Self Esteem, Depression and Coping Strategies among Adolescents

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Declaration

I Ndegemu Pauline declare that this research report is my own work and has never been submitted to any higher institution of learning.

Signature... Date:..13/01/2023......

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Approval

This is to certify that this research work was done under my supervision and it is ready for submission.

Signature............................. Date: ....13/01/2023..........................

Supervisor's name

Dr. Nyende Paul

Dedication

I dedicate this publication to my beloved mum Ms. Kamiza Catherine.

Acknowledgement

I acknowledge coursemates who helped me in different ways through financial support, guidance, directly and indirectly upon completion of my research. My respondents cannot be left out without a mention.

I extend special gratitude to my supervisor Dr. Nyende Paul for his guidance and pieces of advise during this research project. I acknowledge everybody that I have not mentioned that helped me during my research project, lastly I thank my beloved mother who sacrificed her happiness to see me access education, may God reward you abundantly.

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Abstract

Self esteem and depression among adolescents has for long been a silent challenge. Self esteem is an important psychological construct for healthy grooming of personality. Teenagers with low self-esteem often tend to exhibit anxiety, depression and increase in antisocial behavior.

The major aim of the study was to examine the relationship between self esteem, depression and the copying strategies among the adolescents. The study targeted 100 adolescents, in all different categories of early, middle and late adolescence and a qualitative research design; correlational method was adopted to establish the relationship between the variables.

A constructed self-administered questionnaire was used to collect data from the 100 respondents. Collected data was analyzed using Statistical package for social sciences (SPSS Version, 23) and Pearson Correlation Coefficient (r) was used to test the level of significance of the hypotheses.

Results show there is a significant positive relationship between self esteem and depression among adolescents (r = .591**, p=.00<0.01) as well as there is significant positive relationship between self esteem and adolescents (r=.391* , p =-004<0.05). Results also revealed that that the strategies for coping with self esteem and depression would yield success because of the positive relationship between them (r=.837** , p=.001<0.01).

Self esteem is central to what we do with our lives-the loyalty we have to developing ourselves and caring for others and is at the heart of everything that an adolescent will achieve in their lives.

Chapter One

Introduction

Background of the Study

Self-esteem is an important psychological construct for healthy grooming of personality. As a person, i always make some judgment about my own self, value and worth. This Appraisal of a person about him/herself in context with society is called self-esteem. Wilson, Akert, Sommers, (2016). It affects our trust and relationships in every part of life. Person with low self-esteem may feel powerless and incompetent about himself/herself. Moreover, low self-esteem operates as a risk factor for depression as it causes multiple behavioral changes as well as may increase the chances of depression and suicide among the elderly people.

We look at our higher needs only after we have become satisfied with the more important basic needs like physiological needs, safety security and love & affection. (Abraham Maslow, 1954).How confident we feel about ourselves, our sense of achievement, self-worth, and self-identity and how much respected we are, for others, according to us is included in self- Esteem. Esteem needs include needs for prestige, success and self-respect (Morgan, King, Weizs and Schopler, 2013). It is the degree to which we perceive ourselves positively and negatively, our overall attitude towards ourselves (Baron and Mishra, 2016).When we start entering the late childhood, we start thinking about our career, academics and our presentations in society. We start evaluating our acts, thoughts and behavior. Students with high Self-esteem show better performance in academics as compared to students having low self-esteem.

Teenagers with low self-esteem often tend to exhibit anxiety, depression and increase in antisocial behavior (National Council of Educational Research and Training, 2007), the satisfactory interpersonal relationships, like security and closeness is linked with high self-esteem.

We regularly face varieties of difficulties and problems that arise now and then in life. These problems are not exceptions to anyone rather are present for all. Our life is confronted with regular stressors. How do people perceive those adverse circumstances and their impact on their mental states? Those who are able to cope with the stressors successfully continue with their momentum of life. Those who are unable to manage with the stressors make themselves dissatisfied with their life (Salleh Amat et.al, 2014).

We normally experience slight ups and downs in our moods from time to time but when this tendency becomes swift, deeper and constant sadness prevails. It then demands attention for normality. One of the psychological imbalance or disorder is Mood Disorder. In this disorder, individuals experience heavy swings in their emotional states that are much more intense and prolonged than is true for most people (Baron and Mishra, 2016).

Depression is a bipolar disorder in which an individual experiences low mood, low energy level, lack of interest in prior pleasurable activities, weight loss, appetite disturbance. It also involves insomnia, feeling of worthlessness, fatigue, inability to think and concentrate resistant thoughts of death and suicide (Baron and Mishra, 2016). Depression is very common. Experienced by 21.3% of women and 12.7 % of men at some time during their lives.(Kessler et al.1994). Anestimated 46% of college students are thought to have experienced depression serious enough at some point to have warranted professional help. (Beck & Yough 1978).Many depressed people are treated as outpatients but many others suffer in silence and solitude (Morgan and King, 1999).

Adolescence is a period of increased vulnerability to stressful life events such as depression (Stark, Hargrave, Hersh, Michelle, Herren & Fisher, 2008). Adolescence can be defined as the period between childhood and adulthood (10-19 years) (Dixon, Scheidegger, & Mcwhirter, 2009) which is usually marked by developmental changes in the physical, cognitive, and social-

emotional capacities of adolescents (Erikson, 1963). In the view of Ollendick et al. (2003), adolescence is a demanding period in life cycle of a young person which may lead to depression. The contributory factors to adolescent depression are many and varied. Self-identification, self-respect and self-esteem are parts of every one's life. Self-esteem can be defined as how we value our selves and it affects our trust and relationship in every part of our daily life. In contrast, low self-esteem refers to a reflection of central negative views about self and it is important not only for adults but also for children and elderly people.

Statement of the Problem.

The problem of self esteem and depression among adolescents has for long been a silent challenge. The above problem statement was arrived at after several interactions with my peers at campus of whom some we shared same course while others meet in hostels and compound. Therefore from my observations and sharing experiences, I found out a challenge of self esteem and depression. Self-esteem is defined as "how we value our self"; it affects our trust and relationships in every part of life. A Person with low self-esteem may feel powerless and incompetent about himself/herself. Moreover, low self-esteem operates as a risk factor for depression, which is at common disorder among adolescents; causing multiple behavioral changes as well as may increase the chances of depression and suicide among the adolescents.

Purpose of the Study.

To examine the relationship between self esteem, depression and the copying strategies among the adolescents.

Objectives of the Study.

1-To improve self esteem amongst adolescents.

2-To understand problems faced by adolescents as a result of self esteem and depression.

3-To devise strategies for copying with depression amongst adolescents.

Scope of the Study.

The study was carried out around wandegeya, in Kawempe division, Kampala district. It's an area with diverse challenges amongst adolescents from different corners of life.

Contextually, self esteem is an awareness of possession of desirable qualities or objects by oneself. This definition has an advantage that it not only points up the good opinion of self aspect but also shows its cause, perceived possessions of desirable qualities.

Depression is a bipolar disorder in which an individual experiences low mood, low energy level, and lack of interest in prior pleasurable activities, weight loss, and appetite disturbance.

Significance of the Study.

There is need to study the effects of low self esteem to adolescents because of the increasing individual issues and discrepancy of said individual issues when it comes to adolescents. The following users may be benefited by this study.

The study may serve as a guide for a new field of research about low self esteem. This group may use this study as an example and guide for them to take a look at their self esteem. This will help them improve themselves when it comes to self involvement problems. The study will make them aware that having a low self esteem can sadden their life and can take out a lot of opportunities that they should have. This study will serve as a big help for them to come out of their shell and explore life and live life to the fullest.

This study would make them aware that they should see and watch out for their children to know about their problems involving studies, love, friends and many more hence helping improve the family relationship.

