

Descriptive Study to Assess the Emotional and Behavioral Problems among HIV/AIDS Children in Selected Institutionalized Care Center in Tamil Nadu

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Abstract: According to UNAID 2017 nearly 15 million orphan children are there world-wide. It is estimated that India has the largest number of AIDS orphans of any country. These children are stigmatized discriminated and undergo lots of psychological stress. The present study is carried out to assess the Emotional and Behavioral problems of children living with HIV/AIDS. Methods: Descriptive study Purposive sampling approach, sample size 190, age 6- 17 yr boys and girls registered in NGO, study area is selected Institutionalized child care centre in Chennai, SDQ strength and difficulty and pro social behavior Questionnaire was used to collect date and compared with socio demographic variables, collected date was analyzed by using descriptive statistic and inferential statistic. The mean age of children living with HIV/AIDS 9.5, Gender of children is 34.7% loss of both parents is 41.6%.The average years of schooling 2.4years.The mean year of stay in the institution is 2.4 yrs, CD 4 count is 806.9, majority of them in 1or 2 stage. It was noted that in the area of emotion 4.1, conduct 2.9, prosocial 5.6, hyper activity 4.35 and in peer problems 4.66. children are in higher need of support.

Keywords: HIV Human ImmunoVirus, AIDS Acquired Immune Deficiency Syndrome, Orphans Children who lost one or both the parents (CHLV) Children living with HIV, Institutionalized children cared in residential care center settings.

1. Introduction

Children orphaned by HIV/AIDS under the age of 18 who have lost one or both parents to the disease. UNAIDS 2017 estimates nearly 15 million orphan children are there worldwide. It is also estimated that India has the largest number of HIV/AIDS orphan children than any other country and this number is expected to double and remain high by 2030. These children are staggering, stigmatized and discriminated, though no fault of them, they are psychologically distressed, and they do not have access to basic education and basic health care, and they may be indulged in to beggary, prostitution, drug abuse juvenile delinquency, because of the vulnerability they are exploited. In a national report on violence against women, approximately 50% of adults reported that they were assaulted by their care taker in Childwood Tjaden & Thoennes, 2000. Children who are facing psychological distress go in to social Isolation, anger, negativity, depression, and conduct problem, breaking the rules, in return get in low self esteem and guilt. Emotional and Behavioral problems among HIV infected children revealed higher level of behavioral problem rule breaking, not punctual to school, not attentive to elders and teachers. Across sectional study revealed that children whose parents died of AIDS showed very high level of peer problems(p <001) orphans, children with HIV /AIDS and children living with HIV /AIDS infected parents are at high level risk for emotional and behavioral problems. So there is a felt need for assessing the Emotional and Behavioral problems of children living with HIV/ children living in Institutionalized care centers. As these centers are emerging to provide care to this children and care givers also need training and

guidelines to understand this critical age group as to provide age appropriate care to them

2. Problem Statement

Descriptive method was adopted to assess the psychosocial wellbeing of children living with HIV AIDS in institutionalized care centre in Chennai.

3. Methodology

3.1 Research Design

The research design selected was descriptive.

3.2 Setting

The study conducted in selected Institutionalized care centre in Chennai

3.3 Population

The population of the present study comprised of 180 CLHIV Residing in Institutionalized care centre in Chennai

3.4 Sample Size

Sample size of the study comprised of 180

3.5 Sampling Technique

Purposive sampling

3.5.1. Inclusion Criteria

Children diagnosed with HIV/AIDS Residing in Institutionalized care centre in Chennai Registered in ART center

3.5.2. Exclusion criteria

Children who are in 3rd and 4th stage, children below 5 years

3.6 Instrument

Standardized tool SDQ (Strength and difficulty questionnaire)

Data collection and Technique

Section 1 Demographic, clinical, Immunological information

Section 2; Behavioral and emotional difficulties and pro social behavior assessed by strength and difficulty questionnaire (SDQ)

Description of the tool ;This section includes information like Age, sex, parental status, duration of schooling, year of stay in the institution, CD4 cell count, duration of ART anti retro viral therapy, and clinical staging.

