

FAMILY SYSTEM AND TYPES OF HEPATITIS (B & C) AS PREDICTORS OF SELF-ESTEEM AMONG HEPATITIS PATIENTS

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ABSTRACT

The main objective of the current research was to study the impact of family system as a predictor of the level of self-esteem among the patients of Hepatitis B and C. Descriptive statistics for all the variables were computed followed by percentage of all demographic variables. Data was collected from different hospital of Jhang district. An indigenously Self-Esteem Scale, developed by Rifai (1999) was administered on the present sample. Multiple Regression analysis and t test were applied to find the statistical significance among the variables. The present findings indicated that nuclear family system was significantly positively predicts self-esteem among hepatitis patients. Hepatitis B significantly negatively predicts self esteem among hepatitis patients. On comparing hepatitis patients with family system on self-esteem, results revealed joint family system scored high on self esteem as compared to nuclear family system. Finding of this study will facilitate the health professionals in giving the attention to the psychological aspects of life threatening disease like hepatitis and to develop insight about the cognitive function and self-concept of hepatitis patients.

Key Words: *Hepatitis B and C, Family System, Self-esteem*

INTRODUCTION

Family is a valuable class of interpersonal system that plays an important role in the shaping of human personality. It is a system that can be found in every society or culture. Family is the oldest system which is related even in uncivilized societies. An individual is born in family; brought up, go through the process of socialization and gets physical and psychological satisfaction from family. Family holds an important place of social system. Individual

internalizes models of customs, traditions, values and norms and behavior patterns throughout his social life while living in strong family set up. Family is called cultural chain or linkage; it means that family is founded in every human society in one way or the other. Vital and universal importance of family is acknowledged because human survival is not a solitary process. It belongs to human need to build secure relationship and sharing responsibilities as being member of family.

Burgess (1926) proposed that the most appropriate way to conceptualized and investigate; the family is a unity of interacting personality. By this he meant three things; first the family is essentially a process a system of interaction is influenced by each of its members; it's not merely a structure or a house hold. Second the behaviors of one family member liked a troubled child or a detached father could not be understood except in relationship to other family members, their ongoing patterns of interactions and personalities developing and changing through such interactions. Third the central functions of families had changed from being primarily structural units of social organization to being relationship supporting individual's needs. Marriage was transformed from a primarily economic union to one based on sentiment and companionship. Discussion of the early stages of role taking and role playing, processes essential in the development of self, occur within the context of family interactions. Family members typically serve as mentors and a significant other for individuals. The intimate, extensive and relatively enduring relationships characteristic of the family as a primary group make it an important context for the self-esteem of an individual (Burgess, 1926)

Family is defined as a construct of meaningful relationship. It means that family is such a set up consists of meaningful relationship like mother father sister and brother etc., all relationships in the family are well defined and clear in developing sense of them (Eitzen, Stanley, & Sage, 2003). Prior to this definition, Robertson (1989) defines the family as a relatively permanent group of people related by ancestry, marriage, or adoption, who live together, form and economic unit, and takes care of their young. Another sociologist defined the family as a relatively small group of kin consisting of at least one adult and one dependent person. He argued that there has been a crucial decline in the family's structure and functions in American society, particularly since 1960. The nature and intensity of change which family is facing now a days is severe than the past and nuclear family is breaking up as it is a basic and primary unit which links up relations. The root cause behind the breakup of nuclear family is its inability to perform functions of childrearing and provision of affection and companionship to its members. Social norms legitimating the pursuit of individual over collective goals and the availability of alternate social groups for satisfaction of basic human needs have substantially weakened the social institution like family which has been considered as an agent of socialization and source of nurturance for family members for very long time (Wethington & Kessler, 1986).

Functions of the Family. Each social set up performs certain functions which are essential for not only for that set up but also for its members. As Thomas and Anderson (1972) gave a worthy description of some important and primary functions of family which are as follow.

1. Reproduction. Every society has norms, establishing the family as the unit for producing offspring. Although there is variation in familiar patterns from society, we find variations in the norms for premarital sexual relations for example; family performs the function of reproduction in all societies. The social system of the family clarifies the channels on which sexual reproduction will take place and establishes some form of marriage (e.g. polyandry,

polygamy and group marriages etc) as the approved social relationship. Marriage facilitates the physical and psychological, environment necessary for the survival and growth of child.

