

HEALTH CARE NEEDS AND HEALTH SERVICE NEEDS FOR ADOLESCENTS LIVING WITH HIV

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Abstract: Adolescent period is the age of physical, emotional and social change. In participated adolescents with HIV, their lives are dealing with uncertainty and require specific health care management. This study was to examine health care needs, and health care service needs among 26 adolescents with HIV aged 10 – 20- years – old. Fifteen caregivers, nine health care providers and two representatives from private foundation agent were assessed for health care needs, and health care service needs for adolescent with HIV. Quantitative and qualitative approaches were used to collect data in adolescents living with HIV at a provincial hospital, Northeast of Thailand between March 2016 and March 2017. The quantitative data analysis entailed descriptive statistics with percentage, mean, and standard deviation while the qualitative data involved content analysis from individual cases, in-depth interviews, and focus group discussions. Findings demonstrated that adolescents with HIV has several needs such as (1) mental health care i.e. personal goal setting (2) sexual health care and prevention of transmission (3) life skill development and (4) non – disclosure health service. Nurses should help adolescents with HIV to meet essential needs in order to be satisfied on living with HIV.

Keywords: adolescents, HIV, health care needs, health service needs

Introduction

HIV infection is a public health problem that all countries around the world take for granted. According to a report by the Global HIV Situation in 2015, 10- to 19-year-old adolescents have died, three times more likely to be infected with HIV in the next 15 years. (United Nations International Children's Emergency Fund [UNICEF], 2016) In Thailand, adolescents aged 10 to 19 years with HIV were 20,560 people and found that in 1 hour, there were 29 new HIV-infected adolescents 10 to 19 years old. (Thai AIDS Society, 2016) Finally, 83.98 percent were sexually abstinent. The buttons do not know the risk factors. Others were 7.99%, 4.41% HIV-infected patients, 3.59% HIV-infected patients, and 0.03% HIV-infected patients.

Adolescents are the age of body changes. This age is a high sex drive from the hormone that drives high sex drive. The nature of adolescents is curious; they try with the lifestyle of teenagers living outside the home. Adolescents are at an age where there is a chance of spreading HIV and infection. Among adolescents living with HIV, the same changes have occurred with the general adolescent. Also the effects of illness from HIV; Physical, mental, social and spiritual. There are potentially unhealthy side effects of antiretroviral drugs such as abdominal pain and severe opportunistic infections. (Hirschfeld, 1998). In addition to physical illness, HIV infection also affects adolescents with HIV, psychologically, socially and spiritually. Psychological effects are anxiety, depression, frustration, and despair. Social impact is the concealment of HIV infection among adolescents. Family and social interaction The spiritual impact of HIV infection among adolescents has an effect on the sense of confusion, uncertainty, frustration, and hopelessness. (Grassi&Sighinofi, 1996)

Although, the Ministry of Public Health of Thailand has established guidelines for adolescents with HIV infection. However, it was also found to be unable to respond many problems for adolescent living with HIV. It is found that adolescents living with HIV are risky such as alcoholic, smokers, sexually abused, unprotected

sex, lack of discipline in taking antiretroviral, lack of continuing treatment, CD4 decreased and viral load increased. It is resulting in opportunistic infections. (Rongkavilit et al., 2007).

Adolescents living with HIV have complex problems that affect the health status of HIV-infected. Therefore, they need specific care for their problems. While, care is available, focus on antiretroviral therapy to control viral load in the blood stream and increase the body's immune system. Care for adolescent living with HIV needs. This study examined health care needs, and health care service needs for adolescent living with HIV to lead the development of care model for adolescents living with HIV.

Objective of the study

To examine health care needs, and health care service needs for adolescent living with HIV.

Method

This research is a mixed method to study care needs and issues in HIV-infected adolescents aged 10-20 years. Thailand from March 1, 2016 to March 31, 2017.

