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Psychosocial Problems and its Impact Faced by the Hiv/Aids Infected Patients.

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Abstract: *The HIV/AIDS infected patients can live healthy lives for longer if proper care and support is provided. Their immune systeem can be strengthened by medical treatment, healthy food, regular exercise and peaceful rest. Emotional support and a positive attitude will help the PLWHAS to avoid mental disorders. The impact is disproportionatly high on those who are socially, sexually economically and psycholically vulnrable. The vulnerability is mostly in low socio economic families. The families and sometimes infected individuals are forced to cope with HIV/AIDS without getting community support. An indivudual who is HIV positive and he or she become ill, the entire families and children bear the burden alone. Children and partners have to deal with the grief of watching a loved one suffer and die. stigma and discrimination thus surroundings HIV/AIDS makes the HIV infected people life more difficult and also for their families. Loneliness, anxiety, stress, mental confusion, depression, menmorty loss can make HIV/AIDS people more Vulnerable to illness if they do not secure any kind of support. Children were ostriched from the community and school, if any one of their parents are infected by HIV/AIDS. Due to disclosure fears and stigma associated with HIV/AIDS many families isolate themselves from their extended family and communites to save themselves and their children from maltreatment. PLWHAS needs a lot of emotional, spiritual, psychological, social, physical, clinical and nursing care, ART drugs to ensure their quality of life.. Thus, they are cutt off from valuable support. Mostly the male infected persons are eligible for secure community home based care then female due to social stigma and therefore the women are denied dignity and self respect. The support groups organized by the welfare organization helped the PLWHAS in some extent to over come the psychological problems. The Government Welfare Schemes is a hardships for the low socio economic section in order to avail benefits. The combat of HIV/AIDs can be eradicate fully from the society by the joint ventures of all sections of people in the world.*
Keywords: *Psychological and social problems, disclosure, care and support.*

I. Introduction

HIV/AIDS is a disaster, which disrupts the family's' equilibrium by placing a dark and frightening cloud over their future. It is one of the most challenging public health problems of our country. The HIV/AIDS infected patients can live healthy lives for longer if proper care and support is provided. Their immune system can be strengthened by medical treatment, healthy food, regular exercise, rest, care and support. The psychological and social squealers of HIV/AIDS infection is divasting to families who are affected. They need a compassionate multifaceted assistance and support which will enable them to find meaning in life, appraising their survival, taping new sources of psychic strength and courage

Estimation:

Globally there are 33.3million people living with HIV and in SEAR (South East Asia Region) about 3.5 million people. India also has the world's third-highest total HIV burden; the prevalence of HIV infection is estimated to be 0.34% of the population, which translates to 2.31 million people living with HIV/AIDS (PLHIV) and Tamil Nadu is among high prevalent states There are an estimated 4.2 million people living with HIV in Asia, 90% of them are in India, China and Thailand. India contributes 49% of it (2.4 million people). The first few cases of HIV in India were detected in 1986 among sex workers in Chennai and the first AIDS case was reported in 1987 in Mumbai. In India, HIV was going along with stigma, discrimination, depression, suicidal tendencies and violence. Right from the beginning of the epidemic, an AIDS task force was established by the Indian Council of Medical Research (ICMR) for screening risk behavior of such groups.

What Is Psycho-Social:

Psycho-Social development is how a person's intelligence emotions and prime of life level develop throughout the course of their lifetime. Different people will develop psychologically at different speeds depending on biological process and environmental interactions.

Why It Is So Important:

HIV/AIDS disease affects all dimensions of an individual's quality of life such as physical, psychological, social and spiritual. Coouselling and family/social support to be able to help people and their carers cope more successfully with each period of the infection and improves quality of life. This support helps PLWHAS are less likely to develop serious mental health problems. HIV Infection often results in loss of socio-economic status, employment, income, housing, health care and mobility, for both individuals who are infected by HIV and their partners and families. Psychosocial support helps to assist people in making informed decision, coping better with illness and dealing more effectively with discrimination. It improves the quality of their lives of HIV infected individuals and prevents further transmission of HIv infection in latter stage. The psychosocial support is also equal importance for people with HIV/AIDS who must adhere ART or T.B treatment, regular on-going counseling in enhancing adherence to treatment regimens

II. Problems Faced By Hiv/Aids Patients

The following are the problems enumerated by the HIV/AIDS infected patients throughout their lives are given below.

