



library@chuka.ac.ke; www.chuka.ac.ke

THE ROLE OF SELF-ESTEEM ON DEVELOPMENT OF MENTAL HEALTH AMONG SECONDARY SCHOOL STUDENTS IN KIRINYAGA AND NYERI COUNTIES, KENYA

Margaret Wanjiru Gitumu & Joyce Njeri Kinyua

Karatina University, School of Education and Social Sciences, Box 1957, Karatina

**mwanjiru21@gmail.com, mgitumu@karu.ac.ke*

Citation:

Gitumu, M. W & Kinyua, J. N. (2024). The role of self-esteem on development of mental health among secondary school students in Kirinyaga and Nyeri counties in Kenya. In: Mutembei Henry, Nduru Gilbert, Munyiri Shelmith, Gathungu Geoffrey, Kiboro Christopher, Otiso Wycliffe, Rithaa Jafford, Miriti Gilbert, Gichumbi Joel, Mwathi David, Gitonga Lucy, Nanua Jackin, Kahindi Roseline, Jonathan Kathenge & Muthui Zipporah (Eds.). *Proceedings of the Chuka University Tenth Annual International Research Conference held in Chuka University, Chuka, Kenya from 5th to 6th October, 2023. 42-46 pp*

ABSTRACT

Self-esteem is crucial to the development of mental health for better learning. Self-esteem has a great importance as a protective factor in mental health. High self-esteem can lead to better mental health and social behavior, and that poor self-esteem is associated with a broad range of mental disorders such as depression, suicidal tendencies, eating disorders and anxiety, violence and substance abuse. This study was guided by Maslow's theory of hierarchy of needs and Bowlby's theory of attachment. The objective of the study was to assess the level of self-esteem between orphan and non-orphan students among secondary schools in Kirinyaga and Nyeri counties in Kenya. The problem statement was that orphans suffer emotional needs, physiological needs and psychological needs that would affect their self-esteem. Self-esteem would too impact on development of mental health for better learning thus the need to assess the self-esteem levels of orphans and non-orphans to reflect their mental health. The study was a survey, which utilized casual comparative research design. According to county education offices in the two counties, the total population of students was 58,448. Stratified and purposive sampling methods were used. Out of 58,448, 426 students constituted the sample of this study. A questionnaire was used to collect the data. In data analysis, descriptive (frequencies, percentages) and inferential (t test) statistics were used. The major finding in this study indicated that most orphans and few non-orphans registered low self-esteem. In conclusion, the overall self-esteem levels of orphan students and non-orphan students have a difference and these points to mental health issues of students. The recommendation is that the government should come up with comprehensive policies to promote the well-being of the students registering low self-esteem and promote mental health so as to minimize mental disorders among students for better learning.

Keywords: Self-esteem, Mental Health, Orphans, Non Orphans, Students, learning

INTRODUCTION

Self-esteem is central to everything (Perera, 2003 in Kiyiapi 2007). Perera continues to observe that self-esteem is the difference between success and failure, affects thinking, causes one's outlook to be positive or negative, affects confidence, self-image, enables one to have the right attitude to succeed at work and affects happiness. He also says that the potential to achieve what one most desires is directly related to his/her self-esteem, and failure is also more likely when one suffers from low self-esteem since one believes others when they tell him/her why he/her cannot succeed.

High self-esteem and the self-serving attributions that maintain it contribute to emotional well-being and protect us against depression and anxiety (Greenberg et al 1992, Haaga, Dyck & Ernst, 1991 in Luther & Blatt, 1993). Under most circumstances, people with high self-esteem set appropriate goals and are effective at meeting their

goals. (Benneister, Heatherton & Tice, 1993 in Cloninger 1996). Crocker (1993) reports that subjects with high self-esteem are likely to defend their self-esteem.

In addition, Baumeister, Tice & Hutton (1989) suggests that people with high self-esteem are especially concerned with presenting an enhanced and successful self-image. Those with higher self-esteem more actively seek to repeat their successes, risking the possibility of failure but also making possible the rewards that require sustained success and not simply promise. As such, Cloninger (1996) says that high self-esteem is associated with persistent efforts to reach goals.