Conceptual Framework:

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┌─────────────┐        ┌────────────┐       ┌─────────────┐
│ Self esteem │───────▶│ Depression │──────▶│ Adolescents │
└─────────────┘        └────────────┘       └─────────────┘
      │                                            ▲
      └────────────────────────────────────────────┘
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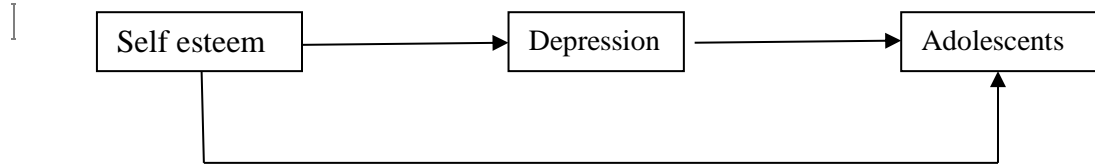
Figure 1**:** The conceptual frame work shows how self esteem (independent variable) and depression (dependent variable) live together. Additionally, adolescents that are raised under inadequate parenting styles such as negligent parenting end up having low self esteem which later in life brings about depression.

Many theories of depression postulate that low self esteem is a defining feature of depression according to Beck Brown and Harris-2008. Indeed low self worth is one of the diagnostic criteria for depression.

A strong relationship has been observed between the two constructs according to Orth Robins and Roberts-2009's detailed review. However, the nature of this relationship remains unclear with one line of argument that states that; low self esteem is a critical casual factor that renders certain individuals to be more vulnerable to develop depression under stressful life events. Therefore low self esteem is a consequence of depression rather than a casual factor.

Chapter Two

Review of related Literature

Introduction

This chapter of the research study presents literature that previous researchers have written and published about the variables under study. It focuses on the relationship between self esteem and depression among adolescents with regard to objectives of the study.

The research looks at self-esteem and depression among adolescents. It is a theoretical study of the relationship between depression and self-esteem. There are types of self-esteem, self-esteem by gender and age. The theories of depression in adolescence, as well as the factors leading to depression, are examined. Several scales for assessing depression are presented. In view of the application of the main features of self-esteem and depression, their intersections in practical context are examined. This chapter also presents hypotheses that will guide the study.

Self Esteem, Depression and Copying Strategies among Adolescents

Self-esteem can be generally defined as an individual's overall sense of self-worth or how good they feel about themselves (Rosenberg, 2003). Self-esteem is a fundamental component of healthy development from childhood through adulthood. Self-esteem is a part of one's self-concept, that is, one's knowledge and beliefs about their personal attributes (Mann et al., 2004) along with other constructs like self-efficacy (how effective one perceives oneself to be), internal locus of control (having the sense that one has control over things rather than the outside world having control), and self-compassion (compassion that is directed inward towards the self) (Bolger & Patterson, 2001; Lamoureux, et al., 2012; Neff, 2003). Together, these constructs can promote healthy functioning and resilience in the face of life stressors.

The Development of Self-Esteem

Self-esteem develops and progresses through stages of increasing complexity. Early stages of self-esteem develop exclusively from the reactions others have towards the child. This first impression will form the seed of the child's feelings of self-worth (Clemes et al., 1990). According to Erickson's stage theory, adolescence is one of the most critical periods in life in terms of developing self-esteem; it is here that one gains a firm sense of identity (Cardwell et al., 2001). Benson et al (1998) found that pre-adolescent females and adolescent females are most at risk for developing low self-esteem. The decline in self-esteem found in preadolescence may be attributed to the transition from Primary school to High school (Prester, 2003). During adolescence the need for social acceptance is essential for self-esteem development to occur. The school child is not self- determined and is likely to be accepting of the ideal images provided by significant people around him. Extraneous influences lose their potency to the extent to which the individual becomes self-determined and develops defences, which protect the self-esteem. Maslow purported the necessity of high self-esteem as a prerequisite for self-actualization (Hornibrook, 1988).

In the past one's own worth was linked to social standing, however with the coming of the enlightenment and moral idealism, the notion of individual self-worth has been transformed. Although both are clearly influential: internal evaluations play a more important role in the development of self-esteem than do external- "How one perceives oneself will always be more influential than how one is perceived by others" (Bednar & Peterson, 1995).

Self-Esteem and the Physical-Self

"To lose confidence in one's body is to lose confidence in one's self" (Wadden & Stunkard, 2002 p 480). The idea of the physical-self is an important component of self-concept and has long figured significantly in theories about the self and identity (Miller & Downey, 1999). The original

impressions of self-image are mainly concepts of body image as parents remark on the shape and size of their child. Even adolescence, according to Paxton et al 1991, cited in Castle & Phillips (2002) rely on their parents for information regarding body image. Wood et al (1996), Williams & Currie (2000) & Blyth et al. (1981) cited in Castle & Phillips (2002) note that children's body satisfaction is positively correlated with their self-esteem. Festinger (1954) cited in Castle & Phillips (2002) believed that self-esteem is lowered by social comparisons, particularly when there is the realisation that the ideal will never be met. The body image of adolescents revolves around the idea that all people are supposed to conform to some idyllic norm (Wolman, 1998). Norten et al. (2000) cited in Castle & Phillips (2002) show that one in every one hundred thousand females are able to achieve Barbie's proportions. Studies done by Harter (1990) cited in Baumeister (1993) reveal a person's self-perception in physical appearance, is inextricably correlated to general levels of self-esteem. In fact a merging of self-worth with appearance and body shape may lead to eating disorders (Newton, 1995). In this way self-esteem is easily woven into body satisfaction (Castle & Phillips, 2002). A study of 50 000 English girls found that appearance was their chief concern. Females appear particularly vulnerable to standards of thinness portrayed in the media (Heatherton & Baumeister, 1991 cited in Hartgill, 2003). Baumeister (1993) found that at the end of High School girls develop severely lowered perceptions of physical magnetism cited in Hartgill (2003) states that ninety-eight percent of teenage girls are worried about body shape and eighty-six percent are dieting. Physical attributes have a marked consequence upon self-esteem, the adolescents self-concept is powerfully influenced by body-weight and perceived body-weight (Prester, 2003).

Self-Esteem and Gender

"Right from the beginning girls and boys tend to march to different drummers" Girls are praised for being nurturing, co-operative and most especially pretty. Friedman states that girls

develop their sense of self in the context of their relationships thereby developing a 'self-in-relation' as apposed to a 'self-in-separation'. "As girls look outside for self-definition, many find it in the numbers on the scale" (Friedman, 2000). Research on the relationship between body dissatisfaction and self-esteem in both genders has produced differing results, although a relationship between body dissatisfaction and self-esteem has been documented for both (Furnham & Badman, 2002).

Both males and females report a positive association between overall body image and self-esteem. Girls have poorer body image and are more dissatisfied with their weight than are boys. In studies of Australian (Marsh, 1989) and American (Harter, 1988) adolescents, gender differences in several aspects of self-concept were found. Furnham, Badmin & Sneade (2002) found only girls associated body dissatisfaction with the notion of self-esteem and male students in general have superior self-esteem than do female students. Males are rewarded and praised for performance in school and sports whereas females are rewarded for appearance. They are treated as if their identity is equivalent to their body shape. This de-emphasis of other aspects of their personality may lead to a skewed development and problematic conduct with food (Newton, 1995). Whereas males during adolescence develop more muscles; females develop fatty deposits in their breasts, hips, buttocks and thighs (Newton, 1995), Girls' self-esteem drops further than does boys during adolescence and although self-esteem stabilises during late adolescence when a coherent self is formed-girls self-esteem never catches up to that of a boys (Friedman, 2000).

