

**PARENTAL CHILD NEGLECT: PREVALENCE, SOCIAL AND
EMOTIONAL PROBLEMS ASSOCIATED WITH NEGLECTED
CHILDREN IN SELECTED SCHOOLS OF MUFULIRA DISTRICT IN
ZAMBIA**

BY

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A dissertation submitted to the University of Zambia in partial fulfilment of the requirements for the degree of Master of Education in Educational Psychology

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DECLARATION

I, **Ruth Nakamba**, do hereby declare that this dissertation represents my own work and it has not been submitted for any degree at any level at this University or any other University for the same purpose. All resources used have been acknowledged by means of complete references.

Signed _____ Date _____

APPROVAL

This dissertation of **Ruth Nakamba** is approved as fulfilling the partial requirements for the award of the Degree of Master of Education in Educational Psychology by the University of Zambia.

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ABSTRACT

Child neglect is one of the most common forms of child maltreatment, and it has a devastating impact on the development of children. Child neglect is perpetuated by parents through failure to meet physical and psychological needs. Positive early life experiences promote physical, intellectual, social and emotional development. However, the development of most children is adversely affected because they are deprived of the vital support they need in order to thrive. In Zambia, there is no evidence indicating that parental child neglect has been studied in secondary schools. Evidence indicating the prevalence of child neglect is lacking in schools as well social and emotional problems linked to it. Therefore, this study sought to determine the prevalence of parental child neglect in the two selected schools of Mufulira District. Additionally, this study sought to identify social and emotional problems associated with child neglect.

The research design was a cross-sectional survey and self-administered closed ended questionnaires were used to collect data. The sample consisted of two hundred pupils who were randomly selected from two secondary schools in Mufulira District. Their age ranged between twelve and eighteen years. Among the participants 44.5 percent were boys and 55.5 percent were girls. The prevalence of parental child neglect was established using the Multidimensional neglectful behavioural scale (MNBS). While information on social and emotional problems associated with neglected children was collected using Personal relationships profile (PRP). The instruments which measured social problems were: Social integration scale, Criminal tendencies scale and Antisocial personality scale. Emotional problems were measured by Borderline personality symptoms scale, Depressive scale and Post-traumatic stress symptoms scale. Data was analysed using the statistical tests which included: Chi-square test of independence, bivariate correlation, Analysis of variance and descriptive statistics. The statistical package for Social Science (SPSS) was used to analyse the data.

The prevalence of overall parental child neglect was rated at twenty five percent. The prevalence of child neglect was also analysed according to the four categories of child neglect: physical, emotional, cognitive and supervision neglect. Physical neglect was rated as the highest and emotional neglect was the lowest. The findings indicated that all the three types of child neglect except physical neglect were associated with criminal tendencies, antisocial personality behaviour and diminished social integration. Additionally, the three types of parental child neglect were associated with depressive symptoms except emotional neglect. Similarly, physical and supervision neglect did not have a significant relationship with borderline personality symptoms while other forms of neglect did. Furthermore, all the four types of neglect did not have a significant relationship with post-traumatic stress symptoms. The mean differences between neglected and nurtured learners on all scales measuring social and emotional problems indicated lower rating for nurtured children. Lastly, the only significant difference between neglected and nurtured learners was based on social integration. In conclusion, parental child neglect is prevalent and it is associated with social and emotional problems.

Keywords: Parental child neglect, prevalence, nurture, development

DEDICATION

This dissertation is dedicated to my husband Mr. Obed Sichela, and my children, Ipaalo and Sankanaji for their endurance during the time I was away from home. I also dedicate this work to my father, Mr. Tenson Mulambya and my mother, Mrs. Beatrice Nakanyika Mulambya.

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TABLE OF CONTENTS

COPYRIGHT	i
DECLARATION	ii
APPROVAL.....	1
ABSTRACT	iv
DEDICATION	v
ACKNOWLEDGEMENTS	vi
LIST OF TABLES	x
LIST OF FIGURES	xi
ACRONYMS	xiii
OPERATIONAL DEFINITIONS	xiv
CHAPTER ONE: INTRODUCTION	1
1.1 Overview	1
1.2. Background of the study	1
1.3. Statement of the Problem.....	4
1.4. Purpose of the Study	5
1.5. Objectives.....	5
1.6. Research Questions	5
1.7. Scope of the study	5
1.8. Significance of the Study	6
1.9. Theoretical Framework	6
1.10. Conceptual Framework	14
Adapted from: Sigelman Rider (2009).....	15
1.11. Ethical Considerations	15
1.12. Summary of the chapter	16

1.13. Organization of the Whole Dissertation.....	16
CHAPTER TWO: LITERATURE REVIEW	17
2.1. Overview	17
2.2. Nature of Child Neglect and Prevalence.....	17
2.3. Social Problems Associated with Neglected Children.....	26
2.4. Emotional Problems Associated with Neglected Children	33
CHAPTER THREE: METHODOLOGY.....	39
3.1. Introduction	39
3.2. Research Design.....	39
3.3 Target Population	40
3.4. Study Sample	41
3.5. Sampling Procedure	43
3.6. Data Collection Instruments.....	43
3.7. Data Collection Procedure	46
3.8. Data Analysis	47
3.9. Study Limitations	48
3.10. Summary of Chapter	48
CHAPTER FOUR: PRESENTATION OF FINDINGS	49
4.1 Introduction.....	49
4.2. Prevalence of Neglected Children.....	49
4.3. Social Problems Associated with Neglected Children.....	52
4. 4. Emotional Problems Associated with Neglected Children	56
4.5. Socio-emotional Functioning of Neglected and Nurtured Children	57
4.6. Summary of the Research Findings	58

CHAPTER FIVE: DISCUSSION OF FINDINGS	59
5.1 Introduction.....	59
5.2 Prevalence of Neglected Children.....	59
5.3. Social Problems Associated with Neglected Children.....	63
5.4. Emotional Problems Associated with Neglected Children	65
5.5 Socio-emotional Functioning of Neglected and Nurtured Children	67
CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS	69
6.1. Introduction	69
6.3 Summary of Research Findings	69
6.4 Conclusion	70
6.5 Recommendations	71
6.6 Suggestions for Further Research	71
REFERENCES.....	73
APPENDICES	85

LIST OF TABLES

Table 1.1: Stages of Erikson Psychosocial theory of Development.....	16
Table 3.1: Means, standard deviations of participants, and gender percent Distribution..	44
Table 3.2: Parents' education level.....	45
Table 4.1: Proportions of Neglected and Nurtured Learners.....	55
Table 4.2: Prevalence of four categories of child neglect.....	56
Table 4.3: Correlations between child neglect and socio-emotional problems.....	58
Table 4.4: Means, and standard deviations of neglected and nurtured children on the Scales Measuring socio-emotional problems and p-values showing ANOVA results.....	61

LIST OF FIGURES

Figure 1.1: Bronfenbrenner’s Ecological model of human development.....	12
Figure 1.2: The Conceptual framework.....	18

LIST OF APPENDICES

Appendix 1: Consent forms.....	86
Appendix 2: Data collection instrument: Questionnaire.....	94
Appendix 3: Ethical clearance.....	107
Appendix 4: Introductory letter from School of Education.....	110
Appendix 5: Cronbach's alpha-delete-item-analysis.....	111

ACRONYMS

MNBS	Multidimensional Neglectful Behavioural Scale
PRP	Personal Relationships Profile
ASP	Antisocial Personality Symptoms
DEP	Depressive Symptoms
LD	Limited Scale
NH	Neglect History
PTS	Post-traumatic Stress symptoms
BOR	Borderline Personality symptoms
SI	Social Integration
UNICEF	United Nations International Emergency Funds

OPERATIONAL DEFINITIONS

Child: A child is a person who is still in school and cannot survive without the sustenance of parents.

Parental child neglect: It refers to failure to engage in a behaviour which is needed to meet the developmental needs of a child and which is the obligation of the caregiver to provide.

Nurtured children: are children whose psychological and physical needs are met adequately.

Emotional neglect: refers to failure by parents to be responsive to the psychological needs of children, for example the need to be loved.

Physical neglect: refers to inability to meet sufficiently the physical needs of children such as food.

The borderline personality symptoms: are characterised with poor social relationships, emotional instability, dangerous behaviour and self-harm as well as impulsivity.

The depressive symptoms: refer to disturbances in mood characterised with low mood and hopelessness, dysphoric cognitions as well as semantic distortions in individuals.

Post-traumatic stress symptoms: is characterised by experiences of hyper arousal and avoidance symptoms related to trauma.

Social integration: refers to attachment to society and social norms.

Antisocial Personality: is characterised with irresponsibility, general hostility, impulsivity and poor social relationships characterised by lack of closeness.

Parent: Person living with a child and may not be a biological parent.

CHAPTER ONE: INTRODUCTION

1.1 Overview

This chapter presents background of the study, conceptual framework, statement of the problem, purpose of the study, study objectives, study questions, limitations of the study and significance of the study.

1.2. Background of the study

Research on parental child neglect has received little attention in Africa (Stoltenborgh, Bakerman-Kranenburg, & Van Ijzendoorn, 2012). Child neglect is perpetuated by parents or caregivers through failure to meet physical and psychological needs (Lukafahr, 2008). The major categories of parental child neglect include: emotional neglect, cognitive, supervision and physical neglect (Straus, Kinard, & Williams, 1995).

Stoltenborgh, et al., (2012) conducted a comprehensive meta-analysis to establish the prevalence of child neglect worldwide, but they did not pay much attention to low income countries. The overall prevalence of physical neglect was rated at 16.3 percent and emotional neglect was rated at 18.4 percent. There were no significant gender differences in the prevalence of child neglect (Stoltenborgh et al., 2012).

Research evidence indicates that there are several risk factors which contribute to child neglect (English, 1998). These include: poverty, lack of parental child care skills, substance abuse and family break up (Gaudin, 1993). Additionally, each of these risk factors independently enhance children's susceptibility to psychopathology (Lazenbatt, 2010).

1.2.1. Effects of Childhood neglect

Child neglect hinders normal development because children are deprived of the important support they need to experience optimal growth. Shonkoff and Philips (2000) found that abilities of children at birth are dependent on a series of experiences combined with heredity. Furthermore, Kundu and Tutoo (2009) argue that if the social environment is stimulating, it will create favourable impressions in the person on his or her development; and if it is dull and insipid, behaviour is likely to be shaped in an unhealthy manner. Therefore, it is important to provide the necessary support in various domains to enhance the development of children.

Child neglect affects all aspects of a child's development. Perry (2002) studied the impact of extreme multi-sensory childhood neglect on different areas of the brain. This study was conducted among Romanian orphans. The findings revealed that each brain area has a timetable for development and that children who had suffered severe sensory deprivation neglect in the first three years of life had a smaller brain size. Furthermore, this study revealed that it is necessary to provide appropriate experience to enhance neurodevelopment at critical times to foster development in relation to the timetable of the brain. For example, children who are exposed to language during infancy, learn the language effortlessly (Newport, 2002). Newport (1991) conducted a study on adults who were exposed to language later in life after the critical period had passed. These people experienced low language proficiency. In view of this, Perry (2002) argues that the earlier and the more pervasive neglect is, the more devastating the developmental problems for a child, and pervasive developmental delay.

Children who experience early emotional neglect are more likely to have attachment problems (Ainsworth, 1964; Perry, 2002). According to Perry (2002), "The maternal-

child attachment provides a working framework for all subsequent relationships that a child will develop. A solid and a healthy attachment with a primary caregiver appears to be associated with a high probability of healthy relationships with others while a poor attachment is associated with a host of emotional and behavioural problems later in life” (p. 95).

In the development of socio-emotional functioning, early life nurturing is absolutely necessary. Neglected children are deprived of love and attention. Therefore, they are more likely to experience emotional problems. Neglected children are usually sad and isolated, exhibit poor eye contact and detachment (James, 1994). Research also indicates that neglected children often have distressing memories and they control their emotions by suppressing them (Hildyard & Wolfe, 2002). Therefore, they are more likely to be associated with depression, post-traumatic stress disorder, anxiety, emotional instability, and impulsive behavior (Lazenbatt, 2010). Additionally, child neglect is associated with inability to discriminate emotions (Pollak, Cicchetti, Hornung, & Reed, 2000).

Severe neglect during infancy or toddlerhood leads to a number of social problems such as aggressiveness (Hildyard & Wolfe, 2002). Research evidence shows that neglected children are likely to display juvenile delinquent behaviour as well as antisocial behaviour in early adolescent years (Pollak et al., 2000). In their study, Brie and Runtz (1988) found that neglected adolescents are twenty five times more likely to experience low academic achievement, drug abuse and mental health problems.

According to Child Welfare Information Gateway (2013), chronic child neglect is not seen vividly and may not draw people’s attention because many types of neglect leave no physical marks on the victims such as broken bones (Erickson, & Eageland, 2002;

Perry, 2002). Additionally, child neglect is more prevalent (Clement, Berube, & Chamberland, 2016; DePanfilis & Zuran, 1999) difficult to solve and has an adverse impact on the child's development (Erickson, & Egeland, 2002). Most of the studies on child neglect have been done in western countries. However, research on parental child neglect is scanty in Zambia. Zambia is a low income country where children are raised with the help of an extended family and the cultural context is totally different. Hence the need to study parental child neglect in a different cultural context.

1.3. Statement of the Problem

All children are moulded by early life experiences (Perry, 2002). They experience optimal growth with nurturing, attentive and reliable parents or caregivers. Positive early life experiences promote a child's physical, cognitive, social and emotional development (Delaney, 1998). However, the development of most children is adversely affected because they are deprived of the essential support they need to thrive due to child neglect. Most of the studies on child neglect have been done in western countries, with very few coming from Africa (Clement et al., 2016; Dunne, 2009; Stoltenborgh et al., 2012). Nevertheless, child neglect is documented as the most common form of child maltreatment in Zambia ((United Nations International Emergency Fund) [UNICEF], 2001). Most of the studies done in Zambia in relation to child maltreatment focused on physical and sexual abuse (UNICEF, 2001; Akani, Hazemba, Imasiku & Paul, 2015). Mbagaya, Oburu, & Bakermans-Kranenburg (2013) conducted a study on child neglect and physical abuse in Zambia, Kenya and Netherlands among university students. In Zambia, there is no evidence indicating that parental child neglect has been studied in secondary schools. Evidence indicating the

prevalence of child neglect is lacking in secondary schools as well as social and emotional problems linked to it. Hence the need for this study.

1.4. Purpose of the Study

This study focused on determining the prevalence of parental child neglect and the socio-emotional problems associated with neglected children in the two selected secondary schools of Mufulira District.

1.5. Objectives

The above purpose of the study was addressed through the following specific objectives:

- 1.5.1 To determine the prevalence of neglected children among secondary school pupils in two selected schools of Mufulira District.
- 1.5.2 To identify social problems associated with neglected children.
- 1.5.3 To identify emotional problems associated with neglected children.

1.6. Research Questions

This study attempted to answer the following research questions:

- 1.6.1 What is the prevalence of neglected children among secondary school pupils in Mufulira District?
- 1.6.2 What social problems are associated with neglected children?
- 1.6.3 What emotional problems are associated with neglected children?

1.7. Scope of the study

This study was conducted in Mufulira District which is situated in the Copperbelt Province of Zambia. Pupils were drawn from two secondary schools. One school was located in the peri-urban area whereas another school was found in the urban area and

enrolled most children from families of high socio-economic status. This was done to capture both urban and peri-urban characteristics of population in Mufulira District.

1.8. Significance of the Study

This study provided insight on the prevalence of parental child neglect in secondary schools. It may act as a reference point to inform policy makers and many stakeholders such as teachers to come up with workable solutions to help neglected children. Additionally, knowledge generated from this study could provide the basis for policy development and implementation. For example, knowing how many children are neglected is critical for policy development. Additionally, understanding factors that contribute to child neglect as well as consequences is of great importance to the development of prevention and intervention approaches.

