

Vietnamese family member's experiences of caregiving to persons living with HIV/Aids: Implications for health care administration

Pranee C. Lundberg¹, Doan Thi Kim Thoa², Piyasiri Ruangsrimun³

¹Department of Public Health and Caring Sciences, Uppsala University, Box 564,

SE-751 22 Uppsala, Sweden. pranee.lundberg@pubcare.uu.se

²Department of Nursing, University of Medicine and Pharmacy, 217 Hong Bang St., District 5,

Ho Chi Minh City, Vietnam. kimthoadoan@ump.edu.vn

³School of Economics, Sukhothai Thammathirat Open University, Bangpood, Pakkred,

Nonthaburi 11120, Thailand. piyasiri.rua@stou.ac.th

ABSTRACT

As the number of persons living with HIV/AIDS (PLHIVs) increases, the need of family caregivers who can take responsibility for the home care increases. Vietnam has one of the fastest growing HIV epidemics in Asia. Therefore the aim was to examine Vietnamese family members' experiences of caregiving to PLHIVs and to assess implications for health care administration. A descriptive cross-sectional study using mixed methods, quantitative and qualitative, was conducted. A purposive sample of 104 family caregivers, male and female, participated voluntarily. All of them answered a questionnaire "Caregiver Burden", and 20 took part also in in-depth interviews. The results showed that female caregivers were mainly mothers and wives, while male caregivers were mainly husbands, fathers and siblings. The largest group of family caregivers reported moderate to severe burden. There was no difference between genders in total caregiver burden, but there were several differences between older and younger caregivers. More older than younger family caregivers experienced lack of time for themselves, conflict between caring and trying to meet other responsibilities, and suffering social life. Five categories of experience emerged: Different types of caregiving to PLHIVs, cultural and religious issues associated with caregiving, keeping secret to avoid stigma and discrimination, lack of knowledge about disease and provision of care, and fear, anxiety and frustration. Family caregivers had experiences of physical, psychological and economic problems. To protect PLHIVs and their families from stigma and discrimination, they kept the disease secret. They experienced lack of knowledge about the disease and about giving care. It is concluded that health care administration should provide education about HIV/AIDS and PLHIVs to family caregivers and also to the general public. Support of government policy is needed to provide knowledge to people in the communities. Stigma and discrimination should be reduced by providing knowledge about ways of transmission and protection. Knowledge should be given to family caregivers that enable them to give high-quality care to PLHIVs at home. The education should be implemented through culturally appropriate training/intervention programs, also for support groups, including coping methods. The results obtained can be used as baseline information. In addition, it is concluded that health care providers should consider culture, religion and age, culture of family members of PLHIVs. Knowledge about HIV/AIDS, provision of care at home and in hospital, and support groups should be developed and implemented.

Keywords: Person living with HIV/AIDS, Vietnamese family caregivers, health care administration.