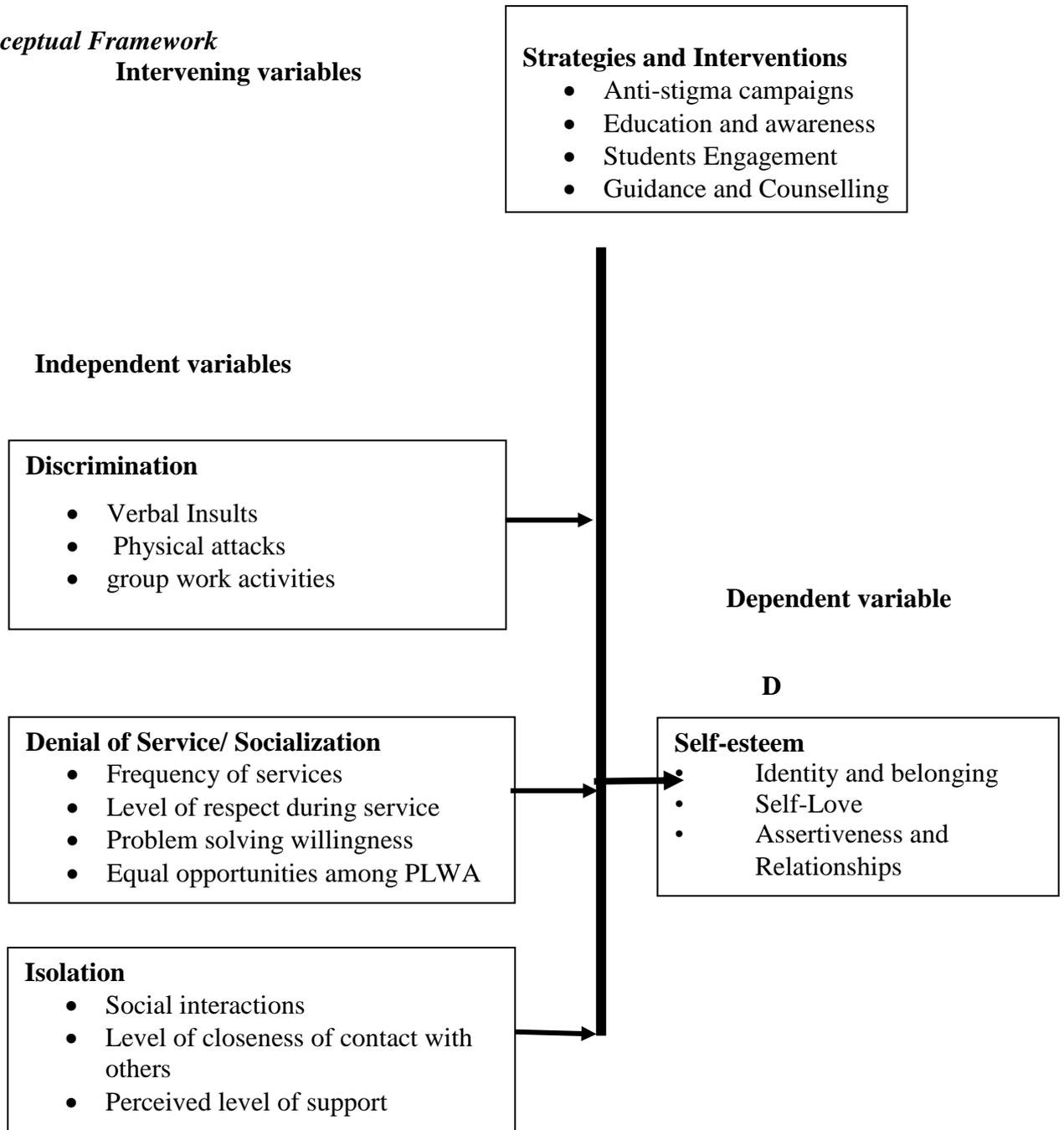
reach their full potential. The Maslow's Hierarchy of Needs is an important theory to consider when assessing the effects of HIV related stigma on the self-esteem of pupils. By understanding the five stages of the Hierarchy of Needs and how people need to realize their maximum potential and to satisfy certain requirements the Maslow's hierarchy of needs theory can identify the areas that need to be addressed and make sure also pupils living with HIV receive the necessary support to develop their self-esteem to reach their full potential.

2.8 Conceptual framework

The conceptual framework establishes the interrelationships between variables deemed significant in a study (Kothari & Garg, 2014). The depending factors in this study is self-esteem which comprises of; security, social belonging, sense of purpose, self-control and trust while the independent variable are stigma related issues which include discrimination, denial of services/ isolation and social isolation. In this context, discrimination refers to the unfair or damaging treatment of various kinds of human beings, particularly on the grounds of HIV/AIDs.

Figure 2.2:

Conceptual Framework



2.9 Chapter Summary

The chapter presents a comprehensive evaluation of empirical studies focused on the impact of discrimination, isolation, and denial of services on the HIV/AIDS (PLWA) self-respect. These studies collectively highlight the negative consequences of such experiences, including anxiety, depression, and anger. The discussion also delves into interventions that have the potential to mitigate these effects and boost self-esteem among PLWA. Theoretical perspectives, such as the psychosocial theory and Maslow's Hierarchy of Needs provide frameworks for understanding the influence of life patterns on ego development and the role of esteem as a fundamental human need. The chapter underscores the importance of addressing socio-psychological factors in enhancing the well-being of PLWA and suggests that interventions aimed at reducing discrimination and promoting self-esteem can significantly contribute to the overall quality of life for individuals living with HIV/AIDS.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research approach used for the study is described in this chapter. In this chapter, target population, research design, and sampling strategy which are used to acquire data are described. The chapter also covers data collection methods and the ethical considerations outlining the measures taken to ensure participant confidentiality and privacy. Lastly, the chapter discusses the validity and reliability of the research instruments and the study's data analysis methods.

