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A Comparative study of Pre And Post Psychosocial Intervention on the Prevalence Of Common Mental Disturbances of HIV Infected Female Sex Workers in a district in South India

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ABSTRACT

HIV/AIDS has spread its tough clasp on female sex workers who are poor with fewer resources for coping are much affected with HIV infection resulting in poor mental health which deteriorates their quality of life (QOL). Out of the 80 HIV infected FSWs identified in the district; fifty two participants gave their informed consent to take part in the study. Data was collected using standardized tools on socio-demographic profile and General Health with respect to common mental disturbances. Results show that common mental health problems are prevalent among the HIV Infected Female Sex Workers (HIFSWs) and there was significant improvement after the psychosocial intervention.

KEYWORDS: HIV Infected Female Sex Workers (HIFSWs), General Health Quotient (GHQ), Quality of life (QOL)

Background:

Female sex workers and their clients play a very prominent role in the HIV epidemic in India. The situation gets more complicated when the Female Sex worker is HIV positive. A person's well being is determined not only by his or her health status and response to treatment, but also by other social and psychological dimensions. The identification of factors that determine Quality of Life (QoL) is important in order to better tailor health and social care services, and thereby improve the functioning and well-being of people living with HIV. In addition, the identification of potentially modifiable factors of Quality of Life (QoL) could help target people in need of additional services in order to improve QoL[8]. The relationship between poverty and AIDS stands to reason since as much as 80 per cent of HIV infections occur through sexual transmission[14] and economic position often predicts the frequency and nature of sexual activity.[15] The poor are more likely to be driven to trading sex to meet basic needs, have less choice over condom use, and may be forced to have multiple sexual partners for economic protection. Further poverty is linked to a number of other factors that increase the risks of HIV infection, including humanitarian crises, mental disorders and substance abuse.[10]

The term Psychosocial Intervention refers to a range of social, educational, occupational, behavioral and cognitive interventions for increasing the role performance of persons with serious and persistent illness and enhancing their recovery. Psychosocial intervention includes services aimed at long-term recovery and maximization of self-sufficiency, as distinguished from the symptom stabilization function of acute care. Commercial sex work presents specific mental health concerns.[2] There were associations between felt and internalized stigma with higher levels of depression.[4,6,13] thus contributing to a poor quality of life (QOL).7 It was proposed that the availability of mental health treatment for workers in the sex industry could improve compliance with HIV prevention programs and enlarge options for women to leave the sex industry.[2]

Methodology

Selection of area and sampling method

The HIV positive female sex workers were selected based on the mapping and estimate report (APAC,2007).[1] Identified HIV positive female sex workers from the entire district were approached for the study. Focus group discussions and one to one discussions were conducted with them to find out their willingness. On the basis of a response-adaptive method and acquiring informed consent 50 FSWs completed the study. The participants were from all the blocks in Trichy district. The sampling method was convenient sampling method.

Instruments

Standardized tools, socio economic status-Indian Council of Medical Research, General Health Questionnaire -28 were administered to the participants before and after the psychosocial intervention program to find the effect of it on the General Health Quotient (GHQ) of the participants.

Process:

A needs assessment through focus group discussions and one to one interactions was conducted among the HIFSWs to find out their interest to participate in the program. After obtaining their consent, they underwent laborious sessions of 60 classes on psychosocial intervention with 12 classes on craft sessions for relaxation among the intensive process. The classes were conducted for three days in a week for six months. After the intervention, the study samples were assessed using the same tools in order to find the effect of intervention program on the mental health.

Analysis and Interpretation

Data collected for the study were compiled and subjected to statistical analysis using independent 't' test. Simple descriptive methods of analysis were used in this study with emphasis on computation of percentages.

Results and Discussion:

Table 1: Socio-Demographic Profile

Variable	N	Percentage	Variable	N	Percentage
Age group			Marital Status		
20-29	12	24	Widow	27	54
30-39	31	62	Divorced / Separated	13	26
40-49	6	12	Married	9	18
50-59	1	2	Unmarried	1	2
Total	50	100	Total	50	100
Education			Type of family		
Illiterate	15	30	Nuclear	28	52
Primary	15	30	Extended	24	48
Middle	13	28	Total	50	100
High School	5	10	Socio Economic Status		
Degree	2	4	Poor	40	80
Total	50	100	Lower Middle	10	20
			Total	50	100

Table 1 showed the entry of women in sex work at a very young age and their continuation to be in the trade until their late thirties. Nearly 30 % of them were illiterates and were educated until primary classes. Twenty eight percent of the participants have completed their middle school. Almost all of them were functionally illiterates which were noted during the intervention classes. Fifty four percent of the participants were widows and 26 % were divorced. When it was probed during the

case collection, it was found that the husbands had the infection and had passed away earlier. Married women (18 %) chose sex work to support their families.[3] Fifty two percent of the participants belonged to nuclear family where they lived with their husbands and children or only with their children. Forty eight percent of the participants lived in joint family. Poverty pushes many of the respondents into sex work. In Socio Economic Status (SES), eighty percent of the participants belong to the poor income group and remaining 20 percent of the participants belong to the lower-middle income group. Although it has been substantiated by many studies, this fact has also been supported by mapping and census in Ethiopia done by Family Health International in 2006 that most sex workers belong to the poor socio economic status.[5]

General Health Questionnaire-28 (GHQ-28) discussed in Table 2 was developed as a screening tool to detect those likely to have or be at risk of developing psychiatric disorders, it is a measure of the common mental health problems/domains of depression, anxiety, somatic symptoms and social withdrawal.[11] Generally persons with positive scores in General Health Questionnaire-28 screening tool would be considered as GHQ caseness. Moreover, who has negative scores in General Health Questionnaire-28 is considered as Non-caseness. Therefore, high scores in Non Caseness in GHQ-28 mean that the participants have good health in the respective domains and high scores in caseness indicate that the participants have mental health disturbances and possibility of developing mental health problems at later stages.

Table 2: Effect of General Health Status with respect to Common Mental Health Problems Pre and Post to the Intervention Program

General Health Quotient	Intervention	Mean	N	Standard Deviation	Standard Error Mean	t
Somatic Symptoms	Pre	3.70	50	2.178	.308	4.816**
	Post	2.40	50	1.807	.256	
Anxiety / Insomnia	Pre	4.02	50	2.236	.316	8.779**
	Post	1.46	50	1.313	.186	
Social Dysfunction	Pre	2.12	50	1.848	.261	5.278**
	Post	.86	50	1.195	.169	
Severe Depression	Pre	3.50	50	2.332	.330	8.423**
	Post	.94	50	.978	.138	
Overall general health status	Pre	13.38	50	7.267	1.028	10.028**
	Post	5.62	50	3.636	.514	

**** Significant at 1% level**

The scores presented in the table 2 shows that the general health quotient domains, which are somatic symptoms, anxiety/insomnia, social dysfunction, severe depression and overall general health status scores had better improvement in the post intervention and all domains had a significant difference ($p<.001$) when compared to the pre and post intervention scores. This shows that the intervention model was effective in improving the general health status of the respondents. The study's findings are corroborated with a study done by Rodriguez-Sanchez et.al that the GHQ scores i.e. the mental health scores have significantly ($p<.001$) improved after a psychological intervention.[12] Another study in 2009 among the earthquake victims had found that there was a highly significant effect of the psychosocial intervention on the mental health.[9] It may be concluded that the psychosocial intervention has improved all the contributing factors of Mental Health and thus will lead to a better quality of life of HIV positive female sex workers.

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