



A STUDY ON HEALTH STATUS OF PEOPLE LIVING WITH HIV/AIDS

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ABSTRACT

Health is considered as a fundamental human right and a worldwide social goal. A healthy person is an asset to any society. However, the illness caused by HIV and its possible fatal consequences is a major health challenge.

HIV/AIDS is having a devastating effect on health in many countries. The report “World Health Organization’s (WHO) Commission on Macroeconomics and Health” sees ill health as a dimension of poverty, and advocates investing in health as a means of working towards poverty reduction and raising living standards of the poor.

The most noticeable impact of HIV and AIDS on the infected persons results in increased expenditure on medical treatment.

KEYWORDS: HIV, AIDS, Health, Opportunistic infections.

I. INTRODUCTION

HIV, the virus that causes AIDS, is one of the world’s most serious public health challenges. But there is a global commitment to stopping new HIV infections and ensuring that everyone living with HIV has access to HIV treatment.

According to UNAIDS :

- There were approximately 36.9 million people worldwide living with HIV/AIDS in 2017.
- Of these, 1.8 million were children (<15 years old).
- An estimated 1.8 million individuals worldwide became newly infected with HIV in 2017 – about 5,000 new infections per day. This includes 180,000 children (<15 years). Most of these children live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding.
- Approximately 75% of people living with HIV globally were aware of their HIV status in 2017. The remaining 25% (over 9 million people) still need access to HIV testing services. HIV testing is an essential gateway to HIV prevention, treatment and care and support service.
- In 2017, 21.7 million people living with HIV (59%) were accessing antiretroviral therapy (ART) globally, an increase of 2.3 million since 2016 and up from 8 million in 2010.
- AIDS-related deaths have been reduced by more than 51% since the peak in 2004. In 2017, 940 000 people died from AIDS-related illnesses worldwide, compared to 1.4 million in 2010 and 1.9 million in 2004.

Despite advances in our scientific understanding of HIV and its prevention and treatment as well as years of significant effort by the global health community and leading government and civil society organizations, too many people living with HIV or at risk for HIV still do not have access to prevention, care, and treatment, and there is still no cure. However, effective treatment with antiretroviral drugs can control the virus so that people with HIV can enjoy healthy lives and reduce the risk of transmitting the virus to others.

The HIV epidemic not only affects the health of individuals, it impacts households, communities, and the development and economic growth of nations. Many of the countries hardest hit by HIV also suffer from other infectious diseases, food insecurity, and other serious problems.

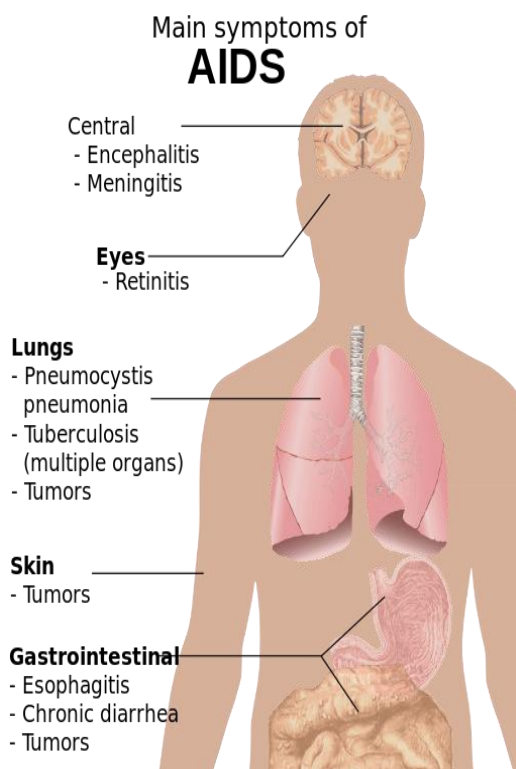
India has the third largest HIV epidemic in the world. In 2017, HIV prevalence among adults (aged 15-49) was an estimated 0.2%. This figure is small compared to most other middle-income countries but because of India's huge population (1.3 billion people) this equates to 2.1 million people living with HIV

In 2017, India adopted 'test and treat', following WHO guidance, which means anyone testing positive for HIV is now eligible for treatment, regardless of their CD4 count.