3.2 Research Design

In every research, creating a research design entails ways of collecting data to obtain the required information appropriate for research (Dawadi et al., 2021). The researcher opted to use descriptive research design since it was deemed favorable for this research because it could help identify and describe the relationships between the variables under study. A descriptive research design easily describes various attributes, values, attitudes, and changes in behavior of the respondents. Descriptive statistics was used to help identify trends and frequencies. The researcher was therefore able to easily identify the effects of isolation, discrimination and denial of service on the self-esteem of PLWA (Henriques & O'Neill, 2021).

3.3 Population and Sampling Design

Target Population

A population is described as the whole set of persons or subjects that are needed to provide information. Public school pupils in class seven and eight in the County of Kiambu, totaling 2,000, represent the target population.

Sampling Design and Procedure

In order to pick the needed samples from the target population of 2000 public school pupils in class seven and eight strata, a random sampling approach was utilized. Random sampling approach involves selecting a subset of individuals from a larger population assuring representative and impartial data collecting by giving each candidate an equal chance of selection. In the first stage, random sampling was utilized to select schools from a list of those in Kiambu County. In the second stage, within the selected schools, random sampling was employed to identify pupils who had either been affected by or infected with HIV.

For the calculation of sample size, the sample size was applied with a 95 percent (Cooper & Schindler, 2014).

$$\text{Confidence level. The formula is; } n = \frac{N}{[1 + N(e^2)]}$$

Where n = sample size, N= population size e= error term

N= 2000, e= 0.05 hence,

$$n = \frac{2,000}{[1 + 2,000(0.05^2)]} = 333.33$$

The computed sample size was 333 students, with 95% confidence, which represents 16.65% of the whole target population.

3.4 Data Collection

Data Collection Methods

Data was collected exclusively through questionnaires as the data collection method. The questionnaire was designed to gather relevant information from the identified sample of

pupils in class seven and eight from public schools in Kiambu County. The questionnaires were divided into two sections. The first section addressed inquiries related to the provided general information. In the second section, the goal was to establish the impact of HIV-related stigma on self-esteem. This second section contained additional subsections featuring questions designed to be answered using a scale. This scale was used to assess the effects of discrimination, denial of service, isolation, and interventions on the self-esteem of pupils.

Data Collection Procedures

Collection of data begun after approval letter by the university as well as consent from the National Commission for Science Technology and Innovation (NACOSTI). The national coordinating and interior ministry were also consulted by the researcher to acquire research permit. The researcher also, approached the Education Offices in Kiambu to seek permission to conduct research among the targeted respondents with a sample of the questionnaires and the interview questions. The research then collected primary data through questionnaires.

The intended responders were provided with the questionnaires physically in their respective schools. To ensure confidentiality of the collected data, stringent measures were implemented. Each questionnaire was assigned a unique identification code, dissociated from any personal information. Responses were anonymized, and no identifying details were requested in the questionnaire. The completed questionnaires were collected in sealed envelopes to prevent unauthorized access to the information.

3.5 Validity and reliability

Validity

To ensure the questionnaires effectively captured the intended information from the target population without causing confusion, a pilot test involving 25 carefully selected participants was conducted. This preliminary testing phase aimed to assess the clarity, comprehensibility,

and relevance of the questionnaire items. The pilot test took place in Kiambu primary school which was within the study area, where participants were chosen based on their familiarity with the subject matter and willingness to provide feedback (Makrygiannakis & Jack (2018).

Reliability

Reliability refers to the extent to which a measure, procedure, or assessment tool produces consistent results (Makrygiannakis & Jack, 2018). Reliability is an important aspect of a study, as it indicates the degree accuracy and consistency of the results (Makrygiannakis & Jack, 2018).

To ensure reliability of the research instruments, a pilot study was conducted, employing the Cronbach's Alpha coefficient. Cronbach's Alpha coefficient is a statistical method used to assess the internal consistency of a multi-item scale, such as a questionnaire. It quantifies the extent to which the items within a particular construct are correlated, reflecting the degree to which the items measure the same underlying concept. Cronbach's Alpha values which are higher than or equal to 0.7 indicate a high degree of internal consistency.

3.6 Data Analysis

The researcher used descriptive data analysis technique which includes mean, frequencies, standard deviations and percentages. The researcher also analyzed relationships between the dependent and independent variables where a Pearson correlation test was conducted. These data analysis techniques were used purposely to establish patterns and trends for easy understanding and interpretation of the research findings. Frequency tables, pie charts and bar charts were used in reporting and presenting the collected data. The researcher used SPSS to be able to analyze a comprehensive data.

3.7 Ethical Considerations

Ethical considerations were carefully adhered to, particularly regarding minor respondents. Before initiating data collection, consent was sought from the parents of pupils who participated since most of them were minors. Consent was obtained from their parents or guardians. Consent was secured through mobile messages, phone calls, and face-to-face interactions. A consent form was employed when required from parents, emphasizing the importance of their child's involvement and explaining the study's purpose. To ensure there was anonymity, precautions were taken and confidentiality of all participants, safeguarding their privacy. Specifically, distribution of questionnaires was made to the targeted participants physically to the respective schools. Each questionnaire was assigned a unique identification code, dissociated from any personal information. No identifying details were requested in the questionnaire and completed questionnaires were collected in sealed envelopes to prevent unauthorized access to the information.

The research process was conducted with utmost ethical integrity. Open participation was encouraged, and respondents provided feedback willingly without any form of pressure. By upholding these ethical principles, the study aimed to gather valid and credible responses from participants. Also, NACOSTI had approved the conduction of this study with its license being attached in this research study document.

CHAPER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

In this chapter, the data analysis and data interpretation was done. The investigator obtained information from Kiambu County public primary schools. The chapter provides the following sections; examination of the response rate data, descriptive statistics are presented and the inferential statistics are presented.

