

A Descriptive Study to Assess the Behavioral Problems of Children with HIV Infection in a Selected Care and Support Centre

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Abstract

Pediatric HIV infection is a rapidly emerging problem among children in India. The purpose of this study was to assess the behavioral problems of children with HIV infection in a selected care and support centre at Mangalore. The study aimed to understand the behavioral problems of children with HIV infection and give better-individualized care to these vulnerable groups. A descriptive survey design was used for the study. The subjects consisted of 60 children with HIV and chosen by purposive sampling technique. Data were collected by using the child behavioral checklist as reported by the caregiver. Results revealed that the majority of the subjects (76.7%) had moderate, mild (1.7%), and severe (21.7%) behavioral problems. The result showed that more than half of the subjects (53.02%) were hyperactive; less than half exhibited the withdrawn behaviour (43.68%), and the rest were aggressive (44.67%) in nature. "Chi-square test was used to find the association of the behavioral problems in children with HIV infection with their selected demographic variables". The finding of the study highlights the significant association between the behavioral problems of children with HIV infection and selected baseline variables such as age ($\chi^2=5.192$) and religion ($\chi^2=7.040$). The study concluded that assessing the behavioral problems of children with HIV infection helps to identify the problems of children. The study recommended that to conduct further longitudinal and comparative studies, the studies to assess the behavioral problems of children with HIV and other chronic illness.

Keywords: Behavioral problems, child behavioral checklist, HIV infected children, purpose, significant

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BACKGROUND

Pediatric HIV infection is a rapidly emerging problem among children in India. A large number of children suffer from behavioral problems at one time or the other time during their development [1]. One of the largest international AIDS organizations UNAIDS—United States Agency for International Development reported that there are 33.2 million people living with HIV globally, 2.10 million of whom are children. An estimated 430,000 children became newly infected with HIV in 2009 and 2.3 million people in India are living with HIV. Of these, an estimated 39% are female and 3.5% of them are children [2]. One-third of children born with HIV will die before their first birthday, 50% will die before they turn two, and 80% will die before they are five years old [3]. Many are growing

old before their years, looking after younger siblings, working to earn money and sometimes living on the streets [4].

HIV infected children are a more isolated, stigmatized, and vulnerable group compared to all the other life-threatening diseases [5]. Education is a fundamental right of a child. Unfortunately due to discrimination and stigmatization, most of the children are dropout of school. Teachers and caregivers may not be sensitive to their needs which may lead to loneliness, frustration, anxiety, and anger [6]. For the reason that these children are neglected by the family, community, and the society at large of their basic children's rights, education, and medical care, studies have proved that these children suffer from more physical and mental diseases and disabilities than others [7].

Understanding the cause of behavioural problems in HIV-infected children and adolescents are helpful in improving their mental health, quality of life and overall growth and development of the individual, and the entire family [8].

International studies and clinical reports suggested that HIV-positive children and adolescents have more behavioral problems [9].

Children living with HIV and AIDS face medical, cognitive, behavioral, and psychosocial problems [10].

The purpose of this study is to assess the behavioral problems of children with HIV infection in a selected care and support centre at Mangalore. The study aimed to help the caregivers to understand the children's behavioral problems and give better individualized care to these vulnerable groups.

METHODOLOGY

The descriptive survey approach was used for the study. The sample consists of 60 HIV infected children who met the inclusion criteria and chosen by purposive sampling technique from selected rehabilitative centres at Snehasadhan and Jeevadhan.

The investigator obtained consent from administrator of the care centre and caretaker in a view of obtaining a frank and trustworthy opinion through the use of behavioral checklist. The confidentiality of the data was assured to the caretaker and the administrator. Only one single caretaker from the male and female section who was constantly involved with children was taken as a sample.

The result was computed using descriptive statistics and association between the behavioral problems of children with HIV infection and selected variables were checked by using chi-square test.

SIGNIFICANCE OF THE STUDY

HIV-infected children are more isolated, stigmatized, and vulnerable group compared to all the other life-threatening diseases. For the reason, these children are neglected by family, community, and the society at large of their basic children's rights, education and medical care. Studies have proved that these children suffer with physical and mental disease and disability than others. The review of literature and the professional experience of the investigator have led the interest in researching the behavioural problems of children with HIV infection.

Conflict of Interest in the Article

There is no conflict in the article.

Research Approach

A descriptive survey approach

Research Design

A descriptive design was used to assess the behavioural problems of children with HIV infection by administering the child behavioural checklist.

