



Research Article

JMR 2019; 5(2): 61-64

March- April

ISSN: 2395-7565

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www.medicinarticle.com

Received: 18-02-2019

Published: 26-05-2019

Assessment of depression and self esteem among outpatient hiv clinic attendees in a nigerian tertiary health institution

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Abstract

Nigeria was the second country in the world with the highest HIV infections and the largest in Sub Saharan Africa; the population most affected includes sex workers, Gay men and injecting drug users. Depression is characterized by low mood, changes in appetite, feeling of worthlessness, recurrent thoughts of death or suicidal ideation. Self esteem is relates to the degree of self approval by an individual. This descriptive cross sectional study assessed depression and self esteem among 720 outpatient HIV clinic attendees in a Nigerian Tertiary health institution using the Rosenberg Self Esteem scale and the Patient Health Questionnaire-9. 40.0% of the respondents had low self esteem; while 28.1%, 12.6% and 2.8% had mild, moderate and severe depression respectively. The results were discussed and recommendations made.

Keywords: Self esteem, depression, Outpatient HIV clinic attendees, Psychological evaluation, Nigeria.

INTRODUCTION

Since the initial report of the cases of HIV in 1981, the disease had claimed about 35 million lives up till the end of 2015, with most of these deaths occurring in Sub-Saharan Africa [1].

Nigeria was the second country in the world with the highest HIV infections and the largest in Sub Saharan Africa. The population most affected includes sex workers, Gay men and injecting drug users [1]. The current national prevalent rate of HIV in Nigeria is 3.4% [2].

Some of the essential features of depression include depressed mood for at least two weeks, loss of interest in previously pleasurable activities, decreased energy and feeling of worthlessness [3]. Risk factors of depression include female gender, unemployment, divorce, chronic medical illness and stressful life events [4].

HIV and depression are projected to be the two most leading causes of disability by 2030 [5]. There were variations in the prevalence of depression among people living with HIV/AIDS ranging from 22% to 71% [6]. In a Nigerian study, Adiari & Campbell [8], reported a prevalence of 14.4% with mild depression being the predominant sub-type, having a prevalence of 9.5%. They pointed out that bereavement; poor drug compliance and low level of social support were the major predictors of depression among their subjects. Compared with the general population, depression was twice among people living with HIV and is associated with a number of health seeking behaviors including low quality of life, suicide, and increase in likelihood of HIV transmission, poor adherence to treatment, HIV disease progression and increased health care utilization [9-13].

Self esteem is the degree of self approval by an individual. A person with low self esteem is said to pay more attention on negative sides of his life and will not think positively, unlike those with high self esteem [14, 15].

Low self esteem positively correlated with depressive symptoms across gender and age groups, and among diverse populations living with HIV [16-20]. Low self esteem in HIV positive individuals may arise from rejection, problems of social identity and other physical concomitants of HIV [21].

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No study in Nigeria had looked at depression and self esteem among outpatient HIV clinic attendees. The present study wants to fill this gap by looking at the relationship between depression, self esteem and HIV in a sample of outpatient HIV clinic attendees of a Nigerian tertiary health institution. The research hypotheses are: 1. Outpatient HIV clinic attendees will manifest various forms of depression and low self esteem. 2. There will be significant difference between male and female HIV outpatients with regards to depression and levels of self esteem.

METHOD

Design: This study was carried out at the University of Nigeria teaching hospital HIV/AIDS clinic, between the months of August and December 2018, using the descriptive cross sectional study design.

This hospital, located in South East Nigeria, is a major treatment and referral center for HIV Disease. Over 6000 patients with HIV/AIDS are registered in this hospital and it has an average daily clinic attendance of 120 patients.

Subjects: Patients with HIV/AIDS who attend the hospital on outpatient basis with age ranging from 15-65 years served as subjects. A total of 720 of them were selected using convenient sampling method. The HIV outpatients were included as subjects in the study based on their confirmation as HIV positive using ELISA and western Blot technique; they are aged between 15-65 years; they agreed and signed the consent form. On the other hand, those excluded are HIV positive inpatients; those who did not agree to sign the consent form; those below 15 years and those above 65 years and those already confirmed to be depressed.

The objectives and procedure of the study were explained to the subjects; were assured of the confidentiality of their responses; that refusal to take part in the study will not prevent them from receiving their usual clinical attention.

Permission to carry out the study was given by the research ethics committee of university of Nigeria.