Over the past decade, India has made significant progress in tackling its HIV epidemic, especially in comparison with other countries in the region. A major reason for the country's success is the sustained commitment of the Indian Government through its National AIDS Control Programme, which has been particularly effective at targeting high-risk groups such as men who have sex with men, sex workers and people who inject drugs.

While ART is free and uptake is rising, helped by the adoption of 'test and treat', many people living with HIV still have difficulty accessing services, meaning the rapid pace at which coverage is being scaled up must continue.

A sign is something other people, apart from the patient can detect, such as a swelling, rash, or change in skin colour. A symptom is something only the patient feels and describes, such as a headache, fatigue, or dizziness.



Two major and one minor symptom from above are required for making the diagnosis. It is simply a clinical manifestation of the underlying immune deficiency and represents the end stage of many years of progressive immunologic damage.

II. REVIEW OF LITERATURE

This study gives a conceptual understanding on health aspects of HIV infection.

Rezer,-T.-M. (2001), in the study shows that the statistical data on health conditions of high school graduates, obtained by Health Ministry of Russian Federation, indicate that 68% of the children obtain health problems before school with 17% having chronic diseases. The situation is getting worse during the school years. From 1991, the number of children with tuberculosis increased by 5%-15% each year. For the last 3 years, the number of AIDS cases increased by 3 times. In 1998, the number of children aged 0-14 diagnosed with syphilis for the first time increased by 33.7% in comparison to 1996. The problems of psychological health, alcoholism, drug use between children are discussed. On average, the health conditions during school years have deteriorated by 4-5 times.

Ballester& Rafael (2002), stated that last two decades, HIV infection/AIDS has become one of the priorities for the health systems in the entire world because its prevalence and the seriousness of disease. Important advances in the field of pharmacological treatment of HIV infection patients have been produced, with the development of new and more potent anti-retro viral. Nevertheless, researchers and clinicians report a high rate of problems related with adherence that invalidate benefits derived from medical advances. In this paper the authors present a theoretical review of antecedents of psychological research about adherence to treatments. Also, the authors analyse specific problems found in AIDS patients and review studies about effectiveness of cognitive-behavioural programs of intervention to increase adherence to antiretroviral in HIV infection patients.

Steel-et al, (2004), stated Nevirapine is one of the first line antiretroviral agents used in the treatment of HIV/AIDS as well as for prophylaxis against mother-to-child transmission of HIV. As antiretroviral medication becomes more available it is important for physicians to recognize the major clinical toxicities of these medications. Here it is reported a HIV-infected infant who developed a rash with systemic symptoms in association with Nevirapine administration.

III. OBJECTIVE OF THE STUDY

The present study is conducted with the following objective:

- To assess the current health status of the HIV infected persons.

IV. HYPOTHESIS OF THE STUDY

- People living with HIV/AIDS are more prone to opportunistic infections.

V. RESEARCH METHODOLOGY

Healthy family life is important to individual fulfilment, social stability sustainable development; especially in the context of HIV/AIDS family has a very important place in sustainable development in the hope of preparing, advocating or improving strategies that would enhance the role of the family as a basic unit of society.

Here, the social work research with reference understand the current health status of people living with HIV/AIDS.

Research design helps for logical and systematic planning in directing the research. This study attempted to investigate above mentioned factor of health of people living with HIV/AIDS. In this regard, the study was conducted in the framework of descriptive research design.

• UNIVERSE AND SAMPLING –

The government policy of NACP II Solapur district has its own District AIDS Prevention Control Unit (DAPCU). There are 16 Integrated Counseling and Testing Centres for HIV suspected and infected people and ART centers for HIV infected patients.

