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A study to assess the psychosocial problem faced and coping strategies adapted by PLHA attending selected ART centers

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Abstract

Introduction: Many of the health problems faced by the Indians in the past have been tackled by Indian system of medicine, but new ones are arising to take their place. The Current major health problems encountered by Indian citizens include Malaria, Tuberculosis and the most debilitating one is HIV/AIDS. The special feature of HIV infection is that once infected, it is probable that a person will be infected for life long. Where, the term AIDS refers only to the last stage of the HIV infection.

Methods Research Approach

Research Approach: Exploratory research approach. Research design used was Non experimental Survey design. The conceptual framework based on theory of Conceptual frame work based on Numan System Model was used for the study. The setting for this study was the selected areas ART centers (Community Care Centre, Y.C.M Hospital and D.Y. Patil Convenient Sampling technique was used for 100 PLHA patients. health I at the time of data collection in selected ART centers.” The tool developed which includes,

Section-I: Demographic variables,

Section-II: Consisted of Structured Questionnaire. Level of Knowledge on selected psychiatric emergency management among health care workers.

Section-III: Structured Rating Scale to assess the coping mechanism. The association between coping strategies and selected demographic variables among HIV/AIDS patients was assessed using ANOVA prepared by the researcher. Since p-values corresponding to sex, occupation, monthly family income, ‘Since how long you have been taking ART treatment?’ ‘Has your spouse been screened?’ Are small (less than 0.05), the null hypothesis is rejected. Tool validity was done and tool found reliable. Study found feasible after pilot study.

Results: It has been observed that in this study Non experimental Survey design was used. The population for the present study comprised subjects infected with HIV/AIDS attending selected ART centers. Total 100 samples were taken, Sample was collected through the use of convenient sampling technique. To ensures reliability of tool data of the structured knowledge questionnaire was analyzed by Inter Rater Method, calculation was done by kappa correlation formula and the reliability coefficient of the tool was 0.90, which was found to be reliable. Hence the tool was found to be valid, reliable and feasible.

Section-I: Description of sample characteristics.

Section-II: Analysis of data related to psychosocial problems among HIV/AIDS faced by patients attending selected ART Centers.

Section-III: Analysis of data related to the various coping strategies adopted by the HIV/AIDS patients attending selected ART centers

Section-IV: An Analysis of data to find relationship between coping strategies and selected demographic variables among HIV/AIDS patients. The content validity was determined by experts.

Conclusion: Overall experience of conducting this study was satisfying one, as there was good co-operation from HIV positive patients at the selected ART centers. The study was a new learning experience for the investigator. The result of the present study shows that the Demographic Variables which were found to have significant association with coping strategies among HIV/AIDS patients.

Keywords: Psychosocial problem faced, coping strategies adapted, PLHA, ART centers

Introduction

The people living with HIV have continued to be affected topic various stressors associated with disease management, treatment adherence, and adaptation psychosocial changes after iagnosis of HIV.

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Increased knowledge of effective ways to cope with the stress associated with HIV is critical to helping individuals with HIV to maintain psychological and physical well-being. Acquired Immuno Deficiency Syndrome (AIDS) caused by Human Immuno-Deficiency Virus (HIV). The virus attacks the immune system leaving the individual susceptible to life threatening infections and cancers. Common bacteria, yeast, parasites and viruses that usually do not cause serious disease in the people with healthy immune systems can turn deadly for AIDS patients.

Research Design

The research design selected for the study was Non experimental Survey was used.

Research Setting

The present study was conducted in the selected ART centers (Community Care Centre, Y.C.M Hospital and D.Y. Patil Hospital). Selection of the setting was done for the present.

Population

The population of the present study is subjects infected with HIV/AIDS attending selected ART centers.

Sample

In the present study the samples Male/Female Subjects aged (18-60yr) infected with HIV/AIDS attending Y.C.M Hospital, Community Care Centre, D.Y. Patil Hospital.

Sample size

The Sample size consisted of 100 PLHA patients.

Sample technique

In the present study the sample was collected through Non probability convenient sampling technique.

Criteria for selection of sample

Inclusion Criteria

1. Patients who fall in the age group of 18-60 years.
2. Patients those who were HIV/AIDS positive & attending Selected ART centers.
3. Patients who were available at the time of data collection.

Exclusion criteria

1. Patients who were not willing to participate in Research.

Development of tool

1. Review of literature.
2. Personal consultation and discussion with the nursing.
3. Experts and neonatologists.
4. Content validity of the tool was done.
5. Reliability testing of the tool by using the inter rater method.
6. Pre-testing of the tool.
7. Content validity.8.Reliability.

Description of the tool

In this study the tool consisted of:

Section A: Demographic Performa.

Section B: Structured Questionnaire Scale seeks information about psychosocial problems faced by PLHA.

Section C: Structured Rating Scale to assess the coping mechanism prepared by the researcher.

Validity

The tools and content were given to experts. Based on the suggestions given by the evaluators. After considering the experts suggestions and modifications, the tool was finalized.

Reliability of the Tools

The data of the structured knowledge questionnaire was analyzed by the reliability was done by Inter Rater Method, calculation was done by kappa correlation formula and the reliability coefficient of the tool was 0.90, which was found to be reliable. Hence the tool was found to be valid, reliable, and feasible.

