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APPENDICES
APPENDIX – I:

CASE STUDIES
In this section, the researcher presents a few case studies to highlight the problems of mothers living with HIV/AIDS.

A woman takes up many roles in her family life and her marital status determines her outlook on life. At any given point of time, a woman might be married and living with her spouse or separated from her spouse or may be widowed. Besides, she is not necessarily the primary care-giver as a mother but also a child to somebody. In the light of the above, the researcher puts forth the following four case studies.

- Case study - I presents the case of a married respondent.
- Case study - II presents the case of a separated respondent.
- Case study - III presents the case of a widowed respondent.
- Case study - IV presents the case of a respondent with parental support.
Case Study - I: Respondent as a married person:

➢ Details of the case:

<table>
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<th>Description</th>
<th>Details</th>
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<tr>
<td>Age</td>
<td>32 years</td>
</tr>
<tr>
<td>Educational qualification</td>
<td>Illiterate</td>
</tr>
<tr>
<td>Domicile</td>
<td>Rural</td>
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<td>Marital status</td>
<td>Married</td>
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<tr>
<td>Occupation</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Income of respondent</td>
<td>Nil</td>
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<tr>
<td>Occupation of spouse</td>
<td>Business</td>
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<td>Income of spouse</td>
<td>Rs.1800 per month</td>
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<tr>
<td>Family type</td>
<td>Nuclear</td>
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<tr>
<td>Year of testing for HIV</td>
<td>2001</td>
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<tr>
<td>Reported cause of infection</td>
<td>Through spouse</td>
</tr>
<tr>
<td>Sicknesses</td>
<td>Fever, Mouth &amp; Throat problem, TB</td>
</tr>
<tr>
<td>Support systems</td>
<td>Physical &amp; psychological help from siblings of self</td>
</tr>
<tr>
<td>Number of children</td>
<td>One</td>
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<tr>
<td>HIV status of children</td>
<td>Negative</td>
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<tr>
<td>Other significant details, if any:</td>
<td>Spouse takes care of the respondent</td>
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➢ Facts of the case:

A is a mother aged 32 years. She is illiterate hailing from a rural area near Batlagundu. She is not employed and is supported by her husband. Her husband earns for their livelihood by running a shop. He is more medically stable compared to his wife. The wife is bed-ridden in the hospital. This case is an example for the marital sanctity, wherein the researcher noticed the respondent's husband provide for his wife in all aspects. Because of his moral support, the family is intact. Now their major concern is their 13-year-old daughter. She is very much worried about her daughter. As they frequently get hospitalised, the daughter is forced to stay alone with neighbours who serve as guardians. The mother is affected psychologically as her sicknesses often keeps her away from their daughter. Whenever she speaks about her daughter, she becomes emotionally disturbed.
Case Study - II: Respondent as a separated woman:

➢ Details of the case:

Age : 34 years
Educational qualification : Elementary
Domicile : Rural
Marital status : Separated
Occupation : Employed
Income of respondent : Rs. 1000 per month
Family type : Single-headed
Year of testing for HIV : 2001
Reported cause of infection : Through spouse
Sicknesses : Diarrhoea, Mouth & Throat problems, Hysterical fits
Support systems : Nil
Number of children : 3
HIV status of children : Negative
Other significant details, if any: She is depressed as her husband has deserted her

➢ Facts of the case:

B is aged 34 years and is the mother of three children. Her husband deserted her four years back and is staying illegally with another woman. She had been tested for HIV in the year 2001, and she was asked to undergo the HIV test due to her prolonged illness. Since she does not have any relatives to support her, she left all her children in a hostel and is leading a solitary life, which inflicts more psychological pain on her. She suffers a lot because of the betrayal of her husband. She does not receive any help even from her parents who are alive. She is a typical case who had been abandoned on the basis of HIV / AIDS. She, on her own will, left her children in a hostel as she felt that there is no security for them if they stayed with her. Another reason for the same is that she often gets admitted in the hospital for treatment. She is having two sons and a daughter and all of them are staying in the same hostel. She earns for her living by spinning mats. She hails from a rural area near Neyveli.
Case Study - III: Respondent as a Widowed person:

