

Challenges faced by people living with HIV/AIDS during COVID-19 pandemic in India: Implication for social work practice

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Abstract: A study was conducted on 30 women who were HIV-positive in Chennai, India, to understand the challenges faced by them during the lockdown in India due to the COVID-19 pandemic. A descriptive research design and a simple random (lottery method) sampling technique were used. The researcher designed a questionnaire comprising both structured and semi-structured questions and a Depression Anxiety Stress Scale (DASS) to analyze the collected data. Of the participants 76.7 % suffered from depression because they did not have the income to support their family needs, and 53.3% shared an increased fear for their survival during the COVID-19 pandemic. Social workers provide direct counseling, therapeutic intervention, and social justice initiatives to those living with HIV/AIDS and those affected by the disease. In this study, the seven-stage Crisis Intervention Model was used for intervention. After the intervention, the p-value of depression, anxiety, and stress were found to be 0.00, which was less than the significance level of 0.05; hence, the null hypothesis was rejected. The intervention results showed an apparent decrease in their depression, stress, and anxiety level.

Keywords: HIV/AIDS; COVID-19 pandemic; depression; social work intervention

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Introduction

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) epidemic remains one of the world's most significant public health concerns. We find around 2.1 million people in India live with HIV (Avert, 2021). The social stigma attached to HIV/AIDS stands as a barrier in fighting the spread of this HIV/AIDS epidemic still today (Mahajan, 2010). HIV/AIDS is a major health concern and it hinders the country's progressive economic growth and development (Boutayeb, 2009). The COVID-19 pandemic on the other hand has been an unprecedented event, and from being a health concern in its initial stage, in time it became a social, economic, and developmental catastrophe globally (United Nations Development Programme, 2020). The Ministry of Health and Family Welfare, Government of India documented 473,537 deaths in 2021. Despite efforts and measures taken by the government and health ministry to bring awareness on prevention and treatment measures through the media, the general public remains ignorant about the spread and impact of COVID-19. Society has erroneously misconstrued HIV/AIDS and COVID-19 (Escandón et al., 2021). Those infected and affected by both HIV/AIDS and COVID-19 experience physical and psychological stress. The economic impact of COVID-19 has trickled down to individuals and families, commonly causing psychological stress irrespective of gender or their financial situations (United Nation Women, 2020). The National AIDS Control Organisation report says around 40% of people living with HIV/AIDS are women in India (Ministry of Health and Family Welfare, Government of India, 2017). Women with HIV/AIDS suffer from depression, anxiety, and stress and are concerned about their survival due to loss of income and scarcity of essential supplies (Mothi, Lala, and Tappuni, 2016). This study aims to understand the difficulties faced during the COVID-19 pandemic by the people living with HIV, who belong to poor socio-economic backgrounds. Women have been hit harder by the COVID-19 epidemic than men (Thibaut and van, 2020) and undergo psychological problems such as depression, fear, stress, and anxiety (Kuman et al., 2020).

The present study was conducted to understand the economic and psychological challenges of women infected and affected by HIV/AIDS during the COVID-19 pandemic. We reviewed the relevant literature focusing on women living with HIV/AIDS and also affected by COVID-19 to gain an in-depth insight into the subject under investigation. However, literature in this area is scant. Emerging studies on mental health, HIV, and

COVID-19 suggest that many people with HIV have experienced delays or disruption in accessing mental health treatment or medications affecting their recovery. In addition, some scholars have indicated concerns that HIV deterioration linked to COVID-19 could cause depression and lead to maladaptive coping mechanisms, which could cause more psychosocial problems. Yet, people with HIV are two to four times more likely to struggle with depression than their counterparts without HIV. On the other hand, the impact of COVID-19 on countries' economic situations has pushed families into hardship, poverty, and mental illness (Banati and Idele, 2021). They are susceptible to the consequences of isolation arising from restricted mobility associated with the pandemic, given the high rates of mental health concerns (for example, anxiety and depression) that prevail among this community. Another study by Marbaniang et al., (2020) mentioned that

India had the third-largest number of HIV-positive people in the world and the second-highest number of confirmed COVID-19 infections. Anxiety or depression was identified as risk factors for non-adherence to ART (Antiretroviral Therapy) in a recent meta-analysis of data from India. (p.17)

Studies focusing on women with HIV specifically identify problems linked to physical health, psychological and emotional issues, financial issues (Tarakeshwar et al., 2006, Sahayam and Rathnasabapathy, 2015), taking care of children, meeting family expenses, transportation, lack of medicine, and lack of social support due to their status (as cited in Nyamathi et al., 2011). Women with HIV/AIDS frequently face stigma and discrimination at all levels, including family, workplace, and social gatherings (Raguram, 1996). Depression, anxiety, and stress play a vital role in jeopardizing the psychological state of mind.

Coupled with the COVID-19 global health crisis (United Nation Development Programme, 2021), women living with HIV are prone to experience significant challenges in their everyday life. Due to the pandemic, many people, including those living with HIV, have lost their family members, jobs, and stable income. Sadly, the COVID-19 pandemic resembles a stigmatized illness similar to HIV/AIDS (Chenneville, 2020). Those affected by HIV could not step out of their houses due to their poor immune system. Although some with HIV/AIDS can balance their lives now, their situations have been worsened by lockdown restrictions, isolation, fear of health deterioration, and anxieties around coping under such distressful times. COVID-19 has the potential to harm people living with

HIV/AIDS in a variety of ways, including an increased risk of COVID-19 infection and treatment and care disruptions (Gatechompol et al., 2021). According to studies, a significant number of COVID-19 individuals have an underlying illness (Guan et al., 2020). Comorbidities such as hypertension, diabetes, and cardiovascular disease are known to increase the likelihood of developing severe COVID-19 and have a high fatality rate (Nishiga et al., 2020). HIV/AIDS is considered a complex disease that has become a major global issue and needs attention during this pandemic.

