

Self-Esteem of Patients with Cleft-Lip Cleft-Palate Attending the Self-Esteem Enhancement Program Camp Activities

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Background: The patients with cleft lip and cleft palate [CLP] have physical problems in chewing and swallowing food as well as problems related to the intellectual level, living with others in the society, and low self-esteem. Tawanchai Cleft Center, therefore, organized a camp to improve the self-esteem of patients.

Objectives: To study the result of the Self-Esteem Enhancement camp activities.

Materials and Methods: This is a descriptive study to evaluate the effects of the Self-Esteem Enhancement Program camp, which was scheduled on May 5, 2017. The subjects were divided into a group of 39 patients with cleft lip and palate and a group of 31 normal volunteers without CLP. The instrument included the questionnaire for general baseline data and the 10-item pre-test and post-test for self-esteem using the Thai version of Rosenberg Self-Esteem Scale [SES]. Data Analysis: The Paired t-test was used to compare the pre-test and post-test scores of the self-esteem scores. The correlation analysis was based on ANOVA.

Results: The patients with cleft lip and palate had self-esteem score not different from volunteer in pretest, but after joined the camp showed a significant increase of self-esteem scores in patients with cleft lip and palate compare to volunteers.

Conclusion: The sense of self-esteem of the patients with cleft lip and cleft palate did not differ from normal people. The camp activities could increase the level of self-esteem in both groups, and significantly in the patients with cleft lip and cleft palate.

Keywords: Cleft lip and cleft palate, Self-esteem, Self-esteem Enhancement Program

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The face is the first thing we see when we meet a person for the first time. The face can enhance confidence and make a good impression for another person, which may lead to a long-term relationship⁽¹⁾. However, for a patient with cleft lip and cleft palate [CLP], a scar from the lip surgery or palate surgery may be seen. Some patients may have speech problems and

cannot produce clear words. These malfunctions usually lead to psychological impacts such as worries of the facial appearances, utterances, and negative feelings towards oneself. The research work on psychological problems in CLP conducted by Sousa AD et al (2009), for instance, showed CLP patients with a low level of self-esteem⁽²⁾, lack of confidence, social withdrawal⁽³⁾, being bullied during their teens⁽⁴⁾, discouragement. Presently, the children or patients with CLP receive treatment including surgery and orthodontic treatment. However, mental health impact needs to be intervention. Therefore, Tawanchai Cleft

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Centers organized the Self-Esteem Enhancement Program camp activities to help a group of children with CLP which designed by a multidisciplinary team comprising psychiatrists, nurses, and clinical psychologists. The aim was to enable the patients with CLP to live happily with others in the society. In the camp, the patients and normal volunteers learned to activities together and to gain self-esteem.

Objectives

To study the result of the camp activities in the aspect of self-esteem of children with CLP and normal subjects who joined the camp.

Materials and Methods

The first group comprised 39 patients with CLP, aged 11 to 30 years, who being Tawanchai Cleft Center's patients. The second group comprised of 31 normal volunteers. Both group joined activities together.

The data were collected for general demographic data, number of surgical operations, satisfaction with the operation, speech fluency, hearing problems and academic grades in school.

The Thai-version of the Rosenberg Self-Esteem Scale [SES], by doing at pre and posttest of Self-Esteem Enhancement Program camp activities.

A one day, self-esteem enhancement program, which was learning activities and group interactions, including: self-concept & body image, begin with 'my balloon' activity and watching a video clip and interacted in the topic, 'do I think I am pretty?', then activities call self-esteem, 'my picture and your picture' activity and the successful tree.

The activities call communication, using 'whisper game', 'I-Message' communication, and finding self-confidence by finding what you can do. The activities call self-awareness and mood management, using 'guessing the mood' activity, by watching a video clip on different emotions, walking meditation, and survey one's mood by consciousness training.

Data analysis

The quantitative data was analyzed by descriptive statistics and paired t-test to see the statistical significant of the self-esteem scores of the CLP group and the volunteers group before and after the camp activities. ANOVA to analyze the correlation between demographic data and self-esteem scores.

