

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

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## **ABSTRACT**

There was little focus in Kenya to mental health, such as the stigma of children who have been infected with HIV and/or students and social relationships. In compared with other peers, children who live with HIV/AIDs might have a lower social status which could lead to higher difficulties managing their HIV/AIDs diagnosis and/or treatment regimes. The requirement for an accurate evaluation of health needs of the community concerned is a key step in the resolution of this problem. Studies aimed at determining the impact on the afflicted and/or infected children of HIV factors are therefore clearly justified. The study was guided by the following objectives: to study the impact of discrimination on self-esteem of pupils in Kiambu County public elementary schools; to assess the effects on self-esteem of pupils of primary public schools in Kiambu County of denying services and socialization; and to evaluate the effects on self-esteem of pupils in the Kiambu County public primary schools. Inadequate finances and a time limit were some of the constraints of the investigation. Based on the study goals, literature has been examined. In the theoretical context, the researcher employed psychosocial and Maslow theory. A descriptive design research and explanatory research utilizing survey design and cross-sectional survey design was employed in this study. Public school students in class seven and eight in Kiambu County, which totaled 2,000, were the demographic of interest. The sample size was 333 students based on the Yamane formula with an assurance level of 95%, which corresponds to 16.65% of

the overall population. The gathering of primary data was performed using a survey data process. Standardized questionnaires contributed to the investigation of a large population. Mainly the interview was used for head teachers and a few teachers to gather information especially on performance and interventions put in place to curb HIV/AIDs. The researcher used descriptive data analysis technique which includes mean, frequencies, standard deviations and percentages. The researcher used SPSS to be able to come up with comprehensive data. The researchers concluded from the above-mentioned research that the motivation certainly has an important impact on employee productivity and the impact of the questionnaire submitted by the respondents. The results in the study presents the tangible sorting of how effects of HIV/AIDs stigma related issues in question are responsible for learners self-esteem and their overall schools' performance in general. The study recommends that 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. Teachers also need to build a supportive organizational culture through training courses for efficient use of support services, communication and education programs in schools.

**Key Words: Stigma, HIV/AIDs, discrimination, self-esteem, socialization**

## **INTRODUCTION**

The Human Immunodeficiency Virus (HIV), one of the most serious pandemics worldwide, evolves eventually to acquired immune deficiency syndrome (AIDS). Every day doctors and scientists try to discover an HIV/AIDS treatment. The consequences on economic development, education and farming have been severely felt by countries and devastating impacts of the influence of HIV/AIDS. For example, learning has been negatively affecting children in the school sector, particularly when they are sick or impacted. In other cases, fail to children 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 (Huber & Gillaspay 2013) and led government officials to claim its status as a national calamity (World Vision, 2000).

United Nation (2014) found out there were approximately 35 million people living with HIV/AIDS by the end of 2013, with HIV/AIDS incidence of 2.1 million HIV infections in 2013 and about 1.5 million deaths cause by HIV in the world. As noted by United Nation, new HIV infections continued to exceed the AIDS related deaths. It was estimated that in 2012 there were 1.6 million new infections with about 1.2 million HIV/AIDS related deaths in sub-Saharan Africa. Sub-Saharan Africa holds the greatest burden of this epidemic throughout the world with 71 per cent compared to worldwide. Though there has been a decline in number of HIV related deaths, Sub-Saharan Africa account for 70 per cent of HIV related deaths worldwide. According to the report, more than 90 per cent of the children who acquired HIV infection in 2011 habits in sub-Saharan Africa (UNAIDS, 2012). Kiambu Sub County is one of the most vulnerable children's regions in Kenya even though it's one of the richest districts with a lot of food products like coffee and pyrethrum, tea and flowers. Dairy farming, in view of the cold environment Mbugua et al., is also a component of the vast agricultural in the county (2012). Economic empowerment in the 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 in squatters. They do not supply themselves and their children with the fundamental necessities that make them highly vulnerable. Many parents have worked on commercial sex, resulting to 75% of these workers living with HIV in an effort to satisfy basic necessities (UNAIDS, 2010). Children were also coerced into commercial sex work or child labor by poverty and desperation to put food at the table. These youngsters are stigmatized by both instructors and pupils when they attend school. In accordance with the Education and Science Organization of the United Nations (2007), such youngsters do not answer questions properly according to their observations in schoolwork, while others do not play since their buddy and even teachers discriminate against them (Ugunja, 2006).

