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IMPACT OF EVENT IN WIDOWS LIVING WITH HIV/AIDS – A STUDY

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ABSTRACT :

Aim: *This study aims to assess the impact of event in widows living with HIV/AIDS.* ***Method:*** *The are 1110 HIV/AIDS infected widows registered with Network for Positive People, Tiruchirappalli District, of which the researcher selected 333 HIV infected widows for the study using simple random sampling technique by adopting lottery method. The Impact of event scale developed by Horowitz et al. (1979), was used.* ***Result:*** *The findings of the study highlighted the fact that most of the widows were young, less educated, working as agricultural labourers, and live in poor economic conditions. The major mode of transmission of HIV, were mainly through their husbands. Based on their level of impact of event, more than half of the respondents scored low on intrusion subscale and scored high on avoidance subscale and total impact of event.* ***Conclusion:*** *This finding indicates that there is substantial impact of events associated with HIV infected widows and indicate areas of intervention while working with this population through the use of appropriate counselling techniques.*

KEYWORDS : *Widows, HIV/AIDS, Impact of event.*

INTRODUCTION

Womanhood is universally regarded as a disastrous thing to happen in anybody's life. Since a long time, major cultures of the world seem to have realised the catastrophic effects of bereavement. In most Indo- European languages, approximately matching words seem to be in use to identify widowhood. The word widow (vidhavai/khaimpen in Tamil) in the Indian culture is generally referred to a woman whose husband is dead and who has not married again (Bhat, 2004). Hindu women traditionally regard widowhood as a punishment for some horrible crime or crimes committed by them in their previous birth, such as disobedience or disloyalty to the husband or having killed him (2004). A widow is a woman whose spouse or significant other has died. The state of having lost one's spouse is termed widowhood or viduity (Owen, 1996; Navjivan Foundation, 2009). A woman who lost her husband, especially one who has not remarried (Collins English Dictionary, 2003). The Oxford Dictionary (2007) defines widow as a woman who has lost her husband by death and has not married again. Findings from a study among HIV positive women (Katz and Nevid, 2005) pointed to three individual predictors of PTSD symptomatologies: total impact of negative life events, total stigma score, and total number of present symptoms. Stigma emerged as the strongest individual predictor. Various studies have been conducted in impact of event in widows living with HIV/AIDS. Brief et al. (2006) conducted a study on 'the interface of HIV, Trauma, and Posttraumatic Stress Disorder'. There is growing awareness that many people with HIV have

experienced trauma and may develop symptoms of posttraumatic stress disorder (PTSD). They suggested that anxiety management training may help to reduce the negative impact of trauma on immune functioning. HIV positive individuals live in impoverished environments associated with high levels of trauma exposure. Several factors may contribute to high rates of PTSD among HIV-positive individuals. These factors include high rates of exposure to the types of events that often lead to PTSD, such as sexual assault; high rates of early trauma and repeated traumatisation; and living in high risk environments characterized by poverty, violence, and a lack of support. A study conducted by Boarts et al. (2009) in order examine the differences in those who did not meet post-traumatic stress disorder (PTSD) criteria, those with HIV-related PTSD, and those with non-HIV-related PTSD among the people living with HIV. The PTSD patients reported they have score high level of PTSD and depression symptoms and lower levels of medication adherence. Gangbar and Globerman (2014) reported that a high proportion of men and women with HIV have experienced psychological trauma. Women appear to have particularly high rates of abuse and trauma. Traumatic stress is associated with poor physical and mental health outcomes, including poor adherence to medication, poor health-related functioning, more symptoms, faster progression of HIV disease, and lower quality of life. Spies and Seedat (2014), conducted a study among 95 women infected with HIV in peri-urban communities which highlighted that there was a significant negative relationship between depressive symptomatology and resilience. Brownley et al. (2015) examined the associations between PTSD symptoms with psychiatric symptom severity and psychological/religious coping strategies in WLHIV who were seeking mental health treatment. They concluded that more than one-third of African-American WLHIV in the study population had PTSD symptoms, and this is associated with poorer psychiatric symptom severity and use of dysfunctional religious/nonreligious coping skills. Sathia (2015) in her article on 'Psychological Problems of HIV/AIDS Women' concluded that female victims of this killer disease are more prone to PTSD. PTSD is a notorious mental condition that causes painful flashbacks apart from many other symptoms that affects the normal functioning of the individual. Often, the psychological condition of the female victims is so pathetic is that they fear informing their family members about their condition and several studies have documented this fact. Sathia (2015a) in her article concluded that people who were infected with HIV already facade physical agony and fear of death, trauma added further mental torture. Also suggested that mental health professionals attention is need to work on HIV/AIDS patients' psychological impairment, and impaired level of functioning by formulating therapeutic interventions targeted to remove social stigma and discrimination attached to HIV infection. In this view of the research gap the researcher intended to study the HIV/AIDS infected widows' impact of event.

