# Understanding Miseries: An Exploratory Study to Understand Coping Strategies in life style of HIV/ AIDS Affected Persons Visiting ART Center

# Chakrapani Chaturvedi

# Abstract

The existence of human beings is threatened by many maladies including increased incidence of HIV/ AIDS. In Indian annual HIV sentinel surveillance survey estimated an infection of 2.9 million populations by the year 2010.government of India estimate aids accountable more death rate than tuberculosis and malaria. In the present study an exploratory approach is used to find the impact of HIV/ AIDS on the life style of affected persons and the coping strategies adopted by them. The study has been taken place in ART Center at G.R. Medical College, Gwalior, and M.P. The research approach and design adopted for the study was descriptive exploratory approach. The population consisted of persons affected by HIV/ AIDS. Purposive sampling techniques were used to obtain a sample of 45 persons affected by HIV/ AIDS. 100% of the samples were in the productive age group of 26 to 45 years and majority of the affected persons (53%) were male and 47% were female. However homosexual accounted for 20% of affected persons in the sample. Majority of the sample (47%) were married, 41% were single and 6% each were either divorce or widower. All the persons in the sample (100%) in the sample were Literate (27% Primary, 40% secondary and 33% were graduate. 77.56% affected persons uses positive coping strategies and rest negative coping strategies.

Keywords: Life Style; Persons Affected by HIV/ Aids, Coping Strategies.

Introduction

The first Acquired Immune Deficiency Syndrome (AIDS) case in India was detected in 1986 and since then Human Immunodeficiency Virus (HIV) infection has been reported in all states and union territories.

In 2009, 2.4 million people living with this condition and 170, 000 HIV/AIDS related deaths happened. The key risk groups are categorized under High Risk Groups (HRG) - Female Sex Workers

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(FSW), Men who have Sex with Men (MSM), Transgender (TG), and Injecting Drug Users (IDU) & Bridge Populations – Truckers, and Migrants.

National adult HIV prevalence, or the number

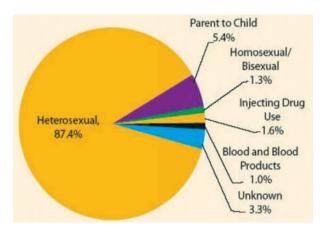


Fig. 1: Routes of transmission of HIV/ AIDS in India, 2010-2011

of adults living with HIV as a proportion of the total population, has declined by over 0.10% points from 2000 to reach an estimated 0.31% in 2009. The total number of people living with HIV (PLHIV) in India is estimated at 2.4 million with uncertainty bounds of 1.93 to 3.04 million in 2009. Sex disaggregated data for number of people living with HIV is estimated at approximately 61% male and 39% female.

The percent distribution of HIV infection by age is estimated at 4.4% among children below the age of 15 years, 82.4% among adults aged 15 to 49 years and the remaining 13.2% among people over 50 years of age. Thirty-nine percent of all HIV infections are estimated to be among women. This amounts to 0.93 million women with HIV in India.

The four high prevalence states of South India account for 57% of all HIV infections in the country. Whilst Andhra Pradesh accounts for 500,000 cases; Maharashtra accounts for 420,000 cases, Karnataka accounts for 250,000 cases and Tamil Nadu accounts for150,000 cases. Over 100,000 PLHIVs are estimated in West Bengal, Gujarat, Bihar and Uttar Pradesh and together these states account for 22% of HIV infections in India.

The number of PLHIVs in Punjab, Orissa, Rajasthan and Madhya Pradesh range from 50,000 to 100,000 and these states collectively account for 12% of HIV infections. These states may have low HIV prevalence; however, a large number of PLHIVs are reported due to the states 'overall population size.

Approximately 172,000 people died of AIDS related causes in 2009 in India.At national level, HIV prevalence is highest amongst the injecting drug users (IDU) at 12.22% followed by men who have sex with men (MSM) at 6.82% and female sex workers (FSW) at 5.92%. HIV prevalence amongst IDU, MSM and FSW is 14.92%, 10.31% and 9.48% respectively

#### Estimated Annual New HIV Infections

New HIV infections have declined by more than 50% over the past decade from 2.7 lacs in 2000 to 1.2 lacs in 2009. Of these, six high prevalence states account for only 39%, while the states of Orissa, Bihar, West Bengal, Uttar Pradesh, Rajasthan, Madhya Pradesh and Gujarat together account for 41% of new infections.

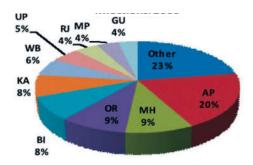


Fig. 2: State wise distribution on New HIV Infection, 2009

#### **Objectives**

The objectives of the study were:

- To the impact of HIV/ AIDS on the life style of patients suffering from it.
- To explore the various coping strategies people adopt to the impact of HIV/ AIDS.
- To determine the relationship that might exist between impacts on life style and adopted coping strategies of HIV/ AIDS.

# Hypothesis

The hypothesis of the study was:

There will be significant association between the impact of HIV/ AIDS on life style and the coping strategies adopted by the infected persons.

