

Exploring Self-Esteem and Resilience among Orphanage and Non-Orphanage Adolescence

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Abstract

The current study explores self-Esteem and resilience among orphanage and non-orphanage adolescence. This paper employed a cross-sectional study design with a sample size of 300 participants, comprising 150 orphans and 150 non-orphans. Both and male and female respondents were covered in a study surveyed across Heera University Baghra, Khubaib School and College for Orphans, GPGC for women Haripur, NRTC Public School, Learning Will School and College and Welfare Public School of Orphans. Two reliable instruments were utilized to collect participants' responses: Brief Resilience Scale (Smith et al., 2008), Rosenberg Self-Esteem Scale (Rosenberg, 1965). The analysis, performed utilizing SPSS software, designated that there exists a statistically significant positive correlation between resilience and self-esteem in the adolescent population. Furthermore, there exists a noteworthy disparity in self-esteem levels between orphans and non-orphans, with orphans demonstrating diminished self-esteem in comparison to their non-orphan counterparts. In a similar vein, a significant difference in resilience was observed between orphans and non-orphans, with orphans markedly exhibiting lower levels of resilience. Additionally, a significant variation in resilience was noted across genders, as male adolescents displayed elevated levels of resilience and self-esteem compared to their female counterparts. Likewise, a significant difference in self-the perception of self-worth varies between genders, as empirical data indicates that males exhibit elevated levels of self-esteem in comparison to females. Furthermore, noteworthy disparities in self-esteem are observed among different age cohorts, with evidence suggesting that self-esteem generally enhances as individuals age.

Keywords: Adolescents, Age differences, Gender differences, Non-orphans, Orphans, Resilience, Self-esteem

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Introduction

This research examines the constructs of self-esteem and resilience among individuals nurtured in traditional familial environments in contrast to those placed in foster care settings. Self-esteem (SE), as articulated by Rosenberg (1965), constitutes a subjective assessment of an individual's intrinsic worth and capabilities, significantly influencing the manner in which adolescents perceive themselves and their ability to navigate life's challenges (Mruk, 2006; Munir et al., 2022). Conversely, resilience refers to the capability to adjust effectively in the face of difficulties (Masten, 2001), functioning as a mitigating factor against the detrimental repercussions of adverse life circumstances (Connor & Davidson, 2003; Shah et al., 2021). Although a substantial body of existing literature has investigated the self-esteem and competencies of youth, there remains a paucity of focus on the unique experiences of individuals in foster care comparative to their counterparts raised in conventional family structures.

Orphans

Children's lives are significantly impacted by a healthy family environment. There is no denying the role that parents play in helping children develop their personalities in a positive and peaceful way. Unfortunately, the death of one or both parents deprives some children of parental care, affection, and understanding. Orphan children are the name given to these kinds of kids. Generally speaking, an orphan is a person who has lost one or both of their parents to death. Adults can also be referred to as adult orphans, but they are not considered orphans until they reach adulthood and have lost their parents. In essence, children that are too young to sustain themselves are referred to be orphans. It is estimated that over 70% of children and young people placed in institutions are there because one or both parents are still alive but unable to care for them. Furthermore, more than 80% of those in orphanages or foster care experience significant mental health challenges, in contrast to around 20% of the general youth population (Nair, 2014).

Self-esteem

Self-esteem is a person's total perception of their own value or worth. It can be understood as a reflection of a person's "worth, recognition, satisfaction, reward, or self-interest" (Adler and Stewart, 2004). Williams (2001) argues that the loss of a parent can disrupt a child's life and negatively impact their self-esteem.

Self-esteem in orphans has been the subject of extensive research, with many researchers reporting lower levels of self-esteem in orphans, while others have found higher levels of identity. Factors influencing self-esteem in orphans include age, gender, age at the time of parental loss, and the impact of friends and family. According to Dries et al. (2009), adopted children tend to exhibit lower self-esteem compared to their peers who live with their biological parents. The absence of parental presence puts these children at a higher risk for reduced self-

esteem, as they often face challenges like abuse, neglect, and malnutrition. These children are forced to adapt to an environment that may lack connection or similarity to their adoptive parents, resulting in decreased participation, self-confidence, and self-esteem.

