



Self Esteem among Adolescents in Nigerian Secondary Schools: A Neglected Issue

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Authors' contributions

All the authors made substantial intellectual contributions to this study. Author JMC was involved in the conception, design and data collection as well as interpretation of results, preparation of the manuscript, revision of the article at various stages and preparation of the final draft. Author PCM contributed in conception, design, manuscript preparation and approval of the final document. Authors OOI and HAO made substantial contributions in the design, data collection and interpretation of results as well as the approval of the final document. Author OOI did all the data analysis. All authors read and approved the final manuscript.

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ABSTRACT

Background: Self esteem among adolescents is a neglected issue in pediatrics, especially in this part of the world. Females ages fourteen to seventeen seemed to have positive self-esteem and so do the males but self esteem is low at middle ages. Females tend to have a low self esteem than males

Objectives: The objective of this study is to determine the pattern of self esteem among adolescents and associated factors.

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Methods: The study was carried out among adolescents attending secondary schools from two cities; (Enugu and Abakaliki located in south eastern part of Nigeria) within age range of 10-19 yr. A structured self administered questionnaire developed from self esteem scores was used for data collection.

Pearson's chi-square was used to test for relationship between categorical variables while student t- test was used to test significant relationship between continuous variables. Test of significance was set at $p<0.5$.

Results: The self esteem questionnaire used was classified into two major questions with several sub questions. The first group is about self confidence, self fulfillment and self worth and confidence, the second group include depression, hopelessness, loneliness, and suicidal thoughts. We enrolled 507 adolescents in this study. The mean age of all participants was 16.3 (1.2) yr. Total mean self esteem score for all respondents is 15.77 ± 2.769 . Low self esteem was observed in 3.6% of the respondents with 4.3% of females and 2.5% of Males. Low self esteem is mostly seen in older adolescents aged 18-19 (44%) and rare among (adolescents less than 11 yr (0%). Low self esteem was more common among the female respondents in all the age ranges.

Conclusion: Self esteem is high among adolescents, though this is may be overemphasized as more research is needed in this area.

Keywords: *Self esteem; adolescents; secondary schools.*

1. INTRODUCTION

Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to adult hood. The World health Organization (WHO) put the age range from 10 to 19 years [1].

Adolescents are usually faced with the onset of pubertal changes and the transition to an unfamiliar and stressful school environment [2]. These changes are characterized by the desire to establish an identity that calls for independence from parents and caregivers. Self-esteem refers to an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself, which and can be viewed as a key indicator of psychological well-being [3,4]. It is pertinent to note here that self-esteem could be high or low, either level can be emotionally and socially harmful for the individual. For instance, Portia, noted that adolescent with low self esteem are often depressed, and paranoid. They are more likely to experience social anxiety and low levels of interpersonal confidence [4]. Indeed it is thought that an optimum level of self-esteem lies within the continuum i.e. between low and high self esteem. Individuals operating within this range are thought to be more socially dominant within relationships [5]. This social dominancy simply means that adolescents on middle level on the self-esteem scale is comprised of mixed personality characteristics, some of which can be more positive than others [5].

It is noted that self-esteem continues to decline during adolescence especially in females. This could be attributed to decline in body image and other problems associated with puberty. Although males and females report similar levels of self-esteem during childhood, a gender gap emerges by adolescence, in that adolescent males have higher self-esteem than their female counterpart [6].

Poor self- esteem poses a great challenge in both the developed and developing world. For instance, In Nigeria there are about two suicide attempts every month traceable to depression from low self esteem [7]. In addition, in the United States, teen suicide is the third-leading cause of death for young people ages 15 to 24, surpassed only by homicide and accidents, according to the U.S. Center for Disease Control and Prevention [8].

Self-esteem tends to improve as adolescents gets older, it tends to gradually increase and becomes more positive as freedom, personal authority, and role-taking ability increase and more opportunities to behave in socially appropriate ways are available [8].

