

Life Effectiveness and Self Efficacy of HIV Infected Children

Rashmi R^{1*}, Romate John²

ABSTRACT

Globally, only 38% [36–40%] of adults (15 and older) living with HIV and 24% [21–26%] of children living with HIV have access to treatment. As of 2013, 12.9 million people had access to antiretroviral therapy. HIV infection in children is a chronic illness with effect on physical, emotional and social well-being. There is, however dearth of information on assessment of life effectiveness which includes the aspects of Quality of life in HIV infected Indian children [Das S et.al, 2010, Banerjee T, et.al 2010]. The present study was designed to assess the life effectiveness among HIV infected children who were institutionalized and non-institutionalized. The tool assessed the life effectiveness in eight dimensions like: Time Management, Social Competence, Achievement Motivation, Intellectual Flexibility, Task Leadership, Emotional Control, Active Initiative, and Self-Confidence. In this tool higher the score higher the life effectiveness and lesser the score lower the life effectiveness. General Self efficacy scale of 10 items (Matthias Jerusalem & Ralf Schwarzer, 1986) was used to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. The result revealed that there was a significant difference between the two groups of HIV infected children indicated that the institutionalized children were doing better in all the dimensions of life effectiveness like: Time Management, Social Competence, Achievement Motivation, Intellectual Flexibility, Task Leadership, Emotional Control, Active Initiative, and Self-Confidence when compared with non-institutionalized children. The result also revealed a high significant difference in self efficacy among the two groups of HIV infected children indicating that the institutionalized children were having a better self efficacy when compared to children who were non-institutionalized.

Keywords: HIV/AIDS, Life Effectiveness, Institutionalized and Non-Institutionalized

Life effectiveness

Life-effectiveness refers to the “psychological and behavioral aspects of human functioning which determine a person’s proficiency in any given situation” (Neill, Marsh & Richards, 1997, p. 5). ‘Life effectiveness’ as defined by Neill et al. (1997) is “the psychological and behavioural aspects of human functioning that determine a person’s effectiveness or proficiency in any given situation. In simpler terms, ‘life effectiveness’ skills refer to how an individual acts, responds and thinks in a variety of situations. It is

¹Assistant Professor, Department of Psychology, Montfort College, Bangalore, India

²Professor, HOD of Psychology Dept, Central University of Karnataka, Gulbarga, India

*Corresponding Author

Received: July 12, 2021; Revision Received: October 16, 2021; Accepted: October 27, 2021

Life Effectiveness and Self Efficacy of HIV Infected Children

hypothesized that the greater the personal effectiveness, the more likely that the individual will achieve success in life" (Neill, et al., 2003). The notion of "life effectiveness" is that there are some personal skills that are important factors in how effective a person will be in achieving their aspirations in life. Neill suggested that a person's life effectiveness can be measured by how well they function in work or school, as well as in their personal and social life. Underlying performance in these various aspects of life, are some core personal effectiveness skills which can be developed and learned like time management, self confidence and leadership abilities. Life effectiveness is closely related to notions of "personal skills", "life fitness", "practical intelligence, "personal competence" and "self-efficacy". James Neill (2000) developed the Life Effectiveness Questionnaire (LEQ) with the aim to measure typically targeted goals of many psychosocial intervention programs. The design of the LEQ was influenced by self-concept, self-efficacy, and coping theory. LEQ focuses on measuring the extent to which a person's actions, behaviour and feelings are effective in managing and succeeding at life, or more specifically, generic life skills. Whether positive growth occurs depends on the quality of programming, particularly program philosophy and program design, not to mention the actual implementation of the program and the individuals involved. In developing the Life Effectiveness Questionnaire (LEQ), the research findings used to develop the questionnaire were mainly from Outward Bound students' and over 5000 other participants from a variety of programs with programs of differing duration (Neill, 2000).

