

## Self-Care Management Practices for Patients with Acquired Immune Deficiency Syndrome

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### Abstract:

**Background:** Acquired Immune Deficiency Syndrome (AIDS) considered a serious condition that cause a weakness of body's immune system, leaving it unable to fight off illness AIDS is the last in a progression of diseases resulting from a viral infection known as the Human Immunodeficiency Virus (HIV). **Aim of the study:** Was to assess self-care management for patients with acquired immune deficiency syndrome. **Research design:** Descriptive research design was used to conduct this study. **Setting:** This study was conducted at AIDS Out Patient Clinics at Benha Fever Hospital in Benha city. **Sample:** Simple random sample of 150 patients with AIDS from previously setting **Tools:**, Structured interviewing questionnaire was used to collect data and divided in to four parts. **Part I:** Assessment socio-demographic characteristics of the studied patients. **Part II:** Assessment medical history of the studied AIDS patients **Part III (A):** concerned with patients' knowledge regarding AIDS. **(B):** concerned with knowledge of patients with AIDS toward self-care management **Part IV:** Self-care reported practices for patients with AIDS contains (Physical, Psychological and Social status). **Results:** 35.3% of the studied patients Age their ranged from 25<35 years .67.3% of them were male.43.3% of studied patients had poor total knowledge score regarding AIDS and self-care management. 64.7% of the studied patients had unsatisfactory level of total self care practices. **Conclusion:** There was a highly statistically significant relation between total level of knowledge for the studied patients and their socio-demographic characteristics regarding job and income. There was a highly statistically significant relation between total level of self care practices for the studied patients and their socio-demographic characteristics regarding sex and income ( $P \leq 0.001$ ). **Recommendations:** Health education for all patients with AIDS to raise their knowledge and improve their Self- Care practices toward AIDS. Replication of this study on large sample size in different setting.

**Key words:** Acquired Immunodeficiency Syndrome, Human Immunodeficiency Virus, Self Care

### Introduction

Human immunodeficiency virus targets the immune system and weakens people's defense against many infections and some types of cancer that people with healthy immune systems can fight off. As the virus destroys and impairs the function of immune cells, infected individuals gradually become immune deficient. Immune function is typically

measured by Cluster of Differentiation (CD) cell count (Schnall et al., 2021).

Acquired Immune Deficiency Syndrome (AIDS) is a chronic, potentially life-threatening condition caused by HIV. By damaging person immune system, HIV interferes with body's ability to fight infection and disease. HIV is caused by a virus and can spread through sexual contact, blood, or from

mother to child during pregnancy, childbirth or breast-feeding (**Suryana et al., 2020**). There are three main stages of HIV infection; acute infection, clinical latency, and AIDS. Acute infection; the initial period following the contraction of HIV is called acute HIV, primary HIV or acute retroviral syndrome. Many individuals develop an influenza-like illness or mononucleosis-like illness 2-4 weeks after exposure while others have no significant symptoms (**Munro et al., 2020**).

World Health Organization recommends a rapid Anti-Retroviral Therapy (ART) initiation to all people living with HIV, includes offering ART on the same day as diagnosis among those who are ready to start treatment. By June 2021, 187 countries had already adopted this recommendation, covering 99% of all people living with HIV globally. In addition to the treat all strategy, By June 2021, 82 low- and middle-income countries reported that have adopted this policy, and approximately half of reported country-wide implementation. Globally, 28.2 million people living with HIV were receiving ART in 2021. The global ART coverage rate was 73% (56–88%) in 2020. However, more efforts are needed to scale up treatment, particularly for children and adolescents. Only 54% (37–69%) of children (0–14 years old) were receiving ART at the end of 2020 (**Stefanou et al., 2021**).

Symptoms of AIDS occur in 40–90% of cases and most commonly include fever, large tender lymph nodes, throat inflammation, a rash, headache, tiredness, and/or sores of the mouth and genitals. The rash, which occurs in 20–50% of cases, presents itself on the trunk and is maculopapular, classically. Some people also develop opportunistic infections at these stage gastrointestinal symptoms such as vomiting or diarrhea may occur, neurological symptoms of peripheral neuropathy also occurs (**Jaarsma et al., 2020**).

