

MIDLANDS STATE UNIVERSITY



FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY

NATURE OF SELF-ESTEEM AND RESILIENCE AMONGST ORPHANS IN
KADOMA-PATCHWAY ZIMBABWE

BY

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DECLARATION

Vimbai Moreblessing Madziwabende hereby declares that this dissertation is a result her own efforts. All additional sources of information have been indicated by means of references

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DEDICATION

This work is dedicated to those who believe in me, my mother who gave me unwavering support, brothers Stanley, Onwell, my sister Nomatter and my late father who was a constant inspiration.

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ABSTRACT

This research was on the nature of self-esteem and resilience amongst orphans in Kadoma-Patchway Mashonaland West. The purpose of the study was to reveal the nature of self-esteem and resilience amongst orphans and to find out if the two had relationship. Problems in self evaluations and adjustments to life situation after losing parents amongst orphans motivated the researcher to study on orphans. Age, gender, age at time of loss and strong and weak peer family network appeared to be influential. The study made use of correlational research which was quantitative approach. The target population of this study was 360 orphans. A sample of 120 participants was calculated using the formula a third of the target population. From the selected sample questionnaires were issued. Research instruments used were adopted from Rosenberg, and Smith and colleagues. Data was presented in the form of graphs, pie charts, cross tabulations and Pearson correlation coefficient and analysed using SPSS. Findings from the study indicated that, males have high and moderate resilience than females. It was also demonstrated that orphans who lost their parents between the age of 0-6 years and those with strong peer family network had high self-esteem and resilience as compared to those who lost their parents between the age of 7-17 years and with weak peer family network. The research concluded that the majority of orphans had low self-esteem and low resilience. The findings also indicated there was positive correlation between self-esteem and resilience.

ACRONYMS

AIDS -Acquired Immunodeficiency Syndrome

HIV -Human Immunodeficiency Virus

SPSS -Statistical Package for Social Sciences

UNAIDS -United Nations Programme on HIV and AIDS

UNICEF -United Nations International Children's Emergency Fund

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CHAPTER ONE

1.1 Introduction

This chapter was taking a closer look on the preliminary of this study .Background to the study was noted on to what motivated the researcher to study under this topic and research questions that were unanswered. Some of the issues that were addressed were the statement of the problem, significance of the study, purpose of the study, research objectives and questions. Delimitations, limitations, assumptions of the study and definitions of key terms were also being explained

1.2 Background to the study

Kadoma is a town located in Mashonaland-West along the Harare Bulawayo high way. There were a number of children under the age of 17 who had lost their parents as estimated either both or one parents. People were encountering many hardy ships in life, the ups and downs were leading people to crack their relationships, lack mutual understanding and love to each other Donahue (1998). The relatives as a result seem to be failing to take care of the orphans like what their parents used to do.

The researcher of this study recognized that for orphans to maintain their lifespan it was depending on their capability to manage and control stress experienced commonly from the hassles of daily life. The ability to adjust and having self worth in the circumstances of life was of focus in orphan's life as they begun to live with new people, changing living standards and growing. Taking adult responsibilities, being vulnerable, neglected, economic hardships, depression, low self esteem and resilience were commonly experienced which had led the researcher to have much focus on this .The other reason was that, the researcher was pushed by the increase in number of orphans in every part of the country and according to <http://www.sos.usa.org> UNICEF (2016) statistics it was about 140 million orphans worldwide. It was estimated that 50 million of population in Africa were orphans and Zimbabwe in 2017 was estimated to have 2 million orphans. In communities orphans were identified in terms of their material goods by the community-based orphan programmes. They proved to lack knowledge in identifying orphans in terms of their nature of self esteem and resilience.

The number of orphans was dramatically increasing in the country due to the fact that parents were dying of HIV and AIDS and cancer which were the most deadly diseases at the moment. According to global statistics people who died from HIV and AIDS since it was discovered were 35 million www.unaids.org/en/resources fact sheet. Zimbabwe in 2016 averted 49 thousand deaths and 393 thousand deaths since 2006 of people who died of HIV and AIDS <http://www.undp.org/content/undp/en/home/news>. The statistics records clearly signifies that they were many orphans who have been left. UNAIDS (2004) had also found that HIV and AIDS had left many children below the age of 15 without father or mother. People were facing financial challenges hence failing to be treated when the disease was still at an early manageable stage. Zimbabwe cancer statistics also showed that more than 4000 people were dying annually meaning the number of orphans increases daily. Natural disasters also led to death in recorded death. Floods and hurricane were killing many people of which they were beyond human control.

Orphans in Kadoma-Patchway stay with their relatives and others with their caregivers. The way they live and the resources they acquire determined their level of self esteem to be high or low. Orphan's level of self esteem was not being taken seriously, maintained or improved if it's low. In Gross (2010) Jean Piaget in his cognitive development stage mentioned of the formal operational stage from 11 years and above, he believed this was whereby children have ability to imagine and discuss things that have never been encountered . In the situation of orphans at this age they begin to pay particular attention to what people say upon them and evaluate themselves. These evaluations the researcher might call them appraisals which could either be negative or positive.

According to the study that was carried out by Asif (2017) on self esteem and depression amongst orphans and non orphan children results indicated that orphans have low levels of self esteem. Studies of adopted children found that they have low self esteem because they encounter life challenges and discriminations according to Juffer, in the study of Marinus and Ijzendoorna (2007).

According to major study of examining self-esteem Kallestaletal (2000) noticed that there were differences in levels of self-esteem. Having poor self-esteem was opposed to high self-esteem when not living with biological parents with poor social support and care when he compares to

those who live with their biological parents, the high rate of orphans had pushed the researcher to have interest in the nature of self esteem and resilience.

1.3 Statement of the problem

Number of orphans rise in each and every time and was mainly shown in the increase of extended families, orphans in orphanages and records in schools. Orphans encounter many challenges in life which include finances, food, school stationary and lacking mutual support from peers and caregivers. Orphans tend to have problems in the way they evaluate and appraise themselves in daily life scenarios and adjusting to the situation after losing their parents. Human beings need to be respected in order to have self respect and self-esteem, to be valued, motivated and accepted. Imbalances at this period results in having low self-esteem and failing to interact with others. The more orphans have imbalances the more they have low self esteem and fail to adjust. Age, gender, age at time of loss, strong and weak peer family network have influence towards these problems. Some orphans were staying alone and taking adult responsibilities with a lot of burden as compared to their peers. They cater for all their needs working for school stationary, fees and all basics one requires in life without help of relatives. The situation was exacerbated by the government which failed to address these problems faced by orphans and planning budget for them in order to improve their standards of living. The researcher had observed that orphans with this situation at hand were failing to cope with this pressure, adapt and attaining suitable psychological growth with good self esteem and resilience. The researcher also observed that in the developing country facing economic challenges social welfares were remaining silent whilst orphan's life were full of miseries.

1.4 Significance of the study

The significance of this study was to help the researcher to have a clear understanding of the nature of self esteem and resilience amongst orphans in Kadoma-Patchway. It was also to help in finding the types of self-esteem and resilience orphans have. Again how they view themselves, if they respond or react positively to other people's comments in their life. The study was also looking if orphans adjust and adapt to threatening life situations after they lost their beloved

parents. The researcher also found if they were capable in recovering from the misfortunes and stressful life events. Orphans had benefited from this study through building their level of self-esteem and fighting back from difficult situations. Being recognized by the researcher also boosted their self-esteem since they knew they were being remembered. Future researchers had benefited from this study by having an insight of how orphan's self esteem is affected and resilience. The social welfare and policy makers of orphans had also benefited in finding ways of improving life of orphans in the discussions that were made. The results from this study had helped them in deciding and finding strategies that were most effective and how these are to be implemented. Academics benefited by having an insight and acquiring more information on some of the experiences of orphans. Caregivers of orphans benefited from this study through the knowledge and experience about how best they can nature orphans in order to build their self-esteem and resilience.

1.5 Purpose of the study

The study was seeking the researcher to reveal and disseminate the nature of self-esteem and resilience amongst orphans in Kadoma-Patchway, its importance in motivating and making orphan's life a success. This study was aiming again in finding if there was relationship between self-esteem and resilience. It was also determined to find out the level of self-esteem and resilience amongst these orphans. The purpose of this study again was to uncover and document the findings about orphans and bringing out strategies that helps orphans to function properly since they were once traumatized which was resilience.

1.6 Objectives

- To find out the nature of orphan's self-esteem
- To find out the nature of resilience amongst orphans
- To find out if there was relationship between self-esteem and resilience

1.7 Research Questions

- What is the nature of self-esteem amongst orphans?
- What is the nature of resilience amongst orphans?
- What is the relationship between self-esteem and resilience?

1.8 Delimitations

The researcher was focusing on the nature of self-esteem and resilience amongst orphans between the ages of 10 to 17 years. This study was not focusing on orphans between 0-9 years since they have contradictory perspectives which lead to wrong findings and conclusions of the research. The researcher of this study had also look again at the relationship between the nature of self-esteem and resilience amongst orphans. This study was carried out in Kadoma-Patchway, it was quantitative method and not qualitative since there was need for correlational results between variables.

1.9 Limitations

The researcher couldn't control limitations during the study which were also known as short comings since are beyond the researcher's control according to Simon (2011). It was very difficult to deal with a human mind, the behavior was unpredictable meaning carrying out this research needed a lot of monitoring. Social desirability bias orphans of lying due to the fact that they knew they were being researched. Controlling the environment where participants provide with answers of questions was difficult and Baxter (2008) noted this. Responses often depend on particular time which again dependent on the conditions occurring during that particular time frame. Concerning this issue, the researcher informed the participants about aims and objectives of the study so that they understood in a better way what was going through during the session. Quantitative research was expensive and difficult meaning lot of time for analysis was required and careful planning as noted by Morgan (1980). Language barrier was also the other limitation

to this study, questionnaires were written in English yet some of orphans failed to interpret so there was need for translation of language.