Objectives of the present study

- To examine depression, anxiety, and stress level of participants during the COVID-19 pandemic lockdown
- To determine the effectiveness of intervention strategies using the social work intervention model.

The rationale of the study

This study is adopted in the context of the COVID-19 pandemic and focuses on the implemented intervention plans for people living with HIV/AIDS. The two significant challenges faced by people living with HIV/AIDS are economic constraints and psychological threats (Dejman, 2015). As per statistics, globally, around 1.7 million people get HIV/AIDS each year who are naturally vulnerable to COVID-19. Hence, people with HIV/AIDS should be under continuous monitoring during the COVID-19 pandemic (Mirzaei et al, 2021). Economic threat is the biggest challenge that affects day-to-day survival. Issues such as being unable to pay rent, feed family, fear of the future, not going out for regular treatments, and money for transportation to visit the hospital resulted in psychological problems such as depression, anxiety, and stress. In India, HIV-positive women endure severe discrimination because of their gender and HIV status and experience stigma and prejudice throughout the country. The study by Gatechompol et al (2021) indicate that data related to the impact of COVID-19 on people with HIV/AIDS could be inadequate. The study also suggests that HIV-positive people who are not on ART are at risk of being infected with COVID-19 because of their weak immunity. If these people get infected with COVID-19, they may be at a greater risk of developing

serious health problems leading to death. During the COVID-19 pandemic lockdown, many countries have reported disruptions in delivering HIV services, care, and treatment. Such disturbances will increase morbidity and mortality among HIV people. Nevertheless, there are few facts on the influence of COVID-19 on HIV services.

Research questions

The present study aims to address the following questions

1. Did women with HIV/AIDS confront an economic hardship as a result of the COVID-19 pandemic, which resulted in psychological threats?
2. Was there a substantial difference in the participants' depression, anxiety, and stress levels after using the crisis intervention model?

Conceptual framework Crisis Intervention Model

Lindemann Caplan provides a theoretical grounding for understanding the crisis and the ways to support someone who encounters a severe crisis, suicidal thoughts, psychological stress, or mental health disorders (Roberts and Ottens, 2005). A crisis can be a single event or a series of catastrophes, situational (unexpected life event), or mutational (inability to cope with natural human developmental processes). The primary focus of crisis intervention is to restore good mental health, and adopt remedial measures to improve and stabilize the individual who has encountered a crisis. According to Roberts and Ottens (2005), however, people should go through seven crucial stages on their way to crisis stabilization and perseverance. The seven stages of crisis intervention include assessing safety and lethality, building rapport, identifying problems, addressing feelings, generating alternatives, developing an action plan, and following up on the progress. Scholars who have investigated the efficacy of this model argue that crisis intervention can be effective in improving mental health; and reducing hospital admissions. This present study adopts Robert's seven stages of crisis intervention.

Methods

The study was conducted with the support of the International Alliance for the Prevention of AIDS (IAPA) India, Chennai assisted with promoting the study and recruiting participants. In the present study, both quantitative and qualitative in-depth interviews were conducted. Quantitative data was conducted first using a questionnaire (to obtain descriptive data) and the Depression Anxiety Stress Scale (DASS) to measure the emotional, depression, and anxiety states of participants. In-depth interviews were later collected from three participants to gain a clear understanding of the issues experienced by women with HIV/AIDS during the COVID-19 pandemic. The in-depth interviews helped to increase the credibility and validity of the research findings (Mishral and Rasundram, 2016, p.69). Findings were assimilated and triangulation enabled the formulation of meaning emerging from the data. All research materials and procedures were approved by the Ethics committee of the Vellore Institute of Technology. Informed consent was given by all the participants.

Part 1: Quantitative study

In this study, a descriptive and diagnostic design was applied to study the problems faced by women with HIV/AIDS during the COVID-19 pandemic. "Descriptive research studies are those studies which are concerned with describing the characteristics of a particular individual, or of a group, whereas diagnostic research studies determine the frequency with which something occurs or its association with something else" (Kothari, 2004 pp.35). Diagnostic research studies determine the frequency of something occurring or its association with something else (Gupta and Gupta, 2011 pp.38). The present study was conducted from 15th April to 30th June 2020 in Chennai, India. The sample size taken by the researcher was 30 for this study. Researchers used the non-probability purposive sampling method (Kothari, 2004:55) to interview the participants. As part of the quantitative study, the researcher designed interview schedule questions to elicit information directly from the participants on demographic details; and economic and psychological state of mind during the COVID-19 pandemic lockdown (Parisi, 2022). The data collected were analyzed using SPSS.

Application of Crisis Intervention Model to This Study

Timely access and availability of HIV care were affected during the COVID-19 pandemic. Hospitals were overburdened with COVID-19 patients, HIV-positive people faced issues in receiving ART in hospitals. Furthermore, because most public health authorities worldwide were focused on COVID-19 control, HIV care resources became limited which worsened the HIV care continuum. Due to the lockdowns, hospital visits became challenging and limited. HIV-positive people were forced to stop taking ART and experienced bodily and psychological distress.

During the lockdowns, people living with HIV faced a financial crisis. Almost all of these women hailed from poor socioeconomic backgrounds and depended on their earnings to meet their family needs. During the interaction the HIV-positive woman stated that ‘Since my income covers the rent, children's needs, and the monthly family needs, I have never dreamt about saving for future needs.’

The fundamental principle of this model is to understand the traumatic situation faced by women living with HIV/AIDS during the COVID-19 pandemic. The crisis intervention model was applied to help HIV-positive women to overcome their physical, psychological, and emotional disturbances by reducing their stress level, providing emotional support, and thereby improving their quality of life with coping strategies.

Procedure

Sessions were conducted for a time period ranging from 45 minutes to 1 hour with a specific theme or topic of focus and aligned to the seven stages of the crisis intervention model. The sessions were facilitated by three resource persons who were pre-trained to support the work. All the sessions were interactive and included focussed group discussions, games, documentaries, and motivational videos addressing the issues faced by participants, such as stress and depression.