Human Immune Deficiency Virus requires lifetime changes in physical health, psychological functioning, social relations and adoption of disease-specific regimens. The shift from acute to chronic illness requires a self-management model in which patients assume an active and informed role in healthcare decision making to change behaviors and social relations to optimize health and proactively address predictable challenges of chronic diseases generally and HIV specifically, physical health, psychological functioning and social relationships are most common elements for self-care management for AIDS (**Suryana et al., 2020**).

According to United Nations (UN) AIDS (2016) statistics, there are about 11,000 people currently living with HIV in Egypt. The Ministry of Health and Population (MHP) reported in 2020 over 13000 Egyptians are living with HIV/AIDS. With less than 1 percent of the population estimated to be HIV-positive, Egypt is a low-HIV-prevalence country. Out of this number, 7,800 were receiving ART medication after having detected their status in 2019. In the age group of 25 to 35 years, those who voluntarily tested and discovered their status were 42 percent. However, this number is at odds with UNAIDS' official statistics which estimates that, in 2018, 22 000 adults and children cases were living with HIV with 31 percent undergoing ART. The United Nations Children's Fund (UNCIF) provides support for the National AIDS Program by the Ministry of Health (MOH) with a focus on policy development, advocacy, system strengthening, improve the quality of service provision, and evidence generation, there is need to improve self- care management for patients with AIDS and how national education, health care, economic, social and emotional support make

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patients feel better and well-being. (WHO, United Nations Children's Fund, 2020).

self-care management is the best practice to improve clinical care and outcomes for chronic conditions. Programs that educate and support patients to manage own conditions have demonstrated success in achieving improved health outcomes. Also, WHO defines self-care as “the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider (Adu et al., 2017). The scope of self-care includes health promotion, disease prevention and control: self-medication; providing care to dependent persons; seeking hospital/specialist care if necessary, and rehabilitation including palliative care((Milard,2018).

### **Significance of the study:**

Prevalence rates of AIDS are low in Egypt at less than 0.1% in the general population (1,2). However, United Nations Agencies UNA and UNICEF, those working within the Egyptian National AIDS programmer (NAP) fear significance increase in this traditionally conservative. With less than 1 percent of the population estimated to be Human Immune Deficiency Virus (HIV) positive, Egypt is a low HIV-prevalence country. However, between the year 2006 and 2011, AIDS prevalence rates in Egypt increased tenfold. In 2014 it reached to about 880 new cases per year. According to local data released in November 2019, the number of people living with HIV in Egypt is 13,000. World Health Organization (WHO, 2019).

### **Aim of the study:**

This study aimed to assess self-care management for patients with acquired immune deficiency syndrome.

### **Research questions:**

What's patient knowledge about acquired immune deficiency syndrome?

What are patient's self-care management reported practices regarding about acquired immune deficiency syndrome?

Is there a relation between socio-demographic characteristics of patients with AIDS and their knowledge and self-care management practices?

### **Subjects and method:**

#### **Research design:**

Descriptive research design was utilized to conduct this study

#### **Setting of the study:-**

This study was conducted at AIDS Out Patient clinics at Benha Fever Hospital in Benha city

#### **Sample:-**

Type of sample:-simple random sample.

**Sample size:** Simple random sample of attended AIDS patients at previous setting in last year 2021(240), the total sample size was=150 according to equation  $n = \frac{N}{1+N(e)^2}$

#### **Tools for data collection:-**

The data of this study were collected by using a structured interviewing questionnaire for patients with AIDS. It was developed by the investigator based on the review of related literatures contain four main parts of the following:-

**Part 1:-** It was concerned with socio-demographic characteristics of patients with AIDS involved in the study. It included seven questions age, sex, marital status, job, level of education, place of residence and monthly income.

**Part II:-** It was concerned with the medical & surgical history of patients with AIDS. This part included seventeen questions ;onset of the disease ,family history, relationship degree,

suffering from others medical disease, type of these disease ,history of drug abuse, history of working in forging country with high rates of infection with AIDS, history of surgical operation, receiving blood transfusion and dentist visits.

**Part 11(A):-** it was concerned with knowledge of patients about AIDS which include eight questions; that divided into the meaning of AIDS, causes, sign symptoms, risk factors, preventing method, manifestation (chronic-late), treatment and medications.

