

**PSYCHOSOCIAL PROBLEMS AND THEIR IMPACT ON THE
ACADEMIC ACHIEVEMENT OF ORPHANS IN SELECTED PRIMARY
SCHOOLS IN NAIROBI.**

BY

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DECLARATION

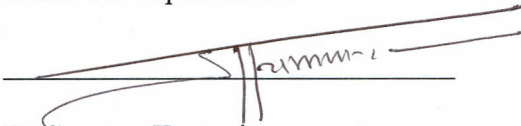
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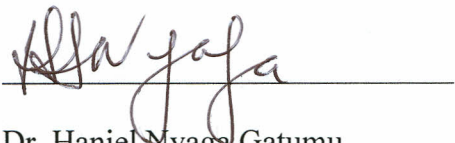


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DEDICATION

This thesis is dedicated to my dear husband Ejidio Kimani in response to his support and encouragement in my education and to our children, Starlight and Collins. With love always.

ACKNOWLEDGEMENT.

I wish to acknowledge my sincere appreciation to my supervisors, Dr. Tumuti and Dr. Gatumu, for their tireless supervision, advice and guidance, which facilitated the timely completion of my thesis. I am grateful to be associated with them.

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ABSTRACT

The purpose of the study was to investigate the psychosocial problems of orphans and their impact on the academic achievement. The population of study consisted of selected primary schools pupils from the informal settlements of Nairobi. The sample of the study was drawn from five primary schools. There were 84 orphans (40 boys, 44 girls) and 120 non-orphans (60 boys, 60 girls). It also comprised 10 teachers.

Three instruments were used to collect data, checklist for classification of psychosocial problems of school aged children; behavior rating scale and degree of incapacitation scale adopted from Orval (1976) and revised. A pilot study was conducted in order to validate the research instruments. Purposive sampling was done to select the 84-orphans learners. Simple random sampling was done to select 120 non-orphans learners. Ten class teachers were purposively sampled. Administration of the instruments to the subjects was done by the researcher with assistance of class teachers.

Data was analyzed using SPSS computer package. Descriptive and inferential statistics were used for data analysis. Specifically Pearsons product moment correlation coefficients were used to test for significant correlations and t-tests were calculated in order to investigate significant differences between and among the variables of interest.

The major finding of this study was that the psychosocial problems of orphans affected their academic achievement. The orphans had more psychosocial problems than non-orphans. Orphans were also found to be having low scores in academic achievement. There existed a significant negative relationship between psychosocial problems and academic achievement ($r = -0.163^*$ at $p < 0.05$)

Implications of these findings were presented as well as recommendations on both intervention measures that could be employed and further research.

Recommendations were that the school should enhance the guidance and counseling department to help orphans have a healthy grief resolution. Teachers should also give remedial or extra instructions to the pupils with poor academic achievement to assist them attain their full cognitive abilities.

List of Abbreviations

HIV/AIDS: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome.

ICASA : International Conference on AIDS and STI's in Africa,

NCC : Nairobi City Council

UNAIDS : United Nations Joint Programmed on HIV/AIDS.

UNICEF : United Nations Children's Education Fund

TABLE OF CONTENTS

	Page
Title Page.....	i
Declaration.....	ii
Dedication.....	iii
Acknowledgment.....	iv
Abstract	v
List of Abbreviations.....	vi
Table of contents.....	vii
List of Tables.....	xi

CHAPTER ONE: INTRODUCTION

1.1	Background to the Study.....	1
1.2	Statement of the Problem.....	4
1.3	Purpose of the Study.....	6
1.4	Objectives of the Study.....	6
1.5	Research Questions	7
1.6	Research Hypotheses.....	7
1.7	Significance of the Study	8
1.8	Scope and Limitation of the Study.....	9
1.9	Assumptions of the Study.....	10
1.10	Theoretical Framework.....	10
1.10.1	Psychoanalytic Theory.....	10

1.10.2	Attachment Theory.....	11
1.10.3	Maslow's Theory.....	12
1.11	Definition of Terms	13

CHAPTER TWO: LITERATURE REVIEW

2.0	Introduction.....	15
2.1	Childhood Bereavement.....	15
2.2	Psychosocial Problems of Parental Loss.....	17
2.2.1	Age and Psychosocial Problems.....	22
2.2.2	Gender and Psychosocial Problems.....	25
2.2.3	Quality of Preexisting Relationship between Children and Deceased.....	26
2.2.4	Quality of Child's Support System.....	26
2.3	Psychosocial Problems and Academic Achievement.....	28
2.4	Intervention in the Classroom.....	32
2.5	Summary of Literature Review.....	36

CHAPTER THREE: METHODOLOGY

3.0	Introduction.....	40
3.1	Research Design.....	40
3.2	Research Variables.....	41
3.3	Population.....	41
3.4	Sample and Sampling Technique.....	41

3.4.1	Sample Size.....	42
3.5	Instrumentation.....	43
3.5.1	Pupils' Questionnaire.....	43
3.5.2	Teachers' Questionnaire.....	43
3.5.3	Measure of Academic Achievement.....	44
3.6	Piloting.....	45
3.6.1	Reliability.....	45
3.6.2	Validity.....	45
3.7	Data Collection.....	46
3.8	Data Analysis.....	46
3.9	Logistical and Ethical Considerations.....	48

CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSION

4.0	Introduction.....	49
4.1	Descriptive Statistics of Research Variables.....	49
4.2	Statistical Analysis.....	51
4.2.1	Psychosocial Problems of Orphans & Non-Orphans.....	52
4.2.2	Relationship between Age and Psychosocial Problems of Orphans.....	55
4.2.3	Sex Differences in Psychosocial Problems of Orphans.....	56
4.3	Learners Academic Achievement.....	57
4.3.1	Differences in Academic Achievement of Orphans and Non-orphans.....	58
4.3.2	Gender Differences in Academic Achievement.....	60

4.4	Psychosocial Problems and Academic Achievement of Orphans.....	62
4.5	Teachers ability to Recognize & Respond to Orphans Psychosocial Problems.....	64

CHAPTER FIVE: SUMMARY OF FINDINGS AND RECOMMENDATION

5.0	Introduction.....	70
5.1	Psychosocial Problems	70
5.2	Academic Achievement.....	71
5.3	Psychosocial problems and Academic Achievement.....	72
5.4	Implications of the Findings.....	72
5.5	Conclusion.....	73
5.6	Recommendations.....	73
5.7	Recommendations for Further Research.....	74

REFERENCES.....	75
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APPENDICES.....	81
------------------------	-----------

Appendix A: Pupils Questionnaire.....	81
---------------------------------------	----

Appendix B: Teachers Questionnaire.....	84
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LIST OF TABLES

		Page
Table 3.1	Sample Size.....	42
Table 4.1	Sample size of Pupils.....	50
Table 4.2	Frequencies and Percentages of Students Age.....	50
Table 4.3	Percentages of Frequencies of Psychosocial Problems.....	51
Table 4.4	Frequencies, Mean and Standard Deviation of Psychosocial Problems.....	53
Table 4.5	t-test for Psychosocial Problems of Orphans and Non-orphans....	54
Table 4.6	Correlations Coefficients for Psychosocial Problems and Age....	56
Table 4.7	Sex differences in Psychosocial Problems of Orphans.....	57
Table 4.8	Mean of Results of Academic Achievement of two terms.....	60
Table 4.9	t-test for Academic Achievement of Orphans.....	60
Table 4.10	Percentages in Academic Achievement.....	61
Table 4.11	Sex differences in Academic Achievement of Orphans.....	62
Table 4.12	Analysis of Correlations of Coefficient for Psychosocial Problems and Academic Achievement of Orphans.....	63
Table 4.13	Analysis of Behaviour Inventory.....	64
Table 4.14	Analysis of Degree of Incapacitation Scale.....	67

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Children are routinely confronted by death in their day to day lives. Nevertheless, one of the most stressful life events faced by children is death of a loved family member, especially the parents.

Wars, famine, natural disasters and diseases have long threatened health and lives of human beings. Civil wars and conflicts are major causes of Africa's orphans. Currently as many as sixteen countries are engaged in civil wars, in border conflicts or are in post conflict situations (Subbarao, Maltimore and Plangemann, 2001). In these countries, millions of children are displaced when their parents go to war. Other children are orphaned when their parents are killed. Mozambique experienced its first orphan crisis during the sixteen years of civil war where 200,000 children either were orphaned or displaced, (Subbarao et al, 2001).

Today the world is confronted with a spectre of mass health degeneration and rapid multiple deaths in families on a large scale due to the HIV/AIDS pandemic. In contrast to other epidemics and diseases in the world like malaria and polio, which hit the elderly and the very young the hardest, HIV/AIDS mainly claims young adults of between 20-40 years (UNAIDS, 2003). The wholesale death of young adults is creating millions of orphans. According to WHO (2003), 13.2

million children younger than 15 years of age have lost both parents. About 40 million children worldwide are expected to be orphaned by 2010 (UNAIDS, 2003).

According to UNICEF (2004), Kenyan's orphan population has spiraled to alarming levels hitting the 1.7 million mark in a matter of the past two decades. The number of orphans in 1990 were 1.3 million, in 1995 they were 1.3 million, in 2001 they were 1.6 million, in 2004 they were 1.7 million. This figure is projected to rise to over 2.2 million by 2010. This increase in the number of orphans has hit both the urban and rural environments. According to Government of Kenya Report (2003), the number of orphans' cases in Nairobi was 209,396, Mombasa 104,743, and Kisumu 75,971 by 2003. The number of orphans in Nairobi is projected to rise to 222,368 by the year 2008.

The care for the orphans is thus wanting. The crisis is unprecedented and demands an unprecedented response that will be sustained over the next 20 to 30 years. Without adequate collective action, the burden of orphans is likely to diminish development prospects. It will reduce school enrolment, increase social inequity and instability. It will also push up the rising number of children on to the streets.

In most African societies when parents with young children died or were otherwise unable to take care of their children, the extended family took over. If the family

was not able to take the responsibility, the whole village became the extended family. Unfortunately, serious strains on the traditional coping mechanisms are now evident. Overstretched and overwhelmed, these families face greater burdens as the number of orphans continues to spiral upward. In most communities, the traditional system of adoption has broken down. Many adults are dying that, few surviving relatives are unable to bear the burden of caring for the rising numbers of young children who have been orphaned.

With the gradual breakdown of extended families in many African countries, the escalation of poverty and the sheer numbers of children now orphaned, orphanhood is taking a new dimension. Consequently, children headed households are emerging for the first time on a large scale. Many countries are also seeing growing proportions of families headed by elderly persons (UNICEF, 2004). These households are already generally poorer and progressively less able to adequately provide for the orphaned children (UNICEF, 2003).

