Child neglect, Self-Esteem and Depression among Students in Secondary Schools in Wakiso Town Council, Wakiso district

By

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A Research Report Submitted to the School of Psychology in Partial Fulfillment of the Requirements for the Award of a Bachelor’s Degree in Community Psychology

Makerere University

August, 2018
Declaration

This is to declare that this research report is my own work with the exception of the reference cited, and that it has not been submitted to any other university, college or institution for any award.

Pupil’s Name and Signature

Signature: ................................ Date: 14/10/2018

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Approval

This is to certify that this research report has been under my supervision and is now ready for submission to Makerere University, School of Psychology in partial fulfillment of the requirements for the award of the degree of Bachelors of Community Psychology.

Signature: ........................................
Dr. Nyende Paul  
(Supervisor)  

Date: 7/9/2018
I dedicate this piece of work to my parents for proper parenting, guidance, financial and moral support.
Acknowledgement

I wish to express my sincere gratitude to my supervisor, Dr. Nyende Paul whose unreserved guidance and direction has enabled me accomplish this piece of work.

I acknowledge the support and love rendered to me by my dearest during the entire period of my study, they inspired me to be the person I am. I am highly grateful for the material, moral and financial support and not forgetting my siblings.

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Abstract

The study was titled ‘Child neglect, Self-Esteem and Depression among Students in secondary schools in Wakiso Town Council, Wakiso district’. The study was directed by three specific objectives; To establish the relationship between child neglect and self-esteem among children. To establish the relationship between child neglect and depression among children. To establish the relationship between self-esteem and depression among children. The study used a cross sectional design with both quantitative and qualitative research methods/approaches. Data was obtained from a population of children and community officials and local council who all numbered to 100 respondents. Data was analyzed using the statistical package for social scientists (SPSS) to generate Pearson correlation co-efficient so as to establish the relationship between the independent and dependent variable. The study found out that there is a negative significant relationship between child neglect and self-esteem. However, the significance value (P = .542) which is greater than the alpha value 0.05 (r = .062; sig. value. .542>0.05) indicated that child neglect was not significantly related to self-esteem among adolescents. This implied that an increase or decrease in the level of child neglect has no significant effect on aspect of self-esteem among the respondents. The study concluded that there is a positive and significant relationship between self-esteem and depression where (r = .492***; sig. value. 000<0.05). This means an increase or decrease in self-esteem can lead to an increase or decrease in depression. The study recommends that to eradicate depression there is a need to voice against all types of violence that can be adapted to national context, translated into local languages, and rolled out in schools and communities in partnership with youth organizations, UN partners and governments. This is because violation of human rights contributes 75% in causing depression among the youth. The study also recommends that there is a need to sensitize the youth about the constitutions as it is against the violation of human rights such as child neglect. This is because the constitution of Uganda is the supreme law of Uganda, where by given articles, provides that men and women have equal status before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law, prohibits child neglect, discrimination of any kind and protects the right to life and provides for freedom from torture, cruel, in human, degrading treatment or punishment and prohibits laws, cultures, customs and traditions which are against the dignity and interest of children.
Chapter One
General Introduction to the Study

Background

Depression is a significant contributor to the global burden of disease and affects people in all communities across the world. Today depression is estimated to affect over 350 million people. Depressive disorders start at an early age and they decrease a person’s ability to live normally and productively. Depression is a common cold of mental disorders most people will be affected by depression in their lives either directly or indirectly, through a friend, a family member or even a close neighbor (Mondimore, 2016).

Depression is the emotional expression of a state of ego-helplessness and ego-powerlessness to live up to certain strongly maintained narcissistic aspirations. If the narcissistic aspirations are fulfilled actually or in imagination, the result is elation. Infantile fixation to the feeling of helplessness predisposes to depression. A person who is depressed often has feelings of guilt, worthlessness, and helplessness. They no longer take interest or pleasure in hobbies and activities that were once enjoyed; this may include things like going out with going out with friends or even sex, insomnia, early-morning awakening, and oversleeping are all common (World Health Organization, 2017).

When depression increases or it is severe it can lead to suicide. There are a number of variations of depression that people suffer from. The major distinction between them being depression in people who have or do not have a history of manic episodes. Depression is the leading cause of disability for both males and females, it’s burden is higher in women by 50% than in men (World Health Organization, 2016). There is a close association between Child neglect, self-esteem and depression among children; however, specific studies linking these variables in the particular context of Secondary schools in Nansana Municipality, Wakiso District remain scanty. Yet, what is not doubted is the fact that many children in the area are depressed and this could adversely affect not only their upbringing and personal growth but also their performance in school.

Child neglect is usually defined as an ongoing pattern of inadequate care or a deficit in meeting a child’s basic needs. It is a form of child maltreatment which includes the failures to
provide physical, health care, supervision, nutrition, emotional nurturing, education which can readily be observed by individuals in close contact with a child (National Child Abuse and Neglect Data Systems), 2017. It is important to distinguish between parental failure to provide when options are available and when they are not and more still the circumstances and intentionally must be examined before defining a behavior as neglectful. National Child Abuse and Neglect Data Systems distinguish Child neglect in different forms that is physical, medical, emotional and educational neglect.

According to the Uganda Human Rights Commission (2016:37), “the most violated right was Child neglect, representing 25% of complaints registered in 2016 an increment of 77% from previous period” says the commission’s report.

Sternburg (2013) noted that Child neglect may bring out problems which include aggression, tantrums, “acting out” immaturity, truancy and delinquency. Additionally, children display self-defeating behaving that is, often feel that others don’t value them, demean their talents and feel powerless which are all signs of low self-esteem.

According to Pianta (2016), Child neglect is the failure to provide for the physical, educational, emotional wellbeing of a child and medical needs. Child neglect can include not providing adequate food, clothing, appropriate medical care, proper supervision or proper weather protection garments like coats. Educational neglect may include failure to provide appropriate schooling or special educational needs for a child. Psychological neglect includes the lack of any emotional support and love, or failure to attend to the child. According to African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN, 2015), Child neglect means failure of parents or care givers to meet a child’s physical and emotional needs when they have the means to do so, knowledge, and access to services or failure to protect her or him from exposure to danger.

According to Krill (2017), one of the destructive consequences of Child neglect may be the detrimental effect on a child’s school performance. Over the years, research has indicated that neglected children demonstrate reduced intellectual functioning and perform very poorly in school. A poor school performance can have serious long term consequence on both the mental and social wellbeing of a child. Academic failure has been associated with anti-social behaviors and quitting or leaving school.
Neglected children may have grade repetitions, disciplinary referrals and a high number of suspensions, working and learning at below average as reported by teachers. They may also have weaker orientations to future vocational and educational goals compared to non-neglected children. Neglectful parents are less likely to provide an intellectual stimulating environment for the child to read, supervise their homework and generally such parents do not become involved in their children’s academic life and this may greatly impact on their self-esteem.

According to Balscovich and Tomaka (2014), self-esteem is an individual’s sense of his or her value or worth or the extent to which a person values, appreciates, approves, prizes likes himself-or herself. Rosenberg (1965) described self-esteem as a favourable or unfavourable attitude towards the self. According to Bean (2010), low self-esteem can have devastating effects such as anxiety, stress and increased likelihood of depression all of which are detrimental to academic performance. He also states that loss of esteem can result into friendship, relationship problems and can seriously impair academic performance. It is also associated with poor health and deviant behaviors like substance abuse, poor academic performance, suicide, cigarette smoking and depression.

