



A Study On Psychosocial Problem Faced By Hiv/aids Patients

KEYWORDS

Psychosocial Problems, HIV/AIDS, Treatment and Counselling

A .SANTHOSHINI

Final Year Student, Dept. of Social Work,
Shrimati Indira Gandhi College, Tiruchirappalli

Mrs. K.VIJAYA

Assistant Professor of Social Work,
Shrimati Indira Gandhi College, Tiruchirappalli

ABSTRACT

AIDS is Acquired Immune Deficiency Syndrome. It is a serious illness that slowly attacks and destroys the body's Immune system making it vulnerable to infections and cancers which normally do not affect healthy people. The exact limits of incubation period for AIDS are not known. The incubation period is the time limit between infection with HIV, and the development of an AIDS defining condition. Based on the available records, it can be a period between five months from the time of HIV infection to 15 years and even more. This is because HIV virus causing AIDS was discovered about 15 years ago. One may be in a better position to provide more accurate time period after passing through say, another decade of fighting the HIV virus. In the opinion of Frumkin and Leonard a median incubation period, longer than 10 years would indicate a decline in progression to AIDS. There are several reasons why progression of disease could decline in the near future. Treatment improvements in antiretroviral therapy, and prevention of opportunistic infection could influence the progression of disease. Modifications of behaviours that decrease the chances of encountering unidentified factors that might accelerate that activity of HIV, improved medical care, and the evolution of HIV to less pathogenic strains are also possible. At present it is difficult to detect an increasing median incubation period to AIDS, although it is possible that with time, any, or all of these different forces may contribute to substantial increase in the time from infection to clinically apparent disease. The researcher adopted descriptive research design. Data was collected from 40 respondents through systematic random sampling. The primary data for this study was collected with help of the interview schedule. The secondary data was collected from the books and journals for reference. The major findings will be discussed in the full paper.

INTRODUCTION

AIDS is an acronym made up of the first letter of the words Acquired Immune Deficiency Syndrome. The word acquired was chosen because the illness was neither genetically determined nor, the result of other conditions. In other words, it was acquired during a period of normal life.

MEANING:

HIV - Human Immunodeficiency Virus

Human – Infect man, Women, and children regardless of race or age

Immunodeficiency – Destroys the human body's natural ability to fight off infections

Virus – Small infectious organism that reproduce with in a perso
HIV – is a virus that gradually damages the body's immune system and eventually causes AIDS.

The human body is equipped with CD4 cells, also called helper T cells, which defend the body against viruses and bacteria. HIV damages the immune system by attacking and entering these cells. Once inside the cells, the viruses reproduce and they leave to attack other helper T cells and repeat the process. As more helper T cells are overtaken, the body is gradually less and less equipped to fight off illnesses.

A person can have the virus for years without knowing it or feeling sick yet regardless of their appearance of good health, the person is able to spread the virus and will ultimately develop AIDS.

AIDS:

AIDS means Acquired Immuno Deficiency Syndrome

Acquired - Caught from someone as a result of Exposure

Immuno – Having resistance to disease

Deficiency – Shortage/lack of body's defense system

Syndrome – A collections of various symptoms infections.

DEFINITIONS:

AIDS is Acquired Immune Deficiency Syndrome. It is a serious illness that slowly attacks and destroys the body's Immune system making it vulnerable to infections and cancers which normally do not affect healthy people

ROUTES OF HIV TRANSMISSION:

- Through sexual contact
- Through drug abuse
- Through blood and blood products
- Through mother-to-child
- Through breast milk

THE EXTERNAL SIGNS AND SYMPTOMS OF AIDS:

The diagnosis of AIDS must be made by a physician and not a patient himself as the symptoms found during its stage can also be a manifestation of certain other disease conditions and not necessarily AIDS. Some of the symptoms are:

- Rapid loss of weight of more than 10% of baseline weight in one month
- Loose motions lasting for more than one month.
- Cough and/or fever lasting more than one month.
- Ulceration and creamy to yellowish coating in the oral cavity and gastro-intestinal tract leading to difficulty in eating hot and spicy food, due to a fungus causing thrush (Candidiasis).

COMMON HIV/AIDS SYMPTOMS:

- (i) Fever
- (ii) Diarrhea
- (iii) Skin Problems
- (iv) Mouth Problems and Nutrition
- (v) Coughing and difficulty in Breathing
- (vi) Pain and tiredness, Fatigue, Weakness

TYPES OF BLOOD TEST FOR HIV:

Two of the most currently and most widely used tests are known as ELISA (Enzyme linked immunosorbent assay and Western Blot). To ensure the highest degree of accuracy, blood samples which test positive for antibodies to HIV, using the ELISA test, are usually subjected to the confirmatory test namely, the Western Blot test. Although the cost of ELISA test is comparatively lower, the Western Blot test can be a heavy burden, particularly for most Indians as it costs almost fifty times more than the ELISA test. Other tests or combination of tests may also be used, depending upon new developments in this field. While all the testing centers in India use the ELISA test, very few centers have the facilities for the Western Blot test.