As the scenario unfolds, society has to wake up to the challenges the orphans face. They are often uprooted from familiar environments to hostile places. These orphans regardless of the cause that made them orphans face high rates of psychosocial problems. They drop out of school to become wage earners and care providers. They lose access to economic resources and inheritance assets. The orphans have diminished access to basic needs including nutrition, shelter,

healthcare, and clothing. The orphans also face increased vulnerability to exploitation, violence, abandonment and abuse (UNICEF, 2004)

After the death of their parents, the orphans experience the loss of parental emotional attention and loss of physical and social security. They feel the hollowness of life and subsequent loneliness compounded by immense grief over the loss of love and nurturing the parents give (Slifes, 1996). These orphans are under tremendous stress. According to Murphy and Kupshik (1992), this stressful experience makes the person experiencing them vulnerable to different types of psychological problems like anxiety and depression. Caplan and Douglas (1969) also suggest that children who experience the death of a parent are believed to be at a higher risk for emotional and behavior disorders particularly depression. These disorders can interfere with their daily functioning in and out of school.

Academic potential can also be curtailed because of debilitating feelings of anger, fear, anxiety and hurt. According to Adelman and Taylor (1998), emotional difficulties can compromise children's ability to learn. They estimate that early onset of psychiatric disorders, for instance, anxiety disorders lead to truncated educational attainment in about 7.2 million Americans.

1.2 Statement of the Problem

There are numerous orphans in Kenyan's institutions of learning because of the

HIV/AIDS pandemic. These children are faced with numerous problems that curtail the full realization of their academic potentials. Research conducted on children who are orphans by Osterwis, Solomon and Green (1984) show that they exhibit emotional difficulties, behavior and social problems. These psychosocial problems make it difficult for realization of their academic potentials. They act as 'barriers' to learning and attainment of the orphans' full academic potentials (Adelman and Taylor, 1998).

It is therefore, necessary to address these problems adequately so that the orphans' academic potentials are not inhibited. The problem of the orphans needs to be studied so that appropriate interventions could be made to help the orphans cope with their challenges. Most local studies have only looked at the psychosocial problems of orphans but have not studied their effects on the orphans' academic achievement. What is known about the relationship between the psychosocial problems of orphans and their academic achievement come mostly from observations made outside Kenya.

Therefore, it was the interest of the researcher to identify the psychosocial problems faced by the orphans. Through empirical investigation, the researcher established the extent to which these psychosocial problems affected their academic achievement. The researcher's interest was also to come up with appropriate intervention strategies that would help orphans cope with their

challenges.

1.3 Purpose of Study

The main purpose of the study was to identify the psychosocial problems of the orphans and assess their impact on the academic achievement. This aimed at helping the researcher develop interventions that were appropriate to the needs of the population of the study.

1.4 Objectives of the Study

The following objectives were formulated for the study,

1. To identify the psychosocial problems of orphans.
2. To establish if there was any difference between orphans and non-orphans in their psychosocial problems.
3. To analyze the academic achievement of the orphans and non-orphans.
4. To identify if there was any difference between orphans and non-orphans in their academic achievement.
5. To establish if there was any relationship between the psychosocial problems and academic achievement of orphans.
6. To establish if there was any relationship between age and psychosocial problems of orphans.
7. To investigate gender differences in psychosocial problems of orphans.
8. To investigate gender differences in academic achievement of orphans.

9. To find out if teachers had skills to recognize and to respond to the psychosocial problems of orphans.

1.5 Research Questions

The study aimed at answering the following research questions,

1. What are the psychosocial problems of orphans?
2. Are there differences between the orphans and non-orphans in their psychosocial problems?
3. Are there differences between the orphans and non-orphans in their academic achievement?
4. Is there a relationship between psychosocial problems and academic achievement among the orphans?
5. Is there a relationship between the orphans' age and their psychosocial problems?
6. Are there differences between the orphan boys and girls in their psychosocial problems?
7. Are there sex differences in academic achievement of orphans?
8. Do teachers have skills to recognize and to respond to the orphans' psychosocial problems?

1.6 Research Hypotheses

The following null hypotheses were forwarded,

H01: There are no differences between orphans and non-orphans in their psychosocial problems.

H02: There are no differences between the orphans and non-orphans in their academic achievement.

H03: There is no relationship between psychosocial problems and academic achievement among orphans.

H04: There is no relationship between orphans' ages and their psychosocial problems.

H05: There are no sex differences in psychosocial problems of orphans.

H06: There are no sex differences in academic achievement of orphans.

1.7 Significance of the Study

In recognition to the importance of understanding the relationship between psychosocial problems and academic achievement, it was hoped the study would aid the teacher in the assessment of the specific barriers of learning among the orphans. This would in turn eventuate in fiscal and practical efficiency in all efforts to remove barriers that keep many orphans from achieving their full cognitive abilities. Teachers could be trained to identify signs of distress among the orphans and take appropriate actions.

The study was necessary to provide informed advice to the society, Non-Governmental Organizations and other professionals whose daily work brings

them in contact with orphans on how to have community based and support activities that will guide and give psychosocial support to orphans.

It was hoped that the study would aid stakeholders address the issue of education of orphans rapidly and sufficiently with due consideration to their psychosocial problems. The study would highlight that policies designed to address the needs of orphans should be holistic. It should take into consideration all the orphans problem areas in an integrated way including their psychosocial problems.

1.8 Scope and Limitation of the Study

The study comprised the standard six and seven pupils from selected primary schools in Nairobi. The choice of Nairobi was convenient because it has the higher prevalence of orphans in Kenya. According to the Government of Kenya Report, 2003, the number of orphaned cases in Nairobi in 2003 was 209,396 and is projected to rise to 222,368 by the year 2008 in comparison to Mombasa's 104,743 and Kisumu's 75,971 orphans.

There may have been other intervening variables that could not be controlled which might have accounted for academic achievement among the orphans, for instance, Intelligent Quotient (IQ), and support systems, which the researcher tried to control using efficient sampling techniques. The study catered for orphans who had lost both parents and this contributed to the small sample of orphans thus

bringing inequalities in the sampled number of orphans and non-orphans in the study.

1.9 Assumptions of the Study

The study assumed that the schools sampled had orphans who had problems that inhibited their full academic potentials. It assumed that the samples collected for the study were representative of all primary schools in Nairobi District. It also assumed that the environment in the classroom learning was similar in all the schools selected.

1.10 Theoretical Framework

1.10.1 Psychoanalytic Theory

Freud's psychoanalytic theory works on the assumption that there has developed attachment of love in children toward those persons who are important for the satisfaction of their needs. Love is conceptualized as the attachment (cathexis) of libidinal energy to the mental representation of the loved person (the object). Freud (1957) hypothesized that with the loss of a loved one, the mourner introjects or incorporates the lost person. The mourner's anger toward the lost one continues to be directed inward.

Freud notes that the loss of a love object constitutes an excellent opportunity for the ambivalence in love-relationships to make itself and come to the fore.

According to Freud, unresolved conflicts influence feelings and emotions. He contends that if mourning is absent in normal grief, it can lead to a pathological state. Symptomatology of pathological grief is guilt, self-reproach and lowered esteem. These conditions can lead to loss of sleep, irritable behavior and neurosis (Freud, 1957).

When parents die, the child suffers loss of someone upon whom they depended and towards whom they turned for protection and support. As long as detachment does not occur, children continue to feel dependent on their parents. They will feel resentment at their demise as well as sorrow. The children will be incapable of establishing new relationships. The loss of the parents (the object) they loved causes depression, which is characterized by inhibition of the aggressive drive towards the external world and redirection of this impulse against the self-reproach. This results in feelings of unworthiness. There is often need for help in re-evaluating such a situation for solving an emotional problem and for re-orienting one's outlook on life (Mbogori, 2002).

1.10.2 Attachment Theory

Bowlby's theory of attachment grew from his work with children in which he equates the phases of protest, despair, and detachment as a sequence found in all forms of mourning. When a human infant is separated from its mother, it displays a pattern of responses characterized by protest (yearning), despair and ultimately

detachment (Bowlby, 1960). Because of their survival value, instincts such as crying, smiling, suckling, clinging, to which the mother responds, fosters mother child ties. When the mother is not available, protest behavior and separation anxiety develops. If separation continues for an extended period and if a substitute attachment figure is not available, severe physiological and psychological impairment may result. Separation anxiety, grief, and mourning are intrinsically related because they are the result of the temporary or permanent loss of the mother figure.

Bowlby (1960) states that protest, an angry demand for the person's return, and reproach for deserting, are part of the bereaved response to loss. This is especially in sudden losses in a similar fashion to that of an infant. Liability of feelings, separation anxiety and grief are the unavoidable risks of attachment to a loved object. Bowlby and Parkes (1970) noted that, continuous emotional deprivation of a child due to any reasons for instance death of parent or parents may change a child's character and develop abnormal behavior later in life.

1.10.3 Maslows Theory

According to Maslow (1970), developmental needs come into play in a hierarchical sequence and only when the lower needs are satisfactorily met do the higher needs come into play. In the case of orphans, the meeting of their basic needs as well as meeting their psychological needs is vital. Thwarting of belonging

and love needs is the most commonly found core in cases of maladjustment and more severe pathology. A child requires love, a stable home and consistent handling in which in their absence the child is likely to develop some degree of behavior disturbance (ibid,1970)

A major concern regarding psychological functioning following bereavement relates to negative shifts in self-concepts and self-esteem. Osterweis, Solomon, & Green (1984) observed that children often assess themselves negatively after a parent's death than before. Children who interpret a parent's death as a desertion because the parent did not love them may believe that they are unlovable, which may result in a persistent sense of low self-esteem. This may contribute to development of later emotional or behavioral problems especially if the orphaned child is neglected and feels rejected by the society.

1.11 Definitions of Terms

Orphans: In this study, it means children under the age of 18 whose both parents have died.

Psychosocial problems: These are the emotional or social disorders such as, withdrawal, anxiety, disruptive behaviour, sadness and anger.

Psychosocial support: Any input directly provided by another person or group which blunts the effects of psychological stress, thus enabling the recipients to cope better.

Academic achievement: Refers to the extent to which specified educational objectives have been acquired as measured by one's performance in academic achievement tests at school.

Informal settlements: The marginalized areas of Nairobi (the slums)

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter consists of a critical review of literature on psychosocial problems of orphans. The determinants of the psychosocial problems, which include age, sex of the child, pre-existing relationship between the child with the deceased parents and the availability to the child of a supportive human network, will be reviewed. The impact of the psychosocial problems on the orphans' academic achievement and the interventions necessary in the classroom will also be included.

