

---

## SOCIOCULTURAL DILEMMAS AND PSYCHOLOGICAL HEALTH PROBLEMS OF PEOPLE LIVING WITH HIV/AIDS

\* **Tahira Shamshad**

Department of Sociology  
PMAS-Arid Agriculture University Rawalpindi, Pakistan

**Mazhar Hussain Bhutta**

Department of Sociology  
PMAS-Arid Agriculture University Rawalpindi, Pakistan

\*Email of the corresponding author: [Sanamisel@gmail.com](mailto:Sanamisel@gmail.com) **ABSTRACT**

*People living with HIV have to confront several social, economic psychological and medical challenges since the onset of disease. This paper includes a reasonable quantity of literature related to HIV people' problems in socio-cultural, psychological and financial context. Our critical examination of published material has found that HIV/AIDS is not only a physical ailment but a socio-cultural dilemma affecting all facets of individuals as well as their families' lives. The literature showed that prevalent problems among people living with HIV/AIDS were stigma and disclosure, medication adherence, psychological disorders, social isolation and financial deprivation. These problems can be remedied by using psycho-medical therapeutic treatment and enhancing social and economic support. However, there is a need to devise multidimensional strategies including medical, social, psychological and financial aspects for prevention of disease and better well-being of people living with HIV/AIDS.*

**Keywords:** HIV/AIDS, stigma, disclosure, medical adherence, social support, psychological

**To cite this article:** Shamshad T & Bhutta, M.H. (2022). Sociocultural dilemmas and psychological health problems of people living with Hiv/aids. Competitive Social Sciences Research Journal (CSSRJ), 3(1), 429-435.

### INTRODUCTION

People with chronic diseases are generally at greater risk of developing physical, emotional and psychological challenges. HIV is a chronic disease which predisposes patients to these challenges (Basha et al., 2019). Among general public, HIV is a disease which is still misunderstood particularly in under developed countries where the disease is prevalent. Around the globe, HIV is communicated by a very few modes. HIV is a blood borne retrovirus and is transferred via sexual contact, unsafe medical practices, contaminated blood transfusions, injecting drug use, failure to follow the behaviors now labeled in health sectors “universal precautions”, and from mother to infant during pregnancy, delivery and breastfeeding (World Health Organization, 2003).

HIV/AIDS is not only an ailment that disturbs a person's physical health but is a social disorder as well. As a result, HIV and AIDS are intricately entwined in a variety of psychological and socio-economic processes. Since its discovery in 1981, HIV has been linked to a range of social, political and cultural factors including gender, sexuality, socioeconomic condition and human rights (Van Dyk, 2008). People infected with HIV/AIDS have to face numerous challenges throughout their lives including acceptance of HIV positive status, disclosure to others, stigma, social rejection, financial issues, comorbidity, lack of family support and social support. Further, to ensure a better quality of life or well-being, a lot of emotional, psychological, social, medical and spiritual care is required (Paul & Premraj, 2017). This paper take into account the major challenges highlighted by previous studies.

### **Stigma and Disclosure**

People with HIV/AIDS have voiced practices of stigma and discriminatory behaviors they have been facing in terms of social support and health care. Stigma is a negative societal tag which discredits individuals through changing their views about themselves and hinders in getting social approval (Goffman, 1963). There have been mild to severe adverse repercussions of HIV disclosure like discrimination, denunciation, antagonism, and violence due to stigma associated with the disease and the modes of transmission. Simultaneously, there may be enormous benefits of disclosure in form of social, tangible and emotional support (Weiner et al., 2007). Very notably, disclosure can be essential to access and maintain adherence to treatment options, along with access to mental health and social support services, and to prevent HIV transmission (Remien & Mellins, 2007) such as disclosing their HIV status to sexual partners lead to positive outcomes in preventing HIV transmission (Mutumba et al., 2015).

However, the fear of dishonor and refusal from friends and relatives may hinder HIV patients from disclosing their disease, causing difficulties in preventing disease transmission and getting medical treatments and care. Patients of HIV/AIDS may feel segregated because of improper and insulting behaviors from other people (Kalichman & Simbavi, 2003). Patients who revealed their HIV status or were doubted to have HIV illness were treated as if they were no longer worthy of respect. Society perceived them as less than humans as if they were no longer a part of society. This stigmatization frequently transforms into extreme forms of denunciation, judgement, being isolated, ostracized and not being treated as valued and respectable (Medley et al., 2009). Stigma also prevents people from seeking treatment, social support and adopting positive health behaviors (Anima-Korang et al., 2018).