Moreover, Shaffer (1989) observed that children with high self-esteem generally feel quite positive about their perceived characteristics. In effect, people who feel good about themselves have fewer sleepless nights, succumb less easily to pressures to conform, are less likely to use drugs, are more persistent at difficult tasks, are less shy and lonely and are just plain happier (Crocker & Wolfe, 1999, Leavy, 1999, Fafarodi & Vu 1997, in Myers 2001). Also in agreement is Harter (1990) in Papalia (1995) who contends that children who like themselves tend to be cheerful, confident, curious and independent, trusts his/her own ideas, approaches challenges and initiates new activities with confidence, describes herself/himself positively and is proud of her/his work, adjusts fairly easily to change, tolerates frustration, perseveres in pursuing a goal and can handle criticism indicating mental health. Sedikides (1992) in Cloninger (1996) says that the mood and self-evaluation influence each other. When people evaluate themselves negatively, they experience unpleasant emotions such as shame, embarrassment and feelings of inferiority. In addition, Brown & Mankowski (1993) in Cloninger (1996) pointed out that when people with low esteem are in a negative mood, they are more likely to criticize themselves which may put them at increased risk for depression and this shows poor mental health.

At the same time, low self-esteem influences social interactions in various ways. Jealousy is more common among people with low self-esteem and they are also more swayed by messages aimed at influencing them. (Stewart & Beauty 1985; Rhodes & Wood, 1992 in Cloninger 1986). According to Myers (2001), those with low self-esteem do not necessarily see themselves as worthless but they seldom say good things about themselves. Unhappiness and despair often coexist in them. Low self-esteem is said to come in different forms. Those vulnerable to depression often feel they are falling short of their hopes. Those vulnerable to anxiety often feel they are falling short of what they ought to be (Higgins, 1987 in Myers 2001). For such people, the pain of anticipated social rejection, experienced as low self-esteem, is sometimes adaptive. (Leavy & others 1995 in Myers 2001).

In addition, Coopersmith, (1968) in Malim and Birch (1998) contends that low levels of self-esteem may indicate feelings of worthlessness possibly resulting in depression and anxiety. In agreement is also Herter (1990) in Papalia (1995) who observed that the children with low self-esteem do not trust their own ideas, lack confidence, hangs back and watches instead of exploring on their own, withdraws and sits apart from other children, and describe themselves negatively, without pride in work, give up easily when frustrated and reacts immaturely to stress and inappropriately to accidents. Herter continues to point out that children with low self-esteem are more likely to be depressed and a depressed mood can lower a person's energy level which in turn can affect competence. Self-esteem has been referred to as the survival of the soul as it is the ingredient that gives dignity to human existence. It grows out of human interaction in which the self is considered important to someone (Rice, 1984). As such, it has been observed that human infants form an emotional attachment to their primary caretakers (usually the parents) and there is a critical period during which this must occur for healthy development (Coon, 1986). Indeed, Dehert, Sroufe and Cooper (2000) say that children are born with inherited tendency to seek social stimulation and to form strong attachment to caregivers. Moreover, Weiner (1992) suggests that the association between internal ascriptions for outcomes and self-esteem is an integral part of everyday interactions. These interactions may be through words, visual or through actions. Armstrong (1986) observed that secure attachment thrives when parents are affectionate, caring and sensitive to the baby's needs.

It has been observed that the sense of self begins in infancy with the recognition that one is a separate individual, (Butterworth, 1992, Pervin, 1992 in Peplan & Seers, 2000). Moreover, Serfert and Hoffnung (1991) adds that from the beginning of infancy through the end of toddlerhood, children achieve a growing sense of basic trust, autonomy, competence and ultimately self-esteem. As such, very young children have fairly clear conceptions of their personal qualities and what they do or don't do well.

Coopersmith (1967) in Nadalman (1982) emphasized four basic factors in the development of self-esteem which includes interaction between parent and child with respect to acceptance, the importance of clear definition of

firm rules and limits of behavior, the necessity of mutual respect and basically non coercive relationships and the relevance of the parents' own self-esteem. Another view of how children develop an overall favorable opinion of themselves comes from Harter (1990) in Papalia (1995) which suggests that self-esteem comes from two major sources which include how competent children think they are in various aspects of life and how much social support they receive from other people. In fact, Papalia (1995) adds that children as young as 4 years old already seem to show by their behavior that they possess a sense of self-worth.

