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Establishing the Influence of Guidance and Counselling Referral Services on the Self-Efficacy of Orphaned Children Living In Orphanages in Bungoma County, Kenya

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Abstract

The purpose of this article is to establish the influence of guidance and counselling referral services on the self-efficacy of orphaned children living in orphanages in Bungoma County. Four theories (Adlerian Theory, Systems theory, Self-determination theory and the social learning theory) were used in this research. The researcher adopted a descriptive survey research design. The population of the study was 2132 orphans in the 20 orphanages within Bungoma County. Two hundred and forty (240) of the orphans in all the 20 orphanages were purposively sampled and interviewed. One (1) caregiver and one (1) administrator (again per Orphanage) were interviewed, totalling 280 respondents. Questionnaires and interview schedules were used to collect data from the respondents. The data was prepared, coded and analysed using the Statistical Package for Social Sciences (SPSS) version 20. Strict ethical considerations were observed during the study. The study found a positive and significant relationship between the self-efficacy of orphaned children and access to guidance and counselling referral services. It concluded that guidance and counselling services play a critical role in enhancing self-efficacy among orphans. Based on these findings, the study recommended the development of a national policy to standardise and support the provision of guidance and counselling services across all orphanages in Kenya. Additionally, it recommended that every Orphanage engage the services of a qualified and practising guidance and counselling specialist to effectively support the psychosocial development of the children in their care.

Key words: Counselling, guidance, post-orphanage, referral services, self-efficacy.



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INTRODUCTION

In sub-Saharan Africa, self-efficacy is needed by the large numbers of children who have lost one or both parents, primarily due to the HIV/AIDS epidemic in the region (UNICEF, 2014). Children on the Brink Report (UNICEF, 2014) revealed that approximately 43 million orphans resided in sub-Saharan Africa. Approximately 11 million of these children have been left orphaned due to the HIV and AIDS epidemic (Naswa & Marfatia, 2010). In response, governments, civil society, and international organisations have developed programs to provide protection, care, and support to orphans and vulnerable children. These programs are informed by the core strategic objectives of the framework for the protection, care, and support of orphans and vulnerable children, as described by UNICEF.

Among them is to ensure access for orphans and vulnerable children to essential services, including education, healthcare and self-efficacy (UNICEF, 2014). Many orphanages in Kenya primarily concentrate on offering shelter and food, with limited emphasis on basic psychological support. This has led to low self-esteem among children brought up in orphanages, which could persist in their adulthood. Most orphanages have an age limit for orphans who live in their orphanages, after which the support program is discontinued. However, a significant percentage of these orphans graduated before achieving the required self-efficacy for successful reintegration into mainstream life in society. Many of them end up living destitute and engaging in anti-social and maladaptive behaviours.

Several variables have been identified in research as the cause for the high cases of return level of orphaned children who are released back into society (Escapa & Julia, 2018). However, the role of psychological behaviour management strategies such as guidance and counselling has not received adequate attention in research in Kenya. Therefore, little is known about the influence of psychological interventions in building self-efficacy for orphaned children in managed care.

Existing studies highlight gaps in understanding guidance and counselling's impact on self-efficacy in orphanage settings. Ooi et al. (2018) found a strong link between mastery experiences and counselling self-efficacy among Malaysian school counsellors, but their study excluded orphanages and guidance services. Similarly, Salgong et al. (2016) reported positive effects of guidance and counselling on student discipline and academic

performance in Kenyan secondary schools, yet they did not address self-efficacy. Muthondeki and Musita (2021) found that individual counselling did not significantly enhance self-efficacy among Nairobi police officers, a context distinct from orphanages. These studies, while valuable, do not address the unique needs of Kenyan orphans.

To address these gaps, this study investigates the influence of guidance and counselling referral services on the self-efficacy of orphaned children in orphanages in Bungoma County, Kenya. By examining psychological interventions in this local context, the research aims to inform strategies for enhancing self-efficacy and supporting successful societal reintegration for Orphans.