Children affected or infected by HIV/AIDS usually have decreased social functioning when compared with other pupils. The deterioration in social functioning or relationships means

that the child's management of HIV/AIDS is increasingly challenging. A person also has burnout when coping with long-term chronic conditions. A patient might feel depressed and alone with burnout. She is irritated by the drug regime and the continual need to maintain adherence by above 95%. Families sometimes criticize or blame their children for routinely taking medicines that mentally wear down their patients over time.

In Gilbert's (2001) report, children from HIV/AIDS-affected families are often exposed to major psychosocial risk factors like lack of family support, which lead to the emergence of child-headed families, as a result of the HIV/AIDS pandemic, reflecting the extended family's incapacity for childcare and protection. Most of these students who care for themselves and their sisters struggle to satisfy their fundamental requirements (Kaseke and Gumbo). In such families, their lifestyles include social contact, isolation, substance misuse, inadequate housing, poverty and prejudice (Dane and Levine, 1994). Strachan (2000), research discovered that once any child is infected or affected by HIV/AIDS, they tend to become vulnerable and therefore swallow themselves back to self-pity, self-doubt and inadequate self-confidence.

Research done by Cawyer and Smith Dupre' (1995), indicates that families living with HIV/AIDS usually face hostility and ostracism rather than support.

### **Statement of the Problem**

HIV/AIDS have globally affected the economic growth, human development and academic performances since 1984 when the first case was discovered. Researches have been done to investigate the effect of HIV/AIDS on economic performance. Regan and Rhodes (2013) in a case analysis done in India discovered that HIV/AIDS had a great influence on service delivery and performance among pupils in schools. Children affected or infected with HIV/AIDS present a wide range of conditions which mainly requires intensive intervention. According to UNICEF (2004) Education and support are the most effective ways to assist children with HIV/AIDS to survive into the HIV related stigma issues such as discrimination, denial of services and social isolation. Through education, Children learn to take charge and take care of those affected and fight stigmatization.

Brown and Sittitrai (2006) performed study in Thailand and discovered that a few infections had led to the growth of HIV and AIDS pandemic in Thailand. UNAIDS (2006) said that it is difficult for a large number of orphans to deal with the stigma facing them and confront schooling. Children with deceased parents in Thailand finds 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, 470,000 infants were lost to HIV and AIDS in Brazil as a result of a 23 percent rise since 1995, according to Beck's (2005) report on the Eternal Prospective Ministries website. The data showed that majority of the youngsters take the parental duties at the price of their school work and that their academic performance is discriminated against and lost in self-esteem.

According to the study conducted in Zimbabwe by Mr. Chapeta Constantino and Mrs. Emily Ganga (2013), showed that when children lose their parents they tend to have inadequate security towards their future which includes education and isolate themselves from others as the lack trust in other people. HIV and AIDS lead children to educational difficulties, as parental duties for children's heads are highly burdened. Furthermore, their lack of resources worsened their bad performance. Due to resiliency, however, some families led by children have been shown to be quite defiant and functional.

Research by Buomore and Danielle (2007) 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 trustful and are socially isolated. In the same vein, Basaza and Kaija (2002) confirm that up to 12% of fatalities are caused by HIV and AIDS in Uganda. Consequently, 46% of the total orphans die each year from 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 on their schooling in Uganda and throughout the world.

In Kenya research was done in Kijabe Mission Center by Gicharu Pauline to investigate the influence of HIV/AIDs on the academy of pre-primary children (2013). The study shows that children living with HIV/AIDs face obstacles 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.

Some students feel sick in a classroom, which means they cannot engage completely in the primary school education process. In addition, both instructors and colleagues are obviously prevalent in their victimization and stigmatization of sick and affected people. As a result, children are more morbid, absenteeism and low performance have resulted in a disaster in elementary education. No study has yet concentrated in all studies on the effect of HIV-related stigmatism on the self-evaluation of children in the Kiambu County public primary schools that affected the study's researchers.

### **Objectives of the study**

- 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/socialization on self-esteem among 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 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.

