

Family Adjustment, Social Adjustment and Depression in People with HIV Positive Diagnosis

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ABSTRACT

The present research focuses on individuals suffering from HIV positive diagnosis. The study aims to understand the level of family and social adjustment and levels of depression in these people. For the same purpose, a sample of 240 individuals were selected from Ahmedabad and Bhavnagar regions out of them 120 (60 male and 60 female) were from Urban and 120 (60 male and 60 female) were from Rural area individuals who were suffering from HIV positive diagnosis. Gujarati adaptation of Bail adjustment inventory by Dr. D.J Bhatt and Chauhan and Tiwari's depression scale was used for assessment. The data was analysed using 't' test. Results indicate that there is better adjustment levels in family and social aspects and reduced levels of depression after counselling.

Keywords: HIV-AIDS, Family Adjustment, Social Adjustment, Depression, Urban, Rural, Male, Female

Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (HIV/AIDS) is a broad spectrum of conditions which is caused by being infected from HIV. Following the infection, a number of symptoms are experienced by the individual which interferes with his/her physical and mental health to a great extent. HIV/AIDS is a well known condition and has affected large number of people since its discovery. With the increasing number of people being diagnosed with this condition, there are also rising misunderstandings regarding the nature of the disease. In such a scenario, an individual with HIV positive diagnosis has a tough battle to fight. It becomes difficult to create and maintain an environment which respects equality and fairness. Not only this, it is also important that the families of such individuals are aware about their condition and are willingly providing care to them and supporting them to live in the society at large. Care needs to be taken in a manner in which even unknowingly the individual is not hurt.

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Apart from making everyday changes and adjustments to live a better life, there are many other aspects in the life of an individual with HIV/AIDS diagnosis which need to be highlighted. Thoughts about the illness, physical symptoms, social stigma, acceptance from family, fear of death and various other questions keep running in their minds. Such thoughts and feelings lead to experiencing sad mood and feeling lost. Thus, constant support from immediate family members and professional help from counsellors is important.

In India, HIV/AIDS infection had been seen as a serious illness from the beginning itself. Initial cases included working women in Chennai and Mumbai being infected by using injection needles. Soon, the disease started spreading to other parts of the country at a rapid pace, infecting many other individuals. Newer cases started getting recorded as infection spread from urban to smaller rural regions, wherein the situation was more critical as rural people were more vulnerable to the disease. Recent researches have shown that pregnant women out of all the recorded cases of HIV/AIDS, 90% fall into the age group of 18-40 years which is also considered to be that age group which falls into the earning population. Thus, affecting the overall economy of the country on a large level. When a family member of this age group, gets infected with the disease, it affects the total family income, creating disputes and straining their relationships. These families also face an added burden of pooling in money for the treatment of the individual as he/she keeps falling ill time and again and needs regular medications. Such issues put these families into financial difficulties and create an environment of worry for the HIV/AIDS patient as well. It could also be a possibility that the patient's workplace does not have a positive attitude towards him/her and towards the illness for e.g. avoiding the patient, staying away from him/her, not willing to work with him/her, etc. Close friends and relatives also tend to change their behaviour towards the patient, thus creating a socially isolated environment wherein it becomes difficult for the patient to express his/her needs and reduces the adjustment level in society. Due to such issues, the present study focuses on the importance of consistent counselling for patients suffering from HIV/AIDS.

Counselling for HIV/AIDS patients

Since HIV/AIDS is a disease which comes with various issues including health concerns, social stigma, unemployment, attitude of family members and much more, it becomes extremely important for these patients to undergo counselling on a regular basis. The individual may be having negative thoughts related to his/her health, fear of not being accepted, losing his/her social ties, misperceptions regarding the illness, worry, fear of dying among others. When counselling for such issues is given, the person feels connected to another being that tries and understands his/her perspective and helps him/her find a way to cope. It also helps in increasing one's self confidence and provides more courage to live and fight the battle. One very important goal achieved through counselling is of providing details about the illness to the individual. Many a times not being aware regarding what is happening with our body creates panic in many patients. Thus, it provides relief to know what is happening at present, how he/she got infected, what could be the possible consequences and how he/she should prepare self for the same and

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others. Counselling is also a process wherein the patient can comfortably share his fears. Since HIV/AIDS is a disease which affects many areas of one's life, small everyday matters which may seem simple to others, may become a matter of worry for the patient. Thus, counselling is essential.