LITERATURE REVIEW

Self-Efficacy

According to Bandura (2001), self-efficacy is the belief in one's capabilities to organise and execute the courses of action required to manage prospective situations. In other words, it is an individual's belief in their ability to be successful in a specific situation. Bandura described these situations as factors that influence how people think, behave, and feel. Since the publication of his seminal paper in 1977 entitled "Self-efficacy: Toward a unifying theory of behavioral change," the subject has become one of the most studied topics in psychology. As Bandura and other psychologists have demonstrated, self-efficacy has become such an important topic that it has had an impact on everything from psychological states to behaviours to motivation. Researchers in self-efficacy have found that an individual's self-efficacy plays a significant role in how goals, tasks, and challenges are approached (Schunk & Luthans, 2010).

A robust sense of self-efficacy boosts human achievement and personal wellness in various ways. Individuals who have strong confidence in their abilities view challenging tasks as opportunities to conquer rather than as dangers to evade. This efficacious perspective encourages intrinsic motivation and deep engagement in activities. They establish ambitious goals for themselves and remain dedicated to achieving them. They increase and sustain their efforts even when faced with failure. They recover swiftly from failures or obstacles, restoring their feeling of effectiveness. They usually think that setbacks stem from inadequate effort or a deficiency in knowledge and skills, which are possible to improve. They face challenging situations with the belief that they have the power to influence the outcome. Such an

efficacious outlook produces personal accomplishments, reduces stress, and lowers vulnerability to depression (Guut, 2015).

Bandura (2002) explains that perceived self-efficacy serves to regulate the quality of an individual's functioning and emotional well-being that is attained through motivational, decisional, cognitive, and affective processes. Regarding the motivational process, perceived self-efficacy determines the amount of effort that people put into a task and how much they will persevere when faced with challenges. The above suggests that individuals with high self-efficacy are more likely to put more effort and persevere than those with low self-efficacy. In terms of the decisional process, perceived self-efficacy determines people's choice of behaviours.

People are more likely to pursue the tasks that they believe they have the ability to perform and tend to avoid the tasks that they perceive are way beyond their capabilities. Perceived self-efficacy, thus, exerts its influence on an individual's psychosocial functioning by way of the accuracy of the judgment of one's abilities (Bernard, 2012). Bandura further asserts that if such a judgment slightly exceeds one's abilities, it is perhaps the most functional, as it then leads one to undertake practical, challenging tasks. Doing so, in turn, motivates the enhancement of capability.

In contrast, misjudgment of one's abilities (whether in the form of overestimation or underestimation) can lead to severe consequences. Those who underestimate their abilities tend to undertake self-limiting tasks that reduce their exposure to rewarding tasks and that also limit their ability to perform tasks due to the self-doubt within them. On the other hand, those who overestimate their abilities tend to undertake tasks that are beyond their capabilities and end up experiencing difficulty and failure (Magampa, 2014). Cognitively and affectionately, efficacy beliefs influence one's ways of thought and emotional reaction during the actual or anticipated encounter with situations (Moturi, 2012). Bandura goes on to explain that when people perceive themselves as inefficacious, they tend to focus on their deficiencies and perceive potentially difficult situations as more daunting than they are. The result is the creation of more stress on the individual and a reduction in the use of competencies. In contrast, when people perceive themselves as highly efficacious, they are more likely to exert added effort and to pay extra attention to challenging tasks, being incited by the motivation to achieve. Such individuals are also

more likely to blame their effort than their ability when they fail in challenging tasks (Mwoma & Pillay, 2015).

Developmental issues in self-efficacy have also been highlighted. Bandura emphasises that young children, due to their age, lack knowledge about their capabilities and, therefore, are most likely to misjudge their abilities (Okundi, 2014). At an early age, children depend on adults for judgment about their self-efficacy. As they grow in age and develop mature cognitive abilities, they tend to depend less on external support and more on their internal abilities to judge their own capabilities. During the early phase of the development of self-efficacy, the family becomes the children's primary source of self-efficacy experiences. As the child's social world expands, starting with siblings and then broadening to include peers in the larger society, such as in school, becomes the main source of efficacy experiences (Magampa, 2014).

