

**SOCIAL ENVIRONMENTAL IMPACT ON ADOLESCENT ATTACHMENT AND
PEER RELATIONAL COMPETENCE**

By

Indala Nancy Nasitaba

A dissertation submitted in partial fulfilment of the requirements for the award of the Degree of
Master of Arts in Child and Adolescent Psychology

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DECLARATION

I, Nancy Nasitaba Indala, hereby declare that this dissertation is a result of my own efforts under the supervision of Dr. S. O. C. Mwaba of the Department of Psychology at the University of Zambia in consideration for the award of Master of Arts in Child and Adolescent Psychology. This dissertation has not been submitted to any other institution and all references used in this work have been acknowledged.

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Nancy Nasitaba Indala

APPROVAL

The thesis by Nancy Nasitaba Indala is approved as fulfilling the requirements for the award of a Master of Arts Degree in Child and Adolescent Psychology by the University of Zambia.

Examiner 1: Signature:..... Date:

Examiner 2: Signature:..... Date:

Examiner 3: Signature:..... Date:

Chairperson

Board of

Examiners..... Signature: Date:

Supervisor..... Signature: Date

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ABSTRACT

This study aimed at investigating the differences in attachment levels to the caregiver and to the differences in interpersonal relational competence between adolescents raised in the home environment and adolescents raised in orphanages. It was hypothesized that adolescents raised in orphanages would be less attached to their caregivers than adolescents raised in the home environment with regard to trust, communication and alienation. It was also hypothesized that adolescents raised in orphanages would have a lower interpersonal relational competence in comparison to adolescents raised in the home environment. In addition, attachment to the caregiver was expected to have a positive correlation to peer relational competence. Both the adolescents raised in the home environment and the orphanage-raised adolescents were from Lusaka. Stratified sampling technique was used to obtain the sample of 97 adolescents, 48 raised in orphanages and 49 raised in the home environment, between the ages 11 and 14 ($M=12.27$, $S.D= 0.94$). The Inventory of Parent Peer Attachment (IPPA) was administered to each participant. Significant differences were found between adolescents raised in orphanages and adolescents raised in the home environment with regard to their attachment to their respective caregivers. There were significant differences in trust in their caregiver between the two sets of adolescents $t(97) -3.6, p= 0.05$. As hypothesized, there were significant differences in interpersonal relational competence between adolescents raised in orphanages and adolescents raised in the home environment. Finally, a strong positive correlation between attachment to the caregiver and peer relational competence was found between alienation from the caregiver and alienation from peers $r(72) .606, p < .01$.

Attachment bonds between adolescents and caregivers take place regardless of the rearing environment and peers can buffer the effects of harsh rearing environments. More research should be done on attachment in children under institutional care to stave off negative effects of institutional care in Zambia.

Keywords: Attachment, interpersonal relational competence, peer relational competence, caregiver, adolescent, communication, trust, alienation.

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CHAPTER ONE: INTRODUCTION

1.1 Chapter overview and background

This chapter provides an introduction to this study which emphasizes the significance of caregivers in the development of a child. It proceeds to define some of the terms used in this document. It then states the research problem and provides a justification to conduct the study. Finally, the aim of the study and the hypotheses are stated.

Psychologists and other social scientists emphasize the importance of the environment and how it impacts the behaviour of an individual. Young children are dependent on the care they receive from others and through interactions with their caregivers, they form attachments with them (World Health Organization, 2004; Bowlby, 1958). This study aimed at investigating the impact of the environment on the development of attachment to the caregiver and its impact on interpersonal relational competence. The study focused on two environments, the home environment in which children are raised by the home environment and the orphanage in which children are raised by paid caregivers.

Richter (2004), observed that the term caregiver is preferred because many young children are not looked after by their biological mothers. Furthermore, with the exception of the earliest days of life, the care of young children is not limited to one person. Infants and young children frequently have several key caregivers, as occurs in many African societies, as well as in situations in which fathers, other relatives, siblings and friends participate actively in the care of young children. There is no evidence that biological mothers are more capable of caring for young children, apart from their role in breastfeeding, than fathers or other people who have a stable presence and are emotionally committed to the wellbeing of the child (Parke, 1978).

Adolescence is a period characterized by so many changes on different levels due to pubertal development, social role redefinitions, cognitive development, school transitions and the emergence of sexuality (Eccles et al, 1993). The proponent of Psychosocial development, Erik Erikson noted that the period of adolescence is a stage in which the individual attempts to discover oneself and he aptly called it Identity vs role confusion (Kalat, 2008).

Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan and Iver, (1993) note that as a result of the nature and pace of these changes, it makes adolescence an ideal focus for the study of human development. The numerous changes occurring during this time makes it a rich stage to study human development as children transition into adulthood. Further, Eccles et al (1993) suggested the interaction between the developmental changes within the adolescent and the social changes as well as increased expectations make adolescence a unique and interesting period to study. Finally, Eccles et al (1993) hypothesized that some of the negative psychological changes associated with the development during adolescence resulted from a mismatch between the developing adolescents' needs and the opportunities afforded them by their social environments.

“The child’s growth, in all aspects of health and personhood, depends on the capacity of adults, in whose care the child rests, to understand, perceive and respond to the child’s bids for assistance and support” (World Health Organization, 2004, p. 1).

The Zambian culture is collectivistic which entails that the needs of the group are prioritized above the needs of the individual. In such cultural contexts, children are not exclusively cared for by their biological parents but also by extended relations in the form of aunts, uncles and grandparents. In the event that children lose their biological parents to death, ideally, extended family are culturally required to care for the orphaned children. However, with infusion of the Western culture and the introduction of institutionalized care, orphaned and neglected children are left in orphanages to be cared for despite having living relations that can offer care and sustenance (Chansa, 2009). Research on child care in orphanages has a long history with its peak being the Second World War when children were separated from their parents (Zmora, 1995). However, it should be noted that the landscape has since transformed from that of the war to include poverty, neglect, and HIV/AIDS which has resulted in breaking down of the extend family unit (at least in Zambia) which historically took pride in taking care of orphans within the home environment in Zambia.

Children all over the world are vulnerable beings that require care from an adult caregiver to provide food, shelter, protection and to meet their other needs. Diseases such as HIV/AIDS leave children orphaned and vulnerable. In addition, the poverty rates in countries such as

Zambia restricts some people's capacity to provide for their children which results in children being surrendered to the care of paid caregivers in orphanages (Chansa, 2009).

Van Ijzendoorn (1994), introduced the phrase "structural neglect" which points to the inherent features of institutional care that preclude continuous, stable and sensitive caregiving for individual children: caregiver shifts, high staff-turnover rates, large groups, strict regimes, and sometimes physical and social chaos. The above conditions may be common among Zambian orphanages.

Bakermans- Kranenburg, Dobrova-Krol and Van Ijzendoorn (2011), point out that the rearing environment in most institutions is characterized by structural neglect due to discontinuous routine-like care and multiple shifts of overburdened professional caregivers working with too many children.

As children interact with adults over a period of time, an attachment bond is developed which may be influenced by the responsiveness and sensitivity that the caregiver shows towards the child (Bowlby, 1958).

An attachment bond is an affectionate bond which is not dyadic, it is not a bond between two people instead, it is a bond that one individual has to another individual who is perceived as stronger and wiser (Cassidy and Shaver, 2008).

There are two main types of attachment styles: secure and insecure attachment however, sub-categories of insecure attachment exist namely insecure avoidant, insecure ambivalent/resistant and disorganized attachment (Ainsworth, 1970; Main and Solomon, 1990). Main and Hesse (as cited in Van den Dries, Juffer, Ijzendoorn and Bakermans- Kranenburg, 2008) stated that disorganized attachment is considered the most insecure type of attachment, with disorganized attached children showing a breakdown of a consistent attachment strategy when dealing with a stressful situation.

Developing a secure attachment relationship or close bond with a parent or primary caregiver has long term benefits for children, because of the impact on children's later adaptation, for instance through the development of emotion regulation (Cassidy & Shaver, 1999).

Van den Dries, Juffer, Van Ijzendoorn and Bakermans-Kranenburg (2009), point out that infants that are securely attached develop trust in their parents and feel confident in their ability to influence the world around them. Further, the developed trust allows them to function as autonomous and confident beings capable of problem solving, whilst insecure attachment, in particular insecure disorganized attachment, has been associated with the development of externalizing behavior problems and subsequent child psychopathology (Van den Dries, Juffer, Van Ijzendoorn and Bakermans- Kranenburg, 2009).

According to Lassi et al (2010), due to the repeated state of neglect, abuse and fear, children in orphanages are one of the most vulnerable groups of children in society. Further, Lassi et al (2010), observed in a study on Eritrean orphanages, children were found with mood disturbances, language delays and disturbed social interaction with peers, and it was concluded that orphanages are necessarily the breeding grounds of psychopathological problems.

1.2. Definition of terms

Home: In this paper, the term home was used to refer to an environment in which adults look after children of biological relation.

Orphan: According to the Zambian government, an orphan is a child below the age of 18 years who has lost one or both parents (Boston University centre for global health and development and the University of Zambia institute of economic and social research, 2009).

Caregiver: According to Richter (2004), a caregiver is the person who looks after infants and young children. Richter (2004), also notes that polymatric child-rearing refers to the raising of children by multiple adults as is often the case in orphanages where multiple caregivers care for the children.

Adolescent: The World Health Organization (2004) describes an adolescent as a person between the ages 10 and 19. Although numerous definitions of an adolescent may exist, for the purpose of this study, the WHO definition was used.

Attachment: refers to the quality of the relationship between the caregiver and the child. Unlike infants whose primary goal in an attachment relationship is to seek proximity to the attachment figure, availability and responsiveness are the key elements in attachment

relationships in older children with their caregivers (Cassidy and Shaver, 2008). The differences in caregiver responsiveness and availability gives rises to different attachment styles which are: secure attachment style; avoidant attachment style, resistant attachment style; and disorganized attachment (Cassidy and Shaver, 2008).

Peer relational competence is a phrase that was used to refer to the adolescent's ability to amicably and confidently interact with peers in the environment. Additionally, the phrase interpersonal competence was used interchangeably with peer relational competence to refer to the adolescent's ability to have cordial relations with peers in the environment.

1.3. Statement of the problem

Children are developing beings that grow into adolescents then into adults. Adolescence can be a stressful time in itself as the young individual learns to come to terms with the physical and psychological changes that are taking place. Changes in the environment such the death of a caregiver or changing of caregivers may have adverse effects on the psyche and well-being of the individual.