Life effectiveness is proposed to refer to a person's capacity to adapt, survive, and thrive; that is, it refers to how well one is equipped to handle the demands of life. Hamburg (1990) defined life skills as "requisite skills for surviving, living with others and succeeding in a complex society" (Hamburg, 1990, p. 3). Skinner might also have been referring to life effectiveness when he wrote, "let men be happy, informed, skillful, well behaved, and productive" (1955/1956, p. 47). Life effectiveness is used here to broadly refer to behaviour, cognitions, and emotions which give cross-situational advantage for "surviving and thriving". Life effectiveness is further proposed to consist of learnable and enhanceable "life skills". Such a view of life effectiveness as "learnable" and "enhanceable" is intended, in part, to distinguish the construct from relatively stable psychological constructs (such as personality traits) and, to some extent, also from fuzzier constructs such as "resilience" and "hardiness" which are not necessarily conceptualized as consisting of enhanceable life skills (e.g., see Ahern, Kiehl, Sole, & Byers, 2006; Ungar, 2005).

Self Efficacy

Perceived self-efficacy is defined as people's beliefs about their capabilities to produce designated levels of performance that exercises influence over events that affect their lives. Self-efficacy beliefs determine how people feel, think, motivate themselves and behave. Such beliefs produce these diverse effects through four major processes. They include cognitive, motivational, affective and selection processes (Schwarzer and Fuchs, 1996).

According to social cognitive theory [Bandura A, 1997], human motivations and actions are regulated extensively by forethought. The prime factor for influencing behaviour is perceived self-efficacy [Luszczynska A, et al, 2005]. Self-efficacy is the foundation of human motivation, well-being and accomplishment. Perceived self-efficacy can be characterized as being competence based, prospective, and action related [Bandura A, 1997].

In Bandura's theory, people with high self-efficacy- that is those who believe they can perform, well – are more likely to view difficult tasks as something to be mastered rather than

something to be avoided. The construct of perceived self-efficacy represents one core aspect of social cognitive theory (Bandura, 1992, 1997). Self-efficacy levels can enhance or impede the motivation to act. Individuals with high self-efficacy choose to perform more challenging tasks. They set themselves higher goals and stick to them (Locke & Latham, 1990). While outcome expectancies refer to the perception of the possible consequences of one's action, perceived self efficacy refers to personal action control. A person who believes in being able to produce a desired effect can conduct a more active and self-determined life course (Schwarzer et al, 2000).

A strong sense of self efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. Such an efficacious outlook fosters intrinsic interest and deep engrossment in activities. They set themselves challenging goals and maintain strong commitment to them. They heighten and sustain their efforts in the face of failure. They quickly recover their sense of efficacy after failures or setbacks. They attribute failure to insufficient effort or deficient knowledge and skills, which are acquirable. They approach threatening situation with assurance that they can exercise control over them. Such an efficacious outlook produces personal accomplishments, reduces stress and lowers vulnerability to depression (Schwarzer and Fuchs, 1995). He explains that the individual with high self efficacy can resist any pressure from the environment and maintain positive quality of life in contrast with that of low self efficacy. Self-efficacy is the belief in one's competence to attempt difficult or novel tasks, and to cope with adversity arising from specific demanding situations (Cross et al. 2006; Luszczynska et al. 2005; Scholz et al. 2002). People with high self-efficacy choose to perform more challenging tasks; they set themselves higher goals and stick to them. Actions are pre-shaped in thought, and once an action has been taken, highly self-efficacious people invest more effort and persist longer than do those with low self-efficacy (Bandura 1997, 1999). When setbacks occur, they recover more quickly and remain committed to their goals. Thus, self-efficacy is an important factor in coping with the challenges and demands presented by a chronic condition.