Self-esteem is the appraisal we make of ourselves which include positive and negative aspects. The way children perceive themselves and the world as a whole is determined by many factors within the home environment such as Child neglect/ care, social economic status and psycho social factors (Unkazach, 2017). Therefore, if a child is not given adequate care/ neglected, this causes to him/ her to devalue self-leading to low self-evaluation (self-esteem). If Children start to become self-evaluative beings, around two years they can call their parents to attention like “look dad” and if they succeed in a task they smile and if they fail they look away (Mc Clintic, 2012) hence if children suffer neglect, they end up developing a low self-esteem.

According to Rosenberg (1979), a person with low self-esteem is fundamentally dissatisfied with the type of a person he is, he may acknowledge his fruits while hoping to overcome them. Low self-esteem implies a realistic evaluation of the self’s characteristic and competences compiled with an attitude of self-acceptance and respect (Boadman, 2015).

Self-esteem ranks among the most important aspects of the children’s social cognitive development. Children’s evaluation of their own competences affects their emotional logical adjustment (Stipek & Rechia, 2012). As soon as categorical self-with features that can be judged positively and negatively is in place. This helps to shape the child’s personality. Children with
high self-esteem are likely to develop the self-denial and those with low self-esteem become neurotics and likely to suffer a depression. This is prompting the researcher to establish the relationship between Child neglect, self-esteem and depression among children.

**Problem Statement**

In Uganda, between 15-20% of the population have depressive symptoms (WHO 2016). Depression is also the largest cause of disability worldwide and more 80% of the disease burden is among people living with low and middle income countries like Uganda. Depression is also common among children who are facing Child neglect in their lives. This is so because Child neglect comes with both psychological and physical consequences, which lowers a child’s self-esteem. Child neglect is closely repeated with depression among children because when a child undergoes neglect, it could lead to lacking basic necessities which can lead to depression. Similarly, low self-esteem is also closely related with depression because children that experience Child neglect often have lack to basic necessities of life, emotional show downs, and disease, all of which could contribute to depression. Such a problem often results in dysfunctional attitudes, depressive schemata and distorted cognition (Beck, 1976) that affects the lives of the Adolescents and their performances. It also interferes with their education process as it is associated with lack of college success and attrition (Blumberg, 1984).

A very important point of concern is the way the people deal with the depressed child. A depressed pupil may be actually experiencing bouts of depressive symptoms like change in mood, fatigue or loss of energy, loss of interest in most school activities and consequently failing to take part in them. That is why this study is necessary to find out with proof and evidence if child neglect, and self-esteem are one of the major causes of depression among children in Secondary schools in Wakiso Town Council, Wakiso district.

**Purpose of the Study**

The purpose of this study was to establish the relationship between Child neglect, self-esteem and depression among children.

**Objectives of the Study**

1. To examine the relationship between Child neglect and self-esteem.
2. The study seeks to establish the relationship between Child neglect and depression.
3. To examine the relationship between self-esteem and depression.
Figure 1: A conceptual framework showing the relationship between Child neglect, self-esteem and depression among Secondary school children

The conceptual framework shows the relationship between Child neglect, self-esteem and depression. It ascertains that Child neglect influences self-esteem and self-esteem influences Child neglect and lastly it states that depression Child neglect to depression. Self-esteem can depression.

Scope of the Study
**Geographical scope**

The study was carried out among Secondary schools in Nansana Municipality, Wakiso District. I chose this area because it is a slum and has many children who are neglected and with low self-esteem. The study will be conducted among the young children between the age of 13 and 19 years of age. Both male and female participants were considered for the study.

**Conceptual scope**

The study investigated the relationship between Child neglect, self-esteem and depression.

Child neglect according to Planta (2017) is the failure to provide the educational, emotional and medical needs of a child.

According to Balscovich and Tomaka (2016), self-esteem is an individual’s sense of his or her value or worth or the extent to which a person values, appreciates, approves, prizes, likes himself-or herself. Depression is the emotional expression of a state of ego-helplessness and ego-powerlessness to live up to certain strongly maintained narcissistic aspirations (Mondimore, 2016).

**Significance of the Study**

The study will be significant in fostering further research in the causes of young children’s depression in Uganda and East Africa at large.

This research is further expected to act as a resource data base for Adolescents for obtaining further information.

Furthermore, this research is expected to help non-government organizations dealing with young children’s digressional issues in better service delivery.

This research is also going to help the government to come up with a way of reducing Child neglect and depression among the young adults of Uganda.
This research is going to be important in adding our knowledge on Child neglect, self-esteem and depression in Uganda.

The investigation may help the government and non-governmental organizations to know the total number of children who are not provided with appropriate medical care when they are sick, those who depend on their teachers at school, the ones who are exposed to risks by their parents and those who feel that they are useless so that it can help them by fighting against such acts through formulating laws concerning Child neglect hence helping to reduce the effects of neglect on children such as low self-esteem and consistent failure in school.

The research may equip caregivers and parents with the knowledge on the significance of child protection or a high self-esteem and how these may improve the academic grades of their children and enhance their social and psychological well-being.
Chapter Two

Literature Review

Child Neglect

According to Krill (1997), child neglect is the failure of the caregiver to provide for the child’s basic needs. These needs may be physical like food and shelter or educational, emotional and medical care. Emotional neglect includes actions such as failure to attend to the child’s needs for affect, refusal or failure to provide needed psychological care. Neglected children may also suffer physical health problems.

Child neglect is defined as an ongoing pattern of inadequate care or a deficit in meeting a child’s basic needs. Child neglect (also called psychological abuse) is a form of child abuse that occurs when someone intentionally does not provide a child with food, water, shelter, clothing, medical care or other necessities. Forms of child neglect include allowing the child to witness violence, threatening the child with violence, showing reckless disregard for the child’s wellbeing.

Child neglect is rampant problem that statistically exceeds child physical abuse in the U.S (2006) reporting statistics by the U.S department of health and human services. They concluded that children in the U.S were abused or neglected at the rate of 1.23% and out of that number, 64.2% experienced neglect, 1530 children died of abuse or neglect that year. Roughly half of the victims were of each sex with only a slightly higher incidence of neglect victims being female.

The National Child Abuse and Neglect Data System (N.C.A.N.D.S) defines neglect as a type of maltreatment that refers to the failure by the caregiver to provide needs, age appropriate care although financially able to do so. (U.S.D.H.H.S, 2007), neglect is a unique type of trauma because only children are susceptible. In order to experience neglect, a person must be reliant on others for their physical and emotional well-being and this vulnerability means that victims of child neglect are predisposed to experiencing related trauma (including P.T.S.D) later in life.
The following are the types of child neglect:

**Child neglect**

Children need the same basic necessities as everyone including food, clothing. However, they are reliant on others to provide these necessities and if a provider is not ensuring that they trustee is given these essentials, its considered neglect. Child neglect literally means that a parent has abandoned a child.

**Educational neglect**

It is the failure to provide a child with adequate education in form of enrolling them in school or provide adequate home schooling.

**Emotional neglect**

It is consistently ignoring, rejecting, verbally abusing, teasing, withholding love and isolating or terrorizing a child. Emotional neglect can also include subjecting a child to corruptive or exploitative situations such as illegal drug use.

**Medical neglect**

American humane organization cites medical neglect as a failure to provide appropriate health care for a child although financially able to do so thus placing a child at a risk of seriously being disabled, disfigured or dyeing.

**Self-esteem**

According to Blascovich and Tomaka (1991), self-esteem refers to an individual’s sense of his or her value, or worth or the extent to which a person values, approves of; appreciates, prizes or likes him or herself. Rosenberg (1965) described self-esteem as a favorable or unfavorable attitude towards the self. Self-esteem is a judgment of oneself-as well as an attitude toward self. Self-esteem encompasses beliefs like “I am competent”, emotions. Self-esteem is the positive or negative evaluations of the self-as in how we feel about it.