According to the United Nations General Assembly it was estimated that over 2 million children were being raised in institutions around the world, with more than 800,000 of them in Central and Eastern Europe and the Commonwealth of Independent States (as cited in Dozier, 2014)

The World Health Organisation report (2004) findings showed that institutional rearing has adverse effects on physical, neurological, linguistic, cognitive, and social-emotional development.

Karadag-Caman and Ozcebe (2011) observed that the diversity of symptoms and the average level of distress caused by existing psychological symptoms reported by respondents were higher among adolescents raised in orphanages than those living in the home environments. In addition, Ustuner, Erol and Simsek, (2005) reported that the frequency of problem behaviours among 6-17-year-olds was 9.7% for those living with their biological parents in comparison to 12.9% for those living with a foster family and 43.5% for those in institutional care.

Furthermore, Simsek et al. (2008) noted that more problem behaviours were reported among adolescents living in institutional care (18.3% to 47.0%) than in adolescents living with their biological families (9.0% to 11.0%). These studies emphasize the negative impact that institutional care has on the development of adolescents.

In some cases, maltreatment occurs in orphanages or institutional care (Rus, Parris and Stativa, 2017). Maltreatment is defined as “all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (World Health Organisation, 1999, p. 16).

Rus, Parris and Stativa (2017) observed that maltreatment has an early impact on children’s well-being in domains such as behavioral, neurological, and molecular, furthermore, maltreatment can have lasting effects on biological, psychological, academic, and social functioning into adolescence and adulthood. Furthermore, there is an association between maltreatment in early-life and school absenteeism, high levels of aggression, anxiety/depression, dissociation, posttraumatic stress disorder symptoms, social problems, thought problems, and social withdrawal among adolescents (Rus, Parris and Stativa, 2017). In a study by Bellis, Hughes, Leckenby, Jones, Baban, Kachaeva, Povilaitis, Pudule, Qirjako, Ulukol, Raleva and Terzic (2014) it was found that adverse childhood experiences were associated with health-harming behaviors into young adulthood such as smoking, physical inactivity, multiple sexual partners, engagement in early sexual activities, drug abuse, problematic alcohol use, and attempted suicide.

Zambia Orphans Aid, notes that Zambia is one of the poorest, most AIDS-ravaged countries in the world which contributes to the overwhelming 1.4 million orphans in a population of just 14 million (www.zambiaorphans.org).

Due to poor nutrition resulting from poverty, and the AIDS pandemic, the number of single and double orphans is steadily increasing. This raises the need for adequate care services to be provided to these children in order for them to be empowered and provided for. According to Engle and Lhotska (1999), children need not only food and health care but also stimulation and emotional support necessary for children’s healthy survival, growth and development. Further, Engle and Lhotska (1999), point out that not only the practice of caring for the children

but the manner in which the tasks are performed are important, in terms of affection and responsiveness to the child are critical to a child's survival, growth and development.

Van den Dries, Juffer, Van Ijzendoorn and Bakermans- Kranenburg (2009), point out that insecure attachment towards the primary caregiver can result deviant behaviour, delinquency and child psychopathology.

1.4. Justification of the study

Attachment bonds are created in the early years of a child's life yet they have a lasting effect on the development of other relationships as the first attachment bond comes with internal working models that influence the perception of the individual's later attachment bonds with others (Bowlby as cited in Cassidy and Shaver, 2008).

Zeanah and Shah (as cited in Van Ijzendoorn, 2012), note that the central tenet of attachment theory has been that early experiences between young children and their caregivers provide a model for intimate relationships in later life hence the need to study the effects of the two environments on attachment in adolescents.

Adolescents have attachments with their caregivers and they have to balance this with their desire to explore their environments as this is a period of learning new skills and attempting to discover themselves (Allen as cited in Cassidy and Shaver, 2008).

It is important to assess the differences that exist in attachment levels between adolescents that have been raised by the home environment and adolescents that have been raised in orphanages and cared for by caregivers. This would allow stakeholders to make informed decisions in improving the child social welfare system.

Further, Maclean (2003) alludes to the study of attachment behaviours having the potential to inform our thinking with respect to the roots of pathology in children which may be valuable information when attempting to curb deviant or delinquent behaviours in children before they become adults.

If attachment problems are detected early on, it may be possible to establish measures that may reduce and prevent any extreme side effects in associations or relationships with people later in life.

There is a literature gap in Zambia on how adolescent-caregiver attachment affects adolescent's interpersonal relations, this research attempted to fill in that gap. There are insufficient studies conducted in the African context, particularly Zambian studies emphasizing the importance of the caregiver-adolescence relationship and its effects on the developing child. There is a need for research in this field to better understand the concept of attachment in the Zambian orphanages among adolescents and how this affects their interpersonal relations. Research in child and adolescent attachment may help curb child delinquency and child psychopathology in Zambia.

1.5. Main aim

The main aim of the study was to investigate the differences in attachment level to the caregiver and differences in interpersonal relational competence between adolescents raised in the home environment and adolescents raised in orphanages.

1.6. Objectives

- a) To provide knowledge on the differences in attachment levels, with regard to trust, communication and alienation to their caregivers that may exist between the two sets of adolescents.
- b) To investigate the differences in interpersonal relational competence between the adolescents raised in orphanages and adolescents raised in the home environment.
- c) To determine the effects of attachment between adolescent and caregiver on adolescent peer relations.

1.7. Hypotheses

- i. Adolescents raised in orphanages would be less attached to their caregivers than adolescents raised in the home environment. That is, adolescents raised in orphanages would trust and communicate less to their caregiver and would be more alienated from their caregivers.
- ii. Adolescents raised in orphanages would have a lower interpersonal relational competence than adolescents raised in the home environment.

- iii. Attachment to the caregiver would be positively correlated to peer relational competence.

1.8. Chapter summary

This chapter provided an introduction and an overview to this study, showed the importance of caregivers in the human development even during adolescence. It introduced the terms orphan, adolescent, caregiver, attachment and peer relational competence/interpersonal competence. Following this, the statement of the problem was given and a justification for the study was stated. Finally, the study aim and hypotheses were highlighted.

CHAPTER TWO: LITERATURE REVIEW

2.1. Chapter overview

This chapter presents literature and analyses it to support and enhance the study. It provides the theoretical framework which underscores the Attachment theory in adolescence. The theoretical framework also highlights the Psychosocial development theory, the Ecological model and social theories emphasizing group dynamics. It proceeds to provide empirical literature on attachment with regard to institutionalization, multiple caregiving, parental sensitivity and peer relational competence. After which, a summary of the chapter is given.

2.2. Theoretical Framework

Attachment theory as proposed by John Bowlby and expanded by scholars such as Mary Ainsworth anchors this study. The theory of attachment suggests that as long as there is a caregiver present, an attachment will be formed though the type of caregiving available may affect the attachment style.

Van den Dries, Juffer, Ijzendoorn, Bakermans-Kranenburg (2008), note that although the tendency to form attachment relationships is innate and universal, individual differences can be observed in the type of attachment formed. The quality of attachment refers to the type of attachment. Based on the attachment strategies children use when they face stressful situations, their attachment relationships can be classified as secure, insecure (avoidant or ambivalent) or insecure-disorganized (Cassidy and Shaver, 2008). Secure children seek contact with their attachment figure when they are upset and are easily comforted while insecure children, according to Ainsworth, Blehar, Waters, & Wall (as cited in Van den Dries, Juffer, Ijzendoorn, Bakermans-Kranenburg, 2008) on the other hand, show signs of avoidance or resistance.

Van Ijzendoorn (1994), notes that according to attachment theory, the security of infants' attachment to their caregivers is determined by the quality of the care they receive. When children receive warm and sensitive care, they generally develop basic trust in their caregivers during the first year of life (Bowlby, 1982) which may affect later relationships that may form. The type of care adolescents received as children will affect the type of attachment styles that will be presented. Sensitive responses to infants, correctly reading their signals and needs are associated with secure attachments, whereas rejection of infants' communication and inconsistent care are related to insecure attachments (Van Ijzendoorn, 1994).

Caregiver-child attachment is vital to child social relations (Ainsworth and Bell, 1970). According to Bowlby, children form an internal working model from their initial relationship with their primary caregiver which becomes a standard by which the individual later views other relationships (Parade, Leerkes and Blankson, 2010). Dekovic and Meeus (1997) state that studies have “shown that the strength of this relationship does not decline and that parents retain a substantial influence on the development of adolescent social relationships outside the family” (p. 163). According to Dekovic and Meeus (1997), the strength of the attachment bond between the adolescents and their parents continues to have an impact on the adolescents' relations with others in a social context.

According to Bowlby (as cited in Waters, Weinfield and Hamilton, 2000), experience with primary caregivers leads to expectations and beliefs (which he referred to as ‘internal working models’) about the self, the world, and other relationships. Waters, Weinfield and Hamilton (2000) also note that these representations are persistent and yet open to revision in light of experience. This implies that the first mental representations that the individual creates about caregivers form a basis on how the individual will relate with others but these mental representations are subject to change based on experiences the individual has. The idea of mental representations is similar to Jean Piaget's schemas which accommodate and assimilate new information as the individual interacts with the environment (Kalat, 2008). Waters, Weinfield and Hamilton (2000) observed that persistent attachment representations allow positive secure base experiences to guide behaviour when a stronger and wiser person is not readily available. Waters, Weinfield and Hamilton (2000) further observed that the persistent attachment representations also afford a degree of buffering against future unsupportive and disappointing

relationship experiences. That means that the initial attachment to the primary caregiver can protect the individual from any later unpleasant experiences with others.

Erik Erikson's Psychosocial development theory in the first stage of *trust vs mistrust* proposes that the first relationship a human has with an adult caregiver affects their view of the world. That is, they will trust or mistrust other people based on their relationship with their caregiver. This theory also emphasizes the significance of the caregiver-child relationship on the child's social development thereby supporting Bowlby's Attachment theory.

Waters, Weinfeld and Hamilton (2000), observed that unsupportive care may result in expectations and beliefs that initiate misbehaviour and complicate relationships. This implies that the relationship between the caregiver and the child can create internal working models that either positively or negatively influence the behaviour of the developing child.

