

Emotional Child Abuse, Self Esteem and Depression among Adolescents in Wakiso District

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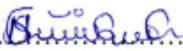
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Declaration


I, Nuwampeire Shabellah, Nakyejwe Hanifah And Mwesigwa Davis hereby declare to the best of our knowledge that this work is our own and never been submitted in any institution of higher learning for any award except where due acknowledgement has been made all sources of information used in this report have been fully acknowledged due acknowledgement was done in form of citations, quotations and references to other people's ideas and work.

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Approval

This research dissertation has been supervised by me and now submitted for examination since it meets the faculty requirement.

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Table of Contents

Declaration	i
Approval	ii
Acknowledgement	iii
Table of Contents	iv
List of Tables	vi
Table of Figures	vii
Abstract	viii
Chapter One:Introduction	1
Background of the Study	1
Problem Statement	2
Purpose of the study.....	3
Specific Objectives	4
Scope of the Study	4
Significance of the Study	4
Conceptual Framework.....	6
Chapter Two:Literature Review	7
Emotional Child Abuse and Depression.....	7
Emotional Child Abuse and Self Esteem.....	8
Self-esteem and Depression	10
Hypotheses	12
Chapter Three:Methodology.....	13
Introduction.....	13

Study Design.....	13
Sample Size and Selection.....	13
Research Instruments.....	13
Procedure.....	14
Data Management.....	15
Data Analysis.....	15
Ethical Considerations.....	15
Chapter Four:Results.....	16
Bio-data.....	16
Emotional child Abuse and Depression among Adolescents.....	17
Emotional Child Abuse and self-esteem among Adolescents.....	18
Self-esteem and Depression among Adolescents.....	19
Chapter Five:Discussion, Conclusion and Recommendations.....	21
Discussion.....	21
Emotional Child Abuse and Depression among Adolescents.....	21
Emotional child abuse and self-esteem among adolescents.....	22
Self-esteem and Depression among Adolescents.....	22
Limitations of the Study.....	23
References.....	24
Appendixes.....	27
Consent Form.....	27
Questionnaire.....	28
Budget.....	34

List of Tables

Table 1: Frequencies of respondents' Age.....	16
Table 2: Frequencies of respondents' Gender	16
Table 3: Frequencies of respondents' Class.....	17
Table 4: Correlation between Emotional child abuse and depression among adolescents.....	18
Table 5: Correlation between emotional child abuse and self-esteem among adolescents	19
Table 6: Correlation between self-esteem and depression among adolescents.	20

Table of Figures

Figure 1: The diagram above shows the relationship between emotional child abuse, self-esteem and depression among adolescents	6
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Abstract

The purpose of this study was to examine the relationship between emotional child abuse, self esteem and depression among adolescents in secondary schools. A correlational study design using quantitative design was used to examine the relationship between the variables. The study considered 150 randomly selected respondents, which included both males and females. The data collected was analyzed using SPSS version 20 in which Pearson's correlation co-efficiency (r) was used to test the significance of the hypotheses. The results indicated that, there was no significant relationship between emotional child abuse and depression; there was no significant relationship between emotional child abuse and self-esteem there was a significant positive relationship between self esteem and depression among secondary school adolescents. And therefore, it was concluded that, no significant relationships exist between the variables in this particular study except self esteem and depression which showed a significant positive relationship.

Chapter One

Introduction

Background of the Study

Depression affects people of all ages, from all walks of life, in all countries and impacts on the general mental wellbeing. It affects individual's ability to carry out even the simplest of everyday tasks, damages relationships with family and friends and at its extreme stage, depression causes recurrent thoughts about death and acts of self-harm or suicide (WHO, 2013). Globally, the reported prevalence rates of mental disorders among adolescents range from 1% to 51% (WHO, 2001). Research estimates that about 10%–20% of children and adolescents worldwide experience mental health problems. Jörns-Presentati et al., (2021) conducted a systematic review focusing on sub-Saharan Africa reported that one in seven children and adolescents experiences significant mental health challenges. Another study conducted in Ethiopia reported that at least one in three adolescents was found to have a depressive disorder (Girma, Tsehay, Mamaru, and Abera, 2021).

A study done in Eastern Africa showed a higher prevalence of depression among adolescents at a rate of 26.4% in Kenya (Erskine et al., 2017). In Uganda, another study by Nalugya et al, (2016) reported a prevalence of depressive symptoms at 21% among adolescents in various secondary schools in the country. In another study, the rates of adolescents' suicide were shown to be very high (Kinyanda et al, 2011).