The investigation aims at finding out health status of people living with HIV/ AIDS in Solapur district attending in Government counseling centers i.e. Integrated Counseling and Testing Centre (ICTC). As all ICTC units are located at district level researcher is able to cover the whole district data. Hence all the HIV infected families reporting to ICTC in Solapur district constitute the universe of the study.

Thus the study is delimited to only those populations who are infected and attending counselling sessions & taking treatment in ICTC in Solapur district. Since all the cases are not HIV positive, the researcher allotted a quota sampling of 10 HIV positive respondents purposively from each ICTC. Out of those 10 respondents, researcher purposefully took 5 male and 5 female HIV infected patients from each ICTC. Thus total sample constituted to 160 HIV positive respondents.

• SOURCES AND METHODS OF DATA COLLECTION –

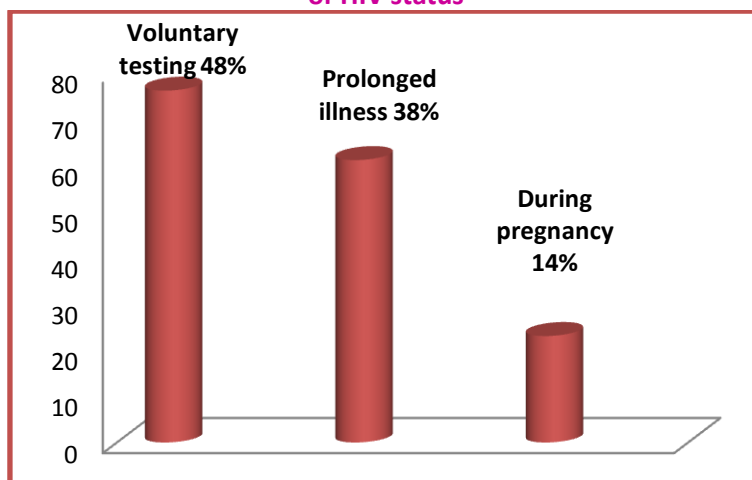
The researcher collected primary data directly from women living with HIV/AIDS from govt. integrated counselling and testing centres in Solapur district.

Interview method was used for collecting data from the HIV infected people as it is the most suitable method of data collection. Separate interview schedules were prepared for collecting the information. Interviews were held in both in ICTC units and at their home. These interviews were held in a very comfortable and confidential atmosphere.

Table No. 1
Distribution of respondents by ways of discovering HIV status

Ways of discovering HIV status	Frequency	Percentage
Voluntary testing	76	48
After prolonged illness	61	38
During pregnancy	23	14
Total	160	100

Figure No. 1 Distribution of the respondents by ways of discovering of HIV status



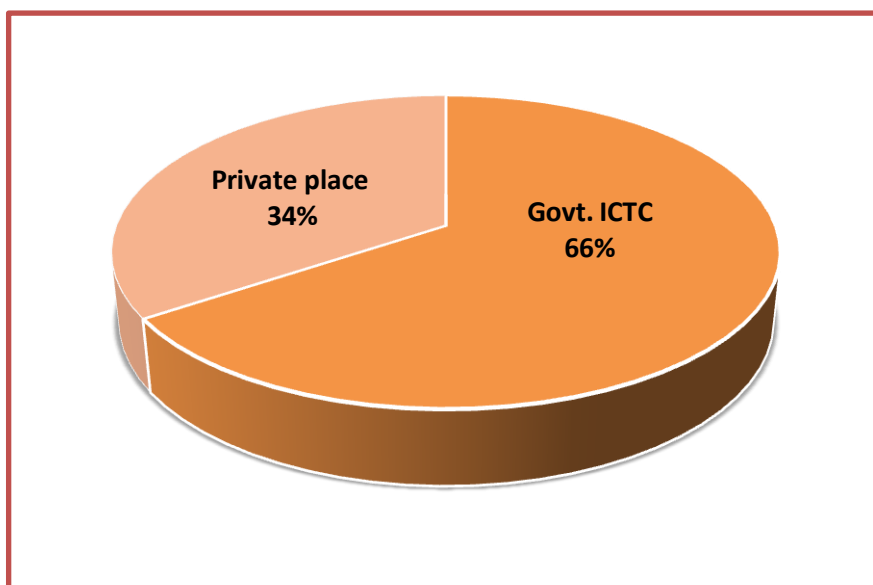
The above table explains the discovery status of respondents HIV status.