### **Medication Adherence**

Over the last decade, significant developments in HIV medicinal treatment have resulted in sharp decreases in HIV-related mortality and morbidity in developed nations with long standing access to ART. Even in these locations, though, not all people living with HIV/AIDS are able to get benefit from these medical advancements due to depression, drug abuse, low levels of education and housing instability (Kalichman et al., 2000) along with pill burden and substantial side effects which interfere with normal routine functioning (Remein et al., 2003). Further, the multiple strict antiretroviral therapy schedules mostly with adverse effects, lifestyle modifications, concern and distress about future, all have a

substantial effect on physical and mental health (Pinho et al., 2017). The major stressors among adolescents living with HIV were frequent hospital visits and regular drug intake (Folayan et al., 2017). Fear of unintentional disclosure, privacy, confidentiality, isolation, fear of losing friends and family members create enormous obstacle in medication adherence (Mutumba et al., 2015). However, factors linked with greater adherence included perceived social support, strong faith in need of treatment, self-efficacy for compliance, and a clear sense of the purpose (Chesney et al., 2000; Horne & Weinman, 1999; Wagner et al., 2002).

### **Less Social Support**

Most of HIV patients as well as their families have inadequate understanding about HIV/AIDS. As a result, when they or any of their family member is diagnosed with HIV infection, they become over whelmed with fear of stigma, discrimination and rejection from others. This fear of social rejection and stigma could stop people living with HIV/AIDS from seeking and obtaining social support, which may cause depression, can discourage them seeking and adhering treatment, and may lead to denounced health (Li et al., 2009). Most of them faced rejection from families, spouses and communities, denied to participate in public functions, feel frustrated, suffered from loneliness. Hostile behaviors from health-care workers caused further issues for many HIV positive people (Kirkoskar, 2013). It was found that majority of people with HIV/AIDS experienced social challenges more than psychological issues (Narang et al., 2015). However, perceived social support was found to be substantially and negatively linked with anxiety as well as depression in HIV patients (Sun et al., 2014). Social support networks could empower patients to handle their disease appropriately, leading to sense of fulfillment, satisfaction and hopefulness. Social support influence health outcomes of patients through impact on immune system's functioning, activities related to personal care and other sickness behaviors (Adedimeji et al., 2010).

### **Socio-economic factors**

Socio-economic factors like poverty, job loss and domestic abuse were the major stressors faced by people living with HIV/AIDS (Cloete et al., 2010). The most common socio-economic challenges were joblessness and employment opportunities, housing and accommodation, poverty and monetary issues. The majority of HIV-positive people live in underprivileged neighborhoods, are less educated than the overall population, and confront difficult life conditions such as joblessness, homelessness, inadequate health coverage, confinement and other social susceptibilities. Numerous HIV positive teenagers stated poverty related difficulties, such as lack of sufficient food, clothing, and school fees as a key challenge (Abubakar et al., 2016). Financial burden particularly in accessing health care was considered to be a major stressor (Nyongesa et al., 2022). However, HIV Patients who have high monthly income and education, also have better coping abilities and can manage their stress sufficiently (Faraji, 2015).

### **Psychological Challenges**

People living with HIV go through lot of emotional and physical pain but their psychological needs were rarely addressed (Zhang et al., 2008). The common psychological challenges faced by people living with HIV included exclusion from family and society, anxiety and depression, a sense of vengeance, no fear of infecting others,

dissatisfaction, social segregation, interpersonal challenges, and dread induced by stigma (Dejman et al., 2015). Nearly fifty percent of people suffering from HIV/AIDS experience two to four times more depression than normal people (Nanni et al., 2015). Moreover, well-being of patients with HIV/AIDS is lesser than healthy persons or persons having chronic diseases other than HIV/AIDS (Prado et al., 2004). Stigma creates psychological strain, depression, anxiety and abridged self-esteem (Anima-Korang et al., 2018). Further, persistent worries, stress and anxiety about upcoming life could lead to adverse health consequences and also turn into barriers for accepting health promoting behaviors (Adedimeji et al., 2010). Due to physical and psychological health issues, HIV patients experience only a fair quality of life (Kaur & Kumar, 2018).

