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Prevalence and predictors of low self-esteem among people living with HIV/AIDS in a Nigerian Clinic

J Falade[1], BA Eegunranti[2], AC Ogundiran[3], OO Falade[4] and O Ogundiran[5]

Department of Mental Health[1], Afe Babalola University, Ado Ekiti, Ekiti State, Department of Psychiatry[2], LAUTECH Teaching Hospital, Osogbo, Osun State, Counselling/Accounting Unit, EPHPHATHA Audiological Clinic[4], Osogbo, Osun State, School of Nursing[4], Osun state Hospitals' Management Board Osogbo, Osun State and Department of Otorhinolaryngology[5], Head and Neck Surgery, LAUTECH Teaching Hospital, Osogbo - Osun State, Nigeria

Abstract

Introduction - Nigeria is still battling with the psychosocial impact of HIV/AIDS. Self-esteem is essentially an internal monitor of the degree to which one is valued or devalued. This research aims to evaluate the prevalence and predictors of low self-esteem among people attending an HIV/AIDS clinic at Ladoke Akintola University of Technology Teaching Hospital,Osogbo.

Methods - Five hundred clients were recruited among patients attending the HIV/AIDS clinic in Ladoke Akintola University of Technology Teaching Hospital, Osogbo between September and December 2018. This is a cross-sectional descriptive study of five hundred participants who were recruited among patients attending the HIV/AIDS clinic in Ladoke Akintola University of Technology Teaching Hospital, Osogbo between September and December 2018. Questionnaires containing the sociodemographic variable and the clinical variable were used in the study. Besides, the Rosenberg self-esteem scale was used to measure the perceived self-esteem by the respondents. Data were analyzed using percentages, chi square and regression analysis with SPSS version 20.

Results - Fifty-two percent of the respondents were above 40 years. Females, Christians, traders, and those that had tertiary education were 83.6%, 65.2%, 45.8%, and 70.8% of the respondents respectively. Two hundred and sixty (52%) had available social support, 64.0% of the respondents were bordered sometimes with the viral load while 79.6% earn less than #18,000 as average monthly income. Three hundred and twenty-two (64.4 %) of the respondents had low self-esteem while one hundred and seventy-eight (35.6%) had high self-esteem. The predictors of low self-esteem were respondents who were 40 years and below (B= 1.541, P<0.001), females (B=1,246, P = 0.005), traders, (B=1.094, P<0.001) respondents that didn't perceive social support (B=0.846, P=0.028), respondents who were bordered sometimes by their viral load (B=-1.99, P<0.001),respondents who had secondary (B=2.351, P<0.001) and primary education (B=5.772 p <0.001).

Conclusion - Self-esteem among People Living with HIV/AIDS is still low in Nigeria, the society at large must support these people to reduce psychiatric comorbidity associated with low self-esteem.

Keywords: *Low self esteem, HIV/AIDS, Nigeria*

Résumé

Contexte - Le Nigeria est toujours aux prises avec l'impact psychosocial du VIH/SIDA. L'estime de soi est essentiellement un moniteur interne du degré auquel on est valorisé ou dévalorisé. Cette recherche vise à évaluer la prévalence et les prédicteurs d'une faible estime de soi chez les personnes fréquentant une clinique du VIH/sida à l'hôpital universitaire de technologie Ladoke Akintola, à Osogbo.

Méthodes - Cinq cents clients ont été recrutés parmi les patients fréquentant la clinique VIH/SIDA du Ladoke Akintola University of Technology Teaching Hospital, Osogbo entre septembre et décembre 2018. Il s'agit d'une étude descriptive transversale de cinq cents participants recrutés parmi les patients fréquentant la Clinique VIH / SIDA à l'hôpital universitaire de technologie Ladoke Akintola, Osogbo entre septembre et décembre 2018. Des questionnaires contenant la variable sociodémographique et la variable clinique ont été utilisés dans l'étude. Par ailleurs, l'échelle d'estime de soi de Rosenberg a été utilisée pour mesurer l'estime de soi perçue par les répondants. Les données ont été analysées à l'aide de pourcentages, du chi carré et d'une analyse de régression avec SPSS version 20.