2.1 Childhood Bereavement

According to Eisenberg & Patterson (1979), the loss by death of important people in a child's life may seriously affect the stability of the system on which the child is dependent for nurturing and sustenance. Unlike adults who divide their attachments among many relationships such as family and friends, the child centers virtually all his needs and feelings on his parents. After parents' death, the child's immediate need is for someone to physically replace the missing parents.

Bereavement refers to the real or symbolic loss of a significant object, particularly a loved one, for instance, parents or spouse (Izard & Carroll, 1979). Bereavement in children increases their vulnerability. Younger children are particularly given to

magical thinking assuming that thoughts, wishes and feelings can magically alter and control reality. This pattern of thinking predisposes them to increased use of magical undoing behaviors, undoing identification, illness, search behavior, inappropriate anger and guilt. Magical substitution and behavior reversal are frequently observed. The child's personal resources for realistic grieving and restitute coping are seriously limited. They need help from family members and society to cope with mourning. The children need considerable help in exchanging magical ideas of causation for a more realistic understanding of the cause of death. As the child's intellect matures, reaction to the loss is likely to alter (Eisernberg & Patterson, 1979).

In western societies, there is a widespread expectation about the developmental stages of grieving that people experience following loss. As described by Bowlby (1961), Gorer (1965) and Parkes (1996) grief typically develops in three overlapping stages as follows:

Protest and yearning stage: It consists of protest over the fact of bereavement and an intense yearning to recover the lost object. This stage of agitated grief may be accompanied by considerable psychological distress and heightened physiological arousal.

Disorganization and despair stage: Eventually, the fact of loss must be accepted

and attempts to recover the lost object abandoned. It is generally a painful and slow process. Typically, symptoms during this stage of grief are apathy and withdrawal. A wide variety of somatic complaints may be observed, including anorexia and other gastrointestinal disorders, loss of weight and sleep disturbance.

Detachment and reorganization stage: Symptoms of the preceding stage are ultimately relieved when the person becomes detached from the lost object and establishes new relations. It involves a complex process of assimilation and accommodation, in a Piagetian sense. Its successful completion requires the establishment of new cognitive structures, such as, new ways of thinking about the world and one's place within it.

Eisenberg and Patterson (1979) state that healthy grief work enables mourners to mobilize their inner resources and those of the environment to create new patterns of satisfying ties and relationships. With healthy grief, the child stands at a new beginning, enriched by fresh ties, strengthened by hard-earned knowledge of inner resilience. The child is encouraged by memories from the past that support steps into the future. On the other hand if restitute relationships are not established or incapable of equivalent satisfaction the process of mourning becomes diverted. It remains incomplete and in danger of becoming dysfunctional.

2.2 Psychosocial Problems of Parental Loss

The emotional distress of losing someone much loved can be overwhelming. The

death of parents to a child emphasizes their helplessness, lack of control they have on the events taking place in their life and their dependence on others for fulfillment of their needs. They become lonely and confused. According to Varma (1992), the loss of parents makes the child lose most of those things giving life order, continuity and purpose. Sometimes the children internalize their pain into the so called "the secret world of bereaved children". For such a child the past can become a secret world, one that is rarely mentioned. This hidden distress may have long lasting consequences. Even if they appear to be coping well on the surface, they should have an opportunity to explore their fears, anxieties and to express their feelings (Jackson, 2002).

Death of parents during childhood has been linked with a wide range of serious and enduring health consequences ranging from schizophrenia to major depression and suicide. We have immediate reactions that occur in weeks and months following death. Intermediate reactions can appear later in childhood or adolescence. The long range or 'sleeper' effects may appear in adulthood either as enduring consequences or as delayed reactions to the loss (Kliman, 1979).

Death of parents is clearly associated with increased psychological disturbances in almost all children in the weeks immediately following the deaths. The initial suffering of children in response to the parents' death is compounded by unrealistic fears and fantasies about catastrophes that the death will bring in its

wake. Children suffer pervasive sense of vulnerability because they feel that the protective and nurturing function of the family has given way. Some children especially younger children suffer with guilt over fantasized misdeeds that they feel may have contributed to the death (Jackson, 2002).

Bereaved children experience a range of emotional and behaviour reactions immediately following parental death. They may feel in turns sad, angry, betrayed, guilty, anxious and desperate. Apprehension, fear, worry and anxiety are rooted in feelings of insecurity. In their study on effects of bereavement, Black and Urbanowicz (1987) found that 92% of children in their sample showed signs of behavior disturbance. Typical reactions can include high anxiety, crying and moodiness, overdependence, separation problems, increased aggression, nightmares and other sleep disturbances. They also include fear of injury, toileting problems, loss of appetite, restlessness, lack of concentration, and learning problems (Kaffman and Elizur, 1983). Some children show signs of clinical depression (Black and Urbanowicz, 1987).

Although the initial symptoms typically decrease over 6-12 months, many children continue to evidence significant problems. Kaffman and Elizur (1983) followed Israeli children who had lost parents. Eighteen months after the death, 50% of the children had symptoms of sufficient severity to interfere with their functioning. Forty-two months after the death, 39% continued to have significant problems

requiring professional help at follow up. The nature of the problems of the younger children included frequent denial of the finality of death, nightmares, separation anxiety, and overly dependent and demanding behavior. Older children showed emotional restraint and social withdrawal, restlessness, increased aggression, and unexpected 'exemplary' behavior.

Indeed, early studies of clinical populations reported a higher incidence of depressed mood among children who had lost a parent (Caplan and Douglas, 1969). More recently, however, Schroeder and Belly (1991) found that death of a parent prior to age 18 was related to the severity of psychopathology. They also found that patients who had lost a parent had a particularly difficult time with intimate relationships and social functioning. Studies indicate that children in disrupted families are less sociable, have fewer friends spend less time with friends and participate in fewer shared activities. (Slifes, 1996). Parental loss leads children to exhibit psychopathology in interpersonal relation, often behaving in unusual and inappropriate ways. Such findings in general community samples are echoed in studies of psychiatric patients. Studies by Rutter (1980)) found neurotic illness was excessive in disturbed children who had lost parents. Children with histories of parental death tended to manifest heightened shyness, hostility and withdrawal (Roberts and Peterson, 1984).

Segendo and Nambi (2002) carried out their study of psychological effects of

orphanhood on 193 children aged 6-20 years in Rakai District of Uganda. They found that most children had lost hope, felt sad, and helpless. They were angry and depressed because of their parents' death. Saoke and Mutemi (1994) in their study on needs assessment of children orphaned by HIV/AIDS in Kenya found out that most orphans in their study had not come to terms with their parents' death. They suffered from psychological problems closely linked to post traumatic stress syndrome. Some of the orphans constantly visited their parents' graves whenever they were unable to solve problems. Some of the orphans exhibited lack of self-esteem and self-pity.

A number of researchers have conducted retrospective studies to investigate a hypothesized link between childhood bereavement and vulnerability during adulthood. Though contradictory most, generally point to an increased vulnerability to a variety of serious disorders, including neurosis, psychosis, physical illness, depression, schizophrenia, and antisocial behavior (Osterweis, Solomon and Green, 1984). Substantially, more work has been done on the possible association between early loss and mental illness. Majorities of investigators have reported a positive relationship between childhood bereavement and adult-life mental illness. According to Osterweis et al (1984) studies, of adults with various mental disorders especially depression, frequently reveal childhood bereavement. This suggests that such loss may precipitate or contribute to the development of a variety of psychiatric disorders. This experience can also render

a person emotionally vulnerable for life.

Delinquency has been found to correlate with parental bereavement, particularly in adolescence. In a controlled follow-up study of a sample of 264 Minnesota school children that had lost a parent, it was found that bereaved adolescents had higher rates of delinquency than controls (ibid, 1984). Boys are more likely to engage in petty theft, car stealing, fights, drug taking, or testing of authority systems.

2.2.1 Age and Psychosocial Problems

The child's response to parental death depends on a set of complex configurations. Developmental factors are critical to the responses of children at the time of parental death. Despite significant individual differences in the child, in the family, and in parent child relationship, the child's age and developmental stages appear to be the most important factor governing initial response (Slifes, 1996).

The studies on bereaved children indicate that children express their grief differently from adults because they lack coping mechanisms. They are vulnerable to long term negative effects (Osterwis et al, 1984). Older children are able to cope using cognitive coping strategies e.g. revising their interpretation of their lost parents. Older children express their sadness more directly unlike younger children whose symptoms are mainly somatic problems in sleep, eating and toileting (Debra, Amye and Narina, 2007).

According to Bowlby (1961), the absence of the mother between ages of six months to four years would render a child incapable of developing emotional attachments. In this most sensitive period, the young ones are likely to suffer intellectual, emotional, physiological and social trauma if subjected to parental deprivation either partially or totally through death. Although there is no doubt that even very young children react to loss, there is considerable controversy about when children have developmental prerequisites for complete mourning. The likelihood of achieving a healthy outcome if bereavement occurs prior to this time is also not well known.

To determine how children in various ages comprehend death, Nagy (1948) put a fairly standard view. Analyzing the words and drawings of relatively large sample of 378 Hungarian children who had been exposed to considerable trauma and death, he realized that, at the age 3-6 death is seen as reversible, the dead are simply considered less alive, in a state analogous to sleep. Young children (3-6 years) functioning at what Piaget (1951) termed the preoperational stage of development are egocentric, tied to the present experience and are unable to take the perspective of others.

They have shown to have an incomplete understanding of death as irreversible (the physical body cannot be made alive again) and death as universal (all living things die). They also have incomplete understanding that all-living functions such as,

eating, feelings and knowledge cease at death (Schroeder & Gordon, 1991). Furthermore, because the understanding of these young children is dependent on their own experience, death is typically conceived in terms of sleep, separation and injury experiences common to all preschoolers (Rutter, 1980).

At concrete stage 7-10 years, children begin to understand the permanence of death, although it is not personally relevant and believe it happens only to others. Children this age also tend to see death as externally caused the result of a disease or injury, rather than biological process that affects all living things. After age ten, the causes of death can be understood, the death is perceived as final, inevitable and associated with cessation of bodily activities.

By adolescence, with onset of formal operational thought, death is understood completely. Abstract theological ideas may be included in conception of death (Rutter, 1980). Therefore, the repercussions and meanings of major object loss will be coloured by the individual child's level of development. In order for complete mourning to occur in the true psychoanalytic sense of detaching memories and hopes from the dead person, the child must have some understanding of the concept of death, be capable of forming a real attachment bond, and have a mental representation of attachment figure.