METHODOLOGY

The main aim of the present study is to assess the HIV / AIDS infected widows' impact of event and it correlates with selected demographic and socio-economic as well as HIV/AIDS related factors. The universe of the study is 1110 HIV infected widows registered with Network for Positive People, Tiruchirappalli, the researcher selected 333HIV/AIDS infected persons as a respondent using Krejcie and Morgan's formula. The sample constitutes 30 per cent of the total population of HIV/AIDS infected widows. The individual respondents were selected through simple random sampling technique by adopting lottery method. In order to measure the Impact of Event, the researcher had made use of the scale developed by Horowitz et al. (1979). It consisting of 15 items based on 4-point rating scale, which were further categorised into 2 subscales viz. Intrusive & Avoidance traumatic stressor. The study is descriptive in nature.

RESULTS

Socio Demographic Background: Among the selected respondents, about one third (31%) of the respondents belong to young age group (35 years or less), about two third of the respondents (66 %) belong to middle age group (36-59 years), and the remaining three per cent of them belong to old age group (60 and above). The mean current age of the respondents is 39.9 years with a minimum of 25 years to a maximum of 63 years. All the selected respondents are HIV infected female widows. It was also revealed

that less than one third (29 %) of the respondents' age at the time of their marriage was 17 years or less, about half (51 %) of the respondents age at the time of marriage was 18-20 years and the remaining one fifth (20 %) of the respondents age at the time of their marriage was 21 years and above. The study also reveals that the marriage of eight respondents (2.4 %) was held during their childhood, i.e. when they were 13-14 years old. Majority of the respondents belong to Hinduism (94%) followed by Christianity (36%) and Islam (24%). It was also found that 28 % of the respondents belong to scheduled caste, a little more than two third (69%) of the respondents belong to backward /most backward community; and the rest (4%)of them belong to forward community. The findings also reveal that majority (67 %) of the respondents belong to small size families consisting of three members or less followed by medium sized families (29 %) with 4 to 5 members and the remaining 4% of them belong to big size families with 6 members and above. The average number of family members of the respondents is 3.07 with a minimum of one member to a maximum of eight members in a family. It was also found that majority (72 %) of the respondents belong to nuclear families and the rest (28 %) of them belong to joint families.

Level of impact of event: More than half of the respondents scored low on intrusion traumatic stress or (53.5 %) and scored high on avoidance traumatic stress or (52.6 %) and the total impact of event (52 %).

Mean Scores of Impact of Event across Respondents' Background Characteristics

Table - 1: Mean Scores of Impact of Event across Respondents' Background Characteristics: Age, Social Standing and Type of Family

Background Characteristics of the Respondents		Intrusion	Avoidance	Total IES	N
		Mean	Mean	Mean	
1. Age (in years)	Young (35 or <)	23.01	27.20	50.21	104
	Middle (36-59)	20.54	24.66	45.20	220
	Old (60+)	20.78	27.00	47.78	9
	F – Ratio	3.053	3.089	3.102	
	p – Level	**0.05**	**0.05**	**0.05**	
2. Social Standing	Scheduled Castes	23.25	27.62	50.87	93
	Most Backward Cates	20.82	25.21	46.03	125
	Backward Castes	19.91	23.92	43.83	102
	Forward Castes	23.23	26.00	49.23	13
	F – Ratio	2.946	2.061	3.021	
	p – Level	**0.05**	**0.05**	**0.05**	
3. Type of Family	Nuclear Family	20.77	25.05	45.82	239
	Joint Family	22.71	26.71	49.43	94
	t – Value	-1.891	-1.551	-1.744	
	p – Level	**0.10**	NS	**0.10**	

Current Age of Respondents and Impact of Event Score: An analysis of different factors of impact of event scores by respondents' background characteristics (panel 1 of Table 1) highlight that the mean score of intrusion, avoidance traumatic stressor and total impact of event score is higher among the respondents those who are in the young age group than the respondents those who are in middle age and old age groups. The ANOVA results also turn out to be moderately significant ($p<0.05$).