There are two major theoretical models in self esteem, the Wheel of Wellness and the implicit and explicit phenomenon [9,10]. The wheel of wellness includes five life tasks that relate to each other: spirituality, self-direction, work and leisure, friendship, and love. There are 12 subtasks of self-direction areas: sense of worth,

sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity. There are also five second-order factors, the creative self, coping self, social Self, essential self, and physical self, which allow exploration of the meaning of wellness within the total self. In order to achieve a high self-esteem, it is essential to focus on identifying strengths, positive assets, and resources related to each component of the wellness model and using these strengths to cope with life challenges [9,10]. The Implicit-explicit model are two completely different types of self-esteem [10]. One will either have a distinct, unconscious self-esteem and the other will consciously misrepresent how they feel about themselves. Recent studies have shown that implicit self-esteem doesn't particularly tap into your unconscious, rather that people consciously over report their levels of self-esteem. Other theoretical models include depression, hopelessness, and substance use and suicide risk [10].

Evaluation of self esteem among adolescents is a very vital issue often under reported in pediatrics practice and in this part of the world, its importance therefore cannot be overemphasized especially its impact on health (this includes depression, suicidal attempts, unwanted pregnancies) which had been mentioned above.

The problem of self esteem among adolescents have also increased due to apparent lack of interest by researchers and paucity of empirical data which made it difficult to ascertain its prevalence particularly in Nigeria. The study is therefore aimed at determining the pattern of self esteem among adolescents and associated factors.

Most of the research on self-esteem that was reviewed described this health indicator in the European and American populations. It is hoped that this will add to the body of knowledge available on these problems and the findings of this study could form the template for intervention strategies in helping reduce this social malaise and managing such cases especially in a developing world like Nigeria.

2. METHODOLOGY

2.1 Study Area

The study was carried out among teenagers in secondary schools from two states; Enugu and Abakiliki within age range of 10-19 yr in Enugu metropolis. Abakiliki is the capital of Ebonyi state, south-east Nigeria while Enugu is the capital of Enugu state also located in the South east geographic zone of Nigeria. Both cities lie in the rainforest zone with two major seasons (Rainy and Dry).

2.2 Study Population

We enrolled 507 adolescents in this study. All the questionnaires' were filled and returned giving a response rate of 100%. The respondents consisted of 303 (59.8%) females and 204 (40.2%) males. The questionnaire was self administered to the students before class and lecture hours. The school proprietresses was asked for permission to recruit students. Consent was obtained from individual students after they had been told that their participation was completely voluntary in nature and that they could discontinue their involvement at any time.

Anonymity and confidentiality of responses was also conveyed, we also assure them that teachers and care-givers would not be given access to the data. The subjects were children who attend secondary school in a private setting in Enugu metropolis. The secondary school provides a complete school health program. They have qualified teachers and health instructors.

2.3 Study Procedure

The instrument employed for data collection was a structured self administered self esteem questionnaire [11]. The questionnaire (*selfesteem2go.coms scale*) contains all items from self esteem questionnaire [11]. It contains 22 items with a maximum score of 22 points.

The self esteem questionnaire used was classified into two major questions with several sub questions. The first group is about self confidence, self fulfillment and self worth, the second group include depression, hopelessness, loneliness, and suicidal thoughts.

Item responses were summed to create a scale with a range of 0-22. A score of less than 11 is taken as low self esteem. The items are face valid, and the scale is short and easy and fast to administer.

Sampling technique: This is prospective cross-sectional study that assesses the pattern of self esteem among adolescents. Subjects were selected by convenience sampling. Adolescents who fulfilled the inclusion criteria were consecutively recruited into the study.

In Nigeria, secondary school is for children from ages 10 to 18 yr. It incorporates six years of three terms per school year after which students can choose to go to a higher institution such as the university or vocational schools to further their studies.