Role-plays, drama, exercises (using pens, papers, and flipcharts), presentations/lectures presented by HIV- positive guest speakers, and bamboo ladder activities were also included in the group sessions to make the sessions enjoyable. The group activities helped every participant understand the plight faced by the co-participants. Furthermore, the

sessions encouraged these women to take a positive stand to overcome depression, stress, and anxiety.

To measure the impact of this intervention, the DASS (Lovibond & Lovibond, 1995), scale was delivered before and after the crisis intervention was delivered.

Stage I: Psychosocial and lethality assessment

This first stage involved an assessment of the seriousness of the crisis and its impact on the mental health, the client's environmental supports and stressors, medical needs and medications, current use of drugs and alcohol, and internal and external coping methods and resources (Eaton and Ertl, 2000). The researcher conducted a thorough biopsychosocial assessment to understand the physical, psychological and emotional problems that the participants underwent during the COVID-19 lockdown.

In this stage, the analyst conducted a risk assessment to determine whether the participants were driven towards self-destructive behaviors, had initiated any suicide attempt, or underwent any suicidal thoughts and feelings, which propelled the participants to be involved in self-harm. A proper assessment in stage I helped in developing a clear understanding of the client's situation and facilitated planning for further action, and helped in the understanding of any possible negative impacts of the intervention.

Stage II: Establishing rapid rapport

In this stage, emphasis is given to create an excellent rapport between the researcher and the participants which are essential to understand the problems experienced by women with HIV/AIDS. Rapport building creates a close and harmonious relationship between the researcher and the participants (Bell, 2016). We, therefore, delivered an interactive lecture on self-identity and sexuality, gender, and HIV/AIDS. The purpose of this session was to make the participants understand themselves and how they could overcome their prejudices about sexual behaviour. Role-play activities were conducted, which were focused on two different topics - stigma and discrimination faced by women living with HIV/AIDS, and gender inequality faced by women living with HIV/AIDS. These activities helped the participants to understand and identify emotional situations and

motivate them to overcome fear and create a safe environment for a healthy environment. Please see table 1 for the outcomes of this intervention.

Stage III: Identification of the major problems or crisis precipitants

Crisis intervention focuses on the client's present difficulties, which frequently lead to the crisis (Hamaoka et al., 2007). During this stage, the researcher gathers information on the precipitating events before prioritizing the problem and needs and works accordingly. An interactive session on the topic entitled 'Stigma and Discrimination' was delivered to make the participants understand the attached social stigma and to educate them to speak out against the negative behaviours. The participants were educated on how to overcome the challenges they face due to their HIV-positive status in society (see table 1).

Stage IV: Exploration of feelings and emotions

In this stage, the researcher provides the participants with a space to express their thoughts, vent, reconcile, and explain the current crisis scenario. A session was delivered focussing on psychological well-being to support the women express their emotions and experiences that have affected their mental health wellbeing. The outcome of the effort was an active involvement that the participants showed in an open discussion which was helpful to ventilate their feelings (refer to table 1).

Stage V: Generate and explore alternatives and coping strategies

The fifth Crisis intervention stage is considered to be a challenging stage. The researcher comprehended the participants' economic situation and discussed with them various livelihood opportunities. In this session, the discussion was focused on the economic participation of women and promoting gender equality. The concept of self-reliance was installed in the minds of women living with HIV/AIDS (summarised in table 1).

Stage VI: Implementation of an action plan

The concrete action plans were implemented at this point. The researcher focussed more on the cognitive dimension for the betterment of the participants. This stage involved holding sessions with motivational speakers, conducting debate sessions on emancipatory documentaries, and getting the action plans completed by the participants which improved their mental health and psychological wellbeing.

Stage VII: Plan follow-up

In the final stage, the participants' physical conditions, health status, and mastery of the triggering events were assessed with a particular focus on the cognitive processes; for a comprehensive social, spiritual, occupational, and academic functioning. The satisfaction level of the ongoing treatment was also examined at this stage.

In this study, the crisis intervention model was applied to help the women living with HIV overcome their physical, psychological, and emotional disturbances due to their HIV status. During the COVID-19 lockdown, they were financially helpless as they did not have a job. They did not save money to meet the family expenditure and were afraid to step out of their house due to their health status. This model's fundamental principle is to understand the traumatic situation faced by women with HIV/AIDS during this COVID-19 pandemic. It helped reduce their stress level, provide emotional support, and improve their quality of life with coping strategies.

Feedback based on intervention

Verbatim accounts showed that the participants were happy being part of this intervention program.

'It was different learning and this program made me rethink my abilities and potentials to move forward'.

'This program improved my self-esteem and self-confidence, allowing me to live a more purposeful life'.

Another participant mentioned that

'I am an introverted and anxious person in nature. This program helped me to gain confidence to face the society with positivity.'

'I am an introvert by nature, this training assisted me in developing interpersonal relationships with everyone.'

Few other participants expressed that 'they were able to overcome their pain and anxiety that they were encountering due to their HIV status'.

Table 1

Summary of crisis intervention and outcomes achieved by participants

Stage 1. Theme: *Brainstorming, introduction, and know thyself.* Duration one hour

Intervention

Participants were encouraged to sit in a circle. Participants introduced themselves to one another. This enabled participants to learn about themselves and the environment

Outcomes

Participants felt welcomed.

Rapport building and familiarisation of participants and the purpose of intervention clarified and consent gained.

Stage 2. Theme: *Self-identity and sexuality, gender, and HIV/AIDS.* Duration one hour

Intervention

The concepts of self-identity, sexual self-concept, and sexuality and how they related to women were explained. The women were supported to overcome their prejudices about sexual behaviour.

