

Differences In Self Esteem Between Adopted and Looked After Orphans In Dar es Salaam, Tanzania

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***Abstract:** This study examines the differences in self-esteem development between adopted and looked after orphans in Dar es Salaam. The relationship between psychosocial support and self esteem development, as well as the effects of social demographic variables to self esteem were also assessed. Qualitative and quantitative approaches were employed using questionnaire and focus group discussions respectively. Three hundred and twenty nine participants were involved, of which 192 were adopted while 137 were looked after orphans. Also 22 parents and six caregivers from adoptive and looked after contexts participated in the study. The study revealed that looked after orphans had higher levels of self esteem than the adopted ones. Hence, the study recommends that the government and other stakeholders have to establish more orphanage centres in each region. Moreover, it was demonstrated that Muslim orphans had higher self esteem compared to Christian and other religions because of the type of services they receive. Furthermore, the study recommended that, the government through the Ministry of Health and Social Welfare, Education and Vocational Training and other stakeholders have to support orphans in their needs as well as provide training to parents and caregivers on better ways for orphans care..*

Key words: Self esteem, looked after children, adopted children orphan, psychosocial support, emotional support, instrumental support, informational support

INTRODUCTION

Self esteem is an attitude either positive or negative a person has about him or herself (Rosenberg, 1965) Most vulnerable children including orphans are affected by self esteem. UNICEF (2008) defines orphans as children who have lost their mother, father, or both parents to any cause. The Tanzanian Ministry of Community Development, Gender and Children Affairs (2008) and the Vice President's Office (2005) highlighted vulnerable children as those with disabilities, orphans, child labourers, street children, rejected children and unlawful children. Some of them are taken care in institutions (looked after children) while others are nurtured by extended families (adopted children).

Self-esteem is a notion which first came to formal expression in the writings of Sigmund Freud when speaking of "ego ideal". To him, shame is a symptom of "low self esteem" (Myers, 2005). Variation of self esteem shows that at early stages of life, the child does not experience self esteem, from middle childhood to adolescence the child is involved in comparing with others and becomes more susceptible to low self esteem but as one grows up the self esteem starts to rise gradually up to seventy years.

Research suggests that when people have low self-esteem, they don't feel confident about doing things for themselves or using their abilities and talents in the best way they can. Low self-esteem is also linked to worse health outcomes such as stress, coronary heart disease and an increase in anti-social behaviours (Stoodley, 2004). The child needs attachment,

Attachment is a bonding experience that takes place between a child and a parent and based on security, proximity and safety (Bowlby, 1958). It ascertains the impact and the quality of bonding relationship between child and parents and explores implications of such attachments on future relationships. Initial studies on attachment showed that lack of parental attachment caused psychological, social, physical and economic problems; similar studies were performed in children by separating them from parents, results showed that lack of parental attachment (like in orphans) caused psychological, social, physical and economic problems (Bowlby, 1958). This is summarised as Attachment theory as proposed by Bowlby. The second theory is the Self Discrepancy Theory as defined by Edward Higgins (1987), that each person has multiple mental representations of the self that is the actual self, the ideal self, and the ought self, and that a discrepancy between any pair of these representations has emotional consequences. When the three types differ in a person it results into disappointment, dissatisfaction, anxiety and threat to those who evaluate themselves as worthless (Boldero, Francis, & Sambell, 2006). The third is the Social Comparison Theory as proposed by Leone Festinger (1954), that others around us help to define the standard by which we define ourselves as rich/poor, smart/dumb, tall/short. Moreover, Gilbert (1992) argues that one's self esteem is motivated by social comparison and that, through which child's self esteem is greatly affected. Hence, after parent's death the child is affected by social, economic and psychological problems while comparing the situation with other children in the society. If there are some discrepancies the orphan is affected psychologically.

The first experimental study on self esteem was conducted by Maslow in the 1940s, when examining self-esteem and women's sexuality. He concluded that the best marriages in our society are those in which the husband and wife are at the same level of dominance-feeling. Maslow's study helped to reproduce a series of clinical studies on the relationship between self esteem and issues such as schizophrenia by Rogers in 1958 and marital happiness by Eastman in 1958.