1.9. Theoretical Framework

This study was guided by two theories. The first one is the bioecological theoretical model which is an extension of the Bronfenbrenner's Human Ecological systems theory. The Human ecological systems theory focused so much on the context and paid little attention to the individual in the context of development (Bergen, 2008). According to Bronfenbrenner (1994), the bioecological theoretical model focuses on gene-environment interactions in human development. It emphasizes the bidirectional influences between the development of an individual and the surrounding environmental contexts (Bronfenbrenner, 1994). Additionally, in the bioecological model, time is an important component because it shows the way people and environments change. The role of proximal forces is the key feature of bioecological systems theory. The process, person, context and time form the foundation of the bioecological model (Bergen, 2008). The first component centres on process.

Bronfenbrenner (1994) viewed proximal processes as primary mechanism for development and he featured them in the two central propositions of the biological model. The first proposition asserts that human development is determined by the interaction between a person and the immediate environment (Bergen, 2008). To be effective, the interaction must occur on a regular basis over a long period of time. However, developmental processes depend on the person and the context (Addison, 1992).

Additionally, the second proposition affirms that the impact of proximal processes depends on the joint action of characteristics of the developing person and the environment, both immediate and more remote in which processes are taking place. The second component focuses on a person. Bronfenbrenner acknowledged the role that personal characteristics of individuals play in social interactions. These include: age, gender and physical appearance (Bronfenbrenner & Morris, 1998). He also included resource characteristics which encompass mental and emotional resources such as past experiences, intelligence and skills (Tudge, Mokrova, Hatfield, & Karnik, 2009). Bronfenbrenner also stressed the importance of material resources such as access to housing, education and responsive caregivers (Bronfenbrenner & Morris, 1998). Additionally, Bronfenbrenner (1974) emphasised the importance of force characteristics related to variations in motivation, persistence and temperament. Bronfenbrenner (1994) argued that even when children have equal access to resources, their developmental courses may differ depending on their drive to succeed and persistence in the face of hardship. Bronfenbrenner provides the rationale on how environments (systems in the original model: Ecological systems theory) influence personal characteristics, yet also suggest personal characteristics can change environments (Tudge et al., 2009).

The third component of the bioecological model is the context which includes five interconnected systems and the first four systems are based on the original Bronfenbrenner's original model, ecological systems theory which is presented in Figure 1.1. The systems include: microsystem, mesosystem, exosystem, macrosystem and chronosystem (Addison, 1992).

The microsystem is the layer which is closest to the child where a child has direct interactions. The microsystem encompasses the relationships and interactions a child has with the immediate surroundings (Berk, 2000). The structures in the microsystem include the family, school, neighbourhood and child care environments. At the microsystem level, bidirectional influences are strongest and have the greatest impact on the child (Bronfenbrenner, 1994). However, the interactions at the outer levels can still impact the inner structures (Bergen, 2008).

The mesosystem provides the connection between the child's microsystems (Berk, 2000). For example, the connection between the child's teacher and his or her parents. The exosystem shows the link where a child is found and the context where a child is not actively participating (Bergen, 2008). For example, the parents' work place determines how much money the parent can spend at home to meet the needs of children, and how much time the parent can be with the children. The structures in this layer impacts the child's development by interacting with some structure in his or her microsystem (Berk, 2000). The impact can be positive or negative on the development of children.

The outermost layer in the child's environment is the macrosystem which comprises cultural values, customs and laws (Tudge et al., 2009). The development of a child is

influenced by these ideologies. The macrosystem also includes the economic status of a nation (Munsaka & Matafwali, 2013).

The chronosystem encompasses the dimension of time as it relates to the child's environment. For example, the parents death, or internal physiological changes that occur with the aging of a child. As children get older, they may react differently to environmental changes (Addison, 1992).

The fourth component of the bioecological model is time which has a prominent place in the developmental model because this model measures an individual's development (Bergen, 2008). Time influences the systematic interactions within an individual's lifespan as well as across generations (Tudge et al., 2009). In case of family, values, morals and beliefs are passed down between generations and shapes development. This is an example of a microsystem interaction with time.

The bioecological model asserts that a child's biology (nature) and environment determine the development of a child. A problem arises when a child's physical and cognitive structures grow and mature at the expected rate and the world that surrounds the child does not support or nurture the development. Child neglect hinders development because children are deprived of the vital support they need to thrive. Children should have interaction with parents or caregivers that is necessary to foster development. According to the bioecological model, if the relationship in the immediate microsystem breaks down, the child will not have tools to explore other parts of the environment (Berk, 2000). Consequently, children will be looking for affirmation and attention in inappropriate places that should be present in the child-parent-relationship. These deficiencies show themselves especially during

adolescence as anti-social behaviour, lack of discipline and inability to provide self-direction (Addison, 1992).

The bioecological model attempts to explain the combined influence of the different contexts, or systems which influence the development of a child (Sigelman & Rider, 2009). In short, this theory shows how nature and nurture interact in the development of an individual. The applicability of this theory in this study hinges on the interactions of various systems of society in the development of a child and also the interactions of different factors at various levels contributing to child neglect. The microsystem is the environment where a child has face to face interactions. Therefore, according to the bioecological model, this is the environment which has the greatest impact on the development of a child. If the needs of a child are not met in the microsystem the development of a child will be negatively affected leading to socio-emotional problems. The ecological systems theory is presented in Figure 1.1.

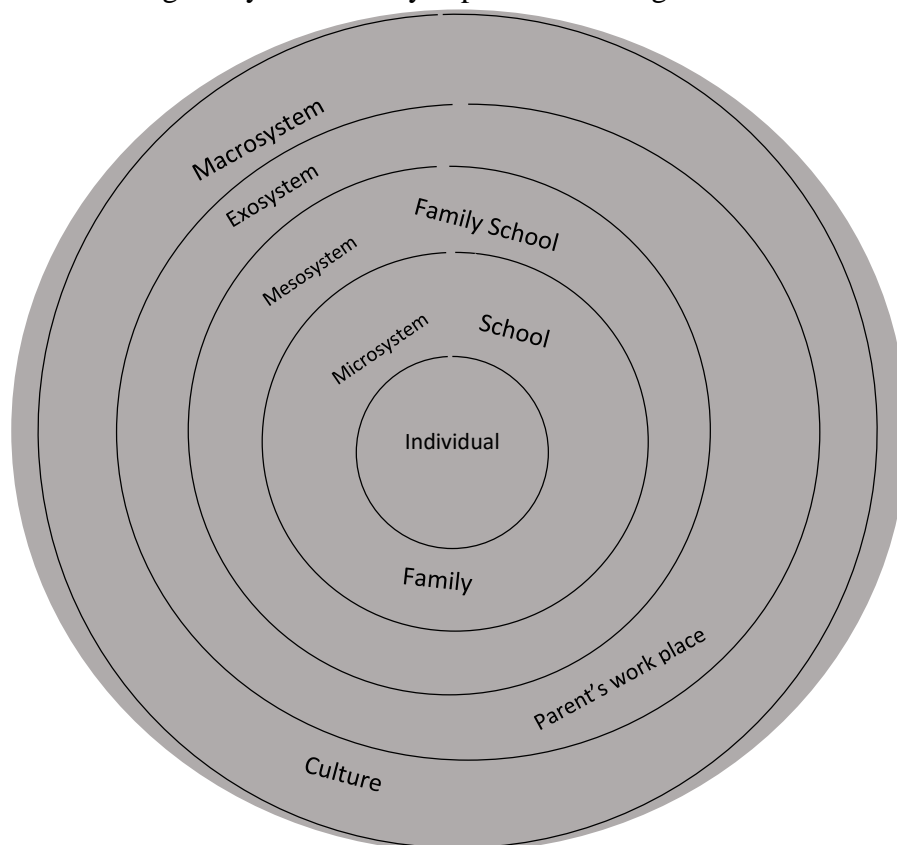


Figure 1.1 Bronfenbrenner's Ecological Model of Human Development

Adapted from: Sigelman and Rider (2009).

The second theory which informed this study is Erikson's Psychosocial Theory of Development. It comprises eight stages of development. For this study, only the first five stages are applicable because they cover a period starting from infancy to adolescence and each stage builds on the previous stage. Additionally, the research participants were adolescents.

Erikson (1959) emphasised the importance of social relationships in human development. In his view, psychosocial development progresses in a series of stages that begin in early childhood and continue through adulthood. He believed that our personalities are shaped by how we deal with psychosocial crises or challenges during these stages.

The first stage is trust versus mistrust which lasts from birth to one year. During this stage infants need assurance about the safety of the world in which they live (Nevid, 2009). To resolve this, they look for genuine affection from their care givers. If they receive consistent and reliable care, they develop trust and carry it to future relationships. Success in this stage leads to the development of hope (Munsaka & Matafwali, 2013). Otherwise, an infant will develop fear, mistrust and insecurity.

The second stage is based on autonomy versus shame and doubt. It ranges from one year to three years. Children try to discover their skills and abilities as they develop physically (Palude, 2002). For example, they may try to put on shoes. Erikson (1959) argues that parents should allow their children to explore their abilities in a conducive environment. Success in this stage results in the virtue of will. If supported, children become confident and secure in their abilities to survive in the world (Nevid, 2009). Overly controlled environment and criticism make children feel inadequate and they

lack self-esteem which leads to a sense of shame and they doubt their abilities (Sigelman & Rider, 2009).

The third stage is initiative versus guilt and it lasts from three years to five years. During this stage, the primary feature is interaction and play through initiating activities. Use of language and ability to participate in many physical activities set the stage for initiative (Nevid, 2009). Children who succeed in their activities are praised for their accomplishments and they develop a sense of initiative and competence (Palude, 2002). Conversely, those who fail to accomplish tasks may develop feelings of guilty especially if they are criticized harshly. Success in this stage will lead to a virtue of purpose. Hence the need for parents to provide a conducive environment to foster initiative.

The fourth stage is industry versus inferiority, and it starts from five years to twelve years. This period corresponds with elementary school period. A child's behaviour is dominated by intellectual curiosity and performance (Palude, 2002). The child faces the challenge of developing industriousness by producing things and learns to win recognition (Nevid, 2009). Therefore, a parent should encourage and reinforce initiative. Success in this stage leads to the virtue of competence.

The fifth stage is identity versus role confusion. Adolescents search for a sense of self and personal identity through exploration of personal values, beliefs and goals. Erikson (1959) argues that an adolescent mind is between childhood and adulthood, and between morality learned as a child and ethics to be developed as an adult. According to Erikson (1959), two identities are involved, sexual and occupational. Success in this stage leads to the virtue of fidelity which means being able to commit one's self to others regardless of difference in ideologies. Adolescents who experience role

confusion are prone to peer pressure. They may become rebellious, may abuse drugs, may be unstable and they are likely to be delinquent.

Erikson (1959) concentrated on how behaviour is influenced after birth and he focused on nurture and experience (Nevid, 2009). The theory asserts that during each stage, a person experiences a psychosocial crisis which is of psychological nature and involves psychological needs of an individual (Nevid 2009). A person completes each stage successfully if the basic virtue for that particular stage is acquired (Munsaka & Matafwali, 2013). This only happens when parents or caregivers provide a conducive environment for their children and meet their needs. In this study, the applicability of this theory is based on the necessity of meeting needs of children and providing appropriate experience at each stage to enhance normal development. Failure to do this, can result in a number of social and emotional problems indicated in the Table 1.1. Therefore, children can only experience optimal growth with attentive and nurturing parents.

Table 1.1: Erikson' Psychosocial Stages of Development

Erikson's psychosocial crisis stages	Life stage/relationships/issue	Potential positive outcome from each crisis	Negative outcome from unhelpful experience
Trust v mistrust	Infant/mother/feeding, being comforted, sleep	Hope and drive	Withdrawal, fear, insecurity, mistrust
Autonomy shame & doubt	Toddler/parents/toilet training, muscular control, toilet training	Willpower and self-control	Impulsivity/compulsion, dependent, lack self-esteem, doubt their abilities
Initiative v guilty	Preschool/family/exploration, adventure and play	Purpose and direction	Lack of pity, lack creativity, always a follower
Industry v inferiority	School child/school, teachers, friends, neighbourhood, achievements	Competence Method	inactive, doubt their abilities
Identity v role confusion	Adolescent/peers/resolving identity and direction	Fidelity and devotion	Intolerance of opposing views, rebellion, delinquency

Source: sigelman and Rider (2009)

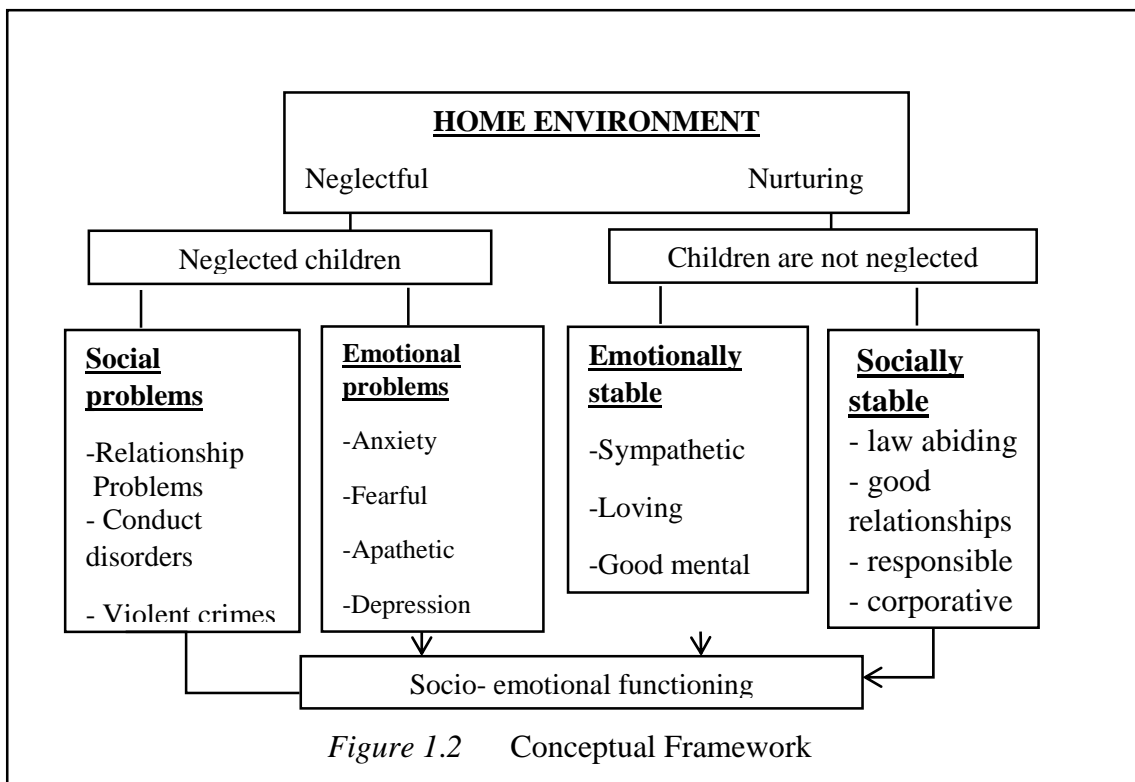
1.10. Conceptual Framework

Kombo and Tromp (2006) argue that a conceptual framework is important because it explains the relationships between research variables and drives the research process. In this study, a conceptual framework played a great role in the analysis of research findings.

The researcher believes that factors prevailing in the home environment can either promote child neglect or ensure that the needs of a child are met. According to Child Welfare Information Gateway (2013) poverty, substance abuse, inter-personal violence, lack of education, mental illness and lack of good parenting skills are likely to contribute to child neglect. Conversely, adequate resources, good parenting skills as

well as good mental health enhance attending to the needs of the children (Crittenden, 1999).

