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Child Maltreatment Increases the Risk of Self-esteem Impairment: Findings from Children and Adolescents in Uganda

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Child maltreatment exposes children to developmental risks pertaining to internalizing problems both in early and later life. However, research on this phenomenon in low- and middle-income countries is scanty. Our study aimed at examining the association between different forms of child maltreatment and self-esteem among children and adolescents in Uganda. The present investigation involved conducting interviews with a cohort of 232 school-going children and adolescents. The Maltreatment and Abuse Chronology Exposure Pediatric-Version (MACE) questionnaire was employed to evaluate the various forms of maltreatment that the participants may have encountered. Furthermore, the Rosenberg Self-esteem Scale (RSE) was utilized to gauge their self-esteem. To explore the association between diverse maltreatment categories and self-esteem levels, descriptive statistics were employed, and linear regression analysis was conducted using SPSS. Our results showed that the majority 162 (70%) of the children had low self-esteem and high levels of childhood maltreatment (M = 28.7, SD = 2.16). The study found a statistically significant inverse relationship between child maltreatment and self-esteem (b = -0.012, p = -0.0025). It was also found that the regression model was statistically significant and therefore the data fits the model (F = 5.82, E = .017). The regression equation indicated that for every unit increase in child maltreatment, self-esteem decreases by 1.3%. It was concluded that maltreatment has a negative detrimental impact on the self-esteem of children and adolescents. The study contributes to the existing knowledge base and its implications for intervention, support, and prevention efforts in the context of child maltreatment.

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INTRODUCTION

Childhood maltreatment (CM) has been one of the greatest public health concerns for the international community. It is estimated to be affecting one billion children (50% of all children) globally and it is linked to negative effects on psychological functioning and general life success of children (Hillis et al., 2019; Meng et al., 2018). The perpetrators of child maltreatment include parents (77.5%); other relatives apart from parents (6.4 percent); caregivers with numerous affairs (4.2 percent) and "other" who include maids and step-siblings are estimated at 4.0 percent (U.S Department of Health & Human Services et al., 2020). Research done in high-income countries estimated about 4-16% of children experience child maltreatment (Gilbert et al., 2009). In Brazil, child maltreatment was found to be affecting 85% of children in a sample of 3951 who experienced at least one Adverse Childhood Experience ACE (Soares et al., 2016). Similarly, studies done in Uganda on children and adolescents observed persistent occurrences of maltreatment experiences in a number of forms such as; physical and emotional violence (98%), sexual violence (75.8), and economic violence 74.4% (Ssenyonga et al., 2018).

Important to note is that despite the form, child maltreatment has devastating effects on children and adolescents who experience it not only physically but it also exposes them to a greater risk of compromised self-esteem through child and adulthood. One of the studies done in Pakistan on the relationship between emotional maltreatment found a negative association between emotional abuse and neglect adolescents'

self-esteem (Malik & Kaiser, 2016). The same authors found out that boys had slightly higher esteem even when they experienced more maltreatment than girls. The study concluded that emotional maltreatment strongly predicted self-esteem among adolescents and there were significant gender differences on how maltreatment affect one's self-esteem. In line with the above findings, a study by Hecker and colleagues found a strong relationship between children's exposure to harsh discipline in Tanzania and internalizing problems (Kaltenbach et al., 2018).

Also, a longitudinal study done in Kenya on self-esteem among sexually abused children found that low and average self-esteem significantly correlated with the frequency of sexual abuse (Mutavi, Obondo, Mathai, et al., 2018). In the same study, it was concluded that sexual violence has detrimental effects on internalizing behaviour and there was need for psychosocial support for such vulnerable children and adolescents since at the third follow up during the study, the percentage of adolescents with average self-esteem had increased from 144(75.4%) to 158(98.1%) and low esteem had reduced from 12(6.3%) to 2(1.9%).

