

Needs, Self-Esteem, and Health Impacts Assessment of AIDS Orphans

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โครงการวิจัยเรื่อง “ความต้องการ ความรู้สึกต่อคุณค่าในตนเอง และผลกระทบต่อสุขภาพของเด็กกำพร้าที่ได้รับผลกระทบจากโรคเอดส์” ใช้รูปแบบการวิจัยเชิงปฏิบัติการแบบมีส่วนร่วม กลุ่มตัวอย่างเป็นเด็กที่ได้รับผลกระทบจากโรคเอดส์ที่อยู่ในความอุปถัมภ์ของมูลนิธิราชประชาสมาสัย ในพระบรมราชูปถัมภ์ ในจังหวัดขอนแก่น จำนวน 46 คน มีอายุระหว่าง 10-18 ปี เครื่องมือที่ใช้ในการเก็บรวบรวมข้อมูล ประกอบด้วย กิจกรรมวิจัยเชิงปฏิบัติการแบบมีส่วนร่วม เช่น การวาดภาพแม่น้ำแห่งชีวิตของฉัน การเขียนเล่าเรื่อง ตัวเอง ครอบครัว โรงเรียน และเพื่อนบ้าน ผ่านกิจกรรมไพ่ 4 ใบ สะท้อนคุณภาพชีวิตในด้านต่างๆและ กิจกรรมการสร้างภาพอนาคต การสังเกตแบบมีส่วนร่วม การสัมภาษณ์เชิงลึกแบบมีโครงสร้าง การตอบแบบสอบถามด้าน ความต้องการ ความรู้สึกต่อคุณค่าในตนเอง และด้านสุขภาพ ชนิดตอบด้วยตนเอง ก่อนเข้าร่วมและหลังการเข้าร่วมประชุมวิจัยเชิงปฏิบัติการ พบว่าเด็กมีความรู้สึกต่อคุณค่าในตนเองสูงขึ้นอย่างมีนัยสำคัญทางสถิติที่ 0.05 การวิเคราะห์แบบสามเส้า (triangulation method analysis) จากกลุ่มเด็กตัวอย่าง ผู้ปกครอง ทีมผู้วิจัยและบุคลากรท้องถิ่น พบว่า กลุ่มตัวอย่างมีปัญหาความทุกข์ด้านจิตใจจากการสูญเสียบิดามารดามากที่สุด โดยรู้สึกคิดถึงบิดามารดา เศร้า อ้างว้าง ขาดความอบอุ่น รongลงมา คือ ปัญหาด้านเศรษฐกิจ รวมทั้งผลกระทบจากการถูกประทุษร้าย และถูกรังแกข่มขู่ประมาณ 30 % ทางด้านสุขภาพร่างกาย พบว่า เด็กรู้สึกแข็งแรงเหมือนเด็กทั่วไป (กรณีเด็กที่ไม่ติดเชื้อ) ภายหลังการเข้าร่วมกิจกรรมวิจัยเชิงปฏิบัติการ พบว่า เด็กพัฒนาทักษะการคิดอย่างมีวิจารณญาณ ทักษะการติดต่อสื่อสาร และการมีเป้าหมายชีวิตเพิ่มมากขึ้น จากกิจกรรมที่ให้เด็กได้ แสดงออก การลดความเศร้าและความโดดเดี่ยวอ้างว้าง จากการพบเพื่อนๆ ที่อยู่ในสถานการณ์เดียวกัน นับว่า ควรนำรูปแบบการประชุมวิจัยเชิงปฏิบัติการดังกล่าวไปขยายผล ในเด็กที่ได้รับผลกระทบในกลุ่มอื่นๆ ต่อไป

คำสำคัญ: ความต้องการ ความรู้สึกต่อคุณค่าในตนเอง สุขภาพ เด็กกำพร้าเอดส์

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Abstract

The research project “ Needs, Self-esteem, and Health Impact Assessment” on Orphans Due to AIDS “ in Khonkaen province with 46 AIDS orphans sample group under the Rajprachasamasai Foundation aged between 10-18 years old and 33 caregivers aged between 33-76 years old. PAR method with the “my river of life”, “my 4 cards” “my futures” activities, In-depth Interview, self-administered questionnaire (before and after joining the activities of PAR), and triangulation method analysis between the samples group, stakeholders, and researcher teams also home-visited has been performed. The results revealed needs the love from parents, feeling of sad and loneliness, economic problems, self-esteem has been developed after joining the PAR activities significantly at 0.05. , and health impact on orphans, the most problems is psychology problems and social stigma and discrimination. But some problems such as sad and loneliness were mitigated by the PAR activities and also their self-esteem and life-skills were developed.

