CHAPTER - VI
DISCUSSION

Introduction

In this chapter, an attempt is made to critically analyze the psychosocial issues related to the PLWHA’s in Bagalkot and Dharwad districts. The critical evaluation of the findings of the present study is made, keeping in mind the objectives of the study and statement of the problem stated in Chapter III. The results of the earlier studies done on this issue are also compared in this section and justification for this study is given.

Further an attempt has been made to trace Social Work perspective with reference to the psychosocial problems faced by the PLWHA’s in our society.

The discussion is done on the following areas:

6.1 Education level of the respondents
6.2 Habits of the respondents
6.3 Mode of HIV transmission
6.4 Treatment facilities
6.5 Occupational and financial problems of the PLWHA
6.6 Psychosocial problems of the PLWHA
6.7 Stigma and Discrimination
6.8 Social Implications
6.9 Health problems and coping mechanisms
6.10 Woman, Marriage and HIV testing
6.11 HIV disclose issues and related problems
6.12 Counselling and Support services
6.13 Positive prevention
6.15. Role of the Spouse and family
6.16. Role of the friends, neighbors and community
6.17. Role of the Professional Social Worker with reference to strengthening of the services for PLWHA in the society.
6.18. The field experiences of the Researcher
6.19. HIV prevalence and Government strategies
6.20. Comparison with the objectives and Hypothesis of the study
6.1. **Education level of the respondents**

Education level of the respondents helps to understand the status and ability to cope with the situation. In this study among the total respondents covered 23.30% were illiterates and 25.80% had studied up to primary education.

6.2. **Habits of the respondents**

HIV/AIDS problem was considered as immoral behaviour in the society, because 85.69% of infections were transmitted through heterosexual relationship. The habit of commercial sex contact was reported in both the study districts. In Dharwad district 56.80% male and Bagalkot district 53.90% male respondents still have the habit of occasional contact with commercial sex workers. Alcohol consumption, Gutuka/Tobacco chewing, Gambling, Homosexual habit and smoking habits also existed among the respondents. None of the earlier studies had covered these issues.

6.3 **Awareness about HIV transmission**

Awareness about transmission of HIV/AIDS is one of the important issues needs to be discussed. This issue is related to the IEC activities in the community. By giving proper education to the general population the infection level can also be reduced. All the efforts are being made for safer sex education; and acceleration of the process is required to reach the unreached population of the society.

6.4 **Treatment facilities**

Timely and sufficient treatment facilities to the PLWHA will help to maintain the good health status. Free ART treatment is available in all the Government district hospitals of Karnataka State. The eligibility for the ART treatment depends on the CD4 count status of the respondents and on the travel expenses of the respondents. Though the virus is not curable the adherence is very much required in this treatment through the life. Majority of the respondents were getting the OIS treatment (38.00%).

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6.5 Occupational and financial problems of the PLWHAs

Since in our society there is stigma attached with the PLWHAs immediately after disclosing the HIV/AIDS status and the reaction of the community changes. The respondents have dependents and have to manage the family. If the occupational problems start it has direct impact on the financial status and health of the respondents. In the study area 33.00 % of the respondents were housewives who had no personal income followed by Business class (18.50%).

After HIV/AIDS infection the financial burden on the respondents increased with them along with the family responsibility. Because they had to bear the expenses for their medical treatment also. This situation needs more financial support to the PLWHAs. To meet out the financial requirements the respondents took various other initiatives such as drawing down savings, reducing household expenses, depending on the family members and selling the assets.