Children aged between 10 years and 19 years and those in whom informed consent was obtained were included in the study. Severely ill children, and those with psychotic disorders and those unwilling to participate in the study were excluded.

2.4 Data Analysis

Data was analyzed with Statistical package for social sciences (SPSS) software, version 20. Data presentation was in form of tables and charts. Frequencies, proportions and percentages were calculated for categorical variable. Results of continuous variables were expressed as means. Pearson's chi-square was used to test for relationship between categorical variables while student t-test was used to test significant relationship between continuous variables. Test of significance was set at $p<0.5$.

3. RESULTS

The mean age of all participants was 16.3 (1.2) years. Mean age of females was 16.2 (1.2) years

while that of the males was 16.6 (1.0) years ($t=2.17$, $p=0.03$) Table 1.

Total mean self esteem score for all respondents is 15.77 ± 2.769 . Low self esteem was observed in 3.6% of the respondents (Fig. 1), more among the females at 4.3% and less (2.5%) among the males (Fig. 2) this difference was however not statistically significant and could have occurred due to chance. ($P = 0.333$) see Table 1.

Low self esteem was more common among the female respondents in all the age ranges. Table 2 ($P = 0.693$). The self esteem scores of the respondents showed a weak negative correlation with age that was not statistically significant. ($r = -0.056$, $P = 0.210$) see Fig. 3.

The observed differences in the mean values of the self esteem scores among the different age groups do not differ significantly between males and females in the sample studied. See Table 3.

Table 1. Distribution of socio-demographic variables among the respondents

	Frequency	Percent
Age		
11 and below	1	0.2
12 – 14	96	18.9
15 – 17	248	48.9
18 and above	162	32.0
Gender		
Female	303	59.8
Male	204	40.2
Total	507	100.0

Table 2. Distribution of low self esteem by age and sex

Age (yrs)	Sex	
	Female N=13	Male N=5
12 – 14	3 (23.1%)	1 (20.0%)
15 – 17	5 (38.5%)	1 (20.0%)
18 – 19	5 (38.5%)	3 (60.0%)

Chi sq=0.762, P=0.693 Low self esteem was more common among the female respondents in all the age ranges. Table 2 ($P=0.693$)

Table 3. Mean self esteem score by age and sex

	Sex	N	Mean	SD	t	P	95%CI
11 and below	Female	1	19.00	-	-	-	-
	Male	0	0.000	-	-	-	-
12 – 14	Female	67	16.24	2.950	0.697	0.487	-0.823 to 1.715
	Male	29	15.79	2.691	-	-	-
15 – 17	Female	145	15.57	2.864	-1.399	0.163	-1.170 to 0.198
	Male	103	16.06	2.437	-	-	-
18 – 19	Female	90	15.83	2.988	1.540	0.126	-0.192 to 1.553
	Male	72	15.15	2.532	-	-	-

The observed differences in the mean values of the self esteem scores among the different age groups do not differ significantly between males and females in the sample studied. Table 3

