

RESEARCH ARTICLE

## Assessment of Quality of Life of the HIV Positive Mother and the Care Rendered to their Children in Selected HIV Care Centre in Madurai

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### Abstract

The investigator intended to assess the Quality of life of the HIV positive mother and the care rendered to their children in selected HIV care centre in Madurai. Conceptual framework for the study was based on Callista Roy's adaptation model. Adapted a descriptive comparative research design, survey approach and study target population was 25 HIV +ve mother with HIV positive children and 25 HIV +ve mother with HIV negative children between 6-12 years age group selected by using purposive sampling technique and data were analyzed by using inferential statistics and correlation. The major findings of the study showed the significant difference in the physical health dimensions of the HIV positive mothers with reference to income groups (group 2 vs group 1). Significant difference was observed in the psychological health dimensions between the HIV positive mothers with HIV positive children and HIV positive mothers with HIV negative children. On the other hand, less stress was experienced by HIV positive mothers with HIV negative children whereas HIV positive mothers with HIV positive children experienced higher level stress. The group of HIV positive mothers living with husband had better adoption to the social health changes when compared to group 2 HIV positive mothers who became widows. The HIV positive mothers who earned less than Rs.1000 per month could not adopt with environmental changes when compared with HIV positive mothers who earned Rs. 1001-4500 per month. This present study revealed the existence of positive correlation between each physical, psychological, social and environmental health domains.

**Keywords:** Quality of life, purposive sampling, psychological health dimensions, environmental changes.

### Introduction

HIV disease is currently viewed as a chronic illness. The focus of treatment of this disease is to identify and manage the symptoms. The ultimate role is to delay the progression of this disease and to maintain optimal quality of life (Rose, 1996), because of the dynamic nature of chronic symptoms; persons with symptomatic HIV disease could become frustrated and distressed (Withell, 2000). According to the Tamil Nadu case report, on May 2000, 1162 males and 295 families were affected (Parthasarathy, 2000). In this 2.46% are perinatal transmission (NACO, 2000). In June 2001, the UNAID on HIV/AIDS set reduction targets of 20% and 50% for the numbers of children newly infected with HIV by 2005 and 2010 respectively. In December 2002, NACO reported that 35,876 males and 10,941 females were affected in India. Among them, 1018 were male children and 624 were female children, under the age group of 14 years. In February 28<sup>th</sup> 2003, NACO reported that 33,562 male cases and 11,456 females cases were found, among them 1680 children, were between 0-14 years in India. In Tamil Nadu, January 30<sup>th</sup> 2003, Indian express reported, Madurai is in 4<sup>th</sup> place in Tamil Nadu with 31,230 males and 10,376 females inflicted by the disease. Tamil Nadu is in second place and Maharashtra is in first place in AIDS list in India. Vertical transmission is 2.6% in the age group of 0-14 years with 1989 males and 609 females had been affected.

Families affected by AIDS have to face many problems especially when children are involved (Forchand, 1998). The HIV positive children who live longer will have serious deficit. There is a need to develop services to address the unique developmental and psychosocial needs of these children and their families.

Keeping the above facts in view, this study was aimed with the following objectives:

- To find out the care rendered by the HIV positive mother to their children.
- To determine the difference between quality life of the HIV positive mothers of HIV positive/negative children with selected demographic variables (child HIV status, mother marital status, period of HIV status occupation, income and dwelling area).
- To find out the correlation between the physical, psychological, social and environmental domains of quality of life HIV positive mothers.

### Materials and methods

**Study population:** Study target population was 25 HIV +ve mother with HIV positive children and 25 HIV +ve mother with HIV negative children between 6-12 years age group selected by using purposive sampling technique. The study involved descriptive comparative design.

**Data collection:** It consist of demographic data and interview schedule to assess the quality of life of the HIV positive mother as per sub-dimension health domains scale and child basic need scale based on physical, psychological, social and environmental health. Permission was obtained from Government Hospital and Family planning Centre and World Vision HIV Centre. The period of data collection was four weeks. The purpose of the study was explained to subject and obtained their consent using structured interview. Frequency and percentage and inferential statistics were used for the analysis. Based upon the analysis the following hypothesis was tested.