2. Socialization. Family teaches the child what are the values and norms of the society? The child learns about the roles he must play through the model of his parents and their sanctions when he misplays his role. Because the family group tends to be relatively stable and enduring from the infant's birth through his years of growing up, the family provides foundations for the growth and development of the mature personality.

3. Providing Companionship, Affection and Intimacy. Every person needs companionship, affection and intimacy with another human being or beings for his physical and psychological well-being. It is a family as being a primary social group which satisfies these needs. The family group is a platform where an individual finds love and affection and a sense of relatedness with relational ties, without having to prove his worth.

4. The Control of Sexual Relations. The norms of family define conditions under which sexual relations may occur. Therefore total conformity to these norms is never achieved; the social system of the family does exert strong control over sexual relations.

5. Providing Social Control. The family groups provide forms of social control over both parents and children. Both are influenced to conform to the norms of the society because they do not want to bring scandal and disgrace to their family.

6. The Economic Function. Every member of the household performs some duty that provides for the economic well-being of the family. In American urban society the family has lost this function, although in rural farm areas some households still work on the farm as a family unit. However, the family does contribute to the division of labor between the sexes. Even when the wife is employed, the family provides some specialization and division of the various tasks necessary for meeting individual needs.

In South Asian countries like Pakistan, India and Bangladesh, family members have great dependence on other family members in most of problems and issues and family provides them protection, care and help for the solution of their problems. All of the daily activities are well defined among family members and house is the center of all these activities. There are two main family systems or types in terms of family structure called nuclear family system and joint or extended family system.

Nuclear Family System. This family consists of a husband, his wife and their dependent children living in a home of their own (Gelles & Levine, 1995). Chakravorty and Sing (1991) explain the division of family on the basis of its structure. Both family systems (nuclear/joint) have been further divided into different subtypes. Nuclear family includes nuclear pair; Head and spouse with or without unmarried children. Three sub systems emerged within nuclear family system. These systems are consisted of supplemented nuclear, broken extended nuclear and supplemented broken nuclear families.

Joint Family System. It includes the extension of one or more nuclear families which consist of head spouse with or without children along with their other closed blood relations. This family system is divided into its sub types like lineally extended family, collaterally extended family etc.

Self-Esteem

Self-esteem continues to be one of the most commonly researched concepts in social psychology as well as other fields of psychology (Bzaumeister 1993). Researchers are of the opinion that self-esteem is one of the most important parts of the self-concept. So much attention

was given to self-esteem that it seemed to be synonymous with self-concept in literature on the self. Self-esteem is thus perception rather than reality. It refers to a person's belief about whether he or she is smart and attractive, for example, and it does not necessarily say anything about whether the person actually is smart and attractive. To show that self-esteem is itself important, then, research would have to demonstrate that people's beliefs about themselves have important consequences regardless of underlying realities (Rosenberg, 1979)

Trope (1986) conducted a research and concluded that people's beliefs shape their actions in many important ways and these actions in turn shape their social reality and the social realities of the people around them. It is not only self-related motive that an individual desires to feel good about him but people are also motivated to perceive themselves accurately and they acknowledge the awareness of their undesirable characteristics are reality and being a realistic person they have to admit them. Sedikides (1993) presented the idea that the attitudes and values of significant others as well as society in general are internalized and form the bases for a generalized other which is used as a standard of comparison to judge ourselves.

Types of Self-Esteem

1. Physical Self-Esteem. It refers to self-concept including self image and feelings that how and individual perceives his or her body? Body image can significantly affect the way an individual perceives and interacts with the surrounding environment. An individual with a distorted body image may also suffer from low self-concept or lack feelings of self-worth based on perceived physical appearance. Physical self-esteem refers to "how a person evaluates his body image his or physical appearance" personal, familial and cultural factors strongly influence how adolescents formulate and define their body image ideals and subsequent self comparison. Personality attributes and social attractiveness ratings are reliably ascribed to children and adults as a function of their weight. It is no wonder then that body-image influences self-esteem in adolescence (Han & Kim, 2006)

2. Social Self-Esteem. It refers to the evaluation of an individual about his social interactions and social standing, in other words how much a person perceives social worth of his or her self. Relationships with parents and relationships with peer are two important source of social support that contribute to adolescents' self-esteem (Harter, 1990; Savin-Williams & Demo, 1983). Rosenberg (1965, 1967, 1979) and Coopersmith (1967) demonstrated the significant influence of parents and the care they provide in shaping young people's self-esteem. Other researches indicate that peer influence on self-esteem becomes more important in adolescence (Brown, Bifulco, Veil, & Andrews, 1990). Two studies followed male students from adolescence to early adulthood. Even single occupational attainment can be related to an increase in self-esteem (Bachman, O'Malley, & Johnston, 1978).