**(B):** -It was concerned with knowledge of patients with AIDS toward self-care management which included nine questions that divided into; the definition of self-care, important of self-care and forms of self-care, activity, nutrition, personal hygiene, sleep, stress management and problem solving

Scoring system:-2=Correct answer. 1=Correct &incomplete answer. 0-Incorrect answer. Total scores of knowledge with AIDS and Self care management Practice =34

The total score was considered good if the score of total knowledge > 75 % ( >26score), while considered average if it equal 50-75% (17-26score) ,considered poor if it is < 50%(<17score).

**Part V:-** Self-care management practices for patients with AIDS was adapted from **Hamido & Fathy, (2020)**to assess physical, emotional and social domains of self care management and its components.it was translated into Arabic and divided into:-

1-Physical status: Used to assess health status which include thirty two items divided into 5 categories, body care and personal hygiene (9 items), nutrition (11 items), activity (3 items), rest and sleep (4 items), follow up and treatment (5 items).

2- Psychological status: Used to assess psychological status for patients with AIDS, which included six items, getting emotional

support from family and others, suffering from stigma, feeling of fears toward disease and others, felling of frustrated because of health condition, feeling of changes in life due to illness and cooperation between official and non official efforts to provide psychological support.

3-Social status:-Used to assess social status for patients with AIDS, which included six items, participation in drawing competitions, participation in artistic competitions, love reading books and novels, participation in social seminars educate individuals about AIDS and their ways to control transmission of disease, communicated with friends who having the same disease and working voluntary at non-government institutions fights the stigma from

#### **Scoring system:**

Self care management Practice score for each answer was given as the following:-1 = Done. 0 = Not done. Total score of self care management practice =44

The total score practices were considered satisfactory if the score of total practices > 80% (>26 score) and consider unsatisfactory if the total score practices is <80%

Instructional guideline: Illustrated booklet guideline was distributed to patients about including meaning, causes, signs symptoms, stages, mode of transmission and prevention of disease.

#### **Reliability and content validity**

The tools of validity were done by five experts of faculty's Nursing Staff from Community Health Nursing specialties who reviewed the tools for relevance, clarity, applicability, comprehensive, and reliability.

The reliability was done by cronbachs Alpha coefficient test which revealed that which of the two tools consisted of relatively homogenous items as indicated high reliability of each tool the internal consistency of

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knowledge was 0.87, practices was 0.85(Cho,2020).

### **Ethical consideration:**

All ethical issues were assured, oral consent has been obtained from each patient before conducting the interview and given them a brief orientation to the purpose of the study, they were also reassured that all information gathered would be kept confidentially. Patients have right to withdraw at any time without giving any reason.

### **Pilot study:**

The pilot study was carried out on 15 patients who represented 10% of the sample size. The pilot study was aimed to assess the tool clarity, applicability and time needed to fill each sheet. No modifications were done, so the pilot study sample was included in the total sample.

### **Field work:**

The data was collected from patients who attended to Benha fever hospital through interviewing with them. The study was conducted at the period of six months which started from the beginning of June to the end of November 2021. The investigator was attended two days /week for the hospital from 9.00 am to 12 am. Those days were (Saturdays & Tuesdays) to collect the data with distributed instruction guideline about AIDS to improve health, the number of interviewed patients was 2-3 patients per day depending on their responses to the interviewers, each patient takes about 30 to 45 minutes to fill the sheet depending upon their understanding and response, as well as distributed the questionnaire, The interviewing was conducted at outpatient reception.

### **Statistical analysis:**

All data collected were organized, tabulated and analyzed using appropriate statistical test. The data were analyzed by

using the Statistical Package for Social Science (SPSS) version 25, which was applied to calculate frequencies and percentages as well as test statistical significance and associations by using chi-square test and person correlation test to detect the relation between the variables for (p value).  $P > 0.05$  Not significant.  $P < 0.05^*$  Significant.  $P < 0.001^{**}$  Highly statistically significant

- Statistically Significance (S) $P < 0.05$
- Not Statistically Significance(NS) $P > 0.05$

### **Results:**

Table (1): Shows that, 35.3 % of the studied patients their age ranged from 25 <35 years with Mean  $\pm$ SD (28.78 $\pm$ 6.30). Also, 67.3% of the studied patients are male, 57.3% of them are married with intermediate education and almost 75.3% of them are working. 58.0% of he studied patients are from urban areas and 64.7% of them have enough income.

