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# Self-concept and Academic Performance of Adolescents Affected by HIV/AIDS in Atteridgeville, South Africa

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**KEYWORDS** Adolescents. Academic Performance. HIV/AIDS-affected. Non-affected Adolescents. Self-concept

**ABSTRACT** The study investigated the relationship between self-concept and academic performance of adolescents affected by HIV and AIDS. Purposive sampling was used to select a secondary school where 60 (30 HIV/AIDS-affected and 30 non-affected) adolescents in Grade 8-10 were used. The Beck Youth Inventories™ which has internal consistency of Cronbach's alpha coefficient that ranged from .91 to .96 was the instrument used in the study. Participants' first term's scores in the subjects of English, Mathematics and Life orientation were also used to measure their academic performance. The data were statistically analysed through t-test statistics, correlation and ANOVA. Findings show a significant difference in the self-concept of adolescents affected by HIV/AIDS and that of those who are not; no significant difference between the academic performance of adolescents affected by HIV/AIDS and that of those who are not, and no significant relationship between the self-concept and academic performance of adolescents affected by HIV/AIDS. The study concluded on the importance of improving the supportive school environment in the school.

## INTRODUCTION

In the world today, the Human Immune Deficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS) has become a global pandemic with Sub-Saharan Africa seriously affected by it (Thupayagale-Tshweneagae and Mokomane 2013). The UNAIDS Report (2010) also reveals that AIDS claims young adults just as they start forming families and raising children, thus causing orphan prevalence to rise steadily in many countries. As pointed out by this paper, orphaned children face an increasingly uncertain future; they are faced with prejudice and increased poverty, which can, further, jeopardize their chances of completing school and may lead to the adoption of survival strategies that further increase vulnerability to HIV. This is supported by the study of Kimani et al. (2012). who found that the HIV/AIDS pandemic has increasingly become a major factor in the emergence of orphans in developing countries and that these orphans are usually traumatized due to having suffered multiple losses, isolation, stigma and grief. Shisana et al. (2005) also concluded that the epidemic has increasingly threatened the effectiveness and functioning of the public education system.

Thupayagale-Tshweneagae et al. (2013) observed that South Africa is not exempted from this epidemic, as it continues to bear an inordinate share of the global HIV/AIDS burden. Makapela (2008) also noted that the HIV/AIDS pandemic has had an adverse effect on the educational system of the nation. Although, Shisana et al. (2005) observed that the South African education system has been witnessing some turbulent changes over the last few years as a result of a variety of factors (such as merger of the apartheid-era departments of education, the differing approaches adopted by provincial governments to retrenchment and recruitment of educators, changes in the framework for educators' qualifications, the introduction of outcomes-based curriculum and the reorganization of teacher education provision) the quality of education has not improved in spite of these. This is a significant failure as an educated population remained the fundamental platform for meeting most of the other Millennium Developmental Goals (MDGs). Moreover, according to

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Sikhwari (2004), most research into factors that influence academic performance concentrate more on cognitive factors at the expense of affective factors yet, it is true that the affective aspect of students should receive as much attention as the cognitive aspect in academic investigation. This explains why Areepattamannil and Freeman (2008) concluded that variance in academic performance can be related to affective variables, of which self-concept is most important. Thus, the self- concept of adolescents (both those affected by HIV/AIDS and those who are not) was selected by the researchers as the affective variable of this study.

Chetri (2014) defined self-concept as those perceptions, beliefs feelings, attitudes and values which an individual perceives about his own abilities and his status in the outer world. Based on this definition, one may view self-concept as an individual's perception or view of himself. It is never static as it can change from positive to negative depending on the perceptions an individual has about himself or herself due to the prevailing circumstance or situation. Adolescents are affected by HIV/AIDS when they are living with HIV/AIDS, orphaned by HIV/AIDS, are homeless, are the head of a household, or are suffering trauma and grief from the death of a parent from AIDS and/or younger siblings. This situation may hinder them from attending school regularly as they will not be able to afford school fees or transport costs and they may have difficulty in accessing enough money to stay alive (or any money at all) through the state grants system. Vally and Ramadiro (2006) submitted that learners who head households are absent from school because of exhaustion, the need to do domestic work at home, the need to care for siblings living with HIV/AIDS and having to work or beg for food because of overwhelming hunger.