Adolescence constitutes of one of the peak risk periods of developing depression, since it's a time of vigorous physical, psychological and cognitive development, with the mean onset age being 14.7 years for females and 15.4 years for males (Lewinsohn, Joiner & Rohde, 2001). Due to the demands of this transition period, most adolescents tend to develop depressive symptoms and this period is not well maneuvered, it may leave negative impacts on the lives of these adolescents

(Kugbey, Mawulikem,& Atefoe, 2015). Depression is one of the mental health problems that commonly occur in adolescents. Currently, approximately 2 to 3% of children and 8% of adolescents have experienced depression. The lifetime prevalence of depressive disorders in adolescents is estimated to be 17% (Kessler et al., 2009).

Self-esteem is a subjective personal valuation. It shows a cognitive attitude and emotional feeling about one's own ability, significance, and worth (Kwon, Kang, & Kim, 2008). Self-esteem is considered one of the main predictors of favorable outcomes in adolescence, concerning with relationships and overall psychological well-being. It is also one of the major predictors of negative mental health outcomes among adolescents. According to a study by Manna et al (2003) found that self-esteem was negatively related with depression stressing that self-esteem could be considered as a protective factor for depression during this challenging time of life for the adolescent. In addition, Trzesniewski et al (2006) found that adolescents with low self-esteem had high chances to develop depression during adulthood than adolescents with high self-esteem. This study therefore seeks to examine whether emotional child abuse and self-esteem levels among could influence depression outcomes among adolescents

Problem Statement

Depression is among the major mental health problems faced by adolescents in Uganda (Nalugya et al, 2016). Depression among adolescents has increased because of many factors among which is; exposure to violence, poverty, physical, emotional and sexual abuse among others. Child abuse takes various forms for example; physical, emotional, sexual abuse and exploitation. However, one form of childhood abuse that has been related to long-term mental health impact is emotional abuse (Kumari, 2020). Houtepen, Heron, Suderman, Tilling, & Howe, (2018) defined emotional abuse as the caregivers' persistent disregard of children's emotional needs, including

failure to provide comfort when a child becomes scared or distressed. Houtepen et al., (2018) , reported that exposure to childhood emotional abuse is associated with poor developmental outcomes such as increased maladaptive behaviors and lower self-esteem. Emotional child abuse and violence causes a lot of problems among adolescents and can affect their levels of self-esteem (Houtepen et al., 2018) and hence cause depressive symptoms among adolescents (Wang, Zhou & Li, 2014). On the other hand, self-esteem can act as a buffer to depression among adolescents affected by past experiences of self-esteem. To date, there is no much existing knowledge on emotional abuse and how it influences mental health outcomes, depression in particular among adolescents in Uganda with the existing knowledge base being informed by research in high-income countries where structural, cultural and social conditions often differ from the contexts here in Uganda. Therefore, the present study seeks to increase on research on child abuse specifically emotional child abuse by examining the relationship between emotional child abuse, self-esteem and depression among adolescents in secondary schools in Kampala district

Purpose of the study

To examine the relationship between emotional child abuse, self-esteem and depression among adolescents in Wakiso district.

Specific Objectives

1. To examine the relationship between child abuse and depression among adolescents in Wakiso district.
2. To establish the relationship between child abuse and self-esteem among adolescents in Wakiso district.
3. To examine the relationship between self-esteem and depression among adolescents in Wakiso district.

Scope of the Study

The study will be carried out in three secondary schools around Wakiso district. The study will focus on adolescent's depression, emotional child abuse and self-esteem and how these variables are related. It will basically look at adolescents between the ages of 13-19 years of age and especially secondary school students around Wakiso district.

Contextually, emotional child abuse is defined as the caregivers' persistent disregard of children's emotional needs, including failure to provide comfort when a child becomes scared or distressed (Houtepen et al., 2018).

Self-esteem is defined as an individual's evaluation of his or her worth (Steiger et al, 2014). Depression is defined as a "mental disorder characterized by sadness, loss of interest or pleasure, decreased energy, feelings of guilt or low self-esteem, disturbed sleep or appetite and poor concentration" (World Health Organization, 2012).

Significance of the Study

The study findings might help the University and other researchers since the findings will be uploaded to the University library portal. The findings might help students doing research

related to the research topic; examine the relationship between child abuse, self-esteem and depression among adolescents.

