CHAPTER VI

SUMMARY, NURSING IMPLICATIONS, RECOMMENDATIONS, ISSUES AND CHALLENGES

INTRODUCTION: -

AIDS: - the global pandemic, unlike any others, changes occur rapidly due to the huge worldwide impact of the pandemic and the amount of research conducted internationally. (Nicki L. potts 1996).

As nurses play a vital role in caring for the child and family, it is important to stress on procuring the nursing history, a thorough psychosocial assessment, includes previous hospitalization experience and reaction to stress /illness.

It is also helpful to gain an understanding of the family members, friends and parents from a supportive point of view.

This study is related to the psychosocial aspects of the children and their principal care-givers suffering from AIDS. Parents have been studied in similar hospital settings. The present study is directed towards explaining the psychosocial impact of the children suffering from AIDS and their principal care-givers. And also to find the association between
the psychosocial variables and the socio-demographic variables of both the children suffering from AIDS and their principal care-givers.

Review of literature in this study is focused on the following areas: -
Psychosocial variables its impact on: - 1. children, 2. principal care-givers/families, 3. nurses role. This has led the researcher in the right direction in preparing the instrument and in the selection of appropriate methodology.

Descriptive study with non-participatory observation was the study design adopted by the investigator. The study was conducted in The Institute of Thoracic Medicine and chest diseases, Tambaram, Chennai 47. The psychosocial components / variables with a significant score of probability as mentioned above includes the area of supportive care for promoting better and improved coping strategies.

**PSYCHOLOGICAL MEASUREMENTS: -**

The W.H.O. bref field version 1996 was used in the study, which consists of 121 items related to the four domains physical, psychological/social/spiritual. Women were counseled, separately, and
women were asked, whether they knew their partners HIV status. The women’s living status were defined as follows: - Living alone, not living with the partner with or without children, living in an extended family living with the partner’s family, with or without the partner.

These results indicates that HIV positive care-givers perceived a greater impact in the areas of financial, social, familial, and personal strain. Univariate comparison for child’s status indicated that the family with the HIV positive children were significantly more affected in the area of personal strain.

To assess the child’s and their care-givers HIV status, two-way interactions, significant differences were found in two of the dependent measures, social/familial/psychological impact and their sub-scales were found significant. The effects of the type of care-givers relationship: - many infants and children with HIV infection are placed with relatives or in foster adoptive care setting. 5-10% of the children were placed in a care-giving setting away from their birth parents. Even though the care-givers HIV status is related to care-givers relationship status, it would be probable
to expect the family impact would be less for foster / adoptive / parent / relatives.

Convenient sampling technique was used for the selection of 300 children and 300 principal care-givers suffering from AIDS. The age group of children ranged between 1-12 years and the age group of the principal care-givers ranged between 20-60 years, who were restricted to bed irrespective of the sex of both the children and their principal care-givers. The questionnaire for the children suffering from AIDS included variables such as physical-health functioning, medication, pain assessment, social support, psychological and spiritual and the questionnaire for the principal care-givers suffering from AIDS included the variables of diagnosis-health functioning, social support, family, psychological and spiritual these were utilized to assess the psychosocial impact of the children suffering from AIDS and their principal care-givers, during the specified period of the diagnosis of the child to the terminal illness of the child.

The questionnaire for children / principal care-givers consisted of the following items: -
Questionnaire for children consisted of psychosocial variables and their subscales which are as follows:

1. Physical-health functioning – 6 items
2. Medication - 3 items
3. Pain assessment – 6 items
4. Social support – 5 items
5. Psychological – 4 items
6. Spiritual – 5 items

The questionnaire for the principal care-givers consisted of:

1. Diagnosis-health functioning -10 items
2. Social support - 5 items
3. Family -7 items
4. Psychological - 5 items
5. Spiritual - 5 times

And the association of each variable was assessed and computed. Paired ‘t’ test and Karl Pearson’s co-efficient of correlation was used to compute and to find out the relationship between the four domains of the physical,
psychological social, and spiritual and the association between the variables of these components was assessed.

**FINDINGS:** -

The first objective of the study was to: -

“Identify the psychosocial variables among the children suffering from AIDS and their principal care-givers”.

