



# Psychological Impact on Children with HIV/AIDS.

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## Abstract

A number of studies have found that chronically ill children are at increased risk of psychosocial problems. Huurre & Aro (2002) says that these children have been reported to have lower self-esteem, poor body-image and more problems in psychological well-being, behavior and social adjustment than those without chronic conditions. Powell-Cope and Brown (1992) have labeled HIV/AIDS as the most controversial disease in modern history. Correspondingly, Lyell (1995) warns that HIV/AIDS is fast becoming a major epidemic and psychological emergency. HIV-infection results in a spectrum of disease, ranging from the absence of symptoms, to mild nonspecific symptoms to severe infections, cancers, and neurological conditions. This is described as latency period. This latency period is, on average, ten to twelve years. AIDS is the final stage of infection with the retrovirus. HIV gradually impairs the immune system which is crucial for the suppression of infections, viruses and bacteria. As the immune system weakens, HIV infected people become infected with opportunistic infections. HIV/AIDS is a chronic disease and without proper treatment the infected persons will eventually die. Yet an outright cure remains elusive, leaving people with the challenges of living with a chronic medical condition.

**Key Words:** psychological, impact, children with HIV AIDS.

## Introduction

HIV/AIDS as the most controversial disease in modern history. Correspondingly, Lyell (1995) warns that HIV/AIDS is fast becoming a major epidemic and psychological emergency. HIV- infection results in a spectrum of disease, ranging from the absence of symptoms, to mild nonspecific symptoms to severe infections, cancers, and neurological conditions. The earliest symptoms of HIV-infection are known as the primary HIV syndrome. They occur soon after becoming infected and include fever, rash, muscle and joint aches, and swollen lymph glands. Other symptoms such as seizures, hepatitis, can also be present, although they are less frequent. The HIV antibody blood test can be negative during the primary HIV syndrome, but becomes positive within the following three to six months. After these primary symptoms, the HIV infected person usually remains without symptoms for a period of time. This is described as latency period. This latency period is, on average, ten to twelve years. AIDS is the final stage of infection with the retrovirus. HIV gradually impairs the immune system which is crucial for the suppression of infections, viruses and bacteria. As the immune system weakens, HIV infected people become infected with opportunistic infections. HIV/AIDS is a chronic disease and without proper treatment the infected persons will eventually die. Yet an outright cure remains elusive, leaving people with the challenges of living with a chronic medical condition. Karnataka State Aids Prevention Society (KSAPS) Consolidated ART report pointed out in Karnataka state, there are 49 ART centers. There total numbers of registered pediatric cases are 16,432, and 2, 10, 469 cases are of adult living with HIV/AIDS as on August 2012. In Karnataka's B4 districts of Belgaum, Bagalkot, Bijapur, Bellary and Indira Gandhi Institution of Child Health (IGICH) Bangalore were about approximately 1000 above pediatric case were registered at ART centers. Among them 1, 27, 722 adult and 8071 of children with HIV/AIDS have receiving on antiretroviral therapy. number of studies have found that chronically ill children are at increased risk of psychosocial problems. Huurre & Aro (2002) says that these children have been reported to have lower self-esteem, poor body-image and more problems in psychological well-being, behavior and social adjustment than those without chronic conditions.

Tate et al. (2003) said that HIV-positive people can live a longer life because of medical and social advances like ART, but treatment programs have not been able to eradicate the virus and cure the disease. As a result, people are living longer with a chronic condition that continuously presents physical, social, and psychological challenges. Consequently, HIV infected patients, like all patients with chronic medical disorders, are at increased risk for specific psychological and social problems. Tate et al. (2003); Wachslar-Felder & Golden (2002) have linked HIV/AIDS with a number of psychosocial problems, depression, adjustment problems, and emotional problems being the most common. Children are infected with the virus as a result of prenatal transmission or through sexual abuse. These children experience almost a complete loss of childhood since they are continuously sick and cannot engage in the normal childhood activities. Other children are also warned by their parents not to play with the infected ones for fear of contracting the disease. For an infected child, the fear of dying is constantly prevalent. This of course impairs normal emotional and psychological functioning. According to Foster & Williams (2000); Richter (2001); USAID (2000) have been conducted a

study on the impact of children with HIV/AIDS. According to these studies HIV/AIDS has severe negative impact on children.