4.2 Response rate

Having issued a total of three hundred and thirty-three questionnaires to the respondents, the researcher was able to collect back three hundred and twenty-six questionnaires by the end of the process. Twenty-six of the received questionnaires were rejected on the ground of incompleteness, remaining with three hundred questionnaires as the valid and duly completed. Seven of the total distributed questionnaires had not been received by the final date of collection.

The analysis of the response rate is given in Table 4.1

Table 4.1

Analysis of the Response rate

Category	Frequency	Percentage
Dully completed questionnaire	300	90.0900
Incomplete Questionnaire	26	7.8078
Questionnaires not Received	7	2.1021
Total	333	100

A total of 333 questionnaires were issued where 300 of them were assed and used for this study. The number of approved (dully filled) questionnaires translated a 90.09 percent

response rate. The response rate for this study is satisfactory. Orodho (2004) argues that the optimal response rate at the level of such organizational studies is between 35-40%. Therefore, the aforesaid response rates fulfill this requirement and were therefore suitable for the research carried out.

4.3 Pilot Test Results

The study instruments including the questionnaires used were tested during the pilot test to establish their degree of consistency. A sample of 25 pupils was selected where the information was established to be correlated to the validity and reliability tests as presented in table 4.2.

Reliability and validity test

In order to determine the accuracy and dependability of the research tools pilot study was done using the Cronbach's Alpha were the result presented below revealed that the instruments were valid and reliable.

Table 4.2

Reliability Test

Variable	No. of Items	Cronbach's Alpha	Results
Communication	4	0.8	Accepted
Psychological	5	0.7	Accepted
Preparedness			
Negotiation	6	0.7	Accepted
Employee Involvement	5	0.9	Accepted
Employee Performance	6	0.8	Accepted

4.4 Descriptive Analysis

Gender

As part of coming up with a comprehensive conclusion, the researcher went ahead to ascertain the gender representation among the participants. The figures are presented in table 4.3

Table 4.3

Gender

	Frequency	Percent
Male	145	48.33
Female	155	51.6
Total	300	100.0

The table above shows that girls had the highest number in terms of responding to the questionnaires with 51.6% while men who responded were 48.33%. This indicated that the data presented was not gender biased.

Age

The researcher wanted to find out how the respondents' age was distributed and the findings tabulated in table 4.4.

Table 4.4:

Respondents' Age

Age	Frequency	Percent
Less than 12 years	69	23.00
12-14 years	15	58.33
15 and Above Years	56	18.6
Total	300	100.0

The findings showed that 58.33% of the participants were aged between 12-14 years, 23.00% come from those below 12 years of age while 18.6% of the respondents were above 15 years. This shows that a larger percentage of the participants were within ages where they understood the questions and were able to answer with transparency.

4.5 Analysis of Study Variable

Effects of discrimination on self-esteem among pupils

In the case of prejudice against the self-esteem of the HIV-affected or infected students, respondents had been asked to assess the effect on the scale of 1 to 5. The results are as shown in Table 4.5.

Table 4.5

Effects of discrimination on self-esteem among pupils

	Mean	SD
Other students talk about classmates who are or are HIV/AIDS-infected	3.00	1.414
HIV/AIDs are verbally insulted/threatened and Schools impacted or afflicted	2.0	1.208
HIV/AIDS pupils barred from other activities and group Work	2.32	1.22
HIV/AID-infected children are attacked physically by other Pupils	2.86	1.250
Composite mean	2.56	1.286

The table above shows that most of the pupils' gossip about the people affected or infected with HIV/AIDs which in turn highly affect their level of self-esteem. These results as shown by a

mean of 3.00. Pupils affected or infected with HIV/AIDs are even at some point physically assaulted by other pupils and/or even excluded from other activities and group work as per the response received depicted by a mean of 2.86 and 2.32 respectively and standard deviation of 1.250 and 1.22 respectively. Even if not to a high extent, significant number of respondents felt that pupils who are HIV/AIDS positive or sick are openly ridiculed, bullied, and intimidated which in turn tends to lower their self-esteem. This is represented by a mean value of 2.01.

Effects of denial of service/socialization on self-esteem of pupils

The researcher wanted to find out from the respondents how denial of services and socialization affected the self-esteem of pupils affected / infected with HIV/AIDs in Kiambu County. As stipulated in table 4.6.

Table 4.6:***Effects of denial of service/socialization on self-esteem of pupils***

Effects of denial of service/socialization on self-esteem	Mean	SD
Schools with HIV/AIDs impacted or afflicted issues are often solved at a slower pace than the rest of the student body.	2.32	1.22
Pupils with HIV/AIDS impacted or infected desire more self-Respect	3.09	1.46
In contrast with other students, even performance is surely decreased for pupils with or with HIV/AIDs.	2.86	1.250
HIV/AIDS-affected or infected students want more respect from their peers, and they want felt like someone of value, at most on an equal basis with the others.	3.02	1.248
HIV/AIDS-affected or infected children have similar opportunities for social-cultural work with other pupils	2.55	1.210
HIV/AIDs infected or afflicted students are provided with free training and frequent advice on living with HIV/AIDs	2.68	1.216
Composite mean	2.5	1.29

Denial of services and/ socialization highly affects the self –esteem of the pupils infected or affected with HIV/AIDs. This is evidently shown in the aggregate mean of 2.5 and a standard deviation of 1.29 which shows a slight variance in the responses. It’s a common feeling among the respondents that HIV/AIDS-affected or infected students want more respect from their peers, and they want felt like someone of value, at most on an equal basis with the others which helps build their self-esteem and confidence among others. This is signified by the means of 3.09 and 3.02 respectively and further supported by standard deviation of 1.46 and 1.248 respectively. In order to curb the low self-esteem facing the pupils that have been affected by the HIV/AIDs stigma, pupils are often given free trainings and regular counsel on how to live with HIV/AIDs. This is evidently represented by a mean value of 2.68.

