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**Comparative Study** 



# A Comparative Study of Self-Esteem and Resilience Among Orphanage and Non-Orphanage Adolescents

Avni Mishra<sup>1\*</sup>

## **ABSTRACT**

The purpose of this study was to examine the resilience and self-esteem levels of teenage orphans and non-orphans. There are 40 adolescents out of which 20 are orphans and the other 20 are non-orphans who were included in the sample to assess their resilience and self-esteem. The age range was between 12 and 18 years. The Prince-Embury resiliency scale for children and adolescents and the Prasad and Thakur self-esteem inventory were used to collect data. The t-test, mean, and standard deviation are used to examine the data. According to the findings of both qualitative and quantitative analyses, there is a discernible difference between orphaned and non-orphaned adolescents regarding resilience and self-esteem. According to the results, both orphaned and non-orphaned adolescents' resilience and self-esteem are likely influenced by a variety of situational, internal, and external variables. The suggestions are followed by certain limitations that are also present in the following study.

**Keywords:** Resilience, Self-esteem, Orphan, Non-orphan, Adolescents

n 1969, Nataniel Brenden defined self-esteem as the attitude of believing that one is capable of handling life's fundamental obstacles and deserving of happiness. Selfknowledge and self-awareness are two components of self-esteem. It comprised the person's opinions about their own talents, attitudes, beliefs, and strengths and flaws. It begins to develop at birth and continues to do so while being influenced by experience. The kid discovers one or more aspects of their own selves at various stages of human development. The kid initially becomes conscious of their talents and practical abilities, such as their motor, artistic, and performance abilities. Children start being conscious of their personality features much later in life, once all moral and social standards for evaluation have been attained, the procedure can begin. The complexity and ambiguity of the outcomes from the expression of personal attributes can be used to explain this. As they communicate with adults and peers, children learn about their own personality quirks and qualities. According to (Rogers 1959), high self-esteem refers to an optimistic view of ourselves which tends to lead to assurance and confidence in our own abilities; self-acceptance; hopefulness and not being distressing about what others think. On the other hand, lower selfesteem shows an unenthusiastic view of life which ultimately depicts dissimilarities, which can be found in the self-esteem of Orphan Children who may need assurance and

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<sup>&</sup>lt;sup>1</sup>Psychologist, Dept. of Psychology, University of Lucknow, Lucknow, India

<sup>\*</sup>Corresponding Author

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confidence; wish to look like someone else or are always distressed about what others might think about them.

The ability to cope with and survive adversity is a key aspect of children's resilience (Grotberg, 2003). By promoting resilience, we can reduce the likelihood of negative outcomes for youth challenged by significant stressors such as those caused by parental loss. Developmental psychologists have long been interested in how the presence and absence of parents impact child development. Throughout, the life span, parental presence and warmth affect one's mental health and capabilities for survival in society. The child needs love, care, and affection from their parents, who play a vital role in their life for nourishment and personality building.

Parents nourish their children and help them to cope with difficult life situations (Coleman & Hendry, 1999) related to their school problems, studies, fights with friends etc (Cyrulnik, 2010). So, parental absence in life creates a lot of psycho-social problems (Kiirya 2005) for children. It is very much difficult for these children to live a happy and normal life after the death of their parents due to certain mental health pressures like stress, anxiety and loneliness (Atwine, Cantor & Bajunirwe, 2005). In lifespan, adolescence is a time of significant developmental transition that is considered to be the second most important period like infancy due to its magnitude of changes which occur at a large speed (Leigh & Villarruel, 1994) but unlike infancy adolescents themselves have to cope up from difficult life situations such as numerous developmental challenges at varying pace including increasing need for independence, evolving sexuality, transitioning through education and commencing employment, consolidating advanced cognitive abilities and negotiating to change relationships with family, peers and broader social connections (Cameron & Kanabarrow, 2003). As traumatic parental loss presents an undeniable risk factor for maladaptive outcomes, therefore resilience and self-esteem are vital parts of their life in order to successfully adapt and zero indulgences for a negative developmental pathway.

With a population of more than a billion, 400 million of whom are children, India is the biggest democracy in the world. Of the 150 million orphans in the globe, 55 million live in India, making up around 47% of the total. According to data from the National Family Health Survey-3 for the years 2005–2006, there are more orphans than people living in New Delhi which make up around 20 million of India's overall population. Only 0.3% of the 20 million kids were left orphaned by their parents' death, 99.7% of the remaining people have given up on their children.