1. Acceptance:

The Newly diagnosed HIV/AIDS infected patients may be in a state of shock, disbelief, and be very anxious. They may not be easily accepted this disease which is not a curable one. This leads them to disrupt the patient's usual coping strategies. The patients may also feel guilty about the sadness the illness will cause loved one and families and children. They are easily denial the social responsibilities that go along with being HIV infection.

2. Disclosure:

This is a very difficult area for all infected by HIV/AIDS. They are always needs helps from others in the welfare organization to handling this issue, because the HIV infected individual members needs time to first deal with their own emotions before they tell other people. Due to disclosure fears and stigma associated with HIV/AIDS, many families isolate themselves from their traditional families and communities to save themselves and their children from maltreatment, rejection and prejudice. Thus they are cutoff from the valuable support.

3. Stigma and Discrimination:

Majority of the developing countries in world families are the primary care givers to HIV/AIDS patients. Sometimes, people with HIV/AIDS are abandoned by their families and are forced to live in destitution, resulting in psychological devastation. Inadequate family and community support may lead to poor drug adherence and non-disclosure of their disease status and thus many complications and later death may arise.It is not common for PLWHA to lose employment because employers think that they will not be productive and this makes PLWHA lose their income. Therefore, most of PLWHA fears disclose their status at work and may not want outreach workers who may wish to visit the client to see how they are coping up with their status. This may affect the utilization of ART care services as well as HBC services. It is understood that all family responses are supportive. HIV infected patients of the family can find themselves stigmatized and discriminated against within the home, especially women are badly treated and frequently being blamed by their in-laws and others in the family that the daughter in-laws are the root cause to brought the HIV infection while on the contrary, majority of these women have themselves been infected by their husband. Discrimination is also alarmingly common in the health care sector. Negative attitudes from health care staff have generated anxiety and fear among many people living with HIV/AIDS. As a result, many keep their status secret.

4. Social and Economic:

The main social and economic impacts for people living with HIV are loss of labour or education due to illness and increased expense of healthcare and transport. The compounding of these impacts often leads to increased levels of poverty, food insecurity and nutrition problems.The HIV –specific intervention are aimed at organization, government in an effective way, to alleviate economic problems (support for funerals and burial societies). When people are stabilized on ART and well enough to work, a more long–term plan of attack can be effective through livelihoods interventions such as income generation, access to loans/banks and land, skills training and employment opportunities programmes. In workplace, policies and programmes can ensure appropriate socio-economic support mechanisms for HIV positive staff as well as confront stigma and discrimination. Capacity building and advocacy support can be provided to networks and groups of people surviving with HIV to build their ability to bid for their rights to the comprehensive scope of care and funding services. Non-HIV Interventions are interventions aimed at the general public, by adopting efficient means(social protection) of ensuring both people infected and affected by HIV benefit, such as free or subsidized

healthcare and school fees, child benefit, disability allowance, pensions for HIV persons, Social pension for care givers in the home, adoption services etc. Education about prevention and treatment is another non-specific intervention. Targeted financial and material support to households with child carers, especially young girls, has likewise been very effective to enable them to remain in school. The school system asks to possess the capability to support adherence to treatment and care regimens at the same time as fighting the brand that can impede adherence and access to career. Times of India(June 2007), reported that a slum dweller in uttar Pradesh was forced to help his wife deliver a baby after doctors c refused to attend to his infected pregnant wife.