Research findings on child maltreatment cases continue to exist mostly in high income countries (HICs). However, there is dearth of information about the same phenomena in the developing countries especially among vulnerable children and adolescents. So, this study examined the association between different forms of childhood maltreatment and self-esteem among children and adolescents with adverse experiences in rural

Southwestern Uganda. Though, most of the studies have been done in the western world, research findings continue to reveal that children and adolescents continue to self-esteem deficiencies as a result of child maltreatment, (Gilbert et al., 2009; Lim & Lee, 2017; Meinck et al., 2016; Smail & Fryer, 2002; Soares et al., 2016; UNICEF, 2012). Unfortunately, most of the studies done in low-income countries like Uganda have not closely examined the relationship between childhood maltreatment and self-esteem. Literature search for this study found that available studies in Uganda have focused on examining cognitive impairment among *human immunodeficiency virus* (HIV) patients (August, 2018; Vision, 2005), Refugees (Ainamani et al., 2017) and elderly people (Mutavi, Obondo, Kokonya, et al., 2018). We hypothesized that those different forms of child maltreatment negatively correlate with self-esteem.

RESEARCH METHODOLOGY

Study Setting/Design

This was a cross-sectional study that employed quantitative methods of data collection and analysis. The study sample was made up of 232 children and adolescents from both primary and secondary school sections in southwestern Uganda. Stratified random sampling technique was employed to form sampling frames from children and adolescents in three schools. This included two primary schools and one secondary school. Morgan's table for sample size determination was used to determine a sample of 232 participants from a population of 550 children and adolescents (Bukhari, 2021). To select individual participants, convenient sampling was used. The rationale for selecting the three schools was because they particularly admit vulnerable children and adolescents who are supported by non-profit organizations. The selected region has the majority of people living in rural areas, mainly involved in subsistence farming for survival and they commonly experience food and water insecurity. Outlying rural areas, where the local economy is primarily driven by subsistence crop farming, animal husbandry, and petty trading.

Food and water insecurity are a common phenomenon in these communities.

Recruitment and Sampling Procedure

Data collection was done from June 2018 to May 2019. Community entry and engagement was led by the social workers within the schools under study and this made it easy to locate children and adolescents within the schools setting. The social workers selected children with either a known history of child maltreatment or from dysfunctional homes. Using convenient sampling, all children identified by the school social workers were recruited and interviewed during the data collection period.

Ethical Considerations

Ethical clearance was obtained from the Mbarara University of Science and Technology Research Ethics Committee (MUST-REC) and the Uganda National Council for Science and Technology (UNSCT). Thereafter, permission was obtained from the administrators of the schools and school social workers to refer to records of vulnerable children and adolescents. This was followed by obtaining written informed consent (signature) from caregivers on behalf of children below 18 years and adolescents who were 18 years and above. Particularly, children and adolescents below 18 years of age were asked to sign an informed assent. Participants were assured confidentiality and the right to withdraw or skip some questions in case they feel uncomfortable giving a response. Each participant received two bars of soap as a reimbursement for their time spent in the interview.

Measures

Data collection instrument was made up of three sections. Section one included biodata items seeking information about age of participant, gender, education level and having stayed in two or more homes. Section two was made of the Maltreatment and abuse Chronology of exposure (Pedi MACE) and section three consisted of the Rosenberg Self-Esteem Scale (Rosenberg, 1965). All instruments were translated into Runyankore-

Rukiga language and back translated to English in a blind written form.

Child Maltreatment

Participants' adverse experiences within home environment were assessed using adopted version of Maltreatment and abuse Chronology of exposure (Pedi MACE). The Pedi MACE is made up of 45 yes/no questions assessing forms of childhood maltreatment an individual experiences throughout their lifetime. Only eight subscales concerning maltreatment were analysed in this study. The Pedi MACE subscales that were considered in this study included; emotional abuse by adults or parents living at home (3 items), physical abuse by parents or guardians at home (4 items), witnessing parental intimate partner violence [IPV] (7 items), witnessing parental physical abuse to siblings (3 items), and neglect (10 items), peer emotional abuse (3 items), peer physical abuse (3 items) self-experienced sexual abuse (6 items-3 perpetrated by adults living at home and 3 perpetrated by people outside home). scores on each subscale were added up to and the total scores were subsequently used in the analysis.