- There will be a significant difference between the quality of life of the HIV positive/negative children with selected demographic variables (child HIV status, mother marital status, period of HIV status, occupation, income and dwelling area).
- There will be a significant correlation between the physical, psychological, social relationship and environmental domains of quality of life of the HIV positive mother.

## Results and discussion

With regards to the care rendered by the HIV positive mother to their children the following findings are observed:

**Health need:** All HIV positive mothers interviewed in the present study seek medical treatment from government hospitals to their HIV positive children (100%) (Fig. 1).

**Nutritional needs:** HIV children's nutritional needs were not met fully by the HIV positive mothers (100%) due to finance crisis (76.46%) (Fig. 2).

**Play needs:** HIV positive mothers did not meet the play needs of their HIV positive children (94.1%) to a greater extent, of which economic constraints (70.58%) and mother illness (11.77%) contributed more (Fig. 3).

**Child safety:** During HIV positive mother's illness, the HIV positive children were taken care to a greater extent by parents of infected mother (82.35%) (Fig. 4).

**Study needs:** As high as 88.24% of HIV positive mothers with HIV positive children and 78.79% of the HIV positive mothers with HIV negative children could not help on their children's studies due to mother illness and illiterate reasons (Fig. 5).

With regard to significant difference between the quality of life, the HIV positive mothers of HIV positive/negative children with selected variable revealed the following:

**Physical Health Domain (QOL):** There is a significant difference in the physical health dimensions of the HIV positive mothers with reference to income groups (group 2 vs group 1). Significant difference was observed in the physical health dimension of quality of life between the HIV positive mothers who earned Rs. 1001-4500 per month versus the HIV positive mothers who earned less than Rs.1000 per month (Fig. 6).

Fig. 1. Percentage distribution of place of treatment received.

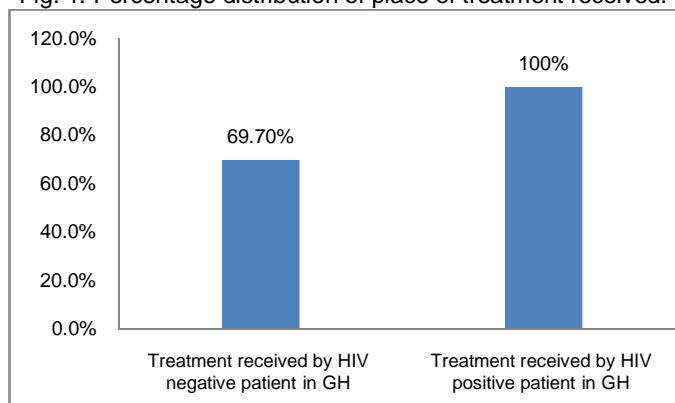


Fig. 2. Percentage distribution of reason for not meeting the nutritional needs.

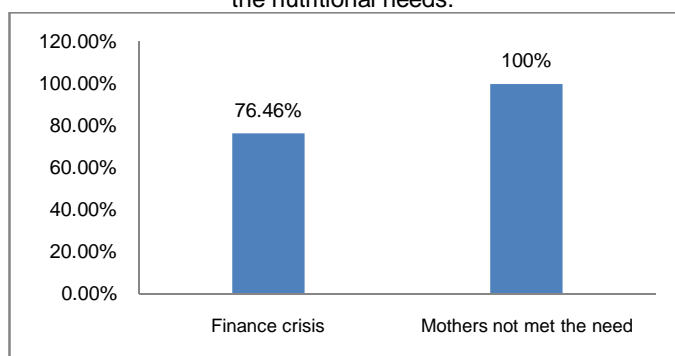


Fig. 3. Percentage distribution of reason for not meeting the play needs.

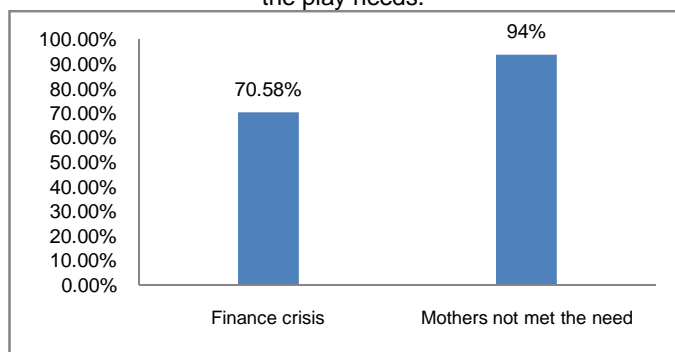


Fig. 4. Percentage distribution of persons who care in case of mother illness.

