Chapter - 6

SUMMARY, LIMITATIONS
AND
SUGGESTIONS
6.1 SUMMARY, LIMITATIONS AND SUGGESTIONS:

6.1.1 SUMMARY:

This research investigation was carried out to study the psychological aspects of people living with HIV/AIDS i.e. adjustment after affliction to HIV, psychological distress and self-perception.

Responses from 240 respondents (sero-positive) were taken, out of which 120 respondents were male and 120 respondents were female. These 120 male and female respondents were further subdivided into two age group i.e.: older (above 30 years of age) and younger (16 to 30 years of age). Data was collected from a few North-Eastern states of India.

To obtain the scores of adjustment, Revised Adjustment Inventory (R.A.I.) constructed by Promod Kumar (1985) was used.

Scores of psychological distress were obtained through the Cornell Medical Index (C.M.I.) Health Questionnaire developed by Wig, Pershad and Verma (1983).

To obtain the scores of self-perception, scale developed and designed by K.G. Agrawal (1991) was used.

Data obtained were then subjected to statistical analysis. ANOVA was applied separately for the scores obtained on the three measures.

This was followed by Tukey's test for Honestly Significant Difference (H.S.D.) on all significant interacting effects.
The following are the findings:

**Significant main effects:**

A significant main effect was found for gender, where general adjustment of male (m=18.86) are better than those of female (m=12.56) sero-positive respondents.

When we consider duration after diagnosis, newly diagnosed sero-positive respondents (m= 17.48) are found to be better in general adjustment than those who had been knowing their sero-status for more than one year (m=13.95).

Significant main effects were found for age and gender in relation to psychological distress, which reveals that the older group respondents (m=22.48) are more distressed in comparison to the younger sero-positive respondents (m=18.58). Similarly for gender it was found that females (m=23.95) are more distressed in comparison to male (m=17.11) sero-positive respondents. It is stated in the tool that, the higher the scores more is the distress experienced by the person.

All respondents taken for this study shows average self-perception irrespective of age, gender and duration after being diagnosed as sero-positive.

A significant interaction effect was found for gender and duration after diagnosis in regard to general adjustment where, (F(1,232)=3.97;P<0.01). Following this Tukey's test for Honest Significant Difference (H.S.D.) was carried out which show six significant differences. The differences found in adjustment are, newly diagnosed male respondents (m=21.58) are seen to be better in general adjustment than old diagnosis sero-positive male (m= 16.14).
Old diagnosis sero-positive male respondents (m=16.14) are better in general adjustment than old diagnosis female respondents (m = 11.74).

Old diagnosis sero-positive male respondents (m = 16.14) are also found to be better in general adjustment when compared with new diagnosis female (m = 13.38).

A significant difference between newly diagnosed male respondents (m = 21.58) and old diagnosis female (m = 11.74) is obtained. Where, the former group of respondents is better in adjustment than the latter group.

Newly diagnosed sero-positive male (m = 21.58) are better in general adjustment when compared with those of newly diagnosed female respondents (m = 13.38). The difference here is due to the gender playing a vital role.

Newly diagnosed sero-positive female (m = 13.38) are found to be better in general adjustment when compared with old diagnosis females (m = 11.74). The obtain difference are due to effect of duration of diagnosis of the illness.

Although with limitations, the present study showed a few results consistent with the existing studies on PLWHA done across various countries.

6.1.2 LIMITATIONS AND SUGGESTIONS:

Present study is limited to only three psychological variables i.e.: adjustment, distress and self-perception following affliction with HIV. Therefore, further studies should incorporate various other psychosocial or psychological variables such as geographical mobility, locus of control, extroversion, introversion etc.

Education, ethnicity and socio-economic status could be considered as independent variables for subsequent studies of PLWHA.
In the present study both the gender were incorporated, where females are found to be having difficult time after diagnosis. Therefore, further studies should be done with special reference to female sero-positive persons only.

Another interesting area of study would be the psychological aspect after using HAART as it gives symptomatic relief and helps a person to maintain the QOL to some extent. In this era of HAART also it is a difficult time for PLWHA to live a stress free life and continue adherence to the treatment regimen because of various reasons.

Another consideration probably could be to study why self-perception remains average. Even after being diagnosed as sero-positive irrespective of age, gender, and duration after diagnosis, self-perception is found to be consistent. It is a common assumption that if a person is poor in general adjustment and psychologically distressed, self-perception also probably should be negative which was not found in this work of research, suggests that PLWHA have neither negative nor positive but are maintaining an average level of self-perception.

The findings of this research study suggest that persons who are afflicted by HIV or AIDS suffer from great psychological and psycho-social trauma as by and large it is a known fact that although HIV is treatable, it is nevertheless a progressive incurable disease (Herek, 1999; Stoddard, 1994), the result of which is compromised well being of the people living with the disease and thereby affecting their QOL.

Hence, the group for counseling should be astutely selected and meaningfully addressed. Good psychological management requires that issues
regarding psycho-social trauma be managed with consistency and professionalism.

Successful management and counseling can indeed change behavior, enhance immunity, moderate symptoms and increase longevity in PLWHA thereby minimizing morbidity and reducing occurrence and severity of HIV/AIDS.

Therefore, psychological counseling and care is imperative as the global AIDS pandemic remains one of the greatest challenges of our age and has been called the greatest health crisis in human history.