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PSYCHO SOCIAL PROBLEMS OF WOMEN LIVING WITH HIV/AIDS: AN EMPIRICAL STUDY IN ANDHRA PRADESH.

KEY WORDS: Psychological Problems, Stigma, Hiv Positive , Intervention.

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ABSTRACT

HIV Positive women continue to face severe problems on personal, social, Psychological, economic and health fronts. Respondents of the present study face very high levels of stigma associated with HIV/AIDS. Most of them face isolation and discrimination at social gatherings by fellow villagers . Some of them have HIV Positive children. They are the worst affected. Fear about death was common among HIV positive women. Overall assessment showed that HIV positive women need strong support from family and society. All the interventions related to HIV positive women need to go hand in hand to promote Hope and Confidence to women to live positively with HIV.

INTRODUCTION

HIV continues to be a major global public health issue. In 2015 an estimated 36.7 million people were living with HIV including 1.8 million children. The vast majority of this number live in low and middle income countries. It has also been reported that 1.1 million people died of AIDS related illness during the same period. (UNAIDS 2016) . The annual death rate has slightly decreased from 1.7 million in 2001 to 1.1 million in 2015. This decrease is due to the Anti-retroviral scale up. It is heartening to note that to end the AIDS epidemic by 2030 UNAIDS started a campaign of 90-90-90-treatment target, whereby 90 percent of people living with HIV know their HIV status, 90 per cent of people who know their HIV positive status are accessing antiretroviral treatment and 90 percent of people on treatment have suppressed viral loads. HIV treatment saves lives and makes the overall AIDS prevalence decreased .Countries that have scaled up HIV treatment the fastest over the past decade have achieved the sharpest reductions in new HIV infections.

In India Global Burden of Disease (GBD-2015) estimates show that 1. 31 lakhs people died due to AIDS in 2015. HIV prevalence in India was estimated at 0.26 per cent in 2015. India was estimated to have around 86000 new HIV infections in 2015, showing a 32 per cent decline from 2007 , the year set a baseline in the National AIDS control programme. (NACP_IV). Among the States /UTS in 20015 with regard to Adult HIV prevalence Andhra Pradesh and Telengana showed 0.66 per cent which is highest among the major states barring North Eastern States. The National average is 0.26 Percent. According to the NACO annual report 2015-16 stated that while considering the total number of people living with HIV (PLHIV) in India is estimated at 21.7 lakhs in 2015 compared with 22.26 lakh in 2007. Among the states undivided Andhra Pradesh and Telangana have the highest estimated number of PLHIV (3.95 lakhs). From the above statistical data it has been found that Andhra Pradesh is one of the states having the highest prevalence of HIV/ AIDs in India.

Women and HIV /AIDS : The epidemic has multiple effects on women including added responsibilities of caring for sick family members. Loss of property if they become widowed and/or infected and even violence when their HIV status is discovered. Baltimore (1997) stated that AIDs is spreading among young, monogamous married women in India who get infected by apparently promiscuous husbands. In India HIV positive women experience a social death as do many people living with HIV, but they still carry the responsibility to care and provide for their family. Most of them are blamed by their parents and in laws for infecting their husbands or for not controlling their partner's sexual appetite. HIV positive women rarely have non-stigmatized access to good quality diagnostic and curative services.

Psychiatric morbidity is yet another important problem associated with HIV Disease since the beginning of AIDS epidemic to date. Anger, suicidal tendency, anxiety and depression, have been commonly reported among seropositive women who are bereaved and whose husbands are also infected (Chandra et al 2003).. Vasundhara Tulasi (2008) in her study on women living with HIV/AIDS in Hyderabad found that HIV positive women with better education and high income and from urban background have more awareness and better coping strategies, and also found that the daily stressors and social problems were significantly less among the women who lives with their spouse.

In the above context the present paper tries to analyze psycho social problems of women living with HIV/AIDS with special reference to stigma and discrimination in Andhra Pradesh.