### **Conclusion and Recommendations**

HIV/AIDS is a serious and progressive illness which brings additional challenges for people living with it. People living with HIV have to face several challenges which may be individualized (acceptance of HIV status, job loss, resisting treatment, confidentiality, emotional distress) or socio-cultural (fear of disclosure, stigma, discrimination, refusal, inadequate dynamic and inspiring support communities). Empirical evidence suggests that these challenges significantly contribute to poor well-being and health. However, financial independence, social support (from families, friends, organizations, healthcare providers and peer meetings), adequate knowledge about disease and treatment, and dependence on positive coping predicts better well-being of people living with HIV/AIDS. There is need to design multidimensional program for people living with HIV/AIDS consisting of financial assistance, social support groups, awareness along with treatment Therapy.

### **REFERENCES**

- Abubakar, A., Vijer, V. D., Fischer, R., Hassan, A. S., Gonal, J. K., Dzombol, J. T., Bomul, G., Katana, K., & Newton, C. R. (2016). Everyone has a secret they keep close to their hearts: challenges faced by adolescents living with HIV infection at the Kenyan coast. *BMC Public Health*, *16*(197), 1-8. DOI 10.1186/s12889-016-2854-y
- Adedimeji, A. A., Alawode, O. O., & Odutolu, O. (2010). Impact of Care and Social Support on Wellbeing among people living with HIV/AIDS in Nigeria. *Iranian Journal of Public Health*, *39*(2), 30-38.
- Anima-Korang, A., Gere, B. O., & Salimi, N. (2018). Stigma and Discrimination: Coping Strategies for Persons Living with HIV/AIDS in Rural America. *IAFOR Journal of Psychology & the Behavioral Sciences*, *4*(1), 33-44.
- Basha, E. A., Derseh, B. T., Haile, Y. G. E., & Tafere, G. (2019). Factors Affecting Psychological Distress among People Living with HIV/AIDS at Selected Hospitals of North Shewa Zone, Amhara Region, Ethiopia. *AIDS Research and Treatment*, *8329483*, 1–8. doi:10.1155/2019/8329483
- Chesney, M. A., Morin, M., & Sherr, L. (2000). Adherence to HIV combination therapy. *Social Science and Medicine*, *50*(11), 1599–1605.
- Cloete, A., Strebel, A., Simbayi, L., VanWyk, B., Henda, N., & Nqeketo, A. (2010). Challenges Faced by People Living with HIV/AIDS in Cape Town, South Africa:

Issues for Group Risk Reduction Interventions. *AIDS Research and Treatment*, 2010(3), 1-8.

- Dejman, M., Ardakan, H. M., Malekafzali, B., Morad, G., Gouya, M. M., Shushtar, Z. J., Alinaghi, S. A. S., & Mohraz, M. (2015). Psychological, social, and familial problems of people living with HIV/AIDS in Iran: A qualitative study. *International Journal of Preventive Medicine*, 6(126), 1-9.
- Faraji, E., Sardashti, S., Firouzeh, M. M., Aminabad, F. J., Alinaghi, S. A. S., & Hajiabdolbaghi, M. (2015). Perceived social support affects disease coping among people living with HIV: A study in Tehran, Iran. *Asian Pacific Journal of Tropical Disease*, 5(5), 412-417.
- Folayan, M. O., Caceres, C. F., Sam-Agudu, N. A., Odetoyinbo, M., Stockman, J. K., & Harrison, A. (2017). Psychological stressors and coping strategies used by adolescents living with and not living with HIV infection in Nigeria. *AIDS Behavior*, 21(9), 2736–2745.
- Goffman E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon and Schuster.
- Horne, R., & Weinman, J. (1999). Patients' beliefs about prescribed medicines and their role in adherence to treatment in chronic physical illness. *Journal of Psychosomatic Research*, 47(6), 555–567.
- Kalichman, S. C., & Simbayi, L. C. (2003). HIV testing attitudes, AIDS stigma, and voluntary HIV counselling and testing in a black township in Cape Town, South Africa. *Sexually Transmitted Infections*, 79(6), 442–447.
- Kalichman, S. C., Benotsch, E., Suarez, T., Catz, S., Miller, J., & Rompa, D. (2000). Health literacy and health-related knowledge among persons living with HIV/AIDS. *American Journal of Preventive Medicine*, 18(4), 325–331.
- Kaur, R., & Kumar, C. N. (2018). Descriptive Study to Assess the Quality of Life and Coping Strategies among HIV/AIDS Patients. *International Journal of Health Sciences & Research*, 8(7), 224-229.
- Kirloskar, R. S. (2013). Social problems of people living with HIV. *International Journal of Scientific and Research Publications*, 3(6), 1-5.
- Li, L., Lee, S. J., Thammawijaya, P., Jiraphongsa, C., & Rotheram-Borus, M. J. (2009). Stigma, social support, and depression among people living with HIV in Thailand. *AIDS Care*, 21(8), 1007–1013.
- Medley, A. M., Kennedy, C. E., Lunyolo, S., & Sweat, M. D. (2009). Disclosure outcomes, coping strategies, and life changes among women living with HIV in Uganda. *Qualitative Health Research*, 19(12), 1744-1754.
- Mutumba, M., Bauermeister, J. A., Musiime, V., Byaruhanga, J., Francis, K., Snow, R. C., & Tsai, A. C. (2015). Psychosocial Challenges and Strategies for Coping with HIV among Adolescents in Uganda: A Qualitative Study. *Aids Patient Care and STDs*, 29(2), 86-94.
- Nanni, M. G., Caruso, R., Mitchell, A. J., Meggiolaro, E., & Grassi, L. (2015). Depression