## **Theoretical review**

### **Psychosocial theory**

Donald et al. (1997:156) defines psycho-social as: in constant interaction between the individual psychological features and the social milieu. ” This connection has resulted in a societal framework that influenced the way children develop, including socio-economic situations, lifestyles and cultural traditions. 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 help to the knowledge by the researchers of each person with regard to its social setting. The eco-systemic viewpoint and the constructive perspective help to the knowledge by the researchers 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 (Donald et al., 1997:34 and 47).

As a consequence of interplay between individual (psycho) wants and skills, and society (social) expectation and demand, psychosocial theory reflects development (Newman and Newman, 1995:39). Boy and Pine (1998: 1) says that psychosocial is a word used for behaviours, which either have an original or a result in society. A fundamental mechanism for growth is the crucial relationship between the individual and the world (Newman and Newman, 1995: 38). Each civilization fosters parental patterns, creates special educational possibilities and transmits ideals, beliefs, and attitudes, including sexuality, intimacy, and labor, to preserve and safeguard its cultures (Newman and Newman, 1995: 39).

In the training of children for entrance into society the family and according to some cultures the nuclear family plays an essential role. Newman and Newman (1995:39) view the family as an essential agency as parents love their children, and the environment of forgiveness and tolerance is embodied in that love without qualifying them. The loving experience safeguards kids from fear of refusal if they fail. You feel at home in the family, comfortable and secure and you can be yourself. This means that parents who are main nurses and their children have a particularly special bond. Parents are their children and their parents are their children, which is a pupil.

When the family is called a unit, it means that the family consists of a group of persons who are connected and live under the same roof. Intimacy, attachment, loving care, warmth, understanding, good humor, contentment, security and happiness are among the features of the family's reciprocal interactions and relations. Although it is not on the same level of intimate relationship as nuclear families, Liebenman and Fisher (1995: 101) suggest that this unit may also become an extended family, reach joint aims and be shared in efforts to accomplish common goals within its limits. The active educational impact of the healthy

family is defined by the deep affective interaction between parents and children and by the socially oriented objective of preparing the kid for maturity (Du Toit, 2000:14).

Families were constantly integrated in family, neighbor and friend networks. These members of the network definitely affected children's education, sometimes directly and often indirectly. The social network is defined as all the individuals you connect with socially (Naug, 2000: 53). According to Naug (2000: 53), social interactions can be employed just for today important individuals with whom you have social interactions in a more confined way. The individual's ecology, in particular as regards social support, might also be taken into account. The Naug (2000:53) describes social support as the "intimate psychosocial network," a sub-set of a broader personal social network. During infantile times, social support is vital and relies on others, as well as when children become self-esteem in different contexts, for example families, schools and peer groups. Social support is important. The impact of the difficult transition in the life of parents and children can be alleviated by social assistance for families (which are degraded or otherwise weakened by prolonged poverty and social hardship). In addition Social support also gives parents the possibility to trade important knowledge, commodities and services interpersonal acceptance (Naug, 2000: 54).

The extended family was in the African setting a traditional social security system and its members are in charge of protecting the weak, of caring for the impoverished and sick, of transmitting conventional social values and education. In recent years, societal changes have taken place and undermined the extended family such as migrant labor, the cash economy, demographic changes, formal education and westernization. Therefore the problem produced by HIV AIDS cannot be seen as a social structure any more (Foster, Makufa, Drew and Kralov, 1997:155). Social values are probably learned throughout schools and during the interactions of children with their peers rather than through conventional processes in current African culture in the absence of traditional home education. This reduces elderly people's capacity to dominate younger generation in social ways (Foster et al., 1997:155).

The psychosocial theory is based on a collection of abilities and skills, which contribute to an increase on environmental mastery and to define what is good and normal development at every age in a given culture. Newman and Newman (1995:45) and Bornholt (2000:416) report He said, "Human growth is a process in which people try to learn from society to which they are adapted the work they are required. While development stresses society's leading role in identifying the skills that must be learned at a given age, its function in physical maturation is not entirely ignored (Newman and Newman, 1995:45).

### **Maslow's Hierarchy of Needs**

This is a theory done by Abraham Maslow in his 1943 paper "a theory of human motivation". He explained this in a diagrammatic pyramid presentation with the base having the more basic needs. He presented them in fives levels. Starting from physiological, safety, social, esteem and lastly self-actualization.

