

Psychosocial Problems among Human Immunodeficiency Virus-Positive Patients among Hospitals of Bengaluru City: A Comparative Study

E Rajkumar¹, K V Sooraj², B H Sandeep³, C Harish⁴

¹DST-JRF, Department of Psychology, Central University of Karnataka, Gulbarga, Karnataka, India, ²Research Scholar, Department of Social Work, Central University of Karnataka, Gulbarga, Karnataka, India, ³Program Co-coordinator, Bhandavya Foundation, Mandya, Karnataka, India, ⁴School Counselor, Telangana Tribal Welfare Residential Educational Institutions, Telangana, India

ABSTRACT

Introduction: Human immunodeficiency virus (HIV) has become an endemic condition, which affects both, physical health, as well as leads psychological and social problems because of stigma and discrimination. The impact of HIV/acquired immune deficiency syndrome (HIV/AIDS) is not only biological but psychosocial in nature such as anxiety, depression, and social isolation. There are very few studies have been conducted to assess the psychosocial problems between and male and female HIV-positive patients. The present study aims at studying the psychosocial problems between male and female HIV-positive patients.

Research Methods: The study is a cross-sectional study with between group research design. Total 50 participants were selected and divided into 25 males and 25 females' HIV-positive patients. The purposive sampling method is used for select the participants and the tool used for data collection is general health questionnaire consisting of 28 standard questions.

Results: Results of the study indicate that there is no significant difference in the psychosomatic, depression, and social dysfunction domains, in the dimension of anxiety/insomnia more mean difference was found between male and female HIV patients.

Conclusion: It is very important to emphasize on the contributing factors of this problem to formulate the intervention strategies.

Key words: Acquired immune deficiency syndrome, Anxiety, Depression, Human immunodeficiency virus, Insomnia, Isolation

INTRODUCTION

The acquired immune deficiency syndrome (AIDS) is a global deadly disease¹ caused by human immunodeficiency virus (HIV) affecting the lives of 16,000 people including women, babies, and young each day. As per the most recent data from the Joint United Nations Program on HIV/AIDS,² since the beginning of the epidemic, almost 78 million people have been infected with the HIV, and about 39 million people have died of HIV. Globally, 35 million people were living with HIV at the end of 2013, out of which majorly are women counting to 17.6 million while only 2.7 million are affected who are under the age of 15 years.³

It's sexual transmission nature is the strong social stigma related to the disease.⁴ A study conducted by Michaelb⁵

found that out of 192 people living with HIV/AIDS (PLHA) 31% had psychiatric problems while some of them had difficulties with memory or concentration, cognitive impairment on brief assessment. As, social stigma toward AIDS is prevalent in the society, so most of the patients were faced stigmatized attitude from the society which makes the life of PLHA very miserable. Plethora of studies has reported that developing disorders,⁶ such as social adjustment and attention problems,⁷ and depression⁸ are more likely to occur to the children from HIV-affected families.

According to the WHO, approximately 17.6 million women contribute to the total population of PLHA stating biological, sociocultural, and economic among girls to become infected at an earlier age than boys. Supporting that study of women who attend ante-natal clinics reported that many women are

CORRESPONDING AUTHOR:

E Rajkumar,
Department of Psychology, Central University of Karnataka, Gulbarga,
Karnataka - 585 311, India, Phone: +91-7259209285,
E-mail: rajueslavath@gmail.com

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monogamous and have been infected at least by their one partner, usually their husband.⁹ Apart from these, other factors also contribute to the same cause viz. sexual coercion of women, forced sex, atrocities, and physical threats, etc.¹⁰

Negative impact on psychological well-being is found to be highly correlated to living with HIV/AIDS because of which PLHA are more at risk of developing the mental disorder than the general population.¹¹ Studies show that symptoms, such as depression, are estimated to be two to five times higher among persons living with HIV/AIDS compared to those who are HIV negative while anxiety disorders, insomnia,¹⁵ social dysfunctions,¹⁶ and depression are very high among HIV patients.¹² It is also reported that PLHA meet the criteria for generalized anxiety disorder at a rate almost eight times higher than a comparative US sample.

In a stigmatized society, the PLHA are experienced social isolation¹³ which means that PLHA have limited social support networks which are responsible for social stigma leading to social isolation which in turn, harms the self-esteem of the patient.¹⁴

In this study, the researchers are attempting to study the psychosocial problems between men and women with AIDS.

Rationale of the Study

The cultural and social conditions in India are not favorable for the persons who are having AIDS which leads to the attachment of stigma to HIV infection, and patient (man/woman) is reluctant to openly express and about the psychological issues as well as social issues associated due to it. Most of the people are considering this disease as a sin and affected because of lack of sexual morality. Being India a patriarchal society, most probably there must have some variances of issues which both men and women are facing.

Objectives of the Study

The present study aims at studying the psychosocial problems between male and female HIV-positive patients.

RESEARCH METHOD

The study is a cross-sectional study with between group research design. The sample consists of 25 male and 25 female HIV-positive patients. The purposive sampling method is used for selecting the participants from the various hospitals of Bengaluru city. Moreover, the tool used for data collection was general health questionnaire. The self-administered questionnaire is an ideal screening device for identifying non-psychotic and minor psychiatric disorders to help inform further intervention.