Resilience

Resilience refers to the capability to adapt and recover from setbacks. Resilient people maintain their composure in the face of difficulty (Horn & Feder, 2018). A resilient individual can effectively manage resources, seek help when needed, and solve difficult problems. Resilient people draw upon their power and wisdom to face life's challenges, such as the death of a loved one, divorce, financial hardship, illness, unemployment, medical emergencies, or natural disasters. Rather than giving in to despair or turning to negative solutions, they confront and address the problems (Cherry, 2012).

Betancourt and Khan's study, "Resilience of Children Orphaned by HIV/AIDS in Rwanda" (2008), examines how resilience develops among children orphaned by HIV/AIDS in Rwanda, targeting different age groups. It explores the developmental factors contributing to the resilience of children dealing with the challenges of orphanhood in the context of HIV/AIDS. The study assessed coping strategies, social support, and mental health across several groups of children of varying ages to understand the nuances in how they develop resilience after parental loss. The results show that children's resilience patterns vary according to their age. A developmental gap in HIV/AIDS preventive efforts between orphaned children and teenagers highlighted by the tendency of younger children to rely more on external support systems and older adolescents to rely on internal coping mechanisms.

Orphan children have poorer self-esteem than children living with their parents, according to a study by Fawzy and Fouad (2010) comparing the resilience and self-esteem of orphaned and non-orphaned adolescents. Additionally, it was discovered that the orphans experienced greater levels of anxiety and sadness than their peers.

Methods

Objectives

1. Main objective of this paper is to examine self-esteem and resilience of young people living in orphanages compared to those not living in orphanages, with particular emphasis on their living environment affects their self-esteem.
2. To investigate the differences in self-esteem between youth in orphanages and those outside of them, concentrating on how their living condition shapes their self-esteem.

3. To evaluate the resilience level of orphaned and non-orphaned youth, highlighting key differences and factors that impact them.
4. To investigate the differences in resilience based on gender among young people, shedding light on how gender affects resilience in various living condition.
5. To evaluate the gender specific differences in self-esteem among young people, exploring how gender impact self-esteem diverse living environment.
6. To examine levels of resilience in different age group of young people, studying how age shape resilience.
7. To evaluate self-esteem levels among various age group of youth, exploring how age impact self-esteem.

Hypotheses

H₁: There will be a strong difference between self-esteem and resilience.

H₂: There will be a significant difference in self-esteem is expected between orphans and non-orphans.

H₃: There will be a strong differences in resilience is expected between orphans and non-orphans.

H₄: There will be a significant difference on the resilience across the gender.

H₅: There will be a substantial difference on the self-esteem across the gender.

H₆: There will be a significant difference on the resilience across different age group.

H₇: There will be a substantial difference on the self-esteem across different age group.

Research Design

The study is quantitative in nature, and data from orphans will be gathered using a cross-sectional survey research approach to investigate adolescents' resilience and sense of self.

Sampling Technique

Participants will be selected using a purposive sampling technique. Participation will be voluntary, and only those who are willing to take part will be included.

Sample Size

Purposive sampling technique was used to recruit the participants (N=300) where (Males= 150, Females=150) from the orphanages or care facilities that house orphanage youth of KPK.

Instruments

Rosenberg Self-Esteem Scale (RSES):

RSES is a broadly employed tool for evaluating an individual's self-esteem, defined as one's overall sense of self-worth and competence. It consists of ten statements, with respondents rating their agreement on a 4-point Likert scale. Items 2, 5, 6, 8, and 9 are reverse-scored.

The scale is highly reliable; its Cronbach's alpha usually falls between 0.77 and 0.88, representing consistent internal measurement. The RSES demonstrate strong convergent validity, showing positive correlations with other self-esteem assessment and solid discriminant validity, with negative correlations to depression and anxiety scales.

Brief Resilience Scale (BRS)

The BRS is a self-assessment tool created to evaluate an individual capacity to bounce back from stress and adversity. It gauges resilience, or the ability to adopt positively to difficult situation, using six items scored on a five point likert scale with items 2, 4 and 6 reversed scored.

The cronbach's alpha value of BRS lies from 0.80 to 0.91, demonstrating strong internal consistency and reliability in assessing resilience. It also exhibits robust construct validity, showing positive correlations with psychological wellbeing and adaptability and negative correlations with stress and psychological distress.