Waters, Weinfield and Hamilton (2000, p. 703) argued that "Although Bowlby implied that the onset and consolidation of attachment patterns was accomplished in early childhood, much of his theory and clinical work envisioned working models evolving and responding to experience through adolescence." The researchers, Waters, Weinfield and Hamilton (2000) further observed that attachment can be formed in infancy, remain stable through adolescence and into adulthood and that change in attachment security is related to meaningful changes in the family environment.

Urie Bronfenbrenner's Ecological model emphasizes the significance of the environment's influence on the development of the individual (Bronfenbrenner, 1994). Furthermore, Bronfenbrenner (1994), referred to the different forces within the environment as 'systems' and he proposed that the first system to influence the individual's development is the microsystem which accommodates both the family and the school. According to Bronfenbrenner (1994), a microsystem is a pattern of activities, social roles and interpersonal relations experienced by the developing person in a given face-to-face setting with particular physical, social and symbolic features that invite, permit or inhibit engagement in sustained, progressively more complex interaction with and in the immediate environment, such family school peer group and workplace. Therefore, it can be noted that the environment in which an individual has face-to-face interactions may impact the developing individual. The two environments investigated in

this study may be considered microsystems as well because the adolescents had face-to-face interactions with their caregivers.

Social psychology theorists have indicated that as the individual grows into adolescence, the individual seeks to relate with peers more than with parents or caregivers and to be accepted into peer groups (Kalat, 2008). In order to be accepted into some of the peer groups or *cliques*, adolescents are susceptible to drinking, smoking, engaging in sexual relations, partaking in illicit drugs and other deviant or delinquent behaviour (Kalat, 2008).

As such, it is important to investigate the environment in which adolescents are nurtured and where their attachment bonds to their caregivers are created to determine if the environment the adolescent is raised in has caregivers that are responsive and available. This is because these factors may influence the formation and maintenance of an attachment bond which would subsequently affect later relationships, according to Bowlby's theory of attachment (Bowlby, 1958; Cassidy and Shaver, 2008).

It is therefore important to determine the extent to which the environment in which the attachment bond is being created influences the adolescent-caregiver attachment and subsequently impacts adolescent interpersonal relations especially in the Zambian context where there is a gap in literature pertaining to this.

This study investigated the extent to which the caregiving environment affected the level of attachment an adolescent had to the caregiver and how the caregiving environment affected interpersonal relational competence.

2.3. Empirical research

2.3.1. Attachment styles and the orphanage

In a meta-analysis conducted by Van den Dries, Juffer, Van Ijzendoorn and Bakermans-Kranenburg (2008), they looked at studies which hypothesized that adopted children would show fewer secure and more disorganized attachments compared to children living with their

biological parents; it was expected that these differences would be larger in children who were adopted after their first birthday than in children adopted in their first year of life. It was also hypothesized that children who had lived with their new parents for a longer period of time would show a more favorable relationship with the parent; and finally, they expected children who were born in Eastern European countries to show less secure and more disorganized attachment than children adopted from other continents. As expected, Van den Dries, Juffer, Van Ijzendoorn and Bakermans- Kranenburg (2008), found that adopted children showed more disorganized attachment than non-adopted children; age at placement was a significant moderator for attachment security in adoptees, with early placed adoptees showing secure attachments as often as non-adopted children.

The findings of the meta-analysis point out that children adopted before age one are able to form secure attachment just as children raised in normal home setups, however, the findings only speculate and do not conclusively state that children brought up in an orphanage are more likely to show disorganized attachment behaviours. The findings of the study show that children adopted after the age of one are more likely to show disorganized style of attachment, however, this might be due to disturbance of their environment. It may be assumed that the children formed secure attachments to their caregivers in the orphanages and the change in environment disturbed them. That is, the children were attached to their caregivers at the time of their adoption and the change in environment affected them negatively because they were unable to adjust and establish new attachment bonds to their new caregivers (adopted parents).

Children who were adopted before their first birthday may have experienced deprivation for shorter periods of time than later adoptees, resulting in a more normative development of attachment relationships (Bowlby, 1982). This implies that children that lost their caregiver in the first year of life may be able to establish attachment bonds to other caregivers far much easier than those that lost their caregivers later in life. The timing of change in caregivers is obviously cardinal in attachment formation.

Chansa (2009), conducted a study with the aim of investigating the developmental differences that arise from different patterns of child care, in particular the influence of different patterns of child care on caregiving environment, security of attachment, maternal sensitivity, cognitive development and physical growth. The participants were aged 3 to 5 years and the

instruments used were the HOME, the HEPA, Emotional Availability scales and two subsets from the SON-R in collaboration with the strange situation (Chansa, 2009). The results of the study revealed that only the orphanage group showed disorganized attachment in comparison to the family-reared group (both biological and adopted); also, the orphanage caregivers showed lower levels of sensitivity compared to their counterparts. In addition, it was discovered that there were significant differences in cognitive ability, with the orphanage children lagging behind the family-reared children. In physical development the orphanage children lagged behind as the body mass index was lower and the head circumference smaller than that of family-reared children.

The study by Chansa (2009) focused on children between ages 3 to 5 and this present study intended to fill the literature gap on adolescents raised in orphanages, to determine the impact of institutional care on adolescents' attachment to their caregivers.

Macleane (2003), noted that institutionalization has an impact on child-caregiver attachment. Chisolm (as cited in Maclean, 2003), observes that most researchers assume that the children in institutions are unlikely to develop attachments to their caregivers, perhaps due to the child-caregiver ratio. In Romanian orphanages, the child to caregiver ratios ranged from 10 to 1 for children under 2 years of age to as high as 20 to 1 for children over 3 years of age (Macleane, 2003). These ratios may be higher in the Zambian context. This suggests that the amount of time a caregiver spends with a child may affect the development of an attachment bond between the two. Tizard (1971) (as cited in Maclean) found that when compared to children in institutional care, family-reared 2 year olds could easily construct a list of preferred persons whilst the children that were raised in institutional care looked at anyone that the children knew as a preferred person. In other words, children raised in institutional care did not have a preferred person but any familiar person was acceptable. Maclean (2003) pointed out that an adequate caregiver readily responds to an infant's needs for close contact and understands an infant's distress if separated from the caregiver. The responsiveness of a caregiver affects the attachment bond formed and the form of attachment that may develop.

Tizard's study of 65 young children (between ages 2 and 4) placed at birth or soon after birth in residential nurseries in London in the 1960s (as cited in Zeanah, Smyke, Koga and Carlson, 2005), revealed that institutionalized care had a great impact on attachment formation

and attachment style. Of the 65 children, 24 were adopted, 15 were returned to their birth parents while 26 remained in institutional care. At the age of 4 years, the children in institutional care were assessed and 8 were emotionally withdrawn, unresponsive, displayed unusual social behaviours and did not display discriminated attachment. Ten of the children were indiscriminate “the remaining 8 children had managed to form preferred attachment to a caregiver at the nursery caregiver” (Zeanah, Smyke, Koga and Carlson, 2005).

Vorria et al (as cited in Zeanah, Smyke, Koga and Carlson, 2005) examined Strange Situation classifications of attachment in young children and their caregivers in the context of institutions and they discovered that 66% of Greek institutionalized infants between 11 and 17 months of age had disorganized attachment with their caregivers, 8% had unclassifiable attachments and 24% were securely attached to their caregivers, in comparison to 41% of the home-reared infants who were securely attached, 25% were disorganized and 22% had unclassifiable attachments.

Torres et al (2012) analyzed differences in the attachment representations of institutionalized children as compared with children from low and high educational level living with their natural families. In the study, the participants were 91 Portuguese children between 48 and 96 months. Torres et al (2012) created three different groups: 19 institutionalized children, 16 low educational level families’ children and 56 from high educational level families’. The Attachment Story Completion Task (ASCT) was used to assess for security in Attachment representations and psychopathological symptoms were assessed using the Child Behaviour Checklist for parents and caretakers. To assess verbal skills, the Wechsler Preschool and Primary Scale of Intelligence-Revised was used. According to Torres et al (2012), the results showed that institutionalized children had significantly lower security of attachment representations, less verbal skills and higher aggressive behaviour than the other two groups. Torres et al (2012) determined that the main effect of institutionalization on externalizing aggressive behaviour was completely mediated by the security of attachment representations.

Given that attachment bonds are mainly created in the first year of life for an individual, it is possible that the attachment bonds created by children that grow up in orphanages may be disturbed greatly because caregivers can be inconsistent. Unlike in the home environments with biological family which are relatively stable, the orphanage has paid caregivers that may leave

during the course of the child's stay at the orphanage. This possibility may affect orphaned children's ability to form attachment bonds to their caregivers.

The studies presented in this unit emphasized the importance of the attachment bond and they presented findings of infants, toddlers and young children. The studies did not attempt to determine the effects of institutional care on attachment in adolescence and in their relations with people other than their caregivers.

According to the World Health Health report (2004), as the detection of child abuse and neglect increases in countries, a public health approach should be promoted, increasing the work that health and social care professionals do with families and foster carers, rather than resorting to institutionalising children.

2.3.2. Attachment and multiple caregiving

Children may be affected by receiving care from multiple caregivers, this can be seen in Mooya (2015), study which was conducted with the aim of examining maternal and sibling caregiving and the quality of attachments of the infant to the mother and to his/her older sibling. It also sought to examine the factors that predict maternal investment in terms of socio-emotional support, the provision of learning materials and involvement. The study was conducted in Zambia and in the Netherlands. It was hypothesized that the infant-mother attachment construct in Zambia exists and the majority of children would be classified as securely attached to both their mothers and older siblings and that there would be no association between the infant-mother and infant sibling attachment, that is, children's quality of attachment to their mothers is not expected to be similar to the quality of attachment to their siblings (Mooya, 2015). The results of showed that Zambian children do get attached (to both mother and sibling) and the majority appeared to be securely attached to both their mothers and siblings.

The study by Mooya (2015), reveals that children are able to develop attachment to multiple caregivers and this is relevant in the Zambian cultural context in which more than one person is normally involved in child care and child-rearing as is the case in the orphanages where we have multiple caregivers.