Effects of isolation on self-esteem among pupils

Since isolation is one of the elements of stigmatization, the researcher wanted to find out how it affects the self-esteem among pupils.

Table 4.7

Effects of Isolation on Self-esteem among Pupils

Effects of isolation on self-esteem	Mean	Std.
Pupils affected or infected with HIV/AIDs often avoid social interactions	2.05	1.238
Schools with HIV/AIDs impacted or afflicted regular cancel plans and/or feel relief when plans organized either by teachers or other pupils are canceled	2.45	1.501
Schools with HIV/AIDs impacted or afflicted certainly experience anxiety or panic when thinking about social Interactions	1.82	1.244
Schools with HIV/AIDs impacted or afflicted feel distressed during periods of solitude	3.0	1.453
Schools with HIV/AIDs impacted or afflicted feel dread associated with social activities	2.35	1.359
Schools with HIV/AIDs impacted or afflicted spend large amounts of time alone or with extremely limited contact with Others	2.25	1.245
Composite mean	2.33	1.34

As the table above depicts, the researcher found out that there was a lot of distress among the affected and/or infected pupils by HIV/AIDs during periods of solitude. This is shown by a mean

value of 3.0. According to the table above, sometimes being isolated by other children due to being infected or affected with HIV/AIDs although not regularly affects the self-esteem of the pupils as supported by aggregate mean value of 2.33 which indicates that there very low variance in the responses. According the responses, pupils affected or infected with HIV/AIDs often avoid social interactions, regularly cancel plans and/or feel relief when plans organized either by teachers or other pupils are canceled, feel apprehensive about social situations, having spent much time solitary or with very little touch with people. This is indicated by a mean of 2.05, 2.45, 2.35 and 2.25 respectively and further supported by a standard deviation 1.238, 1.501, 1.359 and 1.245 respectively. The self-esteem of pupils when thinking about social interactions is not usually affected by anxiety or panic as shown by the responses above represented with a mean value of 1.82.

Interventions in place

The researcher wanted to find out how the Government and teachers interventions faired in the public primary schools in Kiambu County. The information collected is tabulated in table 4.8.

Table 4.8***Interventions in place***

Interventions in place	Mean	Std.
Government work with NGOs to offer resources for learning	3.98	1.303
Teachers ensure that the learning environment is favorable for Students	4.2	.93
Often, we (students) engage with each other, regardless of the circumstances of the other pupils.	4.48	.92
Lessons of guidance and advice provided by professors	4.43	.846
Lessons given on guidance and counseling for people afflicted or impacted by HIV/AIDs.	3.95	1.200
Composite mean	4.22	1.050

The researcher took a concentration on the data collected indicating the affected or infected pupils' self-esteem after interventions had been applied and discovered that interventions had very great positive effect towards the pupils' self-esteem and this is indicated by the aggregate mean of 4.22 and 1.050 being the standard deviation showing that there was very minimal discrepancy in the responses. Teachers ensuring that the children have a favorable environment for learning were among the initiatives that included state partnering with NGOs to offer teaching content and teachers assuring that the pupils have a suitable educational environment, encouragement of children interaction with one another, guidance and counseling both in class and for individuals affected or infected. This is supported by means of 3.98, 4.2, 4.48, 4.43 and 3.95 respectively. There was very minimal discrepancy in the responses as supported by standard deviations of 1.303, 0.93, 0.92, 0.846 and 1.200 respectively.

Pupils' Self-esteem

The descriptive results of the responses on the statements on pupils' self-esteem are as outlined in table 4.9

Table 4.9

Pupils' Self-esteem

Statement	Mean	Std Deviation
Are you satisfied with yourself	3.267	1.264
Do you feel useless and worthless at times	3.987	.650
Do you wish you could have more respect for yourself	4.011	.720
Do you think you could be performing better were it not for your current condition	3.589	1.437
Do you believe you have equal opportunities with the rest of the pupils	2.622	1.792
Does your condition limit you from various activities	3.761	1.432
Composite Mean	3.523	

From table 4.9 it was analyzed that most pupils living within are not satisfied with their selves (mean=3.267, standard deviation=1.264), PLWA feel worthless at times (mean= 3.987, standard deviation= 0.650), PLWA wish they could have more respect for themselves (mean = 4.011, standard deviation= 0.720), the respondents agreed that they could perform better were it not for their condition (mean= 3.589, standard deviation= 1.437). They believe they don't get equal opportunities (mean= 2.622, standard deviation= 1.792). Their condition limits them from engaging in various activities (mean = 3.761, standard deviation= 1.432).

4.6 Inferential Analysis

Correlation Analysis

A correlation analysis to establish the relationship between the dependent and independent variables was performed with the result presented in table 4.10

Table 4.10:

Multiple Correlation Analysis

	Discrimi nation	Denial of Service	Isolation	Interventions in Place	Pupils' Self- esteem
Discrimination					
Pearson correlation	1.000				
Sig. (2 tailed)	.000				
Denial of service					
Pearson correlation	.753**	1.000			
Sig. (2 tailed)	.000	.000			
Isolation					
Pearson correlation	.781**	.941**	1.000		
Sig. (2 tailed)	.000	.000	.000		
Interventions in Place					
Pearson correlation	.911**	.849**	.793**	1.000	
Sig. (2 tailed)	.000	.000	.000	.000	
Pupils' Self-esteem					
Pearson correlation	.489**	.587**	.368**	.512**	1.000
Sig. (2 tailed)	.000	.000	.008	.000	.000

Pearson correlation assessment was undertaken to determine the connection that the dependent variables have with the other major independent variable in the study. The results indicated that there is a significant connection between discrimination and pupils' self-esteem ($r=0.489$ and $P < 0.05$). Moreover, the relationship between pupils self-esteem and denial of services showed a positive and significant connection ($r=0.587$ and $P < 0.05$). There was a positive significant relationship between pupils self-esteem and insolation ($r=0.368$ and $P < 0.05$). Finally, the results indicated that there was a positive and significant relationship between interventions in place and pupils self-esteem ($r=0.512$ and $P < 0.05$) these findings

indicate that discrimination, denial of service, isolation, and interventions in place influence the pupils' self-esteem.