Self Esteem

To measure the female adolescent students' levels of self-esteem, the Rosenberg Self-Esteem Scale (Rosenberg, 1965) was adopted. Rosenberg Self-Esteem Scale (RSES) determined the students' general feelings about themselves. The self-esteem scale was scored on a four-point Likert scale ranging from strongly disagree (0) to strongly agree (3). The overall score of RSES

ranges from 0-30 and the categorization of esteem levels were done following the guidelines suggested by Bauer and others (Bauer et al., 1973). The scale had ten items and its original internal consistency was .77 and construct validity .90 (Rizwan & Aftab, 2012).

Data Analysis

Data were analysed using SPSS version 23 for mac. Descriptive statistics, chi-square and t-tests were used to compute demographic variables. The association between childhood maltreatment and self-esteem was analysed using hierarchical multiple linear regression. The ANOVA value revealed that the regression model was statistically significant. Therefore, the data fits the model ($F=5.82$, $E=.017$) and the step 1 explained only 1.9% of variations in self-esteem.

The residuals did not deviate significantly from normality, linearity, or homoscedasticity and no univariate outliers could be identified. Therefore, multicollinearity was not taken into account.

RESULTS

Sample Characteristics

In total, the participants were 232 children and adolescents with an average age of 14.03 years (SD 3.25). 112 (48%) of the participants were males while 120 (52%) were females. There was a statistically significant positive relationship between age and self-esteem on males. The older the participant the higher the esteem. Also results show that the higher the level of education the more the likelihood of a child having high self-esteem.

Table 1: Descriptive statistics

	Mean	SD	2	3	4
Age	14.03	3.231	0.856**	0.019	0.126
Education in years	6.38	2.439		0.012	0.136*
Child maltreatment	28.70	7.165			-0.153*
Self Esteem	0.36	0.586			

*. Correlation is significant at the 0.05 level (2-tailed), **. Correlation is significant at the 0.01 level (2-tailed).

Table 2: Prevalence of self-esteem across gender

Self esteem	Total N (%)	Male N (%)	Female N (%)	X ²	P
Low	162 (70)	75 (67)	87 (73)	4.546	0.103
Medium	57 (25)	27 (24)	30 (25)		
High	13 (6)	10 (9)	3 (3)		

X² = *Quai square*, p=*Probability value*

Table 3: Association of Child maltreatment and self esteem

		B	S. E	T	P	95% CI	
Step 1	Child maltreatment	-0.012	0.005	-2.341	0.020	-0.023	-0.002
Step 2	Child maltreatment	-0.012	0.005	-2.260	0.025	-0.023	-0.002
	Age	0.004	0.023	0.165	0.869	-0.042	0.049
	Sex (Female)	-0.077	0.078	-0.981	0.328	-0.231	0.077
	Education in years	0.026	0.030	0.873	0.384	-0.033	0.086

b = unstandardized regression weight, p=Probability value, CI= Confidence Interval

Model 2 explains only 3% of variations in self esteem

DISCUSSION

In this study, we aimed at examining the impact of child maltreatment on self-esteem among children and adolescents in south western-Uganda.