Section 2 Behavioral and emotional difficulties and pro social behavior SDQ scale.

Is a an internationally used well validated tool for children 3-16 yrs old composed of 5 sub –scales of 5 times each emotional symptoms, conduct problems, hyper activity, peer relationship, and or social b behavior. Items are scored on a 3point scale, from 0 not true to 2 certainly true. The pro social score is the sum of its five items. It ranges from 0-40, with the higher values signifying more difficulties. Scores are categories according to need for intervention such as in the total scores 0=15 low need 16-40 high need Goodman, Meltzar, & Biley, 1998 It has been validated in Indian population Beie, Bhodhare, Valsangkar & Saraf, 2013.

Data collection procedure

Permission obtained from Director of the Institution and explained the procedure to the children. Questionnaire administered facc to face in Tamil. Interview took 30 mts for each child

4. Data Analysis

Data was analyzed by using descriptive and inferential Statistics.

Descriptive statistics: Frequency, percentage, mean and Standard deviation were used to describe the baseline variables, level of knowledge and practice of diabetic clients

Inferential Statistics: Paired t test was used to determine the effectiveness of intervention

Chi -square used to determine the association with pre-test knowledge score with selected base line variables.

5. Results

Data analysis

Section 1 Description of base line Characteristics

Base line Variables	Frequency %
Age Mean SD	10.4(2)
Gender	
Male	94(49.5)
Female	96(50.5)
Parental status	
Paternal orphan	32(16.8)
Maternal orphan	53(27.9)
Double orphan	26(13.7)
Vulnerable child	79(41.6)
Number of years in school	4.06(2.8)
Duration of years in Institution	2.4(1.3)
CD4 Count	806.9(372.7)
Clinical staging	
Stage 1-2	168(88.49)
Stage 3-4	22(11.6)
Duration of ART years	1.7(1.9)

The above table depicts that mean age is 10.4, parental status vulnerable children 79(41.6).clinical staging 168 (88.49) most of them are in 1-2 stage. Duration of ART years 1.7(1.9).

Table 2: Behavioral and emotional need score (SDQ)

Domain	Mean	SD
Total score	16.87	4.7
Emotion	4.94	1.8
Conduct	2.93	1.4
Hyper activity	4.38	1.953
Peer problems	4.62	1.955
Prosocial behavior	4.44	2.137

The above table explains the average total score of Behavioral and Emotional need is 16.87 (4.73) and the lowest score among the conduct domain is 3.9(1.4).The highest score is in emotion.

Table 3: Association between Behavioral and Emotional need score and base line variables

Base line variables	Institutionalized CLHIV (SD)	P
Age		
Pre schooler	18.9(5.3)	0.503
Schooler	16.9(5.4)	
Adolescent	17.1(4.7)	
Sex		
Male	17.4(5.0)	0.443
Female	16.8(5.4)	
Parental status		
Maternal orphans	17.5(5.3)	0.394
Parental orphans	17.63(5.9)	
Double orphans	15.58(5.8)	
Vulnerable child	17.1(4.1)	
Family income		
<4000	18.2(5.3)	
4000-4999	17.7(4.5)	
>5000	15.2(5.4)	0.026
Number of years in school		
Stay in institution	17.63(5.9)	

<1 year		
>1 year		0.543
Clinical staging		
Stage 1 or 2	17.05(5.2)	
Stage 3 or 4	17.64(5.7)	0.623
Duration of ART years		
<1 year	17.14(5.1)	
>1 year	17.1(5.3)	0.963

The above data illustrate that there is no significant association between Behavioral and emotional need with the base line variables such as age, sex, parental status, number of years in school, duration of ART years,

6. Discussion & Conclusion

The findings of the study illustrate that significant difference was noted in the area of emotion, conduct and pro social behavior. Children are in need of higher level of support. Due to anger, stress, loss of loved once, separation from their native place and community. They tend have behavioral and emotional changes which in turn manifested as violate the rules, disobey the elders. The care takers need to understand their psychological needs and provide interdisciplinary collaborative care, age appropriate care.

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