

## A Study To Assess Psychological Status And Behavioural Changes Among HIV/AIDS Affected Orphans-A Cross Sectional Study

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### Abstract:

**Background:** There are near about 153 million children who have had at least one parent die according to policy makers globally and they are struggling to find care solutions. Various psycho-social implications on children such as anger, fear, anxiety, depression, grief, guilt and shame, lack of interest in surrounding, loss of confidence, complaining that no one loves, feeling worthless or inferior to others suicidal tendencies, lower cognitive abilities and other behavioural problems. **Aims & Objectives:** To evaluate psychosocial status and behavioral problems among HIV affected orphan children. **Materials & Methods:** It was a cross sectional study conducted for a period of 2 months on HIV affected orphans in a NGO of Hyderabad. **Results:** Psychological status of the study participants was good and strong. Only 10% of the study participants were depressed and very fewer in number such as 13.3% were scared about the situation. Near about 26.6% of the study participants at times get angry and 20% of the study participants feels lonely. **Conclusion:** The mental status of the study participants was marginally poor while majority of the study participants were mentally strong enough to cope up with the day to day life. They had a very good support from the care takers that was very appreciable thing.

**Key Words:** HIV/AIDS, Psychosocial, Support, Anger, Behavioural

### Introduction:

There are near about 153 million children who have had at least one parent die according to policy makers globally and they are struggling to find care solutions.<sup>1</sup> The South and East Asia region estimated to have the largest number of orphans worldwide due high mortality among young adults from conditions such as HIV/AIDS, malaria, tuberculosis, pregnancy complications, and natural disasters which are responsible for the large and increasing number of orphans globally.<sup>2,3</sup>

Studies have shown that in India, HIV-infection has become majorly a psychosocial risk and that not only requires physical treatment but also psycho-social intervention due to in humane stigma and discrimination which exist in HIV-affected individual own family and community. Therefore, the average life span in India of a HIV-affected individual is considerably lower compared to the life span of HIV-affected individuals in developing countries.<sup>4</sup>

Psychosocial development means prepare of children for their admittance in to modern society along with his or her positive engagement with interpersonal existence along with adherence on the evaluative norms of which implement into their modern community; assistance to create independent selections and judgements, dealing with tension and taking care of their worries Orphaned and vulnerable children are one of the most developmental challenges affecting developing countries worldwide.<sup>5</sup>

Orphanhood leads to serious negative impact on life pf children. Children, whose parents have HIV/AIDS infection and/or have died with HIV/AIDS, are impacted medically, socially and economically. Therefore, they are excluded, discriminated physically and psychologically, distressed and do not get access to basic education and health care. Due to lack of basic caregivers and economical support they are at higher risk of bad health, nutrition, psychological problems, faulty development, juvenile delinquency, drug abuse, school dropout, in-volvement in risky behaviors and all forms of exploitation like prostitution, beggary, labor and prostitution.<sup>8</sup>

Due Various psycho-social implications on children such as anger, fear, anxiety, depression, grief, guilt and shame, lack of interest in surrounding, loss of confidence, complaining that no one loves, feeling worthless or inferior to others suicidal

tendencies, lower cognitive abilities and other behavioural problems.<sup>7,9, 10</sup> Considering all the factors the above study was conducted.

**Aims & Objectives:**

1. To evaluate psychosocial status among HIV affected orphan children
2. To evaluate behavioral changes among HIV affected orphan children

**Materials & Methods:**

**Study Design:** A Cross-Sectional Study

**Study period:** The total duration of study was be of two months from April 2018-May 2018.

**Study participants:** All those affected with HIV/AIDS orphans belonging to the age group of 6 to 18 years who have lost either or both parents due to HIV/AIDS

**Study Area:** A Non-Governmental organization (NGO) which is working in Hyderabad for HIV affected orphans and semi-orphans. We visited to NGO's in Hyderabad.

**Sample Size:** A total number of 30 HIV affected children will be included in study period of two months. We could include only 30 orphan children as it was holiday time and most of the children have gone for vacation to their caregivers place.