1.10 Assumptions

The researcher assumed that:

- orphans where really there
- Orphans had different levels of self-esteem which includes low and high due to the way they live, for example moving from an upper style life to a poor lifestyle after losing their biological parents. Orphan's sense of self worth was different overall in the way they were valued, liked and appreciated themselves.
- Age, gender, time of loss, peer and family network had effects on self-esteem and resilience.
- Challenges in life cause some orphans to adapt and grew which was the resilience. What they encounter in daily living can led them to be stronger and conquers.
- There was relationship between self-esteem and resilience which could be positive or negative.

1.11 Definition of key terms

Orphan- A child who has lost either both or one parent thus according to UNAIDS (2004).

This study defined as one without living parents taking care and supporting

Child- According to Rusakaniko, Chingono, Mahati, Mupambireyi and Chandiwana (2006) is one who is below the age of 18 years

The study defined as a person who was not married and not able to support him or her.

Self-esteem- Rosenberg (1965) offers a definition of self- esteem in which it was understood as an attitude either positive or negative a person has about him or herself.

The study had defined as feeling worthy, confident and being able to cope up with life.

Resilience- According to Rutter (2006) defined as having positive psychological outcomes despite experiencing some combination of risks.

The study defined as having the ability to manage life difficulties after encountering life challenges

Nature- According to this study it was the qualities that distinguishes orphans

Caregiver- was defined as a person who assists a household whose members are not related or related to him or her. The person will offer spiritual, psychosocial, marital support and advice Rusakaniko etal (2006).

The study defined as one who was responsible for caring orphans

1.12 Summary

The main focus of this chapter was to give a look at the background to the study, statement of the problem, significance of the study, purpose of the study, research objectives and questions, delimitations and limitations. This chapter had also looked at the assumptions of the study and definition of key terms.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The researcher in this chapter gave a look in addressing the research questions which were the nature of self-esteem amongst orphans, nature of resilience amongst orphans and the relationship between self-esteem and resilience, theoretical frame work and lastly the knowledge gap.

2.2 Nature of self-esteem amongst orphans

Parent's death introduces a great change in the life of children, who would be called orphans. Williams (2001) indicated that the loss of parents can cause the life of children to be unstable meaning the nature of their self-esteem would be changed too. Many different researchers had shown the nature of orphan's self-esteem to be low though others indicated to be high according to their research findings. The nature of self-esteem amongst orphans was understandable through the explanation of the influencing factors which were age, gender, age at time of loss and strong and weak peer family networks.

2.2.1 Age and Self esteem

Age had a greater influence on the nature of self-esteem amongst orphans from the time of early childhood to adolescents since they would be viewing things differently as they grew up. Mruik (1995) noted that orphans self-esteem increase with age. According to Harter (2006) highlighted that children have ability to tell who they are at the age of 8. At this point children actually cannot evaluate and have the cognitive ability to analyze what other people might say about them. They can analyze simple issues like appearances and abilities that are physical but failing to reach the level of deep analysis Harter (2006). According to Jean Piaget in his pre-operational stage on children between the age of 4-7 years noted that, the child tends to be influenced by how things look, rather than by logical principles or operations Gross (2010). Harter concluded that children below the age of 8 years lack cognitive skills to reach self-esteem that is overall.

To add on to this, children above the age of 8 years, at this stage children begun to have an understanding about the surrounding world and the effect other people had upon them. In this

case they would be listening carefully to what other people say about them like family members and peers and interpreting that information thus according to Robins and Trzensniewski (2005). There's also a significant decline in egocentrism and the growing relativism of the child's viewpoint plus the onset of reciprocity of relationships thus according to Piaget concrete operational stage in Gross (2010). He also asserted that these children would be between the ages of 7-11 years. Orphans at this point of age clearly understand the result from other people whether they are positive or negative and eventually this shaped their nature of self-esteem.

To add on age, orphans who were adolescents revealed to have more analysis and evaluations about themselves in the respondents of what the surrounding people say about them. The judgment from their peers would be of much focus to them and opinions from caregivers would be of less value Robins and Trzensniewski (2005). These school of thoughts argued that these developments changed to the decrease in self-esteem over this time. This was the formal operational stage from 11 years onwards according to Piaget, the formal operational thinker can manipulate ideas or propositions and can reason solely on the basis of verbal statements first-order and second-order operations respectively. 'Formal' refers to the ability to follow the form of an argument without reference to its particular content. Formal operational thinkers also display hypothetic- deductive reasoning, as demonstrated in a series of tasks devised by Inhelder and Piaget (1958).

2.2.2 Gender and Self esteem

Gender difference also contributed to the nature of self esteem amongst orphans. According to Gunnar and Van Dulmen (2007) boys and girls who were orphans indicated significant difference in comparison with those who live with their parents in their level of self esteem. Research findings of Robins and Trzesniewski (2005) had shown that girls were different from boys in terms of their personality traits which produce low self-esteem as compared to boys. These personality traits are passivity, less assertiveness and emotional. Girls tend to have many worries about certain problems than boys Robins and Trzesniewski (2005). However the theoretical models and empirical studies explaining these gender differences are lacking.

2.2.3 Age at time of loss and Self esteem

Time of loss affects the nature of self-esteem amongst orphans. Krider (2002) found that two years of separation of children with their biological parents is associated with lower levels of self-esteem. According to Asif (2017) orphans reported to have less self-esteem. Furthermore, according to the UNICEF, USAID and UNAIDS (2004) concluded that orphans fail to understand that when a person dies it is permanent and will not come back again. These orphans might think that they were responsible for the death of their beloved ones which eventually results in one having negative thoughts and losing sense of self which was low self-esteem. The way orphans reacted to the loss of parents would be very complicated in their age development. For orphan's grieving would be associated with experiences which begins when parents are sick when they felt shocked since it would be unexpected which natured their self-esteem to be low Wood, Aggleton and Chase (2006).

Casals (2009) asserted that orphans have low levels of self-esteem due to parental bereavement that maybe dramatic. Orphan's reaction to death believed that it led to the change of moods they displayed Grollman (1995). Orphans would begin to sense the different responds from those around them. The low self-esteem in most cases was the one that characterized or distinguishes them. Their emotions and the way they behaved before and after was totally different losing the positive image and sense of worth that one views his or her self as worthiness with a negative or low self-esteem.

2.2.4 Strong and weak peer family network and Self esteem

Mohanty and Newhill (2006) indicated that orphans reported to have lower self-esteem most probably due to the fact that the loss of their parents changes their lifestyle. This scholar's work clearly shows that the nature of self-esteem amongst orphans is low because basically they would be lacking mutual support from loving parents and care. However Bee (2000) was of the opinion that one reports high self-esteem if he or she finds support from the peers and other significant people even if they are not parents and even those with parents if they lack this support will report to have low self-esteem. This notion of Bee led to the view that both high and low self-esteem were reported amongst orphans depending on the way they were living.

Mruik (1995) discovered that those children who stay alone without their biological parents displayed lower levels of self-esteem. To add on, according to Ford-Gilboe (2000) research in support of Bee's view concluded that being an orphan was associated with many responsibilities at home including the chores of house work and taking care of siblings welfare. In this scenario orphans tend to have higher self-esteem, autonomy and aspiration.

According to Simon and Schuster (1997) explanations of self-esteem correlates with general happiness, interpersonal compatibility and school achievements as one would be able to cope with life challenges. Orphans tend to have negative impacts on their achievements, thus according to Worden (1993) which is due to parental loss. One of the greatest troubles suffered by orphans is having feelings of refusing to go to school meaning they have low self-esteem. Gilbert (1992) indicated that belonging to family members the in-group raises the level of self-esteem and without belonging to it self-esteem is being lowered. They further argued that lacking complete family decrease the level of self-esteem.

Orphans show low levels of self-esteem whilst those who live with parents show higher level of self-esteem. The Child development Institute puts that low self -esteem was shown when they avoid trying new things, feeling unwanted and unloved. Coopersmith (1967) describes low self-esteem individuals as individuals with a picture of discouragement which contributes to their low level of self-esteem as the future will be uncertain. This led them in failing to believe in their capabilities and valuing themselves.

Dries, Juffer, IJzendoorn, and Bakermans-Kranenburg (2009) in their findings noted that children's who were adopted show low self-esteem when comparing to peers or non adopts who live with their biological parents. They believed that when one was not living with the biological parents was hypothesized to be at low self-esteem risk. There was endurance from the problems of abuse, underfeeding and neglect. They were forced to suit to the situation which was associated with lack of similarities to parents who adopted them. The feeling of less integration was the one which results in low self-esteem. This was also supported by Coopersmith (1967) who asserted that those children with low self-esteem have no association or closer relationship with their parents unlike those with high self-esteem.

According to a research that was carried out by Asif (2017) of self-esteem and depression among orphans and non-orphan children, the results showed that orphans level of self-esteem was low. These results were very similar to those of the study carried out by Jufferetal (2007) who found that adopted children showed low levels of self-esteem. Overallly all these studies shows that living without biological parents was associated with low self esteem.

2.3 Nature of resilience amongst orphans

Orphans have great capacity to show resilience when facing challenges and threatening situations. According to Dyregrov (1991) argued that in order to demonstrate resilience children must have that capacity when encountering difficulty situations. He founds that school age children have large repertoire strategies of resilience to draw in crisis situations and on issues concerning death. Orphans can be more adjusted in adapting to new situations if they are guided. Margaret, Ted and John (2001) noted that resilience have 3 types which were the natural that is inborn, people are born with it and use it in exploring the world and to play, adaptive resilience and this is whereby the challenges encountered by people cause them to be more stronger than before and the last one was restored resilience that is learned, people learn techniques. Margaret etal (2001) added on that resilience that can be acquired by people can be improved through development and training. The nature of resilience amongst orphans can be clearly understood in examining the influencing factors which are age, gender, age at time of loss and strong and weak peer family networks. These factors have been found to be associated with resilience nature.

2.3.1 Age and Resilience

Orphaned children's behavior was associated with the age. Dyregrov (1991) asserted that children who are below the age of 12 years may fail to express their reactions and feelings of loss due to some misunderstandings in death that it was irreversible and final. Orphans who are above the age of 12 understand death more clearer which led them to feel more vulnerable and fear of the unknown without certainty about the future. Older children may also have difficulties in concentrating with school work Dyregrov (1991).