Self-efficacy expectations influence an individual's ability to use coping behaviours and determine how long they will sustain their efforts when faced with obstacles. Individuals with high self-efficacy will exert sufficient efforts that, if well-executed, lead to successful outcomes, whereas those with low self-efficacy are likely to lose effort early and fail (Magampa, 2014). Some researchers have described self-efficacy as the confidence in one's inherent skills, highlighting the importance of appreciating one's unique cognitive strengths. Additionally, it encompasses the resolve and persistence needed to navigate challenges that might hinder the use of those innate abilities to accomplish objectives. Self-efficacy affects every course of human endeavours by determining the beliefs a person holds regarding their power to affect situations, significantly impacting both the actual power an individual possesses to effectively confront challenges and the decisions they are most inclined to take (Guut, 2015).

Individuals typically shy away from tasks when they feel their self-efficacy is low, but they are more inclined to engage in tasks when their self-efficacy is high. Studies indicate that the ideal level of self-efficacy is just above an individual's capability; in this scenario, people are most motivated to take on challenging tasks and acquire experience. In addition, self-efficacy is made up of dimensions like magnitude, strength, and generality that help to explain how one believes one will perform a specific task. Magampa (2014) argues that high self-efficacy can affect motivation in both positive and negative ways. In general, people with high self-efficacy

are more likely to make an effort to complete a task and to persist longer in those efforts than those with low self-efficacy. A negative effect of low self-efficacy is that it can lead to a state of 'learned helplessness,' where it is thought that no level of effort will change the outcome of the current task (Usher & Pajares, 2014).

Sources of Self-Efficacy

People's beliefs about their efficacy can be developed by four primary sources of influence (Bandura, 1997). The most powerful method for fostering a strong sense of self-efficacy is through experiences of mastery. Achievements enhance a solid belief in one's capabilities. Failures undermine it, mainly if failures occur before a sense of efficacy is firmly rooted. Some setbacks and challenges in human endeavours serve a useful purpose in teaching that success is a matter of sustained effort. By sticking it out through tough times, individuals emerge stronger from adversity (Mwoma & Pillay, 2015).

The second way of creating and strengthening self-efficacy is through vicarious experiences provided by social models. When people see others who are similar to them succeed through hard work, it boosts their confidence in their own abilities to accomplish similar tasks. Conversely, witnessing others fail despite putting in a lot of effort can diminish their confidence and discourage their own attempts. The third source of self-efficacy is social persuasion. It is believed that people can be convinced of their skills and abilities to succeed. Self-efficacy achieved through social persuasion is measured regarding self-improvement rather than by triumphs over others. People also partially rely on their somatic and emotional states when judging their capabilities. They interpret their stress reactions and tensions as indicators of vulnerability to poor performance. Mood also affects people's judgment of their self-efficacy. Positive mood enhances perceived self-efficacy; despondent mood diminishes it (Ombuya et al., 2012).

Guidance and Counseling Referral Services and Self-Efficacy

Referral services are an integral part of counselling and guidance and must be available to all applicants, and qualified individuals should obtain necessary services from other agencies. (Martin, 2017). This helps assure that those seeking services receive all possible benefits and that guidance and counselling can extend its resources by securing all comparable services and benefits. Referrals may be made to other entities for

assessments, specific goods or supplies, consultation, and other services in support of an individual's vocational rehabilitation needs. Referral services may occur at all stages of the rehabilitation process (from application through post-employment services) but are mandated in the following circumstances. The individual should be made aware of the services of the students' assistance program at the time of application, at the initiation of the individualised plan, and at case closure. Besides, during situations in which vision is not the primary disability and a medical or psychological condition exists that imposes functional limitations, a referral must be made to the division of vocational rehabilitation (Martin, 2017).

A referral for counselling should be considered when one believes that the youth's problems go beyond one's own experience and expertise or when one feels uncomfortable supporting the client with some issues. Specialists make referrals either because of the way the student's problems are interfering with instruction for those who are teachers/instructors. Specialists refer clients because observation of the student's behaviours raises concerns outside of their core business, such as education for students or trainees. Recognisable indicators of cases in dire need of referral services include a marked decline in the quality of coursework, class/group participation, increased absence from group work, prolonged depression depicted through a sad demeanour, apathy, weight loss, tearfulness, and appearance of lack of sleep.