An interactive lecture was delivered with role-play activities. Participants were given an understanding of how to think about their uniqueness, their sexual health and well-being, abilities, and perception that affects one's behaviour.

Outcome

The participants willingly discussed their sexual issues and their emotions

Stage 3. Theme: *Stigma and Discrimination.* Duration one hour

Intervention

Problems faced by women due to HIV/AIDS and COVID-19 were understood.

Interactive lecture delivered by the director of Buds of Christ focusing on problems faced by women living with HIV/AIDS and followed by a short film on women empowerment.

Interactive group discussions using flip charts, pencils, and papers were conducted

Outcomes

Participants were supported to develop self-confidence and be empowered by the lecture

They gained the confidence to speak during the small interactive group discussions.

They were able to share experiences of discrimination and challenges in overcoming their distress.

They considered ways to start a new life.

Stage 4. Theme: *Psychological and emotional wellbeing*. Duration 1 hour

Intervention

The women were supported to express their emotions and experiences which affected their mental health wellbeing.

The women were supported to understand the problems faced by everyone in the group individually and collectively.

Group discussion and bamboo ladder exercises were performed.

Outcomes

The open and honest conversation helped the participants to understand everyone's emotions and feelings.

Exercises and interaction helped the participants understand the existing problems and ways to tackle the problems.

They understood the need to keep healthy by focusing on health consciousness and eating a nutritious diet

Stage 5. Theme: *Livelihood and Empowerment*. Duration 1 hour

Intervention

A lecture was delivered to create awareness on opportunities about various income-generating programs available to women

Small focus group discussions on economic empowerment to support and

empower each other

Outcomes

Participants gained knowledge on:

- Income-generating programs and additional income can be generated to complement their family's income.
- Various state and national schemes for the economic empowerment of women were highlighted.
- Organic farming
- Budgeting and saving
- Benefits of self-help and how to address any challenges faced by women in self-help groups

Hands-on training was provided on the preparation of jam, pickles, detergents, phenyl, shampoo, etc. Participants who moved forward with the ideas could sell them for profit.

Stage 6. Theme: *Born to succeed.* Duration 45 minutes

Interventions

Participants were motivated participants to face society and life with hope.

A debate and motivational talk were organized on a documentary focusing on women's emancipation and empowerment.

Outcomes

Participants felt encouraged to focus on self-improvement and their betterment.

Participants felt hopeful and became determined to face life and society with hope.

Stage 7. Theme: *Follow-up & Feedback session.* Duration 1 hour.

Interventions

The traumatic situation faced by women with HIV/AIDS during this pandemic COVID-19 was understood.

To get the overall feedback about the intervention program and discussed their future prospects.

Outcomes

This intervention helped participants reduce their stress level; by providing them with emotional support, and measures to improve their quality of life.

Results: Quantitative study

Description of the sample

The study sample consisted of 30 women aged 20 to 50 years who were HIV positive. The findings showed that 80% of the participants were married, and the majority of the participants, 93.3% have received primary-level education. The type of family is nuclear family for 70% of the respondents, and the family size varied from 3 to 5 members. The participants' marital status, educational status, family type; and family size, played a significant role in economic crisis and psychological issues during the COVID-19 pandemic.

The study was conducted with the support of the International Alliance for the Prevention of AIDS (IAPA) India, Chennai. For the majority of the participants (93.3 %), the cluster of differentiation 4 (CD4) count was above 200, but all participants were in ART. The participants visited the Government hospital for regular check-ups, treatment, and medicines. It is to be noted that 76.7 % of the participants were suffering from depression because they did not have the income to support their family needs, and 53.3% shared that they were already living in fear of HIV/AIDS. During the lockdown, the level of depression and fear were higher as supporting the family was essential. Around 66.7 % of the participants could use their savings during the lockdown period.

Statistical analysis

Hypothesis 1

H0: There is no significant difference between the pre-test and post-test depression status of the participants

H1: There is a significant difference between the pre-test and post-test depression status of the participants

Table 2

Depression level: Pre-test and Post-test status of the participants

S.no	Depression	Mean	Standard Deviation	Statistical inference
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1	Pre - Test	25.73	1.437	t = 42.870 Df=29
	Post-Test	10.13	0.973	P<0.05 Significant

It can be seen from table-2 that there is a change in the participants' psychological status recorded in the pre-test and post-test. Depression is a severe psychological illness, and women are more affected by depression than men (WHO, 2021). The COVID-19 pandemic has worsened the condition. Lack of support, no income, poor immune system, no savings, meeting their children's needs, and family expenses are some of the issues that led the participants to a state of depression. The table highlights a vast difference in the pre-test and post-test status of the women with HIV/AIDS. The implementation of the crisis intervention model shows a positive result found from the post-test mean value (10.13). It is inferred from the above table 2 that the P-value is less than 0.05. Hence the null hypothesis is rejected.

Hypothesis 2

H0: There is no significant difference in the anxiety levels of the participants in the pre-test and post-test periods.

H1: There is a significant difference in the anxiety levels of the participants in the pre-test and post-test periods.

Table 3

Anxiety level – Pre-test and Post-test status of the participants

S.no	Anxiety	Mean	Standard Deviation	Statistical inference
1	Pre - Test	19.27	1.015	t = 34.374 Df=29
	Post-Test	8.57	0.858	P<0.05 Significant

Anxiety is another psychological issue faced by women with HIV/AIDS, and the COVID-19 pandemic resulted in an increased anxiety level of the participants. Table 3 shows a considerable difference in the pre and post-test

anxiety level of women with HIV/AIDS. The implementation of the crisis intervention model shows a constructive outcome found from the post-test mean value (19.27). It is inferred from table 3 that the P-value is less than 0.05. Hence the null hypothesis is rejected.

Hypothesis 3

H0: There is no significant difference in the stress levels of the participants in the pre-test and post-test periods.

H1: There is a significant difference in the stress levels of the participants in the pre-test and post-test periods.