The BRS is a reliable and concise instrument for evaluating resilience, making it useful in both research and clinical settings.

Procedures

After obtaining permission from the authorities of GPGC, participants were approached at various orphanages, schools, and colleges. They were requested to complete the questionnaires, with the purpose and content of the questionnaire explained to them. Participants were given assurances that the data they submitted would be kept confidential and utilized exclusively for research. Once the data was collected, it was analyzed.

Results and Discussions

Table 1: Psychometric Properties for Scales (N=300)

Scales	<i>M</i>	<i>SD</i>	Cronbach's α
Brief Resilience Scale	35.21	7.02	0.74
Self-Esteem Scale	17.69	3.84	0.79

Note: *M*=Mean, *SD* = Standard deviation, α = Cronbach's Alpha.

Table 1 is depicting the psychometric properties for scales. The reliability analysis indicate that the Cronbach's α value for BRS is 0.74 (<0.80) which indicated good internal consistency. The Cronbach's α value for Self- Esteem Scale is 0.79(<0.80) which shows good internal consistency. Thus the scales are reliable and valid for measuring the concern subject matter with good alpha reliability.

Table 2: Estimates of Pearson Correlation

Variables	1	2
1. Brief Resilience Scale	-	
2. Self-Esteem Scale	0.78**	-

Note. ** $p < 0.01$.

Table 2 displays the Pearson correlation between the study variables. The outcomes designate a strong, substantial direct correlation between the BRS and the SES ($r = 0.78$, $p < 0.01$). These findings support the alternative hypothesis, which is therefore accepted.

Table 3: Mean, SD and t-Values of Orphans and Non-Orphans population on SES and Brief Resilience Scale

Variables	Orphans (n=150)		Non-Orphans (n=150)		t(298)	P	Cohn's d
	M	SD	M	SD			
SES	17.17	4.05	18.27	3.49	-2.52	0.012	0.29
BRS	16.83	5.20	18.23	4.03	-2.60	0.010	0.31

Note: BRS= Brief Resilience Scale, SES= Self-Esteem Scale, M = Mean, SD = Standard deviation, ρ = significance level

Table 3 presents the mean, SD, and t-values for the orphan and non-orphan populations on the SES. The outcomes show a substantial difference in SE and resilience between the two groups. The non-orphan population ($M = 18.27$, $SD = 3.49$) reported considerably higher self-esteem than the orphan population ($M = 17.17$, $SD = 4.05$), $t(298) = -2.52$, $p < 0.05$. The Cohen's d value was 0.29, representing a small effect size. Additionally, the non-orphan population ($M = 18.23$, $SD = 4.03$) reported significantly higher resilience compared to the orphan group ($M = 16.83$, $SD = 5.20$), $t(298) = -2.60$, $p < 0.05$, with a Cohen's d value of 0.31, also indicating a small effect size.

Table 4: Mean, SD and t-Values of Male and Female on Brief Resilience Scale and SES

Variables	Male (n=150)		Female (n=150)		t(298)	P	Cohn's d
	M	SD	M	SD			
BRS	37.97	6.02	32.56	6.86	7.26	0.000	0.83
SES	18.74	3.96	16.71	3.39	4.75	0.000	0.55

Note: BRS= Brief Resilience Scale, SES= Self-Esteem Scale, M = Mean, SD = Standard deviation, ρ = Significance level

Table 4 presents the mean, SD, and t-values for male and female participants on the BRS and the SES. The outcomes reveal a substantial difference in resilience and self-esteem between male and female participants. Male participants ($M = 37.97$, $SD = 6.02$) reported significantly higher resilience than female participants ($M = 32.56$, $SD = 6.86$), $t(298) = 7.26$, $p < 0.001$, with a Cohen's d value of 0.83, demonstrating a large effect size. Additionally, male participants ($M = 18.74$, $SD = 3.96$) reported significantly higher self-esteem compared to female participants ($M = 16.71$, $SD = 3.39$), $t(298) = 4.75$, $p < 0.001$, with a Cohen's d value of 0.55 (<0.80) representing a moderate effect size.