Richter (2001) study on the impact of HIV/AIDS on children reveals that when a family member has AIDS, the average income falls, expenditure on health care quadruples, savings are depleted and families go into debt to care for the sick and food consumption drops in households of orphans. According to Richter (2001) loss of income of breadwinners, asset selling to afford care, and debt incurred by funeral costs usually deplete all current and future financial reserves of households. 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, children 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 infection children are found amongst doctors and other healthcare staff. Children living with HIV/AIDS are pushed to the margins of the society, and are isolated. They are forced to leave their education, lose their homes, often their family and friends. Another aspect which is associated with HIV/AIDS is many losses in life. Children in the developed stage of AIDS are worried because of the loss of their life, their education, their ambitions, physical performance and potency, 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. Feelings of anxiety in children living with HIV/AIDS can be detected very soon which reflects the continuous uncertainty associated with the disease. This state results from:

- Risk of infecting other people.
- Social, professional, family and sexual rejection.
- Separation, isolation and physical pain.
- Fear from degradation.
- Fear of undignified dying and dying in pain.
- Inability to change the circumstances and consequences of HIV infection.
- The inability to ensure optimal health condition.
- Failure of one's close relatives to deal with the situation.
- Unavailability of appropriate therapeutic procedures.
- Loss of privacy and fear of disclosure of information.
- Fear of future social and sexual rejection.
- Sequential failure of vital functions.

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 infected orphans. The symptoms of depression are present in neurotic and anxiety disorders such as mixed anxiety depressive disorder and the disorder of adaptation. Depressive behavioral disorder is often diagnosed especially, in the childhood, within a mixed behavioral 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).

Some children 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 children refuse also the social responsibility, associated with HIV positivity. This reaction is typical for children, in the case of the death on a parent.

### Objectives of Study

- \* To study the level of adjustment, self-esteem and emotional competencies of children with HIV/AIDS.
- \* To know the Social Factors impacts on Children with HIV/AIDS.

### Research Methodology

For present paper the data is collected from secondary sources that are news articles, published papers, and online blogs, web sources. By comparing and reviewing the data from such sources result is drawn.

### Statistics of Children with HIV/AIDS law in India

Globally, It is estimated that 2.1 million children are living with HIV in 2019 and there were 107,000 AIDS related deaths (WHO 2012). In the current scenario, in India around 20% of the clients (excluding pregnant women) availing HIV counseling and testing services under NACP are in the age group of 12 to 18 years.

The various definitions -

1. **Adjustment:** Child's response with its environment as measured by the Adjustment Inventory.
2. **Self-Esteem:** Child's response with its environment as measured by the Self-Esteem Inventory.
3. **Emotional competencies:** Child's response with its environment as measured by the Emotional Competencies Scale.
4. **Children with HIV/AIDS:** Diagnosed by qualified medical officials as children with HIV/AIDS.
5. **Gender:** A response of girls or boys as indicated by themselves in the personal information schedule.

Children living with HIV/AIDS face many psycho-social problems such as fear, grief, hopelessness and helplessness syndrome, guilt, low self-esteem, adjustment problems, low emotional competencies, anxiety and depression, denial, anger, aggression and suicide attempts.

#### □ 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 irrationalization will help only to cultivate the fear of death. Above all, children 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. 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 children 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 of 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 children survive ten years, another few months from diagnosis. As the disease gets hold of their body, they lose control over their life.

#### □ **Guilt 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. Children living with HIV/AIDS, who have to cope with their complicated destiny, very often lose rapidly their self-esteem. Rejection by friends, relatives and loved ones and often children, 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.