The socio-demographic data of the children suffering from AIDS and their principal care-givers were assessed. Majority of the principal care-givers were in the age group of 20-30 years (80.3%) and only a few of them were between 51-60 years (0.3%). This indicates that HIV/AIDS disease predominantly affects the younger age group of the principal care-givers i.e. the age group of 20-30 years, the peak period of one’s reproductive life. The age group between 0-5 years of children suffering from AIDS is 64% and few children were aged 15 years and above (4%).

Majority of the principal care-givers had come from an urban community (66%) and about (0.3%) of them were from sub-urban community. Similarly, the marital status of the principal care-givers indicate that most of them were ‘married’ (89.7%) and other principal care-
givers were ‘living together’ (7.7%) and few of them were ‘single’ 2.3% and other principal care-givers were ‘separated’ with the least percentage of 0.3

The educational status of the principal care-givers shows that 22.7% of them had secondary school education and few of them were with collegiate education (0.3%). likewise, the educational status of the children ranged from 1\textsuperscript{st} to 3\textsuperscript{rd} std. (36.7%) and the rest of the children were studying between 8\textsuperscript{th} & 10\textsuperscript{th} std. (1.3%) majority of the principal care-givers had an monthly income which ranged between Rs. 1000-3000 (77.%) and others with an income of Rs. 3001-6000 (23%).

Most of the principal care-givers were from ‘joint family’ set-up (89.7%) and a very few were ‘living alone’ (0.3%) The occupational status of the principal care-givers reveals that majority of them were unskilled laborers with a percentage of (70.3) and few were semi-skilled laborers (0.3%).

The second objective of the study was to: -

“Assess the psychosocial variables among the children suffering from AIDS and their principal care-givers”.

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The association between the age of the principal care-givers and the variables related to the physical aspects indicates the significance of the sub-scales of diagnosis-health functioning and social support are significant. The age of the principal care-givers ranged between 20–60 years and the mean total of the respective age group was 29.77 and standard deviation 2.40, the significance was .000. The variables of social support had a mean total of 13.80 and a standard deviation of 1.96 and the significance was .000 with the P<0.001 whereas the other variables of family, psychological and spiritual are insignificant.

The sex of the principal care-givers of the children suffering from AIDS, in other words, the ‘family component’ corresponding to the male and female gender forms the significant unit of a family. The male group has a mean total of 23.75 and a standard deviation of 2.29, similarly, the female group has a mean total of 22.46 and a standard deviation of 2.32 and the significance is .032 with a P<0.05. All the other variables of diagnosis-health functioning, social support, psychological and spiritual are all insignificant.
The marital status of the principal care-givers vary from married, living together, single and separated. The variables of psychological and spiritual are significant. The ‘psychological’ variable has a mean total of 16.29 and a standard deviation of 2.24 with the significance .036 and the ‘spiritual’ variable has a mean total of 12.92 and a standard deviation of 2.09 and the significance is .052 and the P<0.05. The interpretation corresponds to the severity of the psychological distress experienced by the principal care-givers regarding their illness, i.e AIDS, as well as their children’s.

Residential status, educational status, literate / illiterate status, employment status of the principal care-givers of children suffering from AIDS, are all insignificant with the variables of diagnosis-health functioning social support, family, psychological, and spiritual.

The monthly income of the principal care-givers of children suffering from AIDS ranges from Rs. 1000-3000 and Rs. 3001-6000. The variable of ‘social support’ is significant to the monthly income of the principal care-givers with the mean of 13.83 and a standard deviation of 12.29 for
Rs. 1000-3000. The range between Rs. 3001-6000 has a mean of 1.80 and a standard deviation of 1.95 and the significance is .039 with a P<0.05.

The type of family includes joint, nuclear and living alone, in relation to the ‘family’ component which is significant with a mean of 22.53 and a standard deviation of 2.34 and the significance is .000 with a P<0.001.

The religion of the principal care-givers of children suffering from AIDS, consisted of different religions of Hindu, Christian, Muslim and others. The variable diagnosis-health functioning is significant with the mean total of 29.77 and a standard deviation of 2.40 and the significance is .30 The variable ‘family’ is also significant, which has a mean of 22.53 and a standard deviation of 2.34 and the significance is .000. The variable ‘psychological’ is also significant with the mean of 16.29 and a standard deviation of 2.24 and the significance is .000 with a P<0.001.

