

# A STUDY ON SOCIO-ECONOMIC CONDITIONS OF PEOPLE LIVING WITH HIV/AIDS

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**Abstract:** *The study attempts to understand affects of HIV/AIDS on the socio-economic conditions of people living with HIV/AIDS infection. The study throws a light on the impact of HIV/AIDS on people living with it in a multiple way. The researcher has used interview schedule to meet the set objectives. The result found that, 93.75% of respondents are living with Family even though they have HIV/AIDS. The study reveals that, 92.5% of the respondents disclosed their HIV/AIDS status to their own family. People living with HIV/AIDS face challenges even at their family level, such as stigma and discrimination from other family members. The family members and society get scared that they will get infected with HIV/AIDS from people who are suffering from it. So the present study discusses about all those issues with major suggestions.*

**Key words:** HIV/AIDS,INFECTION,PEOPLE,DISEASE

## 1. INTRODUCTION

AIDS (Acquired Immune – Deficiency Syndrome) is a disease which is caused by a virus called Human Immune deficiency Virus or HIV. This virus is fatal and dangerous because it destroys the immune system (the capital of the body to fight against diseases) in the human body and remains in the body for years together without any visible symptoms. This virus is smaller than even bacteria and is not observable even with the microscope. The virus can be transmitted to other person in number of ways. AIDS is the last stage of infection in the virus. It takes about eight or ten years between getting infected with HIV and developing AIDS.

HIV is currently spreading in the world at the rate of one new infection every fifty seconds. The HIV/AIDS is not confined to any one class, community, religion, age-group, sex or profession though according to the India Health Organization (IHO), women and children are believed to be more prone to AIDS (**The Hindustan Time, April 7, 1995**).

Sexual relationship can be source of pleasure and reproduction as well as risk to health in all societies. The risk could be viewed in the term of HIV/AIDS infection.

HIV weakens the human immune system and makes people vulnerable to infection and illness. Many opportunistic infection malignancies are the major clinical manifestations of HIV infection (**Chaisson, et al, 1998**).

HIV transmits by donating infected person's blood. There are estimated to be 1,020 blood banks in our country which supply about 20 lakhs bottles of blood every year. Half of these blood banks are government banks and the remaining half is unlicensed. There are some professional blood donors also whose blood sometimes contains HIV. When their blood is transmitted to patients without proper testing, the HIV is transmitted. The pathological laboratories too similarly transmit the HIV when they supply blood without scientific testing.

Pregnant women who have positive HIV transmit the virus to new born children and use of blade for shaving, particularly the one used to the barbers, is also a risk factor in spreading the HIV.

HIV infection is not contagious in the same sense as measles, chicken-pox, tuberculosis, cholera, plague or small pox. It mainly spreads through a sexual route and blood to blood contact. It may be said that HIV spreads mainly through four sources of sex with an infected partner heterosexual as well as homosexual, transfusion of blood and blood products infected with HIV, injecting drugs with infected syringes and needles, and through infected mother to her unborn child.

To reduce the risk of HIV infection, use condoms correctly every time you have sex, limit your number of sexual partners, and never share injection drug equipment. Also talk to your health care provider about pre-exposure prophylaxis (PrEP). PrEP is an HIV prevention option for people who don't have HIV but who are at high risk of becoming infected with HIV. PrEP involves taking a specific HIV medicine every day.

### What are the symptoms of HIV/AIDS?

Within 2 to 4 weeks after infection with HIV, some people may have flu-like symptoms, such as fever, chills, or rash. The symptoms may last for a few days to several weeks.

After this earliest stage of HIV infection, HIV continues to multiply but at very low levels. More severe symptoms of HIV infection, such as signs of opportunistic infections, generally don't appear for many years. (Opportunistic infections are infections and infection-related cancers that occur more frequently or are more severe in people with weakened immune systems than in people with healthy immune systems.)

Without treatment with HIV medicines, HIV infection usually advances to AIDS in 10 years or longer, though it may advance faster in some people.

**HIV transmission is possible at any stage of HIV infection—even if a person with HIV has no symptoms of HIV.**

Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection. People on ART take a combination of HIV medicines (called an **HIV regimen**) every day. (HIV medicines are often called antiretroviral or ARVs.)

ART is recommended for everyone who has HIV. ART prevents HIV from multiplying and reduces the amount of HIV in the body (also called the **viral load**). Having less HIV in the body protects the immune system and prevents HIV infection from advancing to AIDS. ART can't cure HIV, but HIV medicines help people with HIV live longer, healthier lives.

