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CHAPTER – II

REVIEW OF LITERATURE

2.0 Introduction

To understand the coverage of the studies related to reviews of the literature and it has been collected and reviewed in this chapter. The collected reviews have been classified as social, psychological and psychosocial, psychosocial and spiritual, psychosocial aspects in woman, children and HIV AIDS programme.

2.1 HIV/AIDS and general public

Shilaja Nagendra (2008) focused on history of AIDS in India, role of AIDS organization, stigma and discrimination and future prospects of HIV/AIDS in India. The HIV/AIDS issue was seen as “someone else’s problem” in India and PLWHA were considered immoral. Therefore, PLWHAs faced violent attacks, been rejected by spouses, family and community and medical treatment. This book threw light on stigma and discrimination related factors, exploitation details of PLWHA, family, women, employment, treatment and care. Importance of AIDS education based on three main reasons to prevent new infections, to improve standard of life of PLWHA and to reduce stigma and discrimination in family community and health care setup. Different methods to create awareness were discussed in order to protect individuals and other people from this deadly disease called HIV/AIDS.

This book also explored the orphan situations and related psychosocial, economic, health problems and different intervention methods to give support for children.

S.R. Patil (2006) studied the awareness about HIV/AIDS among college students. The objectives of the study were to understand the demographic background of the respondents and to understand the extent to which the respondents had correct information about HIV/AIDS. The primary data was collected from 735 students from three different colleges. The survey method was adopted to conduct this study.
and the exploratory research design was adopted for conducting the study.

The study reveals that the students were not having the right information about nature, causes and distinction between HIV/AIDS. It was clear from the results of the study that the college students lack information on HIV virus, spread of HIV, duration of developing the infection and place of testing. Surprisingly the 40.27% of the respondents felt that the HIV came from Chimpanzee.

The major suggestions of the study were that the status of HIV has to be viewed and treated as any of the chronic, deficiency related conditions. The long term/chronic complication can also be prevented and treated through following medical and counsellors advices. There is need for changing the attitude and perception of the policy makers, administrators, health educators to give new face to the whole issue. Finally the social and moral values, which are decaying in the recent years, particularly in India, have to be reviewed once again.

Gary Remafedi (1994) made a study on the HIV knowledge, beliefs and behaviours among 239 gay and bisexual male adolescents before and after an intervention that involved risk assessment and reduction counseling, pre-education and referrals to needed services. It was learnt that less than 63.00% reported unprotected oral intercourse or injecting drug use and reported unprotected anal intercourse with recent partners. Another group reported less frequent anal intercourse, more consistent use of condoms, and less substance abuse, 25% reported ongoing high risk behaviours. Compliance with HIV risk reduction improved over time. Ongoing risk-taking behaviour may reflect serious psychological problems.

The author concluded on programmes for gay and bisexual youth should focus on preventing unprotected and anal intercourse. Other issues focused in the study were to promote communication with sexual partners, consistent condom use during oral and vaginal sex, low risk
sexual practices, avoidance of substance use in sexual situations and development of appropriate HIV antibody counseling and testing services.

2.2 Studies related to social aspects of the PLWHAs

Danziger, R. (1994) studied on the social impact of HIV/AIDS in developing countries, suggested that economic and demographic; labor productivity; agricultural production and development; pressures on the health sector; the role of families and households; children; women, HIV/AIDS discrimination and the impact of HIV/AIDS on the individual must constitute priority areas for action among international and national policy makers, as well as others concerned with HIV/AIDS. They concluded that the escalating cost of HIV/AIDS in personal, social and economic terms, demands a greater degree of considered, converted and coordinated action by national, international and local agencies.

Latha K.S. and Simi John (2004) made a study to ascertain the socio-demographic characteristics of spouses of HIV/AIDS infected husbands, 30 spouses of HIV/AIDS infected husbands were studied in St. Camillus Rotary Rehabilitation center for HIV/AIDS, Mangalore. In this study 50 percent had a moderate degree of depression, 30 percent suffered from severe degree of depression. The study found poor social network and proposed interventions for the spouses.

Amrapali M. Merchant (1998) studied AIDS – A problem of social behaviour. In this study HIV problem was focused on more as social problem than medical. It was shown that people trying to behave good at family were worst in public life where they did not appear as such was the main reason to spread HIV rapidly in the society. The study suggested the strategy of training functionaries involved in the implementation of the HIV/AIDS programmes to spread awareness in individuals, family, society, government and political leaders to stop HIV.