The pathetic situation of HIV/AIDS orphans was further expatiated and supported by the findings of Garber and Flynn (2001) that negative self-worth developed as an outcome of low maternal acceptance, a maternal history of depression and exposure to negative interpersonal contexts (such as negative parenting practices, early history of child maltreatment, negative feedback from significant others on one's competence, and family discord and disruption). All these may have a long term effect on the way such individuals view themselves and the world around them. Supporting this view, Harter (1999) concluded that the development of a positive self-concept during childhood and adolescence depends on a wide variety of intra-individual and social factors such as approval and support (especially from parents and peers) and attachment and unconditional parental support (which are critical during the phases of self-development). It, therefore, seemed that the academic performance of adolescents affected by HIV/AIDS is dependent upon the self-concept of such adolescents. This realization is perhaps the reason the Government of Kenya (2004), submitted that the first areas affected when children are orphaned is their academic performance and self-concept. This is also confirmed by Gabriel et al. (2009) who found that the first areas to be affected when a child is orphaned are their academic performance and self-concept. Thus, it is contended that the need to assist adolescents affected by HIV/AIDS in having higher self-concept and academic performance in South Africa and many other emerging economies provided the theoretical basis to create hypotheses for the study. Conclusions from the study could add insight into improved self-concept and academic performance of adolescents in South Africa and many countries of the world.

**Research Objectives**

The present study aimed at investigating the relationship between self-concept and academic performance of adolescents affected by HIV/AIDS and those that are not. Based on preceding literature, this study assumed that the way adolescents affected by HIV/AIDS perceived themselves and their unpleasant situation could have an impact on their self-concept and academic performance compared to adolescents that are not affected. Thus, the objectives of this study were:

1) To investigate the relationship between self-concept and academic performance of HIV/AIDS-adolescents.
**2)** To compare the self-concept of adolescents affected by HIV/AIDS and those who are not.
3) To compare the academic performance of adolescents affected by HIV/AIDS and those who are not.

**Research Hypotheses**

The study was guided by the following hypotheses;

***H01:*** There is no significant difference in the self-concept of adolescents affected by HIV/AIDS and of those that are not.

***H02:*** There is no significant difference in the academic performance of adolescents affected by HIV/AIDS and of those who are not.

***H03:*** There is no significant relationship between self-concept and academic performance of adolescents affected by HIV/AIDS.

## Review of Related Literature

### *Self-concept of Adolescents Affected by HIV/AIDS and Those Who Are Not*

Scholars have come up with different definitions for the term "self-concept". To some, it is used as a synonym for other terms such as self-regard, self-esteem and self-efficacy (Ahmed and Bruinsma 2006). Byrne (in Du Plessis 2005) also opined that self-concept has so many so-called synonyms such as, self-identity, self-esteem, self-regard and self-perception. People's beliefs and evaluations of themselves determine who they are, what they can do and what they can become (Burns 1982). These powerful, inner influences provide an internal guiding mechanism, steering and nurturing individuals through life and governing their behavior. People's feelings about themselves and their ability to deal with life's challenges and to control what happens to them, are widely documented in literature (Seligman 1975; Bandura 1977; Bowlby 1980; Rutter 1992; Harter 1999). Morgan and King (in Gabriel et al. 2009), also concluded that an individual's self-concept is an indication of how the person feels about his/her self, and a self-view is important in determining how one learns and behaves. Purkey and Stanley (1991) also define self-concept as the totality of a complex and dynamic system of learned beliefs. This suggested that self-concept is not inherited but acquired through learning. As the child develops and gets experience through life and attributes meaning to various situations, the self-concept is also shaped accordingly and cannot exist in a vacuum.6

According to Zivor (2007), people with low self-concept differ in the way they react to situations compared to people with high self-concept. This is confirmed by the assertion of Rosenberg and Owens (2001) that people with low self-concept tend to be more sensitive to criticism, tend to interpret these events as signs of inadequacy and rejection and tend to view themselves as being less confident than people with high self-esteem. This negative self-appraisal makes them to be less inclined to explore new relationships and experiences, thus reducing the chances of positive feedback, and reinforcing the negative self-appraisal. Crocker (2006) found that people with high self-concept are more likely than people with low self-concept to continually strive to better themselves. This finding is confirmed by that of Chetri (2014) that people with good self-concept tend to be more accepting than of others who are not and that high self-esteem is related to independence and open mind. Further, Rosenberg and Owens (2001) also noted that people with high self- concept are motivated to challenge themselves and continually work on their deficiencies as opposed to people with low self-concept who act to protect themselves through avoidance. This protective behavior and fear of rejection causes such people to approach life in a negative way, unlike people with high self- concept who are more proactive in their approach to life.