3. Psychological Self-Esteem. Evaluation of a person about his or her mental stability, well-being, or cognitive health is called psychological self-esteem. It can be examined by the type of thoughts that come to in a person's mind. Increase level of psychological self-esteem will ensure the mental well-being. It is a broad concept that includes experiencing pleasant emotion, low level of negative mood and high life satisfaction. According to Diener, Suh, Lucas and Smith, (1999) composed of life satisfaction the presence of positive affect and absence of negative effect. Generally three conceptualizations work as the basic assumptions on which the research on self-esteem was further progressed and each conceptualization has been treated almost independently of others. First self-esteem has been studied as an outcome. Scholars that

used this approach were concerned about the processes that generate and inhibit self-esteem (Harter 1993; Peterson & Rollins 1987; Coopersmith 1967).

Self-Esteem and Life Events. Only a few studies indicate the effects of life events on self-esteem and one study found that stressful life events predicts subsequent decreases in self-esteem (Joiner, Katz, & Lew, 1999).

In Pakistan most of the families have joint family system. They prefer to live in joint family as compared to live in nuclear family because in joint family system people are very concern about other family members. Family plays an important role in social support system, the family members that turn their self to the emotional support, financial assistance, and personal care, for household (Heller & Swindle, 1983). In joint families, strong family bonds and close ties with other family members help and individual to cope with the life events commonly associated with poor health especially in the case of chronic illness like Hepatitis B and C.

Hepatitis

Hepatitis is a blood born liver disease caused by a virus which results in liver inflammation and in severe cases it causes liver cirrhosis which is permanent and irreversible damage to liver walls. Up till now about 8 strains of viral hepatitis have been discovered A,B,C,D,R,F,G,and H. Hepatitis C is the commonest among these caused by Hepatitis C Virus (HCV). It is slowly developing blood born disease which severely affects the liver cells and create a lot of medical complications. In Pakistan it was estimated about 3% of the world's population has been infected by HCV and about more than 170 million are chronic carriers of this disease (WHO, 1997). The prevalence of HCV in Pakistan is 4-6 % (Hamid, Umer, Alam, Siddiquei, Qureshi & Butt 2004).

Previous researches have provided valuable amount of information's regarding family systems, their relationship with different psychological construct. There are some other researches that can be help full in exploration of different dimensions. A cross sectional study was carried out in the Karachi on the prevalence of depression was found significant predictors of depression; nuclear family system, female sex, being single or divorced/widowed unemployment and having a low level of education. Research found that residing in a nuclear family system is a strong independent predictor of depression.

Lian and Yousoof (2009) explored that family functioning was significantly correlated with the students' self-esteem. As other studies have shown family functioning seems to significantly predict students' self-esteem. This suggest that the better the quality of family functioning the higher the self-esteem among students (Mandura & Murray, 2000).

Frothofer, Janz, Dodge and Clark (2001) explored and compared the role of self- esteem stress and social support in maintenance or improvement of physical and psychosocial functioning over 12 mothers in older men and women with cardiovascular disease. Results showed that self-esteem and stress were both significantly associated with functioning when demographic and clinical factors were controlled. Men were significantly more likely than women to maintain or improve in functioning.

Cast and Burke (2002) conducted a longitudinal study in order to investigate marital dynamics in the first two years of marriage in which worth-based and efficacy based self-esteem were measured by constructing new scales using established item from the Gecas and Schwalbe (1983) Self-Esteem Scale (Geacas & Schwalbe 1983), Rosenberg's Self-Esteem Scale (Rosenberg,1979) Andpearlin'sMasteryscale (Pearlin, Morton, Lieberman, Menaghan & Joseph, 1981). They concluded that self-esteem is an outcome of and necessary ingredient in the

self-verification process that occurs within groups, maintaining both the individual and the group.