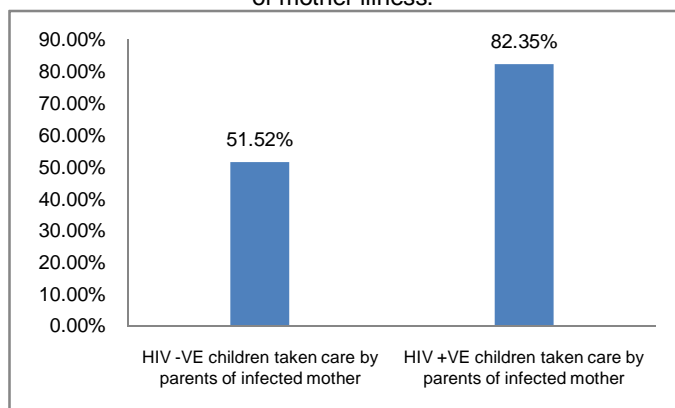


Fig. 5. Percentage distribution of reason for not meeting the study needs.

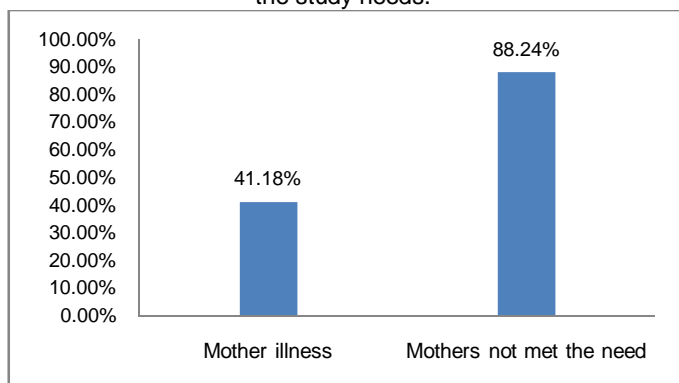


Fig. 6. Mean score of income of HIV +VE mothers towards physical health.

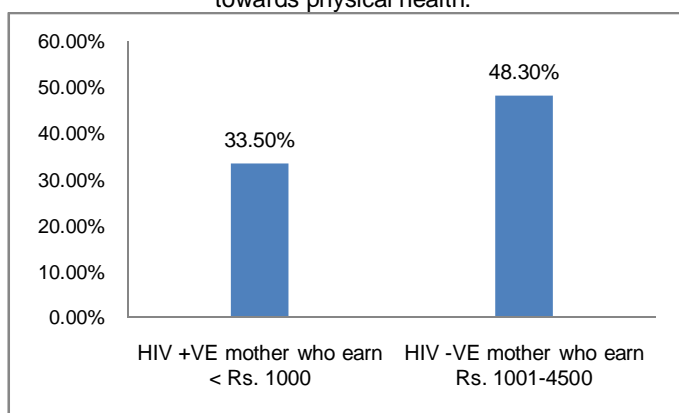


Fig. 8. Mean score of marital status of HIV +VE mother's social adaptation.

