

Research Article**Impact of HIV Positive Status on Psychology and Attitude of HIV Positive Persons: A Cross Sectional Study**Priyanka^{1*}, Tejbir Singh², Shyam Sundar Deepti³¹Senior Resident, Department of Community Medicine, Lady Hardinge Medical College, New Delhi, India²Director Research and Medical Education, Punjab, India³Associate Professor, Department of Community Medicine, Govt. Medical College, Amritsar, Punjab, India***Corresponding author**

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Abstract: AIDS epidemic has spread across all sections of Indian society and has assumed pandemic proportions. The stigma and discrimination associated with the disease have made it more difficult to control its spread by perpetuating the wall of silence and shame surrounding the epidemic. All this may have a negative impact on psychology of people who are newly diagnosed as HIV positive. This research was conducted with the objective to study the impact of HIV positive status on psychology and attitude of HIV positive persons. The study design was cross sectional, carried out at Integrated Counselling and Testing Centre at Govt. Medical College, Amritsar from 1st Jan'09 to 31st Dec'09. ICTC was visited thrice a week and by using purposive sampling all the persons (405) who came to collect their positive reports on these three days of the week, were included in the study after obtaining their written informed consent. Data was analyzed using statistical software Epi Info version 7. Results show that most of the respondents were males, currently married, educated up to middle school level and belonging to lower socio economic status. A maximum number of respondents (62%) felt very sad or depressed after knowing their HIV positive status. 6.7% were not willing to disclose their HIV positive status to anyone while maximum proportion of respondents were ready to disclose it to spouse or other member of family. 42.9% of unmarried respondents did not want to get married and almost three fourth expected cordial relations from society without any discrimination.

Keywords: AIDS, HIV, ICTC, attitude, stigma, discrimination

INTRODUCTION

When AIDS was first recognized, it did not seem to be an unusual challenge. Nobody had ever imagined that it will take such a devastating form in a short span. AIDS is different from other STDs because it has extraordinarily high fatality, taboos associated with it and no cure is available. The social stigma attached to sexually transmitted infections also holds good for HIV/AIDS, even in a much more serious manner [1].

While the intricacies of HIV/AIDS-related stigma have become better understood in recent years, stigma nevertheless remains a pervasive problem and occurs in a variety of contexts, including family, community, workplace, and health care settings [2]. Because of it, people living with HIV are less likely to disclose their positive status and they are afraid of discriminatory behavior from the society. All this may have a negative impact on psychology of people who are newly diagnosed as HIV positive.

Self-stigma and fear of a negative community reaction can hinder efforts to address the AIDS

epidemic by perpetuating the wall of silence and shame surrounding the epidemic [3].

This is an important issue which needs to be addressed and very few studies have been conducted on this aspect in this part of the country. Hence this research was planned and conducted with the objective to study the impact of HIV positive status on psychology and attitude of HIV positive persons.

MATERIAL AND METHODS

The present study was a cross sectional study carried out at Integrated Counselling and Testing Centre (ICTC), Govt. Medical College, Amritsar.

Sampling Methodology

The study was conducted from 1st Jan'09 to 31st Dec'09. ICTC was visited thrice a week on Mondays, Wednesdays and Fridays for this whole year. Convenience sampling was used and the persons, who came to collect their positive reports on these three days of the week, were included in the study. A total of 405 subjects were studied in the whole year.

ICTC was located in the Department of Microbiology, Govt. Medical College, Amritsar. All the persons who came for HIV testing were counselled before taking the sample (pre test counselling). Then HIV testing was done using the kits recommended by NACO. When people came to collect reports, post test counselling was done by the counsellor at ICTC. All the HIV positive persons who came to collect their positive reports on the specified days were interviewed personally by the author. They were informed about the purpose and nature of the study in a language understandable to them and their informed consent to participate in the study was taken. Every effort was made to maintain the confidentiality of the participants.

Study Tool

Subjects were interviewed by using a semi structured and pre tested proforma. Information collected

comprised of socio demographic characteristics of the individuals, their feeling after knowing their HIV positive status, willingness to disclose their HIV positive status, willingness to get married, in case of unmarried individuals and their expectations from society. Modified kuppuswami scale was used to calculate the socio economic status.