REVIEW OF LITERATURE

Life effectiveness

Six of the eight domains in the Life Effectiveness Questionnaire (LEQ) are supported by social and emotional learning and development research. These domains are social competence, achievement motivation, intellectual flexibility, emotional control, active initiative, and self-confidence. Research and literature specifically focused on life effectiveness has been very limited. While James Neill, the author of the Life Effectiveness Questionnaire (LEQ), defines life effectiveness by the previous eight domains discussed, he simplifies his definition by suggesting that life effectiveness in simple terms can be viewed as personal effectiveness (Neill, 1999; Neill, 2000). An expansion of this view is that life effectiveness is how an individual responds, acts, and thinks in a variety of life situations. (Hattie, Marsh, Neill, & Richards, 1997; Neill, 1999; Neill, 2000). The findings of one-day intervention of personal effectiveness had positive impact on the students' life effectiveness, Eagle et al. (2002). A study conducted by Stenger (2001) on 120 middle school students in the United States (USA) using the LEQ-I to examine the changes in perceptions of life effectiveness after a 3-day adventure-based residential outdoor education programme also found a significant increase in the overall LEQ-I scores from pre-test to post-test which remained the same one month after the adventure-based programme.

Dimensions of Life Effectiveness

- **Time Management:** The ability to plan and make efficient use of time is well embedded in Western society and is a quality that is recognized as both useful and necessary for success in both personal and professional life (Neill et al., 2003). While it seems to be an important quality that is essential in everyday life, studies looking at the impact of interventions on time management are limited (Macan, 1996; Neill et al., 2003).
- **Social Competence:** This dimension includes the ability of an individual to function effectively in social situations and incorporates skills in communication, decision-making, and problem solving. All-important conceptions of life success identified social competence as one of the essential skills needed for youth to form and maintain healthy relationships with their peers, and the adults in their lives (Neill et al., 2003; Hartup, & Moore, 1990)
- **Achievement Motivation:** The more people are motivated to achieve the more likely they take action towards reaching their goals (Neill et al., 2003). Interventions specifically focused on enhancing motivation found improved achievement levels in adolescents (Nicholls, 1984). Other factors found to influence motivation include intensity and focus of the effort, sustainability of motivation and behavior changes (Priest & Gass, 1997).
- **Intellectual Flexibility:** Intellectual flexibility refers to the ability of a person to appropriately adjust his/her view to accommodate and act on the ideas of others (Neill et al., 2003). Intellectual flexibility scales are used in research; specifically, the Personality Research Form instrument that examines cognitive structure (Jackson, 1984). Research by Gubitza and Kutcher (1999) found that positive outcomes in intellectual flexibility come just from participating in experiential challenge/adventure-based activities. The literature supports the importance and value of providing time to express thoughts, comments, and questions at the end of the experience. This, in turn, gives participants opportunities to integrate the experience, find personal meaning and discover opportunities to transfer the learning to their everyday lives (Kolb, 1984; Priest, 2001; Terry, 2002).
- **Task Leadership:** Task leadership is a critical element of leadership functions. It is the ability to get others involved in an activity and motivated to achieve the desired outcome (Neill et al., 2003). Research in this area focuses on the leadership characteristics of people in specific leadership roles, like managers, or on events that identify emerging leaders who respond to a given situation. The LEQ assesses an individual's ability to take on and perform a leadership role. Focus on completion of the task and maintaining positive relationships with those attempting the task are critical elements of leadership (Hershey & Blanchard, 1993; Priest & Gass, 1997).
- **Emotional Control:** Goleman (1995) identified emotional intelligence as skill that can be taught and can contribute to success and life effectiveness. Emotional intelligence is the ability to develop self-awareness, display empathy, identify the relationship between emotional and rational thoughts, and manage emotions. Many experiential-based programs help participants learn these skills through group activities followed by a debriefing process. These activities allow the adolescents an opportunity to learn and practice new skills in a safe environment and then apply these tools to their real life experiences (Gass, 1993; Neill et al., 2003; Terry, 2002). The focus of the LEQ is to help participants assess their ability to deal with their emotions under stressful circumstances (Neill et al., 2003).