Résultats - Cinquante-deux pour cent des répondants avaient plus de 40 ans. Les femmes, les chrétiens, les commerçants et ceux qui avaient fait des études supérieures représentaient respectivement 83,6 %, 65,2 %, 45,8 % et 70,8 % des répondants. Deux cent

Correspondence: Dr. O. Ogundiran, Department of Otorhinolaryngology, Head and Neck Surgery, LAUTECH Teaching Hospital, College of Health Sciences, Isale-Osun, Osogbo, Nigeria. E-mail- captainseeler@yahoo.com.

soixante (52%) disposaient d'un soutien social, 64,0% des répondants frôlent parfois la charge virale tandis que 79,6% gagnent moins de #18 000 comme revenu mensuel moyen. Trois cent vingt-deux (64,4 %) des répondants avaient une faible estime de soi tandis que cent soixante-dix-huit (35,6 %) avaient une haute estime de soi. Les prédicteurs d'une faible estime de soi étaient les répondants âgés de 40 ans et moins (B=1,541, P<0,001), les femmes (B=1 246, P=0,005), les commerçants, (B=1,094, P<0,001) les répondants qui n'avaient pas ne percevaient pas de soutien social (B=0,846, P=0,028), les répondants qui étaient parfois bordés par leur charge virale (B=-1,99, P<0,001), les répondants qui avaient un secondaire (B=2,351, P<0,001) et primaire éducation (B=5,772 p <0,001).

Conclusion - L'estime de soi chez les personnes vivant avec le VIH/SIDA est encore faible au Nigeria, la société dans son ensemble doit soutenir ces personnes pour réduire la comorbidité psychiatrique associée à une faible estime de soi.

Mots-clés : *Faible estime de soi, VIH/SIDA, Nigeria*

Introduction

Nigeria with over one hundred and ninety million inhabitants, the largest and highly populated countries in Africa, is still battling with the psychosocial impact of HIV/AIDS [1]. The first two AIDS cases in Nigeria were diagnosed and reported in 1985 and 1986 respectively in Lagos one of which was a young female sex worker aged 13 years from one of the West African countries [2]. Sub-Saharan Africa accounts for 66% of 36.7 million individuals living with HIV in 2015 with Nigeria having the second highest prevalence in Africa [3].

The experience of people living with Human Immunodeficiency Virus (HIV) infection is inherently demanding [4] and the stress associated with HIV disease is the main impact on the quality of life [5]. Recent research has focused on issues that may help to cushion the impact of the disease. Some people develop end-stage HIV disease rationally quickly, while others stay asymptomatic for years. Some of this variation has been credited to the difference in access to or failure to adhere to the use of extremely active antiretroviral therapy (HAART) while other research establishes an increasing body of evidence suggesting that psychosocial factors affect illness progression in HIV/AIDS. Such factors may comprise: physical condition and functional statuses [6] such as number of physical health symptoms, physical decline, sleep disturbance, and disease progression, psychological functioning that includes the previous history of psychological illness, substance abuse, or both [7, 8] life event stressors; social support and psychological coping [9] socioeconomic status and exercise.

Discrimination in the health care system against HIV infected people has been observed since the epidemic was documented [10, 11]. Some discriminatory acts are apparent, such as refusing to provide treatment or making derogatory statements [5]. Other forms are subtler, such as providing less emotional support or less thorough care than usual [12]. Studies show that doctors and other clinicians sometimes harbor partisan beliefs that could lead to discrimination and other studies document patient reports that clinicians have discriminated against them. [13,14]. Despite the knowledge of people and government and struggles at education on HIV/AIDS, there still exist some common misconceptions about the disease, which have inferences for the mental health of PLWHA [15].

Self-esteem is essentially an internal monitor of the degree to which one is valued or devalued as a social partner [16]. The sociometer theory reinterprets several relational phenomena that have been explained previously in terms of the self-esteem motive. In specific, self-esteem refers to a person's evaluation of his or her value. Global self-esteem denotes a universal value judgment about the self, whereas domain-specific self-esteem involves appraisals of one's value in a particular area. Self-esteem is an affectively laden self-evaluation. Self-evaluations are in turn assessments of one's behavior or attributes along evaluative dimensions. Some self-evaluations are unemotional whereas others are affectively laden. Self-esteem focuses primarily on individual differences in dispositional or trait [17].

Manhas (2004) found among people living with HIV/AIDS that on the scale of self-esteem, the mean score was in the normal range but more inclined towards below average. This can be as a result of superior scoring in shame, guilt, and non-sharing of illness-related emotions, lower frequencies of social sharing of emotion and less sharing partners. Moreover, he found that there was a significant difference based on gender, with males scoring high. The low score on self-esteem among women could be attributed to perceived lack of self-worth, uncontrollable jealousy, relationship break-ups, high levels of anxiety or stress, inability to think positively, mild depression, and many other issues that affect the self-esteem of millions of women every day [15].