2.2.2 Gender and Psychosocial Problems of Parental loss

Evidence suggests that adjustment problems are more severe and last longer periods among boys (Slifes, 1996). According to Parkes (1996), boys more than girls commonly express their grief in aggressive ways, while girls on the other hand may become caregivers.

Saoke and Mutemi (1994) noted during an interview with bereaved children that cumulative psychological problems related to being orphaned are easily manifest in the male child in school. Their academic performance suffers a sudden drop immediately the household dynamics shift against their favour. Previously enthusiastic male children would suddenly be orally shy when giving answers in class. The boys would be withdrawn, sullen and would often forget to comb their hair. This is most noticeable in the age 9 -17 years. Some would exhibit these tendencies earlier depending on the acuteness of their social experiences at home.

Their female counterparts in the same age range more often become truant. They seek psychological consolation in sexual relations as a coping mechanism. They engage in sex earlier than their male counterparts do. Truancy among the female students also leads to poor academic performance and may lead to school dropout. Raphael (1983) notes that loss generates longing for comforting and reassurance in girls. This leads to sexualized relationships that provide a sense of ego fusion with another. Boys are more likely to engage in petty theft, fights, and drug taking or

testing of authority.

2.2.3 Quality of Pre-existing Relationship between Children with Deceased Parents

The level of trauma associated with parental loss will depend in large part on relationships within the home prior to the parental death. Children's reactions to loss are more difficult to resolve when the prior relationship with the deceased parents was marked by high levels of ambivalence or dependence (Osterweis et al, 1984).

There are many stresses to be faced by the child who loses someone with whom he/she has strong bonds of attachment. The death itself is often bewildering and frightening for him/her. The threat to the family life brings further insecurity. Hostility toward a deceased parent may lead to defensive maneuvers, such as idealization of the deceased, which run to counter to resolution and completion of grief.

2.2.4 Quality of the Child's Support System

Social support is a modifying variable that can soften trauma. Sul (1982) defines social support as any input directly provided by another person or group. It moves recipients towards a goal they desire, for instance, other family members, friends, professional caregivers and social groups.

Bereaved children frequently experience multiple lifestyle changes in the context of makeshift arrangements following death, with a few being placed in institutions. Rather than the atmosphere of stability and consistency necessary for a better outcome, the common situation following parental death may be considerable chaos, disorganization, and a sense of insecurity (Osterweis et al, 1984). The availability to the orphan of a supportive human network and presence of a strong social network may ease the presumably child's adjustment after the parents' death.

After death of a parent, when an infant has not succeeded in finding the loved one, he or she begins to despair and show depression like symptoms. They lose hope, end the search, and become apathetic and sad. They will recover their loss if they can count on an existing attachment figure (Poole, Amya and Narina, 2007).

The function of social support is to reduce distress. There is a consensus that social support relieves psychological distress during a crisis. During periods of high distress, the support acts as a sort of reserve that dulls or blunts the effects of stress. This enables people to cope better (Alloway & Bebbington, 1987). Social support enhances self-esteem and a feeling of being loved. It is thought to modify the effects of traumatic loss and facilitates recovery from bereavement. Kliman (1979) also states that if the child has a consistent adult who reliably satisfies reality needs and encourages the expression of feelings about the loss, healthy

adjustment can occur.

2.3 Psychosocial Problems and Academic Achievement.

There is a general agreement among clinicians that parental bereavement has an adverse impact on school functioning, in both academic and performance (Osterweis, Solomon and Green, 1984). Several studies of Australian, Israeli and American children thirteen months to six years post- bereavement showed evidence of examination failure, school refusal, a decreased interest in school activities and drop out (Osterweis et al, 1984). According to Crowl, Kaminsky & Pondell (1997) although students with emotional disturbance are generally intellectually competent, their academic performance may range to far below average.

Slifes (1996) in his studies on effects of parental death on academic performance show that emotional problems related to parental death may interfere with study patterns. When adjustment difficulties arise because of death of parents, such a student's emotional burdens may trigger instances of disruptive classroom behavior. Persistent feelings of anxiety, sadness and anger can influence a child's capacity to focus, participate, reflect and ultimately learning in a classroom setting (Hinsaw, 1992).

Orphans suffer from emotional disorders ranging from anxiety to being

withdrawn. Anxious and withdrawn emotionally disturbed children experience problems in schools. Because of being fearful, tense, timid, shy, withdrawn, self-conscious and lacking in self-confidence, their academic performance is affected (Ndurumo, 1993). These negative characteristics interfere with learning in that the child's potentials can be curtailed because of debilitating feelings of anger, fear, anxiety, and uncertainty.

According to Adelman and Taylor (1998), disorders like anxiety can lead to truncated educational attainment. They estimate that early onset of psychiatric disorders for instance anxiety disorders lead to truncated educational attainment in about 7.2 million Americans. Cognitively oriented researchers of mental health insist that emotional difficulties can cause academic difficulties. Roeser, Eccles and Strobel (1998) say that, children with emotional difficulties do poorly academically and demonstrate more social and behavior difficulties.

Segal and Cloitre (1993) remarked that negative emotions seem to elicit negative memory. For instance, a student experiencing high levels of sadness will have similarly affectively valenced self-perception activated in memory when learning. In effect, a pervading mood of sadness could spill over into a child's classroom experience in forms of feelings and beliefs associated with academic performance. This sense of incompetence may cause students to divert their energies into self-protective strategies. They include effort withdrawal, lack of persistence or

challenge avoidance of academic tasks rather than efforts to learn them (Roeser, Eccles and Strobel, 1998). This in turn could precipitate academic difficulties.

Emotional disturbances can also produce loss of information about other aspects of the situation. For instance, in learning setting attentional biases resulting from high level of anxiety can cause children to focus too much on potential source of future failure and too little on the requirements of the task at hand. Therefore, children in this category end up with poor achievement. This in turn reinforces their negative self-perception and their academic capabilities. Distress in such a case drains off resources for learning.

Children who report frequent feelings of self-directed emotions such as sadness, anxiety, shame and guilt, that is, internalized distress show diminished academic functioning. Symptoms of depression such as, sadness, hopelessness and loneliness, for example, are associated with lower achievement on standardized tests, lower teacher- rated grades, challenge avoidance in the classroom, and poorer peer relations (Kovacs, 1992). Externalized distress such as anger, frustration, and fear is also associated with school difficulties, including learning delays, poor achievement and social rejection (Hinshaw, 1992).

Data from adolescents in a California sample that included 97 sixth, seventh, and eighth graders from two middle schools in the San Francisco Bay area was used.

The study was on the relation between academic motivation and mental health at the end of 1996-1997 (Roeser, Eccles and Strobel, 1998). The study investigated how negative emotions like sadness and anger were associated with specific forms of maladaptive behavior in the classroom. Three self-report indicators of maladaptive classroom behavior were created. Adolescents reported withdrawal behavior in their classroom for example, not to be called on by the teacher, staying out of whole class discussions. There was resistance to classroom participation and work for example, refusing to do work or classroom assignments, purposely not studying for classroom tests, or skipping the class. Aggressive behavior directed at the teacher, for example, being disrespectful to the teacher, talking back to or yelling at the teacher was also reported (*ibid*,1998).

Many orphans children academic performance may be greatly inhibited because of a distorted damaged or scarred self-image. This self-directed negativism, which may take many forms lead to an underestimation of one's potentials. Hence, an inability to make use of available resources and a distortion of aspects of one's significant environment.

However, it is important to note that some children who experience high levels of emotional distress nonetheless, stay engaged in school and get good grades (Roeser et al, 1998). Feelings of interest, academic valuing, and the self-regulated forms of learning associated with interest and value (Pintrich and DeGroot, 1990)

can protect some children from debilitating effects of sadness and anger on their ability to learn. When children continue to value learning despite their emotional distress, they continue to get good grades and do not misbehave in school.

However, when children feel incompetent academically, devalue learning, and feel emotionally distressed, then they also show poor academic grades and behavior problems in school

2.4 Intervention in the classroom

We need to understand the kinds of classroom instructional practices teachers use to help all children to learn, while at the same time giving needed support to those children who come to school each day with substantial skill deficits, motivational difficulties, and emotional problems that interfere with their ability to learn. How teachers perceive the mental health of their students and how such perception influences their own pedagogical strategies and decisions in the classroom is also vital.

The emotional realm has been noted by the progenitors of current pedagogy. Thorndike (1906) observed that not only is the guidance of social and emotional development properly a major concern but educators must mould an emotional commitment in students to maximize cognitive and intellectual growth. Sandiford (1936) stated that the influence of emotion is so strong that one cannot hope to promote learning without utilizing the motivational push of emotions (Strain,

Cooke, and Apollo, 1976).

Children with emotional problems according to Ndurumo (1993) have not been considered as part of special education. It is common knowledge that few schools come close to having enough resources to deal with a large number of students with psychosocial problems. Most schools offer only bare essentials and all schools tend to marginalize efforts to address mental health.

Since the orphans suffer from emotional and behavior problems that act as barriers to attainment of their full academic potentials this can be prevented by designing interventions that will promote their academic achievement or by providing special attention. The orphaned children may be incapable of concentrating on work. Such a pupil may be pushed into neurotic behavior disorder through coincidence stressful working conditions (Spiegel, 1977).

For the orphan the course of intervention used should increase the probability of healthy resolution of grief or at very least, increase the capability of the orphan to deal more constructively with their loss through personal growth. The concept of working through grief is central. It is the process by which alternative sources of value can be found and accepted. It is also the process in which hope can be revived (Mbogori, 2002). They need support, reassurance and some education following bereavement. This will help reduce the pain and stress associated with

bereavement.

The primary role of the skillful teacher especially in elementary and secondary school years is to promote and sustain a positive self- concept in the orphaned child (Gaudry and Spielberger, 1971). Self-concept is our attempt to explain ourselves to ourselves, to build a scheme (in Piaget's terms) that organizes our impression, feelings and attitudes about ourselves (Atkinson and Atkinson, 1979). The orphan has a distorted, damaged or scarred self-image, which leads to an underestimation of one's potential, and an inability to make use of available resources. This leads to inhibition of his or her academic performance. According to Marsh (1990), it appears that students with a higher self – esteem are somewhat more likely to be successful in school.

Pupils with emotional problems require teachers who are knowledgeable in specialized techniques, intervention procedures, child development, assessment and educational psychology (Ndurumo, 1993). Those with academic difficulties should be provided with tutoring that is, extra instruction can be provided with remedial work (ibid, 1993). Short-term individual attention or instruction can also be provided. They need a well-structured program with short, structured tasks, which lead to success. If the teacher understands child psychology, he may be able to give delicate and subtle assistance, which will enable the child, develop adequately. The orphan needs support and kindnesses that will enable him satisfy

their normal urges and interests through socially approved behavior.