In the 1960s, two books on self esteem were published; the first of these was Morris Rosenberg's "Society and the Adolescent Self-Image" (1965) who explored factors influencing self-esteem. It was concluded that, parenting and educational tactics were two of the most important factors influencing development of self-esteem in children and adolescents. A second influential book was Stanley Coopersmith's, "The Antecedents of Self-Esteem" (1967) who concluded that parents of children with high self-esteem were concerned and attentive toward their children.

From such studies, it could be deduced that high levels of self-esteem lead to positive attributes such as good academic performance (Dukes and Lorch, 1989), well-adjusted children (Buri, Kirchner, and Walsh, 1987), happy marriages (Thornstam, 1992), and a healthy sex life (Hally and Pollack, 1993). In contrast, low levels of self-esteem have been linked to such widely varying issues and problems as teenage pregnancy (Crockenberg & Soby, 1989), suicide (Choquet, Kovess, & Poutignat, 1993), and homicide (Steven, 2009). However, most studies were conducted in developed countries, while very few studies have been conducted in African context.

Adoption is a process of taking a child of other parents voluntarily into a relationship as ones' own child (Thesaurus Dictionary, 2007). Toffee (2003) defines "adoption" as a form of alternative care that involves a child living with a family other than his/her birth parents. This includes kinship care, foster care, adoption, and supported child-headed households; it is a legal way of getting a new child in the family. It grants the new parents all the duties, responsibilities and right of being a legal parent. Also, it provides the adopted orphan all the emotional, social, responsibilities and lawful rights of being a new member of the family. According to Brooke (2005) the procedure for adopting a child in developed countries should be done in the court which is not common in Tanzania as most orphans are taken care by the extended family.

Looked after children are children who are taken care of in institutions called orphanages and they are also referred to as looked after children (Dent et al. 2006). The American Heritage Dictionary (2007) defines an

orphanage as a public institution for the care and protection of children without parents. Orphanages provide an alternative to foster care or adoption by giving orphans a community-based setting in which they live and learn.

Like many other developing countries, Tanzanian orphans are either adopted or cared in institutions. Although poor countries have been historically caring for orphans, most orphans were cared for by the extended families where grandmothers, uncles, sisters and other relatives took the main responsibility for bringing up children (Nyamukapa, 2004). The dramatic increase in the number of orphans due to HIV/AIDS pandemic has caused rapid increase of orphanage centres, most of which are run by Non Governmental Organizations (NGOs). The Ministry of Health and Social Welfare (2010), reported that there are about 245 NGOs in Tanzania caring for orphans; among these, 96 are located in Dar es salaam municipalities.

Orphan hood is a world wide problem. UNICEF (2009) reported that there were 145,000 orphans worldwide, among whom 45,000 were in Sub-Saharan Africa. In Tanzania, especially after the advent of HIV/AIDS, orphan hood has become one of the critical problems affecting social and economic development. TACAIDS (2008) shows that 18 percent of Tanzanian children were most vulnerable and 11 percent had both or one of their parent's dead.

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Given the economic situation in Tanzania a great number of Tanzanian orphans are affected in the area of self esteem because they are many in numbers, caregivers are few, most relatives are poor and most of the existing centers are resource constrained to provide the needed support. However, little is known about the relationship between social support offered to orphans and their impact on self esteem development. This study investigated the differences in self esteem development between adopted and looked after orphans in Dar es salaam, Tanzania.

The purpose of the study was to examine how psychosocial support influenced self esteem development among the adopted and looked after orphans in Dar es Salaam and specifically to:

First investigate the differences in self esteem development between adopted and looked after orphans in Dar es Salaam, secondly explore the types of psychosocial support provided to the adopted and looked after orphans and their relationship to orphan's self esteem development of the supported orphans and examine the effect of social demographic variables on self esteem development among adopted and looked after orphans in Dar es Salaam.