Different stages have different counselling procedures which need to be followed. Pre-test counselling is provided to those individuals who want to give their blood samples for testing. Post-test counselling is required by individuals who have already undergone the testing procedure and are waiting for the reports or have already received the reports and need advice for the same. Drug adherence counselling makes the patients understand the importance of medication in order to cope with the disease and consequences of skipping doses or terminating medicines without consultation with the doctor.

Adjustment

Adjustment is an important part of life. According to Boring Lang Field, adjustment is an act through which an individual tries to maintain a balance between his needs and factors which will help him fulfil those needs. In simple words it could be defined as learning to make changes in our behaviour according to the situation in which we are placed. Humans are social beings and thus adjustment is required the most in our lives as we need to maintain a certain level of comfort with friends, family, colleagues, relatives, neighbours and others in order to work and live in a harmonious manner. A person living with HIV/AIDS may have difficulty adjusting in many areas of life. There are many misconceptions regarding the disease and thus it may be that the individual remains being misunderstood by others. If others do not show understanding and acceptance to the patient, he/she may feel neglected and misunderstood and hence is not able to make adjustments.

Family Adjustment:

Though members of a family are close to each other, at times there are moments wherein adjusting within family is not easy. HIV/AIDS patient may face this situation more often as they may feel weak due to their poor health conditions and not being able to contribute financially for the family. Worry keeps developing regarding the economical condition of the family. Moreover, at times family members may behave indifferently towards the patient, or do not accept the patient and his/her condition thus making it more difficult for the patient to adjust. Due to wrong information about the disease, there might be some behaviour on the part of the family which may hurt the patient for e.g. keeping the patient's bed separate, using different utensils for the patient, etc. Such behaviours break the patient mentally and makes adjustment a difficult job.

Social Adjustment:

Since humans need other human beings to maintain a social environment around them, it is important that one learns how to make social adjustments. When we talk about social relationships, we not only include relations with family, friends, colleagues and others but also

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includes society at large. Thus, it becomes important to define what we call as a society. According to Right, society is not just a cluster of human beings living together. Rather it is an arrangement in which social relationships between human beings keep developing. There are a lot indifference faced by the person suffering from HIV/AIDS for e.g. being neglected by friends and colleagues at workplace. Such social isolation from important individuals in the patient's life make it difficult for him to develop and maintain social relationships and thus make him/her social isolated. By living in the society, our physical and mental needs are understood and fulfilled by others and the same is reciprocated by us. Any relationship is based on the 'give and take' phenomenon. We receive what we give. Relationships come with certain responsibilities which need to be fulfilled by us but at times this is not possible. This many a times hurts us and creates discomfort in relations. HIV/AIDS patient may or may not have social ties as it may become difficult for him/her to fulfil such responsibilities all the time. They need people who understand them and their condition in its correct form. Misinformed people can do more harm than good to these patients.

Depression

Adjustment in life is necessary but unfortunately it is not something that we can do all the time and hence has certain consequences which we need to face. Depression is one such consequence. When one is not able to make adjustments, need fulfilment gets blocked and this leads to the feeling of being depressed and the person undergoes a lot of mental conflict. A depressed person cannot fight the odds that he/she is facing and thus feels that things are getting out of control. Morgan defines depression as any situation wherein a person's needs are not fulfilled in a given timeframe. Anything which delays need gratification can lead to feeling depressed.

Various symptoms in a person can help us identify whether he/she is going through depression or not. These symptoms are divided into physical symptoms and psychological symptoms. Physical symptoms include dry mouth, decreased appetite and sleep, decreased energy, feeling tired, lazy, irritable mood, downward gaze, low speech tone, may have respiratory problems and may develop substance use. Psychological symptoms include worthlessness, hopelessness, decreased self confidence, worry, fearful, not finding happiness or enjoyment in daily activities, social withdrawal, feelings of failure, confusion, indecisiveness, losing meaning from life, self blaming and suicidal ideations or plans of attempt.

Individuals suffering from HIV/AIDS have enough reasons to undergo depression. Concerns regarding health, financial conditions, interpersonal relations, attitude of family members, acceptance level, blaming self for contracting the disease and many other aspects create negative thoughts and later lead to depressive feelings. They undergo a lot of stressful situations and thus may remain confused as they are not able to come to any conclusion. In such circumstances, a positive and accepting environment from the family, sufficient moral support and professional help from a counsellor can make life a little better for the patients.