Descriptive Statistics

In regard to the hypothesis, the study found that child maltreatment negatively impacted self-esteem. With respect to age, the sample's average age was 14.03 years with a standard deviation of 3.231. The results of the correlation analysis revealed a statistically significant positive correlation ($r = 0.856$, $p < 0.01$) between age and education in years. This suggests a strong association between age and education in years. A noteworthy association was observed between maltreatment and age, with a correlation coefficient of 0.019 and a p-value greater than 0.05. The results indicate a statistically significant relationship between age and self-esteem, with a positive correlation coefficient of 0.126 and a significance level of $p < 0.05$. The mean value of education in years was 6.38 with a standard deviation of 2.439. The results of the correlation analysis indicate a statistically significant positive correlation between the number of years of

education and maltreatment, with a correlation coefficient of 0.012 and a p-value greater than 0.05.

Furthermore, a noteworthy affirmative association was observed between the number of years of education and self-esteem ($r = 0.136$, $p < 0.05$), indicating a statistically significant connection. The mean score for child maltreatment was 28.70 with a standard deviation of 7.165. The study revealed a statistically significant negative correlation between child maltreatment and self-esteem ($r = -0.153$, $p < 0.05$), suggesting an adverse association between the two variables. The total scores of CM included all physical, emotional, and sexual abuse; physical and emotional neglect plus witnessing parental physical abuse, parental conflicts, and sexual abuse. In addition, age in years positively correlated with self-esteem. The hypothesis was accepted. The findings indicate that child maltreatment impacts self-esteem negatively. This implies that an increase in childhood maltreatment occurrence results into a decrease in self-esteem among children and adolescent. The results are in line with findings from previous research both from low- and high-income countries. For example, a study done in Kenya found an inverse relationship between childhood maltreatment and self-esteem (Mutavi et al., 2018). Similarly, Mwakanyamale and colleagues

found out that malt-type maltreatment had a statistically significant impact on self-esteem among adolescents in Tanzania (Mwakanyamale et al., 2018). In Uganda a qualitative report by World Vision derived from case study research done among orphans living with HIV also found that children and adolescents were highly maltreated by guardians through all forms of abuse which impacted on their esteem negatively (Vision, 2005).

The situation in developed countries is not very different; In a systematic review done on studies in different countries revealed that child maltreatment mainly rotated around household caregivers being the main perpetrators either directly or indirectly and it significantly affected the victims mental health (UNICEF, 2012). Also, Malik and colleagues in their study done in Pakistan among adolescents found out that childhood maltreatment strongly predicted low self-esteem (Malik & Kaiser, 2016). Similarly, another review done by Pacheco and colleagues found out that in the 19 studies done between 1984 and 2012 all established that children and adolescents with a history of child maltreatment had impaired self-esteem (Pacheco et al., 2014).

We argue that as the children grow in age, they develop resilience and are relatively equipped with problem-solving skills, self-regulation and planning which are key aspect in reducing maltreatment occurrences hence boosting one's esteem despite the maltreatment experienced. In addition, as children grow, they may assume that the abusive environment is the normal way life and they work hard to keep strong friendships with their caregivers in fear of the punishment.

The current study demonstrates that child maltreatment exists in Western Uganda and has adversely affected self-esteem among vulnerable students in primary and secondary schools. We believe that this results from this study will provide a basis for future studies and interventions for building children's self-esteem.

Prevalence of Esteem across Gender

The results depicted in *Table 2* provide insights into the gender-specific distribution of participants' self-esteem levels. Majority, 162 (70%) of the sample's 232 individuals were classified as having low self-esteem, while 57 (25%) were classified as having medium self-esteem, and 13 (6%) were classified as having high self-esteem. Examining the distribution by gender reveals that 75 (67%) of males had low self-esteem, while 27 (24%) had medium self-esteem, and 10 (9%) had high self-esteem. There were 87 (73%) females with low self-esteem, 30 (25%) with medium self-esteem, and 3 (3%) with high self-esteem. The chi-square test was performed to determine whether there was a significant relationship between self-esteem levels and gender. The value of chi-square was 4.546, and the corresponding p-value was 0.103. Despite the fact that the p-value did not reach the conventional threshold of 0.05 for statistical significance, the results imply a trend or a possible relationship between self-esteem levels and gender. Generally, majority females 87 (73%) had lower self-esteem compared to males 57 (25%). Results of this study are consistent with findings of previous studies which found that males had higher self-esteem compared to females (Bleidorn et al., 2016; Golan, 2015).

