

Psychological Distress Among Children Heading Households Affected by HIV and AIDS in Seme Sub County Kenya

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ABSTRACT

Background: Children heading households after parental loss may face emotional and material burdens, but direct accounts from these children are limited. **Objective:** To describe psychological outcomes among child household heads affected by HIV and AIDS in Seme Sub-County, Kenya. **Methods:** The source study used a descriptive survey with purposive selection from a stated population of 200 child-headed households. Of 133 selected household heads, 124 participated (93.2%). Respondents were aged 14–17 years. Questionnaires included measures of anxiety, self-esteem and depressive symptoms; key informant interviews supplied contextual accounts. **Results:** The reported mean item scores were 2.68 for anxiety and 2.34 for self-esteem ($n = 124$). Using the source manuscript's Zung categories, 64 respondents (51.6%) fell in its depressive-symptom range, while 60 (48.4%) fell below it. Most respondents, 112 (90.3%), reported no employment. **Conclusions:** The findings indicate a need for accessible psychosocial and material support. The cross-sectional, purposive design and incomplete scale reporting limit clinical interpretation and causal claims. The source does not provide quantitative estimates connecting psychological scores to household or school performance.

Keywords: child-headed households; HIV and AIDS; anxiety; self-esteem; depressive symptoms; Kenya

1. INTRODUCTION

Parental loss and responsibility for siblings can place children under emotional, educational and economic strain. UNICEF estimated that 13.5 million children worldwide had lost one or both parents due to AIDS-related causes in 2025, approximately 9.8 million of them in sub-Saharan Africa (UNICEF, 2026). These are global estimates and cannot be applied to Seme. WHO and UNICEF (2024) estimate that one in seven adolescents aged 10–19 lives with a mental health condition and recommend coordinated, community-based support. Evidence gathered directly from children heading households can help schools and services identify local needs. This study describes anxiety, self-esteem and depressive symptoms among such household heads in Seme Sub-County, Kisumu County.

2. LITERATURE AND CONCEPTUAL FRAMEWORK

A prospective cohort in western Kenya found that the care environment was associated with subsequent mental health outcomes among orphaned and separated children, illustrating that circumstances after parental loss matter as well as loss itself (Omari et al., 2021). A separate Kenyan analysis linked resilience with social and family support and the care setting (Sutherland et al., 2022). These populations included children separated for reasons beyond HIV and did not isolate child-headed households in Seme. A 2024 Makueni County study reported an association between school counselling strategies and psychological well-being among orphaned students, but its descriptive correlational design does not establish intervention efficacy (Wambua et al., 2024).

The study is informed by resilience theory and the fundamental human needs perspective. In this setting, resilience is a process shaped by supportive relationships and access to resources, rather than a trait that children are expected to possess alone. The framework suggests examining both emotional measures and material and school support; the available dataset, however, permits only a descriptive account of psychological measures.

3. METHODS

The source manuscript describes a cross-sectional descriptive survey. A stated frame of 200 child-headed households was used to select 133 heads purposively; 124 provided study data. Eligible household heads were aged 14–17 years and had experienced parental loss attributed to HIV and AIDS. The methods and sampling table list 17 head teachers, five children's officers and five community-organization officers as key-informant samples (27 in all). The abstract instead lists six children's officers. Because completed interview counts are not independently tabulated, the 27 are presented as the methods-stage sample, not confirmed completed interviews.

The source describes a 20-item, four-response State-Trait Anxiety questionnaire, a 10-item, four-response Rosenberg self-esteem questionnaire, and the 20-item Zung self-rating depression scale. It states a Zung raw-score range of 20–80 and categories of 20–49 below the symptom threshold, 50–69 indicative of symptoms, and 70 or more in a higher symptom range. Descriptive

frequencies, percentages and reported mean item scores are presented. The source does not show item coding, reverse scoring, raw distributions, standard deviations or reliability in this sample; its anxiety and self-esteem means cannot be independently classified or compared across scales.

