

Research article

The psycho social wellbeing of children with chronic conditions in Zimbabwe. The case of children living in institutions.

Zinyemba. L, Rugaranganda .L, Motsi, P. D.

E-mail: lizzyzinyemba@gmail.com

lrugaranganda@gmail.com

dadimotsi@yahoo.com



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

Abstract

The study assessed the psycho social wellbeing of children living with chronic conditions. The study aimed at assessing various indicators of children's wellbeing. The way they relate with adults, feeling and outlook about the future, levels of self esteem, happiness and confidence were measured using a lickert scales. The study targeted a total of 204 children who were in institutions and amongst them were 43, 1% children living with chronic conditions. The study found out that living with chronic conditions, living with disability and being an orphan impact negatively on wellness amongst children. Hence the study concluded that there was a negative relationship between children living chronic conditions and positive attributes of wellness. The study recommends that there is need for psycho social support groups amongst children to enhance wellness.

Key Words: children, health, health challenges, psycho social wellness, chronic condition, confidence, self-esteem.

Introduction

The term wellness became known when it was recognized that health entails much more than the absence of disease but a complete state of wellbeing (World Health Organization, 1986). This term was thus introduced to reflect on the positive attributes of health. It was defined by Anspaugh, (2004) as a conscious development of the whole self. WHO, (1986) further notes that the individual or group must be able to realize aspirations and satisfying needs, and to change or cope with the environment. While scholars like Bouchard, (1994), Hales, (2005) also includes the ability to enjoy life and with- stand challenges. Wellness reflects on the positive attributes of health like happiness, love, friendship, work and spirituality (Anspaugh, 2004).

The term wellness was defined by Myers, Sweeney and Wittmer, (2005) as a way of life oriented towards optimal health and wellbeing in which the body, mind and spirit are integrated by the individual to live more fully within the human and natural community.’ There are thus eight dimensions which collectively comprise the term wellness, these are spiritual, emotional, intellectual, physical, cultural, occupational, and social and environment. (Anspaugh, 2004).

Methodology

The research made use of quantitative research methodologies employing the survey method of collecting data. The research made use of questionnaires as tools of data collection. Data was collected from all institutions in Zimbabwe. Stratified sampling was used to select the 204 children who were at the institutions. Table be on one page

Table 1: Percentage Distribution of Respondents Background Characteristics

Variable		Frequency	Percentage
Sex of Respondents	Male	112	55%
	Female	92	45%
All parents still alive	Yes	71	34,8%
	No	133	65,2%
Orphan Status	Paternal	29	21,8%
	Maternal	30	22,6%
	Double	74	55,6%
	Total	133	100%
Educational Background	In school	181	88,7%
	Out of School	23	11,3%
Levels of education of respondents in school.	Primary School	77	42,5%
	Secondary	103	56,9%
	Tertiary	1	0,6%
Living with disability	Yes	17	8,3%
	No	187	91,7%
Any health problems	Yes	88	43,1%
	No	116	56,9%

N=204

The majority 65 % of the respondents were orphans while 34 % had both parents. From the sample 89% of the respondents indicated that they were still in school while the remainder 11% were not going to school. The majority 92% of the respondents confirmed that they had no disability while 8% remarked that they had some form of

disability. Blindness and deafness were the main forms of disability recorded from the respondents who reported to have some form of disability.

This variable was very important as noted by Mtetwa, (2011) that disability also affects the self esteem and confidence of people challenged with disabilities.

A significant proportion of the respondents 43% indicated that they had health problems while the majority 57% had no health problems. Of the respondents that claimed to have health problems the health problems that were highlighted were HIV and AIDS as well as Tuberculosis which is an opportunistic infection of HIV and AIDS.

Table 2: Cross tabulation of the variable parent's still alive and good relationship with an adult.