TREATMENT OPTIONS FOR HIV:

At present, there is no therapy available for the treatment and cure of HIV infection. Medical practitioners round the world are making all out effort to develop drugs and many drugs are already under trail. No doubt, treatment is improving and consists mainly of fighting the symptoms of the 'opportunistic' infections which take advantage of the victim's damaged system: pneumonia, fungal infection, tuberculosis, cancer and diarrhea. But when the treatment stops, the same or a different infection eventually returns. Anti – HIV drugs are used in HIV management:

There are certain anti-HIV drugs which inhibit the replication of HIV. Zidovudine was the first such drug which was approved for use by the F.D.A, (US) in 1987. The following drugs found to be effective against HIV have been approved for management by the Food and Drug Administration, USA. However, only a few of these are being marketed in India and have received approval of the Drug Controller of India such as Zidovudine, didanosine, nevirapine, efavirenz, indinavir, nelfinar, saquinavir, ritonavir, stavudine and lamivudine until now.

WHO SHOULD UNDERGO HIV TEST:

- Voluntary testing is recommended for the following risk groups in India:
 - Past and present intravenous drug users;
 - Prostitutes, devadasis and their sexual partners;
 - Homosexual and bisexual men; Lesbian;
 - Individuals donating blood, organs, tissues, semen and milk;
 - Recipients of blood not tested for HIV;
 - Recipients of organs, tissues, milk and semen from donors who are not subjected to HIV test;

PROTECTION FROM HIV:

- (i) Safe Sex
- (ii) Safe Blood Transfusion
- (iii) Use of Sterilized Syringes and Needles
- (iv) Protection of child from infected other

WHAT ARE THE ACTIVITIES WHICH DO NOT TRANSMIT HIV INFECTION:

- HIV is not transmitted through:
 - Shaking hands,
 - Sitting or travelling together ,
 - Coughing, sneezing,
 - Hugging,
- By using common utilities like swimming pools, tele-phones, latrines,
- By using utensils cup, plates, bed sheets, clothes of persons having HIV infection.
- By eating together,
- By bite of an insect like mosquito, bed bug etc.,
- By taking care of an AIDS patient of HIV-infected individual,

- Any form of casual contact.

WHAT CARE SHOULD BE TAKEN BY AN HIV-INFECTED PERSON:

- To take his/her prescribed medicines regularly with excellent adherence.
- To inculcate healthy lifestyles.
- To take regular exercises.
- To eat nutritious food and fresh green leafy vegetables as well as fruits.
- To avoid eating stale food.
- To drink clean and potable water to prevent diarrhoeal illness.
- To avoid crowded places to prevent acquisition of respiratory infections.
- To have regular medical check-ups and avail counseling whenever required.
- To confide in doctors. Remember that confidentiality is maintained and this will help them give correct advice.
- Not to donate blood or any organs.
- To practice safer sex options and avoid unprotected penetrative sex as far as possible.
- Avoid sharing of shaving razor/blade, toothbrush with others, despite low transmission risk to others.
- Women should take decisions related to pregnancy after counseling and medical opinion.
- To maintain a healthy and positive outlook towards life.

REVIEW OF LITERATURE

Journal of Family Therapy (Robert Bor¹, Riva Miller² and Eleanor Goldman³ Article first published online: 23 MAR 2004):

Most studies of the psychosocial implications of HIV/AIDS have been focused on the individual. This paper reviews the small but growing body of research into the impact of HIV/AIDS on the family system. Special reference is made to definitions of the family, same-sex relationships and the African family. The impact of HIV/AIDS on the family is discussed in terms of social stigma, isolation and secrecy, stress and coping, social support, communication and disclosure, responses to illness, and changing structure and roles in families. It is anticipated that in the 1990s, the study of the family will become a dominant topic in HIV/AIDS-related research.

Heterosexual couples confronting the challenges of HIV infection: (N. Vandevanter, A. Stuart Thacker, G. Bass & M. Arnold Published online: 27 May 2010)

Couples confronted with HIV infection face significant challenges. Little is known about the impact of HIV on heterosexual couples who account for the vast majority of cases worldwide and an increasing proportion of cases in the USA, especially among women. In this study, analysis of data collected on HIV-discordant couples participating in a ten-week support group revealed four major groups of issues: (1) dealing with the emotional and sexual impact on the relationship; (2) confronting reproductive decisions; (3) planning for the future of children and the surviving partner; and (4) disclosure of the HIV infection to friends and family. These findings have implications for the design of interventions to enhance adaptation to HIV for discordant couples.