Moreover, Leavy et al (1995) in Cloninger (1996) observes that we learn to evaluate ourselves positively or negatively as a result of social experience. When others think well or ill of us, those messages often become internalized aspects of our own sense of self and that we often strive to make a positive impression on others, putting our "best foot forward" in an attempt to create positive impressions on others which in turn enhances our own sense of self-worth (Cloninger, 1996). In his research, Papalia (1995) shows that the most vital contributor of the development of self-worth is the degree to which a child feels regard from the significant people in his or her life of which the most important people are parents, then classmates, followed by friends and teachers. Also, Rogers (1961) in Hayes (1994) believed that self-esteem develops through childhood as well we internalize social standards, or conditions of worth, which we learn about through everyday social interaction. Jourard and Remy (1955) cited what is most critical in development of children's self-esteem is perceptions of their parents' appraisals. If the children feel that these appraisals are positive, they will find pleasure in their bodies and in their selves. If they feel that those appraisals are negative, they will develop insecurity and negative appraisals of their bodies. Apparently, the kinds of appraisals that parents make of their children largely reflect the parents' own degree of self-acceptance. Mothers who are self-accepting also tend to accept their children (Medinnus and Curtis, 1963 in Pervin and John (1997).

According to Pervin and John (1997) there are three areas in which the parental attitudes and behavior are important in the formation of self-esteem. The first one is the degree of acceptance, interest, affection and warmth expressed towards the child. The interest on the part of the mother appear to be interpreted by children as an indication of their significance, that they are worthy of the concern, attention and time of those who are important. The second area is permissiveness and punishment. The parents who make clear demands those are firmly enforced and reward as a preferred mode of affecting behavior. In this, the parents establish and enforce the guidelines for their children. The third area is democratic practices. In this, parents establish extensive set of rules and are zealous in enforcing them but treatment is within the defined limits of non-coercive and recognize the rights and opinions of the child.

According to Freud (1930) in Liebert and Wicks-Nelson (1981) identification is an emotional tie based on the need to love. This love is the basis for the formation of self-esteem. The cognitive developmentalists have considered the relations of cognitive development to self-development, for instance children who are more proficient in conversation than their age mates are also likely to be more objective in their self-evaluation (part of self-esteem) (Liebert and Wicks-Nelson, 1981).

According to Maslow (1970) in Liebert and Liebert (1998) self-esteem has needs from others and from within. Self-esteem needs from others include desire for recognition, appreciation, attention, prestige, reputation, status, and fame, that is, individuals' needs to feel respected and valued by others for their accomplishments and contributions. Self-esteem needs from within involves personal desire for feelings of competence, mastery, achievement, confidence and independence. When these needs are met, people feel worthy, confident, capable, useful and necessary. If these needs are frustrated, they feel inferior, weak, and helpless, meaning that there is no development of high self-esteem. Self-esteem may depend to a large extent on the way others perceive and react to our behavior. In effect, Sullivan (1953) in Nadelman (1982) contends that early growth of self is tied to emerging idea of good me/bad me based largely on interactions with the mother.

As such, Nadelman observed that children understanding of the family's perception of them certainly seem crucial in the ideas children develop about themselves. Another factor influencing self-esteem is the pattern of identification with the same sex parent and cross-sex identification with opposite sex parent which is apparently influenced to some extents by the nurturance, affection, competence and power notions that children have about their respective parents. Apparently, parents are probably the greatest influence on the development of one's self-esteem. Parents are the children's primary advocates and they provide the first psychological situation in which the children must survive and thrive. This is so because the parent's attitudes, feelings and action are always recorded in the children's mind and form a basis of his or her self-image.

The level of self-esteem is a product of the extent, to which the child was praised, encouraged or relentlessly criticized (Rainey & Rainey, 1986). According to Hollinger and Fleming (1985, 1988) in Cloninger (1996), males' self-esteem is more influenced by task success but females' self-esteem depends more on social relationships and personal qualities. They also pointed out that self-esteem is enhanced by both traditionally feminine abilities such as ability in the performing arts, and activities that are traditionally masculine such as athletics and mechanical ability.

