AN INTERVENTION STUDY AMONG CHILDREN WITH CANCER TO IMPROVE SELF – ESTEEM

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ABSTRACT

A diagnosis of cancer represents a significant crisis for the child and their family. As the treatment for childhood cancer has improved dramatically over the past three decades, most children diagnosed with cancer today survive this illness. However, it is still an illness which severely disrupts the lifestyle and typical functioning of the family unit. Most treatments for cancer involve lengthy hospital stays, the endurance of painful procedures and harsh side effects

The cancer experience is traumatic and the perception of past experiences, especially negative, can be a factor in developing low self esteem. The diagnosis, treatment, and appearance related side effects of cancer are one example of a life situation that can alter one's self-esteem and cause one to question their established sense of self.

The results pointed out that there was an overall increase in coping resources among children with cancer after taking part in the intervention. Significant differences were seen between pre test score and post test score in self – esteem. The purpose of increase self-esteem among respondents the researcher provided   My Life Tree   technique. Significant differences were seen after the intervention among respondents.

KEY WORDS: Intervention, Children, Cancer and Self – Esteem, Therapy.

INTRODUCTION

In India National Cancer Registry Program Reports and the Cancer Incidence in 5 Continents publications. Further, a comprehensive review of medical literature was done for information on individual cancers as well as survival data. 1.6 to 4.8% of all cancer in India is seen in children below 15 years of age and the overall incidence of 38 to 124 per million children, per year. (Epidemiology of childhood cancer in India, National Cancer Registry Program Reports for the year 2009). The survival rate of CWC in India and all over the world has now improved by advancement in medical

technology (Ibid.). Increase in survival rate signals the need for care giving for the patients as they will be battling the disease for a longer period of time. In India, out of eight lakh cancers diagnosed annually, about 50,000 are childhood cancers. Of these, 30-40% are leukemia and lymphomas and 20% are brain tumours. We are also increasingly seeing children with retinoblastomas (eye cancer) which form 1% of paediatric cancers."

Since the 1960s, advances in treatment techniques as well as supportive care have created dramatic improvements in the survival of CWC which have shifted the focus of paediatric oncology to include the quality of life of the child, their siblings, and parents (Wiener et al., 2006). As family's psychological adjustment impinge on a child's emotions, psychological or medical care are generally not made available to children without the involvement of any adult family members (Kazak, 1997).

The period of disease and treatment is physically and emotionally stressful for the children and the families, who must adapt to a hospital environment with not only physical but also psychosocial challenges. Therapy often leads to disruption in normal family, social, and school life, separating the child from siblings, friends, and peers. The child with cancer is coping concurrently with the emotional impact of diagnosis and the physical, social, and psychological effects of the disease and its treatment. The somatic pain, the lack of energy, and the fear of the unknown could these physical and psychological factors leads to low self –esteem child with a diagnosis of cancer.

REVIEW OF LITERATURE

Von Essen L, et. al., (2000) "Self-esteem, depression and anxiety among Swedish children and adolescents on and off cancer treatment"

Children and adolescents on treatment showed levels of self-esteem, depression and anxiety comparable to those of healthy children. However, children and adolescents off treatment reported higher depression and anxiety levels and lower psychological well-being and physical self-esteem than have been reported for healthy Swedish children.

STATEMENT OF PROBLEM

In the United Kingdom, 1,367 cases of cancer were diagnosed in children in 2007 and an average of 300 cases of death from childhood cancer was also reported in the three year period of 2000-2002 (Cancer Research UK, 2009). Furthermore, "although cancer in children is relatively rare and survival rates are now good, death in childhood after infancy from other causes in the UK is now so rare that cancer is still an important cause of death in older children" (Ibid.). In the United States, approximately 8,600 new cases of cancer are diagnosed in children younger than 15 each year or less than 1% of all malignancies (Pizzo, 2001).

At least 10-12 children per 10,000 populations will develop cancer in India annually. 1.6 to 4.8% of all cancer in India is seen in children below 15 years of age and the overall incidence of 38 to 124 per million children, per year. Childhood cancer contributes to less than 5% of the total cancer burden in India, with approximately 45,000 children diagnosed with cancer every year. Childhood cancers cause of more than 10% of all deaths in children below 15 years of age in developed countries.

Many studies in this area vividly tells us that, children with cancer develop many psychological and factors such as anxiety, depression, stress and low self –esteem so and hence it should properly dead with effective intervention so that children with cancer can have coping mechanism.

AIM OF THE STUDY

The overall aims of this study were to evaluate the level of self - esteem among children with cancer, and also the attempt to find out the importance of My Life Tree technique.

OBJECTIVES OF THE STUDY

- ✦ To study self-esteem among children with cancer
- ✦ To conduct an intervention among children with cancer "My Life Tree" to improve. Self-esteem.
- ✦ To analysis the impact of interventions with a case

RESEARCH DESIGN

This study utilized a qualitative researcher used experimental research design consisting of semi structured interviews. For intervention purposes case study method was obtain.