A vulnerable child's life undergoes a significant upheaval when one or both parents pass away. Moving to an impoverished rural relative's house from a middle or upper-class urban residence may be required for this transition. It could entail a kid being separated from their siblings, something that happens frequently when orphaned children are divided up among relatives without taking into account their needs. Due to a lack of school fees, can imply that a child's opportunity to receive an education is over. Children who refuse to relocate or who may have no other family members to turn to may be compelled to live alone, forming child-headed households. All these changes have the potential to negatively impact a vulnerable child's physical and mental health. They put additional expectations and restrictions on children's lives, which makes them potentially highly stressful. Adolescents who are orphans are one of the most vulnerable, helpless and needy groups of children, all over the society

who need adequate care and nutrition. They suffer from physical, mental, social and emotional problems.

Self-esteem and Resilience are fundamental components of development in adolescents. It occupies a key place in the structure of adolescent individuals because it is related to mental health and the definition of life goals. Processes related to the formation and development of self-esteem and resilience determine the perimeters of the relationship between the adolescent and the surrounding world and contribute to the development of their competence and the quality of the activities performed. These processes should not be random, they should be smooth so that the adolescent can build adequate resilience and self-esteem. The more realistic it is, the more adaptable the adolescent will be.

### REVIEW OF LITERATURE

Priyanka, Parasar and Dewangan conducted a study in 2018 where it was discovered that the self-esteem of orphans was comparatively lower than their counterparts. The study aimed at differentiating orphan and non-orphan children on the basis of self-esteem and depression. The results showed that orphan children came out more depressed and had lower self-esteem than the children living with their parents.

A study on the developmental and psychosocial aspects of orphans was conducted by Fawzy and Fouad (2010) to reveal that orphan children had lower self-esteem than the children living with their parents. The amount of anxiety and depression was also found to be more in the orphans than in their other counterparts.

One of the studies by Sobana (2018) tried to compare the resilience levels of orphan children on the basis of age and gender. It was found that the longer the children were in orphanages the more resilience they had compared to the children who recently were brought in. Also, the study showed that females had a greater level of resilience than males.

The observations done by Musisi, Kinyanda, Nakasujja and Nakigudde in 2007 showed higher resilience levels in orphan children that helped them to handle demanding situations as compared to non-orphan children. Moreover, the orphan children had more behavioral issues according to their findings.

# Objectives of the Study

Following are the objectives for the study

- To compare the level of Resilience in adolescent orphans and non-orphans.
- To compare the level of Self-esteem in adolescent orphans and non-orphans

Stemming from the objectives following hypotheses were propounded:

- Ha1: There is no significant difference between Resilience among the orphan and non-orphan adolescents
- Ha2: There is no significant difference between Self-esteem among the orphan and non-orphan adolescents.

# METHODOLOGY

Sample: This study was conducted by using purposive sampling of 20 adolescents in orphanages (10 females and 10 males) and 20 other adolescents in schools(10 females and

10 males) ranging in age from 12 to 18 years old. Three Lucknow orphanages were examined (Mumtaz Inter College for boys, Aminabad, Munshi Leelawati Anathashram, Charbagh and Shri Ram Audyogig Anathalaya, Aliganj). Adolescents in Lucknow living with their parents were surveyed at two schools (Aligani Montessori School, Aligani in Lucknow public school, Jankipuram).

#### **Variables**

- **Independent variable:** Place of living, orphan and non-orphan adolescents.
- **Dependent variable:** Self-esteem and Resilience.

#### Tools used

- Self-esteem inventory: The Self-Esteem Inventory (SEI), created by Prasad and Thakur (1988), was used to assess the degree of self-esteem among the respective participants. The questionnaire consists of two parts and is a self-evaluation questionnaire. The subjects were asked to answer questions about their own opinions in the first section of the inventory and questions about the opinions of those who knew them in the second section. The exam included two parts: the first portion had 29 items that were connected to how one views one's own self-worth, and the second part had 30 items that were related to how one perceived one's own self-worth in relation to others. Options are given on a seven-point scale, from "absolutely accurate" to "completely incorrect," for each item. Responses from subjects were graded in such a way that they received a 7 to 1 score from completely correct to completely incorrect for socially desired topics. A reverse pattern was used for items that were socially unacceptable.
- The Resiliency Scales for Children and Adolescents: Children and adolescents can quickly and easily self-report their personal strengths and vulnerabilities using "A Profile of Personal Strengths" (Resiliency Scales; Prince-Embury, 2007) tool. The following three scales make up the resilience scales: the sense of Mastery Scale (MAS) i.e., Youths' self-perceptions of their abilities and competence, the Sense of Relatedness Scale (REL) i.e., the perceived quality of their relationships, and the Emotional Reactivity Scale (REA), which gauges how well youth feel about having control over their emotions. These scales provide a high-quality evaluation of numerous personal attributes that are important for young people's resilient functioning and are based on developmental theory and resilience research. An individual's resilience may be determined using their scores on the three measures.