Another factor that influences self-esteem is the society. If society evaluates males according to their individual accomplishments, they will be socially approved on this basis and they will learn to think well of themselves for their individual accomplishments. On the other hand, by expecting females to be more involved in shared efforts, society teaches them to base their self-esteem on interdependence and interpersonal connectedness. According to Josephs, Markus and Tafarodi (1992) in Cloninger (1996), self-esteem depends in part, on living up to the gender norms of one's society.

Apparently, children are influenced in their self-judgments through a process of reflected appraisal in which they take the opinions of them expressed by others who are important to them and then use these opinions in their own self-judgments (Pervin and John, 1997). Lambert and Menally (1968) also indicated that feelings of personal worth are influenced by performances, abilities, appearance and the judgment of significant others. It has also been put forward by Fagel (1993), Youniss, (1994) in Malim and Birch (1998) that interactions with other people is of great importance. Through these interactions the child becomes aware of the judgments parents make such as "naughty", "good", "bright", "a bit slow", "very feminine" and others. It is from these labels that children develop a sense of who and what they are and this lays the foundation of the development of self-esteem. These labels influence the development of self-esteem.

METHODOLOGY

The objective of this study was to determine whether there are any statistically significant differences in self-esteem level between orphans and non-orphan students. The research design for this study was survey, which employed a casual-comparative approach. This study design was found suitable for this study since the phenomenon under investigation was already in existence. The study was carried out in Nyeri and Kirinyaga Counties, Kenya. The target population was from one to four students in secondary school, both male and female enrolled in public secondary schools in Nyeri and Kirinyaga Counties making a total of 58,492 according to Education offices 2015. The sampling techniques used in this study included purposive, used to sample the schools and the orphans. The schools were purposively sampled according to the high number of total orphans registered. The researcher picked 11 provincial and district secondary schools to participate in the study. The orphans were also purposively selected by use of class register. Another sampling method used in this study was simple random sampling. Students from two parent families were sampled using simple random sampling. The school sample size was 11 provincial and district secondary schools picked to participate in the study. Out of the 11 schools, students from two parent families were sampled using simple random sampling technique while orphan students were purposively selected. In random sampling, the researcher wrote yes or no on the papers which were mixed and stirred properly and asked the class teacher to pick any depending on the number required in every school. In every school, the number of students from two parent families was to match the number of total orphans thus the sample size was 426. The questionnaire for data collection was divided into three sections, that is section C (Personal data), section D (self-esteem scale) and section E (students' education and job aspirations. Section C contained 13 items that were used to collect personal data. These items showed information on student's gender, school category, whether the student was an orphan or not and amount of pocket money given to the student per term among others. Section D is a self-esteem adopted from Barksdale Foundation (2002). It contains 25 positive items. Each item was responded to as strongly agree (5), agree (4), not sure (3), disagree (2), and strongly disagree (1). The self-esteem scores were 125 which were divided into high, moderate and low. The maximum mark was 125 while the minimum was 25. The students who scored between; 95-125 were said to have high self-esteem, 60-94 will be moderate and 59 and below will be low self-esteem. Section E contains 21 items. These items have been divided into part one and two. Part one contains five items that enquire on academic aspiration of the students and part two contains 16 items that enquire on job aspirations of the students. The researcher collected the necessary data for the study from orphan and non-orphan students in Kirinyaga and Nyeri Counties. During the data collection exercises, the questionnaire was collected immediately after the students completed filling the questionnaires. The questionnaires had serial numbers for the purpose of identification and possible follow up. This exercise took 25 days. The researcher then scored and coded the data for analysis. The data was analyzed using descriptive and inferential statistics. Descriptive statistics included frequencies, percentages and standard deviation to describe raw data. The inferential statistical techniques such as t-test were used to test the hypotheses posted in this study. The data

was analyzed with aid of computer programme, Statistical Package for Social Science (SPSS) version 11.5. All tests were done at 0.05 level of significance.

RESULTS AND DISCUSSION

The objective of this study was to determine whether there are any statistically significant differences in self-esteem level between orphans and non-orphan students. To achieve this objective, the hypothesis stated that there was no statistically significant difference in self-esteem level between orphans and non-orphan students. The data was scored and coded. Analysis was done by running t test. Tables were used in data presentation. It was necessary, first to identify significant attributes that relate to self-esteem from the four theories that guide the study and refer to items in section B which is the self-esteem scale. As such the attributes were identified from the theory of hierarchy of needs by Maslow, theory of attachment by Bowlby, theory of self by Rogers and theory of psychosocial stages of development by Erikson. The attributes were identified and grouped as follows;

(a) Psychological needs (needy of praise, recognition) these were reflected in terms of 1, 4, 5, 11, and 20 from section B of Appendix C. Table 1 indicates the responses on orphan students and non-orphan students.