Table 5: Mean, SD and t-Values of participants on Brief Resilience Scale and Self-Esteem Scale across different Age

Variables	Age(12-15) (n=124)		Age (16-19) (n=176)		t(298)	P	Cohn's d
	M	SD	M	SD			
BRS	35.19	6.71	35.23	7.25	-0.41	0.967	0.01
SES	18.02	3.75	17.46	3.90	1.25	0.211	0.14

Note: BRS= Brief Resilience Scale, SES= Self-Esteem Scale, M = Mean, SD = Standard deviation, p = significance level

Table 5 presents the mean, SD, and t-values of participants on the BRS and the SES across different age groups. The results designate that there is no substantial difference in resilience and SE between participants of varying ages. Respondents aged 16-19 ($M = 35.23$, $SD = 7.25$) reported slightly higher resilience than those aged 12-15 ($M = 35.19$, $SD = 6.71$), $t(298) = -0.41$, $p > 0.001$, with a Cohen's d value of 0.01, representing a very small effect size. Similarly, participants aged 12-15 ($M = 18.02$, $SD = 3.75$) reported marginally higher self-esteem than those aged 16-19 ($M = 17.46$, $SD = 3.90$), $t(298) = 1.25$, $p > 0.001$, with a Cohen's d value of 0.14 (<0.2) also representing a small effect size.

Discussion

This paper examines the relationship between self-esteem and resilience among adolescents in orphanages and non-orphanages. Additionally, the study sought to examine the association and demographic differences in the study variables. Resilience is the capacity to adjust and bounce back from hardship, stress, or trauma, whereas SE is a person's overall sense of value or worth, which can be either high or poor. Adolescents in orphanages are those residing in institutional care settings, whereas non-orphanage adolescents live with their families or guardians. Initially, the reliability and validity of the constructs were ensured. Two reliable scales were used for data collection, namely, the BRS and RSES. This study used a cross-sectional research design and a quantitative methodology, gathering data from both orphans and non-orphans. The sample size consisted of 300 participants from institutions such as Heera

University Baghra, Khubaib School and College for Orphans, GPGC for Women Haripur, NRTC Public School, Learning Will School and College, and Welfare Public School for Orphans. The sample was equally divided, with 50% being orphans and 50% non-orphans. To achieve the study's objectives, several hypotheses regarding SE and resilience among orphanage and non-orphanage adolescents were tested using a t-test, and the data was analyzed through SPSS. The first hypothesis proposed a significant positive relationship between resilience and SE among adolescents. Dumont and Provost (1999) found that adolescents with higher levels of resilience also reported higher self-esteem and were better equipped to cope with stress. Their study, which included 388 high school students, used self-report questionnaires to assess resilience, self-esteem, and coping strategies. The outcomes designated that adolescents with higher resilience scores also had greater self-esteem, suggesting that resilience serves as a buffer against stress and fosters a positive self-image. Similarly, Masten (2001) emphasized the role of resilience in promoting positive self-perceptions and enhancing self-esteem. Her research on resilience during development highlighted key factors like secure attachments and positive self-regard as crucial for cultivating both resilience and self-esteem in adolescents. The second hypothesis suggested that there would be a significant difference in SE between orphans and non-orphans, with orphans exhibiting lower self-esteem. Boris et al. (2008) conducted research on infants and young children in youth-headed households in Rwanda, including orphans, and found that orphans face considerable emotional and social challenges that often result in lower self-esteem. Their study employed a mixed-methods approach, combining quantitative assessments with qualitative interviews, and revealed that orphans had lower self-esteem due to factors such as lack of parental support, societal stigma, and economic difficulties. These results are in line with other studies that show the negative impact of parental loss on children's self-esteem and psychological well-being. The third hypothesis suggested significant differences in resilience between orphans and non-orphans, with orphans showing lower level of resilience. Werner (1993) performed a longitudinal study on children from Kauai, particularly those who experienced various adversities, including the loss of parent. The finding revealed that children lacking stable parental support had reduced resilience. Critical factors for fostering resilience, such as supportive relationships and access to community resources, were often missing for orphans, contributing to their diminished resilience.

The fourth hypothesis proposed that a significant difference in resilience would exist between males and females. The results supported this, indicating that male adolescents exhibit higher resilience compared to their female counterparts. Gizir and Aydin (2009) examined factors that contribute to academic resilience among students living in poverty in Turkey, discovering that boys frequently develop better problem solving skills and emotional regulation strategies, which results in greater levels of resilience. Their study involved 1200 students and utilized self-report questionnaire to assess resilience, social support and coping strategies,

revealing that boys reported enhance resilience, likely influenced by gender socialization norms that promote independence and problem solving abilities in male.