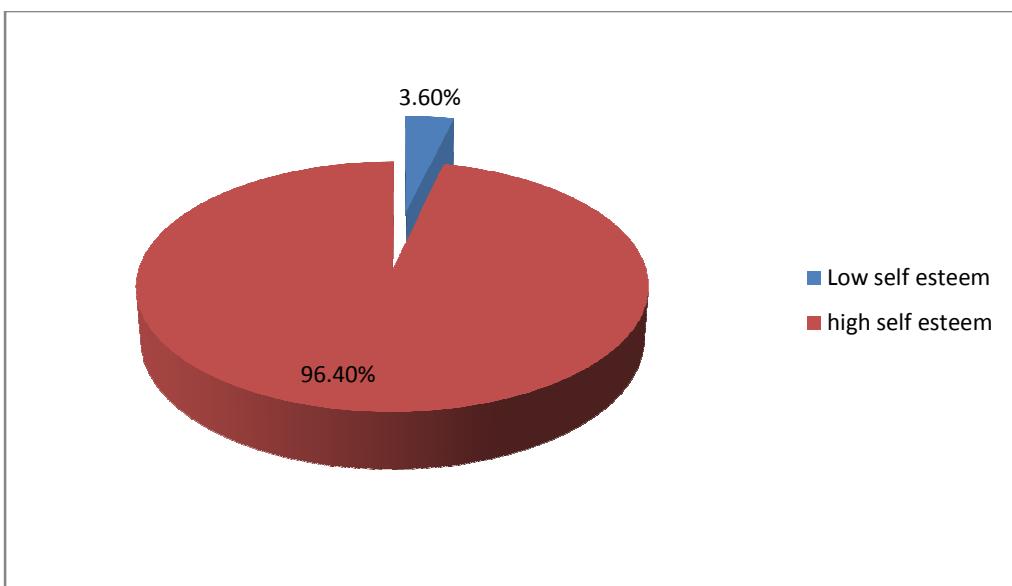


Fig. 1. Prevalence of low self esteem among the adolescents studied

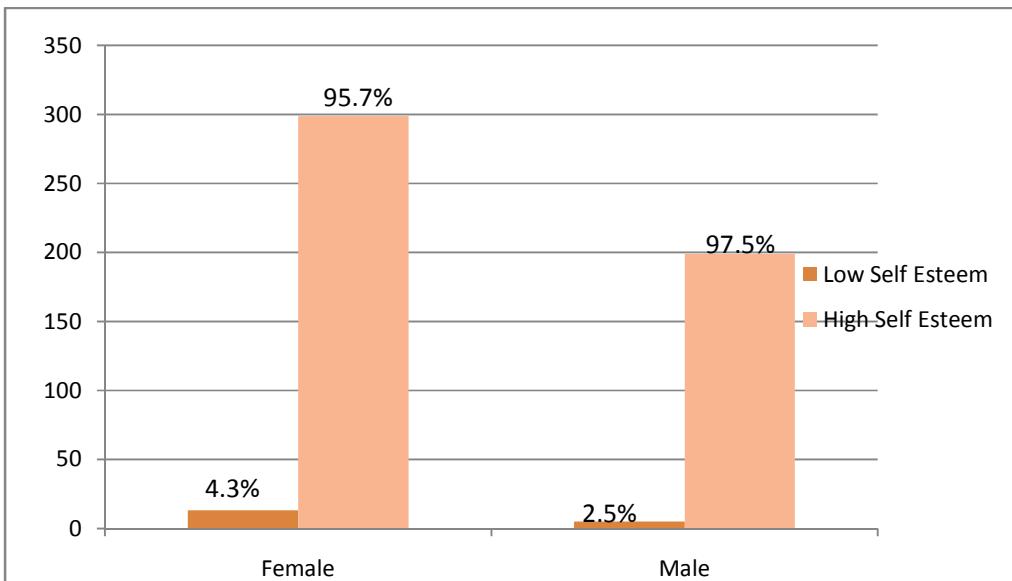


Fig. 2. Proportion of respondents by self esteem and gender

Chi sq = 1.205, P = 0.333 Low self esteem was observed in 3.6% of the respondents, more among the females at 4.3% and less (2.5%) among the males

4. DISCUSSION

The results of this study have shown that low self esteem in adolescents does exist in our environment, though there is no cultural and social recognition of this health risk. The prevalence of self esteem among adolescent from this study is noted to increase slightly as the adolescents grow older but tends to be at its

lowest ebb at extremes of ages. Healthy self-esteem, an important tool for success in every area of life (such as educational success, acquisition of developmental tasks and social skills), is one of the most dynamic variables in the development of adolescents [9,10].

