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EMOTIONAL AND BEHAVIOURAL PROBLEMS OF THE HIV / AIDS AFFECTED CHILDREN

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ABSTRACT

Children with chronic illness, in general, are found to be at greater risk for psychiatric problems, including depression, anxiety, and feelings of isolation. Children with HIV/AIDS have additional factors in complexity of their illness and treatment as well as in the adverse psychological circumstances and poverty in which many live. Prevalence rates for psychiatric disorders in pre-natally infected children vary from 55% to 61%. The most common disorders found are anxiety disorders, followed by attention-deficit hyperactivity disorders, conduct disorders, oppositional defiant disorders, and mood disorders.

The present study is addressing the impact on the mental health of children either affected or infected with HIV/AIDS are meager in India. Grover, et al.*, (2007) studied behavioral disorder among 140 HIV positive and negative children. The results revealed 19.3% of HIV infected children scored within the normal range on CBC in contrast to 81.7% of controls. Das (2009) studied emotional and behavioral problems among 50 HIV infected children. Higher*

behavioral problems, i.e., rule breaking behavior among those children whose parents disclosed their HIV status and those children who are discriminated by other children due to their HIV status.

Keywords: HIV infected Children, Emotional and Behavioural Problems

Statement of the Problem

The study tries to focus on emotional and behavioural problems of the children affected by HIV/AIDS in orphanage homes at Chennai district. In the general population, the HIV epidemic is still misunderstood among the Indian society. People living with HIV have faced Stigma, Discrimination, violent attacks, and harassment, been rejected by families, spouses and communities, been refused medical treatment, and even in some reported cases denied the last rites before they die. Negative attitudes from health care staff have generated problem among many people living with HIV. As a result, many keep their status secret.

Methodology

The descriptive research was conducted among 50 children who affected by the HIV / AIDS at orphanage home in Chennai city. Due to parliamentary act as well as the research ethics researcher could not disclose the name of the respondents and orphanage home too in this research. The purposive sampling method had been adopted and data were collected from the respondents by using interview schedule.

Psychological Disorders

People living with HIV/AIDS may suffer psychological distress as a result of the many physical, social, and economic effects of the disease on their lives. Among the various stressors are chronic physical pain, physical disfigurement, the possibility of infecting other people, and discrimination, abuse, and loss of fundamental human rights. Other challenges include changes in lifestyle to accommodate the illness itself and the financial burdens that treatment brings for oneself and one's family. People with HIV often face loss of independence; physical, social, and emotional isolation; uncertainty concerning the timing and nature of treatment and disease progression; and uncertainty in their personal and social lives. Additionally, many people with

HIV are simultaneously coping with grief from already having lost loved ones to AIDS .As a result of these many stresses, people diagnosed with HIV infection often suffer from a number of psychological symptoms, including anger, frustration, anxiety, depression, and chronic somatic preoccupation (i.e., a fixation on physical symptoms.).

Fear and Loss

Fear of HIV/AIDS is closely associated with fear of our own death, which belongs to the most basic of fears. It is the fear which most of us are trying to fight with by constantly running away from the idea of self-termination or by inventing a series of comforting ideas. Escape and rationalization will help only to cultivate the fear of death. Above all, people have to be settled with self-extinction, with own death and thus perhaps would help those who just need help in the process of dying. In countries with high rate of infected people are found amongst doctors and other healthcare staff. PLHA are pushed to the margins of the society, and are isolated. They are forced to leave their job, they, lose their homes, often their family and friends. They are not given adequate health care and by the provided health care they are confronted with rejection.

All of this happens because of an illness which cannot be transmitted by common contact. This attitude of professionals who are unable to overcome prejudices and refuse to provide health care is a deep misunderstanding of their mission. The reasons for this kind of handling is fear of being infected with HIV and, ultimately, fear from death itself. (Frensman, 2000) Another aspect associated with HIV/AIDS is a loss. People in the developed stage of AIDS are worried because of the loss of their life, their ambitions, physical performance and potency, sexual relations, loss of their position in the society, financial stability and independence. With the increasing essential need of systematic tendency they lose their sense of privacy and control over their lives. Perhaps the most problematic issue is the loss of confidence. It may affect the future, anxiety originating from a relationship with a loved one or caregiver and negative reactions from the society. For many people finding out about their HIV/AIDS status it is the first opportunity, to realize their mortality and psychological vulnerability.