The manuscript states that respondents gave consent, but does not provide an ethics approval identifier, approval body, a separate account of child assent and legally authorized permission, or a safeguarding and referral procedure. These are reporting gaps, not evidence that approval was absent. The authors should verify the original protocol and records before publication and add the exact documented arrangements.

4. RESULTS

Table 1. Characteristics of participating household heads (n = 124)

Measure	Value	Interpretation or denominator
Age 14 / 15 / 16 / 17 years	25 / 26 / 32 / 41	20.2% / 21.0% / 25.8% / 33.1%
Male / female	64 / 60	51.6% / 48.4%
No formal / primary / secondary education	2 / 63 / 59	1.6% / 50.8% / 47.6%
Employed / self-employed / unemployed	8 / 4 / 112	6.5% / 3.2% / 90.3%

The 124 respondents represented 93.2% of the 133 selected household heads. They ranged in age from 14 to 17 years. The large unemployed group indicates constrained access to income but does not by itself quantify household resources or school performance.

Table 2. Reported psychological measures (n = 124)

Measure	Value	Interpretation or denominator
Anxiety mean item score	2.68	Source describes this as moderate; scale details incomplete.
Self-esteem mean item score	2.34	Source describes this as lower; coding details incomplete.
Below depressive-symptom range	60 (48.4%)	Source Zung categorization.
In depressive-symptom range	64 (51.6%)	Screening category, not a clinical diagnosis.

Key informants described low perceived support, stigma, difficulty meeting school costs and school attendance concerns. These accounts are contextual observations; neither the number of completed interviews nor a coded thematic analysis is reported. The school concerns provide qualitative context for possible functioning challenges, but no individual-level performance outcome is linked to the psychological scores.

5. DISCUSSION

Just over half of respondents were placed in the source manuscript's depressive-symptom category, while its mean anxiety and self-esteem scores suggest potential psychosocial needs. These findings are best interpreted as descriptive screening results. The cited instruments require transparent scoring, appropriate validation and qualified follow-up before a clinical conclusion can be drawn. Cross-sectional observation also cannot establish whether parental loss or current household circumstances caused a specific score.

The findings are consistent with a broader concern for social and educational support, but direct comparisons of prevalence are unsuitable because other studies used different populations, measures and care settings. The western Kenya cohort and resilience studies suggest measuring caregiving arrangements and social support in future work (Omari et al., 2021; Sutherland et al., 2022). WHO and UNICEF (2024) recommend linking health, education and social protection services rather than treating screening scores as a sufficient response.

The source title refers to interventions and performance, while the available results describe psychological measures and informant observations. No intervention exposure or uptake table, operational definition of performance, cross-tabulation, regression model or linked individual records is supplied. The findings therefore support a descriptive account of support needs; they do not establish intervention effects or a statistical association between distress and school or household performance. Future analyses could prespecify attendance, attainment or household-function measures and examine them with age, sex, support and material circumstances.

6. CONCLUSION AND RECOMMENDATIONS

Children heading households in the Seme sample reported psychological concerns and substantial economic vulnerability. Schools, child protection services and community organizations should coordinate accessible counselling, practical support and referral pathways, with confidentiality and child safeguarding. Future reporting should document ethics approval, instrument scoring and reliability in this sample, denominators for every outcome, and a transparent analysis of interventions and performance before asserting those relationships.

LIMITATIONS AND REPORTING NOTE

Purposive sampling limits generalization beyond the surveyed households. The source reports a sample-size formula with an apparent typographical error, so $n = 133$ is treated as the stated selection target rather than a validated probability-based calculation. The abstract and methods differ on the planned number of children's officers (six versus five), and the number actually interviewed is not confirmed. The source has inconsistent depression table numbering, no study dates, no complete raw tables and incomplete documentation of ethics and instrument coding. Original field records and approvals should resolve these before final publication.

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