

# A Study of Risk Analysis of HIV Patients in Surkhet District of Nepal

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## ABSTRACT

Socio economic and social structures and the outcomes of its connection bothered the HIV pervasiveness among individuals, particularly have influenced ladies. This investigation is about age and gender explicit HIV dismalness in Surkhet District, Nepal. The principle target of the investigation is to discover the components that influence the HIV pervasiveness in Nepali society and the connections of various existing socio social and economic variables that have driven females helpless against HIV contamination particularly to housewives. Subjective and quantitative strategies were utilized for the information assortment. Patient XY was danger of various variables that need rehabilitation care. Among this psychosocial issue, is the unmistakable one in this way, nursing calling has imperative job in this viewpoint. A purposive sampling system was applied to incorporate each of the 234 seropositive patients who were under drug from focuses of Surkhet District, Nepal.

## 1. Introduction

Human Immunodeficiency Virus (HIV) attack the blood stream through butt-centric , vaginal , or oral sex ; blood transfusion , sharing of intravenous drug infusing hardware and through mother to child during preceding birth over the placenta or during birth , or by means of breast feeding. The nearness of HIV in the blood stream doesn't imply that an individual has Acquired Immune Deficiency Syndrome (AIDS).

HIV is presently a day considered as a ceaseless manageable disease, instead of terminal illness. Like other interminable disease, HIV has likewise different mental, social and behavioral maladjustments that need rehabilitation, particularly in children

The health conveyance system is broad with in any event one health office (Sub Health Post or Health Post) in every Village Development Committee in the nation principally emanating from the standards of an essential health care approach. Female people group health volunteers have particularly reinforced the health conveyance system in Nepal in the course of the most recent two decades.

HIV in Nepal is described as concentrated scourge. In excess of 80 percent HIV diseases spread through heterosexual transmission. Individuals who infuse drugs, female sex laborers (FSWs) and men having intercourse with other men (MSM) are the key populaces at higher hazard spreading the scourge. It is evaluated that 55,626 individuals are living with HIV in Nepal in2010.

Dominant part of diseases are happened among grown-up (15-49) male (58%) women of conceptive age gathering (28%) populaces, while 8% of contaminations are happened among children under 15 years old. The key populaces at higher hazard (IDUs, FSWs, MSM, male work transients and clients of FSWs) shared 58% of all grown-up HIV diseases. Most elevated number of contaminations is assessed is in the age gathering of 25-49 years who are economically profitable and sexually dynamic. The younger stratum of populace underneath the age of 15 has least number of contaminations and most are because of mother to child transmission.

Late aftereffects of diminished new HIV contaminations are credited to powerful counteraction mediations, especially among key high hazard populace gatherings, for example, IDUs, FSWs and their clients. In any case, the pace of new contaminations has expanded among MSM/TG in Nepal. In by and large, the grown-up (15-49) HIV commonness has begun declining gradually, while the predominance has been declining all the more quickly among young populaces (15-24).

With regards to HIV Rehabilitation is characterized as persistent procedure of strong consideration that incorporates both preventive and treatments. The rehabilitation care the two spreads debilitations of physical movement, decline from social inclusion and psychological impedances.

Nutritional stock to improve nourishment security for PLHIV has both physical and mental health improvement. Human Immune Deficiency Virus (HIV) tainted people are at a more serious danger of having malnutrition contrasted with General populace. Among those variables contagious diseases including in the mouth or throat, loss of hunger and higher occurrence of loose bowels that prompts malabsorption have a critical job to create malnutrition for PLHIV thus, Nutritional intercession or treatment is a key for PLHIV

