

A Study on Self Esteem among HIV/AIDS Affected People

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Abstract:- The government of India estimated in the year 2009, there were about 2.40 million people are living with HIV. In this estimation, about 83 % of the people are in the age group of 15-49 years. This is partly because a large part of the world population is young. One fifth of the world population is between 10 and 19 years of age. Since the HIV/AIDS syndrome is essential sexually transmitted disease.

Self-esteem is an essential ingredient in creating and maintaining hope, health and a quality life with HIV/AIDS. Many people living with HIV/AIDS have problems with self-esteem. An attempt has been made in this research to analyse the present status of persons living with HIV / AIDS problem and possible strategies to sort out the issues, social relationship, support measures, self-esteem and quality of life. The researcher made an attempt to describe the characteristics of the HIV/ AIDS person and tested few variable. This study was descriptive in nature. The findings were majority of the respondents 45% belonged to age group of 31-40 years, majority of the respondents 63% of males affected and majority of the respondents were 62% in rural area. Medical social workers assess the psychosocial functioning of patients and families and intervene as necessary. Interventions may include connecting patients and families to necessary resources and supports in the community; providing psychotherapy, supportive counseling, or grief counseling; or helping a patient to expand and strengthen their network of social supports.

I. INTRODUCTION

HIV epidemic has changed over the past 20 years; most reasons for continued high risk behavior have remained very much the same. Some factors that contribute to these behaviors are: loneliness, depression, low self-esteem, sexual compulsivity, sexual abuse, marginalization, lack of power and oppression.

AIDS is foremost a problem of the youth nearly 50% of the new HIV infections are occurring in young people between 15 and 25 years old. This is partly because a large part of the world population is young. One fifth of the world population is between 10 and 19 years of age. Since the HIV/AIDS syndrome is essential sexually transmitted disease. It affects the young sexually active people the most the fundamental risk of young people is their ignorance about issues on sexuality HIV/AIDS are dangerous. It is because of unprotected sex therefore STP as well as skills to improve their self confidence and make them affection may be an effective way to safe guard their future health status.

In recent years AIDS has become the most crucial human problem the world faces. AIDS is wrecking its incurable devastation fastest among the world population men. World over are much concerned over this new gargantuan leaders the world over have voiced their concern about the incurable disease and urgent need to constrain the same as can be seen from the messages.

AIDS is the advanced stage of HIV infection. It is a disabling and incurable infection caused by HIV. HIV progressively destroys the immune system, most people particularly in resource – constrained settings die with in a few years of the appearance of the first sings of AIDS. Only a blood test can establish a person’s HIV status. This does not mean that every person who undergoes the test has AIDS.

In healthy individuals, infections are kept away by a variety of the defenders in the body. These defenders constitute the immune system of our body unknown to us, the immune system is at work every day, recognizing foreign bodies(e.g., bacteria virus, etc) and fighting then by producing specific chemicals called antibodies which neutralize foreign bodies specific to it. The detection of these antibodies in blood samples is therefore used to determine past or present infection.

Psychological issue and HIV

Mental health issues are often overlooked because of stigma on an institutional and individual level. These issues may vary across communities and by geographic region. Addressing mental health problems is an integral part of health promotion and should be a part of HIV prevention. It is not about labeling or putting people down, but about providing accurate diagnoses and treatments for mental and physical health.

Any illness with a psychological origin manifested either in symptom of emotional distress or in abnormal behavior. Most mental disorders can be broadly classified as either psychoses or neuroses. Symptoms of depression generally include low self-esteem, anxiety, forgetfulness and carelessness.

Self-esteem is an essential ingredient in creating and maintaining hope, health and a quality life with HIV/AIDS. Many people living with HIV/AIDS have problems with self-esteem. An attempt has been made in this research to analyze the present status of persons living with HIV / AIDS problem

and possible strategies to sort out the issues, social relationship, support measures, self-esteem and quality of life.

II. REVIEW OF LITERATURE

Krienger Irwin (1988) publish, an article on “an approach to coping with anxiety about AIDS”, He describes a counseling approach to anxiety AIDS that emphasis getting accurate information, protective techniques, gathering peers support and addressing related behavioural emotional issues.

Meenu Anands (2005) publish article on “ Ministry of Health and Family Welfare and NACO in may 2005, India has 5.134million HIV positive people every minute one Indian gets infected by the killer HIV. From one case in 1986 to having more than 5 lakh people with HIV today is really frightening.in terms of percentage, India has an HIV prevalence of 0.91 percent among the adult population.

Kalichman, 1998; Zierler & Krieger, 2000 “psychological risk factors, including personality characteristics such as low self-esteem, narcissism (preoccupation with the self), antisocial personality, impulsivity (the tendency to do things suddenly, without thinking about the consequences of the action), tendency to take risks, and tendency to seek out new sensations, are related to sexual risk-taking behavior”

III. RESEARCH METHODOLOGY

The methods of investigations depend upon the nature of the problems. The problems of HIV/AIDS affected persons are existential and experimental in nature.

