

Comparative analysis of childhood depression and self-esteem among orphan girls and boys

Abstract

The purpose of present study was to measure the comparison and analyze childhood depression and self-esteem among orphan girls and boys. A total sample of 300 students in which 150 girls and 150 boys ranging in age 10-15 years were selected randomly from different orphanages of Rawalpindi, Haripur and Abbottabad. Childhood Depression Scale (Musarrat Jabeen Khan 2005) and Self esteem scale for children by (Rifai 1999) were administered. T-test, correlation and regression analysis were computed to investigate the variance and relationship as well. Results showed that there is significant difference in childhood depression and self-esteem both have meaningful relationship. Findings also revealed that self-esteem predict childhood depression among orphan boys and girls.

Keywords: childhood depression, self-esteem, orphans

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Introduction

Death of a parental figure has strong affect upon the psychological as well as physical health of their children in Pakistan, probably because Pakistani families are traditionally characterized by a strong emotional bonding and dependency among the family members. Thus when parent dies it hurts the child more because of loosening the strength of bond and nurturance among the family members. The loss of parent has a long lasting influence on children and can disrupt the normal functioning of bereaved children. In reality mother and father play very significant and different role for their children throughout their life span. The father usually acts as a breadwinner and protector and mother acts as a homemaker and primary care taker of the several dependent children. Death is referred as a cause of permanent loss because the children cannot rebuild their family and have no chance to meet the lost parent again in their lives so they feel helpless and hopeless which can lead them to depression.¹ They may start thinking that future is hopeless and they cannot do anything to make it better. Sometimes sense of guilt is produced in depression, they evaluate themselves in a negative way, have poor self concept, low self-esteem which may further increase their depression.

Childhood depression

Depression is defined as a complaint when the feelings of depression continue and hinder with a child ability to function.² Childhood depression is unlike the normal "blues" and everyday emotions that happen as a child develops. If a child is sad doesn't essentially mean he or she has depression. If the sadness becomes constant, or if troublemaking behavior interferes with normal social activities, interests, family life or school work it may indicate that he or she has a depression. (Renee 2014). Psychological risk factors for depression are low self-esteem, poor body image, highly self-critical, and feeling helpless and dependent when handling with negative events. Children who go through conduct disorder, cognitive or learning problems, as well as trouble connecting to others are also at higher risk of rising depression. Depression can occur as a result of environmental stresses, including trauma, natural tragedy, the death of a loved one, problems at school or peer pressure. (Renee 2014). A research was conducted on the psychological effect of orphan hood in Rakai District. Results indicated that orphans have more depressive thoughts, sadness and anger as compare to children of intact families. Non-orphans were

more positive and hopeful about their future than the orphans. Orphans had a higher score of depression than the non-orphans.³ Bhatt NM⁴ conducted a research on emotional stability and depression in orphan secondary school students. Results indicated that orphan children both male and female have low emotional stability and higher level of depression as compare to non-orphan children.

Self-esteem

Self-esteem is the manner in which individuals think and feel about themselves and how well they do things that are essential to them.⁵ Self-esteem can also be defined as the awareness of self-worth or the degree to which a person values, praises, or appreciates the self.⁶ In children, self-esteem is formed by what they think and feel about themselves. Their self-esteem is uppermost when they see themselves as similar to their "ideal" self, the person they would like to be. Children with high self-esteem have an easier time management conflicts, resisting negative pressures, and making friends. Children with low self-esteem have a difficulty in dealing with problems, are excessively self-critical, and can become inactive, reserved, and depressed. They may hesitate to try new things, may speak depressingly about themselves.⁶ Research suggests that some people are simply more susceptible to depression than others. Low self-esteem is supposed to be one of these vulnerabilities, especially when compounded by a negative or stressful event. When a negative event, like the loss of a parent or an accident, occurs, high self-esteem is thought to act as a protective barrier against depression (Jonathon Locke 1998). A study was carried out on self-esteem of Aids orphans. Results indicated that participants in this study demonstrated a low self-esteem, representing that they may feel that the quality of their relationship with others is low and low belief in their ability to achieve and to cope with challenges.⁷ Desilva et al.,⁸ conducted a research on longitudinal evaluation of psychosocial wellbeing of recent orphans compared with non-orphans. Results of the study revealed that girls reported greater likelihood of depression, anxiety and low self-esteem as compare to boys.