We noted from this study, the prevalence of low self esteem among adolescent as 3.6%. In

Nigeria today, very little research has been performed on this issue and so we cannot actually know exactly if this prevalence is increasing or decreasing. However the prevalence obtained in this study is lower when compared with that of Rob McGee (in Dunedin, New Zealand) who had a prevalence of 18% [12]. This low prevalence has been attributed to several factors including: the lower divorce rate, lower rates of parental divorce, and expressed feelings of higher competence by children and adolescents [13,14]. For instance, in America, parental divorce and father absence have been associated with low self esteem and lower feeling of competence in children and adolescents [13,14]. Furthermore, the low self esteem obtained from this study when compared to that in America and Europe could be due to some cultural differences [15]. For instance while teenagers from American and Europe are at the stage in their lives where they want to break free from parental control and assert their own independence and exert self-expression,

personal uniqueness, and self-sufficiency; this assertion of independence can result in greater conflict and "less cohesion with their parents, often with direct negative effects on their psychological well-being, those from Africa have stricter parents and a well knitted extended family system where discipline and values are maintained [16].

Low self esteem creates a negative impact in the adolescents. It makes the adolescent views himself as inadequate, unworthy, unlovable, and/or incompetent. Once formed, this negative view of self permeates every thought, producing faulty assumptions and ongoing self-defeating behavior [17]. Low self-esteem can be a major risk-factor in mental and emotional health problems such as suicide, alcohol and drug abuse, and violence [17]. One of the arguments to support the construct of adolescent low self esteem is the 'general emotional roller coaster' state of adolescent change.

