

Research Article

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Status of Children Infected and Affected by HIV/AIDS in Eastern Nepal

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Abstract

Background: The problem of HIV/AIDS among Children is common and has become a key public health concern for all. **Objective:** To find out the situation of children infected/affected from HIV. **Methods:** Cross-sectional descriptive study was carried out in Sunsari District of Eastern Nepal. Total 131 respondents from Sunsari District Children aged between 0-18 years and parents of these children on their behalf were visited during the study period. The analysis was done by using statistical software SPSS (statistical package for social science) version 17. Percentage and proportion was calculated where ever applicable. **Result:** Children between the ages of 0-6 years represented 36.4% of the sample. In 92.4% of families, father was the first to be infected. Only 9.1% of the children know about their parents HIV status. The school knew 12.1% of the children being HIV infected/affected and among them 70.4% reported of bad behavior of school. Nearly 68.2% of them were not provided any help for their education. Almost 41.7% of the respondents were taking any medicine and among them 30.3% were taking antiretroviral drug. Nearly 29% of them think when there is no discrimination they will have dignified life. **Conclusion:** HIV and AIDS in children is an alarming issue in Sunsari because of the increasing trend of new cases. Low economic opportunities, low literacy level, low levels of awareness usually among underprivileged and disadvantage group, and long incubation period make this infection a huge Public Health challenge to face and cope with.

Keywords

Children,
Affected,
Infected,
HIV/AIDS,
Nepal.

Introduction

According to the World Health Organization ¹(WHO), there were approximately 35 million people worldwide living with HIV/AIDS in 2013. Of these, 3.2 million were children (<15 years old). Worldwide 13.2 million children have lost their mother or both parents to AIDS. The disease orphaned 2.3 million children in 2000 alone. It is estimated that 44 million will have lost their parents to the pandemic by the end of this decade. One third of them will be children under five years of age, and the majority (80%) lives in sub-Saharan Africa.²Millions more are indirectly affected because their families and communities are strained by other consequences of the epidemic. While new infections among children have decreased, the numbers of children living within affected households has risen and children infected with HIV are less likely to access treatment ³

Nepal is described as having a “concentrated” HIV/AIDS epidemic. Nepal's HIV prevalence has not changed much over the last five years, it has remained within 0.3 - 0.2 percent. There are approximately 40,720 people living with HIV in Nepal. Although HIV prevalence has not changed much, the country has achieved reduction in the number of new infections, from 8,039 new infections annually in 2000 to 1,408 in 2013.⁴

There were about 3,281 (8% of total estimate) children up to the age of 14 years that are estimated to be living with HIV in Nepal in 2013.⁴Consequently, the situation of children with HIV-infected parents and children orphaned by AIDS, has emerged as a serious issue in high-prevalence areas.² Therefore, the present study was chosen to find out the situation of children infected/affected from HIV.

Methodology

A cross-sectional study was carried to achieve the stated objectives in Sunsari district of Eastern Nepal. Quantitative method was used to retrieve the required information. Total 131 respondents were taken as sampled respondent. Respondents were purposively selected according to the HIV affected household details.

Structured questionnaires were administered among the individual of selected communities children and their parents by using purposive sampling. The study was carried out for 3 months period. Written consent was taken from the children and parents of those children who were infected/

affected from HIV. For children below 12 years parents were asked the questionnaire. The confidentiality and privacy of the study was maintained; name of the individuals or participating group was not disclose after the study.

Collected data were entered in MS Excel 2007. Once the data were entered then the coding of the data was done to ensure the verifiability of the research. Before analysis, the protocol was reviewed to recheck the objectives and hence the data was analysed with the help of SPSS 16. The frequency and percentage of all the variables were calculated.

Results

Table 1: Description of Characteristics of Study population

Characteristics	Categories	No of children (n)	Percentage (%)
Age group in years	0-6yrs	48	36.4
	7-12yrs	47	35.6
	13-18yrs	37	28.0
Gender	Male	81	61.4
	Female	51	38.6
Ethnicity	Brahmin	8	6.1
	Chettri	12	9.1
	Ethnic	100	75.8
	Schedule Caste	12	9.1
Family's own land	No	101	76.5
	Yes	31	23.5
Family's own home	No	41	31.1
	Yes	91	68.9
Family's own animal	No	101	76.5
	Yes	31	23.5
Total		132	100%

Table 1 shows the basic characteristics of HIV/ AIDS infected and affected children and their family in this study. Children between the ages of 0-6 years represented 36.4% of the sample. The study shows that 61.4% of the children

were male and 75.8% were from Ethnic group. Regarding the economic status of the family 23.5% of the children family has their own land, 68.9% has their own home and 23.5% rear animal at their home.