Self-esteem is also known as the evaluative dimensions of the self-that includes feelings or worthiness, pride, and discouragement. According to Blascovich and Tomaka (1991), self-esteem refers to an individual’s sense of his or her value, or worth or the extent to which a person values, approves of; appreciates, prizes or likes him or herself. Rosenberg (1965) described self-esteem as a favorable or unfavorable attitude towards the self.
Self-esteem is a disposition that a person has which represents their judgment of their own worthiness (Rosenberg self-esteem scale).

According to Branden, self-esteem of self-confidence a feeling of personal capacity and self-respect, a feeling of personal worth. It exists as a consequence of the implicit judgment that every person has of their ability to face life’s challenges to understand and solve problems and their right to achieve happiness and be given respect.

Negative experiences in childhood are often particularly damaging to self-esteem. In your early years, your personality and sense of self-is being formed and harmful experiences can leave you feeling that you are not valued; you have not had a chance to build any resilience, so this negative view can become the one that you believe about yourself.

Bandura (1982) observes that self-esteem is based partly based on our sense of self-efficacy of competence and power to control events. Similarly, one’s life aspects (depression) consequently impact their self-esteem accordingly (Blascovich and Tomaka, 1991). Self-esteem means a feeling of self-worth in one self. The formation of self-esteem begins early in children wood and is largely the product of relationship with parents and other people around but most significant the relationship of the child with the mother and father because they are the one who can make the child feel accepted or rejected. Depending on this relationship, then the child will perceive the world as a friendly or hostile place. As the child grows, then his self-esteem is further developed and modified by the child's interaction with people or group of people outside the family that is the environment that one lives in. (Maddux and Stanly, 1986).

Self-esteem is a central and essential component in life satisfaction. Components of high self-esteem include happiness, security, affection, energy availability, alertness, calmness, clear-mindedness, singleness of purpose, lack of restraint and spontaneity. In contrast, low esteem is described as encompassing unhappiness, anger, feelings of threat, weariness, withdrawal, nervousness, disorganization, conflict, feelings of restraint and self-consciousness. (Eriksson 1963).

Psychologists split self-esteem into two types: earned self-esteem and global self-esteem whereby earned self-esteem is the one people earn through their own accomplishments, for example, satisfaction from having scored well in an exam while global self-esteem refers to a general sense of pride in one self. It’s not grounded in a particular skill or achievement. In this study emphasis is put on the global self-esteem. The conceptual difference between two is that in
earned self-esteem leads the way and the achievement trails behind. Psychologist’s further stress that earned self-esteem can take care of itself, i.e. it will develop almost naturally when people have accomplished something worthwhile.

According to Bandura (1986) whether the individual will be confident, self-assured person or fearful depends greatly on the interactions with those in the environment at the rebelling them as bad, useless. If the community continuously rebel an individual like that, he or she may end internalizing such negative comments (self-fulfilling prophecy). This as negative effects on the development of one's self-image.

Shaffer (1999), Scott et al (1991), Michener and Delamater (1994) highlight three major sources of self-esteem; family experience, performance feedback and social comparison. In a family setting, showing acceptance, affection, interest and involvement in children’s affairs, favoring non coercive forms of discipline, respecting children’s initiative improves their self-esteem. They will tend to exhibit more self-confidence, competence and self-control. Under performance feedback, the everyday feedback about the quantity of our performances, our successes and failures influence our self-esteem. In social comparison, we tend to compare failures and successes with our own goals and self-expectations or with the performance of others.

Schunk (1989) suggests that the most basic prescription for assuring of ones feeling of self-worth is a generous dose of parental love. This means that even when the individual does something undesirable, the community does not reprimand the victim too much to convey extreme disapproval of the child's needs appreciating what the child is. This will help the individual to build the positive attitude towards self-esteem. Depressed Students need to feel worth whole and, this comes from abundance of love and attention for the community.

However, Reynar (1992) remarks that effort to boost the self-esteem of Students have not only necessarily been shown to improve an academic performance and may sometimes be counterproductive. For this reason, conscious effort may be necessary in programs that aim at boosting self-esteem. This is consistent with Baumeister’s research which contends that high self-regard per se is not necessarily good nor does it translate into higher estimates by other person’s intellect, appearance or virtue. However, self-esteem is associated with depression, anxiety, motivation and general satisfaction with one’s life (Harter, 1986, Rosenberg, 1986).
Lack of parental valuing approval or deprivation of care, love and social support probably due to death or separation may breed among children a sense of abandonment, insecurity incompetence and depression which would undermine their self-esteem. Nambi (1988) noted that children who witness their parent’s killed, tortured to death tend to be depressed and form in their mind a more or less permanent imprint of traumatic experience which affects them emotionally and psychologically.

Neglected children face difference problems that affect their personality and these are: Psychological consequences which include loss of esteem, problem maintaining, unhealthy relationships, eating disorders, suicide attempts, social disabilities. Physical consequences such as failure of the brain to develop properly due to malnutrition and other medical issues and also poor physical health in general can lead to an array of problems later.

Neglected children also tend to have behavioral consequences such as juvenile delinquency, alcohol abuse, criminal or abusive behavior. With less care and attention from parents, the neglected children take to alcohol abuse as a consolation, are easier to be misled to street life and many of them stop at nothing short of living what may be generally termed as a spoilt life (Passer and Smith, 2009).

The danger of neglect can be dire for a child’s healthy development. Without proper care, children are in danger of not developing properly due to malnutrition, physical injury or illness, post-traumatic stress disorder which can affect a child psychologically and emotionally in the long term. The psychological principal of attachment theory proposes that children become attached to their caregivers and particularly to their mothers. In the natures term, keeping a child attached to their mom increase its chances of survival, so, it stands to reason that being neglected is an affront to the “healthy normal” sense of attachment.

Research suggests that failure to form secure attachments in life can have a negative impact on behavior in later childhood and throughout their lives. Children diagnosed with oppositional defiant disorder (O.D.D), conduct disorder (C.D), post-traumatic stress disorder (P.T.S.D) frequently display attachment problems possibly due to early abuse or neglect. Children who experience neglect early in life may be at a risk for a lifetime of trouble attacking properly in relationships.

Psychological problems happen in such a way that children particularly infants need a certain amount and type of input for their brain development to proceed normally through its
various growth states. When deprived of appropriate input and stimulation the brain may not develop normally and this affects brain functioning later on. This can as well affect an individual.

Children who suffer from neglect most often have also attachment difficulties, cognitive deficits, emotional behavior problems and physical consequences as a result of neglect. Early neglect has the potential to modify the body’s stress response specifically cortisol levels (stress hormones) which can cause abnormalities and alter the body’s overall health. Research has shown that there is a relationship between neglect and disturbed patterns of infant care taker attachment. If parents lack sensitivity to their baby’s needs, the baby will develop insecure-anxious attachments contributing to their attachment difficulties and formation of relationships in the future.

Though self-esteem is a painful disorder, it can be seen as both a mental and spiritual wound. Even if children are born with a natural reservoir of self-esteem, they need to be validated by people around them if they are to build on the sense of self-worth. Unfortunately, children do not receive the nurturing they need to thrive; instead they are neglected, abandoned and sometimes abused. This accuses children to unconsciously assume that something is wrong with them. They don’t want to believe that the grown-ups around them re bad and so they conclude that themselves are bad or flawed, and if they are flawed, they believe that they are worthless. Neglect can range from mild to severe. It isn’t always easy to measure the relationship between the degree of neglect and one’s level of self-esteem. Usually, the more you were neglected, the less self-esteem you have. Sometimes, neglect does not stem from absence of love. It is unintentional for instance parents who go to work and have less time for their children. They feel something is wrong and they develop low self-esteem.