*Figure 1 Maslow's Hierarchy of Needs*



**Physiological Needs:** The most fundamental necessities in this category are water, air, nutrition, shelter, warmth and sleep. According to Maslow, these wants are the most instinctive, since unless these needs are fulfilled, all others become secondary.

**Safety and Security Needs:** All of these requirements aim to protect individuals from danger. It includes housing, safety at work, health and even safe conditions. Pupils will seek to attain and satisfy these needs before moving to the next level, but they are not as important as the physiological needs.

**Social Needs:** These include love wants, belonging, affection, and even family, friends and even companion. This needs are met by being in a fulfilling relationship that would imply acceptance where there need for love and belonging can be met.

**Esteem Needs:** These needs 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.

**Self-Actualizing Needs:** It is the Maslows' highest level, it comprises personal potential realization, self-fulfilment, talent pursuit, personal expansion, top experience and creativity. It concerns what is the complete potential of a person and understanding that "what a man may be, he ought to be" potential.

According to Maslow's (1943) theory, love and security as well as bodily requirements comprise only a few things that children with HIV/AIDS seldom get, making their school life exceedingly challenging. When kids don't have physical requirements like food, clothes, housing or supplies, especially if their parents die or are unable of providing them, their academic performance is immediately affected. The idea of Maslow as stated by Cianci Gabriel (2003) states that the most fundamental needs must be fulfilled before the person wants or focuses heavily on motivation as the highest or secondary needs. This definitely



reinforces the idea that kids are very difficult to focus on their schoolwork if they don't have the most basic necessities such as nourishment.

Kenrick, Griskvicius, Neuberg and Schaller (2010) say that the physiological requirements are the most essential of all. Youngsters who lack food, affection, appreciation or safety as in children with HIV/AIDs are therefore considered food as the highest necessity. Maslow also points out that children's safety needs take precedence and dominate behavior since they are generally fulfilled with their physiological requirements. In the absence of physical protection because of parents, for example, HIV and AIDS, children suffer from post-traumatic stress disorders and transgenera for the majority of orphaned and vulnerable children with HIV/AIDS

## **RESERCH METHODOLOGY**

### **Research Design**

This study used a descriptive research design and an explanatory research using a survey design and cross-sectional survey design. These two research designs were combined to enable the researcher overcome the limitations of one research design because according to Sakaran and Bougie (2009) there is no single perfect design. The descriptive design was used to ensure a balanced description of variables in a way that allows the use of a cross-sectional survey strategy to overcome the limitations that (Sekaren and Bougie, 2009) indicated as likely to occur when only one research design is used. The explanatory research design looks for explanations of any existing relationships between variables in a way that cause-effect relationship between variables (Saunders, Lewis and Thornhill, 2009). The cross-sectional design is used to collect quantitative data from a sizeable population in an economical way by the use of a representative sample size.

### **Population and Sampling Design**

Cooper and Schilndler (2006) define population as the whole set of persons or entities that are needed to provide information. Public school children in the seven and eight classes in the County of Kiambu, totaling 2,000, represent the population of interest.

In order to pick the needed samples from the target population of 2000 pupilles from class seven and eight strata, a layered random sampling approach was utilized. For the calculation f sample size, the sample size (Yamane, 1967) was applied with a 95 percent confidence level. The formula is;  $n = \frac{N}{[1 + N(e^2)]}$

$$n = \frac{N}{[1 + N(e^2)]}$$

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 sample size was 333 students, based on the Yamane formula with 95% confidence, which represents 16.65% of the whole target population.

### **Data Collection Methods**

A survey approach for collecting primary data has been used. Balnaves and Caputi (2001) define an inquiry as a technique through which individuals acquire information on who they are, how they think and what they do (behavior). The respondents in the survey were questioned using a standardized process for comparing and statistically analysing the replies (Corbetta, 2003).

The most successful approach to survey data gathering tools were questionnaires. Questionnaires. Standardized questionnaires were used to examine a wide-ranging population. This technique has the benefit of being able to collect data from a restricted set of variables or an infinite number of variables.