The regular classroom teacher and school resource personnel through periodic counseling can help orphaned pupils with emotional disorders adequately. An orphan may be an emotionally and socially maladjusted child. He or she requires guidance and counseling especially if he or she is to attain educational goals. Counseling can shorten the period of unresolved grief and it can increase the probability of establishing satisfactory replacement relationships. This help can be useful in preventing and minimizing the pathological outcome of bereavement (Eisenberg and Patterson, 1979). Counseling also encourages students to overcome internal conflicts by recognizing and analyzing their feelings (Crowl, Kaminsky and Pondell, 1997).

Teachers and special educators should know the principles of behavior management in order to attain maximum behavior change of emotionally and behavior disturbed children. Intervention through behavior modification has been found to be an effective method of managing children's unruly, unpredictable and impulsive behavior (ibid, 1993). Success of this depends on effective utilization of teachers in schools who should be knowledgeable about principles of behaviour modification such as, reinforcement, contingency, contracting and shaping. It may include, use of social reinforcement, which involves the teachers behavior such as, tone of voice, words of praise, giving attention, smiling, touching. Use of tokens

also reinforces the child's behavior.

Morse (1971) notes that most teachers do not understand the processes involved in emotional training and they use haphazard techniques that are ineffective. It is important to rethink of the current school policy and reform it to include a focus on psychosocial issues and other barriers that impede the orphaned pupil's ability to learn and teachers' ability to teach them. This will enable the teacher in recognition of abnormal bereavement reactions and their management, thus, assist orphans attain their full academic achievement.

2.5 Summary of Literature Reviewed

The literature reviewed reveals that, when parents die children suffer with a pervasive sense of vulnerability because they feel that the protective and nurturing function of the family has given way. Therefore, their initial suffering in response to the parents' death is compounded by unrealistic fears and fantasies about the catastrophes that the death will bring in its wake. There are immediate reactions that occur in the weeks and months following the death of the parents and the intermediate reactions that can appear later in childhood or adolescence and the long range or 'sleeper' effects that may appear in adulthood. Some primary effects of bereavement in childhood are sense of unreality, shock, self-injury and grief. They feel in turn angry, betrayed, guilty, anxious and desperate. Other effects include, wide ranges of enduring health ranging from anxiety, depression and

adjustment disorders e.g. withdrawal.

The literature also reveals that the consequences of parental death reflect the child's age and developmental stage. At age 3-6 death is seen as reversible, that is, the dead are considered as less alive. At age 7-9 the children comprehend the finality of death and after the age of 10 the causes of death can be understood and death is perceived as final, inevitable and associated with cessation of bodily activities. In view of gender, evidence suggests that adjustment problems are more severe and last longer among boys (Slifes, 1996). Girls are said to seek psychological consolation in sexual relationships as a coping mechanism.

Children's reaction to loss is more difficult to resolve when prior relationship with the deceased parent is marked by high levels of ambivalence or dependence. The availability to the child of a supportive human network may ease the child's adjustment after the parents' death. The literature reviewed also reveals that the orphan suffers from emotional and social problems that act as barriers to learning and attainment of academic potentials. Anxiety and depressive disorders make it difficult for the realization of their potentials.

Negative self-concept leads to an underestimation of one's potential and an inability to make use of available resources. It also reveals that the teacher should go beyond dosing the pupils with facts. The instructional practices used by the

teacher should help all children to learn and give needed support to those pupils with emotional problems that interfere with their ability to learn, for instance, use of counseling.

Most local studies on orphans have mainly highlighted on their physical and material needs and support. These may be due to the fact that psychosocial problems are difficult to assess. Jackson (2002) confirms this by stating that the emotional sufferings of children when parents die may be neither recognized nor responded to and thus, not adequately addressed. Those studies on psychosocial problems have not examined the effects of these psychosocial problems on the academic achievement of orphans.

What is known about effects of psychosocial problems on academic achievement among orphans comes mostly from observations made in the United States of America, the United Kingdom, Australia and Israel. The American literature is limited exclusively to studies of white usually middle-class, persons. How other socio-economic, racial, and ethnic groups react psychologically and socially to bereavement and its relationship to academic difficulties is not well known. Thus, it is unclear how generalizable the current knowledge base is.

The researcher's intention was, thus, to identify how the psychosocial problems affect the academic achievement among orphans. The researcher's interest was to

study the situation in Nairobi and assist in development of intervention strategies that are appropriate to the needs of the population of study.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter provides specific strategies to data collection and analysis. Basically the strategies in this context entails research design, the population, description of research instruments, pilot study, data collection techniques and data analysis.

3.1 Research Design

According to Kerlinger (1981) research design is the plan, structure and strategy of investigation used to obtain answers to research questions.

A retrospective ex-post facto research design was used in this study. Retrospective ex-post facto design aims at discovery of possible causes for the behavior patterns, which may be a result of previous experience of the individual. The causes are studied after they have presumably exerted their effects on another variable. Ex-post facto design is also used in psychological research to test hypotheses about causal effect relationship because many of the relationships that we wish to study do not permit experimental manipulation.

In order to investigate the effects of psychosocial problems effects on academic achievement of orphans this design was appropriate. The reason being that, the psychosocial problems are assumed to have exerted their influence on academic

achievement of these orphans.

3.2 Research Variables

Psychosocial problems are the independent variable and are assumed to have exerted their influence on the dependant variable, which is the academic achievement. Other variables under study include age, gender, and their relation to both the independent and dependent variable.

3.3 Population

The population of study was 800 pupils aged 11-18 years in standard six and seven from five public primary schools in informal settlements of Nairobi and their 20 class teachers. The informal settlements have a high population. They also have a high prevalence of orphans due to poor health facilities, poverty and engagement in high-risk sexual behavior that leads to HIV/AIDS scourge. The reason for the choice of standard six and seven pupils was that they had a sufficient mastery of English language necessary to respond to the questionnaires.

3.4 Sample and Sampling Techniques

Purposive sampling was used to select five public primary schools in the informal settlements of Nairobi. This is because the researcher aimed at those areas she felt the orphans number was higher and due to security reasons. Purposive sampling was conducted to select 84-orphaned learners, 40 boys and 44 girls from standard

6 and 7 pupils in five schools. Due to limitation in the number of orphans who had lost both parents, all such orphans in standard six and seven in the sampled schools participated in the study. Results of the two previous end of term NCC examinations represented the academic achievement. Simple random sampling was conducted to select 120 non-orphans, 60 boys and 60 girls from 5 schools using even numbers from the class list. Ten class teachers were purposively sampled since they were more conversant with the pupils and issues affecting them. The researcher assumed they were in close contact with their pupils.

TABLE 3.1 Sample Size

Schools	Pupils				Teachers	Total
	Orphans		Non-orphans			
	Girls	Boys	Girls	Boys		
Kibera	8	9	12	12	2	43
Kawangware	9	6	12	12	2	41
Muthurwa	9	8	12	12	2	43
Kangemi	8	10	12	12	2	44
Mathare North	10	7	12	12	2	43
Total	44	40	60	60	10	214

3.4.1 Sample Size

Two hundred and four pupils took part in the study. Eighty-four were orphans and 120 were non-orphans. The pupil sample comprised 104 girls and 100 boys. Ten

class teachers also took part in the study. There was unequal number of orphans and non-orphans because the researcher limited the definition of orphans to only those who had lost both parents thus were few in numbers.

3.5 Instrumentation

This section describes the various instruments that were used for data collection.

3.5.1 Pupils' questionnaire

Checklist for the Classification of Psychosocial Problems of School Aged Children.

This scale was adapted from Orval (1976) and modified by the researcher. Checklists are statements of behavior that may be judged negative in nature. The purpose of the questionnaire was to investigate the orphaned pupils' psychosocial problems. They consisted of twenty items used to elicit responses from learners. They were expected to indicate their level of agreement or disagreements through five-point scale.

3.5.2 Teachers' questionnaire

Behavior Rating Scale. It measures classroom behavior and learning symptoms of pupils. It helps teachers record various kinds of behavior observed in children. Kuder Richardson 21 reliability formula which showed reliability of .74 and with others $r = .92$ was used for secondary data analyses. It consisted ten items, which the respondents were expected to indicate their level of agreement or disagreement

on the five-point likert scale.

Degree of Incapacitation Scale. The variable it measured was psychological incapacitation of children. Incapacitation is conceptualized as including the degree to which the behavior is abnormal' and the person is in need of specialized help. It was used for secondary analyses. It consisted of ten items. The respondents were expected to indicate their level of agreement by scoring on the five-point likert scale.

3.5.3 Measure of Academic Achievement

Achievement tests are designed to measure the effects of a specific programme of instruction or training. Results of the previous two end of term examinations from the Nairobi City Council (NCC) were used in this study. Trained and experienced teachers from primary schools managed by the NCC set the tests.

The reason for use of these tests was that there was no standardized achievement battery for the standard six and seven classes. All the NCC schools sat for these examinations. The pupils' academic achievement records were collected from their schools with the head teachers' permission. The records were on previous results of the last two terms. They represented the learners' academic achievement.

3.6 Piloting

Piloting was conducted to help in testing on the instruments' validity and reliability. The pupils' instrument was pretested using a sample of 30 pupils purposively selected from identical schools to the actual sample schools. Both teachers' questionnaires were pretested by the researcher using a sample of three teachers in a similar school from the selected area of study.

3.6.1 Reliability

Reliability is the degree to which a particular measuring procedure gives similar results over a number of repeated trials. To ascertain reliability the test-retest technique was used whereby scores of the first pilot running were correlated to scores of second pilot running. An SPSS Spearman correlation of 0.82 was derived. According to Mugenda (1999), a correlation coefficient of 0.8 and above is sufficient to ascertain the instruments meaning that the results were not by chance.

3.6.2 Validity

According to Mugenda (1999) validity is the success of the scale in measuring what it sets to measure. To ensure accuracy of the instruments, they were assessed by the supervisors and the researcher's colleagues to determine whether they did measure what they were purported to measure. During the piloting, the classteachers' assisted in clarifying some the responses. This helped in removing

ambiguity and making the items more relevant to the study. It helped in clarifying instructions that initially were complex for that category of respondents and gave the researcher experience in conducting research. This enhanced data collection, helped validate the instruments and allowed thorough check of the planned statistical and analytical procedures.

3.7 Data Collection.

Dates for data collection were arranged between the researcher and the schools' principals. Questionnaires were administered to subjects in their classroom by the researcher and the classteachers. The researcher read the instructions to the students. The students were given 40 minutes to respond to the questions. Teachers' questionnaires were also administered to the classteachers.