Once a child has low self-esteem, it begins to feed on itself due to their poor self-image. Children incapable of compensating for neglect by loving themselves. They are also unable to accept the small of dose of love their parents do provide. This triggers more shame and low self-esteem which in turn produces other painful emotions and conditions.

The impact of child abuse and neglect are discussed in terms of physical, psychological behavior and societal consequences and they are the following: Shaken baby syndrome: Shaking a baby is a common form of child abuse and neglect. The injuries caused by shaking a baby may not be immediately noticeable and may include bleeding in the eye or the brain, damage to the
spinal cord and the neck, the rib or bone fractures (National Institute of Neurological Disorders and stroke, 2007).

Impaired brain development: Child abuse and neglect have been shown in some cases to cause important regions of the brain to fail to form or grow properly resulting in impaired development (De Bellis and Thomas, 2003). These alterations in brain maturation have long term consequences for cognitive, language and academic abilities (Watts English, Fortson, Gibler, Hooper and De Bellis, 2006). N.S.C.A.W found more than three quarters of foster children between and two years of age to be at medium to high risk for problems with brain development as opposed to less than half of children in the control sample (A.C.F/ O.P.R.E, 2004).

Poor physical health: Several studies have shown a relationship between various forms of household dysfunction including childhood abuse and poor health (Flahrty et al, 2006, Felitti, 2002). Adults who experienced abuse or neglect during childhood are more likely to suffer from physical illness such as allergies, asthma, ulcers, and high blood pressure (Springer, Sheridan, Kuo and Carnes, 2007).

A child is any person below the age of 18 years according to the Children Statute of Uganda (1996). Child neglect according to Krill (1997), is the failure to provide for the child’s basic needs and it can be physical like food and clothing or educational like failing to provide appropriate schooling or special education needs for the child or emotional like not paying attention to the child. Self-esteem according to Balscovich and Tomaka (1991) is an individual’s sense of his or her value or worth or the extent to which a person values, approves, appreciates, prizes or likes his or her own self and Rosenberg (1965) describe self-esteem as a favorable or unfavorable attitude towards the self. All forms of neglect negatively impact a growing child’s sense of their own value and it leads to low self-esteem among children.

These neglected children also according to African Network for the Prevention and Protection against Child Abuse and Neglect (1986), (ANPPCAN) feel insecure and have shattered self-esteem and because of that it is difficult for them to establish relationships. However when they do, these relationships are poor because all the time they feel that they are useless, unimportant, incompetent and unloved hence low self-esteem. Neglected children feel that they are unimportant because they are left alone or unsupported and may feel rejected by others. When a child is abandoned, they may feel guilt thinking that they have done something bad or that they are not loved enough.
A study by Palmer, Brown Rae-Grant (2001) with 384 survivors of childhood neglect found that the survivors of neglect tend to be depressed and have low self-esteem. A recent study found that almost 76% of adults reporting child neglect have at least one psychiatric disorder in their lifetime and nearly 50% have three or more psychiatric disorders (Harper’s, 2007), and this makes them feel useless and unimportant hence experiencing low self-esteem. Recent research has sought to explain how children’s experience with their caregivers influence their later development. A growing body of literature has documented the negative developmental sequences of neglect in childhood. Neglected children according to Shonk and Manly (1992) have been reported to have less satisfactory relationships with peers and poor self-concepts as compared to other children are who are not denied benefits of secure attachment relationship because neglecting parents are responsible or inappropriately irresponsible to their children’s need (Ainsworth and Crittenden, 1998). These difficulties in attachment relationships may lead to the creation of negative models of both self-and others in relationships based on unsatisfactory experienced relationships with early attachment figures. Research has documented the negative effects of child neglect on children’s self-perceptions. Neglected children especially those who have not been paid attention to have been found to have less positive self-concepts than others.

Psychological consequences: The immediate emotional effects of abuse and neglect are isolation, fear and an inability to trust can translate into lifelong consequences including low self-esteem. Researchers have identified links between child abuse and neglect and the following.

- Difficulty during infancy: Depression and withdraw symptoms which are common among children as young as 3 who experience emotional, physical or environmental neglect (Dubowitz, Papas, Black and Starr, 2002).

- Abusive behavior: Abusive parents often have experienced abuse during their childhood. It is estimated approximately one third of abused and neglected children may eventually victimize their own children (Prevent Child Abuse New York, 2003).
Difficulties during adolescence: Studies have found abused and neglected children to be at least 25% more likely to experience problems such as delinquency, teen pregnancy, low academic achievement (Kelly, Thomberry, and Smith, 1987).

Social difficulties: Children who experience rejection or neglect are more likely to develop anti-social traits as they grow up. Parental neglect is also associated with borderline personality disorders and violent behaviors (Schore. 2003).

Cognitive difficulties: N.S.C.A.W found that children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development and academic achievement (U. S department of health and health services, 2003).

**Depression**

Depressive disorders are among the most common mental health problems (Kessler, Chiu WT, Demler, Merikangas, 2005). A leading cause of disability (Mathers, Loncar, 2002), depression is related to reduced quality of life and increased risk for physical health during emerging adulthood, the period of transition from adolescence to adulthood (Arnett, 2002), influences long-term consequences through recurrent depressive episodes and worse socioeconomic outcomes (Elovainio, Pulkki-Rand Aringback, 2012). Annually, 8.3% of the adults aged 18 to 25 reports having had at least one major depressive episode.

According to the different works done on depression, it is agreed that depression can be noticed under different symptoms and signs. Shreve (1984) summarizes the state of depression as a prolonged melancholia arising either for no apparent reason or as a highly exaggerated reaction to a trigger event. She goes on to observe that there is an impairment of physical and mental functions such as work, capacity, sexual interest, appetite, even simple thought processes.

Lewinsohn (1975), Williams and Long (1983) also made observations similar to Shreve’s, (1984). However, an additional contribution they make is the inclusion of symptoms like complaining, low levels of social participation, sloppy personal appearance, general acts of apathy, boredom, headaches, indigestion and negative interpretation of life experiences and a
pessimistic view of the future and the constipation. Williams and Long in particular report that the depressed have very low levels of energy.

Beck (1972) in focusing on the cognitive dimension stated that depressed people maintain a cognitive triad which consists of a negative conception of a self, a world. He relates a person's negative, distorted thinking to both the development and maintenance of depression. Burns (1980) concurs when he stated that depression can be manifested in cognitive distortions in a person, among which there is personalization whereby one sees oneself-as the cause of a negative external event which in fact one is not primarily responsible for. There is also emotional reasoning whereby one assumes that one's negative emotions necessarily reflect the way things really are; "I feel it, therefore it must be true." Notable among other manifestations of cognitive distortions is the all-or-nothing reaction whereby one sees things in black and white categories. If your performance falls short of perfect, you see yourself-as a total failure.

Dixon, Heppner, Burnett and Lips (1993) agree with the results of Blumberg (1984) who says that depression manifests itself-in the way it interferes with the Education process as it is often associated with a lack of college success and attrition.