A review of the literature on self-concept and HIV/AIDS (Kaplan 2001; Rosenberg and Owens 2001; Crocker 2006; Mruk 2006) showed that a positive self-concept serves as a protective factor in the face of external stressors, as identified in the context of HIV/AIDS orphans while a lowered self-concept have the opposite effect and act instead as a vulnerability factor when the environment exerts stressors on the individual. Coombe (2000) explored that adolescents affected by or infected with HIV/AIDS may feel sad, dejected, guilty, angry and insecure and so withdraw from society, resulting in a poor family identity, and/or a poor academic/school identity. These adolescents may also experience problems with acceptance within the group according to their own evaluation. This is supported by the studies of Vrey (1979) and Buchel (1994) who found that adolescents affected by HIV/AIDS establish a negative social self-concept and group identity. The study by Manuela et al. (2014) also found that risk behaviors are related to low self-esteem and self-concept Berk (2003) also concludes that if learners fail to allocate sufficient realistic meaning to themselves, they experience identity confusion with an unrealis-

tic self-concept formation (Armsden and Levis 1994; Reyland et al. 2002) found that children of HIV-seropositive mothers had lower self–esteem than other children attending public schools in the same community. Murphy et al. (2001) found that among children affected by maternal HIV, lower levels of negative self-concept were found.

Results from the study of Zivor (2007) also showed that children orphaned by HIV/AIDS, had lowered self-esteem which equates with feelings of inferiority, timidity, self-hatred, lack of personal acceptance and submissiveness. Further, in the study of Xu et al. (2010), adolescents living with HIV-positive parents were reported to have emotional disturbances including fear and low self-esteem. Doku (2009) interviewed four groups of 200 children (children whose parents died of AIDS, children whose parents died of causes other than AIDS, children living with parents infected with HIV/AIDS, and non-orphaned children) to establish their hyperactivity, emotional, conduct, and peer problems using the Strengths and Difficulties Questionnaire and established that emotional problems were very high in all the groups except among the non-orphaned children [$F(3, 196) = 5.10$, $p < .001$]. Although, the study of Wild et al. (2006) on orphaned children, non-orphaned children and those whose parents died of HIV/AIDS revealed that other orphaned children have lower self-esteem than both non-orphaned children and children whose parents have died of AIDS, nevertheless, the findings of Fainstein (2010) that most of such adolescents often experience problems with attachment formation and other facets of emotional and behavioural development further confirmed the difference between the self-concept of adolescents affected by HIV/AIDS and that of those who are not. This explained why the emotional needs of HIV/AIDS-affected adolescents are still an important issue to be researched.

**Self-Concept and Academic Performance of HIV/AIDS Adolescents**

Studies on the relationship between self-concept and students' academic performance have been a major focus of research for many years (Hamachek 1995). Olatunde (2010) accepted that most of these studies support the belief that there is a persistent and significant relationship between self-concept and academic performance and that a change in one seems to be associated with a change in the other. The first wave of studies on self-concept in the 1950s by Benjamin et al. (in Hamachek 1995) found a significant correlation between self-concept and academic performance. Ever since then, several studies came to the conclusion of a significant correlation between self-concept and academic performance. In a review of early research on the concept, Brogan (1998) reported that learners' level of performance may be related to the perceptions they have of themselves as learners.

Further, Brogan (1998) pointed out that how learners feel about their abilities may, for better or for worse, consciously or unconsciously, influence their academic achievement. Reck (1980), reported that a pupil with a positive self-concept stands a better chance of performing better than a pupil with negative self-concept. Given this premise, he also pointed out that educators have become increasingly interested in enhancing self-concept either as a means to the end of academic performance or as an end itself. However, in a study by Areepattamannil and Freeman (2008) on 573 Grade 11 and 12 students from two public secondary schools in the Greater Toronto area, only small to moderate correlations between academic self-concept and academic achievement variables for both the non-immigrant and immigrant groups were found. Similarly, in a local study done in South Africa by Baadjies (2008) on 44 Grade 9 learners attending St Barnabas College, it was found that there existed no significant correlation between self-concept and academic performance. Vialle et al. (2005) did a study on 65 high-ability secondary school students and the findings revealed that there was no correlation between self-concept and academic achievement in the gifted group.