The findings of this study will be useful to various stakeholders responsible for the care of orphans in several ways. Firstly, the findings will provide a useful insight to the Ministry of Health and Social Welfare, religious organizations, parents and caregivers on the better context for orphan care and the best type of psychosocial services given to orphans as well as areas which need immediate intervention. Secondly, by addressing the issue of self esteem in orphans, the findings will contribute to the development of greater awareness of the role of self-esteem in social behaviours, especially to the most vulnerable children and serve as a basis for creation of more appropriate and effective strategies on how to improve the situation through public policy. Lastly, the findings contribute to the body of existing knowledge and stimulate further research in the area of self esteem development and orphan children.

METHODOLOGY

This study was conducted in Dar es Salaam. A cross sectional survey design was used to show relationship between psychosocial support given to orphans and self-esteem development. A total of 329 orphan respondents were involved in the study, of whom 192 (58.4%) were adopted and 137 (41.6%) were the looked after orphans. Of all respondents, 49.7 percent of respondents, (N=163) reported having lost their fathers, 24.4 percent (N= 76) had lost their mothers and 29.9 percent (N= 98) had lost both parents. The quantitative part of the study was done through questionnaires while focus group discussion was employed in the qualitative part of data collection.

The Target Population, Sample and Sampling Procedures.

Dar es Salaam orphan population is estimated to be around 6580 (Dar es Salaam regional Social Welfare Officer, 2010). This study involved adopted and looked after orphans aged 11-18. Subjects were selected randomly from their respective schools and institutions as shown in Table 1.

Table 1: Distribution of Subjects by District, Schools and Orphan Institutions

Municipalities	Primary Schools		Orphan Centres		Total
	School Name	Respondent orphans	Centre Name	Respondent orphans	
Kinondoni	Makongo	26	Chakuhama	28	142
	Mugabe	30	S O S	21	
	Kijitonyama	27			
Ilala	Msimbazi	19	Kiwohede	21	104
	Boma	25	Mama Mkubwa	19	
	Mchikichini	20			
	Kibasila	12	Yatima Trust Fund	21	

Temeke	Likwati	17	Vosa	15	93
	Wailesi	16	Dar-Alham	12	
Total		192 (58.4%)		137 (41.6%)	329(100%)

Source: Field Data (2010)

The sample size of this study constituted of 329 adopted and looked after orphans, it was done in stages as follows: The first stage involved random selection of 3 study schools and orphan institutions from each Municipality by using official lists available in Education and Social Welfare Officials respectively. Each seventh school in the list was selected for the study making a total of nine schools (N= 192). Moreover, as shown in Table 1 among the three Municipalities that is Kinondoni, Ilala and Temeke, two centres were selected from each of Kinondoni and Ilala Municipalities while three centres were selected from Temeke making a total of seven centres (N= 137) The second stage involved selection of 30 respondents from the study schools and orphan institutions which was done by picking pieces of papers labelled “yes”. According to Best & Kahn (1993) sampling has an advantage of making better use of available resources as well as increasing generalizability

Research Instruments

The quantitative part of the study was done through questionnaires which were used to obtain information from respondents. The first part of each questionnaire explored on demographic information, the second part sought information on the types of social support received while the third part consisted of the two scales namely the Multidimensional Scale of Perceived Social Support (MSPSS) adopted from Zimet, Dahlem, Zimet and Farley (1988) and the Rosenberg Self Esteem Scale (RSES) (1965),

Moreover, the qualitative part of the study used focus group discussions as a method of data collection as well as triangulation. They are good for exploration, generating creative ideas, testing ideas and determining differences in opinion between various groups (Creswell, 2009).

Data Analysis and Statistical Procedures

Self esteem scores were computed online using Rosenberg scale with scores ranging from 0-14 (Low), 15-24 (Moderate) and 25-30 (High) self esteem. The scores were entered in the Statistical Package for Social Sciences (SPSS) version 16 tool (Pallant 2007) for further analysis. Data from the MSPSS was entered direct in the analysis tool from each questionnaire. Moreover, statistical analyses such as t-test, analysis of variance and regression were done so as to obtain significant relationship and effect between variables.

