

Self-esteem with quality of life among addicted and non-addicted adolescents

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Objective: To assess the relationship of quality of life with self-esteem among addicts and non-addict adolescents.

Methodology: The data of this cross-sectional correlation study was collected from different colleges and rehabilitation centers of Lahore from February to December 2019. The sample of 160 male consists of four groups, addicts, non addicts, relapse and under treatment adolescent's age range 14-19 years. The questionnaires of Rosenberg self-esteem scale and world health quality of life scales were used for data collection.

Results: There was a positive relationship

between quality of life and self-esteem. Non-addicts had score high on Rosenberg self-esteem scale as compared to addicts taking not any treatment, while addicts showed relapse and again undergoing treatment.

Conclusion: There is a valid relationship between an individual's low self-esteem and the likelihood of becoming a victim of drug addiction. The study specifically showed high correlation between self-esteem and drug addiction. (Rawal Med J 202;45:894-897).

Keywords: Relapse, addicts, substance abuse.

INTRODUCTION

Drug addiction is a chronic problem affecting the brain and body. It is characterized as "maladaptive patterns of substance use leading to clinically severe impairment or distress" potentially affecting physical or psychological functioning; personal safety; social relations, roles, and obligations; work.¹

Drug can cause the nerve cell to release abnormally large amount of neurotransmitters and dopamine, a neurotransmitter present in brain associated with control of emotion, movement, motivation and feeling of pleasure.² The stimulation of this rewarding behavior to drug abuse teaches people to repeat the rewarding behavior of drug abusing.^{3,4}

There are around 35 million people, estimated to suffer from drug use disorder while 1 in 7 people receive treatment.⁵ The mortality rate for alcohol and illicit drug was highest in Eastern Europe and tobacco mortality rates were highest in Oceania.⁶ The prevalence of drug addiction in Pakistan is 7.6 million with 78% males and 22% females.⁷ Drug addiction has been studied by United Nation Office on Drug and Crime,⁸ and there has been found a link between substance abuse and self-esteem among adolescents.⁹ Quality of life (QOL) is regarded as a

general welfare and wellness of individuals and societies.¹⁰ It is effected by drug addiction,¹¹ and treatment procedures can be helpful to increase QOL of drug addicts.¹² The purpose of this study was to examine relationship of self-esteem with quality of life in addicts and non-addicts adolescents.

METHODOLOGY

This cross-sectional study was conducted in different rehabilitation centers, colleges and universities of Lahore Pakistan from February 2019 to December 2019. The sample of 160 male consists of four groups, (40) addicts, (40) non addicts, (40) relapse and (40) under treatment adolescent's age range 14-19 years old. The participants were selected through quotable sampling method. The non-addict's data collected from college and universities students taking not any types of drug and smoking activities. While relapse undergoing treatment and addicts data were collected from different rehabilitation centers and hospitals of Rawalpindi and Islamabad. Consent was taken from authorities and then from individuals on a personal level.

Demographic information was obtained through the form comprising of items, which focused on participant's age, gender and income education and

family system. World Health Quality of Life BRE scale consists of 26 items and comprises of following dimension; physical dimension, psychological dimension, social dimension, and environmental dimension.

The questionnaires of Rosenberg self-esteem scale and world health quality of life scales were used for data collection. The scores on the scale represent the overall quality of life of an individual, higher the scores better would be the quality of life of an individual.¹⁶ Rosenberg self-esteem scale consist of 10 items. individual score high on scale show highest self-esteem and individual score lowest on self-esteem show lowest self-esteem.¹⁷

Statistical Analysis: SPSS version 21 was used for analysis. The relationship of self-esteem with quality of life was analyzed by Pearson correlation one way repeated ANOVA with post hoc test was used to show the response of different groups on self-esteem scale. Multiple linear regressions test was used to predict QOL of adolescents from age, income, family and education. $p < 0.05$ was considered significant.

RESULTS

Descriptive statistics indicated that the 160 study male adolescents had a mean age of 16.28 (std. D = 1.535) (Table 1). Frequency analysis showed that the analysis of family is not possible due to disproportionate size. Apparently histograms were normally distributed and skew and kurtosis values were in normal range. Pearson correlation shows that $SE = 1$ QOL = .838*

and QOL = 1 SE = .839** which show that correlation is significant at the 0.01 level. A multiple linear regression was calculated to predict quality of life based on age, income, family and education. A significant regression equation was found, $F(5, 154) = 88.760, p \leq 0.000$, with an $R = .742$.