This research aims to evaluate the prevalence and predictors of self-esteem among people attending the HIV/AIDS clinic in LadokeAkintola University

of Technology Teaching Hospital Osogbo. The study was carried out in the Institute of Human Virology, Nigeria. LadokeAkintola University of Technology, Osogbo, Osun State, Nigeria.Osun State was carved out of Oyo State in 1991, her capital is located in Osogbo, southwest Nigeria. The State is situated in the tropical rain forest zone. It covers an area of approximately 14,875 square kilometers, lies between latitude 7° 302 03 N and longitude 4° 302 03 E. It is bounded by Ogun State to the south, Kwara State to the north, Oyo State to the west and Ekiti and Ondo State to the east.

Methodology

Study design

The study employed a cross-sectional descriptive design

Study population

Five hundred clients were recruited among patients attending HIV/AIDS clinic in LadokeAkintola University of Technology Teaching Hospital, Osogbo between September and December 2018.

Instruments

Questionnaires containing the sociodemographic variable and the clinical variable were used in the study. Besides, the Rosenberg self-esteem scale was used to measure the perceived self-esteem by the respondents. Data were analyzed using percentages, chi square and regression analysis with SPSS version 20.

Sociodemographic variable/ clinical profile questionnaire

The questionnaire was designed by the investigator, it consistsofage in years, gender, tribe, marital status, occupation, average monthly income, educational status, religion, the clinical variable of reaction to viral load, and support received.

Rosenberg's self-esteem scale

The Rosenberg self-esteem scale, developed by Dr. Morris Rosenberg, is a commonly used self-esteem measure in research. The Rosenberg Self-Esteem Scale is a 10-item self-report measure of global self-esteem. It consists of 10 statements related to overall feelings of self-worth or self-acceptance.

The items are answered on a 4-point scale ranging from 1 (strongly agree) to 4 (strongly disagree). The scale generally has high reliability: test-retest correlations are typically in the range of .82–.88, and Cronbach's alpha for various samples are in the range of .77–.88 [18,19]. The total score of the scale is 40. In this study, patient scoring more than the median score (20) were described as having high Self-esteem while those scoring twenty and below were described as having low Self-esteem.

Procedure

The study was a cross-sectional study and was undertaken at HIV clinics of LAUTECH Teaching Hospital Oshogbo. All consenting eligible HIV-infected patients attending the government health facilities were continuously enrolled in this study. To be eligible for this study, the individual must have been registered with the study HIV clinics, 18 years or older, understand the English language, and not so physically and mentally sick as to be unable to complete the interview. Research assistants were trained in the administration and collection of questionnaires.

Ethical consideration

Ethical approval was obtained from the Research Ethics Committee of the LAUTECH Teaching Hospital, Osogbo. Participation was voluntary and informed consent was obtained from each participant with the understanding that the information provided was confidential and the study was non –malevolence.

Results

Table 1 shows the socio-demographic characteristics of respondents. Fifty-two percent of the respondents were above 40 years. Females, Christians, traders, and those that had tertiary education were 83.6%, 65.2%, 45.8%, 70.8% respectively. Three hundred and eighty-eight (77.6%) were married and 70.8% were Yoruba.

Two hundred and sixty (52%) had available social support, 64.0% were bordered sometimes with the viral load while 79.6% earned less than #18,000 as average monthly income.

Table 2, shows above the association between self-esteem and the socio-demographic characteristics of the respondents based on the comparison of low and high self-esteem.

More respondents within 20 - 40 years (63.5%) had low self-esteem than respondents who were greater than 40 years. The difference was statistically significant. ($p= 0.040$). Female respondents (67.5%) had more low self-esteem than males (48.8%), this difference was statistically significant ($p= 0.020$). Also, significantly more trader (75.1%) had low self-esteem than others that were engaged with other occupation ($p < 001$). Besides, those that were divorced had more had low self-esteem ($p < 0.001$).

Table 1: Sociodemographic characteristics of the respondents

Variable	Frequency	Percentage (%)
Age		
20 – 40years	240	48.0
< 40years	260	52.0
Sex		
Male	82	16.4
Female	418	83.6
Religion		
Christianity	326	65.2
Islam	174	34.8
Occupation		
Trader	229	45.8
Artisan	106	21.2
Civil servant	165	33.0
Education status		
Primary education	48	9.6
Secondary education	98	19.6
Tertiary	354	70.8
Marital status		
Single	98	19.6
Married	388	77.6
Divorce	14	2.8
Tribe		
Yoruba	354	70.8
Igbo	79	15.8
Hausa	67	13.4
How do you perceive social support		
Not available	240	48.0
Available	260	52.0
Reaction to viral load		
It does not bother me a lot	130	26.0
It bothers me a little	50	10.0
It bothers me for sometimes	320	64.0
Average monthly income		
>N18,000	398	79.6
More than N18,000	102	20.4

Significant proportions (71.7%) of respondents who do not perceive the availability of social support had low self-esteem (p=0.001), those (72.0%) that were bothered sometimes about their viral load had more low self-esteem (p <0.001 than others. Also, those that earned less than N18,000 (68.3%) had more low self-esteem than respondents who earned greater than N18,000. The difference was statistically significant (p< 0.001).