They face social isolation due to the inability to perform all daily activities which they used to do. Relationships within the family change more frequently, one loses their colleagues and the attitude of acquaintances and friends changes frequently as well. Many are afraid of the loss of memory, their concentration and ability to make decisions. Death of a relative, who dies

of a deadly disease, presents an extreme burden for each human being. He tends to surrender the pressure of the situation, which seems to be insolvable. Mental failure is accompanied by significant behaviour, changes in physiological and psychological processes in the body, which have sometimes permanent effects on health. This persistent extreme burden leads to disruption of relationships with the social environment.

Grief, Hopelessness and Helplessness Syndrome

Grief is another strong emotion that is closely linked to the loss. The HIV/AIDS positive patients often dive into sadness because of their loss they experienced or the one they expect. Natural sadness results from unfulfilled dreams and plans and from the nearness of an inevitable end. The patient may lose the sense for relationship with parents, children, friends or life partner, as well as with other people. In connection with the impending death of a loved one there is mentioned a so called “anticipate grief”, which occurs by the closest relatives of people with long-term illness, in terms of expected death. HIV/AIDS is a fatal disease. Some people survive ten years, another few months from diagnosis. As the disease gets hold of their body, they lose control over their life. PLWHA tend not to care anymore about things which made them happy, they submit to their fate, they do not see any hope and wait for the death to come. Hopelessness and helplessness syndrome includes elements of giving up and leaving. The survival mechanism includes the following:

- Painful feeling of helplessness and hopelessness face to face to the situation,
- The subjective feeling of reduced ability to deal with the situation ("it is beyond my strength"),
- Feeling of danger and decreased satisfaction from relationships with others,
- Loss of continuity of the past and future, a reduced ability to hope and trust,
- Tendency to revive and re-construct former deprivations and failures. (Bastecky, 1993)

Small children, since most of them do not know about their diagnosis, experience their state very differently. They still have a bit of life joy. In their ignorance, purity and their nativity they can spend a nice childhood, in the case, if somebody takes care of them and provides them with their basic needs as well as health care.

Guiltiness and Self-Esteem

Diagnosis of HIV/AIDS infection often brings feelings of guilt from the possibility of infecting the other people or from the previous way of life which led to the infection. There is also a feeling of culpability of what disease brings to people in one´s own family, especially children. Previous events that caused pain or sadness of others remained unresolved; they can reoccur and cause the patient even greater feelings of wrongdoing. People living with HIV/AIDS, who have to cope with their complicated destiny, very often lose rapidly their self-esteem. Rejection of colleagues, relatives and loved ones and often people can very quickly lead to loss of self-esteem and social identity, which leads to the feeling of one´s own worthlessness.

This condition can be enhanced by worsening of symptoms accompanying the disease, e.g. facial disfigurement, deteriorating body, loss of strength as well as loss of control over one's body. Self-esteem is an ability to appreciate oneself and treat oneself with dignity and love. Anyone who is loved is willing to change. Human beings can grow and change throughout their life." The behaviour is the result of managing well. Coping is the expression of the level of self-evaluation. In coping the way how a person perceives oneself is reflected and one´s own relationship. The problem is not the problem itself, but how one handles it. It can be deduced from that fact that the increase of one´s self-esteem and self-evaluation can lead to well managing the life´s situation of these children.

