



A STUDY TO COMPARE THE HEALTH STATUS AND PSYCHOSOCIAL PROBLEMS AMONG HIV POSITIVE AND HIV NEGATIVE CHILDREN OF HIV POSITIVE MOTHERS IN SALEM DISTRICT

Nursing

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ABSTRACT

A survey and descriptive correlational study was undertaken to find out the current health status and psychosocial problems among HIV positive and HIV negative children of HIV positive mothers in Salem District. 300 samples were selected between the age group of 8-12 years. An observational check list was used to assess health status and PedQL interview schedule questionnaire was used to assess psychosocial problems. HIV positive children 107(71.3%) had moderate health problems, 43(28.7%) had intense health problems among HIV negative children 106 (70.7%) had normal health 44 (29.3%) had moderate health problems and HIV positive children had more psychosocial problems than HIV negative children. Conclusion of the study shows HIV positive and HIV negative children had health and psychosocial problems at different level, whereas, HIV positive children had more problems compared to HIV negative children.

KEYWORDS

Health status, Psychosocial problems, Children of HIV positive mothers.

INTRODUCTION

Healthy children have positive mental health and wellbeing. Children who are mentally and physically healthy are better equipped to meet life's challenges. Children who are infected and affected by HIV suffer health and psychosocial problems at different levels.

Immune systems of children are not fully developed, those in contact with HIV get sick more severely than adults. HIV-uninfected children born to HIV positive mothers may have impaired immune function, they are prone to infection. HIV-infected mothers deal with extraordinary task of balancing their own physical needs and needs of their children.

HIV exposed children should be identified early and provided with follow-up treatment, care and support throughout childhood. The needs for psychosocial support, food, shelter and health is essential for normal growth and development.

Need for the study

HIV infected and affected children experience many negative changes in their lives and suffer neglect. They have to adjust to a new situation and to face various challenges in their day-to-day life. Majority of the HIV infected people, more than 90% live in developing countries. According to the AIDS report in 2013, India has the third largest number of people living with HIV in the world. Most of them do not know that they are infected with HIV/AIDS. In many rural inaccessible areas, HIV testing is simply unavailable. Many children stop reporting for healthcare check-ups or to receive treatment because they depend upon their parents or caregivers to gain access to healthcare services. When children start developing clinical manifestation, needing treatment, they have to travel long distances for accessing care at tertiary hospitals. These children need health care, good nutrition, medical facilities, economic support, support to education, and support for the future.

Objectives:

- To assess and compare the health status of HIV positive and HIV negative children of HIV positive mothers.
- To assess and compare the psychosocial problems of HIV positive and HIV negative children of HIV positive mothers.
- To find out the relationship between the health status and psychosocial problems of HIV positive and HIV negative children of HIV positive mothers.
- To determine the association between selected demographic variables and the health status, psychosocial problems of HIV positive and HIV negative children of HIV positive mothers.

Inclusion criteria.

- Children who have HIV positive mother.
- Children of both genders.

Exclusion criteria

- Children who are critically ill.
- Children who are suffering from any chronic illnesses
- Mother's those who are not willing to communicate about their health and family problem.

Sample

The study samples were children of HIV positive mothers between the age group of 8-12 years from HIV centre, Tamilnadu, India. Samples were selected by simple random sampling technique. Sample size - 300 (HIV Positive children - 150 and HIV Negative children - 150).

Ethical consideration

The ethical approval was obtained from the Institutional ethical committee and permission obtained from higher authorities of the HIV centre, Salem, India. Participant were explained about the nature of the study and given option to withdraw from the study at any time. All the information collected from the sample kept confidential. Informed consent was taken from the participant.

Methodology

The study was a survey approach and descriptive correlational research design was used to find out current health status and psychosocial problems. An observational check list was used to assess the health status of the children and an interview questionnaire to assess psychosocial problems by PedQL questionnaire. The researcher collected data from 4 to 5 samples per day according to the availability and duration taken for data collection was 60 minutes.

Result

Table – 1: Comparison of Health status between HIV Positive and HIV Negative Children.

N -300

Variable	HIV Positive children		HIV Negative children		χ^2 test value	P-value
	No.	%	No.	%		
General Conditions score -0- 50					175.285	<0.05*
Normal - 0	0	--	106	70.7		
Moderate - 1-25	107	71.3	44	29.3		
Intense - 26-50	43	28.7	0	--		

*significant $p < 0.05$ level

The data presented in the table 1 indicates that HIV positive children health status has been comparatively more poor than HIV negative children.

Table-2: Comparison of Psychosocial Problems between HIV Positive and HIV Negative Children (Based on Child Report).