Table 3 shows the results of logistic regression analysis with a 95% confidence interval using the stepwise method to explore the factors independently associated with self-esteem. The socio-demographic and clinical variables were entered as independent variables and self-esteem was entered as the dependent variable. The result revealed that the risk of low self-esteem was 4.667-fold increased among respondent who was 40 years and below than respondent who was above 40 years (B= 1.541, P<0.001), the risk of low self-esteem was 3,475-fold increased among females than males, (B=1,246, p= 0.005).

Besides, the risk of low self-esteem was 0,083-fold decreased among artisan than civil servants (B=-2.487, p<0.001) while the risk of low self-esteem was 2.985-fold increased among traders than civil, (B=1.094, p<0.001). Besides, the risk of low self-esteem was 2331-fold increased among respondents that didn't perceive social support that those who had social support (B=0.846, p=0.028), the risk of low self-esteem was 0,135-fold decrease among respondents who were not bothered by their viral load than those who were bothered sometimes by

Table 2: Association between Self-esteem with socio-demographic characteristics of the respondents

Variable	low self-esteemn(%)	high self-esteemn(%)	X^2	*df*	*P-value*
Age in the group(years)					
20 – 40	166(69.2)	74(30.8)	4.574	1	0.040
>40	156 (60.0)	104(40.0)			
Sex					
Male	40(48.8)	42(51.2)	10.438	1	0.020
Female	282(67.5)	136(32.5)			
Religion					
Christianity	216(66.3)	110(33.7)	1.410	1	0.241
Islam	106(60.9)	68(39.1)			
Occupation					
Trader	172(75.1)	57(24.9)	55.874	2	<0.001
Artisan	36(34.0)	70(66.0)			
Civil servant	114(69.1)	51(30.9)			
Educational status					
Primary	46(95.8)	2(4.2)	67.946	2	<0.001
Secondary	88(89.8)	10(10.2)			
Tertiary	188(53.1)	166(46.9)			
Marital Status					
Single	74(75.5%)	24(24.5)	15.848	2	<0.001
Married	234(60.3)	154(39.7)			
Divorce	14(100.0)	0(0.0)			
Tribe					
Yoruba	224(63.3)	130(36.7)	4.959	2	0.084
Igbo	59(74.7)	20(25.3)			
Hausa	39(58.2)	28(41.8)			
How do you perceive social support					
not available	172(71.7)	68(28.3)	10.630	1	0.001
Available	150(57.7)	110(42.3)			
Reaction to viral load					
It does not border me a lot	48(36.9)	82(63.1)	57.958	2	<0.001
It bothers me a little	36(72.0)	14(28.0)			
It bothers me for sometimes	238(74.4)	82(25.6)			
Average monthly income	272(68.3)	126(31.7)	13.27	1	<0.001
<#18,000	50(49.0)	52(51.0)			
>#18,000	272(68.3)	126(31.7)			

their viral load, traders than an artisan, (B=-1.99, p<0.001).

Besides, the risk of low self-esteem was 322.7-fold increased among respondent's secondary education than respondents with tertiary education (B=2.351, p<0.001), also, the risk of low self-esteem was 10.493-fold increased among respondent's primary education than respondents with tertiary education (B=5.772, p<0.001).

Discussion

The study examined the prevalence and correlate of low Self-esteem among patients attending an HIV/AIDS clinic in southwestern Nigeria. More of the respondents were about the age 40 years The mean age of the respondent is 48 years this is higher than 40.1 years among HIV/AIDS Clients in Indian [20], 39.56 ±10.26 and 36.73 ± 9.38 among people living with HIV/AIDS in Nigeria [21, 22]. Increase in public enlightenment in the society especially among youth and adolescents may be responsible for the increased mean age of people living with the disease however the advents of retroviral drugs have increased the life span of people with the disorder. Similar to previous studies, a significant proportion of the respondent in this study were females. Women are still vulnerable to the burden of HIV/AIDS in our society. Globally, women share an indiscriminate burden of the HIV epidemic and the associated

Table3: Association between Low Self-esteem and other Variables using Logistic Regression