This research was conceptualised on the importance of meeting children’s needs as they grow. Failure to meet children’s basic needs such as physical, cognitive, supervision and emotional needs due to child neglect results in unhealthy development. This leads to social and emotional problems among children. On the other hand, if their needs are met, they are expected to be emotionally stable and socially competent. The diagrammatic presentation of the conceptual framework for this study is presented in Figure 1.2.



Adapted from: Sigelman and Rider (2009)

1.11. Ethical Considerations

An approval was obtained to conduct this research from Research Ethics Committee of the University of Zambia. Additionally, consent was obtained from institutions

where research was conducted. The participants asserted to participate in the research. Additionally, the consent of the participants' parents was sought because the participants were minors. Similarly, they were informed about the nature and purpose of the study and that the information gathered was purely for academic purposes. Respondents were assured of high level of confidentiality.

1.12. Summary of the chapter

This chapter presented the background of the study as a way of identifying the research gap, followed by statement of the problem, the purpose of the study, research objectives, research questions, significance of the study and the scope of the study. Furthermore, the description of the conceptual and theoretical framework was given and how they fit in this study. Lastly, the researcher described ethical considerations. The next chapter discusses the literature which informed this study.

1.13. Organization of the Whole Dissertation

This dissertation has six chapters. Chapter one has highlighted the background of the study, statement of the problem, purpose of the study, research objectives and research questions, significance of the study, scope of the study, theoretical and conceptual framework as well as ethical considerations. Chapter two reviewed literature which informed this study. Chapter three presents the description of methods applied in this study. Chapter four presents the findings of this study. Chapter five presents discussion of findings and finally chapter six presents conclusions and recommendations arising from this study.

CHAPTER TWO: LITERATURE REVIEW

2.1. Overview

This chapter presents a detailed literature review. The literature review focuses on parental child neglect starting from infancy, preschool, school age, and partly adolescence because neglect which begins at an early age has a great impact on the development of children (Hildyard & Wolfe, 2002). The review of literature is organised according to the following themes: nature of child neglect and prevalence, social problems associated with neglected children, and emotional problems associated with neglected children.

2.2. Nature of Child Neglect and Prevalence

In different locations, the prevalence of parental child neglect differs depending on various factors. The common aspect of any form of child neglect is an act of omission by parents or caregivers (Gough, 2005). Physical and sexual abuse may be incident specific. These forms of child maltreatment could be addressed immediately. However, child neglect is usually chronic (Hildyard & Wolfe, 2002). According to Straus and Kaufman (2005), the challenge of defining and measuring neglect concerns how persistent the neglectful behaviour of a parent must be to be considered neglectful. A single occurrence of neglect is not regarded as a neglectful event and a parent is not viewed as neglectful based on an isolated incident of neglect. This could have been done to reduce the number of parents who are regarded neglectful (Straus & Kaufman, 2005). In view of this, children are exposed to harsh situations for a long time in order to be considered neglected.

The Multidimensional Neglectful Behavioural scale-AS, permits operationalising neglectful behaviour so that it can be measured in a manner that encompasses the perpetual aspect of neglectful behaviour that exceeds a single incident (Straus & Kaufman, 2004). Therefore, a continuous range of frequency for each act of neglect must be provided (Straus & Kaufman, 2005). Furthermore, different thresholds for different purposes are authorised when the Multidimensional neglectful behavioural scale is used (Straus & Kaufman, 2005). Similarly, Peralta-Carcelin, Bailey, Rector and Grantz (2013) recommend 75th percentile as the threshold for behavioural and socio-emotional problems. Therefore, the 75th percentile was adopted because the chronicity of the situations indicating neglect must be captured. Measuring child neglect poses many challenges because the severity of child neglect is culturally presumed (Straus & Kaufman, 2004). For example, in some cultures denying a child an opportunity to learn how to read and write may not be considered neglectful or failing to meet a developmental need. Cultural norms concerning neglectful behaviour differ from society to society (Straus & Kaufman, 2004). Hence, the need to consider them when finding solutions to parental child neglect.

2.2.1. Prevalence Rates of Child Neglect

In America, types of parental child neglect are well stipulated and parents are well informed about the types of neglect and perpetrators of neglect are reported to child protective services. Additionally, the child welfare system protects children from any form of maltreatment from their parents or caregivers (Gough, 2005). The different forms of child neglect fit in the four categories of parental child neglect: physical neglect, neglect of supervisory needs, Emotional neglect and cognitive neglect (Straus, Kinard, & Williams, 1995). The prevalence of these types of neglect differ in various locations.

In United Kingdom, child neglect is also a serious problem. For the year 2007, parental child neglect accounted for forty four percent of child maltreatment cases, representing fourteen thousand and eight hundred children (Department of Children Schools and Families, 2007). Evidence from national surveys in United States of America, indicates that the most common form of child neglect is lack of supervision which accounts for nineteen percent, and twenty seven percent of participants were victims of at least one form of neglect, (Straus, Hamby, Finkelhor, Moore & Runyan, 1998). Child neglect accounts for three quarters of all child maltreatment cases (U.S. Department of Health and Human Services [HHS], 2012). In 2011, six hundred and seventy six thousand and five hundred and sixty nine children were victims of child abuse and neglect (Department of Health and Human Services, 2012). In North America alone, research findings indicate that child neglect represent half of all cases of child maltreatment. This includes failure to supervise a child adequately, resulting in physical harm (Trocmé & Wolfe, 2001). Physical neglect and educational neglect comprise common cases of neglect. On the other hand, neglect involving failure to supervise leading to sexual abuse and medical neglect are less common in America (Hildyard & Wolfe, 2002).

Clement et al. (2016) conducted a quantitative research with a cross-sectional design in which the short version of Parent-Report Multidimensional Neglectful Behaviour Scale was selected for measuring child neglect in Quebec, Canada. The results indicated that supervision neglect was one of the most common forms of child neglect in all age groups of children. This study also revealed that older children were more susceptible to emotional and cognitive neglect. Some parents could not show interest in the children's school work. In this study, the prevalence of child neglect among different age groups revealed that 25.5 percent of children from six months to four

years had experienced at least one form of neglect. Similarly, 29.4 percent of children from five years to nine years had experienced neglect. Furthermore, 20.6 percent of children aged between ten to fifteen years were also victims of neglect. Additionally, there were no significant differences by child gender and it was concluded that neglectful behaviours affect all age groups in the general population regardless of gender. This study focused on risky factors of parental child neglect such as depression, alcohol consumption, drug abuse and depression. On the other hand, the present study addressed socio-emotional problems associated with neglected children.

In Africa, research on child neglect is scanty. According to a meta-analysis by Stoltenborgh et al. (2012), studies on physical neglect were evidently absent and this was illustrated by lack of studies on child neglect in developing countries. Therefore, most of the literature was based on western countries. According to Button, Ward, Artz and Loeschut (2015), the first study to provide national wide representative data on child maltreatment was done in 2015. The results indicated that 21.3 percent of the respondents had experienced neglect during childhood. The age of participants ranged between fifteen and seventeen years. This shows that the study of child neglect had not received adequate attention for a long time in South Africa.

In Zambia, children are protected from abuse and neglect by government. The Juvenile Act works in conjunction with the Penal Code of the Laws of Zambia that deal with offences relating to marriage and domestic relations to protect children from child neglect. Section 168, 169 and 171 of the laws of Zambia make it an offence for any parent or guardian to leave a child without any form of support, or neglect to provide sufficient food, clothes, beddings or other necessities of life, (Kempe, 1994). Research on child neglect is scanty in Zambia. According to Chanda (2014), willful neglect was one of the major social problems in Zambia; and people in low income environments

and rural areas had little or no knowledge concerning what constitutes child neglect. Most people in Zambia live on less than a dollar per day (United Nations Development Programme [UNDP] 2009).

Most studies in Zambia in relation to child maltreatment have focused on child abuse. Akaani, Imasiku, and Hazemba (2015) conducted a study in Zambia on the characteristics of child abuse among sexually abused children at University Teaching Hospital. A cross-sectional survey design was used and out of two hundred participants who were victims of sexual abuse, three were boys. Similarly, a study undertaken by (UNICEF, 2001) addressed the causes of child abuse and also determined categories of children who were prone to child abuse. The results indicated that forty two percent of participants were victims of child abuse.

Mbagaya et al., (2013) conducted a quantitative study on child physical abuse and child neglect among university students in Kenya, Zambia, and Netherlands. The results indicated that fifty four percent of participants from Zambia were neglected, Kenyans fifty nine percent and forty two percent of the Dutch participants were neglected. Mbagaya and colleagues focused on university students, whereas this study addressed prevalence of child neglect among adolescents in secondary school.

2.2.2. Cultural Child Rearing Practices

Tuwangye (2000) conducted a qualitative study in Uganda to establish what constitutes neglect in a rural setting. The findings of the research indicated that some forms of parenting styles could be regarded as abusive and neglectful by urban Ugandians or Western experts. However, they were considered as a normal way of life. The child rearing practices were deeply rooted in the traditional culture. The findings also indicated that culture and poverty were great obstacles in terms of

addressing neglect. Tuwangye (2000) addressed the parents' construction of emotional abuse and neglect in a rural district of Uganda. However, this study focuses on neglected children in secondary schools and the sample consisted of peri-urban and urban characteristics.

In patriarchal societies, like Zambia, children are treated differently depending on the sex of a child and they are raised with the help of extended families (Messa, 2007; Lalor, 2008). Additionally, a man is the head of the family and title is drawn from the male family (Reddy, 2014; Messa, 2007; Kelly, 1999). The head of the family has unquestionable power and acts according to the social norms and may not consider the interests of family members (Reddy, 2014). Women do not usually participate in decision making. Mostly, the head of the family makes decisions regarding children's career, education and marriage (Reddy, 2014). Socio-cultural beliefs promote boys and neglect girls (Messa, 2007). Therefore, there is need to provide a favourable environment to help girls actualise their potential. If the perception of people towards the girl child does not change, more girls will be neglected because the treatment of the girl child will reflect the negative attitude of society.

According to Alabi, Bahah and Alabi (2013), discrimination and abuse against women is preserved and transmitted from one generation to another through traditional practices, stereotyping, cultural and religious beliefs which promote neglect of women at any level. It is documented in literature that marginalisation of women is a major problem in the different parts of the globe, such as India and Africa, (Reddy, 2014; Alabi et al., 2013). There is need to increase community awareness on gender equality and educate people on the importance of empowering women economically. Marginalisation of women is retrogressive to the development of any nation because women also have a major role to play in the economic development of a nation.

The Government of Zambia, does not formulate laws and policies which discriminate against women. However, discrimination against women is entrenched in social and cultural beliefs as well as attitudes of society. A good number of policies have been established to promote equity for both boys and girls. Zambia has ratified the United Nations Convention on the rights of the child (1989). In line with Zambia's international obligations, Article 15 of the Laws of Zambia protects young persons from physical, mental ill-treatment and all forms neglect (Soneson, 2005). Therefore, these laws deter parents from mistreating their children to avoid being persecuted. Thereby reducing the number of neglected children.

In Ghana, the negative attitude against girls is displayed openly after the birth of a female child. For example, after a woman has given birth, it is a regular trend to hear men asking, "Is it a human being (boy) or an animal (girl)?" This is an exact translation from Akana language (Tanye, 2008). Neglect and rejection of the girl child is also seen clearly by the negative attitude society has towards girls' education. Some Ghanaians think that educated women are superior to men (Prince, 2015). Therefore, they deny women access to education as measure of keeping them in a marginalised position (Tanya, 2008). Despite all this, the government of Ghana has implemented policies which foster education for both girls and boys (Prince, 2015).

Variations in the definition of child neglect make it difficult to solve this problem. According to Horwath (2005), differences in the definition of child neglect bring about differences in the way children are assessed and the judgment concerning what constitutes good parenting differs greatly. Therefore, this makes it impossible to standardise what constitutes child neglect. For example, what may be considered appropriate in one cultural setting may be unacceptable in another (English, 1998).

Hence, cultural norms must not be left out when interventions are being made to eradicate childhood neglect (English, 1998).

2.2.3. Factors Determining the Prevalence of child Neglect

There are a number of factors associated with neglect at personal and family level. Evans (2002) has listed a number of qualities of neglectful families from research through review of literature. These include the following: Single motherhood, young mothers, isolated mother, big families with unplanned pregnancies, low income families, unemployment, caregivers with low education, relationships characterised by conflicts, caregiver with a problem of substance abuse, poor mental health especially maternal depression, personal history of childhood maltreatment, parents with insecure attachment during childhood, parents or caregivers who are not responsive and sensitive to their children, and families that lack positive interaction between parents and children.

Unemployment and low income are linked to child neglect (English, 1998). However, they form the basis for understanding the framework of neglect and increase the chances for neglect to happen but do not predict occurrence of neglect. Additionally, a big number of children raised in low income families do not experience neglect. This clearly shows the need for differentiating between risk pointers and risk mechanism in understanding causal processes (Rutter, Giller, & Hagell, 1998). Although child neglect is linked to poverty, it is just an indicator of factors that are more directly involved. Crittenden (1999) found that poverty and child neglect are associated through links with problems in supporting interpersonal relationships. Functional interpersonal relationships make it possible to maintain family life, to look for a job,

keep a job or obtain help from others. Neglectful parents fail to understand social relationships and caring role (Crittenden, 1999).

Furthermore, research shows that neglectful mothers are linked to childhood characterised with lack of nurturance. In view of this, Stevenson (1998) found that mothers with history of neglect are expected to be less concerned about the needs of children. Neglect is mainly focused on mothers and not fathers. Some people say that neglect is failure in mothering (Swift, 1995). Although in recent years, the role of fathers has been recognised in raising of children (Flown & Buchanan, 2003).

Substance abuse is one of underlying factors of child neglect. Research findings indicate that between fifty and eighty percent of families involved with child protective services have a problem of substance abuse (English, 1998). Child neglect occurs in all families regardless of economic status. However, more cases emanate from low income families (English, 1998). Poor people do not mistreat their children. On the contrary, poverty combined with other risk factors such as substance abuse enhance child neglect (English, 1998).

English (1998) conducted a study on factors contributing to child neglect. The results indicated that parents with psychological problems are more likely to mistreat their children. These include: low self-esteem, lack of impulse control, violence, anxiety and depression. This study also revealed that parents with incorrect knowledge of the children's development often mistreat their children. Their expectations do not match with the level of development of their children. Sedlak and Broadhurst (1996) conducted a study on the causes of child maltreatment. The findings indicated that younger children, premature infants and children who are ill-tempered are more susceptible to abuse and neglect; girls are more prone to sexual abuse but other forms

of child maltreatment affect both sexes equally. This study also documented that mistreated infants and young children are more likely to be reported to child protective service (CPS) agencies than older children (Sedlak & Broadhurst, 1996). Additionally, there are more cases of child neglect from self-report surveys than those documented at CPS agencies (English, 1998). Most people feel embarrassed to report parental child neglect cases, and this results in the continuity of neglectful behaviour among parents. Prolonged exposure to neglectful experiences is detrimental to the development of children.

2.3. Social Problems Associated with Neglected Children

No child is born social. However, socialization is learnt through social interaction and partly it is innate. According to Kundu and Tutoo (2009), “Social development means acquisition or ability to behave in accordance with social expectations. A child is egocentric and always insists on what he or she wants” (p. 82). As a child grows the concept of ‘I’ gives way to ‘you’. In view of this, when a child reaches third year, he or she starts to appreciate other people and shares whatever belongs to him or her (Palude, (2002). Social development comprises two important aspects. An individual learns the way of life of a particular group of people and the number of people he or she relates to increases (Munsaka & Matafwali, 2013). The most important people in the life of a child are the parents or primary caregivers. Kundu and Tutoo (2009) writes, “Poor relationship with parents leads to reactions in the infant which tend to become the basis of adult personality disorder” (p. 82). A neglected child is deprived of the much needed love and support which leads to a lot of social problems.

Rutter et al., (1998) studied one hundred and one Romanian orphans who had experienced lack of nurturing during early childhood in institutional setting.