Van Ijzendoorn (1994), studied Kibbutz infants who were exposed to multiple caregiving very early in their lives. During the initial period of their stay in the infant house, they were cared for jointly by the mother and the metapelet (a woman who cares for children in a kibbutzim), mothers were almost exclusively in charge of feeding, and they arranged their work schedule accordingly; caregivers were responsible for the infants between maternal visits. During the second half of the infants' first year, caregivers gradually assumed responsibility for the children's various needs as the mothers increased their workload outside the home and as a result, caregivers assumed full care of the infants (Van Ijzendoorn, 1994). Children spend most of their time in the care of caregivers in the kibbutz and would sleep at home. This is an interesting way of life, similar to the Zambian context as children are allowed to interact with people in their environment, whether its peers at play or teachers in school. The kibbutz system is similar to the Zambian environment in which caregivers other than the mother interact with the child. In collectivistic system, which Zambian society is comprised of, extended family are found in a home and may care for the children. In orphanage setups, children are likely to interact with other people other than their primary caregivers. Children interact with several people other than their primary caregivers.

This unit presented studies showing the ability children have to form multiple attachment bonds, however, these studies did not carry out a comparison between children raised in institutional care and those raised by biological relations. It was the intention of the researcher to fill this literature gap to provide knowledge on the impact of the rearing environment on attachment formation and maintenance by comparing adolescents raised in orphanages with adolescents raised in the home environment.

2.3.3. Attachment and parental sensitivity

A meta-analysis was conducted by Wolff and Van Ijzendoorn (1997), which included 66 studies (N = 4,176) on parental antecedents of attachment security. The question addressed was whether maternal sensitivity was associated with infant attachment security, and what the strength of this relation was. It was hypothesized that studies more similar to Ainsworth's Baltimore study would show stronger associations than studies diverging from this pioneering

study. It was concluded that in normal settings sensitivity was an important but not exclusive condition of attachment security, as several other dimensions of parenting were identified as playing an equally important role (Wolff and Van Ijzendoorn, 1997).

The meta-analysis by Wolff and Van Ijzendoorn (1997), showed that other components other than parental sensitivity were important in the formation of attachment bonds. This is more pronounced in adolescents because factors such as responsiveness, warmth and availability play a vital role in the formation of secure attachment bonds (Cassidy and Shaver, 2008).

The researcher proposed to show that the attachment bonds created towards the primary caregiver had ripple effects on the formation of later attachment bonds in other relationships.

2.3.4. Attachment and interpersonal relational competence

Schneider and Younger (1996), hypothesized that adolescents who reported secure attachments with their parents would display higher levels of interpersonal relational competence. A sample of 63 10th grade pupils completed the Inventory of Parent Attachment and the Interpersonal Competence Questionnaire. Alienation, especially from fathers, was a negative correlate of interpersonal competence, their results indicated little correspondence between parent-child attachment and the positive aspects of adolescent social competence. Parents seen by the adolescents as close and trusting had negative opinions of the adolescents' best friends.

O'Koon, (1997) examined older adolescents between the ages 16-18 perceived levels of attachment to parents and peers, and it explored their relationship with self-image. Attachment to parent was found to have a significant relationship with coping aspects of self-image, while peer attachment had a strong effect with self-image particularly in area that gain prominence during this developmental period, such as body-image, vocational goals and sexuality attitudes. It was also discovered that groups that stress self-expression and self-discovery may enhance attachment relationships and self-image.

Parade, Leerkes and Blankson (2010), examined the process by which attachment to parents' influences satisfaction with and ease in forming friendships at college. A sample of 172 female college freshmen between the ages 18 and 20 with diverse racial makeup. Secure attachment to parents was positively associated with ease in forming friendships among racial minority and white participants and satisfaction with friendships with friendships among

minorities. Indirect effects of parental attachment security on relationship outcomes through social anxiety were significant for minority participants but not for white participants.

Zimmermann, Maier, Winter and Grossmann (2001), looked at adolescents' emotion regulation patterns during a joint problem-solving situation with a friend based on data from a longitudinal study and an earlier infant-father and infant-mother attachment patterns. It was discovered that adolescents with insecure attachment representations showed more disruptive behaviours towards their friend.

Dekovic and Meeus (1997), examined the link between the parent-adolescent relationship and the adolescent's relationship with peers. The sample consisted 508 families with adolescents between the ages 12 to 18. Results showed that the adolescent's self-concept serves a mediating role in the relationship between maternal child-rearing style and involvement with peers. The results suggested that a positive self-concept and warm supportive parenting contribute to satisfactory peer relations.

Engels, Finkenauer, Meeus and Dekovic (2001), hypothesized that the relation between parental attachment and emotional adjustment is mediated by social skills and relational competence. A sample of 412, 12 to 18 year olds was used. Parental attachment and relational competence were significant predictors of adolescents' emotional adjustment.

Greenberg, Siegal and Leitch (1984) investigated the nature and quality of adolescents' attachments to peers and parents using the Inventory of Adolescent Attachments. The sample consisted of 213 adolescents ranging from 12 to 19 years of age. It was hypothesized that the quality of perceived attachments both to parents and peers would be related to well-being and the quality of parental relationships would be a more powerful predictor of well-being than would the quality of peer relationships. The quality of attachment to parents was significantly more influential than attachment to peers in predicting well-being. Adolescents that were securely attached to their parents had a higher self-esteem under highly stressful life measures than adolescents that were insecurely attached to their parents.

Cottrell (1992) examined the relationship between adolescents' adjustment and their supportive relations with significant others. The study linked the Bowlby concept of social attachment with that of social support, which was derived from social network theory, in

describing the exchange content of adolescents' interactions with parents, peer-friends, and adult non-kin. It was discovered that for both sexes, the strength of attachments to parents and to teachers was associated with young people's positive feelings about themselves. Results also showed that among girls, support from parents and adult non-kin was related to academic self-concept, whereas among boys, support from friends was negatively related to self-concept and educational plans.

Papini and Roggman (1992) tested the supportive function of the attachment relations in adolescents' transition during early adolescence. In the study, sample 47 adolescents aged 12 was used. Correlational results revealed that attachment to parents was significantly and positively correlated with measures of self-perceived competence, especially during the child's transition into junior high school. Also, attachment to parents was found to be significantly but negatively related to adolescent feelings of depression and anxiety. The results reveal the buffering effect of parent-adolescent attachment for adolescent feelings of competence and emotional well-being.

Mota and Matos (2013), analyzed the contribution of peer attachment in predicting active coping and self-esteem in a sample of 109 institutionalized adolescents and it also explored the mediating role of social skills in the association between peer attachment, coping and self-esteem. According to Mota and Matos (2013), the results confirmed the mediating role of social skills but only between quality of peer attachment and the development of active coping.

Kenny and Gallagher (2002) investigated the relationship of the affective and fostering of autonomy components of maternal and paternal attachment with indices of instrumental and social-relational competence among 172 Grade 10 and 12 pupils with 75 male and 97 females. Their findings revealed that both males and females rated fathers higher than mothers on fostering of autonomy. Kenny and Gallagher (2002) discovered that boys rated themselves higher than girls on several indices of instrumental competence, and girls rated themselves higher, in comparison with boys, on several indices of social/relational competence which is consistent with traditional gender-role socialization. It was also revealed that parental attachments were associated with adolescent competencies in ways that are consistent with and that challenge traditional gender role socialization (Kenny and Gallagher, 2002).

Thus, it can be seen that the attachment that children develop towards their parents and not just their mothers, has an effect on social relational competence, though according to the study by Kenny and Gallagher (2002), each parent plays a different role in this context.

2.4. Chapter summary

Attachment is cardinal in the formation of later relationships particularly for an adolescent that is undergoing puberty, the onset of physical attraction to the opposite sex and the struggle with peer relations in order to gain acceptance. All these pressures (relations with peers and the opposite sex) can be affected by the initial attachment relations that were formed to their primary caregivers, hence the need to carry out a study in this regard. This chapter presented research studies that investigated attachment in relation to institutionalization, multiple caregivers, parental sensitivity and interpersonal relations.

The literature presented in this chapter, did not comprehensively investigate the influence of the rearing environment on attachment in adolescents raised in orphanages and subsequently, its influence on peer relational competence, in comparison to adolescents raised in the home environment. This present study attempted to fill in this literature gap because it is cardinal to investigate this aspect of human development as alluded to in previous chapter. The studies above do not comprehensively attempt to understand how the caregiving environment and the caregiver's sensitivity and responsiveness affect the attachment relationship with the adolescent. Furthermore, the preceding studies did not attempt to compare two caregiving environments to better understand how either environment affects the attachment bond. This study hopes to fill this literature gap by providing empirical evidence on how attachment bonds can be affected by contextual factors and further affect adolescent peer relations. This study is imperative as it will fill the Zambian literature gap in attachment among adolescents in orphanages and their interpersonal relations.

CHAPTER THREE: METHODOLOGY

3.1. Chapter overview

This chapter highlights the methodology of this study. It begins by providing the particulars of the participants, stating the inclusion and exclusion criteria, then it continues to provide details on the tool used in the collection of data. It proceeds to describe the procedure in the collection of the data, the analysis of the data and the ethical tenets observed.

3.2. Research design

The study used a Correlational design method to achieve its aim and objectives.

3.3. Sample

A sample of 97 adolescents, 49 raised within the home environment and 48 raised in orphanages, was drawn using Stratified sampling technique. The sample consisted a total of 48 males and 49 females from the two respective groups. The sample consisted of adolescents between the ages 11 and 14, who were attending school. The adolescents were between Grades 6 and 8, (Grade 6: $n=27$; Grade 7: $n=47$; and Grade 8: $n=23$).

3.3.1. Inclusion Criteria

- The adolescent had to be literate and able to respond to a questionnaire in English.
- The adolescents should have lived in either their homes or orphanages for at least one year prior to the study.
- The adolescents should have spent the first five years of their lives in either the home environment or in an orphanage.

3.4. Instruments

The Inventory of Parent and Peer Attachment (IPPA) by Dr. Greenberg and Dr. Armsden (2009) was used in this study and it is included in the appendix. Ideally, the IPPA has three sections, the Mother Attachment, Father Attachment and Peer Attachment sections. However, to provide a platform for comparison, the father section in the original IPPA was excluded and as such the participants answered the mother and peer attachment sections only. The inventory was scored using a Likert scale. The IPPA was used to measure level of attachment to the caregiver and peer relational competence.

The IPPA has internal reliabilities of (Cronbach's alpha): Mother attachment, .87; Peer relational competence, .92.

The instrument was piloted on a Zambian sample, 10 pupils at Hermann Gmeiner school in the pilot study to determine its reliability and validity prior to administering it in the actual study. The participants in the sample had similar demographic characteristics as the adolescents in the main study.

3.5. Procedure

3.5.1. Consent

The researcher sought permission from the Lusaka District Education Board and the respective school administrations at the two schools prior to conducting the study.