The study might help the respondents involved to learn about the dangers of depression and how friends and peers part a key part in their mental health.

The findings might help shed light on the how past experiences of child abuse can influence an individual's self-esteem.

The present study findings might equip parents and caretakers and other stake holders with basic knowledge and skills in handling their children especially adolescents both at home and school most especially in demanding the importance of emotional connection between parents and their children.

Parents might also be helped by the findings of the study by being made aware of the effects of emotional abuse on self-esteem and mental health outcomes on adolescents and hence help become more cautious since they will now understand the importance of mental health.

The findings might be resourceful to care takers and significant others on the significance of their involvement in the lives of their young adolescents.

The findings might also be resourceful to the various stakeholders like the teachers, students and even the school administrators since they may highlight the importance of psychosocial interventions like counseling sessions for the students which seem to be lacking in various secondary schools.

Conceptual Framework

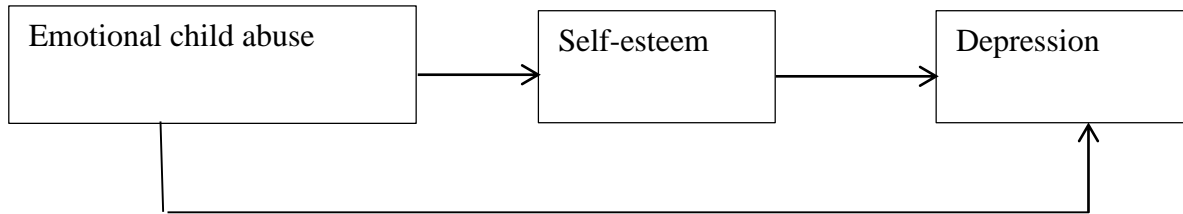


Figure 1: The diagram above shows the relationship between emotional child abuse, self-esteem and depression among adolescents

The diagram above shows the variables involved in the study and how they might influence each other. Emotional child abuse and self-esteem are the independent variables and depression is the dependent variable. Emotional child abuse may influence self-esteem of adolescents hence leading to depression among adolescents. Secondly, emotional child abuse can also directly lead to depression among adolescents. Lastly, the levels of self-esteem of adolescents may also directly causes depression.

Chapter Two

Literature Review

Emotional Child Abuse and Depression

Child abuse includes all forms of physical and mental child abuse, sexual abuse, neglect or negligent treatment, and commercial or other exploitation that have a high likelihood of resulting in actual or potential harm to the child's health, survival, development, dignity, responsibility, beliefs and/or rights. (WHO and ISPCAN, 2006). Theoklitous and Kabitis (2011) outline that; physical abuse involves physical aggression directed at a child by an adult. He further noted in most cases when the child is physically abused, they normally experience depressive symptoms such as difficulties in concentration, distressed, loss of interest, sadness, crying, worthlessness, irritability, chronic pains, less of appetite etc.

Research has shown that there appears to be a relationship between emotional child abuse and depressive symptoms. Past research suggests that child abuse may influence adolescent's mental health. A study by Dhamayanti, Noviandhari, Masdiani, Pandia, & Sekarwana, (2020) showed that all child abuse dimensions had significant associations with depression. This is similar to a prior study by Nemeroff, (2016) that asserted the existence of a correlation between histories of violence against children with depression. Dhamayanti et al, (2020) found that subjects with a history of psychological child abuse had a 6.51 times higher risk of depression. This shows that adolescents who had experienced psychological child abuse were very prone to depression. Another study by Infurna et al., (2016) stated that abuse and neglect were strongly associated with depressive disorder in adolescence.

A history of child abuse at the age of 10 to 17 years is the strongest predictor of depression, adolescents who experience violence in school and at home have the highest risk of depressive

disorders in society (Turner, Finkelhor, & Ormrod, 2006; Indonesia Basic Health Research, 2013). In most cases, child abuse by a caregiver or parent at home is the form of victimization that has the strongest independent association with depression (Turner, Finkelhor, & Ormrod, 2006).

Steinberg, Lamborn, Darling, Mounts, & Darnbursh (1994) described between depression and neglectful and permissive parenting practices. Research has shown that adolescents from neglectful homes demonstrated low levels of adjustments and hence this affected their psychological outcomes. When compared to their counterparts from permissive parenting practices tend to demonstrate fair level of adjustment on psychological, cognitive and behavioral parameters (Steinberg et al, 1994) as well as relative low levels of psychological symptoms of depression.

