

# Social problems of people living with HIV

Mr.R.S.Kirloskar

Guest lecturer Social Work Dept. Govt. First Grade College Honnavar  
Dist:Uttarakannada State:Karnataka

**Abstract-** In the general population, the HIV epidemic is still misunderstood among the Indian society. People living with HIV have faced Stigma, Discrimination, violent attacks, harassment, been rejected by families, spouses and communities, been refused medical treatment, and even in some reported cases denied the last rites before they die. Negative attitudes from health care staff have generated problem among many people living with HIV. As a result, many keep their status secret. The study try to focus on social problems of these people. This is very sensitive issue. Everyone has a right of living. One cannot seize it from others. Are those people really enjoying their rights or not? To understand what are the conditions of their life? How they are living in this society? Society can accept or not? What type of responses they get from this? All these doubts are cleared in this.

**Index Terms-** AIDS, Counseling, HIV, People living with HIV, Social problems

## I. INTRODUCTION

A 2006 study found that 25% of people living with HIV in India had been refused medical treatment on the basis of their HIV-positive status. It also found strong evidence of stigma in the workplace, with 74% of employees not disclosing their status to their employees for fear of discrimination. Of the 26% who did disclose their status, 10% reported having faced prejudice as a result. As well as adding to the suffering of people living with HIV, this discrimination is hindering efforts to prevent new infections. **“Man is a social animal.”** -He can't live without society. He needs society, its love, care and also the co-operation.

**AIDS is:** **A**cquired – must do something to contract  
**I**mmune – ability to fight off infectious agents  
**D**eficiency – lack of  
**S**yndrome – cluster of symptoms that are Characteristic for a disease

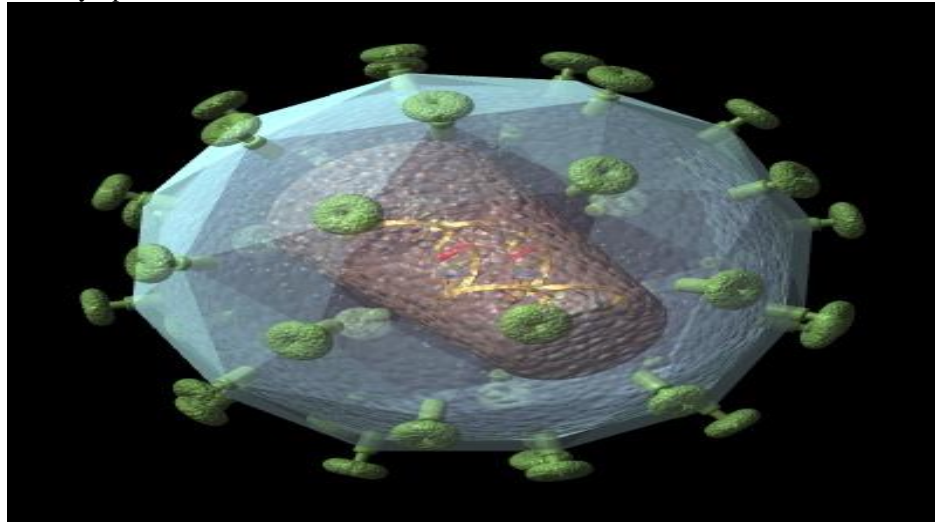


Figure 1. The picture of HIV Virus

**HIV is:** **H**uman – isolated to the human species  
**I**mmuno-Deficiency – Lacking the ability to fight off infectious agents  
**V**irus – a disease causing agent

**Transmission mode:**

- Unprotected sexual intercourse with infected person (either heterosexual or homosexual)
- Transfusion of infected blood or blood products
- Infected mother to her baby during pregnancy, birth process and through breast – feeding
- Use of infected needles and instruments without sterilization or sharing of needles and syringes by HIV drug addicts

### **AIDS virus is not transmitted through:**

- > Embarrassing or kissing (social)
- > Touching hand shaking or hugging
- > Sharing bathroom or toilet
- > Coughing, saliva or sneezing
- > Eating together or sharing utensils
- > Swimming pools
- > Sharing clothes
- > Mosquito bite, Insect bite or houseflies
- > Patient caring

### **Prevention methods:**

Prevention is the only cure for HIV and AIDS. It can be easily prevented by adopting simple measures such as:

#### **Safe sex:**

The only safe sex is 'no sex'; all other practices like masturbation, cuddling, hugging, rubbing, sticking to one partner or using condom if one cannot avoid multiple partners are safer sex practices.