Table 4

Stress level – Pre-test and Post-test status of the participants

S.no	Stress	Mean	Standard Deviation	Statistical inference
1	Pre-Test	20.37	5.136	t = 15.286 Df=29
	Post-Test	9.67	1.348	P<0.05 Significant

Stress affects both physical and emotional well-being. It causes strain and pain when an individual faces psychological imbalance. Table 3 highlights a considerable variance in the pre-test and post-test status of the women with HIV/AIDS. The application of the crisis intervention model shows promising result as could be concluded from the post-test mean value (9.67). It is inferred from table 4 that the P-value is less than 0.05. Hence the null hypothesis is rejected.

Hypothesis 4

H0: There is no significant relationship between depression faced by the HIV/AIDS and total Life Satisfaction

H1: There is a significant relationship between depression faced by the HIV/AIDS and total Life Satisfaction

Table 5

Depression and life satisfaction

Depression and Life satisfaction	Correlation Value	Statistical inference
	-0.937	P<0.05 Highly Significant

From the above table 4, it can be seen that depression and life satisfaction play a crucial role in people with HIV/AIDS. It is inferred from the table that the P-value is less than 0.05, and it is highly significant. Hence the null hypothesis is rejected. The result shows a negative correlation. Women with HIV/AIDS face multiple psychological problems due to their status. They are in a situation where they cannot disclose their identity. When the depression increases, they feel a lack of interest in their lives; when there is a decrease in their depression levels, they can lead a satisfying life. On the other hand, depression leads to loneliness, social isolation, anger, irritation, and mood swings affecting physical health and psychological well-being. This needs keen attention from multi-lateral organizations to curb the epidemic/pandemic.

Part II Qualitative study

For this study, a qualitative research method was also undertaken. Three women living with HIV/AIDS were chosen using a purposeful sampling method. This method was used to draw an in-depth understanding using a semi-structured interview guide about their situation. Pseudonyms are used to ensure confidentiality.

Case study 1

Padma (name changed), aged 39, lost her husband due to HIV/AIDS. She is a domestic worker and earns around 7000 – 8000 INR per month. She has three children, among whom two are HIV positive, while the other is HIV negative. She was staying with her in-laws, but after their HIV diagnosis, her in-laws were the first people to mistreat her. Padma's parents and her siblings also did not accept her. Financial constraints are the primary barrier she faced, in addition to psychological stress because of stigma and

discrimination. She later came to know about IAPA India and got enrolled in the organization.

When she was enquired regarding her present situation, she stated:

COVID-19 pandemic pushed us more into the state of scarcity. I was managing the family situation, but now it is difficult to support the family during this lockdown. Currently, I am not working. So, I am finding it hard to support my children's needs; I am looking for some odd jobs just to fulfill my children's needs. I do have some savings, which I am using to take care of the family. I am stressed and too anxious that I do not have a job and so confused about how to survive'. The participants also stated that 'It's tough to live with an HIV-positive status, and the pandemic adds to the concern of getting COVID-19 due to a deteriorated immune system.

Case study 2

Ayesha (name changed) got married at the age of 18. She has six siblings, and she is the fourth in the family. After her diagnosis, she did not get any support from her husband and family members. She does petty jobs to meet her family expenses. During this pandemic, it has been hard to manage the family expenses like paying the house rent, buying provisions, meeting the medical assistance. Living with HIV/AIDS itself is an identity crisis and the COVID-19 had increased her fear.

During her interview, she expressed:

I hail from very poor family background. After my diagnosis, I was badly treated by my relatives or friends. I had to struggle to take care of my family members. I am worried about this COVID-19 pandemic. If I get a contract of COVID-19, it will be difficult to support my children, and this is psychological stress. I am unable to move out for work frequently due to this present scenario. I am finding it difficult to pay the house rent, buy provisions, unexpected medical expenses, or needs are not met. I am feeling shameful to ask anyone for help. Hunger is worse than these illnesses. At times I have negative feelings when I cannot render the support needed for my children.

Case Study 3

Radha (name changed), aged 25, is illiterate and belongs to a poor

agricultural family. Her husband was suffering from a prolonged illness when he was asked to go for a check. He was diagnosed with HIV, and he began his treatment. However, he gradually lost consciousness and only survived for about four months. Radha was also found to be HIV-positive. When the villagers came to know their situation, they were stigmatized. Radha was outcasted from their community and mistreated. Even members of Radha and her husband's families treated her badly and her child was forced to stay away from other children. Radha was working in a garment firm, and somehow, she was managing to earn her livelihood.

During her interview, she stated:

We faced the worse situation after being diagnosed with HIV/AIDS. The villagers treated us very badly and made us live on the outskirts of the village. I was struggling to feed my child. The villagers' stigmatized behaviour pushed us to attempt suicide. I happened to meet a social worker from a Government hospital when I went for the treatment. The social worker connected me to get enrolled in the positive network functioning for women with HIV/AIDS. I was involved in income-generating activities which helped me to generate supplemental income to take care of my family. During the pandemic, I found it difficult to pay the rent, provisions, and vegetables, unable to maintain good health and lost my sleep, too many nightmares with bad thought patterns. It is difficult to survive, during a pandemic, and it is a challenge too.

Discussion

The discussion centers on the issues faced by HIV-positive women during the COVID-19 pandemic, and the implications for social work practice focussed on addressing such issues. The COVID-19 pandemic has put the world under lockdown, putting humanity in an unprecedented scenario. COVID -19 is a highly contagious disease that has rapidly spread over the globe (Chenneville, 2020). The COVID-19 has made HIV/AIDS patients more vulnerable, causing harmful consequences if HIV-positive people get infected with COVID-19. The biggest concerns raised from the present study are psychological stress and economic crisis faced by women infected with HIV/AIDS during this lockdown era.