RESULTS

Differences in Self Esteem between Adopted and Looked after Orphans
Results from cross tabulation indicated that 38.0 percent of the looked after orphans (N = 52) had high self esteem level, 43.8 percent (N= 60) had moderate level while only 18.2 percent (N = 25) had low self esteem. The adopted ones showed that 17.2 percent (N=33), 38.0 percent (N=73) and 44.8 percent (N=86) had high, moderate and low self esteem levels respectively (Figure 1)

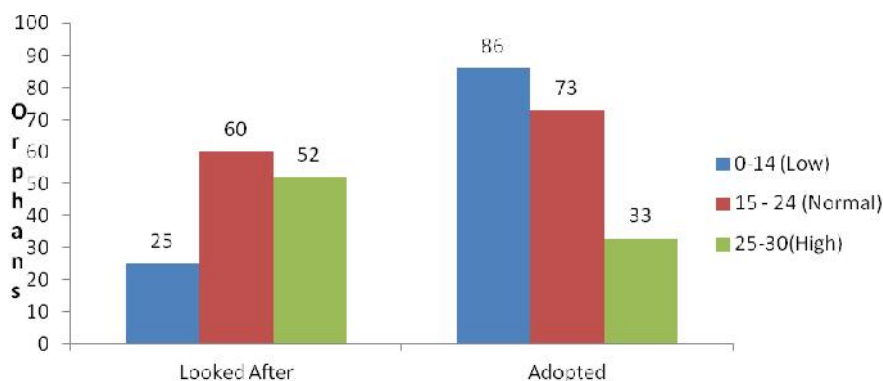


Figure 1: Self Esteem Comparison between Adopted and Institutional Orphans.

Source: Field Data (2010).

From Figure 1 it was depicted that the percentage of adopted orphans with low self esteem was higher than that of the looked after ones. Also the percentage of the looked after orphans with low self esteem was as well low.

Further, an independent samples t- test was computed to compare the self esteem mean scores for the two groups. Results showed that the looked after orphans (N=137, M= 2.29, SD = 4.64) had higher self esteem level compared to the adopted orphans (N= 192, M =1.92, SD = 5.20). The difference in self esteem scores between the two groups was statistically significant [$t(327) = 6.61, p = 0.00$] and the magnitude of the differences in the means was large (calculated eta squared $\eta^2 = 0.14$).

Social Support in Relation to Self Esteem Development

The second objective of the study had twofold. The first aspect involved identifying the types of social support provided to the adopted and looked after orphans and the second was to examine the relationship between the provided social support and self esteem development. Three major support types were identified namely instrumental, emotional and informational support. Orphans were provided with

more instrumental support (N= 329, M=13.73, SD = 2.70) followed by informational support (N=329, M=10.11, SD=2.10) while emotional support was in the least (N=329, M=10.05, SD = 2.11) (Figure 2)

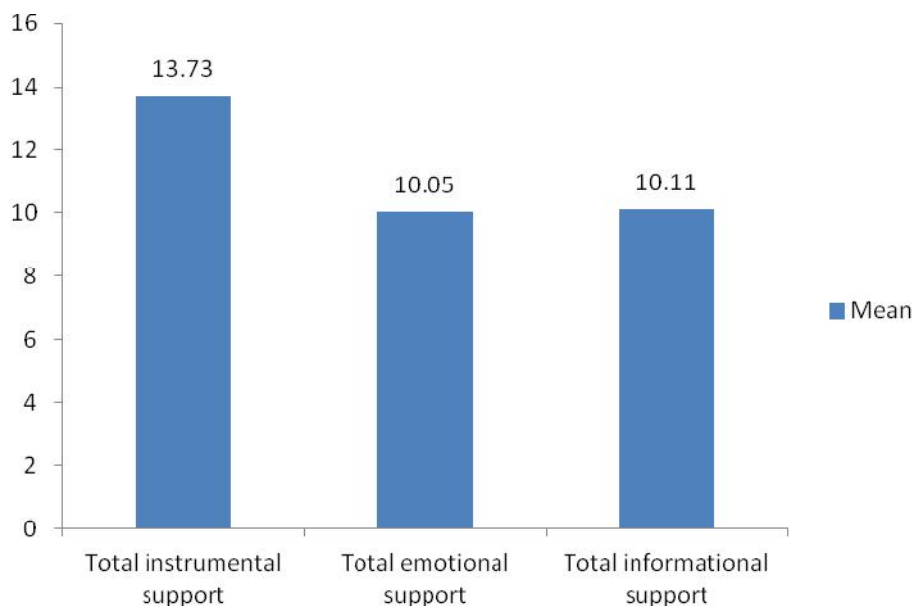


Figure 2: Mean Distribution of Major Social Support Provided to Orphans.