Also, nervousness, agitation, excessive worry, irritability, aggressiveness, blurred strange speech, violent outbursts, drug and substance abuse, social isolation, physical or sexual assault, and nursing suicidal tendencies, among others. Goodner (2015) states that these referrals may either be internal or external. Internal referrals are where the client is referred to professionals or service providers within the same organisation. External referrals are those that are beyond the scope of the institutional personnel. Referral services are exceptionally vital in children's homes as a way of shaping up the youths affected to focus well on career development (Musa, 2013).

METHODOLOGY

This study employed a survey research design to examine the role of guidance and counselling referral services on the self-efficacy of orphaned children living in orphanages in Bungoma County. The target population comprised all 20 registered orphanages in the county, housing approximately 2,000 orphans. Using purposive

sampling, 14 children (seven boys and seven girls), one caregiver, and one administrator were selected from each Orphanage, resulting in a total sample size of 280 respondents. Purposive sampling was ideal for identifying children most affected by low self-efficacy and adults with key insight into their behaviour and support structures.

Two sets of structured questionnaires were employed in data collection—one tailored for orphans and another for caregivers and administrators. These included both open- and closed-ended questions to capture quantitative data and provide room for qualitative insights. The researcher provided clarification where necessary to ensure accurate and meaningful responses. Quantitative data were coded, entered, and analysed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics—means, standard deviations, frequency tables, and percentages—were used to summarise the data. Qualitative responses from open-ended items were analysed thematically using content analysis and were then presented in narrative

form, including selected verbatim quotes. Ethical considerations were rigorously maintained. Participation was voluntary, and informed consent was obtained from all participants. Anonymity and confidentiality were upheld throughout the processes of data collection, analysis, and reporting.

RESULTS AND DISCUSSION

The objective of this study was to establish the influence of guidance and counselling referral services on the self-efficacy of orphaned children living in orphanages in Bungoma County. In order to achieve this objective, a series of questionnaire items that measured the research construct were presented to the respondents to elicit data responses.

Descriptive Statistics on Guidance and Counselling Referral Services

The findings of descriptive statistics on Guidance and Counselling Referral Services were determined and presented as shown in **Table 1**.

Table 1: Descriptive Statistics on Guidance and Counselling Referral Services

	True		False		Do not remember	
	n	%	n	%	n	%
Guidance and Counseling Referral programs and services are common in the children's home.	133	51.8	99	38.5	25	9.7
There have been situations in which I felt that the Guidance and Counseling services I received in the Orphanage were inadequate.	110	42.8	120	46.7	27	10.5
For the time I have lived in this Orphanage, I have been referred to specialists for specialised Counselling services.	105	40.9	132	51.4	20	7.8
There have been situations where I have experienced relapses even after I had been guided and counselled by specialists.	162	63	68	26.5	27	10.5
I have been free to share my life's challenges with specialists I have been referred to by Orphanage Management	143	55.6	94	36.6	20	7.8
The specialists I have been referred to have been readily available to attend to my life needs.	154	59.9	78	30.4	25	9.7

I feel that there have been situations where these referral services have not worked well for me.	125	48.6	104	40.5	28	10.9
In some situations, I have witnessed cases where these Referral services have not worked well for my fellow orphans in the Orphanage.	100	38.9	125	48.6	32	12.5
The specialists brought in to take us through referral programs have a thorough understanding of issues related to children living in orphanages.	172	66.9	49	19.1	36	14
These referral programs need to be accelerated in the Orphanage for more gainful interactions between specialists and orphans in dire need of these services.	224	87.2	13	5.1	20	7.8

The respondents were required to respond to the statement, "Guidance and counselling referral programs and services are common in the orphanages". The observed responses are shown in Table 1.133 (51.8%) of the respondents agree that guidance and counselling referral programs and services are common in the children's home, 99 (38.5%) disagree, and 25 (9.7%) were not if guidance and counselling referral programs and services are common in the children's homes.

In addition, the respondents were required to respond to the statement, "There have been situations I felt that the guidance and Counselling services I received in the orphanage were inadequate". The responses are shown in **Table 1**. 110 (42.8%) of the respondents agree that there had been situations in which they felt that the guidance and counselling services they received in the Orphanage were inadequate. In comparison, 120 (46.7%) of respondents disagreed, and 27 (10.5%) were not sure if they felt that the guidance and counselling services, they received in the Orphanage were inadequate.