Multiple Regression Analysis

Table 4.11:

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.747 ^a	.696	.710	.387

R² value stands at 0.696, this indicating that 69.6% of the variations in pupils' self-esteem are explained by the independent variables of the study

Table 4.12:

Analysis of Variance (ANOVA)

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	65.06	4	67.04	105.045	.000 ^b
	Residual	5.20	295	.142		
	Total	70.26	299			

The ANOVA statistics of the independent variables against pupils' self-esteem depicts that the F-critical of 105.045 and a P value of (0.00. <0.05) indicating that the data was significant and ideal for regression.

Table 4.13:***Pupils' Self-Esteem against Cofactors
Coefficients^a***

Model		Unstandardized		Standardized		95% Confidence		
		B	Std. Error	Beta	T	Sig.	Lower Bound	Upper Bound
1	(Constant)	1.5673	.291		5.140	.000	.915	2.071
	Discrimination	.787	.123	-.006	0.456	.000	-.252	.238
	Denial of Service	.280	.119	.229	2.245	.000	.033	.507
	Isolation	0.64	.061	-.112	1.050	.000	-.186	.057
	Interventions in Place	-0.151	.123	.045	0.984	.000	.0861	2.452

$$Y = 1.5673 - 0.787X_1 + 0.280X_2 - 0.64X_3 + 0.151X_4 + \epsilon$$

Holding all factors that influence the pupil's self-esteem, discrimination, denial of service, isolation, and intervention in place could change self-esteem by 1,5673 units. An increase discrimination would lower the self-esteem of pupils by 0.787 units, a unit increase in denial-of-service lowers self-esteem by 0.280 units. A unit increase in isolation decreases self-esteem by 0.64 units. Finally, a unit increase in self-esteem increases the levels of self-esteem by 0.151 units.

Table 4.13, also shows that all the independent variables are significant ($P < 0.05$).

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This section outlines the research findings of the study and how they relate to the previous literature on the effects of HIV related stigma on self-esteem. The chapter refers to the objectives of the study seeking to conclude whether the independent variables influence self-esteem.

5.2 Overview of the Study

The study targeted pupils in public primary schools in Kiambu County as the population of interest. The sampling approach utilized was random sampling, resulting in a sample size of 333 pupils. This sample size, derived through a specific formula, represents 16.65% of the total target population of 2000 pupils. The data collection methods involved using questionnaires, which were deemed suitable due to their availability and ability to capture both restricted and infinite variables. The questionnaires were put into different sections, focusing on general information, the effects of HIV-related stigma on self-esteem, and strategies/interventions in public schools to address the effects of HIV/AIDS. The data collection process commenced after obtaining necessary approvals and consents. Questionnaires were distributed physically to the targeted pupils and steps put into consideration to guarantee the respondents' confidentiality and anonymity.

The research used descriptive data analysis techniques, including mean, frequencies, standard deviations, and percentages, to identify patterns and trends in the collected data. Relationships between dependent and independent variables were analyzed using a Pearson correlation test. Statistical tools such as SPSS were utilized to comprehensively analyze the

data. The results were provided by use of frequency tables, pie charts, and bar charts for clarity.

5.3 Summary of the Findings

The study's overarching goal was identifying whether HIV related stigma has an effect on the self-esteem of public-school pupils in Kiambu County. The study evaluated whether stigmatization, self-esteem and social isolation influence the self-esteem of classes seven and eight pupils in Kiambu County. Also the study evaluated the effects of intervention measures on improving self-esteem of pupils in Kiambu County.

Effects of Discrimination on Self-esteem among Pupils

From the study above, it can be asserted with certainty that as much as others try to avoid discrimination, there are still those who gossip and stigmatize those pupils affected or infected with HIV/AIDs. These results are supported by a mean of 3.00 and further supported by a standard deviation of 1.414. Pupils affected or infected with HIV/AIDs are even at some point physically assaulted by other pupils and/or even excluded from other activities and group work as per the response received depicted by a mean of 2.86 and 2.32 respectively and standard deviation of 1.250 and 1.22 respectively. Even if not to a high extent, significant number of respondents felt that pupils affected or infected with

HIV/AIDs are verbally insulted/ harassed, threatened which in turn tends to lower their self-esteem. This is represented by a mean of 2.01 and a standard deviation of 1.208.

Clearly, the study established that discrimination has a negative impact on the self-esteem of pupils. This conclusion was reached by analyzing the responses gathered from the questionnaires. The numbers calculated, including the mean and standard deviation, gave a better understanding of how common these experiences are and how much they affect the pupils emotionally.

The findings that discrimination, gossip, and stigmatization negatively affect the self-esteem of pupils aligns with previous literature that emphasizes how social exclusion, bullying, and negative labeling contribute to lowered self-esteem. Specifically, children who feel rejected, insecure financially, have low esteem, and are depressed are likely not to participate adequately in the learning process (Mahadew, 2020).

Effects of Denial of Service/socialization on Self-esteem of Pupils

From the findings in chapter four above, it is clear that the primary schools in Kiambu County should continue to nurture and ensure equitability in delivering services to the pupils since when services of the affected or infected pupils affected are denied their self-esteem in schools tends to diminish. Through the analysis of the questionnaire responses, it was evidently shown in the aggregate mean of 2.5 and a standard deviation of 1.29 which shows a slight variance in the responses in order to curb the low self-esteem facing the pupils that have been affected by the HIV/AIDs stigma, pupils are often given free trainings and regular counsel on how to live with HIV/AIDs. This is evidently represented by a mean of 2.68 and a standard deviation of 1.216. By analyzing the pupil's responses, it was possible to establish a clear link between the denial of services, its impact on self-esteem.

