



## The Study of Self-Esteem in Chronically Ill Individuals in Correlation to Health Care in Bangkok Teenagers Aged Between 15 and 19

Chananchida Vongpongsavivat<sup>1</sup>, Hasavi Pitak-angkul<sup>2</sup>, Matilda Suriyayothin<sup>3</sup>, Palistha Boonsakulkij<sup>4</sup>

<sup>1,4</sup> Triam Udom Suksa School, Bangkok, Thailand

<sup>2</sup> NIVA American International School, Bangkok, Thailand

<sup>3</sup> Ekamai International School, Bangkok, Thailand

**ABSTRACT:** Chronic diseases have persisted in a person's body throughout their life. Most chronic diseases lead to disabilities in people, which may influence their self-esteem, behavioral outcomes, and/or quality of life. Self-esteem, on the other hand, is an attribute of an adaptable personality that has been correlated to physical well-being. Correspondingly, low self-esteem has frequently been associated with self-stigma, in which one incorporates negative perceptions of chronic disease and sees the illness as a poor reflection of the self. Thus, we conducted survey research on Thai students aged between 15 and 19 using an online questionnaire to determine whether having chronic diseases and accessibility to healthcare services influence an individual's level of self-esteem. The survey conducted in this research has shown that chronic diseases don't have an impact on a person's self-esteem. Instead, lifestyle choices and health care management appear to be the factors determining the quality and quantity of self-esteem in an individual. Therefore, it is crucial that individuals are aware of making healthy life choices that will positively impact their self-esteem rather than poor decisions that will have adverse implications. Thus, examining the correlation between chronically ill individuals and their level of self-esteem in Thai teenagers can assist in raising social awareness about making healthy lifestyle choices to prevent the potential negative effects.

**KEYWORDS:** Chronic diseases, Health care, Perceptions, Influence, Self-esteem.

### INTRODUCTION

Chronic diseases are illnesses that last for a year or longer and demand ongoing medical care, limitations on daily activities, or both. Some of these chronic diseases include heart disease, cancer, and diabetes, which have led to 7 in 10 deaths each year and an increase in health care costs of \$37 trillion per year in the United States [1][2]. From 2019 to 2020, a survey was carried out in Bangkok, Thailand, by Aekplakorn W. *et al.* (2021), to determine the number of individuals over 15 years old who have chronic diseases. The survey shows that individuals with obesity represent roughly 47 percent of the population, while diabetes affects approximately 16.8 percent; additionally, the proportions of hypertension, metabolic syndrome, and depression are 27.2%, 27.9%, and 2.5%, respectively [3]. According to the survey, it is evidence that several people in Bangkok have chronic illnesses. Chronic diseases are seen to affect both the physical and emotional health of the patient. Some chronic diseases, like chronic kidney disease and diabetes, can cause changes in physical appearance, like changes in skin color and spot formation. With these altered physical appearances, chronic disease patients are more likely to be bullied by society. In addition, the physical appearance changes may cause some patients to reflect poorly on themselves, which can contribute to poor self-esteem. The poor self-esteem in chronic disease patients is partly due to stress and the difficulties that the patients have to face, which include long-term medical treatment and activity restrictions. The negative impacts of chronic diseases have been further reported by Leelathipkul L. *et al.* (2018), where they show that Thai adolescents with chronic diseases are more likely to engage in health-risk behaviors such as substance abuse and unsafe sex and are more susceptible to mental health issues like learning problems and low self-esteem [4].