K. Park's (1995) reported the explanations of the host and social factors in STIs and HIV infections. Prostitution, broken homes, sexual disharmony, easy money, emotional immaturity, urbanization and
industrialization, social disruption, international travel, alcoholism
related social and behavioural factors were involved in spreading of STIs
developing HIV/AIDS. Educations on spreading of diseases, prevention of
blood born HIV transmission special prophylaxes, primary health care
factors were explained to control AIDS

2.3 Studies related to psychological aspects of the PLWHAs

The study was conducted by Amirkhanian et al. (2003) on
psychological needs, mental health and HIV transmission risk behaviour
among people living with HIV/AIDS in St. Petersburg, Russia. It was
shown that most of the infected people had histories of injecting drug use
as well as sexual risk behaviour. It was also shown that large proportion
of the study encountered discrimination including forced to sign
documents acknowledging their HIV status (47.9%), refusal of general
health care (29.6%), being fired from their jobs (9.9%) and being forced
from their family home (9.0%). Over one third had probable clinical
depression. Most remained sexually active since learning from their HIV
positive serostatus, approximately half of them engaged in unprotected
sex with HIV negative partners, and condoms were not used in one third
of the time with discordant partners. A majority of injecting drug users in
the sample still shared needles. Only half of males consistently used
condoms in their intercourse acts with partners of negative or unknown
serostatus. Of great concern was the high proportion of HIV infected drug
users who still frequently shared needles. Ongoing risk reduction
counseling for persons with HIV/AIDS was needed and emphasized the
need to avoid unprotected sex and needle sharing.

Hence it was concluded that the HIV infected persons in Russia
experienced a wide range of social, psychological and care access
problems, it was recommended that improved services were urgently
needed for persons living with HIV/AIDS in Russia. At present, only a
very small number of HIV-infected persons in Russia receive advanced
anti-retrieval therapy regimens.
The prevalence of principal psychiatric and psychological syndromes associated with HIV infection was described by Lucia Gallego et al. (2000) that the HIV infected patients had a high life time rate of psychiatric and psychological disorders, findings regarding current psychiatric diseases in HIV positive and negative groups were varied. Hence it was shown that there was a high risk of psychiatric and psychological disorders among HIV infected individuals. It was suggested that the early diagnosis and treatment could remarkably improve quality of life in this group of patients.

Despite the impressive reduction in morbidity and morality related to HIV infection, and due to the consequent increase in life expectancy gained, important physical, psychological and psychiatric repercussions of this disease were expected to become more relevant. For these reasons, a multidisciplinary approach, with several specialties involved in counselling and treatment, became relevant in HIV/AIDS management.

The study highlighted the mental disorders in HIV infected patients. It was well known that subjects suffering severe organic diseases were burdened by a higher prevalence of mental disorders, which could rise to 30-50%. Most diagnosis were combined affective disorders, mainly with anxiety and depressive symptoms, which were frequently linked to adjustment problems. Few such patients needed prolonged psychopharmacological treatment.

The psychosocial aspects were displayed in the form of poor social support and the use of avoidance or denial as a habitual way of coping were the factors related negatively to disease adaptation, but positively to psychiatric and psychological sequelae were life events in particular adverse ones that could be associated with an increased rate of early HIV disease progression and exposure to grief due to AIDS.

Sheetla Prasad (1997) focused on psychological conditions of AIDS patients on before and after HIV diagnosis on pre and post psyche of AIDS patients’ behaviour. The study was based on observation and analysis with the help of detailed case history. Intention of having sexual
pleasure was the motive before HIV infection, but after diagnosed as of HIV positive they showed disinterest in sexual activities and showed behaviours like hesitation in accepting the disease, guilty feeling, hiding, avoiding medical checkup and social worker assistance, being isolated from the society and family were reported. The cyclothania, dysthemia and adjustment disorders were reported with depression and were more in post psyche period.

The paper suggested type of psychological support and counseling methods used for the well being of these individuals.

**NACO published the Training module for counsellors on TB/HIV coordination activities (2005)** had addressed the importance of psychosocial aspects in HIV and TB. The module suggested giving emotional support to psychosocial feelings like shock, depression, anger, loneliness, fear, physical isolation, hospitalization and financial related issues through counselling.

The module stressed more on support to the psychosocial aspects because, HIV/AIDS is attached to stigma and discrimination, all HIV infected persons were suspected of having multiple sex partners and treated them as to be immoral people. Especially it was more distressing for women who had contracted the infection from the faithful relation with their husband.

The various services which could be offered in AIDS prevention were elaborated in the study. The psychologist could offer their services to the AIDS patients by way of providing suitable guidance and counselling. Creating awareness in the minds of the blood donors and blood receivers. Making of the importance in the use of disposable needle for injection. Providing appropriate sex education for the adolescent students and young adults. Using pornographic material in the teaching to reduce the curiosity of the body organs among adolescents and young adults. Providing satisfactory answer about sex functions and about psychological health to the concerned individuals. Explaining about the consequences of their abnormal functioning of sexual behaviour and
making them to know how harmful the future was going to be for the adolescents and young adults. Educational training for the adjustment with the opposite sex related behavior and teaching moral principles and disseminating right knowledge in sex related behavior.

