



## A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION ON COPING ABILITIES AMONG THE FAMILY MEMBERS OF HIV/AIDS PATIENTS IN SELECTED COMMUNITIES AT JAIPUR

GIRISH SHARMA<sup>1</sup> OMPRAKASH SWAMI<sup>2</sup>

<sup>1</sup>Nursing Officer, Govt of Rajasthan

<sup>2</sup>(Guide) Associate Prof., Mahatma Gandhi Nursing College, Sitapura, Jaipur

Corresponding Email: [girishsharma1515@gmail.com](mailto:girishsharma1515@gmail.com)

### ABSTARCT

**Introduction:** (HIV/AIDS) Has caused immense human suffering in the country. The most obvious effect of this crisis has been Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome illness and death, but the impact of the epidemic has certainly not been confined to the health sector.

**Material & Methods:** pre experimental approach for the study. One group pre-test post-test design (O1 X O2) was adopted for the study. The sample consisted of 60 family members of patients with HIV /AIDS. The setting of the study was ART centre community health center, Jaipur and the communities coming under the centre. The sampling technique was convenience sampling.

**Results:** The mean of coping ability score of subjects was 54.15 in the pre-test and was increased to 94.73 in the post-test. The findings revealed that there was an improvement in the mean percentage of post-test score compared to mean percentage of pre test score in all the social, psychological and spiritual areas.

**Conclusion:** The present study in short gave the researcher a new experience, a chance to study more about the coping ability and a venue to interact with family members of patients with HIV /AIDS.

**Keyword:** Assess, Effectiveness, Psycho-education, HIV/AIDS

Received	Accepted	Available online
22/06/2021	28/06/2021	30/06/2021



**INTRODUCTION:** A disease is an abnormal condition affecting the body of an organism. It is often construed to be a medical condition associated with specific symptoms and signs. It may be caused by external factors, such as infectious disease, or it may be caused by internal dysfunctions, such as autoimmune diseases.<sup>1</sup>

The 2006 survey done by National AIDS Control Organization (NACO), bring out estimates of India's population living with HIV and AIDS suggest national adult HIV prevalence in India is approximately 0.36 percent, amounting to between 2 and 3.1 million people. If an average figure is taken, this comes to 2.5 million people living with HIV and AIDS; almost 50 percent of the previous estimate of 5.2 million.<sup>2</sup>

A study was conducted on the Caregiver burden of family members of persons living with HIV. The study used data from 409 caregivers. Depression was significantly associated with caregiver burden ( $P < 0.0001$ ) and being HIV positive ( $P = 0.015$ ). Findings underscore the complex relationship between caregiver burden, depression and HIV-status and interventions

that address the caregiver burden are urgently needed.<sup>3</sup>

A study was conducted to investigate the late-stage HIV/AIDS patients' and their familial caregivers' agreement on the palliative care outcome scale. Findings underscore the clinical need to assess patient care outcomes directly, and they suggest the importance of facilitating more effective communication about relevant health issues among seriously ill patients, caregivers, and health-care providers<sup>4</sup>.

A study was conducted to assess the coping strategies of female adolescents with HIV/AIDS. This descriptive study was designed to assess coping strategies of female adolescents infected with HIV ( $N = 30$ ). Results from the Adolescent Coping Orientation for Problem Experiences Questionnaire (ACOPES) revealed that the most often utilized coping strategies identified by the adolescents were: listening to music, thinking about good things, making your own decisions, being close to someone you care about, sleeping, and trying on your own to deal with problems,



eating, watching television, daydreaming and praying.<sup>5</sup>

## **MATERIAL & METHODS:**

**Research approach:** A pre-experimental approach was used for the present study to assess the effectiveness of psychoeducation on coping abilities among the family members of HIV/AIDS patients.

**Research design:** Research design is an overall plan for addressing a research question, including specification for enhancing the study's integrity. Pre-experimental one group pre-test-post-test design was adopted for this study. Pre-test post-test design is a pre experimental design in which data are collected from research subjects both before and after introducing an intervention.

**Setting of the study:** Setting of the study is the physical location and conditions in which data collection takes place in a study. In this study the setting was Community health center Sanganer, Jaipur. The total numbers of samples were 60 family members of HIV/AIDS patients.

**Population:** Population is the entire set of individuals or objects having some common characteristics.

In this study, population consisted of family members of HIV/AIDS patients in SANGANER, Jaipur.

**Sample:** A sample is a subset of the population selected to participate in a research study.

In this study the samples were comprised of 60 family members of HIV/AIDS patients who visit the community health center Sanganer, Jaipur during the time of data collection.

**Sampling technique:** Convenience sampling is a selection of the most readily available persons as participants in a study. In this study Convenience sampling technique was used.

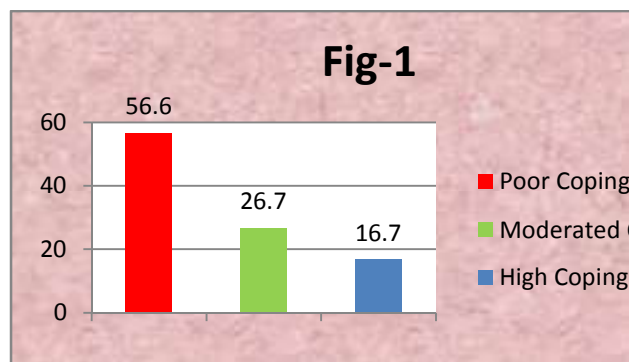
**RESULT:** Majority (35%) of the participants were in the age group of 16-20. Majority (33.3%) of the samples had primary education. 6.7% had post graduate education. Majority (36.7%) of the participant were businessman. Majority (36.7%) of samples had a monthly income Rs. 5001-10000.



Majority (61.7%) of samples were hindu. Whereas 38.3 muslim respectively. Most (38.3%) of the participants received support from friends . Most (70%) of the subjects had stressors other than family members illness.. Majority (43.3%) of the sample's relatives were suffering from HIV/AIDS since 6 month to 1 years.

**Table No. 1 scores and responses of participants on the level of knowledge regarding Psychoeducation on coping abilities among the family members of HIV/AIDS patients**

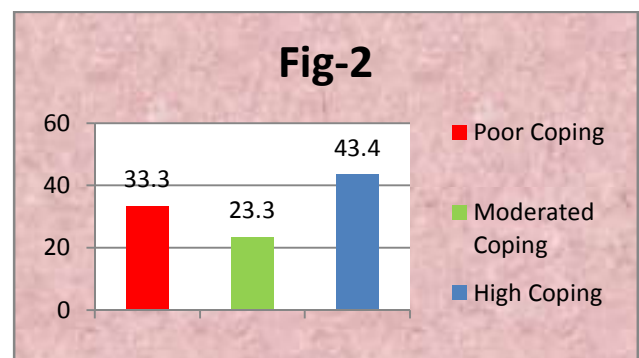
Level of coping	Pre-test	
	Frequency(f)	Percentage(%)
Poor Coping	34	56.6
Moderated Coping	16	26.7
High Coping	10	16.7
<b>Total</b>	<b>60</b>	<b>100.0</b>



Bar diagram shows the pre level of knowledge regarding knowledge regarding of Psychoeducation on coping abilities among the family members of HIV/AIDS patients

**Table-2 scores and responses of participants on the Post level of knowledge regarding Of Psychoeducation on coping abilities among the family members of HIV/AIDS patients**

Level of coping	Post-test	
	Frequency(f)	Percentage(%)
Poor Coping	20	33.3
Moderated Coping	14	23.3
High Coping	26	43.4
<b>Total</b>	<b>60</b>	<b>100.0</b>





Bar diagram shows the post level of knowledge regarding knowledge regarding of Psychoeducation on coping abilities among the family members of HIV/AIDS patients

**CONCLUSION:** The study result reveals that the subjects coping ability score was higher in the post-test ( $X_2 = 94.73$ ). than in the pre-test ( $X_1 = 54.15$ ). It is also evident that area-wise mean (social, psychological and spiritual) pre-test coping ability score (22.18, 20.12, 11.35) and mean post test coping ability score (31.27, 32.75, 15.77) increased in all the areas indicating that the intervention had helped in improving coping ability among family members of patients with HIV/AIDS. The maximum improvement of coping ability were in psychological (12.633%) and social (9.083%) areas.

## REFERENCES

01. Johnson R. The concept of sickness behavior: a brief chronological account of four key discoveries. *Human Immunology and Immunopathology* 2002;87:443- 50.
02. Technical Report on HIV Estimation, NACO. 2006. [cited on 2007]. Available from: <http://www.nacoonline.org>
03. Lee SJ, Li L, Jiraphongsa C, Rotheram-Borus MJ. Caregiver burden of family members of persons living with HIV in Thailand. *Int J Nurs Pract* 2010 Feb;16(1):57-63.
04. Krug R, Karus D, Selwyn PA, Raveis VH. Late-stage HIV/AIDS patients' and their familial caregivers' agreement on the palliative care outcome scale. *J Pain Symptom Manage* 2010 Jan;39(1):23-32.
05. Lewis CL, Brown SC. Coping strategies of female adolescents with HIV/AIDS. *ABNF J* 2002 Jul-Aug;13(4):72-7.