



FAMILY SUPPORT, ADHERENCE ON MEDICATION AND COPING STRATEGY INFLUENCING THE LIFE EXPECTANCY OF HIV+/AIDS PATIENTS

Arvind Kumar

Research Scholar, Dept. of Psychology,
M.U. Bodh Gaya.

ABSTRACT :

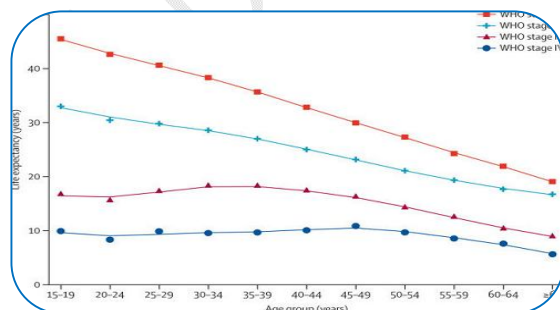
The study under investigation intended to examine the influence of family support, adherence on medication and coping strategy on the life expectancy of HIV+ patients. For the purpose, 30 patients as a case study were experimentally and empirically investigated. It was hypothesized that there would be significant influence of (i) family support, (ii) adherence on medication and (iii) coping strategy on life expectancy of HIV+/AIDS patients. Self-structured questionnaire along with personal data sheet were used for data-collection. Chi-square was used for data analysis of data. The result confirmed all the hypotheses. It was concluded that family support and adherence on medication are favourable for high-life expectancy. Further, coping strategy of the patients with HIV influences their life-expectancy.

KEYWORDS : HIV+ patients , Chi-square , life-expectancy.

INTRODUCTION :

The investigated study comprises of several components like HIV+, AIDS, life-expectancy, family support, adherence on medication and coping strategy; all needs an elaboration. HIV+ is the acronym for human immuno deficiency virus. The human immuno deficiency virus is a retrovirus that causes AIDS in human beings. AIDS stands for acquired immune deficiency syndrome. When we go through the literal meaning of AIDS, we get: Acquired means neither innate nor inherited, but transmitted from one infected person to another. Immune is body's defence system. Deficiency means not functioning to the appropriate degree. Syndrome means a group of signs and symptoms. Aids is the advance stage of HIV infection in which an infected person have almost destructed immune system that cannot fight against foreign bodies and opportunistic infections, and posses group of signs & symptoms for illness. It is a disabling and incurable syndrome caused by HIV. As, HIV progressively destroys the immune system, most people particularly in resource constrained settings die within few years after appearance of AIDS.

The life- expectancy is most important component which means the time duration or life span what we expect for HIV+ patients. We can also assume it as longevity of life of the person infected with HIV. Family /spousal support is that supports which HIV+ patients receive during fighting against his panic HIV



infection and that may be mental/moral support, financial support, occupational support etc..Adherence on medication is to be continued with his medicines prescribed by ART centre (Anti retro-viral therapy centre). Coping strategy is that strategies which HIV+ patients apply during fighting to HIV infection likewise positive attitude, meditation and exercise, social interactions, pursuing healthy habits, taking medicines regularly without fail, eating only healthy foods, drinking

fresh water, taking care of cleanliness & hygiene and may be many more. Review of literature was done on various studies that have been conducted in India and abroad relating to HIV+ patients.

Since, the HIV infection is a fatal infection, the knowledge of which is in public. Although, research works done at nation and worldwide are carried on continuously. Even after, it needs continuous research. The present study is based on case studies. So, it was felt necessary and warranted.

PURPOSE

- (i) One purpose of the present study is to make a comparison between alive HIV+ patients and dead HIV+ patients in terms of family support.
- (ii) The second purpose of the present study is to make a comparison between alive HIV+ patients and dead HIV+ patients in terms of adherence on medication.
- (iii) The third purpose of the present study is to make a comparison between alive HIV+ patients and dead HIV+ patients in terms of coping strategy.

HYPOTHESIS

- (i) There would be significant influence of family support on life-expectancy of HIV+ patients.
- (ii) There would be significant influence of adherence on medication on life-expectancy of HIV+ patients.
- (iii) There would be significant influence of coping strategy on life-expectancy of HIV+ patients.

METHOD OF STUDY

(a) Sample

Detailed Personal data sheet of all 30 HIV/AIDS affected patients (whether alive or dead) on which original research work has been done and who undergone research interview schedule, were recorded. Only original name /identity of the respondent have been changed while other facts were the original. Identity/name of few respondents has been kept original as he has no objection in doing so.

(b) Tool Used

Self-Structured Questionnaire: It was developed by the researcher himself in consultation with supervisor to collect informations relating to various factors influencing life-expectancy of HIV+ Patients.

RESULTS

Table-01

Chi-square showing the influence of family/spousal support on life expectancy of HIV+ patients.