Ethical consideration

- Researcher had obtained approval from appropriate review boards to conduct the study.
- Researcher had taken formal permission from PLHA patients to conduct study.
- Only the samples who had signed the consent form are included in the study.
- Confidentiality of the data is maintained strictly.

Plan for data collection

- Ethical committee clearance
- Written permission was obtained from the medical superintendent of selected Y.C.M Hospital, Community Care Centre, D.Y.M. Patil Hospital.
- Consent from Subjects aged (18-60yr) infected with HIV/AIDS in selected hospital.
- The investigator approached the health care worker of selected samples, informed them regarding the objectives of the study and obtained their informed consent after assuring the confidentiality of the data.

Pilot study

The pilot study was conducted on 10 HIV positive patients in Lokamanya Hospital, Chinchwad, Pune. No further changes were made in the tool after the pilot study. The main study was conducted on 29 July 2013 in Dr. D.Y. Patil ACS College, Pimpri, Pune. Data were analyzed by using Descriptive and Inferential Statistics. The hypotheses had been tested at 0.05 level of significance. The findings of the study revealed that PLHA at ART centers were not adequate. After examining with structure questionnaires, psychosocial problems scored moderate and Majority of 85% of the HIV/AIDS patients had good coping (Score31-50).

Data analysis and interpretation

Sample characteristics in frequency and percentage of health care workers. Paired t test, are used to compare the level of knowledge on Selected psychiatric emergency management in pre-test and post test. Chi Square test is used to associate the socio demographic variable with the level of knowledge.

Result

Section I: Frequency and percentage distribution of selective Demographic Variables

Majority findings were, (39%) were from age group 36-45, (82%) were males, (94%) were Hindu, (54%) were from Urban areas, (41%) were from joint family, (45%) educated up to 11th-12th, (32%) had monthly income of Rs.5000-10000, (36%) were diagnosed for 2-4 years, (39%) were taking ART treatment for 2 years, (64%) had their spouses for HIV screened.

Section II: Analysis of data related to psychosocial problems among HIV/AIDS faced by patients attending selected ART Centers

Majority (63%) of the HIV/AIDS patients had severe psychosocial problems and (37%) had moderate psychosocial problems. (53%) felt moderately that they were not themselves where (41%) felt with severe intensity that they are not themselves. Majority i.e (62%) had moderate trouble while sleeping where (34%) had severe trouble while sleeping. (44%) moderately felt inability/extreme stress with the workload that they handled and (41%) felt it severely. More than half (52%) of them severely often felt anxious. (47%) severely got irritated at simple situation. (51%) severely got angry when they were not able to solve a situation at once. Majority of (76%) moderately often got tensed with monotonous activities of daily living. (57%) got moderate headache or stiffness/tension in their muscles & back and (33%) got mild. (64%) felt moderate inability to concentrate or to remember things. Majority of (80%) often moderately felt stomach upset, increasing heartbeat or sweaty palms.

Section III: Analysis of data related to the various coping strategies adopted by the HIV/AIDS patients attending selected ART centers

(85%) of the HIV/AIDS patients had good coping (Score 31-50), (14%) had average coping (Score 21-30) and only 1% of them had poor coping (Score 0-20). (72%) of the HIV/AIDS patients rarely wished that after HIV infection the situation would go away or somehow will be over with. More than half (55%) usually found multiple solutions to a single problem. (64%) always hoped that a miracle would happen even though they are infected with HIV. (54%) of the rarely thought that things would change & it would get better. (69%) rarely felt that time would make a difference after HIV infection. (54%) rarely expected sympathy & understanding from others. (69%) of them rarely feel good after sharing their feelings with others. (69%) rarely had been inspired to do something creative from other HIV infected person. (67%) of them rarely let their feelings out.

Section IV: An Analysis of data to find relationship between coping strategies and selected demographic variables among HIV/AIDS patients

The association between coping strategies and selected demographic variables among HIV/AIDS patients was assessed using ANOVA*.

Conclusion

The overall experience of conducting this study was satisfying one, as there was good co-operation from HIV positive patients at the selected ART centers. The study was a new learning experience for the investigator. The result of

the present study shows that the Demographic Variables which were found to have significant association with coping strategies among HIV/AIDS patients.

Discussion

Coping strategies was conducted by on the level of depression and coping pattern in HIV positive patients. 51 newly diagnosed HIV patients (M=34/F=17), were selected for the study from the HIV Clinic, SRU. Hamilton Depression Rating Scale and Ways of Coping were used to evaluate the levels of depression and to identify their different coping styles. Descriptive and inferential statistics were used to analyze the data.

Limitations

1. The study was conducted to only one group of 100 HIV positive patients at selected ART centers in Pune, hence generalization was limited to the population under study.
2. The study did not use a control group and there was a threat to internal validity as the investigator had no control over the events that took place between the pre-test and post test.
3. Extraneous variables such as exposure to mass media were beyond researcher's control.

Recommendations

1. A similar study can be replicated on a larger sample with different demographic characteristics.
2. A similar study can be replicated with broader content area on psychosocial problems and also coping strategies.
3. A similar study can be done in different setting.
4. Same study can be conducted by using different set of questionnaires.

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