One of the most critical issues experienced by HIV-positive people is a lack of financial resources (Pellowski, 2013) to support their families. During the COVID – 19 pandemic, the majority of them lost their employment, which

put them in financial crisis and made it difficult for them to pay their rent, support their children, afford to buy household essentials, and regularly attend regular health checkups. The above-mentioned issues revealed by the participants during the in-depth interview and our results revealed that 76.7% of participants reported that they did not have enough money to sustain their families and were depressed. About 53.3% of the participants indicated they were afraid of HIV/AIDS. Lack of finance is a problem for HIV-positive people, according to a study by Pellowski (2014). Research by Dejman (2015) highlights further hurdles faced by women infected with HIV/AIDS that includes exclusion from family life and community and psychological issues like depression, lack of motivation, lack of confidence, anxiety and panic disorders, feeling frustrated, and feeling lonely are the psychological issues faced by women infected with HIV/AIDS. The present study recognized that lack of stable jobs, income insecurity, and difficulties in meeting basic requirements are a few of the socio-economic issues that the women experienced in their daily life. During the emergence of the COVID-19 pandemic, which resulted in a constant lockdown, women experienced an economic crisis due to their lost income and loss of jobs. This resulted in emotional disparities. The study by Maulsby et al. (2020) is guided by a social-economic framework that emphasizes HIV/AIDS women's employment status and mental health difficulties, as well as the fact that depression is linked to unemployment. During the in-depth interview, the researcher was able to observe the difficulties endured by the women living with HIV/AIDS. Women living with HIV/AIDS experience fear, stigma, and discrimination, social rejection, lack of social support, maintain poor quality of life, denial, violence from within their families and communities mental health problems, and negative coping techniques (Paudel and Baral, 2015; Malik and Dixit, 2017). Another study also highlighted that 'Women experienced a sense of bereavement, which led to feelings of fear and guilt after learning they had been diagnosed with HIV', (Oskouie et al, 2017: 4720).

Considering the persistent misery of HIV-positive women, a crisis intervention model was employed as a group work intervention approach to empower these women to overcome the problems they confront throughout the crisis phase. The crisis intervention model served as an effective method to assess, assist, to develop adaptive coping skills to maintain their (women living with HIV/AIDS) physical, social, emotional, and psychological well-being.

The implication for social work education

People affected by HIV/AIDS encounter social, psychological, psychical, cultural, financial, and environmental barriers that can affect their mental health wellbeing, and psychosocial wellness. An HIV/AIDS epidemic poses major challenges to all professions, particularly, to social workers. Understanding and seeking to improve people's lives in society is central to social work. From young toddlers to those dealing with addictions, social workers listen to people's needs and help them cope with their issues, and enhance their quality of life.

Those taking a social work course should be taught how to positively impact society and increase the understanding of how rapidly the circumstances of people living with HIV/AIDS may change. Communicating with clients, problem-solving capability, empathy, teamwork, and time management are some of the crucial skills that can be applied to a variety of professions in the area of social work and beyond.

More training, webinars, and seminars should be organized in creating awareness of HIV/AIDS prevention, which will reduce the stigma and discrimination faced by the people living with HIV/AIDS in society. In addition, social work students need to be given training on practice skills in HIV/AIDS and mental health wellbeing when addressing the society in need.

Role of social workers

Social workers are eager to offer their services to people with HIV/AIDS (Rodriguez and McDowell, 2014). They often help individuals struggling to cope with the significant shock. The role requires strong situational awareness, problem-solving capacity, empathy, and emotional resilience. They can form a crisis intervention team in identifying these families and render support to solve their physical and psychosocial problems. The HIV/AIDS status has caused a severe mental health crisis among people who are either infected themselves or living with HIV-positive people. The social workers can render support and guidance to the participants who can get into confusion during the present situation caused by the COVID-19 pandemic. With the support of group participants, the social workers can organize income-generating programs which may include making eco-friendly banana leaf plates, eco-friendly covers, jute bags,

greeting cards, mushroom cultivation, conducting tailoring classes, etc. Such programs will motivate these women to take up income-generating activities in generating supplementary income to run their families and meet their needs. Social workers can play an essential role in helping people affected by life-threatening illnesses (Strug, Grube and Beckerman, 2001).

Recommendations

According to the present study, addressing issues concerning HIV/AIDS requires a multi-dimensional approach. Social workers must improve and update their knowledge and understanding the HIV-positive people, which will help them to plan cultural competency training with the support of the government, health institutions, NGOs, and welfare organizations in framing policies and programs. This should lead to improvements in the circumstances of the section of people infected with and affected by HIV/AIDS.

Limitations of the present study

In this study, only women with HIV/AIDS and their families residing in the Chennai district of Tamil Nadu were considered. Due to the COVID-19 pandemic, 30 participants aged over 18 years of age were selected for the study. Only women respondents who were above 18 years of age were included in the study. As the respondents were chosen from only one NGO, there is a possibility of bias.

Conclusions

Globally, we are all going through a challenging time. Survival during lockdown due to the COVID-19 pandemic is a crucial challenge for people with HIV/AIDS and or suffering from other diseases. Access to medicines and visiting hospitals for regular check-ups during a pandemic is difficult. The COVID-19 pandemic has created a global economic

shock. Collaborative networks including all sectors of the government, NGOs, health departments, educational institutions, and religious leaders of various faiths are required to address the problems of people living with HIV/AIDS. Such networks should make concerted efforts to provide counselling, livelihood, and emotional support to these people. Further measures should be taken to provide vocational skill training with jobs and generate supplementary income for such people to support their families. This study reported herein; highlights there is much left to be done in this area and much more intensive and comprehensive research to be conducted by academicians and researchers to strengthen the general awareness among public and provide support to the people affected by the crisis.

Informed Consent

Oral informed consent was taken from the participants, caregivers, and IAPA India. To assure confidentiality, we changed the participants' names.

