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PREVALENCE OF LOW SELF ESTEEM AMONG AIDS ORPHAN ADOLESCENTS IN MEKELLE CITY, TIGRAY, ETHIOPIA; A CROSS SECTIONAL STUDY

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ABSTRACT

Various studies have reported that loss of one or both parents to AIDS confronts children with immense Psychological and social problems and this forces them to employ various coping mechanisms to overcome the problems they encounter in their day to day lives. Consequently, the psychological well-being of these children has become a serious concern. To assess the prevalence of low self-esteem among AIDS orphan adolescent's in Mekelle city Tigray Ethiopia. Institutional based cross-sectional study design was used. Two hundred ninety three subjects were included in this study between 10-19 age groups. Data was collected using a pretested interviewer-administered structured questionnaire and scales including Hamilton-Anxiety Depression and Rosenberg's rating scale where used to measure the orphans' level of depression, anxiety and self-esteem. Among the study participants, 38(12.9%) orphan adolescents were found to have low self-esteem in the week before the survey. Generally this study contributes to our understanding of how children respond to parental death. Orphan adolescents are having psychological problems and may be particularly vulnerable group that can affect their present and future life. Thus, a more focused and concerted effort is needed to improve their mental health. In addition to providing material support such as educational materials, medical and food, further studies should be made to compare the psychological health of AIDS, non-AIDS and non-orphan adolescents.

Keywords: HIV/AIDS, Orphans, Self-esteem.

INTRODUCTION

Orphaned and Vulnerable Children are one of the most serious socio-economic and developmental challenges affecting developing countries worldwide. Orphan-hood is frequently accompanied with multidimensional problems. Common reactions of children to death of a parent include: anxiety, hopelessness, suicidal ideation, loneliness, anger, confusion, helplessness, and fear of being alone that can further jeopardize children's prospect. There were 15 million officially reported AIDS orphans globally in 2007 [1]. The number of orphans from all causes has risen by more than 50%in sub-Saharan Africa, where an estimated 12 million children & youth have lost one or both parents related to AIDS .This makes the region home to 80% of children & youth in developing world who have lost a parent to disease [2]. An estimated 5,459,139 orphans of whom 16 % were AIDS orphans existed in Ethiopia in 2008 [3]. In Addis Ababa alone, there were 112,617 AIDS orphans in 2007. The Tigray Region HIV/AIDS Prevention and Control Office reported that there were 94,848 AIDS orphans in 2008 [4].

The challenges and needs faced by orphans and other children made vulnerable by HIV/AIDS are diverse. Psychosocial distress (mainly associated with low self-esteem, loss of parental love and nurture, burden of caring for the sick, impact of family dissolution, stigma, discrimination, grief and frustration seriously affect adolescents.

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Like adults, children are grieved by the loss of their parents. However, unlike adults children often do not feel the full impact of the loss simply because they may not immediately understand the finality of death. This prevents them from going through the grieving process which is necessary to recover. Therefore, are at risk of growing up with unresolved negative emotions which are often expressed with anger. Unfortunately, adults do not seem to appreciate that children are also adversely affected by bereavement even though they may not have an adult's understanding of death. Little attention is therefore given to children's emotions. Children are not given the required support and encouragement to express their emotions nor are they guided to deal with them [5].

Adolescent orphans have different needs than adults and require different kinds of assistance particularly of psychological and social support for the difficult transition to independence and adulthood [6].

Young people themselves, working with adults, can provide a useful resource in addressing many of these needs. In addition, exposure to trauma and daily stress were strongly associated with low self esteem-depression- and anxiety-like symptoms; Greater social support, on the other hand, was negatively associated with psychosocial distress symptoms, and positively associated with some aspects of psychosocial well-being. First, there is a lack of adequate information on the nature and magnitude of the problem. Secondly, there is a cultural belief that children do not have emotional problems and therefore there is a lack of attention from adults. Thirdly, since psychological problems are not always obvious, many adults in charge of orphans are not able to identify them. Not only but also, even where the problem may have been identified, there is a lack of knowledge of how to handle it appropriately. In many cases, children are punished for showing their negative emotions, thereby adding to their pain. This is the crux of the matter which needs empirical scrutiny [7].

It is therefore appropriate that attention is given to development of sound measures of the situation and well-being of orphans and children affected by AIDS. And this study was conducted to assess the magnitude and level of the problem & indicate main intervention areas and make recommendations that will point out areas for further research by future investigators and provide insight into program planners and policy makers to review and change or strengthen existing care and support programs for the orphans in the region as well in the country.

The purpose of this study is to assess the magnitude of low self-esteem among AIDS orphan adolescent and appropriately indicate the need for interventions. This study would be useful to people concerned about and working with families affected by HIV/AIDS, such as social welfare officers, medical and nursing practitioners, health care workers, government agencies, nongovernmental organizations, and churches. The study would stimulate new awareness of needs and to open new doors for action. Finally, it is hoped that the findings of this research will offer an opportunity to discuss and to identify vital areas for new inquiry, for improving their situation and make recommendations to help them in asserting their rights.