It can be clearly seen that 48% of the respondents discovered their HIV status through voluntary testing, where 38% discovered due to prolonged illness and remaining 14% detected during pregnancy test.

Table No 2
Distribution of the respondents by place of HIV testing

Place	Frequency	Percentage
Govt. ICTC	105	66
Private place	55	34
Total	160	100

Figure No. 2 Distribution of the respondents by place of HIV testing

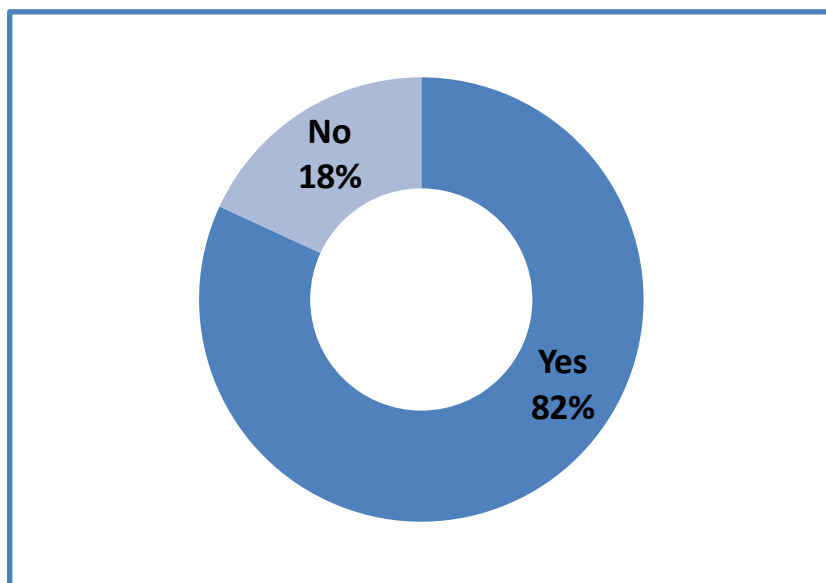


From the above table it can be seen that more than half of the respondents did their diagnosis of HIV in govt ICTC units whereas 34% respondents have done their diagnosis in private health centers. This may be because of the heavy cost charged in private hospitals. Moreover government hospitals have all the facilities to conduct the test.

Table No 3
Distribution of the respondents by presence of opportunistic infections

Presence of opportunistic infections	Frequency	Percentage
Yes	131	82
No	29	18
Total	160	100

Figure No. 3 Distribution of the presence of opportunistic infections



The above table explains about the presence of opportunistic infections among the respondents.

The above table shows that great majority of the respondents (82%) are suffering from chronic diseases or opportunistic infections and remaining only 18% respondents do not have any chronic disease or opportunistic infections.

It is apparent that the disease affects the immunity system and they are more vulnerable to opportunistic infections.

**Table No 4
Types of opportunistic infections**

Types of opportunistic infections	Opinion of the respondents		Total
	Yes	No	
Fever	75(57.25%)	56(42.75%)	131(100%)
Headache, body ache etc.	114(87.02%)	17(12.98%)	131(100%)
Weakness, anemia.	124(94.65%)	7(5.35%)	131(100%)
Loose motion, with/without vomiting, diarrhea, dysentery	33(25.20%)	98(74.80%)	131(100%)
Eye problems	26(19.85%)	105(80.15%)	131(100%)
T.B. (Tuberculosis)	25(19.10%)	106(80.90%)	131(100%)
Skin diseases/infections	67(51.15%)	64(48.85%)	131(100%)
Disease of mouth ulcers	25(19.10%)	106(80.90%)	131(100%)
Loss of memory	24(18.30%)	107(81.70%)	131(100%)
Others	45(34.35%)	86(65.65%)	131(100%)

The above table describes the types of opportunistic infections respondents are suffering from.