Research from the Caribbean has shown that depression is more prevalent among adolescents from authoritarian parenting. This was shown in a study on Caribbean adolescents that showed that depression and authoritarian parenting would be found to be highly prevalent and they showed a significant association with each other.

Emotional Child Abuse and Self Esteem

Emotional abuse can have a severe impact on a developing child's self-esteem, particularly when it occurs in infancy (Glaser et al, 2001). Richard and Krugman, (2012) observed that emotional abuse such as rejection, ignoring, criticizing, isolation or terrorizing of children has the effect of eroding the child's self-esteem. Allen ,(2008) refers to emotional abuse as the verbal assaults on a child's sense of worth or well-being, or any humiliating, demeaning, or threatening behaviour directed toward a child by an older person. Emotional neglect is defined as failure of

caretakers to provide a child's basic psychological and emotional needs, such as love, encouragement, belonging and support (Ward, & Brown, 2014).

Emotional abuse can hurt to the same amount as physical abuse as it is not easy to identify, given that its effect may not be seen physically since the marks are on the inside instead of the outside (Ward, & Brown, 2014). Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, (2007) reported a strong positive correlation between psychological maltreatment and low self-esteem. This correlation between low self-esteem and psychological maltreatment which is emotional and psychological abuse derived by the fact that psychological maltreatment in children can negatively affect the cognitive, social and emotional development of a child.

Self-esteem can be explained as continued self-evaluation and self-belief that one is strong, worthy, famous and successful (Mostafavi, Azadbakht, & Daniali, 2013). Individuals with high self-esteem feel quite positive about their characteristics and competencies, which can positively influence well-being, while low self-esteem can lead to many emotional and behavioral problems (Alshawi & Lafta, 2014).

Many studies have also evaluated the relationship between self-esteem and emotional and behavioral problems; suggest that individuals with more emotional and behavioral problems have lower self-esteem. Parents play a keyhole in the development of self-esteem, which reflects individuals' evaluations of themselves and their competencies (Sesar, Zivcic-Becirevic, & Sesar, 2008). Children learn their self-worth from the reactions of others, particularly those closest to them. Caregivers have the greatest influence on a child's sense of self-worth and value. Child abuse and neglect make a child feel worthless and despondent this could in turn affect their self-esteem. Children who are abused either emotionally or physically will often blame themselves. This

is because it may feel safer to blame oneself than to recognize the parent as unreliable and dangerous. This hence causes shame, guilt, low self-esteem, and a poor self-image among such children with complex trauma histories.

Children surrounded by violence in their homes and communities learn from an early age that they cannot trust, the world is not safe, and that they are powerless to change their circumstances. The beliefs about themselves, others, and the world diminish their sense of competency. Their negative expectations interfere with positive problem-solving, and foreclose on opportunities to make a difference in their own lives. A complexly traumatized child may view himself or herself as powerless, “damaged,” and may perceive the world as a meaningless place in which planning and positive action is futile. They have trouble feeling hopeful. Having learned to operate in “survival mode,” the child lives from moment-to-moment without pausing to think about, plan for, or even dream about a future.

Research has looked at family environment and its effect on self-esteem in adolescents (Mogonea & Mogonea, 2014). It investigated the relationship between parenting styles and self-esteem. It found that students with have parents who are supportive yet demanding and also showed that students from permissive families showed low self-esteem. A study by Maseru and Garcia (2004) found that adolescents with indulgent parents obtained equal or high scores on self-esteem and adolescents with authoritative parents than adolescents from neglectful families.

Self-esteem and Depression

Self-esteem is described as an individual’s subjective evaluation of his or her worth as a person (Orth and Robins, 2013), which has an important function on the psychological outcomes. Self-esteem has been shown as an important determinant of psychological outcomes during this

particularly problematic adolescent life stage. Studies have shown that many adolescents struggle with low self-esteem especially during early adolescence (Smith, Springer & Barrett, 2011) and it can lead to depression and at worst suicidal tendencies. A study by Jayanthi et al (2014) found that low self-esteem was associated with depression among adolescents. Individuals with high self-esteem coped better with depression (Orth, Robins, & Meier, 2009). In addition, Ikechukwu, Siti and Mansor (2010) found that a negative and moderate correlation existed between depression and self-esteem, with high self-esteem associated with lower levels of depression.