The findings that denial of services to affected or infected pupils diminishes their self-esteem is supported by previous studies on the impact of social support and inclusiveness. Studies suggest that being denied equal opportunities or social interactions due to a health condition can lead to feelings of isolation and lower self-esteem (Edwards & Bowen, 2019).

Effects of isolation on self-esteem among pupils

Social isolation and inclusion are a very important factor in curbing low self-esteem of the pupils affected or infected with HIV/AIDs. The researcher used questionnaires to collect information from the pupils. They asked questions about whether the pupils felt alone or included by their peers, and how these feelings affected their self-esteem. After collecting

and analyzing the data, the researchers found out that there was a lot of distress among the infected and/or affected pupils by HIV/AIDs during periods of solitude. This represented by a mean of 3.0 and further supported by a standard deviation of 1.453. According to the table in chapter four above, sometimes being isolated by other children due to being infected or affected with HIV/AIDs although not regularly affects the self-esteem of the pupils as supported by aggregate mean of 2.33 and a standard deviation of 1.34 .The schools need to strategize on the implementation of more inclusion strategies and also encourage sharing since if there is good coexistence between all the pupils, the affected or infected pupils can be able to perform their tasks with convenience and ease.

The study's finding depicts that social isolation affects the self-esteem of pupils with HIV/AIDS is consistent with previous literature that highlights the importance of social connections with mental well-being (Wolcott et al., 2020).

Interventions in place

Evaluating the influence interventions have on the self-esteem of pupils, the general responses outlined that the government as well as NGOs often intervene. Thus, various initiatives are often implemented to create a favorable learning environment for the pupils living with HIV/AIDS. One of these initiatives involved the collaboration between the state and non-governmental organizations (NGOs) to cater for the needs of the affected pupils. On the other hand, the mean responses showed there was a general agreement on teachers that ensured the learning environment was conducive for them. Specifically, teachers played a crucial role in ensuring a suitable educational environment for the affected pupils. Finally, pupils generally agreed to receiving guidance and counselling which in turn helps in improving their self-esteem therefore, guidance and counseling services provided addressed the needs of both the affected, infected pupils and all the pupils as a whole.

The study's identification of government and NGO interventions to create a supportive learning environment for pupils affected by HIV/AIDS aligns with literature advocating for comprehensive and multi-dimensional approaches to address stigma and promote self-esteem (Eke et al. (2020).

Pupils' Self-esteem

The findings from the study indicate that most pupils living within the area have low level of self-esteem. The respondents reported that they felt worthless at times, lacked respect for themselves, believed they could perform better were it not for their condition, and felt they didn't get equal opportunities. Moreover, their condition limited them from engaging in various activities. The overall mean score of 3.267 suggested that the respondents were generally dissatisfied with themselves.

The conclusion that most pupils in the study area have a low level of self-esteem is consistent with previous research on the psychological well-being of individuals facing health-related stigma. Literature has shown that living with a stigmatized condition can lead to feelings of worthlessness, limited opportunities, and dissatisfaction with oneself (Folayan et al., 2017).

5.4 Conclusion

The findings of the study indicate that there is a relationship between discrimination and self-esteem. The respondents agreed to the fact that they have been verbally insulted, barred from group activities attacked physically and viewed as different from the other pupils. Discrimination therefore increases the levels of low self-esteem amongst pupils. Besides, pupils agreed to the fact that their issues have often been solved slower than those of others, they desire more respect, while their performance remain low, lack free training opportunities. Therefore, denial of service increases the rates of low-self-esteem. The study established that PLWA feel isolated having a mutual feeling of being avoided during social

interactions. They experience anxiety and panic. They feel distressed while they spend most of their time alone. Therefore, isolation increases the levels of low self-esteem among pupils, On the other hand, the study established intervention put in place including provision of resources by the government and NGOs lower the low self-esteem rates. Guidance and counseling lessons as well as intentional engagements lower the rates of low-self-esteem among PLWA. Finally, the findings of the study show that most pupils living within the area have low level of self-esteem

By connecting the study's findings to existing literature, the research contributes to the broader understanding of how HIV-related stigma impacts pupils' self-esteem. The alignment with established theories and empirical evidence lends credibility and validity to the study's conclusions and underscores the importance of addressing stigma and promoting positive self-perceptions among affected pupils.

5.5 Recommendations for Policy Implications

From the findings of this study, a number of initiatives can be taken by management of the public primary school in Kiambu County to improve the affected or infected pupils' self-esteem. The proposals may be extended to other sectors in the country as well. The policy implications are shown in accordance with the study goals.

- i. Since stigmatization was found to affect negatively the pupils' self-esteem, Teachers should consider offering training on how to ensure that all the pupils learn how to coexist without other children gossiping about the pupils affected or infected with HIV/AIDs. Alternatively, counseling on that the affected or infected pupils are not failures can also be offered to foster self-esteem.
- ii. Education sector teachers and management should extend the support services coverage to cover all pupil and student cadres. Education sector management in

addition, the standardization of work-family support services and involvement in the sector has been shown to influence students' self-esteem rather than isolation. Teachers also need to build a supportive organizational culture through training courses for efficient use of support services, communication and education programs in schools.

- iii. At the National Government level, the teacher's union, both KNUT and KUPPET management can lobby to the Ministry of Education and Teachers Service Commission to introduce a policy for organizations to have family support services and inclusion of the pupils affected or infected with HIV/AIDs. This can be anchored in the Employment Act for legal compliance since the Bill of Rights is already addressing this concern. KNUT and KUPPET management can lobby to the Ministry of Education and Teachers Service Commission to encourage schools to accommodate and nourish pupils affected or infected with HIV/AIDs especially the stigma related issues in order to improve the level of self-esteem

5.6 Recommendations for Further Research

The Researchers propose that future research be focused at confirming the conclusions of this study, by the collection of data from other sources, through comparable studies in other areas of Kenya. Furthermore, a longitudinal survey approach should be used in future studies.