A study on the self-concept of HIV/AIDS affected adolescents by Nyamukapa et al. (2008) found that in their need for emotional security, HIV and AIDS-affected adolescents lack the ability to explore and make choices and show signs of aggression, helplessness, sadness, depression and negative self-concepts. The study of Kimani et al. (2012) also showed that institutionalized AIDS-orphaned children had a statistically significant positive correlation between self-concept and academic performance, while those who were non-institutionalized had a statistically non-significant negative correlation.

The authors, then, concluded that there is correlation between self-concept and academic performance of AIDS-orphaned children who were institutionalized and that institutionalization is likely to boost academic performance of the AIDS orphans. According to them, multiple deaths in a family make children sad and isolated, lowering their self-concept and this can affect their academic performance, especially, when they are made to appear inadequate in the presence of peers who are not orphaned.

Mathers et al. (2006) noted that HIV/AIDS affected children or adolescents fear death and wonder what will happen to them when their parents or guardians die and that this may lead to feelings of helplessness about their future, which could have a very detrimental effect on their schoolwork in general. Raath (1985) distinguished the dynamics of the self-concept as the movement between two poles, namely positive and negative. Mwamwenda (1996) adds to this that a learner with a positive self-concept has a better chance of performing well than a learner with a negative self-concept. Bloom (1976) found a positive correlation between self-concept and academic achievement. The studies of Engelbrecht et al. (1996) found that negative self-concept leads to poor scholastic achievement which inhibits self-actualization. Other researches by Coombe (2000) and UNAIDS (2004) confirmed that learners whose lives have been disrupted by the impact of HIV/AIDS feel sad, dejected and guilty, while others can no longer attend school due to poverty or illness. These learners develop a sense of worthlessness which leads to a poor self-concept, poor academic achievement and poor self-actualization. According to Jacobs (2011) and Nel (1985), the dynamics of self-concept is located in the role it plays in the behavior of the individual in any particular situation. However, one's experience of a given situation can influence the person's self-concept. An adolescent, for instance is influenced by the people around him/her such as friends, parents and teachers, as well as by situations experienced as pleasant or unpleasant. The concepts that learners form of themselves is dictated by the feedback they get from concepts that others formed of them and will determine how they will process these experiences (Mwamwenda 1996). Self-concept, therefore, determined the specific meaning that a learner will attach to a specific experience. Perhaps, this was why the study of Hongfei et al. (2014) concluded that a positive association exists between relational self-esteem and psychological well-being of adolescents affected by HIV/AIDS. In South Africa, UNAIDS (2004) found that only a third of adolescents affected or infected by HIV/AIDS receive a supportive response from their communities. Discrimination and other forms of stigmatization and ostracism lead to a poor self-concept and, therefore, poor academic performance. The study of Hendricks and Magano (2014) revealed that all learners yearned for love, warmth, support and felt lonely without biological parents. They felt that they don't have security ever since their parents died.

## METHODOLOGY

### Research Design

In order to investigate the relationship between the self-concept and academic performance of adolescents affected by HIV/AIDS, the study drew on a quantitative research using survey research design. This design gave the researchers opportunity to assemble a multi-faceted and holistic picture of the teachers' experiences, perceptions and feelings about the topic (Creswell 2005). It has the potential to provide measurable evidence, establish (probable) cause and effect, yield efficient data collection procedures, create the possibility of replication and generalisation to a population, facilitate the comparison of groups, and provide insight into a breadth of experiences (Creswell and Plano-Clark 2011).

### Instrument

The present study made use of the *Beck Youth Inventories*™ (BYI-II) developed by Beck et al. (2005). It was adopted to measure the level of self-concept of the participants (adolescents). The inventory measuring self-concept consists of 20 items that are self-rated on a 4-point scale of 0 to 3. It has internal consistency of Cronbach's alpha coefficient that ranged from .91 to .96 for ages 15 to 18 across all five scales and a convergent validity measure of .72. The BYI-II was administered to all the adolescents selected for the study; it took the participants about 30 minutes to complete the questionnaire which was administered during the break period. The school

library was used for this activity. The first term's scores of participants' academic performance in English, Mathematics and Life orientation (which were the three compulsory subjects taken by all the participants) were used as measures to find the relationship between self-concept and academic performance of the participants. This was collected from the principal with the help of the Support Team co-ordinator of the school. The participants' marks for first-term examinations were added and averaged. The mean scores for self-concept and academic performance for each participant were also correlated.