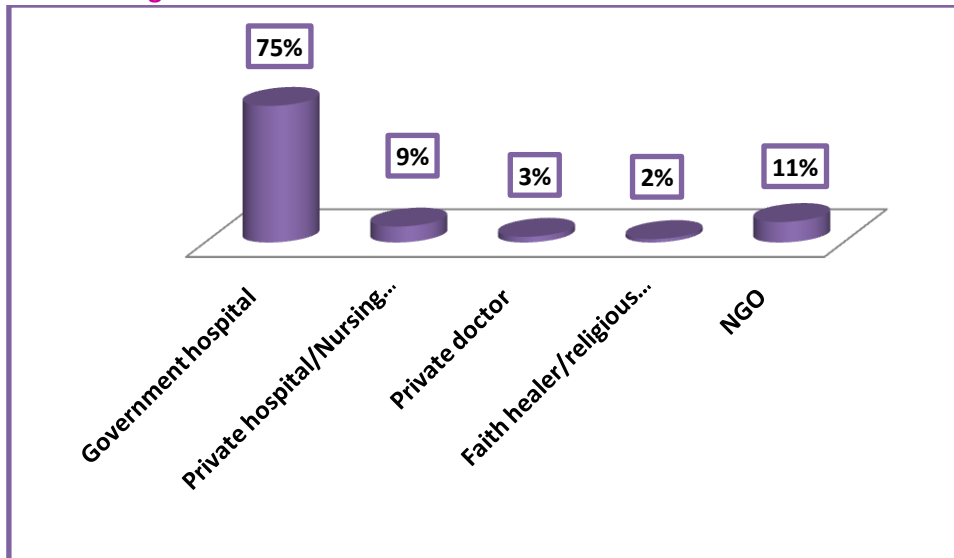
It is observed that 57.25% respondents said that they are suffering from fever. 87.02% respondents said that they are suffering from headache; body ache etc. 94.65% respondents replied that they feel weakness and anemia due to their HIV status. 74.80% respondents said that they are suffering from loose

motion, vomiting, diarrhea and dysentery. 19.85% respondents said that they have eye problems. 19.10% respondents replied that due to HIV positive status they are suffering from T.B. 51.15% respondents having skin diseases and infections due to HIV positive and remaining 19.10% respondents are suffering from mouth ulcers. 18.30% respondents feel that they are suffering from loss of memory. 34.35% respondents are suffering from others health problems due to their HIV positive status.

Table No 5
Distribution of respondents by utilization of health centers.

Sources of treatment	Frequency	Percentage
Government hospital	120	75
Private hospital/Nursing home	14	9
Private doctor	5	3
Faith healer/religious person	3	2
NGO	18	11
Total	160	100

Figure No. 4 Distribution of the utilization of health centers



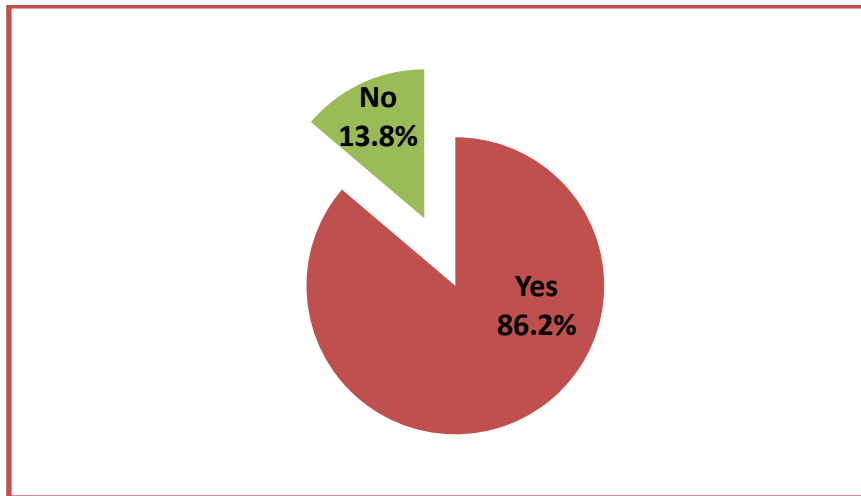
The table shows that more than one half of the respondents (75%) are taking treatment from govt. hospital, 9% respondents from Private hospital/Nursing home and 2% respondents are from faith healer/religious person. 3 % respondents are taking treatment from private doctors. At the same time around 11 % of the respondents are dependent on health services given by NGO’s.