Methods

Objectives

To achieve the aims of research certain objectives were accomplished, these objectives are as following:

1. To study the relationship of self-esteem and childhood depression among orphan boys and girls.
2. To determine the impact of self-esteem on childhood depression among orphan boys and girls.

Hypothesis

In the light of above mentioned objectives the following hypotheses have been formulated:

1. There will be a significant difference among childhood depression and self-esteem among orphan boys and girls.
2. Childhood depression and self-esteem will have a significant relationship.
3. Self-esteem will predict childhood depression among orphan boys and girls.

Sample

Sample comprised of (N=300) (boys=150) and (girls=150). Sample was taken from SOS villages and Faiz-ul-islam school of Rawalpindi, Participants were also selected from orphanages of Haripur and Abbottabad by using purposive sampling technique. Age range of sample was 10 to 15 years.

Assessment measures

The following measures were used to assess the construct of the study:

Childhood Depression

Childhood Depression Scale" developed by Musarrat Jabeen Khan (2005) is used in study. Cut off Score of scale is 128. Children who score more than 128 are at the high risk of depression.

Self esteem

Self esteem scale developed by Rifai (1999) is used in study. It measures self esteem in four domains i-e self-acceptance, self-

competence, social and physical self-acceptance and academic self-competence. High score shows high level of self esteem and low score shows low level of self esteem.

Procedure

Permission letter of institutional support to visit orphanages was taken from Head of department. Concerned authorities of institutions were contacted through telephone, with their permission days were selected for visit. They were assured about confidentiality of the data. Two standardized scales childhood depression scale and self-esteem scale were used for data collection. Participants were cordially thanked for the provision of valuable information and data.

Results

Results showed that orphan girls have more childhood depression and less self acceptance, self competence, social and physical self competence and academic self competence as compare to orphan boys (Tables 1 & 2). Results revealed that childhood has significant negative relationship with self-acceptance, self-competence, social and physical self-competence and academic self-competence. Significant negative relationship indicates that girls with high childhood depression are likely to have less self-acceptance, self-competence, social and physical self-competence and academic self-competence. Self-acceptance has significant positive relationship with social and physical self-acceptance; it has positive but non-significant relationship with self-competence and academic self-competence. Significant positive relationship indicates that girls with more self-acceptance are likely to have more social and physical self-competence. Further results revealed that self-competence has significant positive relationship with social and physical self-competence and academic self-competence. Significant positive relationship suggested that girls with high self-competence are likely to have more social and physical self-competence and academic self-competence. Social and physical self-competence has significant positive relationship with academic self-competence. Significant positive relationship suggested that girls with high social and physical self-competence are likely to have more academic self-competence (Table 3).

Table 1 Differences in childhood depression and self-esteem along with subscales among orphan boys and girls

Variables	Boys		Girls		p	t	95%CI	Cohen's(d)
	M	SD	M	SD				
CD	90.76	14.88	128.69	24.5	0	-16.15	-42.54, -33.30	-1.87
SA	26.5	7.66	21.28	7.04	0	6.13	3.54, 6.88	0.71
SC	17.38	3.81	12.02	5.11	0	10.3	4.34, 6.39	1.91
SPSA	20.25	4.2	14.34	5.47	0	10.48	4.80, 7.02	1.21
ASC	16	3.31	10.98	4.06	0	11.71	4.17, 5.85	1.35