Answers to the open-ended questions were anticipated from the responders. If the questions are closed, the answers are more consistent and easier to process than the open answers (Babbie, 2008). The survey was divided into parts. The first portion addressed questions about the broad information answered. The second portion identified the impact on self-esteem of HIV-related stigma. The third section determined the extent to which Stigmatization and self-esteem influence the overall pupils' performance. The fourth section examined the strategies and interventions put in the public schools to curb the effects of HIV/AIDs. A five-point Likert-type scale and rankings was used (ranging from strongly agree to strongly disagree) to reflect the appropriate levels of measurement necessary for statistical analysis.

Mainly the interview was used for head teachers and a few teachers to gather information especially on performance and interventions put in place to curb HIV/AIDs.

Data collection procedures started by the researcher writing a letter of introduction. The researcher further approached the Education Offices in Kiambu to seek for permission to conduct research among the targeted respondents with a sample of the questionnaires and the interview questions. Through the assistance of the County Education Officers and head teachers, in charge of respective schools, the researcher was able to distribute the questionnaires to the respondents and also conduct the interviews within a span of five weeks. The distributed questionnaires were collected back through the Head teacher's offices.

### **Validity**

In order to test whether the questionnaires and the interview question fitted the targeted population and that they would be able to give the accurate information needed without any

confusion, a pilot test of eight respondents was carried out. In addition, the researcher opted to look for an expert opinion to test the criterion and content validity. To make the variable turnover intentions more promising and reliable, the experts recommended the use of more multiple choice questionnaires. The interview questions were endorsed by both the Officer in charge of Education in Kiambu County and the head-teachers. The validation and positive comments assisted in improving the validity of the research.

## **Reliability**

Reliability is how steady and reliable a data gathering technique generates. Reliability guarantees that, each time it comes under the same situation with the same theme, Orodho evaluates the consistence of the research measurement or the extent to the questionnaire is measured as an instrument (2005). If a study conclusion is similar in the same test repeatedly provided, a measure is deemed trustworthy. The accuracy of data collection is guaranteed by dependability. When you obtain the same results again and over, no matter how many times you do a search, the data collected shows that we are dependable. In terms of test reliability, the stability of the questions was examined. These were given to the same set of interviewees twice. After a week, the second administration was performed to see whether the same outcomes are achieved. It came to realization of the researcher that there was no much discrepancy in the responses and hence the data was considered to be reliable.

## **Data Analysis**

The researcher used descriptive data analysis technique which includes mean, frequencies, standard deviations and percentages. 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 come up with comprehensive data.

## **RESEARCH FINDINGS**

### **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, where 1 was very disagreeable, 2 disagreed, 3 was neutral, 4 agreed and 5 strongly agreed. The variable in the following table was calculated for the mean (M) and standard deviation (SD).

*Table 1 Effects of discrimination on self-esteem among pupils*

<b>Effects of discrimination on self-esteem</b>	<b>Mean</b>	<b>SD</b>
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	2.07	1.208
HIV/AIDS pupils barred from other activities and group work	2.32	1.272

HIV/AIDS-infected children are attacked physically by other pupils	2.86	1.250
<b>Aggregate total</b>	<b>2.56</b>	<b>1.286</b>

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 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 1.272 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.

### **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. Below were the findings

*Table 2 Effects of denial of service/socialization on self-esteem of pupils*

<b>Effects of denial of service/socialization on self-esteem</b>	<b>Mean</b>	<b>SD</b>
Schools with HIV/AIDS impacted or afflicted issues are often solved at a slower pace than the rest of the student body.	2.32	1.272
Pupils with HIV/AIDS impacted or infected desire more self-respect	3.09	1.476
In contrast with other students, even performance is surely decreased for pupils with or with HIV/AIDS.	2.86	1.250
Pupils with HIV/AIDS feel they are worth a person, at least on an equal footing with others	3.02	1.248
HIV/AIDS-affected or infected children have similar opportunities for social-calicular 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
<b>Aggregate Scores</b>	<b>2.75</b>	<b>1.279</b>

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 2.75 and a standard deviation of 1.279 which shows a slight variance in the responses. It's a common feeling among the respondents that pupils affected or infected with HIV/AIDS wish for more respect among them and they feel like a person of worth, at least on equal plane with 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 1.476 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 of 2.68 and a standard deviation of 1.216.