**Methodology:**

In the present study the instrument used will be a pre-structured, pre-designed questionnaire. The questionnaire will include the socio-demographic characteristics of study participants. There will be questions related to psychosocial behavior. We used Strength and Difficulties questionnaire to assess psychological status of the children which has 25 items. A one to one structured interview was conducted in pre-tested questionnaire. The questions were read out to the respondents in the language, they understand and responses were recorded. A informed consent was taken from the study participants/care takers. The study was conducted after taking permission from the head of the Non-Governmental organization. They were explained about the purpose of the study and were told about the maintenance of confidentiality of the information. During the study period regular health assessment and health education sessions were conducted.

**Statistical analysis:** The data will be entered in SPSS 20 version software and analyzed with proportions.

**Ethical aspects:** Institutional ethics committee permission of MRIMS was obtained.

Informed consent was taken from participants as well as from care takers.

**Results:**

**Table 1 Distribution of study Participants according to Age**

Age(Years)	Frequency	Percentage
5-10	09	30
11-15	10	33.3
15-20	11	36.6
Total	30	100

Table 1 shows that majority of study participants were in the age group of 15-20years accounting for 36.6% followed by 33.3% in 11-15 years of age group and 30% in 5-10years respectively.

**Table 2 Distribution of study participants according to Sex**

Sex	Frequency	Percentage
Male	13	43.3
Female	17	56.6
Total	30	100

Table 2 shows that majority of the study participants were females accounting for 56.6% while 43.3% were males.

**Table 3 Distribution of study participants according to Class**

Class	Frequency	Percentage
1-5	07	23.3
6-10	15	50
Inter	08	26.6
Total	30	100

Table 3 shows that 50% of the study participants were in 6-10<sup>th</sup> standard. Near about 26.6% were in intermediate and 23.3% were in 1<sup>st</sup>-5<sup>th</sup> standard

**Table 4 Distribution of study participants in relation to death of Mother and Father**

Variable	Frequency	Percentage
<b>Death of Mother</b>		
Yes	21	<b>70</b>
No	09	<b>30</b>
<b>Death of Father</b>		
Yes	23	<b>76.6</b>
No	07	<b>23.3</b>
Total	30	<b>100</b>

Table 4 shows that death of the mother was observed in 70% of the study participants while 76.6% of the study participants lost their father.

**Table 5 Distribution of study participants with use of ART**

ART	Frequency	Percentage
Yes	23	76.6
No	07	23.3
Total	30	100

Table 5 show that 76.6% of the study participants were taking ART were as 23.3% were not taking ART. When enquired the care takers said they are too young to take the ART while the others said they are afraid of the side effects related to ART.

**Table 6 Distribution of study participants with behavioural problems**

Behavioural Problems	Frequency	Percentage
<b>Use of Alcohol</b>		
Yes	00	00
No	30	100
<b>Steals</b>		
Yes	00	00
No	30	100
<b>Runs away from home</b>		
Yes	00	00
No	30	100
<b>Lies</b>		
Yes	00	00
No	30	100
<b>Sets Fire</b>		
Yes	00	00
No	<b>30</b>	100
<b>Breaks Things</b>		
Yes	07	23.3
No	23	76.6
<b>Hurts Animal</b>		
Yes	00	00
No	30	100

Table 6 shows that among behavioural problems as such they were not having any major behavioural problems except 23.3% mentioned that they have habit of breaking things.

**Table 7 Distribution of study participants with Psychological status**

Variable	Not True	Somewhat True	Certainly True	Total
I try to be nice to other people. I care about their feelings	00	09(30)	21(70)	30
I am restless, I cannot stay still for long	14(46.6)	12(40)	04(13.3)	30
I get a lot of headaches, stomach-aches, or sickness	16(53.3)	09(30)	05(16.6)	30

