

Psychological Wellbeing and Adjustment : A Comparative Study of HIV Infected with Non-Infected Children.

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Abstract: HIV positive children are discriminated and stigmatized by the society. They are deprived of one or more necessities of life. These children are left helpless, abandoned, neglected by the parents due to social, economic and personal reasons like gender, domicile, age etc. In this context they may develop and face a lot of psychological adjustment problems and their psychological wellbeing i.e. the harmony between their abilities and environmental opportunities may suffer. The present study aimed to study the level of psychological wellbeing and adjustment of HIV infected children with children who are not infected. For which 50 children were selected as participants among them 25 were living with HIV infection and 25 were non-HIV. The selected sample was measured on The Ryff Scale of Psychological Well-Being and Adjustment Inventory by H.S. Asthana. The findings indicate that children with HIV have adjustment problems and their psychological wellbeing is also poor in comparison to control group i.e. children who are not infected with HIV.

Keywords: Psychological Wellbeing , Adjustment , HIV

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I. INTRODUCTION

AIDS (Acquired Immunodeficiency Syndrome) is a sexually transmitted infection caused by a HIV (Human immunodeficiency Virus) that destroys the body's immune system. This virus mainly infects white blood cells called CD4 cells and monocytes; these cells have important functions in the immune system that make the protein in the body that fight germs and infections to protect the body. When HIV enters the body, it attacks the CD4 cells and minimizes their functions, which results the immune system weakened and the body is less able to fight infection.

Psychological Wellbeing

Psychological Wellbeing is a very subjective term but from the research that has been carried out, the term throughout the health industry as a kind of a 'catch all phrase' meaning contentment, satisfaction, peace and happiness. It consists of positive relationship with others, personal mastery, autonomy, a feeling of purpose and meaning in life and personal growth and development. Psychological Wellbeing is attained by both challenging and rewarding life events. Levin (1987) defined psychological wellbeing as a "dynamic state characterized by reasonable amount of harmony between individual abilities, needs and expectations and environmental demands and opportunities.

HIV and AIDS is responsible for the death of over 25 million people and 36.8 million people are currently living with HIV and AIDS. There are also many children who have HIV positive parents, these children are also vulnerable and are generally affected by HIV (Foster 2002; Makame 2002; Foster 2006). These children have an increased risk of developmental, social, economic and psychological problems as a result of their HIV zero status (Hunter 1990, Makame, 2002) children affected by HIV are more vulnerable and face greater challenges to their psychological wellbeing compared to other children of the same age . Psychosocial wellbeing is mental health and social adaptation, or a combination of the two. Specifically, with regard to the population of children affected by HIV psychosocial wellbeing includes the ability to cope with illness or death of a parent through the grieving process, the resilience to deal with the challenges specific to their situation and the possession of social, emotional, motor and cognitive skills appropriate for their age and developmental stage so that they can fully participate as members of society, both now and in the future. However, children affected by HIV experience complex problems specific to their psychosocial wellbeing as result of their parent HIV zero status (Hunter 2000; Bhargava 2005). These include isolation, difficulty disclosing their parent HIV status to members of their community, emotional effects of the death of parents, bereavement, stigma related to HIV,

reduced access to social programmes such as schooling and Socio-economic stress due to loss of one or both parents as financial providers (Foster 2002; Howarrd 2006).

Children affected by HIV may also experience subsequently higher rates of HIV infection due to poverty; lifestyle and other social and environmental factors.

II. ADJUSTMENT:

Adjustment refers to the behavioural process of balancing conflicting needs, or needs challenged by obstacles in the environment. A process of adjustment begins when a need is experienced and ends when it is satisfied. Social and cultural adjustments are similar to psychological adjustments. People strive to be comfortable in their surroundings and to have their psychological needs meet through the social networks they inhabit. When needs arise, especially in new or changed surroundings, they impel inter personal activity meant to satisfy those needs. In this way, people increase their familiarity and comfort with their environments and they come to expect that their needs will be met in the future through their social networks. Ongoing difficulties in social and cultural adjustment maybe accompanied by anxiety or depression.