Figure (1): Illustrates that, 43.3 % of the studied patients have poor total level of knowledge regarding AIDS. And 32.0 % of them have average level of knowledge. While 24.7% of them have good level of knowledge regarding AIDS.

Figure (2): Illustrates that 64.7 % of the studied patients have unsatisfactory level of total self care practices . While 53.3% of them have satisfactory level of total self care practices

Table (2): Illustrates that, 42% of the studied patients suffering from other chronic disease, 76.2% of this disease is hypertension and 60.7% of them take medications which decrease immunity system, 78% of these medications was anti-inflammatory drugs. Also, 51.3% of the studied patients were substance abuse in injection form and 63.3% of them didn't travel to work in any countries with a high rate of infection with AIDS

Table (3): Clarifies that, there were a highly statistically significant relation between total level of knowledge for the studied patients and their socio-demographic characteristics regarding job and income ( $P \leq 0.001$ ), and there were statistically significant relation between total level of knowledge for the studied patients and their socio-demographic characteristics regarding sex, marital status and educational level ( $P \leq 0.05$ ). While there were no statistically significant relation between total level of knowledge for the studied patients and their socio-demographic characteristics regarding age and residence ( $P \geq 0.05$ ).

Table (4): Clarifies that, there were a highly statistically significant relation between total level of self care practices for the studied patients and their socio-demographic characteristics regarding sex and income ( $P \leq 0.001$ ), and there were a statistically significant relation between total level of practices for the studied patients and their socio-demographic characteristics regarding age and educational level ( $P \leq 0.05$ ). While, there were no statistically significant relation between total level of self care practices for the studied patients and their marital status, job and residence ( $P \geq 0.05$ ).

**Table (1): Frequency distribution of studied patients regarding demographic characteristics (n=150).**

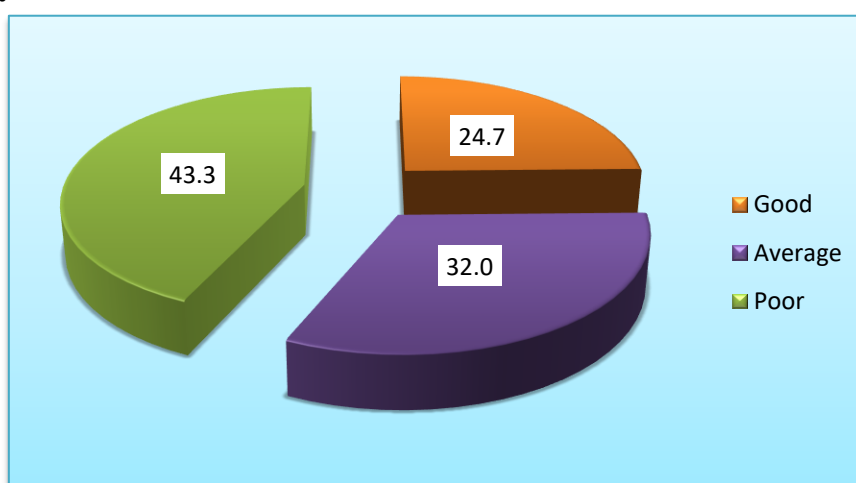
Demographic characteristics	No	%
<b>Age</b>		
20<25	46	30.7
25 <35	53	<b>35.3</b>
35 <45	51	34.0
<b>Min -Max</b>	<b>20-46</b>	
<b>Mean ±SD</b>	<b>28.78±6.30</b>	
<b>Sex</b>		
Male	101	<b>67.3</b>
Female	49	32.7
<b>Marital status</b>		
Married	86	<b>57.3</b>
Widow	19	12.7
Single	45	30.0
<b>Educational level</b>		
Basic education	27	18.0
Intermediate education	86	<b>57.3</b>
University education	37	24.7
<b>Job</b>		
Working	113	<b>75.3</b>
Not working	37	24.7
<b>Residence</b>		
Rural	63	42.0
Urban	87	<b>58.0</b>
<b>Income</b>		
Enough and saved	18	12.0
Enough	97	<b>64.7</b>
Not enough	35	23.3

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**Table (2): Frequency distribution of studied AIDS patients regarding medical history (n=150).**