The fifth hypothesis proposed a substantial difference in SE between boys and girls. Contrary to previous research, the results of this study indicated that male exhibited higher SE than females. Kling et al. (1999) conducted a meta-analysis on gender disparities in SE, reviewing 216 studies with over 97,000 participants. They found that boys typically have greater self-esteem than girls, likely due to cultural norms that encourage traits such as independence and assertiveness in males. Girls, on the other hand, are frequently subjected to harsher expectations about beauty and behavior, which can have a adverse impact on their SE. The sixth hypothesis proposed that older adolescents had stronger coping skills and greater emotional maturity, which contribute to increased resilience. Garmezy (1991) investigated resilience and sensitivity to poor developmental outcomes and discovered that as adolescents mature, they develop better coping strategies and gain more life experience, hence increasing their resilience. This research emphasizes the relevance of age-appropriate treatments in promoting resilience development throughout adolescence.

The seventh hypothesis proposed a considerable variation in self-esteem between age groups, however the findings did not support it, possibly due to cultural differences. However, previous research supports this claim. Robins and Trzesniewski (2005) undertook a large-scale longitudinal study to investigate self-esteem development across the lifespan, including adolescence. Their findings revealed that self-esteem fluctuates during adolescence, generally falling in late adolescence as a result of increased scholastic and social pressures, identity exploration, and the move to more independence. Their study, which included over 16,000 individuals, found that early adolescents (years 12-15) exhibit better self-esteem than late adolescents (ages 16-19), which is consistent with the current study's results.

Implementation

1. The study's conclusions can be applied in a variety of sectors. Schools can use these insights to develop programs that increase kids' resilience and self-esteem through workshops, training, and activities, so making school a more supportive environment for learning and growth.
2. Policymakers can create mental health policies by increasing financing for mental health services, counseling, and stress management programs to assist people maintain their mental health.
3. Parents, teachers, and caregivers can learn how to better help children and adolescents develop resilience and self-esteem. They can assist young people gain confidence and strength by emphasizing works over talent and fostering a loving environment.

4. The study contributes to our understanding of resilience and SE in both orphaned and non-orphaned adolescents.

Recommendations

1. Future study should increase the sample size to improve the generalizability of the findings across populations.
2. Using random sampling techniques ensures a more representative sample of the adolescent population, thereby boosting the dependability of the findings.
3. Researcher should also conduct studies across various demographic groups, including different ages, ethnicities and countries to advance a deeper understanding of the cultural and regional variations in self-esteem and resilience among adolescents.
4. To gain a more comprehensive understanding of factors affecting self-esteem and resilience future investigation must include third gender individuals and those without formal education.
5. Researcher should carry out longitudinal studies to investigate shifts in self-esteem and resilience over time, as well as assess the long term effects of therapeutic interventions.
6. To investigate how cultural circumstances affect adolescents' resilience and self-esteem, future research should include cross-cultural comparisons.

Limitations

Although this study provides valuable insights into self-esteem and resilience of adolescents in both orphanage and non-orphanage environment, it has several limitations. First, the study may have a sample size and limited diversity in demographics ,including gender and cultural background .This may alter the findings' generalizability.

2. The study focused on adolescents aged 12 to 19 years old. This age range may not represent all orphaned and non-orphaned youth.
3. The study's cross-sectional design focuses on a particular point in time, which may not reflect changes in self-esteem and resilience over time. Longitudinal studies would allow for a better understanding of how certain characteristics develop.
4. The use of self-report questionnaires can induce bias, as participants may respond. Socially desirable behaviors or may lack correct self-assessment abilities.
5. The study may have overlooked some contextual factors, such as the quality of care in orphanages, socioeconomic position, or previous traumatic experiences, all of which can have a major influence on self-esteem and resilience.

Conclusions

The paper found that non-orphan adolescents have greater self-esteem and resilience likened to orphaned ones. Gender differences were also noted, with males reporting higher levels. Age-related differences were non-significant. The study emphasizes the need for tailored support for adolescents in orphanages, involving educational institutions, caregivers, and policymakers to create environments that nurture self-esteem and resilience.

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