In our daily lives we are constantly grappling with problems which we are constantly trying to solve. However, as observed by Coyne, Aldwin and Lazarus (1981), and Dixon et al. (1993), there is a different approach by the depressed people to their problems. They observed that depressed persons use more wishful thinking and avoidance and seek more emotional support. Studies done on the relation between problem solving appraisal and depressive symptoms consistently demonstrate a significant correlation between problem solving appraisal and depression. Such increases in perceived ineffective problem solving are associated with increases in depressive symptoms (Dixon, Heppner, Burnett, Anderson, & Wood, 1993). This state of failure to address the problems has also been noted by Kennedy (1977) on the level that the depressed operate at more intellectually slower pace and display little drive or emotion of their own. The depressed often talk about symptoms as signals of their depression rather than about depression itself. Depression can be associated with an external event e.g. loss, separation, death, threats to self-confidence and self-esteem and success. In summary, manifestation of depression can be viewed under the following summarized categories: psychological symptoms,
adverse social circumstances, stress, personality types, genetic tendency and as a reactive depression and endogenous depression Shreve, (1984).

Watkins et al. (2006) reviewed research examining depression among Black men in the USA with the goal of identifying factors that lead to depression in this group. He found that mainly unemployment, psychological coping, economic status and income, and racism and discrimination are factors that contribute to depression and depressive symptoms among the Black men although the Watkins et al review makes a significant contribution and provides information about risk factors for African American men, it overlooked analyzing additional contextual information that may positively inform treatment of depression among this group. For instance, in Watkins et al., there is no information about prevalence of depression in this group, treatment-seeking behaviour, and barriers to treatment seeking. Such information is critically needed to reduce the incidence and prevalence of depression, improve treatment, reduce health disparities, and inform future research focusing on African American men.

Psychologists (Eisenbderg and Lazarsfield1938) and sociologist (Jahoda et al., 1933) have argued as far back as the great depression that unemployment damages emotional health and undermines the social fabric of society. Psychologist draw a conceptual connection between involuntary joblessness and mental health in numerous ways such as: incomplete psychosocial development (Erikson 1959), feelings of hopelessness brought on by a perceived lack of control (Seligman 1975). Erickson (2015) postulates that healthy personality and emotional development during adulthood require that a person believes they are making strides to enrich themselves by contributing to their family and community. Otherwise, self-esteem is compromised during unemployment, leading to anxiety and self-doubt. Seligman asserts that feelings of helplessness arise when a person believes they have little influence over important events in their life such as securing meaningful work. In his view, prolonged helplessness can lead to depression.

Jahoda (2015) contends that unemployment is psychologically destructive because it deprives a person of valued, but unobserved, by-products of employment including a structured day, shared experiences and status and failure to obtain the nonmonetary benefits of work (Warr 1987).

Liem and Liem (1988) have provided cross-sectional evidence of a connection between unemployment and various indicators of mental health. However, these researchers recognize the
potential for reserve causality where poor mental health can lead to joblessness and thus call their results into question. Numerous researchers attempt to address this problem by examining persons who switch over time from work to unemployment. However, their findings supporting the link between unemployment and a decline in emotional well-being, although compelling, are not definite evidence of a causal link because something unobserved by the researcher may have changed before the onset of unemployment that damaged a person’s emotional well-being such as disappointments at work or unexpected health problems. A second shortcoming identified by Kessler, Turner and House (1988) in conventional studies using both cross-sectional and panel data is the selection into unemployment on the basis of prior mental health. This makes it challenging to decide if unemployment causes poor mental health (depression).

Elevated depressive system has also been found among unemployed single mothers. These depressed mothers were more likely to punish their adolescent children (Mcloyd et al, 1994). These are likely to constantly punish frequently their children hence increasing depression in them.

In Uganda the prevalence of major depressive disorder was 29.3% and factors contributing to depression are ecological factor, district, age, having no employment, broken family and socioeconomic classes (Eugene Kinyanda, Patrick Woodburn, Vikram Patel 2011). According to (Pereira, Andrew, Pednekar, Pair, Pelto 2007) women and persons.

There is consistent support for the contention that domestic violence is highly correlated with depression. Depression is associated with a likelihood of co-occurring disorders. In one study, 88% of the men and 79% of women with depression met the criteria for another psychiatric disorder (most common was alcohol abuse or dependence and major depressive episodes for men and simple phobias for women. Obviously, many of these diagnoses go hand in hand. A battered woman who experiences anxiety would probably be affected by PTSD, depression, and low self-esteem. Victims of rape and child abuse could also develop these symptoms. In fact, those who have experienced abuse of any sort as a child are probably at an increased risk for adult disorders. In particular, found a relationship between a history of child abuse and adult partner violence as the biggest forecaster of PTSD.

Haj- Yahia 2000 found that significant amounts of the variances in women’s low self-esteem, depression and anxiety are explained by their experiences with abuse. When examining
the interaction effect of change and ethnicity in terms of depression, African American women seem to have even more depression problems than women of other ethnic groups, including depressive effects lasting beyond the end of the violence (Barbee 1994) studied a relatively small sample of 29 low-income Black women who were interested in discussing their experiences with dysphasia and depression in a focus group.

In Depression and Anxiety, its stated that during the first study headed by Isabelle Ouellet Morin (2014), a researcher at the University of Montreal, a nationally representative sample of more than,1000 mothers with no previous history of depression was and assessed over 1 year, thirty-three percent of the women reported being the victim of violence from their partner, and these women had a twofold increase in their risk of suffering from new-onset depression (after controlling for childhood maltreatment, socioeconomic deprivation, antisocial personality, and young motherhood). Compared with women who had never been victims of violence, women who were abused both in childhood and adulthood were 4-7 times more likely, Health professionals need to be very aware of the possibility that women who experience mental health problems may also be the victims of domestic violence and vice versa. Given the prevalence of depression in these victims, we need to prevent these situations and take action. These acts of violence do more than leave physical damage; they leave psychological scars as well.

The second study on domestic violence and depression was and headed by (Lauren Maxwell, 2015), PhD pupil at McGill University, synthesizes research on how domestic violence impacts reproductive health. This was published in (PLOS One). The study primarily took place in the U.S., as well as in India, South Africa, Zimbabwe and Nicaragua. It found that women who are abused by their partner (or ex-partner) are much less likely to use contraception, particularly condoms, instead preferring contraceptives that don’t require negotiation with a partner. This makes them particularly vulnerable to contracting infections. In African countries, women who experience partner violence are three times more likely to contract HIV than women who do not (World Health Organization, 2015).

Maxwell (2013) in McGill press release contended that when talking to abused women, he had often heard the women mention they were opting for contraception methods their male partner could not refuse. I wanted to know whether, across countries, women who experience intimate partner violence are less able to use contraception, which might explain why rates of
abortion and HIV transmission are higher among women abused by their partners. What is notable about the study is its conclusiveness: As noted in the release, it suggests that there is a causative relationship between intimate partner violence and reproductive health, not just a correlation. The implications for training health-care providers are evident – with this knowledge in mind, they can appropriately include/exclude men from conversations about contraception and better recognize abusive situations.

Susan, Kiene, Haruna Lule, Katelyn, Sielo, Kazi Priyanka Silmi and Rhoda, Wanyenze (2015) carried out a study on the relationship between depression, Intimate Partner Violence, alcohol use among out patients in rural areas of Uganda and found out that there is a co-occurrence of depression, IPV, and alcohol use in men, and depression and depression and IPV in women, in an outpatient setting in rural areas.

Gender-based violence, only recently emerging as a pervasive global issue, contributes significantly to preventable morbidity and mortality for women across diverse cultures. Existing documentation suggests that profound physical and psychological torture are endemic following intimate partner violence. The presentation of domestic violence is often culture specific. A new lexicon, prompted by the expansion of human rights analysis, describes particular threats to local women including dowry deaths, honor murder, and disproportional exposure to HIV/AIDS as well as globally generic perils including abuse, battering, marital rape, and murder. While still fragmentary, accruing data reveal strengthening associations between domestic violence and mental health. Depression, stress-related syndromes, chemical dependency and substance abuse, and suicide are consequences observed in the context of violence in women's lives. Emerging social, legal, medical, and educational strategies, often culture specific, offer novel local models to promote social change beginning with raising the status of women. (Social Science and Medicine, 1997).

