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Psycho-social problems of HIV carriers

Acquired immunodeficiency syndrome (AIDS) is a serious medical problem nowadays and in spite of intense efforts of many scientists it is still a lethal disease. AIDS is destructive for human body not only in medical but also in legal, moral, social and psychological dimension and requires unified interest of medical and social sciences. The fact of being a HIV carrier usually generates a high level of fear connected with poor prognosis, fear of being rejected and stigmatized by local society due to revealing the presence of disease, worsening of material status as a result of working disability caused by worsening physical condition of the patient. The aim of this paper was to evaluate selected psycho-social problems of HIV carriers.

MATERIAL AND METHODS

We interviewed 60 persons – HIV carriers, 33 of them were women and 27 men. The age of interviewed patients ranged from 24 to 59 years. The most numerous group were those between 36 and 40 years of age. The examination method was a questionnaire consisting of 51 questions. We examined HIV carriers treated at: AIDS Diagnostics and Therapy Centre in Warsaw, HIV Carriers Outpatient Clinic in Warsaw, Contagious Diseases Clinic of Medical University in Wrocław, and Contagious Diseases Clinic of Medical University in Gdańsk as well as residents of HIV Carrier House in Rembertów.

RESULTS AND DISCUSSION

We analysed subjective grading of psychic state of interviewed patients after confirming HIV seropositivity (Fig. 1). All the negative emotions described by the carriers result

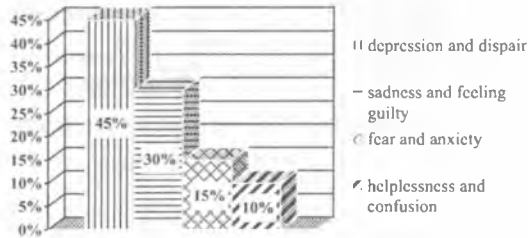


Fig. 1. Psychical state of interviewed persons after confirming HIV seropositivity

from a psychic problem connected with awareness of the fact that AIDS is a lethal disease preceded by increasing physical, psychic and social degradation. It is often accompanied by feeling guilty for former hazardous behaviour and fear of being socially stigmatized (2, 3).

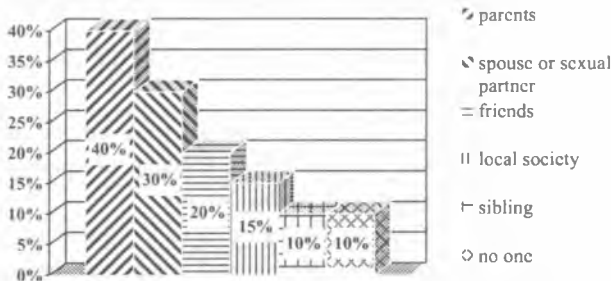


Fig. 2. Persons whom HIV carriers informed about the fact of being infected

Satisfactory emotional contact with the next of kin or a partner is a necessary element of normal functioning of every human. It turns especially valuable in difficult situations like the presence of incurable lethal disease when the patient expects some support (7). Only 40% of the interviewed persons informed their parents about being infected, 30% – informed the spouse, 10% – no one, and less than 10% informed local society (Fig. 2). The reasons for such behaviour may stem from fear of being rejected and abandoned. The negative attitude of society that identifies AIDS as homosexuals’ and drug addicts’ disease to HIV carriers even worsens the problem (1, 3).

Reaction of life partners of the interviewed HIV carriers to the information about their HIV seropositivity is another analysed problem (Fig. 3). 27% reacted with rejection and abandonment of the infected partner. Results shown prove that facing HIV/AIDS problem entails the risk of breaking even of family relationships.

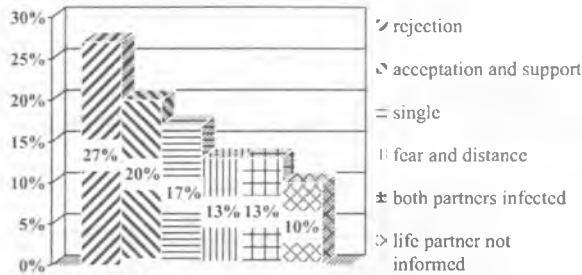


Fig. 3. Reaction of life partner of HIV carrier to the information about HIV seropositivity

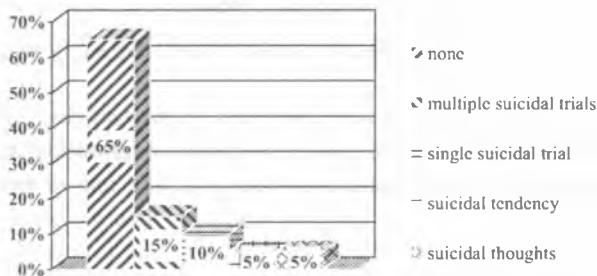


Fig. 4. Suicidal trials among interviewed HIV carriers

Apart from this we analysed frequency of suicidal trials among interviewed carriers (Fig. 4). 25% of them committed a suicidal trial thinking of coming death, willing to shorten their suffering, feeling guilty and feeling loosers.

According to psychology rules the psychological crisis in a human facing lethal disease occurs in several phases: denial, protest, sorrow and acceptance, which allows to regain will to live. 60% of the interviewed carriers declared will to live normal lives, work and treat themselves, 13% declared will of painless, rapid death, 12% wanted to start studying, 10% had no plans, 5% intended to start anti-drug-addiction therapy.

We considered HIV/AIDS patients' families stigmatization as a serious social problem (3, 10). 5% of the interviewed patients said that their families were persecuted after revealing the truth about their disease. It is also alarming that 30% of the interviewed HIV carriers experienced discrimination in contact with national health care. Some were refused admission and treatment in hospitals and surgeries after revealing HIV infection. It was most commonly observed at the dentist and gynecologist and hospitals in small towns.

CONCLUSIONS

1. The survey confirmed the existence of multiple non-medical problems that HIV carriers face in their lives. This situation causes the necessity to create special support system for them.

2. The problems connected with HIV/AIDS refer not only to carriers but also to their families.

3. It is necessary to educate the society about the dangers of HIV and AIDS in order to minimize the risk of new infections and to eliminate pathological reactions of people to infected individuals.

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SUMMARY

HIV carrier state and AIDS generate multiple medical, psychological, social and legal problems. The aim of the work was to evaluate selected psycho-social problems among HIV carriers. The examination method was a questionnaire. We interviewed 60 HIV carriers. The results obtained confirmed the existence of the problems affecting the carriers and their families. It creates need for social education in this field.

Problemy psychospołeczne osób zakażonych HIV

Nosicielstwo HIV i AIDS generuje wiele problemów nie tylko natury medycznej, ale także psychologicznej, społecznej i prawnej. Celem pracy była ocena wybranych problemów psychospołecznych wśród nosicieli HIV. Metodą badawczą był kwestionariusz. Badaniami objęto grupę 60 osób – nosicieli HIV. Uzyskane wyniki potwierdziły mnogość problemów, z którymi borykają się nie tylko nosiciele, ale także ich rodziny, a także konieczność edukacji społecznej w tej dziedzinie.