

Influence of the Social and Demographic Status on the Emotional Condition of the HIV-Positive People

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Abstract: This study is devoted to studying of psychological features HIV (Human Immunodeficiency Virus) positive. The conducted research checked a hypothesis of influence of the social and demographic status on an emotional state HIV-positive. It was revealed that HIV-positive women are more disturbing, they are inclined to show higher level of uneasiness, offense and aggression, than HIV-positive men. At the HIV-infected which got infection with an injection way, unlike the persons who got infection sexually, the level of jet uneasiness is considerably increased thus, they are more inclined to manifestation of physical aggression. Between HIV-infected with a different experience of an illness there are distinctions in the level and manifestation of the aggressive reactions. At HIV-infected, receiving anti-retrovirus therapy, considerably raises the level of uneasiness and a depression.

Key words: An emotional state HIV-positive, the HIV-infected uneasiness, aggression, a depressive state, psychological features

INTRODUCTION

The problem of studying of emotional conditions of the personality in various processes of activity becomes more and more actual now. High dynamics of human life, an intensification of communicative communications and some other characteristic features of a modern era cause need of practical psychological development means on increasing of person's potential opportunities, improvement of its adaptive mechanisms.

In the early 80's of the 20th century an Acquired Immunodeficiency Syndrome (AIDS) was discovered. Medicine absolutely unexpectedly faced a problem which became threat to the existence of mankind. In this regard there is more and more actual a problem of a human body's resources definition and its features of the emotional sphere for successful overcoming of various diseases, preservation or increase of ability to realization of different types of activity. The extremely important is definition not only the clinical but also social and psychological forecast on which success of adaptation to the living conditions which changed with the advent of an illness depends. There was a need of reorientation HIV-positive from negative perception of the created situation to ability to cope with the feelings and emotions with the current problems of social and household character. Furthermore, to promote development of the new forms of behavior, promoting commitment to the carried-out ARV-therapy and skills of life with the disease.

Unfortunately, the poor attention is paid to these problems. The analysis of literature shows that it is not enough works devoted to studying of the emotional sphere, personal features which can help infected in fight against the approaching illness not only from the medical but also psychological point of view (Gallo and Montagnier, 1988; Miller-Halegoua, 1989; Kulakov, 2003). They are scattered, devoted to specific aspects and systematized enough, due to the complexity of the subject matter and versatility. Besides, not enough attention is paid to a problem of the psychological relations of patients including a role of the relations of the person during and at the end of disease, though it is proved that the psychological relations in many respects determine and drive the potential of the person (Saparbeko *et al.*, 2000; Madaliyeva *et al.*, 2015).

The study of this problem gives an opportunity to identify features of the emotional sphere of HIV-positive which help them to adapt to the fact of virus infection, overcome life crisis, mobilize and use mechanisms to fight the disease.

The received results will allow to plan paths and ways of psychocorrectional work on optimization of the emotional states rendering a positive effect on mental health and significantly influencing on life quality of the people which live with HIV. Above-stated in general, defines relevance of this study.

Goal of the research: Description and study emotional states of HIV-positive people influencing on ability of an organism to adapt to circumstances and facilitating stabilization of psychic condition. For achievement of the purpose the following tasks were set:

- To study the dominating emotional states HIV-positive
- To reveal distinctions of psychological features HIV-positive depending on their social and demographic characteristics

Hypothesis: Whether renders (a floor, a disease experience, employment, a way of transfer of a disease, etc.,) influence on an emotional state HIV-positive.

MATERIALS AND METHODS

The Beck's test of a depression, the Gissensky questionnaire of somatic complaints, the test of uneasiness of Spilberger-Khanin, a technique of the subjective relation assessment to Serdyuk's illness, unfinished offers of Sydney-Saks, the test of an operational assessment of health, activity, mood "SAN" and the test of aggression of Bass-Darki.

Stages and procedure of research: Empiric research passed on the base of municipal and regional centers on a prophylaxis and to the fight with AIDS in the cities Almaty and Isyk. At the first stage for carrying out diagnostics of emotional states HIV-positive the block of the diagnostic techniques complemented and mutually checked standardized and approved was picked up and diagnostics was carried out.

At the second stage the received results of research were subjected to computer processing by methods of mathematical statistics. Taking into account nature of a sample size distribution and techniques, the nonparametric statistics was used: reliability of distinctions was calculated by means of U-Mang Wynti's criteria, N-Craskal-Wallace and correlation analysis of Spirmen and a component analysis.