All respondents were allocated numbers to make it easier for the researcher to put each respondent's questionnaires together in order to avoid data loss. This would make it easier for the researcher to match them with the performance records. After administration, the questionnaires were collected for analysis. The students' means of the previous two terms results were tabulated

3.8 Data Analysis

The raw data was coded and all statistical analysis and descriptive statistics were computed through the Statistical Package for Social Sciences (SPSS) package. The

following hypotheses were tested using t-tests and Pearson's product moment correlation. Pearson's product moment correlation (r) is a statistical method used to measure the size of correlation between two variables. The researcher found it necessary to use Pearson's product moment correlation (r) because this study cannot allow manipulation of variables on ethical grounds. If $r = 0$, no relationship exists between the variables.

The t-test is computations used to make comparisons between two groups. The researcher used this computation to make comparisons on gender (boys/ girls) and on the orphans and non-orphans. The 0.05 level of significance was used as a standard for rejecting or accepting the null hypothesis. It helps to reduce probability of committing the type I error i.e. rejecting the null hypothesis when it is correct. After high consultation with the supervisors, these computations were viewed to be most appropriate. The following hypothesis were tested,

Ho1: There are no significant differences between orphans and non-orphans in their psychosocial problems. This was tested using t-test at $\alpha=0.05$ level of significance.

Ho2: There are no significant differences between orphans and non-orphans learners in their academic achievement. This was tested using t-test at $\alpha=0.05$ level of significance.

Ho3: There is no significant relationship between psychosocial problems and academic achievement among orphans. This was tested using the Pearson's

product moment correlation coefficient.

Ho4: There is no significant relationship between orphans' age and their psychosocial problems. This was tested using Pearson's product moment correlation coefficient.

Ho5: There are no significant sex differences in psychosocial problems of orphans. This was tested using t-test at $\alpha = 0.05$ level of significance.

Ho6: There are no significant sex differences in academic achievement of orphans. This was tested using t-test at $\alpha = 0.05$ level of significance.

3.9 Logistical and ethical considerations

Before data collection exercise commenced, the researcher obtained research authorization from the office of the permanent secretary, Ministry of Education Science and Technology. Once the permit was given, from the Ministry of Education, Science and Technology, the District Education Officer and the headteachers of the schools under study were then informed by the researcher of her intention to carry out the study. Confidentiality of the data was maintained.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents data analysis and the results of the study. First a description of the research variable is given. Then, it is followed by a discussion of the research findings. The statistical significance was tested at $p < 0.05$ level.

4.1 Descriptive Statistics of Research Variables

Data was collected from a sample of 204 primary school pupils of standard six and seven from informal settlements of Nairobi. It also comprised 10 teachers. The learners were in two categories namely; orphans and non-orphans. The orphans comprised 40 boys and 44 girls totaling to 84 pupils. The non-orphans comprised 60 boys and 60 girls totaling to 120 pupils.

The inequality in the numbers of orphans and non-orphans was because of the researcher limiting his orphans' sample to those who had lost both parents. The schools had few orphans to that effect. Since the data analysis considered the average means and standard deviations, the inequality did not affect the results.

Data from table 4.2 below shows that generally the subjects were aged between 11-18 years. Majority of the subjects were aged between 12-14 years, which represented 72% of the total population of the sample. The mean age was 14 years.

Table 4.1: Sample size of pupils

Schools	Pupils				Teachers	Total
	Orphans		Non-orphans			
	Girls	Boys	Girls	Boys		
Kibera	8	9	12	12	2	43
Kawangware	9	6	12	12	2	41
Muthurwa	9	8	12	12	2	43
Kangemi	8	10	12	12	2	44
Mathare North	10	7	12	12	2	43
Total	44	40	60	60	10	214

Table 4.2: Frequencies and percentages of the students' ages

Age	Frequency	Percentages
11	14	6.9
12	46	22.5
13	41	20.1
14	60	29.4
15	15	7.4
16	19	9.3
17	7	3.4
18	2	1.0
Total	204	100

4.2 Statistical Analysis

The hypotheses formulated in the study were considered in relation to the data analyzed. A statistical analysis was done to test if there was any significant difference or relationship in the various variables stated in the hypothesis.

Table 4.3: Percentages of frequencies of psychosocial problems

	Items	Orphans		Non-orphans	
		Frequency	%	Frequency	%
1	Fights and quarrels	34	40	48	40
2	Restless	59	70	66	55
3	Depressed & unhappy	63	75	72	60
4	Disruptive	55	65	66	55
5	Sensitive to criticism	55	65	84	70
6	Moody	50	60	36	30
7	Anxiety	56	75	60	50
8	Destroy property	13	15	54	45
9	Anti-social	59	70	78	65
10	Withdrawn	71	85	60	50
11	Lack self confidence	55	65	36	30
12	Worried & insecure	80	95	60	50
13	Helpless & hopeless	63	75	42	35
14	Lonely	80	95	72	60
15	Lack sleep	63	75	54	45
16	Angry	80	95	78	65
17	Daydreaming	25	30	24	20
18	Frequent illness	34	40	33.6	40
19	Bedwetting	25	30	42	35
20	Avoids classwork	55	65	66	55

4.2.1 Psychosocial problems of orphans and non-orphans

Data was collected from 204 pupils on their psychosocial problems. A checklist for the classification of psychosocial problems of school ages children adapted from Orval (1976) measured the pupils' degrees of psychosocial problems. The maximum score earned was 71% and the lowest or minimum score earned was 24%. Data collected was explored according to whether they were orphans or non-orphans and gender.

On the prevalence of the psychosocial problems, the table 4.3 gives the results. It was observed that 95% of the orphans were angry, 95% were lonely, 95% of them felt worried and insecure, and 75% were depressed & unhappy. Seventy percent were restless, 75% were sleepless at night, and 65% were disruptive. Sixty-five percent lacked self –confidence, 75% were anxious and 60% agreed they were moody.

These percentages were higher than those of non-orphans. It was observed that 65% of the non-orphans were angry, 60% were lonely, 50% of them felt insecure and worried, and 60% were depressed and unhappy. Fifty-five percent were restless, 45% were sleepless at night, and 55% were disruptive. Thirty percent lacked self-confidence, 50% were anxious and 30% agreed they were moody.

Table 4.4 indicates that generally, the orphans scored highly in psychosocial

problems with a mean of 46.6% as compared to the non-orphans mean of 35.83%. The table also indicates that girls scored highly in psychosocial problems than boys with a mean of 43.08% compared to the boys at 39.14%.

A t-test was used to test for significant difference between the orphans and non-orphans in their psychosocial problems. The results of this relationship are presented in table 4.5. The results show that the calculated t- value is 2.926 at significant value of 0.005 which is less than $\alpha=0.05$. Therefore, the null hypothesis, “there is no significant difference between the orphans and non-orphans in their psychosocial problems was rejected”. There is, thus, a significant difference between orphans and non-orphans in their psychosocial problems

Table4.4: Frequencies, means and standard deviation of psychosocial problems

Variables	Score distribution characteristics			
		%	Mean	SD
Psychosocial Problems	<u>Orphans</u>			
	Boys	45.41	45.41	10.164
	Girls	47.63	47.63	5.425
	Total	46.6	46.6	
	<u>Non-Orphans</u>			
	Boys	32.87	32.87	10.028
	Girls	38.52	38.52	9.717
Total	35.83	35.83		

Table 4.5: t-test for psychosocial problems of orphans and non-orphans

Variable	t-test for equality of means		
	t	df (N-2)	Sig(2-tailed)
Psychosocial problems	2.926	202	0.005

These findings are consistent with Kliman (1979) who found that death of parents in children has been linked to a wide range of serious and enduring health consequences ranging from schizophrenia to major depression. The findings are consistent with those of Black & Urbanoweiz (1987), who noted that bereaved children had a range of emotional and behavior reactions following parents death such as, sadness, anger, anxious, despair, fear and worry. These findings also coincide with the findings of Segendo and Nambi (2002) who found that most children who had lost parents had lost hope, felt sad and helpless.

The wide range distribution of scores in the orphans' psychosocial problems, the highest being 71% and the least 24% can be explained by the preexisting relationship between the orphans and the deceased parents. This conclusion has a backing from Osterweis et al (1984) who stated that child's reaction to loss were more difficult to resolve when prior relationships with the deceased parents was marked by high levels of dependency.

The differing range of scores could also be a result of quality of orphans' support

system. Research evidence from scholars such as Alloway et al (1987) has emphasized the crucial role of psychosocial support. It reduces the psychological stress in bereaved children. Kliman (1979) study is also consistent with this school of thought by stating that if the child who is bereaved has a consistent adult who reliably satisfies reality needs and encourages the expression of loss, healthy adjustment may occur.

4.2.2 Relationship between age and psychosocial problems of orphans.

The highest age was 18 years while the lowest was 11 years. The mean age was 14years. Pearson's correlation coefficient was computed to test for the strength and the direction of the relationship between the orphans' age and their psychosocial problems. Table 4.6 represents the findings. The table shows that there is a positive correlation between age and psychosocial problems ($r=0.182$) at $p < 0.05$ level. As age increases, the psychosocial problems also increase. The relationship is not significant at 0.05 level of significance. We therefore retain the null hypothesis that there is no significant relationship between orphans age and their psychosocial problem.

This finding could be explained by the fact that older children understood the concept of death and its implications. This is consistent with Rutter (1980) findings that the repercussions and meanings of major loss will be coloured by the individual's child level of development. It is also consistent with findings of Poole,

Warren and Narina (2007) whose findings were that older children express their sadness, anger and fear more directly unlike younger children whose symptoms are more somatic problems in sleeping, eating and toileting. Nevertheless, there was no significant relation between age and psychosocial problems

Table 4.6: Analysis of correlations coefficient for psychosocial problems and Age

Variables	1	2
1.Psychosocial problems	+	0.182
2 Age	0.182	+

*=correlation is significant at $p < 0.05$ level (2-tailed)

4.2.3 Sex differences in psychosocial problems of orphans

Generally, the finding review that girls had more psychosocial problems than boys did. It was hypothesized in the study that there were no significant sex differences in psychosocial problems of orphans. This null hypothesis was tested using a t-test. The total sum of orphaned boys was 40 while sum of girls was 44 in the study. Data represented in table 4.4 whose frequencies, mean and standard deviation of psychosocial problems of both sexes were tabulated therefore, indicate that orphan girls had more psychosocial problems than orphan boys did.