I usually share with others, for example CDs, games, food	03(10)	09(30)	18(60)	30
I get very angry and often lose my temper	16(53.3)	06(20)	08(26.6)	30
would rather be alone than with people of my age	19(63.3)	05(16.6)	06(20)	30
usually do as I am told	04(13.3)	09(30)	17(56.6)	30
I worry a lot	14(46.6)	08(26.6)	08(26.6)	30
I am helpful if someone is hurt, upset or feeling ill	01(3.3)	15(50)	14(46.6)	30
I am constantly fidgeting or squirming	13(43.3)	13(43.3)	04(13.3)	30
have one good friend or more	03(10)	02(6.6)	25(83.3)	30
I fight a lot. I can make other people do what I want	12(40)	18(60)	00	30
I am often unhappy, depressed or tearful	18(60)	09(30)	03(10)	30
Other people my age generally like me	00	12(40)	18(60)	30
I am easily distracted, I find it difficult to concentrate	12(40)	10(33.3)	08(26.6)	30
am nervous in new situations. I easily lose confidence	15(50)	10(33.3)	05(16.6)	30
I am kind to younger children	04(13.3)	07(23.3)	19(63.3)	30
I am often accused of lying or cheating	16(53.3)	09(30)	05(16.6)	30
Other children or young people pick on me or bully me	17(56.6)	11(36.6)	02(6.6)	30
often volunteer to help others (parents, teachers, children)	01(3.3)	07(23.3)	22(73.3)	30
think before I do things	00	11(36.6)	19(63.3)	30
I take things that are not mine from home, school or elsewhere	25(83.3)	03(10)	02(6.6)	30
get along better with adults than with people my own age	08(26.6)	16(53.3)	06(20)	30
I have many fears, I am easily scared	21(70)	05(16.6)	04(13.3)	30
I finish the work I'm doing. My attention is good	02(6.6)	06(20)	22(73.3)	30

Table 7 shows that the psychological status of the study participants was good and strong. Only 10% of the study participants were depressed and very fewer in number such as 13.3% were scared about the situation. Near about 26.6% of the study participants at times get angry and 20% of the study participants feels lonely. About 16.6% of study participants at time lose hope and confidence among them. About 26.6% of the study participants gets easily distracted from personal life and education.

**Discussion:**

The present study it was observed that majority of study participants were in the age group of 15-20years accounting for 36.6% followed by 33.3% in 11-15 years of age group and 30% in 5-10years respectively. In another study near about 37.3% were in the age group of 4-11years and 62.7% were in the age group of 12-17years.<sup>11</sup>

Majority of the study participants in present study were females accounting for 56.6% while 43.3% were males. In another both males and females were equal in number.<sup>11</sup> In one more study it was observed that both males and females were equal in number.<sup>12</sup> In another study 59.9% were males and 40.1% were females.<sup>11</sup>

The present study shows that 50% of the study participants were in 6-10<sup>th</sup> standard. Near about 26.6% were in intermediate and 23.3% were in 1<sup>st</sup>-5<sup>th</sup> standard

Death of the mother in present study was observed in 70% of the study participants while 76.6% of the study participants lost their father. In another study 33.8% lost their mother while 38.3% lost their father.<sup>12</sup>

In present study the overall behavior of the study participants was good as they were not having any major behavioural problems except 23.3% mentioned that they have habit of breaking things.

The present study showed that the psychological status of the study participants was good and strong. Only 10% of the study participants were depressed and very fewer in number such as 13.3% were scared about the situation. Near about 26.6% of the study participants at times get angry and 20% of the study participants feels lonely. About 16.6% of study participants at time lose hope and confidence among them. About 26.6% of the study participants gets easily distracted from personal life and education. In a study done by Tanushree Banerjee et al,

Sarah Larsson & Sara Bolding they too have observed some psychological disturbances among HIV/AIDS affected orphans more in terms of emotional component.<sup>12, 13</sup> While in another study emotional and psychological problems were observed among 49% of the study participants.<sup>11</sup>

### **Conclusion:**

The main aim of the study was to find out psychological and behavioural changes among HIV/AIDS affected orphans children. In present study it was observed that the mental status of the study participants was marginally poor while majority of the study participants were mentally strong enough to cope up with the day to day life. They had a very good support from the care takers that was very appreciable thing. Among the behavioral problems also very few were having habits of breaking things whenever they were upset or angry. Therefore we can conclude that psychological and behavior was good among the study participants in present study. The credits can be given to their family members as well as the health counselors at the NGO site for doing intense health education counseling and motivating the children for leading a positive life.

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