Table 1: Responses of Orphans and Non-Orphans on Psychological Needs.

Attribute	Orphanhood	N	Mean (\bar{x})
Psychological needs	Yes	170	11.02
	No	230	14.20

Table 1 shows that the non-orphan students had a higher mean score of the items reflecting psychological needness. It can then be induced that the non-orphans have their psychological needs met while on the other hand, the orphans scored a lower mean, pointing to psychological needs not met. Probably the orphans feel inadequate or not stable psychologically either due to problems they encounter in life or because they never went through stages of development successfully. This is an indication that their self-esteem is affected in a negative way.

(b) Safety needs; protection and stability in the systems, laws and other in day-to-day life. The items that relate to this attribute in section B of Appendix C are 9, 19, 23, 25, 12, 2, and 24. The orphans and non-orphans responded according to the results in Table 2.

Table 2: Responses of Orphans and Non-Orphans Students on Safety Needs.

Attribute	Orphaned	N	Mean (\bar{x})
Safety needs	Yes	170	13.7
	No	230	16.7

From Table 2, orphans had a lower mean of the scores than the non-orphans on safety needs. It can therefore be inferred that non orphans achieve the safety needs which probably influence their self-esteem positively. The orphans scoring lower mean indicates that they are lacking in safety needs to a certain extent. This is interpreted to mean that the self-esteem of the orphans is influenced negatively by the failure to achieve the safety needs.

(c) Love and belonging (affection, are people bad or good) in section B, the items relating to loving and belonging are 3, 10, 2, 7 and 8. Table 3 gives the responses of orphans and non-orphans.

Table 3: Responses of Orphans and Non Orphans on Love and Belonging

Attribute	Orphaned	N	Mean (\bar{x})
Love and belonging	Yes	170	10.1
	No	230	10.9

From Table 3, non-orphans scored a higher mean on love and belonging than orphans. This may be interpreted to mean that non orphans have their needs on love and belonging met. On the other hand, we may say that orphans are in need or wanting in love and belonging needs. This is so especially if the guardians, do not provide love. The people around the orphans may not also provide love and this probably makes the orphans to miss affection and term other people as bad. This need may point to a negative effect on their self-esteem.

(d) Secure attachment (you and significant others like parents). Items 14, 17, 22 and 25 in section B of Appendix C reflect secure attachment. Table 4 gives the responses of orphans and non-orphans on secure attachment.

Table 4: Responses of Orphans and Non-Orphans on Secure Attachment.

Attribute	Orphaned	N	Mean (\bar{x})
Secure attachment needs	Yes	170	9.3
	No	230	11.7

Table 4 indicates that non orphans scored a higher mean on secure attachment. This may mean that the non-orphans have their needs on secure attachment met either by parents or significant others. This points to a better development of self-esteem. On the other hand, the orphans seem to suffer from secure attachment since they scored a lower score than non-orphans. It may therefore reflect lack of secure attachment to their parents before they were dead, since secure attachment is achieved in early stages of life. This may infer a lower self-esteem of the orphans.

(e) Development of mistrust (do you have a hate list)

This attribute reflected in the following items 6, 9, 13, 16 and 23 in section B of the instruments. The responses of orphans and non-orphan are given in Table 5.

Table 5: Response of Orphans and Non-Orphans on Development of Mistrust.

Attribute	Orphaned	N	Mean (\bar{x})
Development of trust	Yes	170	11.6
	No	230	14.3

Table 5 shows that orphans scored a lower mean than non-orphans on the development of trust. This may imply that non orphans have developed trust. This has an effect on their self-esteem positively. On the other hand, the orphans seem to have developed mistrust indicating inadequacy in the development of the self-esteem. This points to a low development of self-esteem for orphans.

(f) Control (are you responsible for your life/ to what extent as opposed to power of other people on your life) from section B, the items relating to control are 20, 10, 15, 18 and 19. Table 6 gives the responses of orphans and non-orphans.