Older children above 12 also shows withdrawal from school, excessive care giving tendencies phobic behaviors and learning difficulties Dyregrov (1991). It was also found to have bodily stresses, panic, hostile reactions and guilt Payne etal (1999). However in different view with

these findings in a study that was carried out in Ethiopia Tefera and Mulatie (2014) found that Orphans and Vulnerable children between 4 to 12 years resilient mean score was 38.8 and mean score for Orphans and Vulnerable Children who were older between the age of 13 to 17 was 42.2. They concluded that older Orphans and Vulnerable Children were more resilient than the younger ones . To add on Luthar in (2007) noted that resilience change over time basing on subsequent experience and child's developmental stage. The difference could be due to age when the child is growing when he or she becomes better in physical and mental maturity.

2.3.2 Gender and Resilience

Research studies have shown that gender plays a pivotal role in the nature of resilience amongst orphans in how they adjust. Several studies had shown that girls and boys respond in different ways to the loss of their parents according to Koskelainenetal (2001), Dyregrov (1991) and Losel and Bliesener (1994) gender plays an important role in how children adjust. This was true during and after the time of the death of a parent. Multiple studies have shown that boys and girls react differently to the loss of a parent Koskelainen, Sourander and Vauras (2001), Losel and Bliesener (1994) and Dyregrov (1991). They found that in most cases boys have difficult times in adjusting or dealing with the loss of a parent resulting in some trouble at school of failing to concentrate on school work, fighting with peers and losing interest in social interactions. Losel and Bliesener (1994) found that social adjustment deficit to the loss of a parent was higher in boys comparing to girls. They further notes that the environmental support lack to boys. Higher scores of psychological problems were noticed in boys with aggressive behavior. This shows that boys were less resilient than girls Dyregrov (1991).

2.3.3 Age at time of loss and Resilience

Bereavement studies of orphans had shown that the loss of a parent show dynamism along with the time when death occurs. Worden (1996) noted that during the first four months of the loss of parents was associated with difficulties in coping, speaking about the incident and having low self-esteem. During one year after death Worden (1996) noticed that uneasiness amongst orphans, anxiety of personal security was common, orphans were failing to adjust and accept their situations.

Orphans after the second year of parent's death become more understandable with positive attitude, they begin to develop coping strategies, though grief and sadness will be present Archer (1999). Archer (1999) further founds that at this juncture more signs of realistic perceptions of the loss are noticed

2.3.4 Strong and weak peer family network and Resilience

The nature of resilience amongst orphans was also being understood in the way orphans network with family relatives and peers. In the early works of Mary Ainsworth a developmental psychologist in Feldman (2011) she mentioned that the nature of attachment between children and their mothers has far-reaching consequences for later development. For example, children who were securely attached to their mothers tend to be more socially and emotionally competent than those who were less securely attached to peers, and others find them more cooperative, capable, and playful. Furthermore, children who were securely attached at age 1 show fewer psychological difficulties when they grow older compared with avoidant and ambivalent youngsters. As adults, children who were securely attached tend to have more successful romantic relationships. On the other hand, being securely attached at an early age does not guarantee good adjustment later conversely children who lack secure attachment do not always have difficulties later in life Anderson (2005).

Bowlby the father of attachment in (1991) in his studies mentioned and emphasized the crucial of bond in between child and parents for the child's personality development Barnett, Butler and Vondra (1999). Researches had shown that social support is important as an independent predictor and buffer for resilience after trauma Klein (2001). Individual's social interactions shape them in developing abilities to realizing their potentials.

Attachment between the child and family promotes the psychological growth of the child Hundeide (2005). The school and peers are crucial to orphans in their life. Orphans will begin to develop trust, network and relationships which they can use in times of difficulties and solving problems. These may work by creating opportunities for experiences and positive interactions during adversity. Resilient children since felt they belong to school, family, community and home would be active in decision making. According to Kirwin, Katherine and Hamrin (2005) in

this work mentioned the importance of networking in order to have adjusted and healthy emotional development.

According to Kirwinetal (2005) research findings asserted that the family structure has a pivotal role to play amongst orphans in there adjustments concerning loss. Klein (2001) found that family network serve as the buffer against some dysfunctions of behavior and these might involve extended family members, grandparents, other caregivers and siblings

In relation to the above, according to Payne (1999) in the studies of orphan's coping to parental loss, families that were cohesiveness, supportive, resolving conflict effectively, poor cohesion, hostile. Studies found in conflict resolving families, supportive and cohesive to have orphans who were more resilient whilst in hostile and poor cohesion families were less resilient with depression. Scudder, Sullivan and Copeland-Linder (2008) argues that orphans both double and single with grandmothers who show caring have attitudes that are positive which have impact on their resilience.

Ladd (1990) asserted that the child who spend time with friends and peers have greater level of support and intimacy. He further contends that the best single childhood predictor when adapting was when the child gets connections with other childrens. Children that were being disliked, disruptive and aggressive fail to establish good relationships with peers and were at risk, thus according to the same researcher Ladd. Friendship buffer children from the negative events that were parental loss, family conflict , illness ,school failure only to name just a few Ladd (1990).

Evidence from studies strongly shows that making friends produce developmental outcomes that were good. Relationships that were close supports adjustment, well adjusted childrens were better in establishing relationships unlike those who were adjusted poorly. Studies show that making friends change the resilience of children to be positive in the period of school years Ladd (1990) and Oleke, Blystad, Moland, Rekdal and Heggenhougen (2006) Literature supports that friendships help young children to thrive out of vulnerabilities. In this context, sibling relationships were also vital for promoting resilience Crosnoe and Elder (2004). This was because children and adolescents develop within a system of social ties. A positive presence of close peer relationships create a secure, interconnected base of support by so doing promotes children's adaptive behaviors in multiple ways to face their life threatening experiences. Studies

suggest that friendships ease the stress associated with parental loss due to AIDS. Therefore, children with friends are better off than children without friends Olekeetal (2006) and Ladd 1990.

Children who were being vulnerable to traumatic experiences show resilient behaviors when they were associated with social networks and warm friendships that were positive in nature Scudder, L., Sullivan, K. and Copeland-Linder, N. (2008). Scudder et al further puts that these supportive relationships were found inside and outside classrooms, sports clubs and community and also act as a buffer against trauma experiences. Access of social support was crucial in the prediction of resilience. Relationships that were supportive promote resilience when serving as arena of comfort. It has been also found that friendship help people who were young to cope with emotional problem and stresses of life Milam,Ritt –Olson and Unger, (2004). Children showed the importance of associating with peers at school and maintaining their happiness Crosnoe and Elder (2004). However on the other side of the coin friends support didn't moderate resilience after parental loss.

2.4 Relationship between self-esteem and resilience

It was crucial to state again the definitions of the two in order to understand if there was relationship between the two. Simon and Schuster (1997) gave the definition of self-esteem as disposition to experience, oneself will be competent in coping with life challenges and being worthy of happiness. They further suggested that was confidence in ability to make appropriate choices, decisions and learning. It was also the belief that happiness, achievement and fulfillment were natural and right for us. Windsor, Anstey and Walker (2008) defined resilience as coping with and adapting to challenges, having outcomes that were positive and progressive to change. These two definitions showed us that there is link between the two when one was able to cope with life challenges and believing in a positive mind had high self-esteem and when fails have low self-esteem. However, very few studies worked out on this during their research about orphans.

According to Betancourt, Meyer-Ohki, Stulak, Barrera, Mushashi and Beardslee (2011) in a study that was carried out in Rwanda of 134 children who were affected with HIV and AIDS and genocide found self-esteem to be identified as a critical aspect of resilience. Harms, Kizza,

Sebunyaa and Jack (2009) also found high self-esteem to be related with resilience in children. According to Luthar et al (2000) argued that children with higher levels of self-esteem were more resilient and it is further noticed when they had resources which promotes resilient like peers and surrounding community. Anastacio and Carvalho (2006) had done a research under the topic of self-esteem, resilience, assertiveness and resilience in adolescents institutionalized. They found that self-esteem and resilience have positive relationship. These research findings clearly showed that there was relationship between high self-esteem and resilience.

Orphan's resilience was promoted by what they interact with Luthar et al (2000) .They will begin to manage environmental risks, for instance those with higher levels of self esteem communicate more with family members and peers about their deceased parents and would receive support which improved them in adjusting Luthar et al (2000).

According to McGloin and Widom (2001) being resilient was associated with good levels of self-esteem without being depressed, history of emotional and social problems, no suicide risk and performing at least above average in school. They also argued that being resilient is having good mental health, behaving in a way of enjoying life and coping with life challenges which was also found in both the definition of self-esteem and resilient McGloin and Widom (2001).

According to Wang, Barnett, Zhao, Zhao and Stanton (2012) found that one who had positive expectations about his or her life, sense of worth and control was found to be associated with increased resilience. Self-esteem and coping strategies were connected with increased resilience in researches done in Africa Betancourt et al (2011)

2.5 Theoretical framework

This study consists of two theories which were self-esteem and resilience theory. They gave direction on to the nature of self-esteem and resilience

2.5.1 Self esteem theory

This study was based on the most popular theory of Charles Cooley (1902) in Cooper Smith (1967) of the looking-glass self notion. This was whereby self appraisals would be taken as inseparable from the social milieu. People view themselves depending on the perceptions of those surrounding them. People were also shaped by the attitudes and ideas expressed by

important figures in their lives. This shows that what people believe in was from other people and the entire world. Rosenberg and Cooper (1967) argued that low self-esteem result when people are rejected, ignored or demean by the key figures. With the aid of this perspective the researcher assessed on how orphans perceived themselves in the view of friends, relatives, gender, age and age at the time of loss. Self-esteem could also serve as a socio-meter of the social acceptance or rejection Asif (2017). In support of these orphans with high self-esteem has low probability of rejection which was indicated by socio meters and these orphans do not worry about how others perceive them unlike those with low self-esteem. This theory was applicable in the way orphans form their self-esteem and the researcher also noticed that people form opinions about them from the comments given by other people.