Social Standing of Respondents and Impact of Event Score: The data exhibits that the intrusion and avoidance traumatic stressor and overall impact of event score is found lower among those respondents who belonging to backward and most backward communities, than those who belong to forward caste and

scheduled castes. The ANOVA results also supported this fact to a moderately significant extent in the case of intrusion ($p<0.05$), avoidance traumatic stress or ($p<0.05$) and overall impact of event($p<0.05$).

Type of Family of Respondents and Impact of Event Score:

From panel 3 of Table 1, it is evident that the mean score of intrusion, avoidance traumatic stressor and overall impact of event is noticed higher among those respondents who belong to nuclear families than those residing in joint families. However, the independent sample t test results turned out to be statistically significant at marginal level (George and Mallory, 2011) in intrusion ($p<0.10$), overall impact of event ($p<0.10$) and not so in the case of avoidance traumatic stressors.

Table – 2: Mean scores of Impact of Event across Respondents' Background Characteristics: Education, Occupation and Family Income

Background Characteristics of the Respondents		Intrusion	Avoidance	Total IES	N
		Mean	Mean	Mean	
1. Educational Status	Illiterate	21.79	26.30	48.09	97
	Primary School	20.49	24.36	44.85	74
	Middle School	22.38	26.82	49.21	73
	High School and HSC	20.78	24.72	45.50	74
	Graduate and others	19.73	23.80	43.53	15
	F – Ratio	0.743	1.202	0.989	
	p – Level	**NS**	**NS**	**NS**	
2. Occupational Status	Not Working/Unempl.	22.19	25.70	47.89	54
	Agriculture Coolies	21.32	25.89	47.21	180
	Construction Workers	22.00	25.64	47.64	36
	Small Business	19.33	23.93	43.27	30
	Private & govt. empl.	20.94	24.52	45.45	33
	F – Ratio	2.971	0.432	0.472	
	p – Level	**NS**	**NS**	**NS**	
3. Monthly Income (Rs.)	Rs.5000 or <	21.28	25.57	46.86	242
	Rs.5001-10000	22.38	26.40	48.78	77
	Rs.10001 - 15000	21.14	24.43	45.57	7
	Rs.15001 &>	11.00	15.00	26.00	7
	F – Ratio	3.952	3.699	3.930	
	p – Level	**0.01**	**0.05**	**0.01**	

Educational Attainment of Respondents and Impact of Event Score: Empirical data presented in panel 1of Table2 highlights that the mean score of intrusion, avoidance and overall impact of event score are comparatively lower among the respondents who are having higher level of education. However, the ANOVA results did not turn out as statistically significant in this regard.

Occupational Status of Respondents and Impact of Event Score: Panel 2of Table2 highlights that the mean score of intrusion, avoidance and overall impact of event scores are comparatively lower among those respondents who are engaged in small business/ petty trade than those who are engaged in other occupations. However, the ANOVA results did not turn out as statistically significant in this regard.

Monthly Family Income of Respondents and Impact of Event Score: Data provided in panel 3 of Table 2 shows that, the mean score of intrusion, avoidance and overall impact of event are lower among those respondents whose family income is fairly higher (Rs. 15001 +, and Rs. 10001-15000) than those respondents

whose family income is lower. The ANOVA results too have tuned out as highly significant in the case of intrusion ($p<0.01$), overall impact of event ($p<0.01$) and moderately significant in the case of avoidance traumatic stress or ($p<0.05$).

Mean Scores of Impact of Event across Respondents' HIV/AIDS Related Aspects

Years of having HIV and Impact of Event Score: Data provided in panel 1 of Table 3 reveals that, on the whole, the mean score of intrusion, avoidance and overall impact of event are consistently decreases with increases in the years of living with HIV/AIDS. The ANOVA results also turn out to be highly significant in the case of intrusion ($p<0.001$), avoidance traumatic stressor ($p<0.001$) and overall impact of event ($p<0.001$).