**Population**

The population of the study consisted of adolescents aged 15 to 18 years in Grades 8-10 at a Secondary School in Atteridgeville (Tshwane South District) who are affected by HIV and AIDS and those who are both affected and not affected by HIV and AIDS. The particular school was suggested by a district official as it is located in a community in which there are many HIV/AIDS-affected households. In this study, HIV/AIDS-affected adolescents are conceptualised as follows:

- The adolescent might be living in a community affected by HIV and AIDS.
- The adolescent may be directly infected with the HI virus.
- The adolescent may be indirectly affected by either the loss of a significant person/s to AIDS.
- The adolescent might be living with someone who is infected with the HI virus.
- The adolescent might be taking care of someone infected with the HI virus.
- The adolescent might be heading a household affected by HIV and AIDS.

The adolescent might be dealing with many of the above challenges but without relating it directly to HIV and AIDS.

Further, to investigate the relationship between the self-concept and academic performance of adolescents affected by HIV/AIDS, the study drew on a quantitative research design. This design gave the researchers opportunity to assemble a multi-faceted and holistic picture of the teachers' experiences, perceptions and feelings about the topic (Creswell 2005). It has the potential to provide measurable evidence, establish (probable) cause and effect, yield efficient data collection procedures, create the possibility of replication and generalisation to a population, facilitate the comparison of groups, and provide insight into a breadth of experiences (Creswell and Plano-Clark 2011).

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- The adolescent might be dealing with many of the above challenges but without relating it directly to HIV and AIDS.

**Sample and Sampling Technique**

Purposive sampling method was used to select participants for the study. This was done by selecting adolescent learners from one secondary school in the Gauteng province. Purposive sampling allowed the researchers to hand-pick ideal cases to be included in the enquiry mainly on the basis of the researchers' judgments of the typical characteristics of adolescents affected with HIV and AIDS. The sample was handpicked using the expert opinion of a staff member of the Gauteng Department of Education who informed the researchers on the richness of suitable participants in the Atteridgeville area. The participants were 30 adolescents affected by HIV and AIDS and 30 adolescents who were not affected. These participants were drawn from Grades 8 to10 (23 from Grade 8, 19 from Grade 9 and 18 from Grade 10). The study, further, clustered the sampling according to gender as follows: 16 (26.7%) male adolescents and 44 (73.3%) female adolescents. From the responses received it was clear that the majority of the respondents were females. Adolescents used were between the ages of 15 and 18 years. At this age their cognitive development has allowed them to be more aware of how to interpret and assess their level of emotional problem. Further, between these ages, their operational thinking allows them to develop hypotheses about possible outcomes of their personality and to evaluate these outcomes comparatively. The adolescent's rights to information, privacy, dignity and respect were safeguarded at all times. The researchers were vigilant to and conscious of statements and actions (overt or covert) that could cause harm to the learners. They were sensitive to participants' needs at all times.

**Data Collection Procedure**

The BYI-II was administered to all the adolescents selected for the study; it took the participants about 30 minutes to complete the questionnaire and the school library was used for this activity. The coordinator of the school support team assisted the researchers in bringing the adolescents to the library on the various occasions where they completed the questionnaires. To ensure that the participants understood the procedures, the questionnaire instructions were read out aloud repeatedly.

**Data Analysis**

Data from the BYI-II and the participants' scores in the three subjects (English, Mathematics and Life orientation) were subjected to paired sample statistics, paired sample test correlations and analysis of variance to determine the relationship between self-concept and academic performance of all the participants as well as the variations in the academic performance of adolescents affected by HIV/AIDS and those who are not.

**Ethical Standards**

Approval for conducting the research was obtained first from the Gauteng Department of Education and secondly from the Ethics Committee of the College of Education at the University of South Africa. All the participants were informed about the study and its goals as well as the protection of their privacy and sensitivity. Participation in the research was voluntary and participants were informed of their right to terminate their participation. Great care was taken to ensure that social, political and human implications of the study did not cause any harm.

## RESULTS

The following are major findings of data analysis:

***H01:*** There is no significant difference in the self-concept of adolescents affected by HIV/AIDS and of those who are not.

