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## A STUDY ON PSYCHO-SOCIAL PROBLEMS OF PEOPLE LIVING WITH HIV / AIDS



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### ABSTRACT

HIV/AIDS disease is one of the most during problems in India. The rate of HIV prevalence is increasing day by day without any solution. Majority of the women who do not have any other risk factors other than being married to their HIV infected husband are the victim of this. An attempt has been made to analyse the present status of persons living with HIV/AIDS problem and possible strategies to sort out the issues, social relationship, support measures, self – esteem and quality of life. The empirical study is executed in Pudukkottai District of Tamil Nadu by adopting systematic random sampling method for identifying the respondents and a well structured interview schedule for collecting data. Most people, particularly in resource-constrained setting die within a few years of the appearance of the first signs of AIDS. It is very essential to provide health education, first aid and counseling services to the high risk groups of sex workers. Condoms should be freely available in the convenient places.

**KEYWORDS :** *HIV / AIDS, Sex Workers, Psycho-Social Problems, Social Relationship, Pudukkottai.*



### INTRODUCTION :

THIV/AIDS is one of the most during problems in India. The rate of HIV prevalence is increasing day by day without any solution. In Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur, Mizoram and Nagaland states HIV prevalence has reached to 1 per cent among the adult population. This international devil has entered every village without any fear. At the same time various programmes have been planned and

implemented as Care and Support programmes for people living with HIV/AIDS. But in reality the achievement is not up to the expected level and not reaching the targeted population.

Catherine Campbell (1977) says that the levels of HIV infection are particularly high amongst migrant workers in sub-Saharan Africa. This paper presents a case study of one such vulnerable group of migrants—underground workers on the South African gold mines—and highlights the psychosocial context of HIV transmission in the mining setting. On the assumption that social identities serve as an important influence on peoples' sexual behaviour, the study examines the way in which miners

construct their social identities within the parameters of their particular living and working conditions. It also identifies some of the key narratives used by miners to make sense of their experience in the realms of health, ill-health, HIV and sexuality. Masculinity emerged as a leading narrative in informants' accounts of their working life, health and sexuality, and the paper examines the way in which the construction of masculine identities renders miners particularly vulnerable to HIV. The implications of these findings for HIV educational interventions are discussed.

Qualitative research indicates that individuals with HIV/AIDS reflect on their spirituality after receiving an HIV diagnosis (Tarakeshwar et al. 2006) and often view their lives and illness from a spiritual perspective (Guillory et al. 1997; Tarakeshwar et al. 2006). In addition, despite less involvement in organized religion, individuals diagnosed with HIV/AIDS incorporate God (Jenkins 1995; Woodward and Sowell 2001) and previous experiences with religiosity and spirituality (Jacobson et al. 2006) into the coping process. They also use religious coping strategies to find meaning in their lives and impending deaths (Corless 2002; Hall 1998).

### OBJECTIVES

- 1.To find out the socio-economic condition of the respondents.
- 2.To identify the physical and psychological problems of the respondents.
- 3.To find out level of awareness on HIV/AIDS among the respondents
- 4.To identify adjustmental problems with their spouses.

### TOOLS OF DATA COLLECTION

The researcher framed a structured interview schedule. Nearly 39 questions have been formulated on various sub-headings like personal data, marriage, socio-economic condition, physical problem, family adjustment the questions were close ended. The researcher also used self-esteem and quality of life inventory to find out their level self-esteem and quality of life.

### Findings with Regard to Socio-Demographic Factors

The findings obtained through the analysis of collected data have been summarized below.

#### PERSONAL DATA

- 1)Majority of the respondents 45% belonged to age group of 31-40 years.
- 2)Majority of the respondent 63% of males affected.
- 3)More than one third of the respondents 37% were belong to Hindus.
- 4)More than one third fourth of the respondents 46% were educated upto elementary school level.
- 5)Vast majority of the respondents 73% percent of belonged to nuclear family.
- 6)Majority of the respondents 59% were married.
- 7)Majority of the respondents were 62% in rural area.

#### Economic Status

- 1)More than one-third of the respondents 41% were getting very low income up to 900.
- 2)Majority of the respondents 88% were getting income from salary.
- 3)More than one-third of the respondents were 46% were unable to give good education to children.

#### Health Aspect

- 1.The majority of the respondent's spouses 70% of were affected by HIV.

- 2.The majority of the respondents 73% affected physical problem.
- 3.A significant vast majority of the respondents 96% had on onset of disease was 6 years.

#### Child Profile

- 1.The majority of the respondents 81% had more than 2 children.
- 2.Majority of the respondents 51% child had affected by HIV.
- 3.Vast majority of the respondents 96% had children below 3 years affected in HIV.
- 4.Majority of the respondents 85% percent children were staying with their parents.
- 5.Majority of the respondents 63% children were found to be school going children.
- 6.More than half of the respondents 52% were getting anxiety at the time of child infection.
- 7.The vast majority of the respondent 96% were worried about their children's future.
- 8.The vast majority of the respondents 96% percent of the affected respondent's family members will take care of their children.

#### Relationship

- 1.Majority 77% of the respondents had good family interpersonal relationship.
- 2.Majority 66% of the respondent's children were not neglected by any one.
- 3.More than half of the respondents 53% had society were good relationship with neighbours.
- 4.Majority 70% of the respondents had close friends.

#### Reason

The majority of infected 82% respondents were giving their opinion about reason for HIV as sexual relationship with more that one partner.

#### Opinion

- 1)Majority of the respondents 65% were familiar with the knowledge about HIV.
- 2)Most of the 43% respondents were getting previous knowledge through awareness programme.
- 3)The majority of the respondents 75% gave the opinion that prevention of HIV is possible only through safe sex.

#### Treatment

The majority 85% of the respondents were undergoing treatment, and the same 85% could witness improvement in health.

#### Institutional Help

- Most half of the respondents 54% help from institution.

#### CONCLUSION

HIV / AIDS are a serious globe health at present. The lack of awareness puts the people in high risk because they are not able to protect themselves as well as they could not able to utilize the services available to them. What we can do is contribute stop HIV/AIDS by making same that we understand the fact about HIV/AIDS and helping others to do the same. World AIDS day is special opportunity every year the focus attention on this urgent problem that affects us all to join forces to meet the youth. HIV is considered as a social problem. It affects the economically active as well as socially active age group. HIV is still not acceptable to the society. If the society knows a particular person is infected, this person

faces discrimination and been isolated from the society. Many times both parents get infected with HIV and die of AIDS, this leads to the children born them with or without HIV becoming orphans. So far, AIDS had made more than 13 million children orphans' worldwide.

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