Do you have a good relationship with an adult	Are parents still alive				
		No	Yes	Number of respondents	Total
No		66,7%	33, 3%	39	100%
Yes		64,8%	35, 2%	165	100%

N=204

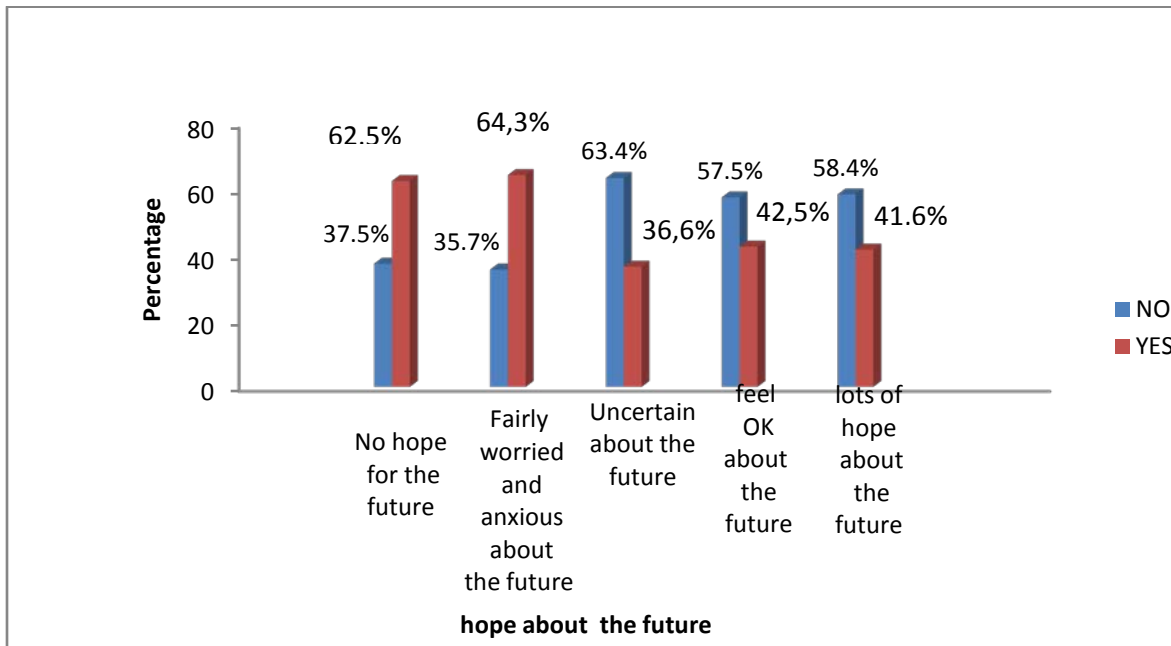
The majority 81% of the respondents alluded to the fact that they had a good relationship with an adult, as compared to 19% of respondents that highlighted that they did not have a good relationship with an adult. The majority of the respondents 68 % who alluded to the fact that they did not have a good relation with an adult also indicated that they were orphans.

Table 3: Cross tabulation of the variable type of orphan and good relationship with an adult.

Do you have good relationship with an adult		
	No	Yes
Paternal orphan	11,1%	24,5%
Maternal orphan	25,9%	21,7%
Double orphan	63,0%	53,8%
totals	20,3%	79,7%

N=133

A substantial number of the respondents 63% who were double orphans alluded to the fact that they did not have a good relation. This might be because these children lost both parents whom they had created attachment figures with. Sanstroock, (2010) noted that children get attached to people whom they familiarise with during their infancy stage. The figures significantly dropped to 30% on the maternal orphans who indicated that they did not have a good relation with an adult. Slightly lower 11% were paternal orphans. This concurs with studies by Nyamukapa, (2010) who have revealed that maternal orphans experience a lot of challenges as compared to their counter parts who are paternal orphans.



N=204

Figure 1: Percentage distribution of the variable, hope: feeling outlook about the future.

Figure 1 above shows that those children who had health challenges were more likely to have no hope, and to be worried and anxious about the future as compared to the children who had no health challenges. The proportion of the respondents that did not have any health challenges slightly increases from 57, 5% to 58, 4% as the lickert scale increases to the positive attributes of health like feeling ok about the future to lots of hope about the future. The proportion of the respondents that had reported that they had health problems slightly fluctuates between 43% and 42% as the lickert scale moves more to the positive attributes of wellness. The uncertainty in the children health in turn compromises their psycho social wellness.

The study results are in support with Greggson et al (2007) who noted that some of the children living with HIV and AIDS were not confident with the future. This could be attributed to the misconceptions that surround the disease, as traditionally children born with the disease were not expected to live beyond five years. Hence society's attitudes towards the children explain the reasons why they had no hope for the future. This difference in the children's outlook about the future could attribute to their differences in their health status.