Although the relationship of social support to physical-health functioning, family, psychological, and spiritual aspects in other studies is similar. (Solomon, et al 1991) yet, this current study of the quality of life
has its significance across the spectrum of HIV disease which represents a critical area of HIV research.

**Children**

The third objective was to: -

“Determine the psychosocial variables and its impact on the children suffering from AIDS and their principal care-givers”.

The age of the children suffering from AIDS ranges from 0-5 years, 6-10 years, 11-15 years, 15 years above, its association with the variable of social support is significant with a mean of 15.30 and a standard deviation of 2.01 and the significance is .039. The ‘psychological’ variables is also significant with a mean of 12.42 and a standard deviation of 1.42 and the significance is .038 with a $P<0.05$

The sex of the children suffering from AIDS comprises of both male and female children. The variable of pain assessment is significant with a mean of 15.13 for the male and a mean of 15.66, for the female and the standard deviation for the male is 1.62 and for the female is 1.73 and the significance is .008. The variable ‘psychological’ is significant with a mean of .172 for the male and a mean of .178 for the female, the standard
deviation for the male is .864 and .859 is for the female and the significance is .009 with the P<0.05. And all other variables, such as physical–health functioning, medication, social support, spiritual are insignificant.

The educational status of the children suffering from AIDS ranges from upto 1–3 std, 4-7 std and 8-10 std. All the variables like physical–health functioning, medication, pain assessment, social support, spiritual are insignificant. The educational status of the children consisting of literate /illiterate status in association with the above mentioned variables are insignificant, thus indicating that the educational status of the child has no relationship to the child’s illness like AIDS.

The fourth objective was to: -

“To correlate the psycho-social impact of children suffering from AIDS and their principal care-givers and the supportive role of the nurse in counseling them”.

- The associated variables of pain assessment, social support, psychological, spiritual showing the Mean, Standard Deviation and
Karl Pearson’s co-efficient of correlation of the principal care-givers of children suffering from AIDS.

The paired samples association between physical-health functioning and social support is significant.

Second, the association between diagnosis-health functioning and family is significant.

Third, the association between diagnosis-health functioning and spiritual status is significant.

Fourth, the association between social support and spiritual status is significant.

All the above associated variables have a P<0.01. And these variables have a positive Karl-Pearson’s co-efficient of correlation.

The fifth objective was to: -

To associate the psycho-social impact of children suffering from AIDS and their principal care-givers with selected socio-demographic data.

- The associated variables of pain assessment, social support psychological and spiritual status showing the Mean, Standard.
Deviation, and Karl Pearson’s co-efficient of correlation of the principal caregivers of children suffering from AIDS.

The Paired samples association between physical- health functioning and medication is significant.

Second, the association between physical -health functioning and pain assessment is significant.

Third, the association between physical –health functioning and social support is significant.

Fourth, the association between medication and pain assessment is significant.

Fifth, the association between medication and spiritual status is significant.

All the above associated variables have a P<0.01. And these variables have a positive Karl-Pearson’s co-efficient of correlation.

- The associated variables of pain assessment, social support, psychological, spiritual status showing the Mean, Standard Deviation and Karl Pearson’s co-efficient of correlation of children suffering from AIDS.
The paired samples association between pain assessment and spiritual status is significant.

Second, the association between pain assessment and spiritual is significant.

Third, the association between social support and psychological is significant.

Fourth, The association between psychological and spiritual status is significant. All the above associated variables have a P<0.01. And these variables have a positive Karl-Pearson’s co-efficient of correlation.

**The study findings are summarized below: -**

- The findings of this study was significant and the psychological distress experienced by the children suffering from AIDS and their principal care-givers was severe, which has revealed greater psycho-social impact on the minds and lives of children suffering from AIDS and their principal care-givers.
- Majority of the principal care-givers had experienced severe financial burden.