#### **Tips for condom usage:**

- Never re-use condoms, always use a new one
- Check the pack expiry date
- Keep a supply handy, where they cannot be damaged by heat, light or damp
- Make sure the foil, fingernails or jewellery do not damage the rubber
- Make sure you squeeze any air out of the 'teat' at the top of the condom before putting it on
- Only use water based lubricants e.g. k-y jelly, not oil bases like Vaseline
- Dispose condoms carefully by wrapping them in a tissue and putting them in a bin

#### **Safe blood:**

Judicious use of blood and use only pretested HIV free blood or blood product.

#### **Safe needles:**

Insist your doctors and nurses to use sterile or disposable needles and instruments.

#### **Safe motherhood:**

Before taking any major step in life like marriage or having child ascertains that you are HIV free. Through ARV and NVP medicine we protect child of HIV positive mother during pregnancy, labor & breast milk.

#### **Safe razor and blade:**

Never share your shaving blades with anyone and also ask your barber to use properly cleansed razor and new blade during shaving or hair cut. (Although the risk of getting infection from a saloon is minimal)

Remember, Aids does not discriminate caste, creed, and race, and religion, educational or social status. Prevention of AIDS is our joint responsibility. Education and awareness is the only weapon in our hand. Let us accept the challenge to fight against AIDS. We must support and care for the people with HIV and AIDS with compassion and understanding.

### **HIV and AIDS in India:**

#### **Current estimates:**

In 2006 UNAIDS estimated that there were 5.6 million people living with HIV in India, which indicated that there were more people with HIV in India than in any other country in the world. In 2007, following the first survey of HIV among the general population, UNAIDS and NACO agreed on a new estimate – between 2 million and 3.1 million people living with HIV. In 2008 the figure was estimated to be 2.31 million. In 2009 it was estimated that 2.4 million people were living with HIV in India, which equates to a prevalence of 0.3%. While this may seem low, because India's population is so large, it is third in the world in terms of greatest number of people living with HIV. With a population of around a billion, a mere 0.1% increase in HIV prevalence would increase the estimated number of people living with HIV by over half a million.

#### **From Wikipedia, the free encyclopedia:**

India has the world's third-largest population suffering from HIV and AIDS. However, the estimated number of Human Immunodeficiency Virus (HIV) infections in India has declined drastically in recent years—from 5.5 million in 2005 to below 2.5 million in 2007. These new figures are supported by the World Health Organization and UNAIDS. According to the United Nations 2011 Aids report, there has been a 50% decline in the number of new HIV infections in the last 10 years in India.

#### **DOs:**

- Sympathise and empathise with them
- Provide them family and social support
- Allow them to be a part of the family as he / she was prior to disclosure of the infection
- Allow them to get back to their work as soon as soon as he / she is physically fit, since HIV infection doesn't require special rest
- Keep them engaged in some activity, as an empty mind is a devil's workshop
- Make efforts to reduce their stress
- Encourage them to exercise and meditate as these help prolong the life span
- Provide them with a high protein, high vitamin diet and clean potable water (boiled)
- Convince them to stop all addictions such as tobacco cigarettes, alcohol or other psychotropic / recreational drugs
- Register them with a health care facility for regular checks & follow up
- Take immediate steps to treat even minor ailments. However, it is not necessary to disclose their HIV status to their family physician
- Dispose of blood stained tampons and bandages properly, either by flushing or by disinfecting them first with detergent
- Advice them to use safe sex (condoms) with their sex partner, even if partner is already HIV positive
- Purse them at any appropriate time, to make a will
- Provide foster care to their children
- Help fight the discrimination meted out to them by hospitals , doctors and employers
- Educate family members and friends about HIV & AIDS, if they already know the HIV status of the patient.