Life Effectiveness and Self Efficacy of HIV Infected Children

- **Active Initiative:** Active initiative is the ability demonstrated by an individual who actively and independently initiates new actions and thoughts in a variety of personal and work settings (Neill et al., 2003). Extensive review of the literature by LEQ's authors revealed little research available to validate the idea of Active Initiative, considered a component of life effectiveness (Neill et al., 2003). Active initiative contains important qualities like innovation, entrepreneurship, and the ability to think "out of the box" which are important elements for success in work environments (Stenger, 2001).
- **Self-confidence:** Self-confidence is an individual's general belief in his/her abilities (Neill et al., 2003). Much of the literature does not use the term self-confidence; instead, the reference is generally to self-esteem, self-efficacy, and self-concept (Stenger, 2001; Neill et al., 2003). The authors chose this term because of its common usage in our daily vernacular and because it is related to self-concept. The authors of the LEQ suggest that there is an identifiable general confidence component of life effectiveness; the scale provides a self-assessment of one's general confidence of success in work and personal situations.

Self efficacy

Self-esteem is known to be one of the major predictors of subjective quality of life (Marriage & Cummins, 2004). Children in HIV/AIDS-affected families may face additional life burdens, with one study indicating that this may impair their confidence as well as self-esteem (Siegel & Gorey, 1994). Reductions in self-esteem have been consistently shown to be associated with increased psychological problems (Raveis et al., 1999; Sandler et al., 2003; Worden, 1996; Xu et al., 2008). Studies on the HRQL of children with chronic disease (i.e., heart disease, cancer) have indicated that self-esteem was a significant contributor to the explained variance of HRQL (Cohen et al., 2007; Langeveld et al., 2004). Our findings showed that a decrease in self-esteem reduced the child's. According to motivational theoretical models of children's adaptation to adversity, stressors following parental death (e.g., moving to a new house, dropping out of school) may eliminate contact with esteem-supporting caregivers and peers, and reduce opportunities for esteem-enhancing activities (e.g., sports, social activities) (Wolchik et al., 2006). This finding suggests that appropriate interventions with esteem-supportive activities may help improve children's HRQL.

METHODOLOGY

Objectives

To study the life effectiveness of HIV/AIDS infected children who were institutionalized and non-institutionalized.

Sample

the study was carried out among HIV/AIDS infected children (both boys and girls) who were institutionalized and non-institutionalized. These children were from the age group of 12 – 15 years and were drawn from ART Pediatric center, Indira Gandhi Institute of child health hospital, Bangalore: N= 131).

Hypothesis

- There will be a significant difference between the HIV infected institutionalized children and HIV infected non-institutionalized children in life effectiveness and its dimensions.

Life Effectiveness and Self Efficacy of HIV Infected Children

- There will be a significant difference between the HIV infected institutionalized children and HIV infected non-institutionalized children in self efficacy scale.

Measures

Life Effectiveness Questionnaire ((Neill *et al.*, 1997): The 24-item LEQ-H was developed by Neill and his colleagues (Neill, 2008; Neill, Marsh, & Richards, 2003) to measure the levels of, or changes in, personal development in certain life skills domains as a result of intervention programs, particularly in the outdoor adventure domain. Life skills are conceptualized as “the psychological and behavioral aspects of human functioning which determine a person’s effectiveness or proficiency in any given situation” (Neill *et al.*, 2003, p. 6).

The first life skill included in the LEQ-H is time management, which is the ability to plan and make optimum use of time. Time management is considered as essential skills for personal effectiveness. The second essential life skills included in the LEQ-H is social competence. This is defined as the extent to which one feels confident in social situations. Achievement motivation is a person’s orientation to strive for task success, persist in the face of failure, and experience pride in accomplishments (Gill, 2000). Intellectual flexibility refers to the ability of a person to adapt and accommodate the views of others. Task leadership is also included in the LEQ-H. It refers to the ability to lead others effectively for task completion or goal achievement. Emotional control measures the ability of an individual to retain or dominate his or her reactions provoked by pleasant or unpleasant emotion. Active initiative refers to the ability to act and initiate actions and thoughts in a variety of different settings. The final dimension included in the LEQ-H is self-confidence, which refers to a person’s beliefs in his or her abilities. There are several different versions of the LEQ used within the outdoor education program evaluation and research (LEQ-G, LEQ-H, LEQ-YAR, and LEQ-Corporate). The LEQ-YAR is developed for youth-at-risk adventure-based or experiential interventional programs and the LEQ-Corporate focuses on life skills in two domains: personal, social, and work place. The LEQ-H is the standard version with 24 items and contains the eight generic skills for personal effectiveness (Neill *et al.*, 2003). The LEQ-H measures eight domains (two items each) of life effectiveness. It focuses on measuring the extent to which a person’s actions, behaviour, and feelings are effective in managing and succeeding at life, or more specifically, generic life skills. The eight factors are: Time Management, Social Competence, Achievement Motivation, Intellectual Flexibility, Task Leadership, Emotional Control, Active Initiative, and Self-Confidence. Participants’ responses to each item were scored using a seven-point Likert scale anchored by the end points “False, not like me” (1) and “True, like me” (7).