OBJECTIVE

The major objectives of the study are:

1. To know the level of family Adjustment of HIV positive people before and after counseling.
2. To know the level of Social Adjustment of HIV positive people before and after counseling.
3. To know the level of Depression of HIV positive people before and after counseling.

Hypothesis

Hypothesis is considered as the principal instrument in research (Khothari, 1990). Any research starts with hypothesis. So hypothesis is such a factor that its reliability remains to be checked. In this study, the following null hypotheses which will be tested.

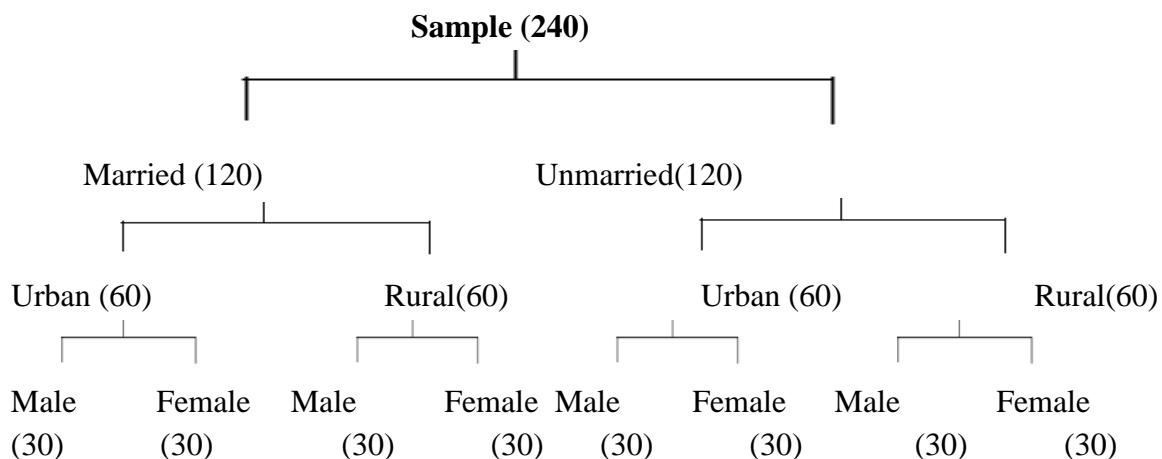
The present study was undertaken with the following hypotheses:

- Ho₁: There will be no significant difference in level of Family Adjustment in HIV positive people in relation to before and after Counseling.
- Ho₂: There will be no significant difference in level of Social Adjustment in HIV positive people in relation to before and after Counseling.
- Ho₃: There will be no significant difference in level of Depression in HIV positive people in relation to before and after Counseling.

METHOD

Sample

After finalizing the variables of the present study, consideration was given to whether the entire population for being the subjects for data collection or a particular group was to be selected as a representative of the whole population. For this research we selected those cities that have community care centres. Finally all data of HIV positive people were collected from Ahmedabad and Bhavnagar City. Total 240 HIV positive people were selected as a sample which comprised of 120 male and 120 females.



The selected respondents constitute is technically called a sample. (Khothari,1990). In the present research parents of HIV positive people 120 people were selected from Urban and 120 people were selected from rural area of Gujarat State.

Tool

1. Bail adjustment inventory

Gujarati adaptation of Bail adjustment inventory by Dr. D.J Bhatt was used to measure adjustment level of HIV Positive people. Here we used two adjustment inventories from it:

1. Family adjustment inventory
2. Social adjustment inventory

Statistical properties of the inventory: The test-retest reliability is 0.76 and half-split reliability is 0.87. For the family adjustment inventory reliability is 0.78 and for the social adjustment inventory it is 0.76. Test-retest time duration was 30 days.

2. Depression scale

Prof N.S Chauhan and Govind Tiwari's Depression Scale Was used to know the level of Depression in HIV Positive people. It is a 5 point scale with total 40 sentence form items.

Statistical properties of the scale: The test-retest reliability of this scale is 0.79 and split half reliability is 0.76. The validity of this test is 0.86

Statistical Analysis

For the interpretation or the analysis of data collected in the research, statistical methods were used. With the help of statistical methods perfect and scientific result can be obtained. To check difference and relation between mean score, use of statistical techniques of 't' method was used.