The researcher also obtained written consent from the parents because the participants were less than 18 years of age. In addition, the researcher obtained assent from the participants as well so they would not feel coerced or pressurized into participation by an authority figure.

3.5.2. Data collection

The researcher visited the Ministry of Community Development and Social Services where she obtained a list of orphanages. The researcher selected SOS Children's Home and Chishawasha Children's Home based on the study's inclusion and exclusion criteria. That is, the

orphanage had to have adolescents in residence that had spent the first five years in the orphanage and had spent the year prior to the study as residents of the orphanage.

The sample comprised adolescents of ages ranging from 11 to 14 years, between Grades 6 and 8 from a primary and secondary in Lusaka. The sample was drawn using Stratified sampling. The researcher with the help of the school administration and the teachers using class lists and other background information, identified pupils that fit the requirements for participation in the study. The participants had to meet the inclusion and exclusion criteria for the study. The adolescents raised in orphanages were selected first and the adolescents raised in the home environment were demographically matched to the former. The adolescents raised in homes attended the same school as the adolescents raised in orphanages, that is they either attended Hermann Gmeiner school or Colin B school.

The questionnaire was answered by each participant in the presence of the researcher. The questionnaire was completed by each participant between 20 to 30 minutes.

3.5.3. Data analysis

The data was entered and analysed using SPSS version 16.0. The measures of central tendency (mean, median) were calculated.

Items 3, 6, 9, and 14 from the mother attachment section and item 5 from the peer attachment section were reversed coded. The following are the items: {3)I wish I had a different mother; 6)I feel it's no use letting my feelings show around my mother; 9)My mother expects too much from me; 14) My mother has her own problems, so I do not bother her with mine; 5) I wish I had different friends}.

Following this, items were added to create composite scores as shown below.

- **Mother trust:** 1, 2, 3, 4, 9, 12, 13, 20, 21, 22
 - **Mother communication:** 5, 6, 7, 14, 15, 16, 19, 24, 25
 - **Mother alienation:** 8, 10, 11, 17, 18, 23
 - **Peer trust:** 5, 6, 8, 12, 13, 14, 15, 19, 20, 21
 - **Peer communication:** 1, 2, 3, 7, 16, 17, 24, 25
 - **Peer alienation:** 4, 9, 10, 11, 18, 22, 23
- (Refer to appendix 3)

After these constructs were created, *mother trust*, *mother communication* and *mother alienation* denoted attachment to the caregiver while *peer trust*, *peer communication* and *peer alienation* denoted peer relational competence. The two different environments were measured against each construct respectively.

The data was analyzed using independent samples t- test to establish the differences, if any, between adolescents raised in orphanages and those raised in the home environment in their attachment to their caregivers and correlation to determine the existence of a relationship between adolescents' attachment to caregiver and interpersonal competence.

3.6. Ethical Considerations

- **Informed consent:** Participants were informed of the objectives and purpose of the research before it was conducted. Consent was obtained from the parents, guardians and caregivers of the adolescents, while assent was obtained from the adolescents themselves.
- **Freedom to withdraw:** The participants were not coerced into participating in the research and were informed that they could withdraw at any point during the research if they desired without fear of repercussions.
- **Confidentiality:** The participants were assured of confidentiality. Furthermore, the participants were made aware that all the information collected would be used solely for academic and research purposes and that no personal details would be divulged or disseminated following the research. The participants were assigned numbers, which ensured that no names were used and the collected materials were only handled by the researcher.

3.7. Limitations

Firstly, the generalizability of this study is limited because the sample was relatively small. It would have been desirable to have a larger sample. However, the inclusion and exclusion criteria for the study was stringent and the use of a stratified sampling technique only allowed for the adolescents raised in the home environment to be matched to the number and demographics

of the adolescents raised in orphanages. Also, the orphanages chosen were not randomly selected but were picked because they had participants that met the inclusion and exclusion criteria. This created an inevitable bias.

Secondly, the tool used was a self-report measure making it susceptible to common method bias. The authors of the IPPA initially created it for older adolescents in the Western world, however, this study utilized the tool on younger adolescents in a third world country.

3.8. Chapter summary

This chapter highlighted the sample particulars, inclusion and exclusion criteria, instruments used in the study, study site, procedure, data analysis techniques used and the ethics taken into consideration.

CHAPTER FOUR: RESULTS

4.1. Chapter overview

This chapter presents the findings of the study. The findings are presented according to each of the hypotheses and objectives.

4.2. Participant Demographics

Ninety- seven adolescents ($n=97$) participated in the study. From the sample, 48 children were raised within two orphanages while 49 children were raised within their home environment. The participants were between the ages 11 and 14 years ($M= 12.27$, $S.D. = 0.94$) and included 49 males (50.5%) and 48 females (49.5%). The adolescents were between Grades 6 and 8, (Grade 6: $n=27$, 27.8%; Grade 7: $n=47$, 48.5%; and Grade 8: $n=23$, 23.7%) (Table 1).

Table 1: Participants' Characteristics

Variable	Group	Orphanage		Home environment	
		Frequency	Percentage	Frequency	Percentage
Age	11	9	18.8	15	30.6
	12	16	33.3	16	32.7
	13	17	35.4	15	30
	14	6	12.5	3	6.1
	Total	48	100	49	100
Gender	Female	25	52.1	23	46.9
	Male	23	47.9	26	53.1
	Total	48	100	49	100
Grade	6	22	45.8	5	10.2
	7	16	33.3	31	63.3
	8	10	20.8	13	26.5
	Total	48	100	49	100

The participants reported that they have large families comprising of a large number of siblings especially in the orphanages as indicated in Table 2 below. The participants in the

orphanages also reported that they had a larger number of other caregivers and a larger number of people they live with in comparison to the participants raised in the home environment.

Table 2: Home Setup

Variable	Group	Orphanage		Home environment	
		Frequency	Percentage	Frequency	Percentage
Number of siblings	0	4	8.3	4	8.1
	1-5	19	39.5	38	77.5
	6-10	13	27	4	8.1
	11-15	7	14.5	--	0
	Total	43	89.3	46	93.7
	Missing	5	10.4	3	6.1
	Total	48	100	49	100
Live with other caregivers	Yes	34	70.8	17	34.7
	No	12	25	29	61.2
	Total	46	95.8	47	95.9
	Missing	2	4.2	3	4.1
	Total	48	100	49	100
Number of people at home	1-5	6	12.5	20	40.8
	6-10	25	52	25	51.1
	11-15	11	22.9	1	2
	16-20	2	4.2	--	--
	Total	44	91.6	46	93.9
	Missing	4	8.4	3	6.1
	Total	48	100	49	100

4.3. Impact of rearing environment on attachment to caregiver

It was hypothesized that adolescents raised in orphanages would be less attached to their caregivers than adolescents raised in the home environment. To test this hypothesis, an independent samples *t* test was computed to compare mean scores of the mother relational competence scores for the participants in the biological homes and the orphanages. The results showed that participants raised in the home environment had statistically significant higher mean scores ($M= 40.8$) compared to orphanages ($M= 34.7$) on mother`s trust; $t(97) -3.6, p= 0.05$. This means that participants raised in the home environment were more trusting towards their mothers compared to the participants in the orphanages. Participants in the orphanages had statistically significant higher mean scores ($M= 18.2$) compared to the participants in the home environment ($M= 12.4$) on mother alienation; $t(97) 4.48, p= .01$. Scoring high on mother alienation means that participants in the orphanages are not close to their mother-figures. However, there were no

statistical significant differences on mother communication between participants in the home environment and orphanages. As hypothesized, these results show that participants raised in orphanages would be less attached to their caregivers than adolescents raised in the home environment as shown in Table 3.

Table 3: *t* test results for adolescents and mother attachment

	Group						95% CI	<i>t</i>	df
	Home environment			Orphanage					
	M	SD	N	M	SD	N			
Mother Trust	40.8	7.2	41	34.7	8.7	37	-10.1, -2.9	-3.6*	76
Mother Communication	32.8	6.5	40	32.8	8.1	39	-3.2, 3.3	.01	77
Mother Alienation	12.4	5.2	44	18.2	6.6	40	3.3, 8.3	4.48**	82

* $p < .05$ level & ** $p < .01$ level

4.4. Impact of rearing environment on peer relational competence

It was hypothesized that adolescents raised in the home environment would have better peer interpersonal competence than their counterparts raised in orphanages. The results show that there were statistical differences on peer communication $t(97) 2.26, p = .05$ and peer alienation $t(97) 2.28, p = .05$. Adolescents raised in the home environment had higher mean scores on peer communication ($M = 29.8$) compared to orphanages ($M = 21.1$). This shows that participants raised in the home environment are better at communicating with their peers in comparison to the participants in the orphanages. On peer alienation, participants in the orphanages had higher mean scores ($M = 18.2$) compared to the participants in the home environment ($M = 17.6$). This means that participants in the home environment are closer to their peers compared to participants in the orphanages. However, there were no statistically significant differences in peer trust. These results show evidence of that support the null hypothesis as presented in Table 4.

Table 4: *t*-test results for adolescents and peer relational competence

	Group						95% CI	<i>t</i>	df
	Home environment			Orphanage					
	M	SD	N	M	SD	N			
Peer Trust	35.6	8.9	36	38.4	8.6	34	-1.3, 6.9	1.3	68
Peer Communication	29.8	7.8	45	21.1	7.8	35	1.1, 8.1	2.26*	78
Peer Alienation	17.6	5.9	45	18.2	6.6	46	.4, 6.6	2.28*	82

**p*< .05 level

4.5. Relationship between attachment to the caregiver and peer relational competence

It was hypothesized that there would be a positive correlation between attachment to the caregiver and peer relational competence. To test this hypothesis, Pearson's correlation was used to find association between mother and peer relational competences. The results showed that mother trust was positively correlated to peer trust $r(63) .336, p < .01$. Mother alienation was positively associated to peer alienation $r(72) .606, p < .01$. Mother communication was correlated to peer trust $r(64) .543, p < .01$, peer alienation $r(68) .434, p < .01$ and peer communication $r(70) .467, p < .01$. These results show evidence that support the null hypothesis as shown in Table 5.