In order to establish the utilisation of referral services within the orphanages, the respondents were required to respond to the statement, "For the time I have lived in this orphanage, I have been referred to specialists for specialised counselling services". The responses are shown in **Table 1**. 105 (40.9%) of the respondents indicated that for the time they have lived in the Orphanage, they had been frequently referred for specialised counselling services. In comparison, 132 (51.4%) of the respondents indicated that they were rarely referred, while 20 (7.8%) indicated that for the time they had lived in the Orphanage, they had never been referred for specialised counselling services.

In order to find out the rate of post counselling relapse, the respondents were required to indicate their level of agreement with the statement, "There have been situations where I have gone back to my original challenges even after I had been guided and counselled by specialists" and their responses are presented in Table 1. The findings from the table show that 162 (63.0%) of the respondents agree that there were situations where they had experienced relapses even after they had been guided and counselled by specialists. However, 68 (26.5%) of respondents disagreed with the statement that there had been situations where they had gone back to their original challenges even after they had been guided and counselled by specialists. Finally, 27 (10.5%) were not sure if there were situations where they ever experienced relapses even after they had been guided and counselled by specialists.

The respondents were required to respond to the statement, "I have been free to share my life's challenges with specialists I have been referred to by orphanage management", and their responses are shown above. 143 (55.6%) of the respondents indicated that they have always been free to share their life's challenges with specialists they were referred to by orphanage management, compared to 94 (36.6%) who were often free to disclose. On the other hand, 20 (7.8%) of the respondents indicated that they never freely shared their life's challenges with specialists they were referred to by orphanage management.

In order to establish the availability of counselling services, the respondents were required to respond to the statement "The specialists I have been referred to have been readily available to attend to my life's needs", and

their responses are shown in **Table 1**. The results in Table 1 show that 154 (59.9%) of the respondents agreed that the specialists they were referred to were readily available to attend to their life's needs compared to 78 (30.4%) who disagreed, and 25 (9.7%) who were not if the specialists they were referred to were readily available to attend to their life's needs.

In order to establish the perceived efficacy of the guidance counsellors engaged by the orphanages, the respondents were required to respond to the statement, "I feel that there have been situations where these referral services have not worked well for me". The responses are shown in **Table 1**. The table above shows that 125 (48.6%) of the respondents agree that they feel that there have been situations where these referral services have not worked well for them, 104 (40.5%) disagree, and 28 (10.9%) were not sure if there were situations where these referral services did not work well for them.

In order to confirm the efficacy of the referral services, the respondents were required to respond to the statement, "In some situations, I have witnessed cases where these referral services have not worked well for my fellow orphans in the orphanage". The responses are shown in **Table 1**. 100 (38.9%) of the respondents agree that in some situations, they witnessed cases where the referral services did not work well for their fellow orphans in the Orphanage. Similarly, 125 (48.6%) disagreed, and 32 (12.5%) were not sure if there were situations, they witnessed cases where these referral services did not work well for their fellow orphans in the Orphanage.

The respondents were required to state their level of agreement with the statement, "The specialists brought in to take us through referral programs have a thorough understanding of issues related to children living in orphanages". The observations are shown in **Table 1**. 172 (66.9%) of the respondents agree the specialists brought in to take them through referral programs had a thorough understanding of issues related to children living in orphanages. On the contrary, 49 (19.1%) disagreed, and 36 (14%) were not sure if the specialists brought in to take them through referral programs had a thorough understanding of issues related to children living in orphanages.

The respondents were required to respond to the statement, "These referral programs need to be accelerated in the orphanage for more gainful

interactions between specialists and orphans in dire need of these services". The responses are shown in Table 1. The results in **Table 1** show that 224 (87.2%) of the respondents agree that these referral programs need to be accelerated in the Orphanage for more gainful interactions between specialists and orphans in dire need of these services; conversely, 13 (5.1%) disagreed, and 20 (7.8%) were not sure if these referral programs needed to be accelerated in the Orphanage for more gainful interactions between specialists and orphans in dire need of these services.