N -300

Variable	HIV status of the children	Mean	SD	t-value	P-value
Physical problems	Positive	2.94	0.52	38.703	<0.05*
	Negative	1.14	0.22		
Emotional Problems	Positive	2.70	0.68	7.752	<0.05*
	Negative	2.15	0.54		

Social Problems	Positive	2.18	0.68	9.152	<0.05*
	Negative	1.60	0.38		
School Problems	Positive	2.48	0.57	5.509	<0.05*
	Negative	2.08	0.68		

*significant p<0.05 level

The data displayed in table 2 indicates that HIV positive children have more physical, emotional, social and school problems than HIV negative children.

Table-3: Comparison of Psychosocial Problems between HIV Positive and HIV Negative Children (Based on Mothers Report) N -300

Variable	HIV status of the children	Mean	SD	t-value	P-value
Physical problems	Positive	2.79	0.31	61.779	<0.05*
	Negative	0.86	0.20		
Emotional Problems	Positive	3.08	0.30	16.544	<0.05*
	Negative	2.43	0.37		
Social Problems	Positive	2.15	0.37	28.245	<0.05*
	Negative	1.03	0.30		
School Problems	Positive	2.56	0.29	30.029	<0.05*
	Negative	1.39	0.38		

*significant p<0.05 level

The data analyzed and given in table 3 reveals that HIV positive children have more physical, emotional, social and school problems than HIV negative children.

Table-4: Relationship between Psychosocial Problems and Health Status of the Child. N -300

Variable	Health status of the children	Mean	SD	Multivariate ANOVA test result			LSD multiple comparison on test result
				Variable	F-value	P-value	
Physical problem	Healthy	.8696	.21405	Physical	568.300	<0.05	Healthy< Unhealthy < Severe unhealthy
	Unhealthy	2.5707	.73481				
	Severe unhealthy	2.7589	.31445				
Emotional Problem	Healthy	2.4377	.38250	Emotional	96.160	<0.05	Healthy < Unhealthy , Severe unhealthy
	Unhealthy	3.0000	.38772				
	Severe unhealthy	3.0657	.31156				
Social problem	Healthy	1.0377	.29944	Social	239.350	<0.05	Healthy < Unhealthy , Severe unhealthy
	Unhealthy	2.0543	.55160				
	Severe unhealthy	2.1000	.37571				
School Problem	Healthy	1.3768	.38745	school	315.035	<0.05	Healthy < Unhealthy < Severe unhealthy
	Unhealthy	2.4522	.45633				
	Severe unhealthy	2.5514	.25805				

The table-4 distribution shows, the multiple comparison test result, the physical problems increased as the unhealthy status of the children level increases. Emotional problem, social problem, and school problems the result shows healthy children have less problems compared to unhealthy and severely unhealthy children.

Table - 5: Association Between Sex of the Child and Health Status, Psychosocial Problems. N-300

Variable	HIV status of the children	Sex of the child	Mean	SD	Multivariate ANOVA test result			
					Source	variable	F-value	P-value
Physical problem	Positive	Male	2.8259	.31168	HIV status	Physical	3775.722	.000
		Female	2.7576	.32808				
	Negative	Male	.8528	.21628				
		Female	.8856	.20128				
Emotional Problem	Positive	Male	3.1262	.31475	Sex	Physical	.324	.570
		Female	3.0273	.28905				
	Negative	Male	2.3823	.35976				
		Female	2.4845	.38197				
Social problem	Positive	Male	2.1357	.40617	HIV status*sex	Physical	2.607	.107
		Female	2.1879	.33810				
Negative	Male	1.3900	.38000					
	Female	1.3900	.38000					

School Problem	Negative	Male	1.0506	.27821	Social	1.080	.300			
		Female	1.0197	.33832						
	Positive	Male	2.5714	.30441				School	.804	.370
		Female	2.5636	.27380						
Negative	Male	1.4304	.34207							
	Female	1.3521	.41879							

The data presented in the table 5 shows that Male HIV positive children are having higher emotional problem than female HIV positive children and further female HIV negative children have higher emotional problems than the male HIV negative children.

Discussion

In health status assessment and comparison result shows HIV positive children had poor health compared to HIV negative children. However there has been no significant difference between the respiratory rate. Nte et.al, (2008) study report shows HIV seropositivity was significantly associated with increased duration of diarrhoea, and the presence of severe wasting, tuberculosis, chronic cough, lymphadenopathy and higher mortality.

The psychosocial assessment and comparison of HIV positive and HIV negative children based on the child and mother report shows problem had been seen more among HIV positive children than the HIV negative children.

The relationship between health status and psychosocial problems the result shows, healthy children have less problems compared to unhealthy children.

Regarding association between the sex of the child and health status, psychosocial problem shows male HIV positive children have higher emotional problem than female HIV positive children and further female HIV negative children have higher emotional problems than the male HIV negative children.

Conclusion:

The study result highlights that HIV positive and HIV negative children had health problems and psychosocial problems at different level, whereas HIV positive children had more problems compared to HIV negative children.

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