ISSN (Online): 2455-7838
SJIF Impact Factor (2015): 3.476

EPRA International Journal of

Research & Development

(IJRD)

Volume:1, Issue:7, September 2016

Published By :
EPRA Journals

SJIF Impact Factor: 3.476 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 1 | Issue : 7 | September | 2016

STIGMATIZATION, SELF-ESTEEM AND LIFE SATISFACTION OF HIV/AIDS CAREGIVERS IN GHANA

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ABSTRACT

This study was an examination of stigmatization, self-esteem and life satisfaction of HIV/AIDS caregivers in Ghana. Caregivers of patients from the HIV/AIDs units of Korle bu Teaching Hospital and 37 Military Hospital comprised the population and the Purposive sampling was used to select eighty HIV care givers comprising of twenty three(23) males and fifty seven females who were chosen as sample for the study. The cross-sectional survey design was used to collect data for the study. The major instruments used in this study were the modified version of the Stigmatization towards Patients Living with AIDS scale (SPLWA's scale), Sorenson Self–Esteem Scale (SSS) and the Subjective Well-being scale. Four (4) hypotheses were tested and the findings of the study established that stigmatization negatively affects the self-esteem of HIV/AIDS caregivers in Ghana. Notwithstanding this, the study revealed a strong positive relationship between self-esteem and life satisfaction among HIV/AIDS caregivers. However, the study revealed no significant gender difference in self-esteem and life satisfaction as experienced by the caregivers. These findings highlight the need for policy interventions, from the national level to the hospital level, in other to reduce stigmatization among HIV/AIDS care givers in order to improve overall health outcomes for people living with HIV/AIDS.

KEY WORDS: *Stigmatization, Self-Esteem, Life Satisfaction and HIV Caregivers.*

1. INTRODUCTION

Every illness represents a unique and dramatic negative experience for the patient; it is associated with a profound and authentic psychological engagement of patients themselves and the significant people in their lives (Parker, Manstead, Strading, Reason & Baxter, 2002). HIV/AIDS is not an exemption as it affects the person first and foremost at the biological level in the form of an aggressive virus that compromises immunity. Psychologists conceptualize the disease developing based not only on an individual relationship with the nature and the aggressiveness of the viral subtype but also on the psychological response of the person, their experience with other pathologies, and their personality traits (Parker, Manstead, Strading, Reason & Baxter, 2002).

HIV/AIDS patients go through a lot of difficulties such as stigmatization, social isolation and relationship discriminations. In all the difficulties that patients of HIV/AIDS go through, they need to survive (Barnett, 2002). The rate of their survival partly

depends on the care giving they receive. This care is mostly provided by doctors, nurses, family members and significant others. Desired healthcare for these patients is only possible by maintaining positive attitude towards them in healthcare professionals (Terry, Hogg & White, 2009). However, the level of stigmatization meted on the caregivers affect the extent to which they give proper care to the patient (Terry, Hogg & White, 2009).

The stigma meted on the caregivers poses barriers at all stages of this cycle by virtue of being caregivers and seen as capable of being infected by the disease. HIV-related stigma and discrimination undermine healing process by making the caregivers unable to give the needed care to the patients. It also prevents the caregivers from undergoing their normal daily activities smoothly (Uys, 2005). HIV/AIDS increases overall health expenditures for both medical care and social support at the same time. Most HIV/AIDS caregivers are alienated from their friends and even family members. People do not want to associate themselves with them. This really brings some psychological effects on them and even worsens the situation (Uys, 2005). Some of these psychological effects on the caregivers include lower self-esteem and poor life satisfaction (Sadoh, Sadoh, Fawole, Oladimeji, & Sotiloye, 2008).

Self-esteem can be defined as an individual's attitude about him or herself, involving self-evaluation along a positive-negative dimension (Baron & Byrne, 1991). Most generally self-esteem refers to an individual's overall positive evaluation to the self (Rosenberg, 1990; Rosenberg, Carmi, & Carrie, 1995). It is composed of two distinct dimensions, competence and worth. The competence dimension (efficacy based self-esteem) refers to the degree to which people see themselves as capable and efficacious. The worth dimensions (worth based self-esteems) refer to the degree to which individuals feel they are the persons to be valued.

Life satisfaction is also usually conceptualized as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective) (Uys, 2005). As summarized by Huppert (2009, p.137): "life satisfaction is about lives going well. It is the combination of feeling good and functioning effectively." By definition therefore, people with high life satisfaction report feeling happy, capable, and well-supported and so on. Huppert (2009) review also claims the consequences of life satisfaction to include better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors.