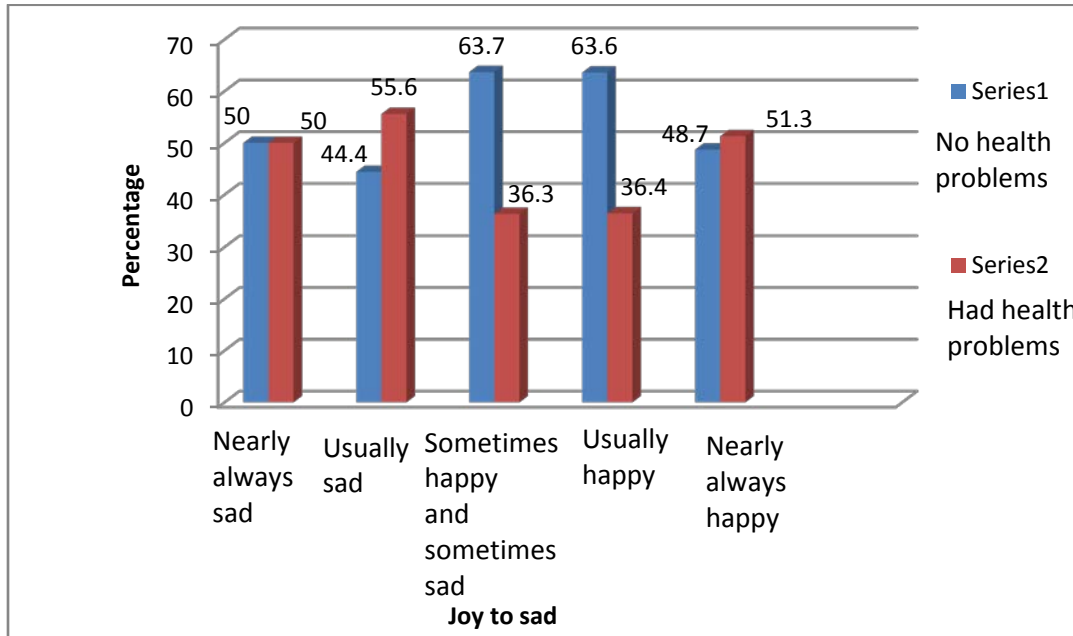
Table 4: Cross tabulation of the variable living with disability and the variable no hope to lots of hope about the future.

	No hope for the	worried and anxious	Uncertain about the	Feel O.K about the	Lots of hope about	Total

Living with disability		future	about the future	future	future	the future	
	No	3,2%	5,9%	20,3%	20,3%	50,3%	91,7%
	Yes	11,8%	17,65	17,6%	11,8%	41,2%	8,3%

The findings reveal that the 8,3% of children that were living with disabilities were more likely not to be confident about the future as compared to the children that were not living with disabilities. This is unlike Sanstroock, (2010) who noted that when children are born, there is a lot of hope in the children's future and in most cases children show enthusiasm about their future .Children living with chronic conditions and disability are surrounded with stigma as well as lack of hope and this leads to them not being confident about their future.

The findings reveal that those children that had health challenges were more likely not to experience the positive attributes of health. Most of these children reported to be experiencing the negative attributes of health like nearly and usually sad. This could be attributed to the psycho social issues that surround the disease and this could be worsened as noted by Samm, (2009) if there are a lot of misconceptions surrounding the disease causing a lot of stress and anxiety. It is more likely to compromise the achievement of psycho social wellness among people hence the need to form psycho social support groups.



N=204

Figure 2: Percentage distribution of the variable joy to sad.