#### Procedure

The study protocol and consent procedure were thoroughly explained to respondents during the visits to orphanages and schools. The following instructions on the questionnaires (Selfesteem Inventory and Resiliency Scales for Children and Adolescents) were given and explained to subjects after they had been told about the procedure. Also, it was clearly said that "There should be no omissions. We will treat all of your information with the utmost confidentiality". All the visits were uninterrupted by outside noise. A distributed questionnaire was used to gather data from respondents. Each student received a questionnaire from the researcher, which they had to complete under the observation of the researcher.

#### RESULT

The collected data were subjected to a variety of statistical analyses in order to fulfil the study's objectives. The t-test, mean, and standard deviation were used to examine the data.

Table-1.0: Independent Sample t-Test - Level of Resilience among Orphan and Non-

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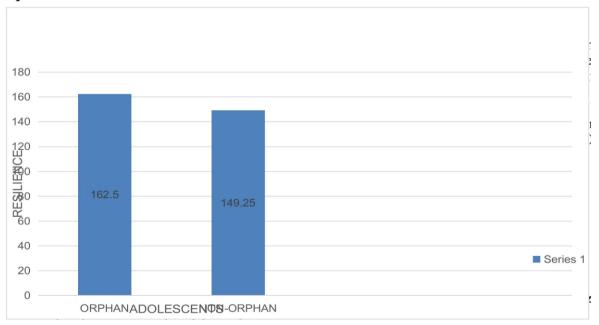
Variables	Sample	Mean	SD	t value	P-value
Resilience	Orphan	162.5	28.25		.065
	Adolescents			1.54	P<0.05,
					P<0.01
	Non- orphan	149.25	23.96		
	Adolescents				
Self	Orphan	139.6	304.32		.327
esteem	Adolescents			0.451	P<0.05,
					P<0.01
	Non- Orphan	146.95	76.60		
	Adolescents				

SD= Standard deviation

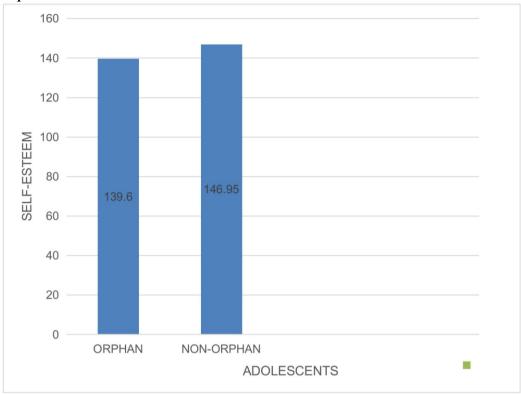
Table-1.0 shows the mean of Resilience for orphan adolescents came to be 162.5 and S.D came to be 28.25. For non-orphan adolescents mean and S.D values are 149.25 and 23.96 respectively and t value of Resilience between orphan and non-orphan adolescents is 1.54 with P-value < 0.05, < 0.01.

Also, the mean of Self-esteem for orphan adolescents came to be 139.6 and S.D came to be 304.32. For non-orphan adolescents mean and S.D values are 146.95 and 76.60 respectively and t value of Self-esteem between orphan and non-orphan adolescents is 0.451 with P-value <0.05, <0.01.

The Diagrammatic Presentation of Mean Scores of Self-Esteem In Orphan And Non-**Orphan Adolescents** 



The Diagrammatic Presentation of Mean Scores of Self-Esteem In Orphan And Non-**Orphan Adolescents** 



# DISCUSSION AND INTERPRETATION

The study's main objective is to compare the resilience and self-esteem of teenagers who are orphans with those who are not. As a result, the study's initial hypothesis was that there is no discernible difference between resilience in teenagers who are orphans and those who are not.

Table 1.0 shows that among the 40 participants in this study, the group of orphaned adolescents (M = 162.5, SD = 28.25, n = 20) has higher resilience than the group of nonorphaned adolescents (M = 149.25, SD= 23.96, n = 20), with a df of 38, a t value of 1.54, and a p-value of .065 indicating that this difference is not statistically significant at 0.05.

