# Social support and economic stability as major determinants of self-esteem among persons with hemophilia

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# INTRODUCTION

Previous studies have shown that the tendency to develop low self-esteem among people with hemophilia is significantly greater than in healthy persons (Fakhari & Dolatkhah 2004). They have also shown that self-esteem plays a distinctly important role in the possible development of depressive disorders and/or anxiety states among hemophiliacs (Canclini *et al.* 2003; OLSSON *et al.* 2003). For this reason, we wanted to examine which aspects of life were significantly related to self-esteem in people with hemophilia, that is, which aspects of their daily life should be encouraged to raise levels of self-esteem.

#### RESULTS

Variables of physical health significantly correlated with the level of self-esteem (Incidence of bleeding r=-0,438; p<0,01; Level of hemophilia r=0,224; p<0,05; Movement impairment r=-0,334; p<0,01), which is confirmation of earlier research findings as well as our initial assumptions. A very high correlation between self-esteem and satisfaction levels with social relations towards participants was found. The same result was obtained in relation to the quantity of social contacts. Education levels, employment as well as economic status also show a significant connection with the level of self-esteem.

### **DISCUSSION AND CONCLUSION**

The results suggest several conclusions. To ensure that self-esteem is at the highest level in people with hemophilia, which would reduce the likelihood of mental disorders, there is a need to work on the availability and implementation of adequate medical care. However, besides adequate medical care, it is essential to raise awareness about activating other aspects of life. A positive correlation between economic stability and self-esteem indicates the necessity of raising the economic well-being of people with hemophilia. At the same time, it serves as a message to society of the need to create conditions of economic independence for this population (to encourage education among young people with hemophilia, orientation towards occupations where hemophilia is not an obstacle, the development of recruitment strategies, etc.). Finally, it is exceptionally important to promote social engagement, but not just among people with hemophilia, but also among people who make up their social environment.

# **METHODS**

An empirical survey among adults with hemophilia was conducted in Croatia (N=135). Different measures of health, economic and social status were used (in total 19 items) while the Rosenberg scale (Rosenberg 1965) was used as a measure of self-esteem.

Table 1: Clinical and demographic characteristics

Age	N	%	Level of hemophilia	N	%
≤ 30 years	43	31,85	Severe	55	40,74
31-40 years	35	25,93	Moderate	21	15,56
41-50 years	24	17,78	Mild	30	22,22
≥ 51 years	31	22,96	Unknown	29	21,48
Unknown	2	1,48	Inhibitors	N	%
Type of hemophilia	N	%	Yes	15	11,11
Hemophilia A	110	81,48	No	67	49,63
Hemophilia B	24	17,78	Unknown	53	39,26



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