For assessing the state of self-esteem and the weight locus of control. Results suggested that boys had significantly higher appearance self-esteem than girls while girls had significantly higher dieting belief in comparison to boys. Performance self-esteem was positively and significantly correlated with social self esteem and appearance self-esteem in the total sample (Rattan, Kang, Guidance, Thakur, & Parthi, 2006). Blasiolo, Shinkunas, LaBrecque, Arnold and Zickmund (2006) examined the impact of hepatitis C virus (HCV) diagnosis on patient's level of social support in a large scale study. Demographic data functional and emotional status as measured by the Hospital Anxiety and Depression Scale (HADS) and Sickness Impact Profile (SIP), severity of liver disease mode of acquisition and physical and psychiatric co morbidities were collected from patients. Result indicated that lower levels of social support were significantly associated with living alone. Also patient having lower levels of social support noted more physical symptoms and patients with hepatitis C faced significant social problems due to their family stresses and isolation. A study was conducted by Alavian, Tavallai, Farahni, Khoddami-Vishteh and Bagheri-Lankarani (2007) compared the severity of anxiety and depression in chronic hepatitis C, B and healthy subjects. Results indicated that group one in comparison to other groups reported a higher anxiety and depression to other groups reported a higher anxiety and depression.

Conclusively researches indicated that family system along with demographic variables including nuclear family system, being single or alone and low level of education may leads towards depression and other psychological disorders which have negative correlation with self-esteem. Social support provided by family members has significant positive correlation with the self-esteem physical and psychological functioning of the individuals. Family structure does not effect on the social values of parents and children while self-esteem is linked with familial routines and quality of parent-child relationships. Individual that perceived family members as supportive are likely to have greater self-esteem then those who do not perceive their family members as supportive. Hepatitis patients whom get lower level of social support are more to show symptoms of anxiety and depression as a result they become victim of social isolation and familial stress.

Rational of the Study. For an individual the family is the most important context because its major function is the socialization and care of its members. The family is the first group that we experience the place where some of our most identities take shape. We want to know whether these identities are good or not, we much prefer to learn that they are good. Debates on nuclear and joint family system have been continued from centuries. Current study has been designed to identify the role of these family systems in the development of self-esteem and its strength for the patients of hepatitis B&C. Self-esteem has an essential contribution to the life process and is essential to normal health and self development and has a value for survive. Weithington 1983 which family system contributes in high self-esteem in the patient of hepatitis B & C, is also center of focus because very few researches has been done so for this topic.

- H 1. Nuclear family system will positively predict the self-esteem among the hepatitis patients.
- H 2. Hepatitis B will negatively predict the self-esteem among the hepatitis patients.

H 3. Hepatitis patients of joint family system score high self-esteem than the patients of nuclear families.

METHOD

Sample. A sample of (N=60) of hepatitis B & C patients with age range of 30 to 45 years was drawn from different areas of Jhang district through convenient sampling technique. Patients were selected from both joint and nuclear family system.

Instrument. Self Esteem Scale. The self esteem scale developed by Rifai (1999) in Urdu was used in the current research. The scale consist of 29 items and it is five point likert scale. Response categories ranges from 1 to 5 with giving the score of 5 to 'strongly agree', 4 to 'agree', 3 to 'neutral', 2 to 'disagree', and 1 to 'strongly disagree'. The alpha reliability of the scale is .83.

Research Design. In order to investigate that how much family systems play role in the determination of self-esteem among the hepatitis patients, natural group design was used as a design for the study (Shaughnessy, Zechmeister & Zechmeister, 2000). The present study involved the investigation of the patients of hepatitis B & C from both joint and nuclear family system that were naturally occurring group and can't be manipulated. Natural group design helped in achieving the objective of searching the relationship between family system and the level of self-esteem.

Procedure. The participants were personally approached in different hospitals and clinics in the areas of Jhang district. The permission for the data collection was sought from the heads of those clinics and hospitals. With the help of staff the favorable attitude of the patients were gained. Some patient refused to participate the research because they feel hesitation and fear about their disease and avoid for the stigmatization of hepatitis. Informed consent was taken and confidentiality of their information was ensured. Urdu version Self-Esteem Scale was distributed to the patients and 15 to 20 minutes were given to each patient. After the filling the scale the participants were thanked for their valuable cooperation. Finally statistical analysis was applied on the collecting data.