Variables under Study

Independent Variable

HIV infected children

Dependent Variable

In the present study, behavioural problem is the dependent variable.

Extraneous Variable

In this study, the extraneous variables were age, sex education, and living status of parents.

Sampling Technique

Purposive sampling has been done to select the sample. Children who fulfilled the inclusion criteria and those who were without active state of illness during the data collection period were selected for the study.

Sampling Criteria

Inclusion Criteria

- Children with HIV infection
- Children living in the care centre
- Children from 7–14 years
- Full time caretaker at the child care centre

Exclusion Criteria

- Children with severe illness

Tool I

Section A: Baseline proforma with 7 items

Tool II

Section B: Child behavioural checklist with 25 items

Content Validity of the Tool

To establish content validity, the tools were submitted to 20 validators along with blueprint, objectives, operational definitions, hypotheses, and criteria checklist to establish the content validity.

The experts were: (2) paediatricians, (1) psychiatrist, (2) clinical psychologists, (2) social workers, and (13) paediatric nursing experts, (Annexure).

There was 100% agreement on the statement of the problem, objectives, and hypothesis and operational definitions. Based on the suggestions given by the validators, modification of a few items was done. As per the experts' opinion, five items were deleted and one item was modified in child behavioural checklist. The remaining items had 100% agreement.

Reliability of the Tool

Reliability of the tool was carried out in 6 institutionalized children on 22nd August 2011. The reliability of the child behavioural checklist was obtained by coefficient of internal consistency by split-half method. Karl Pearson correlation coefficient was used to find out the reliability of the split-half. Spearman Brown prophecy was used to find out the reliability of the test and was found to be 0.92.

LIMITATIONS OF THE STUDY

1. The sample was restricted; therefore generalization is limited only to the sample studied.
2. The sample was restricted to 7–14 years.
3. The generalization of the data is limited as the study was confined to a specific setting (selected care center) and to a specific geographical area (Mangalore).
4. The setting was selected purposively for the study, and imposes limits in larger generalization.
5. The present study is limited to assessment of behavioural problems of children with HIV infection.

RESULT AND DISCUSSION

Figure 1 showed that out of 60 samples, 53.02% showed hyperactivity, 44.67% showed aggressive behavior and 43.68% were withdrawn behavior. In this study, most of the children (65%) were males and results revealed that male children showed higher behavioral problems than female children. The result also revealed that there was an association found with the age in year ($\chi^2 = 5.19$), religion ($\chi^2 = 7.04$) at 0.05 level.

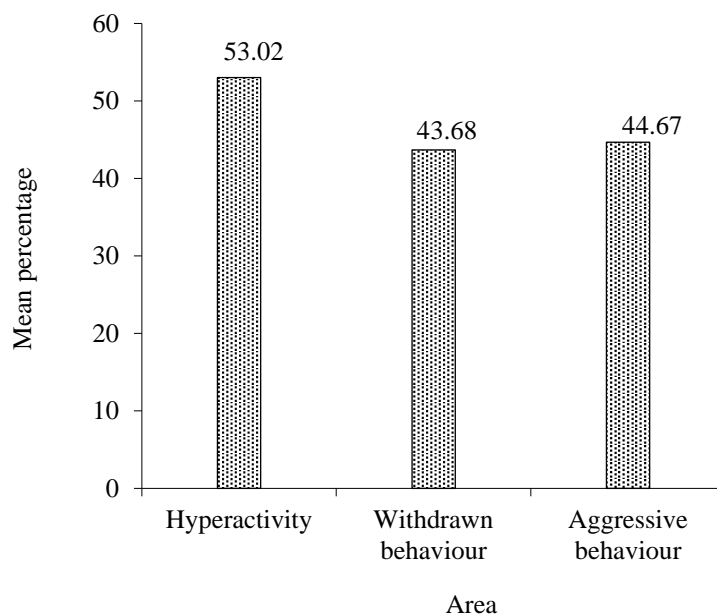


Fig. 1. Bar diagram showing the area-wise distribution of mean percentage of subjects according to their behavioral problems.

CONCLUSION

The researcher concluded that overall assessment of HIV-infected children (46.69%) of having behavioural problems. The majority (76.7%) of the children had moderate behavioural problems, 1.7% had mild and 21.7% of the subjects had severe behavioural problems. Early identification of behavioral problems may provide opportunities for prevention and intervention that could improve quality of life. The investigator has recommended for doing the further studies in different settings.