In recent years, investigators researching the concept of self-esteem have been critical about its effect on adolscents (Baumeister, et al, 2009). They postulate that self-esteem is founded on self-evaluations that are often dependent on external sources. For example, we feel good about ourselves when others praise us for our accomplishments or when we perceive others as liking us.

Therefore, self-esteem is unstable and can fluctuate depending on the feedback received. We may also become defensive in order to protect our self-esteem when we feel it is being threatened. Although these are all valid concerns, it is critically important to distinguish between fragile self-esteem and true self-esteem (Deci & Ryan, 1995; Kernis,2003).Unlike fragile self-esteem, true self-esteem is relatively stable, is intrinsically motivated, and one's sense of self-worth is not determined by external sources. It also involves recognizing that we share a common humanity in the sense that successes and failures are experiences shared by all. Mindfulness, which is the ability to stay self-aware and not become overwhelmed by our emotions and thoughts, is included as the third component in self-compassion. Research has revealed that high self-compassion is an indicator of well-being and a predictor of stable mental health (Neff & McGehee, 2010). Self-compassionate individuals are also found to be at a decreased risk for **depression,** anxiety, neurotic perfectionism, and rumination. Finally, self-compassion has been found to function as a buffer against negative life events and to promote resilience (Leary, et al., 2007). Not surprisingly, individuals with high self-compassion also appear to have high self-esteem. It is likely that self-compassion and self-esteem are interrelated and possibly bidirectional. That is, self-compassion promotes self-esteem and vice versa.

Adolescent maltreatment, in any of its forms, can severely impact the healthy development of the self. Research has found that adolescent maltreatment is associated with low self-esteem, low self-compassion, and external locus of control (that is, perceiving external factors as having control over one's actions and outcomes) (Bolger & Patterson, 2001; Eskin, 2012; Tanaka, et al., 2011). This subsequently leads to a series of negative effects including increased risk of emotion dysregulation, suicidal ideation, anxiety, and depression. Damage to the various self-constructs listed can occur from a very young age and the negative consequences can persist throughout

adulthood. This highlights the importance of healthy conditions for the optimal development of the self and the necessity of prevention and intervention in childhood to help rectify the negative outcomes caused by toxic conditions such as teenage maltreatment and/or exposure to violence.

An important condition for adequate assisting adolescents in their transition to maturity is the knowledge of the dynamics in the development of personality traits and of the prerequisites for the occurrence of mental problems in high school students. Depressive symptoms among adolescents are becoming increasingly widespread.

Last stage of adolescence is the time of confrontation with unfulfilled tasks from previous periods and, in this sense, it gives a chance for overcoming the difficulties associated with creating adolescents' self- identity and outlining the path to individuation process. The upper secondary school age plays a key role in shaping a number of personality and interpersonal communication features, in stabilizing the general psycho physiological state and in making important decisions about future life realization.

Self-esteem is the adolescent's attitude and overall evaluation of their own worth, or evaluation of given traits, position in the group, their own activities and relationships with others. Self-esteem is the degree to which the adolescents value and accept themselves; it is the sense of personal worth and competence. This is the value that they attribute to themselves (the belief that the self has for their own worth); it is one's love for oneself – emotions, care and devotion that the adolescent gives.

Adolescent's relationships with environment require different qualities that are being manifested in different degrees, which, in turn, lead to different results. Depending on the relationship of these qualities with a given aspect of environment, the following types of self-esteem may be defined.

Depression in Adolescents

Until recently studies were concentrated on depressive disorders in adults; only in recent years more attention has been paid to depressive manifestations in children and adolescents. Depression is characterized by four types of changes – emotional, cognitive, and motivational and neuro vegetative. According to ICD-10 (a research consult) there exist three forms of depression – mild, moderate and severe; the adolescents suffers from low mood, inability to experience joy, decrease and drop of energy. Depression is directly related to mood. Normal psychological decrease in mood is referred to as sadness, while the pathological one – as depression.

Different scientific schools of thought are based on different concepts of depression, expressing a specific opinion about this disorder in adolescents. We can assume that different concepts of mental development explain these differences of opinion when it comes to depression in adolescents.

Thus, according to the psychoanalytic theory, it appears that real depressive symptoms can only occur in individuals who have reached the stage of a developed superego. Since superego develops during the period of late teenager and is unstable for a long time afterwards, the condition observed in adolescents. Modern psychoanalytical views explain adolescents depression with the role of parental behavior: disagreement with parents, fixation on the oral phase (related to the mother's failure to meet the child's basic needs), loss of self-esteem due to unsatisfied emotional needs by the parents, auto-aggression – result of either psychological or physical abuse by the parents, or the child's feeling of guilt, suggested again by the parents.

Concepts for the presence of transient depressive states in adolescents. The idea that adolescents experience transient depressive conditions is related to the opinion that adolescents' affects are short-lived as they cannot resist these painful feelings for a longer period.

In such cases the child's protective reaction is to focus their attention on some enjoyable experience. On the other hand, manifestations of aggression and hyperactivity are treated as masked depression and an attempt to cope with trauma.

People suffer from depression from an early age and in adolescents it can be diagnosed through verbalization, communication, games and external mood. Views on depression in adolescents fall into two categories: adolescents suffer from *disguised depression* or they have depression states similar to those in adults.

Representatives of the first group insist that adolescents suffer from depressive equivalents or masked depression. Besides the depressive symptoms, related to emotional manifestations such as feelings of helplessness and inadequacy, behavioral problems are added – aggression, hyperactivity, outbursts of anger, demonstrative behavior, opposition to authority, etc. The main question in such cases is whether masked depression is the most common way to define adolescents' depression and why sometimes masked depressions are being successfully treated with antidepressants.

J. Asarnow-29) points out that, when assessing adolescents, a distinction must be made between normal low mood and depression. He emphasizes the fact that feelings such as guilt and self-condemnation are part of the depression diagnosis in adolescents. J. Anderson (30) also makes a difference between adolescents with depressed affect, accompanying other psychopathological conditions and those with depressive syndrome, meeting the criterion of depressive disorders in adults. Comparative research shows that depressed adolescents have difficulties in social interaction and possess fewer social skills as compared to non-depressive adolescents. Another finding from a social study conducted is that social isolation is a stronger indicator of depression during latency in girls than in boys.

A. Kazdin summarizes data, demonstrating similarity in depressive signs in adults and adolescents. Somatic symptoms are most common in younger adolescents due to their inability to express low mood and dysphonic (angry) mood. In older adolescents there is a cognitive aspect as well – low self-esteem and negative views about one's own self and the surrounding world. Learned helplessness, related to a certain attributive style, external locus of control and problem-solving deficit are often observed in adolescents.

Similar conclusions can be drawn from the results of the model of social skills deficit – depressed children more rarely enter social relationships and have low level of expression.

The "normative" side of depression in adolescents is related to the activation of instincts and urges and the struggle with them. The inability to overcome this conflict leads to low self-esteem, guilt and depressive experiences.

Theoretical views and empirical studies make it possible to assume that there is a connection between juvenile depression and the process of achieving autonomy from parents in that period. The main problem of adolescents is the conflict between the desire to stay connected with their parents and the need to achieve autonomy from their families and deepen their relationships with peers. Autonomy does not develop in isolation but in the context of a close relationship with parents. Adolescents from families in which autonomy is hard to achieve experience severe stress. The affection existing between family members is important. More organized, flexible and united families are characterized by unquestionable affection, while distant and conflicting families tend to develop insecure, avoiding affection. In adolescence unquestionable attachment is characterized by warm relationships with parents. Adolescents, experiencing insecure affection are ambivalent and distant from their parents. H. Kohut, thinks

that adolescent affection is different from that in childhood. According to this author, *the withdrawal of parental attention during this period is an adequate reaction*.

