Dental Communication



Biosc.Biotech.Res.Comm. Special Issue Vol 13 No (8) 2020 Pp-538-543

Social Acceptance of HIV Positive Child

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ABSTRACT

The Human immunodeficiency virus (HIV) is a causative agent of acquired immunodeficiency syndrome is an important public health threat worldwide. India is the second-largest country containing a larger number of people affected by AIDS. HIV related stigma and discrimination is present in a tremendous amount in society. Since the first cases of the human immunodeficiency virus (HIV) infection were identified, the number of children infected with HIV has also risen dramatically in developing countries as a result of an increased number of HIV-infected women of childbearing age. This survey was conducted to assess the acceptance of HIV positive children in society. A questionnaire-based online survey was conducted among the general population in South India. A total of 100 participants with an age of 20 or above took part in the survey. Participants in this survey are voluntary and no incentives or motivation were given to the participation. They were also instructed about the questionnaire before the administration of the survey. The survey questionnaire covered all the aspects of pediatric HIV and stigma in our society. All the data from the survey responses were collected and were subjected to statistical analysis. A total of 100 individuals participated in the survey. The participant's ages range from 20 to 60 years of age. The majority of the participants (75%) were females. Thirtythree percent of our participants denied treating a Pediatric HIV child as a normal child. Twenty-four percent blamed HIV infected children for their illness. Sixty-two percent showed their reluctance to allow their children to play with HIV-infected persons. Even Though 80% agree to help those children in some way. Among the participants, 22% feel that persons infected with HIV should feel ashamed of themselves. Nearly 86% of people expressed their view that HIV infected children should undergo proper treatment and care. A great number of people (78.8%) wish that they should be treated in a good way in society. This study concluded that children affected by HIV should be treated in a good way in society. The society must be able to accept the affected children and there should be a proper awareness of pediatric HIV. It is important that the children should not be blamed or feel ashamed for their illness. Parents and caregivers should take responsibility and provide care.

KEY WORDS: CHILDREN, HIV, INFECTION, SOCIAL ACCEPTANCE.

ARTICLE INFORMATION

*Corresponding Author: drsubhoprostho@gmail.com Received 21st July 2020 Accepted after revision 24th Sep 2020 Print ISSN: 0974-6455 Online ISSN: 2321-4007 CODEN: BBRCBA

Thomson Reuters ISI Web of Science Clarivate Analytics USA and Crossref Indexed Journal

🕻 Clarivate Analytics



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INTRODUCTION

The Human immunodeficiency virus (HIV) is a causative agent of acquired immunodeficiency syndrome is an important public health threat worldwide (Weiss, 1993). HIV infection in India was identified in 1986 and it was estimated that there are more than 5.134 million people infected with HIV infections by the year 2006 (Solomon, Solomon and Ganesh, 2006). India is the second-largest country containing a larger number of people affected by AIDS. HIV related stigma and discrimination is present in a tremendous amount in society (Reyes-Estrada, Varas-Díaz and Martínez-Sarson, 2015). Since the first cases of the human immunodeficiency virus (HIV) infection were identified, the number of children infected with HIV has also risen dramatically in developing countries as a result of an increased number of HIV-infected women of childbearing age (Creek et al., 2009). Most of the affected children acquire HIV from mother-to-child HIV transmission that happened during birth, pregnancy or breastfeeding (John-Stewart et al., 2018).

Globally, it was estimated that in the year 2008, there were about 2.1 million children below 15 years affected by HIV. It was estimated that India has an overall prevalence of 0.31% (Belman, 1992). By the year 2013 around 3.2 million children were living with HIV infections all over the world (Bain, Nkoke and Noubiap, 2017). Children account for 7% of all the new HIV infections (Mehta et al., 2016). Maternal to child transmission is the most common cause (more than 90%) of pediatric HIV (Organization and Others, 2009). A major factor that distinguishes HIV/AIDS from a chronic or terminal illness is the stigma. Too often many HIV infected children and their families have a "conspiracy of silence" and shame associated with AIDS (Faithfull, 1997) . Despite significant advances in HIV treatment and care, children continue to be born with HIV infection mostly due to parent to child transmission. Various factors influence the control of pediatric HIV includes low health service utilization, poor drug adherence, delayed infant diagnosis, a discriminatory attitude of health providers, and loss to follow-up and poor coordination in managing continuum of care (Ghadrshenas et al., 2013).