According to Craighead, Kennedy, Kaczynski and Dow (1984), depression and depressive symptoms constitute a common and serious problem of enormous personal and social significance. It interferes with the educational process and it is often associated with lack of college success and attrition (Blumberg, 1984). It becomes worse if untreated because it does not end with school years, but it can recur throughout life leading to broken families, disrupted careers and chequered unfulfilled lives (Mink, 1994).
The situation in Uganda that carries with it different life events among the Students. e.g. Loss of, or separation from a loved one, the failure to achieve a desired goal, or chronic frustration and stress, frequently causes depression among Students. There was therefore a need to study the aspect of depression among Students in order to understand the Students adequately and to help them maximize their potentials amidst life events.

**Research Hypotheses**

2. Self-esteem and depression are not significantly related.
3. Child neglect and depression are significantly related.
Chapter Three

Methodology

Introduction
This chapter includes the study design, sample design, technique of sample selection and the research instrument that were used in the field. It also included the procedure of the study, how the data was managed, how the data was analyzed and the problems that were encountered.

Study design
Quantitative research methodology was used in the study and in particular correlation research design to determine the relationship between unemployment, domestic violence and depression.

Sample design, selection and population
The study was conducted in Uganda, a land locked country of 245,551 sq.km and a population of 26,404,000 with the adults. The study was conducted among the youth aged between 20 to 30 years of age and in this case both female and male were considered. Simple random selection was used which ensured that each member of the population had an equal chance of participating in the study. A total of 100 participants were included in this study.

Instrument and Measurement
Depression was measured using the beck depression inventory (BDI), created by Aaron T. The BDI is a 21- question multiple – choice self-report inventory, one of the most widely used psychometric tests for measuring the severity of depression. It is scored as follows:

1-10  these ups and downs are considered normal
11-16  mild mood disturbances
17-20  borderline clinical depression
21-30  moderate depression
31-40  severe depression
Over 40  extreme depression

Domestic violence was measured using the Computer- Based Intimate Partner Violence Questionnaire. This questionnaire was developed by Karin Rhodes, Diane Lauderdale, Theresa He, David, and Wendy Levinson. It was published in 2002. It is scored as follows.
The respondent chose the best option ‘Yes’ or ‘No’ to answer the questions. If the respondent replied affirmatively to the questions about either emotional or physical abuse by a current partner, this was considered positive for Intimate Partner Violence (Rhodes et al., 2002).

Unemployment was measured by a Likert scale developed by Hogan and Michele (2014), with the linear scale;

1 = Yes
2 = No

**Procedure and administration**

A letter of introduction was obtained from the institute of psychology to introduce the research study and the researcher to the responsible authorities. The letter was then presented to the people in charge to seek for permission and approval from them. The objective and the purpose of the research were then mentioned to the participants. The participants were assured of confidentiality and freedom to participate or abandon the study at will.

Questionnaires were distributed to the respondents for filling in and instructions on how to do it was given to them so as to make sure that the respondents knew exactly what they were doing.

Afterwards the questionnaires were collected for review and analysis of the data.

**Data management**

The large amount of data collected from the field was condensed, edited, coded, tailed and tabulated using a simple descriptive statistics of tabulated frequencies, totals and percentages.

**Problems encountered in the field**

- The study was limited by a number of factors ranging from technical, financial and climatic conditions. The most crucial limitation in this study was the financial factors. Money is the common problem facing most of the people so I encountered this problem throughout the study because a greater sum of money was needed for transport, stationery, and printing
- Some libraries that I wanted to visit which contained important information were inaccessible. Some information for example audited accounts and audit reports needed in data presentation and analysis was not accessible due to fear of Publicity.
• Delays in access to data like in any other research, the problem of non-response may not be ruled out. The population from the sample was a very busy one. Information was not got on time so I had to apportion the available time accurately to enable respondents to give full information as it would be required. Inadequate funds, since I had to go to the field personally, for instance inadequacies of funds to facilitate such, other activities like printing the questionnaires, delivering to the respondents, computer typesetting and binding the report. However, researcher tried to prepare in advance for the same. Other libraries that were quite accessible were put to use and I maximally utilized of every single minute for data collection and convincing the people responsible in certain libraries for ease of access.

• There was a problem of language barrier since people in the community were from different backgrounds and tribes.

• Some of the respondents wanted to cooperate with the researcher that is to say they but expected financial gains among other benefits which the researcher didn’t budget for.
Chapter four
Presentation and analysis of correlations

Introduction
This chapter presents the correlations on the Child neglect, Self-Esteem and Depression among Students in Secondary Schools in Wakiso Town Council in Wakiso district. It deals with the presentation and analysis of the correlations of the study based on the specific objectives of the study. The correlations were presented with the help of tables for purposes of easier understanding, clarity and interpretation. 100 respondents fully participated in the study by filling the questionnaire, thereby making a response rate of 100%.

The correlations were presented based on the study objectives, namely;

1. To examine the relationship between Child neglect and self-esteem.
2. The study seeks to establish the relationship between Child neglect and depression.
3. To examine the relationship between self-esteem and depression.

Demographic Characteristics of Respondents
This section presents findings on the demographic characteristics of respondents. The study attained information from students through questionnaires and community officials and local council leaders were engaged through interviews. The presentation begins with the background information of respondents as follows;

Table 1: Demographic data on Respondents

<table>
<thead>
<tr>
<th>Position of respondents</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>community officials and local council leaders</td>
<td>05</td>
<td>5</td>
</tr>
<tr>
<td>students</td>
<td>100</td>
<td>95</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>38</td>
<td>38.0</td>
</tr>
<tr>
<td>Female</td>
<td>62</td>
<td>62.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age group</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-15</td>
<td>14</td>
<td>14.0</td>
</tr>
<tr>
<td>Age Group</td>
<td>Frequency</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td>16-19 years</td>
<td>82</td>
<td>82.0</td>
</tr>
<tr>
<td>20 and above</td>
<td>4</td>
<td>4.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A- Level</td>
<td>84</td>
<td>84.0</td>
</tr>
<tr>
<td>O- Level</td>
<td>16</td>
<td>16.0</td>
</tr>
</tbody>
</table>

Source: Primary data 2018

According to table 4.1 above, majority of the respondents 95% were in the lower positions in schools that is the students while the least number of respondents 05% were community officials and local council leaders. However, all respondents were able to deliver apposite and satisfactory facts as required by the study.

Gender
According to table 4.1 above, majority of respondents 62.0% were female compared with 38% who were male. However, all respondents provided relevant information about the study regardless of gender.

Age of Respondents
When respondents were asked to state their age groups, the following responses were recorded and presented. According to table 4.1 above, majority of respondents 82.0% were in the age group of 16-19 years, followed by 14.0% who were in the age group 12-15 years while 4.0% were in the age group of 20 years and above. By implication, most of the respondents were aged below 19 years indicating that these days children are sent to school at an early age unlike in 1700 years ago whereby education across the African countries was not a priority in many families and very few parents took their children to school at an early age. However, regardless of their ages they provided pertinent information for the study under investigation.