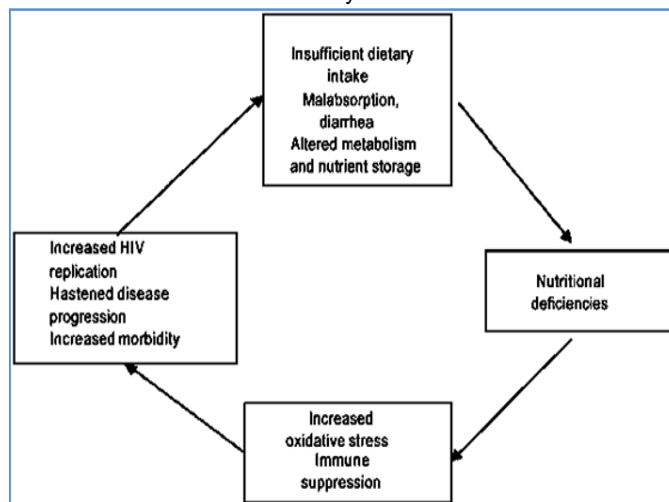


Figure 1: The Vicious Cycle of Malnutrition and HIV

## 2. Literature Review

Ingrid Van der Heijden and Sharlene Swartz (2010) In the midst of the worldwide talk on children stranded and made helpless by HIV and AIDS, this paper investigates how social settings and social environments fit as a fiddle children's understanding of misery. The paper uncovers a focal mystery in regards to how the intercession's goal of discussing death and inspiring recollections of perished friends and family with young children is bewildered by social practices situated in ideas of silence and the need to protect children. The paper recognizes the 'culture of silence' encompassing death in some African settings, yet infers that companion drove procedures can possibly normally go around these social taboos, at the same time making a truly necessary space for young children to cry and talk among themselves, regardless of whether staying quiet at home within the sight of adults.

Shankar P R, Upadhyay D K, Subish P, Bhandari R B, Das B (2010) The present examination was done at the Manipal Teaching Hospital, a 700-bed showing emergency clinic in Pokhara, Western Nepal. This was an observational examination that used a review case notes survey system. The microorganisms secluded on culture and their antibiotic sensitivity designs were considered. Drug utilization was estimated by the characterized day by day portion (DDD) per 100 bed-days. The mean cost of the drugs was calculated. The percentage of drugs recommended by nonexclusive name and the percentages of fixed-portion blends utilized were noted. The fundamental demographic data of older inpatients, drug use designs, drug utilization utilizing DDD, creatures segregated and their antibiotic sensitivity designs, and the mean cost of the drugs were examined.

Eswarappa Mahesh, Manns Manohar John, Gurudev Channabasappa Konana, Rakesh Madhyastha Parampalli, Sujeeth Reddy Bande, Sarita Suryadevara (2017) The most forceful HIV-related renal disease is end-stage renal disease because of HIV-related nephropathy. Nearness of HIV disease used to be seen as a contraindication to renal transplantation for various reasons; worries for fuel of an effectively immunocompromised state by organization of extra immunosuppressants; the utilization of a constrained inventory of benefactor organs with obscure long haul results. Numerous investigations have revealed promising results at three to five years after kidney transplantations in patients treated with profoundly dynamic antiretroviral treatment, and HIV is never again a contraindication for renal transplant. Subsequently, we present eight HIV-positive patients who got live-related renal transplantation at our middle and their development.

Mahmoud Alameddine, Joshua S. Jue, [...], and Gaetano Ciancio (2017), Human immunodeficiency infection (HIV) contamination has for quite some time been a contraindication to kidney transplantation because of transplant immunosuppression, HIV-related renal brokenness, and nephrotoxicity related with antiretroviral treatment (ART). In any case, progresses in antiretroviral treatments and transplant immunosuppression regimens have enabled patients to effectively experience kidney transplantation. Rising information has demonstrated that kidney transplantation might be a practical alternative for fittingly chose HIV patients with

end-stage renal disease (ESRD). In this survey, we talk about the signs, immunosuppression conventions, and results of kidney transplantation in HIV patients.

Mothobi NZ, Masters J, Marriott DJ (2018) An instance of tenofovir-actuated Fanconi disorder in a patient accepting antiretroviral treatment for HIV disease, with goals of the related electrolyte variations from the norm upon change from tenofovir disoproxil fumarate to tenofovir alafenamide fumarate, is accounted for. Tenofovir alafenamide fumarate, a novel prodrug of tenofovir containing fundamentally lower doses of tenofovir than tenofovir disoproxil fumarate, has been related with an ideal renal profile contrasted with tenofovir disoproxil fumarate. By and large, the uncommon confusion of tenofovir disoproxil fumarate-incited Fanconi disorder is managed by end of tenofovir. There are restricted reports of the effect of a change technique from tenofovir disoproxil fumarate to tenofovir alafenamide fumarate, which might be vital in patients unfit to end tenofovir.

## 3. Materials and methods

This was a cross sectional examination with purposive sampling from May 2015 – April 2016. The examination was attempted in three ARV focus in the Surkhet District, Nepal. All patients who were under medication from these focuses were remembered for the investigation. A purposive sampling strategy was applied to incorporate each of the 234 seropositive patients who were under medication from focuses of Surkhet District, Nepal. Meeting was directed by eye to eye talk with utilizing pre-trying semistructured poll. Polls were pretested in BPKIHS for its validity and unwavering quality. Composed educated comprehended assent was taken before the examination and classification was kept up with the data accumulated. Survey remembered data for socioeconomic and demographic attributes and epidemiological variables related with HIV/AIDS. The factors were coded and entered in Excel software. The factual examination was finished by SPSS 11.5 adaptation to calculate frequency, percentage and mean.