2.5.2 Resilience theory

This theory was significant in providing a conceptual framework in considering an approach to understand adolescents and orphans development Fergus and Zimmerman (2005).The theory helped in understanding why some orphans grew to be healthy adults regardless of the difficult exposure in their life. Resilience theory gave its focus on the positive contextual of the individual variables which were also known as promotive factors and help orphans to overcome their negative effects. To add on Fergus and Zimmerman (2005) asserted that promotive factors were divided into two types resources and assets. The example of assets include self-esteem, the outside support from the caregivers and adult members which were positive factors. These factors were found within individuals and provide orphans with practical skills and opportunities to learn to adapt in difficult situations. The other factors outside individuals include support from parental and adult mentors Fergus and Zimmerman (2005).This theory was applicable to this study in the sense that some orphans were able to adjust after encountering difficult situations and being successful in their life.

2.6 Knowledge gap

It seemed the previous research studies have been carried outside Zimbabwe. There was limited evidence of research that was done in Zimbabwe based on the nature of self-esteem and resilience amongst orphans. Previous studies also seemed to have brought out less information

on the relationship between the nature of self-esteem and resilience amongst orphans and were not carried out in Mashonaland-West. Therefore this research seemed to be new under this topic to be carried out in Mashonaland-West Zimbabwe.

2.7 Summary

This chapter centered its focus on the nature of self-esteem amongst orphans, nature of resilience amongst orphans and the relationship between self-esteem and resilience amongst orphans. Theoretical framework and knowledge gap was also being highlighted.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter looked at the research approach, design, target population, sampling procedures, sample size, research instruments, data collection procedure, data presentation and analysis and ethical considerations.

3.2 Research approach

Research approach referred to whether it was qualitative, quantitative or a mixed of qualitative and quantitative. This exploratory study employed quantitative design because there was need for the use of numerical data collected through questionnaires. Research based on quantitative outcome also need for comparing the relationship between the nature of self-esteem and resilience. Quantitative research focused on controlled measurement, obtaining perspective from outsiders and explanations Fouche and Delport (2002).

Quantitative also aimed in testing predicted hypothesis about orphan's social reality. Quantitative research data was presented in statistics and numbers often being arranged in graphs, pie charts and tables using SPSS. This research approach helped in predicting the results of the future and relationships. The researcher also gets to understand the reasons that govern certain behaviors

3.3 Research Design

Labovitz and Hagedorn (1976) defined research design as the basis for the data interpretations and designating the logical manner in which units and individuals are analyzed and compared. Correlational research has good direction and was used in the sense of explaining the occurrence of variables. Compiled information from orphans was being analyzed in mathematical form in order to draw conclusions on the effect one has on other both either positive or negative.

3.4 Target Population

Target population was defined as the group of people to whom we want our research results to apply by <https://www.jennifervonk.com/upload>. It was very crucial in research because it showed how the sample was going to be carried out by the researcher. The population target of research were 360 orphans who live in Kadoma-Patchway area. Without the population targeted the research couldn't be successful as they would be no specific people being researched.

3.5 Sample and sampling procedure

Population sample was the exact number of people selected and thus according to Williman (2011). This number was chosen from the target population and the researcher used a third part of it to study when gathering data. The smaller group of participants selected from the target population was what was called population sample according to the definition of Borg and Gall (1990). It was crucial for the researcher to study a sample rather than the whole population. This was the number of participants who were being given questionnaires during the research session. In this research 120 participants participated in this research out of the target population. The conclusions that were drawn from the sample represented the population specified. The reason behind this was that some population could not be studied directly due to difficulty accessibility, cost and limited time.

Sampling was done when the researcher was gathering information from participants which was a third of the target population. According to Blair (2009) the reason for sampling was for testing relationships and pretesting. This study was using probability sampling and simple random sampling under this type. Random sampling was a sampling method in which all members within a group have an independent and equal chance of being selected. To add on, when using simple random sampling it was believed to be unbiased. For instance the researcher would use pieces of paper written numbers and place them in a box, fold them, mixing up and pull them out in order to have 120 true representative participants in a sample.

3.6 Research Instruments

There are different instruments which can be used to gather information from respondents. These instruments include computer software or questionnaires used by researchers in collecting data Babbie (2010). In this study questionnaires were used in the collection of data.

3.7 Questionnaire

Labovitz and Hagedorn (1996) defined questionnaire as an instrument that consist a series of questions that are completed by the respondent herself or himself. The questionnaires were printed with simple language that was easily understood by the participants and the researcher had also fully understood all of it. It was also clear on who was going to answer and which questions. When using these questionnaires, they were closed hand delivered and the researcher clarified to participant wherever there was misunderstanding. The questionnaires of self-esteem were being adopted from Rosernberg (1965) which was closed ended with ten questions. The participants were ticking where appropriate and the scores ranged from 1 to 4. The brief resilience scale was adopted from Smith, Dalen, Wiggins, Tooley, Christopher and Bernard (2008). The scale had 6 questions with scores ranging from 1 to 5 and it was closed ended. The questionnaire was with 3 sections, section A was for demographic information, section B self-esteem questions and Section C resilience questions.

3.7.1 Advantages of questionnaire

- Faster
- It's practical to use questionnaire.
- It gives the opportunity to collect large amount of information within short time from a large population.
- It allows greater flexibility in direction
- Most people prefer writing than talking when it comes to issues concerning themselves
- Covers all aspect of the topic

3.7.2 Disadvantages

- Malingering of respondents

- Costly when printing questionnaire

3.8 Data collection procedure

Data collection is the process of gathering and measuring information on targeted variables in an established systematic fashion, which then enables one to answer relevant questions and evaluate outcomes. Data collection is a component of research in all fields of study. The researcher in carrying out the research got permission from the Midlands State University Department of Psychology. The researcher took the letter to the ministry of Education where the approval was given of carrying out research in school. The researcher went to Kwayedza High school where it was easy to have access of many orphans and got confirmation letter of carrying out a research there from the school head and teachers who were responsible for orphans. The letter from the university was stamped at that school. The researcher also asked permission from care givers to have access to orphans with 10 and 11 years. It took 2 days to collect information. Participants being researched were also being asked for further permission in order to be given questionnaires and participate. At the end of the session questionnaires were collected respectively.

3.9 Data presentation, analysis and interpretation analysis

The data was presented in an easy and clear way that was understandable using IBM SPSS. The researcher believed the picture is more important in explaining than words do. Graphs, Pie charts and tables were being used for data presentation. Cross tabulations were used for the presentation of data of the nature of self-esteem and resilience. Use of tables was more detailed and gave information that was very specific. The main advantage of using graphs was that it provided with the information that was easily accessible.

Data was analyzed with Pearson Correlation coefficient in order to find if there was relationship between the nature of self-esteem and resilience amongst orphans. The two tables were compared whether they was significant relationship or not.

3.10 Ethical considerations

Ethical considerations are crucial when carrying out a social science research. It's how we understand, know about and what we mean when we talk about what is right and what is wrong. The researcher should consider and stick to the ethics since they would be dealing with human

beings rights. Ethics are defined as the rules of conducts that are necessary when doing a research Chiromo (2000). It was the responsibility of the researcher to monitor the whole process of research with the participants. The major aim for ethics is for respecting participants, dignity, welfare, confidentiality and also their rights to privacy Gall etal and Homan (2003). Below are the ethics that were applied in this research.

3.10.1 Informed consent

The researcher first and foremost defined the word research to the participants so that they have a clear picture of the meaning and increase understanding before going any further. Asking permission from the participants and hear if they were willing enough to be researched. The researcher also informed the participants the purpose of the research, for example why they were being researched. Participants have the right to know steps being involved in the research and that again at the end there was no payment being offered. The advantages of researching the society and orphans as individuals were also being clarified.

3.10.2 Confidentiality

Confidentiality was believed to be a promise and rules to restrictions of information. Confidentiality was attention to the protection of privacy, begins with the planning of a research project, was crucial to the way research on human subjects was conducted, and extends through the review of research results In this case the data that was obtained by the researcher remain anonymous, meaning no names or phone number was written on questionnaires in the report or published. Confidential was important for the participants and also to the integrity of a research project.

3.10.3 Debriefing

During the end of the study, the researcher debriefed the participants on how they feel after completing the questionnaires. The participants were asked questions by the researcher about the experience they just had when answering questionnaires.

3.11 Summary

This chapter was giving highlight on the procedures that were being taken in research methodology in order to have good data collection. These were the research approach and design, target population, sample size, sampling technique, research instruments, data presentation and analysis and lastly ethical considerations

CHAPTER 4

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter was presenting, analyzing and interpreting the results from the questionnaire that were answered by respondents. This data was presented in the order of the research questions. Graphs, pie charts and tables were used to clearly illustrate the data obtained from the research.