**HIV counselling training module** (2006) addressed the management of psychological distress in patients with HIV/AIDS issues. To understand the severity of distress evaluated through the use of scales and questionnaire based on depressed mood, crying spell, sleep disturbance, loss of appetite, felling of worthlessness, guilt, felling of hopelessness and helplessness, suicidal ideations etc.

### 2.4 Studies related to psychosocial aspects of the PLWHAs

**Prabha S. Chandra et al.** (1999) studied and reported a draft on psychosocial and sexual adjustment among persons living with HIV/AIDS. A study was conducted at the HIV counselling clinic at NIMHANS, Bangalore to focus on relation between psychosocial and sexual behaviours among HIV positive persons. Maximum 75 percent of the respondents had shown anxiety and depression and this study indicated the importance of psychological functioning in PLWHAs, because by one year 51 percent had found significant psychological morbidity.

Sexual contact was reported high before HIV diagnosis but it was reduced after attending counselling sessions. In this study male respondent showed concerns to protect their partners from HIV and reported lack of sexual satisfaction in using condom.

Compared to gender perspective, anxiety and depression rate was high in women than in men. This study highlighted the importance of both partners’ negotiation in follow-up of safer sex practice.

**Lauriann Tomaszeski** (2001) suggested to use supportive psychotherapy to improve HIV infected person’s quality of life because HIV/AIDS infected persons and their family were forced to cope with multitude of stresses with little support. The goal of this was to provide
an overview of the psychological and social issues, which impacted families that were affected by HIV and AIDS.

The epidemiological issues related HIV/AIDS infection of adolescents and women is increasing, while the rate of vertical transmission of HIV to children has decreased with the use of medication during pregnancy. There are complex psychological and social issues that impact a family's ability to cope with HIV and AIDS infection. Individuals who participated in high risk behavior that lead to HIV infection may experience intense guilt, shame and anger. These emotions may be intensified for women who transmit HIV infection to their children. There are numerous issues that interfere with HIV and AIDS infected individual's ability to comply with complicated medication regimens.

The article recommended offering flexible and effective intervention through professionals to support HIV and AIDS infected individuals. Supportive psychotherapy may be utilized to improve the quality of life, increase compliance with medical care and medication regimens and address mental health disorders. Psychologists and mental health counselors may help to foster a relationship between the medical care providers and the children, adolescents and women who are HIV/AIDS infected to ensure that patients and their families are able to access and comply with appropriate medical care.

Surg R.Adm.Borcar, J.M. (2004) highlighted the importance of psychosocial issues related to people affected by HIV and AIDS.. HIV is not only medical issue but its psychosocial issues are more important. HIV infected person's psychosocial condition depends on reactions from the community, family members, relatives, employee, co-worker, treatment providers and other helping professionals. Therefore PLWHA were required to deal with strong emotional support to deal with these issues.

The paper explained that partner's 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 paper suggested in developing medical cures in the process of preventing and controlling the global HIV epidemic.

Ana-Marie Schweitzer et al. (2007) study on psychosocial aspects of HIV/AIDS in adults had suggested general design of guiding procedures of the multidisciplinary team intervention plans to give psycho-social support for adults. The importance of counselling, education, partial support, assistance, psychotherapy and psychiatric support were addressed. Psychological and social factors, stigma and discrimination and HIV, socio-economic effects of HIV/AIDS, spirituality religion and HIV/AIDS key issues were discussed in detail.

In this study an effort was made to know the impact of the stigma and discrimination on the PLWHAs. Probably the single most important factor in producing and extending the negative psychological effect on HIV and AIDS is stigma. Consequently, actions to reduce or protect against stigma may be the most significant step that can be taken to improve the psychological well being of people with HIV/AIDS. Stigma can be defined as an act of identifying, labeling, or attributing undesirable qualities targeted towards those who are perceived as shamefully different and deviant from the social ideal and as “an attribute that is significantly discrediting used to set the affected persons or groups apart from the normalized social order”.

And also explained the details on psychosocial effects of HIV/AIDS on health care providers suggested support for positive factors in his/her life caring for patients with HIV/AIDS.

Humanitarian practice network (2005) reported the impact of HIV/AIDS on older people in two ways; one was the burden on them as careers and the other was the fear of direct infection risk of HIV on them. The network advised to give support to the older people’s needs like information on HIV/AIDS to protect themselves, emotional support for deal with stigma and discrimination psychosocial coping mechanism to deal with stress, illness and grief etc.
Anita Leal-idrogo et al. (1997) from Sanfrancisco state University prepared training module on psychosocial impact of HIV/AIDS. The module 2 described psychosocial stages of HIV disease at pre HIV testing, post HIV testing, falling CD4 care and severe medical illness/AIDS levels.

