Summary
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HIV (Human Immunodeficiency virus) is the most devastating disease of 21st century; HIV and AIDS appeared in the late 1970s when doctors began to see an increasing numbers of patients with an unusual strain of pneumonia and cancers (WHO, 1996). Initially the virus was called Lymphadenopathy associated virus and it was identified as a pandemic of historic proportions began to unfold. HIV is a retrovirus that primarily infects vital components of the immune system such as CD4+ T cell (a subset of T cells), macro-phages and dendrite cells. It directly and indirectly destroys CD4+ T cells which are required for the proper functioning of the immune system. When HIV kills CD4+ T cells per micro liter (ul) of blood, cellular immunity is lost, leading to the condition known as AIDS, (WHO-1996). Acute HIV infection progresses over time to clinical latent HIV infection and then to early symptomatic HIV infection and later to AIDS, which is identified on the basis of the amount of CD4+T cells in the blood and the presence of certain infection.

Acquired Immune Deficiency Syndrome (AIDS) is a collection of symptoms and infections resulting from the specific damage to the immune system caused by HIV (Marx, 1982). The later stage of the condition leaves individual prone to opportunistic infection and tumors. AIDS was clinically identified in 1983, but medical experts believed that this syndrome existed for many years but it was recognized by cluster of the people infected with what may have been AIDS in a number of places in Southern and Eastern Africa (Marx, 1982). The topic is highly sensitive one because of its highly personalized and stigmatizing nature. As it is a life threatening disease and even the diagnosis of the problem is associated with several psychosocial problems besides the biological consequences. It is the whole family rather the patient who is affected by this. A proper understanding of the problems faced by the patient and their caregivers will help in the treatment and rehabilitation of the patients. Therefore the present study was planned. The problem of study is “IMPACT OF COUNSELLING ON PSYCHOSOCIAL PROBLEMS OF HIV/AIDS PATIENTS AND THEIR CAREGIVERS”.
Objectives

The following were the objectives of the study:

1. To assess and compare depression and suicidal ideation among HIV negative, positive and AIDS cases.
2. To assess and compare depression and suicidal ideation amongst caregivers of HIV negative, HIV positive and AIDS cases.
3. To assess and compare the perceived family burden in HIV negative, HIV positive and AIDS cases.
4. To assess and compare the perceived family burden in the caregivers of HIV negative, HIV positive and AIDS cases.
5. To assess and compare the health and quality of life of HIV negative, HIV positive and AIDS cases.
6. To assess and compare the health and quality of life of caregivers of HIV negative, HIV positive and AIDS cases.
7. To assess and compare the impact of counseling on depression suicidal ideation, family burden, health and quality of life in HIV positive and AIDS cases.
8. To assess and compare the impact of counseling on depression, suicidal ideation, family burden, health and quality of life in caregivers of HIV positive and AIDS cases.

HYPOTHESES

To achieve the objectives of the study the following hypotheses were formulated:

1. HIV negative, positive and AIDS cases would differ in terms of depression and suicidal ideation.
2. Caregivers of HIV negative, positive and AIDS cases would differ in terms of depression and suicidal ideation.
3. HIV negative, positive and AIDS cases would differ in terms of perceived family burden.

4. Caregivers of HIV negative, positive and AIDS cases would differ in terms of perceived family burden.

5. HIV negative, positive and AIDS cases would differ in terms of health and quality of life.

6. Caregivers of HIV negative, positive and AIDS cases would differ in terms of health and quality of life.

7. Counseling would have significant impact on the criterion variables in HIV positive and AIDS cases.

8. Counseling would have significant impact on the criterion variables in caregivers of HIV positive and AIDS cases.

**METHOD**

**DESIGN**

As the study aimed to explore the psychosocial problems in the HIV/AIDS patients and their caregivers and it was also attempted to see the impact of counseling on these variables. The study was conducted in two phases, in the first phase a multi group design was used to examine / assess depression, suicidal ideation, family burden, health and quality of life in HIV negative, HIV positive and AIDS cases and their caregivers. There were three groups of HIV/AIDS patients and three groups of their caregivers. There were 50 participants in each group of patients as well as their caregivers (N=300).

In the second phase of the study HIV positive and AIDS cases (50 in each group) as well as their caregivers (50 in each group) were given counseling every week for three months and were tested again on measures of depression, suicidal ideation, family burden, health and quality of life. Thus it was a pre - post design for the second phase of the study.
SAMPLE

The study was conducted on a sample of 300 participants, out of which 150 (50 in each group) were HIV negative, HIV positive and AIDS cases and 150 caregivers. All the participants were selected from ICTC centers on the basis of non-random purposive sampling basis.

TOOLS USED

The following tools were administered uniformly and individually to each subject by investigator himself.

1. Hamilton Depression Rating Scale (Hamilton, 1967)
2. Suicidal Ideation Questionnaire (Reynolds, 1988)
4. PGI health Questionnaire N-1 (Wig and Verma, 1985)
5. WHO Quality of Life – BREF (WHO, 1999)

PROCEDURE

Each participant was administered measures of depression, suicidal ideation, family burden, health and quality of life, after building rapport. Everyone was briefed about the purpose of the study and informed consent was obtained. Those who volunteered for the study were included for the final testing. The testing was done under uniform and standardized conditions and all the measure were administered individually to each participant by the investigator himself. For the second phase of the study before and after design was used to examine the impact of the counseling on psychosocial problems of HIV/AIDS patients and their caregivers. The baseline scores were taken from the first testing in the first phase and all the subjects in all groups were taken up for the second phase of the study. For this study the counseling module for HIV positive and AIDS cases and for their caregivers was taken as such for the counseling, the counselors
training modules developed by National AIDS Control Organization, Department of AIDS, Ministry of health, Government of India, New Delhi.

The HIV positive, AIDS cases as well as their care givers were given counseling individually by the investigator every week for three month. Every case were called in ICTC Center once a week and it continued for three months, after the completion of three months, measure of depression, suicidal ideation, family burden, health and quality of life were administered again to each subject under uniform testing conditions by the investigator.

STATISTICAL ANALYSIS

The obtained data were analysis by applying ANOVA, t-test besides the measures of central tendency and depression. Post hoc Duncan’s test was used wherever required.

MAIN FINDINGS

The HIV negative, HIV positive and AIDS cases differed significantly in their level of depression and suicidal ideation. The HIV negative cases had significantly less depression and suicidal ideation followed by AIDS cases and HIV positive cases.

The caregivers of HIV negative, HIV positive and AIDS cases also deferred significantly in terms of depression and suicidal ideation. The caregivers of HIV negative cases had significantly lesser depression and suicidal ideation in comparison to HIV positive and AIDS cases.

The HIV negative, HIV positive and AIDS cases as well as their caregivers differed significantly in terms of perceived family burden. The HIV positive and AIDS cases and their caregivers perceived greater level of family burden compared to HIV negative cases and their caregivers.

The HIV negative cases and their caregivers have better health and quality of life as compared to HIV positive and AIDS cases and their caregivers.
Counseling significantly reduced depression, suicidal ideation and perceived family burden. It also had significantly impact in improving the health and quality of life of HIV positive, AIDS cases and their caregivers.