- The illness status of the children suffering from AIDS and their principal care-givers indicated pressing demands on the family system and their responses indicated the severity of the psycho-social impact which had an lasting effect on their quality of life, which included highly significant differences in the association between the psycho-social variables related to the four domains of an individual namely, physical, psychological, social, and spiritual.

- Significant associations were found between the psycho-social variables and their related sub-scales of the children suffering from AIDS and their principal care-givers.

- The psycho-social impact of HIV infection on the quality of life was the greatest in a person with symptomatic HIV and the least in an individual with asymptomatic HIV disease.
Significant and positive correlation were found among the association of the psycho-social variables of children suffering from AIDS and their principal care-givers.

To infer, the findings of the study was significant and had revealed severe psychosocial distress experienced by the children suffering from AIDS and their principal care-givers, which indicated a greater impact in the minds and lives of children and their care-givers.

To summarize, despite international trends of increasing infection advances in therapies have led to more than 65% of children with HIV living past 5 years of age. Many of these children will become involved with mental health professionals. (Bachanas, Kullgren, Morris and Jones, 1998). Even without medical treatment, a small number of HIV infected children may remain asymptomatic for as long as a decade. Thus the medical causes and psychological consequences of prolonged non-progression of HIV disease, continuous to be an important area of research (Ammann 1994)

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PSYCHOLOGY OF HIV:

In adults and children coping with HIV infection is a complex phenomenon involving multiple interacting variables. Paediatric HIV patients experience more subjective distress than their uninfected peers as a result of the deterioration of developmental scales and the many stressors associated with HIV infection (Trad, Ksentros et al, 1994.) such stressors often, include the disclosure of HIV infection, social ostracism fears, of death, family conflict, in addition, there are often instrumental problems in obtaining adequate health care services, medication, transportation, clothing, counseling, recreation and housing. (Hanasell et 1998). Repeated hospitalizations and isolation from peers are known to have an adverse effect on the HIV-infected child’s social, cognitive and communicative development. (Task force on paediatric AIDS.) American psychological association 1989, says that psychological dysfunction is also associated with poor social support and school performance. Early identification and interventions may improve the child’s quality of life. The children and adolescents with HIV experience more subjective distress, than their uninfected peers, including dysphoria, hopelessness, preoccupation with
their illness and poor body image. Many individuals with HIV have a history of negative life events. Such as forced disclosure, loss of parents or sibling due to AIDS or abuse. In addition to increased distress, adolescents with HIV often experience greater physical pain, which is frequently related to AIDS, chest pain, headache, oral cavity pain, abdominal pain and peripheral neuropathy are commonly repeated ailments. (Holland, Jacobsen et al, 1992.) Almost 60% of the children with HIV experience pain, which may negatively affect their quality of life and sleep patterns. (Yaster and Schechter, 1996).

As in other chronic illness in children, pain needs to be understood with a developmental context. The preventive /therapeutic interventions strategies can be developed to reduce psychological distress in children.

HIV epidemic is likely to continue to cause greater concern in children and adolescents and the mental health care providers in the next decade. Fortunately, there is much to learn from research on HIV in adults and to correlate the experiences with other paediatric chronic diseases. The emerging research is in the bio-psychosocial aspects of HIV in children and adolescents. Although, HIV infected women face family disintegration,
illness in their partners, changing family relationship, loss of income, stigmatization and psychological distress. Women on a large scale in India can be provided with antenatal HIV screening, HIV related programmes for children and their principal care-givers, should be linked to appropriate medical services as well as the social and mental health services. Support for women and their families must be comprehensive and must include health care information, on occupational, economical and psychological counseling, and child care support, which can be provided by the nursing personnel. As the AIDS epidemic continues, providing family support and care will continue to be a major public health challenge in India.
IMPLICATION FOR NURSING

INTRODUCTION: -

The challenge of responding to the HIV epidemic in the country is mounting as the number of persons infected with the virus grows. Future outcomes for these individuals will depend not only on scientific breakthrough, but also on the implementation of various clinical, educational and community services. Infection with HIV is now viewed as a long term condition that requires health care planning and management along with chronic disease continuum, which depicts a multi-system disorder particularly in areas of high prevalence.