The details of information discussed reasons on the emotional responses of loss, grief, anger depression feelings of dependency, hope. Fear and shame may prevent PWHIV from confiding in others and gaining support; they may also be reluctant to seek help from AIDS organizations and rehabilitation system. HIV has been called a disease of losses. Sadness is one outcome of experiencing repeated losses. People with HIV/AIDS may have to grieve the loss of deceased lovers, children and friends while at the same time mourning the loss of their own future. Anger may be directed at several targets simultaneously. The person with HIV disease may blame themselves for getting infected and the resulting physical and mental loss at family not being able to do anything.

They also suggested coping style, self efficiency and self esteem for psychosocial capability.

Naotsugu Hirabayasthi et al. (2002) studied psychosocial factors associated with human immunodeficiency virus infection to identify psychosocial factor, including coping style that were associated with quality of life. Remarkable developments in clinical examinations and antiretroviral agents for human immunodeficiency virus (HIV) disease have made it possible for patients to survive longer than before and have resulted in a need for assessments of health related quality of life. This study was conducted for the 354 HIV positive patients and were sequentially identified at two general hospitals in Tokyo from June 1999 to December 1999 and were encouraged to participate in this study by their physicians. The HIV infected outpatients studied to understand the situation. The findings of the study indicated the emotional controls including lack of fighting spirit against HIV disease.
2.5 Studies related to psychosocial aspects of the WLHAs

*Sherr et al. (1993)* studied the psychological Trauma Associated with AIDS and HIV infection in women which showed that a consistent group with reasonable worries about HIV or unfounded concerns reflecting underlying psychological problems. Their psychological crisis included rapes, suicide attempts and death experiences (of friends and family). Counseling challenges with such women were delineated.

This study focused on the psychological needs of the women patients of the psychology department over the past 12 months. The death experiences were notable including multiple bereavement among the selected patients. A consistent group were seen with worries about HIV either due to sexual contact with a known HIV positive or at risk individual or to unfounded concerns often reflecting underlying psychological problems.

*Luisa Medrano* (2008) reported the study of the psychosocial impact on women and children affected by HIV and AIDS such as depression, anxiety, feelings of vulnerability etc. The infected woman does not rely the seriousness of disease conditions up to presets with opportunistic infections. Therefore paper recommended to assess the medical sickness, psychological support services social service to HIV infected women and need to focus on the dynamic of interpersonal relationship, oppression and violence against women.

The PLWHA women are victimized in the form of violence and oppression. Central to the prevalence of HIV among women and adolescents is the issue of violence against women. Poverty and marginalization increase the danger of women acquiring HIV. Situations of economic dependence can cause women to find themselves in vulnerable situations where they can become victims of domestic violence or sexual abuse if they refuse sexual advances of their partner. Women infected with HIV generally suffer from depression, anxiety and feelings of vulnerability. Self perception can change with regards to physical appearance and self worth. Infected women generally view themselves as
being defective. Anxiety that they experience associated with the lack of control of the indeterminable course of the illness. The anxiety and concern of women centers on their anticipated limited capacity to care for and protect their children and the realization that they may not be a part of their children's future.

The study concludes with the recommendation of women to access to medical services, psychological support services and social services are key to the treatment of women infected with and affected by HIV. To ensure that services are effective, they need programmes centered on women, offering prevention and treatment programs for STI's and HIV/AIDS

### 2.6 Studies related to psychosocial aspects of the CLHA

*Judit Roth et al. (1994)* made a study on the intervention program that was being implemented in an urban community mental health clinic to meet the diverse mental health needs of the children living in the families with AIDS or HIV infection. Since these children experienced numerous separations from parents, changes in the nature and predictability of emotional nurturing, concerns about loss, disruptions in routine and contact with peers and economic hardship. AIDS and HIV infection presented the additional stresses that stem from discrimination, stereotyping and social ostracism. Many such families were disenfranchised, living under the poll of poverty and substance abuse.

The study highlighted the mental health needs of children living with loved ones who have AIDS infection. Preliminary implications of the programme were discussed so as to begin a dialogue with other agencies who were challenged to meet the needs of this heterogeneous population.

*Rameela Shekar* (2004) conducted a study on psychosocial support services to children with HIV in *Children Care Center, Mangalore*. The objective of the study was to understand the psycho-social needs and assess mental health problems in HIV infected children. About 90
percent children showed somatic problems like pains, tiredness, dizziness, and fainting spell and 43.33 per cent children showed sign of learning disorders.

Although Childhood might differ for every human being and numerous interpretations of the concept exist, common to all is a period in the early years of human life marked by rapid growth and development. During the years of physical growth in which a child matures towards adulthood; the child is also developing psychologically and in ways that define intellectual, social and emotional characteristics. The circumstances or conditions in which this growth takes place can limit and enhance development. At this time if they loose their parents due to AIDS, or they are deprived of any social stimuli children become emotionally vulnerable.