Study area and sampling procedure:-

This prospective, study was conducted at district medical college hospital (CMC) Tamil Nadu. India. Only a case selected. Researcher adopted purposive sampling for collect data and implements the intervention.

Sources and tools of data collection:-

Researcher collects both primary and secondary data from various sources. Observation, discussion and My Life Tree tools were use for collecting primary data. Questionnaire used for study the level of self-esteem. Researcher adopted Rosenberg self-esteem scale (RSE), developed by Dr Morris Rosenberg (1989)

Intervention (Intervention for increasing the Self-esteem through - My Life Tree)

Brief Clinical History:-

A sixteen-year-old boy was admitted in the emergency department at Government hospital on 1st of June 2014 with a two-day history of fever, vague abdominal pain, a 10-day history of fatigue and decreased appetite. Four weeks prior to the admission he was suffering from upper respiratory tract infection and red mark on his skin, presented for three months.

Step: 1

Researcher gave an introduction about life tree to the patient. The researcher drew a sample life tree and described the same.

Step: 2

In the same manner Mr.T was asked to draw his life tree with the help of researcher. He started to draw. He took more than 20 minutes to compete it.

Fig: 1   My Life Tree art by Mr.T

Step: 3 Explanation of life tree.

Mr. T started explaining that his Life Tree was big and strong, it was 16 years old, the roots of the tree were his parents, sister, teachers and doctors. It was growing properly for 15 years. When it was in its 16th year his Life Tree was diagnosed with (ALL). He denotes this incident with a big hole in right side of the trunk in his life tree. He also explains that the doctors were trying to rectify it. He says he did not know why it was happening to him; the long duration of hospitalization changed not only his life but also the roots of the tree. He continued his explanation; he had an affair with a girl, but after diagnosis of cancer she left him. It was a big disappointment to him as he felt that he had no future; felt that he is not a blessed soul. To denote this incident he drew a fruit inside a heart but the fruits unripe. So, he felt that his heart was crying. Whenever he is alone he thinks about his life especially this part of his past, and starts sympathizing himself. He aims to become a teacher. This particular aspect he points out as there are other fruits in his life tree. At this point he drew a fruit and explains that this is his dream and says he would want to take care of his parents in their old age. He feels sorry for himself that he lost some of his friends. His life tree has a symbol of mobile phone on the right of the tree. This helps him to communicate to his friends and gives him utmost happiness. Finally he describes a bird, when he drew it on the tree. And that denoted his rebirth, which makes it clear that he wanted to live and has passion to achieve all that he wants.

OBSERVATION

When he was describing about his life tree, his body language was changes time to time. The researcher was able to observe all of this very well, and becomes his supportive system in all the levels. His positive strength was his friends, his abilities and skills. The researcher clearly understood that he very ambitious about lot of things in life, but he has a low self esteem.

The positive aspect about making him draw the life tree was, he understood he had many well wishers around him. Even in the end of the moment, in spite of difficult times he was able to look back in his life and also come out with positive and hopeful feeling. He says he is very proud about of his life because he is able to outdo the negativities. The researcher motivates and encourages the patient and hence gives him some self satisfaction.

OUTCOME OF THE INTERVENTION

From the above discussion it is clearly revealed that, Mr. T got a chance to relive his past. Intervention helps to bring out his saddest part of life. Reviewing many things he says that he has a chance to correct himself. Through the Life Tree exercise Mr.T understands his life well and is aware of the ongoing. He was able to feel less guilty after sharing his feelings. Finally he says he would live battling cancer with positive approach for the rest of his life. He was able to increase his self esteem through the life tree technique.

Table no: 1 Distribution of the respondents by level of stress pre and post test score

Level of Self- Esteem		
Name of the respondent	Pre-intervention	Post-intervention
Mr.T	4	26

The above table discussed that the distribution of the respondents by their level of self-esteem pre and post intervention among respondent. The individual score indicate different between pre and post score in self esteem. Hence research reveals that when their level self- esteems were high after the intervention. The researchers found that intervention seemed to give some improvement in his self – esteem.

CONCLUSION

Children with cancer suffer from considerable stress related to the diagnosis, surgery, and medical treatment. It is important to develop strategies to strengthen coping resources among these children. Research in My Life Tree has shown outcomes such as an increase in self-esteem, positive energy and cohesion, significant improvement in health.

There was an overall increase in coping resources among children with cancer after taking part in the intervention. Significant differences were seen between pre test score and post test score in self – esteem. This study shows that individual My Life Tree provided by a researcher in a clinical setting can give beneficial support to children with cancer undergoing Chemo and radiotherapy, as it can improve their coping resources.

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