Table 4.7: Sex differences in psychosocial problems of orphans

Variable	t-test for equality of means		
	t	df	sig (2-tailed)
Psychosocial problems	-1.034	82	0.303

The mean for orphan girls was 47.63 psychosocial problems higher than orphan boys' mean at 45.41. The results from t- test in Table 4.6 below indicate a t-value of -1.034 at significant value of 0.303. The value 0.303 was higher than $\alpha=0.05$ thus, the null hypothesis "there are no significant sex differences in psychosocial problems of orphans" was accepted. There were therefore no significant sex differences in the psychosocial problems of orphans.

This study negated Slifes (1996) who had indicated that adjustment problems were more severe and lasted longer in boys. This finding also negates those of Saoke and Mutemi (1994) who found that the male child easily manifested cumulative psychosocial problems than the female child. The boys would be withdrawn, sullen and would often forget to comb their hair.

4.3 Learners Academic Achievement

The researcher collected academic performance records from the learners' institutions. The learners' academic achievement levels were explored across the five subjects to allow for conclusions that are more objective. The highest

academic achievement score among the learners was 363 and the lowest score was 169 out of 500.

Mean achievement was calculated according to category of orphans and non-orphans. Table 4.10 indicates that, academic achievement of orphans was substantially low at 47.12% in comparison to then non-orphans at 50.26%. Generally, boys seemed to be performing better with a mean of 51.2% compared to the girl's at 47.2%. The explanation for this may be because the girls had higher means in psychosocial problems. There was a negative correlation between psychosocial problems and academic achievement of orphans.

4.3.1 Differences in Academic Achievement of orphans and non-orphans

The highest academic achievement score for orphans was 315 while the lowest was 158 out of 500. The highest academic achievement score for the non-orphans was 363 while the lowest was 169 out of 500. Table 4.8 reveals the means in particular subjects for both orphans and non-orphans. Orphans' mean performances in particular subjects were English 45.8%, Maths 54.4%, Kiswahili 46.2%, GHC 41.5% and Science 47.7%. The non-orphans' mean performances in particular subjects were, English 51.0%, Maths 53.2%, Kiswahili 47.4%, GHC 53.4%, and Science 51.3%.

The orphans performed poorly than non-orphans in all subjects except in

Mathematics. This finding may be attributed to the fact that Mathematics is more of a practical subject unlike subjects like GHC that require memory. Segal and Cloitre (1993) whose findings were that negative emotions seemed to elicit negative memory support the findings. Roeser, et al (1998) findings are also consistent with this finding since they state that emotional disturbance can produce loss of information about the aspects of the situation.

English was poorly performed. This can be attributed to inhibited language development since the findings were that orphans lacked social skills and were withdrawn. This is consistent with the findings of Robert and Peterson (1984) who observed that children with histories of parental death tended to manifest heightened shyness, hostility and withdrawal. The differences in scores of orphans in academic achievement may be attributed to the fact that some orphans continued with feeling of interest and academic valuing which may have protected them from debilitating effects of anger, sadness on their ability to learn.

Descriptive statistics was used to find the mean scores. Table 4.9 reveals that the mean of academic achievement for non-orphans was 51.26% thus higher than for orphans at 47.12%. A t-test was conducted to test for the significant difference between orphans and non-orphans in their academic achievement. Results from table 4.10 indicate that the calculated t-value is -5.235 at significant value of 0.000 which is less than $\alpha=0.05$. The researcher therefore, rejects the null hypothesis.

There are significant differences between orphans and non-orphans in their academic achievement.

Table 4.8: Mean of Academic Achievements results of the two terms

	Orphans			Non-orphans		
	Term 1 %	Term 11 %	Average %	Term 1 %	Term 11 %	Average %
English	45.2	46.4	45.8	50.4	51.6	51.0
Maths	53.8	55	54.4	52.9	53.5	53.2
Kiswahili	46.8	45.6	46.2	46.8	48	47.4
GHC	42.4	40.6	41.5	52.7	54.1	53.4
Science	46.7	48.7	47.7	50.2	52.4	51.3
Total	234.9	236.3	235.6	253	259.6	256.3
Mean	46.98	47.26	47.12	50.6	59.92	51.26

Table 4.9: t-test for academic achievement of orphans

Variable	t-test for equality of means		
	t	df (N-2)	Sig(2-tailed)
Academic Achievement	-5.235	202	0.000

4.3.2 Gender differences in academic achievement

The results from table 4.10 indicate that boys performed better than girls did since

mean of boys in academic achievement is 49.96% while that of girls' is 44.54%. This hypothesis was also tested using t-test. Table 4.11 presents the computed data. From the data presented, the calculated t-value is 2.484 at significant value of 0.014.

The null hypothesis, "there are no significant sex differences in academic achievement of orphans" is thus rejected since value of 0.014 is less than $\alpha=0.005$. There are therefore, significant sex differences in academic achievement of orphans.

Table 4.10: Percentages in academic achievement

Variables	Score distribution characteristics			
		%	Mean	SD
Academic Achievement	<u>Orphans</u>			
	Boys	49.96	249.82	59.463
	Girls	44.54	222.72	64.365
	Total	47.12	235.60	
	<u>Non-Orphans</u>			
	Boys	52.67	263.33	53.289
	Girls	49.88	249.40	43.113
	Total	51.26	256.30	

Table 4.11: Sex differences in academic achievement of orphans

Variable	t-test for equality of means		
	t	df	sig (2-tailed)
Academic Achievement	2.484	82	0.014

Concerning the academic achievement, the orphaned boys seemed to be performing better than girls did. This could be attributed to the negative relationship between psychosocial problems and academic achievement. As psychosocial problems increased the academic achievement, scores decreased.

4.4 Psychosocial Problems and Academic achievement of orphans

The means of the psychosocial score and those of academic achievement in percentages are 46.6 and 47.12 respectively. Pearson's correlation coefficient was calculated to measure the strength and the direction of the relationship between psychosocial problems and academic achievement among orphans.

Table 4.12 below represents the findings at 0.05 level of significant. Indications are that there is a negative correlation between psychosocial problems and academic achievement ($r = -0.163^*$) at 0.05 level of significant. As psychosocial problems increased the academic achievement, scores decreased. Therefore, we reject the null hypothesis. There was a significant relationship between psychosocial problems and academic achievement among orphans.

Table 4.12: Analysis of correlations coefficient for psychosocial problems and academic achievement of orphans

Variables	1	2
1.Psychosocial problems	+	-0.163*
2.Academic achievement	-0.163*	+

*=correlation is significant at $p < 0.05$ level (2-tailed)

The study findings indicate that there was a significant difference between academic achievement of orphans and that of non-orphans. The study also found a negative correlation between psychosocial problems and academic achievement. The findings of this study may be based on the researcher's findings that orphans have more psychosocial problems that may be inhibiting their full academic potential. The findings are consistent with the findings of Kovac (1992) who found out that the children who reported frequent feelings of emotions such as sadness, anxiety, show diminished academic functioning. He also observed that symptoms of depression such as, sadness, hopelessness and loneliness, for example, were associated with lower achievement on standardized tests, lower teacher-rated grades, challenge avoidance in the classroom, and poorer peer relations.

The findings are also consistent with those of Hinshaw (1992) who found that externalized distress such as anger, frustration, and fear was associated with school difficulties, including learning delays, poor achievement and social rejection.

Adelman and Taylor (1998) observations also supported the researchers findings since they found that disorders such as, anxiety led to truncated educational attainment. They associated higher psychological problems with school difficulties and poor academic achievement.

4.5 Teachers Ability to Recognize & Respond to Orphan Psychosocial

Problems

The researcher also explored whether teachers were able to recognize the orphans' psychosocial problems. Descriptive statistics were used.

Table 4.13 Analysis of Behaviour Inventory

	Items	SA	%	A	%	U	%	D	%	SD	%	Total
1	Withdrawal	4	40	4	40	2	20	-	-	-	-	10
2	No friends	4	40	4	40	-	-	2	20	-	-	10
3	Aggressive	3	30	3	30	1	10	2	20	1	10	10
4	Below Capacity	4	40	4	40	1	10	1	10	-	-	10
5	No motivation	-	-	1	10	1	10	2	20	6	60	10
6	Need attention	7	70	3	30	-	-	-	-	-	-	10
7	Fatigue	-	-	2	20	-	-	1	10	7	70	10
8	Day dreaming	2	20	4	40	1	10	3	30	-	-	10
9	Worried & anxious	-	-	5	50	2	20	3	30	-	-	10
10	Fearful	-	-	1	10	-	-	5	50	4	40	10
Total		24		31		8		19		18		100

Mean= 33.8

Table 4.13 indicates that 80% of teachers agreed that orphans were withdrawn and 20% were uncertain. These findings were consistent with those of Kaffman and Eliezer (1983) who found that death of a parent caused social withdrawal and restlessness. Eighty percent of teachers agreed that orphans had no friends and 20% disagreed. This was an indication that the orphans were antisocial and had difficulties with social functioning. This was consistent with the findings of Slifes (1996) whose study indicated that children from disrupted families were less sociable, had fewer friends, spent less time with friends and had few shared activities. Sixty percent of teachers agreed that orphans were aggressive, 10% were uncertain and 30% disagreed. This finding had support from studies of Kauffman and Eliezer (1983) who observed that older children who had lost parents showed restlessness, and increased aggression.

Eighty percent of the teachers agreed that the orphans work was below capacity, 10% were uncertain and 10% disagreed. Adelman and Taylor (1998) backed the findings by insisting that emotional difficulties could cause academic difficulties. Ten percent of teachers agreed that orphans had no motivation to learn, 10% were uncertain and 80% disagreed. Hundred percent of teachers agreed that the orphans needed attention. This was consistent with the findings of Eisenberg and Paterson (1979) whose findings were that help should be given to orphans to help prevent and minimize the pathological outcome of bereavement.

Twenty percent of the teachers agreed that the orphans were fatigued and 80% disagreed. Sixty percent of teachers agreed that the orphans were daydreaming, 10% were uncertain and 40% disagreed. Spiegel (1977) study shows that orphans may be incapable of concentrating on work. Results on worry and anxiety of orphans indicate that, 50% of the teachers agreed, 20% were uncertain and 40% disagreed. These results have support from studies of Black and Urbanowicz (1987) whose findings were that bereaved children had a range of emotional behaviour like apprehension, fear, worry and anxiety. Only 10% of teachers agreed that orphans were fearful. Nevertheless, the reason for the findings could be due to the age factor since Jackson (2002) associates fear to young children and the average age of the subjects was 14 years. The subjects may have been able to conceptualize death and did not have unrealistic fears and fantasies about catastrophes that death brought. From these findings, the researcher thus concludes that the orphans had a wide range of psychosocial problems.