Table 6: Responses of Orphans and Non-Orphans on Control.

Attribute	Orphaned	N	Mean (\bar{x})
Control	Yes	170	11.6
	No	230	14.3

From Table 6, it is clear that non orphans scored higher mean on control. This may mean that the non-orphans have power to control themselves, competent in making decisions and not influenced by other people on various aspects. This indicates high self-esteem. On the contrary, the orphans scored a lower mean indicating that they may not have power of decision making. The orphans may be influenced by other people, and may be weak in control thus pointing to a low self-esteem. In addition, t-test was carried out for the groups to compare the differences of the groups. Table 7 indicates the results.

Table 7: Analysis of Attributes to Compare the Differences of the Group Responses.

Attribute	t value	Df	P value
Psychological	- 8.171	398	0.000
needs Safety needs	- 5.300	398	0.000
Love and	- 1.600	398	0.000
belonging Secure attachment	- 6.300	398	0.000
Development of trust	- 5.800	398	0.000
Control	- 5.800	398	0.000

Table 7 shows the results of all the attributes for first hypothesis. Given that the p values were less than alpha at 0.05, then the results indicated significant differences for the groups. This can be interpreted that for every attribute tested for orphans and non-orphans, there was significant difference in self-esteem levels. It was important to show the self-esteem levels of orphans and non-orphan students. Table 8 shows the self-esteem levels of orphans and non-orphans.

Table 8: Distribution of Orphan Students by their Self-Esteem.

	Self-esteem level	Frequency (t)	Percentage (%)
Orphans	Low	118	69.4

	Moderate	49	28.8
	High	3	1.8
	Total	170	100.0
Non-Orphans	Low	39	17.0
	Moderate	108	47.0
	High	83	36.0
	Total	230	100.0

Table 8 shows clearly, that most orphans registered low self-esteem (69%) while the orphans with moderate self-esteem were 28%. However, 1.8% of the orphans registered high self-esteem. This may be explained by the fact that orphans live in different environment which may influence the development of their self-esteem differently.

Table 8 also indicates clearly that the highest percentage of non-orphan students registered moderate level of self-esteem (47%) while 17% of the non-orphan students registered low self-esteem. The 36% of non-orphans registered high self-esteem. This scenario may be explained by the fact that not all non-orphans live in an environment that influence their self-esteem positively. There may be some parents who might mistreat their children impacting negatively on their ego development leading to development of low self-esteem as indicated in literature review.

After considering the attributes, t-test was ran for the two groups of orphans and non-orphans, as the main test indicated to test the first hypothesis. Table 9 shows the results of the analysis.

Table 9: Analysis of Self-Esteem Levels of Secondary School Students by Status

Status	N	Mean (\bar{x})	Mean Difference	Df	SD
Orphans	170	55.6	11.7	398	.21
Non orphans	230	67.3		398	.32

Table 9 shows that there was difference in self-esteem between the two groups which was significant ($t = -6.243, P < 0.05$). The self-esteem mean of non-orphans falls under moderate category while the self-esteem mean of orphans falls under low category.

DISCUSSION

The objective of this study was to determine whether there are any statistically significant differences in self-esteem level between orphans and non-orphan students. The research question stated, Are there any differences in self-esteem level between orphans and non-orphans? The hypothesis stated, there are no statistically significant differences in self-esteem level between orphans and non-orphans. The results indicated that there was statistically significant difference in self-esteem level between orphans and non-orphans ($t = -6.243, p < 0.05$). Therefore, H_0 suggesting that there was no statistically significant difference in self-esteem levels between orphans and non-orphan students was rejected. This difference could be attributed to a number of factors as portrayed by the theories guiding this study.

The Maslow's theory or hierarchy of needs guided. The principle in this theory is that one has to meet the needs of lower level in order to move to the next level. In view of this theory, the lowest level is physiological needs. (Clothes, food, water and maintenance of internal state of body). The second level is safety (to feel sure and safety, to seek pleasure and avoid pain). The third level is love and belonging (to affiliate with others, be accepted and give and receive attention).

The fourth level is self-esteem (to achieve, be competent, gain approval and excel while the fifth is actualization. As the orphan experience difficulties in meeting the physiological as indicated in the background information, it might be true that the orphans could not move to the esteem needs thus registering low self-esteem. Probably, even the safety, and love needs were not also met in the incase of orphans, that is orphans could be feeling insecure, have no pleasure and experience pain due to the death of their parents.

