

Psychosocial Perspective of People Living with HIV/AIDS in India

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One of the most major challenges the healthcare system faces till date is the HIV or Human Immunodeficiency Virus and AIDS or the Acquired Immunodeficiency Syndrome. Being a burden on the population's health, it causes social and economic problems for individuals and their families and communities in many countries (Trapero-Bertran & Oliva-Moreno, 2014). Many of the HIV patients also face social problems such as stigma, poverty, depression and substance abuse that can affect their quality of life (Basavaraj, Navya & Rashmi, 2010). Since the beginning of the HIV epidemic, almost 78 million people are infected with the virus and 39 million people have died because of the epidemic (Herrman, Shekhar & Rob, 2005). At the end of 2014, it is estimated that about 36.9 million people were living with HIV and 1.2 million people have died because of AIDS (Herrman et al., 2005). There is, however, a considerable difficulty in ascertaining the actual number of people who are affected with the virus as the high risk group people are either reluctant to undergo testing or reluctant to disclose their diagnosis. This is because of various factors like societal factors as well as the factors that do not allow for a person to undergo testing (Das & Leibowitz, 2010). The general challenges of the people living with HIV/AIDS are the steadily declining quality of life, fear of death, coping with uncertainty and the additional challenge of facing the stigma attached with the disease and specifically their mental health (Remien & Rabkin, 2001).

The World Health Organization defines mental health as “*a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*” (Herrman et al., 2005). People with good mental health can work productively and fruitfully and adjust to the daily stressors of life and actively participate in the various activities of the society (World Health Organization & Non-communicable Disease and Mental Health Cluster, 2003).

There is a need to look at mental health from a biopsychosocial perspective as well as a political perspective as these various perspectives help in evaluating the various contributing factors of

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mental health in different contexts. With this view, illness behavior and disease are viewed as matter of various factors and not limiting to genetic, psychological, social and ecological (Habib & Rahman, 2010). While the biomedical model views HIV as a chronic infectious disease that effects the immune system of a person, the social perspective views HIV as a social and a biological disorder and the social and political contexts are required to understand and treat the disease (Fee & Krieger, 1993).

PSYCHOLOGICAL FACTORS ASSOCIATED WITH HIV/AIDS

People living with HIV/AIDS suffer from a wide range of mental health issues such as depression, anger, stress, suicidal ideation as well as low self-esteem and adjustment issues (Wu & Li, 2013). This is because knowing that one is tested positive can have a damaging effect on one's mental health. Societal labelling, negative attitudes and misconceptions about the person's status increase the stress level. While talking about HIV, anxiety and depression are found to be common mental health problems. However, other problems like substance use, alcoholism and even PTSD might be present in the people, although there is very less evidence about it (The UK Consortium on AIDS and International Development, 2012). Bipolar disorder, psychosis and schizophrenia may also be present that may have a negative impact on the HIV and can reduce the adherence to medication (The UK Consortium on AIDS and International Development, 2012). The people effected can also feel helpless and hopeless as well as a reduced ability to deal with and adjust to the situation thus reducing their quality of life (Fabinova, 2011). People living with HIV/AIDS have low self-esteem and self-efficacy. This is due to rejection, loss of social identity, and the physical consequences of HIV disease (Eller et al., 2014; Herek, Saha, & Burack, 2013). They also tend to internalize the stigma and discrimination, thus leading to have a negative self-image and tend to blame and question themselves and suffer from guilt (Eller et al., 2014). Denial is another factor associated with HIV/AIDS wherein, the people affected deny the presence of the disease. Denial and other mental health issues lead to people to avoid the treatments and further follow up sessions, hence denying the chance to manage the disease progression and constructive ways of handling the diagnosis of the disease.

SOCIAL FACTORS ASSOCIATED WITH HIV/AIDS

Social perspectives of HIV/AIDS view not just the effected person but also at the social factors that determine the spread and progression of infectious diseases (Poundsyone, Strathdee & Celetano, 2004; Fee & Krieger, 1993). Unlike many illnesses, HIV has a cultural significance that forces its carriers as well as the people in their lives like their family and friends to face and deal with various social issues namely sex, race and gender as well as the exposure to harm (Watkins-Hayes, 2014). The social determinants of health identify a link between the living conditions that has an impact on the health, the social infrastructure and how the society decides to distribute these resources among the people. People with low incomes are more likely to be at risk for HIV, contract it and have a faster progression to AIDS. Poverty acts as a barrier for as there is no proper nutrition, poor housing conditions, inadequate access to medicines and other treatments as well as limited social support. When faced with poverty, the social position of

women is one of the factors that link them to the greater risk of susceptibility to HIV/AIDS. Driven to prostitution, they face sexual violence; trafficking and they do not have the freedom to take decisions related to sexuality and disease prevention such as refusing or using contraceptives (Majumdar & Mazaleni, 2010).

DISCRIMINATION AND STIGMA ASSOCIATED WITH HIV/AIDS

Considered as a taboo till date, the people effected by HIV as well as their families face discrimination and ostracism in the society as well as their family and friends even today (Das & Leibowitz, 2010). These people are often removed from their jobs, are refused medical treatment and are even physically attacked (Fabianova, 2011; Das & Leibowitz, 2010). This discrimination that people face is isolating and hence many people effected by HIV do not disclose their status to anyone including their family members and friends (The UK Consortium on AIDS and International Development, 2012). The stigma and discrimination arise because the society views that people deviate from their own cultural norms, morals and values, thus the discrimination is higher for people who are perceived to be infected by ways that are disapproved by the society at large, that is, through homosexual contact, drug use or having multiple heterosexual partners (Habib & Rahman, 2010).

CONCLUSION

HIV can have an impact on various dimensions of a person's life like physical, psychological and social and can often result in stigma and fear. The diagnosis of being HIV positive is a point that changes a person's life and can induce the feeling of loneliness and being isolated. One of the reasons for the stigma associated with HIV is the lack of awareness about the disease and the spread and progression of the disease. There is a need for the spread of awareness and information about HIV/AIDS to the public in general and educated mass in particular.

There is a need to expand the services, care and treatment of the people with HIV to go beyond the physical aspect by integrating mental health components in education about HIV along with the medical treatment and care that are provided for people with HIV. Mental health professionals can help by counseling and social support by people close to them to cope with the stress and this makes them less likely to develop mental health issues. There is also a need to bring in community level changes to increase the psycho-social well-being of the people living with HIV/AIDS. The community interventions can target not only the affected people but also the caregivers. These can be done by volunteer home-visiting to support the psychological well-being of the people with HIV by providing support services like counseling, HIV education and medial referral. Support should also be given to caregivers to increase their well-being too (Wu & Li, 2013). With the integration of mental health and psychological well-being into the medical aspects of HIV treatment, people can be provided with better services to help manage and take control over their lives and lead a better quality of life.

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