Participant predicted quality of life is equal to $72.681 + .028$ (income), $+ 4.611$ (education), $+ .753$ (self-esteem) $- 2.567$ (age) $- 1.044$ (family). Equation show that age is negative predictor of quality of life. This means that when age increased the quality of life will not be affected. Participant quality of life increased .028 for income, 4.611 for education, .753 for self-esteem. Post hoc multiple comparisons show that all the four group means are significantly different from one another, $p \leq 0.005$ (Table 2).

Table 1. Descriptive statistics (n=160).

		Number	%	Commulative frequency
Age	14	2	1.3	1.3
	15	2	1.3	2.6
	16	4	3.9	5.2
	17	10	8.3	11.4
	18	31	19.4	30.8
	19	43	70.0	100
Income	20000	1	.6	.6
	6000	15	9.4	38.1
	100000	6	3.8	85.6
	300000	1	.6	100
Family	Joint	125	78.1	78.1
	Nuclear	33	20.6	100

Table 2. One way ANOVA with post hoc test multiple comparison of one group to every other group when dependent variable is QOL by group (n=160).

	(I. group) (J. group)	M.D (I) (J)	Std. error	p	Lowest bound	Highest bound
Addicts	Relapse	-22.77500*	2.52523	.000	29.3329	-162171
	Non-addicts	69.05000*	2.52523	.000	75.6079	-62.4921
	Addicts-under treatment	32.25000*	2.52523	.000	38.8079	25.6921
Relapse	Addicts	22.7755*	2.52523	.000	16.217	1 29.33
	Non-addicts	-46.27500*	2.52523	.000	-52.8	29. 329
	Addicts-under treatment	-9.7500*	2.52523	.001	-16.0329	2.9171
Non-addicts	Addicts	69.05000*	2.52523	.000	62.4921	75.6079
	Relapse	46.27500*	2.52523	.000	39.717	52.8329
	Addicts-Under treatment	36.80000*	2.52523	.000	302421	3.3579
Addicts-under treatment	Addicts	32.25000*	2.52523	.000	25.6921	38.8079
	Relapse	9.47500*	2.52523	.000	-2.9171	-6.0329
	Non-addicts	-36.80000*	2.52523	.000	43.3579	30.2421

Table 3. Multiple linear regressions predicting QOL of adolescents from age, income, family and education (N=160).

Quality of life	Un-standardized coefficient		Standardized coefficient		
	B	Std. error	β	t	P
Constant	72.681	18.414		3.947	.000
age	-2.567	.999	-.106	-2.567	.011
Income	.028	.024	.052	1.139	.000
family system	1.044	2.510	0.18	.416	.000
education	4.611	1.107	.254	4.265	.000
Self esteem	.753	1.107	.254	4.265	.000
R	.742	.074	.631	10.240	.000
F	88.760				

Multiple linear regression analysis was computed with family, income, education, age and constant self-esteem as predictor variable and quality of life as outcome variable (Table 3). The results showed that family, income, education, self-esteem has positive effects on quality of life ($\beta = 106, .052, 0.18, .254, .631, p \geq .05$). Where age is negative predictor of quality of life ($\beta = -2.569, p \geq .05$). This indicates that all the four groups are showing strong significant difference between their means.

DISCUSSION

Self-esteem is a favorable or unfavorable attitude toward themselves that a research study suggests that there are considerable deficiencies of self-esteem among male drug dependence patients.¹³ Another study showed non-addicts had score high on Rosenberg self-esteem scale as compared to addicts taking not any treatment, while addicts showed relapse and again undergoing treatment, which is consistent to our study results.¹⁴

Moreover, result study by Hanne et al suggests that improving self-esteem in adolescent taking drug addiction could be an important tool for achieving better quality of life.¹⁵ Our study indicates that if self-esteem is high, the quality of life will be high among addicted and no-addicted adolescents. Our findings are consistent with previous researches of higher self-esteem was associated with better quality of life.^{16,17,18} The pattern may be different for participant above age 19 years and for drug addictive person from different ethnicity and cultures. Following are the suggestions regarding future

researches.

A socioeconomic profile of the participants can be made along with psychological and medical assessment by respected authorities. This study results will be applicable in hospital rehabilitation centers and college universities. We can provide awareness to adolescents how they can improve their self-esteem so that they not take any drug when they face any distress in their life for their better quality of life.

CONCLUSION

Our finding suggests that self-esteem and quality of life are positively related when self-esteem is high it will make quality of life high. It can be concluded on the basis of this data that greater level of self-esteem subsides the effects of negative stressors and adolescents restrict themselves from drug addiction which make their quality of life poor.

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