Medical history	No	%
<b>Suffering from other chronic disease</b>		
Yes	63	42.0
No	87	58.0
<b>*Type of these disease(n=63)</b>		
Hypertension	28	18.7
Diabetes mellitus	26	17.3
Kidney disease	9	6
<b>Taking medication which decrease immunity system</b>		
Yes	91	60.7
No	59	39.3
<b>Type of this medication(n=91)</b>		
Corticosteroid drugs	68	74.7
Anti-inflammatory drugs	71	78.0
Antibiotic drugs	44	48.4
<b>Taking substance abuse</b>		
Yes	77	51.3
No	73	48.7
<b>*Type of substance abuse (n=77).</b>		
Injection	45	68
Tablets	27	28.7
Powder	5	3.3
<b>Traveling to work in any countries with a high rate of infection with AIDS</b>		
Yes	55	36.7
No	95	63.3

\*Not mutually result



**Figure (1): Percentage distribution of studied patients regarding their total knowledge level (n=150).**

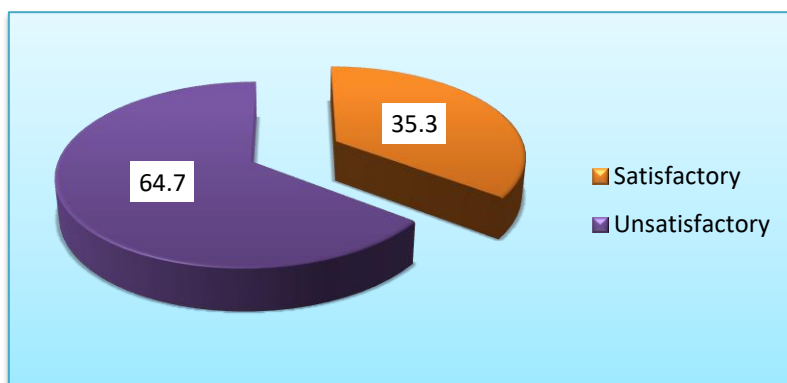


Figure (2): Percentage distribution of studied patients regarding their total practices level (n=150)

Table (3): Statistically relation between total knowledge level and demographic characteristics of studied patients (n=150).

Items	Good (n=37)		Average (n=48)		Poor (n=65)		X <sup>2</sup>	p-value
	no	%	no	%	no	%		
<b>Age</b>								
20<25	14	37.8	15	31.3	17	26.2	8.661	0.070
25 <35	16	43.2	19	39.6	18	27.7		
35 <45	7	18.9	14	29.2	30	46.2		
<b>sex</b>								
Male	28	75.7	39	81.3	34	52.3	12.069	.002*
Female	9	24.3	9	18.8	31	47.7		
<b>Marital status</b>								
Married	28	75.7	28	58.3	30	46.2	13.052	.011*
Widow	0	0.0	5	10.4	14	21.5		
Single	9	24.3	15	31.3	21	32.3		
<b>Educational level</b>								
Basic education	4	10.8	5	10.4	18	27.7	11.059	.026*
Intermediate education	19	51.4	33	68.8	34	52.3		
University education	14	37.8	10	20.8	13	20.0		
<b>Job</b>								
Working	13	35.1	43	89.6	57	87.7	42.763	.000**
Not working	24	64.9	5	10.4	8	12.3		
<b>Residence</b>								
Rural-	14	37.8	23	47.9	26	40.0	1.06	0.589
Urban	23	62.2	25	52.1	39	60.0		
<b>Income</b>								
Enough and saved	0	0.0	10	20.8	8	12.3		
Enough only	28	75.7	38	79.2	31	47.7	31.67	.000**
Not enough	9	24.3	0	0.0	26	40.0		

\*Statistical significance differences (p≤0.05)      \*\* Highly statistical significance differences (p≤0.001) No statistical significance differences (p≥0.05)



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**Table (4): Statistically relation between total practice level and demographic characteristics of studied patients (n=150).**