The process of developing the mental health disorders among the children can take place due deprivation of certain needs, the same was explored in this study. Similarly the emotional disorders are also found with the children in the form of anxiety disorders, phobic disorders and depressive symptoms. Older HIV infected children are also at risk of depression which manifest as withdrawal and loss of appetite.

Study findings alarmed to psycho-social support for HIV infected children because HIV infected children were at greater risk of developing mental health problems.

The findings of the study have very important implications for professionally trained social workers working with children who had HIV/AIDS. First of all it highlights that most of the children were between 3 years to 8 years of age. This is very important stage of life where the development actually takes place. Most of the children witnessed the death of their parents and also experienced lots of discrimination and pain.

The study concluded with highlights that children with HIV were at a greater risk of developing mental health problems. Their needs were mostly not recognized and not met and this increased the prevalence of
mental problems in them. Thus this calls for an in-depth research study at a larger scale.

*Aidsalliance org. (2003)* defined psychosocial effects of HIV/AIDS as the description of the feelings and reactions experienced by children and young people when they were affected by HIV/AIDS. In children harmful situations created helplessness, uncomfortable and created uncertainty and self doubts, some of these primary stress factor and loss of job, poverty, dropping out from school, stigma and discriminating, separation from brother and sisters were called secondary stress features in children.

### 2.7 Studies related to psychosocial and spiritual aspects of the PLWHAs

The study on Psychological and spiritual growth in woman living with HIV, qualitative study was conducted by *Heather T et al.* (1997). It was found that most of the women living with HIV could describe positive psychological and spiritual growth through five components; reckoning with death, life affirmation, creation of meaning, self affirmation and redefining relationships.

In the study findings it was suggested that many and probably most women living with HIV could describe positive psychological and spiritual growth, consistent with the five themes described in this article. The study explored implication for social work practice and future research.

A clinician who anticipates actual and potential growth in clients will be able to validate such experiences and feelings and devise interventions that encourage further development. Although the longitudinal trajectory of growth seems erratic and at times unpredictable the clinician should include growth related assessment both at the initial interview and periodically through the therapeutic relationship.

*Inez Tack et al.* made pilot study (2001) on spirituality and psychosocial features in persons living with HIV, to examine the relation
among spirituality and psychosocial issues. 52 male adults were used for the study. The study supported the inclusion of spirituality as a variable for consideration when examining the psychosocial factors and quality of life persons living with HIV diseases.

This descriptive correctional study explored the relationships of spirituality and psychological measures. Spirituality was measured in terms of spiritual perspective, wellbeing and health using three tools: the Spiritual perspective scale, the spiritual Well being scale and the Spiritual health inventory.

The findings indicated that the spirituality as measured by the existential well being subscale of the spiritual well being scale was positively related to quality of life, social support, effective coping strategies and negatively related to perceived stress, uncertainty, psychological distress and emotional focused coping. The other spirituality measures had less significant relationships with the psychological measures.

2.8 Studies related to psychosocial and economic impact of HIV/AIDS

Ankrah, E. Maxine (1993) made a study on the impact of HIV/AIDS on the family and other significant relationships where they had shown that how patterns of family treatment and care were deeply embedded in this wider kinship system. The AIDS epidemic had caused adverse psychological and economic consequences that had created changes in family structure and thus disturbed the capacity of the nuclear and extended family with response to the needs of afflicted members. Hence, the clanship system could become the locus of AIDS activity designed to ensure the well being and continuity of the family. New relations based on common emotional bonds of caring beyond kinship ties will be necessary to support some vulnerable members.

Reeta Sonawat studied (2004) HIV/AIDS persons: psycho-social and economic impacts. The study identified various psychosocial
concerns and challenges faced by PLWHA. Non institutions (35) and institutions (45) groups were studied to understand problems at AIDS Research and control center Mumbai. Most of the subject felt sad and depressed (21.00%), helpless (16.00%), anger (12.00%) and samples also reported on committing suicide (11.00%). Among the samples collected 63 percent spent on an average of Rs. 700 and 41 percent spent between 1500 to 3000 per month for medicine conveyance and food. Due to loss of job and loss of income 54 percent took loan from relatives and friends, 20 percent sold their assets to meet the treatment and household expenses. The study indicated that counselling would help to build positive attitude among PLWHAs.

2.9 Studies related to HIV prevalence

In the study conducted by Stowe et al. (1995) in Sydney, Australia on 100 Intravenous Drug Users (IDUs) showed that the majority of them lived with other IDUs, and were satisfied with the support they received from their friends. Friends appeared to be a more important source of social support than biological families, it was also reported that they would be more open about their status with friends than with family, where family was involved in support, it was likely to be provided by mothers and siblings who knew about the drug use there was no relationship between members of supports and satisfaction with support, suggesting that quality and quantity of support were independent.