Educational level of Respondents
According to table 4.1 above, majority of respondents 84.0% were in O- Level compared with 16.0% who were in A-Level. However, all respondents provided relevant information about the study regardless of their educational level.
Having obtained the contextual information for the respondents, the researcher progressed to obtain specific information regarding specific research objectives and the correlation were recorded, summarized and presented as follows.

**Research Objective One: To examine the relationship between child neglect and self-esteem.**

**Correlation analysis**

There is significant relationship between child neglect and self-esteem

To test the relationship, the Pearson’s Product Moment Correlation Index was used to establish the relationship between the two variables and the results were presented as follows;

**Table 2: Pearson correlation co-efficient test results between child neglect and self-esteem**

<table>
<thead>
<tr>
<th>CHILD NEGLECT</th>
<th>SELF-ESTEEM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Correlation</strong></td>
<td>.062</td>
</tr>
<tr>
<td><strong>Sig. (2-tailed)</strong></td>
<td>.542</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>100</td>
</tr>
<tr>
<td><strong>Pearson</strong></td>
<td>.062</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.05 level (2-tailed).**

The Pearson correlation results above indicate that there is a positive and significant relationship between child neglect and self-esteem where (\(r = .062; \) sig. value. 542>0.01). However, p value = .542 which is above 0.05 indicates that the two variables are not statistically significantly related to each other, This means an increase or decrease in child neglect has no significant influence on self-esteem and the reverse is true. Therefore, the null hypothesis which stated that child neglect has a significant influence on self-esteem was rejected and the alternative hypothesis was adopted, which states that there is no significant relationship between child neglect and self-esteem.
The finding disagrees with U.S (2006) reporting which indicated that child neglect is a proliferating problem that statistically exceeds child physical abuse statistics by the U.S department of health and human services concluded that children in the that country were abused or neglected at the rate of 1.23% and out of that number. 64.2% experienced neglect, 1530 children died of abuse or neglect that year. In such a situation where children die because of neglect it means that such children must have gone through self-esteem problems prior to their death such as being no satisfied with themselves, taking a negative attitude toward themselves, feeling useless at times, having a feeling that they are not persons of worth, feeling inferior, getting angry at the way people treat them among others.

Research Objective Two: To establish the relationship between child neglect and depression

Correlation analysis

There is no significant relationship between child neglect and depression

To test the relationship, the Pearson’s Product Moment Correlation Index was used to establish the relationship between the two variables and the results were presented as follows;
Table 3: Pearson correlation co-efficient test results between child neglect and depression

<table>
<thead>
<tr>
<th>CHILD NEGLECT</th>
<th>DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson</td>
<td>-0.224*</td>
</tr>
<tr>
<td>Correlation</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>0.025</td>
</tr>
<tr>
<td>N</td>
<td>100</td>
</tr>
<tr>
<td>Pearson</td>
<td>-0.224*</td>
</tr>
<tr>
<td>Correlation</td>
<td></td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>0.025</td>
</tr>
<tr>
<td>N</td>
<td>100</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.05 level (2-tailed).

The Pearson correlation results above indicate that there is a negative and significant relationship between child neglect and depression where ($r = -0.224^*; \text{ sig. value. } 0.025<0.05$). However, $p$ value = 0.025 which is less than 0.05 indicates that the two variables are statistically significantly related to each other. This means an increase in child neglect can lead to decrease in depression and the reverse is true. Therefore, the null hypothesis which stated that child neglect has no significant influence on depression was rejected and the alternative hypothesis was adopted, which states that there is a negative significant relationship between child neglect and depression.

The finding disagrees with Krill (1997) who said that child neglect involves the failure of the caregiver to provide for the child’s basic needs such as physical needs like food and shelter or educational, emotional and medical care in such circumstances neglected children tend to suffer physical and emotional health problems which problems go hand in hand with depression aspects such as developing the feeling of sorrow, not sleeping well, not making decision about as well as one ever used to, feeling irritated all the time, feeling less interested in other people than one used to be, blaming oneself for everything bad that happens, developing a feeling of guiltiness all the time among others.
Research Objective Three: To examine the relationship between self-esteem and depression

Correlation analysis

There is no significant relationship between self-esteem and depression
To test the relationship, the Pearson’s Product Moment Correlation Index was used to establish the relationship between the two variables and the results were presented as follows;

<table>
<thead>
<tr>
<th></th>
<th>SELF-ESTEEM</th>
<th>DEPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF-ESTEEM</td>
<td></td>
<td>.492**</td>
</tr>
<tr>
<td>Pearson</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson</td>
<td>.492**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

**. Correlation is significant at the 0.05 level (2-tailed).

The Pearson correlation results above indicate that there is a positive and significant relationship between self-esteem and depressionwhere ($r = .492**$; sig. value. 000<0.05). This means an increase in self-esteem can lead to an increase in depression. Therefore, the null hypothesis which stated that self-esteem has no significant influence on depression was rejected and the alternative hypothesis was adopted, which states that there is a positive significant relationship between self-esteem and depression.
Chapter Five  
Summary, Conclusions and Recommendations

Introduction  
This chapter presents summary, conclusions and recommendations made by the study, and all these are in line with the research objectives.

Summary  
A summary of the key study findings of the respective study objectives are as follows;

Relationship between child neglect and self-esteem.  
The study found out that there is a negative significant relationship between child neglect and self-esteem. However, the significance value (P = .542) which is greater than the alpha value 0.05 (r = .062; sig. value. .542>0.05) indicated that child neglect was not significantly related to self-esteem among adolescents. This implied that an increase or decrease in the level of child neglect has no significant effect on aspect of self-esteem among the respondents and the reverse is true.

Relationship between child neglect and depression  
The study found out that there is a negative and significant relationship between child neglect and depression where (r = -.224*; sig. value. .025<0.05). This means an increase in child neglect can lead to decrease in depression and the reverse is true.

Relationship between self-esteem and depression  
The study found out that there is a positive and significant relationship between self-esteem and depression where (r = .492***; sig. value. 000<0.05). This means an increase or decrease in self-esteem can lead to an increase or decrease in depression.
Conclusions
The study reached the following conclusions;

The study concluded that there is a negative significant relationship between child neglect and self-esteem. However, the significance value (P = .542) which is greater than the alpha value 0.05 (r = .062; sig. value. .542>0.05) indicated that child neglect was not significantly related to self-esteem among adolescents. This implied that an increase or decrease in the level of child neglect has no significant effect on aspect of self-esteem among the respondents and the reverse is true.

The study concluded that there is a negative and significant relationship between child neglect and depression where (r = -.224*; sig. value. .025<0.05). This means an increase in child neglect can lead to decrease in depression and the reverse is true.

The study concluded that there is a positive and significant relationship between self-esteem and depression where (r = .492**; sig. value. 000<0.05). This means an increase or decrease in self-esteem can lead to an increase or decrease in depression.

Recommendations
The researcher recommends thus;

The study recommends that there is a need to sensitize the youth about the constitutions as it is against the violation of human rights such as child neglect. This is because the constitution of Uganda is the supreme law of Uganda, where by given articles, provides that men and women have equal status before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law, prohibits child neglect, discrimination of any kind and protects the right to life and provides for freedom from torture, cruel, in human, degrading treatment or punishment and prohibits laws, cultures, customs and traditions which are against the dignity and interest of children.

The study recommends that to eradicate depression there is a need to voice against all types of violence that can be adapted to national context, translated into local languages, and rolled out in schools and communities in partnership with youth organizations, UN partners and governments.
This is because violation of human rights contributes 75% in causing depression among the youth.

