



HIV/AIDS in Families

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Abstract

HIV/AIDS is a disease that affects families in a profound and tragic way affecting family structure by erasing decades of health, economic, social progress and reducing life expectancy. There is limited empirical data on HIV/AIDS affected families. The present one and half year prospective study was conducted to identify HIV/AIDS existing in families. HIV/AIDS cases were diagnosed as per the NACO, 2000 criteria. The present study enrolled a total 230 HIV/AIDS patients. 65.21 % (150) of the patients were married and 34.78% (80) were unmarried. Among total unmarried population 27.39% (63) and 6.52% (17) were adults and pediatric population respectively. Among total pediatric population 4 were orphan, 3 were partially orphan with mother alive and 10 were with both parents alive but both positive for HIV/AIDS. Among total married 13.04% (30) were widow/widowers who had lost their spouse, whereas those living with live partner were 52.17% (120) forming a total of 60 pairs of couples. Among these 60 couples 40 of them were both positive for HIV/AIDS, in 15, single partner was positive with interesting finding in one case where male was negative and female was positive and mode of transmission was unclear and in another 5 status of spouse was not known due to unknown reasons. Among 40 couples where both partners were affected, 3 couples were isolated where complete family i.e. all children were affected by HIV/AIDS; in another 20 couples children's were not affected; in 4 couples children were partially affected i.e. some children's were affected; in 9 couples status of their children's were not evident and another 4 couples were without any issue. The results of present study suggest HIV/AIDS affects whole family and not an individual and thus whole family should be screened, evaluated, treated and educated for HIV/AIDS

Key Words

HIV, AIDS, Family

Introduction

HIV/AIDS affects families in profound and tragic way. It imposes huge socioeconomic burden and affects quality of life (1,2). It affects growth and developmental life cycles (3). A decision to terminate a pregnancy or to reproduce is a common problem (4) among such patients. Parental HIV infection markedly increases the incidence of orphanhood, especially among younger children and the children of younger mothers (5). HIV/AIDS increases child mortality directly through transmission of the virus to newborns by infected mothers and indirectly through higher child mortality rates associated with a maternal death (6). The literature points out those mothers infected

with HIV should not breastfeed. However, this on other side can compromise the nutritional status of infant (7). Increases emotional distress and negative life events among adolescent population of HIV affected parents (8).

According to HIV prevalence rates in adult population, Jammu & Kashmir has been placed in low prevalence state (9) previously. However, in J&K also disease has begun to show its ugly face in the recent time. Moreover, there is limited data on HIV/AIDS affected families and it is important to identify vulnerable families as they perpetuate epidemic. Hence, the present prospective

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study was conducted for the first time from this region to identify HIV/AIDS existing in families.

Material and Methods

The present study was conducted in the Government Medical College, Jammu from January, 2005 to June, 2006. The protocol according to the WHO/NACO guidelines was followed in the present study. All the subjects who attended VCTC during the above mentioned period were considered for participation. After doing pretest counseling, written consent was taken from adults. In case of children, parental consent was taken for getting enrolled in the study. The subjects under study either presented themselves or were directed to the VCTC from OPD/indoor/wards in Govt. Medical College and

associated hospitals. The detailed clinical history, physical examination and laboratory investigations for all patients were recorded on a special pre-designed performa. All patients were subjected to number of laboratory tests routinely according to the WHO/GOI guidelines (Strategy II and III as per NACO). Serum was subjected once to Rapid Test and ELISA and if negative, serum was considered free of HIV and if positive was taken as HIV infected for all practical purposes. The case was defined as an AIDS case as per (NACO, 2000) (10) criteria.

Results

The present study enrolled a total 230 HIV/AIDS patients. Among the total patients enrolled in the study average age was 34.59 as well as 152:78, was male: female patients (Table-1). Commonest mode of exposure in the enrolled population was sexual (heterosexual-(194), followed by vertical transmission (17), blood transfusion

Table-1: Characteristics of HIV Population

N=230	Number	Age (yrs)	Sex	
			M	F
Adult	213	Average - 34.59	141	72
Children	17	Range 1- 5	11	6
Profession	No.	% age		
Paramilitary	81	38.02		
Labourer	24	0.93		
Agriculturist	2	0.93		
Businessman/Private Jobs	2	27.69		
House wife	59	18.30		
Driver	39	18.30		
Army	4	1.87		
Religious Preacher	2	0.93		
Total	213			
Mode of exposure	No.	% age		
Heterosexual	194	84.34		
Homosexual	0	0		
Blood transfusion	6	2.60		
Vertical	17	7.39		
Intravenous Drug User	1	0.43		
Unknown	12	5.21		
Total	230			

Paramilitary (Police, CRPF, BSF), (Excludes 17 children)