Source: Field Data (2010)

Result showed that orphans received in average a higher proportion of instrumental support, compared to emotional and informational support. A standard linear regression analysis indicated that instrumental support had more contribution [$\beta = 0.32$, $R = 0.32$, $p = 0.000$] to the prediction of self esteem, followed by emotional support [$\beta = 0.19$, $R = 0.36$, $p = 0.000$] while the least contribution was from informational support [$\beta = 0.12$, $R = 0.37$, $p = 0.000$].

Instrumental Support in Relation to Self Esteem Development

Orphans were asked whether they got shelter and food (instrumental 1), medicine and treatment (instrumental 2), uniform and stationery (instrumental 3), as well as money for school fees and fare (instrumental 4).

Table 2: The Result of Instrumental Support Linear Regression Analysis

Support Type	B	Std. Error	Beta	t	Sig	Lower Bound	Upper Bound
	11.708	1.661		7.047	.000	8.439	14.976
Instrumental 1	.401	.367	.061	1.093	.275	-.321	1.124

Instrumental 2	.855	.388	.129	2.201	.028	.091	1.619
Instrumental 3	.986	.335	.182	2.942	.004	.327	1.646
Instrumental 4	.366	.269	.085	1.362	.174	-.163	.894

Source: Field Data (2010).

Linear regression analysis showed that instrumental 3 ($\beta = 0.18$, $R = 0.335$, $p = 0.004$) as well as instrumental 2 ($\beta = 0.13$, $R = 0.388$; $p = 0.002$) were significantly related to self esteem compared to instrumental 1 ($\beta = 0.06$, $R = 0.367$, $p = 0.28$) and instrumental 4 ($\beta = 0.08$, $R = 0.269$, $p = 0.17$) which were insignificant. $R^2 = 0.72$, the variance is explained by the model by 72%

Informational Support in Relation to Self Esteem Development

Multiple regression analysis was conducted to assess how informational support was related with self esteem development among the adopted and looked after orphans. Respondents were asked if they received caregiver appreciation (Informational 1), religious counselling (Informational 2) and planning for future (Informational 3). Results indicated that orphans received more informational 3 ($M = 3.41$, $SD = 0.98$, $N = 329$), followed by informational 2 ($M = 3.05$, $SD = 1.27$, $N = 329$) and the least was informational 1 ($M = 2.30$, $SD = 1.35$, $N = 329$). See Table 3

Table 3: The Result of Informational Support Linear Regression Analysis

Support Type	B	Std. Error	Beta	t	Sig	Lower Bound	Upper Bound
	16.413	1.263		1.30	.000	13.929	18.897
Informational 1	-.481	.209	-.122	-2.31	.022	-.892	-.071
Informational 2	.216	.226	.052	.956	.340	-.229	.661
Instrumental 3	1.395	.295	.257	4.72	.000	.814	1.976

Source: Field Data (2010).

Regression analysis revealed that informational 1 ($\beta = -0.122$, $R = 0.22$, $p = 0.000$) and informational 3 ($\beta = 0.295$, $R = 0.295$, $p = 0.000$) were statistically significant related to self esteem while informational 2 was insignificant ($\beta = 0.052$, $R = 0.226$, $p = 0.34$). $R^2 = 0.51$ the variance is explained by the model by 51%

Emotional Support in Relation to Self Esteem Development

Orphans were asked to respond to three statements: "I receive love from caregivers" (emotional 1), "Caregiver makes me value myself" (emotional 2), and "Friends and neighbours love me" (emotional 3). Results indicate that orphans received more emotional 1 ($M = 3.49$, $SD =$