Selection was made of 54 HIV-positive. Infected by a sexual way 17 persons, parenterally -37 from them women 20 (sex -13, PIN-7), men 34 (sex -4, PIN -30), patients by tuberculosis 8 persons (3-women, 5 men), accept APB therapy 11 persons (8 women, three men), workers -19 (w-6, m-13), not working -35 (w-13, m-22), believers 7-(w-2, m-5), age examinee from 21-63 (w-from 21-63 ages, m from 23-56 ages) positive status made a period from 1 month to 13 years. Thus, middle age examinee made 35.7 years including: for women 34.1; for

Table 1: Demographic characteristics of study participants

Factors	Values
Quantity of pro-questioned HIV-positive (persons)	54.0
HIV-positive, infected sexually (persons)	17.0
HIV-positive, infected in the parenteral way (PIN) (persons)	37.0
Women, including	20.0
sexual way of infection	13.0
consumers of injecting drugs	7.0
Men, including	34.0
sexual way of infection	4.0
consumers of injecting drugs	30.0
HIV-positive, sick with tuberculosis	8.0
Women	3.0
Men	5.0
HIV-positive, accepting anti-retrovirus therapy (the special medicamentous therapy applied at HIV infection)	11.0
Women	8.0
Men	3.0
HIV-positive, working persons.	19.0
Women	6.0
Men.	13.0
HIV-positive, unemployed persons	35.0
Women	13.0
Men	22.0
Middle age	35.7
Women	34.1
Men	36.7
Average status of HIV infection duration	4.5
Women	3.6
Men	5.1

men 36.7. Middle indexes of presence positive status HIV of infections -4.5 years for women -3.6 years for men 5.1 (Table 1).

RESULTS AND DISCUSSION

Let's consider features of psychological reactions manifestation, depending on a way of infection. Now 2 main ways of HIV infection transfer are allocated: injection (consumers of injecting drugs, CID) and sexual (SXL). Results of statistical data processing only on the indexes having a statistical significance are reflected in tables of study. The indexes which do not have significant distinctions are not reflected in tables.

On indexes, reflected in Table 2, it is visible that at HIV-positive (CID) the level of jet uneasiness is considerably increased, thus they are more inclined to manifestation of physical aggression that is they are more inclined to fights and other asocial acts, bound to manifestations of physical aggression. The obtained data on Serdyuk's technique testify that for the Consumers of Injecting Drugs (CID), HIV infection is bound to need of refusal of habitual ways of receiving pleasure also they see in it the reason of restrictions in the professional sphere.

Let's consider influence of an illness duration on a psychological state of examinees. For this purpose we

Table 2: Average values depending on a way of infection

Indexes	CID		SXL		Level of the significant distinctions***
	M*	m**	M	M	
Jet uneasiness	45.30	8.97	39.59	8.54	0.030
Restriction of pleasures	2.84	1.38	1.47	0.80	0.001
Restriction of career	2.57	1.28	1.82	0.95	0.050
Relation to work	2.43	1.32	1.65	1.06	0.040
Irritation	5.03	1.82	3.88	1.45	0.040

Table 3: Average values of groups depending on an illness experience

Indexes	The status about 1 year		The status till 5 years		The status till 10 years		The significance level of distinctions***
	M*	m**	M	M	M	M	
Deterioration of the attitude towards the patient at work	1.88	0.85	2.00	0.77	1.49	1.25	0.05
Mood	4.40	0.97	5.27	1.29	4.47	0.58	0.03
Negativism	5.88	2.05	3.73	2.33	5.17	0.99	0.08
Suspiciousness	5.25	1.79	2.91	1.51	4.54	1.28	0.02
Verbal aggression	6.63	1.51	3.82	1.72	5.29	1.30	0.01
Fault	7.63	1.97	5.00	3.03	6.94	1.92	0.03
Index of hostility	7.63	1.77	6.55	2.11	6.60	1.85	0.03
Index of aggression	11.88	2.40	6.36	2.50	10.00	2.30	0.00
Depression	19.13	4.62	12.64	6.15	17.10	2.42	0.02

*An arithmetic average value; **standard deviation; ***the reliability of distinctions calculated by means of Mann Whitney criterion

distributed examinees on three groups depending on an illness experience: about 1 year to 5 and till 10 years.

On indexes, reflected in Table 3, the examinees who recently learned about the illness are more irritable, sensitive, suspicious inclined to an autoaggression in the form of sense of guilt in general they are adjusted more in a hostile way and aggressively. With increase in an experience of a disease these reactions gradually decrease, reaching moderately expressed values. It is possible to assume that extent of manifestation of aggressive reactions is bound to experience of an illness. As notes a number of the researchers (Saparbekov *et al.*, 2000; Madaliyeva *et al.*, 2015) researching the relations to an illness, the first reactions to an illness is shock, refusing, aggression, searches “guilty” of an illness is possible as show above the given researches. Further, the person as if “adapts” for the illness, gets used or reconciles that can affect some decrease in aggressive reactions. Considerably, as dynamics of activity of examinees which reflects in particular degree their psychophysiological states changes. It indirectly testifies to adaptation to an illness. Higher extent of influence of an illness on the relations on work is noted by examinees with a small experience of an illness.