Table 2: Information regarding HIV/AIDS among study population

Characteristics	Categories	No of children	Percentage
First infected in family	Husband	122	92.4
	Wife	9	6.8
	Son	1	.8
How Know about HIV	Blood test	106	80.3
	After husband death	23	17.4
	TB treatment	2	1.5
	Pregnancy	1	.8
Where test was done	Government	39	29.5
	BPKIHS	51	38.6
	VCT center	42	31.8
Age at infection	1-20yrs	11	8.3
	21-40yrs	111	84.1
	41-60yrs	10	7.6

How u felt	Bad	70	53.0
	Dying	43	32.6
	Accept	19	14.4
Whom you have Told	Family	66	50.0
	No one	27	20.5
	Neighbors	27	20.5
	Organization	12	9.1
Do children know about HIV	Yes	12	9.1
	No	120	90.9
Do school know Children are HIV infected/affected	No	16	12.1
	Yes	116	87.9
What is the behavior of school	Good	29	22.0
	Bad	93	70.4
	Same as before	10	7.6
Who has helped in child education	No one	90	68.2
	Organization working for HIV/AIDS	25	18.9
	Help from School	17	12.9
Is school doing awareness of HIV	Yes	48	36.4
	No	84	63.6
Total		132	100%

Regarding the HIV/AIDS status of the family in 92.4% of families, father was the first to be infected. Most of them (80.3%) confirmed about HIV infection from the blood test and 38.6% had done the HIV/AIDS test in BPKIHS. The

school knew 12.1% of the children being HIV infected/affected and among them 70.4% reported of bad behavior of school. Most of the children (68.2%) were not provided any help for their education. (Table 2)

Table 3: Health seeking behavior among of study population

Characteristics	Categories	No of children	Percentage
parents commonly suffer from disease	TB	15	11.4
	Asthma	5	3.8
	Depression (taking medicine)	89	67.4
	Hepatitis	2	1.5
	Skin Disease	21	15.9
Disease of child during 1 year	Common cold	47	35.6
	Diarrhea	50	37.9
	Skin Disease	35	26.5
Where do you go for treatment	Private Hospital	63	47.7
	Government Hospital	30	22.7
	Dhami/ Jhakri	17	12.9
	Others	21	16.0
	No where	1	0.8
Who helped for treatment	Organization	27	20.5
	Relative	25	18.9
	Friend	12	9.1
	No one	68	51.5
If taking any Medicine	Yes	55	41.7
	No	77	58.3
What medicine are you taking	TB	15	11.4
	ARV	40	30.3
	None	77	58.3
Is any child born by PMTCT	Yes	2	1.5
	No	130	98.5
Has any child died from HIV	No	131	99.2
	Yes	1	0.8
Total		132	100%

Majority of the parents was suffered from Depression and 35.6% of children suffered from common cold during one year of period. Most of the respondents (47.7%) visited

private hospital for the treatment. Nearly 41.7% of the respondents were taking any medicine and 30.3% were taking antiretroviral drug. (Table 3)

Table 4: Social factors affecting children infected/affected of HIV/AIDS

Characteristics	Categories	No. of children	Percentage
If neighbor know about infection	Yes	38	28.8
	No	94	71.2
How neighbor treat	Good	27	20.5
	Bad	11	8.3
	Same as before	94	71.2
If stay in home or rent	Home	96	72.7
	Rent	36	27.3
Behavior of rent	Good	32	24.2
	Bad	3	2.3
	Same as before	97	73.5
Behavior of relatives	Good	80	60.6
	Bad	52	39.4
program is needed for awareness	Community based awareness	67	50.8
	School Awareness	34	25.8
	HIV infected networking	31	23.5
Opportunity and help needed for dignified life	Job opportunity	35	26.5
	No discrimination	38	28.8
	Re-integration	26	19.7
	Financial Support	33	25.0
If involve in any organization	Yes	10	7.6
	No	122	92.4
Total		132	100%

Table 4 shows only 28.8% of the neighbors of children with HIV infected/affected know about their HIV status. Almost 60.6% of the respondents reported that the behavior of the relatives was good towards them. Half of the respondents (50.8%) thinks community based awareness program is important for making people aware about the HIV/AIDS. Only 7.6% of the respondents were involved in organizations.

