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**Evaluate the effectiveness of ‘Holistic Humanized Nursing Care strategy’ on physiological parameters (HRQOL, Fatigue) of adolescents living with HIV**

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**Abstract**

According to UNICEF there are 220,000 adolescents infected by HIV/AIDS in India. In which around 70,000 adolescents are below the age of 15 and 21,000 adolescents are being infected through mother-child transmission every year. “A quasi experimental study to evaluate the effectiveness of ‘Holistic Humanized Nursing Care strategy’ on physiological parameter of adolescents living with HIV in selected settings”. Quantitative research approach was adopted, quasi experimental research which includes control group and manipulation with no randomization. The settings of the study were Integrated Child Welfare Organization (ICWO), Thiruvallur. The sample consist of 40 adolescents in experimental and control group who were diagnosed to have HIV and met inclusion criteria and chosen by non probability purposive sampling technique. The tool used was a demographic variables to find the association between HRQOL gain score and fatigue reduction score related to demographic variables in experimental and control group results found are male adolescents, urban adolescents, healthy mother status adolescents, healthy father status of adolescents and healthy sibling status of adolescents are gained score at the level of  $p < 0.05$  than others. Statistical significance was calculated using Mann-Whitney U-test and kruskal-wallistest. The demographic variables are highly significant.

**Keywords:** Research article, adolescent, HIV, holistic humanized care, health related quality of life (HRQOL)

**INTRODUCTION**

HIV is the abbreviation used for the Human Immunodeficiency Virus. HIV attacks the body's immune system. An estimated 2.5 million adolescents around the world are living with HIV/AIDs, according to the Joint United Nations Program on HIV/AIDS (JNAIDS),2010. Report on the Global AIDS Epidemic approximately 282,000 adults, adolescents, and children are currently living with human immunodeficiency virus (HIV) infection or acquired immunodeficiency syndrome (AIDS) in the United States. The current HIV/AIDS programmes are reaching only 15% of young people and 17% of high-risk groups .Adolescents affected by

HIV need medical treatment, counselling, support from extended families, and other non-institutional care, and help with medical care for parents. Providing HIV patients with an emotionally stable, happy and supportive environment goes a long way in keeping them healthy.

**OBJECTIVE**

To associate the selected demographic variables with their physiological parameters (HRQOL, Fatigue) of adolescents living with HIV in experimental and control group.

**METHODOLOGY**

Quantitative research approach was adopted in this study. The research design selected for the study was quasi experimental research design which includes control group and manipulation with no randomization. The setting of the study was ICWO, Thiruvallur. The sample consisted of 40 adolescents who were diagnosed to have HIV stage I by the screening and physician and met the inclusion criteria were chosen for the study by Non probability purposive sampling technique. The tool contains demographic variables to find the association of physiological parameters.

**Section A** Semi structured questionnaires to assess the demographic variables which consisted of items related to age ,gender, educational level, religion, residence, number of siblings, birth order, medium of instruction, type of family, educational level of mother and father, occupation of mother and father, type of work of mother and father, health status of mother, father and siblings, parental status, living status of adolescents, previous exposure to HIV education and clinical variables consist of the duration of diagnosis of adolescents with HIV, duration of ART, level of HB, CD4 cell count. The investigator has collected the responses by interview method.

**RESULTS AND FINDINGS**

Table (1) Frequency and percentage distribution of demographic variables of adolescents with HIV.N=40(20+20).

S.No.	General Variables	Background	Experimental (n=20)		Control (n=20)		Chi square test
			N	%	N	%	
1	<b>Gender of the adolescents</b>						$\chi^2=0.00$
	Male		9	45.0	9	45.0	P=1.00(NS)
	Female		11	55.0	11	55.0	

<b>2</b>	<b>Residence</b>					$\chi^2=0.14$ P=0.93(NS)
	Urban	5	25.0	5	25.0	
	Sub urban	9	45.0	10	50.0	
	Rural	6	30.0	5	25.0	
<b>3</b>	<b>Health status of mother</b>					$\chi^2=0.10$ P=0.75(NS)
	Healthy	13	65.0	12	60.0	
	Affected with HIV	7	35.0	8	40.0	
<b>4</b>	<b>Health status of father</b>					$\chi^2=0.11$ P=0.73(NS)
	Healthy	6	30.0	8	40.0	
	Affected with HIV	14	70.0	12	60.0	
<b>5</b>	<b>Health status of sibling</b>					$\chi^2=0.11$ P=0.73(NS)
	Healthy	14	70.0	13	65.0	
	Affected with HIV	6	30.0	7	35.0	