Keywords: Need assessment, Self-esteem, Health, AIDS orphans

Introduction

children are the most valuable assets to the country. They will grow up and turn to be our force for the country in the future. But the number of orphans had been increased significantly nowadays. One of the important results is the incidents of the spreading of AIDS from an infected pregnant mother to her child or from an infected spouse who has a child at home. These orphans will grow up without their fathers or mothers or both fathers and mothers who would teach, take care and give help to them in many aspects like other children in general. And because of most people still have the wrong belief about AIDS that causes the impacts on the family that has AIDS infected parents. They will be prejudiced, and will be separated from society in general which will result in the quality of life of those orphans. These are the children who should grow up and be a positive force in developing our country in the future.

From the AIDS Conference at Barcelona, Spain, reported the spreading of AIDS has resulted on 13.4 million children who lost their fathers or mothers or both mothers and fathers. It forecasts that in 2010, it could

reach to 25 million children In sub-Saharan Africa, there are 11a millions orphan children whose fathers or mothers or both parents died of Aids. This number will go up to 20 millions within 8 years. In Asia, the number of orphans is 1.8 million and because the spread of AIDS is very fast so it is predicted that the number of orphans will be as high as 4.3 millions in 2010. This will be a critical effect on society that will have a large number of orphans. (Peter Piot, AIDS conference, Barcelona, Spain: 2002). The factors that can help those children while they are young and can not take care of themselves are families, relatives and communities (extended families and communities).

In Thailand, the result of the survey (2540) which was done by the Health Department showed that there were pregnant women with AIDS altogether 17,400. Bangkok, Chiangmai, Chaing Rai, Chonburi, Songkla, Ubonrajthani, Burirum, Nakhon Srithammarat, KhonKaen and Rayong are the top ten of provinces with pregnant women with AIDS respectively. It indicates that they are infections of AIDS in pregnant women in every province in Thailand. If we do not protect and solve this problem, it will affect the orphans effectively.

The result will damage the social and economical securities of Thailand. This will obstruct the development of the human factor at the end as well. The most important problem that has a strong effect is the problem of children of AIDS parents who are uninfected children. These children will meet the conflict in society and will be short of money, that they need for living and for their education. This is the result of having sick parents, who have no income and die at last. In the year 2001, Thailand has already 290,000 orphans from Aids (UNAIDS, 2004).

Losing mother and father is like missing the house or shelter that could protect them from any danger and it leads to not having basic living resources. These receive a stigma because someone in the family has AIDS. Besides, the growth and the development of human beings are changing all the time. All of these factors have an effect to the quality of life and vulnerability of those AIDS orphans which are much more than other orphans.

The World Health Organization has put these children under the seriously disadvantaged group. Children in this group can lead to having kids on the streets more. We will have problems of child labor, selling sex, drug addict, and crime etc. These will follow with having more social problems. This group of children will receive the effect much more than other groups which could bring them into the cycle of AIDS at the end. It means this cycle will go on and on without stopping.

The purpose of this research:

To evaluate and study the quality of life which includes the basic needs which are food, clothes, housing. The second level needs are education, safety and security. The third level needs are the feeling of freedom, justice and having opportunities in life and the

self esteem and the affects on the well being of the orphans in the physical, emotional, social, and spiritual aspects.

Literature study

This research works on needs, self-esteem, and the impact of AIDS on health of AIDS orphans. It consists of the theories involved.