According to Rosenberg, M. (1965), "self-esteem" is a person's attitude toward oneself, whether positive or negative [5]. People with high self-esteem are generally optimistic about themselves, whereas people with low self-esteem tend to perceive themselves and their lives from a more negative perspective. Having low self-esteem may result in difficulty forming relationships and problems doing tasks at work or school. The criticism or rejection may cause people with low self-esteem to withdraw from activities and socializing; some patients stop looking after their appearance, isolate themselves, and overcompensate by always being perfectly groomed [6]. Living with low self-esteem can harm mental health and lead to problems such as depression and anxiety, as well as



lead people to develop unhelpful coping habits such as smoking and drinking excessively. Not fitting in at school, struggling to satisfy parental standards, or being mistreated can all lead to poor basic views about oneself. Poor self-esteem can be caused by stressful life events such as a bad relationship, bullying, or a serious medical condition [7]. Self-esteem can be improved by having better mental health and taking care of yourself, that is, by following the health guidelines, which are referred to as health care [8]. Donev D. *et al.* (2007) define health care as an “ensemble of measures and activities for the prevention and promotion of his or her health and the health of others” [9]. Health care plays a part in health prevention and promotion, which includes promoting improved mental health, such as not having low self-esteem. It is suggested that people who have better health care will have higher self-esteem. This is supported by research about the health care situation in Pathum Thani, Thailand, conducted by Yanti N. *et al.* (2022), who show that Thai people’s overall health care behavior is at a moderate level [10]. This indicates that the importance of good health care is being recognized partially by Thai people, while some people still neglect its impact.

Chronic disease has been the leading cause of death in Thailand over the past ten years. There are 14 million Thais sick with chronic illness, and more than 300,000 people die each year, with the number expected to rise each year [11]. Similarly, the number of Thai teens with chronic illnesses between the ages of 15 and 19 is expected to increase. However, the data on chronic teenage patients is still limited. Therefore, this study aims to investigate self-esteem in chronically ill individuals in relation to health care in Bangkok teenagers aged 15 to 19. This research will be helpful to society by increasing access to statistics on teenagers with chronic diseases, increasing awareness about both self-esteem and health care, and improving personal health.

## METHODOLOGY

A questionnaire containing 20 questions was developed to study health care in chronically ill individuals and self-esteem in Bangkok teenagers aged between 15 and 19. This cross-sectional study was conducted using an online survey sent to high school students in Bangkok from February 4<sup>th</sup> to February 5<sup>th</sup>, 2023. The survey consisted of three sections: (1) General Information, (2) Chronic Disease, and (3) Assessment of Self-esteem. A four-point Likert scale (i.e., from (1) strongly disagree to (4) strongly agree) was used as an option in the questionnaire. Questions that had an Item-Objective Congruence (IOC) score higher than or equal to 0.5 were scanned and revised by three specialists. In the study, 30 participants were chosen to complete the questionnaire as a pilot group, and we determined the internal reliability of the questionnaire by using Cronbach’s Alpha reliability test. At first, we had 23 questions, but 8 questions were deleted since the reliability scores did not pass the test. Therefore, we were left with 15 questions, excluding the general information. With the use of the reliability test, the score was 0.782, which is considered reliable and acceptable for practical uses [12]. Items that did not pass the reliability test were excluded. After the reliability was verified, we sent out our questionnaire to all participants. The data was analyzed using Statistical Package for the Social Sciences (SPSS) version 29.0. The Pearson correlation test was conducted to test the correlation between chronic disease and self-esteem in Bangkok teenagers. Moreover, an independent sample t-test was conducted to determine the difference in self-esteem between having a chronic disease and not having a chronic disease.

## INSTRUMENTS

### General Information

1. Please select your age
2. Please select your gender
3. Grade Level
4. Do you have any chronic diseases?

### Chronic Disease

1. Do you have any chronic disease

### Health Care

1. You are in average physical condition.
2. You eat 3 meals a day.
3. You exercise at least 1 to 2 times a week.
4. You don’t smoke cigarettes.
5. You don’t drink alcohol.



6. You sleep 6 to 8 hours each night.
7. You sleep soundly.
8. You often feel at ease and relaxed at work.
9. You do sport outdoor activities on your free time.
10. You don't have mood swings.

Assessment on Self-esteem

1. On the whole, I am satisfied with myself.
2. I feel that I have several good qualities.
3. I am able to do things as well as most other people.
4. I feel that I'm a person of worth, at least on an equal plane with others.
5. I take positive attitude toward myself.