SECTION A. Demographic information

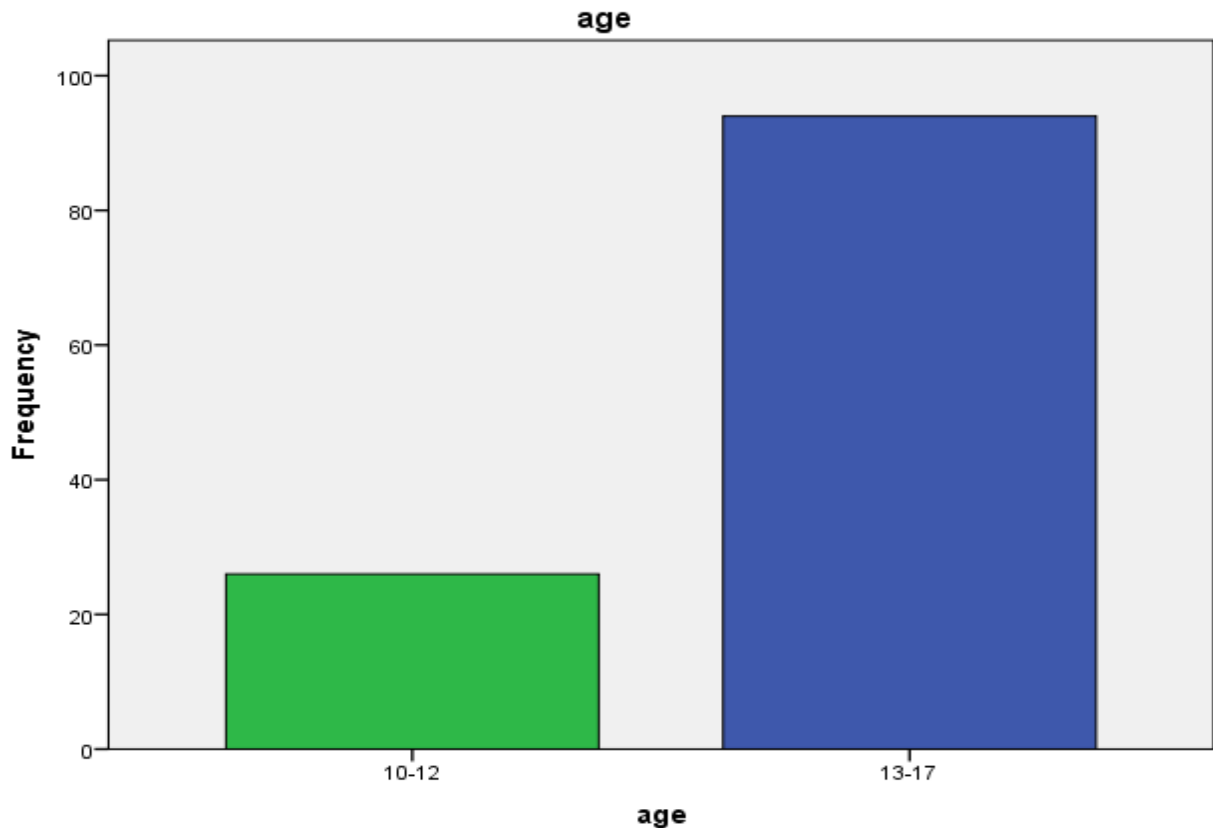


Fig 4.1.1 shows respondents by age

The presented information in fig 4.1.1 shows that very few respondents were 22% between the ages of 10 -12 years whilst the majority of orphans in Kadoma-Patchway were 78% between the ages of 13 to 17 years. This basically signifies that many orphans were adolescents.

Fig 4.1.2

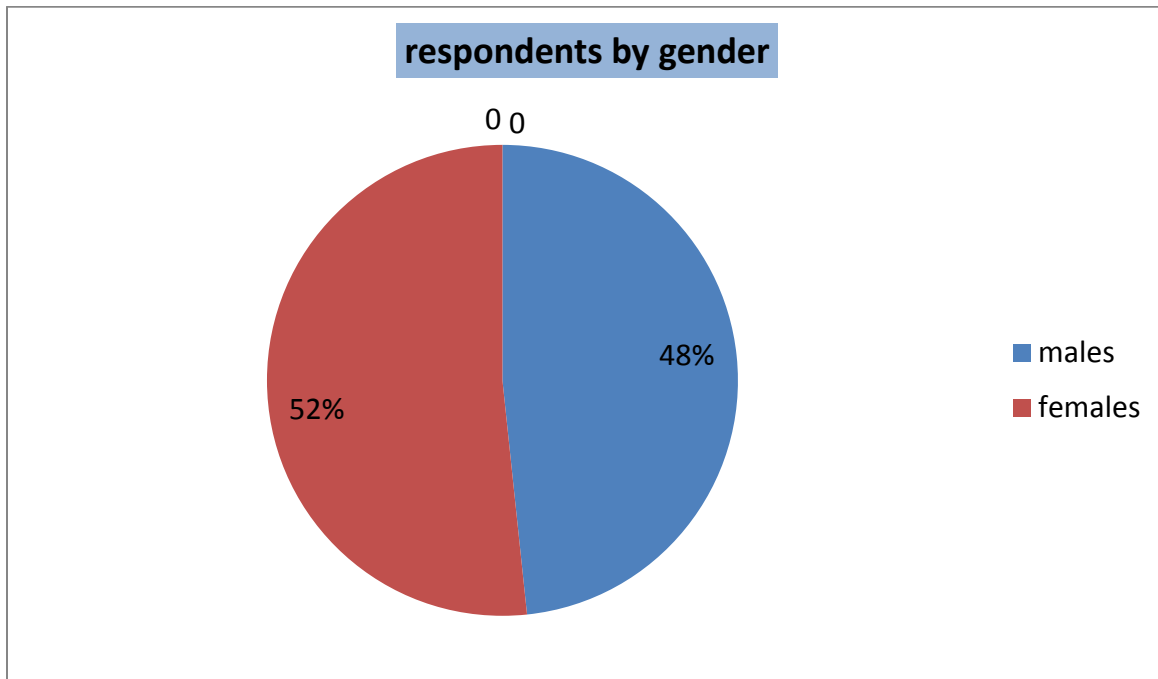


Fig 4.1.2 shows respondents by gender

From the above gender presentation it clearly shows that female respondents were many with the percentage of 52% as compared to male respondents with the percentage of 48%.

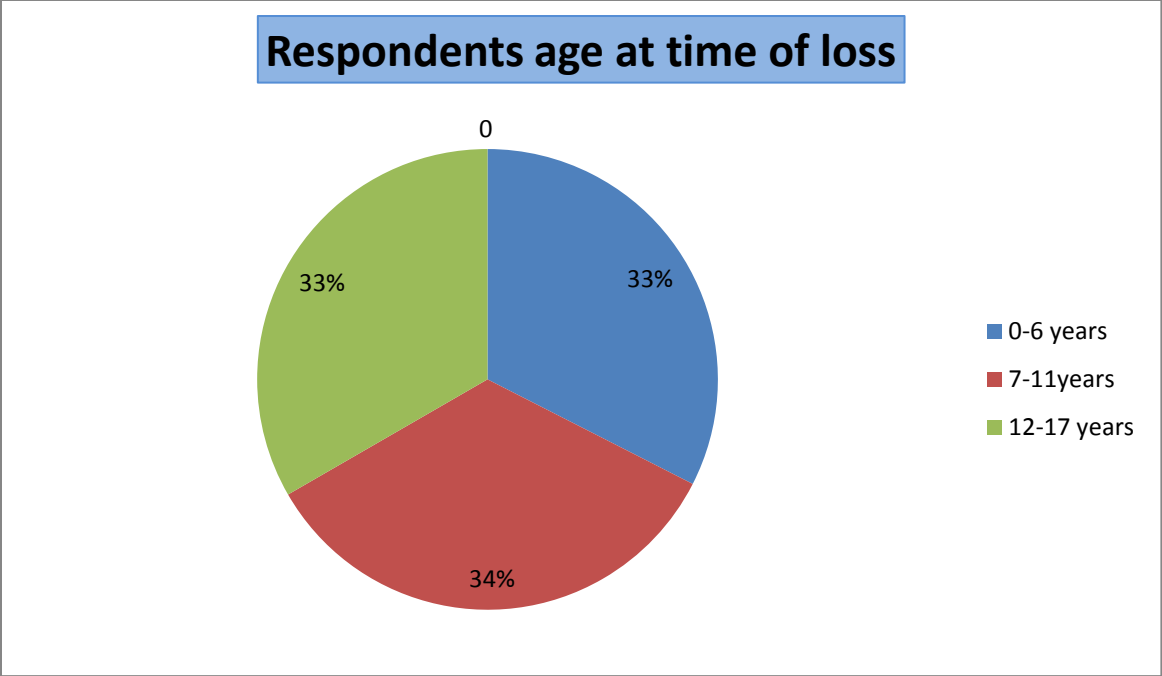


Fig 4.1.3 show age at time of loss

Findings from the research illustrate that the large number of respondents who lost their parents between the ages of 7-11 years were 34% of the sample size, followed by 12-17 years 33% and lastly 0-6 years were also 33%.

Fig 4.1.4

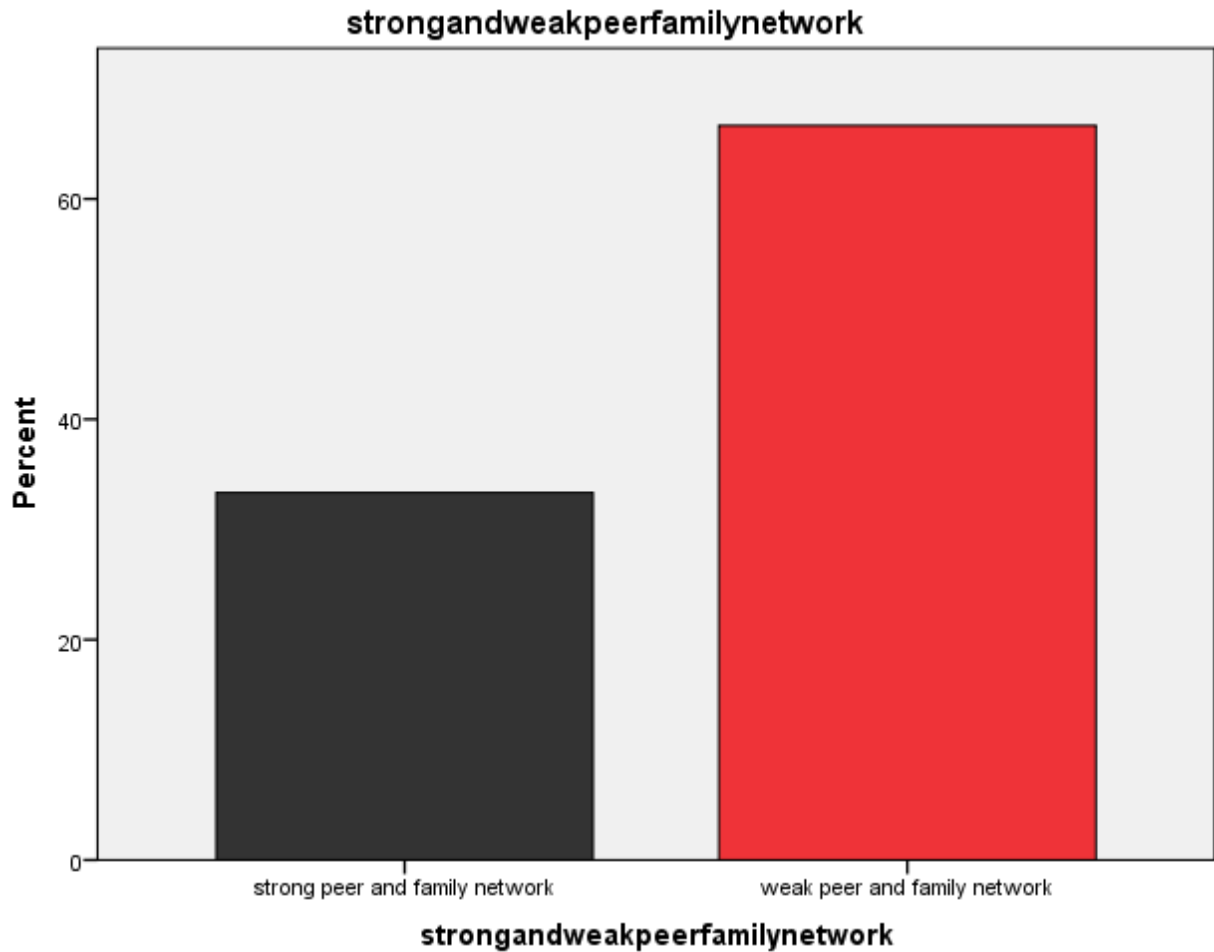


Fig 4.1.4 shows orphans with strong and weak peer network

Research findings illustrate the majority of orphans in Kadoma-Patchway have weak peer and family network at 66% whilst very few respondents prove to have strong peer and family network in their life which is 34% of the sample researched.