The findings demonstrated that the hypothesis had been disproved and that there was a substantial difference in the resilience levels of orphaned and non-orphaned adolescents, with orphans being found to be more resilient than non-orphans. One of the possible explanations is that orphan adolescents who grow up in a supportive, stimulating, and enriching environment are more resilient, which promotes long-term sustainable development. Additionally, orphaned teenagers exhibit greater levels of resilience than their non-orphaned counterparts, primarily as a result of the friendships and tight social ties they form with their peers in orphanages. As a result of the different challenges, they have faced in their lives this far, they have developed resilient behaviors. Adolescents who are not orphans typically grew up in a more secure environment with parents who would protect them in difficult circumstances. Consequently, they are less tough than orphans. The findings of Sobana (2018), Katyal (2015), Govender, Reardon, Quinlan and Geong(2014),

Musisi, Kinyanda E, Nakasujja and Nakigudde, and others are in agreement with the results indicating orphans are more resilient than non-orphans (2007).

The study's second hypothesis was that there is no discernible difference in self-esteem between adolescents who are orphans and those who are not. In table 1.1, the group of Orphan adolescents (M = 139.6, SD = 304.32, n = 20) has lower Self-esteem than the group of Non-Orphan adolescents sample (M = 146.95, SD = 76.60, n = 20), which is not significant at the 0.05 and 0.01 levels of analysis. The findings indicated that the hypothesis had been disproved and that there was a substantial difference between orphaned and nonorphaned adolescents in terms of self-esteem, with non-orphans being found to exhibit higher levels of self-esteem than orphans. Orphans housed in inadequate orphanages around the world may have a delay in behavioral development (Tully Grey). Orphans are known for their overacting and propensity to become easily distracted. Adolescent orphans frequently experience low mood, disengagement from social activities, moodiness, loss of increased appetite, and sleep issues. The relationship a youngster has with his parents affects how that child defines himself since the loss of a parental figure (or figures) causes the development of self-identification to halt (Panicker, et al., 2006). According to the current study, children who are orphans have worse self-esteem than kids who have parents. According to Mohanty and Newhill (2005), international teenage adoptees are more likely than children of the same age living with their original families in the general population to experience serious mental health issues and social maladjustment. They also have poorer self-esteem. The current conclusions are supported by numerous investigations. Orphan children had lower selfesteem than non-orphan children, according to a study by Priyanka, Parasar, and Dewangan (2018). According to Panicker et al. (2006), a child's interaction with his parent figure(s) causes the identification of self to stop. The current study reveals that orphan children have lower self-esteem than teens who have parents. The results are considered in light of some developmental factors that support orphan teens' high resilience and non-orphan teens' high self-esteem. Erik Erikson proposed eight stages of psychosocial development, from infancy to adulthood, through which personality evolves in a set order. The person goes through a psychological crisis at each level, which may or may not affect how their personality develops. These crises are of a psycho-social nature, according to Erikson (1958, 1963), because they involve the psychological demands of the individual (i.e., psycho) clashing with the needs of society (i.e., social). The theory holds that after each stage is successfully completed, a healthy personality and the attainment of fundamental virtues result. Basic virtues are defining qualities that the ego can draw upon to get through later crises. A lessened capacity to complete subsequent stages and, thus, a more disordered personality and sense of self, might come from failing to finish a stage effectively. As a result, it is evident from a comparison of outcomes, life circumstances, and difficulties that orphans have a harder time completing these stages than non-orphans, which lowers their selfesteem. The reasons, circumstances, and difficulties listed above can vary depending on the context. When it comes to orphans' strong resilience, there are four primary factors that can be considered: external stressors and difficulties, external supports, internal strengths, and interpersonal and problem-solving abilities. Children that are orphans are abandoned from an early age and forced to fend for themselves. Compared to teens who are raised at home with their parents. People who experience difficult conditions are more resilient because they are forced to use all of their inner resources to deal with challenging situations.

#### Limitations and Recommendations

Despite the advantages of the research study findings, it is important to acknowledge and discuss the shortcomings in this context.

- The scope of this research study is limited to self-esteem and resilience which was done upon a small sample. Therefore, the findings cannot be generalized however they might be used for further research.
- Age at the time of the parents' deaths, the shame associated with being an orphan, the degree of societal ties, the function of the remaining parent in the case of single-parent orphans, and the relationship with the caregiver might all be included as factors to assist to form a more precise conclusion.

#### Recommendations

- It is recommended that educationists, policymakers, and administration of government and non-government institutions allocate funds for training, seminars, and courses of a similar nature to educate school teachers in identifying, assessing, and handling psycho-social and relationship problems related to children with different status such as orphan and traumatized teens etc.
- For the purpose of instructing teachers, parents, and family members in issuing identification and counseling, periodic workshops and conferences must be scheduled.
- To put it simply, in order to address concerns relating to children's mental health, both orphaned and non-orphaned teenagers require exceptional child supervision and counseling programmes run by mental health specialists.

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### Conflict of Interest

The author(s) declared no conflict of interest.

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