5. Psychiatric problems:

The risk of committing suicide is significantly high among HIV infected people to lessening the shame and grief of loved one. HIV/AIDs influence the psychological coping not only of the person with the condition but also those close to that individual, following a death from AIDS, family and friends may experience bereavement and loss. Bereavement coping challenges can be difficult for persons who are they HIV positive. HIV/AIDS often can be accompanied by depression, an illness that can affect mind, mood, body and behavior. If left untreated, depression can increase the risk of suicide, deteriorate in relationship among others. Self – esteem is often threatened early in the process of living with HIV rejection by colleagues, acquaintances, and loved ones can quickly lead to loss of confidence and social identity and thus to reduced feelings of self-worth. HIV/AIDS patients usually have auditory hallucinations and are much more common than Visual ones than schizophrenic frequently hearing voices. AIDS dementia is common among HIV infected patients who have lost their memories and unable to recognize others and closed one in surroundings. Selnes, Q.A. (2005) in the study on, Memory loss in persons with HIV/AIDs for the assessment and strategies for coping, stated that although the incidence of HIV-related dementia has decreased significantly in the era of contemporary HAART, the prevalence of memory and cognitive symptoms remains steady in persons with HIV/AIDS. Recognition of which memory symptoms may be specifically related to HIV infection is becoming more and more challenging because of the increased survival and aging of those living with HIV/AIDs disease. Therefore numerous age-related causes of memory impairment may need to be ruled out and thus HAART remains the treatment of choice for HIV – related dementia.

6. Medical Problems:

The organisms those causes the common OIs are present everywhere; and it can be Bacterial, Fungai, Viral, Parasitic, and Cancerous. Early diagnosis and treatment of all OI's is important to maximize the quality and quantity of people's lives. It is very significant important to treat Tuberculosis since this is one of the main causes of death for people with AIDS. If it is untreated, this can easily kill people with weakened immune system. Other OI's like thrush, gastro, and sexually transmitted diseases, also had been equally importance for treatment to improve their quality of life. The home based care should be linked with the DOT programme which supports patients to take their medication. Multidrug-resistant TB is a big threat and any HIV infected individual's stops taking medicine or does not respond to medicine should get physician's advice urgently to keep their immune system healthy. Fever, diaherroea, vomiting, skin rashes, headache, impaired / decreased vision are the common symptoms of HIV patients that they need to undergo CD4 Test if the symptoms are persistence for a period of 3weeks or even in a month, to check their immunity power. Good nutrition is one of the largest part significant ways of strengthening the immune system and can be supplemented with vitamins, where this is affordable. Studies in Eastern Africa have shown that even one dose of multi-vitamin in a day helps to slow down the damage caused by HIV.

7. Antiretroviral Therapy:

The ART Centers are setup based on prevalence of HIV in the District / region, volume of PLHIV detected and capacity of the Institution to deliver ART related services. Till March 2014, there were 425 dully functional Art centers across the country. The establishment of link ART centers is to facilitate the delivery of ART services closed to the beneficiaries, mainly at Integrated Counseling and Testing Centre in the District / sub district levels hospital and linked to a nodal ART center within accessible distance and it helps the patients to reduce the cost of travel and helps to improve their health. There are nearby 25 – 30 % of persons detected HIV positive at ICTC are not linked to care support and treatment services. The linked ART centers helps to bridge the gap between ICTC and CST service and adopt to reduce the traveling hours and cost of PLHIV in accessing nearby ART Center. These patients are followed –up at linked ART center till they become eligible for ART or referred to ART center for other reasons.