References

- Basha, E. A, Derseh, B. T, Haile, Y, and 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*, 2019, 8329483. <https://doi.org/10.1155/2019/8329483>
- Bell, K, Fahmy, E, and Gordon, D. (2016) Quantitative conversations: the importance of developing rapport in standardized interviewing. *Quality and quantity*, 50(1), 193–212. <https://doi.org/10.1007/s11135-014-0144-2>
- Boutayeb, A. (2009) The impact of HIV/AIDS on human development in African countries. *BMC Public Health* 9, S3. <https://doi.org/10.1186/1471-2458-9-S1-S3>
- Bober, T, and Regehr, C. (2006) Strategies for reducing secondary or vicarious trauma: Do they work? *Brief Treatment and Crisis Intervention*, 6(1), 1–9. <https://doi.org/10.1093/brief-treatment/mhj001>
- Chenneville, T, Gabbidon, K, Hanson, P, and Holyfield, C. (2020) The Impact of COVID-19 on HIV Treatment and Research: A Call to Action. *International journal of environmental research and public health*, 17(12), 4548. <https://doi.org/10.3390/ijerph17124548>

- Chenneville, Tiffany et al. (2020) The Impact of COVID-19 on HIV Treatment and Research: A Call to Action. *International journal of environmental research and public health*, 17, 12 4548, doi:10.3390/ijerph17124548
- Cucinotta, D, and Vanelli, M. (2020) WHO Declares COVID-19 a Pandemic. *Acta bio-medica : Atenei Parmensis*, 91,1, 157–160. <https://doi.org/10.23750/abm.v91i1.9397>
- Dejman, M, Ardakani, H. M, Malekafzali, B, Moradi, G, Gouya, M. M, Shushtari, Z. J, Alinaghi, S. A, and 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. <https://doi.org/10.4103/2008-7802.172540>
- Escandón, K, Rasmussen, A. L, Bogoch, I. I, Murray, E. J, Escandón, K, Popescu, S. V, and Kindrachuk, J. (2021) COVID-19 false dichotomies and a comprehensive review of the evidence regarding public health, COVID-19 symptomatology, SARS-CoV-2 transmission, mask-wearing, and reinfection. *BMC infectious diseases*, 21, 1, 710, <https://doi.org/10.1186/s12879-021-06357-4>
- Gatechompol et al. (2021) COVID-19 and HIV infection co-pandemics and their impact: a review of the literature. *AIDS Res Ther* 18, 28, <https://doi.org/10.1186/s12981-021-00335-1>
- Gluhoski, V. L. (1996). Cognitive therapy for clients newly diagnosed as HIV-positive. *Psychotherapy: Theory, Research, Practice, Training*, 33,3, 441–448, <https://doi.org/10.1037/0033-3204.33.3.441>
- Guan, et al (2020) Comorbidity and its impact on 1590 patients with COVID-19 in China: a nationwide analysis. *The European Respiratory Journal*, 55,5, 2000547, <https://doi.org/10.1183/13993003.00547-2020>
- Human Development Perspectives. (2020) COVID-19 and Human Development: Assessing the Crisis, Envisioning the Recovery. *United Nations Development Programme*, USA. [Accessed 7 December 2021 at http://hdr.undp.org/sites/default/files/COVID-19-19_and_human_development_0.pdf]
- Khanam, Kashmira. (2016) Problems of Women in Modern India. *International Journal of Interdisciplinary Research in Science Society and Culture*, 2(1). [Accessed 11 May 2021 at <http://ijirssc.in/pdf/1464789740.pdf>]
- Kuman Tunçel, Ö, et al. (2020) COVID-19-related anxiety in people living with HIV: an online cross-sectional study. *Turkish Journal Of Medical Sciences*, 50, 8, 1792–1800. [Accessed 10 May 2021 at <https://doi.org/10.3906/sag-2006-140>]
- Lohmann, Roger A, (2011) Stretching the Paradigm: Crisis as A Problem In Mental Health Research. *Faculty and Staff Scholarship*. 1862. [Accessed 7 May 2021 at https://researchrepository.wvu.edu/faculty_publications/1862]

- Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales. (2nd. Ed.) Sydney: Psychology Foundation. Available at : <https://www.thoracic.org/members/assemblies/assemblies/srn/questionnaires/dsss.php> [Accessed 16 February 2022]
- Lovibond, P.F. & Lovibond, S.H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33, 335-343
- Messer. (2004) *Breaking the Conspiracy of Silence: Christian Churches and the Global AIDS Crisis*, Fortress Press, USA
- Malik, A., & Dixit, S. (2017) Women Living with HIV/AIDS: Psychosocial Challenges in the Indian Context. *Journal of Health Management*, 19(3), 474–494. <https://doi.org/10.1177/0972063416666347>
- Mahajan, A. P, et al (2008) Stigma in the HIV/AIDS epidemic: a review of the literature and recommendations for the way forward. *AIDS (London, England)*, 22, 2, S67–S79. [Accessed 6 May 2021 at <https://doi.org/10.1097/01.aids.0000327438.13291.62>]
- Maulsby, C. H., Ratnayake, A., Hesson, D., Mugavero, M. J., & Latkin, C. A. (2020) A Scoping Review of Employment and HIV. *AIDS and behavior*, 24(10), 2942–2955. [Accessed 13 January 2022 at <https://doi.org/10.1007/s10461-020-02845-x>]
- Marbaniang, I, et al. (2020). The burden of anxiety among HIV-positive people during the COVID-19 pandemic in Pune, India. *BMC Public Health* 20, 1598. [Accessed 6 June 2021 at <https://doi.org/10.1186/s12889-020-09656-8>.]
- Mishral, D. R, and Rasundram, J. (2017) Triangulation an Essential Tool to Enhance The Validity Of A Case Study. *Scholarly Research Journal for interdisciplinary studies*. 4,31:69-74
- Ministry of health and family welfare, Government of India. (2021) COVID-19 INDIA. India, National Informatics Centre (NIC), [Accessed 20 December 2021 at <https://www.mohfw.gov.in/index.html>. 2021]
- Mirzaei, Hossein et al. 2021 COVID-19 Among People Living with HIV: A Systematic Review. *AIDS and behaviour*, 25,1,85-92. doi:10.1007/s10461-020-02983-2
- Mothil N, Lala and Tappuni. (2016) HIV/AIDS in women and children in India. *Oral Diseases*, 2, 1, 19–24. [Accessed 20 December 2021 at <https://doi.org/10.1111/odi.12450>]
- The Ministry of health and Family welfare, Governemnt of India. 2017. National AIDS Control Organization (NACO). Available at : <https://main.mohfw.gov.in/sites/default/files/24%20Chapter%20496AN2018-19.pdf> [Accessed 16