Reet Sonawat (2004) made study on the psychosocial and economic impacts and where he had highlighted on coping of the financial requirements by the PLWHA.
6.6 Psychosocial problems of the PLWHA

The People living with HIV/AIDS undergo various psychosocial problems in day to day life. The major psychosocial problems faced by the PLWHA in the study area were as follows.

a. Loneliness and loss of self esteem

The loneliness and loss of esteem were the major psychosocial problems faced by the respondents followed by the management of sexual desires in combination with the above problems. Among the total respondents 87.87% of respondents were facing loneliness and 53.93% respondents were worried about loss of self esteem in the society.

b. Fear of illness and death

In health related psychosocial problems of the total respondents it was found that maximum number of respondents had the fear of illness and death (75.45%)

c. Worried about lifespan

Among the total respondents 64.84% expressed their worries about their lifespan as far as health related psychosocial problems of the respondents were concerned.

d. Loss of income

When the impact of HIV infection on livelihood related psychosocial problems was concerned maximum number of respondents faced loss of income which was 52.12 per cent.

e. Problem of dependency

The respondents faced the problem of dependence after they contracted with HIV infection which accounted to 46.96% which came next to the loss of income category.
f. Future of the family

In this study considerable amount of respondents faced the psychosocial problems related to the future of the family which was 49.69%, it was almost half of the total respondents’ problem.

g. Future of the spouse and children

When the future of respondent’s spouse and children was concerned maximum number of respondents i.e., 63.93% faced this problem.

h. Loss of prestige in the society

Loss of prestige was the major concern among the respondents which was 79.09% due to stigma and discrimination in the society, which naturally bears impact on family spouse and children that ultimately leads to social isolation.

i. Repayment of debts

Repaying of debts was also one of the livelihood related psychosocial problem of the respondents which accounted to 8.48% that bore considerable amount of negative psychological and physical impact on the respondents.

j. Sadness and anxiety

Emotional reaction like sadness was expressed among 56.60% of the respondents which showed the degree of 75% when the respondent was tested initially, whereas in the present condition that is in one-two years, it was reduced to 54.90% at the degree of 25% in Dharwad district. In Bagalkot district also maximum number of respondents expressed sadness which accounts to 46.20% at the degree of 75% when tested initially and sharp decline in this expression was seen after one to two years of HIV testing which was 59.10% at the degree of 25%.

Similarly anxiety also shows same trend as sadness which accounted to 64.80% at the degree of 50% which declined sharply to
46.70% whose degree of expression was nil after one to two years in Dharwad district. But in Bagalkot district it was 36.50% of the respondents who showed this expression at the degree of 75% and 62.50% showed their expression at the degree of 25% even after they were diagnosed after one to two years.

k. Shock

As far as the expression of shock was concerned 43.40% of them showed this emotion at the degree of 75% when they were tested initially, but after one to two year of testing the degree of emotional expression of the respondents was totally nil which accounted to 72.10% in Dharwad district. Whereas in Bagalkot district 52.90% expressed shock at the degree of 100% whereas it drastically reduced to 67.80% at the degree of 0% after one to two years.

l. Denial

When the emotional reaction of denial was concerned in Dharwad district it can be observed that 43.40% at the degree of 50% showed this expression immediately after HIV test. But after one to two year of their HIV diagnosis the degree of denial expression maximum reduced 54.40% at ‘0’ degree of expression. In Bagalkot district 36.60% of the respondents showed denial expression at the degree of 100% which was reduced to 43.30% at the degree of 50% after one to two years of the HIV testing.

m. Depression and sleeping disturbance

In relation to social problems in Dharwad district the expression of depressed mood was seen to be moderate at 68.00% and was rarely seen which was 66.40% without social problem. Whereas, in Bagalkot district the expression of depressed mood with social problem was seen frequently which was 65.40% and moderately without social problem which accounts to 54.80%.

Moderate expression of sleep disturbance was seen with social problem in Dharwad district which was 54.10% and was rarely seen
without social problem which accounted for 70.50%. Whereas, in Bagalkot district sleep disturbance was frequently seen with social problem which was 53.30% and also frequently without social problem which was 34.60%.

The earlier study on psychosocial problems faced by the PLWHA was conducted by Surg R.Adm.Borcar, JM (2004) and explained that partner, family members and friends of HIV positive individuals may be influenced by psychosocial stresses in dealing with loss, fear of illness and death, helplessness, financial worries and interpersonal stress. This study covered the comprehensive psychosocial problems of the PLWHA compared to the earlier studies. The primary objective of this study was also to study the psychosocial problems of the PLWHA.