0.90, N = 329) followed by emotional 2 (M = 3.44, SD = 0.99, N = 329) while the least received was emotional 3 (M= 3.12, SD = 1.17, N =329). It was revealed that all the three types of emotional support were directly related to self esteem development. Emotional1 ($\beta = 0.26$, R= 0.33, p =0.00) more contributed to self esteem development, followed by emotional 3 ($\beta = 0.10$, R =0.25, p= 0.06) and emotional 2 ($\beta=0.095$, R=0.24, p=0.08). These results indicated that emotional 1 was significant while emotional 2 and 3 were insignificant (R²= 0.58 the variance is explained by the model by 58%)

The Effect of Demographic Variables on Self Esteem Development

The third objective assessed the effect of demographic variables on self esteem development. Age, sex, religion and orphan types were the independent variables. The results from multiple regression revealed that the variable age had greater contribution to self esteem ($\beta= 0.17$), followed by orphan type ($\beta=0.15$), and religion ($\beta=0.1$), while sex had lowest contribution ($\beta=0.006$). This is shown on table 4 below

Table 4: Linear Regression Results for Demographic Variables

Variable	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
Variable	16.122	2.030		7.941	.000	12.128	20.116
Age	.395	.124	.174	3.195	.002	.152	.638
Sex	-.065	.572	-.006	-.114	.909	-1.191	1.060
Religion	1.017	.547	.100	1.861	.064	-.058	2.092
Orphan type	-.935	.327	-.154	-2.860	.005	-1.578	-.292

Source: Field Data (2010).

Furthermore, results indicated that most girls (31.4%) performed a lot of home chores compared to boys (23.8%). Moreover, Muslim orphans (31.6%) received more religious counselling compared to Christians (27.4%), 14.3% of the former scored above moderate level of self esteem compared to only 7.6% of the latter.

DISCUSSION

Self Esteem Differences between Adopted and Looked after orphans

When self esteem levels was compared between the adopted and looked after orphans, results showed that the two groups of orphans differed significantly. The looked after orphans had higher self esteem than the adopted ones with an average mean of 2.29 and 1.92, respectively. In addition, 92.7% of the adopted had low self esteem level while only 7.3% of the looked after orphans scored low. These results signified that

orphans staying in looked after context valued themselves better than the ones staying in the adopted context.

In their study Juffe & Marinus (2005) found that adopted children have lower self esteem compared to the non adopted ones because they suffered from lack of resemblance to their adopting parents, abuse and neglect. Similar results were obtained by Rushton, who revealed that adopted children had common problems, namely; behavioural and emotional problems as well as relationship and educational problems such as non compliance, aggression, lying, stealing, over activity, anxiety, and fearfulness which are indicators of low self esteem (Rushton, 2003). In Tanzanian context low self esteem among adopted orphans is caused by the poverty among caregivers. Some are old women who can not afford their own needs and the orphans' requirements like school uniforms, stationeries, food and the like. When such orphans compare themselves with children from well-off families, they became desperate, distressed, lose hope, and unhappy about themselves. According to Higgins, (1987) the mismatch between ones situation and others leads to disappointment, sadness and low self esteem. On the other hand, most children staying in institutions are happier because most of their needs are met by their caregivers, including school fees, uniform, food, shelter and others (Urio, 2006).

Moreover, the type of adoption practiced in Tanzanian context is different from developed countries because firstly, official adoption is a rare practice in African context. It recently started after many parents had died of HIV/AIDS (Brooke, 2005). Most orphans are cared for locally by relatives in the extended family. This forced type of adoption where caregivers are not prepared result into orphans being abused, discriminated and ruthless type of care. However, in countries like UK parents choose to adopt children for different reasons; some do not have biological children, others aim at helping them in their vulnerability like in orphans and street children, while others may pretend to help them but later on mistreat them because they are not related to them biologically (Melissa et al, 2008). When these children are tortured like this, they become sad, depressed and their esteem lowered.