METHODOLOGY

Study setting

This study was conducted in, Mekelle city, Tigray, Ethiopia from May to December 2012 On 3 purposively selected nongovernmental orphanage institution. Mekelle is geographically located at 783 kilometers north of the capital city of Addis Ababa, with the population size of 303,600 [8]. Mekelle is considered a Special Zone, & is one of Ethiopia's principal economic and educational centers, with amazing proliferation of institutions of public and private higher learning. The *Study design* employed was institution based cross-sectional study

The source population was orphan adolescents at Mekelle city and the study population was orphan adolescents age from10-19 who reside at 3 nongovernmental institutions

From three institutions namely HIV/AIDS African service, Ethiopian Orthodox Church mekelle, child care center and human beings association of brotherhood orphanages, with a total size of 300 and the entire population were taken for the study since it was manageable .

Interviewer administered questioner was used as a data collection technique and structured questionnaire was designed from Hamilton Anxiety measurement scale consisting variables that can meet the objective of the study, and was translated in to Tigrigna language. Prior to data collection permission was obtained from the concerned care giver. The data collection was fulfilled by the principal investigator, one supervisor and 5 unemployed graduate nurses. The principal investigator and the coordinator were strictly following the overall activities daily to ensure the completeness of questionnaire. The data collectors submitted the filled questionnaire to their respective supervisor, and then all the collected data were checked for completeness, accuracy and consistency by the supervisor and principal investigator.

The study includes socio-demographic factors (Age, Sex, Religion, and Type of orphan), Contextual factors (Sociopolitical environment, Employment opportunities, Community discrimination and Current school enrolment) and Access to programs and Services (Access to health care, Counseling service, psychosocial support and Self-esteem) as independent variables and anxiety as dependent variable [8].

Orphan: Children who have lost one or both parents due to the impact of AIDS

Adolescent: young people between 10-19 years

Self-esteem is a positive or negative orientation towards self and overall evaluation of one's worth or value.

The scale of measurement in the questionnaire range from 0-30;
Scores between 15 and 25 are within normal range;
Scores below 15 suggest low self-esteem.

To assure the quality of data, the questionnaires were prepared first in English then translated to Tigrigna (local language) with the help of a language expert. Amendment was made accordingly after pre-testing. Training was provided for data collectors and supervisors for two days about the objectives and process of the data collection Mean while any doubts in the questionnaire were clarified.

Data were checked for completeness, consistency and coded then entered, cleaned and analyzed using SPSS version 16. During the process of analysis, frequencies of different variables were determined. Descriptive statistics was used for describing the socio-demographic factors. Odds ratios with 95% confidence interval were used to assess significance of associations between outcome variables and certain independent variables. Multivariate analysis was done to assess presence of associations as well as to identify and control for confounding variables. The results of the analysis are presented in tables.

Ethical approval was obtained from ethical Committee of Mekelle University. Respondents were participated based on their willingness. The privacy and autonomy of every individual involved in the research was protected. Letter of acceptance or permission was obtained from the care givers and respondents of the selected three institutions. In the training session, the data collectors were oriented on the objectives of the study, how to collect data and confidentiality of information were obtained. Finally the participants' confidentiality was assured through anonymity and reports of aggregate data.

Table 1. Socio-demographic Characteristics of AIDS Orphan Adolescents in Mekelle Tigray, Ethiopia, December, 2012

Variable	Frequency (N=293)	Percent (%)
Age in year		
10-15	113	38.6
16-19	180	61.4
Religion		
Orthodox	292	99.6
Muslim	1	0.3
Sex		
Male	154	52.6
Female	139	47.4
Educational status		
Elementary	117	39.9
High school	154	52.6
College	22	7.5
Schooling		
Out of school	13	4.4
In school	280	95.6
Orphan type		
Maternal	34	11.6
Paternal	67	22.9
Both	192	65.5

Table 2. Frequency distribution of self-esteem characteristics among AIDS orphan adolescents in Mekelle, Tigray, Ethiopia, December 2012 (N=293)

Variables	Disagree	Agree
I am satisfied with my self	53 (18.1)	240 (81.9)
I am inclined to feel that I am failure	77 (26.3)	216 (73.8)
I have a number of good qualities	43 (14.6)	250 (85.3)
I am able to do things as most others	52 (17.8)	241 (82.3)
I feel I do not have much to be proud of	84 (28.7)	209 (71.3)
I take positive attitude towards my self	30 (10.1)	263 (89.8)
I feel that I am a person of worth equal with others	35 (11.9)	258 (88)
I wish I could have more respect for my self	54 (18.4)	239 (81.6)
All in all I am inclined to feel that I feel I am a failure	90 (30.8)	203 (69.3)
At times I think I am not good at all	231 (78.8)	62 (21.2)

Of the study participants 274(93.5%) have access to health care, 252(86%) counselling service, 130 (44.4%) psychosocial participation, 97 (33.1%) socio-political involvement, and 192 (65.5%), have employment opportunity. Generally Among the study participants, thirty eight (13.0%) were having low self-esteem (Table 3).