General Self efficacy: An English version of the general self-efficacy was developed by Ralf Schwarzer and Matthias Jerusalem (1993). The scale was originally developed in German in 1973, and latter revised and adopted to 26 other languages. The scale is used to assess a general sense of perceived self- efficacy and to predict coping ability with daily hassles as well as adaptation after experiencing all kinds of stressful life events.

The construct of perceived self-efficacy reflects an optimistic self-belief (Schwarzer, 1992). This is the belief that one can perform a novel or difficult task, or cope with adversity in various domains of human functioning. Perceived self-efficacy facilitates goal setting, effort investment, persistence in face of barriers and recovery from setbacks. It can be regarded as a positive resistance factor. Ten attributes are designed to tap this construct. Each items refers to successful coping and implies an internal-stable attribution of success. Perceived

Life Effectiveness and Self Efficacy of HIV Infected Children

self-efficacy is an operative constructive, i.e., it is related to subsequent behavior and therefore is relevant for clinical practice and behavior change. This measure has been used internationally with success for two decades. It is suitable for a broad range of applications. It can be taken to predict adaptation across life changes, it is also suitable as an indicator of quality of life at any point of time. It samples from 23 nations, Cronbach's alphas ranged from .76 to .90, with the majority in the high .80s. The scale was designed for the general population with age above thirteen years, including adolescents. It can be administered in a group. There are ten items mixed at random into a pool of items that have the same scale. Responses are made on a four-point scale. A sum of the responses to all the ten items yields the final composite score with a range from ten to forty. The scale is unidimensional. A higher score indicates a high perception of self-efficacy.

Analysis of the data: The statistical analysis was done using SPSS. The descriptive statistical method was used to profile the sample and to observe the overall characteristics of the variables. The inferential statistical methods were also employed to assess and examine the difference between the life effectiveness of HIV/AIDS infected children who were institutionalized and non-institutionalized.

RESULTS AND DISCUSSION

The data collected was subjected to statistical analysis to assess the life effectiveness and self-efficacy between the HIV/AIDS infected children who were institutionalized and non-institutionalized. The difference between HIV positive children who were institutionalized and non-institutionalized in life effectiveness and its dimensions and self-efficacy was analyzed by 't' test. The obtained 't' value results between the two groups in the dimensions of life effectiveness are discussed below:

- **Time Management:** The mean score obtained by institutionalized HIV positive children was 15.78 (SD being 2.26) and non-institutionalized HIV positive children was 9.77 (SD 2.56) with the 't' value being 20.12 which indicated a significant difference in managing time between these children at 0.01 level. The result reveal that the HIV infected children who were institutionalized viewed that time management is the essential important quality of our day-to- day life.
- **Social competence:** The social competence dimension obtained a mean score of 15.94 (SD 2.05) by institutionalized HIV positive children, 10.12 (SD 2.79) by non-institutionalized HIV positive children with the 't' value of 19.17. This indicated that there was a significant difference between the two groups at 0.01 level. This shows that there is a high difference in social competence between the two groups. The social competence involves the effectiveness in skills like communication, decision making, problem solving and all-important conceptions of life success to maintain a healthy relationship in life (Hartup & Moore) which was observed more in HIV infected children who were institutionalized when compared with non-institutionalized.
- **Academic motivation:** The obtained mean score by institutionalized HIV positive children was 15.95 (SD 1.52) and non institutionalized HIV positive children was 9.94 (SD 2.40) This showed a high significant difference between the two groups with the 't' value of 24.14 in academic motivation at 0.01 level. A high motivation of achievement was revealed by HIV infected children who were institutionalized rather than HIV infected children who were non-institutionalized. Neill et al., stated that 'the more people are motivated to achieve the more likely they take actions towards reaching their goals.'