4.2 Nature of self esteem

Findings on the nature of self-esteem suggested that age, gender, age at time of loss and strong and weak peer family network were influential in shaping the nature of self-esteem. They proved that the differences in these factors have both negative and positive effects in orphan's life

Table 4.2.1 shows self-esteem results amongst orphans

Count **age * self esteem Cross tabulation**

		self esteem			Total
		Low self esteem	high self esteem	very high self esteem	
Age	10-12	8	11	7	26
	13-17	67	23	4	94
Total		75	34	11	120

Table 4.2.1

Results of age and self-esteem illustrate that adolescent orphans between the age of 13-17 years 71% of them had low self-esteem and 29% with high and very high self esteem. Whilst those between the age of 10- 12 years prove to have 31% respondents with low self esteem and 69% of them with high and very high self esteem. In the figures presented it shows there was self-esteem differences in age groups those between 10-12 and 13-17 years.

Table 4.2.2

Count **gender * self esteem Cross tabulation**

		self esteem			Total
		low self esteem	high self esteem	very high self esteem	
Gender	Male	32	20	6	58
	Female	49	11	2	62
Total		81	31	8	120

Gender and self-esteem results demonstrated that males were 45% with high and very high self-esteem whilst females were 21% with high and very high self-esteem. 55% of males reported to have low self-esteem and 79% of females with low self-esteem. These results show there were gender differences males with high self-esteem than females.

Table 4.2.3

Count **Age at time of loss * self esteem Cross tabulation**

		self esteem			Total
		Low self esteem	high self esteem	very high self esteem	
Age at time of loss	0-6years	12	19	8	39
	7-11	32	7	2	41
	12-17	26	10	4	40
	Total	70	36	14	120

From the above table it was depicted that respondents who lost their parents between the age of 0-6 years were better in their self esteem 69% with high and very high self-esteem, 22% to those between 7-11 years and 35% between 12-17 years. On low self-esteem those between 0-6 had 30% respondents, 7-11 with 78% and 12-17 years with 65%. Results showed there was a big difference which shows that those who had many years after losing parents between 0-6 years were associated with high self-esteem.

Table 4.2.4

Count **Strong and weak peer family network * self esteem Cross tabulation**

		self esteem			Total
		low self esteem	high self esteem	very high self esteem	
strong and weak peerfamily network	weak, peer and family network	62	13	4	79
	strong, peer and family network	8	25	8	41
	Total	70	38	12	120

Table 4.2.4 showed that respondents who reported to have weak peer and family network with low self-esteem were 78% and those with strong peer and family network were 20%. 80% of those with strong network had high and very high self-esteem whilst 22% from those with weak networks had high and very high self-esteem. These results indicated that orphans with strong peer network had high self-esteem in comparison to those with weak peer and family network.

4.3 Nature of resilience

Research findings on the nature of resilience indicated that age, gender, age at time of loss and strong and weak peer family network were influential in the nature of resilience. They proved that the differences in these contributing factors have some effects

Table 4.3.1

Count **age * resilience Cross tabulation**

		Resilience			Total
		low resilience	moderate resilience	high resilience	
Age	10-12	14	5	7	26
	13-17	56	29	9	94
Total		70	34	16	120

The above table display that respondents of both age groups had different results, 46% of males had moderate and high resilience whilst 40% of females had moderate and high resilience meaning males are more resilient than females.54% of males had low resilience whilst 60% of females had low resilience.

Table 4.3.2Count **gender * resilience Cross tabulation**

		Resilience			Total
		low resilience	moderate resilience	high resilience	
Gender	Male	30	21	7	58
	Female	43	15	4	62
Total		73	36	11	120

Results of gender demonstrated that there was gender difference in the way respondents were resilient. 48% males prove to have moderate and high resilience whilst 31% of females had moderate and high resilient. 52% of males had low resilience whilst 69% of females had low resilience. This proved that males were more resilient than females.

Table 4.3.3Count **Age at time of loss * resilience Cross tabulation**

		Resilience			Total
		low resilience	moderate resilience	high resilience	
Age at time of loss	0-6years	15	17	7	39
	7-11	27	12	2	41
	12-17	30	8	2	40
	Total	72	37	11	120

The above table results show that 62% of respondents who lost their parents between the age of 0-6 years had moderate and high resilience, 34% of 7-11 years and 25% of 12-17. On low

resilience those who lost parents between 0-6 years had 38%, 66% between 7-11 years and 75% between 12-17 years. These findings showed that those who lost their parents between 0-6 years were more resilient than those between 7- 17 years.

Table 4.3.4

Count **Strong and weak peer family network * resilience Cross tabulation**

		Resilience			Total
		low resilience	moderate resilience	high resilience	
strong and weak peer family network	weak peer family network	63	13	3	79
	strong peer family network	7	28	6	41
Total		70	41	9	120

From this table it was depicted that orphans who had reported to had strong peer and family network had 83% of respondents with moderate and high resilience whilst those who reported to had weak peer and family network had 20% with moderate and high resilience. 80% of orphans with weak peer and family network had low resilience and 17% of those with strong peer and family network. These orphans had differences due to different networks they had and those with strong peer family network were with high resilience.

Fig 4.4 Relationship between self-esteem and resilience

Correlations		
	self esteem	Resilience
self esteem	Pearson Correlation	1
	Sig. (2-tailed)	.322**
	N	120
Resilience	Pearson Correlation	.322**
	Sig. (2-tailed)	1
	N	120

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

The significance is 2 tailed level .000 which shows that there was significance relationship between self esteem and resilience. Findings show positive relationship .322 meaning if the other variable goes down or up so will the other.

4.5 Summary

This chapter provides data presentation, analysis and interpretation of the research findings. From the data collected it was clearly shown that orphans in Kadoma-Patchway who have participated in the research have low self esteem and low resilience. Few orphans experienced high self esteem and moderate resilience. These results also prove that very few orphans experience very high self esteem and high resilience.

CHAPTER 5

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter discussed the research findings of the whole study that were found when addressing the research questions amongst orphans. Conclusions drawn based on these research questions and were compared with previous research findings of the studies about orphans. Recommendations were presented to provide guidelines to orphans, policy makers and social welfare, future researchers, primary and secondary schools, caregivers and government.

5.2 Discussions of nature of self esteem amongst

Findings on the nature of self-esteem had shown a lot of similarities with the previous research findings. Low self-esteem was noticed amongst orphans and the influential factors to have a pivotal role in contributing to low self esteem.

5.2.1 Age and self esteem

Research findings from this study had indicated that adolescent's orphans between the ages of 13-17 years have more orphans with low self esteem whilst those between the ages of 10-12 years were few with low self esteem. This suggest that age shape the nature of orphan's self esteem as Mruik (1995) argued that age had a greater influence on self esteem since they view things differently. Orphans at this point of age clearly understand the results from other people whether they are positive or negative. This is in line with Robins and Trzensniewski (2005) argument that, their peers is of much focus to them and opinions from caregivers is of less valued, These school of thoughts further argued that these developments changes to the decrease in self-esteem.

To add on, in support of the findings of the study Piaget in Gross (2010) noted that children between the age of 7-11 years have a significant decline in egocentrism. From 11 years onwards according to Piaget further noted that the formal operational thinker can manipulate ideas or propositions and can reason solely on the basis of verbal statements first-order and second-order operations respectively. These manipulated ideas and viewpoints can be negative or positive.

This notion concurred with findings of this study that many orphans had negative views upon them and very few had positive view points.

Mruik (1995) was of the view that orphan's self esteem increases with age which was similar to the findings of orphans who prove to have high self esteem though they were few. These orphans may have high self esteem due to the fact that they were older and used to their situations.

5.2.2 Gender and self esteem

Findings of gender and self-esteem demonstrate that females had low self-esteem as compared to male orphans. The results of high self esteem for males and females had also some differences, respondents from males indicated to have high self esteem and very high self esteem than females. These findings were supported by Robins and Trzesniewski (2005) that girls are different from boys in terms of their personality traits which produce low self-esteem as compared to boys and these produce depression and low self-esteem. These personality traits are passivity, less assertiveness and emotional. Girls naturally have many worries about certain problems than boys.

Some of these problems from orphan girls occur as a result of adolescence stage and whilst high self-esteem is shown by males which persists to old age. Appearance, body image and appraisal that are poorer in believing boys are important than them also contributes to low self esteem thus according to Robins and Trzesniewski (2005). Some past research findings on gender differences suggests males to have high self esteem than females. However this study shows slight difference.

5.2.3 Age at time of loss

Research findings from this study suggested that orphans who lost their parents between the age of 0-6 years were better in their level of self esteem with few individuals with low self esteem Whilst the majority of those who lost parents between the age of 7-11 years and 12-17 years had low self esteem. These results shows that time of loss affects the nature of self esteem as supported by Krider (2002), he found out that two years of separation of children with their parents was associated with lower levels of self esteem. Orphans who lost their parents between the ages of 0-6 years by the time this research was done it clearly shows that they had more than

2 years of separation with their parents, which resulted in having large number with high self-esteem.