**Table 2.1 Association between HRQOL and demographic variables in experimental group**

Demographic variables		n	HRQOL GAIN SCORE						kruskal-wallis test/mann-whitney U-test
			Pretest		Posttest		Gain score=post-pre		
			Mean	SD	Mean	SD	Mean	SD	
Gender	Male	9	362.72	19.02	461.66	39.89	98.94	32.73	<b>t=2.07 P=0.05*</b>
	Female	11	365.21	35.40	437.16	25.99	71.95	25.58	
Residence	Urban	5	361.97	22.24	457.07	41.69	95.10	33.59	<b><math>\chi^2=3.45</math> P=0.05*</b>
	Sub urban	9	378.39	31.55	448.89	28.62	70.60	30.71	
	Rural	6	344.42	16.30	409.92	34.27	65.50	27.94	
Health	Healthy	13	374.59	22.41	461.77	29.96	87.08	35.18	

status of mother	Affected with HIV	7	354.60	29.81	422.46	24.50	67.86	21.55	t=2.04 P=0.05*
Health status of Father	Healthy	14	368.22	30.08	458.14	35.80	89.93	31.61	
	Affected with HIV	6	354.47	24.06	417.47	30.66	63.00	27.57	t=2.12 P=0.05*
Sibling health	Healthy	14	368.22	30.08	468.15	35.80	99.93	31.61	t=2.12 P=0.05*
	Affected with HIV	6	354.47	24.06	427.47	30.66	73.00	27.57	

Table 2.1 shows association between HRQOL gain score and demographic variables in experimental group such as Male adolescents, urban adolescents, healthy mother status adolescents, healthy status of father adolescents and healthy status of sibling adolescents are gained score at the level of  $p < 0.05$  than others. Statistical significance was calculated using Mann-Whitney U-test and kruskal-wallis test.

**Table 2.2 Association between Fatigue and demographic variables in experimental group**

Demographic variables		n	FATIGUE REDUCTION SCORE						kruskal-wallis test/mann-whitney U-test
			Pretest		Posttest		Gain score=post-pre		
			Mean	SD	Mean	SD	Mean	SD	
Gender	Male	9	68.67	13.02	51.00	6.14	17.67	17.76	t=2.11 P=0.05*
	Female	11	75.18	11.74	61.36	3.64	13.82	11.44	
Residence	Urban	5	71.40	13.24	53.40	5.55	18.00	17.36	$\chi^2=3.67$ P=0.05*
	Sub urban	9	77.22	11.91	58.78	3.70	18.44	13.59	
	Rural	6	65.50	11.02	53.50	4.85	12.00	14.35	
Health status of mother	Healthy	13	73.86	13.53	53.29	1.60	20.57	14.85	t=2.51 P=0.02*
	Affected with HIV	7	71.38	12.31	57.23	5.80	14.15	14.05	
Health	Healthy	14	74.43	13.47	55.14	5.01	19.29	15.60	

status of Father	Affected with HIV	6	67.17	8.54	55.17	5.67	12.00	10.51	t=2.19 P=0.04*
Sibling health	Healthy	14	74.43	13.47	56.14	5.01	19.29	15.60	t=2.19 P=0.04*

Table 2.2 shows association between Fatigue reduction score and demographic variables in experimental group such as Male adolescents, urban adolescents, healthy mother status adolescents, healthy status of father adolescents and healthy status of sibling adolescents are gained score at the level of  $p < 0.05$  than others. Statistical significance was calculated using Mann-Whitney U-test and kruskal-wallis test.

**CONCLUSION**

This study showed that the association in demographic variables on adolescents with HIV. The study findings revealed the subjects of gender, residence, health status of mother, father and sibling of adolescents. There is a significant association found in HRQOL and fatigue with the demographic variables.

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