Numerous investigators have documented that children with chronic illness are at increased risk for experiencing emotional, behavioural and educational difficulties in adjustment process. Problem vary from increased rates of behavioural problems, depression, anxiety and social dysfunction to impaired self-images and social withdrawal (Thompson, Kroneberger and Curry, 1989). Children infected with HIV are at particular risk for psychological disturbance due to both the direct effects of HIV infection on brain structures involved in the regulation of emotion, behaviour and cognition and indirect effects related to coping with the range of medical, psychological and social stressors associated with HIV disease. (Brouwers, Moss, Wolters and Schmitt, 1994). High rates of emotional and behavioural disturbances in children with HIV including attention- deficit hyperactivity disorder (ADHD), oppositional defiant disorder and problems in social functioning relative to their peers (Bose, Moss, Pizzo and Lorion, 1994). The factors associated with psychological adjustment in HIV are still not known. Coping style and health locus of control have been linked to adjustment. The illness-adjustment relationship is a function of the transactions of illness parameters, demographic parameters and psychosocial processes such as stress, coping and family functioning.

Review of Literature:

The research reviewed accessible literature to know more of HIV infected population realities, which have been presented below-

In a study titled Psychological wellbeing among individuals aging with HIV: the value of social relationship ShahezadMavandadi, FaikaZajani (1999) it was found that the quality of social relationships are particularly important for psychological wellbeing of an HIV patient.

In a research conducted by JolaneMokhethi (2006) it was found that HIV infected people scored low on focus on, venting of emotions mental disengagement and showed behavioural disengagement.

Prof. Anjali Srivastava and Mohammad Amin Wani (2015) found significant difference between six areas of psychological wellbeing (self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, positive relations with others) between HIV patients and normal.

Safren, Radomsky, Otto and Salomon (2002) examined variables relevant to psychological wellbeing with HIV patients. Results indicated that satisfaction with social support, coping styles and punishment beliefs about HIV were associated with depression, quality of life and self-esteem over and about the effects of stressful life events.

Seidl and Machado (2008) investigated the effects of HIV lipodystrophy syndrome on the psychological wellbeing. Results showed that disclosure of lipodystrophy may effect the psychological wellbeing leading towards decrease in self-esteem, negative body image and avoidance of social relationship.

Compton (2000) investigated whether a sense of meaning and purpose is a significant construct among primary variables associated with subjective wellbeing. Results showed that meaningfulness was a significant mediator between personality variables and psychological wellbeing.

Chirstoper (2000) examined the relationship between demographics resilience, life satisfaction and psychological wellbeing. Findings revealed that high resilience and greater life satisfaction were strongest predictors of psychological wellbeing.

Berger, Schad et.al., (2008) found alleviation of depression and anxiety symptoms were most prominent among HIV positive patient with high psychological distress at baseline.

Xiaoming, et.al., (2009) found that adjustment was lower among AIDS children and vulnerable children than among comparison children. HIV children status and traumatic events contribute unique variance in expected direction to the prediction of psychosocial adjustment.

According to Conte Walio and Kimura (2003) children living with HIV chronic illness have significant impact in family functioning including less family cohesion, parental reported higher level of anxiety, depression, low self-confidence and lower overall psychological adjustment compared to their control groups. Bose et.al., (1994) stated that investigation of psychological adjustment of children with HIV and factors associated with level of adjustment. A greater than expected proportion of children scored in the maladaptive range on measures of social functioning, anxiety and conduct problems. Fielden et.al., (2006) highlighted that children with HIV has worries, anxiety, adjustment problems, emotional problems and other psychological problems. Kashikar et.al., (2007) found that children living with HIV are at risk for psychological disturbance and experience emotional behavioral and adjustment problem. Bose et.al., (1994) studied psychosocial adjustment of HIV infected children and factors associated with level of adjustment. A greater proportion of children scored in the maladaptive range on measures of social functioning, anxiety and conduct problems.

III. METHODOLOGY:

Statement of the Problem:

- 1) To compare HIV infected children with non-infected children on the scales of Psychological wellbeing and Adjustment.

Hypothesis:

In the present investigation following hypothesis was formulated:

HO1- There will be a significant difference between in the mean scores of Psychological Wellbeing of HIV patients and non-infected children.

HO2- There will be a significant difference in the mean scores on Adjustment level of HIV patients and Non-infected children.

Research Design:

Independent Variable: HIV infected patients and Non-infected children.

Dependent variable: Psychological Wellbeing and Adjustment level.

Sample:

A total sample of 50 children were administered, which was sub-categorized into HIV infected children and Non-infected children constituting 25 children in each category.

Procedure:

In the present study a Stratified Random Sampling Method was used. HIV participants for the study were 25 children with perinatal HIV infection, they were inmates of an NGO. These people were receiving treatment for HIV. Only those children were selected who had consented to being contacted for research recruitment. The control group was randomly selected. It was best tried to control the age group of the sample.