- in HIV infected patients: A review. *Current Psychiatry Reports*, 17(1), 1-11.
- Narang, D., Meena, J., & Arti. (2015). Psycho-Social Problems Faced by the HIV/AIDS Patients. *International Journal of Science and Research*, 4(1), 227-230.
- Nyongesa, M. K., Nasambu, C., Mapenzi, R., Koot, H. M., Cuijpers, P., Newton, C. R. J. C., & Abubakar, A. (2022). Psychosocial and mental health challenges faced by emerging adults living with HIV and support systems aiding their positive coping: a qualitative study from the Kenyan coast. *BMC Public Health*, 22(76), 1-20. Doi; [10.1186/s12889-021-12440-x](https://doi.org/10.1186/s12889-021-12440-x)
- Paul, A. A., & Premraj, F. C. (2017). Psychosocial Problems and its Impact Faced by the Hiv/Aids Infected Patients. *IOSR Journal of Humanities and Social Science*, 2279-0845, 40-45.
- Pinho, C. M., Damaso, B. F. R., Gomes, E. T., Trajano, M. F. C., Andrade, M. S., & Valenca, M. P. (2017). Religious and spiritual coping in people living with HIV/Aids. *Revista Brasileira de Enfermagem*, 70(2), 392-399.
- Prado, G., Feaster, D. J., Schwarts, S. J., Pratt, I. A., Smith, L., & Szapocznik, J. (2004). Religious Involvement, Coping, Social Support, and psychological distress in HIV-Seropositive African American Mothers. *AIDS and Behavior*, 8(3), 221–235.
- Remien, R. H., & Mellins, C. A. (2007). Long-term psychosocial challenges for people living with HIV: let's not forget the individual in our global response to the pandemic. *AIDS*, 21(5), 55-63.
- Remien, R. H., Hirky, L., Johnson, M., Weinhardt, L., Whittier, D., & Le, M. G. (2003). Adherence to medication treatment: a qualitative study of facilitators and barriers among a diverse sample of HIVR men and women in four U.S. cities. *AIDS and Behavior*, 7(1), 61–72.
- Sun, W., Wu, M., Qu, P., Lu, C., & Wang, L. (2014). Psychological well-being of people living with HIV/AIDS under the new epidemic characteristics in China and the risk factors: a population-based study. *International Journal of Infectious Diseases*, 28, 147–152.
- Van Dyk, A. (2008). *HIV/AIDS care and counselling – a multidisciplinary approach* (4th ed.). Cape Town, South Africa: Pearson Education.
- Wagner, G., Remien, R. H., Carballo-Die´guez, A., & Dolezal, C. (2002). Correlates of adherence to combination antiretroviral therapy among members of HIV-positive mixed status couples. *AIDS Care*, 14(1), 105–109.
- Weiner, L., Mellins, C.A., Marhefka, S., & Battles, H. B. (2007). Disclosure of an HIV diagnosis to children: history, current research and future directions. *Journal of Developmental and Behavioral Pediatrics*, 28(2), 155–166.
- World Health Organization. (2003). The World Health Report: Shaping the Future. Retrieved from [https://www.who.int/whr/2003/en/whr03\\_en.pdf?ua=1](https://www.who.int/whr/2003/en/whr03_en.pdf?ua=1)
- Zhang, C., Li, X., Liu, Y., Zhou, Y., Shen, Z., & Chen, Y. (2018). Impacts of HIV stigma on Psychosocial well-being and Substance use behaviors among People living with

HIV/AIDS in China: Across the life span. *Aids Education and Prevention*, 30(2), 108–119.