6.7 Stigma and Discrimination

Stigma and Discrimination are attached with the HIV/AIDS status in our society. The respondents have faced themselves Stigma and Discrimination along with their family members and spouse. The Stigma and Discrimination also take place at different places both in the family, community working places, Care providers and in other situations also.

6.8 Social Implications

The identification of the PLWHA with HIV/AIDS status has a lot of social implications in our society. The social problems are associated with the emotional responses of the respondents. Once the PLWHAs are found with HIV/AIDS status in the society the people start demoralizing them. This affects the normal life of the PLWHA as well as his/her family and his/her dependents in the society. In the process PLWHA start avoiding mingling with others.

The emotional response of the PLWHA to the social problems are in the form of depression, anger, sleeping disturbance, stress, crying and helplessness. The study also made an effort to know the
emotional response of the PLWHA with social problem and without social problem. This is one of the important component coverages in this study.

_Danziger and Renee (1994), Dr. Amrapali M. Merchant (1998)_ have conducted study on social implications of the status of the PLWHA's in the society and above two studies are not comprehensive because they have not focused on comprehensive psychosocial issues of PLHs.

### 6.9 Health problems and coping mechanisms

HIV/AIDS is a group of disease and most of the respondents are having opportunistic infections. With the OI's how the respondents cope with the situation is an important point to be analyzed. Because with the affect of social and emotional status, the PLWHA have to manage the physical condition of their health. Fear of illness and death was 75.44% among the respondents.

None of the earlier studies have covered this component in their studies according to knowledge of the researcher.

### 6.10 Woman, Marriage and HIV testing

Nearly 21.00% of new HIV infections were reported and a majority of women did not have any other risk factors other than married to their husbands. This means that there was a lot of victimization of the women in our society by the male partners. The HIV/AIDS testing should be mandatory before marriage, by this mere policy majority of the women can be saved from victimization by the men. In this study also 71.00% of the female respondents responded in favor of HIV test before marriage.

After attending ongoing counselling services the awareness level was increased among the respondents on safe sex practices, which was nil before HIV test. The membership to the positive network was more among the female respondents (84.30%) compared to the male (67.60%) respondents.
Sherr et al. (1993) conducted study on women undergoing psychosocial crisis including rapes, suicides, and death experiences. Heather T et al conducted study on psychosocial and spiritual growth on woman living with HIV. Both the studies covered only specific aspects and not the details of the women related to comprehensive aspects.

6.11 HIV disclosure issues and related problems

The disclosure of the HIV/AIDS status at the earliest will help to provide the treatment to the infected person and to avoid infection to the others. In majority cases it was late in diagnosing the infection. Around 38.20% were reported after a month in the study area. In India HIV/AIDS problem is attached with stigma and discrimination and most of the time society think that the PLWHA are immoral or characterless people. Due to loss of support from the family and society the disclosure of HIV/AIDS status does not take place at the earliest.

6.12 Counselling and Support services

Counselling and Support services are important components to the PLWHA. With proper Counselling and Support services the quality of life of the PLWHA will improve. The efforts are being made in the study area to provide services as per the NACO guidelines to the PLWHA. Among the total respondents 80.90% were having ongoing counselling services and 93.30% of the respondents had agreed that after attending the counselling sessions their lifestyle had changed. The respondent’s knowledge on the existing services were improved after attending the counselling sessions.

Sheetal Prasad (1996), TB/HIV coordination activities Training Module (2005) and HIV counselling Training Module for VCTC/PPTCT/ART counsellors had suggested various counselling methods to give psychosocial support to the PLWHA. It is justified that this study had covered the details of the counselling process and
knowledge on availability of the counselling support services and benefit of pre and post test counselling and ART counseling to the respondents in the study districts.

6.13 Positive prevention

Among the preventive measures the positive prevention is one of the important issues which needs to be looked into. For this higher level of awareness is required among the general population. Most of the times the respondents were referred by the Doctors (58.40%) followed by the infection of the Spouse and Children. Among the total respondents majority (87.90%) were tested at the VCTC.