Test:

- 1) The Ryff Scale of Psychological Well-Being was administered for the study. There are 18 items in this scale and all the items had 7 response options- strongly agree, somewhat agree, a little agree, neither agree nor disagree, a little disagree, somewhat disagree and strongly disagree.
- 2) Adjustment Inventory is used to find the level of adjustment among HIV infected and Non-infected adolescents standardized by H.S. Asthana.

Statistical techniques:

The scores were assigned for different responses according to their item. The scores were arranged in tabular form and then 't' test was applied to calculate the data. Mean and S.D. value of every group was also calculated. Results are given in the tables:

Analysis and Interpretation of data:

Raw scores were calculated with the assistance of respective manuals of the scales. After calculation of the raw scores descriptive statistics and correlation were employed to analyze the data.

Table 1: Showing Mean, S.D. and t value of normal persons and HIV patients on Psychological Wellbeing scale and Adjustment scale.

Variable	Gender	N	Mean	SD	't'
Psychological wellbeing	HIV infected children	25	45.25	10.71	4.07**
	Non-infected children	25	36.28	1.10	
Adjustment	HIV infected children	25	34.48	1.29	3.01**
	Non-infected children	25	29.72	0.92	

(** 0.01 level significance)

It is evident from the table that there is a significant difference between HIV infected children and Non-infected children on the scale of Psychological Wellbeing. 't' value is 4.07 which is significant at 0.01 level. Thus, our hypothesis which states that there will be a significant difference on Psychological wellbeing scale between HIV infected and Non-infected Children.

It is evident from the above table that there is a significant difference between HIV infected children and Non-infected children on the Adjustment Inventory. 't' value is 3.01 which is significant at 0.01 level. Thus, our hypothesis which states that there will be a significant difference on Adjustment inventory between HIV infected and Non-infected Children.

IV. DISCUSSION

The results of the present study suggested that there is significant difference the psychological wellbeing of HIV patients and normal children. Anxiety and depression are most common indicators of psychological wellbeing and their correlation is traditionally very high. The findings indicate that HIV infected people are prone to psychological problems. In terms of associated factors an individual in poor health condition is prone to disorders or diseases. With HIV, the virus destroys the immune system gradually and health status of the patient progressively deteriorate. Perceived awareness of overall health tends to affect an individual confidence in his \ her status and may have a negative effect on their daily activities and social participation, thereby impairing their psychological wellbeing considering the serious societal discrimination towards people who are HIV positive, social support tends to have a substantial effect on psychological health. An individual's perception of the strength of their personal resources can be as important as the person's readiness to change when determining his\ her level of motivation. Thus, perceived social support to be strongly associated with both anxiety and depression. The perception of support from the external world tended to lessen feelings of discrimination and promote psychological health. Similar findings were reported by Safren, Radomsky, Otto and Salomon (2002). They explained that satisfaction with social support, coping styles and punishment beliefs about HIV were the important determinants of psychological wellbeing. Compton (2000) showed that meaningfulness was a significant mediator between personality variables and subjective wellbeing.

Table shown above clearly indicates that HIV infected children differ significantly on adjustment scale from their normal counterparts i.e. children living with HIV have higher social, educational adjustment problems than non-HIV. According to Taha (2001) HIV related adjusted recurrent problems of fever, chronic diarrhea, vomiting, ear infections, skin conditions, oral thrush and cough were significantly higher among HIV infected children compared with HIV uninfected children. All these frequent physical suffering along with the suffering of the family members and their HIV status will have adverse influence on the psychological wellbeing of a child and will translate into increased adjustment problems in children. Neurological and neuropsychological deficits caused by HIV infection are well documented. Children with HIV are likely to present with learning problems and attentional disorders, behavioral problems (Bose, Moss, Browsers, Pizzo & Motion 1994). These emotional and behavioural problems may affect diseases status and illness adjustment (Forehand et.al.,2002). Environmental factors affecting families living with HIV includes poverty, violence, overcrowding and single parent households (Armistead & Forehand ,1995). Furthermore, recent studies have begun to examine the impact of maternal HIV on children's emotional and behavioural functioning. For example, children whose mothers are HIV positive demonstrate more externalizing and internalizing problems compared to children in general population (Armistead & Forehand 1995). Thus, it can be said that children with HIV are at risk for psychological disturbance. Studies have documented that children with chronic illness are at increased risk for experiencing emotional, behavioural and adjustment problems and their level of psychological wellbeing is also low.

The present study suggests the need for intervention targeting towards children living with HIV to restore their optimum level of functioning and preventing them from maladjustment. A stable, reliable and understanding relationship does not depend primarily on words, but on consistent response to a child's feeling which gradually develops foundation of trust, confidence and sense of security. This provides strong base from which they develop self-identity, self-respect and a sense of confidence.

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