#### □ **Anxiety disorder and depression-**

Anxiety disorders are often accompanied by characteristic somatic, physiological, and autonomic, biochemical, endocrinal and behavioral 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 child may get the feeling that the virus takes control over of its body. Just the fact that a close person died of AIDS, together with not existing the possibility of planning one's own long-term future has a negative impact on one's psychic condition.

### □ Denial, anger, aggression and suicide attempts-

Anger and aggression are typical aspects which accompany children 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. Bratska (2001) said that aggression is one of the most frequently reported reactions in frustrating situations. In the frustrating situations, an individual may focus his anger, remorse, indignation, outrage, hostility on other children 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. There is an increased risk of suicidal attempts for HIV positive people.

### **The impacts of society on Children with HIV AIDS.**

The past decade has seen great growth in both research on and programming for children affected by AIDS, with much of this work focused on health outcomes. However, more evidence of the epidemic's impact on child health is required, particularly since the number of affected children is still growing and important gaps in our understanding of their plight persist.

The current evidence base is not only equivocal on whether health disparities exist, but it suffers from important limitations. First, it focuses almost exclusively on orphan hood – and typically does so in isolation from other HIV/AIDS-related experiences. This is a problem not only because it neglects other important HIV/AIDS-related experiences, but also because this approach inaccurately estimates the impact of orphan hood. Orphans often experience multiple HIV/AIDS-related experiences which potentially confound the association. The use of a combined comparison group of other HIV/AIDS-affected children and unaffected children may thus lead to inaccuracies in estimating the effect of orphan hood.

HIV/AIDS can also affect children's normal childhood. Children from families living with HIV/AIDS often have to deal with psychosocial stress, an ill caregiver, reduced parenting capacity, a shift in family structure, financial deprivation, and stigma and discrimination. These challenges can lead to emotional and behavioral changes in children, such as depression and delinquency. Previous studies have documented that children from HIV-affected families are more prone to developing disorders, such as social adjustment and attention problems, and depression.

**Findings –**

- Children with HIV/AIDS are found to be having higher adjustment problems than non- HIV/AIDS children. Children with HIV/AIDS are found to be having lower self-esteem than non-HIV/AIDS children.
- Children with HIV/AIDS are found to be having lower emotional competencies than non- HIV/AIDS children.
- Girls with HIV/AIDS are found to be having higher adjustment problems than boys.
- Girls with HIV/AIDS are found to be having lower self-esteem than boys.
- Girls with HIV/AIDS are found to be having lower emotional competencies than boys.
- Rural children with HIV/AIDS are found to be having higher adjustment problems than urban children with HIV/AIDS.
- Rural children with HIV/AIDS are found to be having lower self-esteem than urban children with HIV/AIDS.
- Rural children with HIV/AIDS are found to be having lower emotional competencies than urban children with HIV/AIDS.

**Conclusion**

From the above discussion we can see children with HIV/AIDS are more likely to experience adverse adjustment problems outcomes. However, it may be because of chronic illnesses which are at increased risk for experiencing socio-economic status, low income family, psychological functioning, a lack of health facilities, environmental factors, stigma, discrimination, social isolation, illness and complicated regimens, poverty, educational level, inadequate medical services, inadequate medical staffs, and a lack of psychological and social support. This study intense to underline that children with HIV/AIDS were identified with depression, hopelessness and a feeling of loss, as well as confusion, loneliness, fear and suicidal ideation, and psychosocial problems. Girls with HIV/AIDS are more likely to experience adverse outcomes of adjustment problems. However, it may be because of HIV/AIDS is a chronic illnesses which are at increased risk for experiencing socio-economic status, low income family, psychological functioning, religion, early marriage, male dominated society of India, gender biased violence, socio-cultural and traditional practices, a lack of health facilities, awareness and risk of sexual transmission diseases (STD), environmental factors, stigma, discrimination, social isolation, educational level, inadequate medical services, and a lack of psychological and social support, All these frequent physical and psychological sufferings along with the family members.

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