The findings of this study offers implications on the psychosocial stresses in a person with HIV disease, which can be overwhelming. A thorough assessment of the principal care-givers and their children living with HIV can provide the nurses with information needed for effective psychosocial intervention plan. The plan should be individualized to meet the specific need of the emotional and social responses, as the principal care-givers and their children suffering from AIDS move through the various phases of the disease.
**NURSING SERVICES:** -

Nurses caring for HIV infected persons across the spectrum of illness must address issues related to social support. During the process of the interventions, the use of nursing process including assessment of social support and interventions aimed at fostering social support will assess the quality of life lead by the principal care-givers and their children living with AIDS and may promote a higher quality of life.

**NURSING EDUCATION:** -

Must focus on the psychosocial need of the principal care-givers and their children suffering from AIDS. Measures of outcome assessment including quality of life in HIV are critical indicators for directing the education of the nurses in the next decade. In addition, nursing education must consider the importance of behaviour issues including psychosocial components and these functions are essential for nurses, who focus on maintaining health functioning, and quality of life in principal care-givers and their children suffering from AIDS.
NURSING RESEARCH: -

In HIV disease, the nurses must continue to address the influence of psychosocial variables and health, and the relationship among immune function. The importance of quality of life measures, aims for further outcome measures of an HIV clinical trial and other HIV related research. In this decade of HIV, research will offer a more complete understanding of the virus its biology and treatment. Nursing research should emphasize areas of importance in the understanding of HIV in children and adolescents.

NURSING IMPLICATIONS: -

- The implication of HIV as a sub acute chronic disorder rather than as a lethal illness will be clarified.

- The results of research trails in adults will be systematically understood and applied to the unique needs and biology of children. Thus implication is especially important in the use of multi-drug therapies.

- Data will emerge concerning the effective elements of psychosocial treatment, for the multiple contexts in which HIV occurs within the families.
• Nurses can educate patients and provide knowledge and assistance regarding HIV/AIDS and its spread of infection. Thus nurses can provide support and be an effective leader, educator, in the care of children and their families suffering from AIDS.

• Nurses can provide direction and advice to the parents and their children regarding their disclosure of HIV diagnosis to others.

**CLINICAL IMPLICATIONS:**

Nursing has a strong history of patient advocacy, thus children and their families have come to trust, that nurses will do the right thing for them. As consumers of health care services, they are being urged to take control over them. Recent studies shows, that the parents with HIV/AIDS put the welfare of their children above the needs of others. *(De Marie et al 1998 (Armastead et al 1999), the focus of studies on HIV/AIDS has provided perspectives and reactions of mothers and their children in the impact on their children’s development (Black, Nair and Harrington, 1994).)*

Katz (1997) notes that strategies must be developed that addresses the psychosocial needs and gives special emphasis to the needs of women with HIV/AIDS. In systemic context that includes the family getting the mother
to express their needs to the nurses can only have a positive impact on their relationship with their children. Many mothers struggle to disclose their HIV status to their children including fears that will upset their children, for they may feel stigmatized for having a mother who has HIV/AIDS. (Armastead and forehand 1995).

Health professionals including nurses who work with mothers and children, can be the source of information and support to HIV/AIDS-affected mothers, as they face disclosure-related decisions (Armastead et al 1999). Huges and Caliandro 1996), states that with HIV-positive clients, the nurses need to be aware of the possibility that the person does not seek support from the family or friends because of the stigma of the diagnosis. Pediatric nurses may encounter mothers who have HIV/AIDS in a variety of setting including primary health care centers, especially clinics and hospitals. There children may be healthy or have HIV/AIDS themselves. Whatever the circumstances, there are a number of actions, the pediatric nurses can take to assess these families.
HIV EDUCATOR: -

Most paediatric nurses have a sound knowledge about family centered care, the nurses must completely assess both the mothers and child’s perceptions of the mothers HIV/ AIDS status and about the roles of each within the family.