The data thus collected was compiled and statistically analyzed by using statistical software Epi Info Version 7. The data for age was distributed into groups according to National Behavioural Surveillance Survey conducted by NACO. Valid conclusions were drawn.

RESULTS

A total of 405 participants were interviewed.

Table 1: Distribution of HIV positive persons according to Socio demographic characteristics

Socio demographic characteristic	N(405)	Percentage
Age		
15-24	48	11.8
25-39	234	57.8
40-49	91	22.5
>49	32	7.9
Sex		
Male	248	61.2
Female	157	38.8
Marital Status		
Unmarried	42	10.4
Currently Married	298	73.6
Widow/Widower	60	14.8
Divorced	5	1.2
Socio economic status*		
Upper middle	28	6.9%
Lower middle	107	26.4%
Upper lower	260	64.2%
Lower lower	10	2.5%

*Modified kuppuswami scale

Table 1 shows that a majority 234 (57.8%) of the HIV positive persons were in the age group of 25-39 years, while 91(22.5%) were in the age group of 40-49 years, 48(11.8%) in 15-24 years and 32(7.9%) above 49 years of age.

Most of the respondents (61.2%) were males. Majority of them (73.6%) were currently married while

14.8% were widows or widowers and 10.4% were unmarried. Most of them belonged to upper lower socio economic status (64.2%) according to modified kuppuswami socio economic scale while only 6.9% belonged to upper middle class. None of the respondents was from upper class.

Table 2: Distribution of HIV positive persons according to their feeling after knowing their HIV positive status*

Feeling	N(405)	Percentage(%)
Depressed/very sad	251	62.0
Feeling bad	173	42.7
Surprised	58	14.3
Angry	23	5.7
Anxious	13	3.2

*Multiple options were allowed

Table 2 shows that 251 (62%) of respondents felt depressed or very sad after knowing their HIV positive

status, 173 (42.7%) felt bad, 58 (14.3%) felt surprised, 23 (5.7%) felt angry and 13 (3.2%) felt anxious.

Table 3: Distribution of HIV positive persons according to person they would like to disclose their HIV positive status*

Person	N (405)	Percentage
Spouse	283	69.9%
Other family member	264	65.2%
Friend	33	8.1%
Relative	30	7.4%
Not disclose	27	6.7%

*multiple options were allowed

Table 3 shows that 27 (6.7%) respondents were not willing to disclose their HIV positive status to anyone while 283 (69.9%) respondents said, they would

disclose their HIV positive status to their spouse, 264 (65.2%) to other family member, 33 (8.1%) to friend and 30 (7.4%) to relatives.

Table 4: Distribution of unmarried HIV positive persons according to person they would like to marry

Person to marry	N (42)	Percentage
HIV positive	6	14.3%
HIV negative	4	9.5%
Anyone	14	33.3%
Will not marry	18	42.9%
Total	42	100.0%

Table 4 shows that out of 42 unmarried respondents, 18 (42.9%) said that they would not like to get married, while 14 (33.3%) said they will marry anyone irrespective of his/her HIV positive status, 6 (14.3%) wanted to marry HIV positive person and 4 (9.5%)

wanted to marry HIV negative person. Out of 24 unmarried respondents who wanted to get married, 23 (95.8%) were willing to disclose their HIV positive status to the person they will marry while only 1 (4.2%) respondent was not willing to do so.

Table 5: Distribution of HIV positive persons according to their expectation from society

Expectation from society	N (405)	Percentage
Cordial relations without discrimination	306	75.6%
Financial support	28	6.9%
No expectation	71	17.5%
Total	405	100.0%

Table 5 shows that most of respondents (75.6%) expected cordial relations without any kind of discrimination from the society, 6.9% expected financial support while 17.5% were not having any expectation from the society. This shows that they are more concerned about the wide spread stigma and discrimination prevalent in the society.

DISCUSSION

This study shows that highest proportion of HIV positive persons belong to 25 to 39 year age group which is the most productive age group. According to NFHS- III, the prevalence of HIV infection is highest (1.26%) in 25-39 year age group while it is 0.63% in 40-49 years age group and 0.22% in 15-24 years age group [2]. Our findings are thus consistent with NFHS-III. Similar findings have been found in other studies as well. MS Zaheer, in his study in Aligarh, found that

68.7% of the patients belonged to the age group of 20-39 years [4].