Research has documented that when people are stigmatized and prevented from associating themselves with the larger society; it influences their level of self-worth and their life satisfaction. Its significance is often exaggerated to the extent that stigmatization is viewed as the cause of dissatisfaction with all aspect of life and lower rate of self-worth (Weiser, Leiter, Steward & Korte, 2005). Stigmatization against HIV/AIDS patients is associated with depression, anxiety, lower motivation and general lower satisfaction with one's life thus affecting the self-worth of the caregivers (Rosenberg, 1986). Given these associations, the present study sought to assess the impact of the individual components on how these caregivers view themselves and how satisfied they are with life general. Thus specifically, this study sought to examine the impact of stigmatization on the self-esteem and life satisfaction of HIV/AIDS caregivers.

2. THEORETICAL PERSPECTIVE

2.1 Health Related Stigma Theory:-

According to Goffman (1963), society teaches its members to categorize people by common characteristics. Every day living has established the usual and the unexpected. Based on some of the early works of Goffman in hospitals, among criminals and homosexuals, he came out with a theory on health related stigma. Goffman defines stigma as an attribute that is deeply discrediting and reduces the bearer from a normal person to a discounted one. Goffman explains that society stigmatizes on what constitute a difference and results in what is called a spoiled identity. This as a result leads to stigmatizing people in the society to see themselves as undesirable. That is individuals are disvalued because they display attitudes that are different from the normal one. The devaluation leads to lower level of life-satisfaction and self-worth. In relation to this study, HIV/AIDS patients live life's that are far from normal and they are devalued. This devaluation affects their level of life satisfaction and self-esteem.

2.2 Review of Related Studies:-

A lot of studies have been conducted about caregivers of a billion other specific illnesses. For example, a study was conducted by Verhaeghe (2008) at Ghent University on the Stigmatization and Self-Esteem of HIV care givers revealed that, that stigmatization is negatively related to self-esteem. Furthermore, the results indicated that peer support moderates the negative association between stigmatization and self-esteem, but not in the expected way. These findings suggest that peer support can only have positive outcomes among clients with few stigma experiences, and that stigmatization itself could impede the formation and beneficial consequences of constructive peer relationships among persons. In relation to this study, it can be said that stigmatization of the HIV care givers will affect their level of self-esteem.

Other studies have also been conducted on stigmatization among HIV care givers. However few of such studies have been conducted in Africa with

limited in Ghana. A study conducted by Mwinituo and Mill (2006) on the stigma associated with Ghanaian Caregivers of AIDS Patients , results proved that Caregivers go to great effort to not only "hide" their patients but also their care giving activities, resulting in the social isolation of both patients and their caregivers. Many caregivers live in secrecy, not sharing their family member's diagnosis with extended family members. As a result, they receive limited support from the extended family. Stigma results in poor life satisfaction and lower level of self-esteem among HIV/AIDS caregivers.

Another study was conducted by Pirraglia, Bishop, Herman, Trisvan, Lopez, Torgersen, et al (2005) to investigate the relationship between stigmatization and life-satisfaction among caregivers of HIV-infected individuals. The results of the study indicated that more than 70% were highly stigmatized. There was a negative relationship between stigmatization and life-satisfaction among the participants. Stigmatization affected the life-satisfaction of males compared to that of the females.

Suominen, Koponen, Mockiene, Raid, Istomina, Vanska, Blek-Vehkaluoto and Valimaki (2006) also assessed the extent of stigmatization against HIV/AIDS patients caregivers and its impact on the life-satisfaction among the caregivers. A total of 681 participants from Finnish (nurses 152, family members = 170), Estonian (nurses 100, family members = 91), and Lithuanian (nurses 85, family members = 83) hospitals were surveyed in spring 2006. Findings indicated that respondents showed average levels of stigmatization against HIV/AIDS caregivers. A negative relationship was found between stigmatization and life-satisfaction among the caregivers. Professional caregivers (nurses) were found to have lower level of stigmatization and higher level of life-satisfaction compared to unprofessional caregivers (family members and friends).

Another study was conducted by Tibebu, Mariam, and Belachew, (20007) with the aim of assessing the impact of attitude towards HIV/AIDS patients and its influence on life-satisfaction and self-esteem among caregivers. The study employed 274 family/caregivers who were giving care for people living with HIV/AIDS. A structured and pre-tested questionnaire was used to collect data on socio-demographic characteristics, attitude towards home based care practice, life-satisfaction and self-esteem. Results showed that over three fourth of the studied subjects (91.6%) were knowledgeable about home based care and 88.7% indicating lower level of stigmatization. Ninety two point eight percent (92.8%) agreed that stigmatization has a negative impact on their self-esteem, life-satisfaction and their ability to give good care to the patients.