Table 1. Responses of the participants		
Questions	Responses were given	Percentage
Are you aware of the term HIV	Yes	96.2%
	No	3.8%
Is HIV a viral infection	Yes	88.5%
	No	11.5%
Are you aware of the term	Yes	61.5%
pediatric HIV	No	38.5%
Do you know any child with	Yes	30.8%
pediatric HIV	No	69.2%
Do you treat HIV positive child as	Yes	67.3%
a normal child	No	32.7%
HIV infected child should be blamed	Yes	24%
for their illness	No	76%
Will you allow your child to play	Yes	62.5%
with an HIV infected child	No	37.5%
Would you like to help an HIV	Yes	79.8%
positive child	No	20.2%
If you get to know that your close	Yes	71.2%
friend child is infected with HIV will	No	28.8%
you keep the same relationship with him/her		
Should HIV infected persons	Yes	21.2%
feel ashamed	No	78.8%
Should HIV infected child get	Yes	85.6%
treated by doctors	No	14.4%
Should HIV infected child be	Yes	78.8%
treated a good way in society	No	21.2%
Will you allow an HIV positive child	Yes	72.1%
to study in your child school	No	27.9%
Would you like to talk or play with	Yes	76.9%
HIV positive child	No	23.1%

Strengthening the existing health system and effective strategies would bring a significant reduction in the incidence of pediatric HIV (Towle, 2009). The chronic medical conditions in the pediatric population pose a range of potential psychosocial challenges not only to the child but also to the family members and health care providers. Previously our department has published extensive research on various aspects of prosthetic dentistry (Ashok et al., 2014; Venugopalan et al., 2014; Ashok and Suvitha, 2016; Ganapathy et al., 2016; Selvan and Ganapathy, 2016; Subasree, Murthykumar and Others, 2016; Vijayalakshmi and Ganapathy, 2016; Ajay et al., 2017; Ganapathy, Kannan and Venugopalan, 2017; Jyothi et al., 2017; Ranganathan, Ganapathy and Jain, 2017; Basha, Ganapathy and Venugopalan, 2018; Kannan and Venugopalan, 2018; Duraisamy et al., 2019; Jain, Nallaswamy and Ariga, 2019), this vast research experience has inspired us to research about social acceptance of HIV positive children among the general population. This survey was conducted to assess the acceptance of HIV positive children in society.

MATERIAL AND METHODS

A questionnaire-based online survey was conducted among the general population in South India. A total of 100 participants with an age of 20 or above took part in the survey. Participants in this survey are voluntary and no incentives or motivation were given to the participation. They were also instructed about the questionnaire before the administration of the survey. The survey questionnaire covered all the aspects of pediatric HIV and stigma in our society. All the data from the survey responses were collected and were subjected to statistical analysis.

Figure 1: Pie chart representing the age of the participants, 29.52% were in the age group of 18-29, 31.43% were in the age group of 30-45, 23.81% were between 46-60 age group and 15.24% are above the age of 60



RESULTS AND DISCUSSION

A total of 100 individuals participated in the survey. The participant's ages range from 20 to 60 years of age (Figure 1). The majority of the participants (75%) were females (Figure 2). Among the participants, 96.2% were aware of the term HIV occurring in adults (Figure 3). However, only 61.5% know about Pediatric HIV (Figure 5). Around 88% of the participants know that HIV is a viral infection (Figure 4). When asked about the cause of HIV in children 12.5% specified mother to child transmission, 14.5% listed unsterilized syringes, 4.8% specified transfusion of HIV positive blood and a majority 68.3% specified all the above-mentioned reasons (Figure 6). Thirty-three percent of our participants denied treating a Pediatric HIV child as a normal child.



Figure 4: Pie chart showing whether respondents are aware that HIV is a viral disease, 88.57% are aware whereas 11.43% are not aware of it.



Figure 5: Pie chart representing the awareness of HIV occurring in adults, 61.90 are aware whereas 38.10% are not aware of it.