Social Support in Relation to and Self Esteem

The results from linear regression revealed that there was a significant relationship between the type of social support provided to orphans and self esteem development. Among the four instrumental supports, provision of school uniforms, books, medicine and treatment had greater significance than food, shelter medicine and money. Emotional support was mostly contributed by love from the caregiver and the way

they made orphans love themselves while contribution of love from neighbours and friends was very little. Moreover, among the informational services provided to orphans, caregivers' appreciation and information on how to plan for future had greater significance compared to religious counselling. Generally, the more the social support services were provided the higher was the self esteem development.

These findings were in agreement with other studies. For example, a study done by Tam (2009) showed positive relationship between social support and self esteem development. A similar study conducted in Kenya showed a positive link between possessing a higher number of items like uniform, pen, exercise book and chair to sit, and self-esteem (Nyangara et al, 2009).

In this study, material support like uniform books and stationery were found to be more predictive to self esteem than counselling services. Literature suggests counselling services to orphans (Ann, & Kim, 2006; Biswalo, 1986; Dent et al, 2006; Lewis et al, 2003; Mrumbi, 2006). However, Tanzanian orphans compare themselves to their fellows in terms of observable and tangible materials rather than therapeutic services. According to Social Comparison Theory, when people compare themselves to those who are superior on a given dimension, they report increases in negative affect which lowers self-esteem (Festinger, 1954).

Demographic Variables in Relation to Self Esteem

In terms of demographic variables, the result obtained from standard linear regression revealed that age, religion and orphan type significantly related to self esteem development, while sex did not. Moreover it was revealed that self esteem positively increased with age and religion, but inversely related with sex. Through cross tabulation, it was found that orphans between 11-12 years old had lower self esteem compared with those aged 11 to 15 years. Moreover, above 15 years old, the self esteem level declined. This is not a first study to indicate self esteem changing with age. Bildad et al (2004) in the study on age and gender effects on self esteem found that the aged people had heightened self esteem compared to the younger ones. Likewise, Peggy (2006) found that younger children had lower self esteem which was linked to poor health and deviant social behaviours such as smoking, substance abuse, poor academic achievement, depression, suicide and pregnancy. This was not necessarily the reason for low self esteem in Tanzanian orphans. Most of them came from poor families which could not afford to provide for all the needs.

The standard linear regression analysis did not show significant relationship between sex and self esteem. Likewise, when the mean self esteem was compared between males and females, they had more or less equal mean scores that is, males (N = 160, 48.6%) had an average of 20.8 mean self esteem, while females (N = 169, 51.4%) had a mean value of 20.7. These results were different from most past studies. Some studies have shown association between self-esteem and development based on sex. For example, Peggy (2006) indicated that early pubertal development in girls was related to a decrease in self-esteem, while early development in boys caused an increase in self-esteem. Moreover, early breast development in girls was found to cause social embarrassment and ridicule with feelings of being immoral or unintelligent. Similar results were obtained by DuBois et al (1996), cited in Cobb, (2001, pp. 214-215),

Furthermore, several studies show that girls have lower self esteem and greater depressive mood compared to boys (Cairns et al., 1990; Chubb et al., 1997; Martinez & Dukes, 1991; Quatman & Watson, 2001) (Marcotte, Fortin, Potvin, & Papillon, 2002). This is not the case with this study. This may be explained by African culture which forces girls to perform a lot of work at home compared to boys which, has boosted their self esteem compared to boys. Amy (2005) in the study on how to build children's self esteem suggested that doing a lot of activities including exercise could improve one's self esteem. It was revealed in this study that girls were involved with more activities than boys.

Moreover, results from cross tabulation showed that, among participants who scored above 25 overall self esteem, girls outscored boys by 13% and 9.1 % respectively. This shows that home activities could boost self esteem even better than exercises. Hence, although Tanzanian girls could be affected by early maturity like other girls world wide, this could be balanced by the tortures they experience at home.