Table-2 Immune Status in HIV Population

CD4 Counts in HIV cu/mm ³						
(0 - 50)	(51-100)	(101-150)	(151-200)	(201-250)	>250	UK
35	32	21	15	15	51	61
Absolute Total Lymphocyte Count						
Group				<1200	>1200	
				87	143	

Table-3 Socioeconomic Status

	No.	% age
Upper Class	5	2.34
Upper middle class	24	11.26
Middle class	36	16.90
Lower middle class	63	29.57
Lower class	85	39.90

Table-4 Families Affected by HIV/AIDS

Total HIV/AIDS patients	230
Unmarried	34.78% (80)
Adults	27.39% (63) - M:F (55:8)
Pediatric population	6.52% (17)- (age 1-7yrs) - M:F (13:4)
Orphan,	4
Partially orphan, with mother alive	3
Both parents alive but both positive	10
Married	65.21 % (150)
Widow/widowers who lost spouse	13.04% (30)- M:F(5:25)
Living with live partner were	52.17% (120)
Both positive for HIV/AIDS,	40 Couples- M:F(40:40)
Single partner was positive	35 Couples M:F(34:1)
Status of spouse were not known	5 Couples M:F(5:0)
Among 40 couples where both partners were affected,	
Complete family ie all children affected by HIV/AIDS	3 couples (2/2,2/2,1/1)
Children's were not affected	20 couples
Some children's were affected-	4 couples (1/3,1/2,2/3,1/2)
Status of their children's were not evident	9 couples
Without any issue	4 couples
Perception among HIV/AIDS affected families	
Among unmarried adults - 41 aware of consequences of marriage	
Couples both positive for HIV/AIDS - * 5 still sexually active	
* 35 sexually inactive	
Couples with single partner +ve - 25 aware of consequences of unprotected sex	
Couples where status of spouse not known- 2 know the importance of getting HIV status of spouse	
Couples without any issue- 2 know consequences of going for family	
Couples with Children's not affected- 5 couple's children know about their parent's disease	
Couples where status of their children's unknown- 2 know the importance of getting HIV status of their children	



(6) and .One intravenous drug user was enrolled. In 12 patient's mode of exposure were unknown. Paramilitary personal formed the major group followed by house wives, drivers and laborer .Total 103 patients CD4 count was less than 200 cu/mm³ with 127 patients showing CD4 count more than 200 cu/mm³ (Table-2). 87 patients recorded absolute TLC less than 1200 and 143 patients recorded more than 1200. Socio-economic status of the HIV/AIDS affected population has been shown in table-3.

65.21 % (150) of the patients were married and 34.78% (80) were unmarried. Among total unmarried population 27.39% (63) and 6.52% (17) were adults and pediatric population respectively. Among total pediatric population 4 were orphan, 3 were partially orphan with mother alive and 10 were with both parents alive but both positive for HIV/AIDS. Where as, among total married 13.04% (30) were widow/widowers who had lost their spouse, whereas those living with live partner were 52.17% (120). 40 couples among them were both positive for HIV/AIDS, in 25 single partner was positive with interesting finding in one case where male was negative and female was positive and mode of transmission was unclear and in another 15 status of spouse were not known due to unknown reasons. Among 40 couples where both partners were affected, 3 couples were isolated where complete family ie all children were affected by HIV/AIDS; in another 20 couples children's were not affected; in 4 couples children were partially affected i.e. some children's were affected; in 9 couples status of their children's were not evident and another 4 couples were without any issue. Perception of disease among HIV/AIDS affected families has been depicted in table -4.

Discussion

The results of the present study suggest that HIV/AIDS affects whole family significantly & can perpetuate the epidemic. The finding were in agreement to the previous studies (1-3). It imposes huge socioeconomic burden and affects quality of life (1,2), which was very much evident in our study as 39.9% of patients belong to low socioeconomic status. The present study suggested substantial mortality among adults and increase orphanage. The results were in accordance to the study carried by Makumbi *et al* (5) and Zaubi *et al* (6). These studies indicated that parental HIV infection markedly increases the incidence of orphanhood, especially among younger children and the children of younger mothers (5). HIV/AIDS increases child mortality directly through

transmission of the virus to newborns by infected mothers and indirectly through higher child mortality rates associated with a maternal death (6). In significant families- both partners were positive. Among many couples status of spouse and children's not evident. Knowledge about HIV and further transmission was lacking. Such studies ensure affected families to have the knowledge, attitude & means to limit further transmission. In a recent Indian study published in JAMA indicated some interesting facts about HIV/AIDS in family that among married Indian women, physical violence combined with sexual violence from husbands to be associated with an increased prevalence of HIV infection. Prevention of intimate partner violence (IPV) may augment efforts to reduce the spread of HIV/AIDS (11). However, there remain the paucity of similar studies. Hence more such studies should be carried out in future

Conclusion

Not individual but whole family should be screened, evaluated, treated and educated for HIV/AIDS

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