In order to further establish the respondents' perception of referral services, selected interviewees were sampled, and the data from the interview guide was collected. The sampled interviewees were asked to respond to the following question: *How do guidance and Counseling Referral Services Influence the Self-Efficacy of Orphans Living in Orphanages in Bungoma County?* A general theme was that respondents felt they had gained self-efficacy due to guidance and counselling referral services. A sample response is presented in the excerpt:

"For some time, I have been receiving guidance and counselling services from our resident counsellor. All has not been well throughout the time I have been receiving those services. Generally, my focus to studies has been very poor. My mind all along has been fixated to the good old days I enjoyed with my parents before that fateful day. At some point, I was referred to another specialist in a town called a Trauma Counselor. This specialist seemed to have a better understanding of the plight of my life. His keen and deep interest in my life made me open up. He seemed genuine, sincere and empathic. Slowly but surely, my world view of despair and hopelessness started changing to one of hope and optimism. The more we talked, the more I shed off the bitterness of my past life. Henceforth, I have developed some strong resilience that has completely transformed my life".

Chi-Square Tests between Referral Services and Self-efficacy of the Orphans

In order to find out the relationship between guidance and counselling referral services and the self-efficacy of orphans, the researcher applied inferential statistics to generate data. Therefore, the researcher generated a null

hypothesis H₀₄: There is no notable statistical effect of guidance and counselling referral services on the self-efficacy of orphaned children living in orphanages in Bungoma County. A chi-square analysis was performed to test the hypothesis at a 0.05 significance level, and the results are shown in **Table 2**

Table 2: Chi-Square Tests between Referral Services and Self-efficacy of the Orphans

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	766.174 ^a	195	.000
Likelihood Ratio	303.941	195	.000
Linear-by-Linear Association	25.356	1	.000
N of Valid Cases	256		

a. 211 cells (94.2%) have an expected count of less than 5. The minimum expected count is .00.

In **Table 2**, the results show a chi-square value of 766.174 with 195 degrees of freedom and an observed significance level of 0.00, which is less than the expected 0.05. This implies that referral services and the self-efficacy of orphans are significantly related. The null hypothesis is rejected, and the alternative hypothesis is accepted.

These findings are in agreement with many scholars. Referral services are an integral part of counselling and guidance and must be available to all candidates and qualified persons to obtain necessary services from additional organisations. (Martin, 2017). This helps assure that those seeking services receive all possible benefits and that guidance and counselling are able to extend their own resources by securing all comparable services and benefits. Referrals may be made to other entities for assessments, specific goods or supplies, consultation, and/or other services in support of an individual's vocational rehabilitation needs. Referral services may occur at all stages of the rehabilitation process (from application through post-employment

services) but are mandated in the following circumstances. The individual must be made aware of the services of the students' assistance program at the time of application, at the initiation of the individualised plan, at case closure, and in a situation in which vision is not the primary disability and a medical or psychological condition exists which imposes functional limitations, a referral must be made to the division of vocational rehabilitation (Martin, 2017).

The findings are in line with the Theory of Change Typology by Serena, Masino, Miguel and Nino Zarazua (2016). The Theory talks about three main drivers of change in education quality. The Theory also encourages community participation in the management of higher education. This can be done through the respective Boards of Management (BoM) and government policy.

Correlation Results Between Referral Services and Self-efficacy of the Orphans

Table 3 summarises the correlation results between Referral Services and the Self-efficacy of Orphans.

Table 3: Correlations between Referral Services and Self-efficacy of the Orphans

N=280		1
1. Referrals services	Pearson Correlation	
	Sig. (2-tailed)	
2. Self-efficacy programmes	Pearson Correlation	.315**
	Sig. (2-tailed)	.000

The analysis results show that there is a positive and significant relationship between referral services and the self-efficacy of orphans at $r=0.315^{**}$, $P<.001$ significant

level. The coefficient of determinant $R= r^2$ established that referral services contribute 9.9 per cent variability to

the self-efficacy of orphans when other factors are held constant.