#### Conceptual Framework

Conceptual model of the study was based on *Callista Roy's adaption model* (1984) it is assumed by HIV/ AIDS has impact on lifestyle and adult persons affected by HIV/ AIDS adopts coping strategies to overcome this impact.

# Methodology

The research approach and design adopted for the study was descriptive exploratory approach. The population consisted of persons affected by HIV/AIDS. Purposive sampling techniques were used to obtain a sample of 50 persons affected by HIV/AIDS.

#### Variables

Independent Variable
Impact of HIV/ AIDS

#### Dependent Variable

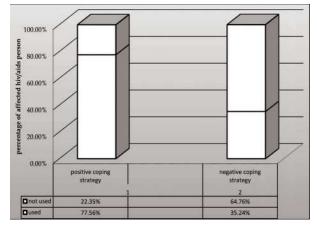
Life style and coping strategies

# Conclusion

Findings in the present study showed that:

- 100% of the samples were in the productive age group of 26 to 45 years and majority of the affected persons (53%) were male and 47% were female. However homosexual accounted for 20% of affected persons in the sample.
- Majority of the sample (47%) were married, 41% were single and 6% each were either divorcee or widower.
- All the persons in the sample (100%) in the sample were Literate (27% Primary, 40% secondary and 33% were graduate).
- 100% of the adult person affected by the HIV/ AIDS talk to other patients having similar problem and also rise to get help from the qualified practitioner.
- 91% of the affected person tries to accept the situation as nothing can change.
- 69% of the affected person participated in social activity with full enjoyment.
- 16% of the affected people do meditation or relaxation technique to cope with the tense situation.
- 51% of the affected persons hide their feelings and suffer silently.
- 58% smoke/ chew tobacco and or take drugs, alcohol to get rid of their anxiety.
- 77.56% affected person's uses positive coping strategies and rest negative coping strategies.

The salient features of the study were as mentioned below:



• The Majority of the persons affected by HIV/ AIDS were males and were in the productive age group (26-45 years)

- Majority of the Persons affected were drug users and also Homosexual also accounted for good percentage of the sample.
- Majority of adult persons affected by HIV/ AIDS were facing moderate impact on their lifestyle in all the areas except in spiritual aspect. The impact on financial front was higher than the other areas.
- Some of the persons in the sample have lived for more than 10 years after the diagnosis of the disease.
- Respondents used both positive and negative coping strategies. There was association between level of impact of HIV/ AIDS on lifestyle and the level of coping strategies adopted by persons affected by HIV/ AIDS.

# Implications

The findings of the study have number of implications for nursing practice, administration and education. Presence of HIV/ AIDS is known to affect the person in various ways. There has been good attention towards HIV/ AIDS patients with lots of funding for awareness of the disease and counseling of the affected persons. Besides there has been lot of awareness amongst the mass to understand the disease and not to discriminate and ill treat the affected persons. The various identified measure to manage the disease need to be reached out to a wider population in order that, the patient and society adjust effectively the HIV/ AIDS affected persons.

# Nursing Practice

In the area of nursing practice nurses:

- Should help the HIV/AIDS affected persons to express, recognize and develop positive attitude towards the disease. It will provide more benefits to them and to others.
- Nurses should involve themselves in regular teaching session.
- Should conduct the special lecturer on HIV/AIDS in educational institution for students or in community to increase the public awareness and remove misconception about the disease, thereby strengthening the community support system.
- Can participate in setting HIV/AIDS ART unit and also conduct the home visits to guide, supervise and provide individual/ group

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consultation and training for HIV/ AIDS patients on Management of the impact on their lifestyle. It enables the affected person to adjust better with their life.

# Nursing Administration

In the event of ever growing challenges in community health nursing, nurse administrators have a responsibility to provide nurses with staff development opportunities. This would enable the nurses to update their knowledge, acquire skills on community engagement and handle serious situations, develop favorable attitude and demonstrate quality care in management of HIV/ AIDS patients and their families.

The nurse administrator should look after the special clinics, community health center, and ART center and provide adequate support with money, material and manpower for conducting teaching programs and developing teaching material or self instructional module regarding management of persons affected by HIV/AIDS.

# Nursing Education

Nursing students should be provided with learning experiences in planning and organizing health education programs on prevention, early detection and management of HIV/ AIDS.

Community health nursing experts should conduct programs for the nurses, community health workers, personnel in the ART centers, so that they can update their knowledge and abilities to deal with the impact of HIV/AIDS and to adopt effective coping strategies.

### General Education

- There should be awareness for early diagnosis of the disease.
- Test of the disease should be a mandatory practice before marriage so that the innocent partners are not victimizing knowingly of unknowingly.
- Education and health authorities should increase their efforts and invest more monetary funds in order to provide appropriate education and training to HIV/ AIDS patients.
- There is a strong need to have rehabilitation centers to conduct counseling of HIV/ AIDS patients.

#### Limitations

- > The study was confined to a 45 affected persons in the selected ART center in Gwalior.
- > This limits generalization beyond the study sample of adult persons affected by HIV/ AIDS.
- Findings were purely based on verbal responses of patients.
- > The tools used for data collection had to be developed for the purpose of study. Hence, the tool was not standardized.

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