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ORIGINAL ARTICLE

GRT

A STUDY ON CHALLENGES FACED BY CHILDREN OF HIV PATIENTS

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Abstract:

The present study strives to find the challenges faced by children of HIV patients. The samples were taken from a NGO organization in Tiruvannamalai, Tamil Nadu. A random sample of 80 children of HIV patients who were distributed as 40 infected children and 40 affected children were chosen for the study. Each of these 40 children were further divided into 20 boys and 20 girls. The tool used for the study was formulated by the investigator.

The result of the study revealed that boys of HIV patients generally face more challenges when compared with the girls. When effect of age was studied on the challenges faced by children of HIV patients it was found that both the age groups studied faced more or less the same level of challenges except between 12-15 and 16-19 year old affected boys where the 16-19 year old boys were found to face more challenges. When a comparison was made between the infected and affected children a significant difference was noted between the infected and affected girls, where the infected girls were found to be facing more challenges than the affected girls. Again a significant difference was noted between infected and affected boys where the affected boys in the age group of 16-19 years were found to be facing more challenges. No difference was found between the other groups studied.

INTRODUCTION:

Human Immunodeficiency Virus (HIV) is a lentivirus (a member of the retrovirus family) that causes acquired immuno deficiency syndrome (AIDS), a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells. The four major routes of transmission are unsafe sex, contaminated needles, breast milk and transmission from an infected mother to her baby at birth (perinatal transmission). Screening of blood products for HIV has largely eliminated transmission through blood transfusions or infected blood products in the developed world (1).
An infected child is defined as a child living with HIV/AIDS. Children infected with HIV are infected through their mother either during pregnancy, labour and delivery or during breastfeeding. Without treatment, around 15-30 percent of babies born to HIV positive women will become infected with HIV during pregnancy and delivery and a further 5-20 percent will become infected through breastfeeding. In high-income countries, preventive measures ensure that the transmission of HIV from mother-to-child is relatively rare, and in those cases where it does occur a range of treatment options mean that the child can survive often into adulthood. This shows that with funding, trained staff and resources, the infections and deaths of many thousands of children could be avoided (2).

An affected child is defined as a child who is not HIV positive but has one/both parents or a family

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member living with HIV/AIDS or has lost one/both parents or a guardian or care provider, and/or sibling/s due to AIDS. They may be living with single parent or with extended families or with grandparents or on their own as child headed houses (2).

AIM OF THE STUDY

The present investigation was undertaken with an aim to study the challenges faced by children of HIV patients (infected and affected children).

OBJECTIVES

i. To study the challenges faced by infected and affected children of HIV patients.
ii. To compare the challenges faced by infected and affected boys and girls of HIV patients.
iii. To compare the challenges faced by 12-15 and 16-19years old infected and affected children of HIV patients.

METHODOLOGY

Tools

The tool to study the challenges faced by children of HIV patients was formulated by the investigator.
The tool was distributed to each student in the NGO organization. Instructions were given to tick the response which they feel or think is correct in accordance to the statement.

Sample Selection

A total sample of 80 children of HIV patients were selected for study. They were equally distributed based on gender i.e. 40 boys and 40 girls. Out of the 40 boys, 20 were infected boys and the other 20 were affected boys. The 20 infected boys were further divided as 10 in the age group of 12-15 years and 10 boys in the age group of 16-19 years. Similarly 20 affected boys were also divided as 10 boys in the age group of 12-15 years and 10 boys in the age group of 16-19 years. The same division was followed for the 40 girls also.

RESULTS AND DISCUSSION

A. Comparison of challenges faced by affected and infected children.

Table I shows the comparison of challenges faced between infected and affected children of HIV patients.

TABLE-I

COMPARISON OF CHALLENGES FACED BETWEEN INFECTED AND AFFECTED CHILDREN OF HIV PATIENTS

Children	N	Mean	Standard Deviation	't'	Level of Significance
Infected	40	24.05	1.867	0.77	N.S
Affected	40	23.58	3.404		

NOTE-NS-Not significant

Table I presents the mean score, standard deviation and "t" value of infected and affected children of HIV patients. The mean score for the infected children was found to be 24.05 and for affected children it was found to be 23.5.Statistically no significant difference was noted as the calculated "t" value 0.77 is less than the table value.

The comparison of challenges faced between infected and affected girls of HIV patients is shown in table – II.

TABLE-II

COMPARISON OF CHALLENGES FACED BETWEEN INFECTED AND AFFECTED GIRLS OF HIV PATIENTS

Children	N	Mean	Standard Deviation	't'	Level of Significance
Infected	20	24.10	1.165	1.96	5%
Affected	20	22.20	4.175		

Table II presents the mean score, standard deviation and "t" value calculated to compare the challenges faced between infected and affected girls of HIV patients. The mean score for challenges faced was found to be 24.10 for infected and 22.20 for affected girls of HIV patients.

Statistically the difference was found to be significant as the calculated "t" value of 1.96 is found to be greater than the table value of 1.96 at 5% level of significance. The results reveal that the infected girls of HIV patients face more challenges than the affected girls.

This result was supported by a study which examined the quality of life (QOL) and the psychosocial problems of HIV infected and affected children. The Pediatric Quality of Life Inventory Symptom Checklist (PSC) was used for assessing the psychosocial problems in the enrolled children. A significantly greater number of infected children suffered from psychosocial problems as compared to HIV affected children (3).