Symptoms such as fever, weakness, and weight loss may be a sign that a person's HIV has advanced to AIDS. However, a diagnosis of AIDS is based on the following criteria:

A drop in CD4 count to less than 200 cells/mm<sup>3</sup>. A CD4 count measures the number of CD4 cells in a sample of blood.

**OR**

The presence of certain opportunistic infections.

Although an AIDS diagnosis indicates severe damage to the immune system, HIV medicines can still help people at this stage of HIV infection.

### **ORIGIN OF THE PANDEMIC**

**Renee Sabatier (1988)** has pointed out three explanations of the origin of HIV virus: one, it originated from an old human disease unknown to science for the long time. Two, it has originated from species other than human-being, like apes, monkeys who suffered from natural virus. Three, it accidentally originated in laboratories while conducting experiments. Of these three explanations, the first one is more acceptable to the scholars.

### **WORLD HEALTH ORGANIZATION (WHO) DISEASE STAGING SYSTEM**

In 1990, the World Health Organization (WHO) grouped these infections and conditions together by introducing a staging system for patients infected with HIV-1 an update took place in September 2005. Most of this condition is opportunistic infection that is easily treatable in healthy people.

Stage I: HIV infection is asymptomatic and not categorized as HIV

Stage II: Includes minor mucocutaneous manifestations and recurrent upper respiratory tract infection.

Stage III: Includes unexplained chronic diarrhea for longer than a month, severe bacterial infections and pulmonary tuberculosis.

Stage IV: Includes toxoplasmosis of the brain, candidates of the esophagus, trachea, bronchi and lungs and Kaposi's sarcoma, these diseases are indicators of AIDS.

HIV integrase is a rational target for treating HIV infection and preventing AIDS. It took approximately 12 years to develop clinically usable inhibitors of integrase, and Phase I clinical trials of integrase inhibitors have just begun. This review focuses on the molecular basis and rationale for developing integrase inhibitors. The main classes of lead compounds are also described, as well as the concept of interfacial inhibitors of protein–nucleic-acid interactions that might apply to the clinically used strand-transfer inhibitors.

Integrase catalyses the insertion of the viral cDNA ends generated by reverse transcription of the viral RNA genome into host chromosomes. The integration reaction consists of two consecutive steps: 3'-processing and strand transfer.

## 2. REVIEW OF LITERATURE

Literature review means to find other articles, books or information about the subject you are researching. One of the purposes is to show that your subject is worth of researching because others have also researched about it. If the subject you are researching is controversial, then it furthermore gives you both sides of the argument and will find more in favor of the side you defending. It also gives you a place where to begin to write and research your subject. Here the researcher has reviewed 20 articles.

## 3. RESEARCH METHODOLOGY

This chapter provides a systematic description of the methodological procedure adopted for the study. The methodology includes importance of the study, statement of the problem, aim of the study, objectives of the study, research design, universe of the study, sampling method, sample size, method of data collection, limitations of the study and analysis and interpretation of data.

### 3.1 STATEMENT OF THE PROBLEM

The study attempts to understand the impact of HIV/AIDS on the life of a person in a multiple way. HIV/AIDS infection results in unemployment, rejection by spouse, family and community. It causes disruption in interpersonal relationships, guilt, shame, taboo and social stigmatization. The infection causes disastrous impact to the infected persons socially, economically and culturally.

### 3.2 AIM OF THE STUDY

The aim of the study is to identify the impact of HIV/AIDS on the socio-economic conditions of the persons living with HIV/AIDS infection.

### 3.3 OBJECTIVES OF THE STUDY

- To study the profile of the respondents.
- To study the socio-economic and emotional status of the persons living with HIV/AIDS infection.
- To study the problems faced by HIV/AIDS infected persons due to stigma and discrimination.

### 3.4 RESEARCH DESIGN

Descriptive research design was used for this study, it is a fact finding investigation with adequate interpretation. Descriptive research includes surveys and fact-finding enquiries of different kinds. The major purpose of descriptive research is description of the state of affairs as it exists at present. The main characteristic feature of this method is that the researcher has no control over the variables; researcher can only report what has happened or is happening. Hence, the researcher has selected descriptive research design for the study.

### 3.5 UNIVERSE OF THE STUDY

The study was conducted at a Private hospital, Mysore. (The name of the hospital is kept confidential.) Presently the hospital has 7230 HIV/AIDS infected persons who come for their medications (follow up), including those admitted in the hospital.