RESEARCH METHODOLOGY:**AIM:**

To study about psychosocial problem faced by HIV/AIDS affected people.

OBJECTIVES:

- To study about the socio-economic status of the respondents.

- To study about the psychological problem faced by respondents.
- To study about the health status of the respondents.

SAMPLING:

Universe of the present study constitutes the beneficiaries of "OPERATION RAINBOW" HIV positive persons registered on 19.10.2014. the researcher collected data from HIV positive person by every 3rd item from the list given by the Director of the Rainbow. Thus Systematic Random sampling. Technique was adopted for the study.

PILOT STUDY:

The pilot study is most important in social research. The researcher visited OPERATION RAINBOW" and had a discussion with the Director, regarding the purpose of research and obtained permission to conduct the research work.

TOOLS OF DATA COLLECTION:

The tool used by the Researcher was Interview Schedule. To collect the relevant information, the interview schedule was prepared by the researcher. The interview schedule consists of financial, psychological and physical of various dimensions related to the HIV/AIDS affected person.

DATA ANALYSIS AND INTERPRETATION:

TABLE : 01

S.no	Marital Status	No of RespondentsN = 40	Percentage
1	Married	25	62.5
2	Unmarried	1	2.5
3	Widow	14	35
4	Separated	-	-
TOTAL		40	100

The above table shows that majority (62.5%) of the respondents were Married, (35%) of the respondents were Widow and remaining (2.5%) of the respondents were Unmarried.

TABLE : 02

DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR OPINION ABOUT SUICIDAL TENDENCY

S.no	Particular	No of RespondentsN = 40	Percentage
1	Yes	22	55
2	No	18	45
TOTAL		40	100

The above table shows that half (55%) of the respondents have Suicidal Thoughts. And remaining (45%) of the respondents does not have any Suicidal Thoughts.

S.no	Mode Of Transmission	No of RespondentsN = 40	Percentage
1	Homosexual	-	-
2	Commercial Sex worker	5	12.5
3	Husband To Wife	27	67.5
4	Mother To Child	1	2.5
5	Blood Transfusion	7	17.5
6	Injection	-	-
TOTAL		40	100

TABLE : 03

DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR MODE OF TRANSMISSION

The above table shows that majority (67.5%) of the respondents are infected from their Husband. (17.5%) of the respondents were affected by Blood Transfusion. (12.5%) of the respondents were affected by HIV because they engaged in Prostitution and a small proportion (2.5%) of the respondents had mode of transmission from their Mother.

FINDINGS

- ※ Majority of the respondents (62.5 per cent) were Married.
- ※ More than half of the respondents (55 per cent) have Suicidal Tendency.
- ※ Most of the respondents (67.5 per cent) were affected with HIV/AIDS from their Husband.
- ※ Less than half of the respondents (47.5per cent) fall in the age group of 31 – 40.
- ※ Majority of the respondents (67.5 per cent) were Female.
- ※ Less than half of the respondents (37.5 per cent) were Illiterate.
- ※ Majority of the respondents (77.5 per cent) were Depressed.
- ※ More than half of the respondent's (52.5 per cent) family members Shocked.
- ※ Majority of the respondents (82.5 per cent) are going for regular checkup.
- ※ Less than half of the respondents (40 per cent) have T.B.

SUGGESTION

1. Majority of the HIV/AIDS patient come from the rural background. So, it is essential that more number of HIV/AIDS awareness programmes should be arranged for rural people.
2. The people who are taking treatment for HIV/AIDS should take proper treatment.
3. HIV/AIDS affected person should practice exercise daily and control risk factors such as smoking, being overweight, which helps to reduce physical and psychological pain.
4. Victims of HIV/AIDS should develop healthy social networks with friends, family and support system.

CONCLUSION

India is one of the largest and most populated countries in the world with over one billion inhabitants; of this number at least five million are currently living with HIV. India has a greater number of people living with HIV than any other nation in the world. The existing treatment facilities mentioned are practically out of reach for an ordinary Indian. Further our medical experts are not either trained to treat AIDS patients or are not interested in leaving their areas of specialization to involve in AIDS treatment. There is much need for an open and frank approach to the problems caused by AIDS which can only be materialized through appropriate policy measures. This is possible only through social action, community organization and empirical research on delicate issues like the sexual behavioral pattern.

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