Discussion

The study shows that 75.8% were from Ethnic group but in the similar study conducted by Save the children (2009) shows that larger percentage of *hill Brahmin/Chhetri* children were represented in Children affected by AIDS (CABA) (42%)⁵. Regarding the economic status of the family 23.5% of the children family has their own land, 68.9% has their own home and 23.5% rear animal at their home but in the study of save the children, Nepal, Farming was the main source of income for families in both the groups (54% in CABA)⁵

In case of HIV/AIDS status of the family in 92.4% of families, father was the first to be infected. Mostly (80.3%) confirmed about HIV infection from the blood test. The study conducted by Kshetry et al revealed that due to the limited access of testing facilities, 90% of HIV positive

people in Nepal are unaware of their status and even though there is available of treatment services, so many people living with HIV are dying without knowing their status⁶. On the other hand, this very limited Voluntary Counseling and Testing (VCT) services are mostly concentrated in urban centers⁷. Few public health facilities were equipped with laboratory services (CD4 count) and most hospitals with laboratories do not have essential equipment and trained technicians. Technicians in government laboratories have not received recent training on appropriate STI diagnostic procedures⁸.

For majority (84.1%) of the participants the age of infection was between 21-40 years. The national data (2013) estimates that the prevalence of HIV infection was 0.20% among 15-14 years age people. There are about 3,281 (8% of total estimate) children up to the age of 14 years that are estimated to be living with HIV in Nepal in 2013⁹.

Half of the respondents (53%) in our study felt bad when they were diagnosed HIV/AIDS while 32.6% felt dying after knowing about the fact but in the similar study done by Save the children, children infected with HIV are more likely to experience fear and isolation when they are left alone in the house.⁵ Although, disclosing HIV status is difficult but half of the respondents (50%) have told their family.

Only 9.1% of the children know about their/parents being infected/affected with HIV. In the study conducted by Devine et al in 2001 shown that more often than not, parents do not disclose their HIV positive status to their offspring, leading to feelings of rejection and being unloved among children affected by AIDS. After a death occurs in the family, children and other family members get little chance for proper mourning. Due to the stigma and shame attached to AIDS, people tend to tell children to ignore and forget what happened as soon as possible, leading to psychological problems later in life¹⁰.

The school knew 12.1% of the children being HIV infected/affected and among them 70.4% reported of bad behavior of school. Mayuree Yoktri, of the Vieng Ping Children's Home in Chiang Mai describes the problems of children from AIDS-affected families with regard to education, and the cruelty they often must endure on behalf of some schoolmates. Sometimes this, as well as pressure from parents of presumably HIV negative children on school administrators to expel children from AIDS-affected families, leads the children in question to take forced blood tests¹¹.

Most common disease for 67.4% of the parents was physiological disorder. During one year period 35.6% of children suffered from common cold. In the study conducted in Far western region of Nepal the qualitative findings suggested that the children infected were more susceptible to psychosocial problems¹².

Almost 27.3% of the respondents were at present staying in rent and the behavior of the house owner was same as before for 73.5% of the respondents after knowing their HIV status but CABA and their family are more likely to face discrimination from the community (49%) and to some extent from their peers (28%)⁵. Discrimination within the community was mainly in the form of avoidance, making disgracing remarks and asking to sit separately from others.

Although many effective targeted programs were found against HIV/AIDS in the district still half of the respondents (50.8%) thinks community based awareness program as important for making people aware about the HIV/AIDS. Nearly 29% of the respondents think when there is no discrimination for HIV/AIDS infected/affected people they will have dignified life whereas 26.5% thinks if provided job opportunity it will help them for the dignified life. Few CABA (13%) have become members of a social organization working in HIV/AIDS sector (Save the children) but only 7.6% of the respondents were involved in organizations in our study.

Conclusion

This study concluded that despite the attempts of Government and several organizations working on HIV and AIDS the number of HIV positive and their socio economic problem is increasing day by day. The reported case, which is the tip of iceberg, shows the alarming scenario and the

risk of generalized epidemic in near future. Low economic opportunities, low literacy level, low levels of awareness usually among underprivileged and disadvantage group of Sunsari, and long incubation period make this infection a huge Public Health challenge to face and cope with. Therefore awareness level in society needs to be increased in order to support affected/infected children.

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