Anxiety Disorder and Depression

Feelings of anxiety in PLHWA can be detected very soon which reflects the continuous uncertainty associated with the disease. Anxiety disorders are often accompanied by characteristic somatic, physiological, and autonomic, biochemical, endocrinal and behavioural changes. The fact is that so far there is no possibility to cure HIV infection, leading to the feeling of helplessness, loss of personal control, which may be associated with a resulting depression. Depression can have many causes. An affected person may get the feeling that the virus takes control over his body. Just the fact that a close person died of AIDS, together with not existing the possibility of planning one’s owns long-term future has a negative impact on one´s psychic condition. In connection with the depressive syndrome there are several types of depression, i.e. exogenous, endogenous or neurotic depression.

By the exogenous depression there have been reported such problems as the experience a sudden loss caused by the death of a loved one. There is expected an internal biological ability, which causes depressive psychopathology regardless of external circumstances by the so-called endogenous depression. By the neurotic depression there is an expected effect of long-term stress and frustration. This form is present in the condition of most HIV/AIDS positive orphans. The symptoms of depression are present in neurotic and anxiety disorders such as mixed anxiety depressive disorder and the disorder of adaptation. Depressive behavioural disorder is often diagnosed especially, in the childhood, within a mixed behavioural and emotional disorder. (Koutek & Kocourkova, 2003).

The prevalence of depressive disorders rates up to 40 to 55% by orphans with HIV up to the age of 10, up to 50 to 75% of adolescents who were given professional help. (Rubinstein, 2001) Depressive syndrome in these children is associated with an extremely sad mood, slowing of psychomotor speed, sleep disturbance and suicidal thoughts. A typical symptom is presented by increased irritability, behavioural problems with elements of aggression.

Denial, Anger, Aggression and Suicide Attempts

Some people react to news about their HIV/AIDS status by denying it. For some of them, such refusal may present a constructive way to handle the shock of the diagnosis. However, if this condition persists, the denial can become unproductive, because these people refuse also the social responsibility associated with HIV positivity. This reaction is typical for children, in the case of the death on a parent. Anger and aggression are typical aspects which accompany people in situations of bereavement. Some individuals become angry and aggressive. They are often very upset about their fate. They continuously have the feeling, that they are not treated decently and tactfully enough. Anger can sometimes escalate into self-destruction: suicide.

Aggression is one of the most frequently reported reactions in frustrating situations. In the frustrating situations, an individual may focus his/her anger, remorse, indignation, outrage, hostility on other people that are considered as suitable object. There is another possibility, presented by the concept of self-accusation, which the aggressive reaction are aimed at oneself (Bratska, 2001). There is an increased risk of suicidal attempts for HIV positive people. They may see the suicide as a way out from pain and difficult situation, out of their shame and grief for their loved ones. Suicide may be active (e. g, causing a fatal injury) or passive (planning or

preparation of such a situation, which could result in fatal complications of HIV/AIDS (Yelding, 1990).

HIV positivity presents a risk factor, particularly amongst adolescents. There are significant complications in the development of personality in adolescence age and it can be perceived as an unacceptable problem. Suicidal behaviour is associated with a wide range of mental disorders, HIV positive children and adolescents suffer primarily from depression.

Discrimination and stigmatization

Sociological definition of discrimination emphasizes the structural dimensions of discrimination, Herek's social psychological analysis define discrimination in behavioural terms – "discrimination is behaviour". In other words, discrimination is the differential treatment of individuals according to their membership in a particular group. Herek differentiates discrimination from `stigma', which `resides in the structure and relations of society' and `prejudice' which, `resides in the minds of individuals' (Holzemer WL, et.al 2007).

Article 1 of the Universal Declaration of Human Rights speaks of the equality of all people. Right for health, which is enshrined in the status of WHO, i.e. the highest level of physical, mental and social well-being, reminds us all that HIV-infected people have the same right for equal treatment as well as the right to protect their civil, political, economic, social and cultural rights as all other members of human society do. The issue of human rights is given a priority position in the programs of such institutions as Council of Europe, UNICEF and many others. The next evidence of this priority is presented by the creation of the United Nations Program for the Fight against HIV/AIDS (UNAIDS), by a combination of powers and funding of six institutions of UNO.