Parents who change their style of upbringing in keeping with the adolescents' needs are more effective than those who are trying to control the child's life outside the family. Adequate parental behavior involves giving more autonomy, inviting the child to participate in the decision-making process in the family and discussing parental supervision in a democratic way. While in childhood the parent is a source of support, relationships.

A variety of definitions are offered which are incongruous at times and cause some confusion, however despite this, there is agreement that self-esteem is broadly speaking the evaluative component of the self (Robinson et al., 1991). Further there are a variety of theoretical perspectives with regards to the development of self-esteem. Its association with the physical self in general and body weight specifically has become ever more prevalent with the move in society towards a very thin role model.

Greater global self-esteem and physical self-esteem is found in adolescent females who participate in sports or physical exercise (Prester, 2003). Conversely involvement in weight management programmes can put children at risk for lower self-esteem. Adolescents with a distorted perception of body weight may set impracticable goals or choose detrimental behaviours to control their weight (Felts, Tavasso, Chenier, & Dunn, 1992 cited in Kim& Kim, 2001). Sensible dieting has been found to be related to negative self-esteem in some adolescence (Daee et al., 2002). Approximately sixty percent of adolescent's females have dieted at some point in their lives (Daee et al., 2002), as a way of dealing with the changes in their bodies (Friedman, 2000) and this may have a significant impact on their well being.

Between parents and adolescents become reciprocal. We may assume that adolescents' self-esteem, which is directly related to depression, is related to the child's affection to their parents. Uncertain affection can lead to a serious crisis in the adolescent period. If the adolescent's strive to autonomy is not balanced with affection within the family, emotional disorders, such as depression, may occur. Experiencing tension, anger, sadness and anxiety towards their parents and being uncertain in their parents' love, adolescents are not able to explore the world with calm and balance.

There exist several factors in parenting style that could lead to depression. First of all this is emotional abuse, that is expressed in the predominance of destructive parental emotions, which are imperative in the relationship with the child, thus neglecting the child's personality. Secondly, this is the problem of setting boundaries of relationships in a family with a depressed adolescent. The boundaries between individuals can be rigid (characterized with distancing, coldness and lack of emotional sharing), or unclear (characterized with emotional fusion, lack of personal space and autonomy). We can assume that fusion, or emotional differentiation in the family is the leading cause of depression in adolescents. Individuals with low emotional differentiation are dependent on the emotional response of others, and feel strong anxiety when it comes to communication and intimacy. Such dysfunctional relationship between the adolescent and the parent leads to the adolescent's losing their own self. The adolescent turns out to be dependent and dominated although the parent has the same reactivity and sensitivity as the child. Tension, insecurity, anger and low mood are experiences that are typical of an adolescent raised in such a family. Not only breaking the boundaries, but coldness in relationships as well, can be considered a predictor of depression in adolescents.

We can summarize the above opinions with S. Minuchin's theory that both rigid and unclear boundaries are inadequate. Too rigid boundaries create constant tension between people with their desire for constant control and avoidance the "weakness" of love. Too unclear boundaries suppress the adolescents, make them uncertain and angry. In this sense, adolescents' emotional problems may be related to the quality of family boundaries, as teenage crises, including depression, cannot be overcome adaptively without the existence of flexible boundaries among generations (38). This means the presence of a balance between *support and control by the parents during this period*.

In adolescents depression incidence increases many times and reaches 14% among the 14-18 year olds as compared to the 3% incidence in childhood. Between 3 and 8% of the adolescents are diagnosed with depression, making it one of the most common chronic diseases, its incidence being bigger than that of bronchial asthma.

Depression, in turn, is conducive to concomitant pathologies such as alcohol abuse, drug addiction, obesity, behavioural abnormalities, interpersonal conflicts, school problems. Depression incidence (major depressive episode) varies from 0.4-2.5% in children to 0.4-8.3 % in adolescents and increases to 17-20% in adults over the age of 18. More than 90% of the patients with major depressive episodes reach full remission within 1.5 - 2 years, the remission lasting seven-nine months on the average. Recurrences within five years are observed in over 70% of the cases.

Genetic factors: Data from epidemiologic studies reveal family history in 23-58% of the cases. Up to 50% of adolescents with depression have a family history of mental illnesses (most often bipolar disorder).

Environmental factors: in these cases life events and environmental factors (chronic stress) may trigger a mental disorder. On the other hand, a healthy family environment, positive school environment and good relationships with classmates may play a protective role. Depression in parents influences the risk not only because of the family history, but also through hostile or passive parental attitude towards the child and lack of parental care.

Among the risk factors for adolescent depression is the unstable family environment, low social status, death of a parent, sexual and physical abuse and divorce. These factors can also act as modulators in cases with diagnosed depression.

Risk factors for depression include increased level of anxiety, low self-esteem, high self-criticism, poor performance at school, lack of social skills. Depressive adolescents feel guilty of any negative event and loss in their life.

Minor depressive episodes are characterized with the presence of at least two of the main criteria, with the average adolescent's activities being difficult but not disturbed. All main criteria and most of the additional ones are present in a case of major depressive episode, the adolescent being unable to perform his/her everyday activities. Atypical manifestations include lethargy, increased appetite, hypersomnia.

Adolescent depression is characterized with sleep and appetite abnormalities, suicidal attempts and behavioural disorders, the neuro-vegetative symptoms being rarer as compared to adults with depression.

In terms of gender differentiation of child depression literature has been scarce and ambiguous. The results show that up to the age of 12 boys have higher levels of depressive symptoms than girls. In adolescence, however, depressive symptoms occur twice as often in girls. They more often experience major depressive episodes and have low self-esteem and anhedonia,

while boys generally have problems with interpersonal relationships. Girls tend to direct their experiences to themselves and get depressed, while boys, when having a problem, become antisocial and dependent in their behavior.

Every adolescent with suspicion of depression has to undergo an assessment of mental status, including: appearance (personal hygiene, facial expression), orientation, intellect, emotions, psychomotor skills, speech, memory, neuropsychological development, manifestation of psychotic symptoms, level of self-esteem, understanding of the problem.

Depression assessment scales include a variety of questions that the adolescents have to answer. Based on responses, adolescents who are at risk of a mental disorder are identified and the severity of depressive symptoms is determined.

The Pediatric Symptom Checklist scale consists of 35 questions, including different spheres such as: school performance, emotional sphere, psychosomatic complaints. Possible answers are: never, sometimes, often, receiving 0, 1 and 3 points respectively. A sum > 28 points indicates a mental disorder.

The Guidelines for Adolescent Preventive Service questionnaire can also prove a mental disorder, without identifying the nosological unit. The purpose of using these questionnaires is to find out whether the adolescent suffers from a mental disorder and refer him to a psychiatrist for further tests and therapy.

The Home, Education, Activities, Drugs, Sexuality, and Suicide / Depression (HEADSS) scale can be used by general practitioners in an outpatient setting and it can identify adolescent depression and suicide risk.

Depressed adolescents have an increased risk of developing bipolar affective disorder, which requires screening for emotional abnormalities whenever depression is detected. It is necessary to actively seek symptoms of mania and hypomania.

Affective disorder may be severe and may require hospitalization. In some cases, additional drug therapy may be required which may be administered together with the Selective serotonin uptake inhibitors (SSRIs).

The Parent Young Mania Rating Scale and the Parent General Behavior Inventory Scale are appropriate scales for assessing bipolar affective disorders.

Research on adolescents with depression: Information about past diseases, peculiarities of the family environment, psychological features, neuropsychological development, medication therapy, behavioural disorders and suicide risk is collected.