Researchers have found that misconceptions about symptoms and causes of HIV continue in children until the age of 13 years and that there was no difference in understanding HIV/AIDS between children who have infected parents, and children who do not (Armastead et al, 1999). Children of HIV/AIDS mothers should be taught about the disease and the reality of having affected parents. It is essential that they must be taught at a level that is appropriate for their cognitive development. Pediatric nurses are well- versed in child development and can work with mothers in educating children appropriately.
### Needs of Mothers Living with HIV/AIDS and pediatric nurse
#### Interventions/ Roles

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<th>Pediatric Nurses</th>
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<td>• Decision to disclose illness to others</td>
<td>• Use of a family-centered perspective of care</td>
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<td>• Personal health care needs</td>
<td>• Assess mother and child perceptions of illness/roles</td>
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<td>• Caring for children and family</td>
<td>• Assist children with knowledge of disease</td>
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<td>• Support children based on developmental stage</td>
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<td>• Advanced practice pediatric nurses linking mother and child (ren) to other health care providers</td>
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<td>• Use of reliable and valid instruments to assess family stress</td>
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<td>• Identify silencing the self-behaviours during health care provider visits using silencing the self-scale as a conversation point.</td>
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ISSUES RELATED TO HIV/AIDS IN CHILDREN AND THEIR PRINCIPAL CARE-GIVERS

- Another issue related to the role of nursing and other mid-level practitioners involves referring, enrolling, and monitoring of children infected with HIV and helping them to participate in drug treatment trials. HIV-infected children and their HIV-infected family members may be eligible for clinical trials taking place in their community or more distant centers.

- In addition, families and protocol co-ordination and investigations are able to maintain a link to community services, which is, always a vital component in the ongoing care of children with HIV-infection.

- Therapeutic options for children infected with HIV are expanding with an evolving emphasis on chronicity and long-term survival.

- The National Institute for Nursing Research (NINR) has identified new priorities, each to be emphasized from 1995-1999. These five areas are:
  - Developing and testing community-based nursing.
  - Assessing the effectiveness of nursing intervention in HIV/AIDS.
Developing and testing approaches to re-mediating cognitive impairment.

Testing interventions for coping with chronic illness.

Identifying biological-behavioral factors and testing interventions to promote immuno competence.

Children with HIV-infection, will increasingly be living and working in larger community. And their long term care which includes medical, educational, vocational and psychological needs must be identified and addressed with models of care that are developed using information obtained through sound nursing research and its practices.

**ISSUES:**

Expressing the fear of AIDS. The psychosocial issues related to AIDS care were further explicated by Dunkel and Hatfield both were social workers who discussed counter transfer issues in working with persons with AIDS. The eight issues cited were

1. Fear of the unknown
2. Fear of Contagion
3. Fear of Dying and Death
4. Fear of Homosexuality
5. Over Identification with patients
6. Demand of Helplessness
7. Anger
8. Need for potential omnipotence

With such recognition, Fluskerud stressed that nursing care of AIDS patients requires special attention to the psychosocial aspects of the disease, taking into account both the needs of the patient and the nurse. In one of the first-attempt to develop a model of care. Fluskerud suggested a psychosocial intervention model that focused on assessing the patients past psychosocial history, current distress, and crisis coping, social support, lifecycle phase, illness phases, individual identity and loss and grief. Fluskerud says “The care of the AIDS patient presents a challenge to the nurse’s competency base to professional and personal values and to ethical consideration, Dumphy, a Roman Catholic priest, called for “unconditional love and acceptance from health care providers” which would help
persons with AIDS cope with their disease and enhance their spiritual growth.

**Families Issues:**

These are complex, psychological and social issues that impact a family’s ability to cope with HIV and AIDS infection.

- Development a permanency plan and providing continuity of care challenging task for parents.
- HIV and AIDS disproportionately affects children adolescents and women of minority communities which includes single parent families, domestic violence, physical abuse and neglect, substance abuse and mental health diagnosis.
- Adherence issues individual’s ability to comply with complicated medication regimen. Barriers to medication complains include a lack of understanding of the long term results of non-compliance, myths, and misunderstanding about the effectiveness and necessity of medication. Psychological intervention includes training children to identify cognitive deficits and difficulties in dealing with social issues that prevent complaints.
Neuro psychological issues: - the progression of HIV infection to AIDS infection has been associated with central nervous system dysfunction e.g. cognitive impairment.