#### **DON'TS:**

- Don't accuse them for getting infected, it doesn't help
- Don't try to probe into when, where the person was infected
- Don't make them feel guilty
- Don't isolate them in their home / workplace
- Don't separate them from spouse or children, since they are the best support for them. It is important for them to spend quality family time together
- Don't use gloves in feeding the infected person or to wipe off his saliva, sweat, nasal secretions and tears
- Don't share razors, tooth brush and other sharp objects with infected person or for that matter with any body else
- It is not necessary to wash their clothes separately
- Don't humiliate the infected person, his / her spouse or children
- Don't scare them of suffering and death. In the terminal stage, prepare them for a smooth journey to death
- Don't get conned by the fake claims, false cures, witch hunters and faith healers. Wait for declaration of the noble prize for the real cure
- Don't spend the entire available money limit in the first bout of illness, it may be the first of such illnesses in the pipeline. Make a proper planning of your spending capability.
- Don't take many relatives to see the patient admitted in hospital
- Don't test for HIV repeatedly, once the presence of infection is established it remains there forever

## **II. RESEARCH METHODOLOGY:**

### **AIM OF THIS STUDY:**

“To understand the social problems of people living with HIV ”

### **OBJECTIVES:**

- Focusing the social problems.
- Focusing the HIV and AIDS.
- Focusing the influence of society on HIV and AIDS.
- Find out the condition of these people.
- Understand the relationship between people living with HIV and Society
- Creating awareness.
- Implication of social work.

### **STUDY AREA AND JUSTIFICATION:**

This study will be conducted in ICTC Taluk Hospital Honnavar. Honnavar taluk is in coastal area which is situated very near to Murdeshwar and Gokarna which comes under Uttarakannada district. Considering the review and the observations made by the investigator the study is planned. . It is hoped that the study will help in understanding the social problems of people living with HIV in Honnavar.

#### **RESEARCH DESIGN:**

For the present study the researcher uses exploratory design from the respondents concern.

#### **RANDOM SAMPLING DESIGN:**

Purposive Random Sampling Technique is used to collect the data which is given from the respondent. The researcher selected 50 samples out of 198 HIV infected person who registered in the ICTC during 2010 to 2012. Researcher personally interviewed each under study. Tools of data collection are used by the ICTC documents and Interview schedule.

#### **LIMITATIONS OF STUDY:**

- Male and female of above 20 years old included.
- All religious and socio-economic classes included.
- It is focused on the social problems of people living with HIV in Honnavar.
- This study restricted to people living with HIV of Honnavar Taluk.
- Depends on information of people living with HIV in Honnavar.

### **III. DISCUSSION AND RESULT.**

Researcher focusing the “social problems of people living with HIV ” in Honnavar Taluk through the interview schedule made analyses and interpretation of data. In Honnavar Taluka 20-30 age group is very high risk group. Among these 76% have primary education, 20% have secondary education and only 4% are uneducated. Although have lot of social problems.. 90% people have miss concept about the modes of transmission through mosquito. 90% people know the use of condom but they feel hesitate. 56% are belongs to joint family and 44% are belongs to nuclear family. All know about ART. 16% able to get nutritious food. 16% have a good economic condition. 30% have the knowledge of health and hygiene.30% of people are feeling happy in home. 10% are working comfortably with family. 98% people are telling that HIV is affected on their family life. Only 26% are getting family support in this situation. 10% people are getting cooperation from the family members. 90% people are neglected from their family. Only 10% of people are feeling comfort in society. 50% are having satisfied relationship among their friends, 80% people are telling that their life is worthless. 80% people are thinking about suicide. Other 20% are not thinking like that they are still optimist. 80% people are not participating in public functions. They are hesitating to attend this. 74% people have guilty feeling. 70% people are able to lead a common life in society. 90% are frustrated from the society. 90% people are suffering from loneliness. That means only some families are taking care about them. 96% people are telling that HIV affects on their social status. 64% have social stigma. This shows that how the society is treating them. 72% have discrimination. This reflects the behavior of our people and society. 80% have the feeling of lack of love and affection. 92% were irritated by the public. All are feeling that counseling is playing an important role in their life. All have the feeling that the counseling gives them social support to face the situation and develop the activities. This shows how important the counseling is. 54% people are feeling that the government hospitals are giving satisfactory services regarding social issues. 30% feel that the NGOs are providing satisfactory services. 20% have got the help from NGOs. 88% have idea about Positive Network Group. 80% needed residential facilities.