Scale up of infrastructure under Care, Support and Treatment Services

Facilities for CST	March 2012	March 2014
ART Centres	355	425
Link ART Centres	685	870
Centres of Excellence	10	10
Paediatric Centres of Excellence	7	7
ART Plus Centres	24	37
Care and Support	0	224

In order to facilitate provision of tertiary level specialized care and treatment, second-line and alternative first line ART, training and monitoring and operational research; 10 centers of excellence have been established in different parts of the country. One amongst is Government Hospital of Thoracic Medicine, Tambaram, Tamil Nadu. Similarly, the one amongst of Pediatric Center of excellence is Institute of Child Health Chennai, Tamil Nadu. In order to provide easy access to second – line ART, the Department of AIDS Control has expanded and upgrading certain ART center as ART plus centers. In all Government Hospitals the First line drugs is provided free of cost to all eligible PLHIV through ART Centers. The assessment for eligibility for ART is done through clinical examination and CD4 count. Treatment for O.I', Counseling on treatment adherences and positive living is also provided through ART centers. Therefore till March 2014, 7.68 Lakh PLHIV was on first line ART. The Second line drugs were done through capacitating and upgrading some well-functioning Art centers. Until March 2014, there are about 8,894 patients were receiving second-line drugs at ART centers. Among children, till March 2014 nearly 1, 06,824 children living with HIV/AIDS were registered in HIV care at ART centers of which 4, 2015 were receiving free ART.

Beneficiaries of Care, Support and Treatment Service till March 2014.

Services / Beneficiaries	Achievement
Adults registered for ART	16,51,924
Adults alive and on ART	26,799
Children registered for ART	1,06,824
Children alive and on ART	4,2015
Opportunistic infections Treated	4,35,808
Person alive and on 2nd line ART	8,894

8. Palliative care:

Palliative Cares emphasize living, individual choice, facilitating people to get the most of each day and upholding a sense of promise. Life-threatening care aims to get better the quality of daily life at the end of life by alleviating symptoms and enabling people to die in peace, with self-esteem and in keeping with their wishes. Emotional and Spiritual Support and Guidance should therefore be usable for the ill individual and family and health care providers. HIV infected people who are dying without a will often deny children restricted to enjoy their parent's property, especially for women, if her husband died their right to inheritance are restricted by other family members in the family and finally she may be thrown out of the home. In countries like India, the cultural practices often refute women and children rights to succession. It is therefore significant to assist the dying individual and family members to adequately set up for bereavement which includes orphan placement and legacy rights. Hence, providing support and counseling is very important for the family unit and members of the CHBC team as they afford care to a person who is dying and to the family following the death.

9. Family support and Disruption:

The Times of India, (2008), reported that a 17-year old fisherman boy after being diagnosed for HIV was tried to be burnt by his own parents. The Sociological families are the central focal point of care and form the basis of the community home based care team, and communities are places where people live and a source of support and care to individuals and families in need. Trustworthy benefit of sick people are surrounded by people they love and are families, so they can also received more stretchy and fostering care, and not be exposed to hospital based infectious disease, because people with terminal illness (AIDS Stage), generally wants to spend their final moments at home, improving quality of their care at home also removes the unnecessary pain, distress and cost of travelling to and from the hospital when they are weakest. The people living with HIV/AIDS can be healthy, strong life, and live perfectly normal lives like others in the community, until they can experience a range of AIDS. The patients, who are experiencing HIV symptoms, will affect their day-to-day activities and for which they will need care and assistance. In India Mostly of the AIDS people needed help with washing, walking and going to the toilet, performing basic household tasks, treatment for ART Drugs, helping with nutrition as the person's diet might be at variance from other members of the household to address,

AIDS people also needs social, psychological and emotional support to enhance the quality of life. However the condition of care falls excessively to women and elder people. Women do not only bear the burden of HIV/AIDS they also bear the burden of HIV care; they have also been caring for their dying husbands, infected children and non-infected children. Similarly, children who are acting as primary care givers are also looking after their dying parents and surviving siblings. In some cases, family members who knew the situation also kept it a secret from other family members. Consequently, family relations changed, causing family members to feel isolated or restricted when they interacted. The impact usually shows in many different aspects such as Economic Hardships, increasing cost of health care and decreasing family income caused by unemployment may even hinder access to basic goods. In addition to this, families living with HIV usually face tremendous social pressure and discrimination. In Nigeria, when one member of the family is being infected by HIV, the whole family will be called an "AIDS family" by other villagers (Alubo et al., 2002). The support provided by families made multiple levels of positive impact on the PLHA. As a result of this, PLWHAS made important decisions such as taking medication regularly, and regular to HIV-training programs. PLWHAS also been regained hopes for future and valued their families more.