Table 5: Correlation matrix - mother attachment & peer relational competence

	1	2	3	4	5	6
1. Mother Trust	--					
2. Mother Alienation	-.182	--				
3. Mother Communication	.669**	.248*	--			
4. Peer Trust	.366**	.124	.543**	--		
5. Peer Alienation	.153	.606**	.434**	.186	--	
6. Peer Communication	.229	.221	.467**	.789**	.326**	--

(** Correlation is significant at the 0.01 level (2 tailed) and * Correlation is significant at the 0.05 level (2tailed)

CHAPTER FIVE: DISCUSSION

5.1. Chapter overview

This chapter endeavors to discuss the findings presented in chapter four under the three research hypotheses. In this chapter the findings will be discussed with reference to existing literature.

5.2 Differences in attachment levels between adolescents raised in orphanages and adolescents raised in the home environment

The study investigated the differences in attachment levels to caregivers between adolescent raised in orphanages and adolescents raised in the home environment. It was hypothesized that adolescent raised in the orphanage would be less attached to their caregivers. That is, they would trust and communicate less to their caregiver and be more alienated from their caregivers in comparison to their counterparts raised in the home environment.

The results showed that adolescents raised in the home environment were more trusting and closer to their caregivers (less alienated from their caregivers) in comparison to their counterparts raised in orphanages. This supports existing literature (Maclean, 2003; Zeanah, Smyke, Koga and Carlson, 2005 and Torres et al, 2012). However, there were no differences in communication between adolescents raised in the home environment and adolescents raised in orphanages. Therefore, it can be noted that adolescents raised in the home environment have a higher level of attachment towards their caregivers as they trust them more and are less alienated from their caregivers in comparison to their counterparts raised in orphanages. This may be alluded to the fact that the adolescents raised in the home environment have greater access to their caregivers because they have less number of siblings. The children raised in the orphanages referred to other children living in the premises as siblings. Adolescents raised in orphanages that had no siblings were 8.3%; one to five siblings 39.5%; six to ten siblings 27%; eleven to fifteen siblings were 14.5%. In comparison to their counterparts raised in the home environment, 8.1% had no siblings, 77.5% had one to five siblings; 8.1% had six to ten siblings; and none had siblings over ten. The results showed that 27% of the adolescents raised in orphanages had six to

ten siblings in comparison to adolescents raised in the home environment that showed that only 8.1% had siblings in that range. Thus, this reveals that the caregiver to child ratio was higher in the orphanage than in the home environment. Research has shown that the caregiver-child ratio has an impact on the development of attachment as this affects the amount of time and number of interactions each child has with the caregiver (WHO, 2004; Cassidy and Shaver, 2008).

In adolescence unlike childhood, the requirement for attachment formation is caregiver availability and responsiveness and not necessarily proximity to the caregiver (Cassidy and Shaver, 2008). As such, adolescents would require the caregiver to be readily available to them when a need arises. However, the results revealed that there were no statistically significant differences in communication between the two groups. That is, both sets of adolescents communicated to their caregivers in similar frequency. This may be because despite not trusting their caregivers and feeling more alienated from their caregivers than their counterparts, the adolescents raised in orphanages still relied on their caregivers to provide for them. The adolescents would have to express themselves to their caregivers to have their basic needs met regardless of not trusting their caregivers and irrespective of how many other children required the attention and care of the caregiver.

Dozier et al (2014), established that a safe home with a stable continuous relationship with at least one adult who is a trusted, committed parent figure is every child's basic right and need. Consistency in caregiving is very important in the establishment of secure attachments with a caregiver. In the attachment theory, separation from the caregiver can cause distress to the child and adversely affects attachment towards the absent caregiver (Cassidy and Shaver, 2008). Caregivers in orphanages tend to leave after work hours and return to their own families as such their absence may affect attachment formation.

The caregivers in orphanages also have shifts in which they alternate with other caregivers. The present study revealed that 70.8% of the adolescent raised in orphanages lived with other caregivers in comparison to the 34.7% of adolescents raised in the home environment. Consistency in caregiving is vital in attachment formation. As such, alternation of caregivers can disturb the formation of attachment to a particular caregiver and affect the levels of trust the adolescent may develop. The separation from a caregiver can cause distress to the adolescent and affect the attachment formation (Bowlby, 1958).

Group care settings could be detrimental to child development and should only be used when it is least detrimental alternative to the child, they should not be used as a permanent living arrangement, because of their inherently detrimental effects on the healthy development regardless of age. (Dozier et al, 2014). They proposed that group care should only be used as a temporary measure while alternative, more natural living arrangements are sought.

In attachment theory, proposed by Bowlby and enhanced by other researchers such as Ainsworth, constructs such as proximity to the caregiver, responsiveness, sensitivity and availability are cardinal in the development of secure attachments to the caregiver. Torres et al (2012) observe that the quality of the early nurturing environment is a fundamental element in the development of healthy behaviour and cognition in children. Some of the factors that they suggest fosters optimal healthy human development are protective caregivers, a supportive family background and continued opportunities for exploration.

Dozier et al (2014) assert that attachment is critical to the healthy development of children particularly at the onset of adolescence and benefits of secure attachments extend into adulthood, including how adults care for their children. The attachment theory emphasizes the need for proximity to the caregiver especially in childhood and availability among other variables which may not be possible in a typical orphanage with limited caregivers catering to an overwhelming number of children. This in turn may negatively affect the formation or maintenance of stable attachment bonds. According to Dozier et al (2014), attachment requires the consistent availability of the of the caregiving adult over an extended period of time. Hawkins-Rodgers (as cited by Dozier et al, 2014) noted that shift care, regardless of the duration of the shift interferes with accessibility to the caregiver.

Some orphanages have rules that protect against liability by prohibiting activities that would encourage a relationship between staff and youth and these may be a barrier towards development of secure attachments (Dozier et al, 2014). Dozier et al (2014), further note that by prohibiting a relationship to form between adolescents and caregivers, the children are likely to approach peers with whom they have their only consistent emotionally close relationships. Dishion, McCord and Poulin (as cited by Dozier et al) point out that the relationships with their peers may be unhealthy and even abusive.

Dozier et al (2014), points out that the relationship between the caregiver and an adolescent can reduce the adolescent's susceptibility to deviant peer influence. Caregivers can provide support that will not be available from peers, which include monitoring the adolescent's activities, providing structure and supervision, negotiating increased adolescent autonomy, encouraging engagement in school, and planning for the future (Dozier et al, 2014).

Lev Vygotsky proposed that a more competent significant other can help a less experienced individual reach their zone of proximal development (Kalat, 2008). In this instance, a caregiver can scaffold the adolescent in a bid to help the adolescent reach his or her full potential in life as they transition into adulthood to fulfill their roles and societal expectations. Dozier et al (2014), observed that an adolescent that fails to develop a bond with a committed caregiver is susceptible to rely on peers for guidance and protection, thereby making the individual vulnerable to peer group dynamics.

It is important to note that during adolescence, proximity to the caregiver is no longer the basis of attachment and adolescents start to prefer the company of their peers to that of caregivers. As such the initial relationship with the caregiver can be a basis of judging future relationships according to the attachment theory and the psychosocial theory (Cassidy and Shaver, 2008; Kalat, 2008). Hence, it is important that the relationship between the adolescent and the caregiver is a healthy and secure one because the individual may make inferences from this to later relationships, including those with peers.

Dozier et al (2014), note that as the child grows into adolescence, the relationship between the caregiver or parent figure goes through a readjustment with the child seeking more autonomy and the parent figure accommodating this adjusting the rules set for the child. The rules that regulate the developing child should be specific to the child according the child's demonstrated ability to make culturally-appropriate decisions (Dozier et al, 2014). The more the child shows an ability to self-regulate and make good decisions, the more autonomy and control over their lives they are given. An institutional setting with fixed rules and procedures that are not adapted to the individual is not conducive to the healthy development of autonomy (Dozier et al, 2014).

The results from the present study revealed that there were significant differences between adolescents raised in orphanages and those raised in the home environment in levels of trust and levels of alienation from their caregivers.

5.3 The environment influencing interpersonal relations

It was hypothesized that adolescents raised in orphanages would have lower interpersonal relational competence in comparison to their counterparts in the home environment. As hypothesized, the study showed that the adolescents raised in orphanages had a lower interpersonal relational competence in comparison to the adolescents raised in the home environment.

These findings support the theoretical inferences that adolescents raised in orphanages have disruptions in attachment to caregivers and thus will have internal working models that will negatively affect their relations with peers (Bowlby, 1958; Cassidy and Shaver, 1999).

West et al. (1998) assert that attachment relationships beyond childhood have an important functional role in the adjustment of the child, as the caregiver-child attachments give way to new affectional ties to peers which become the basis for later stable reciprocal attachment relationships.

The attachment theory proposes that there is a universal need for close emotional relationships with significant others which influences an individual's sense of security which allows for exploration of self, others and the world (Cassidy and Shaver, 1999; Dozier et al, 2014; Mota and Matos, 2013). Younger children seek comfort, reassurance and validation from the caregiver and as such attempt to enhance proximity to the caregiver in times of stress (Cassidy and Shaver, 2008; Mota and Matos, 2013). As such, the caregiver can be viewed as a *safe haven* for younger children and the child is able to continue to explore new environments, using the caregiver as a *secure base* without fear of loss of attention or care from the attachment figure (Cassidy and Shaver, 2008). Mota and Matos (2013) note that sensitive and consistent parental responsiveness promotes the development of models of self and others which influences the relations with others in the environment.

Mota and Matos (2013), noted that Zeiman and Hazan conducted a study with 6 to 17 years old participants and concluded that in adolescence unlike childhood, only protest-separation and secure base components were related to parents while safe haven and proximity seeking were associated to peers. Adolescents begin to seek proximity to their peers and peer relational skills are vital in sustaining relationships.

Furthermore, it was determined by Mota and Matos (2013), that adolescents that developed secure attachment relationships with their parents, balancing the need for autonomy with the need for maintaining emotional closeness with their parents were more capable of transferring attachment components to peers. This desire for autonomy shows an increase in developmental significance of the peer group, a reorganization of family ties and a progressive psycho-emotional differentiation from parents (Mota and Matos, 2013; Cassidy and Shaver, 2008). This shows that the attachment relationship between the adolescent and the child affects the relationship that the adolescent will form with peers. Thus, adolescents in orphanages that have inconsistent care from caregivers which disturbs their attachment formation will have a lower interpersonal relational competence in comparison their counterparts raised in the home environment that have consistent care from primary caregivers.