Patients	Family/Spouse Support	N	Life Expectancy		χ^2	df	P
			Long	Short			
Dead	High	04	68%	32%	44.62	1	.01
	Low	05	21%	79%			
Alive	High	10	81%	19%	63.35	1	.01
	Low	05	25%	75%			

The results displayed by table- 01 (5.20) clearly revealed the significant influence of high/low family/spousal support on life expectancy of both dead as well as alive groups of HIV+ patients. It is clear from the results of table-5.20 that more than 68% of dead Patients whereas more than 81% of alive patients were reported to have long life (more than 5 yrs.) or longevity. On the other hand only 21%of dead and only 25% of alive patients were reported to have long life or longevity. Further, only 32% of dead and only 19% of

alive, both belonging to high family/ spousal support were reported to have shorter life. More than 79% of dead and more than 75% of alive both belonging to low family /spouse support groups were found belonging short life (less than 5 yrs.). The chi-square were found significant (dead HIV+Patients: $\chi^2=44.62$; $df=1$; $P<.01$ Alive HIV+ Patients: $\chi^2=63.35$; $df=1$; $P<.01$). Thus, hypothesis no.-(20) is retained. It was hypothesized that there would be significant influence of family/spousal support on life expectancy of HIV+ Patients. Findings might be interpreted on the ground that high and low familial/spousal support has significant influence on longevity of life of HIV+/AIDS Patients.

Chi-square showing the influence of adherence on medication on life expectancy of HIV+ Patients.

Table -02

Patients	Adherence on Medication	N	Life Expectancy		χ^2	df	p
			Long	Short			
Dead	Proper	4	64%	36%	30.73	1	.01
	Improper	11	25%	75%			
Alive	Proper	12	76%	24%	42.75	1	.01
	Improper	3	30%	70%			

The results displayed by table-02 (5.07) clearly revealed the significant influence of proper/ improper adherence on medication on life expectancy of both dead as well as alive groups of HIV+ patients. It is clear from the results of table-5.07 that more than 64% of dead patients whereas more than 76% of alive patients were reported to have long life (more than 5 yrs.) or longevity. On the patients were reported to have long life (more than 5 yrs.) or longevity. On the other hand only 25% of dead and only 30% of alive patients were reported to have long life or longevity. Further, only 36% of dead and only 24% of alive both belonging to proper adherence on medication were reported to have shorter be further, more than 75% of dead and more than 70% of alive both belonging to improper adherence to medication groups were found belonging to short life (less than 5 yrs.). The chi-square were found significant (dead HIV+ patients: $\chi^2 = 73$; $df=1$; $p<.01$, Alive HIV+ Patients: $\chi^2=42.75$; $df=1$; $P,.01$). Thus hypothesis is retained. It was hypothesized that there would be significant influence of adherence on medication on life expectancy of HIV+ Patients. Findings might be interpreted on the ground that proper/improper adherence on medication have significant influence on longevity of HIV+ Patients.

Chi-square showing the influence of coping strategy on life expectancy of HIV+ Patients.

Table-03

Patients	Coping Strategy	N	Life Expectancy		χ^2	df	P
			Long	Short			
Dead	Satisfactory	04	60%	34%	42.75	1	.01
	Unsatisfactory	11	20%	80%			
Alive	Satisfactory	12	82%	18%	63.35	1	.01
	Unsatisfactory	03	26%	74%			

The results displayed by table-03 (5.15) clearly revealed the significant influence of satisfactory/unsatisfactory coping strategies on life expectancy of both dead as well as alive groups of HIV+ Patients. It is clear from the results of table-5.15 that more than 66% of dead patients whereas more than 82% of alive patients were reported to have long life (more than 5 yrs.) or longevity. On the other hand only 20% of dead and only 26% of alive Patients were reported to have longevity. Further, only 34% of dead and only 18% of alive both belonging to satisfactory coping strategy were reported to have shorter life. Further, more than 80% of dead and more than 74% of alive both belonging to unsatisfactory coping strategies groups were found belonging to short life (less than 5 yrs.) The chi-square were found significant (dead HIV+ Patients: $\chi^2 = 42.75$; $df=1$; $P,.01$ Alive HIV+ Patients: $\chi^2 = 63.75$; $df=1$; $P,.01$). Thus this hypothesis (no.- 15) is retained. It was hypothesized that there would be significant influence of coping strategy on life expectancy of HIV+ Patients. Findings might be interpreted on the ground that satisfactory/unsatisfactory coping strategy has significant influence on longevity of life of HIV+ Patients.

CONCLUSIONS

- (i) HIV+/AIDS patients those have high family/spousal support have higher life-expectancy than those who have less family/spousal support. It's so because due to better family/ spousal support, HIV+ patients have comparatively less stress and less difficulties while fighting against HIV/AIDS and leads a longer life.
- (ii) Patients those were on continuous medication (adherence on medication) prescribed to him without fail have higher life-expectancy than those who have missed the prescribed doses of medicines and ART. Patients with regular medication have fewer chances of opportunistic infections and have comparatively better immune system that leads a long life.
- (iii) HIV+/AIDS patients those have better coping strategies have been found with higher life-expectancy than those who have poor coping strategies. With better coping strategies patients felt more enthusiasm and positivity towards living a normal life.

RECOMMENDATIONS

Thus, it is recommended that arrangement be made in such a way that patients may develop better immune system, better CD4 count leading to have higher life expectancy. This can be done by enhancing his/her moral by doing several activities such as good family/spousal support, providing proper and continuous medication and helping the patients in enhancing their coping strategies. Patients should go through recommended physical exercises, meditation, yoga, listening to music, participating in extracurricular activities and possible interactions in the society. The Patients will be able to lead a better life and have positive thinking if they are provided good family support, adherence on medication and patients themselves too adopt better coping strategies while fighting against HIV/AIDS. Under such conditions, the patients would get familial, social as well as psychological support. The result would be that such patients would lead a happy life with minimum stress and maximum coping strategies. Family/spousal support accompanied by high medical support, high occupational support with sound SES and thus, positive thinking emerged from sound mental health are conducive to high morale leading to have high life - expectancy.

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