Vast majorities of the HIV/AIDS affected persons suffer from mental pain, starting from minor anxieties to serious psychoses, other mental problems include frustration in life, loniliness, fear of death and consequent anxieties lack of companion, worries about the future of their child, etc.,

IV. AIMS AND OBJECTIVES

- ❖ To know about the demographic characters of the respondents.
- ❖ To find out the socio economic condition of the respondents.
- ❖ To identify the physical and psychological problems of the respondents
- ❖ To find out the level of awareness on HIV/AIDS among the respondents
- ❖ To understand the social relationship among the persons with HIV/AIDS

V. RESEARCH HYPOTHESIS

1. There is a significant difference between sex of the respondents and self esteem.
2. There is a significant difference between family type of the respondents and self esteem.

3. There is a significant association between marital status of the respondents and self esteem.

VI. RESEARCH DESIGN

In this study the researcher has presented details related to self esteem, quality of life, and personal data. Health aspects, child profile, treatment etc. The researcher made an attempt to describe the characteristics of the HIV/ AIDS person and tested few variable. This study was descriptive in nature.

Universe

The researcher collected data from care centre, Perambalur, for 3 weeks (5.10.2006 to 21.10.2006). The researcher had difficulties in defining the universe hence it said to be the floating population.

Since the universe is floating population, accidental sampling method was adopted the patients who ever came to the care centre and the time to data collection were included and the sample size is 100.

Tools of Data Collection

The researcher formed a self-prepared interview schedule. Nearly 39 questions have been formulated on various sub-headings like personal data, marriage, socio-economic condition, physical problem, family adjustment the questions were close ended. The researcher also used self-esteem and quality of life inventory to find out their level self-esteem and quality of life.

Statistical Test

This statistical test such as ‘t’ test, chi-square test, One way Analysis, and Karl Pearson’s co-efficient of correlation were applied to find out the meaningful inferences.

VII. MAJOR FINDINGS

- ❖ Majority of the respondents (45%)belonged to the age group of 31-40 years
- ❖ Majority of the respondents (63%) males affected.
- ❖ Majority of the respondents (62%) were in rural area.
- ❖ Majority of the respondents children(96%) below 3 years were affected by AIDS
- ❖ Majority of the respondents (85%) were undergoing treatment and the same 85% could witness improvement in health.

VIII. FINDINGS RELATED TO HYPOTHESIS

- ❖ There is no significant difference between sex of the respondents and self esteem. Hence the null hypothesis is accepted.
- ❖ There is a significant difference between family type of the respondents and self esteem. Hence the null hypothesis is rejected.

- ❖ There is a significant association between marital status of the respondents and self esteem. Hence the null hypothesis is rejected.

IX. SUGGESTIONS

- Avoid pre-marital sexual relationship that is no sex before marriage.
- The government should come forward to adopt rural areas and give awareness programme about HIV/AIDS regularly.
- The social workers and counselors are available not only at their offices/centres but also at common places like the blood banks and all hospitals. This will enable easier access to the infected to talk out their feeding and problem

X. ROLE OF MEDICAL SOCIAL WORKER

Medical social workers assess the psychosocial functioning of patients and families and intervene as necessary. Interventions may include connecting patients and families to necessary resources and supports in the community; providing psychotherapy, supportive counseling, or grief counseling; or helping a patient to expand and strengthen their network of social supports. Medical social workers typically work on an interdisciplinary team with professionals of other disciplines (such as medicine, nursing, physical, occupational, speech and recreational therapy, etc.).

The aims and objectives of the Department of Medical Social Work are:

1. To assess the social, emotional and economic difficulties experienced by patients and their families, which have been caused by or exacerbated by their medical condition.

2. To assess the social and economic difficulties experienced by patients, this has been a factor in their medical condition.
3. To liaise with the Health Service Executive
4. To ensure the safety and protection of any dependant adult identified by hospital staff to be at risk of physical, sexual, emotional or financial abuse or neglect.
5. To provide emotional support and counseling where appropriate.

XI. CONCLUSION

HIV/AIDS is a serious globe health at present. The lack of awareness puts the people in high risk because they are not able to protect themselves as well as they could not able to utilize the services available to them. Treatments for AIDS and HIV can slow the course of the disease, there is currently no vaccine or cure. Antiretroviral treatment reduces both the mortality and the morbidity of HIV infection, but these drugs are expensive and routine access to antiretroviral medication is not available in all countries. Due to the difficulty in treating HIV infection, preventing infection is a key aim in controlling the AIDS pandemic, with health organizations promoting safe sex and needle-exchange programmes in attempts to slow the spread of the virus.

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