RESULTS AND DISCUSSION

Table 1. General information of participants (N=120)

| Personal Information   | Number of participants | Valid Percentage |
|------------------------|------------------------|------------------|
| <b>Age</b>             |                        |                  |
| 15 years old           | 18                     | 15.0             |
| 16 years old           | 48                     | 40.0             |
| 17 years old           | 41                     | 34.2             |
| 18 years old           | 9                      | 7.5              |
| 19 years old           | 4                      | 3.3              |
| <b>Gender</b>          |                        |                  |
| Male                   | 36                     | 30.0             |
| Female                 | 81                     | 67.5             |
| Others                 | 3                      | 2.5              |
| <b>Grade Level</b>     |                        |                  |
| Grade 9                | 12                     | 10.0             |
| Grade 10               | 23                     | 19.2             |
| Grade 11               | 68                     | 56.7             |
| Grade 12               | 17                     | 14.2             |
| <b>Chronic Disease</b> |                        |                  |
| Yes                    | 26                     | 21.7             |
| No                     | 94                     | 78.3             |
| <b>Total</b>           | 120                    | 100.0            |

According to Table 1, the majority of participants were 16 years old, consisting of 48 people accounting for 40%. This was followed by 17 years old and 15 years old with 34.2% and 15% respectively. Moreover, there were 81 female participants (67.5%), 36 male participants (30%), and 3 others (2.5%). 56.7% of the participants studied in grade 11 while 19.2% studied in grade 10 and 14.2% in grade 12. In terms of chronic diseases 26 people (21.7%) had chronic disease and 94 people (78.3%) did not have a chronic disease.



**Table 2.** Chronic diseases

| Personal Information                            | Number of Participants | Valid Percentage |
|-------------------------------------------------|------------------------|------------------|
| ADHD (Attention Deficit Hyperactivity Disorder) | 2                      | 7.7              |
| Allergies                                       | 21                     | 80.8             |
| Asthma                                          | 1                      | 3.8              |
| Arthritis                                       | 1                      | 3.8              |
| Anemia                                          | 2                      | 7.7              |
| Chronic Kidney Disease                          | 1                      | 3.8              |
| Depression                                      | 1                      | 3.8              |
| Obesity                                         | 3                      | 11.5             |
| Thalassemia                                     | 2                      | 7.7              |
| Low Blood Pressure                              | 1                      | 3.8              |
| Autoimmune                                      | 1                      | 3.8              |
| PCOS                                            | 1                      | 3.8              |
| Gastroesophageal Reflux Disease (GERD)          | 1                      | 3.8              |
| <b>Total</b>                                    | 26                     | 100.0            |

According to Table 2, the majority of the participants had chronic disease as allergies 80.8%, while one to three patients had other chronic disease(s).

**Table 3.** Descriptive statistics

| Variables   | Mean | Std. Deviation | N   |
|-------------|------|----------------|-----|
| Health care | 2.88 | 0.48           | 120 |
| Self-Esteem | 3.05 | 0.64           | 120 |

Table 3 shows the mean and standard deviation of each variable. The mean of the impacts of health care on self-esteem was 2.88 out of four choices. This indicates good health care behaviors; its standard deviation was around 0.48. Focusing on self-esteem, the mean was 3.05 referring to a high level of self-esteem, and the standard deviation is 0.64. Moreover, their means and standard deviations were calculated from the same group of participants.