Moreover, orphans might not be affiliated with others especially those that lived with siblings and those that lived children's homes in order to be accepted and give and receive attention. Therefore, all these might explain why the orphans registered lower self-esteem in comparison to no-orphans. On the other hand, the non-orphans have the parents who provide the physiological needs, provide safety needs to the non-orphans and love and bringing needs thus enabling the non-orphans to move on to the level of esteem needs. In the view of these

investigations, then the theory of hierarchy of needs might be considered to be true.

In addition, the other theory guiding this study was theory of psychosocial stages of development. According to Erikson (1950) as indicated in theoretical framework, each stage represents a developmental challenge that psychologically healthy person meets. Erikson pointed out that unhealthy person fails to meet one or more challenges and must continue throughout life trying to cope with the conflicts that emerge because of this failure. In his theory, the first stage is trust versus mistrust that their needs will be met. In this study, the results indicated a statistically significant difference in self – esteem level of orphans and non-orphans. In the reflection of the psychosocial stages of development, the orphans could be said to be unhealthy psychologically owing to the psychological torture, distress, and emotional disturbance they experience with the death of their parents.

Moreover, with the first stage of trust versus mistrust that their needs will be met, orphans may develop mistrust for their parents are not present to meet their needs. As it was indicated in literature review, some of the orphanages do not have enough personnel to meet the needs of the orphans to develop trust. This might then explain why the orphans registered low self-esteem. Moving on to the second stage of autonomy versus shame and doubt, those who do not master this stage doubt themselves, and feel shame about themselves and their ability. The results of failure in this stage are characteristics of low self-esteem as indicated in background information.

As such, the results of this study are in agreement with this developmental stage as orphans registered low self-esteem. Apparently, the non-orphans enjoy the healthy exploration of these psychosocial stages of development as their parents to meet their needs and thus developing trust that their needs will be met. Moreover, parents are also present to encourage autonomy in the second stage of psychosocial stage of development. It is therefore evident that there was bound to be a difference in self- esteem level of the orphans and non-orphans. Erikson argues that age of one to three; a child develops the will, a sense of control and master over their own emotions. It is possible that the orphans suffer in this stage where most of them may face challenge of developing emotions and a sense of control which point to low self-esteem as indicated in the findings of this study. The theory of psychosocial stages of development may explain therefore the differences in self-esteem mean of orphans and non-orphans in this study.

As indicated by Bowlby (1969), in his theory of attachment, the development of secure attachment is very important in the development of self-esteem. Secure attachment is a bond that promotes healthy exploration of the world to which the infants return to if they encounter stress. In the view of this, it is then possible that the orphans may not have developed secure attachment and instead developed insecure attachment reflecting a lack of love and affection in childhood and this creates a negative cognitive set. This probably might be the reason as to why orphan students registered a lower mean of self-esteem than the non-orphan students. These results indicate that parents perhaps contribute to the development of self-esteem as the primary care takers of the children to which some of the orphans had not had a chance especially if their parents died in early childhood.

In fact, Sarafino and Armstrong (1986) say that secure attachment thrives when parents are affectionate, caring and sensitive to the baby's needs. In such a case, it might mean that orphans may not had a chance to develop secure attachment pointing to low self-esteem. In addition, Steinberg (1999) put forward that parents influence their children's self-esteem through the genes they pass on as well as through environment they provide. Indeed, scholars have indicated the importance of the two parents in the development of self-esteem. Also, Seifart and Hoffnung (1991) points out that parent's interaction with their children sensitively and appropriately help in development of secure attachment relationship leading to early emergence of a strong sense of self-esteem.

As such, it is possible that the non-orphan students developed secure attachment with their parents while the orphans may have failed to develop the bond between their parents especially if the parents died when the orphans were young.

Moreover, to account for lower self-esteem mean for orphans and a higher self-esteem mean for non-orphans in this study, there is the self-theory propagated by Rogers (1969). Rogers points out as indicated earlier, the importance of a healthy development of the self-esteem which takes place in an environment that the child has full experiences, accepts oneself, and is accepted by its parents. Indeed, Rogers argues that to enhance healthy development of the self, a conducive environment must be provided, a climate in which the child can experience fully. With the view of Rogers in mind, this research shows a difference in mean of self-esteem between orphans

and non-orphan students probably because orphans do not have good climate to experience full growth and to feel accepted.