1 The theory concerning the quality of life and the orphans whom are affected by AIDS.

Quality of life is currently the main objective of developments many countries. They believe that if their people have good quality of life, all kinds of development will be handled more effectively. The quality of life is not the goal to have only good physical health but it should have good psychological health of humans in the society too.

Many scholars give different meanings of the quality of life,

The Ministry of Public Health (2535:72): says that the quality of life means the suitable living of human beings according to the basic needs in the society at that time.

In short, we can say that the quality of life of the orphans who are affected by AIDS means good common living with safety. It meets all basic physical, psychological, social and spiritual needs and can lead to the life pleasure and the self esteem value.

Quality of life assessment is presently divided into 2 phrases: Perceived objective and self-report subjective (WHOQOL-BREF, 1996). They consist of 4 factors as in the following:

1) Physical domain part. The perceived perception to daily life, the ability to work and live independently.

2) Psychological domain. The spiritual (psychological) perception such as self positive feeling and image, proud of him/herself, having self confidence and the ability to manage with sadness and worries in living.

3) Social relation. The social perception concerning the relations to other persons such as gaining and giving help in society.

4) Environment. The environmental perception such as opportunity to get information and skills, etc.

In conclusion, AIDS orphans' quality of life needs to be assessed on the above mentioned factors and by applying the three following levels of the United Nations life quality index :-

First level : The response of orphans basic needs: food, habitation and clothes.

Second level : Educational opportunity and the feeling of safety and security.

Third level : The feeling of freedom, opportunities, justice, satisfaction and self-esteem (UN, 1995: 2) by using participatory method in order to analyze problems and needs. This will lead to assistance and mutual solution in order to give the good quality of life to orphans affected by AIDS.

2. Theory involved social stigma and HIV / AIDS

Sociologists give the meaning of stigma: if the stigma happens to anybody he will not get the belief, the acceptance, and the stigma will be influential social controlling and make that person marginalize from the perception of being antied from society.

In sense of history, sociality and culture will help us to understand negative reactions and the stigma which result from affected disease incurred by sexual intercourse. Then, influencing in social pressure, as a disease incurred from immoral behaviour and the AIDS at the same time is a disease that ends in death. It hurts innocent people who accidentally get this disease.

Being discriminated, social stigma and refusal by society, all results from HIV affection will occur in various contexts. We can say that the central portions are families, relatives,

friends and local community, employment, working place and health-care places. In this context will definitely effect to their earning, economic status, life support, social status and community which more or less reflect to their children.

3. The feeling of self-esteem

The feeling of self-esteem is the foundation of mental health (Hirst and Metcalf, 1984:70), or human's basically requirement in accordance with Marslow's theory. It happens after a person receives physical response that is secure, beloved and owning. Then, that person will feel self-useful and want to express various potential abilities, which is capability in doing something to satisfy him/herself. (Pope, A., Mchale, S, M., Craigh, W, E. , 1988 : 7-8)

3.1 Development of adolescence's self-esteem

The feeling of self-esteem is the process of learning for the whole life, which generates from react-relationship between individual with circumstances and surrounding society. The important thing that influences to self-esteem feeling development is the relationship of parents and other important persons to children. Studies found out that, the interest to take care and paying attention of parents is the main factor to children's self-esteem feeling. The orphan without both parents will have less self-esteem than children with parents. As for broken family, that will of course affect to children's self-esteem.

Research design and methodology

This research is the study to analyze by using participatory action research in order to explain the experiences of the living of the orphans who lost their parents through AIDS, the quality of life and their self esteem. Also to analyze the cause and factors which affect the quality of life of AIDS orphans by using the qualitative methodology and quantitative

research in order to assess problems, the needs and their self esteem and the effect to their quality of lives of those orphans. Using the participatory action research by arranging groups discussion and brain storming and “my 4 cards’ and “My river of life” activities to describe their life and critical that happen to them. These activities can avoid the stigma of AIDS and also develop the communication skills of orphans. Also having in-depth interview with AIDS orphans, both family and community levels in order to receive the data in deep level that is clear and reliable so we can use it in analyzing the problems, find ways to prevent and solve the problem for developing the quality of life of those AIDS orphans.