The majority of participants in the study exhibited low self-esteem, regardless of gender. Specifically in the Ugandan culture which is comprised of male dominance, it is not surprising that this study could found out that most females had lower self-esteem compared to males. Intervention to enhance self-esteem among children and adolescents with a history of maltreatment should give specific attention to gender and culture.

While there is a suggestion of a relationship between self-esteem levels and gender, the association did not reach statistical significance at the chosen alpha level. Therefore, research is warranted to explore this relationship further and consider other factors that may influence self-esteem levels in order to develop targeted interventions and support systems. It may be necessary to conduct additional research with a

larger sample size to gain a more conclusive understanding of this relationship.

Association of Child Maltreatment and Self Esteem

The findings from the regression analysis in Table 3 indicate the association between child maltreatment and self-esteem, while controlling for other variables. In Step 1 of the analysis, after controlling for age, sex (female), and education in years, child maltreatment showed a significant negative association with self-esteem ($b = -0.012$, $p = 0.020$). This suggests that higher levels of child maltreatment are associated with lower levels of self-esteem. In Step 2, with the addition of age, sex (female), and education in years to the model, child maltreatment continued to show a significant negative association with self-esteem ($b = -0.012$, $p = 0.025$). This indicates that the relationship between child maltreatment and self-esteem persists even when accounting for the effects of age, sex, and education in years. Findings of this study are consistent with previous research results as already noted above (see descriptive statistics section). Furthermore, the analysis found no significant associations between self-esteem and age ($b = 0.004$, $p = 0.869$), sex (female) ($b = -0.077$, $p = 0.328$), or education in years ($b = 0.026$, $p = 0.384$).

In conclusion, the results demonstrate that child maltreatment has a significant negative association with self-esteem, indicating that individuals who have experienced higher levels of child maltreatment are more likely to exhibit lower self-esteem levels. These findings highlight the importance of addressing and providing support for individuals who have experienced child maltreatment, as it may have long-lasting effects on their self-esteem. These results provide an important reference for how maltreatment experienced early in life affects the victim's internalizing behaviour particularly self-esteem. Such a reference is a valuable resource for psychological interventions targeting children and adolescents with a history of child maltreatment.

However, it is essential to consider that this analysis does not establish causality, and further research is necessary to understand the underlying mechanisms and explore potential interventions to improve self-esteem in individuals affected by child maltreatment.

CONCLUSION AND RECOMMENDATIONS

Given the significant positive correlation between age and education in years, it is essential to offer educational opportunities to individuals of all ages. Implementing programmes that encourage individuals to pursue higher levels of education and promote lifelong learning can be advantageous.

The observed association between age and maltreatment suggests the need for targeted interventions and support systems for all individuals who have experienced maltreatment, regardless of age. Developing counselling services, support groups, and trauma-informed programmes can aid in addressing the effects of maltreatment and promoting health.

Self-esteem enhancement programmes: Given the significant positive correlation between age and self-esteem, it may be advantageous to devise and implement self-esteem enhancement programmes, especially for individuals at various phases of life. Such programmes could include self-confidence, self-acceptance, and positive self-image promoting activities.

Educational opportunities for victims of maltreatment: The substantial positive correlation between years of education and maltreatment suggests that individuals who have experienced maltreatment may encounter obstacles when attempting to access education. Efforts should be made to provide this population with equal educational opportunities by providing scholarships, mentorship programmes, and educational support systems.

Given the significant negative correlation between child maltreatment and self-esteem, interventions should target the impact of

maltreatment on self-esteem. This may include therapeutic interventions, counselling, and support programmes that help individuals develop resilience, coping strategies, and a healthy sense of self-worth.

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