Regression Analysis for Predicting Referral Services and Self-efficacy of the Orphans

In this section, the researcher sought to come up with a regression model to explain the efficacy of orphaned children. This enabled the determination of how well multiple independent variables (variables characterising each of the five categories) predict the value of a

dependent variable. The dependent variable can be characterised as the efficacy of orphaned children. Multiple regression was used to predict the efficacy of orphaned children in a situation in which effect factors: individual guidance and counselling services, group guidance and counselling services, career guidance services, guidance and counselling referral services and mentorship programs influence the efficacy of orphaned children. **Table 4** is the model summary.

Table 4: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
4	.550 ^d	.302	.291	2.48892	.019	6.474	1	243	.012
e. Predictors: (Constant) referral services									
f. Dependent Variable: efficacy of the orphans due to counselling programs									

The value of R square from Table 4 is given as .302; this means that (30.2%) change in self-efficacy is explained

by referral services. **Table 5** gives the ANOVA results.

Table 5: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
4	Regression	652.228	4	163.057	26.322	.000 ^e
	Residual	1505.321	243	6.195		
	Total	2157.548	247			
a. Dependent Variable: efficacy of the orphans due to counselling programs						
, e. Predictors: (Constant), referrals services						

The output in **Table 5** shows the next part of the output, which contains an analysis of variance (ANOVA) that tests whether the model is significantly better at predicting the outcome than using the mean as a "best guess". If the enhancement resulting from applying the

regression model significantly exceeds the model's inaccuracy, then the value of F will exceed one. For the fourth model, the value of F is 26.322, which is also highly significant (P<.001). Table 6 shows the coefficient and significance.

Table 6: Regression Coefficients

Model	Unstandardised Coefficients	Standardised Coefficients	t	Sig.	95.0% Confidence Interval for B		
					B	Std. Error	Beta
(Constant)	.658	1.070	.615	.539	-1.450	2.766	
referrals services	.079	.051	.090	1.549	.123	-.021	.179

a. Dependent Variable: efficacy of the orphans due to counselling programmes

Referral counselling (standardise $\beta=.051$). This value indicates that as referral counselling increases by one standard deviation, the Self-efficacy of orphans increases by .051 standard deviations when other factors are held constant.

CONCLUSION AND RECOMMENDATIONS

Conclusion:

This study intended to establish the influence of guidance and counselling referral services on the efficacy of orphaned children. This was in relation to the fact that the challenge of orphaned and vulnerable children is taking centre stage all over the world since the mismanagement of the phenomenon could result in deleterious long-term socio-economic challenges. In third-world countries such as Kenya, best practices in orphanages are not a priority in children's homes. Since the clients of orphanages lack the psychosocial support that is key to the successful negotiation of developmental milestones, the majority of the children end up vulnerable to relapse once they are released from their care homes. Many orphanages in Kenya Focus on the provision of shelter and food without much investment in primary psychological care.

This has led to low self-esteem among children brought up in orphanages, which could persist in their adulthood. Most orphanages have an age limit for orphans who live in their orphanages, after which the support program is discontinued. However, a significant percentage of these orphans graduated before achieving the self-efficacy for successful reintegration into mainstream society. Many of them end up living destitute and engaging in anti-

social and maladaptive behaviours. Several variables have been identified in research as the cause for the high cases of relapse of rehabilitated children who are released back to society. However, the role of psychological behaviour management strategies such as guidance and counselling has not received adequate attention in research in Kenya. Therefore, little is known about the influence of psychological interventions in building self-efficacy for orphaned children in managed care. This research aimed at bridging this gap by investigating the influence of guidance and counselling referral services on the self-efficacy of orphaned children living in orphanages in Bungoma County.

The study established that there was a positive and significant influence between the efficacy of orphaned children and guidance and counselling referral. This implies that for improved efficacy of orphaned children to be realised, guidance and counselling referral services are critical.

Recommendations: The government should come up with policies to guide all the orphanages in Kenya, including the process of guidance and counselling. Guidance and counselling referral services should be encouraged in orphanages so as to give the opportunity to more specialised counsellors and other therapists to handle emerging and complicated challenges faced by orphaned children. Referrals provide orphans with an avenue to receive more specialised and comparable services that enhance their focus on overall developmental growth.

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