Low self-esteem is related to depression and anxiety disorder (Wang, Zhou & Li, 2014). Low self-esteem has been suggested as a risk factor for the etiology of depressive symptoms (Evraire & Dozois, 2011; Orth, 2009).

According to a study by Manna et al (2003) found that self-esteem was negatively related with depression stressing that self-esteem could be considered as a protective factor for depression during this challenging time of life for the adolescent. In addition, Trzesniewski et al (2006) found that adolescents with low self-esteem had high chances to develop depression during adulthood than adolescents with high self-esteem. Self-esteem is a positive or negative attitude towards oneself (Rosenberg, 1965). High global self-esteem has been shown to be vital for a variety of adolescent developmental outcomes (Hickman, Bartholomae, & McKenry, 2000).

According to the vulnerability model, low self-esteem operates as a risk factor for depression (Orth & Robins, 2013). In this model, low self-esteem is conceptualized as a stable personality factor that predisposes the person to depression. Whereas the scar model, as compared to the vulnerability model, suggests that low self-esteem is a consequence, rather than a cause, of depression. In this model, experiences of depression may leave “scars” in the individual’s self-

concept that progressively consume self-esteem over time (Shahar & Davidson, 2003). For example, the vulnerability effect of low self-esteem could be stronger when youth are also experiencing stressful events, being victimized by their peers, receiving minimal social support, or have a mother who is struggling with depression. For example, low self-esteem is related to depression because being victimized by peers makes the adolescent depressed and lowers his or her self-esteem) from a causal mediation process (e.g., low self-esteem predicts depression because low self-esteem increases the risk of being victimized by peers which in turn contributes to depression (Cole & Maxwell, 2003).

Studies show that low self-esteem prospectively predicts depression (Orth, Robins, & Roberts, 2008), According to Sowislo and Orth (2013), low self-esteem prospectively predicts increases over time in anxiety and depression, whereas anxiety and depression do not predict declining levels of self-esteem. A study by Matsura, Hashimoto & Toichi (2009) found that self-esteem was negatively correlated with depression and a significant predictor of depression among female delinquents.

Hypotheses

1. There is no significant relationship between child abuse and depression among adolescents in Wakiso district.
2. There is no significant relationship between child abuse and self-esteem among adolescents in Wakiso district.
3. There is no significant relationship between self-esteem and depression among adolescents in Wakiso district.

Chapter Three

Methodology

Introduction

This chapter presented the research design, population, sampling strategies, data collection methods, data collection instruments, data quality control, data collection procedure and data analysis that were used in the study.

Study Design

The study used a cross-sectional approach which is quantitative and descriptive in nature. A correlation design was specifically used to examine if there was a relationship between emotional child abuse, self-esteem and depression among adolescents.

Sample Size and Selection

The researcher involved 150 respondents both male and female adolescents between the ages of 13-19 years old. The study used the simple random sampling technique to select the 150 respondents. This simple random technique is where respondents are chosen randomly from the population but however only those willing to participate are taken up. This gave an equal chance to all members in the population to participate in the study.

Research Instruments

Emotional Child Abuse

The researcher used the adverse childhood experiences (ACES) questionnaire (Felitti et al., 1998) to measure emotional child abuse among adolescents. The Adverse Childhood Experiences (ACEs) Questionnaire is a 10-item measure used to measure childhood trauma. The questionnaire assesses 10 types of childhood trauma measured in the ACE Study and they are scored as yes (1)

or no (0) format. Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five items are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.

Self esteem

The researcher used the Rosenberg Self Esteem scale (RSE) to measure self-esteem of the respondents. It is a 10-item scale which was developed by Rosenberg (1979). It's a 4 point Likert scale from "1"=Strongly Disagree to "4"= Strongly Agree. The RSE has been tested for reliability and validity.

Depression

The researcher used the Patient Health Questionnaire (PHQ-9) to measure depression of the respondents. The PHQ-9 a series of questions developed to measure the intensity, severity and depth of depression (Kroenke, Spitzer, & Williams, 2001). The PHQ-9 was composed of 9 questions or items each with four possible responses. Each response was assigned a score ranging from 0- 3 indicating the severity of the symptoms. Scores of 5 and above represented depression. The PHQ-9 has been tested for content validity, concurrent validity and constructs validity making it a good scale for adoption and use on this study.