Items	Unsatisfactory (n=97)		Satisfactory (n=53)		X <sup>2</sup>	p-value
	no	%	no	%		
<b>Age</b>						
20<25	23	23.7	23	43.4	9.984	.007*
25 <35	33	34.0	20	37.7		
35 <45	41	42.3	10	18.9		
<b>sex</b>						
Male	48	49.5	53	100.0	39.762	.000**
Female	49	50.5	0	0.0		
<b>Marital status</b>						
Married	57	58.8	29	54.7	1.709	0.426
Widow	14	14.4	5	9.4		
Single	26	26.8	19	35.8		
<b>Educational level</b>						
Basic education	23	23.7	4	7.5	10.748	.005*
Intermediate education	57	58.8	29	54.7		
University education	17	17.5	20	37.7		
<b>Job</b>						
Working	75	77.3	38	71.7	0.583	0.445
Not working	22	22.7	15	28.3		
<b>Residence</b>						
Rural	44	45.4	19	35.8	1.273	0.259
Urban	53	54.6	34	64.2		
<b>Income</b>						
Enough and saved	8	8.2	10	18.9	13.48	.001**
Enough only	73	75.3	24	45.3		
Not enough	16	16.5	19	35.8		

\*Statistical significance differences (p≤0.05)

\*\* Highly statistical significance differences (p≤0.001)

No statistical significance differences (p≥0.05)

### Discussion:

Regarding to socio-demographic characteristics of studied patient, the current study showed that, slightly more than one third of the studied patients their age ranged from 25

<35 years with Mean ±SD (28.78±6.30). Also, current study described that more than two thirds of the studied patients are male and less than three fifths of them are married with intermediate education. From my point of view that level of education might affect the size of their information because scientific level

increased, the bulk of knowledge must be increased to serve the study because they were able to understand tool of study. This result was in contrast with Alexander et al., (2021), who studied "Early Use of the Palliative Approach to Improve Patient Outcomes in HIV Disease: Insights and Findings From the Care and Support, USA" and found that, the majority of participants were 18–30 years of age with Mean  $\pm$ SD (29.  $\pm$ 3.9), Forty-five percent were employed. And 85% had completed high school/GED

Concerning medical history of studied patients, the present study illustrated that, less than half of the studied patients suffering from other chronic disease, more than three quarters of them had hypertension. These findings were in supported with Patel et al., (2018), who studied "Non communicable diseases among HIV-infected persons in low-income and middle-income countries: A systematic review and meta-analysis, (Atlanta) USA ( sample size =1478) and found that more than half( 57%) of their studied patients suffering from other chronic disease, more than three quarters (78%)of patient suffering from hypertension. This might be due to hypertension is the most prevalent risk factor for AIDS.

The present study revealed that, three quarters of studied patients are working and less than two thirds of them have enough income. This study with harmony with the study done by **Nacher et al., (2018)**, who study "Histoplasma capsulatum antigen detection tests as an essential diagnostic tool for patients with advanced HIV disease in low and middle income countries: A systematic review of diagnostic accuracy studies, France" and found that most 82% of studied patients are working and 75% of them had enough income.

The current study illustrated that, more than two fifths of the studied patients have poor total level of knowledge regarding AIDS. And less than one third of them have average level

of knowledge. While less than one quarter of them have good level of knowledge regarding AIDS. This result was nearly similar to **Fauk et al., (2021)**, who studied "HIV Stigma and Discrimination: Perspectives and Personal Experiences of Healthcare Providers in Yogyakarta and Belu, Indonesia", and found that The participants commented that there were still 46% of people within families and communities who lacked information or poor total level of knowledge about AIDS.

Concerning studied patients total practices items, the present study showed that the majority of the studied patients have unsatisfactory level of self care practices regarding their psychological. While more than two fifths of studied patients have satisfactory level of practices regarding body care. This study was supported by **Tamirat et al., (2021)**, and found that 78% of the studied patients had unsatisfactory psychological status practices. While 48% of their studied patients have satisfactory level of practices regarding personal care. This might be due to lack of psychological support that affect practices.

Concerning to report practices regarding self-care management about Acquired Immune Deficiency Syndrome, the present study described that less than two thirds of the studied patients have unsatisfactory level of total practices. While more than half of them have satisfactory level of total practices. This study was in disagreement with the study done by **Hamido & Fathy, (2020)**, they reported that, 29% of the studied AIDS patients had satisfactory self-care reported practices before program, which increased to 79% during the post program. This might be due to good knowledge had good impact on practices.

Regarding to statistically relation between total knowledge level and demographic characteristics of studied

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patients, the current study clarified that, there were a highly statistically significant relation between total level of knowledge for the studied patients and their sociodemographic characteristics regarding job and income ( $P \leq 0.001$ ). Also current study showed that, there were statistically significant relation between total level of knowledge for the studied patients and their sociodemographic characteristics regarding sex, marital status and educational level ( $P \leq 0.05$ ).