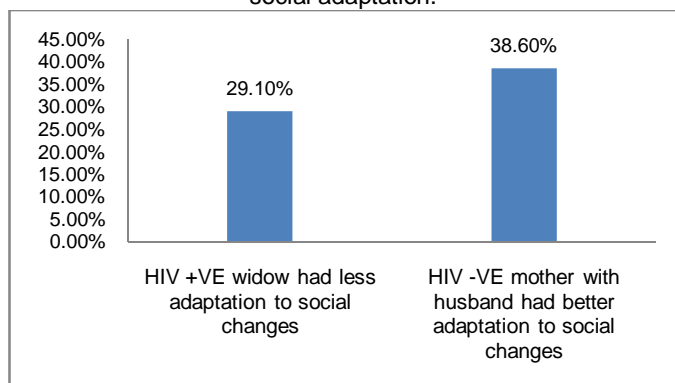
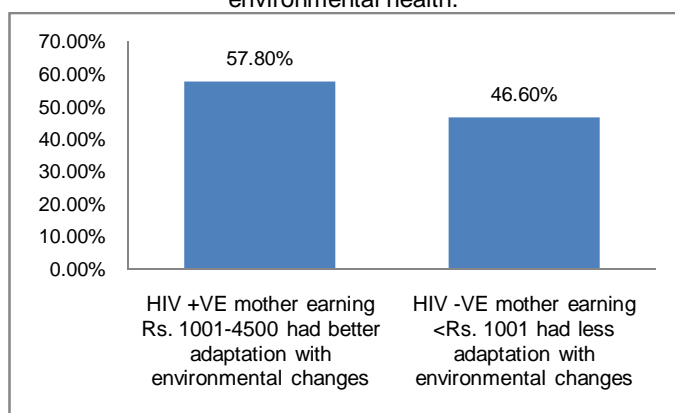
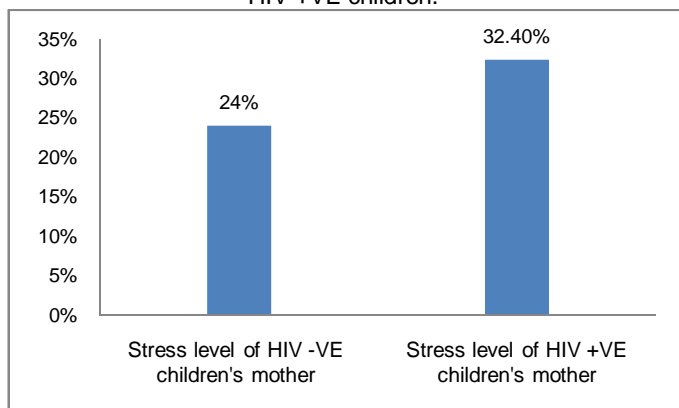


Fig. 9. Mean score of income of HIV +VE mother with environmental health.



**Psychological Health Domain (QQL):** There is a significant difference in psychological health dimensions of the HIV positive mothers with reference to HIV positive and HIV negative status. Significant difference was observed in the psychological health dimensions between the HIV positive mothers with HIV positive children and HIV positive mothers with HIV negative children. On the other hand, less stress was experienced by HIV positive mothers with HIV negative children whereas, HIV positive mothers with HIV positive children experienced higher level stress (Fig. 7).

Fig. 7. Mean score of HIV positive mother's stress level with HIV +VE children.



**Social Health Domain:** Significant difference was observed in the social health dimension between the HIV positive mother with group 1(living together) and group 2 widowed group. The group of HIV positive mothers living with husband had better adoption to the social health changes when compared to group 2 HIV positive mothers who became widows (Fig. 8).

**Environmental Health:** There was a significant difference between the environmental health and income of the HIV positive mother in the present study. The HIV positive mothers who earned less than Rs. 1000 per month could not adopt with environmental changes when compared with HIV positive mothers who earned Rs. 1001-4500 per month (Fig. 9).

## Conclusion

The major findings of the study showed significant different in the physical health dimensions of the HIV positive mothers with reference to income groups (group 2 vs group 1). Significant difference was observed in the psychological health dimensions between the HIV positive mothers with HIV positive children and HIV positive mothers with HIV negative children. On the other hand, less stress was experienced by HIV positive mothers with HIV negative children whereas, HIV positive mothers with HIV positive children experienced higher level stress.



The group of HIV positive mothers living with husband had better adoption to the social health changes when compared to group 2 HIV positive mothers who became widows. The HIV positive mothers who earned less than Rs. 1000 per month could not adopt with environmental changes when compared with HIV positive mothers who earned Rs. 1001-4500 per month. This present study revealed the existence of positive correlation between each physical, psychological, social and environmental health domains. Based upon the findings of the study, the following recommendations can be made:

- Study could be conducted with larger samples.
- Comparative study could be performed to assess the quality of life among HIV positive mother in rural and urban areas HIV negative children.
- Experimental study could be done on two district socio economic groups of HIV positive mothers assess their quality of life and care rendered HIV positive/HIV negative children.

## References

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