

## Interventions to cope with AIDS

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### Abstract

AIDS means Acquired Immune Deficiency syndrome. AIDS When the immune system of the person become very weak and it cannot fight infection and the person succumbs to common diseases. It is an infectious disease that is caused by a virus (HIV) and is spread through the shared contact of blood and semen. AIDS is said to be caused by variety of factors including behavioural factor such as drug and alcohol abuse, unsafe sexual practices. Treatment of AIDS consists typically of medical, psychosocial interventions.

**Key words:** HIV, AIDS, Intervention

### Introduction

AIDS is a very different high mortality chronic illness from the others we have discussed. It is an infectious disease that is caused by a virus (HIV) and is spread through the shared contact of blood and semen. The number of people who have died from AIDS in each of the last several years is only a small fraction of the number who have died of stroke, the third most deadly illness. But AIDS is an epidemic, its annual mortality statistics are skyrocketing, many millions of people around the world are already infected with the virus and the large majority of these people are heterosexuals who do not use drugs but live in countries with high rates of promiscuity, uncontrolled prostitution and ignorance.

### AIDS can spread:

- By receiving HIV infected blood
- By using unsterilized needles
- Through unprotected sex
- From HIV positive mother to her baby

Studies have found that interventions also enhance immune function and reduce anxiety and depression for people with advanced levels of HIV or AIDS (Green & Hedge; 1991 Lutgendorf et al. 1997, May, 1990)

### Aim of the study–

- To make people aware HIV/AIDS So that they cope with situation.
- Prevention of HIV infection by changing behaviour.

### Psychosocial impact of HIV infection -

Depression commonly accompanies an HIV diagnosis especially for people with little social support who feel stigmatized by their sexual preference or race. (Hatzenbuehler, Nolen - Hoeksema, Erickson, 2008) Who engage in avoidant coping

and /or who have more severe HIV symptoms (Heckman et al. 2004) Depression can reduce respectively to interventions, as well as lowering quality of life (Safren, O'cleirigh, Skeer, Elsesser and Mayer, 2013) Depression may also prompt self-medication through alcohol, methamphetamine use and other drug use, which in turn can increase the likelihood of risky sexual behavior (Fletcher & Reback, 2015) Interventions that reduce depression are thus useful in the fight against AIDS.

Many people who are HIV seropositive have the additional burden of bereavement. Bereavement itself can increase the likelihood that the disease will progress (Bower, Taylor, & Fahey 1997) and so bereavement counselling can be important for reducing risk. (Sikkema et al. 2006).

Most people cope with HIV infection fairly well. The majority of people who are HIV seropositive make positive changes in their health behaviors almost immediately after diagnosis, including changing diet in a healthier direction, getting more exercise, quitting or reducing smoking, and reducing or eliminating drug use (Collins et al., 2001). They also use various CAM (complementary and alternative medicine) strategies, which do not seem to compromise adherence to ART (Littlewood & Venable, 2014). Coping skills training and the practice of meditation may also improve adjustment (SeyedAlinaghi et al., 2012). Many of these changes also improve psychological well-being, and they may affect the course of infection as well.

### **Interventions with AIDS**

Various interventions have been designed to manage AIDS which are as follows:

#### ***i- Psychosocial Interventions***

People with HIV and AIDS need psychosocial interventions for a variety of problem including pain management, sleep disorders and adherence to their medical regimens (Sikkema & Kelly 1996) most interventions have focused on using stress management training, exercise and cognitive therapy to promote adaptation, reduce anxiety and depression, and enhance patient's immune function. Studies have shown these interventions can help HIV-positive patients when begun in the early stages of HIV infection.

#### ***ii-Cognitive-Behavioral Interventions***

CBT is guiding framework for many interventions with people who are HIV-positive. Many of these include a stress management component. Stress management interventions improve quality of life and mental health (Brown & Venable, 2008) but stress management may not affect immunologic functioning related to the course of illness.

CBT interventions may need to be directed not only to stress management, but also to health behaviors Smoking, excessive alcohol use, and drug use commonly compromise health and adherence among people who are HIV seropositive. Cognitive-behavioral interventions can help reduce risk-related sexual behavior (Scott-Sheldon, Fielder & Carey, 2010) maintain adherence, and reduce viral load (Safren et al: 2009).

**iii- Social support**

Social support is very important to people with HIV infection or AIDS. Social support has been tied to greater adherence and lower viral load, for example (Simoni, Frick, & Huang, 2006). Social support needs can have multiple possessive repercussions (Mitrani et al, 2012), Gay men infected with HIV who have emotional practical and informational support are less depressed (Turner-Cobb et al. 2002), and men with strong partner support are less likely to practice risky sex (Darbes, & Lewis, 2005). Intervention programs that include male partners and those that focus on building and maintaining relationship skills build on their insight. Support from family appears to be especially important for prevent depression (Schrimshav, 2003) not all families are helpful however and so other sources of support are vital. Those who use the internet to help manage their HIV+ status typically are more knowledgeable about HIV, have more active coping skills, and have more social support than those not using the internet (Kalichman, Benotsch, et al., 2003).

**iv- Counselling Programs**

This has in fact been the very first psychosocial technique that has been adopted to deal with AIDS, though there is no strict schedule to these programmes, there are stages in AIDS counseling. Counseling may be required at any stage in the HIV course. Some people may fear that they might have come into contact with another infected individual or they might want information about how to check out their status. Still others, come after testing may positive and thus want help for the emotional trauma. Finally, some might come for help to deal with terminal stages of illness.

Goals of AIDS Counseling: One primary goal is to provide information about AIDS and HIV. The duty of the therapist is to clear myths and misbeliefs about AIDS.

Another goal is to assess the impact of AIDS or HIV positive status on the client's psychological well-being. This includes dealing with both the individual who is positive and the family. The counselor must assess coping skills and provide training to remedy deficits, the individual might encounter.

**v - Psycho Educational Programmes**

In conjunction with counseling, behavioural change and educational strategies too have been used to typically change attitudes and behaviours. The educational programmes are tailored to increase information regarding AIDS and increase condom use. Mass media campaigns have also acted as sources of educational programmes. These programmes have been developed to increase the knowledge of AIDS and to increase awareness of vital health protective behaviours that could reduce risk.

**vi- Psychologist's role in HIV epidemic**

Beginning of the AIDS epidemic, psychologists have played an important role in combating the spread infection (Kelly's Kalichman, 2002). During the early years of the epidemic, psychologists contributed to both primary and secondary prevention efforts. Primary prevention includes changing behaviour to decrease HIV transmission. Secondary prevention includes helping people who are HIV positive to

live with the infection, counseling people about HIV testing, and helping patient's deal with social and interpersonal aspects of the disease. Much of the improvement in length of survival of HIV-infected patients rests with the effectiveness of drug treatments, highly active antiviral therapy (HAART). Psychologist's knowledge concerning adherence to medical regimens is now relevant to managing HIV infection.

### **Conclusion**

Various interventions to help patient reduce high risk behaviours, cope with their illness, manage their symptoms, and adhere to the complex drug regimens that improve survival. These intervention is to change attitudes and behaviour. Psychologists have provide counselling service. These programs not only encourage behaviors but also emphasize the role of positive health in combating AIDS.

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