A study to examine both academically and psychologically the economic consequences of HIV/AIDs on child performance.

The study has concurrently gathered dependent and separate variables from the same sample source. This increases the possibility of common variation in methods. We thus recommend that the data for dependent and independent variables should be collected for different times by future studies. This type of study may help to minimize the propensity of the responder to

keep the psycho-social instruments consistent. The results of the empirical investigation have novel consequences, however, both for practitioners and for academic scholars in the fields of psychology and behavior. The psycho-social impact of HIV/AIDs increases the innovation of our theoretical contribution, and our analysis of anticipated behaviors in the form of self-esteem, stigma, and isolation. In practice, we trust that interaction between self-esteem, stigma and insulation among children will make a significant contribution to the performance of schools while recognizing and embracing the idea of the psycho-social consequences of HIV/AIDS

The top management of teacher research in organization, while developing their strategies and policies that do not just address, but also nurture the psychological needs of children, will treat the findings of these research as a guiding principle and roadmap. Researchers should also discover additional associated factors for future investigation. The study was limited to County of Kiambu due to its geographical scope and the samples were only obtained from public schools, therefore the conclusions based on empirical findings must be tested empirically in different sectors with different geographic and demographic profiles. The limited sample size of the study limits the author to make the findings generalized across industries and organizations. Nevertheless, future research on a big transversal sample will provide intriguing generalization results.

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APPENDICES

APPENDIX I: QUESTIONNAIRE FOR PUPILS

I am a researcher conducting research in public primary schools within Kiambu County to investigate the effects of HIV-related stigma on self-esteem. The purpose of this study is to understand how stigma affects students' self-esteem. This questionnaire serves an academic purpose of gathering data. Be assured; all information will be treated with complete confidentiality. Please do not provide any names or personal identities on this questionnaire. Your participation is greatly valued and will contribute to valuable insights for improving the well-being of students. Thank you for your cooperation.

Section A: General Characteristics

1. Gender?

Male Female

2. Age?

Not more than 12 years 12-14 years

15 and Above Years

Section B: Effects of discrimination on self-esteem among pupils

Using a scale of 1 to 5, where 1 is strongly disagree; 2 is disagree; 3 is neutral; 4 is agree and

5 is strongly agree, Please indicate your opinion by agree with the following statements

Effects of discrimination on self-esteem	1	2	3	4	5
Other students talk about classmates who are HIV/AIDS infected					
HIV/AIDSs are verbally insulted/threatened and Schools impacted or afflicted					
HIV/AIDS pupils barred from other activities and group work					
HIV/AIDS-infected children are attacked physically by other pupils					

Effects of denial of service/socialization on self-esteem	1	2	3	4	5
Schools with HIV/AIDSs impacted or afflicted issues are often solved at a slower pace than the rest of the student body.					
Pupils with HIV/AIDS impacted or infected desire more self-respect					
In contrast with other students, even performance is surely decreased for pupils with or with HIV/AIDSs.					
HIV/AIDSs-affected or infected children have similar opportunities for social-cultural work with other pupils					
HIV/AIDSs infected or afflicted students are provided with free training and frequent advice on living with HIV/AIDSs					
Effects of isolation on self-esteem	1	2	3	4	5

Pupils infected or affected with HIV/AIDs often avoid social interactions					
Schools with HIV/AIDs impacted or afflicted regular cancel plans and/or feel relief when plans organized either by teachers or other pupils are canceled					
Schools with HIV/AIDs impacted or afflicted certainly experience anxiety or panic when thinking about social interactions					
Schools with HIV/AIDs impacted or afflicted feel distressed during periods of solitude					
Schools with HIV/AIDs impacted or afflicted feel dread associated with social activities					
Pupils that have been affected or plagued by HIV/AIDS invest a lot of time isolated or with very little interaction with everyone else.					
Interventions in place	1	2	3	4	
NGOs and the government to offer resources for learning					
Teachers make sure that the learning environment is favorable for students					
Often, we (students) engage with each other, regardless of the circumstances of the other pupils.					

Lessons of guidance and advice provided by professors Lessons given on guidance and counseling for people afflicted or impacted by HIV/AIDs.					

Pupils Self-esteem	1	2	3	4	5
Are you satisfied with yourself					
Do you feel useless and worthless at times					
Do you wish you could have more respect for yourself					
Do you think you could be performing better were it not for your current condition					
Do you believe you have equal opportunities with the rest of the pupils					
Does your condition limit you from various activities					

APPENDIX II: INTRODUCTORY LETTER

Wangari Jennifer W.

P.O Box 1613-00900

Kiambu

Dear Sir/ Madam,

REF: REQUEST FOR DATA COLLECTION

I am a student at KeMU pursuing a master's degree in Counselling Psychology investigating the effects of HIV-related stigma for children in public schools in Kiambu County. I respectfully ask for your participation in this study which is strictly for academic reasons.

Thank you.

Yours truthfully,

Wangari Jennifer W.

MCO-3-1509-1/2016.

APPENDIX III: KEMU CLEARANCE CERTIFICATE

retained on file. The SERC may conduct audits of all study records, and consent documentation may be part of such audits.

5. SERC regulations require review of an approved study not less than once per 12-month period. Therefore, a continuing review application must be submitted to the SERC in order to continue the study beyond the approved period. Failure to submit a continuing review application in a timely fashion will result in termination of the study, at which point new participants may not be enrolled and currently enrolled participants must be taken off the study.