Table 3. Distribution of access to health service on AIDS Orphan Adolescents in Mekelle Tigray, Ethiopia December 2012 (N= 293)

Variable	Frequency (%)
Access to health care	
yes	274(93.5)
no	19(6.5)
Counseling service	
yes	252(86.0)
no	41(14.0)
Community discrimination	
yes	26(8.9)
no	267(91.1)
Psychosocial participation	
yes	130(44.4)
no	163(55.6)
Sociopolitical involvement	
yes	97(33.1)
no	196(66.9)
Employment opportunities	
yes	192(65.5)
no	101(34.5)

Among the orphans who have low self-esteem 7(36.8%) have no access to health care, 7(17.1%) have no access to counselling services, 18(17.8%) have no employment opportunity and 6(23.1%) of orphans have community discrimination (Table 4).

Table 4. Frequency distribution of self-esteem based on access and services among AIDS orphan adolescents, in Mekelle, Tigray, Ethiopia December 2012 (N=293)

Variable	**Frequency (low self-esteem)**
Employment opportunities	
Yes	20 (10.4)
No	18 (17.8)
Community discrimination	
Yes	6 (23.1)
No	32 (12.0)
Counseling service	
Yes	31 (12.3)
No	7 (17.1)
Access to health care	
Yes	31 (11.3)
No	7 (36.8)

RESULTS

A total of 293 orphan adolescents gave valid responses making the response rate for the study 97%. Of these, 154 (52.6%) were male and 139(47.4%) female adolescents. The mean age was 15.2 with a SD $\pm$2.59 years. Majority of the respondents 180 (61.4%) within the age range of 16-19 had anxiety. Almost all 292 (99.6%) of study participants were Orthodox Christians by religion. Regarding orphaned type One hundred ninety-two (65.5%) double, sixty seven (22.9%) paternal and thirty-four (11.6%) were maternal orphaned, majority of the orphans 280(95.6) were enrolled in school when this survey was underway. From the total respondents 117 (39.9%), 154(52.6%) and 22(7.5%) were elementary, high school and college students respectively.

DISCUSSION

The determination of prevalence of low self-esteem is important because there are study reports on the possible association between low self-esteem and orphan hood due to AIDS. Knowing the magnitude of the problem will have many practical implications, being orphan hood

by AIDS causes low self-esteem particularly vulnerable group in terms of emotional and psychological problems which certainly affect their present and future life. It is clear that most AIDS orphans are vulnerable to emotional deprivation. Following the death of parents, they need emotional/ psychological support, care and assistance in coping with and/ or avoiding stigmatization and socialization.

In this study 38(12.9%) orphan adolescents were found to have low self-esteem in the week before the survey. This prevalence is relatively lower than the prevalence of low self-esteem study done (2010) in Addis Ababa as that of 153(38.2%) were with low self-esteem [9].

This difference could be explained by the fact that, in the current study as a result of having high coverage of counselling services that 252(86%) adolescents were provided counselling services or low level of community discrimination or Psychosocial participation, level of self-esteem and employment opportunity making them less vulnerable than the previous study. However the study in Addis Ababa, only (16.2%) AIDS orphan adolescents were provided counselling services shown low coverage signifies the amount of attention given by all type of care providers for psychological support as compared to material support. On similar study done in Uganda, the prevalence of low self-esteem was 123(34%) [10].

Limitation of the study

- The fact that the study was done in Mekelle city, makes it difficult to generalize the findings for the whole region.
- The nature of the study being cross sectional is not the best type of study to establish presence or absence of a cause effect association or relationship.
- This is an institutional study and the selection of the institutions to be included in the study was purposive and was not an arbitrary random selection.

CONCLUSION

Children orphaned by AIDS may be a particularly vulnerable group in terms of emotional and psychological problems which certainly affect their present and future life. Generally this study contributes to our understanding of how children respond to parental death. The findings of this study revealed that AIDS orphans experience major psychological effects due to the death of parents; these effects include discrimination, social isolation, and low levels of social support. In addition, these children experience low self-esteem, and loneliness as to the cause of parental death, and unresolved grief.

The implication of the study is that organizations who are concerned to the social needs of AIDS orphans should also focus on their psychological /emotional needs as well by strengthening their counselling services and by raising the awareness of the community about the troubles of orphans so that people take the initiative themselves in their immediate communities to support orphans. This is highly essential because when favourable conditions are created there is a good chance that these children may be able to cope relatively well with the trauma of losing their parents.

Thus, it is recommended to people concerned about and working with families affected by HIV/AIDS, such as social welfare officers, medical and nursing practitioners, health care workers, government agencies, nongovernmental orphanage organizations, particularly to the orphanage institutions from where this data was collected. The battle against the HIV/AIDS will only be won by the involvement of all the community members. Therefore, a more focused and concerted effort is needed to improve their psychological squeal of losing a parent to AIDS.

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