This study was agreed with **Quarm et al., (2021)**, who studied "Knowledge, attitudes and prevention practices regarding HIV/AIDS among patient in Ho municipality, Ghana" they showed the association between participants' knowledge regarding HIV/AIDS and demographic characteristics. Patient with secondary education were more likely to have good knowledge regarding HIV/AIDS compared to those with no formal education [ $p = 0.003$ ]. Patient with work were more likely to have good knowledge regarding HIV/AIDS than those with no work ( $p = 0.001$ ).

Concerning on statistically relation between total practice level and demographic characteristics of studied patients, the present study clarified that, there were a highly statistically significant relation between total level of practices for the studied patients and their sociodemographic characteristics regarding sex and income ( $P \leq 0.001$ ). Also, the current study found that there were a statistically significant relation between total level of practices for the studied patients and their sociodemographic characteristics regarding age and educational level ( $P \leq 0.05$ ).

The current study was in harmony with **Ruan et al., (2021)**, who studied "A national survey of HIV knowledge, sexual practices and attitude towards homosexuality for HIV elimination among young people in Chin" and found that there were a statistically significant

relation between total level of practices for their sample and their sociodemographic characteristics regarding age and educational level ( $P \leq 0.06$ )

### **Conclusion**

More than two fifths of the studied patients had poor total level of knowledge regarding AIDS and self-care management. Less than two thirds of the studied patients have unsatisfactory level of total practices, and there was a highly statistically significant relation between total level of knowledge for the studied patients and their socio-demographic characteristics regarding job and income. There were a highly statistically significant relation between total level of self care practices for the studied patients and their socio-demographic characteristics regarding sex and income ( $P \leq 0.001$ ).

### **Recommendations:**

Educational program for patient to raise their awareness about AIDS related risk factors should be a priority to ensure early diagnosis of the disease

### **for further studies-**

Explore self-care management for patients with AIDS among large sample size and other setting..

### **References:**

- Adu, D., Malabu, U., Malau, A., & Aduli, B. (2019).** Enablers and Barriers to Effective Diabetes Self –Management A Multi-Natio Investigation. *PloS One*, 14(6), e0217771
- Alexander, S., Raveis, H., Karus, D., Carrero-Tagle, M., Lee, C., Pappas, G., & Selwyn, P. (2021).** Early Use of the Palliative Approach to Improve Patient Outcomes in HIV Disease: Insights and Findings From the Care and Support Access (CASA) Study 2013-2019. *American Journal of Hospice and Palliative Medicine®*, 38(4), 332-339
- Cho, E. (2020).** A comprehensive review of so-called Cronbach's alpha. *Journal of Product Research*, 38(1), 9–20.