1. Selecting group target and implementation

1.1 Preparation

- pick a province that hasn't involved much about AIDS research
- have enough sample groups
- contact with sample group and guardians by the cooperation of province development group and Ratchaprachasamasai foundation.

- make questionnaire to survey about their interest to join the meeting, and questionnaire about social population.

1.2 Research process about participatory development

Set a group meeting by using empowerment and participatory of 3 levels which are level of orphans that got affected from AIDS themselves, level of families and community to analyze about the needs, self-valued (self esteem), health effects (impact on health), life quality to find the reasons, prevention countermeasure, and also evaluation which will lead to a better development of orphan life in the future.

1.3 Data were collected from the

children that got affected from AIDS by using questionnaire, interview, observation, and analysis from participatory activities. The data is adapted from energy theory, thoughts of life-skill development, including AIC (appreciation influence control) activity. This will help tracking to the problem's cause; needs, self-valued thinking (self esteem) and health effect (impact on health) by using quantitative data analysis, percentage, average, triangulation method analysis, and data from sample group, guardians, and researcher will be used.

1.4 Setting up the participatory activities

Adapted from Empowerment theory, Life skills development, AIC (Appreciation Influence Theory) which can lead the promise future by using the pattern of PAR This activity consists of “Four Cards Activities”, “river of life”, “meet kind adults”, and “power of life” which will help finding data, needs, self-valued (self esteem) , and health effects. Participatory activities can be divided into 2 groups: main and backup activities. Main activity means activities that adapt the theory and thoughts such as 4 cards, river of life, meet kind adults, power of life, and the future picture. Backup activities consist of “ice breaking activity” to create the relationship, friendship that can lead to the future development.

1.) Ice breaking activity will create relaxation, get to know others, and also develop self-value because the feeling of being a part in the group. This activity will be set as the first part.

2.) Power of life will be like a case study to show the other people who faced more serious problems such as a child that was born without legs and arms but could finish the university and lived happily which was the

true story of one Japanese. This activity will make people to share ideas, develop the self-value thinking with a goal and hope.

3.) River of life is an activity for a member of the group to draw a picture of his/her own river of life. This will tell the tails, problems which will help the communication to tell about their own problem, needs, environment, affects from the AIDS, and thoughts about how to live. There will be one person to help providing equipments. Data collection will be from the persons who explain their own picture, which will be noted down. A group counselor and other members will help by sharing suggestions.

4.) My 4 cards is the activity that reflects him or her, his/her family, friends, and the present society. 4 papers of different colors will be used. The first card will be written about themselves. 2nd card is about the family in the past and in the present. 3rd card will be about friends, relationship, and help received, and also bias. The last card will be about the community. The cards will be handed to other members until each one of them has every color and each one of them will read out loud to share to the others. Later on, they will share their experiences and will help each other to find the way to solve the problems. This will lead to empowerment and how to think carefully. This may be recorded and written down.

5.) Future picture is the activity to help fulfilling the future dream by AIC technique. This will help developing their network to help each other in the future. Each one of them has to come out and tell his/her dream, which will help them in terms of creating self-valued.

The Results

1. The result of general data of the children

The 46 orphans consisted of 20 male (43.46%). 26 female (56.25%). The average is

13.10 years old. The youngest child is 10 years old and the oldest one is 18 years old.

Income: 8 indicated that it was not enough which equals to 32%, 16 indicated that it was enough which was equal to 64%, 1 indicated it was enough for saving which was equal to 4%

People whom they lived with: Only 4 live with mothers. The others live with relatives such as grandfather, grand mother, uncle, aunt. Stay with grandma is the most frequent answer.

2. Potential of the family that taking care the children:

For mental health they are quite warm but the losing of parents is a big loss which causes severe suffering. This shows that the "PAR" gave more deep information from sharing, the feeling toward each other.

the orphans also have "economic problems" which has impact on their education. The example on this are: "My mom does not want me to study because of the expenses. Mom does small jobs and gets tired very easy now (This case mother was infected from father, who passed away already,)

"Short of money but the family takes good care of me. My parents were divorced."