The general condition assessment must exclude any organic causes for depression – infections, neurological diseases, endocrinopathies. Hypothyroidism, for example, may cause asthenoadynamia, changes in sleep and appetite. Chronic diseases can also have symptoms similar to those of depression.

Alcohol also has a depressive effect and 50% of the suicides of depressive adolescents are under the influence of alcohol.

If the adolescent has suicidal thoughts and displays marked hostility (aggression, opposition and anger), the clinician has to find out whether the adolescent has a plan for deliberate self-harm or suicide – manner, time, place, means. Adolescents with a well-thought out (ready) action plan are at the highest risk of implementing that plan and must be urgently examined by a psychiatrist.

The two main risk factors for suicidal behavior are any previous suicide attempts and a mental disorder, mainly depression. Previous attempts to commit suicide are the most important predictor of a further attempt.

The most common disorders include depression, alcohol and drug addiction, anxiety disorders. Suicide risk assessment includes a review of family history, previous suicide attempts, mental disorders, negative life events, stress, family violence, physical and sexual abuse, interpersonal conflicts, separation from a loved one, and suicide of a close friend.

Adolescents suffering from depression often have psychosomatic complaints such as headache or abdominal pains. In most cases, having conducted lots of laboratory tests without finding any pathological abnormalities, the doctors classify the symptoms as being part of the depressive episode clinical signs.

A good number of the adolescents with depression suffer from concomitant mental disorders such as anxiety disorders, low self-esteem, drug addiction, attention deficit hyperactivity, dysthymia, eating disorders.

Social Support for Adolescents

Social support is a multidimensional concept that includes the support actually received (informative, emotional, and instrumental) and the sources of the support (friends, family, strangers, and animals). It can be considered as structural Resilience, Stress, and Depression in Adolescents (quantitative) or functional (qualitative) - Provost, 1995). Cohen and Wills (1985) and Plancherel *et al.* (1994) have identified two major models to explain the protective roles of social support on stress. The first, known as the principal effect model, posits that social support gives an individual a general positive context without regard for the actual experiences of stressful events (Bettschart *et al.,* 1992). The second model is known as the stress-buffering effect and has

been studied largely with social support and, more recently, with coping strategies. Support will offset or moderate the impact of stress on health. For example, Barrera (1986) suggests that, in adults, the relation between stress and distress is higher within a context of low social support. Beneficial effects of social support also have been observed in youth (F. Cohen, 1987; S. Cohen and Wills, 1985; Daniels and Moos, 1990; Dubow and Tisak, 1989; Johnson, 1986). When preadolescents reported low satisfaction with their social support, the probability of having problems of anxiety, depression, or sleep disturbances is high (Bolognini *et al.,* 1992). In adolescents and young adults, low satisfaction with social support is associated with depressive or psychosomatic symptoms, anxiety, and interpersonal sensitivity (Burke and Weir,Compas *et al.,* 1986).

Coping Strategies

Coping strategies are discussed by Lazarus and Folkman, 1984) who refer to coping as the cognitive and behavioral efforts that allow an individual to tolerate, escape, or minimize the effects of stress. Strategies of coping have been studied mostly in adults. However, in the past decade, interest for children and adolescents has grown rapidly (Altschuler and Ruble, 1989).

Coping strategies often are discussed within an approach-withdrawal model or within a problem-emotion focused model (Lazarus and Folkman, 1984). Coping strategies centered on problem solving are aimed at doing something to change the stressful situation.

Coping strategies centered on emotion refer to strategies aimed at reducing psychological discomfort by simply avoiding the noxious stimulus without trying to modify the situation. According to Seiffge-Krenke (1995), in adolescents, the problem-solving coping mode is functional (seeking information or advice, accepting social support, making efforts to solve the problem), whereas the avoiding coping mode is dysfunctional (withdrawal, fatalistic attitudes,

avoidance). This latter mode has been observed mainly in children and adolescents with psychiatric problems (Reinhard and Ott, 1994), and in adolescents with depressive symptoms, low self-esteem, low social-support satisfaction (Chan, 1995), and poor social adjustment.

Conclusion

This theoretical analysis shows that work with adolescents increases the challenges for clinical psychologists as it requires a broader view that goes beyond knowing the symptoms. According to recent psychological research, in recent years, both in Bulgaria and other countries, the depressive symptoms at the end of the adolescent period are widespread. In this age depressive disorders increase two to three times. This gives us reason to study the dynamics, associated with self-esteem and depressive symptoms in high school pupils. Scientific literature has established the relationship between self-esteem and depressive symptoms. This relationship is important for health care. A more extensive research of that relationship will be conducive for providing more efficient health care for adolescents with depressive symptoms.

The factors for the incidence of depression in adolescents are not well specified in scientific literature, which is why researchers focus their interest on their study. We believe that their identification will enhance the understanding of illness behavior, will promote the interaction with adolescents and improve the individual approaches to their treatment.

Knowledge of these factors in practical work may be conducive for the development of psychological interventions aimed at changing the non-adaptive models for coping with diseases, health policy programs and last, but not least, health promotion programs.

Hypotheses

1-There is significant relationship between self esteem and depression among adolescents**.**

2-There is significant relationship between self esteem and adolescents**.**

3-Copying strategies among adolescents are significantly related with self esteem and

depression.

Chapter Three

Methodology

Introduction

This chapter presents the methods, which the research used during this study. This included study design, target population, area of study, data sources and methods of data collection, data presentation and analysis coupled with challenges that were faced during the course of the research study.

Study Design

This study was majorly based on inferential statistics because of their ability for one to predict, estimate and generalize basing on information gathered. The purpose of using inferential statistics was to help in studying the relationship between two or more variables. This approach further allows detection of large or small differences in variables or correlations between variables relevant to research questions.

Prior to data collection, letters of consent were given to participants. Written assent was attained from participants prior to their participation in the study. Anonymity and confidentiality was assured as the researcher would employ a coding system in order to protect the identity of respondents with the list of names and corresponding subjects' numbers being only accessible to the principal researcher. Respondents were visited in their areas of Wandegeya and its surroundings, following which they were weighed and measured individually in absolute privacy.

Target Population

The target population included university students and other adolescents around Wandegeya area. The reason for this choice of target population is to have first hand information

as the anticipated respondents were likely to have amassed very many challenges related to depression and self esteem.

Area of Study

The study was carried out around wandegeya and its surroundings more specifically from university adolescents but also non university students were another relevant source of information. The researcher chose this area of study because of the vast challenges facing adolescents in the area plus the issue of reducing on transport costs during field data collection as the distance is walkable.

Data Sources.

Data was got from both primary and secondary sources. Primary data was obtained directly from respondents using questionnaires as data collection instrument. On the other hand secondary data was also obtained from text books and reports using a document checklist and literature sources as the choice for these data sources is to ensure that all aspects of the study are well researched.

Research Instruments and Measures

Self-administered questionnaires scored on Likert scales were used to collect data from respondents. Self-administered questionnaires were used because they are easier to answer considering the several alternatives, data was quickly coded, entered and analyzed, less skilled and no interviewer was needed because it required little skill to administer it. In order to measure self-esteem, self-esteem inventory scale by Brown was used. It comprised of 10 items that are scored on a 4-point Likert scale from 1 = strongly disagree to 4 = strongly agree. The reason for this data collection method was because it's easy to paraphrase and flexible depending on prevailing circumstances around the respondents.

Document Review.

The researcher used document review by reading other peoples writings in order for the researcher to avoid collecting and replicating data that had already been collected and analysed by other researcher researchers.

Data Collection Instruments

Self-administered questionnaires were used because they are easier to answer considering the several alternatives, data was quickly coded, entered and analyzed, and no interviewer was needed because it required little skill to administer it.