The mean for Behavior Inventory, which was to measure classroom behavior, and learning symptoms scored a mean of 33.8, which was above expected mean of 30. This showed that the teachers agreed that the orphans had a wide range of psychosocial problems and were able to recognize them. They also agreed the orphans' behavior needed special attention.

Degree of Incapacitation

According to table 4.14, 70% of teachers agreed that orphans needed much attention, 10% were uncertain and 20% disagreed. These findings were consistent with the findings of Ndurumo (1993) who stated that those children with academic difficulties should be provided with tutoring that is extra instruction and remedial work.

Table 4.14 Analysis of the Degree of Incapacitation Scale

	Items	SA	%	A	%	U	%	D	%	SD	%	Total
1	Need much attention	3	30	4	40	1	10	2	20	-	-	10
2	Need new approaches	-	-	3	30	1	10	2	20	4	40	10
3	No enough training	-	-	5	50	2	20	3	30	-	-	10
4	No arrangements in schools	-	-	6	60	-	-	3	30	1	10	10
5	Problems will be overcome	-	-	6	60	2	-	-	-	2	20	10
6	Need special help	4	40	6	60	-	-	-	-	-	-	10
7	Get worse	2	20	2	20	3	30	3	30	-	-	10
8	Strange behaviour	3	30	4	40	2	20	1	10	-	-	10
9	Need special schools	2	0	2	20	4	40	2	20	-	-	10
10	Special attention	2	20	3	30	2	20	1	10	2	20	10
	Total	16		41		17		17		9		100

Mean=32.4

Only 30% of teachers' agreed that orphans needed new approaches to learning, 10% were uncertain and 60% disagreed. The finding was inconsistent with ibid (1993) who argued that pupils with emotional problems and academic difficulties needed a well-structured program with short, structured tasks, which would lead to success.

Nevertheless, the items on lack of enough training of teachers and lack of arrangements by most schools to handle orphans gave a strong indication that the teachers were not able to respond to the orphans' problems. The reasons were that they felt most regular classroom teachers did not have enough training to handle pupils like this. They also felt strongly that most schools had not made arrangements to handle such pupils. These findings were consistent with those of Morse (1971) who noted that teachers did not understand the processes involved in emotional training and thus used haphazard techniques that were ineffective. Ndurumo's (1993) study further supported this finding for he noted that few schools came close to having enough resources to deal with large number of students with emotional problems.

The Degree of Incapacitation Scale had a mean of 32.4 higher than the expected mean of 30. The teachers seemed to recognize the psychosocial problems of the orphans. Nevertheless, the majority of the teachers agreed that they were unable to respond because most regular classroom teachers did not have enough training in

counseling to handle such pupils. They also felt that most schools had not made adequate arrangements to handle such pupils. This could have contributed to the high degree of the orphans' psychosocial problems and their truncated academic achievement.

CHAPTER FIVE

SUMMARY AND RECOMMENDATIONS

5.0 Introduction

This chapter is divided into the summary of the study, recommendations based on findings and suggestions for future research.

5.1 Psychosocial problems

The main aim of this study was to investigate the psychosocial problems of orphans and their impact on the academic achievement. The population of the study comprised orphans and non-orphans in selected primary schools in Nairobi. The results of this study suggested that generally, the orphans had psychosocial problems that impacted negatively on their academic achievement. These problems inhibited them from attaining their full academic potential.

There were significant differences between orphans and non-orphans in their psychosocial problems. Orphans had more psychosocial problems than non-orphans. These results are consistent with findings of other scholars such as Kaffman & Elizur (1983) and Blacks & Urbanoweiz (1987) who found that children who lost parents had increased anxiety, crying, moodiness, apprehension, fear, worry, restlessness and social withdrawal.

Concerning age, there was a positive relationship between orphans' age and

psychosocial problems. However, psychosocial problems were not significantly correlated to age according to the findings.

Regarding gender, the study observed that orphan girls had higher psychosocial problems than orphan boys. The study did not however, find any significant sex difference in psychosocial problems of orphans.

The findings of this study indicated that the teachers were able to recognize the orphans' psychosocial problems and agreed that the behavior needed specialized help. Nevertheless, the teachers had difficulties in responding to the psychosocial problems of the orphans.

5.2 Academic Achievement

The findings revealed that there was a significant difference between orphans and non-orphans in their academic achievement. This was consistent with the results of Slifes (1996) and Adelman and Taylor (1998) who observed that emotional problems related to parental death could interfere with study patterns. Research evidence from Adelman (1997) also supported this finding since he found out that disorders such as anxiety could lead to truncated educational attainment.

In regard to gender, the study revealed that there was a significant sex differences in academic achievement of orphans.

5.3 Psychosocial Problems and Academic Achievement

The study observed that there was a negative relationship between psychosocial problems and academic achievement. The relationship between psychosocial problems and academic achievement was also significant. Adelman and Taylor (1998) findings also supported the researcher's findings since they found that disorders such as, anxiety could lead to truncated educational attainment.

5.4 Implications of the findings

The findings imply that psychosocial problems influenced significantly the academic achievement among the orphans. The barriers to academic achievement of orphans should be viewed with more concern by all stakeholders since education is a long-term solution to their problems. Education will also expand the orphans' choices for the future.

Most schools did not have adequate resources to handle the orphans' psychosocial problems. This is in line with findings based on item 4 in the analysis of the degree of incapacitation scale, which indicates that 60% of the teachers agreed that schools had not made arrangements to handle pupils with emotional problems. These findings are consistent with Ndurumo's (1993) who found that few schools come to having enough resources to deal with a large number of students with emotional problems.

Schools should design interventions that will promote the orphans academic achievement. Such interventions should increase the orphans' probability of a healthy grief resolution and be able to deal with their loss. The orphans need support and reassurance following bereavement to help reduce the pain and stress.

5.5 Conclusion

It was hoped that if teachers were trained on counseling skills handling such pupils and if schools make adequate arrangements to handle pupils with emotional problems, this would assist the orphans reduce their psychosocial problems. This would eventually enable them realize their full academic potential.

5.6 Recommendations

The psychosocial problems of orphans include depression, anxieties, fear, withdrawal, and antisocial behaviour amongst others. These are a result of unhealthy resolution of grief. Schools should enhance the guidance and counseling department to help orphans have a healthy resolution of grief. Counseling will give the orphans the opportunity to explore their fears, anxieties and express their feelings. This observation is consistent with Mbogori's (2002) who asserts that healthy grief will reduce the pain and distress associated with bereavement.

Since most teachers do not have, enough training to handle such pupils, in-service courses aimed at imparting counseling skills required to handle emotional and

social problems in pupils should be availed.

The psychosocial problems in orphans are associated with academic difficulties among them e.g. work below capacity. Teachers should give remedial or extra instruction to the pupils with academic difficulties. This way they will give the orphans special attention that will assist them in achieving their full academic potential.

The Ministry of Education should see to it that all primary schools have functional and regular guidance and counseling programs to address the psychosocial problems of orphans. This will help remove the barriers that keep many orphan learners from achieving their full cognitive abilities.

5.7 Recommendations for Further Research

A similar study should be replicated in other urban centers on the informal settlements to ascertain if they face similar problems.

A study should be carried out to investigate if there is any significant relationship between sex of the deceased parent and the psychosocial problems of orphans.

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APPENDICES

Appendix A

Pupils Questionnaire

Instructions for the pupils

Please fill in this form to the best of your ability. Your response will be treated with strict confidence. It will not be used for any other purpose apart from the current research.

1. Class : Six Seven
2. Gender : Boy Girl
3. Age :
4. Date :

The following is true about me (tick)

My mother is dead

My father is dead

Both my parents are dead

None of the above

5. Answer the following questions by ticking (✓) appropriately against either;

Never (N).

Few times (F).

Sometimes (S)

Many times (M).

Always (A).

I experience the following.

1. Get into fights or quarrels with other pupils

Never Few times Sometimes Many times Always

2. Easily get tired

Never Few times Sometimes Many times Always

3. I am unhappy or depressed

Never Few times Sometimes Many times Always

4. Make noise in class

Never Few times Sometimes Many times Always

5. Easily annoyed when criticized

Never Few times Sometimes Many times Always

6. Can be very quarrelsome

Never Few times Sometimes Many times Always

7. Feels anxious

Never Few times Sometimes Many times Always

8. Destroy property of other pupils

Never Few times Sometimes Many times Always

9. Easily make enemies in school

Never Few times Sometimes Many times Always

10. Feels withdrawn

Never Few times Sometimes Many times Always

11. Lack self-confidence when in a group

Never Few times Sometimes Many times Always

12. Feel worried and insecure

Never Few times Sometimes Many times Always

13. Feel helpless and hopeless

Never Few times Sometimes Many times Always

14. Feel lonely

Never Few times Sometimes Many times Always

15. Lack sleep at night

Never Few times Sometimes Many times Always

16. Feels angry often

Never Few times Sometimes Many times Always

17. Day dreams in class

Never Few times Sometimes Many times Always

18. Become sick when faced with difficult school problems?

Never Few times Sometimes Many times Always

19. Bedwetting

Never Few times Some times Many times Always

20. Avoid class work

Never Few times Sometimes Many times Always

Appendix B

Teachers' Questionnaire

Please note that the information here is strictly for educational purposes and will be kept confidential.

Particulars of the respondent

Name of the school:

Gender :

This intends to find out the psychosocial problems the orphan pupils have and the degree to which they need help. Please truthfully give your answer by choosing one of the following responses for each item.

Strongly Agree (SA)

Agree (A)

Uncertain (U)

Strongly Disagree (SD)

Disagree (D)

Behavior Inventory

In general the following describe the orphan pupils in my class. Tick (✓) where appropriate

Items	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1.Exceedingly shy, timid and withdrawn					
2.Have no friends					
3.Overaggressive, quarrelsome, antagonistic					
4.Work below capacity					
5.Little or no motivation to learn					

Items	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
6. Need constant attention					
7. Tires easily and appears drowsy much of the time					
8. Daydreams frequently					
9. Worried and anxious.					
10. Shows unusual fearfulness and tenseness.					

Degree of Incapacitation Scale

Items	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
11. Pupils like these require too much of a regular teachers time and attention.					
12. What these pupils need are new learning experiences or new approaches to solving their problems.					
13. Most regular classroom teachers do not have enough training to handle pupils like these.					
14. Most schools have not arranged to handle such pupils.					
15. There are good chances that these problems will be overcome even if nothing is done about it.					

Items	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
16. Pupils like these need counseling from the teacher					
17. Pupils like these should be in a special class or in some special type of school.					
18. Pupils like these will probably get worse without special attention.					
19. It isn't very unusual for pupils of this age to act like this					
20. Orphan boys need more special attention than the orphan girls do.					