- Fauk, K., Ward, R., Hawke, K., & Mwanri, L. (2021).** HIV Stigma and Discrimination: Perspectives and Personal Experiences of Healthcare Providers in Yogyakarta and Belu, Indonesia. *Frontiers in medicine*, 8, 625
- Hamido, T., & Fathy, H (2020).** Effect of Self-Care Management Program on Quality of Life among Acquired Immune Deficiency Syndrome Patients, *International Journal of Novel Research in Healthcare and Nursing* Vol. 7(1), P: 831-848.
- Jaarsma, T., Strömberg, A., Dunbar, B., Fit. & Riegel, B. (2021).** Self-care research: How to grow the evidence base?(reprint). *International journal of nursing studies*, 116, 103903.
- Munro, M., Yadavalli, T., Fonteh, C., Arfeen, S & Chan, M. (2020).** Cytomegalovirus Retinitis in HIV and non HIV Individuals. *Microorganisms*, 8(1), 55  
Available at: <https://journals.lww.com/nursingresearchonline/pages/default.aspx>. accessed on 3 April 2021
- Millared, M., Hirago, M., Mukherjee, M. (2018).** Detecting Linguistic Traces of Depression in Topic-Restricted Text: Attending to Self-Stigmatized Depression with NLP. *International Workshop on Language Cognition and Computational Models, USA* P. P11–21 Available at: <https://aclanthology.org/W18-4102/> Accessed on March 2020 9 p.m
- Nacher, M., Blanchet, D., Bongomin, F., Chakrabarti, A., Couppié, P., Demar, M., & Adenis, A. (2018).** Histoplasma capsulatum antigen detection tests as an essential diagnostic tool for patients with advanced HIV disease in low and middle income countries: A systematic review of diagnostic accuracy studies. *PLoS neglected tropical diseases*, 12(10), e0006802
- Quarm, D., Mthembu, J., Zuma, K., & Tarkang, E. (2021).** Knowledge, attitudes and prevention practices regarding HIV/AIDS among barbers in Ho municipality, Ghana. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 18(1), 42-51
- Ruan, L., Zhao, R., Ong, J. J., Fu, X., Xiong, Y., Chen, Y., & Zhang, L. (2021).** A national survey of HIV knowledge, sexual practices and attitude towards homosexuality for HIV elimination among young people
- Stefanou, E., Willson, L., Bond, G., Kaur, A., Alvarez, X., Midkiff, C & Schnapp, M. (2020).** *American journal of physiology-lung Cellular and Molecular Physiology*, 319(5), P. P848-853. Available at: <https://journals.lww.com/nursingresearchonline/pages/default.aspx> accessed on 1 April 2021. 10:am
- Suryana, K., Suharsono, H., & Antara, J. (2020).** Factors Associated with Oral Candidiasis in People Living with HIV/AIDS: A case control study. *hiv/aids (Auckland, NZ)*, P. P1233. available at <https://journals.lww.com/nursingresearchonline/pages/default.aspx> accessed on 7 May 2021
- Schnall, R., Porrás, T., Bakken, S. & Olender S. (2021).** Common Elements in Self-management of HIV and Other Chronic Illnesses: an Integrative Framework, *PMC*, 25(6), Pp 1699-1710.
- Tamirat, S., Tesema, A., & Tessema, T. (2021).** Psychosocial Factors Associated with Suicidal Ideation Among HIV/AIDS Patients on Follow-Up
- United Nations Children's Fund (UNICEF) (2020).** HIV and AIDS available at <https://www.google.com/search?q=United+Nations+Children%27s+Fund%2C+2020%29>. HIV accessed on 20 March 2021
- World Health Organization (WHO), (2020).** **HIV Coronavirus Disease (COVID-19) Pandemic**, Available at: <https://apps.who.int/iris/bitstream/10665/62299/whossie> Referral Hospital, Northeast Ethiopia: A Cross-Sectional Study. *HIV/AIDS (Auckland, NZ)*, 13, 415

## العناية الذاتية للمرضى المصابين بمرض نقص المناعة المكتسبه

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نقص المناعة المكتسبه (الإيدز) حالة خطيرة تسبب ضعف جهاز المناعة في الجسم ، مما يجعلها غير قادرة على محاربة الامراض الإيدز هو الأخير في تطور الأمراض الناتجة عن عدوى فيروسية تعرف باسم فيروس نقص المناعة البشرية HIV. هناك ما يقرب من 1.5 مليون شخص حول العالم يموتون كل عام بسبب الإيدز ويصاب به ما يقرب من 40.000 الف شخص جديد كل عام . لذا هدفت هذه الدراسة الي تقييم العناية الذاتية للمرضى المصابين بمرض نقص المناعة المكتسبه. وقد اجريت هذه الدراسة للمرضى الذين يحضرون إلى العيادات الخارجية للإيدز في مستشفى حميات بنها على عینه من 150 مريض مصاب بالإيدز في غضون 6 اشهر. وكشفت الدراسة ان أكثر من 43.3% من المرضى الخاضعين للدراسة لديهم مستوى ضعيف من المعرفة فيما يتعلق بالإيدز. و العناية الذاتية 32.0% منهم لديهم مستوى متوسط من المعرفة. في حين أن 24.7% منهم لديهم مستوى جيد من المعرفة فيما يتعلق بالإيدز والعناية الذاتية. 64.7% من المرضى الخاضعين للدراسة لديهم مستوى غير مرضٍ من الممارسات الكلية. في حين أن 53.3% منهم لديهم مستوى مرضٍ من إجمالي الممارسات. كما اوصت الدراسة ضرورة تنفيذ برامج تثقيفية لمرضى نقص المناعة المكتسبه للتوعية بالعناية الذاتية لهم.