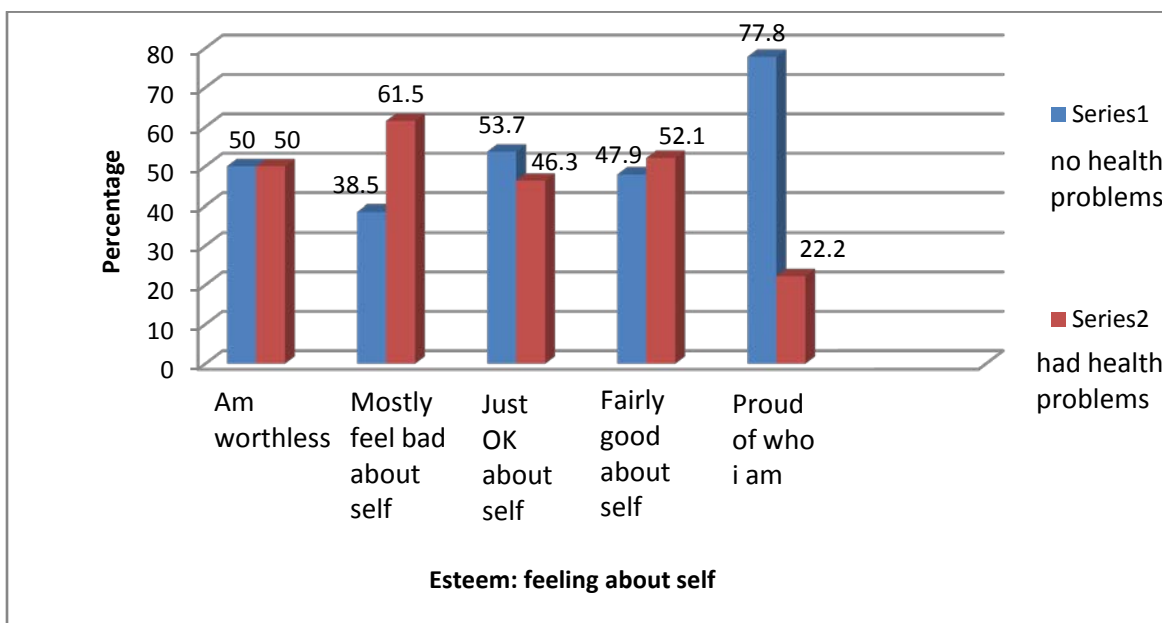
Table 5: Cross tabulation of the variable type of orphan and variable joy to sad.

Are your parents still alive		Nearly always sad	Usually sad	Sometimes sad and sometimes happy	Usually happy	Totals
	No		66,7%	77,8%	67%	54,5%
Yes		33,3%	22,2%	33%	45,5%	34,8%

N=204

The study went further to look at the relationship between having parents and the variable joy to sad. The study results revealed that those children that did not have parents scored higher percentages to the negative attributes of wellness as compared to those children who had parents who were still alive. These results were concurrent with the findings by Samm, (2009) that highlighted that children who are dissatisfied with their social support tend to suffer from depression. Samm, (2009) also alluded to the fact that these children are most likely to have come from weaker family structures and this finding is concurrent with the study findings as the majority 65, 2% of the respondents were orphans.