METHOD AND MATERIALS:

The present paper is based on an empirical study carried out in Prakasam district of Andhra pradesh on Psycho- Social Problems of women living with HIV/AIDS. Prakasam district is one of the districts in Andhra Pradesh having highest prevalence of HIV/AIDS. The present paper analyses Psycho-social problems of women living with HIV/AIDS with special reference to social stigma and associated factors. The study is an exploration of the facts from the HIV affected women. Keeping the objectives of the research in view, the researcher could locate an NGO viz SHADOW located in Prakasam district of Andhra Pradesh, which has been extending service to HIV/AIDS victims focuses on Prevention, Voluntary testing and Counseling , They refer the cases for therapy at Antiretroviral centres attached to the Hospital. Descriptive survey method was used for the study. Data was collected through the oral responses of HIV positive women. Since the investigator planned to study a specific population i.e. HIV Positive women, purposive sampling method were adopted. The sample size consists of 250 HIV positive women attending the ART centre. A semi structured interview schedule was used for data collection. The data was analyzed by using simple statistics. The variables used for the present paper include Anxiety, Depression, Social problems, Social stigma and associated factors. The paper also suggests few strategies to cope up the situation.

Psycho Social Problems

Anxiety: - Anxiety is some feeling that we all experience at different times in our lives. According to the present study to find out the anxiety score the following symptoms were calculated. Shortness of breath, shaking of hands and feet, excessive sweating, difficulty in concentration, feeling of something is going to happen, feeling irritable, feeling restless.

Table;1. Percentage distribution of Respondents According to Anxiety score.

Score Range	Obtained Score	Mean Score	Maximum Score
1-9	79 (31.6%)	13.68	27
12-18	138(55.2%)		
19-27	33(13.2%)		

The maximum score of anxiety was 27 with nine questions on a three pint rating scale. 31.6 percent of respondents scored between 1-9, (low anxiety) followed by 55.2 per cent scored between 12-18 –(moderate anxiety) and 13.2 percent score 19.27 i.e. high anxiety score.

Depression: Depression is another important psychological problem commonly seen among HIV Positive women 20 item were included by adopting CES 'D' scale. In the four points rating scale included the categories of rating on rarely, some of the time, occasionally and most of the time. The mean score of depression in the current study was 19.2. Among the respondents slightly more than half of them have (low level of depression) followed by 42.5 percent scored between 21-40 (Moderate level). Only a negligible 3.6% had high score (41-60) have severe depression.

Table 2: Percentage distribution of respondents according to depression score.

Score Range	Obtained Score	Mean Score	Maximum Score
0-20	136 (54.4%)	19.2	60
21-40	105(42%)		
41.60	9(3.6%)		

Social Problem

The primary problem with HIV/AIDS victims is social stigma. They shy away from others fearing rejection and conceal information about their condition from important persons in their lives. This fear contributes indirectly to social isolation. In the present study one of the widows expressed that when in laws came to know that "I was positive after my husband's death, they sent me out. They blamed that I was responsible for their son's death". They did not allow me to take my properties.

Stigma and Discrimination:

It is well documented that women living with HIV/AIDS experience stigma and discrimination . Stigma also introduces a desire not to know one's own status, thus delaying testing and accessing treatment. At an individual level stigma undermines the person's identity and capacity to cope with the disease. Fear of discrimination limits the possibility of disclosure even to potential important sources of support such as family and friends. Finally, stigma impacts on behavior change as it limits the possibility of using certain safer sexual practices. Stigma and discrimination are cruel social processes that offer some feeling of protection to the powerful, while increasing the load on the individual or group who is victimized in the process.

Violence from Family Members

Table-3:Percentage Distribution of Respondents according to the types of violence from family members

Types of violence	No of Respondents	Percentage
Physical abuse	88	35.26
Verbal abuse	48	19.22
Isolation	75	30.00
Not properly treated	39	15.60
Total	250	100.00

Table-3 clearly shows that the various types of violence from the family members faced by the respondents. 35.26 percent of the respondents felt that they are facing the physical abuse by the family members, 19.22 percent of them said that they face verbal abuse. 30 percent of them had isolation and the remaining of them (15.6 percent) was reported that their family members are not properly treated them.

Types of Discrimination

HIV/AIDS-related stigma can lead to discrimination such as negative treatment and denied opportunities on the basis of the HIV/AIDS status. This discrimination can occur at all levels of a person's daily life, for example, when they wish to travel, use healthcare facilities or seek employment, most of the time the community and society violate, human rights many have been thrown out of jobs and homes, rejected by family and friends, and some have even been killed.

The following table shows the type of discrimination experienced by the respondents from the community/ neighbourhood.

Table-4:Percentage Distribution of Respondents according to the discrimination by Community/neighbourhood.