**Issues and Challenges: Access to and Availability of Care:**

- Problems in Health care coverage for Early Intervention Services
- Private Coverage and the HIV-Infected Population
- Public-Sector Coverage for HIV-infected Individuals
- Availability of Early Intervention Services and Providers
- Coordination of Available Services
- Availability of Services
- Increasing Access to and Availability of Services
- Eliminating insurance restrictions on those at risk for HIV infection or who are HIV-infected.
- Enabling HIV-infected individuals to obtain self-insurance, e.g., by establishing statewide insurance pools for persons who would otherwise not be able to obtain third party private coverage because of preexisting medical problems.
- Enabling Medicaid reimbursement rates.
Allowing infected individuals who are disabled to enroll in Medicare during the 2-year waiting period.

Funding the Rayan White CARE Act to meet the needs of HIV-infected individuals by reflecting actual costs.

Enhancing access to potentially lifesaving HIV-related drugs.

Promoting financial coverage of early intervention services.

Addressing underlying attitudes of all members of society.

Focusing on attitudes of the full range of caregivers through intensive education and training.

Supporting and recognizing providers who are for HIV-infected persons.

Recruiting providers to care for HIV-infected persons through development of innovative programmes such as an “HIV corps” of providers or special incentive programs.
Challenges For Control Of HIV/AIDS: -

**Vaccine for HIV infection**

With the absence of an effective cure or a vaccine for HIV infection, prevention through modifying high-risk behavior remains the key for controlling the HIV epidemic. India has had mixed results in this context, with decline in HIV transmission documented through blood and blood products because of intensive and compulsory screening of all units. Additionally, HIV transmission through sharing needles amongst drug-users has also declined.

Since sexual route is the major mode of transmission of HIV, intensive intervention programs are needed to reduce it. Condom promotion, counseling and treatment of sexually transmitted infections are the keys to achieve this. Educating the population about safer sex is important, although not enough. The National Baseline Behavioral Survey reported that about 76% population in India are aware of HIV/AIDS. However, 7% adults still report-having sex with non-regular partners, with only 32% reporting consistent condom use. Hence, there are certain other
issues, which hinder translation of this awareness into safer behavioral practices.

Community involvement, including involvement of people living with HIV/AIDS is crucial to ensure success of any HIV prevention program. Baseline needs assessment, which is essential to identify core issues, for which their impacts of prevention may be different for different groups. Hence, there cannot be a universal prevention that may be different for different groups. The targeted community should be involved in designing, implementing and evaluating HIV programs. Care and prevention should be linked together. Availability of quality and non-discriminatory care programs for HIV infected people will motivate more persons to come forward and test themselves for HIV. People with HIV infection can then be counseled to practice safer behavior and prevent further transmission of HIV.

Stigma and discrimination is widespread in the community. Programs need to be developed to address this issue urgently, because stigma tends to push the epidemic underground and discrimination is preventing HIV infected people from accessing services. Confidentiality is
a crucial component of any HIV prevention and care program. Unfortunately, discrimination is widespread even amongst the medical community. Fear of contracting the disease and the perception that it is not worth treating HIV infected persons may contribute to this. The medical community should take leadership role by providing non-discriminatory care, which will help in reducing stigma and discrimination in the general society.

One of the most significant advances in prevention has been the use of antiretroviral drugs for reducing risk of mother-to-child transmission of HIV. Programs addressing this issue are already being implemented at national level. Apart form a direct benefit of reducing pediatric HIV, this program also helps to reinforce prevention amongst children. However, antiretroviral treatment for both the parents should be offered to ensure that the non-infected child is not rendered an orphan.

**CHALLENGES FOR THE FUTURE:**

- The challenge that the nurse researchers and nurse practitioners have to face is, how better to assess the HIV-infected children and their families
in identifying services, that will prevent and re-mediate this social tragedy.

- The nurse researchers and nurse practitioners can assist in new experiments and combined therapies for HIV infection, that affects both the children and their care-givers. These new treatment regimens may lengthen life, but manifest severe side-effects, that impinge daily living and has made utilization of its measurement.

- Further research of the family adaptation model will explain how other critical variables might become part of new strategies, to assess families in adjusting and adopting to the many psychosocial problems associated with the HIV infection that affects both the children and their care-givers.