But some children said that "not many people talk to me" which could be a prejudice (3 Cases)

The stigma and discriminance In this group 30% reported that they were threatened because of the fathers or mothers have AIDS. For example:

"14 years old said friends teased that I did not have a father but after they knew that my father had Aids, they did not want to be my friends".

"Friends like to tease me; they know that my parents have AIDS (12 Years old child)"

"I am lonely, no motivation to study. They look down on me because my parents died because of AIDS".

3. The way to deal with problem

Majority said that their reaction was to keep quite (30%). Another 50% indicated that they only spoke the truth, behaved well, talked to make them understand, not using any violence. Some small number of children lied and denied the truth. One of the children made a violence by fighting after class almost every day. This child is not in school now. He works to get money to take care his 2 younger siblings who study in grade 9 and 6.

70.37% of this group said that they were worried about the education, economics concerns. Also the specific concerns of each individual such as worried about the sickness of his/her mother. How long mother will live? Afraid of Grandpa and grandma will pass away before they can return for their generosity. Afraid that she/he does not have enough to take care the family. Afraid that their friends will find out the truth.

-Things that they want to get help or want to change the most

50% said that they wanted help for education fund and education equipments the most.

The next things they wanted are the suggestion, guidelines, someone to talk with and care them.

4. about Health Issues

4.1 Physical health – majority 88% of the children indicated that they had good health and the reason they had good health because they exercise (53.33%), did not have any deceases (26.66%), ate healthy food (6.66%) the rest did not tell the reasons.

Those who said they are not in good health 22% from tension. They had cold, migraine, and pain in stomach.

4.2 Mental (psychological) Health.

Most of them said they had good mental health (68.39%) ,Sometimes good sometimes bad (16%), Did not have a good mental health (15%)

Those who said they did not have good mental health because they missed their fathers and mothers. This depressed them. Worried about mother who is sick and worried about their own future and sometimes had tension.

4.3 Social Health

Children indicated that they had a good social health (50%) The rest of children did not answer this question. 30% of children reported that they were prejudiced against. Those who prejudiced them were relatives, neighbors, and friends at school.

The Analysis Data on “ My 4 Cards Activities”

The data came from 46 children who wrote about themselves. Majority of the children, 40 children which are 86.95% stay with extended family. These families have older people such a grandfather, grandmother, uncle, aunt. Most of them stay with grandmother. The minority of these children, four, stay with their mother alone. One child who is 17 years old is the head of the family.

The summary from the analysis of the data on card number one which is the story about “myself” are as follows:

Need assessment On psychological and psychosocial aspects it was found that the majority of these children wanted psychological support the most such as, love, warmth, and wanted people to love and understand them; especially they want to have a warm family. Other factor which included in this was the economical problem. From these data these two factors together are 70% of all the needs. For example in writing about “ myself”

“I am not happy, nobody pay attention to me. Now I am staying with my aunt” or

“I suffer inside with so many things. I have very strong emotion (moody) but I try to control it. It is easy for me to cry and I like to

think about the past. I would like you to help me solve my problem.”

“Father and mother are always in my heart. After my parents were gone, it made me stronger. I consciously made myself stronger”.

5. Self Esteem

It could be said that to be orphans has some effects on their self esteem. It has a negative effect on self esteem

“I am not happy. Nobody pays attention to me. Now I am staying with my aunt”.

“I think I am disgusting. I do not speak well, be shy and afraid to show off, easily get hurt. I do not know I have any family problems or no.”t.

“When I was born I didn’t have parents. I thought I was the person who had not seen the face of the parents at all. My grandmother took care of me when I was very young. Now I stay with grandpa and grandma and I receive a scholarship from the foundation and this make me happy”.

5. 3. Economical and educational problems

Results of the research found that majority of children are worried about their future and the educational expenses (more than 90%)

Effect on Economics. Data from “My family” card found that 90% have economical problem for example;

“In the past we were happy. We were all together grandpa, grand ma, father, mother.. . When uncle and aunt came to visit, they will bring staff for us. This was changed after mother, father, grandpa, and grand ma died. Not enough money to spend but living with my aunt and uncle helps to make me happy”.