Thereafter, they were adopted and began to receive attention, love and nurturing for four years. The study revealed that the group which was adopted at a younger age had a significantly greater improvement in all domains. Unlike the present study which focused on socio-emotional problems associated with neglected children, Rutter et al. (1998) addressed the importance of early intervention to enhance the development of neglected children.

A family is the first human contact for a child and a conducive home environment enhances good personality development. Kundu and Tutoo (2009) argue that a home characterized by family disagreements, fights, unhappiness, lack of affection among members of the family and lack of care for the children results in emotional instability and poor adjustments on the part of a child.

The relationship of a mother and a baby matters a lot because a child is totally dependent on her. A child needs her love and recognition. In view of this, Sigelman and Rider (2009) argue that a family shapes the character of the child and introduces the child to a culture of a community, and promotes intimate face to face association and interaction which is more educative than any other personal interaction. Furthermore, Stevenson (1998) has justifiably claimed that an individual who has a stable and loving mother and father is likely to be a good citizen, dedicated employee, and finally good wife or husband.

When a child is born, it is important to develop attachment to parents or caregivers. Palude (2002) defines attachment as, “a positive emotional bond that develops between an infant and another person” (p. 21). In view of this, Bowlby (1969) describes attachment as an enduring bond that infants form with caregivers and older children. When infants develop attachment, they do not like being separated from caregivers. A

Psychiatrist John Bowlby was among the first theorists to study attachment in human infants (Bowlby, 1969). He believed that the quality of care and sensitivity of a parent to the needs of an infant during the first year of life determines the quality of attachment an infant develops.

Ainsworth (1964) developed a laboratory measurement of attachment known as Strange Situation. Ainsworth and colleagues noted three basic attachment styles, one showed secure attachment and the other two insecure attachment (Ainsworth, Blehar, Waters, & Wall, 1978).

Insecure-avoidant type (Type A). Infants with this kind of attachment showed little attention for the mother in the room and when she left they could not show distress. Additionally, they ignored her when she returned. About twenty percent of infants in the sample fit in this type (Ainsworth, 1964).

A secure type (Type B). In this type of attachment infants used the mother as the basis for attachment. They could play for a while and then checked on the mother. Additionally her absence limited the exploration. When she is leaving infants could cry and upon arrival they welcomed her and then continued with playing (Ainsworth et al, 1978). About sixty five to seventy percent of middle class samples of infants were classified as having secure attachments (Thompson, 1998).

Insecure-resistant type (Type C). The infants clung to the mother and never wanted to explore the environment despite the presence of attractive toys. They were very distressed when the mother left and they continued to show high levels of distress as she tried to comfort them after she had returned. They also showed resistance toward the mother, reaching out to her and then pushing her away. About ten percent of infants showed this type of attachment (Ainsworth et al., 1978).

In later studies, researchers identified a fourth type of attachment, known as Disorganised /disoriented attachment (Ainsworth et al., 1978). In this category, the infants lacked a consistent manner of responding to separations and reunions. They looked confused and unable to approach the mother for comfort directly when distressed. Carlson, Cicchetti, Barnett, & Braunwald (1989) studied attachment relationships of maltreated and non-maltreated infants who were twelve months old. Attachment relationships were analysed using the Main and Solomon classification system for disorganized or disoriented (Type D) attachment. The findings indicated that eighty two percent of infants who had been removed from their mothers due to abuse and neglect experienced disorganised attachment. This study addressed attachment relationships and insecure attachment contributes to socio-emotional problems being addressed by the present study.

Attachment behaviours do not end in infancy but they affect the development of a person. Longitudinal studies indicate similarities between the attachment styles shown in infancy and those shown in later development (Perry, 2002; Ainsworth, 1964). They affect adolescent's relationships with peers, marital and long lasting relationships with peers (Bowlby, 1969). A securely attached infant is likely to develop higher esteem, cooperativeness and independence, have fewer problems such as aggressiveness or withdrawal (English, 1998). Mothers who have secure attachments, usually have children who develop secure attachments (Thompson, 1998).

The nature of attachment infants have in early years of life affects how they will relate to people throughout their lives (Perry, 2002). Additionally, research findings have revealed that eighty percent of neglected children show attachment disorder symptoms and they do not form secure attachment because of earlier caregivers who were not responsive to their needs (Ainsworth, 1964). The disturbed attachment to their initial

caregivers impacts negatively on future relationships with peers. Thereby making them isolated and jeopardizing chances of forming emotional connections (James, 1994). Furthermore, neglected children feel that when they form attachment with other people, they become susceptible to disappointment (James, 1994).

In addition to the family, the social horizon of children extends to peers. To a child play is very important as it improves social skills. Bystrova, Widstrom and Mathiesen, (2007) studied the impact of swaddling among Russian children who were tied for twenty hours every day to restrict their movement. This study revealed that this practice leads to respiratory problems, delayed physical, social, emotional and cognitive development. The present study focused on socio-emotional problems associated with neglected children in adolescent age unlike the study which addressed the impact of swaddling among children in early childhood stage. However, the two studies are related because swaddling affects the socio-emotional functioning of children. Children learn to cooperate with their friends as they explore the environment and interact with peers.

To a child, the approval of parents and other adults matters a lot. However, after entering school, the approval of playmates becomes important (Kundu & Tutoo, 2009). Recent research findings indicate that healthy attachment is not enough to create appropriate socio-emotional functioning. In his study, Perry (2012) found that the brain organizes and develops in response to repetitive experience, the nature, timing, intensity and quality of an array of other relationships in the developing child's life will make a difference in the development of complex socio-emotional development. Therefore, in addition to healthy attachment children should be allowed to interact freely with peers to experience optimal social development.

Locality affects the development of a child and it determines the life style of a particular family and neighbourhood (Kudu & Tutoo, 2009). For example, type of home and community influence parental attitudes which may be negative if the home is in an unpleasant state. Research shows that children from poorer localities have more personality problems (Swift, 1995).

Another important factor that affects the development of a person is the economic status of a family. It determines the life style of a family. Middle class parents value their children, meet their basic needs, supervise them closely and discourage their children from involving themselves in unacceptable behaviour (Kudu & Tutoo, 2009). On the other hand, parents with low income give children a lot of freedom, they have little concern about children's education and the children feel rejected (Palude, 2002).

The impact of neglect varies with stage of development which include infancy, preschool, school age and adolescence. In infancy and preschool, neglected children are likely to have stunted growth and mood swings (Howe, 2005). At primary school age, they do not know how to relate to their peers. Consequently, they appear to be loners (Hildyard & Wolfe, 2002). The appearance of neglected children is worrying. They may exhibit signs of hunger, exhaustion, lack of hygiene, poor clothing, skin infections and poor academic performance (Berry, 2003).

During adolescence, the likelihood of dropping out of school and chances of being involved in substance abuse are high for neglected children (Erikson & Eageland, 2002). Neglected children have a great desire for physical touch and attention. Therefore, they may be prone to sexual abuse (Horwath, 2007). Additionally, they may continue to be socially isolated, bullied and they are associated with suicide as well as

antisocial behaviour. Similarly, neglected children are associated with borderline personality disorders (Shore, 2002).

In his study, Smith (2005) found that people with history of neglect are more likely to be delinquent and also to engage in criminal behaviour such as shoplifting as well as violent criminal behaviour during adolescence. Furthermore, neglect is also associated with the increased likelihood of running away from home during adolescence (Kaufman & Widom, 1999).

Research evidence shows that neglected children have poorly developed cerebral hemisphere integration and underdevelopment of the orbitofrontal cortex region which affects the child's social skills (siegal, 2001). Similarly, in his study, Perry (2002) found that neglected children do not respond favourably to positive feedback. This study also revealed that toxic stress alters the brain in such a manner which makes it impossible to have normal interactions. Additionally, it is difficult for maltreated children to adjust to social contexts as they sense danger even in safe situations (Perry, 2002). For example, neglected children may misinterpret facial expressions and react with extreme anger to defend themselves towards their peers (Child Welfare Information Gateway, 2013). Perry (2002) concentrated on the effect of childhood neglect on brain development but the present study focuses on socio-emotional problems associated with neglected children.

Research evidence indicates that throughout childhood and adolescence, neglected children experience serious cognitive and academic problems as well as inadequate peer interactions (Hildyard & Wolfe, 2002). Neglected children are also associated with being affectionate to people they hardly know (Perry, 2012).

In adulthood, relationship problems may continue and this is characterised by crisis in relationships and break-ups (Horwarth, 2007). Women with history of neglect may have teenage pregnancies and their adult relationships may be characterized by domestic violence (Bifulco & Moran, 1998). Research evidence shows that neglected children avoid childhood neglect by leaving home early to get involved in relationships which may be abusive (Bifulco & Moran, 1998). On the other hand, if the departure from home is not sudden but carefully planned the probability of developing caring relationship is high (Horwath, 2007).

2.4. Emotional Problems Associated with Neglected Children

Emotional development is a product of maturation and learning. Gesell (1949) believed that maturation was necessary for physiological and mental growth as well as understanding emotional growth. A child does not hide emotions like an adult. Kundu & Tutoo (2009) argue that, “emotional development proceeds from the relatively undistinguishable emotional responses of the infant up to what has been termed as emotional maturity” (p. 97). Crittenden (1999) strongly disagreed that emotional development is largely a phenomenon of social stimulation. Emotional maturity is determined by ones culture. For example, as a child grows he or she learns how to express anger in a controlled manner and other culturally acceptable expressions of emotions. Therefore, emotional behaviour is mainly learned and culture specific (Kundu &Tutoo, 2009).

A child shows a desire for affection at an early age. It is important for a child to feel loved to develop emotionally. According to Perry (2002), the quality of affection a child is given during the early years of life determines what kind of relationships he or she can form with other individuals in the later years of life. The mother or another

person who replaces her plays a key role in the aspect of relationship formation. Shore (2002) studied institutionalised children during infancy who did not receive consistent mothering. The findings indicated that these children became apathetic and socially unresponsive. Unlike the present study which focused on children living with parents, the study by Shore (2002) was conducted among institutionalized children. Kudu and Tutoo (2009,) argue that, “being loved gives the child basic security. When a child feels loved he is more able to accept himself and others. He no longer needs to reassure himself of his worth but he is free to extend himself to others. His social interest is cultivated. Being loved permits the child to identify with peers, parents and culture” (p. 89).

Additionally, Howe (2005) conducted a case study among nurtured and neglected children. The study revealed that children who had sensitive and emotionally available caregivers regarded themselves as lovable and formed positive expectation of others. On the other hand, neglected and abused children viewed the caregiver as a source of threat and pain rather than comfort and protection. This study also revealed that neglected children suffered emotional deficits and were prone to depression. This study employed a case study design but the present study was a cross-sectional survey.

There may be no noticeable signs of neglect. However, long term consequences of neglect are devastating. For example, emotional neglect forms the basis of cognitive, emotional and mental disorders (Hidayard & Wolfe, 2002). Neglected toddlers find it difficult to trust people. In view of this, English (1998) found that neglect occurring early in life affects subsequent tasks because a child has to build on previous competences. For example, if a child was not able to build trust with the mother in the early years of life due to lack of care, it becomes very difficult to trust other people. When a child experiences neglect early in life, it is important to assess the child

precisely and amend the effects of the experience. This will help a child recover and master tasks that follow without any struggles (Briere & Runtz, 1988).

A parent has a responsibility to show children genuine love and be responsive to their emotional needs. If this is lacking, their emotional growth is impacted negatively. In view of this, Kudu and Tutoo (2009) argue that lack of affection makes children become suspicious, fearful and aggressive. A child's emotional needs should be met in order to develop emotionally. For example, children may not know how to respond in a loving manner if they are not taught by their parents through their actions from childhood. Therefore, parental child neglect impacts negatively on the development of children.

Child neglect which occur during preschool years pose adverse effect on the emotional wellbeing of children. Additionally, preschoolers who are neglected physically and emotionally show confusion regarding the emotions displayed by their peers and they find it difficult to discriminate emotions (Pollack et al., 2000). Emotionally neglected children are usually ranked low on emotional health and they show a lot of internalizing problems (Perry, 2002). These children feel that they do not matter to their parents. Hence, they are prone to negative emotions. Erickson and Eageland (2002) conducted a study among neglected preschoolers. The findings indicated that these children seemed to be hopeless when found in demanding situations, they were dependent and displayed low ego control. Unlike the present study which addressed neglect among adolescents, Erickson and Eageland (2002) conducted a study among preschoolers.

Furthermore, neglected children receive low rating on self- esteem and are perceived to be unhappy, (English, 1998). They think that they are not important because their

parents do not give them attention. They also fail to see how valuable they are and such children are prone to inferiority complex.

As children who have been victims of neglect get older, they may be associated with emotional problems such as depression, suicidal thoughts and sexual problems (Star et al., 1991). Some children suppress reactions to mistreatment by becoming depressed, others develop eating disorders, sleep is disrupted and they may abuse alcohol or drugs (Star et al., 1991). Retrospective studies of adults who were victims of child neglect show similar consequences of neglect (Briere & Runtz, 1988).

Neglected children still remain with negative representations of themselves and others during middle childhood; and they continue to be socially withdrawn (Erickson & Eageland, 2002). This is true because neglected children usually have mental representations which are consistent with the reality of their lives. Similarly, Glaser (2000) argues that the brain of neglected children is accustomed to experience the world as unfriendly. This perception affect the way they relate with other people resulting in being very aggressive, anxious and emotionally withdrawn.

Child neglect affects the development of the brain. Research findings indicate that certain regions of the brain fail to form or develop properly due to neglect. This affects language and academic capabilities as well as mental health (Tarullo, 2012). Neglected children become fearful even when there is nothing threatening because of the disturbance in the neurodevelopment. They may become hyper vigilant, anxious and they display impulsivity in their behaviour (Perry, 2012).

Research evidence indicates that during adolescence and early adulthood, individuals who have experienced childhood neglect are more likely to be diagnosed with personality disorders than those who have no history of neglect (Hildyard & Wolfe,

2002). Similarly, they may experience many health problems such as panic or posttraumatic stress disorder, abnormal fear responses and anxiety (Lanzenbatt, 2010).

It is not all neglected children who develop behavioural problems. According to the Administration for children and families (2012), most of the youths who have experienced any form of maltreatment may be vulnerable to behavioural and emotional problems. The impact of maltreatment such as neglect depends on the age of children as well as the frequency and severity of maltreatment. Similarly, the relationship between the child and perpetrator matters (Child Welfare Gateway, 2013). However, there are few children who overcome these problems. The capacity to deal with child maltreatment and flourish despite negative experience is called resilience (Child Welfare Gateway, 2013).

Several factors aid children to cope with negative experiences which include the following: positive attachment, self-esteem, intelligence, emotion regulation, humour and independence (Shaffer, 2012). According to English (1998), children's resilience is determined by temperament, coping skills, the financial status of the family, social status and the qualities of the neighbourhood. Grigorenko, Kaani, Kapungulya, Jarvin, Kwiatowski, & Sternberg (2007) conducted a study among four thousand Zambian children. The findings revealed that Zambian children were resilient and they were able to overcome difficulties related to growing up and being educated under pressure of multiple risk factors typical of the developing world.

2.5. Summary of Reviewed Literature

The review of literature in the important areas of this study has revealed some significant findings. Firstly, most of the research on child neglect has been done in western countries. According to Stoltenborg et al. (2012) who conducted a research to

ascertain the prevalence of child neglect worldwide, their findings indicated that studies on child neglect were lacking in developing countries.

In Zambia, most of the people live on less than a dollar per day (United Nations Development Programme [UNDP], 2009). Additionally, the cultural context is different. Similarly, children are brought up with the help of the extended family (Lalor, 2008). Therefore, findings in the high income countries should be generalized to the *Zambian* context with caution. Furthermore, most studies done in Zambia in relation to child maltreatment focused on child physical and sexual abuse (Akani et al., 2015; UNICEF, 2001). Mbagaya et al., (2013) conducted a study on child neglect and physical abuse among university students in Kenya, Zambia and Netherlands. In the literature that informed and guided this study, there was no literature that empirically presented data on the prevalence of parental child neglect in secondary schools and socio-emotional problems associated with neglected children. Hence, the need for this study to fill this gap.