General Health Questionnaire is a 28 item scaled questionnaire developed by Goldberg and Hillier in 1978.¹⁵ GHQ-28 has been divided into four subscales. These are somatic symptoms (items 1-7), anxiety/insomnia (items 8-14), social dysfunction (items 15-21), and severe depression (items 22-28).

Reliability and validity: Various studies have investigated reliability and validity of the GHQ-28 in various clinical populations. Test-retest reliability of the tool is (0.78-0.9) Robinson and Price¹⁶ and inter rater and inter rater reliability have both been shown to be excellent (Cronbach's α 0.9-0.95)

Failde and Ramos. High internal consistency has also been reported by Failde and Ramos.¹⁷

Before proceeding to the data collection, the consent of subjects was taken, the rapport was established to make them comfortable. The researcher visited the clinics and introduced himself and explained the purpose of his research to patients. Then researcher circulated the copies of questionnaires to the patient. Subjects were instructed to go through the instructions written in the questionnaires before answering the questions. After data collection, scoring of the responses was done according to the scoring procedure given for each scale.¹⁸

Statistical Analysis

Statistical Package for Social Sciences for Windows version 20.0 (SPSS 20.0) was used to analyze the data. Descriptive statistics, and independent sample t-test was used for analyzing the data.

RESULTS

Table 1 shows demographic details of the HIV-positive patients, from the Table 1 we can see that more patients are between the age group of 30-40 are 45.1%, and more patients are from SSC educational background 70.6%, and the most of the patients are from the rural background 58%.

Table 2 shows the psychosocial problems between male and female HIV patients. No significant differences between males and females were found on analyzing the data for the independent t-test. The domains psychosomatic (male, mean=3.76, standard deviation [SD]=1.26; female, mean=3.76, SD=1.20), depression (male, mean=3.80, SD=1.19; female,

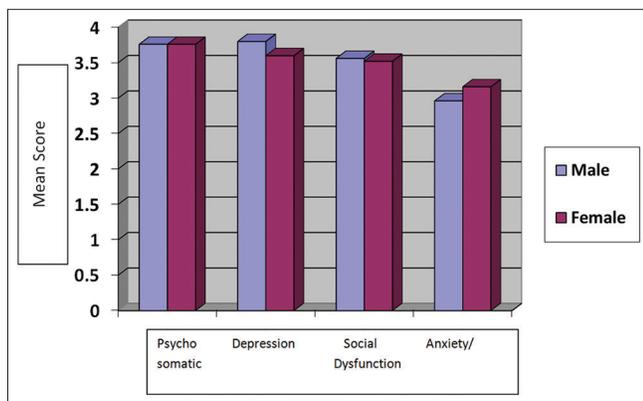
Table 1: Demographic details

Demographic details	Frequency	Percentage
Age		
20-30	20	39.2
30-40	23	45.1
40-50	7	13.7
Educational qualification		
Illiterate	8	15.7
10 th class	36	70.6
Inter	6	11.8
Residence		
Urban	20	39.2
Rural	30	58.2

Table 2: Psychosocial problems among HIV-positive male and female patients

Dimension	Gender				t-test
	Male		Female		
	Mean	SD	Mean	SD	
Psychosomatic	3.76	1.26	3.76	1.20	1.00
Depression	3.80	1.19	3.60	1.08	0.54
Social dysfunction	3.56	1.15	3.52	1.33	0.91
Anxiety/insomnia	2.96	1.20	3.16	1.14	0.55

SD: Standard deviation



Graph 1: Difference in psychosocial domains among male and female HIV patients

mean=3.60, SD=1.08), and social dysfunction (male, mean=3.56, SD= 1.15; female, mean=3.52, SD=1.33) domains are not showing much difference and in the dimension of anxiety/insomnia (male, mean=2.96, SD=1.20; female, mean=3.16, SD=1.14) the mean difference was found between male and female HIV patients.

Graph 1 shows mean scores of male and female HIV patients on the y-axis and psychosocial dimensions (psychosomatic, depression, social dysfunction, and anxiety/insomnia) on the x-axis.

DISCUSSION

The studies conducted by Sewell *et al.* and Chandra *et al.*^{19,20} on the psychosocial problems of HIV patients reported that most of them are facing anxiety, insomnia, social dysfunction, and depression, and these results support present study where males are having more anxiety than female patients. The present study also shows the different psychosocial problems of PLHA. Number of studies have shown that there is a strong stigma remains in the society on this disease. Because of sexually transmitted disease, the patients are considered as sinners or people without sexual morality. So, it is easily getting stigmatized. The studies conducted by UNAIDS,²¹ Erica Lawson *et al.*,²² and Tomaszewski²³ has been reported that in most of the third world countries the PLHA are facing stigmatized attitude from the society.

LIMITATIONS

The present study consists 50 sample size which is small sample size for generalizing the results. So, future research could be on a larger sample. In the present study, we used purposive sampling method which will limit the generalization.

CONCLUSION

From the results, it was found most of the patients are having psychosomatic problems, anxiety, insomnia, depression, and social dysfunction, and mean difference was found between male and female HIV patients. So, it is very important to address these issues. So, future research should focus on interventions that help in overcoming these problems.

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