Beck (2009) also undertook a study aimed at investigating the relationship between life-satisfaction and self-esteem among formal and informal caregivers of HIV/AIDS in a highly HIV-infected area of central China. Two hundred (200) caregivers of HIV/AIDS consisting of one hundred and three (n=103) formal caregivers and ninety four (94) informal caregivers completed questionnaires on life-satisfaction and self-esteem. The results revealed that the majority (n=174, 92.6%) of informal caregivers had lower self-esteem and lower level of life-satisfaction compared to the formal caregivers. No significant relationship was found to exist between life-satisfaction and self-esteem among HIV/AIDS caregivers. No significant difference was also found to exist between males and females in level of life-satisfaction and self-esteem. This suggests that gender has no influence on level of life-satisfaction and self-esteem among caregivers of HIV/AIDS.

Hallberg (2006) assessed the influence of stigmatization on self-esteem and life-satisfaction of HIV caregivers. One hundred and eighty six HIV/AIDS caregivers took part in the study. Findings of the study revealed that the level of stigmatization was negatively related with life-satisfaction and self-esteem of caregivers of HIV/AIDS. High level of self-esteem was associated with higher level of life satisfaction. The most important factors explaining lower life satisfaction among frequent caregivers were having low social resources and having poor health. Economic compensation or payment was the support most desired.

Gough (2007) did a study aimed at finding out the attitude towards HIV/AIDS caregivers and its impact on the subjective wellbeing (life satisfaction). In total, complete data was available from 605 caregivers taken the patients for medical check-ups. The findings demonstrate a significant high number of the respondents perceiving higher stigmatization from the public. Participants who perceived higher level of stigmatization were found to have lower level of subjective wellbeing which affected the extent to which they perform their duties that is caregiving. However no significant differences were found among males and female either with high level of education or low level of education in life satisfaction and perceived stigmatization.

2.3 Statement of Hypotheses:-

H_1: There is a negative relationship between stigmatization and self-esteem of HIV caregivers.

H_2: There is a positive relationship between self-esteem and life satisfaction among HIV caregivers.

H_3: Male caregivers have lower self-esteem than female caregivers.

H_4: Female caregivers have higher level of life satisfaction than male caregivers.

3. METHODOLOGY

The specific survey method used was the cross-sectional. The most appropriate sampling technique used was non-probability sampling.

Purposive sampling was used because the study involved a particular target group which is the caregivers of HIV/AIDS patients.

The Population for this study was HIV care givers within the HIV centers of two government hospitals in the greater Accra region. These hospitals were Korle bu Teaching Hospital and 37 Military Hospital. These two centers were selected because they were convenient and offered a large population from which the sample was drawn.

The sample for this research was eighty (80) caregivers drawn from the population. This comprised of male and females who assume the care giving role and are responsible for overseeing the day to day activities of the patients as well as catering for their every need.

The modified version of the Stigmatization Towards Patients Living with AIDS scale (SPLWA's scale) developed by Struening (1982) to highlight some of the misconceptions and attitudes peoples have towards contracting of the AIDS virus was used. The scale was a 15-item self-report measure of perceived stigmatization. The 15 items of the questionnaire were measured on a 4-point Likert-type scale: strongly agree, agree, disagree and strongly disagree. The reliability of the scale as reported by Struening (1982) was .85. Scores ranged from 0 – 45 with higher score indicating higher level of stigmatization. A score of 0 – 30 was classified as lower level of stigmatization and 31 – 60 was classified as higher level of stigmatization.

Self-esteem was also measured using the Sorenson Self–Esteem Scale (SSS) designed by Sorenson (2006). The Sorensen Self-Esteem Test is a 20 item self-report scale designed to measure global self-esteem with a reliability coefficient of .76.

Life-Satisfaction was also measured using the modified version of the Subjective Well-being scale developed by Ryff and Keyes (1995. Six factors on the subjective well-being scale were derived and the scale demonstrated reliable psychometrics: autonomy (alpha = .43), personal growth (alpha = .50), positive relations with others (alpha = .54), purpose in life (alpha = .37), self-acceptance (alpha = .53), and environmental mastery (alpha = .57). The scoring pattern utilized was the five Likert response format ranging from 1 = *strongly disagree* to 5 = *strongly agree*. The higher the score on the scale the better the life-satisfaction and vice versa.