CHAPTER THREE: METHODOLOGY

3.1. Introduction

The previous chapter described literature associated with this study. This chapter presents methodology that was used in this study. According to Kasonde-Ng'andu (2013) methodology indicates how data will be collected, from where and whom, what research instruments will be used, how data will be analysed and interpreted. The following elements of research methodology have been highlighted: research design, target population, description of the sample and sampling procedures, research instruments, psychometric properties of the scales used in this study, data collection procedures, and lastly techniques and methods used for data analysis.

This study was guided by positivistic worldview. The positivistic epistemology is that of objectivism. According to Crotty (1998), positivists impartially discover the absolute knowledge about an objective reality. Additionally, they explain relationships, identify causes which influence outcomes, follow deductive approach and employ random sampling (Creswell, 2009).

3.2. Research Design

A research design is a structure of research. According to Kombo and Tromp (2006), a research design is glue that holds all elements in a research project and it is also referred to as a plan used to generate answers to research questions. Quantitative research methods guided this research because of the nature of research objectives which required collection of numerical data. In view of this, Msabila and Nalaila (2013) argue that objectives facilitate development of research methodology, determine the collection, analysis and interpretation of data. A cross-sectional survey was employed to collect data. According to Creswell (2009), a survey design provides

a quantitative description of trends, attitudes or opinions of population by studying a sample of that population. Similarly, a cross-sectional survey was chosen because of the economy of the design because data was collected from a lot of people at once. Additionally, the rationale for choosing a cross-sectional survey is that data collection is quicker and inexpensive, large amount of data is collected from a large number of participants within a short period of time. Additionally, in a cross-sectional survey data is collected using self-report questionnaires and this study used self-report questionnaires which also permit quantitative analysis of data (Msabila & Nalaila, 2013). In view of this, Fowler (2002) argue that in a survey attributes of a large population are identified from a small group of individuals.

3.3 Target Population

Population refers to a group of individuals, or objects from which a representative sample is drawn (Kasonde-Ng'andu, 2013). In this study, the target population comprised all pupils from Grade Eight to Twelve in the two selected secondary schools. The schools from which participants were drawn for this study, represented urban and peri-urban characteristics of the population in Zambia. One school was situated in an urban area and because of its location enrolled students from families with high social economic status. On the other hand, the other school was located in a peri-urban area and mainly enrolled pupils from families with low social economic status. The rationale for selecting students from the two locations was to find out if there were differences in the prevalence of neglected children based on socio-economic status.

3.4. Study Sample

According to Kombo and Tromp (2006), a sample refers to the number of participants selected from the target population. A sample should reflect the characteristics of the population from which it was drawn. In this study, the sample comprised two hundred learners who were selected from two secondary schools in Mufulira District. This particular sample size was chosen because of the need to have a sample which was large enough to permit quantitative analysis of data. A total of one hundred learners were chosen from each school. From each grade, twenty pupils were chosen starting with grade eight to twelve. This meant that for each grade forty pupils were chosen for the two schools. Table 3.1 shows the distribution of participants based on gender and age. The percentage of girls was 55.5 percent and that of boys was 44.5 percent. The number of girls was slightly higher than the number of boys. The difference was due to the response rate.

Table 3.1: Means, Standard Deviation of Participants, and Gender Percent Distribution

Grade	GENDER		AGE (years)		
	MALE	FEMALE	TOTAL	MEAN	SD
Grade 8	25	15	40	13.83	0.21
Grade 9	16	24	40	15.68	0.21
Grade 10	13	27	40	16.93	0.26
Grade 11	12	28	40	16.85	0.34
Grade 12	23	17	40	17.20	0.18
Total	89	111	200	16.10	0.24

A total of eighty nine boys and one hundred and eleven girls participated in this study. The age of pupils ranged between twelve years and eighteen years. The overall mean age was 16.10 years (SD = 0.24). The large age range is due to a number of factors. Firstly, students are enrolled in school as early as five years. However, a child should

be enrolled in primary school at the age of seven as required by law. On the other hand, some pupils are enrolled in Primary school when they are ten years old. The age variability increases due to age repetition of grades. An average of 2.65 percent of students in the school population repeat at least once from grade one to grade seven (Ministry of Education Annual Bulletin, 2008).

3.4.1. Demographic Variables

Demographic variables included: age, sex, parent’s level of education and gender.

Table 3.2: Education Level of the Participants’ Parents

	Mother		Father	
	Frequency	Percent	Frequency	Percent
Primary	87	43.5	40	20.0
Secondary	59	29.5	67	33.5
College	44	22.0	65	32.5
University	10	5.0	28	14.0
Total	200	100.0	200	100.0

As indicated in the Table 3.2, most of the female parents had Primary education. This was represented by 43.5 percent. The second category shows mothers who had acquired secondary school education with the percentage of 29.5 percent. Therefore, the percentage of both primary and secondary is 73 percent. College education is represented by 22 percent and university education accounts for five percent.

Additionally, 20 percent of male parents had Primary education. The second category of male parents had only acquired secondary school education. Therefore, the first two categories of education accounted for 53.5 percent. College education is represented by 32.5 percent while university education accounts for 14 percent.

Parents’ education determines the quality of care and assistance children get from parents. Some children suffer from malnutrition not because the parents cannot afford

to buy food but they lack information on how to balance the diet of children. Therefore, the education level of parents plays a big role in nurturing children and may determine the parents' economic status. Among the factors associated with child neglect at personal and family level, poverty, low education and lack of education have been cited (Evans, 2002; English, 1998).

3.5. Sampling Procedure

Sampling is a process of choosing units from a population of the researcher's interest with the purpose of studying the sample so as to generalize the results back to the population from which they were selected (Creswell, 2009). According to Kasonde-Ng'andu (2013), sampling technique refers to the research plan that shows how cases are selected for a study.

In this study, stratified random sampling was employed to select participants from the different grades. This was done to have equal representation of participants with regard to gender and grade. Stratified random sampling only requires a clearly defined population and ensures that that subgroups in the population are represented in a sample (Kombo & Tromp, 2009). Additionally, bias was minimised because different units in the population had equal chance of being chosen (Kasonde-Ng'andu, 2013).

3.6. Data Collection Instruments

Data collection instruments are used to collect data. For example, questionnaires. Creswell (2009) argues that data collection instruments are gears the researcher engages to undertake a research project. This study adopted already made research instruments to achieve the objectives of this study. The items in these scales have been used both in developing and developed countries. They have been found to be without cultural bias. Therefore, these instruments were not piloted. This study employed two

instruments: the Multidimensional Neglectful Behavioural Scale (MNBS) and Personal Relationships Profile (PRP).

3.6.1. Multidimensional Neglectful Behavioural Scale (MNBS)

The first data collection instrument was a Multi-dimensional neglectful behavioral scale, (Straus, Kinard, & Williams, 1995). This instrument is a questionnaire which is self-administered. It was used to identify neglected children. The instrument consists of four sub-scales covering emotional needs, cognitive needs, supervisory needs, and physical needs. It measures the extent to which an individual's needs were met during childhood. The responses show the number of times the parents did or did not do what they were supposed to do for their children. For example, "My parents did not comfort me when I was upset." Responses include, 1 = once that year, 2 = twice that year, 3= 3-5 times that year, 4 = 6-10 times that year, 5 = 11-20 times a year, 6 = more than 20 times that year, 7 = cannot remember the year but it happened, 0 = this has never happened. The threshold for this instrument was the 75th percentile. This is the recommended threshold for socio-emotional and behavioural problems and it shows the pervasive nurture of neglectful behaviour (Peralta-Carcelin et al., 2013; Straus & Kaufman, 2005).

3.6.2. Personal Relationships Profile (PRP)

The Personal relationships Profile (Straus, Hamby, Boney-McCoy, & Sugarman, 1999) measures characteristics of individuals and experiences. It was used to identify emotional problems and social problems of neglected children. The emotional and social problems associated with neglected children were identified through the scales that are listed below. The participants indicated on a four point Likert that ranges from

1 (strongly disagree) to 4 (strongly agree) to show the extent to which they agreed with the items in the questionnaire.

3.6.2.1 The borderline personality symptoms scale

It contains nine items that measure personality features from DSM –IV (American Psychiatric Association, 1994). The items measure poor social relationships, emotional liability, instability, and impulsivity. Participants responded to questions like, “My friendships/relationships have big ups and downs.”

3.6.2.2 The depressive symptoms scale

It measures disturbances in mood, dysphoric cognitions and semantic distortions in individuals. For example, “I am so sad, sometimes I wonder why I go on living.”

3.6.2.3 Scale for criminal tendencies

This scale measures the extent to which the respondent committed criminal acts during childhood and adolescence. For example, “Since age of fifteen, I have stolen money from anyone, including family.”

3.6.2.4 Post-traumatic stress symptoms scale

It measures the extent to which respondents have been experiencing hyper arousal, and avoidance symptoms related to trauma. Items include, “Terrible things have happened to me that I remember over and over.” A child trauma expert, Perry (2003) considers the impact of child neglect the same as that of trauma.

3.6.2.5 Social integration scale

This scale measures an individual’s attachment to society and social norms. For example, “I have friends who have committed crimes.”

3.6.2.6 Antisocial Personality Scale

This scale incorporates characteristics from DSM-1V (American Psychiatric Association, 1994), which include irresponsibility, general hostility, impulsivity and poor social relationships characterised by lack of closeness. For example, “I do not think about how what I do will affect others.”

3.6.3. Reliability of the Data Collection Instruments

The cronbach’s alpha coefficients of Multidimensional neglectful behavioural scale (MNBS) was .77 and the cronbach’s alpha coefficients of the seven scales of the Personal relationships profile (PRP) was .54. According to Straus et al (1999), the cronbach’s alpha coefficients should be as follows: .70 higher is considered good reliability, above .80 high whereas .69 and .60 are considered adequate because of the small number of items per scale. The seven scales were combined into a single measure because of the small number of items in each scale. When an assessment fails to meet minimum reliability standards, statisticians recommend deleting items with the lowest scores to meet minimum requirements (Thompson & Levitov, 1985). The results of the alpha-if-item-deleted analysis for the PRP scales are attached in the appendix. (See Appendix 5 for review of the rest of the cronbach’s alpha coefficients).

3.7. Data Collection Procedure

The researcher first obtained ethical clearance and an introductory letter from the School of Education Assistant Dean of Post-Graduate studies before visiting the research site. Additionally, permission was sought from the school administration to conduct research. The two major instruments that is, the Multidimensional neglectful behavioural scale and Personal Relationship Profile were combined into one questionnaire which served as a data collection instrument. The instrument was self-

administered. The researcher distributed the questionnaires after lessons to give pupils enough time to answer questions. Thereafter, the questionnaires were collected.

3.8. Data Analysis

To determine prevalence of child neglect and identify social and emotional problems associated with neglected children, the Statistical Package for social science (SPSS) version 20 was used for data analyses. Data analyses began with descriptive statistics followed by inferential statistics. The researcher used descriptive statistics to understand the general patterns in the data. Overall prevalence of neglect was computed and the percentage of participants who reported neglect in any of the four subscales of the Multidimensional neglectful behavioural scale was also computed. In this study, the threshold of neglected children was the 75th percentile, indicating the pervasive pattern of neglectful behaviour (Straus and Kaufman, 2005).

Percentages were computed to indicate the gender differences regarding the prevalence rates of child neglect. Additionally, Chi-square test of independence was conducted to determine whether the observed proportions of neglected children in each locality of the school where data was collected was significantly different from the expected based on socio-economic status.

Bivariate correlation analysis was also done to establish the association between child neglect and different socio-emotional problems stipulated in the PRP scales. Furthermore, the means of scales measuring social and emotional problems were compared to determine the socio-emotional functioning of neglected and nurtured children. Lastly, the socio-emotional functioning of neglected and nurtured learners was compared using ANOVA.

3.9. Study Limitations

Creswell (2009) perceives limitations in research as the microscopic lens which enables the researcher to ascertain potential weaknesses of the study that might make the findings questionable. These include the challenges the researcher foresees that influence the validity of the study. This study was limited to two schools in Mufulira District. Therefore, caution should be taken when generalizing results to the whole country. Another limitation is that responses to the questions in the instrument were influenced by the willingness to report socially undesirable behaviours. Therefore, scores on the Limited Disclosure Scale (LD) were used as a covariate. This helped to deal with the threat to validity.

3.10. Summary of Chapter

This chapter discussed the methodology used in this study. It highlighted the research design, target population, sampling frame, sample and other important elements in the collection and analysis of data. The following chapter presents the findings of this study.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.1 Introduction

In the preceding chapter, the methodology employed in this study was presented and justification for the choice of methodology was given. This chapter presents the results of this study. The statistical analyses done in this research are outlined in four sections. Firstly, the overall prevalence of parental child neglect is presented for the two schools where data was collected in relation to gender. Additionally, child neglect prevalence is presented according to the four categories of neglect which include: physical neglect, neglect of supervision needs, emotional neglect and cognitive neglect. The second section focuses on statistics indicating the association between child neglect and subscales of the PRP measuring social problems. The third section covers statistics showing the association between child neglect and emotional problems. The purpose of these correlations is to determine the strength of relationship between parental child neglect and socio-emotional problems linked to it. The fourth section covers comparisons of means of all subscales measuring socio-emotional problems between neglected and nurtured children. Lastly, with ANOVA, the means of all scales measuring socio-emotional problems are compared between neglected children and nurtured children.

4.2. Prevalence of Neglected Children

The first research question aimed at determining the prevalence of neglected children. Data analysis to determine the prevalence of neglected children began with descriptive analyses to determine proportions of children in the peri-urban school and the urban school who scored above the 75th percentile, which was the threshold. Children who scored above the 75th percentile were considered having been neglected. Chi-square

(X^2) test of independence analyses for the two schools were carried out to determine whether the proportions between neglected and nurtured children observed in each school location were significantly different from the expected proportion in each locality.

Overall child neglect results revealed that fifty of the two hundred participants scored above the 75th percentile. The results are displayed in Table 4.1. Therefore, twenty five percent of all research participants were considered neglected. Among the neglected learners, forty percent came from the school in the peri-urban area, while sixty percent represented learners who were neglected in the urban school. Additionally, more girls were neglected in the school located in the urban area whereas in the peri-urban school the percentage of neglected learners was the same with regard to gender. A Chi-square (X^2) test of independence was conducted to determine whether the proportions observed in each location were significantly different from the expected based on socio-economic status. The results indicated no statistical significance, ($p > 0.05$). The indicators of socio-economic status included parents' level of education, and school location. The school in the urban area was located in a low density residential area and enrolled students from high socio-economic status families. On the other hand, a peri-urban school was located in a high density area and most of the people in this area were unemployed. Therefore, most of the learners at this school came from low socio-economic status families.

4.2.1. Prevalence of the four categories of Child Neglect.

Table 4.1: Proportions of Neglected and Nurtured Children in the Two Schools

School			Gender		Total
			Male	Female	
LSES (Peri-urban)	Category	Not neglected	43	37	80
		Neglected	10	10	20
	Total		53	47	100
HSES-urban	Category	Not neglected	26	44	70
		Neglected	10	20	30
	Total		36	64	100
Total	Category	Not neglected	69	81	150
		Neglected	20	30	50
	Total		89	111	200

Note: LSES: Low Socio-Economic Status; HSES: High Socio-Economic status

Statistical analyses were also conducted to determine the prevalence of four categories of child neglect which included: physical neglect, emotional neglect, supervisory neglect and cognitive neglect. Physical neglect recorded the highest percent of 33.5 percent, followed by cognitive neglect with the percentage of 27.5 percent, supervision neglect was represented by 26 percent and lastly emotional neglect with 25.5 percent. This information is presented in Table 4.2.