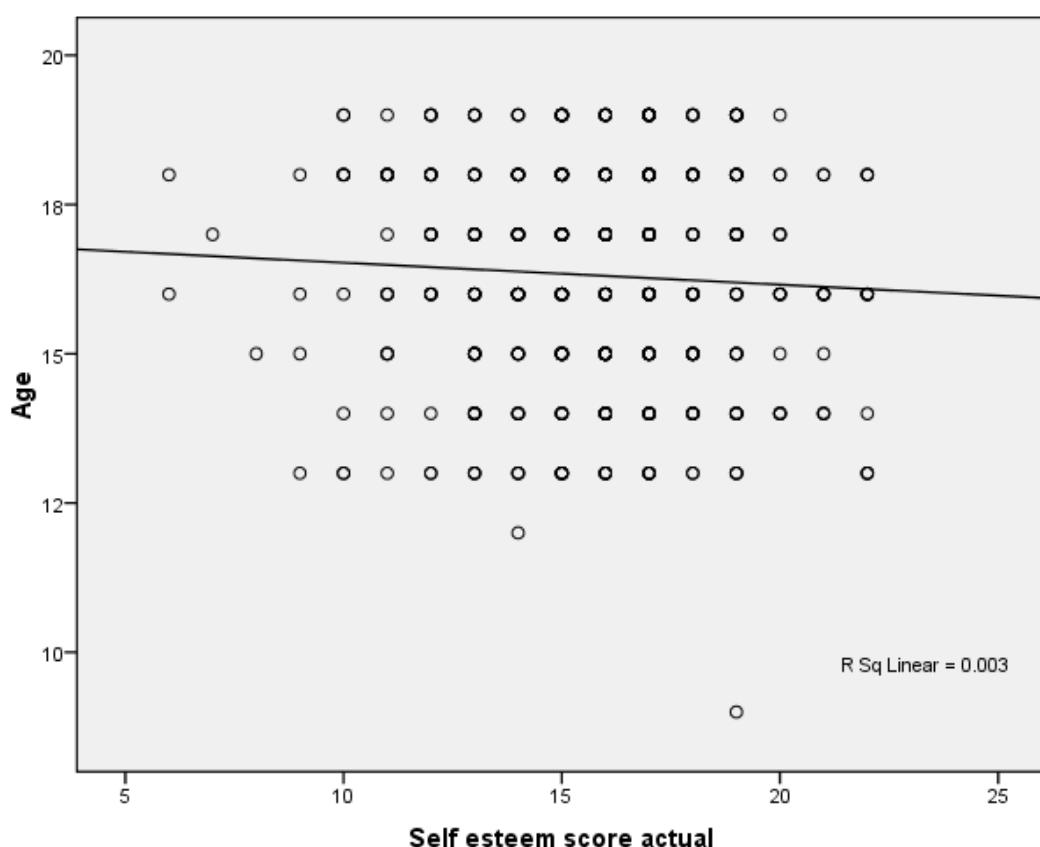


Fig. 3. Scatter dot plot of age vs self esteem score ($r = -0.056$, $P = 0.210$)
The self esteem scores of the respondents showed a weak negative correlation with age that was not statistically significant. ($r = -0.056$, $P = 0.210$) Fig. 3

We noted with interest, in this study, the decline of self esteem with increasing age among adolescents though not significant. This decline may result from changes that occur during adolescence that makes the individual to see oneself as less egocentric and inferior. These changes of self esteem with age has been documented in other studies [18,19].

When we correlate self esteem with gender. We found that females have a lower self esteem when compared with their male folks. During adolescence, maintenance of stable and high self-esteem appears as a challenging task particularly for girls. It was envisaged that some of specific concerns that add burden to the task of self-development for girls, such as concerns with peer acceptance, sensitivity to the conflicting social role expectations, opportunity of socialization with peer group, freedom of expression actually bring almost a major switch in the life style of females [20]. Thus a constant ongoing struggle within the self for adjustment in this new phase of life and maintenance of that image which is imposed by the societal and cultural values may often clash with the needs and values of the females of this age group and resulting in lower self-esteem in comparison to their counterparts [20].

Furthermore some authors have pointed out that this decline in self esteem among adolescent females could also be due to body image and other problems associated with puberty. On the contrary, Robins et al. [21] noted that although males and females report similar levels of self-esteem during childhood, a gender gap emerges by adolescence, in that adolescent boys have higher self-esteem than adolescent girls. Low self esteem in females poses a big burden in human development. For instance, It has been postulated that Low self-esteem among females by 2050 could be costing the United Kingdom 14% of their female being managers in UK businesses, 16% of their females being Olympic medalists, 17% of female being doctors and lawyers and will reduce the chance of a female Prime Minister in the UK before 2050 by 18% [21].

Majority of the adolescents in this study live with their parents. This could in part explain the 'low' prevalence rate of low self esteem. Nigeria is a country with very strong religious and cultural background especially in marriage. For instance, Abu et al. [22] noted that 84.5% of Nigerian adolescents live with both parents who are

legally married. These parents were rated as having a functional family. In South east Nigeria, it is inappropriate and stigmatizing for a child to be brought up by a single parent. Adolescents who experienced high level of post-divorce parental conflict, maternal distress, and poor quality of the parent-child relationship tend to exhibit lower level of self-esteem [23]. This finding in Nigeria is at variance with that in America where it is noted that about 1.5million legal separations occur every year and that about one million American children under the age of eighteen live in one parent home either as a result of divorce or legal separation. Indeed researchers have shown that formerly married women when compared to married women are more likely to feel unhappy, suffer from fears of being alone with eventual loss of self esteem as a woman. Children growing up in such families are likely to develop low self [23].

Generally, from this study, adolescents were noted to have a high self esteem. Possible reason is that adolescents have the privilege of going to secondary school in a country that is often still unstable.

5. CONCLUSION

Self esteem is high among adolescents, though this is may be overemphasized as more research is needed in this area.

6. LIMITATION

The study was carried out in few secondary schools in Enugu, a wider community study and a larger sample size will be worthwhile.

ETHICAL CONSIDERATIONS

Verbal and written consent were obtained from the adolescents, caretakers and head teachers after they had been told that their participation was completely voluntary in nature, and that they could discontinue their involvement at any time. Anonymity and confidentiality of responses was also conveyed.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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