Rogers also brings in the issue of parents to accept their children even if they disapproved their behavior. In this case again, the orphans have no parents. Indeed, as indicated in demographic characteristics, some orphans live with guardians in a bad relationship and this may hinder the growth of self-esteem. As also indicated in the literature review, Rogers (1969) contends that it is in the first identification of both male and female children with the mother in a loving-dependency relationship that the basic super ego is laid down. Rogers continues to say that the boys who fail in this identification are liable to find themselves at variance with very strong held moves and the stress of this is likely to endanger unhappiness. This indeed points to the importance of having the parents and probably explains why the non-orphan students registered a higher mean of self-esteem than orphans.

CONCLUSION

The overall self-esteem levels of orphan students and non-orphan students has a difference. The non orphan students seem to have higher level of self-esteem than orphan students. A few orphans also indicated high self-esteem levels. High self-esteem enables children to adjust fairly to change, tolerates frustration, perseveres in pursuing a goal and can handle criticism indicating mental wellness. The perseverance in pursuing goal would enable the students to learn. Therefore, the society should be enlightened to offer a better environment to the orphans where they should derive comfort and love for the development of high self-esteem. Low levels of self-esteem indicate feelings of worthlessness possibly resulting in depression and anxiety and this is poor mental health leading to poor learning abilities. It is therefore important for all people to provide a good environment to enable development of high self-esteem in children.

REFERENCES

- Barksdale, L. S. (2002). *Self-Esteem Test*. Available:<http://www.barksdale.org>. Accessed on 12.4.2004.
- Cloninger, S.C. (1996). *Personality, Description, Dynamics and Development*. USA. New York: W.H. Freeman and company.
- Coon, D. (1986). *Introduction to Psychology: Exploration and Application*. (4th ed.) New York: West Publishing Company.
- District Education Officers, (2006). *Student's Enrolment*. District Education Offices, Nyeri and Kirinyaga Counties.
- Erikson, E. H. (1965). *Childhood and Society*. Penguin Books: W. W. Norton & Co. Inc.
- Heyes, N. (1994). *Foundations of Psychology. An Introductory Text*. Italy. Walton. Thomas Nelson & Sons Ltd.
- Kiyiapi L.I (2007) Ph.D. Thesis Entitled: Psychosocial Issues of Orphaned Youths by HIV/AIDS in Western Kenya.
Available:<http://dlibrary.acu.edu.au/digitaltheses/public/adt-acuvp184,28112008/02whole>. Accessed on 11.9.2010.
- Liebert, R.M. and Wicks-Nelson, R. (1981). *Developmental Psychology*. (3rd ed.) USA. Englewood Cliffs. Prentice- Hall Inc.
- Malim, T. and Birch, A. (1998). *Introductory Psychology*. USA. New York: Palgrave Publishers.
- Myers, D.G. (2001). *Psychology*. (6th Ed) USA. New York: Worth Publishers.
- Papalia, D.E. and Olds, S.W. (1995). *Human Development*. (6th ed) USA. New York: McGraw Hill Inc.
- Peplan, T. & Seers, (2000). *Social Psychology*. (10th ed.) New Jersey, prentice hall.
- Pervin, L.A. and John O.P. (1997). *Personality. Theory and Research*. (7th ed.) USA. New York: John Wiley & Sons, Inc.
- Rainey & Rainey, A. (1986). *Building Your Mates, Self-Esteem*. Here's life publishing Inc.
- Rogers, D. (1969). *Issues In Child Development*: Belmont: Wadsworth Publishing Co.
- Seifart, K. L. & Hoffnung R. J. (1991). *Child and Adolescent Development* (2nd ed)/ Boston; Houghton Mifflin Company
- Shaffer, D.R. (1989). *Developmental Psychology: Childhood Act Adolescence*. (2nd ed.) USA. San Francisco: Council Inc.
- Steinberg, L. (1999). *Adolescence* (5th ed) Boston: McGraw – Hill Company.
- Weiner, B. (1992). *Human Motivation: Metaphors, Theories and Research*; Newbury Park; Sege Publications Inc.