Kind of Discrimination	No of Respondents	Percentage
Lack of Mutual support	118	47.2
Unacceptable by many people	213	85.2
Family members are afraid	191	76.4
Denied access to treatment and care	112	44.8
Denied a share of household Property	177	70.8
Refused shelter	43	17.2

Multiple responses

Table-4. explains that 47 percent of the respondents said that they did not get mutual support from the family members and community/neighbors. 85 percent of them stated that they are unacceptable by many people in the community, 76 percent of the informants reported that family members are afraid of the community, 44 percent of the subjects stated that they were denied access to treatment and care, 70 percent of them were explained that denied a share of household property, 17 percent of the respondents said that they had the problem of denial of shelter. This shows that most of the respondents felt that they were treated very badly in the family community or neighborhood.

Death of HIV/AIDS Patients

At one time, HIV/AIDS was a quick death sentence. Then there was a time when it was a rapidly progressive chronic disease with various difficult pathways through the end of life. Recently, the course of HIV/AIDS has changed again. With new drug regimens, many people are living for much longer, and how the affected person will die is unclear. It still seems likely that persons with HIV/AIDS will probably die of HIV/AIDS, but often this will happen only after many years of living with the HIV/AIDS infection.

Table-5:Percentage Distribution of Respondents according to Death of HIV/AIDS patients in their family

AIDS death	No of Respondents	Percentage
Yes	27	10.8
No	223	89.2
Total	250	100.00

Table-5, clearly shows that one tenth of the respondents said that HIV/AIDS Death happened in their family especially their spouse death.

Problems faced in Cremating the Body

Discrimination was reported in the community wherever people's HIV status was known. However, differential treatment at the time of death was one of the greatest means of distress for HIV-positive women. The family members are not able to communicate to almost all relatives and closed families and loved ones. The cremations were done immediately after death without following the rituals. All the respondents reported the problem of cremation of the body after death. Majority of them said that cultural and religious rites were not performed. They were not given the opportunity to be with the remains of the dead body for some time after death.

Share of family property after the death of Husband:

The access of own property is one of the biggest difficulties facing by women living with HIV/AIDS. Women living with HIV/AIDS who have been abandoned by their husbands and ostracized from their communities and widows who have lost their husbands to HIV/AIDS-related illnesses are very often denied a rightful share of their husband's property. The community or their in-laws throw them out, leaving them destitute and homeless. Sometimes, the women are sent back to their parents without any asset, making it difficult for their families to support them (Dipika Jain, 2006). Laws and customs prohibit widows from inheriting property. This leads to their being evicted from their property (land home and other

assets) by in-laws, and stripped of their possessions. Evidence shows that women whose partners fall sick and die due to HIV/AIDS-related illnesses suffer discrimination, abandonment, and even violence. In some places, women lose their home, inheritance, possessions, livelihoods and even their children when their husbands die. Due to such insecurity forces many of them to adopt survival strategies that increase their chances of contracting HIV/AIDS. In many families, the women, daughters, wives and daughters-in-law living with HIV-face more discrimination than sons, husbands and sons-in-law (UNAIDS India 2001).

Table-6: Percentage Distribution of Respondents After husband death share in his family property

Share in his family property after husband's death	No of Respondents	Percentage
Yes	6	22.2
No	21	77.77
Total	27	100.00

Table-6: discuss share of family property after the death of husband. Majority of the (77.77%) respondents stated that after husband's death the wife has no right to property, while 22.22 percent of them said that after husband's death the share of property has in their possession.

Strategies :

- Stigma reduction in health facilities, has important implications for improving patient-provider interactions, improving quality of care, and creating a safe and supportive space for clients that can help them deal with, and in some cases, challenge stigma from family and community members. Health personals must take initiatives to remove the stigma through sensitization and awareness programme.
- Provide leadership and self esteem training to assist HIV positive women particularly, those who are young and energetic. This training can make HIV positive women take active part in community development agencies and organization of HIV positive people and provide free reproductive health information and Education.
- Establishing Crisis Counseling Centers for HIV positive women in distress especially widows destitute and deserted ones to deal with stressors of day to day life.
- Mobilize HIV positive women to form self help groups with support from others. The groups should be a vital source of information and ideas for policy makers. Support groups can help infected individuals care and create awareness against misconceptions related to HIV infection.
- Sensitization of Family and Community, each and every family can be integrated in the AIDS intervention programmes to sensitize the family members to take active part in prevention and control of HIV/AIDS in the family and providing care and support to the infected and affected members of the family. The NGO's and mass media can take a leading role to sensitize the family about HIV/AIDS and integration of infected people within the family.

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