Table 4.2: Prevalence of the Four Categories of Child Neglect

Type of neglect	Frequency	Percent
Physical Neglect	67	33.5%
Cognitive Neglect	55	27.5%
Supervision Neglect	52	26%
Emotional Neglect	51	25.5%

4.3. Social Problems Associated with Neglected Children

The second question aimed at identifying social problems associated with neglected children. To answer the second research question, Pearson correlation analysis was employed. The purpose of the correlation analysis was to find the relationship between child neglect and criminal tendencies, antisocial behaviour as well as social integration. Antisocial personality scale measures general hostility, irresponsibility, impulsivity and poor social relationships characterised with lack of closeness. Additionally, Social integration measures an individual's attachment to society and social norms. Whereas the scale for criminal tendencies measures an individual's propensity to commit crime. All these scales measuring social problems are derived from PRP. A significant relationship between different forms of child neglect and PRP scales, indicates that a shared variance exists between child neglect and social problems stipulated in the PRP.

Emotional neglect and Criminal tendencies scale had a statistically significant positive relationship ($r = .23, p < .01$), with a shared variance of five percent. This meant that when there was an increase in emotional neglect score, criminal tendencies' score increased simultaneously. Therefore, a child who is emotionally neglected is likely to

be associated with criminal behaviour. There was also a statistically significant negative relationship between emotional neglect score and Social integration score ($r = -.29, p < .01$), and the shared variance was eight percent. Similarly, when emotional neglect score increased, attachment to society and social norms decreased. Consequently, a child who is emotionally neglected is likely to have a low score on social Integration scale. Antisocial personality scale correlated positively with emotional neglect ($r = .23, p < .01$), with a shared variance of five percent. This means that antisocial behaviour which involves irresponsibility, general hostility, impulsivity and poor social relationships increases as emotional neglect increases.

Cognitive neglect correlated positively with the Criminal tendencies scale ($r = .21, p < 0.01$), and Antisocial personality scale ($r = .16, p < 0.05$). The shared variances were four percent and three percent respectively. This meant that there was a simultaneous increase in criminal and antisocial behaviour as cognitive neglect score increased. Therefore, neglected children are likely to exhibit criminal and antisocial behaviours. On the other hand, cognitive neglect correlated negatively with the social integration scale ($r = -.33, p < 0.01$), with a shared variance of eleven percent. In this case, social integration decreased as cognitive neglect score increased. This means that neglected children are associated with low attachment to society and social norms. There was a statistically significant positive relationship between Supervision neglect and Antisocial personality behavioural scale ($r = .16, p < 0.05$), as well as Criminal tendencies scale ($r = .14, p < 0.05$). The shared variances were three percent and two percent respectively. This meant that supervision neglect score increased at the same time antisocial and criminal behaviour increased. As a result, children experiencing supervision neglect are associated with criminal and antisocial behaviour. However, the relationship between supervision neglect and social integration was a statistically

significant negative relationship ($r = -.31, p < .01$), with a shared variance of ten percent. Children experiencing supervision neglect are likely to have a low attachment to society and social norms. Conversely, physical neglect did not show a statistically significant relationship with Social integration, antisocial personality scale as well as the Criminal tendencies scale. This information is presented in Table 4.3.

Table 4.3: Correlations Between Child Neglect and Socio-emotional Problems Indicated in the PRP

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. EN	1										
2. CN	.44**	1									
3. SN	.18**	.42**	1								
4. PN	.18**	.38**	.60**	1							
5. BOR	.21**	.17*	.13	.09	1						
6. CT	.23**	.21**	.14*	-.00	.53**	1					
7. DEP	.07	.20**	.22**	.17*	.42**	.41**	1				
8. SI	-.29**	-.33**	-.31**	-.10	-.40**	-.58**	-.34**	1			
9. PTS	.06	-.00	-.13	-.09	.33**	.22**	.10	-.05	1		
10. ASP	.23**	.16*	.14*	-.02	.39**	.57**	.32**	-.55**	.04	1	
11. LD	-.20**	-.17*	-.13	-.09	-.43**	-.37**	-.33**	.41**	-.15*	-.359**	1

Note: EN=Emotional Neglect; CN = Cognitive Neglect; SN=Supervision neglect, PN=Physical Neglect; CT=Criminal Tendency; SI=Social Integration; ASP=Antisocial Personality; LD=Limited Disclosure; BOR=Borderline personality symptoms; PTS=Posttraumatic symptoms DEP=Depression.

4. 4. Emotional Problems Associated with Neglected Children

The third research question aimed at identifying emotional problems associated with neglected children. Pearson correlation analysis was employed to determine the relationship between child neglect and Borderline Personality symptoms, Depression and Posttraumatic stress symptoms.

Emotional neglect and borderline personality symptoms had a statistically significant positive relationship ($r = .21, p < .01$), with a shared variance of four percent. Borderline personality is closely related to poor social relationships, emotional instability, impulsivity, dangerous behaviour, and self-harm. On the other hand, emotional neglect did not correlate significantly with the Depressive scale. Additionally, there was a statistically significant positive relationship between cognitive neglect and borderline personality symptoms ($r = .17, p < .01$), with a shared variance of three percent. Similarly, cognitive neglect correlated positively with the depressive symptoms, ($r = .20, p < .01$), and the shared variance was four percent. This means that borderline personality symptoms and depressive symptoms increase at the same time cognitive neglect score increases. As such, children experiencing cognitive neglect are also likely to have borderline and depressive symptoms.

Supervision and physical neglect did not correlate with borderline personality symptoms. However, supervision neglect and depressive symptoms were significantly positively correlated ($r = .22, p < .01$), with a shared variance of five percent. Children experiencing supervision neglect are more likely to have depressive symptoms. Similarly, physical neglect correlated positively with depressive symptoms ($r = .17, p < .05$), and the shared variance was three percent. Lastly, the relationship between posttraumatic stress

symptoms and all forms of child neglect was not statistically significant. This information is displayed in Table 4.3.

4.5. Socio-emotional Functioning of Neglected and Nurtured Children

The means of all scales measuring social and emotional problems were compared to determine the socio-emotional functioning of nurtured and neglected children. The rating of nurtured learners was lower than neglected children on all scales, except post-traumatic stress symptoms scale as indicated by means in Table 4.4. Therefore, neglected children are associated with social and emotional problems.

In order to measure the difference in socio-emotional functioning of neglected and nurtured children, an ANOVA test was employed. There were no statistically significant differences between neglected and nurtured children in subscales such as Borderline personality symptoms scale, Scale for criminal tendencies, Depression, posttraumatic symptoms and Anti-social personality scale. The only statistically significant difference was based on the Social integration scale which measures an individual's attachment to society and social norms, $F(1, 198) = 12.12, p = 0.001$. Therefore, well nurtured children are more attached to society and social norms. ANOVA results are presented in Table 4.4.

Table 4.4: Mean and Standard Deviation of Neglected and Nurtured Children on the Scales Measuring Social and Emotional Problems and P Values showing ANOVA Results

Category		BOR	CT	DEP	SI	PTS	ASP	LD
Nurtured	Mean	19.43	11.32	15.51	30.13	20.44	15.79	35.62
	Std. Deviation	4.90	4.21	4.30	4.57	4.34	5.40	5.10
Neglected	Mean	20.66	12.30	16.16	27.66	19.82	17.24	34.12
	Std. Deviation	3.02	3.86	3.78	3.61	3.91	4.39	4.87
Total	Mean	19.74	11.57	15.68	29.52	20.29	16.15	35.25
	Std. Deviation	4.53	4.13	4.17	4.47	4.23	5.19	5.08
	P – values	.097	.147	.344	.001	.371	.087	.070

Note: EN=Emotional Neglect; CN = Cognitive Neglect; SN=Supervision neglect, PN=Physical Neglect; CT=Criminal Tendency; SI=Social Integration; ASP=Antisocial Personality; LD=Limited Disclosure; BOR=Borderline personality symptoms; PTS=Posttraumatic symptoms DEP=Depression.

4.6. Summary of the Research Findings

This chapter presented research findings of this study. The findings indicated that twenty five percent of learners were neglected. Additionally, neglected learners were associated with social and emotional problems.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.1 Introduction

In this chapter discussion of research findings are presented. This chapter has four sections. The first section, discusses results relating to the prevalence of child neglect. The second section covers discussions of the correlations between child neglect and social problems associated with neglected children. The third section presents discussions of the correlations between child neglect and emotional problems. Lastly, the fourth section, presents discussion of the socio-emotional functioning of neglected and nurtured children.

5.2 Prevalence of Neglected Children

The overall prevalence of child neglect was rated at 25 percent. This finding is almost consistent with the rate of child neglect in South Africa (21.3 percent) in a national wide survey among adolescents, with the age range of fifteen to seventeen years (Button et al., 2015). The prevalence of child neglect was slightly lower in this study and the study conducted in South Africa because adolescents document neglect over a period of twelve months as specified by the instrument that measure neglect, MNBS. The findings of the study conducted in Zambia, Kenya and Netherlands among university students indicated higher rates: fifty four percent of participants from Zambia were neglected, Kenyans fifty nine percent and forty two percent of participants from Netherlands experienced neglect during childhood. (Mbagaya, et al., 2013). This sample comprised adults who were more mature and they were able to tell if the treatment they received from parents was neglectful. Additionally, the period of reporting neglect covered the entire duration they stayed with parents. Adults document lifetime prevalence of parental neglect. Therefore, the rate of childhood neglect was high. Adolescents report what their parents failed to do

for them over a period of twelve months in order to present accurate information, because they can easily remember what happened to them in one year. (Straus et al., 2005). In western countries, the different rates concerning prevalence of child neglect have been reported in a number of studies. In USA, surveys conducted from general population show annual prevalence rates of child neglect which range between one percent and twenty percent (Clement et al., 2016). The higher prevalence in Zambia could be attributed to lack of awareness regarding the consequences of child neglect especially among the rural communities and the uneducated, as well as high poverty levels (Chanda, 2014; UNICEF, 2001).

For the current study, participants were drawn from two schools. The peri-urban school was located in a high density area and most of the people in that area were unemployed. Therefore, by virtue of the location, the school enrolled most learners from low socio-economic status families. On contrary, the urban school was located in the low density area where most people of high socio-economic status had settled. Consequently, the urban school enrolled most learners from high socio-economic status families. This was done to find out the extent to which child neglect was affected by socio-economic factors. The findings indicated that more learners were neglected from the urban school which enrolled most learners from families of high socio-economic status, with the percentage of sixty percent of the total number of neglected learners. Conversely, forty percent of neglected learners came from the school located in the peri-urban area. Additionally, more girls were neglected in the urban school whereas in the peri-urban school the percentage of neglected learners was the same with regard to gender. The results indicated no statistical significant difference between the two schools. These findings are not in

agreement with the bioecological theoretical model with regard to the prevalence of parental child neglect. It was assumed that the interactive effect of poverty with other factors such as lack of education, substance abuse in the peri-urban school would contribute to a high number of neglected children.

There could have been other reasons for a high number of neglected learners in the urban school. Learners could have been more assertive and they felt that their parents were not meeting their needs according to their expectations. Therefore, they felt neglected. On the other hand, learners in the peri-urban school might have become more insusceptible to poverty, knowing that their parents could not afford to meet all their needs. Therefore, this could have influenced their judgement and they became more tolerant of their living conditions. This might have led to a low number of neglected learners in the peri-urban school.

In a patriarchal nation like Zambia, male children are more preferred than girls (Messa, 2007; Kelly, 1999). Consequently, more girls were expected to be neglected. The results revealed that 60% of neglected learners were girls. This is in line with the study by Prince (2015) which indicated that socio-cultural beliefs promote boys and neglect girls. Therefore, there is need to change social cultural beliefs. There should be increased community awareness on the importance of equal treatment of both girls and boys as well as emphasis on children's rights (United Nations, 1989). On the contrary, most studies done in western countries show no significant gender differences in the prevalence of child neglect (Clement, 2016; Stoltenborgh et al., 2012). Another reason for a high number of neglected girls could be attributed to girls' vulnerability that influenced their judgement to consider themselves as neglected. This finding is in agreement with the bioecological

theoretical model. The second component of the bioecological model focuses on personal characteristics such as gender and how they affect a person's development.

5.2.1 Prevalence According to the Four Categories of Neglect

The findings revealed that the most common type of child neglect was physical neglect with the percentage of 33.5 percent, followed by cognitive neglect (27.5 percent) then supervisory neglect (26 percent) and lastly, emotional (25.5 percent). These findings are consistent with Hildyard and Wolfe (2002) who found that physical neglect and educational neglect comprised common cases of neglect. A study conducted in America which documented neglect over a period of one year, revealed that 27 percent of children were victims of at least one form of neglect (Straus et al., 1998). These results are almost similar to the findings of this study regarding the prevalence of the four categories of child neglect. Child neglect is the most common form of child maltreatment and it occurs in all families regardless of the financial status (English, 1998; Clement et al., 2016). This is because child neglect is caused by a combination of factors. For example, depressed parents may have money but they may not meet the needs of the children because of their mental state.

There are unusual differences in the prevalence of childhood neglect across studies. Firstly, the discrepancies emanate from differences in the operational definition of what constitutes neglect, and methods used in data collection such as self-reports as well as sentimental approaches (Stotenborgh, et al., 2012). Sampling techniques used in the different studies also influence research findings in that they may lead to biased results.

5.3. Social Problems Associated with Neglected Children

Social problems associated with neglected children mainly include criminal tendencies, antisocial personality behaviour, and diminished social integration. There was a statistically significant relationship between overall neglect score and all the three categories of social problems. However, there were few variations when each type of neglect was correlated with the social problems mentioned above. The three types of neglect comprising: emotional neglect, neglect of supervision needs and cognitive neglect had a positive significant relationship with criminal tendencies and antisocial personality behaviour. This means that with an increase in the neglect score, there was also an increase in criminal tendencies and antisocial behaviour. These findings are in agreement with Shore (2003) who found that neglected children are socially isolated and they are prone to antisocial behaviour. Furthermore, people with history of neglect are prone to delinquency, adult criminal behaviour and violent criminal behaviour (Maxfield & Widom, 1996).

Similarly, there was a statistically negative relationship among all forms of child neglect and social integration. This means that as child neglect score increases, the social integration score decreases. Social integration measures an individual's attachment to society and social norms. Therefore, with increase in the neglect score, the attachment to society and social norms goes down. This is in agreement with the study by Sydney and Brooks (1987) which shows that a number of adolescents externalize their reactions to maltreatment by engaging in physical aggression, shoplifting or committing other crimes and some even attempt to commit suicide.

Additionally, the findings are in line with Erikson's psychosocial theory of development; which hinges on the necessity of meeting needs of children and providing the required experience to enhance normal development during each stage of development (Nevid, 2009). Neglected children have difficulties with social functioning, they are withdrawn and fail to respond to positive feedback because of lack of care from parents (Smith et al., 2005). Therefore, they view the world from a negative perspective. According to Erikson (1959), adolescents face a crisis of identity development. Failure to resolve this crisis, results in a number of social problems. Neglected children may become rebellious, delinquent and intolerant of people with opposing views if their identity is not properly resolved. This may happen because of lack of guidance and role models to emulate. Morality learnt as a child provides the basis for the ethics to be developed in adulthood (Palude, 2002). On the other hand, adolescents who resolve identity crisis successfully, develop a virtue of fidelity which enables them to commit themselves to others even though they may have different ideologies

There was no statistically significant relationship between physical neglect and the social problems which include criminal tendencies and antisocial personality behaviour. Similarly, no significant relationship was found between physical neglect and social integration. This result is not related to any prior findings. One assumption could be that children in Zambia have become immune to poverty and it has become their way of life. Physical neglect entails depriving children of the much needed basic requirements such as food or clothes. Zambia is a developing nation and most people live on less than one dollar per day (United Nations Development Programme [UNDP], 2009). According

Lazenbatt (2010), physical neglect was associated with impaired social development. However, in this research it could not correlate with any social problems.