Life Effectiveness and Self Efficacy of HIV Infected Children

- **Intellectual flexibility:** In the dimension of intellectual flexibility the obtained mean score by institutionalized HIV positive children was 16.54 (SD 1.63) and non institutionalized HIV positive children was 10.6 (SD 2.77). This signifies a high difference between the two groups at 0.01 level in intellectual flexibility with an ‘t’ value being 23.00. Therefore, a high intellectual flexibility shown by HIV infected institutionalized children indicate that these children have the appropriate ability to adjust his/her view to act on the ideas of others when compared with HIV infected children who were non-institutionalized.
- **Task leadership:** the obtained mean score by institutionalized HIV positive children was 16.22 (SD 1.85) and non institutionalized HIV positive children was 10.12 (SD). The obtained ‘t’ value was 21.55 which showed a high significant difference between the two groups in task leadership. The individual’s ability to take on and perform a leadership role, focus on completion of the task and maintaining a positive relations with those attempting the task are some of the critical elements of leadership (Priest & Gass) which was viewed in HIV infected children who were institutionalized compared to HIV infected children who were non-institutionalized.
- **Emotional control:** This dimension shows a mean score of 19.90 (SD 2.36) by institutionalized HIV positive children and 9.67 (SD 2.81) by non institutionalized HIV positive children. The obtained ‘t’ value being 22.49 which shows a significant difference between the two groups at 0.01 level in emotional motivation. Emotional intelligence is the ability to develop self awareness, display empathy, identify the relationship between emotional and rational thoughts which can be taught and contributes to succeed in life effectiveness (Goleman) which was higher in HIV infected children who were institutionalized when compared with HIV infected non-institutionalized children
- **Active initiative:** The active initiative dimension obtains a mean score of 15.97 (SD 1.69) by institutionalized HIV positive children, and 10.00 (SD 2.35) by non-institutionalized HIV positive children with ‘t’ value being 23.55 This indicated that there was a significant difference between the two groups at 0.01 level. The HIV infected children who were institutionalized were more active and independent in imitating new actions and thoughts in variety of personal and working settings when compared with HIV infected children who were non-institutionalized.
- **Self confidence:** The self confidence dimension obtains a mean score of 16.01 (SD 1.84) by institutionalized HIV positive children and 11.03 (SD 2.60) by non-institutionalized HIV positive children, with the ‘t’ value of 17.84. This indicated that there was a significant difference between the two groups at 0.01 level in self-confidence dimension. The HIV infected children who were institutionalized showed greater belief in ones own self which increases the confidence level of these children when compared to the HIV infected children who were non institutionalized.

The obtained mean score on life effectiveness by institutionalized HIV positive children was 129.35 (SD 8.96) and non- institutionalized HIV positive children was 80.77 (SD 8.46) with the ‘t’ value being 45.09 indicating a high significant difference between the two groups. Thus the hypothesis stating that “there will be a significant difference between the HIV infected institutionalized children and HIV infected non-institutionalized children in life effectiveness and its dimensions” was retained.

In self efficacy scale the HIV infected children who were institutionalized obtained a mean score of 29.91 (SD 3.09) and HIV infected children who were non-institutionalized obtained

Life Effectiveness and Self Efficacy of HIV Infected Children

a mean score of 21.79 (SD 3.07) with the 't' value of 21.32 indicating a significant difference at 0.01 level. Therefore the hypothesis stating that 'here will be a significant difference between the HIV infected institutionalized children and HIV infected non-institutionalized children in self efficacy scale' was accepted.