Please note that any substantial changes on the scope of your research will require an approval.
TEL: 254-061-30301/31229/30367/31171

5TH MARCH 2019
Yours sincerely

Jennifer Wangari Wanjau
MCO-3-1509-1207

DR. WAMACHI

Chair, SERC

RE: ETHICAL CLEARANCE OF A MASTERS' RESEARCH THESIS

cc: Director, RI & PGS

Your request for ethical clearance for your Masters' Research effects of HIV/AIDS on Pupils in Public Primary Schools in Kiamba Sub-County has been provisionally granted to you in accordance with the content of the proposal subject to tabling it in the full Board of Scientific and Technical Studies for ratification.

As Principal Investigator, you are responsible for fulfilling the following requirements for approval:

1. All co-investigators must be kept informed of the status of the project.
2. Changes, amendments, and addenda to the protocol or the consent form must be submitted to the SERC for re-review and approval **prior** to the activation of the changes. The Proposal number assigned to the project should be cited in any correspondence.
3. Adverse events should be reported to the SERC. New information that becomes available which could change the risk: benefit ratio must be submitted promptly for SERC review. The SERC and outside agencies must review the information to determine if the protocol should be modified, discontinued, or continued as originally approved.
4. Only approved consent forms are to be used in the enrollment of participants. All consent forms signed by subjects and/or witnesses should be



KENYA METHODIST UNIVERSITY

P. O. Box 267 Meru - 60200, Kenya
Tel: 254-064-30301/31229/30367/31171

Fax: 254-64-30162
Email: info@kemu.ac.ke

Our ref: NAC/MAS/1/2019/15

18th March 2019

Commission Secretary,
National Commission for Science, Technology and Innovations,
P.O. Box 30623-00100,
NAIROBI.

Dear sir/ Madam,

RE: JENIFFER WANGARI WAMBUGU (MCO-3-1509-1/2016)

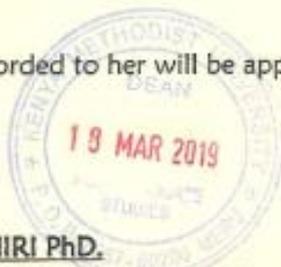
This is to confirm that the above named is a bona fide student of Kenya Methodist University, Department of Theology, Religious Studies and Counselling, undertaking a Master of Arts in Counselling Psychology. She is conducting a research on, "Psychosocial Effects on HIV/AIDS on Pupils Academic Performance of Public Primary Schools in Kiambu Sub-County."

We confirm that her thesis proposal has been defended and approved by the university.

In this regard, we are requesting your office to issue a permit to enable her collect data for her research.

Any assistance accorded to her will be appreciated.

Thank you.



DR. JOHN MUCHIRI PhD.
DIRECTOR, POSTGRADUATE STUDIES

Encl.

APPENDIX V: RESEARCH AUTHORIZATION



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349,3310571,2219420
Fax: +254-20-318245,318249
Email: dg@nacosti.go.ke
Website : www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref. No. **NACOSTI/P/19/79963/29821**

Date: **28th May, 2019**

Jennifer Wangari Wambugu
Kenya Methodist University
P.O. Box 267- 60200
MERU.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Psychosocial effects on HIV/AIDs on pupils in Public Primary Schools in Kiambu Sub-County*" I am pleased to inform you that you have been authorized to undertake research in **Kiambu County** for the period ending **27th May, 2020**.

You are advised to report to **the County Commissioner and the County Director of Education, Kiambu County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Kiambu County.

The County Director of Education
Kiambu County.

National Commission for Science, Technology and Innovation is ISO9001:2008 Certified

APPENDIX VI: NACOSTI CERTIFICATE

THIS IS TO CERTIFY THAT: **Permit No. : NACOSTI/P/19/79963/29821**
MISS. JENNIFER WANGARI WAMBUGU **Date Of Issue : 28th May,2019**
of KENYA METHODIST UNIVERSITY , **Fee Received :Ksh 1000**
1613-900 KIAMBU ,has been permitted
to conduct research in Kiambu County

on the topic: PSYCHOSOCIAL EFFECTS
ON HIV/AIDS ON PUPILS IN PUBLIC
PRIMARY SCHOOLS IN KIAMBU
SUB-COUNTY

for the period ending:
27th May,2020



Applicant's Signature



Director General
National Commission for Science,
Technology & Innovation

APPENDIX VII: COUNTY AUTHORIZATION



OFFICE OF THE PRESIDENT
MINISTRY OF INTERIOR AND CO-ORDINATION OF NATIONAL GOVERNMENT
COUNTY COMMISSIONER, KIAMBU

E-mail: countycommkiambu@yahoo.com
E-mail: cc.kiambu@interior.go.ke
When replying please quote

County Commissioner
Kiambu County
P.O. Box 32-00900
KIAMBU

Ref. No: ED.12 (A)/1/VOL.III/108

19th June, 2019

Jennifer Wangari Wambugu
Kenya Methodist University
P.O. Box 267 60200
MERU

RE: RESEARCH AUTHORIZATION

Reference is made to National Commission for Science, Technology and Innovation letter Ref No. NACOSTI/19/79963/29821 Dated 28th May, 2019.

You have been authorized to conduct research on "*Psychosocial effects on HIV/AIDS on pupils in Public Primary Schools in Kiambu Sub-County.*" The data collection will be carried out in *Kiambu County for a period ending 27th May, 2020.*

You are requested to share your findings with the County Education Office upon completion of your research.


Festus Kimeu
FOR: COUNTY COMMISSIONER
KIAMBU COUNTY

Cc County Director of Education
KIAMBU COUNTY

✓ National Commission for Science, Technology and Innovation
P.O. Box 30623-00100
NAIROBI

Deputy County Commissioner (*For information and record purposes*)
KIAMBU SUB COUNTY

"Our Youth our Future. Join us for a Drug and Substance free County".