Mode of Transmission and Impact of Event Score: Respondents' mode of transmission of HIV/AIDS may also influence the impact of event score. In order to examine this, the data has been analysed. From panel 2 of Table 3 one can understand that the mean scores of intrusion, avoidance and overall impact of event are comparatively much higher among those respondents who have been infected with HIV/AIDS through extra marital contact than those respondents who have been infected through blood transfusion as well as through their husband. Further, the ANOVA results also proved that these differences are statistically highly significant in the case of intrusion ($p<0.01$), overall impact of event ($p<0.01$) and moderately significant in the case of avoidance traumatic stressors ($p<0.05$).

Taking ART by the Respondents and Impact of Event Score:

From panel 3 of Table 3, it is clear that the mean score of intrusion, avoidance traumatic stressor and overall impact of event are noticed lower among those respondents who are taking ART than those who are not. The independent sample't' test result also has turned out to be highly significant in intrusion ($p<0.001$), avoidance traumatic stressor ($p<0.001$) and overall impact of event($p<0.001$).

Taking Regular Counselling by Respondents and Impact of Event Score:

From panel 4 of Table 3, it is conspicuous to note that the mean score of impacts of event (intrusion and avoidance traumatic stressor) under consideration are pertinently lower among those respondents who are attending counselling regularly than those who do not attending such counselling. The independent sample 't' tests also supported these results significantly to a higher extent in intrusion ($p<0.001$), avoidance traumatic stressor ($p<0.001$) and overall impact of event ($p<0.001$).

Table - 3: Mean Scores of Impact of Event across Respondents' HIV/AIDS Related Aspects

HIV/AIDS Related Aspects of the Respondents	Intrusion	Avoidance	Total IES	N
	Mean	Mean	Mean	
1. Years of Having HIV				
Up to 5 years	24.66	29.08	53.74	98
6 - 10 years	21.89	26.10	47.99	150
11 years and above	16.45	20.39	36.84	85
F – Ratio	25.128	26.100	26.535	
p – Level	**0.001**	**0.001**	**0.001**	
2. Mode of Transmission				
Extra marital Contact	24.29	28.22	52.51	63
Blood Transfusion	22.29	28.00	50.29	7
Through Husband	20.58	24.81	45.38	263

F – Ratio	5.013	4.168	4.682	
p – Level	**0.01**	**0.05**	**0.01**	
3. Taking ART				
No	25.13	29.52	54.65	54
Yes	20.58	24.75	45.32	279
t –Value	3.675	3.707	3.750	
p – Level	**0.001**	**0.001**	**0.001**	
4. Taking Regular Counselling				
No	26.95	31.00	57.95	42
Yes	20.50	24.73	45.23	291
t – Value	4.751	4.424	4.658	
p – Level	**0.001**	**0.001**	**0.001**	
5. CD4 Phases				
Phase I (500&above)	19.97	24.00	43.97	146
Phase II (201-499)	21.11	25.33	46.44	156
Phases III (Less than 200)	28.68	33.65	62.32	31
F – Ratio	14.643	16.799	16.249	
p – Level	**0.001**	**0.001**	**0.001**	

CD4 Phases and Impact of Event Score: Data provided in panel 5 of Table 3 highlights that the mean score of intrusion, avoidance traumatic stressor and overall impact of event are found lower among those respondents who are in the CD4 phase I of HIV as compared to those in CD4 phases II and III. The ANOVA results also supported such a phenomenon to a highly significant extent in the case of intrusion ($p<0.001$), avoidance traumatic stressor ($p<0.001$) and overall impact of event($p<0.001$).

CONCLUSION

Based on the findings, this study has implications for interventions with the HIV infected widows experience intrusion and avoidance which attempts to reflect the intensity of post traumatic phenomena – HIV infection that led to severe stressful events. The respondents who are having higher level of education, earn fairly higher income, taking ART, and attending regular counselling have exhibited significant negative effect on their impact of event; these patterns are also expected, because, those who are economically well-placed experience less impact of event. With better nutrition and best medical facilities, they hope to recover and live longer. Hence, the government and non-government organisation working for the HIV infected widows can encourage them to take up gainful employment so as to enhance the income of the HIV infected widows. Although taking ART and attending counselling regularly seems to have reduced the impact of event, it would be better if the counsellors equipped themselves with new techniques for dealing with the problems of HIV infected persons particularly widows living with HIV will helpful to deal with them and to reduce their severe stressful events.

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