5.4. Emotional Problems Associated with Neglected Children

The third research question aimed at identifying emotional problems associated with neglected children. The emotional problems focused on borderline personality symptoms, depression as well as posttraumatic stress symptoms. Borderline personality disorder is characterised with severe mood swings, feelings of emptiness, impulsive behaviour, dangerous behaviour and self-harm as well as unstable relationships. Cognitive neglect and emotional neglect had a statistically positive relationship with borderline personality disorder. This is consistent with previous research findings which indicate that neglected children are associated with elevated levels of borderline personality disorder (English, 1998). They also become anxious and display impulsivity in their behaviour and they are prone to suicidal thoughts (Perry, 2012; Star et al., 1991). Conversely, supervision and physical neglect were not associated with borderline personality symptoms. These findings are peculiar to this research. Zambia children seem to be resilient. A study conducted by Grigorenko et al. (2007) revealed that children in Zambia are resilient and they are able to overcome difficulties typical of the developing world. This finding is also in agreement with the bioecological theoretical model. Bronfenbrenner (1974) emphasised the importance of force characteristics related to variations in motivation and persistence. He argued that the developmental courses of children differ depending on their drive to succeed and their persistence in the face of hardships.

Additionally, the three types of parental child neglect had a positive significant relationship with depressive symptoms except emotional neglect. As neglected children

get older, their capacity to process information is enhanced. Therefore, they may experience emotional problems such as depression and suicidal thoughts because of the hostile circumstances they go through (Star et al., 1991). Some neglected children internalise their reactions to neglect by becoming depressed and others may attempt to commit suicide (Sedney, 1987). Child neglect is associated with increased probability of experiencing depression over the life course. In view of this, Glaser (2000) argues that the brain of neglected children become attuned to experience the world as hostile. This negative perspective affects a child's later interactions and causes a child to become anxious, aggressive and emotionally withdrawn.

Furthermore, people who have experienced childhood neglect fail to regulate emotions and they also find it difficult to form intimate relationships because of lack of trust (Erikson, 1959; Bowlby, 1969). They think that intimate relationships make them vulnerable to disappointment. These problems stem from attachment problems they had with their parents or caregivers. A secure attachment depends on how sensitive a parent is to the needs of a child (Ainsworth, 1964). It is documented in literature that the initial attachment a child develops with parents provides the framework for future relationships (Perry, 2012). The findings are consistent with Erikson's theory of psychosocial development, children who fail to develop trust in the infancy stage become fearful, insecure and are withdrawn (Sigelman & Rider, 2009). This affects their future relationships. Additionally, during the second stage, if the parents are supportive, children become independent and develop high self-esteem. If inappropriate experience is provided, children become impulsive, dependent and doubt their abilities. During the third

and fourth stage, a parent should allow a child to explore, play and go to school. Unhelpful experience leads to lack of pity, lack of creativity and being inactive.

All the four categories of neglect did not have a statistically significant relationship with posttraumatic stress symptoms. The Posttraumatic symptoms scale was used in Netherlands and child neglect was associated with posttraumatic symptoms (Mbangaya et al., 2013). On the contrary, in Zambia, it did not yield the expected results. It could be assumed that in Zambia, child neglect may not be considered traumatic because most children are exposed to a lot of suffering due to poverty and from a cultural point of view it has been accepted as normal. According to the Administration for Children and Families (2012), most of youths who have experienced any form of maltreatment may be vulnerable to behavioural and emotional problems. Nevertheless, few children manage to overcome negative consequences associated with neglect. Several factors help children to become resilient. These include: positive attachment, self-esteem, intelligence, humour, independence, social support (Shaffer, 2012). This is also in line with bioecological theoretical model which states that the impact of the environment on the development of a child depends on personal characteristics. The attribute of resilience may partly clarify why a certain number of children succeed in life despite the negative experiences they have undergone and it may partly explain why some children in this study did not experience severe emotional problems despite being neglected.

5.5 Socio-emotional Functioning of Neglected and Nurtured Children

On all scales measuring social and emotional problems, except Posttraumatic stress symptoms scale, the rating of nurtured learners was lower than those who were neglected as indicated by means. This is consistent with findings by James (1994) that neglected

children are prone to antisocial behaviour, criminal behaviour and emotional problems such as depression. The significant mean difference between neglected and well nurtured children was based on social integration. This meant that well nurtured learners were more attached to society and social norms.

Generally, these findings are in line with bioecological theoretical theory which is an extension of the Bronfenbrenner ecological systems theory. The prevailing factors in the microsystem or home such as lack of resources, inadequate supervision, and little concern for children's needs have the greatest impact on the development of children. The interaction between the children's maturing biology, immediate environment and the different layers of the human ecological system fuels and steers development. If the child's physical and cognitive structures mature as expected, the critical question would be centred on how the immediate environment that surround the child enhance or hinder development. The deficiencies in the immediate microsystem result in socio-emotional problems because the needs of children are not met. Furthermore, the findings were also based on the conceptual framework.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.1. Introduction

The previous chapter discussed the findings of this study. This chapter presents summary of research finding, conclusions, recommendations, and suggestions for further research.

6.3 Summary of Research Findings

The most significant research finding of this study are presented below regarding the prevalence of child neglect and socio-emotional problems associated with neglected children.

The overall prevalence of child neglect was rated at twenty five percent. The two locations from which participants were drawn for this study were different based on socio-economic status. Among the neglected learners, forty percent came from the school which enrolled most learners from low socio-economic status families. Whereas sixty percent of learners were neglected in the school which enrolled most learners from families with high socio-economic status. These findings contradicted the Bioecological theoretical model because it was assumed that poverty and many other factors in the peri-urban school would contribute to a high number of neglected children. Additionally, Prevalence of child neglect was analysed according to the four types of neglect and physical neglect was rated as the highest while emotional neglect was the lowest.

Pearson correlation analysis was employed to find the relationship between child neglect scores and the social problems stipulated in the PRP which included: criminal tendencies and antisocial personality behaviour. The association between child neglect and Social

integration was also measured. The findings indicated that all the types of child neglect except physical neglect were associated with criminal tendencies, antisocial personality behavior as well as diminished social integration.

Results from correlation analysis indicated that three types of child neglect except emotional neglect were associated with depressive symptoms. However, physical and supervision neglect did not have a significant relationship with borderline personality symptoms while the other forms of neglect did. Lastly, post-traumatic stress symptoms scale did not have a statistically significant relationship with all the types of child neglect. This meant that childhood neglect was not traumatic. Previous research findings especially in Western countries indicated that child neglect was associated with post-traumatic stress symptoms (Perry, 2012). Therefore, a significant positive relationship was expected, which meant an increase in child neglect score would initiate an increase in post-traumatic stress symptoms.

The means of all scales measuring social and emotional problems were compared to determine the socio-emotional functioning of nurtured and neglected children. The rating of nurtured learners was lower than neglected children on all scales, except posttraumatic stress symptoms scale as indicated by means.

6.4 Conclusion

Firstly, in the Zambian context, there is lack of national wide prevalence data of neglected children from schools. This study though with a very small sample of secondary school pupils in Mufulira District, has revealed that parental child neglect is prevalent and it also

provides preliminary results suggesting that child neglect is a big problem. Additionally, neglected children are associated with social and emotional problems.

6.5 Recommendations

In view of the findings of this study, the following recommendations are critical for this study:

Considering the prevalence of parental child neglect, concerted effort by the Ministry of General education and other stake-holders such as Non-Governmental Organisations (NGOs) should be encouraged to mitigate the impact of child neglect by ensuring that the welfare of neglected children is addressed.

Rural communities and parents who are not educated should be well-versed on the socio-emotional problems associated with neglected children through community campaigns and information on the interventions to improve the welfare of children should be disseminated to the parents.

Lastly, parents should be encouraged to be responsive to the needs of children to enhance socio-emotional development.

6.6 Suggestions for Further Research

Firstly, a national wide study is needed to accurately determine the prevalence of child neglect. It is important to have a sample which is representative of Zambian population to generalize the results to the whole nation. This study was based on a small sample of one District (Mufulira). Therefore, the findings should be generalized with caution.

Lastly, longitudinal studies of neglected children are required to effectively ascertain socio-emotional problems associated with neglected children.

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APPENDICES

Appendix 1: Consent Form



HSSREC FORM 1a

THE UNIVERSITY OF ZAMBIA

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HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

PARTICIPANT INFORMATION SHEET & CONSENT FORMS

(This template is for research interventions that use questionnaires, in-depth interviews or focus group discussions)

(Language used throughout form should be at the level of a local student of 6th/8th grade)

[Informed Consent Form for Pupils in Secondary school from Grade 8 to Grade 12 in Mufulira

District _____]

This informed consent form is for secondary school pupils who are in Grade 8 to Grade 12 in Mufulira District and who I am inviting to participate in the research titled, “Child Neglect: Incidence, social and emotional problems associated with neglected children”

[Name of Principal Investigator]

Ruth Nakamba

[Name of Organization]

University of Zambia

[Name of Sponsor]

Self

[Name of Project and Version]

Child Neglect: Incidence, Social and Emotional Problems Associated with Neglected Children

This Informed Consent Form has two parts:

- **Information Sheet (to share information about the study with you)**
- **Certificate of Consent (for signatures if you choose to participate)**

You will be given a copy of the full Informed Consent Form

Part I: Information Sheet

Introduction

I am Ruth Nakamba, a postgraduate student pursuing a Master’s Degree in Educational Psychology at the University of Zambia. I am conducting a research on Child Neglect which is a common problem in our country and this region. I am going to give you information and ask you if you can participate in this study. You do not have to decide today whether or not you will participate in the study. Before you make a decision, you can talk to anyone you feel comfortable with about the research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain.

Purpose of the research

Child neglect affects a good number of our children in this community. I want to find out how many children are affected by this problem. I also want to learn about different problems linked to child neglect. For example, problems involving the way neglected children relate to other people and social norms (rules). I also want to find out emotional problems linked to child neglect. This knowledge might help us to learn how to better assist children who have experienced child neglect.

Type of Research Intervention

This research will involve answering questions in a questionnaire which will take about one hour and twenty minutes.

Participant Selection

You are being invited to take part in this research because we feel your experiences as a child can contribute to our understanding and knowledge of child neglect.

- *Do you know why we are asking you to take part in this study?*
- *Do you know what the study is about?*

Voluntary Participation

Your participation in this research is voluntary. It is your choice to participate or not. If you choose not to participate, the way you are treated at this school will not change in any way.

- *If you decide not to take part in this research study, do you know what your options are?*
- *Do you know that you do not have to take part in this research study, if you do not wish to?*
- *Do you have any questions?*

Procedures

A. Brief Description of the study procedure.

We are asking you to help us learn about child neglect in your community. We are inviting you to take

part in this research project. If you accept, you will be asked to fill in a questionnaire which I am going to distribute. You may answer the questions yourself. You may also ask if need more explanation on some questions. The information you provide will be regarded as confidential, meaning no one else will see it. Your name will not be written on the form but only a number will be used to identify you.

B. Type of Questions to be Expected

The questions in the first part of research are talking about what your parents did for you or failed to do in the past twelve months. The second part describes different problems we face as we relate with other people and following rules. Additionally, it also describes emotional problems.

Duration

Answering the questionnaire may take about one hour twenty minutes and the research will be done in one day. The questionnaires will be distributed in your classrooms during pre-time.

- *_If you decide to take part in the study, do you know how much time will the interview take?*
- *Where will it take place?*

Risks

The information is about how your parents have treated you in the past twelve months and the various social as well as emotional problems that you experience. There is a risk that you may share some personal and confidential information. However, no else will see that information. The information provided will be kept confidential. You don't have to take part in the survey if you feel the questions are too personal.

Benefits

There will be no direct benefits to you, but your participation is going to help us find out more about the number of neglected children and the problems that they face as they relate to other people as well as their emotional problems. This will help us know how to help them overcome these problems.

Reimbursements

There are no incentives to take part in this research. This research will be done during prep- time.

- *_Can you tell me if you have understood correctly the benefits that you will have if you take part in the study?*

Confidentiality

The research being done may draw the attention and if you participate you may be asked questions by other people in school. We will not share information. The information we collect from you will be kept private. It will be difficult to link the information to you since you will provide information on the form without your name on it. Additionally, it will be kept under lock and key.

- *Did you understand the procedures that I will be using to make sure that any information that I collect about you will remain confidential?*

Sharing the Results

The research findings will be shared more broadly, for example through publications and conferences and no names will be mentioned because we are not getting your names.

Right to Refuse or Withdraw

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect the way you are treated at this school.

Who to Contact

Provide the name and contact information of someone who is involved, informed and accessible - a local person who can actually be contacted. State also the name (and contact details) of the local IRB that has approved the proposal. State also that the proposal has also been approved by the WHO ERC.

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact the local IRB that has approved the proposal.

Name _____ telephone _____

Email _____

Address _____

This proposal has been reviewed and approved by [name of the local IRB], which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact [name, address, telephone number.]. It has also been reviewed by the Ethics Review Committee of the World Health Organization (WHO), which is funding/sponsoring/supporting the study.

- *_Do you know that you do not have to take part in this study if you do not wish to?*
- *You can say No if you wish to?*
- *Do you know that you can ask me questions later, if you wish to?*
- *Do you know that I have given the contact details of the person who can give you more information about the study?*
- *You can ask me any more questions about any part of the research study, if you wish to*
- *Do you have any questions?*

Part II: Certificate of Consent

I have been invited to participate in research about incidence of child neglect as well as social and emotional problems linked to it.

(This section is mandatory)

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study/ to allow my child take part in this study.

Print Name of Parent _____ Signature _____ Date _____

Print Name of Participant _____

Signature of Participant _____

Date _____

Day/month/year

If illiterate ¹

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness _____

Thumb print of participant



Signature of witness _____

Date _____

Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant/ Parents of participants and to the best of my ability made sure that the participant understands that the following will be done:

1. Information will be kept confidential

¹ A literate witness must sign (if possible, this person should be selected by the participant and should have no connection to the research team). Participants who are illiterate should include their thumb print as well.

2. Anonymity will be guaranteed

3. Risks will be taken care of

I confirm that the participant/ parent of the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant and the parent of the participant

Print Name of Researcher/person taking the consent_____

Signature of Researcher /person taking the consent_____

Date _____

Day/month/year

Appendix 2: Data Collection Instrument

PARENTAL CHILD NEGLECT; PREVALENCE, SOCIAL AND EMOTIONAL PROBLEMS ASSOCIATED WITH NEGLECTED CHILDREN IN SELECTED SECONDARY SCHOOLS OF MUFULIRA DISTRICT.

Questionnaire for Students

I am Nakamba Ruth, a post graduate student pursuing a Master of Education in Educational Psychology at the University of Zambia. I am conducting a research on the above subject. Kindly answer these questions freely in this questionnaire. The information you are going to provide will be purely for academic purpose and will be used as such, meaning confidentiality shall be exercised. Additionally, your identity will be concealed. Your corporation will be appreciated.

Respondent number.....

School.....

MULTIDIMENSIONAL NEGLECTFUL BEHAVIOURAL SCALE (MNBS)

Part 1. Some Questions about you and Your Parents

1. What is your sex? (Circle an answer number on the answer sheet)

1 = Male 2 = Female

2. How old are you? _____

3. Current grade _____

5. Parents Education Level

Mother: 1. Primary_ 2. Secondary _3. College __ 4. University

Father: 1. Primary_ 2. Secondary _ 3. College __ 4. University

6. For which of the “father figures” will you answer the questions? (Circle only one category number):

1 = Father or Adoptive father

2 = Step Father

3 = Grandfather

4 = Other male relative I lived with

5 = Foster father

6 = Unrelated man I lived with

7 = There was no male who was responsible for me

8 = I lived in an institution and will answer for that place

7. For the following “mother figures” who will you answer the questions? (Circle only one category):

1 = Mother or Adoptive mother

2 = Step Mother

3 = Grandmother

4 = Other female relative I lived with

5 = Foster mother

6 = Unrelated woman I lived with

7 = There was no woman who was responsible for me

8 = I lived in an institution and will answer for that place

Part 2. Things My Parents Did and Did Not Do

These questions are about things that your parents have done or didn't do in the past 12 months. "Parents" refers to the people you are currently living with and who take care of you, even if they are not your own parents.