### **IV. SUGESTIONS**

The family is a unique institution which can look after its members very carefully. After getting HIV family should give love, care, treatment, support and mould their views in positive way towards life. HIV and AIDS is a stage where a person need special care and support. Society should give them opportunity to participate in all social fields and treat them as a human being. Friends should give respect and more attention towards them. They should share their feelings, engage them in other creative work and guide them. NGO should work actively, make awareness in all public and meet those people who are suffering from HIV and AIDS. Counseling helps to make better relationship with others. Govt. should provide sufficient recruitment, medicine, modern technology and good supervision method in Govt. Hospitals. All people living with HIV should actively participate in positive network group. Then they can gather, live together and becoming peer educator. By this they can share their problems, can fight their rights, can strengthen the group and bring changes in their attitudes. They should take all Govt. facilities and lead a hopeful life. Ex. Govt. provides Anthyoday ration card, free home facility, free treatment etc. They can maintain the healthy sexual relationship with the help of condom and remember that condom is not hundred percent safe.

### III. CONCLUSION

By the above discussion we see that they have so many problems even though the NGOs getting more projects regarding this and govt. has introduced several plans like giving free shelter and treatment. We can see that the govt. and many NGOs are trying to give social support and thinking about their rights. But no one is thinking what problems are there in grass root level , their all programmes are working in mass level only. Every person should think about theme , their wants, needs and feelings. All developmental programmes should not be in papers. It should be in practice. This is possible when they will come out from their social problems and lead a peace full and hope full life. For this every person needs govt., NGOs, community and societies support.

#### REFERENCES

1. Aldao A, Nolen-Hoeksema S, Schweizer S. Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*. 2010 Mar;30(2):217-37.
2. Arns PG, Martin DJ, Chernoff RA. Psychosocial needs of HIV-positive individuals seeking workforce re-entry. *AIDS Care*. 2004 Apr;16(3):377-86.
3. Anitha C. All, Juliet H. Fried : *Journal of rehabilitation*.1994April-June.
4. C.N.Shankar Rao: Principles of Sociology with an Introduction to Social Thought.
5. Counseling Training Modules-NACO-Ministry of Health & Family Welfare
6. [http:// onlinelibrary.wiley.com/doi/10.1111/j.1468-1293.2009.0070.x/full](http://onlinelibrary.wiley.com/doi/10.1111/j.1468-1293.2009.0070.x/full)
7. [http://www.avert.org/hiv\\_care.htm](http://www.avert.org/hiv_care.htm).
8. Vollestad J, Sivertsen B, Nielsen GH. Mindfulness-based stress reduction for patients with anxiety disorders: evaluation in a randomized controlled trial. *Behavior Research and Therapy*. 2011 Apr;49(4):281-8.

#### AUTHORS

**Author** – Mr.R.S.Kirloskar, MSW, MPSW, Govt.First Grade College Honnavar , Karnataka, [raghukhnr@gmail.com](mailto:raghukhnr@gmail.com) .

**Correspondence Author** – Mr.R.S.Kirloskar [raghukhnr@gmail.com](mailto:raghukhnr@gmail.com), cell No: 9482212632