

# ROLE OF HEALTH CAREGIVERS IN DEVELOPING RESILIENCE IN CHILDREN AFFECTED BY HIV/AIDS

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## ABSTRACT

*HIV/AIDS epidemic is one of the most dreaded health issues confronting the mankind today. The stigma and discrimination associated with this infection has a long lasting negative effect not only on adults but also on children. Majority of the interventions are concentrated on the treatment part but it is equally important to build in positive coping strategies to face this adversity. In view of the vulnerability of children who continue to suffer silently, it is the duty of the society to provide them with an environment to enable them to face the challenges of life bravely. Health caregivers can play a major role in building resilience by utilising various resources. This paper highlights various ways of developing resilience among children affected by HIV/AIDS.*

## INTRODUCTION

Health care professionals are increasingly confronted with issues pertaining to children affected by HIV/AIDS. Ever since the diagnosis of the first case of HIV/AIDS in India about two and half decades back, it has developed into a pandemic infection now. With the recent advances in the therapy there has been a decline in the incidence of HIV infection. As per annual report of NACO (2011-12) [1] the estimated number of new annual HIV infection has declined by 56% per cent over past decade from 2.7 lakh new infection in 2000 to 1.2 lakh in 2009. Out of this population 4.4% are children. These children are silent sufferers and they need to be empowered to face this adversity bravely. The children affected by HIV do not deserve their sufferings. As a result of HIV their childhood is cut short. Very often when they loose their parents as a result of the disease they are left to fend for themselves. Many a times they are

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abandoned by their close family members and relatives. Children facing such difficult circumstance are under constant and cumulative pressure. At this stage they need affection, reassurance and stability (Richter et al)[2]. The children we care for are our responsibility and we have to prepare them to cope well with this challenging situation by providing them the security, love and ongoing supportive and caring relationship which can be provided by health care givers (Kruger)[3].

Developing resilience among such children can play a significant role in helping them to lead a meaningful life.

### **WHAT IS RESILIENCE?**

All human beings including children face adversities in their lives and have the capacity to mitigate the impact of the challenges thrown by such adverse situations. The capacity, however, varies from individual to individual depending on many factors including genetic make-up and temperamental endowments in each case. As a result some are able to overcome the adverse effect completely and within a short period but others only partially and its negative effect may linger on for a longer period.

In simple words the resilience, therefore, can be defined as the capacity of human beings to face, minimise, survive and thrive while facing any adverse circumstances in life.

There are many significant people in a child's life who play a vital role in shaping their personality. They are parents, immediate family members, teachers and health caregivers. However, at times we deal with children who have lost their parents and are in need of sheltered care where the role of health caregivers is even more important.

It is pertinent for the health caregivers to understand the factors affecting resilience. McCreanor & Watson [4] enumerated the following three areas affecting resilience:

- (a) Internal factors such as personal factors, genetic dispositions,

temperament;

- (b) Interpersonal assets such as familial networks, adaptive relationships, accessing psychosocial support; and
- (c) External supports and environment such as effective schools, families and communities.

Whereas it may not be feasible for the health caregivers to bring in much changes in the internal factors of a child but interpersonal assets can be utilised and professional intervention can be made in providing supportive environment to help the child build resilience.

### **ROLE OF HEALTH CARE GIVERS**

Many children are overwhelmed by the stress they face in an adverse situation. As a result they may lose self-confidence and withdraw from social interactions. At this stage they require intervention of health caregivers. In order to promote resilience the caregivers have to utilise the capacities that the child is born with and also to develop other potentials and skills required for combating the situation. There are various ways in which we can help the children to develop resilience.