Procedure

The researchers got an introductory letter from Makerere University School of Psychology for use in getting permission from different schools around Wakiso district to allow them carry out the study. The study targeted both male and female adolescents between the ages of 13-19 years. Respondents were directed on how to answer the items on the instruments. The researcher assured

the school authorities and students of confidentiality and privacy of the study. The researcher explained to the various stakeholders in the area of study of the purpose and significance of the study. The identified respondents were given questionnaires to fill.

Data Management

The researcher distributed questionnaires to various secondary school students who were willing to participate in the study. After the respondents had filled the questionnaires, they were immediately gathered back to check whether they had been filled to completion and also for data analysis and this was done to ensure data validity.

Data Analysis

The collected data was edited with the view of checking its completeness and accuracy. Data was analyzed by the use of computer software, the Statistical Package for Social Scientists (SPSS v21). Pearson correlation coefficient was used to test for the significance of the hypotheses put forward. The bio-data was tabulated into frequencies and transformed into percentages.

Ethical Considerations

The purpose of the study was explained to all respondents who were willing to take part in the study. They were assured of confidentiality and their identities were protected as they were not required to put their names on the questionnaire. A verbal consent was obtained from the respondents and their involvement in the study was voluntary. Respondents were free to quit if they were longer interested in participating in the study.

Chapter Four

Results

Introduction

This chapter presented the results and the interpretation of the results. In this chapter, the descriptive statistics of age, gender, religion and class of the respondent stays which were presented in frequencies and percentages and the correlations of the study objectives were presented using the Pearson's Correlation.

Bio-data

Respondents were asked to indicate their age, gender, and class respectively. Frequencies were obtained and computed into percentages as shown in Table 1, Table 2, and Table 3 respectively.

Table 1: Frequencies of respondents' Age

		Frequency	Valid Percent
	13 - 15	18	12.0
Age	16 - 19	132	88.0
	Total	150	100.0

Table 2: Frequencies of respondents' Gender

		Frequency	Valid Percent
	Male	49	32.67
Gender	Female	101	67.33
	Total	150	100.0

Table 3: Frequencies of respondents' Class

	Frequency	Valid Percent
Form 2	45	30.0
Form 3	75	50.0
Form 5	30	20.0
Total	150	100.0

Results in Table 1 above show that majority of the respondents were between the ages 16-19 years and they constituted of 88% and the lowest age's ranges were 13-15 years with 12%. These ages were typically adolescents who the study targeted. Table 2 shows that majority of the respondents were females (67.33%) while males constituted of 32.67%. Furthermore, table 3, majority of the respondents were from form three (50%) while form two and five accounted for 30% and 20% respectively of the respondents in the study.

Emotional child Abuse and Depression among Adolescents

To determine the significance of the relationship between emotional child abuse and depression among adolescents, Pearson Correlation (r) was used. The null hypothesis (Ho) 1 stated that there was no significant relationship between emotional child abuse and depression among adolescents.

Table 4: Correlation between Emotional child abuse and depression among adolescents

		Emotional child abuse	Depression
	Pearson Correlation	1	.063
Emotional child abuse	Sig. (2-tailed)		.537
	N	149	148
	Pearson Correlation	.063	1
Depression	Sig. (2-tailed)	.537	
	N	148	148

Correlation results from Table 4 show that there was no significant relationship between emotional child abuse and depression among adolescents ($r = .063$, $p = .537$). This was because r (.063) was smaller in magnitude than the p (.537) at a level of significance of 0.05. Therefore, the null hypothesis was retained and it is concluded that there was no significant relationship between emotional child abuse and depression among adolescents.

Emotional Child Abuse and self-esteem among Adolescents

To determine the significance of the relationship between emotional child abuse and self-esteem among adolescents, Pearson Correlation (r) was used. The null hypothesis (H_0) 2 stated that there was no significant relationship between emotional child abuse and self-esteem among adolescents.

Table 5: Correlation between emotional child abuse and self-esteem among adolescents

		Emotional child abuse	Self esteem
	Pearson Correlation	1	-.091
Emotional child abuse	Sig. (2-tailed)		.373
	N	149	149
	Pearson Correlation	-.091	1
Self esteem	Sig. (2-tailed)	.373	
	N	149	149

Correlation results in Table 5 above show that there was no significant relationship between emotional child abuse and self-esteem among adolescents ($r = .091$, $p = .373$). This was because the r (.091) was smaller in magnitude than the p (.373) at a level of significance of 0.05. Therefore, the null hypothesis was retained and it was concluded that there was no significant relationship between emotional child abuse and self-esteem among adolescents.