Adolescents experience different ways of feeling, thinking and behaving within the peer context which allows them to develop a sense of personal identity; and the gradual development of emotional maturity allows adolescents to have new experiences which leads to greater autonomy and increased self-confidence (Kalat, 2008). Mota and Matos (2013), noted that the sense of security provided by the new role within the peer context characterized by reciprocity, cooperation and symmetry enhances adolescents, autonomy. Mary Ainsworth implied that the search for support, comfort and intimate sharing may constitute attachment bonds (Cassidy and Shaver, 2008) and thus, peer groups create a safe haven which provides an excellent context for learning problem-solving skills, developing self-control, and maintaining close relationships (Mota and Matos, 2013).

Both adolescents raised in the home environment and those raised in orphanages are likely to encounter peers and socialize with them. As such, both groups are prone to engage in peer relations, however, the extent to which they amicably relate with peers may differentiate them. According to the Attachment theory and supported by Erickson's Psychosocial theory, the

initial relationship between a child and a caregiver form the foundation for the development of trust in others and the formation of later relationships in life (Cassidy and Shaver, 2008; Kalat, 2008).

Mota and Matos (2013) alluded to the importance of the quality of relationships with peers in the development of social skills as adolescents that are more involved and more emotionally connected with peers tend to receive increased support from the group which enhances their social skills. For instance, adolescents that engage in sports bond with their team mates and tend to be popular which enhances their social skills.

Much as peer groups play a vital role in the development of social skills, the influence of caregivers in the development of social skills cannot be neglected either. Mota and Matos (2013) highlighted a study of different relationships and their contribution to social skills in Portuguese adolescents from intact and divorced families. The results revealed that the quality of peer attachment predicted empathy and assertion, while attachment to parents predicted the development of self-control. Wilkinson (as cited in Mota and Matos, 2013) observed that parental and peer attachment predicted psychological health and self-esteem, which mediated the relationship between quality of peer attachment and psychological health. Thus, this supports the findings of the present study that show that adolescents raised in orphanages had lower communication competence and were more alienated from their peers in comparison to adolescents raised in orphanages. If attachment to the caregiver affects self-esteem, it can be inferred that the self-esteem of the adolescents raised in orphanages is affected which influences how they relate with their peers. A lower self-esteem can affect their autonomy and hinder them from approaching their peers or speaking up in peer groups. Given the significance of peers, it is vital that adolescents living in orphanages have adequate peer relational competences in their environment as it may affect their psychological wellbeing.

In a study by Mota and Matos (2013), examined peer relations among adolescents living in orphanages as attachment to peers seems to represent a major source of emotional support and personal development. Mota and Matos (2013), proposed that peers in this context can represent a microsystem that takes on the role of caregivers, who are fundamental to enhancing adolescents' affective connections, emotional development and promoting their sense of security. This shows that peers can be a support system particularly for adolescents raised in orphanages.

The acceptance and integration into peer groups is important in adolescence because not only could it ensure that the adolescent is accepted by others but it can also be a form of protection from non-members of the peer group (Kalat, 2008; Wittig, 2001). This is important especially in orphanages where older children may prey on younger ones. Children may feel safer in a group with their peers as opposed to when they are alone.

Orphanages can have limited resources which can make it a harsh environment in which children may have to supplement for what they may lack and other children may take from weaker children that are not affiliated to a particular clique. As such, belonging to a peer group can have a survival significance.

Tomacz (as cited in Mota and Matos, 2013), observes that the quality of the relationship established with peers both inside and outside the institution may provide opportunities for meeting the needs of adolescents, encouraging the development of strategies to deal effectively with adversity. The adolescents raised in orphanages may be disadvantaged in comparison to their counterparts raised in the home environment as their interpersonal skills are lower than their counterparts and may not fully benefit from relating with their peers.

The relationship between the caregiver and the adolescent is influential in the formation of later relationships both platonic and romantic (Cassidy and Shaver, 2008). Arpini (as cited in Mota and Matos, 2013), provided testimonials from institutionalized adolescents who described their institutional experience in orphanages as being the best period of their lives because, it led to the establishment of emotional ties that lasted long after they left the institution. This evidence shows the importance of peer relations among adolescents raised and living in orphanages. In addition, despite adolescents raised in orphanages having lower interpersonal relational skills than those raised in the home environment, they are still able to form attachments to their peers which is cardinal for their emotional and social development.

The findings of Mota and Matos (2013), revealed that higher levels of communication and trust in peer relationships are associated with the development of self-esteem and coping and social skills had a mediating role only for the association between attachment to peers and active coping, and not for the association between peer attachment and self-esteem. Their findings suggested that adolescents that had secure attachments to their peers were better able to express their feelings and ideas which allowed them to experience positive and empathic relationships

with others (Mota and Matos, 2013). These findings show that relations with peers in an institutional environment promotes self-esteem, empathy and the expression of emotion as well as opinions among adolescents raised in orphanages. This is important as they transition into adulthood because this may improve assertiveness which is good for character and identity formation.

Mota and Matos (2013) suggested that the trust adolescents had in their peers facilitated emotional disclosure and the communication of their personal concerns, which made them feel accepted and increased their self-esteem though the study did not explain the psychological mechanisms involved in the acquisition of social skills (assertion and empathy). Their findings further suggested the possibility of attachment bond reorganization and resilient adaptation when adolescents are able to maintain a close emotional connection with an alternative attachment figure despite the tendency of adolescents in institutional care to have negative internal working models (Mota and Matos, 2013).

5.4. The relationship between attachment to the mother figure and peer relational competence

The results revealed that a statistically significant, positive relationship between attachment to the female caregiver (or mother) and peer relational competence exists. This implies that the better and stronger the relationship between the adolescent and the caregiver is, the better the adolescent is capable of relating amicably with peers in the environment.

These findings agree with literature that purports that the attachment a child has to its caregiver forms the basis of other relationships. John Bowlby refers to this as an internal working model which sets a standard on how later relationships can be handled.

The results revealed that there was a significant, stronger correlation between attachment to the caregiver and peer relational competence in adolescents raised in orphanages as opposed to adolescents raised in orphanages. Further, it was found that there was a positive correlation between the trust an adolescent had in the caregiver and the level of trust the adolescent had in peers. Additionally, there was a positive correlation between alienation from the caregiver and alienation from their peers. As such, these findings attest to the significance of the relationship between the adolescent and the caregiver.

Other biological relations such as aunts, grandparents who could provide a buffer from any negative effects that the attachment bond between the primary maternal caregiver and the adolescent may cause, may surround the adolescents raised in the home environment. The adolescents raised in orphanages however, may not have a variety of options with regard to alternative sources of warmth, responsiveness and sensitivity which engender healthy communication and increase trust in the adolescent towards the caregiver. The adolescents are reliant on the primary maternal caregivers available with little choice in whom they would prefer to establish a stronger attachment bond with unlike adolescents raised in the home environment who may be surrounded by other relations with whom they may establish attachment bonds.

Caregivers that consistently recognize and respond accordingly to a child's need for comfort, security, warmth and independent exploration contribute to the development of self-worth, self-sufficiency and a view of others as caring and trustworthy (Cassidy and Shaver, 2008; Bowlby, 1958). This view also coincide with other Erickson's *trust vs mistrust* and *autonomy vs shame and doubt* as stages in his psychosocial development theory which emphasize the significance of relationship with the primary caregiver in the development of trust in others and the development of autonomy in children (Kalat, 2008). This relationship a child has with the caregiver is important in the formation of later attachment bonds, the trust the individual will have in others and the development of autonomy.

According to Sroufe and Fleeson (as cited in Kenny and Gallagher, 2002), viewing oneself as valued and self-sufficient may contribute to instrumental competence in interacting with the world and the view of others as caring, responsive and trustworthy is theorized to contribute to relational competence. This in turn, increases trust in others and encourages the individual to share and express feelings and to respond empathically to others (Kenny and Gallagher, 2002).

According to Kenny and Gallagher (2002), most adolescents continue to seek parental support and comfort in times of distress, despite their shift to peer relationships. This shows that despite the shift in attachment preference from caregivers to peers, adolescents still desire to maintain relations with their caregivers, particularly in times of distress and uncertainty.

The findings of the current study showed that there was a significant relationship between attachment to the primary maternal caregiver and peer relational competence regardless of the

environment the adolescent is raised in. The relationship between the caregiver and the adolescent is therefore important in the formation of other attachment bonds as alluded to by theorists, Bowlby and Ainsworth (Cassidy and Shaver, 2008). Kenny and Gallagher (2002), observed that the affectively charged pattern of attachment behaviours and beliefs about attachment carried forward from the attachment history with their caregivers critically influences the adolescents' success in creating new supportive relationships.

Kenny and Gallagher (2002), noted that paternal attachment facilitates affective and autonomy which have been associated the well-being of the adolescent, being consistent with contemporary perspectives on adolescent-parent relationships suggesting that it is adaptive for adolescents to achieve self-reliance in the context of positive and emotionally supportive parental relationships.

This study however, did not consider the role of a paternal caregiver because the adolescents raised in orphanages did not have male caregivers. As such, for the sake of consistency and proper comparison, only the maternal or female caregivers were considered in both situations of biological or orphanage homes.

The attachment model proposes that a secure attachment to the caregiver regardless of gender provides a close affective bond which facilitates autonomy and fosters instrumental and relational competence (Kenny and Gallagher, 2002; Cassidy and Shaver, 2008). However, Kenny and Gallagher (2002) implied that the attachment to a male or female caregiver elicits different psychological traits and competencies in boys and girls respectively.

Whether or not these findings would hold true in the Zambian context is yet to be seen because in the African cultural system, women are the primary caregivers and men do not spend as much time with children as women do. Furthermore, most caregivers in orphanages are female which would make it cumbersome to compare the influence of a male caregiver on the autonomy and interpersonal relations of an adolescent, following the establishment of a secure bond between the adolescent and the male caregiver.

Children may associate themselves with caregivers of the same gender in order for them to learn the gender-specific duties that society expects them to perform. Stereotypes and prejudices in society may cause children to conform to norms with regard to gender performance

in interpersonal relations. These gender-specific affiliations should be taken into consideration for adolescents raised in orphanages who are primarily cared for by female caregivers. The question then arises, does predominantly female caregiving in orphanages negatively affect the acquisition of gender roles for adolescents raised in orphanages? This is a field that is worthy of study particularly in the Zambian context. This concept should be investigated particularly among children raised in orphanages.