Data collection Procedure.

The researcher introduced self with an introductory letter from the dean of faculty. This was presented to respondents together with an explanation for reason behind the research before giving out questionnaires to the target respondents and agree with them on the time of returning them.

Data Analysis.

The collected data was analysed using quantitative method; this included tables, descriptive statistics and percentages. Quantitative data was presented inform of tables where by the researcher showed the number of percentages indicating the number of respondents as per the objectives of the study in their order also basing depending on the number of questionnaires collected for data analysis and testing of variables..

Chapter Four

Presentation and Interpretation of Data

Introduction

This chapter analyses and interprets the findings from the data collected which are in line with objectives and hypotheses of the study. The background of the respondents being presented in this chapter includes age brackets, sex, who they stay with, whether they are school going or not. The inferential results examined the correlation that existed between self esteem, depression and coping strategies amongst adolescents.

The objectives of the study aimed at examining whether there is a significant relationship between self esteem and depression amongst adolescents, the relationship between self esteem and depression amongst adolescents were followed during presentation of the results for correlation coefficient.

The research findings are presented using tables and analysed by use of percentages for descriptive statistics and correlation coefficients for inferential statistics. This was done to give the research study a broad and comprehensive data which when analysed and interpreted gave a balanced judgment on relationship between self esteem and depression among adolescents.

Background Information

This involves age, sex, and school going status and who they stay within the tables below.

Table 1: Sex of the respondents.

Sex	Frequency	Percentages (%)
Male	62	62.0
Female	38	38.0

The findings from the study show that majority of the respondents were males consisting (62 %) where as females formed the lowest percentage of (38 %).

Table 2: Age group of the respondents.

Age group	Frequency	Percentages (%)
11-14 (Early Adolescence)	09	0.009
15-17 (Middle Adolescence)	23	23.0
18-20 (Late Adolescence)	68	68.0
Total	100	100.0

From the table above, findings show that respondents aged between 18-20 years constituted the highest percentage (68.0) while those aged between 11-14 years constituted 0.009% forming the lowest percentage where as those aged between 15-17 years formed 23.0%.

Table 3: Whom respondents stay with.

Staying with parents	Frequency	Percentages (%)
Yes	43	43.0
No	57	57.0
Stay with parents	15	15.0
Stay with relatives	28	28.0
Renting	57	57.0
Total	100	100.0

The table above shows that majority of the respondents do not stay with their parents as they are into renting making (57.0%) where as a small number of the respondents (15.0%) stay with parents. Therefore this brings the research to assert that adolescents face a challenge of parental attention that usually comes with guidance for right upbringing.

Table 4: Frequencies of respondent's response on Self esteem

Items	Strongly Agree N (%)	Agree N (%)	Disagree N (%)	strongly Disagree N (%)
Iam as good as I want to be in making friends	32(32.0)	23(23.0)	8(8.0)	13(13.0)
Iam happy with the way I look	47(47.0)	35(35.0)	13(13.0)	5(5.0)
Iam too much trouble to my family	12(12.0)	6(6.0)	54(54.0)	38(38.0)
I feel good about my height and weight	28(28.0)	27(27.0)	36(36.0)	9(9.0)
I like my body just the way it is	33(33.0)	25(25.0)	31(31.0)	11(11.0)
Iam as well liked by other people as I want	45(45.0)	32(32.0)	16(16.0)	7(7.0)
I feel ashamed of myself	20(20.0)	13(13.0)	53(53.0)	14(14.0)
My family pays enough attention to me	23(23.0)	34(34.0)	12(12.0)	33933.0)
I feel loved by my parents/guardians	18(18.0)	42(42.0)	30(30.0)	10(10.0)

Results in table 4 reveal that 32% of the respondents feel good making friends because of their strong positive response, with 23% of the respondents also agreeing with feeling good about making new friends. 8% of the respondents disagreed with feeling good about making friends where as 13% of the respondents strongly not believing in making friends for them to feel good.

Table 5: Frequencies of respondent's response on Depression

Items	Strongly Agree N (%)	Agree N (%)	Disagree N (%)	strongly Disagree N (%)
You are facing lack of concentration	38(38.0)	44(44.0)	7(7.0)	3(3.0)
You are feeling you have no future	23(23.0)	44(44.0)	7(7.0)	9(9.0)
You are facing problems with making decisions	9(9.0)	28(28.0)	33(33.0)	28(28.0)
You feel your life is sad with no joy	25(25.0)	24(24.0)	31(31.0)	18(18.0)
You have lost interest in important things	23(23.0)	26(26.0)	14(14.0)	35(35.0)
You are feeling guilty in things you do lately	12(12.0)	18(18.0)	26(26.0)	44(44.0)
You have been feeling very fatigued	24(24.0)	37(37.0)	19(19.0)	20(20.0)
You feel a failure in things you are doing	10(10.0)	29(29.0)	17(17.0)	43(43.0)
You are having lack of sleep	5(5.0)	18(18.0)	44(44.0)	24(24.0)
You are having suicidal thoughts	2(2.0)	5(5.0)	25(25.0)	46(46.0)
Iam not interested in social events	25(25.0)	5(5.0)	25(25.0)	46(46.0)
I feel no appetite yet not sick	6(6.0)	6(6.0)	41(41.0)	36(36.0)
You at time feel when your mood is down	28(28.0)	31(31.0)	40(33.0)	1(1.0.0)

Results in table 5 reveal that 38% agree strongly with facing a problem of lacking concentration at times, 44% also agreed with lacking concentration at times with 7% disagreeing with lacking concentration. 23% and 44% respectively feel they have no future,7% disagree with not feeling having no future. Further findings also show 23% of the respondents lacking interest in important things together with 26% also; however 14% of the respondents disagree together with 25% of the respondents strongly disagreeing.

Table 6: Frequencies of respondent's response on coping strategies

Items	Strongly Agree	Agree	Disagree	strongly Disagree
	N (%)	N (%)	N (%)	N (%)
I exercise regularly to avoid stress	9(9.0)	21(21.0)	43(43.0)	27(27.0)
I plan for my daily activities to avoid stress	7(7.0)	3(3.0)	47(47.0)	43(43.0)
Connecting with supportive people helps me	45(45.0)	26(26.0)	13(13.0)	16(16.0)
Creating hobby time makes me stress free	50(50.0)	41(41.0)	5(5.0)	3(3.0)
Enough sleep gives me a good feeling.	82(82.0)	4(4.0)	-	-
Limiting alcohol intake gives me piece.	3(3.0)	10(10.0)	51(51.0)	51(51.0)
Listening to music helps me avoid depression	9(9.0)	19(19.0)	33(33.0)	39(39.0)

Results in table 6 reveal that 9% of the respondents strongly agreed with exercising as a good strategy for coping with stress with 21% also agreeing with exercising as a good strategy for coping with stress. However, 42% and 27% disagreed with exercising as a coping strategy. A big number of respondents who constituted 47% and 43% respectively disagreeing with planning for daily activities as a good coping strategy as seen in the table above.

Relationship between self esteem and Depression amongst Adolescents.

The first objective aimed at examining the relationship between self esteem and depression amongst adolescents.

Table 7: Correlation between Self-esteem and Depression amongst Adolescents' Self Esteem and Depression.

	Self Esteem	Depression
Self esteem: Pearson correlation	1	.571**
Sig. (2 tailed)		.000
N	100	100
Depression: Pearson correlation	.571**	1
Sig. (2 tailed)	.000	
N	100	100

**. Correlation is significant at the 0.01 level (2-tailed)

The first hypothesis of the study stated that there is a significant relationship between self esteem and depression among adolescents. Correlation results in the table above show there is a significant positive relationship between self esteem and depression among adolescents (r = .591**, p=.00<0.01). This is simply because p(.000) is smaller in magnitude than 0.01. This therefore keeps alternative hypothesis retained and it's concluded that there is a significant relationship between self esteem and depression amongst adolescents.