Participants

The participants of this study were recruited among who related to care for adolescent living with HIV. they go to the child and adult HIV clinic. In a provincial hospital, Thailand, by the end of March, 2017, 52 participants, twenty-six adolescents with HIV aged 10 – 20- years – old. Fifteen caregivers, nine health care providers and two representatives from private foundation agent, participated in the study by purposive sampling.

Table 1: Participants

Participant	Description	Sex		N
		Male	Female	
1. Adolescents living with HIV	10 – 13years (<i>early adolescence</i>)	1	6	7
	14 – 16years(<i>middle adolescence</i>)	2	4	6
	17 – 20 years(<i>late adolescence</i>)	9	4	13
2. Caregivers	20 – 39years	-	3	3
	40 – 59years	3	6	9
	60 years old and above	2	1	3
3. Health care providers	Physician	-	2	2
	Nurses	-	5	5
	Pharmacist	-	2	2
4. Private foundation agent	Representatives from private foundation agent	-	2	2
Total		7	35	52

Ethics considerations

This research has been approved by research program HE 586376 from the Ethics Committee for Human Research, Khon Kaen University, Thailand. This research is a study of vulnerable groups that need to protect the confidentiality of their data. The researcher used the code instead of the real name of the participants. In recording, the researcher had to seek permission from the contributor and destroy the tape recorder when the research was completed.

Instruments

Quantitative instrument

- Self-care knowledge Questionnaire, measured adolescent who living with HIV's self-care knowledge. Self-care knowledge questionnaire is a 25-items true false -choice questionnaire, including physical, emotional and psychological, social. The scores between 0 – 25 score from each instrument are reliable and accurate. The indicators that should be observed in the content validity index (CVI) of self-care knowledge was 0.90 and reliability value with Kuder-Richardson (KR-20) was 0.75.
- Self-management ability knowledge Questionnaire, measured adolescent living with HIV's self-management ability. Self-management ability knowledge questionnaire is a 22-items Likert scale -choice questionnaire, including physical, emotional and psychological, social. The scores between 22 – 110 score from each instrument are reliable and accurate. The indicators that should be observed in the content validity index (CVI) of self-management ability was 0.75 and reliability value with Cronbach alpha (α) value was 0.76.

Qualitative instrument

- Semi structured interviews captured the health care needs, and health care service needs.

Data analysis

The quantitative data analysis entailed descriptive statistics with percentage, mean, and standard deviation while the qualitative data involved content analysis.

Findings

The findings demonstrated that 84.60% of the adolescents had self-care knowledge in the highest level ($\bar{X} = 21.20$, $SD = 1.95$)(Table 2). Their needs of self- care knowledge were related sexual and reproductive health which were sensitive issues and require privacy for counseling.

Table 2 Adolescent living with HIV's self-care knowledgescore.

Domain of self- care knowledge (0 -25)	\bar{X}	S.D.
Physical	16.50	1.63
Emotional and psychological	2.80	0.63
Social	1.80	0.40
Total	21.20	1.95

Among the participants, 61.50 % had self-management ability in the highest level ($\bar{X} = 87.60$, $SD = 10.90$)(Table 3). Their needs for self-management ability improvement were on communication, life skill on refusal having sexual relation. Adjustment problems and medication compliance were also reported among this group.

- Mental health care i.e. personal goal setting
- Sexual health care and prevention of transmission
- Life skill development
- Non – disclosure health service

Table 3 Adolescent living with HIV's self-management ability score.

Domain of self-management ability (22 – 110)	\bar{X}	S.D.
Physical	17.30	2.50
Emotional and psychological	18.60	3.80
Social	51.70	7.10
Total	87.60	10.90

Recommendations

- Healthcare providers should help adolescents with HIV to meet essential needs in order to be satisfied on living with HIV. by develop the model of care for adolescents living with HIV should be suitable for the disease context and nature of the adolescents.
- Capability development programme should be provided for adolescents living with HIV.
- Nurses and health team should apply the *capability development programme* in both pediatric HIV clinic and adult HIV clinic.
- The adolescents should be prepared for transitional care from adolescents to adults' health care services.

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