Figure 3: Percentage distribution of the variable self esteem

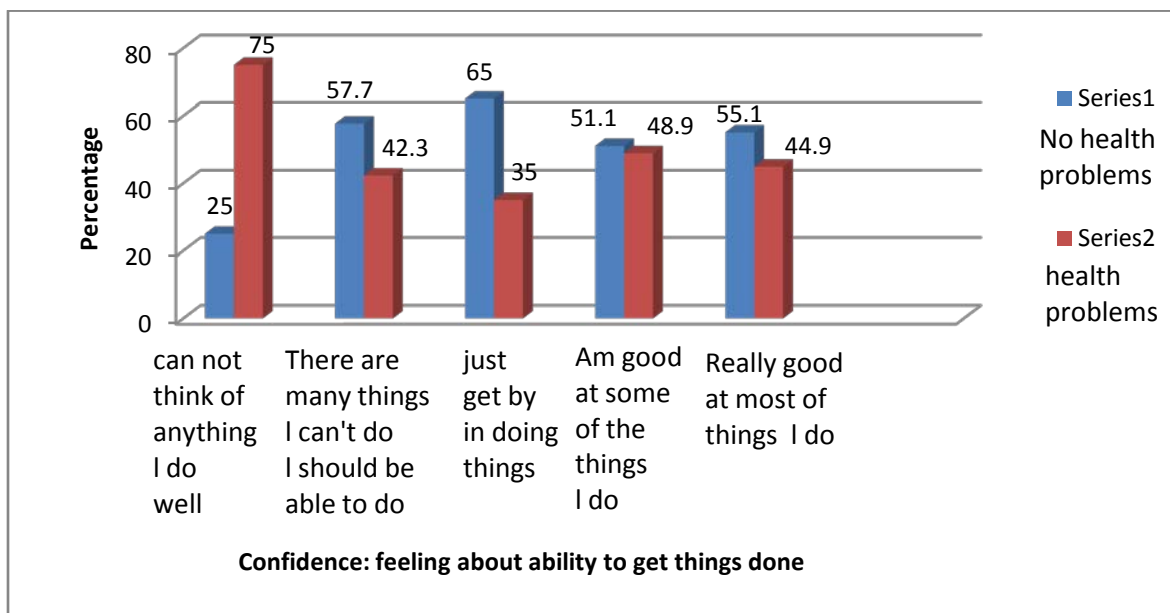


N=204

The findings indicate that the children who had no health challenges were more likely to be proud of themselves as compared to those children that had health challenges. This shows that the children who had health challenges were more likely not to be self actualizers when compared to the children who had no health challenges. This study finding concurs with the findings by Samm, (2009) who noted that children who were living with HIV and AIDS were more likely not to be self actualisers. Those children who had no health challenges were in line with Papilia's etal (2009) line of thinking that self actualisers accept who they are and have a strong sense of self and have a high self esteem and the opposite is true for children that have a low self esteem. This low self esteem amongst these children could be attributed to the health challenges and disability.

To verify and validate the variable self esteem the children were asked to rank their confidence level. Their feeling on the ability to get things done was also interrogated. The majority of the respondents 75% that had health challenges reported that they could not think of anything that they could do well while only 25% of the children who did not have health problems alluded to the same sentiment. As the variables moved to more of the positive attributes of wellness the children who had health challenges were always slightly lower than their fellow counter parts. This shows that the self esteem and confidence of children who had health problems had been affected and in turn their psycho social wellness hence they can no longer see the potential in them. This results in a negative relationship between having health problems and being confident.

Figure 4: Percentage distribution of the variable confidence.



N=204

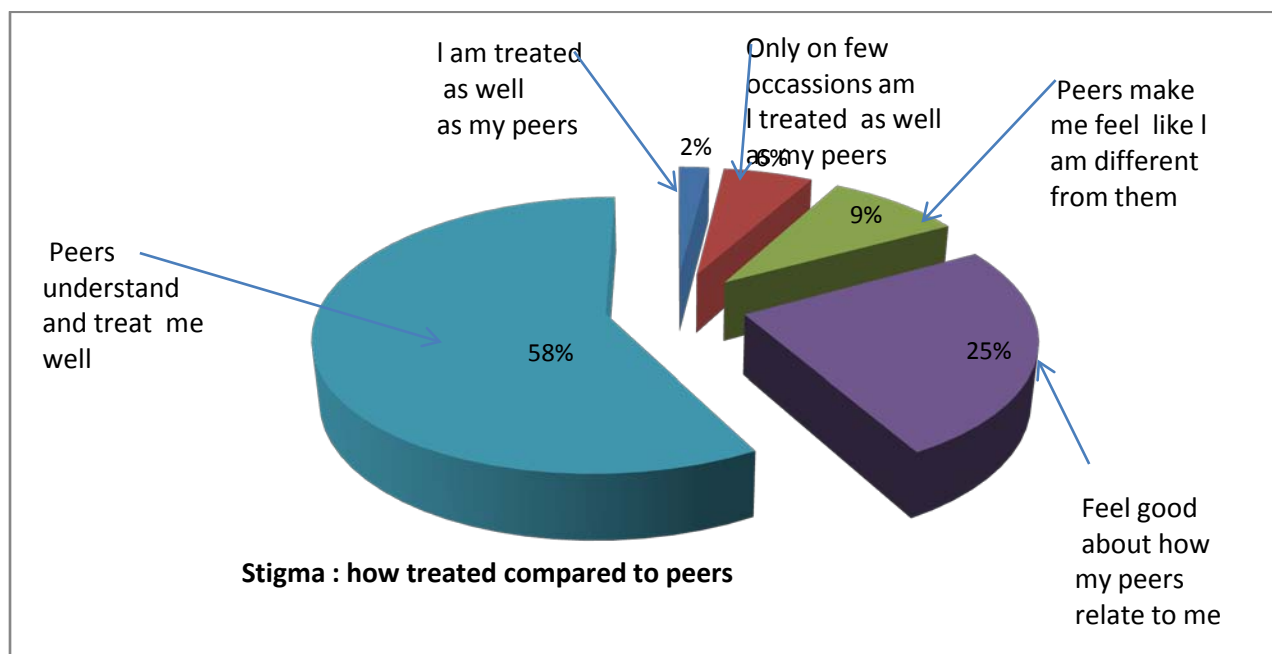
Table 6: Cross tabulation of the variable living with disability and variable confidence.