## 4. Analysis

HIV infection has kept up to be a worldwide danger to mankind definitely more broad than it was anticipated 10 years prior. The pace of the pandemic is quickening everywhere throughout the word and particularly south Asia and subSaharan locale. This investigation indicated that the greater part of the respondents among the HIV/AIDS patients were male (71%) and the male to female proportion was accounted for to be 2.4 to 1. The mean age of patients to be 29.6 years and the male to female proportion was 2.4:1 which is profoundly predictable with our investigation. This could be because of the hazard conduct male partners receive in a man centric culture. This discovering was somewhat higher in which 66% males were HIV infected yet steady that indicated 74.3% of the males were infected. Our investigation found that 35.5% of the patients accepted their heterosexual relationship as a method of transmission of HIV and the other 35.9% referenced their needle sharing habit during intravenous drug use as the reason behind the transmission.

**Table 1: Socio-demographic characteristics of respondents (n=234)**

Characteristics		Frequency	Percentage
Sex	Male	166	70.9
	Female	68	29.1
Age Group (Years)	0 - 19	6	2.6
	20-29	60	25.6
	30 - 39	132	56.4
	>40	36	15.4
Marital status	Married	177	75.5
	Unmarried	36	15.5
	Widow/ Widower/ Separated	21	9.0
Education level	Informal education	75	32.1
	Primary education	114	48.7
	Secondary and above	45	19.2
Occupation	Unemployed	73	31.2
	House wife	53	22.6
	Skilled/unskilled labor	64	27.4
	Business/sales	22	9.4
	Others	22	9.4

Overall heterosexual transmission is accounted for to be the most well-known method of transmission. In a comparable investigation of a creator showing emergency clinic, Pokhara 61% of the patients were found to have transmitted HIV infection through unsafe hetero sexual relationship and the other 22% transmitted by sharing needles among their

intravenous drug user friends. The 62% of his patients transmitted the infection secondary to unsafe heterosexual contacts and this discovering is like our investigation. 56.3% of the patients in inquire about were infected through sexual contact.

**Table 2: Distribution of high risk behavior among the respondents (n = 234)**

Characteristics	Frequency	Percentage
Risk behavior		
Intravenous Drug Use	77	32.9
Commercial Sex Workers	84	35.9
Man Sex with Man	2	0.9
No any significant risk behavior	71	30.3

**Table 3: Mode of transmission for HIV infections among the respondents (n = 234)**

Characteristics	Frequency	Percentage
Mode of transmission		
Heterosexual	83	35.5
Needle sharing	84	35.9
From husband	54	23.1
Mother to child	3	1.3
Blood transfusion	5	2.1
Others	5	2.1

Huge extents of individuals who have HIV infection however aren't under medication are excluded from this investigation which is one of the principle restriction of this examination. Thus, retrospective request of the method of HIV infection transmission is one of different constraints.

Health calling and network health worker have a crucial job to clarify the significance of psychosocial support for the PLHIV from their family, friends, and network everywhere particularly for females

The mental concern was regular among children than adult as per his examination structure all members 23% of children demonstrated sentiment of outrage and 33 children shows visit disorders, from this 19 felt separated, 15 were dreadful.

**5. Results**

Among the participants, the mean age was calculated to be 33 years. It was additionally discovered that 70.9% of them were male and the greater part of them were in the age gathering of 30-39 years. It was likewise detailed that 75.5% of them were hitched and 32.1% of them had not experienced any

conventional instruction. It was likewise seen that around 33% (31.2%) of them were jobless (Table 1).

Among the participants, more than 33% of them had high hazard conduct with the commercial sex worker (35.9%) and around 33% were intravenous drug users (32.9%) (Table 2).

It was additionally seen that more than 33% of them accepted heterosexual (35.5%) and needle sharing habit among friends (35.9%) as the reason for HIV transmission to them. Not many detailed blood transfusion (2.1%) and mother to child transmission (1.3%) as the reason behind the infection (Table 3).

**6. Conclusion**

Unsafe high risk conduct with business sexual worker and needle sharing habit were seen as the related with HIV/AIDS patients. This intercession aches time overcomers of the patient and prompts age related CVD and other constant disease that needs a long lasting rehabilitation care. Patient XY was risk of different components that need rehabilitation care. Among this psychosocial issue, is the noticeable one along these lines, nursing calling has fundamental job in this

perspective. Therefore, Nurse who works in this hospital ought to apply comprehensive consideration for patients with

HIV/AIDS. The hospital should likewise join rehabilitation care as one segment of care in ART facility.

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