The most inexorable form of discrimination against people with HIV/AIDS is that of popular or institutionalized retribution. This can go for mere avoidance to the refusal of medical treatment, imprisonment, ostracization or even physical assault against high-risk groups, such as gay people, commercial sex-workers, and intravenous drug users. All these forms of discrimination have been recorded in different parts of the world. A frequent prejudice is that people living with HIV/AIDS should be subject to legal controls or quarantined in order to stop the spread groups should be compulsorily tested for HIV. Such beliefs have influenced the enacting of laws, especially those relating to immigration and emigration. Such laws have, in

turn, helped to define public attitudes towards those living with AIDS. (Shorter & Onyancha 1998) In the current phase of the unstoppable progress of HIV/AIDS pandemic and development of the fight against HIV/AIDS, is a systematic effort needed more than ever. Effort, which could counteract with the spreading of infection from the position of respecting human rights, in particular in these areas:

Results of the study

- The respondents were perceived knowledge on HIV / AIDS from their parents, teachers and friends. 56 per cent of the respondents opined that they perceived knowledge / awareness on HIV / AIDS from their friends. 28 per cent of the respondents were got through their teachers and 16 per cent of the respondents were got from their parents.
- When analyse the mode of transmission of HIV / AIDS, there was 36 per cent of the respondents stated that unprotected sexual intercourse is the main reason for the spread of HIV / AIDS from one to another. 24 per cent of them stated that it is spread through hug and kissing, 16 per cent of them stated that it is spreading through blood transfusion, 12 per cent of them opined it is spreading from HIV / AIDS infected mother to the child and 12 per cent of them stated that the using dresses and other house hold things is cause for spreading the HIV / AIDS.
- It was revealed by the respondents about the symptoms of HIV / AIDS. 82 per cent of the respondents stated that the frequent fever is a symptom for the HIV / AIDS, 72 per cent of the respondents stated that the sweating at night and heavy body ache, 48 per cent of the respondents opined that the heavy weight loss, 28 per cent stated that swelling of glad especially throat and 24 per cent stated that wounds or white patches in the month.
- When analyse the friends' behaviour after knowing the HIV / AIDS status of the respondents, the vast majority (80 per cent) of the respondents opined that their friends were ignore their friendship. Therefore, children who were affected by the HIV / AIDS feel isolated in the school as well as at the home. It is the evidence to create intensive and exclusive awareness programmes towards the school children.
- Of the 80 per cent majority of them were female (56.7 per cent) belonged to 10 – 14 years old age group and they were came under the MBC community.
- About the 32 per cent of the respondents was faced discrimination at the school practice by the teachers after knowing the HIV / AIDS status of the respondents. Such as do not

correct their home work assignments, do not give any attention to them, allow them to sit in the separate / last row of the class rooms and so on.

- As far as the opinion of the respondents regarding the responsive agency in the society to control the HIV / AIDS. Nearly half of the (50 per cent) respondents opined that the individual is the sole responsible for the control or prevent from HIV / AIDS. Of the 24 per cent were stated that governmental organizations and non-governmental organizations have to take necessary steps prevent the people from the vulnerable diseases. 14 per cent of the respondents stated that the community is the responsive agency and 12 per cent of the respondents opined that the network is the opt agency to prevent or control the people from the HIV / AIDS.

Conclusion

The research article reveals that even their own family members don't accept them and leaved them at the orphanage home, and they were discriminated by their friends and teachers at the school and home. It is purely because of misconception and the low level of awareness and myths which are away from reality. The inference drawn from the result is that none of the respondents were self consoled or confident in leading the remaining life happily. All most all the people who have HIV/AIDS were very particular about the preservation of family image and leading their life with their partners. A vast majority were not ready to disclose their HIV status fearing the social boycott.

All most everyone with HIV/AIDS has been affected psychologically in one way or the other. It is not the fault of the individuals. But the government and society are to be blamed for their psychological impact.

It is the duty of government, NGOs and philanthropists to take some concrete steps to increase the level of awareness among the public. Simultaneously impart training and provide care and support to the affected people in the society.

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