Measures: The authors collected the research data between August and December 2018. Instruments for data collection included a socio-demographic questionnaire; a ten-item widely used and validated self esteem scale developed by Rosenberg [22]. In this scale score of 1 indicates strongly disagree; while a score of 4 indicate strongly agree. Five of the items evaluate positive feelings, while the other five evaluate negative feelings about oneself. The highest score a respondent can obtain in this scale is 40, while the lowest score is 10. High scores are indicative of high self esteem. The cronbach alpha of the scale has been reported in previous studies [23]. Some studies have been done in Nigeria using the scale [24, 25].

The Patient Health Questionnaire-9; PHQ-9 [26] was also used in the study. This is a nine item instrument used to assess depression and its severity in primary care setting. Depression is absent if scores ranged from 0-4; it is mild with scores ranging from 5-9; moderate when scores ranged from 10-14, while it is severe when scores ranged from 15-27. The PHQ-9 has been validated and used for studies in Nigeria [27, 28].

Data Analysis

Data was analyzed using version 20.0 of the SPSS. Relevant statistical procedures such as Means, standard deviations, percentages and chi-squared test were performed to find relationships between variables. The significance level used was $p \leq 0.05$ and the confidence interval was put at 95%.

RESULTS

Results revealed the following: age of respondents ranged from 16-55 years (Mean age=25.76; SD=7.709). 47.9% were males, while 52.1% were females. 30.6% were married, majority (90.2%) were Christians. 69.9% lived in urban areas while 30.1% lived in rural areas. 17.4%, 45.4% and 37.2% had primary, secondary and tertiary educational attainment respectively. 22.2% are unemployed. 40.0% had low self esteem. 28.1%, 12.6% and 2.8% had mild, moderate and severe depression respectively. Table1.

There was significant association between self esteem and age group $\chi^2=75.21$; $P \leq 0.00$; as well as depression and age group $\chi^2=220.46$; $P \leq 0.00$. Table2. Similarly, significant relationship was noticed between self esteem and gender $\chi^2=5.21$; $P \leq 0.02$; and depression and gender $\chi^2=220.46$; $P \leq 0.00$ respectively, Table 3.

The relationship between self esteem and marital status was not significant, but was significant with depression $\chi^2=36.79$; $P \leq 0.00$. Table4. Equally significant associations were noticed between educational attainment and depression $\chi^2=24.63$; $P \leq 0.00$; area of residence and self esteem $\chi^2=12.35$; $P \leq 0.00$ and area of residence and depression $\chi^2=16.29$; $P \leq 0.00$ respectively. Table5.

Table 1: Showing the Distribution of Socio demographic variables of the respondents.

VARIABLES	FREQUENCIES	PERCENTAGE S (%)
Age(In Years)		
16-35	644	89.4
36-55	76	10.6
Gender		
Male	345	47.9
Female	375	52.1
Marital Status		
Single	380	52.8
Married	220	30.6
Divorced/widow/separated	120	16.7
Religion		
Christianity	650	90.2
Islam	27	3.8
ATR	43	6.0
Area of residence		
Urban	503	69.9
Rural	217	30.1
Educational attainment		
Primary	125	17.4
Secondary	327	45.4
Tertiary	268	37.2
Employment		
Employed	560	77.8
Unemployed	160	22.2
Self Esteem		
High	432	60.0
Low	288	40.0
Depression		
Non	407	56.5
Mild	202	28.1
Moderate	91	12.6
Severe	20	2.8

ATR=African traditional religion

Table 2: Showing the relationship between Self Esteem, Depression and age groups.

Self Esteem	Age Group (In Years)	
	16-35(N=644)	36-55(N=76)
High	370 (57.5))	62(81.6
Low	274 (42.5)	14(18.4)
	$\chi^2 = 75.21; P \leq 0.00^*$	
Depression		
Non	341(53.0)	66(86.8)
Mild	194(30.1)	8(10.5)
Moderate	89(13.8)	2(2.7)
Severe	20 (0.1)	0
	$\chi^2 = 220.46; P \leq 0.00^*$	

Table 3: Showing the relationship between Self esteem, depression and gender.

Self Esteem	GENDER	
	Male(N=345)	Female(N=375)
High	192 (55.7)	240(64.0)
Low	153(44.3)	135(36.0)
	$\chi^2 = 5.21; P \leq 0.02^*$	
Depression		
Non	196(56.8)	211(56.3)
Mild	87(25.2)	115(30.7)
Moderate	42(12.2))	49(13.0)
Severe	20(5.8)	0
	$\chi^2 = 75.21; P \leq 0.00^*$	

Table 4: Showing relationship between Self esteem, Depression and marital status.