Procedure

The study was conducted on a sample of 240 people with an HIV positive diagnosis from Ahmedabad & Bhavnagar region. The purpose of the present study was to understand the level of family and social adjustment in these individuals and to know the level of their depression. Tools used were administered on the sample.

After the collection of data 't' test was applied in order to conclude the results and interpretation of data.

RESULTS AND DISCUSSION:

The main objective of present study was to know the level of Family adjustment, Social adjustment and Depression in HIV Positive people before and after counselling. For this, statistical 't' method was used.

Results and discussion of present study are as under:

Ho₁: There will be no significant difference in Family adjustment level of HIV positive people in relation to before and after Counseling.

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Table-1: Showing t-value and mean differences between before and after counselling family adjustments of HIV Positive people

Group	Family adjustment			‘t’
	N	M	SD	
Before Counselling	240	35.95	5.94	16.01**
After Counselling	240	46.30	8.06	

Significant level *P < 0.05 ** P < 0.01

Table no.1 indicates that ‘t’ test has been applied to find out whether there is any significant difference in the Family adjustment level of HIV patients before and after counselling . The calculated ‘t’ value is found to be 16.01 which is greater than the table value and is significant at 0.01 level. Hence the null hypothesis “There will be no significant difference in Family adjustment level of HIV positive people in relation to before and after Counselling.” is rejected. Therefore it is concluded that there is a significant difference between before and after counselling of HIV patients in relation to their Family adjustment. This result indicates that the mean scores for the variable of Family adjustment of before Counselling of HIV Positive were 35.95 and after Counselling were 46.30 respectively. The mean value indicates that after counselling HIV positive people have more Family Adjustment then before counselling. It means that the after Counselling HIV positive people have better family adjustment level then before counselling.

Ho₂: There will be no significant difference in Social adjustment level of HIV positive people in relation to before and after Counseling.

Table-2.: Showing t-value and mean differences between before and after counselling social adjustments of HIV Positive people

Group	Social adjustment			‘t’
	N	M	SD	
Before Counselling	240	36.83	6.81	11.20**
After Counselling	240	44.11	7.46	

Significant level *P < 0.05 ** P < 0.01

Table no.2 indicates that ‘t’ test has been applied to find out whether there is any significant difference in the social adjustment level of HIV patients before and after counselling . The calculated ‘t’ value is found to be 16.01 which is greater than the table value and significant at 0.01 level. Hence the null hypothesis “There will be no significant difference in Social adjustment level of HIV positive people in relation to before and after Counselling.” is rejected. Therefore it is concluded that there is a significant difference between before and after counselling of HIV patients in relation to their Social adjustment. This result indicates that the mean scores for the variable of Social adjustment of before Counselling of HIV Positive were 36.83 and after Counselling were 44.11 respectively. The mean value indicates that after

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counselling HIV positive people have more Social Adjustment then before counselling. It means that the after Counselling HIV positive people have better Social adjustment level then before counselling.

H₀₃:

There will be no significant difference in Depression of HIV positive people in relation to before and after Counseling.

Table-3.: Showing t-value and mean differences between before and after counselling Depression of HIV Positive people

Group	Depression			‘t’
	N	M	SD	
Before Counselling	240	159.81	15.66	14.66**
After Counselling	240	128.73	28.75	

Significant level

*P < 0.05

** P < 0.01

Table no.3 indicates that ‘t’ test has been applied to find out whether there is any significant difference in the Depression level of HIV patients before and after counselling . The calculated ‘t’ value is found to be 16.01 which is greater than the table value and significant at 0.01 level. Hence the null hypothesis “There will be no significant difference in Depression level of HIV positive people in relation to before and after Counselling” is rejected. Therefore it is concluded that there is a significant difference between before and after counselling of HIV patients in relation to their Depression. This result indicates that the mean scores for the variable of Depression of before Counselling of HIV Positive was 159.81 and after Counselling was 128.73 respectively. The mean value indicates that after counselling HIV positive people have less Depression then before counselling. It means that the after Counselling HIV positive people reduce levels of Depression then before counselling .

CONCLUSION

1. HIV positive people have more Family Adjustment after counseling. It means that after counseling HIV positive people have better family adjustment level than before counseling.
2. The mean value indicates that after counseling HIV positive people have more Social Adjustment then before counseling. It means that after Counseling HIV positive people have better Social adjustment level than before counseling.
3. HIV positive people have less Depression than before counseling. It means that after Counseling HIV positive people have reduced levels of Depression then before counseling.

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