**Table 4.** The correlation between health care and impacts on self-esteem in Bangkok teenagers aged between 15 and 19

|             |                       | Health Care | Impacts on Self-Esteem |
|-------------|-----------------------|-------------|------------------------|
| Health care | Pearson's Correlation | 1           | 0.586**                |
|             | Sig. (2-tailed)       |             | <.001                  |
|             | N                     | 120         | 120                    |

|             |                       | Health Care | Impacts on Self-Esteem |
|-------------|-----------------------|-------------|------------------------|
| Self-Esteem | Pearson's Correlation | 0.586**     | 1                      |
|             | Sig. (2-tailed)       | <.001       |                        |
|             | N                     | 120         | 120                    |

\*\* . Correlation is significant at the 0.01 level (2-tailed)

According to Table 4, at the significant level of 0.001, Pearson's correlation test revealed that health care and the impact on self-esteem are highly significant correlates. Providing evidence that support our hypothesis that there is a positive correlation between health care and self-esteem.

**Table 5.** The difference in self-esteem between having a chronic disease and not having a chronic disease

|             | Having Chronic Disease | N  | Mean   | Standard Deviation | t     | p     |
|-------------|------------------------|----|--------|--------------------|-------|-------|
| Self esteem | No                     | 94 | 3.1213 | 0.57265            | 2.414 | 0.017 |
|             | Yes                    | 26 | 2.7846 | 0.80582            |       |       |

According to Table 5, the results indicate no significant difference between not having a chronic disease (M=3.1213, SD=0.57265) and having a chronic disease (M=2.7846, SD=0.80582), [t(118) = 2.414, p = 0.017].

Having healthy self-esteem is important because it can lead to more success at school and work, better social relationships, improved mental and physical health, and less anti-social behavior. These advantages last from childhood through maturity and into the latter stages of life. Thus, knowing what causes low self-esteem can be beneficial for tackling challenges that may come, such as the impacts of chronic diseases. We hypothesize that there will be a correlation between chronic disease and self-esteem. Unfortunately, our study indicates no correlation between the participants' chronic diseases and their self-esteem. However, this study displays the influences of health care on self-esteem. In contrast to a study by Leelathipkul L. *et al.* (2018), who suggest that Thai teenagers with chronic illnesses experience mental health issues such as low self-esteem, our research shows that there is no connection between



having a chronic illness and self-esteem. This could be due to the difference in sampling groups between our study and Leelathipkul L.'s study, where their target group was hospitalized patients. Patients can experience a high degree of stress upon hospitalization, and factors that cause them more stress have to do with not knowing enough about their condition, unanswered questions, the outcome of their disease, and a lack of briefing from medical staff, which can all lead to a reduction in self-esteem [13]. On the other hand, the lack of a correlation between chronic disease and self-esteem in our study is likely due to the limitation of our target response group, where we could collect only teens living in Bangkok, which is urban. Urban areas in Thailand have more access to better healthcare services than rural areas due to the country's public health inequalities. Thus, chronic disease patients who live in urban areas will have a better chance of being cured as they can gain access to more specialized doctors and well-equipped hospitals. This can lower stress from worrying about their conditions, which can help enhance self-esteem. Moreover, if this survey target also covered rural or countryside areas, the result could differ due to the poor health care system. This is evidenced by a news report in 2015, where there are not enough doctors and nurses in rural areas of Thailand to meet the health care demand [14]. Access to hospitals results in greater opportunities to consult with medical personnel, boosting knowledge, and understanding about healthcare. In addition, being in a city with greater exposure to billboards, social media, and television might raise awareness of healthcare through advertisements for healthcare services. Schools in metropolitan regions are likely to be of greater quality than those in rural areas, which can have an impact on the school curriculum and the opportunities for knowledge of how to maintain and be aware of one's self-esteem and health care. This likely explains why teens in Bangkok, both with and without chronic disease, are more likely to have more knowledge and awareness of healthcare, as well as the uncorrelated result between chronic disease and low self-esteem in this study.

## CONCLUSION

This research paper focuses on the study of self-esteem in individuals and its correlation to health care in Bangkok teenagers aged between 15 and 19. In our study, we found no correlation between chronic disease and self-esteem, which means that both chronic disease and self-esteem are not related to each other. On the contrary, the result shows a correlation between health care and self-esteem, which could possibly be due to the fact that people with good health are more likely to exhibit positive behavior. In future studies, it is advisable to collect more responses and expand the focus of the response group, as this study only surveyed students in Bangkok, which is an urban area with greater access to healthcare services and knowledge of how to maintain one's self-esteem. By expanding the target group, more individuals from a range of backgrounds will be included, resulting in more precise and informative survey results.