The government should ensure that it creates many job opportunities so that all the youth who are eager to work, get the chance to do so. The government should ensure that youth are paid adequately for the services which they provide so that at the end of the day they don’t feel like they are being over worked and paid less. Once more job opportunities are created the employment rate is sure to come down a great deal. This will assist to reduce on depression and child neglect in the country.
References


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Beck, AT. (1972). Depression; causes and treatment Philadelphia university of Pennsylvania


International labour organization: resolution concerning statistics of the economically active population, employment, unemployment and underemployment, adopted by the Thirteenth international conference of labour statisticians (October 2007).


Schwarzer, R. 2000 Groos cultural assessment of coping resources, the general perceived self-worth  
World Health Organization (WHO) Global Programme on evidence for Health Policy  
Appendix A: Questionnaire

Introduction

Dear respondent,
This questionnaire is designed to establish the relationship between **Childneglect, Self-Esteem and Depression Among Students in Secondary Schools**. No names are required and your responses will be completely confidential. The results of the survey will largely be in form of statistical report and recommendations that will be beneficial to the local community.

Section A: Bio data information

Sex: (a) Male                         (b) Female
Age:
Class:

Section B:
With respect to your own feelings, indicate to what degree you agree with each of the following statements by circling one of the alternatives below.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1. I am seldom apprehensive about the future
2. I often get angry at the way people treat me
3. I rarely feel lonely or blue
4. If I have said or done something wrong to someone, I can hardly bear to face them again.
5. When I am having my favorite food, I tend to eat too much
6. I feel I am capable of copying with my problems.
<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>I do not get much in chatting with people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>I usually prefer to do things alone.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9</td>
<td>In conversations, I tend to do most of the talking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>10</td>
<td>My life is fast paced.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>I am attracted to bright colors and flashy styles.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>I laugh easily</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>I don’t like wasting my time day dreaming</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>I enjoy reading that emphasize feelings and image more than story lines</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15</td>
<td>I seldom pay attention to my feelings at the moment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16</td>
<td>I follow the same route when I go to some place.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>I enjoy solving problems or puzzles.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>I believe that “new morality” of permissiveness is no morality at all.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>I am suspicious when someone does something nice for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20</td>
<td>Sometimes I trick people into doing what I want.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21</td>
<td>Most people I know like me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22</td>
<td>I would rather co-operate with others than compete with them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23</td>
<td>I am a superior person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>24</td>
<td>I believe all human beings are worthy of respect.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25</td>
<td>I don’t seem to be completely successful at anything.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>26</td>
<td>I spend a lot of time looking for things I have misplaced.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27</td>
<td>When I make a commitment, I can always be counted on to follow through.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28</td>
<td>I strive for excellence in everything I do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29</td>
<td>I have a lot of self-discipline.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>30</td>
<td>I think twice before I answer the question.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>
### Section C:

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>On the whole, I am satisfied with myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>At times, I think I am not good at all.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>I feel I have a number of good qualities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>I am able to do things as well as other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>5</td>
<td>I feel I do not have much to be proud of.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>6</td>
<td>I certainly feel useless at times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>I feel that I am a person of worth.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>I wish I could have more respect for myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>All in all, I am inclined to feel that I am a failure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>I take a positive attitude toward myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tbody>
</table>

### Section D:

<table>
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<tr>
<th></th>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>My parents don’t provide me with basic needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>My parents prevent me from going to school and don’t give me chance to</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td></td>
<td>revise my books.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>My parents fight and abuse each other in my presence.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>4</td>
<td>My parents don’t mind if I drink alcohol or use drugs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>5</td>
<td>My parents ignore me and do not respond to my needs for care,</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>encouragement and protection.</td>
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<tr>
<td>6</td>
<td>My parents verbally abuse me by calling me ugly names or threaten me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>My parents leave me home without anyone to provide or care for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>My parents isolate and prevent me from playing with other children and</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td></td>
<td>adults.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>My parents are too busy to attend to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10</td>
<td>My parents try to help when in problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>11</td>
<td>My parents ignore visitation days at school even when they have money and</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td></td>
<td>time.</td>
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</tbody>
</table>
Depression

The scoring scale is at the end of the questionnaire.

1. I do not feel sad
   2. I feel sad
   3. I am sad all the time and I can’t snap out of it
   4. I am so sad and unhappy that I can’t stand it

2.
   1. I am not particularly discouraged about the future
   2. I feel discouraged about the future
   3. I feel I have nothing to look forward to
   4. I feel the future a complete failure as a person

3.
   1. I do not feel like a failure
   2. I feel I have failed more than the average person
   3. As I look back on my life, all I can see is a lot of failures
   4. As i feel am a complete failure as a person

4.
   1. I get as much satisfaction out of things as I used to
   2. I do not enjoy things that way I used to
   3. I do not get real satisfaction out of anything anymore
   4. I am dissatisfied or bored with everything

5.
   1. Don’t feel particularly guilty
   2. I feel guilty a good part of the time
   3. I feel quite guilty most of the time
   4. I feel guilty of the time

6.
   1. I don’t feel I am being punished
   2. I feel I may be punished
3. I expect to be punished
4. I feel I am being punished

7.
1. I don’t feel disappointed in myself-
2. I am disappointed in myself-
3. I am disgusted with myself-
4. I hate myself-

8.
1. I don’t feel I am any worse than anybody else
2. I am critical of myself-for any weaknesses or mistakes
3. I blame myself-all the time for my faults
4. I blame myself-for everything bad that happens

9.
1. I don’t have any thoughts of killing myself-
2. I have thoughts of killing myself, but I would not carry them out
3. I would like to kill myself-
4. I would kill myself-if I had a chance

10.
1. I don’t cry any more than usual
2. I cry more now than I used to
3. I cry all the time now
4. I used to be able to cry, but now I can’t cry even though I want to

11.
1. I am no more irritated by things than I ever was
2. I am slightly more irritated now than usual
3. I am quite annoyed or irritated a good deal of the time
4. I feel irritated all the time

12.
1. I have not lost interest in other people
2. I am less interested in other people than in used to be
3. I have lost most of my interest in other people
4. I have lost all of my interests in other people
13.
1. I make decision about as well as I ever used to
2. I put off making decisions more than I used to
3. I have greater difficulty in making decisions more than in used to
4. I cant make decisions at all anymore

14.
1. I don’t feel that I look any worse than I used to
2. I am worried about that I am looking old or unattractive
3. I feel there are permanent changes in my appearance that make me look unattractive
4. I believe that I look ugly

15.
1. I can work about as well as before
2. It takes extra effort to get started at doing something
3. I have to push myself-very had to do anything
4. I cant do any work at all

16.
1. I can sleep as well as usual
2. I don’t sleep as well as I used to
3. I wake up 1 -2 hours earlier than usual and find it hard to get back to sleep
4. I wake up several hours earlier than I used to and cannot get back to sleep

17.
1. I don’t get more tired than usual
2. I get tired more easily than I used to
3. I get tired from doing almost anything
4. I am too tired to do anything

18.
1. My appetite is no worse than usual
2. My appetite is not as good as it used to be
3. My appetite is much worse now
4. I have no appetite at all anymore
19.  
1. I haven’t lost much weight, if any lately  
2. I have lost more than five pounds  
3. I have lost more than ten pounds  
4. I have lost more than fifteen pounds

20.  
1. I have no more worried about my health than usual  
2. I am worried about physical problems like aches, pains, upsets stomach, or constipation  
3. I am very worried about physical problems and it’s hard to think of much else  
4. I am so worried about my physical problems that I cannot think of anything else.

21.  
1. I have not noticed any recent change in my interest in sex  
2. I am less interested in sex than I used to be  
3. I have almost no interest in sex  
4. I have lost interest in sex completely

Thank you for your valuable time and co-operation