Table:1 The below table shows the difference between HIV positive children who were institutionalized (n = 131) and non-institutionalized (n = 131) in life effectiveness and its dimensions and in self efficacy.

Dimensions	Institutionalized children		Non-institutionalized children		't' value
Time management	15.78	2.26	9.77	2.56	20.12**
Social competence	15.94	2.05	10.12	2.79	19.17**
Achievement motivation	15.95	1.52	9.94	2.40	24.14**
Intellectual flexibility	16.54	1.63	10.6	2.77	23.00**
Task leadership	16.22	1.85	10.12	2.65	21.55**
Emotional control	16.90	2.36	9.67	2.81	22.49**
Active initiative	15.97	1.69	10.00	2.35	23.55**
Self confidence	16.01	1.84	11.03	2.60	17.84**
Total life effectiveness	129.35	8.96	80.77	8.46	45.09**
Self efficacy scale	29.91	3.09	21.79	3.07	21.32**

SUMMARY AND CONCLUSIONS

To conclude, the present study showed that overall life effectiveness and self-efficacy of HIV infected children who were institutionalized was better when compare with that of HIV infected children who were non-institutionalized. The findings revealed a difference between the two groups in life effectiveness and its dimensions that is time management, social competence, academic motivation, intellectual flexibility, task leadership, emotional motivation, active initiative and self-confidence. The result states that greater the effectiveness of life higher will be the self-efficacy of these children which helps in better coping strategies.

The HIV/AIDS children who were institutionalized (staying at NOGs/orphanages) showed a better, effectiveness of life and self-efficacy with that of non-institutionalized children. A study by Aeamlaor (2001) also showed that 90% and above children had a good life effectiveness since they were cared for by the social welfare organizations (NGOs). The children who were non-institutionalized and are HIV positive in this study lived in rural areas; who were cared by illiterate or chronically ill parents or by guardians who pay less attention; could be different from children who were cared for by social welfare organizations and received appropriate care, treatment and adequate financial support.

Life Effectiveness and Self Efficacy of HIV Infected Children

Therefore, Government and Non-Government Organizations, Educational Institutions, social scientists like psychologists, educationists, sociologists, etc. should focus their attention to educational and emotional issues of children living with HIV/AIDS and who are non institutionalized.

However, studies with larger sample size could provide a further insight into aspects affecting life effectiveness in HIV infected children of non institutionalized in India. Future studies should include the evaluation of more determinants of life effectiveness in HIV/AIDS. The compilations of HIV-related symptoms negatively affect the effectiveness of life of these children living with HIV infection. Effective management of symptoms is important for improving their effectiveness of life and potentially for maintaining a complicated daily routine of ART. As HIV disease is among the most disturbing of illnesses, having multiple and profound effects upon all aspects of life, hence the evaluation of life effectiveness is very important. Additional research is needed to further evaluate the role of routine QOL assessment among children who have HIV/AIDS.