Self-esteem and Adolescents.

The second objective of the study aimed at finding out whether there is a significant relationship between self esteem and adolescents

Table 8: Correlation between self-esteem and Adolescents

	Self Esteem	adolescents
Self esteem: Pearson correlation	1	.391**
Sig. (2 tailed)		.004
N	100	100
Adolescents: Pearson correlation	.391**	1
Sig. (2 tailed)	.004	
N	100	100

*. Correlation is significant at the 0.005 level (2-tailed)

The second hypothesis of the study stated that there is a significant relationship between self esteem and adolescents. Correlation results in table 5(above) show there is significant positive relationship between self esteem and adolescents (r=.391* , p =-004<0.05). This is simply because p(.004) is smaller in magnitude than 0.5(p=.004<0.05).   Therefore the alternative hypothesis is maintained and it is concluded that there is a significant relationship between self esteem and adolescents.

Strategies for Coping with self-esteem and Depression among Adolescents.

The third objective was to devise strategies for coping with self esteem and depression among adolescents.

Table 9: Correlation of coping strategies between self esteem and depression among adolescents.

	Self Esteem	Depression
Self esteem: Pearson correlation	1	.837**
Sig. (2 tailed)		
N	100	100
Coping strategies: Pearson correlation		.837** 1
Sig. (2 tailed)	.001	
N	100	100

*. Correlation is significant at the 0.01 level (2-tailed)

Correlation results in table 6 show that the strategies for coping with self esteem and depression would yield success because of the positive relationship between them (r=.837** , p=.001<0.01). This is because p(.001) is smaller in magnitude than the level of coping strategies that will not work.

Therefore, alternative hypothesis is accepted and it is concluded that there is a positive relationship in coping strategies with self esteem and depression.

Chapter Five

Discussion, Conclusion and Recommendations

Introduction

This section discusses the research findings in relation to objectives which motivated the research study. The research explored the relationship between self esteem and depression with their coping strategies among adolescents.

The research was guided by a particular set of hypotheses which pertained to each of the variables specified above. The discussion draws heavily on the literature review discussed in chapter two considering the context to which the research findings either support or disconfirm theory and research. Therefore the general implications of the study are examined with limitations and suggestions for future research. Therefore the general implications of the study are examined plus limitations and suggestions for future research are outlined.

Self esteem, Depression and coping Strategies among Adolescents.

The first hypothesis of the study stated that there is a significant relationship between self esteem and depression among adolescents.

Findings to the study revealed that there is a significant positive relationship between self esteem and depression among adolescents.

The findings of the study reveal that adolescents accessing or experiencing the freedom of making friends through social events and other forms of interactions are less depressed and happy with daily life activities. Thus such adolescents live in a happy life and are least likely to experience depression.

In addition, adolescents happy with the way they look have confidence and this ia another indicator of high self esteem and hence not likely to experience depression. In most cases,

this is much to do with body sizes. Indeed results indicate that adolescent girls who saw themselves as having no weight problem at all had significantly higher subjective self esteem. The present study therefore replicates the findings of Tiggerman (2001)-a perception of a weight difficulty contributes significantly to the prediction of level of self esteem most commonly among female adolescents. Mendelson (2001) further asserts that, the pressure to be thin has the most detrimental impact on female perception of their bodies and their self esteem. This is further supported by Downey and strauss (2000) who found that being heavy weight is negatively correlated with self esteem.

Research findings further reveal that adolescent girls who participate in physical exercises have significant higher self esteem than those who did not. This is further supported by Funham *et al* (2000) who asserts that exercising for weight control and attractiveness may produce positive self esteem and hence less likely to be depressed because exercises are associated with positivity.

In addition, adolescents who stay with their parents under good guidance and control tend to have high self esteem due to good parenting hence less likely to experience depression and low self esteem because of the parental attachment in their lives. Therefore such adolescents are likely to have high self esteem which in turn doesn't create room for depression.

The findings are in agreement with H. Kohut (2009) who asserted that withdrawal of parental attention during this period of adolescence is an adequate reaction. Parents who change their style of upbringing in keeping with the adolescents' needs are more effective than those who are trying to control the child's life outside family. Adequate parental behavior involves giving more autonomy, inviting the child to participate in decision making process in the family and discussing parental supervision in a democratic way.

The findings are also in agreement with Hoeve,Dubas,Eichelsheim (2009), who reported that parental rearing style has a big effect on self esteem personalities of adolescents which later leads to depression especially when there is parental neglect because one of the outcomes is untamed risk behaviors during child development in their adolescent stages.

Further more, the findings are in agreement with Fromme (2006), who showed a strong relationship between self esteem and depression as a result of poor quality parenting that develops low levels of self esteem which in the long run results into depression.

Further findings are in agreement with Alpas and Neville (2003), who reported a significant relationship between self esteem and depression especially with high school adolescents due to uncontrolled social support and lack of a sense of belonging amongst them that has in the long run brought about depression. The relationship between self esteem and depression has been reasonably well established among all stages of adolescents.

Recent studies further confirm the relationship between self esteem and depression according to Lewiston, Rhode, Seeley and Andrews (2012)'s emerging studies which suggest that low self esteem contributes to depression, where low self esteem mean also development ofa poor or negative self image and such beliefs which are negative(low self esteem) can make someone always expecting to fail.

In conclusion, parenting styles (parental neglect) was a strong predictor of low self esteem and depression among adolescents. Therefore, the aim of this study was to further the understanding of the relationship between self esteem and depression among adolescents.

Self-esteem and Adolescents

The second alternative hypothesis of the study stated there is a significant relationship between self esteem and adolescents.

A large body of the literature suggests that adolescence is a period of increased vulnerability to stressful events such as low self esteem. Adolescence is a period marked by developmental changes in physical, cognitive and social-emotional capacities and its during this stage in life where an adolescent develops either high self esteem or low.

The findings of the study are in agreement with Maslow (2000) who first brought it up that self esteem was one of the sets of human needs. It was seen as a higher order need of adolescents. He further put it forward that self esteem as an individual's sense of his or her value or worth or the extent to which an individual approves or appreciates self and its during the adolescence stage that individuals discover and develop self esteem either negatively or positively (low self esteem versus high self esteem) therefore, there is a positive significant relationship between self esteem and adolescents.

According to Osborne (1997), he further confirms the relationship between self esteem and adolescents by asserting that adolescents and self esteem are inseparable because it's a stage of self discovery and this is where individuals (adolescents) develop self belief however, he goes ahead to put it forward that there are several factors that influence self esteem like friends,teachers,parents and the environment. This was further related to other factors like personality and task performance.

Baumeister *et al* (2003), further confirms a significant relationship between self esteem and adolescents by asserting that it is during adolescence stage that individuals develop enhanced initials and pleasant feelings about themselves.

Bernad *et al* (1996) further confirm a significant relationship between self esteem and adolescents by reporting that there is high correlation between self esteem and adolescents by asserting that,

its during adolescence stage that individuals develop enhanced initiatives and pleasant feelings about themselves.

According to Stamatakis *et al* (2003), further findings confirm a significant relationship between self esteem and adolescents where he looked at self esteem amongst adolescent males.

Further research findings according to Maurice Rosenberg (2001),support the significant relationship between self esteem and adolescents where he puts it forward that self esteem is fundamental human need, is part of the process of life and is indispensable to normal and healthy self development and is very vital for survival. Self esteem and adolescence they are inseparable because they both contribute towards a sense of personal worth coming from life challenges.