Orphans who lost their parents between the age of 7-11 years and 12-17 years indicated that they were still reacting to the loss of their parents. These findings were also supported by Wood, Aggleton and Chase (2006) that the way orphans react to the loss of parents is very complicated in their age development, for orphan's grieving is associated with experiences which begins when parents are sick when they feel shock as it would be unexpected which nature their self-esteem to be low. Casals (2009) asserted that orphans have low levels of self-esteem due to parental bereavement that maybe dramatic. Orphan's reaction to death believed that it led to the change of moods they displayed Grollman (1995) .These findings also suggests that even after 3 years of separation with parents orphans still display low self esteem.

5.2.4 Strong and weak peer family network and self esteem

Research findings suggested that orphans who show to have weak peer and family network had low self esteem as compared to those with strong peer and family network. Those with strong peer and family network prove to have high self esteem. These findings were similar to what Mruik (1995) discovered that children who stay alone without their biological parents displayed lower levels of self-esteem. In support of these findings again Gilbert (1992) indicated that belonging to family members the in-group raises the level of self-esteem and without belonging to it self-esteem was being lowered. They further argued that lacking complete family decrease the level of self-esteem.

Bee (2000) is of the opinion that one reports high self-esteem if he or she finds support from the peers and other significant people even if they are not parents and even those with parents if they lack this support will report to have low self-esteem. This notion of Bee will led to the view that both high and low self-esteem were reported amongst orphans depending on the way they were living. These findings were accordant to study findings of orphans who have peer and family network. Orphans with strong peer and family network with low self esteem display to lack enough support, having differences of similarities and these peers might be neglecting them which was leading to low self esteem. The findings of orphans with weak peer family network

but having high self esteem are supported by Ford-Gilboe (2000) research that being an orphan is associated with many responsibilities at home including the chores of house work and taking care of sibling's welfare. In this scenario orphans tend to have higher self-esteem, autonomy and aspiration.

5.3. Nature of resilience amongst orphans

Findings on the nature of resilience had shown a lot of similarities with the previous research findings. Low resilience was noticed amongst orphans and the influential factors to have a pivotal role in shaping orphan's resilience.

5.3.1 Age and resilience

Research findings had demonstrated that age affects orphan's resilience and they were some differences in the way they were resilient depending on age one have. Orphans between the age of 10-12 years were more resilient than those between the age of 13-17 years though there was a slight different of 6%. This is congruent with Dyregrov (1991) findings that children who were below the age of 12 years may fail to express their reactions and feelings of loss due to some misunderstandings in death that it is irreversible and final meaning they were less affected by the death of parents. Orphans who were above the age of 12 years understand death more clearer which led them to feel more vulnerable and fear of the unknown without certainty about the future. Older children may also have difficulties in concentrating with school work Dyregrov (1991) hence low resilience.

However these findings were different to a study that was carried out in Ethiopia by Tefera and Mulatie (2014) who find that Orphans and Vulnerable children between 4 to 12 years resilient mean score was 38.8 and mean score for orphans and vulnerable children who were older between the age of 13 to 17 was 42.2. They concluded that older Orphans and Vulnerable Children were more resilient than the younger ones. These findings were in line with Luthar in (2007) who noted that resilience change over time basing on subsequent experience and child's developmental stage. The different results of this study that are supported by Dyregrov may be due to the fact that young children were not easily affected and do not take life matters seriously.

5.3.2 Gender and resilience

Results of gender from this study indicated that there was gender difference in the way orphans were resilient. Males prove to be more resilient than females. Several studies have shown that girls and boys respond in different ways to the loss of their parents according to Koskelainenetal (2001). The findings of this study was related to the notion of Worden (1996) and Koskelainen (2001) that girls who lost their parents in comparison to boys show higher rates of problems that are psychological and depressed hence eventually would have low resilience.

These study findings tend to differ with the findings of Losel and Bliesener (1994) who found that social adjustment deficit to the loss of a parent was higher in boys comparing to girls. They further notes that the environmental support lack to boys. Higher scores of psychological problems were noticed in boys with aggressive behavior. Dyregrov (1991) have same findings that boys are less resilient than girls. This study had shown that boys in Kadoma-Patchway were more resilient than girls,

5.3.3 Age at time of loss and resilience

The present study research findings had brought into light that orphans who lost their parents between the age of 7-11 and 12-17 years were the mostly affected than those between the ages of 0-6 years. Orphans who lost their parents between the ages of 0-6 years have a large number with high and moderate resilience than those who lost their parents between the ages of 7-17 years. The results of the orphans who lost their parents between the age of 0-6 years was in line with Archer (1999) view that orphans after the second year of parent's death become more understanding with positive attitude, they begin to develop coping strategies. These orphans when the research was done had more years after the separation with their parents which shows they have build positive attitude. Orphans who lost their parents between the ages of 7-17 years may still have uneasiness feelings and failing to adjust which was shown with low resilience, this was supported by Worden (1996) who noticed that during one year after death uneasiness amongst orphans, anxiety of personal security was common, orphans were failing to adjust and accept their situations.

Time of loss also shows that sometimes it has no effect on other orphan's life. Some of them may have moderate and high resilience though the number was very few. They might have lost their parents in same years and have different level of resilience. These orphans with moderate and high resilience according to the study findings were managing and adjusting to the traumatic experiences they have encountered. Some of these indicated to have natural resilience which was their human nature in which they experience all what is life about and still feel good about them. Adaptive resilience was also noticed according to research findings were by challenges encountered by these orphans were causing them to grow and adapt. These orphans also prove to have restored resilience which is usually learnt from other people. They learn techniques to be more resilient through past experiences and these types were explained by Margret etal (2001). These findings indicated amongst orphans in Kadoma-Patchway were in line with Zautra, Hall, Murray and the Resilience Solutions Group (2008) arguments that children built up their tenacity, hope, optimism, emotional regulation, and wisdom on their successful experiences in coping with challenging life events to prevent upcoming traumas.

5.3.4 Strong and weak peer family networks and resilience

Research findings indicated that orphans who have reported to have weak peer family networks have large number of those with low resilience out of the total number of them as compared to those with strong peer family network. Orphans with strong peer family network indicated 83% of them have moderate resilience and high resilience. These findings were supported by previous researchers who have shown that social support is important as an independent predictor for resilience after trauma Klein (2001). According to Kirwin (2005) research findings asserted that the family structure has a pivotal role to play amongst orphans in there adjustments concerning loss. Klein (2001) found that family network serve as the buffer against some dysfunctions of behavior and these might involve extended family members. Ladd (1990) asserted that the child who spend time with friends and peers have greater level of support and intimacy. He further contends that the best single childhood predictor when adapting was when the child gets connections with other children.

However some of the study findings display that despite having peer and family network some orphans had low resilience. These orphans failed to adjust to life challenges and it shows that their peers and relatives were failing to give them enough support, love and care

5.4 Relationship between self esteem and resilience

The significance was 2 tailed level .000 which shows that there was significance relationship between self esteem and resilience. Findings show positive relationship .322 meaning if the other variable goes down or up so will the other. These findings were supported by Betancourt et al (2011) study that was carried out in Rwanda of 134 children who were affected by HIV and AIDS and genocide, found self-esteem to be identified as a critical aspect of resilience. Harms et al (2009) also find high self-esteem to be related with resilience in children. Findings indicated that self esteem amongst orphans if it increases resilience also increases and if it decreases resilience also decreases. According to Luther et al (2000) argued that children with higher levels of self-esteem are more resilient and it was further noticed when they had resources which promotes resilient like peers and surrounding community. Findings of this study also goes in line with what was carried out by Anastacio and Carvalho (2006) under the topic of self-esteem, resilience, assertiveness and resilience in adolescents institutionalized. They found that self-esteem and resilience have positive relationship. These research findings from previous researchers and this current study clearly shows that there is relationship between self-esteem and resilience.

5.5 Conclusions

Findings from this study have confirmed that the nature of self esteem amongst orphans in Kadoma-Patchway had shown that orphans have low self esteem. On the differences of age self esteem findings had shown that orphans between the age of 13-17 years have large number of those with low self esteem as compared to orphans between the age of 10-12 years .These findings suggests that age difference contributes to orphan's self esteem and orphans between the age of 10-12 years had high self esteem than those between 13-17 years. Research finding also shows that gender differences plays a pivotal role in the nature of self esteem. Male orphans had

high self esteem than female orphans though some of them displayed high self esteem. The researcher concluded that males have more positive attitude and confidence towards themselves than females who view themselves more negatively. Age at time of loss among orphans has effect in naturing their self-esteem in the way they respond. The majority of orphans who lost parents between the ages of 7-17 years had low self esteem as compared to those who lost their parents between the ages of 0-6 years. Findings had shown that the majority of orphans had weak peer family network with low self esteem. Those with strong peer family network were few with high self-esteem. The researcher of this study based on the findings concluded that orphans in Kadoma-Patchway had low self esteem.

The study findings of this research on the nature of orphan's resilience had indicated that they had low resilience. Findings of age and resilience suggested that orphans between the age of 10-12 years had high resilience as compared to those between 13-17 years. Resilience and gender findings indicated that males had high resilience as compared to females since they were associated with many adolescents' developments problems. Age at time of loss findings and resilience suggests that orphans who lost their parents between the ages of 7-17 years had low resilience in comparison to those who lost between the ages of 0-6 years. This led the researcher to note that those with low resilience had difficulties in adapting to new situations. The study findings also indicated that orphans who have strong peer family network had high resilience than those who prove to have weak peer family network. In all these findings from the research point out that orphans have low resilience according to the results of the majority.

The findings of this study on the relationship between self esteem and resilience demonstrate there was a positive relationship between the two. Findings indicated that orphans with low self esteem have also low resilience and those with high resilience have also low self esteem, though it differs slightly when sometimes one have moderate resilience and very high self-esteem. These findings led the researcher to conclude and argue that when self esteem increases also with the other and when it decrease the other will decrease too.