Variable	B	Odd	P-value	95% CL	
				Low	High
Age					
>40year (ref)					
20-40years	1.541	4.667	<0.001	2.323	9.376
Sex					
Male (ref)					
Female	1.246	3.475	0.005	1.458	8.283
Marital status					
Divorce (ref)					
Married	-19.618	0.00	0.998	0.00	
Single	-19.618	0.00	0.998	0.00	
Educational status					
Tertiary (ref)					
Secondary	2.351	322.741	<0.001	4.131	26.654
Primary	5.777	10.493	<0.001		2030.272
Occupation					
Civil servant (ref)					
Artisan	-2.487	0.083	<0.001	0.035	0.195
Trader	1.094	2.985	<0.001	1.560	5.713
Monthly income					
Greater than #18000 (ref)					
N18000 and below	0.552	1.737	0.097	0.904	3.335
Perceived social support					
Available (ref)					
Not available	0.846	2.331	0.028	1.098	4.947
Reaction to viral load					
It bothers me sometimes (ref)	-1.99	0.135	<0.001	0.062	0.295
It does not bother me a lotIt bothers me a little	0.474	1.607	0.315	0.637	4.053

socioeconomic consequences [23]. Most of the respondents had tertiary education this a positive factor in public education, knowing the risk factors of HIV/AIDS.

The high rate of married people is consistent with other previous studies (51.6% and 77.9% among People living with HIV/AIDS in Kogi state and Osun state respectively [24, 25]. Positive response to the treatment and public education may improve the rate of marriage among People living with HIV/AIDS. The economic instability of the State may be responsible for the majority of the respondents having less than the minimum wage at the time of the study.

The high rate of low self-esteem in the study is of major concern however previous studies have not classified self-esteem into high or low using the median score but Manhas in 2014 found among people living with HIV/AIDS that on the scale of self-esteem, the mean score was more inclined towards below average. Self-esteem in People living with HIV/AIDS may be affected by multiple factors which include chronicity of the illness, adherence to medication, socioeconomic, and political situation of the country [15].

The respondents that were less than 40 years were associated with low self-esteem. Younger age groups may be single who have not achieved academically and occupationally besides they may be financially handicapped and dependent on their parents these may affect the way they perceive their worth. The younger age group may find it difficult to cope with the stigma which is moderately high and the adverse societal perspective of younger people living with HIV/AIDS [26].

Female sex was associated with low self-esteem. Women in our society are saddled with the responsibility of caring for the family member and assisting financially [27]. Stigmatization and discrimination faced by women living with HIV/AIDS may reduce their self-esteem and Self-worth. Women are more predisposed to internalizing mental disorders (depression and anxiety) which may further reduce their self-esteem [28].

The economic factor is important in determining self-esteem, those earning less than the minimum wage and traders were associated with low Self-esteem in this study. Even though the retroviral drugs are free, there are other expenses associated with the treatment. The prevalent low socioeconomic and political instability may have negatively affected the self-esteem of people living with HIV/AIDS in the study. Traders have a high risk of low self-esteem while Artisan has a lower risk of self-esteem compared with a civil servant. The current economic instability which resulted into nonpayment of salaries may affect civil servant and traders who buy and sell good however Artisan may have a slight advantage because they are masters of their craft and create products such as clothes, toys, tools or furnishings using their skills [29] their nearby surroundings to create these items and are more likely to conserve money than others in an unstable socioeconomic situation because they rely more on their skills to make money and develop themselves [30].

Respondents with primary education were associated with low self-esteem, they are less likely to be informed on the modality and progress of the disease besides they are likely to feel inferior because of the low academic level which may determine their level of income.

Besides, those who are divorced and respondents with no social support were associated with low self-esteem in this study. People living with HIV/AIDS need emotional, financial, and social support from family members, friends, society, and government to boost self-esteem and self-worth. Those who were bothered with their viral load are likely to be disturbed and have low self-esteem, all efforts must be made to ensure drug adherence to lower viral load, disease progression and the worries associated with increased viral load and low self-esteem.

Conclusion

We discovered in this study that only 35.6% of the respondents had high self-esteem while more than half of the respondents, that is, 64.4% had low self-esteem.

We also found out that predictors of low self-esteem are: respondents who were 40 years old or below, females, traders, respondents that did not perceive social support, respondents who were bothered sometimes by their viral load, respondents who had secondary education and respondents who had primary education.

Self-esteem among people living with HIV/AIDS is still low in Nigeria. The society at large must support these people to reduce contributing factors to low self-esteem (predictors) and psychiatric comorbidity associated with the disorder.

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