A.Comparison of challenges faced by affected and infected children based on gender.

The comparison of challenges faced between infected boys and girls of HIV patients is shown in table-III

TABLE-III

COMPARISON OF CHALLENGES FACED BETWEEN INFECTED BOYS AND GIRLS OF HIV PATIENTS

Gender	N	Mean	Standard Deviation	't'	Level of Significance
Boys	20	24.00	2.406	0.16	N.S
Girls	20	24.10	1.165		

NOTE-NS-Not significant

The result presented in Table III indicates that there is no significant difference in level of challenges faced between infected boys and girls of HIV patients as the ”t” value 0.16 is below the table value.

This result was substantiated by a study which examined the unique and combined influences of HIV, prenatal drug exposure, and environmental factors on behavior in children who were perinatally exposed to HIV. Participants included 307 children who were born to HIV-positive mothers. This study suggests that a high prevalence of behavioral problems does exist among HIV-infected children irrespective of age and gender (4).

Table-IV shows the comparison of challenges faced between affected boys and girls of HIV patients.

TABLE-IV

COMPARISON OF CHALLENGES FACED BETWEEN AFFECTED BOYS AND GIRLS OF HIV PATIENTS

Gender	N	Mean	Standard Deviation	't'	Level of Significance
Boys	40	24.48	2.050	2.21	5%
Girls	40	23.15	3.175		

From the result presented in Table- IV, it is found that the mean value scores of challenges faced by boys of HIV patients is 24.48 and for the girls it is 23.15. As the calculated “t” value (t=2.21) is greater than the table value of 1.96 at 5% level of significance it can be inferred that a significant difference exist in the challenges faced between boys and girls of HIV patients. The results further reveal that the boys of HIV patients face more challenges than the girls.

This result is supported by a study which examined the psychological well being of orphans whose parents had died due to ADIS in Tanzania using Rand Mental Health and Beck Depression Inventories. Result showed that the orphans had markedly increased psychological problems and the males problem scores were higher than for females (5).

C. Comparison of challenges faced between infected and affected children based on age.

The comparison of challenges faced between 12-15 and 16-19 year old infected children of HIV patients is shown in table-V

TABLE-V

COMPARISON OF CHALLENGES FACED BETWEEN12-15 AND 16-19 YEAR OLD INFECTED CHILDREN OF HIV PATIENTS

Age	N	Mean	Standard Deviation	't'	Level of Significance
12-15	20	24.20	1.642	0.50	N.S
16-19	20	23.90	2.100		

NOTE-NS-Not significant

Table V presents the mean score, standard deviation and "t" value of 12-15 and 16-19 year old infected children of HIV patients. The mean score for the 12-15 year old infected children of HIV patients was found to be 24.20 and for 16-19 year old infected children of HIV patients it was found to be 23.90.

Statistically no significant difference was noted as the calculated "t" value 0.50 is lesser than the table value.

Table VI shows the comparison of challenges faced between 12-15 and 16-19 year old affected boys of HIV patients.

TABLE-VI

COMPARISON OF CHALLENGES FACED BETWEEN12-15 AND 16-19 YEAR OLD AFFECTED BOYS OF HIV PATIENTS

Age	N	Mean	Standard Deviation	't'	Level of Significance
12-15	10	24.20	1.229	2.45	5%
16-19	10	25.70	1.494		

From the result presented in Table-VI, it is found that the mean value scores of challenges faced between12-15 and 16-19 year old affected boys of HIV patients is 24.20 and 25.70 respectively. As the calculated "t" value (t=2.45) is greater than the table value of 1.96 at 5% level of significance it can be inferred that a significant difference exist in the challenges faced between 12-15 and 16-19 year old affected boys of HIV patients. The results further reveal that the 16-19 year old boys of HIV patients face more challenges than the 12-15 year old boys.

This result is supported by a study which examined the behavioral and cognitive profiles of clinically and immunologically stable antiretroviral-experienced HIV-infected children. Two hundred seventy-four previously treated HIV-infected children aged 2 to17 years were assessed for behavioral, developmental, and cognitive functioning. Results showed that hyperactivity was more frequent in children and anxiety problems were more likely in children 15-17 years of age (6).

CONCLUSION

The result of the study revealed that boys of HIV patients generally face more challenges when compared with the girls. When effect of age was studied on the challenges faced by children of HIV patients it was found that both the age groups studied faced more or less the same level of challenges except between 12-15 and 16-19 year old affected boys where, the 16-19 year old boys were found to face more challenges. When a comparison was made between the infected and affected children a significant difference was noted between the infected and affected girls, where the infected girls were found to be facing more challenges than the affected girls. Again a significant difference was noted between infected and affected boys in the age group of 16-19 years where the affected boys were found to be facing more challenges. No difference was found between the other groups studied.

In spite of all the efforts to raise awareness of HIV, social discrimination and stigmatization persist. General improvements in socioeconomic status, levels of knowledge and well-organized health programs will go a long way in the battle against HIV/AIDS.

To conclude, provision of counselling to HIV infected and also to affected children is critical. Countries should address the challenges of dealing with children, while developing interventions for provision of psychosocial care and support for children in general and counselling in particular.

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