Self-esteem and Depression among Adolescents

To determine the relationship between self-esteem and depression among adolescents, Pearson Correlation (r) was used. The null hypothesis (H_0) 3 stated that there was no significant relationship between self-esteem and depression among adolescents.

Table 6: Correlation between self-esteem and depression among adolescents.

		Self esteem	Depression
Self esteem	Pearson Correlation	1	.241 [*]
	Sig. (2-tailed)		.017
	N	149	148
Depression	Pearson Correlation	.241 [*]	1
	Sig. (2-tailed)	.017	
	N	148	148

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

Correlation results from Table 6 show that there was a significant positive relationship between self-esteem and depression among adolescents. ($r = .241^*$, $p = .017$). This was because the r (.241*) was bigger in magnitude than the p (.017) at a level of significance of 0.05. Therefore, the null hypothesis was rejected and it is concluded that there was a significant positive relationship between self-esteem and depression among adolescents.

Chapter Five

Discussion, Conclusion and Recommendations

Introduction

This chapter presented the discussion of the study findings which were in line with the study objectives. This chapter also presented a conclusion and recommendations of the study.

Discussion

Emotional Child Abuse and Depression among Adolescents

The first hypothesis of the study stated that there was no significant relationship between emotional child abuse and depression among adolescents. Findings of the study also revealed that there was no significant relationship between emotional child abuse and depression among adolescents in Wakiso district.

Research has shown that there appears to be a relationship between emotional child abuse and depressive symptoms. The findings are not in line with past research which suggests that child abuse influences adolescent's mental health. The findings are not in line with the study by Dhamayanti, Noviandhari, Masdiani, Pandia, and Sekarwana, (2020) and Nemeroff, (2016) that showed that all child abuse dimensions had significant associations with depression. The findings are also in line with Dhamayanti et al, (2020) who found that subjects with a history of psychological child abuse had a 6.51 times higher risk of depression. This shows that adolescents who had experienced psychological child abuse were very prone to depression. The findings are also contrarily to findings by Infurna et al., (2016) who stated that abuse and neglect were strongly associated with depressive disorder in adolescence.

In conclusion, the findings of the study revealed that there was no significant relationship between emotional child abuse and depression among adolescents in Wakiso district.

Emotional child abuse and self-esteem among adolescents

The second hypothesis of the study stated that there was no significant relationship between emotional child abuse and self-esteem among adolescents. Findings of the study also revealed that there was no significant relationship between emotional child abuse and depression among adolescents in Wakiso district.

The findings were contrarily to Arata, Langhinrichsen-Rohling, Bowers, & O'Brien, (2007) who reported a strong positive correlation between psychological maltreatment and low self-esteem. This correlation between low self-esteem and psychological maltreatment which is emotional and psychological abuse derived by the fact that psychological maltreatment in children can negatively affect the cognitive, social and emotional development of a child.

The findings were also not in line with Sesar, Zivcic-Becirevic, & Sesar, (2008) who evaluated the relationship between self-esteem and emotional and behavioral problems and found that individuals with more emotional and behavioral problems have lower self-esteem.

In conclusion, the findings of the study revealed that there was no significant relationship between emotional child abuse self-esteem among adolescents in Wakiso district.

Self-esteem and Depression among Adolescents

The third hypothesis of the study stated that there was no significant relationship between self-esteem and depression among adolescents. Findings of the study also revealed that there was no significant relationship between self-esteem and depression among adolescents in Wakiso district.

The findings were in line with a study by Manna et al (2003) who found that self-esteem was negatively related with depression stressing that self-esteem could be considered as a protective factor for depression during this challenging time of life for the adolescent. The findings

were also in line with Trzesniewski et al (2006) who found that adolescents with low self-esteem had high chances to develop depression during adulthood than adolescents with high self-esteem. The findings were in line with Orth & Robins, (2013) who reported that according to the vulnerability model, low self-esteem operates as a risk factor for depression. In this model, low self-esteem is conceptualized as a stable personality factor that predisposes the person to depression. For example, the vulnerability effect of low self-esteem could be stronger when youth are also experiencing stressful events, being victimized by their peers, receiving minimal social support, or have a mother who is struggling with depression.