Additionally, the standard linear regression analysis showed a significant relationship between self esteem and orphans religion, implying that religion significantly affected self esteem development. Many studies support the relationship between religion and self esteem. They claim that the more religious children were, the higher were their self-esteem, the better they felt about themselves and the more self-confident they possessed (Chadwick & Top 2003; Rosenbrock, 2005; Murray, 2006). Rosenbrock (2005) pointed out that reading Holy books had a positive influence on self improvement.

Moreover, being a member of a religious group provided social support as well as improving health status. Also, most religious institutions provide services to orphans, including items like clothes, food, books and other necessities which raise their self esteem. A good example is found in most Islamic orphan centres where the orphans are supported and sponsored up to university level which according to this study was not found in Christian orphanages.. One of the Christian centres in Temeke district was changed to a university while orphans were being sent back to extended family.. Not only that but also one Christian centre Ilala district takes care of orphans up to nursery level only. Furthermore, some devotions may diminish self esteem development, for example if someone sins he/she should repent to church leaders and some are stoned to death, as a result sinners negatively evaluate themselves which lowers their self esteem development (Rosenbrock, 2005).

When self esteem was related to orphan type, results showed that paternal orphans had higher self esteem than double orphans while maternal orphans had the least measure of self esteem. Such results have been supported by other studies that revealed that the loss of a mother typically causes the most psychological distress compared to other types of orphans (Nyamukapa & Simon, 2005; Makame, Ani & Grantham-McGregor, 2002). They found that in African culture after mother's death the father marries another woman who is not necessary caring to orphans. Additionally, maternal orphans are sent to distant relatives like aunts and grand mothers who are less responsible compared to biological parents.

In contrast, when the father dies children remain with their biological mother who continues to care for the children and struggle to fulfil their needs. Bridge (2001) noted that such widows are more responsible in orphan's care which raises their self esteem. Moreover, in most of African cultures, widows may be inherited by brother in law who continues to take care of the orphans. This situation can improve the orphan's self esteem. Thus, in this study some demographic factors like age, religion and orphan type showed positive relationship with self esteem development while the sex of the respondents did not show relationship.

CONCLUSIONS AND RECOMMENDATIONS

First, self esteem levels between the adopted and looked after orphans in Dar es Salaam were statistically significant such that higher self esteem is found in the latter than is with the former. The higher frequency of provision of social support to the looked after orphans that lessens the extent of hardships was a major contributory factor to self esteem

development. Second, self esteem level was significantly predicted by age and orphan type. These were important demographic variables that need to be capitalised upon to improve the type of social services to be continually provided to orphans.

On the basis of the research findings and conclusions in the previous sections, the following recommendations for action and further research were made. Self esteem has a significant influence to orphan's achievement and future progress. Therefore, the government through the Ministries of Health and Social Welfare, Education and Vocational Training, Prime Ministers Office as well as the Local Government Authority have to look for some ways of supporting orphans, including academic sponsorship, food and other important needs. Such assistance has to be directly provided to parents and caregivers.

Moreover, social welfare extension officers at district and ward levels have to develop and conduct training programmes to parents and caregivers on how to support orphans emotionally, like counselling services. A good number of orphans had lost hope for future success so they had to be encouraged and involved in a lot of activities so as to boost their self esteem.

Religious organizations have to increasingly participate in orphan care by identifying and giving them spiritual and material supports which have proved to be effective in raising self esteem.

It was established in this study that the looked after orphans had higher self esteem than the adopted ones so the study recommends that the government and other stakeholders have to establish more orphanage centres in each region depending on orphan type found in the locality.

This research was limited to only three districts in Dar es Salaam that affects generalisation. It is therefore suggested that similar studies about self esteem in orphans be conducted in other regions as well as broadening the sample to other vulnerable children like street children.

It was also demonstrated in this study that Muslim orphans had higher self esteem compared to Christian and other religions due to the services provided as indicated in the discussion section. Future study may therefore compare the services provided by different spiritual organizations in relation to self esteem development.

Furthermore, though this study has established the differences in self esteem between the adopted and looked after orphans, it did not go as

far as establishing the effect of this variation in academic performance. Therefore there is need, for future studies to examine: First, the variation in academic performance between the adopted and looked after school children and, second the effect of self esteem on school achievement.

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