Are you living with disability	Confidence : feeling about the ability to get things done						Totals
	Cannot think of anything I do well	There are many things that I cannot do that I should be able to do	Just get by in doing things	Am good at some of the things I do	Good at most of the things I do		
No	1,6%	10,2%	29,4%	23,5%	35,3%		91,7%
Yes	5,9%	4,2%	29,4%	5,9%	17,6%		8,3%

The study results also revealed the same theme that children living with disabilities just like the children living with chronic conditions are more likely to score higher percentages on the negative attributes of wellness as compared to children who are not experiencing any health problems and not living with any form of disability.

The variable of stigma was also discussed among children who had indicated that they had health problems, to find out how the children felt in the presence of other peers. A small proportion of a total sample of 15 % reported that they experienced the negative attributes of wellness.

Figure 5: Percentage distribution of the variable stigma on children who had health problems.



N=88

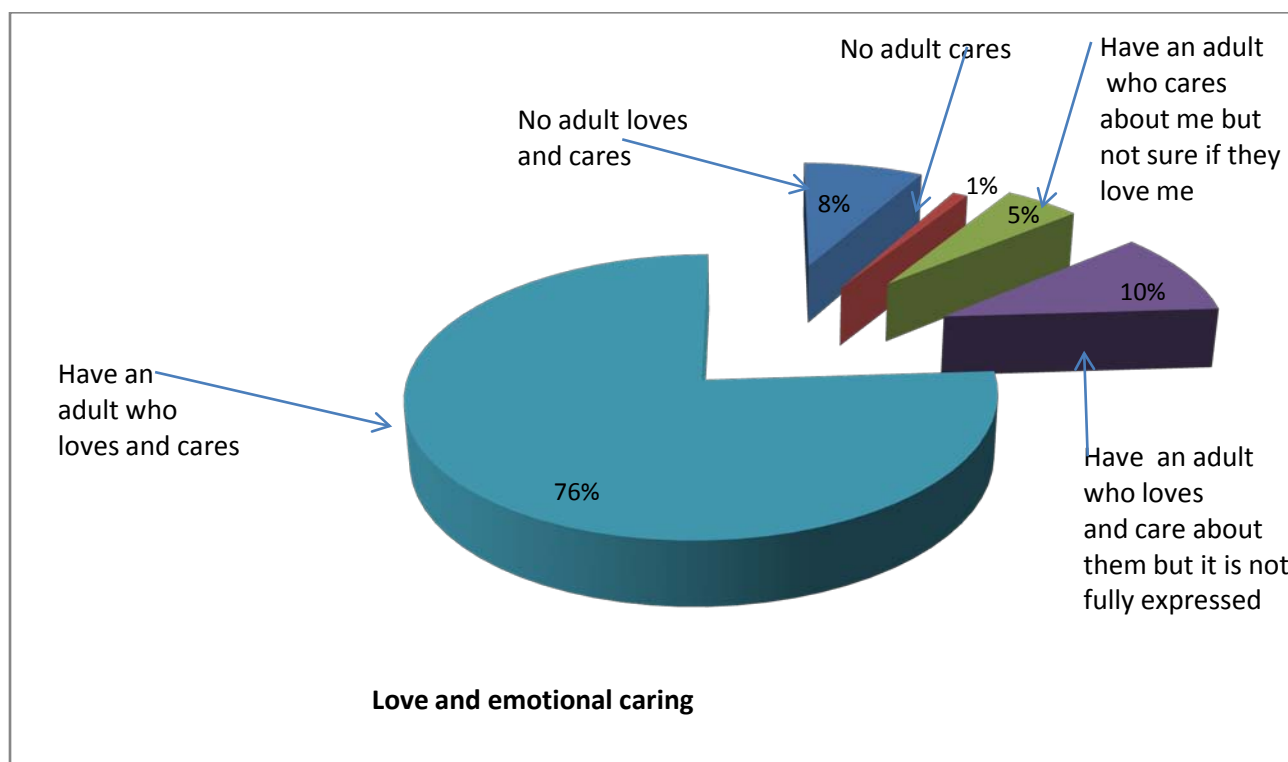
Table 7: Cross tabulation of the variable are parents still alive and stigma.