Twenty-four percent blamed HIV infected children for their illness. Sixty-two percent showed their reluctance to allow their children to play with HIV-infected persons. Even Though 80% agree to help those children in some way (Figure 7). Among the participants, 22% feel that persons infected with HIV should feel ashamed of themselves. Nearly 86% of people expressed their view that HIV infected children should undergo proper treatment and care. A great number of people (78.8%) wish that they should be treated in a good way in society (Figure 8). However (27.9%) do not agree to allow them to study in their child's school. Allover (76.9%) would like to play and talk with Pediatric HIV children. (Table1)

Figure 6: Pie chart representing the reason for HIV in children responded by our participants, 14.29% think HIV can be acquired through unsterilized syringes, 13.33% believe HIV transferred to child from mother during birth, 4.76% believe through transfusion of HIV positive blood and majority 67.62% mentioned all the above-mentioned ways.



Figure 7: Pie chart showing the responses for whether participants supports HIV positive children, 80% of the participants help HIV positive children and 20% of the participants shows a lack of concern.



Figure 8: Pie chart showing the acceptance of HIV positive children among the participants, a majority 79.05% shows the acceptance and the rest 20.95% are not showing the acceptance.



Figure 9: This bar graph represents the association between the age of the participants and awareness of HIV occurring in adults among the participants. X-axis represents the age of the participants and Y-axis represents the number of participants who have awareness of HIV occurring in adults. All of our participants who participated in the age group of 46-60 and the group of people above 60 age showed complete awareness. Whereas 1.90% are unaware of the age group of 18-29 and 30-45. This was found to be statistically significant. Pearson Chi-square value = 2.671a and P-value =0.045, P=<0.05.



Figure 10: This bar graph represents the association between the age of the participants and awareness of HIV occurring in children (Paediatric HIV) among the participants. X-axis represents the age of the participants and Y-axis represents the number of participants who have awareness of HIV occurring in children. Participants in the age group of 30-45 showed a higher rate of lack of awareness (13.33%) in comparison with other age groups. This was found to be statistically insignificant. Pearson Chi-square value = 1.469a and P-value =0.068, P=>0.05.



The present study designed to assess the social acceptance of HIV positive children among the general population. In our study, 22% of the participants feel that persons infected with HIV should feel ashamed. In contrast, a previous study showed half of the participants 50% agreed that people living with HIV should be ashamed of themselves and were liable for bringing HIV to the community (Dahlui et al., 2015).In our study, 80% of them expressed their view to help Pediatric HIV children. Similar to a previous study that showed a majority 90% like to help HIV persons (Jain et al., 2017). Our study results showed that the majority of the participants mentioned that the main cause of Pediatric HIV is maternal to child transmission. In comparison, 97% aware of mother to child transmission is the main cause of HIV in infants in a previous study (Coulibaly et al., 2016).

Figure 11: This bar graph represents the association between the age of the participants and the acceptance of HIV children among our participants. X-axis represents the age of the participants and Y-axis represents the acceptance of HIV children among our participants. Participants in the age group of 30-45 showed a higher rate of lack of acceptance (7.62%) in comparison with other age groups. Participants in the age group of 18-29 showed a higher rate of acceptance (24.76%) in comparison with other age groups. This was found to be statistically significant. Pearson Chi-square value = 0.838a and P-value =0.048, P=<0.05.



Despite feeling comfortable to help and interact with an HIV-infected person, they still carry the fear of feeling ashamed if they are diagnosed with HIV. Although awareness of pediatric HIV infection among participants is significant, some misconceptions related to the moment of transmission in HIV-exposed children persists. These misconceptions and less awareness about pediatric HIV brings about stigma and less acceptance of HIV infected children in society. Some methodological limitations of this study such as a small sample, the study population may affect the generalizability of the results.

CONCLUSION

This study concluded that children affected by HIV should be treated in a good way in society. The society must be able to accept the affected children and there should be a proper awareness of pediatric HIV. It is important that the children should not be blamed or feel ashamed for their illness. Parents and caregivers should take responsibility and provide care. They must acknowledge the disease as soon as possible and take measures in saving the child. They must give confidence to their children about their recovery and the society must also not emotionally disturb them. Thus it is important that pediatric HIV children should not be considered separately or to be neglected in the society.

ACKNOWLEDGEMENTS

The authors are thankful to Saveetha Dental college for providing a platform to express our knowledge.

Conflict of Interest: The authors declare no conflict of interest.

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