5.5. Chapter summary

This chapter discussed the findings of the study in relation to some of the available literature. It has revealed that true to existing literature, adolescents raised in orphanages would form attachments to their caregivers that were significantly different and lower in trust but higher in alienation from the caregiver in comparison to adolescents raised in the home environment. Furthermore, the study has disclosed that adolescents raised in orphanages and adolescents raised in the home environment have significant differences in their peer relations. That is, adolescents raised in orphanages had lower communication competence and were more alienated from their peers in comparison to their counterparts raised in the home environment. Furthermore, it was determined that there exists a strong and positive correlation between attachment to the mother or the mother figure and peer relational competence in both adolescents raised in orphanages and adolescents raised in the home environment. Finally, further research in gender differences in interpersonal relational competence in the Zambian context is necessary.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1. Chapter overview

This chapter provides an overview of the study, a conclusion with reference to the findings of this study regarding to how this study contributes to the body of scientific knowledge. It will then highlight the limitations encountered in this study. Following this, recommendations will be given.

6.2. Summary

Children need the care of an adult caregiver for emotional support, daily provision, protection and psychological well-being (World Health Organization, 2004). Attachment to the caregiver is a component that is necessary for the survival of the developing child (Cassidy and Shaver, 2008; Bowlby, 1958). The amount of time a caregiver spends with a child, the availability, responsiveness, sensitivity and consistency of the caregiver affect the attachment bond formed between the child and the caregiver (Cassidy and Shaver, 2008).

Attachment to the caregiver has an impact on later relationships, it influences the trust developed in others, the self-esteem the individual has in accomplishing tasks and the autonomy the individual may develop.

Even though attachment bonds are formed primarily in the first few years of life (Bowlby, 1958; Cassidy and Shaver, 2008), its effects can be felt across the lifespan. Adolescence being a period of transition from childhood to adulthood is a time when the circle of exploration increases to include peers.

This study investigated the impact of the rearing environment on the attachment bond between the adolescent and the caregiver and the influence of the rearing environment on adolescent interpersonal relational competence. The two environments compared were the home

environment and the orphanage. This study also examined the relationship between attachment to the mother figure and peer relational competence.

The findings of the study revealed that there were significant differences in attachment to the caregiver between adolescents raised in orphanages and adolescents raised in the home environment. Further, the results showed that there were significant differences in peer relational competence between adolescents raised in orphanages and adolescents raised in the home environment. Finally, the findings revealed that there was a strong positive correlation between attachment to the caregiver and peer relational competence.

6.3. Conclusion

In conclusion, this study reveals that attachment happens regardless of the rearing environment. There are significant differences in attachment levels between adolescents raised in orphanages and adolescents raised in the home environment. That is, the communication, trust levels and extent of alienation from the caregiver differ in the two sets of adolescents.

In addition, the study presents findings that indicate that the rearing environment has significant influence on the adolescent's peer relational competence. Significant differences in interpersonal peer relational competence were found between adolescents living in an orphanage and their counterpart living in the home environment. This information is important to note primarily because researchers have noted the significance of peer relations and peer groups on the development of the adolescent especially at this point as the adolescent is on the precipice of young adulthood.

Further, this study presents evidence that there exists a strong and positive correlation between attachment to the mother figure or female caregiver and peer relational competence. This is important because the attachment theory proposes that the relationship between the caregiver and the child can create an internal working model which may govern the formation and maintenance of later relationships. These findings are in accordance with the theory of attachment and they show that the relationship with a caregiver in the orphanage also influences the peer relations that adolescents there have. This information is cardinal because stakeholders

may be made aware of the importance of caregiver relations with their wards and the resultant effects of their actions on the social development of the individual.

This study contributes to the empirical and theoretical tenets of caregiving and attachment research in Zambia.

To start with, this study adds to the understanding of the impact of a caregiving environment on attachment in Zambia. Most of the research currently available is from the Western world and due to the cultural and economic differences may not be fully applicable to the Zambian context. As such, this study provides vital information of caregiving in the Zambian context which may be applicable and relevant in African and collectivistic societies.

Secondly, this study has disclosed findings that show the effect of the rearing environment on interpersonal relations particularly in adolescence.

Finally, this study has shown the relationship between attachment to the caregiver and peer relational competence in two different environments. This information is important as it adds to the theoretical and empirical tenets of the attachment theory primarily in adolescence. This study provides information of the link between the relationship with the caregiver and the relations with others in a Zambian context, where information on this is limited.

6.4. Recommendations

Attachment theory stresses the significance of the child-caregiver attachment relationship and its impact on later relationships. More research should be conducted on how caregiving in institutional care in Zambia affects the developing child.

In addition, there are few studies that target attachment in adolescence and even less those that are conducted in the Zambian and African contexts. More studies on attachment in adolescence should be done that will be applicable to the Zambian and African contexts.

Furthermore, attachment theorists and relational theorists have pointed out the importance of attachment to peers and the positive effects of healthy peer relations to the self-esteem, emotional and social wellbeing of the individual. More research on interpersonal relations in orphanages should be done in order to create opportunities for healthy interaction among adolescents to establish more positive, empathic attitudes in the youth and combat delinquency.

There is a need for local scholars to create reliable and valid research tools to be used in the Zambian context that will take into consideration the cultural norms, language variations and socio-economic conditions.

6.5. Chapter summary

This chapter provided a summary of the study, it concluded the study and highlighted some of the limitations faced in the conduct of the study. This chapter also gave recommendations for further research to be conducted.

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www.zambiaorphans.org

APPENDICES

APPENDIX 1



THE UNIVERSITY OF ZAMBIA

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

PARTICIPANT CONSENT FORM

TOPIC: SOCIAL ENVIRONMENTAL IMPACT ON ATTACHMENT AND ADOLESCENT PEER RELATIONS

Dear Respondent,

I am a Masters student at the University of Zambia in the Department of Psychology. I am carrying out a study on the influence of the social environment on attachment and adolescent interpersonal competence. You have been selected to participate in this research. If you are willing to take part in this study, please append your signature on this form. Be assured that this research is purely for academic purposes only and the information solicited will be treated with maximum confidentiality.

Please note that you may withdraw from this study at any point if you are uncomfortable in any way.

Thank you for your cooperation.

Signature of participant

APPENDIX 2

SOCIO-DEMOGRAPHICS:

1. How old are you?.....
2. What gender are you?
Female
Male
3. What grade are you doing?
4. Do you have a sibling or siblings living with you? (Please indicate Yes or No, if your answer is No, proceed to question 6).....
5. If YES to question 4, how many siblings do you have?.....
6. Do you live with any aunts/uncles/other adults aside from your primary caregiver?(Please indicate Yes or No).....
7. How many people do you live with at home?.....

APPENDIX 3

INVENTORY OF PARENT AND PEER ATTACHMENT (IPPA)

Authors: Mark T. Greenberg, PhD and Gay Armsden, PhD (2009).

This questionnaire asks about your relationships with important people in your life: your mother, your father and your close friends. Please read the directions to each part carefully.

Part I

Some of the following statements asks about your feelings about your mother or the person who has acted as your mother. If you have more than one person acting as your mother (e.g. a natural mother and step-mother) answer the questions for the one you feel has most influenced you.

Please read each statement and circle the ONE number that tells how true the statement is for you now.

	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always Tue
1. My mother respects my feelings	1	2	3	4	5
2. I feel my mother does a good job as my mother	1	2	3	4	5
3. I wish I had a different mother	1	2	3	4	5
4. My mother accepts me as I am	1	2	3	4	5
5. I like to get my mother's point of view on things I'm concerned about	1	2	3	4	5
6. I feel it's no use letting my feelings show around my mother	1	2	3	4	5
7. My mother can tell when I'm upset about something	1	2	3	4	5

8. Talking over my problems with my mother makes me feel ashamed or foolish	1	2	3	4	5
9. My mother expects too much from me	1	2	3	4	5
10. I get upset easily around my mother	1	2	3	4	5
11. I get upset a lot more than my mother knows about	1	2	3	4	5
12. When we discuss things, my mother cares about my point of view	1	2	3	4	5
13. My mother trusts my judgment	1	2	3	4	5
14. My mother has her own problems, so I don't bother her with mine	1	2	3	4	5
15. My mother helps me to understand myself better	1	2	3	4	5
16. I tell my mother about my problems and troubles	1	2	3	4	5
17. I feel angry with my mother	1	2	3	4	5
18. I don't get much attention from my mother	1	2	3	4	5
19. My mother helps me talk about my difficulties	1	2	3	4	5
20. My mother understands me	1	2	3	4	5
21. When I am angry about something, my mother tries to be understanding	1	2	3	4	5
22. I trust my mother	1	2	3	4	5
23. My mother doesn't understand what I'm going through these days	1	2	3	4	5
24. I can count on my mother when I need to get something off my chest	1	2	3	4	5
25. If my mother knows something is bothering me, she asks me about it	1	2	3	4	5

Part II

This part asks about your feelings about your relationships with your close friends. Please read each statement and circle the ONE number that tells how true the statement is for you now.

	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always Tue
1. I like to get my friend's point of view on things I'm concerned about	1	2	3	4	5
2. My friends can tell when I'm upset about something	1	2	3	4	5
3. When we discuss things, my friends care about my point of view	1	2	3	4	5
4. Talking over my problems with friends makes me feel ashamed or foolish	1	2	3	4	5
5. I wish I had different friends	1	2	3	4	5
6. My friends understand me	1	2	3	4	5
7. My friends encourage me to talk about my difficulties	1	2	3	4	5
8. My friends accept me as I am	1	2	3	4	5
9. I feel the need to be in touch with my friends more often	1	2	3	4	5
10. My friends don't understand what I'm going through these days	1	2	3	4	5
11. I feel alone or apart when I am with my friends	1	2	3	4	5
12. My friends listen to what I have to say	1	2	3	4	5
13. I feel my friends are good friends	1	2	3	4	5
14. My friends are fairly easy to talk to	1	2	3	4	5

15. When I am angry about something my friends try to be understanding	1	2	3	4	5
16. My friends help me to understand myself better	1	2	3	4	5
17. My friends care about how I am feeling	1	2	3	4	5
18. I feel angry with my friends	1	2	3	4	5
19. I can count on my friends when I need to get something off my chest	1	2	3	4	5
20. I trust my friends	1	2	3	4	5
21. My friends respect my feelings	1	2	3	4	5
22. I get upset a lot more than my friends know about	1	2	3	4	5
23. It seems as if my friends are irritated with me for no reason	1	2	3	4	5
24. I can tell my friends about my problems and troubles	1	2	3	4	5
25. If my friends know something is bothering, they ask me about it	1	2	3	4	5