For each of the following things that parents might do or not do, please circle the answer number that comes closest to how many times it happened and please state the age.

1 = Once that year 2 = Twice that year 3 = 3-5 times that year 4 = 6-10 times that year

5 = 11-20 times that year 6 = more than 20 times that year 7 = cannot remember the year

but it happened 0 = This has never happened

8. My parents helped me when I had problems. 1 2 3 4 5 6 7 0

9. My parents did not comfort me when I was upset. 1 2 3 4 5 6 7 0

10. My parents did not praise me. 1 2 3 4 5 6 7 0

11. My parents did not tell me they love me. 0 1 2 3 4 5 6 7 0
12. My parents did things with me for fun. 1 2 3 4 5 6 7 0
13. My parents did not help me with homework when I needed help. 1 2 3 4 5 6
7 0
14. My parents did not help me do my best in school. 1 2 3 4 5 6 7 0
15. My parents helped me when I had trouble understanding something. 1 2 3 4 5
6 7 0
16. My parents did not read books to me. 1 2 3 4 5 6 7 0
17. My parents were not interested in my activities or hobbies. 1 2 3 4 5 6 7 0
18. My parents did not care if I did things like shop lifting. 1 2 3 4 5 6 7 0
19. My parents did not care if I got into trouble in school. 1 2 3 4 5 6 7 0
20. My parents were not interested in the kind of friends I had. 1 2 3 4 5 6 7 0
21. My parents wanted to know what I was doing when I was home. 1 2 3 4 5 6 7 0
22. My parents did not make sure I went to school. 1 2 3 4 5 6 7 0
23. My parents gave me enough clothes to keep me warm. 1 2 3 4 5 6 7 0
24. My parents did not keep me clean. 1 2 3 4 5 6 7 0
25. My parents did not make sure that I saw a doctor when I needed one. 1 2 3 4 5 6 7
0

26. My parents did not give me enough to eat. 1 2 3 4 5 6 7 0

27. My parents kept the house clean. 1 2 3 4 5 6 7 0

PERSONAL RELATIONSHIP PROFILE

BORDERLINE PERSONALITY SYMPTOMS SCALE OF PERSONAL RELATIONSHIPS PROFILE (PRP)

Instability

28. I go back and forth thinking my friends are perfect or terrible.

1. ___ strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

29. My relationships have big ups and downs.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

30. I change suddenly from being one kind of person to another.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

31. My mood is always changing.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

32. I often feel empty.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

Self-Harm

33. I would do almost anything to keep people from me.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

34. I often get hurt by things that I do.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

35. I have told others I will kill myself.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

36. I have had thoughts of cutting or burning myself.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

SCALE FOR CRIMINAL TENDENCIES

Property Crime

37. Before the age of 15, I stole or tried to steal something worth more than K50.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

38. Before the age of 15, I stole money (from anyone, including family).

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

39. Since the age of 15, I have stolen or tried to steal something worth more than K50.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

40. Since the age of 15, I have stolen money (from anyone, including family).

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

Violent Crime

41. Before the age of 15, I physically attacked someone with the idea of seriously hurting them.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

42. Before the age of 15, I hit or threatened to hit my parents.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

43. Since the age of 15, I hit or threatened to hit someone who is not the member of my family.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

DEPRESSIVE SCALE OF PRP

44. I usually wake up feeling pretty good. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

45. I am so sad, sometimes I wonder why I go on living.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

46. I have thought about killing myself.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

47. I am generally in a good mood. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

48. I think good things will happen to me in future. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

49. I feel sad quite often.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

50. My life is generally going well. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

51. I enjoy my day to day life. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

SOCIAL INTEGRATION SCALE OF PRP

Commitment

52. I have set goals in my life that I try to reach

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

53. I give up easily on difficult projects

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

Criminal Beliefs

54. It's alright to break the law as long as you don't get hurt. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

55. To get ahead, I have done things which are not right. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

Delinquent Peers

56. I spend time with friends who have been in trouble with the law. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

57. I have friends who have committed crimes. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

Involvement

58. I attend a church, Synagogue, Mosque once a month or more.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

59. I rarely have anything to do with religious activities. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

Kin Network Availability

60. I have family members who would help me out if I had a problem.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

61. I share my thoughts with a family member.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

POST TRAUMATIC STRESS SYMPTOMS SCALE OF PRP

Avoidance/Arousal

62. I have been terrified by things that have happened to me.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

63. I avoid doing anything that reminds me of things that have happened to me.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

64. I am constantly looking for signs of danger.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

65. I am easily startled.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

Re-experiencing

66. Terrible things have happened to me that I remember over and over.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

67. I have had dreams about terrible things that have happened to me.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

68. I try not to think about terrible things that have happened to me.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

69. Terrible things happened to me that made me feel helpless and horrified.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

ANTISOCIAL PERSONALITY SCALE

Deceit

70. I often lie to get what I want.

1. ___Strongly agree 2. ___ Agree 3. ___ Disagree 4. ___Strongly Disagree

71. I lie to make myself look better

1. ___Strongly Agree 2. ___Agree 3. ___Disagree 4. ___ Strongly Disagree

Impulsive/Rule Breaking

72. I often break things that belong to other people on purpose.

1. ___Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

73. I often do things that are against the law.

1. ___ Strongly Agree 2. ___ Agree 3. ___Disagree 4. ___Strongly Disagree

74. I have trouble following rules in school

1. ___Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

Mistreatment of others

75. I don't think about how what I do will affect other people.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

76. I only treat people badly if they deserve it.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

77. I feel sorry when I hurt someone. (R)1. ___ Strongly Agree 2. ___ Agree 3. ___

Disagree 4. ___ Strongly Disagree

LIMITED DISCLOSURE SCALE

78. I sometimes try to get revenge rather than forgive and forget.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

79. There have been occasions when I took advantage of someone. (R)

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

80. There have been times when I was quite jealous of the good fortune of others.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

81. I sometimes feel resentful when I don't get my way.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

82. I am sometimes irritated by people who ask for some favours from me.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

83. There are times when I felt like rebelling against people in authority even when I thought that they were right.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

84. I have never deliberately said something that hurt someone's feelings.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

85. No matter who I am talking to I am always a good listener.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

86. On few occasions, I have given up doing something because I thought too little of my ability.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

87. I have never been irked when people express opinions different from own.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

88. It is sometimes difficult for me to go on with my work if I am not encouraged.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

89. I am always respectful, even to people who are always disagreeable.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

90. I am always willing to admit it when I make a mistake.

1. ___ Strongly Agree 2. ___ Agree 3. ___ Disagree 4. ___ Strongly Disagree

THANK YOU

Appendix 3: Ethical Clearance



THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

Great East Road | P.O. Box 32379 | Lusaka 10101 | Tel: +260-211-290 258/291 777
Fax: +260-1-290 258/253 952 | Email: director@drgs.unza.zm | Website: www.unza.zm

HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE

Approval of Study

24th September, 2018

REF. No. HSSREC: 2018-JUN-039

The Principal Investigator

Dear Nakamba Ruth,

RE: "CHILD NEGLECT: PREVALENCE, SOCIAL AND EMOTIONAL PROBLEMS OF NEGLECTED CHILDREN IN SELECTED SECONDARY SCHOOLS OF MUFULIRA DISTRICT."

Reference is made to your submission. The University Of Zambia Humanities And Social Sciences Research Ethics Committee IRB resolved to approve this study and your participation as Principal Investigator for a period of one year.

Review Type	Expedited/Ordinary Review	Approval No. 2018-JUN-039
Approval and Expiry Date	Approval Date: 24 th September, 2018	Expiry Date: 23 rd September, 2019
Protocol Version and Date	Version-Nil	-
Information Sheet, Consent Forms and Dates	<ul style="list-style-type: none">English.	To be provided
Consent form ID and Date	Version	To be provided
Recruitment Materials	Nil	Nil

There are specific conditions that will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered to, the approval may be suspended. Should the study be suspended, study sponsors and other regulatory authorities will be informed.

Conditions of Approval

- Provide information sheets and consent letters as these were not attached. The information sheets should have had the essential features included. Please use the WHO templates which you could download at www.who.int/rpc/research_ethics/informed_consent/en/. REC would appreciate if the PI could customise the WHO templates and include the domains of what the submitted protocol is positing on tools and the sampling units (people who have been or shall be participating in this study).
- No participant may be involved in any study procedure prior to the study approval or after the expiration date.
- All unanticipated or Serious Adverse Events (SAEs) must be reported to the IRB within 5 days.
- All protocol modifications must be IRB approved by an application for an amendment prior to implementation unless they are intended to reduce risk (but must still be reported for approval). Modifications will include any change of investigator/s or site address or methodology and methods. Many modifications entail minimal risk adjustments to a protocol and/or consent form and can be made on an Expedited basis (via the IRB Chair). Some examples are: format changes, correcting spelling errors, adding key personnel, minor changes to questionnaires, recruiting and changes, and so forth. Other, more substantive changes, especially those that may alter the risk-benefit ratio, may require Full Board review and approval. In all cases, except where noted above regarding subject safety, any changes to any protocol document or procedure must first be approved by the IRB before they can be implemented.
- All protocol deviations must be reported to the IRB within 5 working days.
- All recruitment materials must be approved by the IRB prior to being used.
- Principal investigators are responsible for initiating Continuing Review proceedings. Documents must be received by the IRB at least 30 days before the expiry date. This is for the purpose of facilitating the review process. Any documents received less than 30 days before expiry will be labelled "late submissions" and will incur a penalty.
- Every 6 (six) months a progress report form supplied by The University of Zambia Humanities And Social Sciences Research Ethics Committee IRB must be filled in and submitted to us. There is a penalty of K500.00 for failure to submit the report.
- The University Of Zambia Humanities And Social Sciences Research Ethics Committee IRB does not "stamp" approval letters, consent forms or study documents unless requested for in writing. This is because the approval letter clearly indicates the documents approved by the IRB as well as other elements and conditions of approval.

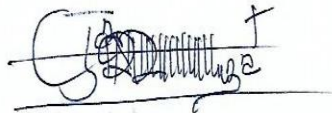
Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

clearly indicates the documents approved by the IRB as well as other elements and conditions of approval.

Should you have any questions regarding anything indicated in this letter, please do not hesitate to get in touch with us at the above indicated address.

On behalf of The University of Zambia Humanities and Social Sciences Research Ethics Committee IRB, we would like to wish you all the success as you carry out your study.

Yours faithfully,



Dr. Jason Mwanza
BA, MSoc, Sc., PhD

CHAIRPERSON

The University Of Zambia Humanities and Social Sciences Research Ethics
Committee IRB

- Cc Director, Directorate of Research and Graduate Studies
Assistant Director – Research, Directorate of Research and Graduate Studies
Vice Chairperson, Humanities and Social Sciences Research Ethics Committee
Assistant Registrar- Research, Directorate of Research and Graduate Studies
Senior Administrative Officer – Research Affiliation, Directorate of Research and
Graduate Studies

Appendix 4: Introductory Letter



**THE UNIVERSITY OF ZAMBIA
SCHOOL OF EDUCATION**

Telephone: 291381
Telegram: UNZA, LUSAKA
Telex: UNZALU ZA 44370

PO Box 32379
Lusaka, Zambia
Fax: +260-1-292702

Date: 13th MARCH 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: FIELD WORK FOR MASTERS/ PHD STUDENTS

The bearer of this letter Mr./Ms. NAKAMBA RUTH Computer number 2010145533 is a duly registered student at the University of Zambia, School of Education.

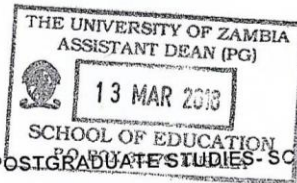
He/She is taking a Masters/PhD programme in Education. The programme has a fieldwork component which he/she has to complete.

We shall greatly appreciate if the necessary assistance is rendered to him/her/.

Yours faithfully


Emmy Mbozi (Dr)

ASSISTANT DEAN POSTGRADUATE STUDIES - SCHOOL OF EDUCATION



cc: Dean-Education
Director-DRGS



No objection
[Signature]

Appendix 5: Cronbach's alpha-delete-item-analysis

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
Q_28	145.3333	141.695	.103	.532
Q_29	145.6162	138.106	.235	.520
Q_30	145.9242	137.248	.270	.517
Q_31	145.6818	135.913	.327	.512
Q_32	145.9747	137.608	.237	.519
Q_33	146.1818	138.160	.236	.520
Q_34	145.6818	137.771	.260	.518
Q_35	146.7475	138.657	.319	.518
Q_36	146.6667	137.218	.386	.513
Q_37	146.5253	136.159	.368	.511
Q_38	146.3990	134.515	.429	.505
Q_39	146.6111	135.457	.461	.507
Q_40	146.6212	136.947	.375	.513
Q_41	146.5909	136.009	.405	.510
Q_42	146.5859	138.792	.274	.520
Q_43	146.3283	139.552	.205	.524
Q_44_R	146.2980	142.281	.102	.532
Q_45	146.0505	136.109	.345	.512
Q_46	146.5455	136.371	.344	.512
Q_47_R	146.2020	140.243	.176	.526
Q_48_R	146.6010	138.972	.247	.521
Q_49	145.6414	139.155	.221	.522
Q_50_R	146.2172	138.953	.222	.522
Q_51_R	146.1465	139.242	.215	.523
Q_52	144.9394	148.859	-.204	.554

Q_53_R	145.3232	148.423	-.182	.553
Q_54_R	144.8990	150.589	-.290	.559
Q_55_R	145.3535	149.945	-.238	.559
Q_56_R	145.1869	148.528	-.177	.555
Q_57_R	145.0707	150.909	-.269	.562
Q_58	145.6616	142.611	.044	.537
Q_59_R	145.5859	149.290	-.203	.558
Q_60	145.0960	147.062	-.123	.549
Q_61	145.1919	144.674	-.020	.541
Q_62	145.4899	139.744	.194	.525
Q_63	145.2828	144.204	.001	.539
Q_64	146.2121	137.061	.298	.515
Q_65	145.8485	141.084	.137	.529
Q_66	145.4899	138.302	.219	.521
Q_67	145.7576	137.880	.236	.520
Q_68	145.4343	139.130	.190	.524
Q_69	145.6162	138.431	.214	.522
Q_70	145.9192	137.476	.257	.518
Q_71	146.1263	139.715	.170	.526
Q_72	146.3081	138.224	.253	.519
Q_73	146.3990	139.033	.238	.521
Q_74	146.0455	125.018	.259	.507
Q_75	146.1869	139.006	.207	.523
Q_76	145.8232	140.512	.137	.529
Q_77_R	146.4141	145.716	-.067	.544
Q_78_R	145.4141	150.163	-.237	.560
Q_79_R	145.5101	149.490	-.216	.558
Q_80_R	145.4141	149.949	-.238	.559
Q_81_R	145.4394	148.258	-.174	.553
Q_82_R	145.3636	151.258	-.289	.563
Q_83_R	145.3535	148.697	-.192	.554

Q_84	145.7778	142.620	.050	.536
Q_85	145.1919	147.537	-.143	.551
Q_86_R	145.8636	146.403	-.096	.547
Q_87	145.6818	133.883	.207	.518
Q_88_R	145.6212	146.998	-.122	.549
Q_89	145.2576	144.578	-.019	.541
Q_90	145.2374	146.060	-.082	.546