Note: Boys (N=150). Girls (N=150); CD (Childhood depression); SA (Self-acceptance); SC (Self competence); SPSA (Social and physical self-acceptance); ASC (Academic self-competence)

Table 2 Correlation between childhood depression and self-esteem along with subscales among orphan girls (N=150)

Variables	1	2	3	4	5
CD		-.48**	-.44**	-.51**	-.24**
SA			0.14	.25**	0.09
SC				.70**	.55**
SPSA					.47**
ASC					-

Note:*P<.05; **P<.01; CD= Childhood depression); SA (Self-acceptance); SC (Self competence); SPSA (Social and physical self-acceptance); ASC (Academic self-competence)

Table 3 Correlation between childhood depression and self-esteem along with subscales among orphan boys (N=150)

Variables	1	2	3	4	5
CD		-.48**	-0.12	-.23**	-0.11
SA			-.21**	.23**	.31**
SC				.19*	0.06
SPSA					0.1
ASC					-

Note: *P<.05 ; **P<.01; CD= Childhood depression); SA (Self-acceptance); SC (Self competence); SPSA (Social and physical self acceptance); ASC (Academic self competence)

Results revealed that childhood depression has significant negative relationship with self-acceptance, social and physical self-acceptance among orphan boys. This negative relationship suggests that Boys with high childhood depression are likely to have less self-acceptance, social and physical self-acceptance.

Results also indicated that self-acceptance has significant positive relationship with social and physical self-acceptance and academic self-competence. Significant positive relationship suggested that boys with high self-acceptance are likely to have more social and physical self-acceptance and academic self-competence. Self-competence has significant positive relationship with social and physical self-acceptance and academic self-competence. Significant positive relationship suggested that boys with high self-competence are likely to have more social and physical self-acceptance and academic self-competence. Social and physical self-competence has significant positive relationship with academic self-competence, which suggested that boys with high social and physical self-competence are likely to have more academic self-competence (Table 4). Results revealed that Self- acceptance, social and physical self-competence emerged as significant predictors of childhood depression among orphan girls (Table 5). Self-acceptance and social and physical self-acceptance emerged as significant predictor of childhood depression among orphan boys.

Table 4 Summary of Hierarchical regression analysis of self esteem along with subscales predicting childhood depression among orphan girls (N=150)

Predictors	B	SE	β
SA	-1.34**	0.23	-0.38
SC	-0.96	0.46	-0.2
SPSA	-1.29**	0.42	-0.28
ASC	0.23	0.46	-0.38
R	0.64		
R2	.41**		
ΔR	.39**		
F	25.09		

Note: *P<.05 ; **P<.01; CD= Childhood depression); SA (Self-acceptance); SC (Self-competence); SPSA (Social and physical self-acceptance); ASC (Academic self-competence)

Discussion

The first finding of the study indicates difference among orphan boys and girls in childhood depression and self-esteem (self-competence, social and physical self-competence, academic self-competence) which is in accordance with the hypotheses of the study. This was also empirically supported by the finding of the study by Ibrahim et al.,⁹ and¹⁰ that orphan Girls are about 46 times more likely to have depression than boys, girls are more likely to develop negative self image which effect their competencies. It was further