Implications

The findings of the study have brought out certain facts that have far reaching implications for nursing in the areas of practice, education, administration, and research.

Nursing Practice

Nurses play a vital role in the health-care delivery system, by providing direct care to the clients. Nursing knowledge and intervention can be essential factors in improving the health outcomes of deprived children because of the impact destitution has on their physical and psychological growth and

development. In the Indian set up, many of the centers caring for children with special needs like as orphan, handicap, isolation, and children with HIV/AIDS, can make use of the child behavioural checklist to understand the behavioural problems of the children. The nurse who is the direct caregiver, health educators, client advocates, counsellors, case managers, and also interacts with the children in the hospital and community settings.

Nursing Education

The paediatric nurse is expected to act as the educator of population with special needs. Therefore it is important to ensure that sufficient time and effort is allocated within nursing courses to lay the strong foundation in the career of student nurse. The equipped nurses with the needed knowledge, the nursing curriculum should highlight the problems of special population in an interesting and novel manner. The concept needs to be highlighted and should be reinforced in clinical and community service. The paediatric nurse should understand the problems of children and help them to overcome with all the disorders.

Nursing Administration

Today, there is an increasing demand for quality and holistic care. Nursing administrators are in the key position to prepare policies and execution of quality nursing based on research findings. They should develop nursing practice, for assessment and management of behavioural problems of children in all age groups, especially for the special groups like orphans, handicaps, and HIV/AIDS children. In-service-education for the staff nurses should be provided with special emphasis to better understanding of the various problems of hospitalized children.

Nursing Research

The findings of the research need to be disseminated through publications so that the utilization of such research findings is encouraged to attain the goal of atraumatic care of children in all age groups.

Scope of the Study

1. A similar study can be conducted on a larger sample with a greater geographic distribution and covering a wider age-range.
2. A similar study may be conducted with randomization and selecting a larger sample.
3. A study can be undertaken with a control group of non-deprived children to make a comparison between the occurrence of behavioural problems in the deprived and non-deprived groups.
4. A study can be carried out to assess the behavioural problems in children who have lost their father or mother, and those who have lost both parents.
5. A study can be undertaken to screen for behavioural problems in those children whose parents do not stay with them for prolonged periods of time owing to their job or other commitments, and they are brought up by substitute caregivers or in boarding schools.
6. A longitudinal study can be undertaken for a longer period of time.
7. Comparative study can be undertaken to assess the behavioural problems of children with HIV and other chronic illness.

REFERENCES

1. Dominguez KL. Management of HIV infected children in institutional setting. *Paediatric Clin. North Am.* 2000; 47(1): 203–239.
2. Mendoza R, Hernandez M. Behavioural symptoms of children with HIV infection living in the Dominican Republic. *West Indian Med J.* 2007; 56(1): 55–59.
3. Medscape. (2020, Aug.) HIV Infection and AIDS. [Online] Available from <https://emedicine.medscape.com/article/211316-overview>.
4. UNAIDS (2010). Report on the global AIDS epidemic. [Online] Available from https://www.unaids.org/globalreport/Global_report.htm.
5. Priory.com. (2007, May). Department of Statistics, University of Delhi, India. Behavioural Disorders in Human Immunodeficiency Virus (HIV) Infected Adolescents in the Age Group 12-16

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- year in India. [Online] Available from https://www.priory.com/psychiatry/Behavioral_Disorders_HIV_Teenager.htm.
6. Mellins E, Chesney R. Behavioural disorders in human immune deficiency virus (HIV). *J. Pediatr. Psycho.* 2006; 25(2): 545–556.
 7. Lina KZ. Behavioural and cognitive profile of clinically stable 274 HIV-infected children. *American Academy of Paediatrics.* 2006; 117(3): 763–768.
 8. Claude A Mellins, R Smith, et al. High rates of behavioural problems in perinatally HIV—infected children are not linked to HIV disease. *Paediatrics.* 2003; 111(2): 384–393.
 9. Grover G, Pensi T. Behavioural disorders in 6–11-years-old, HIV infected Indian Children. *Ann. Trop. Paediatr.* 2007; 27(3); 215–214.
 10. Aylward E, Butz A, et al. Cognitive and motor development in children at risk for human immune deficiency virus. *Am. J. Dis. Child.* 1992; 146(17): 218–222.