Maurice Rosenberg (2001), further supports the significant relationship between adolescence and self esteem where he asserts that; adolescence is a crucial period in individual's development, a transition from childhood to adulthood in a particular cultural environment. Self esteem plays a very important role during this period and therefore confirming a significant relationship between self esteem and adolescence.

The findings to the study further confirm a significant relationship between self and adolescent according to Emler.N (2001) who supports that, self esteem is a fundamental component of self awareness during adolescence stage. It occupies a key place in the structure of adolescent individuals because they are both inter related.

Coping strategies among adolescents are significantly related with self esteem and Depression.

According to Lazarus and Folkmman (2014), coping refers to a cognitive and behavioral effort that allows an individual to tolerate, escape or minimize the efforts of stress. Strategies for coping amongst adolescents have grown rapidly as a result of different research findings from scholars. Coping strategies aimed at problem solving are aimed at doing something to change the stressful situation.

According to Seiffge-Krenke (1995), adolescents, the problem solving coping mode is fundamental9seeking information or advice, accepting social support, making efforts to solve a problem).

According to Hoffman (2008) and Bettschart (2004), have shown that low self esteem is related to depression because low self esteem also brings about anxiety and sometimes stress is also triggered.

A large body of literature and other research findings are in agreement of a positive relationship between coping strategies for self esteem and depression among adolescents and this is majorly leaned towards low self esteem in breeding depression.

Holland and Andre (200), confirm a significant relationship in coping strategies between self esteem and depression with the participation in social activities as one of the strategies because it helps to foster personality development and socialization. They argue that involvement in such activities offers young adolescents a channel to express their energy in socially acceptable ways. Their results show that social participation is highly correlated with self esteem and control of perception. Their further findings have shown that adolescents' participation in different social activities is related to how incidence of behavioral problems.

According to Ebata and Moos (2005), the findings are in disagreement of a significant relationship being existent between the coping strategies for self esteem and depression. Studies have consistently reported high negative correlation between avoidance strategy for coping with self esteem and depression among adolescents.

Further findings are in agreement with Chan (1995) and Nunez (2008) who asserts that planning for daily activities as a coping strategy to avoid stress is significantly related coping with esteem and depression. They further look at this strategy as an avoidance strategy. Adolescents with high self esteem seldom use avoidance strategies and prefer problem solving strategies.

Further findings show and are in agreement that getting in a supportive community as coping strategy is significantly related with self esteem and depression. Because adolescents with good self esteem perceive themselves with the capacity to react to the environment are therefore confident of using strategies that challenge the problem and help to modify the situation. These adolescents that are involved in communities that are supportive later begin to appear less bothered by stress because they perceive that they have control and are able to react positively and actively to their environment.

Furthermore, self esteem and depression are positively correlated with involvement in community and neighborhood can be a protective factor in self esteem and stress related depression. The results suggest that interactions with members of community and neighbors may be beneficial to adolescent adjustments in helping them avoid stressful events.

Further research findings are in disagreement with limiting alcohol intake as a coping strategy for self esteem and depression because some adolescents use drugs as an avoidant coping

strategy and this is common with those having low self esteem and this is positively correlated with low self esteem and depression according to Patterson(2003)'s findings.

Further research findings disagree with listening to music as a coping not being significantly related with self esteem and depression because it was found out that listening to music is a mere avoidance strategy to depression and the impact is short term since the strategy only solves short term stress disorders that may not be permanently fixed as a long term solution.

Conclusion

In conclusion, we may say that self esteem is central to what we do with our lives- the loyalty we have to developing ourselves and caring for others and is at the heart of everything that an adolescent will achieve in their lives.

It appears that the quality of the relationship with one's parents continues to influence self esteem after the child becomes an adolescent. In spite of increasing autonomy from the family, the importance of parental relationship to self esteem did not diminish from early to late adolescence. Therefore quality of attachment to parents was related to adolescent self esteem regardless of age of adolescents.

Recommendations

Parents and older family members need to know the specifics of adolescence and seek to help them overcome their difficulties treating the future full citizens with love ,respect and love.

There should be a wider knowledge on the major indicators of low self esteem amongst adolescents and make it conducive for the development of psychological interventions aimed at changing non adoptive models for coping with low self esteem and stress related challenges that promote depression among adolescents.

The factors for the incidence of depression in adolescents should be well specified in further research studies. We believe that their identification will enhance the understanding of self esteem related indicators and improve the different approaches to solving them.

There should be focus on the impact of gender on adolescents' self esteem. This was arrived at after a comparison made between boys and girls in adolescence where boys appeared more vulnerable regarding their overall levels of self esteem. Boys tend to have a significantly more negative attitude to themselves as compared to girls.

Recommendation for Further Research

Further research should look at the influence of community on the self esteem of adolescents. This was based on the community being recurrent in triggering self esteem of adolescents because research findings suggest that interactions with members of the community and neighbors may be beneficial to adolescent adjustments in helping them avoid stressful events.

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Appendices

Appendix A: Questionnaire

MAKERERE UNIVERSITY COLLEGE OF HUMANITIES AND SOCIAL SCIENCES (CHUSS) SCHOOL OF PSYCHOLOGY QUESTIONAIRE

I am by names of Ndegemu Pauline, a third year student of Makerere University pursuing a bachelors degree of community psychology. Kindly requesting a few minutes of your time to help me fill the attached questionnaires of my topic entitled *self esteem, depression and coping strategies among adolescents*. I promise that ethical consideration shall be observed and information from the respondents to the researcher shall be treated with utmost confidentiality and privacy it will strictly be used for academic purposes only.

Thanks a lot for your participation.

Dear respondents,

The information you will provide will be held with maximum confidentiality and will be in no way be published to reflect any of your personal particulars

Please tick a statement that is most appropriate

Appendix B: respondents' personal information.

SECTION: I (BIO DATA)

1. **Sex**: Male ☐ Female ☐ **Age**: 11-14 yrs ☐ 15-17yrs ☐ 18-20 yrs ☐

2. Do you stay with your parents? Yes ☐ No ☐ if no, where do you stay; ………….……

3. Are you a student? Yes ☐ No ☐ If yes, at what level currently: ……………………….

Appendix C: Perceived Self esteem scale by Sheldon Conen, Kamarck and Mermelstein, 1983.

SECTION: II (SELF ESTEEM)

	Item	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)
1	Iam as good as i want to be at making friends				
2	Iam happy with the way I look				
3	Iam too much trouble to my family				
4	I feel good about my height and weight				
5	I like my body just the way it is				
6	Iam as well liked by other people as i want it				
7	I often feel ashamed of my self				
8	My family pays enough attention to me				
9	I feel good about how well I get along				
10	You feel loved by your parents / guardians				

SECTION: III (DEPRESSION)

SN	Item	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)
11	You are facing lack of concentration				
12	You are feeling you have no future				
13	You are facing problems with making decisions				
14	You feel your life is sad with no joy				
15	You have lost interest in things that were important				
16	You are feeling guilty in things you do lately				
17	You have been feeling very fatigued				
18	You feel a failure in things you are doing				
19	You are having lack of sleep				
20	You are having suicidal thoughts				
21	You feel not interested in social activities				
22	You lose appetite when you are not sick				
23	You at any time feel when your mood is down				

SECTION: IV (COPING STRATEGIES)

SN	Item	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly Disagree (1)
24	I exercise regularly to avoid stress				
25	I plan for my daily activities to avoid stress				
26	Connecting with supportive people helps me				
27	Creating hobby time makes me stress free				
28	Enough sleep gives me a good feeling health wise				
29	Limiting alcohol intake gives me piece of mind				
30	Listening to music helps me avoid depression				

Thank You for the positive response.