REFERENCES

- Cohen M, Mansoor D, Langut H, Lorber A. Quality of life, depressed mood, and self-esteem in adolescents with heart disease. *Psychosomatic Medicine*. 2007; 69:313–318.
- Eagle, H., Gordon, J., & Lewis, L. (2002). *The effects of a public-school system's one-day adventure experience*. In L.A. Stringer, L.H. McAvoy, A.B. Young (Eds.), *Coalition for education in the outdoors fifth biennial research symposium proceedings*, January 14 – 15. Bradford Woods, IN: Coalition for Education in the Outdoors.
- Gass, M. A. (1993). *Adventure therapy: Therapeutic application of adventure programming*. Dubuque, IA: Kendall/Hunt Publishing Company.
- Goleman, D. (1995). *Emotional intelligence*. New York: Bantam.
- Gubitz, K., & Kutcher, J. (1999). Facilitating identity formation for adolescent girls using experientially-based outdoor activities. *TCA Journal*, 27(1), 32-37.
- Gubitz, K., & Kutcher, J. (1999). Facilitating identity formation for adolescent girls using experientially-based outdoor activities. *TCA Journal*, 27(1), 32-37.
- Hartup, W. W., & Moore, S. G. (1990). Early peer relations: Developmental significance and prognostic implications. *Early Childhood Research Quarterly*, 5(1), 1-18.
- Hattie, J., Marsh, H. W., Neill, J. T., & Richards, G. E. (1997). Adventure education and Outward Bound: Out-of-class experiences that make a lasting difference. *Review of Educational Research*, 67, 43-87.
- Hershey, P., & Blanchard, K. H. (1993). *Management of Organizational Behavior*, 6th ed., Prentice-Hall, Englewood Cliffs, NJ.
- Jackson, D. N. (1984). *Personality Research Form manual* (3rd ed.). Port Huron, MI: Research Psychologists Press.
- Kolb, D. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice Hall.
- Langeveld NE, Grootenhuis MA, Voûte PA, de Haan RJ, van den Bos C. Quality of life, self-esteem and worries in young adult survivors of childhood cancer. *Psychooncology*. 2004; 13:867–881.
- Macan, T. H. (1996). Time-management training: Effects on time behaviors, attitudes, and job performance. *The Journal of Psychology*, 130(3), 229 –234.
- Marriage K, Cummins RA. Subjective Quality of Life and Self-Esteem in Children: The Role of Primary and Secondary Control in Coping with Everyday stress. *Social Indicators Research*. 2004; 66:107–122.

Life Effectiveness and Self Efficacy of HIV Infected Children

- Neill, James. (2000). *The Life Effectiveness Questionnaire: A Tool for Measuring Change*. Retrieved off the World Wide Web on 5/09/09. URL: www.wilderdom.com
- Nicholls, J. G. (Ed.). (1984). *Advances in motivation and achievement Vol 3: The development of achievement motivation*. Greenwich, CT: JAI.
- Priest, S. & Gass, M. A. (1997). *Effective leadership in adventure programming*. Champaign, IL: Human Kinetics.
- Raveis VH, Siegel K, Karus D. Children's psychological distress following the death of a parent. *Journal of Youth and Adolescence*. 1999; 28:165–180.
- Sandler IN, Ayers TS, Wolchik SA, Tein JY, Kwok OM, Haine RA. The family bereavement program: Efficacy evaluation of a theory-based prevention program for parentally-bereaved children and adolescents. *Journal of Consulting and Clinical Psychology*. 2003; 71:587–600.
- Siegel K, Gorey K. Childhood bereavement due to parental death from acquired immunodeficiency syndrome. *Developmental and Behavioral Pediatrics*. 1994; 15: S66–S70.
- Stenger, T. (2001). Sequence of adventure-based resident outdoor education programs and middle school students' perceptions of life effectiveness. Unpublished doctoral dissertation, Oklahoma University, Stillwater.
- Terry, L. (2002). A Quantitative and Qualitative Analysis on the effects of an Adventure course: An intervention with female adolescents. Unpublished undergraduate thesis, Scripps College, Claremont, CA.
- Wolchik SA, Tein JY, Sandler IN, Ayers TS. Stressors, quality of the child-caregiver relationship, and children's mental health problems after parental death: The mediating role of self-system beliefs. *Journal of Abnormal Child Psychology*. 2006; 34:221–238.
- Worden JW. *Children and grief: When a parent dies*. New York: Guilford Press; 1996.
- Xu T, Yan Z, Duan S, Wang C, Rou K, Wu Z. Psychosocial well-being of children in HIV/AIDS-affected families in southwest China: A qualitative study. *Journal of Child and Family Studies*. 2008; 18:21–30.

Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Rashmi R & John R (2021). Life Effectiveness and Self Efficacy of HIV Infected Children. *International Journal of Indian Psychology*, 9(4), 196-206. DIP:18.01.022.20210904, DOI:10.25215/0904.022