Let’s define, whether existence or lack of anti-retrovirus therapy has impact on a condition of examinees (Table 4) where “ARV+” means that the person accepts therapy and “ARV-” does not accept the corresponding treatment.

According to the data reflected in Table 4, it is visible that despite the fact that treatment has positive impact on decrease in level of a depression, it is visible that at examinees accepting ARV-therapy have more uncomfortable feelings. They complain of gastric pains, intensity of pain, cardiac pains more often. In general, the index of subjective complaints at them is 1.8 times higher. As the possible reasons of psychosomatic complaints increase, it is possible to point a subjective nature of treatment and also the fact that treatment is appointed in case of a negative course of disease, additionally has a number of the ghost effects.

ARV-therapy patients have increased level of jet and personal uneasiness, they more often have irritability and sense of guilt. It is apparent that these indexes reflect internal experiences concerning deterioration of health to such an extent that there is a need for therapy application. This fact has to interest not only psychologists but also attending physicians as it tells about need of carrying out an explanatory work among patients, accepting treatment. Doctors have to be ready to that during receiving treatment, patients can be subject to neurotic reactions more.

For studying of interrelation of age and an emotional state HIV-positive we carried out correlation analysis. Direct correlative dependence between age of patients and jet uneasiness of $r = -0.41$, $p < 0.002$ and aggression of $r = -0.26$, $p < 0.05$ is received. It means that the more senior HIV-positive is the higher index of his jet (temperamental) uneasiness and the higher common level of aggression.

Table 4: Average values of groups depending on the fissile therapy

Indexes	ARV+		ARV-		Level is significant distinctions***
	M*	M*	M	m	
Depression	8.09	7.38	8.26	4.43	0.08
Giessen questionnaire scale gastric complaints	4.91	2.63	2.72	2.67	0.01
Giessen questionnaire scale rheumatic factor	10.45	7.16	6.07	4.56	0.05
Giessen questionnaire scale cardiac complaints	7.55	5.73	3.07	3.26	0.01
Giessen questionnaire of somatic complaints common poin	31.18	16.80	18.51	13.56	0.02
Jet uneasiness	48.91	9.49	42.12	8.64	0.03
Personal uneasiness	52.82	10.50	41.81	10.02	0.01
Restriction of force and energy feeling	2.73	1.27	2.02	1.10	0.09
Decrease in physical appeal	2.45	1.21	1.67	0.99	0.05
Attitude towards the father	3.91	1.92	2.30	1.30	0.01
Attitude towards men (women)	3.09	1.04	2.12	1.24	0.01
Fears	2.64	1.29	1.74	1.59	0.05
Activity	4.20	1.46	5.09	1.29	0.07
Physical aggression	4.33	1.60	5.57	1.14	0.01
Negativism	6.00	2.32	4.72	1.96	0.07
Index of hostility	8.09	1.30	6.40	1.83	0.00

*An arithmetic average value; **standard deviation; ***the reliability of distinctions calculated by means of Mann Whitney criterion

CONCLUSION

Thus, the analysis of psychological features of HIV-positive examinees allowed to confirm and specify hypotheses of the conducted research of existence of features in psychological characteristics and experience of an illness at HIV-positive persons with the different social and demographic status (a floor, a disease experience, employment, a way of transfer of a disease, etc).

Gender features; HIV-positive women are more disturbing, they are inclined to show more high level of uneasiness, offense and aggression, than HIV-positive men. Men in comparison with women are subjectively inclined to see in an illness restriction in possibility of receiving pleasure (more often it the persons who with drug addiction got infection with an injection path) that it is possible to interpret as a larger significance and a frustrating at them hedonistic requirements.

At the HIV-infected which got infection with an injection path, unlike the persons who got infection sexually the level of jet uneasiness is considerably increased thus, they are more inclined to manifestation of physical aggression.

Between HIV-infected with a different experience of an illness there are distinctions in the level and manifestation of aggressive reactions, the highest rates of aggressive reactions at persons with the status of a disease till 1 year, the lowest at persons with the status are diseases till 10 years.

At the HIV-infected, receiving anti-retrovirus therapy the level of uneasiness and a depression considerably

increases, indicators of the psychofunctional states worsen in a subjective picture of an illness indicators of a sensual component that is shown in increase of psychosomatic complaints worsen.

Working HIV-positive are characterized by increase of depression level, uneasiness, at simultaneous decrease in indexes of health, activity, mood that it is possible to connect with experience of a psychological stress.

The revealed features have to become a basis of more differentiated and individualized work of psychologists and doctors with different categories of patients. The carried-out analysis showed that practically all categories HIV-the infected persons since, the very first days of establishment of the diagnosis and on an extent of the entire period of a disease need psychological assistance.

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