Results in table 1shows that the difference in the self-concept of adolescents affected by HIV/AIDS and of those who are not is statistically significant; $p<0.05$. Thus, H01 is rejected. The t-value shows that adolescents affected by

HIV/AIDS differ significantly regarding their self-concept with mean scores of 44.24 as against 55.76 for those who are not affected by HIV/ AIDS. Significant difference thus exists in the self-concept of adolescents affected by HIV/ AIDS and those who are not.

***H02:*** There is no significant difference in the academic performance of Adolescents affected by HIV/ AIDS and of those who are not.

Table 1 shows a mean score of 39.61 for the academic performance of adolescents affected by HIV/AIDS and 41.23 for those that who are not. The t-score of 1.84 and p>0.05 reveals that the observed difference is not statistically significant. Though the performance score is higher for those who are not affected by HIV/AIDS yet this difference is not statistically significant.

***H03:*** There is no significant relationship between the self-concept and academic performance of adolescents affected by HIV/AIDS.

In Table 2, the result shows that the relationship between self-concept and academic performance of adolescents affected by HIV/AIDS is weak (r= .093) and it is statistically insignificant (p<.05). This result is also similar to those who are not affected; (r=0.114) and p>0.05. However, the table reveals an adjusted R square of - .019 which means only 1.9% decrease in academic performance is caused by self-concept. This seems low and, further, result revealed that this variation is statistically insignificant (p<.05).

## DISCUSSION

The result of the first hypothesis, which sought a significant difference in the self-concept of adolescents affected by HIV/AIDS and those who are not was rejected. This finding indicated that the self-concept of adolescents affected by HIV/AIDS and of those who are not are different. This might be due to the fact that (as claimed by most studies), people's feelings about themselves and their ability to deal with life's challenges controls what happens to them. (Seligman 1975; Bandura 1977; Bowlby, 1980; Rutter 1992; Harter 1999).An adolescent affected by or infected with HIV/AIDS may feel sad, dejected, guilty, angry and insecure and so withdraw from society (Coombe 2000). This finding agrees with those of Armsden and Lewis (1994), and Reyland et al. (2002), who found that children of HIV- seropositive mothers had lower self–esteem than other children attending public schools in the same community. The present study is confirmed by the finding of Hongfei et al. (2014) which found a positive association between relational self-esteem and psychological well-being of adolescents affected by HIV/ AIDS. The findings of Garber and Flynn (2001) that negative self-worth develops as an outcome of low maternal acceptance, a maternal history of depression and exposure to negative interpersonal contexts, (such as negative parenting practices, early history of child maltreatment, negative feedback from significant others on

**Table 1: The difference in the mean scores of Self Concept (SC) and Academic Performance (AP) of Adolescents affected by HIV/AIDS and those who are not**

| *Variables* | *Status* | *N* | *Mean* | *SD* | *T* | *Df* | *P* |
|---|---|---|---|---|---|---|---|
| *SC* | Adolescents with HIV/AIDS | 30 | 44.24 | 0.275 | | | |
| | Adolescents without HIV/AIDS | 30 | 55.76 | 0.297 | 2.40 | 29 | p<0.05 |
| *AP* | Adolescents with HIV/AIDS | 30 | 39.61 | 0.113 | | | |
| | Adolescents without HIV/AIDS | 30 | 41.23 | 0.195 | 1.84 | 29 | p>0.05 |

**Table 2: Correlations between scores of Self Concept and Academic Performance of adolescents affected by HIV/AIDS and of those who are not**

| *Status* | *Variables* | *Correlations (r )* | *R square* | *P* |
|---|---|---|---|---|
| *Adolescents with HIV/AIDS* | SC | | | |
| | AP | 0.093 | | p>0.05*A* |
| *dolescents without HIV/AIDS* | SC | | -0.019 | p>0.05 |
| | AP | 0.114 | | |

one's competence, and family discord and disruption) also agreed with the result of this study. This is also consistent with the finding of the study of Hendricks and Magano (2014) which discovered that all learners yearned for love, warmth, support and felt lonely and in secured without biological parents. Nyamukapa et al. (2008) found that in their need for emotional security, HIV and AIDS-affected adolescents lack ability to explore and make choices and show signs of aggression, helplessness, sadness, depression and negative self-concepts. However, the study of Wild et al. (2006) on orphaned children, non-orphaned children and those whose parents died of HIV/AIDS did not agree with the present study as it revealed that other orphaned children have lower self-concept than both non-orphaned children and children whose parents have died of AIDS.