Majority of the respondents are taking treatments from govt sectors. The government is spreading large amount for both prevention and cure by providing required facilities. Since the financial burden is heavy most of them prefer govt health centres.

Table No 6
Distribution of ART treatment status

ART treatment status	Frequency	Percentage
Yes	138	86.2
No	22	13.8
Total	160	100

Figure No. 5 Distribution of ART treatment status



The above table shows whether the respondents are taking ART treatment.

A good majority (86.2%) of the respondents said that they are taking ART treatment and 13.8 % respondents are not on ART. It shows that maximum respondent’s health status is weak and so they need ART treatment.

**Table No 7
Distribution of sources of ART treatment**

Source of ART treatment	Frequency	Percentage
Government hospital	123	89.13
Private hospital/ Nursing home	12	8.70
Private doctor	3	2.17
Total	138	100

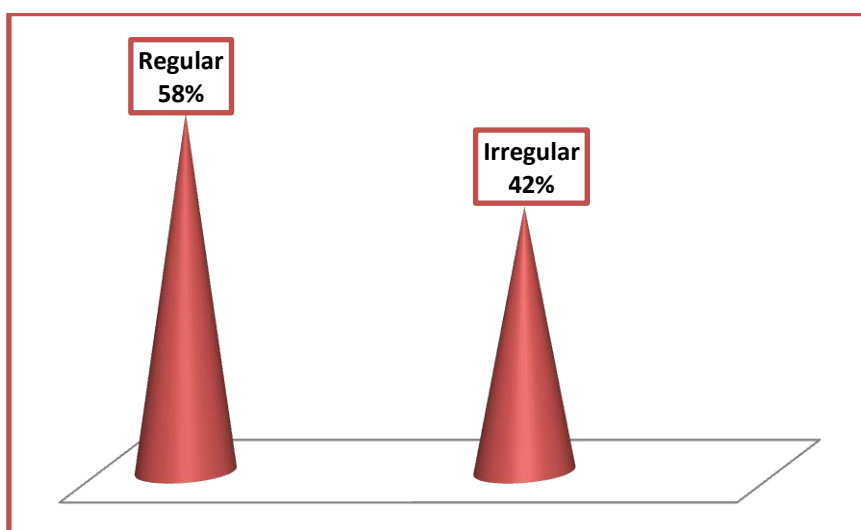
A good majority numbers (89.13%) of the respondents are taking treatment from govt. hospital, 8.70% respondents are taking treatment from private hospital or nursing home and remaining only 2.17% respondents are taking treatment from private doctors.

From the above table it is found that majority respondents are dependent on govt. hospital for ART. Since the ART treatment is easily available in Govt. hospitals free of charge, it is obvious that most of them are availing facility from govt. strategies to protect their health issues.

Table No 8
Distribution of the respondents by regularity in taking medicines

Regularity in medicine	Frequency	Percentage
Yes	92	58
No	68	42
Total	160	100

Figure No. 6 Distribution of regularity in taking medicines



The above table shows about respondent’s regularity in taking medicines.

Table shows that majority of the respondents (58%) are taking medicines on regular basis and remaining 42% respondents are not taking it on regular basis.