## REFERENCES

1. Centers for Disease Control and Prevention. About Chronic Diseases | CDC. [www.cdc.gov](http://www.cdc.gov). Published May 20, 2020. <https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly>
2. LifeSciencesIntelligence. Chronic Disease Rates and Management Strain the US Healthcare System. LifeSciencesIntelligence. Published September 6, 2022. <https://lifesciencesintelligence.com/features/chronic-disease-rates-and-management-strain-the-us-healthcare-system#:~:text=The%20overall%20cost%20of%20chronic>
3. Aekplakorn Wichai. ThaiHealthStat. [www.hiso.or.th](http://www.hiso.or.th). Published 2020. <https://www.hiso.or.th/thaihealthstat/report/sreport.php?y=2019&l=sreport6>
4. Leelathipkul L, Ruangkanhasetr S, Arunakul J. Risk behaviors screening in Thai adolescents with acute and chronic illnesses. *International Journal of Adolescent Medicine and Health*. 2018;33(1). doi:<https://doi.org/10.1515/ijamh-2018-0047>
5. Rosenberg M. *Society and the Adolescent Self-Image*. Princeton University Press Princeton, New Jersey; 1965.
6. Raising low self-esteem. [nhs.uk](http://nhs.uk). Published February 1, 2021. <https://www.nhs.uk/mental-health/self-help/tips-and-support/raise-low-self-esteem>
7. Health Direct. Self-esteem and mental health. [Healthdirect.gov.au](http://healthdirect.gov.au). Published February 17, 2019. <https://www.healthdirect.gov.au/self-esteem>
8. NIMH> Caring for Your Mental Health. [www.nimh.nih.gov](http://www.nimh.nih.gov). <https://www.nimh.nih.gov/health/topics/caring-for-your-mental-health#:~:text=Self%2Dcare%20means%20taking%20the>





9. Doncho Donev. *Health Promotion and Disease Prevention a Handbook for Teachers, Researchers, Health Professionals and Decision Makers*. Lage Jacobs; 2007.
10. Yanti N, Wiangpati T. Self care behaviors during the coronavirus disease (COVID-19) outbreak in Khlong Nueng sub-district, Khlong Luang district, Pathumthani Province. *VRU Research and Development Journal Science and Technology*. 2023;17(1).
11. Chronic Disease Situation. Accessed April 4, 2023. [http://110.164.147.155/kmhealth\\_new/?p=1681](http://110.164.147.155/kmhealth_new/?p=1681)
12. Can you explain how to go about doing Cronbach's alpha analysis? Editage Insights. Published April 18, 2020. <https://www.editage.com/insights/can-you-explain-how-to-go-about-doing-cronbachs-alpha-analysis>
13. Evangelia Kotrotsiou, Theodosopoulou E, Papathanasiou IV, E Konstantinou. How do patients experience stress caused by hospitalization and how do nurses perceive this stress... ResearchGate. Published 2001. [https://www.researchgate.net/publication/215477754\\_How\\_do\\_patients\\_experience\\_stress\\_caused\\_by\\_hospitalization\\_and\\_how\\_do\\_nurses\\_perceive\\_this\\_stress\\_experienced\\_by\\_patients\\_A\\_comparative\\_study](https://www.researchgate.net/publication/215477754_How_do_patients_experience_stress_caused_by_hospitalization_and_how_do_nurses_perceive_this_stress_experienced_by_patients_A_comparative_study)
14. Boston 677 HA, Ma 02115 +1495-1000. Thailand seeks to address shortage of rural health care providers. News. Published May 11, 2015. <https://www.hsph.harvard.edu/news/features/thailand-seeks-to-address-shortage-of-rural-health-care-providers/>

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