RESULTS

The main objective of the current research was to study the impact of family system as a predictor of the level of self-esteem among the patients of Hepatitis B and C. Descriptive statistics for all the variables were computed followed by percentage of all demographic variables. Multiple Regression analysis and t-test were used in the present study.

Table 1

Demographic characteristics of participants (N = 60)

Variables	Frequency	Percentage
Gender	60	100
Age (M=35.5,SD=7.7)		
Family System		
1. Joint Family	28	49.5
2. Nuclear Family	32	50.5
Types of Hepatitis		
1. Hepatitis C	34	53.3

2. Hepatitis B	26	47.7
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Table 1 is showing frequencies and percentages of gender, age, and types of hepatitis among the patients of Hepatitis B and C. Results revealed that hepatitis B & C patients with age range of 30 to 45 years ($M=35.5, SD=7.7$) was drawn from different areas of Jhang district. Forty nine point five percent patients were belonged to joint family system and fifty point five percent were from nuclear family system. Fifty three point three percent patients were suffering Hepatitis C and forty seven point seven percent patients were suffering Hepatitis B.

Table 2

Multiple Regression Analysis among all study variables (N = 60)

Model	Self-Esteem				
	<i>b</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Family System					
1. Nuclear Family System	.24	2.26	1.91	.107	.01
2. Joint Family System					
Type of Hepatitis					
1. Hepatitis B	-4.30	3.26	-1.85	1.90	.05
2. Hepatitis C					

$P^* < .05, p^{**} < .01$

Table 2 is showing Multiple Regression analysis to find out the predictors of self-esteem as stated in hypothesis 1. Results revealed that nuclear family system and Hepatitis B were the only significant predictors of self-esteem among hepatitis patients. Non significant results were found on joint family system and Hepatitis C.

Table 3

Comparison of Hepatitis patients with family system on Self-Esteem (N = 60)

Variables	Joint FS (<i>n</i> = 34)		Nuclear FS (<i>n</i> = 26)		<i>t</i> (58)	<i>p</i>	95 % CI		<i>Cohen' s d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
Self-Esteem	84.5	12.5	80.2	10.6	1.90	.050	.96	1.23	.32

Note. FS = Family System

Table 3 is showing mean, standard deviation and t value of all study variables among hepatitis patients. Results revealed that hepatitis patients of joint family system significantly scored high on self-esteem as compared to nuclear family system.

Discussion. The present study was aimed at investigating family system and types of hepatitis as predictors of self-esteem among the patients of hepatitis B and C. Patients of hepatitis B and C were selected from Jhang district. Self-Esteem Scale developed by Rifai (1999) was applied over the sample. Multiple Regression analysis and t, test was applied on the data. Findings of this study suggested that nuclear family system and hepatitis B were significant predictors of self-esteem among patients of hepatitis B and C.

Family systems as a support group provided the base for the hypothesis that that patient of hepatitis B and C who live in joint family system would have high self esteem than their counterparts live in nuclear family system. A study was conducted in India on visually challenged students in order to investigate the predictors of self esteem. Family systems were

thought to be an important predictor of self-esteem but result revealed that family system did not significantly predict self-esteem (Tarannum & Khatoon, 2009). It was hypothesized that patients of joint family system will have high self-esteem than patients of hepatitis C. The result of the study supported the hypothesis.

Limitations. Some limitations are given (1) Sample of our study was small which do not reflect enriched information, (2) The sample was taken from only a specific area Jhang district.

Recommendations. Recommendations of the present study are given, (1) Future studies must be conducted on culturally diverse sample for the generalization results, (2) Other variables which may affect self-esteem should be controlled, (3) A comparison should be made between the self-esteem of hepatitis patients and the patients of other life threatening diseases.

Conclusion. The aim of this study was to investigate the family system and types of hepatitis as predictors of self-esteem among patients of hepatitis B and C. These variables were considered as contributory factors in determining the level of self-esteem among the patients of hepatitis B and C either living in joint or nuclear family. The entire hypotheses were supported in the current research. Limitations and recommendations were also discussed in the present research.

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