Self Esteem	Marital Status		
	Single(n=380))	married(220	divorced/widowed/separated(n=120)
High	215(56.6)	137(63.3)	80(66.7)
Low	165(43.4)	83 (37.7)	40(33.3)
	$\chi^2=4.54; P \geq 0.103^{n/s}$		
Depression			
Non	212(55.8)	118(53.6)	77(64.2)
Mild	109(28.7)	57(25.9)	36(30.0)
Moderate	39(10.3)	45(20.5)	7(5.8)
Severe	20(5.2)	0(0)	0(0)
	$\chi^2=36.79; P \leq 0.00^*$		

Table 5: Showing the relationship between Self Esteem, Depression, Educational attainment and Area of Residence

Self Esteem	Educational Attainment		
	Primary(n=268)	Secondary(327)	Tertiary(125)
High	168(62.7)	190(58.1)	74(59.2)
Low	137(37.3)	137(41.9)	51(40.8)
	$\chi^2 = 1.33; P \geq 0.51^{n/s}$		
Depression			
Non	152(56.7)	192(58.7)	63(50.4)
Mild	82(30.6)	90(27.5)	30(24.0)
Moderate	32(11.9)	30(9.2)	29(23.2)
Severe	2(0.8)	15(4.6)	3(2.4)
	$\chi^2=24.63; P \leq 0.00^*$		
	AREA OF RESIDENCE		
	URBAN(n=503)		RURAL(n=217)
Self Esteem			
High	323(64.2)		109(50.2)
Low	180(35.8)		108(49.8)
	$\chi^2=12.35; P \leq 0.00^*$		
Depression			
Non	284(56.5)		123(56.7)
Mild	156(31.0)		46(21.2)
Moderate	49(9.7)		42(19.4)
Sever	14(2.8)		6(2.7)
	$\chi^2=16.29; P \leq 0.00^*$		

*=Significant
N/S=Non significant

DISCUSSION

This study had shown the presence of low self esteem and various degrees of depression among the subjects. For instance 40.0% had low self esteem; whereas 28.1%, 12.6% and 2.8% had mild, moderate and severe depression respectively. This finding corroborates previous reports which revealed that people with low self esteem become more predisposed to depression [17-19]. Furthermore, variations in the actual prevalence of depression among people living with HIV/AIDS had been reported [6, 7, 8]. Ciesla and Roberts [9] opined that HIV was twice among people living with HIV than the general population. Mathers and Loncar [5] had argued that HIV and depression will be the two most leading causes of disability by 2030.

40.0% of the respondents had low self esteem; Van Dyk [22] had earlier adduced reasons for the low self esteem noticed among people living with HIV. Furthermore, Rabkin *et al.* [10] opined that depression influences various aspects of people with HIV/AIDS including their quality of life, relationships, employment and adherence to medical care.

Depression and self esteem had significant relationship with age group in this study. Similar association was observed by Orth, Robins & Meier^[18] in their study among adolescents and young adults, and by Sinclair *et al.*^[19] in a national sample of adults. Equally significant association was noticed between self esteem, depression and gender. This finding was similar to that of Sowislow & Orth^[17] who found that low self esteem positively correlated with depressive symptoms across gender and age groups. Furthermore, positive relationship has been reported between self esteem and depression among diverse populations living with HIV^[20, 21]. The study did not reveal significant association between self esteem, depression and employment.

The association between depression and low quality of life, suicide, HIV disease progression, increased health care utilization and poor adherence to treatment has been reported^[13, 11].

CONCLUSION & RECOMMENDATION

Following the findings of this research, there is need for the introduction of regular psychological evaluation of all those living with HIV to isolate and manage those at risk before they break down with full psychological illness. Furthermore, government at all levels should ensure adequate provision of HIV medications and regular counseling to all people living with HIV who visit health facilities and other HIV counseling centers in Nigeria.

ACKNOWLEDGEMENT

The authors were grateful to the respondents for consenting to take part in the study.

Authors' contribution: All authors contributed to the conception, literature review, data collection and proof reading and final approval of the manuscript.

Funding: The authors received no funding for this research.

Disclosure statement: There was no conflict of interest in the study.

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