Though more than one half of the respondents are aware about the importance of regularity of medicines after HIV infection, it is notable that a good number are not on regular medicines.

Table No 9
Distribution of the respondent’s financial sources for treatment

Sources	Frequency	Percentage
Past savings	36	23
Employer reimbursement	4	2
Mortgage assets	42	26
Loan from employer	14	9
Borrowed from friends and relatives	41	25
Borrowed from moneylender and other	11	7

financial institutions		
NGO support	12	8
Total	160	100

The above table explains the financial sources for treatment of the respondents.

It can be seen that 26% respondents are dependent on their mortgage assets followed by 25% by borrowing money from their friends or relatives and then around 23% are depend on their own past savings to bear the expenses of hospitalization.

Whereas 9% people have taken loan from their employer, 8% depend on NGO’s help, 7% borrow from money lenders and only 2% are getting the facility from their employer reimbursement for their treatment.

It can be concluded that very less percentage of the respondents are using their own savings and maximum people are dependent on others financial help for their treatment.

VI. HYPOTHESES TESTING

- *People living with HIV/AIDS are more prone to opportunistic infections.*

Table No 4, clearly shows that majority of the people living with HIV/AIDS are affected by many opportunistic infections like continuous fever, weakness, anaemia, skin diseases. So the hypothesis is accepted.

VII. MAJOR FINDINGS

From the data, it can be clearly seen that 48% of the respondents discovered their HIV status through voluntary testing, where 38% discovered due to prolonged illness and remaining 14% detected during pregnancy test.

It can be also be seen that more than half of the respondents did their diagnosis of HIV in govt ICTC units whereas only 34% respondents have done their diagnosis in private health centers.

Regarding the health status of the respondents, it is found that majority (82%) of the respondents are suffering from chronic disease or opportunistic infections, 57.25% respondents said that they are suffering from fever, 87.02% respondents said that they are suffering from headache; body ache etc., 94.65% respondents replied that they feel weakness and anemia due to their HIV status, 74.80% respondents said that they are suffering from loose motion, vomiting, diarrhea and dysentery, 19.85% respondents said that they have eye problems, 19.10% respondents replied that due to HIV positive status they are suffering from T.B. 51.15% respondents are having skin diseases and infections due to HIV positive and 19.10% respondents are suffering from mouth ulcers. 18.30% respondents are suffering from loss of memory. 34.35% respondents are suffering from others health problems due to their HIV positive status.

Regarding the treatment of the respondents, it is found that more than one half of the respondents (75%) are taking treatment from govt. hospital, 9% respondents from Private hospital/Nursing home and 2% respondents are from faith healer/religious person. 3% respondents are taking treatment from private doctors. At the same time around 11 % of the respondents are dependent on health services given by NGO’s. Concerning the ART treatment of respondents, it is found that majority (86.2%) of the respondents said that they are taking ART treatment from govt. hospital

It is found that majority numbers of the respondents (57.5%) are taking medicines on regular basis and remaining 42.5% respondents are not taking it on regular basis but all the respondents are taking allopathic medicines.

VIII. CONCLUSION

It is very much apparent whatever have been up till now against HIV/AIDS for PLHA and general public are quite insufficient. Females and youth are although less in number among affected people but they are at major risk and are potential future targets of HIV/AIDS. Illiteracy and unawareness is very much prevalent among sufferers.

Healthy and safe sexual practice is lacking like use of condoms etc. prevalence of intra drug users by sharing needle is considerably high which are one of the biggest sources of HIV/AIDS transmission.

Health sector should be more adequately equipped and should have ideally trained to provide health care facilities to HIV positive patients and is quite expensive. Blood transfusion services are although claimed to be safe but there are still loopholes so that safe blood transfusion is still not totally possible. There are not much facilities for psychiatric and psychological support of the diseased and their depressed family members. Stigma, discrimination and social rejection are found to continue.

The study established that electronic especially visual awareness can prove more helpful in creating awareness about HIV/AIDS and that will also support for proper health care system.

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