4 .FINDINGS AND DISCUSSIONS

4.1 Demographic Data:-

The participants who took part in this study were eighty (80) in number. Out of this, the number of males were twenty three (23) which represented 28.75 % and fifty seven (57) were females which represented 71.25%. The age interval was 18 – 25, thus 43(53.8%), 35 of the respondents representing 43.8% were within the age of 26-35 while 2 of the respondents representing 2.5% were within the age of 36-52. Regarding educational level, 14 of the respondents representing 17.5% had finished basic school, 31 of the respondents representing 38.8% had completed SHS while 35 of the respondents representing 43.8% had finished tertiary education. Regarding the period of care, majority of the respondents thus 49 representing 61.3% had cared for people living with HIV for six months to three years (6months-3years), while 29 of the respondents representing 36.3% had cared for people living with HIV for four (4) years to eight (8) years and finally two (2) of the respondents representing 2.5% had giving care for more than eight (8) years.

Hypotheses testing:-

H_1: There is a negative relationship between stigmatization and self-esteem of HIV/AIDS caregivers.

Table 4.1

	1.	2.
1. Stigmatization	.482*	.000
2. Self-Esteem		

P < .05

From table 4.1 above, it is shown that there is a negative relationship between stigmatization and self-esteem of HIV/AIDS caregivers [r (1.00) = .000, P < .05]. The hypothesis was therefore supported.

This means that as stigmatization increases, self-esteem also decreases among HIV/AIDS caregivers. This confirms Goffman's health related stigma theory which opines that stigmatization leads to devaluation. He noted that devaluation leads to lower level of life-satisfaction and self-esteem. In relation to this study, HIV/AIDS caregivers lived lives that were far from normal and they are devalued. This devaluation affected their level of self-esteem. This finding is consistent with the study conducted by Verhaeghe (2008) whose study stigmatization of HIV care givers is negatively related to self-esteem. A separate study that was conducted in Ghana by Mwinituo and Mill (2006) was supported by this study because all converged on the notion that stigmatization negatively affects the self-esteem of

HIV/AIDS caregivers. As compared to the study by Verhaeghe (2008) which was conducted in Germany, the one in Ghana by Mwinituo and Mill (2006) is very crucial to this study due to its cultural similarity.

H_2: There is a positive relationship between self-esteem and life satisfaction among HIV/AIDS caregivers.

Table 4.3

	1.	2.
1. Self-Esteem	.331*	.003
2. Life Satisfaction		

P < .05

Table 4.3 above showed that there is a positive relationship between self-esteem and life satisfaction among HIV/AIDS caregivers [r (1.00) = .003, P < .05]. Therefore the hypothesis has been supported. This is because the study revealed that caregivers who had high self-esteem also had high life satisfaction. This finding is in consonance with the study conducted by Tibebu et al (2007) that sought to assess the impact of attitude towards HIV/AIDS patients and its influence on life satisfaction and self-esteem among caregivers. In their findings, 92.8% of the participants agreed that stigmatization has a negative impact on their self-esteem and life satisfaction. Likewise, this study was in congruent with that of Hallberg (2006) who showed a consistent positive relationship between self-esteem and life satisfaction among HIV/AIDS caregivers. Moreover, the findings of this study reinforced the study of Mwinituo and Mill (2006). Their study showed that care givers with low level of life satisfaction also had low self-esteem. Nonetheless this study contradicts the study conducted by Beck (2009) who showed no significant relationship between life satisfaction and self-esteem among HIV/AIDS caregivers.

H_3: Male caregivers have low self-esteem than female caregivers.

Table 4.4

GENDER	N	Mean	SD	df	t	P
Males	23	48.826	4.826	78	.154	.876
Females	57	48.51	6.473			

P > .05

Results from table 4.4 above shows that male caregivers (M = 48.83, SD = 4.83) do not have low self-esteem than female caregivers (M = 48.51, SD = 6.48), [$t_{(78)}$ = .154, P > .05]. Therefore, the hypothesis four (4) which states that, "male caregivers have low self-esteem than female caregivers" was not supported by the findings of this study. This study did not reveal a significant difference between the male and female caregivers regarding self-esteem. This finding is in congruence with the study conducted by Beck (2009) who revealed that there was no significant difference between the self-esteem and life satisfaction among male and female caregivers. Likewise, Gough (2007) also found no significant differences between male and female caregivers in relation to their self-esteem and life satisfaction. The findings from these earlier studies and this current one is very important because it is expected that males will look down upon the task of having to look after a sick person due to our cultural stereotyping but this is not the case which is good for us as a nation.