III. Rehabilatation Measures In India

The following are the rehabilation measures practiced by the ANGOS/CBOS in order to enhance the quality of life and reduce stigma and discrimination.

1. Hospital based rehabilitation: where the patients were taking care by the health nurses, periodically monitor by Medical Doctor, and the whole home based care team. Counseling has been given by the counselor to come out of the risk behavior and starts healthy practices.
2. Community based rehabilitation: where the HBC team strengthens the local community to provide care and support to the PLWHA in order to reduce the social stigma and discrimination faced by PLWHA.
3. Support Group Meeting, motivates the PLWHA to open their problems and get up to date information and practical solution by the experts in the programme
4. Psychotherapy rehabilitation: where the professional counselor aimed at help the PLWHAS to solve their problems by themselves.
5. Education and training is provided to PLWHA for social integration.
6. Interaction with industry in terms of employee assistance programme which is comprehensive and address situation with utmost confidentiality and strengthen their QOL.
7. Livelihood options: NGOs /CBOS are periodically conducted livelihood training programme for the benefit of PLWHAS family.
8. Vocational Rehabilitation: NGOS/ CBOS are periodically conducted vocational training programme to the Children of PLWHAS who have completed 8^{th} standard and 10^{th} standard and stopped their schooling.
9. Family Centered rehabilitation: where the family is the central focus point to receive the family therapy for understanding the disease and empowered them to support the PLWHAS in all aspect.

Social Work Intervention:

The Medical Social Worker first collects information which includes evaluation of strengths and weaknesses of the patient's current functioning, through a systematic evaluation format. Secondly, understand the patient as a person; assess the interaction with physical, behavioural, environmental, psychological, economic and social factors. Thirdly, common areas should be evaluated by the medical social workers but are not limited to mental health status, pre-existing health or mental health problems, appraisal of the patients needs and membership, social role functioning, environmental issues which includes economic situation, employment status, and other basic needs which is relevant to cultural and religious factors. Finally Medical Social Workers should formulate an intervention plan based on the findings of the patient's assessment. The major role of Social Worker intervention is to provide counseling, which may include long as well as short - term psychotherapy, counseling for couples, family or even group therapy, supportive counseling in order to develop coping skills, and to decrease maladaptive functioning and improve emotional well – being. The social worker is to get proper consent from the patients to discuss the family members and their connected issues (including provide disease education) and afford appropriate HIV/AIDS related services and referrals. Discharge planning plays a significant role of Medical Social Worker in the treatment plan, hence he / she should take part in help out the patient with post treatment services, but not limited to home based care, community referrals, outpatient medical services and provide shelter for hospice, and residential AIDS patients, and do regular follow-up. One of the major interventions is to do systematic documentation, writing precise reports which are specific to patients and to meet organization documentation guidelines.Attending community meetings and work in partnership with other care providers in order to pursue a higher quality of care for people living with HIV. Finally the social workers should be involved in research study.

IV. Conclusion

It is very difficult to assess the accuracy levels of psycho-social problems and its impact among the HIV/AIDS patients. A number of small scale studies have shown that the relationship between increased access to HIV/AIDS treatment and a reduction in psycho-social issues especially social stigma and discrimination is not always clear. In this aspect the Government must motivate the NGOs and CBOs personnel to involve various types of community participation programme until the community gets fully sensitized and accept the HIV infected people as one of the members in the community. In this regard, a sincere, dedicated social workers role is very important to bring dreams of the Government plans and strategies true. Therefore the research study thus concludes the active participation of the community alone alimiroate the evil cause of HIV/AIDS.

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