



Counselling Hiv/Aids Patients

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Abstract

This study Reports the problems of HIV/AIDS Patients in areas Physiological, Psychological, Financial, Family and Social. The types of problems in each area and where they require assistance were studied. The answers indicated that the role of counselling was more helpful. Fourteen cases were studied using the tool "Family study record" prepared by Professor Dr.Maruthi Sarma Mannava M.D. The Sample ranges from adolescent group to adults group of both the genders (married and Unmarried). It is found that all of the cases of HIV/AIDS patients were suffering with both Physiological and Psychological problems some are suffering with financial, family and social problems and some of them (both the genders) are suffering with all five problems.

Key words: Counselling, Acquired Immunodeficiency Syndrome, HIV/AIDS Patients

Introduction

Today, Acquired Immunodeficiency Syndrome (AIDS) has become a security crisis. This is because HIV infection has a profound impact on social, economic and demographic underpinnings of development. These unprecedented impacts at macro-level are matched by intense burden of suffering of infected individual. Today, number of people living with HIV in the world has risen to 42 million, up from 40 million at the end of 2001 (UNAIDS and world Health Organization update on the global HIV/AIDS epidemic).

However, there are some issues in life that we cannot dodge and HIV/AIDS just happens to be one of them. It is also becoming more and more obvious that there is quite a perceptible gap in knowledge and awareness among the youth of today with regard to this pandemic with such a grave impact on life span of the effected people. The need

of the day is lot of Plain-speaking on the topic caring the old age that 'Prevention is better than cure'. Ideally, this should start with interaction between adults and teenagers at the family level and supported by simple socio-culturally acceptable programme on family life education at school/college level, tapping the expertise of knowledgeable, mature, clear-headed trained faculty. Although knowledge does not necessarily lead to change of habit things have to be put in the right perspective.

AIDS is the plague of this century. AIDS affected individuals have one thing in common, the depletion in their immune status. The disease destroys the immune system. This leaves the infected person vulnerable to other infectious diseases. Initially, the infected person may remain symptom free for years, but some people do suffer from illness with fever, malaise and skin rash as body responses against the infection.



Modes of HIV/AIDS Transmission

Sexual behavior: Nearly (87-92) % of Transmission of HIV through sex which is called the transverse transfer Chances of HIV infection are more through penile-vaginal inter course. Mother to child: (30-40) % Pregnant women infected with HIV can transmit the virus to their unborn or newly born child. The spread can occur during pregnancy, childbirth or lactation. Injections and tattooing: (0.3-1) % Transmission of HIV occurs when needles, syringes and other injection equipment is used by an infected person and shared with other injectors. Blood transfusion: 0-1 % HIV can be transmitted through transfusion of infected blood.

Need of the Study

Report of the year 2006 on HIV/AIDS Epidemiological Surveillance & Estimation brought out the fact that 5,206 million people are having infection as on year 2005. This gives an adult prevalence of HIV infection in the country as 0.91%, and out of Total HIV infections 38.4% were females, 57% were in rural areas. Out of the total, 59,007 were estimated to be children. During this year the contribution of HIV infection from STD population group has been found to be 1.7 million in comparison to 1.3 million during 2004. According to the Report on an average 0.88% of antenatal mothers, 5.66% of SDT patients 8.44% of female sex workers and 10.16% of injecting Drug users were infected with HIV. The Researcher felt the urgency of studying not only the cases but also felt the necessity of counselling HIV/AIDS patients to analyze the problems faced by them to follow the necessary Intervention.

Objectives of the study

1. To study HIV/AIDS Patients problems in five areas Physiological, Psychological, Financial, Family and Social.
2. To find out causes of problems of HIV/AIDS Patients of the sample.
3. To Counsel HIV/AIDS Patients.
4. To get the feedback of Counselling.

Methodology: Case studies of HIV/AIDS Patients in Guntur district were done. A selective sample of 14 HIV/AIDS patients who were identified and opted for counselling was drawn from a population of the HIV affected in Guntur district. The Sample included seven adult males, five adult females and two male adolescents. The HIV/AIDS patients were interviewed to find out their problem in five areas physiological, psychological, financial, family and social, where they required assistance, using a "Family Study Record" prepared by Professor Dr.Maruthi Sarma Mannava M.D.

Analysis and findings

It was found that cent percent HIV/AIDS Patients were suffering with both physiological and Psychological problems. It was found that 71.43 percent HIV/AIDS patients were suffering with financial problems. it was found that 35.7 percent of HIV/AIDS patients were suffering with Family problems. It was found that 35.7 percent of HIV/AIDS patients were suffering with Social problems.

It was found that cent percent Adolescent HIV/AIDS Patients were affected by HIV/AIDS due to their extra marital relations. It was found that 50 percent illiterate Adolescents were affected by HIV/AIDS due to lack of awareness about HIV/AIDS . It was found that 50 percent Literate Adolescents were affected by HIV/AIDS due to lack of



awareness about HIV/AIDS. It was found that 80 percent married women got HIV/AIDS from their infected husbands. It was found that 20 percent women were affected by HIV/AIDS due to their extra marital relations. It was found that 77.77 percent male HIV/AIDS patients were affected by HIV/AIDS due to their extra marital relations. It was found that 22.23 percent male HIV/AIDS patients were affected by HIV/AIDS due to Blood Transfusion.

Directive Counselling Procedure was followed in this study.

- a) Identification of Problem
- b) Explanations on problem analysis
- c) Key Intervention designing
- d) Methodology of Implementation
- e) Message carried to restore normal life.
- f) Analysis of Barriers
- g) Feed back

Counselling was given with the following hidden and open messages:

1. Balanced diet makes man a healthy person.
2. Transfusing tested blood only.
3. While Tattooing or injecting use new and separate needles.
4. While shaving outside use new or separate blades.
5. Always use condoms to avoid risk.
6. Be faithful to the partner.
7. Avoid Psychological disturbances, have a busy work schedule.
8. Do Meditation/Dhyana to improve concentration in work.
9. Devote to God to get faith on future.
10. Avoid wastage of money.
11. Hard work brings money to door steps.
12. Precaution is better than Prevention.

Objective-Feed back

1. The Patients could not improve their health condition.

2. They did not have regular medicine to reduce their physical health problem.
3. They were not able to do physical exercises to improve their health condition.
4. They did not take fruits or any fruit juices to improve themselves.
5. They did not practice Meditation / Dhyana every day to reduce their mental tension.
6. They did not pray God nor did any devotional activities like pooja / dheeksha etc. to gain mental peace.
7. They did not have any additional work to increase income to reduce their financial problems.
8. They did not maintain friendly relations with their colleagues, classmates and other co-workers to get help from them.
9. They did not receive help from any Govt./Private organizations to reduce their financial problem.
10. The patients never tried to improve their relations with other family members.
11. They did not maintain good relations with neighbours and other social groups around them.

Conclusion

As HIV/AIDS is considered a social stigma by many, while counselling especially when there was a caring enquiry HIV/AIDS patients appeared very much touched; While giving the feedback they were very hesitant to talk about their relation with family members or others. In spite of knowing that HIV/AIDS transmission is only through limited channels people are not entertaining HIV/AIDS patients which very much hurts them more than this killer infection. Can we be more humane in our behaviour towards HIV/AIDS patients



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