H_4: Female caregivers have higher level of life satisfaction than males

Table 4.5

GENDER	N	Mean	SD	df	t	P
Males	23	31.70	6.02	78	.933	.354
Females	57	29.96	5.30			

P > .05

Results from table 4.5 above shows that female caregivers (M = 29.96, SD = 5.30) do not have higher life satisfaction than male caregivers (M = 31.70, SD = 6.02), [$t_{(78)}$ = .933, P > .05]. Therefore, the hypothesis was not supported. This means that gender differences has no influence on caregivers' life satisfaction. This finding is in consonance with that of the studies conducted by Beck (2009) and Gough (2007) which all established no significant differences between life satisfactions among gender in caring for HIV/AIDS patient. However this finding contradicts that of the earlier study conducted by Pirraglia (2005). Pirraglia's findings established a significant difference between life satisfaction and the gender of

caregivers in which males had a lower level of life satisfaction compared to females.

5. CONCLUSION

This study examined stigmatization, self-esteem and life satisfaction of HIV/AIDS caregivers in Ghana. The study tested four (4) hypotheses in which two (2) were supported and three (2) were not supported. At the end of the study, it was established that stigmatization negatively affects the self-esteem of HIV/AIDS caregivers in Ghana. However the study could not affirm that stigmatization negatively relate to life satisfaction. Notwithstanding this, the study revealed a strong positive relationship between self-esteem and life satisfaction among HIV/AIDS caregivers. The study revealed no significant gender difference in self-esteem and life satisfaction as experienced by the caregivers. These findings highlight the need for policy interventions, from the national level to the hospital level, in other to reduce stigmatization among HIV/AIDS care givers in order to improve overall health outcomes for people living with HIV/AIDS.

5.1. Implication for Practices:-

HIV/AIDS caregivers perceived level of stigmatization is very crucial in the overall care they will render to patients with HIV/AIDS. Stigmatization may result in low self-esteem and low life satisfaction. The level of stigmatization meted on the caregivers affect the extent to which they give proper care to the patient (Terry, Hogg & White, 2009). This study revealed a strong negative relation between stigmatization and self-esteem. This has interesting clinical implications because if caregiver has low self-esteem, it has the potential to affect the care he/she renders to patients. Health managers should therefore be proactive in speaking to care givers so as to ascertain their perceived level of stigmatization and self-esteem. This can help to address any challenges they might be facing in order to improve care outcomes. On the other hand, this study failed to establish significant relationship between stigmatization and self-esteem. This seems to suggest that other factors can also blunt the impact stigmatization on life satisfaction. This is very significant to clinical practice because if caregivers are able to identify such factors it can be used therapeutically to even improve their care. One of such factor may be emotional attunement. Care providers, be it professional or non-professionals, must be attuned to their own self esteem so that it can help them deal with any perceived stigmatization. This can be achieved when clinical conferences are held in which caregivers share their own experiences about stigmatization and how it was dealt with.

5.2 Implications on policy:-

The Ghana AIDS Commission, as the highest policy making body on HIV and AIDS, has a mission to provide effective and efficient leadership in coordination of all programmes and activities of all stakeholders in the Fight against HIV and AIDS through advocacy, joint planning, monitoring and evaluation for the eventual elimination of the disease. While current policy in Ghana seems to mainly address challenges faced by people living with HIV and AIDS, this study has highlighted the need for a paradigm shift in the policy where stigmatization among caregivers will also be given adequate attention because that can affect their self-esteem and eventually affect the quality of care given to people with HIV/AIDS.

That is a unified but double policy approached must be used in which one addresses stigmatization among patients living with HIV/AIDS while the other addresses stigmatization among caregivers.

5.3 Recommendations for Future Research:-

Based on the findings, implications and limitations of the study, the researchers will make the following recommendations.

1. Future studies can try to concurrently look at stigmatization among HIV/AIDS Patients and their care givers. This will help to give a comparative assessment of the impact of stigmatization on self-esteem and life satisfaction.
2. Future studies can try to look at the disparities in stigmatization as experienced by professional care givers , for example nurses, and non-professional care givers , for example family members or friends. Any difference in stigmatization will be clinically significant because it can guide in
3. Group specific policies to deal with the issue of stigmatization experienced by HIV/AIDS care givers.
4. Future studies can also examine the relationship between stigmatization among caregivers and quality of care they render.

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