Males constituted a higher proportion (61.2%) among the study participants which is consistent with findings reported by others. According to NFHS- III, the prevalence of HIV infection in 15-49 year age group is higher (0.36) in males than in females (0.22). The female to male infection ratio is 0.61 [2]. In this study, this ratio came out to be 0.63. Similarly, in another study by Kumar A on the profile of clients attending VCTC in Karnataka, it was found that male population constituted 64.7% of the total study subjects [5]. MS Zaheer has reported a male to female ratio of 2.4:1 in Aligarh [4], which was found to be 2.3:1 in a study on HIV positive patients in Trivandrum by SP Nair [6].

Almost three fourth (73.6%) respondents were currently married, 10.4% were unmarried and 14.8% were widowed. Among the widowed persons, 96.6% were females. Kumar found that in VCTC of a district hospital, 78.4 % of the clients were married and 21.6 % were unmarried. 11.1% males and 44.4% females were widowed, divorced or separated [5]. Similar results have been found by MS Zaheer et al that 77.1% were married [4]. Annil Mahajan et al, in their study in VCTC at Jammu, observed that 13% respondents were widows or widowers [7]. A high proportion of HIV positive widows found in the study might be the widows of HIV positive persons who died due to AIDS.

Almost two-third respondents were from lower socio economic class according to modified kuppaswami scale. The reason may be that this study was conducted in a Govt. health facility and Govt. health facilities are utilized more commonly by people from lower socio economic status.

Knowing their HIV positive status had a major impact on the respondents. A large proportion of respondents felt depressed or very sad after knowing their HIV positive status, 14.3% were surprised and a small proportion felt either angry or anxious.

In a study conducted in six high prevalence states of Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur and Nagaland, it was found that almost 70% respondents were shocked, about 20% felt embarrassed and about one third couldn't believe that they are HIV positive when they came to know about it [8].

Disclosing one's HIV positive status is not easy, it is an intensely personal information and its disclosure may lead to both positive and negative results [9]. It is often associated with a fear of facing stigma and discrimination from others. A study on People Living with HIV/AIDS shows that 37% respondents reported loneliness and 27% reported depression as a result of their HIV positive status [10]. Our study shows that a majority of people were willing to disclose their HIV positive status. In a study conducted by Basanta K. Pradhan and Ramamani Sundar in six high prevalence states of India, about one fourth of respondents did not disclose their HIV positive status to anyone in the community [8].

The proportion of people willing to disclose their HIV positive status is quite large in the present study. Only 6.7% respondents were not willing to disclose their status, this proportion was found to be 11.6% in another study [11]. The reason might be that stigma and discrimination associated with the disease are decreasing and also because of availability of treatment, people are now more likely to disclose their HIV positive status which is a positive sign. Majority of respondents were willing to disclose their status to spouse (70%) or other family member (65.5%). This shows that family is perceived to be most helpful in

dealing with any kind of crisis in life. Other authors have reported that two third of HIV positive persons disclosed their status to spouse and only 16.8% to relatives [11].

A study in Ethiopia also reveals that 94.5% participants disclosed their HIV positive status to atleast one person [12] while 96% rate of disclosure has been found in another global study [10]. A qualitative research done in South Africa had shown that the participants first disclosed their status to a trusted family member [13].

More than 50% HIV positive unmarried respondents were willing to get married while almost 43% were not. Thus, many persons didn't want to get married because they might be in a depressed state after knowing their HIV positive status.

Out of 24 unmarried respondents who wanted to get married, 23 (95.8%) were willing to disclose their HIV positive status to the person they will marry while only 1 (4.2%) respondent was not willing to do so. In a study in India, almost 7% of respondents had not informed their spouses about their HIV positive status [8].

Almost three fourth of respondents expected cordial relations without any kind of discrimination from the society, financial support was expected by a small proportion while almost two fifth did not have any expectation. This shows that they were more concerned about the wide spread stigma and discrimination prevalent in the society.

CONCLUSION

We conclude that knowing one's HIV positive status has a major psychological impact on patient's mind. However, people are now becoming more open to accept their HIV positive status and reveal it to others. Spouse and family members are the most trusted ones to reveal this. Non discriminatory behavior from others is the most common expectation in HIV positive persons' minds.

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