The study found that, one-sixth (16.7%) were considered to be at low risk of HIV from either needle sharing or sexual transmission as they had either never shared injecting equipment effectively on 100% of the occasions when they shared and were either celibate or half (50.7%) had either unsafe injecting or sexual behavior with the remaining third (32.60%) engaging in both unsafe injecting and sexual practices. The respondents were interviewed with the help of questionnaire.

Bor et al. (1989) studied the impact of HIV/AIDS on the family where he said that ultimately, a problem determined caring system
should emerge that would focus on the relationship problems manifested between people in the system. The study was conducted in 1983 with approximately 400 families affected by AIDS at the Royal Free Hospital in London, England.

Anton M. Somlai et al. (1998) in their article on patterns, predictors and situational contexts of HIV risk behaviors among homeless men and women had shown that, in men high risk patterns were associated with negative attitudes towards condom use, low levels of intentions to use condoms, high perceived self efficacy for avoiding risk.

The main purposes of the study were to examine the behavioral patterns that create HIV risk among inner city homeless men and women and to delineate the nature of psychological, social and situational factors related to levels of HIV risk behavior among this population. It is possible for individuals to be at risk of contracting HIV for a variety of reasons, including having unprotected sex with large numbers of partners, having unprotected sex with an exclusive but high risk partner such as IDU or a partner who engages in outside sexual activities or injecting drugs themselves.

Women at high risk of HIV infection had greater life dissatisfaction, they were less optimistic with fatalistic views about future, negative condom attitudes; they perceived themselves to be at higher risk of getting the infection and frequently used alcohol and Marijuana and crack cocaine. Hence in their paper they recommended that there was an urgent need to implement social service programmes for the homeless people.

This study was conducted in late 1995 at two inner-city shelters that provide services to homeless people in Milwaukee, Wisconsin. The data were collected from men and women 18 years of age or older who were currently receiving services at the two shelters.

The study found the different practices of the sexual behaviours, such as vaginal intercourse (15.80), men having sex with the male
partners and male having sex with female partners. The use of substance during sexual activities was found with the respondents. Homeless men and women differed significantly in their use of substances during the three month period; men had higher levels of alcohol, cocaine and other drugs.

Different patterns of risk behaviours characterized homeless men and women in this sample. Homeless men and women were more likely than women to have multiple sexual partners and to have a greater number of different partners. This finding is consistent with earlier research, which established that women at risk of AIDS were often vulnerable, not because they had large numbers of different partners but because they were in relatively exclusive relationships with a high risk male partner. The finding reflected on that the condom use was lower in relationships in which partners knew one another well.

*The HIV sentinel surveillance 2004, 2005 and 2006* gives details related to monitor the trends of HIV infections in high risk group as well as low risk groups. The annual sentinel surveillance programme started in India during 1995.

To study high risk groups segments of population included client attending STIs clinic, MSM and de-addiction centre selecting for the NACO norms. For low risk segments of the population included mothers attending antenatal clinic.

In 1995 started sentinel surveillance programme with at 55 sentinel sites. This was expanded to 670 sentinel sites in country in 2004.

Based on the sentinel surveillance programme data collected from 2004 to 2006, the state and union territories of India divided into four categories.

**Category A**: More than 1% ANC prevalence in district in any of the sites in the last 3 years.
Category B: Less than 1% ANC prevalence in all sites during last 3 years with less than 5% in all HRG site (STD/FSW/MSM/IDU).

Category C: Less than 1% ANC prevalence in all sites during last 3 years with less than 5% in all HRG sites, with known hot spot (Migrants, truckers, large aggregation of factory workers, tourist etc.).

Category D: Less than 1% ANC prevalence in all sites during last 3 years with less than 5% in all HRG sites with no known hot spots OR no or poor HIV data.

(ANC : Ante-natal Clinic ; HRG ; High Risk Group; STD ; Sexually Transmitted Disease; FSW : Female Sex Worker; MSM : Men who have sex with men; IDU : Injecting Drug User.

