Psychological Impacts on People Living with HIV — Orphans and Other Vulnerable Children, and Their Caretakers

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Introduction:
The pandemic of HIV/AIDS has spread to all regions of the globe and infected over forty million victims worldwide that are currently living with this fatal disease. Tragically, the people infected with HIV/AIDS are not the only ones whose lives are forever altered by this debilitating virus; family members, neighbors, and friends of HIV/AIDS victims are also strongly connected to the individuals struggling to manage the virus on a day-to-day basis. Although those infected are fighting this disease and doing everything they can to overcome the illness, there are still powerful issues like social stigma and economic devastation as a result of treatment that make the psychological implications of living with HIV/AIDS almost as difficult as the medical battle.

In industrialized nations like the United States, there is approximately an eight to ten year lapse before HIV infection turns into full blown AIDS, after which victims normally only survive between one in five years without antiretroviral drugs and treatment. Survival expectations are considerably shorter in developing regions due to malnutrition, being infected with other illnesses, and limited access to health care. In the years between infection and eventual death, victims are plagued by physical pain and exhaustion. In addition, those infected are faced everyday with many psychological issues that make surviving this disease even more difficult.

One of the most common causes for psychological trauma related to HIV/AIDS is the impact of social stigma on the infected individual. This stigma can lead to feelings of depression, guilt and shame, limited participation within communities, and an increase in behavior that may heighten the risk of further transmission. Fortunately, in many areas there are counseling programs that are assisting HIV/AIDS patients by creating a healthy mindset that, in conjunction with medical treatment, will help them to cope with the physical challenges of the disease. However, psychological impacts of this disease, obviously, are not limited to those infected; patients’ caregivers and orphans left behind because of HIV/AIDS are two of the largest groups that bear the emotional weight of this virus in their daily lives.

Psychological Impact of HIV/AIDS on Orphans
AIDS orphans across the world must deal with a lot more than the death of their parent/parent(s); they must cope with the psychological impact. “Common reactions of children to the death of a parent include: depression, hopelessness, suicidal ideation, loneliness, anger, confusion, helplessness, anxiety and fear of being alone” (Phiri). These feelings are constant, and even terminology used to describe the effect of HIV/AIDS on children creates feelings of pain and resentfulness. “The term ‘AIDS orphan’ contributes substantially to the labeling and stigmatization of children whose parents have died of AIDS, as opposed to other causes. A USAIDS report to Congress, therefore, suggests that programs should avoid singling out children orphaned by AIDS as it exacerbates the stigma attached to HIV” (Stein). All children are affected by AIDS even if they haven’t been orphaned by the pandemic.
The emotional state of children is essential to understand. “Given the overwhelming financial crisis most orphans face, the psycho-social impact of HIV/AIDS on children has generally been neglected, and programs have tended to focus specifically on providing for the material needs of children rather than on counseling or other forms of emotional support” (Stein). Resources need to provide assistance for children during their time of emotional and psychological need. Support emotionally needs to be constantly looked at and improved because children will continue to suffer across the world. A USAID study predicts that, “by 2010, there will be 44 million orphans in the 43 countries hardest hit by AIDS” (UNAIDS 2002).

Psychological Impact on People Living with HIV/AIDS

HIV/AIDS has a psychological impact on those infected with the disease in a number of ways. Because of the strong stigma associated with HIV/AIDS, those infected with the disease are likely to feel the impact of that stigma in some way. “Stigmatized persons lose social status, they are discounted and discredited—reduced in the minds of others from being whole and acceptable individuals to those whose identities are spoiled and tainted” (Fife and Wright 51). The stigma that faces people infected with HIV/AIDS can have an impact on their social lives, their employment (both current and future), their emotional well-being, and their self-perception.

The impact of stigma on those infected with HIV/AIDS is particularly negative due to the common perception that the infected individual is to blame or should be held personally responsible for their condition (Fife and Wright 51). The stigma is worse for HIV/AIDS than other diseases because of the nature of its transmission. Those who become infected have supposedly done so through their own personal deviation by using intravenous drugs or practicing unsafe sex (Fife and Wright 51).

An HIV/AIDS infected person may be looked at as “spoiled,” further contributing to a negative psychological impact of the disease (Fife and Wright 51). Being shunned from society can lead to self-loathing and self-deprecation. It is common for HIV/AIDS infected persons to withdraw from society, relationships, and the workplace. “It has been suggested that some degree of isolation may be self-imposed, at the same time that isolation is imposed by others” (Fife and Wright 52).

Because HIV/AIDS is so riddled with stereotypes, most people that become infected have already established their own set of misconceptions. This will further the degree of self-deprecation and low self-esteem many HIV/AIDS patients feel after finding out they are the person who turns out to be infected. Even the vocabulary associated with HIV/AIDS contributes to the negative perceptions that intensify the psychological impacts that are characteristic of this disease. Patients with other terminal illnesses are often applauded for maintaining a positive attitude, looking on the “bright side” of things, and serving as role models for their peers (Fife and Wright 53). AIDS patients are HIV positive no matter what because they cannot become HIV/AIDS survivors, and are rarely recognized for their positive behavior after being diagnosed (Fife and Wright 53).

Self-esteem, isolation, and self-deprecation are all negative impacts of HIV/AIDS on people infected with the disease. However, one study found that general education minimized the psychological impact of the disease. In comparison to less educated patients, the infected person feels more in control over their well-being and is able to maintain their health better (Fife and Wright 61).

Psychological Impact on OVC’s

Other vulnerable children are exactly what society has dubbed them, vulnerable children. These children are those who may not be orphaned, but they could feel like they are, have a sick parent, have a parent who has left the household, or are left alone for hours or days at a time.

Children who feel as though they are orphaned, but still live with an HIV/AIDS infected parent or parents, who are not providing sufficient care for them, are subject to the negative psychological impact from HIV/AIDS. Their parents may or may not work for a living. Their parents may or may not work for a living; and especially if they have many siblings, the children usually end up assuming the responsibility of
being the family’s caretaker. In addition, due to economic difficulties or social stigmas, parents sometimes abandon their children, so the child is functionally orphaned even if their parents are still living.

All of these scenarios increase the child’s vulnerability to HIV/AIDS. The child may have to sacrifice their own education to provide for their family; or the child may be left to make numerous important, and possibly life threatening decisions, without the necessary knowledge or role model to encourage safe, informed choices. A young child may end up in dangerous situations or playing in the wrong places; and an older child may be exposed to risky behaviors, such as drinking and having unprotected sex.

Education is extremely important for children not only because it teaches them how to stay healthy and protect themselves, but also because it will give them the means to become successful as they progress through life, giving them the opportunity to end the cycle of poverty.

Conclusion

The effects of stigma, isolation, self-deprecation, and a lack of education all contribute to the negative psychological impact of HIV/AIDS on people living with HIV, orphans of HIV infected parents, and other vulnerable children. Through counseling, education, and better treatment programs, the psychological impact of HIV/AIDS will begin to decrease. The stigma will diminish when the stereotypes are gone; and until that day, the HIV/AIDS community will continue working towards improving the psychological condition of all those infected and affected by HIV/AIDS.

Sources


UNAIDS. www.unaids.org