Are parents still alive	Stigma : how treated compared to peer group					
	Never treated like peers	Treated like peers on few occasions	Peers make me feel am different from them	Feel good about how peers relate to me	Peers understand and treat me well	Total
No	100%	63,6%	76,2%	66%	61,4%	65,2%
Yes	0	36,4%	23,8%	34%	38,6%	34,6%

N = 204

The variable stigma was also analyzed against the variable are parents still alive. The study results revealed that those children who were orphans were most likely to experience stigma as compared to the children who still had parents who were alive. The data indicated that all the respondents that had responded no to parents being alive reported never being treated as well as their peers while.

Figure 6: Percentage distribution of the variable love and emotional caring.



N=88

The variable love was also discussed to find out how the respondents who had health problems felt about emotional caring. The majority of the respondents 76% highlighted they had an adult who cared and loved them. This shows the existence of psycho- social support in communities and the extended family is still trying to keep the traditional role and obligations of caring and loving children Nyamukapa, (2010). This shows that they were more likely to feel safe and secure as noted in Erickson’s psycho social theory that notes that infants who experience consistently positive care feel safe and secure sensing that people are reliable and loving which helps them to develop trust in the world. A total of 24% reported on the negative attributes of health. These children are most likely to have caregivers who neglect and abuse them hence these children are likely to develop a sense of mistrust in the world. The study results indicated that the children who were orphaned reported not to be experiencing love and emotional caring as compared to those children who had parents. The orphaned children tended to score significantly higher on the negative attributes of health. These children from studies by the Commission on Social Determinants of Health,(2008) are at a higher risk of developing emotional deprivation and suffering from psychological problems. Studies by the Commission on Social Determinants of Health, (2008) have indicated that children need to be loved as they grow.

Table 8: Cross tabulation of the variable are parent’s still alive and variable love and emotional caring.

Are parents still alive	Love and emotional caring						Total
	No one loves and cares about me	No adult loves and cares about me	Have an adult who cares not sure if they love me	Have an adult who loves and cares about me but not fully expressed	Have an adult who loves and cares about me		
No	82,4%	100%	61,1%	60%	63,7%	65,2%	
Yes	17,65	0%	38,9%	40%	36,3%	34,8%	

N=204

Bibliography

- Boyedi, G; Lesi, F; Ezeaka,V; Umeh,C; 2013 Impact of socio- demographic factors on cognitive function in school aged HIV infected Nigerian children. Dove Press journal
- Gregson, S; Nyamukapa ,C: 2007 Family stability under conditions of development. [www.pdf](#)
- Moses, S; Meintjes, H; 2010 Positive care ? HIV residential care for children in South Africa. African journal of AIDS research Vol 9 number 2.
- Person, A ; Newman , C; 2012 When HIV positive children grow up . A critical analysis of the transitional literature developed countries Sage journals.
- Person, A ; Newman , C; 2012 When HIV positive children grow up . A critical analysis of the transitional literature developed countries Sage Journals.
- Ritcher , L; Undated . The impact of HIV and AIDS on the development of children [www.googlepdf](#).
- Ritcher , L; 2010 the impact of HIV/ AIDS on the development of children [www.pdf](#).
- Ruparanganda , L; Motsi, P.D; Zinyemba, L; Nyikahadzoi, K; 2013 Challenges faced by young people living with HIV: the case of children on the community outreach support programme in Harare. Journal of Social Development in Africa 28. Number 2.
- Samm, A; Tooding, L; Sisask, M; Kolves , K; Aasvee , K; Varnik , A; 2009 Suicidal thoughts and depressive feelings amongst Estonian school children: Effect of family relationship and family structure .
- Zimbabwe National HIV and AIDS strategic plan (ZNASP) 2006- 2010 Mambo press Gweru.
- Sanstrock, 2010. Adolescence. Mac Graw hill New York.
- Mtetwa, E; 2010 Understanding the plight of persons with disabilities in Zimbabwe. International journal of humanities.
- UNICEF; 2012 The state of the world's children Newyork Gist and herlin press.
- UNAIDS 2012 Report on the global AIDS epidemic, Geneva; UNAIDS.
- Nyamukapa, C; 2010 Psychosocial distress in orphans and vulnerable children. [www.pdf](#).
- Patterson , E; 2008 child development New York, Mcgraw- hill.