Table 2.1. shows A, B, C and D Category districts details based on HIV sentinel surveillance 2004, 2005 and 2006”

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<th>Category B</th>
<th>Category C</th>
<th>Category D</th>
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<th>Category A</th>
<th>Category B</th>
<th>Category C</th>
<th>Category D</th>
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<td>4</td>
<td>9</td>
<td>6</td>
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<td>13.</td>
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<td>1</td>
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<td>14.</td>
<td>Himachal Pradesh</td>
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<td>0</td>
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<tr>
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<td>0</td>
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<td>26</td>
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<td>18.</td>
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<td>12</td>
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<tr>
<td>19.</td>
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<td>1</td>
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<td>3</td>
<td>0</td>
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<tr>
<td>24.</td>
<td>Mizoram</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>5</td>
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</tr>
<tr>
<td>25.</td>
<td>Nagaland</td>
<td>11</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>26.</td>
<td>Orissa</td>
<td>30</td>
<td>4</td>
<td>3</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>27.</td>
<td>Pondicherry</td>
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<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>28.</td>
<td>Punjab</td>
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<td>1</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>29.</td>
<td>Rajasthan</td>
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<td>6</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>30.</td>
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<td>0</td>
<td>3</td>
<td>1</td>
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<td>31.</td>
<td>Tamil nadu</td>
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<td>22</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>32.</td>
<td>Tripura</td>
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<td>1</td>
<td>2</td>
<td>1</td>
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<td>33.</td>
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<td>5</td>
<td>0</td>
<td>63</td>
<td>2</td>
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<tr>
<td>34.</td>
<td>Uttarakhand</td>
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<td>0</td>
<td>0</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>35.</td>
<td>West Bengal</td>
<td>19</td>
<td>4</td>
<td>4</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>609</strong></td>
<td><strong>156</strong></td>
<td><strong>39</strong></td>
<td><strong>296</strong></td>
<td><strong>118</strong></td>
</tr>
</tbody>
</table>
2.10. Studies related to HIV/AIDS Programme

**Voluntary Counselling and Testing Operation Guidelines**
(2004) defined counselling as a confidential dialogue and its aim was to give psychosocial support which was one of the objectives in the HIV/AIDS counselling.

HIV counselling is important to provide psychological, social, physical, spiritual, economic, professional, legal and educational support to PLWHAs and to provide psycho-social support to which is one of important goals of the counselling. To address PLWHA and their families regarding psychological, emotional and spiritual support they established HIV positive peoples' networks and introduced peer counselling services.

The operational guidelines highlighted about strengthening counselling, strategies for coping with immediate stress, possible stigma, psychological and social impacts on PLWA.

**Moyo Sustain et al.** (2004) explored implementing of ART, VCT, PPTCT and OI management, comprehensive community based services to PLWHAs issues in the psychosocial support model for community based ART initiatives; Zimbabwe experience. The paper suggested that high level of ART adherence had been achieved through involvement of PLWHAs as adherence support counselor. The model suggested to give equal importance to psychosocial support as Socio-medical aspects in implementing of ART programmes.

**Karnataka meet the challenge of HIV/AIDS** (March-2002 and December, 2004) mentioned that “in India, 89 percent of HIV reported cases were in sexually active and economically reproductive age group of 18-40 years, around 50% of all new infections reporting among young adults below 25 years. Nearly 21% of new HIV infectious reported a majority of women did not have any other risk factors other than married to their husband”.

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In Karnataka 85.69% route of HIV transmission through heterosexual, other route of transmission through blood and blood products 2.57%, through infected syringes and needles 2.24% perinatal transmission 2.72 and not known 6.78% were reported. The Karnataka State AIDS prevention society was established in the year 1999. The detail of challenges and achievements of Karnataka in National AIDS control programme phase II had discussed with statistical details. The objective and programme components of the India -Canada collaborative HIV/AIDS project (ICHAP) and Karnataka Health Promotion Trust (KHPT) and 14 key action points in the HIV/AIDS management strategy of Karnataka details were included in this book.

**National AIDS Control Programme** (1992-1999) phase I, reported that in India the first AIDS case was detected in May 1986. Since then HIV infection had been reported from all states and union territories. NACO conducted HIV sero-surveillance programme in 1998. In this programme 33.65 lakh persons had been screened for HIV, of which 79.574 had been found sero positive. The HIV sero positively rate worked out to be 23.65 (per thousand).

India launched a national AIDS control programme in 1987 with assistance of World Bank US $84 million and World Health Organization US $1.5 million five year programme during period of the 8th five year plan. The programme was extended upto 31st March 1999.

To create awareness of HIV/AIDS and behaviour change in high risk group following components were included.

1. Strengthening the programme management capacity at National and State levels;
2. Surveillance and clinical management;
3. Ensuring blood safety;
4. Control of sexually transmitted diseases;
5. Public Awareness and community support.
To successful implementation of this programme National AIDS committee, National AIDS board and national AIDS organization were stated in the operation. State AIDS control society was registered under the department of state health and family welfare in 23 states/UN across India.

Sentinel surveillance, blood safety, clinical management of HIV/AIDS, doctor training programmes, STIs programmes, condom promotion, public awareness, community and NGOs support programmes were launched in this period.