Details of the case:

Age : 40 years
Educational qualification : Primary
Domicile : Urban
Marital status : Widow
Occupation : Works off and on as a servant maid
Income of the respondent : Fluctuating
Family type : Single-headed
Year of testing for HIV : 1999
Reported cause of infection : Through spouse
Sicknesses : Fever, Diarrhoea, Mouth & Throat problem and genital problems
Support systems : Nil
Number of children : One
HIV status of children : Negative
Other significant details, if any: Spouse died of HIV / AIDS and the only son has been grabbed by the relatives.

Facts of the case:

C is a forty-year old mother who has only one son. Her husband died three years back because of AIDS. Her only son had been grabbed by her husband's relatives as she is HIV infected. Now she lives alone with none to support her. She did not express her protest as her son was robbed away from her as she thought that her son would be in a safe and healthy atmosphere with her relatives. She does not wish to go and see him as it would affect him psychologically. This is a typical case which expresses the mother's sacrifice for the sake of her son. She earns for her livelihood by working as a servant maid in two homes.
Case Study - IV: Respondent as a daughter:

- **Details of the case:**
  - Age: 36 years
  - Educational qualification: Illiterate
  - Domicile: Rural
  - Marital status: Married
  - Occupation: Unemployed
  - Income of the respondent: Nil
  - Family type: Joint
  - Year of testing for HIV: 1992
  - Reported cause of infection: Contracted by sexual promiscuity of self
  - Sicknesses: Fever, Diarrhoea, Mouth & Throat Problem, Skin Problem and Genital Problems
  - Support systems: Spouse, Siblings and parents
  - Number of children: Two
  - HIV status of children: Both children have not been tested
  - Other significant details, if any: The respondent was forced to have sexual relations with the masonry supervisor with the knowledge of her family members so as to get the day's wages for all her family members without any hassle.

- **Facts of the case:**

  D is a mother of two sons. The couple work as construction workers. They hail from a rural village in Dindugal. In this case the husband is healthy. He along with the respondent's mother takes care of the bedridden patient. The mother in spite of her physical ailments (poor eyesight, arthritis etc) takes complete care of her HIV infected daughter. Since the couple is unemployed, they depend on the children's income for their sustenance. The children too work as construction labourers. The patient is completely infected and has entered the final stage - AIDS. The family is stressed and lives in a hope that the symptomatic treatment will bring her back to normalcy.
Discussion:
All the four cases presented above might seem distinct from each other. However, all the cases require interventions which are tailor-made depending on the facts of the case and this can be done only by a social worker. The case studies are presented in order to stress the importance of social workers in hospital settings. The patients are very much ignorant when they enter the hospital and they are overloaded with queries about the disease, stress due to sickness, and a host of other social, economic and psychological problems. Counselling, guidance and referral services can be provided by professional social workers rather than doctors who can give them only medical attention. Because of the flooding of patients, the doctors do not have adequate time to deal with the other problems of the patients apart from the disease.

As stated earlier, the role of a social worker in this setting will vary according to the needs of the case. For example, in Case - I, the social worker can do referral service in order to place the daughter in a reputed organisation wherein she can study and be equipped for the future. In Case - II, the social worker can act as a counsellor, enabling the patient to come out of her psychological distress because 'a sound mind leads to a sound body'. In Case - III, the respondent does not have any place to go after being discharged. Hence, she is reluctant to get discharged and prolongs her stay in the hospital. In such a situation, the role of a social worker is vital wherein she can intervene through family counselling and pave way for the family members to accept the respondent wholeheartedly. Or else, the social worker can rehabilitate her vocationally so that she can provide for herself financially. In the Case - IV, the entire family is facing the trauma of the death of the respondent. Hence crisis intervention has to be rendered to all the family members including the children.

At this juncture it is pertinent to state that the researcher rendered the services of a social worker and appropriately dealt with the problems of the majority of the respondents during the time of data collection.