When the respondents came to know about their HIV status, they were shocked and subsequently accepted the fact. The efforts were made in the study area through KSAPS for prevention of the HIV infection. When once the respondents were found with the HIV infection the Condom promotion was initiated to prevent the infection to the partner and safe sex practices.

Before HIV test the awareness level among the respondents was less (6.36%) and after HIV test and counselling sessions the awareness level among the respondents was more (68.18%). Before the HIV status diagnosis the respondents had sex with the partner/spouse and that is why there was less scope for positive prevention.

The Book published by Shilaja Nagendra on AIDS India (2008) in which where an effort was made to cover the status of HIV infection and possible preventive measures. But the coverage was not substantial. Therefore it was justified that the present study was focused on the prevention of HIV infection.

6.14 Network and Peer Group Services available to the PLWHA

The Network and Peer Group Services available to the PLWHA play significant role in the society. The PLWHA started organizing themselves and providing services through the networks which was
one of the positive developments in this sector. Major services taken by the respondents at the positive network were counseling (73.93%), positive living mutual help and health awareness (64.24%), income generation activities (57.87%) and positive living (50.60%).

None of the earlier studies had covered this component in their studies according to knowledge of the researcher.

6.15 Role of the Spouse and family

Role of the family and the spouse is very important to cope with the HIV/AIDS status. With positive cooperation of the spouse and family the PLWHA can have long life with due care and support from the community. The majority of the family members and the spouse accepted the status of the respondents and were supportive to them (36.36%). The positive attitude of the spouse and family members is developing as positive towards PLWHA.

Ankrah, E.Maxine (1993), Bor et al.(1989) and Lauriann Tomaszeski (2001) have made studies on the impact of the HIV/AIDS on the family. The studies had focused on the need of the PLWHA after infection status. This study covered the role of the family and the spouse to cope with the HIV/AIDS status.

6.16 Role of the friends, neighbors and community

Role of the friends, neighbors and community to cope with the HIV/AIDS status plays crucial role in the life of the PLWHA. The cooperation and positive response helps the respondents to lead a confident life. In this study majority of them did not respond (58.20%) to the question of their friends about their HIV/AIDS status. Some of the friends reacted sympathetically and caring manner. Similarly the neighbor’s responses were also not disclosed by the respondents.

The present study is justified because it throws light on the responses of the friends and the neighbors towards HIV/AIDS status of the respondents.

6.17 Role of the Professional Social Worker with reference to the strengthening of the PLWHA's services in the society

The role of the Professional Social Worker in the HIV/AIDS sector is very much visible to strengthen services to the PLWHA. The professional input and networking required in the society. The scope for the functioning to the Professional Social Worker is increasing day by day. Scope is both for professional input and the job opportunities. The specific following roles can be played by the Professional Social Worker in the HIV/AIDS sector.

a. Develop psychosocial intervention modules
b. Develop the network for providing services to the PLWHA
c. Execute the services to the target population
d. Enhance the capacity building of the gross root level workers
e. Strengthen the role of the family and community to cope with the situation by the PLWHA.
f. Coordinate with all the stakeholders to increase the awareness among the general public and to avoid the HIV/AIDS related misconceptions.
g. Promote the home based care services to the PLWHA.
h. Work with the PLWHA caregivers to take precautions and provide proper care to the PLWHA.
i. Conduct research on the need based issues and to throw light on the psychosocial issues.
j. Develop proper documentation reporting strategies while formulating the policies.
k. Develop the strategies for the OVC children and Widows living with HIV/AIDS.
6.18 HIV prevalence and Government strategies

The HIV prevalence and Government strategies are complex situation because the infection level is increasing everyday. Though at the outset it looks like that the Government is planning for mass coverage on this issue, still reaching of the services to the target population is to be questioned. The Centennial survey which is used as basis for calculation of the infected population needs lot of clarity.

As on today Government services are available to the general population who approach the health service department. The coverage of the remaining general population is questionable.

Conclusion

In this chapter the key issues related to study have been discussed at length. An effort was made to compare with the objectives of the study also. In the next chapter main findings of the study and recommendation from the study will be covered.