The second hypothesis, which sought a significant difference in the academic performance of adolescents affected by HIV/AIDS and of those who are not was not rejected. This means that there is no difference in the academic performance of adolescents affected by HIV/AIDS and of those who are not. This finding contradicts the findings of some studies such as those of Engelbrecht et al. (1989), Coombe (2000), Nyamukapa et al. (2008) and UNAIDS (2004). Further, the non-significant relationship between self-concept and academic performance of HIV/AIDS-affected adolescents may be because these adolescents are supported by people (teachers, friends and family members) around them and this helped them not to have negative feelings about themselves. This assertion is supported by the conclusion of Mwamwenda (1996) that adolescents are influenced by the people (friends, parents and teachers) around them as well as by situations experienced as pleasant or unpleasant. Thus, the concepts that adolescents form of themselves are dictated by the feedback of concepts that others formed of them and will determine how they will process those experiences.

The third hypothesis of no significant relationship between the self-concept and academic performance of adolescents affected by HIV/AIDS was not rejected. The results of this hypothesis as shown in Table 2 show little or no relationship between the self-concept and academic performance of adolescents affected by HIV/AIDS. This result however, contradicts the results of many studies. For instance, Coombe (2000) and UNAIDS (2004) found that learners affected by HIV/AIDS develop a sense of worthlessness which leads to a poor self-concept and poor academic performance. Mathers et al. (2006) concluded that the loss of a parent to HIV/AIDS leads to children experiencing feelings of helplessness about their future, which could have a very detrimental effect on the schoolwork in general. The studies by Engelbrecht et al. (1989) found that negative self-concept leads to poor scholastic achievement. However, the study of Kimani et al. (2012), which showed a non-significant negative correlation between the self-concept and academic performance of non-institutionalized AIDS- orphaned children is similar to the result of this study. Some studies also show no significant relationship between self-concept and academic performance, although, the participants were not HIV/AIDS affected adolescents. For instance, in a local study done in South Africa by Baadjies (2008) on 44 Grade 9 learners attending St Barnabas College, there was no significant correlation between self-concept and academic performance. Vialle et al. (2005) did a study on 65 high-ability secondary school students and that finding revealed that there was no correlation between self-concept and academic achievement in the gifted group.

The non-significant result of this study may be that adolescents affected by HIV/AIDS in this study are enjoying a supportive environment characterized by play and healthy interaction, prevention and confrontation of harassment and antisocial behaviour (such as abuse, bullying, sexual exploitation, violence, stigma and discrimination), the presence of teaching and learning aids, the presence of supportive services such as counselling, training in social and psychological parenting and encouragement of community participation in planning, implementation and monitoring. According to UNICEF (2009), the sensitisation of communities, parents and children to the rights and needs of children affected by or infected with HIV which is how a school can provide a supportive environment to children with disabilities and those affected by HIV/AIDS. This view is supported by Attig and Hopkins (2006) which found that these types of psychosocial support measures have proved successful in integrating orphans and vulnerable children into the school community, resulting in improved mental health, reduced behav-

ioural problems and dropout rates and higher school completion rates.

## CONCLUSION

Findings of this study justify the relationship that existed between self-concept and the academic performance of adolescents affected by HIV/AIDS. The findings also showed thatadolescents affected by HIV/AIDS experience difficulties with regard to their self-concept compared to those who are not affected. However, a major limitation of the study is that the research sample was not randomly selected. Nevertheless, the findings justify the importance of improving the supportive structures in the school environment so that affected adolescents may be prevented from developing negative feelings and self-concept. Further, the fact that the study showed no significant difference in the academic performance of adolescents affected by HIV/AIDS and of those who are not nor in the relationship between self-concept and academic performance of adolescents affected by HIV/AIDS is a good result and may imply that the school is supportive of adolescents affected by HIV/AIDS.

## RECOMMENDATIONS

Based on the findings of this study (the significant difference in the self-concept of adolescents affected by HIV/AIDS and those who are not), the researchers recommend that intervention measures such as the establishment of counseling teams, supportive leadership by the teachers and the school principal and the acceptance of adolescents affected by HIV/AIDS instead of stigmatizing them would yield higher self-concept in adolescents affected by HIV/AIDS. Self-concept enhancement programs should be provided for such adolescents. The researchers recommended further research on this topic in order to compare the results of this study with previous studies since it shows conflicting results. Future research could also be conducted, from a sample of a broader community to allow for more generalizations of the relationship between the self-concept of adolescents affected by HIV/AIDS and of those who are not.

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