Ethical consideration

The study was reviewed and approved by the Human Research Ethics Committee, Khon Kean University (Project No.: HE601339).

Results

The total of subjects was 70, 31 males and 39 females. The youngest participant was 8 years old and the oldest was 47 years. The CLP group consisted of 39 people (21 males and 18 females). The volunteer group consisted of 31 people (10 males and 21 females). Twenty two cases completed the education at the secondary level, 20 completed the high school level, 12 completed the elementary level. Most participants lived with their parents, who had occupations and earned adequate incomes. 94.74% of CLP group, had received operations whereas 5.26% had not undergone any operation. The average number of times of the operations was 3 times 97.3% were satisfied with the result of operations. Regarding the speech and hearing, 62.16% produced speech fluently, 97.37% had normal hearing. The average academic accumulated grade point was 3.04. The details are shown in Table 1.

The self-esteem

The Rosenberg Self-Esteem Scale [SES] scores were assessment 2 times (Pre-Post) (The mean score of pre-test was 19.25 and the mean score of post-test was 20.23, as shown in Table 2). The Paired sample t-test was performed and the significant difference was found of the two groups (p -value < 0.05) as shown in Table 3. The difference of self-esteem scores increased in CLP group has significant difference to volunteer group ($p = 0.002$).

The demographic data was correlated with the self-esteem scores based on the ANOVA or F-test statistics. It showed that most factors of the sample groups did not differ when item by item analyses, except speech was significantly factors associate to self-esteem scores of post-test in CLP group (p -value = 0.18). The other items were not different (Table 4).

Content analysis of data during group activities

The complete sentence written by the participants in the activities 'I want to tell myself that ...' and 'I'm confident to do' and efficient communication activity 'I message' were analyzed and the frequencies counted.

The 'how I feel about myself' activity for the self-concept and body image, the followings are the most frequently written statements: 1) I'm confident

Table 1. General information of the sample group

Details	CLP		Volunteers	
	Number	Percentage	Number	Percentage
Gender				
Male	21	53.85	10	32.26
Female	18	46.15	21	67.74
Education				
Elementary	9	23.08	3	9.68
Secondary	14	35.90	8	25.81
High school	9	23.08	11	35.48
Vocational certificate	1	2.56	2	6.45
Higher vocational certificate	0	0	3	9.68
Bachelor's degree	1	2.56	0	0
No education	5	12.82	4	12.9
Living with				
Father and mother	35	92.11	24	80
Others	4	7.89	6	20
Parents' occupational status				
Employed	30	96.77	22	95.65
Unemployed	1	3.23	1	4.35
Incomes				
Adequate	36	97.3	20	76.92
Inadequate	1	2.7	6	23.08
Operation received				
Yes	36	94.74	-	-
No	2	5.26	-	-
Satisfaction towards operation				
Yes	36	97.3	-	-
No	1	2.7	-	-
Speech				
Fluently	23	62.16	-	-
Not fluently	14	37.84	-	-
Hearing				
Normal	37	97.37	-	-
Abnormal	1	2.63	-	-
Min-max				
Age	8 to 47			
Number of operation received	1 to 7			
Academic GPA	2.00 to 4.00			

Table 2. Means of self-esteem scores of the two groups

Rosenberg self-esteem scale	Mean (SD)	CLP	Volunteers
Pre-test	19.25 (3.81)	19.56 (3.79)	19.10 (3.89)
Post-test	20.23 (3.91)	20.58 (3.64)	19.79 (4.25)

and proud of myself, 2) I'm happy with what I have, and 3) I have some good points and ability; I like to help the others. These reflected that the participants had good self-concept and their attitude towards the

Table 3. Comparison of pre-test and post-test scores (paired sample test) of the two groups

	Mean (SD)	Std. error	Sig. (2 tailed)
Pair pre-test-post-test	-0.98 (2.47)	0.31	0.002*

Table 4. Factors associations to self-esteem pre-test and post-test scores of CLP group