5.6 Recommendations

Issues rose in the study amongst orphan's nature of self esteem and resilience show that recommendations should be made concerning this. In taking everything into account orphan's self esteem and resilience was low and there was need for suggestions to be proposed. These recommendations were for orphans, caregivers, social welfare and policy makers, future researchers, government and primary and secondary schools.

5.6.1 Orphans

Orphans should learn to adapt techniques from their peers with positive attitudes and adjust to new situations they encounter in life. They should develop skills which assist them in improving self esteem and building resilience. Orphans should also report problems to support networks.

5.6.2 Caregivers

They should provide love, care and mutual support to orphans which lead to increase in self esteem and resilience. They should attend training skills for caregivers to offer them with knowledge on how best they can take care of orphans and assisting to adjust.

5.6.3 Social welfare and Policy makers

They should enforce laws against abuse of orphans and neglecting in community. Encouraging and reinforcing families as primary caregivers of orphans which promote stability. Working with community responses to end negative attitude towards orphans and having caregiver training programmes on how best they can take care and addresses critical issues of orphans. Come up with programmes for young people including none and orphans in order to improve their peer relations.

5.6.4 Future researchers

Should use the findings revealed in this study to generate literature review. Should have an idea on what is already known and how the topic was extensively studied.

5.6.5 Government

Government should link caregivers and orphans with Non- Governmental Organizations that deal with the vulnerable. Government should also encourage this organization to examine the level of orphan's self esteem and resilience than providing them with basic needs only. Having long term action plan and policies which provides benefits and free services to orphans in line with ministry of education and health. Building more secured homes for orphans who stay alone.

5.6.6 Primary and secondary schools

They should offer spiritual and psychological support to orphans by providing knowledge to peers and other children to establish good relationship with orphans. Schools should have departments meant for assisting orphans.

5.7 Summary

This chapter provided discussions of the findings revealed in this study. These findings were compared to previous research findings that had been highlighted in the literature review and they were in line, the research also had its own unique aspects. Conclusions for this research were also drawn and recommendations on the issues that can help to improve the nature of self esteem and resilience amongst orphans.

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APPENDIX A Questionnaire

Vimbai Moreblessing Madziwabende is a student currently studying at Midlands State University Psychology Honours Degree. She is in her final fourth year semester where she needs the required information as part of the research project.

This information will be confidential and no names or phone number to be provided

CLOSED ENDED QUESTIONNAIRE

SECTION A DEMOGRAPHIC

Fill appropriate information in the blank boxes

P I No.

SEX : male female

AGE :

Age at time of loss 0-6 years 7-11years 12-17 years

Strong peer and family network weak peer and family network

Read and understand the questions before you tick the appropriate answer

SECTION B SELF-ESTEEM SCALE (Rosenberg (1965))


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

SECTION C BRIEF RESILIENCE SCALE(Smith etal 2008)

	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	I tend to bounce back after hard times	1	2	3	4	5
2	I have a hard time making it through stressful events	1	2	3	4	5
3	It does not take me long to recover from a stressful event	1	2	3	4	5
4	It is hard for me to snap back when something bad happens	1	2	3	4	5
5	I usually come through difficult times with little trouble	1	2	3	4	5
6	I tend to take long time to get over set backs in my life	1	2	3	4	5

APPENDIX B-AUDIT SHEET
MIDLANDS STATE UNIVERSITY
SUPERVISOR- STUDENT AUDIT SHEET

DATE	ACTIVITY	SUPERVISOR'S SIGNATURE	STUDENT'S SIGNATURE
15/09/17	Submitted and corrected topic	GK	Vunde
18/09/17	Resubmission of topic	GK	Vunde
30/09/17	Correction of topic	GK	Vunde
14/10/17	Approval of topic	GK	Vunde
21/10/17	Submitted proposal	GK	Vunde
28/10/17	Correction of proposal	GK	Vunde
28/12/17	Submitted Chapter 1	GK	Vunde
21/02/18	Correction of chapter 1	GK	Vunde
26/02/18	Submitted chapter 2 and 3	GK	Vunde
28/02/18	Correction of chapter 2 and 3	GK	Vunde
2/03/18	Research tool and correction	GK	Vunde
23/03/18	Discussed chapter 4	GK	Vunde
26/03/18	Correction of chapter 4	GK	Vunde
11/04/18	Submitted chapter 5	GK	Vunde
13/04/18	Correction of chapter 5	GK	Vunde
16/04/18	Submitted first draft	GK	Vunde
17/04/18	Correction of first draft	GK	Vunde
23/04/18	Submitted final draft	GK	Vunde


Supervisor's signature

Date 17/04/18

R144704Q Madziwabende Vimbai M.

Midlands State University

Established 2000



P BAG 9055
GWERU

Telephone: (263) 54 260404 ext 2156
Fax: (263) 54 260233/260311

FACULTY OF SOCIAL SCIENCES DEPARTMENT OF PSYCHOLOGY

Date: 02 March 2018

To whom it may concern

Dear Sir/Madam

RE: REQUEST FOR ASSISTANCE WITH DISSERTATION INFORMATION

FOR Vimbai Moreblessing Madziwabende

BACHELOR OF PSYCHOLOGY HONOURS DEGREE

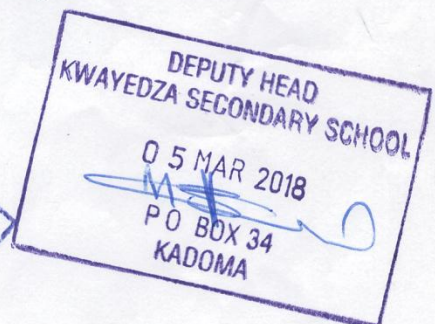
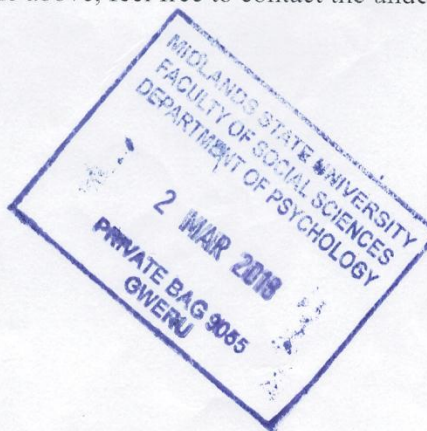
This letter serves to introduce to you the above-named student, who is studying for a Psychology Honours Degree and is in his/her 4th year. All Midlands State University students are required to do research in their 4th year of study. We therefore, kindly request your organisation to assist him/her with any information that she/he requires.

Topic: Nature of self-esteem and resilience amongst orphans in Kadoma-Patchway

For more information regarding the above, feel free to contact the undersigned.

Yours faithfully

N. Ncube
A/Chairperson



Kwayedza High School
P.O. Box 34
Kadoma

08 March 2018

The Principal
Midlands State University
Gweru

Dear Sir/Madam.

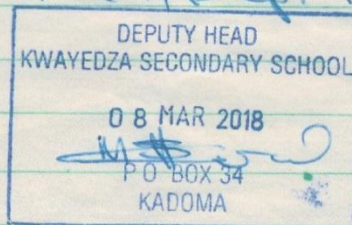
REF: RESEARCH ON ORPHANS BY NIMBAI
MOREBLESSING MADZIWABENDE

This serves to confirm that Nimbai
Madzwebende was allowed to carry out
research amongst orphans at the above
mentioned school on the 5th of
March 2018.

Thank you

Yours Sincerely

Mr. M. Shava (A/Dep. Head)



Appendix E: Turnitin Results

Ymska matriculācija | User Info | Messages | Student | English | Help | Logout

turnitin

Class Portfolio | My Grades | Discussion | Calendar


HOW WE'RE DOING HOME > JUNE 2018 DISSERTATION

Welcome to your new class homepage! From the class homepage you can see all your assignments for your class, view additional assignment information, submit your work, and access feedback for your papers.
Hover on any item in the class homepage for more information.

Class Homepage

This is your class homepage. To submit to an assignment click on the "Submit" button to the right of the assignment name. If the Submit button is grayed out, no submissions can be made to the assignment. If resubmissions are allowed the submit button will read "Resubmit" after you make your first submission to the assignment. To view the paper you have submitted, click the "View" button. Once the assignment's post date has passed, you will also be able to view the feedback left on your paper by clicking the "View" button.

Assignment: (200) - June 2018 dissertation

	Info	Dates	Similarity	
dissertation		Start: 09-Apr-2018 2:31PM Due: 27-Apr-2018 11:59PM Post: 17-Apr-2018 12:00AM	0%	<input type="button" value="Resubmit"/> <input type="button" value="View"/> <input type="button" value="Download"/>

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APPENDIX F – WEIGHTING SHEET

A GUIDE FOR WEIGHTING A DISSERTATION

NAME OF STUDENT: **Vimbai M.**

Madziwabende.....

	ITEM	POSSIBLE SCORE	ACTUAL SCORE	COMMENTS
A	RESEARCH TOPIC AND ABSTRACT Clear and concise	5		
B	PRELIMINARY PAGES Title page, approval form, release from, dedications, acknowledgement, appendices, table of contents	5		
C	AUDIT SHEET/PROGRESSION Clearly shown on the audit sheet	5		
D	CHAPTER 1 Background, statement of the problem, significance of the study, research questions, objectives, hypothesis, assumptions, purpose of the study, delimitations, limitations, definition of terms	10		
E	CHAPTER 2 Addresses major issues and concepts of the study, findings from previous work, relevance of literature to the study, identifies knowledge gap and subtopics	15		
F	CHAPTER 3 Appropriateness of design, target population, population sample, research tools, data collection procedures, presentation and analysis	15		
G	CHAPTER 4 Findings presented in a logical manner, tabular data properly summarised and not repeated in the text	15		
H	CHAPTER 5 Discussion (10) Must be a presentation of generalizations shown by results; how results and interpretations agree with existing and published literature, relates theory to practical implications. Conclusions (5) Ability to use findings to draw conclusions Recommendations (5)	20		
F	Overall presentation of dissertation	5		
G	References	5		
	Total	100		

MARKER:SIGNATURE:DATE:.....

MODERATOR:SIGNATURE: