

The Power of the 3 Ps, "Protection, Patience, and Perseverance," in Family Support for HIV/AIDS-infected and Affected Children

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Introduction: The article highlights the importance of "Protection of the children by the parents especially, the children infected and affected with HIV/AIDS, protection against the stigma. Parents exhibit an enormous amount of patience in dealing with children and cope with the tantrums. Perseverance is followed by patience in helping them pursue them to do their daily chores and take medication regularly.

The family is the primary institution for the children who look forward to their moral, emotional, physical, social and cultural support. The familial factors play a pivotal role in the lives of the children, especially in the children who are infected and affected with HIV.

Definition of family: "A family is a group of two or more persons related by birth, marriage or adoption that live together, all such related persons are considered as members of the one family".

"Children who had been told about their HIV status and whose family supported them with their HIV care often experienced treatment success"(Social Support for Children Living with HIV Is a Key Determinant of Treatment Success, Senegal Study Shows, 2023). Sibling bonds are protective, provide strong relationships, and are a source of continuity in the face of family challenges (Gass, Jenkins, & Dunn, 2007),

It is understood that anyone in the family, who is infected with HIV/AIDS, affects the whole family in many domains of life. Children who are infected or affected need all the 3 Ps mentioned such as protection, patience, and perseverance from the members of the family.

According to S. K Mangal, in the book “An Introduction To Psychology” The family provides a healthy and congenial environment for the satisfactory growth and development of the children and can produce well-balanced personalities. (Mangal, 2009)

According to Vranda and Mothi in Psychosocial Issues of Children Infected with HIV/AIDS, The family having children with HIV/AIDS is generally a family with crisis, illness, lack of resources, and social isolation,(Vranda & Mothi, 2013), despite all pitfalls in the family, children find comfort and security in the family environment and members. Family–centered approaches have been advocated to address family stressors, adaptation, and cultural factors impacting the whole family.(Vranda & Mothi, 2013)

Protection: children need the protection of the surviving parents, as they feel secure to confide in them, Children find solace in the family as they face multiple challenges in the community, neighborhood, school, and society at large. Children need the emotional support of their parents and siblings to come out of the stigma and discrimination.

According to Erving Goffman, Canadian-American Sociologist and Social Psychologist, stigma is an illuminating excursion into the situation of persons who are unable to conform to standards that society calls normal.

According to Vreeman et al, “Validation of an HIV/AIDS stigma Measure for Children Living with HIV and their Families”, shows that children who are affected or infected with HIV are stigmatized with taunting, gossiping, and bullying by their peers in school. (Vreeman et al., 2019)

According to Richter et al. in “Strengthening families to support children affected by HIV and AIDS”, it is the responsibility of humankind to protect every child of his rights as children are more vulnerable to suffering due to the deadly disease of HIV/AIDS. Children everywhere are, can, and should be, connected to adults and other children, through family, kin, and clan networks. (Richter et al., 2009), it is also stressed that the family carries a heavy load in treating, caring for, and protecting children and other members directly affected by the epidemic, it is understood that many parents who are infected are themselves vulnerable and susceptible to and may be helpless conditions, however, it is important to enabling them to continue to protect and nurture children in their care and protection. “Families are the most proximal and fundamental social system for effective and lasting behavior change as well as protection” (Published: 2010)

According to UNICEF “ Protecting children means protecting their physical and psychosocial needs to safeguard their futures”.(Child Protection | UNICEF, n.d.),Therefore every child should be connected to the child protection system starting at birth to be able to connect to fair justice and social services available.

Patience: the capacity to tolerate the tantrums of the children is remarkable and the family alone can bear with patience. Family members exhibit exceptional patience in dealing with children in all matters as parents can understand the child’s behavior and mentality. Children may show psychiatric problems like anxiety, depression, and feelings of isolation due to the deadly pandemic of HIV/AIDS.

According to Vranda and Mothi in “Psychosocial Issues of children infected with HIV/AIDS” “children with HIV/AIDS have additional factors in complexity of their “complexities of illness and treatment as well as in the adverse psychological circumstances and poverty.(Vranda & Mothi, 2013). Young children who are in the transitional phase of adolescence may be confused as they are new to physical changes and may not be able to cope with changes. Hence support of family members is needed to counsel and deal with children with patience to accept the bodily changes and hormonal changes. The detrimental effects of HIV on growth and pubertal

development pose significant challenges for the infected young people living into their ‘teenage years’ (Vranda & Mothi, 2013)

Perseverance: it is important to help children take medication, as a family member, you can help the child take the HIV medication as prescribed and adhere to the treatment plan. The report estimates that 1.8 million children below the age of 15 years are living with HIV and only half of them are accessing Antiretroviral treatment (ART).(Vreeman et al., 2019). Children who are diagnosed with HIV may find it difficult to take the first step to HIV treatment, as the children will be reluctant to take any medicine; it is indeed beneficial to start treatment as early as possible after being diagnosed. Starting treatment with ART, and antiretroviral therapy can help children lead healthy lives and extend their life span. Perseverance to see a doctor and start HIV medication as soon as possible can prolong the life of the child.

According to Richter et al. in “Strengthening families to support children affected by HIV and AIDS”, a recent study in South Africa reported a very high ART adherence rate among children on treatment, and families can also contribute meaningfully to treatment success.

Conclusion: The parents shield their children with emotional, moral, and physical strength under all conditions by protecting them against anxiety, depression, trauma, confusion, stigma, and discrimination. Patience is another virtue that only parents and siblings can exhibit towards their wards despite their physical conditions. Perseverance is another key to the longevity of the life of the children to adhere to the medication and accept all challenges in society to face stigma and discrimination. Therefore 3 Ps namely, Protection, Patience, and Perseverance play a key role in accepting life challenges to move forward and be acceptable in society to lead a normal life.

References:

Child protection / UNICEF. (n.d.). Retrieved December 30, 2023, from

<https://www.unicef.org/protection>

Mangal, S. K. (2009). *An Introduction To Psychology*. Sterling Publishers Pvt. Ltd.

Published: (2010, July 22). AIDS 2010: The Role of Families in HIV Prevention, Treatment, Care and Support. *KFF*. <https://www.kff.org/global-health-policy/event/aids-2010-the-role-of-families-in-hiv-prevention-treatment-care-and-support/>

Richter, L. M., Sherr, L., Adato, M., Belsey, M., Chandan, U., Desmond, C., Drimie, S., Haour-Knipe, M., Hosegood, V., Kimou, J., Madhavan, S., Mathambo, V., & Wakhweya, A. (2009). Strengthening families to support children affected by HIV and AIDS. *AIDS Care*, 21(S1), 3–12. <https://doi.org/10.1080/09540120902923121>

Social support for children living with HIV is a key determinant of treatment success, Senegal study shows. (2023, May 24). Aidsmap.Com. <https://www.aidsmap.com/news/may-2023/social-support-children-living-hiv-key-determinant-treatment-success-senegal-study>

Vranda, M. N., & Mothi, S. N. (2013). Psychosocial Issues of Children Infected with HIV/AIDS. *Indian Journal of Psychological Medicine*, 35(1), 19–22. <https://doi.org/10.4103/0253-7176.112195>

Vreeman, R. C., Scanlon, M. L., Tu, W., Slaven, J., McAteer, C., Aluoch, J., Ayaya, S., & Nyandiko, W. M. (2019). Validation of an HIV/AIDS Stigma Measure for Children Living with HIV and Their Families. *Journal of the International Association of Providers of AIDS Care*, 18, 2325958219880570. <https://doi.org/10.1177/2325958219880570>