“I like to go to school very much but we have so many problems and obstructions. I have to fight trying to take care of myself”.

“I like to go to school very much, but we have so many problems and obstructions. I have to fight, take care of myself. Sometimes I

hardly have any money to go to school because I have to spend money for other expenses”.

6. River of Life

“ River of Life” is the activity that will help to develop communication skills, to increase energy, and also help to develop psychosocial skills. This activity helps children to release their feelings, happiness, unhappiness, frustration of incidents that happened in the past and also to talk about what’s happening at present and mentioned their hope in the future.

The way to arrange this activity was to set up a group of children according to the area they live and also arrange to have one facilitator who also will be a consultant for each group. The members of the group will hear the stories of their friends who are in the same group which similar problems more or less. They will learn how to manage the problems by experienced learning. They will help each other by talking and motivate each other. At this stage, there will be the way to build or to create the feeling of peers-network, also the sympathy to each other. This way if we can build a leader and member in the group to be able to unite, it will be the way to develop their potential, to increase energy (force) also to develop their psychosocial

This is the explanation of “my river of life”

Mountain is my parents. Water that came out from mountain is my life that falls on . It goes on until I was 11 years old. My father passed away. At that time I looked after my father. I did everything for my father. My father tried very hard to fight and he was a very good person. My father said that he made a mistake unintentionally, My mother understood and felt sympathized. It was lucky that my mother was not infected. She knew it and was able to protect herself in time. My father said that he wanted me to have a higher

education and get a degree. The picture of water that goes to the big river is I who grew up and be stronger. The picture of the circle, dark brown is the eyes of my father who is watching me and giving me motivation while he is in the heaven.

River of life by Pim (not real name) who is 11 years old.

“There were 3 fishes swimming in the river. On the bank of the river, there is a big tree and a flower garden”. Three fishes in the river are just like my life. I have father, mother and I. When I was 9 years old, I lost both my mother and father. The garden and flowers are grandma, grandpa, and uncle who I stay with at present. I have 2 younger siblings. My grandma taught me to be a good girl.

Nai chai (not real name) is 17 years old . He used to receive a **schololar** from Rajpracha samasai Foundation. At present he resigned from school and did not receive a scholarship anymore. After he graduated from Grade 9, he quitted school and worked in construction to support his siblings. This is his river of life:

“At the beginning I lived in 1 house, had family just like a big tree. Later on when father and mother passed away because of AIDS. It is just like living in a big and wide ocean which could not see the banks of the ocean, the sun is our goal to make our life bright. It just like we still have a house and younger siblings that I have to take care”. (Pictures as below)

Summary

It could be said that from doing research on Needs, Self Esteem, health impact assessment on children who receive impact from aids by using participatory research and also theory on create empowerment, life skills development, and arranged activities for children who received impact from AIDS able to search for the needs, self esteem, and the impact on their health of children in the way

that are both in depth and width. It was found that this way of doing research will also help to develop empowerment, and self esteem of the children. It also develops peer network for this group of children. The well cooperation from local organizations could develop the sustain network for better life of AIDS orphans.

Suggestions

1. The PAR meeting and the activities in this research should be used in the meeting with other AIDS orphans and guardians in the other part of the country because it helps to find the problems, needs, self esteem, and the impact of AIDS. Because the orphans has been empowered, their psychosocial development and increase their self esteem, the children were happy, contented, had friends and developed the guardians in taking care children.

2. The instructor or facilitator of each group must know and understand the way how to consult, skills in psychosocial development, and skills in observation, analyze and synthesize in solving problems, be able to summarize the problems and give help in taking care of the children who participated in the meeting.

3. People involved (stakeholders) must have a good coordination and cooperation with local government/NGO and the local leaders to follow up and evaluate the results effectively.

4. In the future, it needs to search and specify the condition of the leaders in order to develop the axis of the leaders and network so they can strengthen the group of children to help each other in the future.

5. The stigma and prejudices, give vulnerable to orphans, therefore, the arranging of seminars and make public relations to create an understanding about AIDS will give benefits to AIDS orphans in the future.

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