found that girls are at higher risk of developing developmental disorders. Wanjiru & Gathogo¹¹ also find out that Self-esteem is found to be influenced by gender of orphans and the self-esteem in turn influence academic performance of students as well. Behrendt & Mor¹² find out that orphan boys reported significantly higher self esteem than girls. Keeping in view the above mentioned findings of the present study there seems to be certain factors and reasons which cause significant difference in depression, and self-esteem in girls as compared to boys. In our culture, males are dominated and they receive special care and attention from others. They are preferred in families and on the other hand, females do not receive such attention. This is the major factor which affects the personality and psychology of females. Second hypothesis of research stated that there is likely to be a significant relationship between childhood depression and self-esteem. Finding of the study indicated that childhood depression had significant negative relationship with self-esteem (self-acceptance, self-competence, social and physical self-competence, academic self-competence). This finding was supported by Sowisli & Orth,¹³ they reported that self-esteem and depression fill a mind with negative thoughts and they correlate with each other negatively. Combination of low self-esteem with depression causes cycle of helplessness. Low level of self-esteem could increase depression and similarly by boosting up self-esteem depression can be decreased. Childhood depression had significant negative relationship with self-esteem (self-acceptance, self-competence, social and physical self-competence, academic self-competence) among orphan girls. Results revealed that childhood depression has significant negative relationship with self-acceptance, social and physical self-acceptance among orphan boys. This negative relationship suggests that Boys with high childhood depression are likely to have less self-acceptance, social and physical self-acceptance. Third hypothesis of research stated that self-esteem will likely to predict childhood-depression among orphan girls and boys. Results revealed that Self acceptance, social and physical self-competence emerged as significant predictors of childhood depression among orphan girls. Self-acceptance and social and physical self-acceptance emerged as significant predictor of childhood depression among orphan boys. These findings are supported by (Linda, 2004). According to him self-esteem can play a very vital role in influencing the development of depression in children. Occurrence of a depressive episode decreases the child's self-esteem, thus increasing the likelihood that another depressive episode may occur in future.¹⁴

Table 5 Summary of Hierarchical regression analysis of self esteem along with subscales predicting childhood depression among orphan boys (N=150)

Predictors	B	SE	β
SA	-.91**	0.14	-0.47
SC	-0.37	0.31	-0.09
SPSA	-.47**	0.27	-0.13
ASC	0.25	0.36	0.05
R	0.51		
R2	.26**		
ΔR	.24**		
F	13.08		

Note: *P<.05 ; **P<.01; CD= Childhood depression); SA (Self-acceptance); SC (Self competence); SPSA (Social and physical self acceptance); ASC (Academic self competence)

Limitations

The first limitation of the study is that only 5 to 10 grade students were focused however any orphan below and above this age range can also suffer from depression and self-esteem problem. Another major

limitation of this study is that data was collected from limited cities of only two provinces Punjab and Khyber Pakhtunkhwa and the other provinces were ignored, because of cultural differences, there may be different findings from other provinces. The total sample was 300 orphans that are too short to generalize the results throughout the population. Data was collected from orphans living in orphanages, those orphans living with surviving parent or relatives were not taken in study. For instance present study was based on comparative research design which only tells that there is a relationship but does not tell that why this relationship occurs. However, employing other quantitative research designs e.g., cross sectional research design along with qualitative measures i.e., in-depth interview and focus group would permit the respondents greater liberty to share their problems, interest and views about their feeling and perceptions which would ultimately produce broader and detailed picture of phenomena.¹⁵

Suggestions

This research work has a scope for future research and this can be expanded to explore certain other issues which are in relation but have not been covered in this research work. The sample used in this research was only institutionalized orphans while the same research can be done on orphans living with surviving parent, guardian, relatives or adopted families. This can benefit in a way that the sample of the people from different age groups can be studied and then a comparison can be made. Moreover, the orphans from different geographic areas can be selected and then their results can be compared. This will help to examine the depression and social support problems of orphans in different parts of the country in relation to the possible reasons behind them. This will enhance the knowledge in this particular area of research. Socio economic factor of orphans living with single parent can be taken into account to study their mental well being. Academic institution should provide psychological consultation and proper psychotherapeutic measures for those students who are suffering from childhood depression and social support problems so that they can cope with it effectively. Teachers training programs should also need to be conducted so that they can identify such cases at initial stage which will further help the students to seek treatment at proper time. Analysis were only done with reference to orphan boys and girls whereas further studies in this dimension should carry out analysis on age, education, geographical affiliation i.e., urban rural, family type, specific behavior, social or physical health problems among orphan and non-orphan adolescents.

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Conflict of interest

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