In conclusion, the findings of the study revealed that there was a significant positive relationship between self-esteem and depression among adolescents in Wakiso district.

Limitations of the Study

High cost of stationery, typing and other related costs like time. This was solved through using available funds properly and the researcher did most of the work like typing the questionnaire, distribution and collection of data.

The researcher faced lack of cooperation from some respondents which led to collection of half-baked data. This was solved through informing respondents that the study was only for academic purposes which induced respondents to give full information on the study.

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Appendixes

Consent Form

I

.....
have agreed to participate in the research study. I have read and understood the information of the research project.

I confirm I have an opportunity to ask questions and the researcher answered all my questions

I understand my participation is voluntarily and I am free to withdraw from the project any time without any given reason or consequences.

.....
Signature

Questionnaire

Dear respondent,

I am Nuwampeire Shabellah, Mwesigwa Davis, and Nakyejwe Hanifah, third year students of Bachelors of Community Psychology at Makerere University doing a study to examine the relationship between emotional child abuse, self-esteem and depression among adolescents in Kampala district. Please read the statements in the questionnaire and respond very carefully. The information provided will be treated with utmost confidentiality. However, you are required to complete the questionnaire with honest and correctly as possible. Your co-operation is highly appreciated.

SECTION A: Bio-data of Respondent

Age: 13-15..... 16-19.....

Sex: Male:..... Female.....

Religion: Catholic..... Anglican..... Pentecostal..... Muslim.....

Others Specify:.....

Class:.....

Section B: Adverse Childhood Experiences (ACEs) Questionnaire

Below is a list of statements, please read through and tick the response that best suits your situation.

No	Items	Yes (1)	No (0)
1.	Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?		
2.	Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured?		
3.	Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral or anal intercourse with you?		
4.	Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?		
5.	Did you often or very often feel that ...		

	You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
6.	Was a biological parent ever lost to you through divorced, abandonment, or other reason?		
7.	Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?		
8.	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?		
9.	Was a household member depressed or mentally ill? or Did a household member attempt suicide?		
	Did a household member go to prison?		

Section C: Rosenberg self-esteem scale

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

No	Items	Strongly Agree	Agree	Disagree	Strongly Disagree
1.	On the whole, I am satisfied with myself.				
2.	At times I think I am no good at all.				
3..	I feel that I have a number of good qualities				
4.	I am able to do things as well as most other people.				
5.	I feel I do not have much to be proud of				
6.	I certainly feel useless at times.				
7.	I feel that I'm a person of worth, at least on an equal plane with others.				
8.	I wish I could have more respect for myself				
9.	All in all, I am inclined to feel that I am a failure.				
10.	I take a positive attitude toward myself.				

Section D: Depression (Patient Health Questionnaire-9)

Over the last two weeks , how often have you been bothered by any of the following problems?

(Please tick to indicate your answer)

No	Items	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1.	Little interest or pleasure in doing things				
2.	Feeling down, depressed or hopeless				
3.	Trouble falling or staying asleep or sleeping too much				
4.	Feeling tired or having little energy				
5.	Poor appetite or over eating				
6.	Feeling bad about yourself or that you are a failure or have let yourself or your family down				
7.	Trouble concentrating on things, such as reading the newspaper or watching television				
8.	Moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual				
9.	Thoughts that you would be better off dead or hurting yourself in some way				

End

Work plan

Date	Activity	Responsible persons
17th to 2nd July	Formulation of the research topic and seeking guidance from the supervisor	Nuwempeire Shabellah Nakyejwe Hanifah Mwesigwa Davis
24 th to 12th August	Proposal write up	Shabellah Davis Hanifah
14 th to 26 th August	Formulation of questionnaires and classification from the supervisor	Shabellah Davis Hanifah
6th September	Picking the introductory letter from the dean's secretary office and making an appointment with school headteacher	Davis Hanifah Shabellah
12 th August	Collection of data from the field	Shabellah Davis Hanifah
14 th to 29th September	Data collected was analyzed and then presented for verification from the supervisor	Hanifah Davis Shabellah Madam Masitula
4 th to 27 th October	Corrections were all made as guided by the supervisor and then a writing the dissertation	Davis Shabellah Hanifah

Budget

Item	Unit Cost	Total
Printing proposal	15,000	15,000sh
Printing questionnaires	300×150	45,000 shs
Transport	70,000	70,000 Shs
Printing of dissertation	3x20000	60,000shs