Some ways to help the child to develop these potentials are as follows:

- (a) **Providing safe environment:** For a child feeling of safety and security at home is quite important. A relationship of trust will need to be promoted not only between parents and children but also other family members who could be a great support and instrumental in developing skills for self confidence in the child. The child would need an access to health care, security, welfare services and schooling. Basic needs of the child would be fulfilled if the environment in the home and these organisations is safe and conducive for physical and psychosocial development.
- (b) **Sparing quality time:** Intervention by caregivers should not only be confined to visiting, listening and talking about these children. For

instilling confidence in them and equipping them with capacities to counter the effect of the adversaries it is important to spend some quality time with them. Using play way method the children can be encouraged to learn taking initiatives, problem solving techniques and developing creative thinking. The bond created by playing such games will help in building these qualities and it will have a long lasting positive effect. By using quality time with these children can be more beneficial than mere showing presence and lip sympathy.

- (c) **Developing Competencies:** By providing safe environment and spending quality time with these children the care givers is able to establish a trusting relationship with the child. This will be conducive for developing certain competencies instrumental in developing resilience.
- **Daily Living Skills:** Training the child to master age specific daily living skills so that child is able to look after his needs of hygiene and nutrition. Children usually like structure in their lives. Encourage them to make their own daily routine and stick to it.
  - **Interpersonal Relations:** It is very important for the children to learn the importance of having friends. Peer and friendship support helps in psycho-social development Facilitating and encouraging the child to be a friend to others in order to get friends can be a positive strategy in this direction. Connecting with friends provide social support and strengthens resilience.
  - **Helping Attitude:** Children who may feel helpless can be empowered by helping others. Encourage the child in age appropriate volunteer work and ask for assistance with some task which the child can master. These children can be asked brain storming question about the ways they can help others.
  - **Positive Self Image:** An optimistic and positive outlook enables the child to see good things in life and keep going even in the hardest

times. Use history to show that life goes on after bad events. Help the child to remember the ways he or she has successfully handled the hardships in the past and develop ability to trust his/her decision.

- (d) **Promoting Support in School:** School is a place where sense of belongingness and feeling of safety is built up in children. Since school caters to the needs of children at different developmental stages, the teachers can play a special role for children affected with HIV/AIDS. It is all the same more important in case there is a loss of parents. There are tremendous opportunities where such children can communicate with their teachers with comfort and get emotional requisite support. Caregivers can act as a bridge between the families and schools to maximise the support for such children [5].
- (e) **Focussing Long-term Perspective:** There is a need of having stable and responsive relationship between health caregivers and HIV/AIDS affected children. Health caregivers are required to establish rapport with these children and their interventions will yield positive results only after some time. The resilience developed by the health caregivers should be sustainable and planned with a long-term perspective. It is, therefore, equally important to orient the family members and even community volunteers to provide support to the health caregivers. Both economic and social resources also need to be tapped and amalgamated in their long-term plans to ensure sustainability of their efforts.
- (f) **Preparing the Child for the Death of a Parent:** Death of a parent is always a shocking experience for a child. More often than not, the family members remain busy in tackling firstly the sickness of the parent and then aftermath of death [6]. In the process they often forget children. Self-esteem of children impacted by HIV/AIDS, specially the girls and rural children, is known to be lower than other children [7]. Death of a parent can further lower their self-esteem. Caregivers can

play a pivotal role in helping the children to understand death by talking out and supporting the grieving process.

- (g) Utilising Religious Faith:** Religious faith can bring in an element of fighting out an adversity by giving meaning and direction to an individual. Devotional songs, praying and other religion-specific activities can contribute in developing vital faith in God and promoting resilience. Caregivers can utilise the local resources for this purpose.

## CONCLUSIONS

Providing protection to children affected with HIV/AIDS is the responsibility of the health caregivers. It is important to keep the children involved in schools, social life and family affairs which will help them develop resilience and nourish their spirits. Developing resilience, however, remains an individual journey and depends upon the environment where it is nurtured. Without generalising, the health caregivers have to chalk out a plan to develop the resilience as per potentials of each child and resources available within the community. Wherever necessary they also take the help of other professionals like a Counsellor or Clinical Psychologist. The resilience developed in the HIV/AIDS impacted children by timely intervention of health caregivers can go a long way in making them productive citizens for much longer period than what is envisaged by many today.

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