**National AIDS control project phase II (1999-2006)** implemented with aims.

- To shift the focus from raising awareness to changing behaviour through interventions, particularly for groups at high risk of contracting and spreading HIV;
- To support decentralization of service delivery to the states and municipalities and a new facilitating role for National AIDS control organization program delivery would be flexible, evidence based, participatory and to rely on local programme implementation plans
- To protect human rights by encouraging voluntary counselling and testing and discouraging mandatory testing
- To support structured and evidence based annual reviews and ongoing operational research
- To encourage management reforms, such as better managed state level AIDS control societies and improved drug and equipment procurement practices. These reforms are proposed with a view to bring about a sense of ‘ownership’ of the programme among the states, municipal corporations, NGOs and other implementing agencies.
Project objectives

Phase II of National AIDS Control Programme has two key objectives

a. To reduce the spread of HIV infection in India; and

b. Strengthen India’s capacity to respond to the HIV/AIDS on a long term basis.

Achievements of NACP-II

<table>
<thead>
<tr>
<th>Activity / component</th>
<th>Achievements of NACP (September 1999)</th>
<th>Achievements of NACP-II (November 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishment of sentinel sites for HIV trends</td>
<td>180</td>
<td>1162</td>
</tr>
<tr>
<td>Modernization of district blood banks</td>
<td>685</td>
<td>883</td>
</tr>
<tr>
<td>Blood component separation units</td>
<td>40</td>
<td>82</td>
</tr>
<tr>
<td>Modernization of major blood banks</td>
<td>235</td>
<td>255</td>
</tr>
<tr>
<td>State of the art blood banks</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Strengthening of STIC clinics</td>
<td>504</td>
<td>845</td>
</tr>
<tr>
<td>Establishment of integrated counseling and testing centres</td>
<td>0</td>
<td>3394</td>
</tr>
<tr>
<td>Awareness in rural areas</td>
<td>Not measured</td>
<td>84.6%</td>
</tr>
<tr>
<td>Coverage of schools and colleges for AIDS awareness</td>
<td></td>
<td>93000 schools</td>
</tr>
<tr>
<td>Coverage of high risk population across the country through targeted intervention projects</td>
<td>300</td>
<td>1209</td>
</tr>
<tr>
<td>Condom use among high-risk groups</td>
<td>Not measured</td>
<td>66%</td>
</tr>
<tr>
<td>Number of condoms distributed</td>
<td></td>
<td>1.6 billions pieces</td>
</tr>
<tr>
<td>Condom vending machines installed through NACO</td>
<td>0</td>
<td>11025</td>
</tr>
<tr>
<td>Community care centres</td>
<td>0</td>
<td>122</td>
</tr>
</tbody>
</table>

3 www.nacoonline.com-NACO website
<table>
<thead>
<tr>
<th>PLWHA Network</th>
<th>0</th>
<th>23 state level and 67 district level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop in centres</td>
<td>0</td>
<td>84</td>
</tr>
<tr>
<td>Anti-retroviral treatment centre</td>
<td>0</td>
<td>101</td>
</tr>
<tr>
<td>No. of patients on ART</td>
<td>0</td>
<td>47693</td>
</tr>
<tr>
<td>Voluntary blood donation</td>
<td>20%</td>
<td>52.4%</td>
</tr>
<tr>
<td>No. of PPTCT centres</td>
<td>0</td>
<td>377</td>
</tr>
<tr>
<td>No. of reported AIDS cases</td>
<td>20925</td>
<td>160112</td>
</tr>
<tr>
<td>No. of HIV high prevalence district</td>
<td>45</td>
<td>113</td>
</tr>
<tr>
<td>No. of high prevalence states</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Knowledge of HIV/AIDS and methods of HIV prevention</td>
<td>50-80% in urban 13-64% in rural</td>
<td>43-83% in urban 24-84% in rural</td>
</tr>
<tr>
<td>Blood collection</td>
<td>2 million units</td>
<td>4.5 million</td>
</tr>
<tr>
<td>Estimated no. of HIV infected people</td>
<td>3.7 million</td>
<td>5.2 million</td>
</tr>
</tbody>
</table>

**National AIDS control programme phase-III** is to halt with the goal of reverse of the epidemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment.

a. Saturation of coverage of high risk groups with targeted interventions (TIs) and

b. Scaled up interventions in the general population.

1. Providing greater care, support and treatment to a larger number of people living with HIV/AIDS.

2. Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the district, state and national levels.

3. Strengthening a nation-wide strategic information management system.
The specific objective of the above strategy is to reduce new infections as estimated in year 1 of the programme by -

- Sixty per cent (60%) in high prevalence states so as to obtain the reversal of the epidemic; and

- Forty per cent (40%) in the vulnerable states so as to stabilize the epidemic.

Guiding principles include the three ones, equity, legal, ethical and human rights, PLWHA and civil society participation.

**Conclusion**

An effort was made to study the relevance of the studies already conducted in this angle. This review has helped to understand the psychosocial aspects of the PLWHA in a different perspective. In the next chapter the various scientific steps required for the study have been covered.