Details	Pre-test		Post-test	
	F	Sig.	F	Sig.
Gender	1.44	0.159	0.97	0.504
Age	0.50	0.938	0.86	0.611
Group	0.61	0.865	1.15	0.341
Education	1.40	0.190	0.75	0.722
The people living with	0.57	0.885	1.26	0.268
Parents' occupational status	0.45	0.949	0.44	0.955
Income	1.31	0.238	0.66	0.808
Operation experience	0.52	0.922	0.98	0.490
Number of operation	1.70	0.173	1.01	0.487
Satisfaction towards operation	0.65	0.805	0.49	0.909
Speaking: fluent/not fluent	0.95	0.527	2.75	0.018*
Hearing	0.74	0.724	0.81	0.643
Academic results	1.09	0.421	0.55	0.845

body image was positive.

The communication activity – ‘I message’ trained the participants to learn how to efficiently communicate and use language. By using beginning sentence with, ‘I feel..’, ‘I want..’, and ‘I don’t want..’. The communication was creative, clearly meaningful and geared towards the feeling occurring to ‘me’ only. There was no blame on others, which is an efficient way of communication, and it enables the message conveyor to be aware and understand his or her own feeling well.

The participants reflected both positive and negative feelings. These included happiness, joyfulness, and gladness as well as the feelings of tiredness, discourage, loneliness, sadness, sorrow, and sensitiveness. Regarding their reflections towards what they wanted and did not want, the related contents involved materials, people, and mentality. For example, some said they wanted a motorcycle, some games, a doll, etc. For people, they said they wanted friends, someone who loves them, closeness to their father and mother. For mentality, they wanted moral support, consolation, and they did not want insult, contempt, or exploitation. However, it is interesting to note that some

participant did not want consolation, which reflected that the participant did not want others to perceive him/her weakness.

The self-suggestion or self-talk activity, the principle behind this activity is that the person was not conscious that in that moment he or she was talking to himself/herself. Self-talk can lead the person’s behavior towards the expected aim. This is the rationale behind the activity. Most participants understood the activity to tell themselves positively by writing on a post-it paper. The tendency found was most of the participants were able to self-talk by saying, ‘I’m good’, ‘I can do it’, ‘I’m patient’. The second most frequent self-suggest statement was ‘I believe I can make my dreams come true’, and the least frequently found self-suggest statement was ‘I hope I will be able to overcome the obstacles. The information found reflected that the participants were able to use the words to cheer themselves up in the time of troubles. This should enable them to pass through obstacles and reach their goal.

Discussion

The Self-Esteem Enhancement Program of this

study increased self-esteem in CLP group significantly compare to volunteers group. The Paired Sample t-test was significant different (p -value <0.05). This reflects that the self-esteem scores increased, or the personal self-development program enhanced the sense of self-esteem. It can be seen that the CLP group had similar scores of self-esteem as the volunteers group. Overall, no correlation was found between the general information and the self-esteem scores from the pre-test and post-test. This is consistent with the research work by Kanthawong T. et al (2013) who performed a study on self-esteem of CLP adolescents and did not find any significant correlation between the degrees of self-esteem and the personal baseline data⁽⁵⁾. It is possible to say that the patients with cleft lip and cleft palate did not feel inferior to people in general, they could perceive themselves positively, they had pride and satisfaction towards who they are and what they possess, or they were satisfied with their facial appearance. This finding agreed with the study by Patjanasontorn N et al (2014) on correlation between the facial beauty and esteem. This research revealed that facial beauty had no correlation with the degree of self-esteem⁽⁶⁾. It is possible that the method of raising up with support, no social discrimination, frequent teaching or instilling of the feeling of satisfaction of what one has could predict that the CLP patients receiving treatment at Tawanchai Cleft Center would have good mental health, self-esteem, and feelings that are not different from the others.

Conclusion

The sense of self-esteem of the patients with cleft lip and cleft palate did not difference from normal people. Participation in joint activities could increase the level of self-esteem.

What is already known on this topic?

Children with cleft lip and cleft palate usually lack self-confidence and do not have the courage to express themselves.

What this study adds?

The self-esteem of children with cleft lip and cleft palate did not difference than normal people.

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Potential conflicts of interest

The authors declare no conflicts of interest.

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