### 3.6 SAMPLING

For the purpose of the study the researcher has selected 80 respondents i.e., (1.06%) out of 7230 of the total persons living with HIV/AIDS. The researcher has chosen both in patients and also outpatients as respondents. This is a purposive sampling.

### 3.7 TOOLS FOR DATA COLLECTION

The researcher has used an interview schedule to collect the primary data. The data collection (interview) was conducted depending upon the respondent's convenient time. The study aims to understand how HIV/AIDS effects on socio-economic conditions of the persons living with HIV infection.

### **3.8 METHOD OF DATA COLLECTION**

The data has been collected in two ways:

#### **PRIMARY SOURCE OF DATA**

The researcher conducted detailed interview with patients and those who come for their medication or follow up, totally 80 respondents in the private hospital were interviewed.

#### **SECONDARY SOURCE OF DATA**

The secondary source of data was collected through the records maintained by the hospital, specifically the details about the history of the hospital, the statistics of the patients. The secondary data includes collection of information from the books, journals and websites.

### **3.9 ANALYSIS OF DATA AND INTERPRETATION**

After collecting all required data, the researcher has edited, coded and the analysis of data was done by using Statistical Package for Social Sciences (SPSS), a computer software programme.

#### **3.10 INCLUSIVE AND EXCLUSIVE CRITERIA**

The respondents whose age is between 18 to 57 years are included in the study and the patients who are below 18 and above 58 years are excluded.

#### **3.11 LIMITATIONS OF THE STUDY**

One of the hardships in collecting information was to get response from HIV/AIDS infected persons as it is a sensitive topic. Data was collected only after the HIV/AIDS infected persons were reassured that their identities would remain confidential.

It was very difficult to contact the infected persons directly. Stigma attached with HIV status is so high that people often reluctant to talk about or share their experiences, but it was made possible only by the time of counseling, with the help of counselors, the researcher was able to conduct interview.

## **4. STUDY FINDINGS, SUGGESTIONS AND CONCLUSION**

### **4.1 MAJOR FINDINGS:**

- The study found that, 40% of the HIV/AIDS respondents belong to the age group of 28-37 years.
- The study found that, 30% of the respondents are illiterate.
- The study found that, 77.5% of respondents are married.
  
- The study has explored that, 93.75% of respondents are living with Family even though they have HIV/AIDS.
- The study reveals that, 92.5% of the respondents disclosed their HIV/AIDS status to their own family.
- The study found that, 30% of the respondents are illiterate.
- The study explore that, 21.25% of the respondents answered that there is someone in his/her family had died of HIV/AIDS infection.
- The study found that, 43.75% of respondent said that, since they have been diagnosed, their income decreased markedly.
- The study explores that, 29% of the respondents had taken loan to meet their treatment expenses.

- The study has found that, 77.5% of the respondents said, they didn't face any disc discrimination only 18% of the respondents were facing the discrimination from friends, family members.
- The study has found that, 48.75% of the family members of the respondents were shocked when they came to know that the respondent has HIV/AIDS.
- The study explores that, 31.25% of the respondents had done their HIV/AIDS test in clinic settings.
- The study explores that, 76.25% of the respondents were infected with HIV/AIDS due to sexual intercourse

#### 4.2 SUGGESTIONS:

- HIV/AIDS awareness should be provided to the relatives of the patients on the uses of same utilities at home with the patients because the patients feel they are discriminated by using the same plates, glass or shoes at home. These discriminations make them hopeless and leave them with inferiority that sometimes leads to suicide.
- Due to illiteracy of persons living with HIV/AIDS still there isn't any proper awareness of the consequences of HIV/AIDS symptoms. When their bodies get serious illness, they think it is because of almighty's punishment, so the authorities and hospitals should take initiative to make them aware about the reality (disease) so that they will not depend on black magic or unscientific practices to cure the disease.

#### 4.3 CONCLUSION

Ever since the HIV epidemic broke out in the world, several myths about the virus has been spreading in the world, which left the people who live with HIV/AIDS suffer. It made a lot of socio-economic problems in the world.

People living with HIV/AIDS face challenges even at their family level, such as stigma and discrimination from other family members. The family members and society get scared that they will get infected with HIV/AIDS from people who are suffering from HIV/AIDS, so they separate the utilities such as plate, glass and shoes and some people hesitate to hug, talk and touch people who are infected with HIV/AIDS. These discriminations make them hopeless and leave them with inferiority that sometimes leads to suicide.

Moreover, they lose their money due to the treatment and they lose energy and health. It leaves them desperate.

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