### **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. Below are the findings.

*Table 3 Effects of isolation on self-esteem among pupils*

<b>Effects of isolation on self-esteem</b>	<b>Mean</b>	<b>Std.</b>
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	3.07	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
<b>Aggregate Scores</b>	<b>2.33</b>	<b>1.34</b>

As the table above depicts, the researcher 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 3.07 and further supported by a standard deviation of 1.453. 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 of 2.33 and a standard deviation of 1.34 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 dread associated with social activities, spend large amounts of time alone or with extremely limited contact with others. 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 of 1.82 and a standard deviation of 1.244.

### **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 below

*Table 4 Interventions in place*

<b>Interventions in place</b>	<b>Mean</b>	<b>Std.</b>
Government with NGOs to offer resources for learning	3.98	1.303

Teachers ensure that the learning environment is favorable for students	4.27	.973
Often, we (students) engage with each other, regardless of the circumstances of the other pupils.	4.48	.927
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
<b>Aggregate Scores</b>	<b>4.22</b>	<b>1.050</b>

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. The interventions included government in partnership with NGOs to provide learning resources, teachers ensuring that the pupils have a conducive learning 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, 4.27, 4.48, 4.43 and 3.95 respectively. There was very minimal discrepancy in the responses as supported by standard deviations of 1.303, 0.973, 0.927, 0.846 and 1.200 respectively.

### **Qualitative Data Analysis**

*Table 5 Qualitative Data Analysis*

<b>Factor</b>	<b>Explanation</b>
Other Interventions put in place by school.	Most of the respondents said that the schools and teachers have made it their habit to make the affected and the infected pupils feel loved and care for. This is done through sharing of resources, playing together, providing them with basic needs such as foodstuffs, ensuring that the learning environment is conducive to all the pupils and offering them guidance and counseling whenever they feel low. Also other respondents indicated that the schools have ensured that all the pupils are educated on how to take measures and how to conduct themselves in case they happen to be among the list of the infected or affected pupils in the public schools.
HIV related stigma issues facing pupils in public primary schools in Kiambu county	A lot of the responses received indicated that the pupils affected or infected with HIV/AIDs tend lack anger taming and management as they feel disconnected and isolated from the society. This results to them recording the highest rate of absenteeism

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Self-esteem Effects of pupils affected or infected with HIV/AIDs	Most of the respondents said that the highest number of school drop-outs and early marriages is recorded by pupils affected or infected with HIV/AIDs. In addition, most of them tend to have poor academic performance. However, some of the affected or affected pupils tend convert the negative notion about HIV/AIDs to build self-positivity.
Social isolation psychosocial effects of pupils affected or infected with HIV/AIDs	According to the responses, the pupils affected with HIV/AIDs become bullies, abusers and they end up in a lot of fights with other pupils. They also get involved a lot in criminal activities due to social withdrawal.
Do pupils affected or infected get very angry and often lose their temper	Most of the respondents said that pupils affected or infected get very angry and often lose their temper especially when provoked by others, when they feel that they are being discriminated due to their status or when they fail to blend in with others. Also poor performance was seen to be an ignition of their anger.
Other psychosocial problems that affect pupils in their daily life as infected or affected pupils	Most of the responses received indicated that some of the other psychosocial problems that affect pupils in their daily life as infected or affected pupils included; Poverty, Early pregnancies and marriages, drug abuse, prostitution, truancy from school, school drop-outs and indulgence in criminal activities.

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## **Conclusion**

The researchers concluded from the above-mentioned research that the motivation certainly has an important impact on employee productivity and the impact of the questionnaire submitted by the respondents. The analysis showed that the student's will to be productive and attain academic goals while increasing their self-appreciation is the element taken into account during the study. The results in the study presents the tangible sorting of how effects of HIV/AIDs stigma related issues in question are responsible for learners self-esteem and their overall schools' performance in general.

From what the researcher found, it is can easily be stated that the connection between effects of HIV/AIDs stigma related issues and self-esteem is quite clear, that when pupils affected or infected with HIV/AIDs get some support in terms of boosting their self-esteem, counseling, inclusion instead of isolation, it is bound to ameliorate their typical standard of performance.

## **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.

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.

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.

At the National Government level, the teachers union, both KNUT and KUPPET management can lobby 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 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.

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