February 2022]

- Nishiga, M., Wang, D.W., Han, Y., *et al.* (2020) COVID-19 and cardiovascular disease: from basic mechanisms to clinical perspectives. *Nat Rev Cardiol* 17, 543–558. [Accessed 15 December 2021 at <https://doi.org/10.1038/s41569-020-0413-9>]
- Nyamathi, A. M., Sinha, S., Ganguly, K. K., William, R. R., Heravian, A., Ramakrishnan, P., Greengold, B., Ekstrand, M., and Rao, P. V. (2011) Challenges experienced by rural women in India living with AIDS and implications for the delivery of HIV/AIDS care. *Health care for women international*, 32(4), 300–313. [Accessed 13 December 2021 at <https://doi.org/10.1080/07399332.2010.536282>]
- Oskouie, F., Kashefi, F., Rafii, F., & Gouya, M. M. (2017). Qualitative study of HIV related stigma and discrimination: What women say in Iran. *Electronic physician*, 9(7), 4718–4724. <https://doi.org/10.19082/4718>
- Paudel, V, and Baral, K. P. (2015) Women living with HIV/AIDS (WLHA), battling stigma, discrimination and denial and the role of support groups as a coping strategy: a review of the literature. *Reproductive health*, 12, 53. [Accessed 13 December 2021 at <https://doi.org/10.1186/s12978-015-0032-9>]
- Parisi, C.E., Varma, D.S., Wang, Y. *et al.* Changes in Mental Health Among People with HIV During the COVID-19 Pandemic: Qualitative and Quantitative Perspectives. *AIDS Behav* (2022). <https://doi.org/10.1007/s10461-021-03547-8>
- Pellowski J. A. (2013) Barriers to care for rural people living with HIV: a review of domestic research and health care models. *The Journal of the Association of Nurses in AIDS Care : JANAC*, 24,5, 422–437. [Accessed 13 December 2021 at <https://doi.org/10.1016/j.jana.2012.08.007>]
- Raguram, R., Weiss, M. G., Channabasavanna, S. M., and Devins, G. M. (1996) Stigma, depression, and somatization in South India. *The American journal of psychiatry*, 153(8), 1043–1049. [Accessed 21 November 2021 at <https://doi.org/10.1176/ajp.153.8.1043>]
- Richardson, S., *et al.* (2020) Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area. *JAMA*, 323(20), 2052–2059. [Accessed 10 December 2021 at <https://doi.org/10.1001/jama.2020.6775>]
- Roberts, Albert R. and Allen J. Ottens. (2005) The Seven-Stage Crisis Intervention Model: A Road Map to Goal Attainment, Problem Solving, and Crisis Resolution. *Brief Treatment and Crisis Intervention* 5,329-339
- Rodriguez, Elsa, and McDowell, O'Shonda. (2014) Social Workers' Perception on HIV/AIDS and the Effects on Their Service Delivery. *Electronic Theses, Projects, and Dissertations*. 65. [Accessed 11 November 2021 at <https://scholarworks>.

lib.csusb.edu/etd/65]

- Sahayam D. Binu and Rathnasabapathy, Maya. (2015) Women and HIV/AIDS: Case Study Method, *Aarhat Multidisciplinary International Education Research Journal*(online). [Accessed 21 May 2021 at http://www.aarhat.com/amierj/wp-content/uploads/2017/09/feb_mar_2015_02.pdf]
- Sahayam D. Binu. (2019) The Role of Religion in the Prevention of HIV/AIDS (A study of the relationship between religion and prevention of diseases in select cities of Tamil Nadu, India). Institute of Dialogue with Cultures and Religions (IDCR), Chennai
- Strug L.D, Grube A.B, Beckerman L.N. (2002) Challenges and Changing Roles in HIV/AIDS Social Work: Implications for Training and Education. *Social Work in Health Care* 35(4):1-19, DOI: 10.1300/J010v35n04_01
- Tarakeshwar N, Srikrishnan AK, Johnson S, Vasu C, Solomon S, Merson M, et al. (2007) A social cognitive model of health for HIV-positive adults receiving care in India. *AIDS and Behavior*,11, 491–504.
- UNDP (online) in Humanity needs leadership and solidarity to defeat the coronavirus. (2021). Available at URL :< <https://www.undp.org/coronavirus>>, [Accessed on 13 July 2021]
- Thibaut F and van Wijngaarden-Cremers PJM (2020) Women's Mental Health in the Time of COVID-19 Pandemic. *Front. Glob. Womens Health* 1:588372. doi: 10.3389/fgwh.2020.588372
- UN Women. COVID-19 and its economic toll on women: The story behind the numbers, 16 September 2020. [Accessed on 21 December 2021 at: <https://www.unwomen.org/en/news/stories/2020/9/feature-COVID-19-economic-impacts-on-women>]
- World AIDS Day-India must gear up to end HIV/AIDS by 2030: experts. (2020). [Accessed on 2 December 2021 at URL: <https://www.thehindu.com/sci-tech/health/world-aids-day-india-must-gear-up-to-end-hiv-aids-by-2030-experts/article33214273.ece>]