

“Health Care Disruption due to Covid-19 and Its Psychological Effect on People with HIV/AIDS”

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Abstract

Background: *World Health organization has issued a warning of disruptions in health care services to people with HIV/AIDS could lead to thousands of deaths. Persons living with HIV/AIDS are at higher risk to Covid-19 due to lower CD4 count and immunity. The Health care disruptions as seen due to lock down and priority to Covid-19 can lead to physical and psychological consequences on the already victimized PLHAs (People Living with HIV/AIDS).*

Objectives: *The primary objective of the research are to identify from the respondents about the disruptions of health care services towards Persons with HIV/AIDS delay in access to ART drugs or access to health care and to explore the psychological well-being using a standardized tool.*

Methods and Tools: *An interview schedule with open and close ended questions were used to collect data from PLHAs (N =50) using snowball sampling technique between the April and May, 2020. DAS 21 was used to assess the depression, anxiety and stress.*

Results: *A majority of the rural respondents after the lock down were unable to access ART medication immediately and they experienced severe depression (51 %), 44 per cent experienced extremely severe anxiety and 39 % severe stress, there was a positive correlation between Stress and number of weeks the respondents did not have access to ART dosages during the pandemic lockdown. It was statistically significant.*

Keyword: HIV, Covid-19, Disruption of health care services

I. Introduction

It has been estimated that there are approximately 37.9 million people worldwide living with **HIV/AIDS** as of 2018 and 7,70,000 people have died due to HIV related illnesses. Of these, 1.8 million were children (<15 years old). An estimated 1.8 million individuals worldwide became newly infected with **HIV** in 2017, and there are about 5,000 new infections per day (WHO, 2018). India has the third largest HIV epidemic in the world, with 2.1 million people living with HIV. (NACO, 2017), The Indian scenario calls for an analysis of disruption of health care during this Covid-19. The National AIDS control programme must wake up to address issues of PLHAs (People Living with HIV/AIDS during this pandemic. However, before that, there is a need to scientifically discover and prove that there is in fact such a problem. The threat of HIV virus continues to be serious in our country and with the onset of Covid-19 there has been a delay as well as disruption of health care services to the HIV infected, therefore the researcher’s main objective is to assess the disruption of health care services especially availability of ART medication as soon as lock down was announced and access to Government run hospitals during the pandemic lockdown for medical treatment and to check the physical and psychological health of PLHAs during the pandemic Covid-19.

2. Literature Review

There was a decline in health care services to rural areas during the month of March, 2020, when the lockdown was announced, but the health care services crashed during the months of April and May, 2020. Regular health care services like immunisation schedules, non-communicable disease treatment and infectious disease, and other data was supposed to be reported to NHM (National Health Mission), but on the contrary nothing has been reported.

National Health Mission was reported from 150,000 facilities across 627 districts, which means that data for roughly 40,000 facilities in 75 districts was not reported, presumably on account of lockdown-related disruptions in the administrative machinery. National Health Mission Health Management Information System of India clearly states there has been a serious disruption in health care during past couple of months. There has been increase in hidden or covert covid-19 cases entering into the community due to lower immunity and health care disruptions. (<https://www.livemint.com/news/india/how-covid-19-response-disrupted-health-services-in-rural-india-11587713155817.html>.)

There are about 37.9 million people living with HIV are at risk of infection with severe acute respiratory syndrome corona virus 2 (SARS-CoV-2), which is responsible for COVID-19. Although some national and international health care institutions, in collaboration with governments and community partners, are working to sustain HIV service provision for people living with HIV, the COVID-19 pandemic presents several barriers and challenges to the HIV care continuum. (Medland NA, et al., 2015)

As health systems is increasingly concentrating on COVID-19 and its treatment, other things do not get the required attention. The danger is that people who require access to ART [antiretroviral treatment], in order to keep preserve their CD4 count and immunity, may find it difficult to access the required medications. This is complimented with concerns that lockdowns in some countries could prevent people from leaving their homes to get medication. Even the health workers are afraid that they do not have the required equipment necessary items, like personal protective equipment to treat people with HIV/AIDS. (<https://www.devex.com/news/how-covid-19-could-complicate-treatment-for-hiv-patients-996884>)

In a report by a non-governmental organisation (NGO), states that for the more than 3000 people, including 330 children and adolescents, living with HIV and on antiretroviral therapy in Goa, India have disruptions in health care. The COVID-19 outbreak is a time of serious concern—they are panicking about COVID-19 and they are worried about being able to stay on their HIV treatment during the lockdown in India.

Along with ART treatment, various NGOs also provides essential groceries—rice, lentils, grams, oil and milk—for children and adolescents living with HIV and their families. “Many children and adolescents are with anxiety and depression, mostly concerning their survival, due to loss of income of their families and scarcity of essential supplies,” Psychological health is also a serious concern.

(https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200506_india)

There is not much data available regarding the disruption of ART medication. There is a lack of seriousness on the part of the health care practices towards people with HIV/AIDS. After the lock down the people were unable to get access to ART medication at least for an average period of 1.1 month, allowing the CD4 count to lower levels. The research topic has revealed the fact that there is a need to examine this issue, especially in the context of Covid-19. The need for continuation of health services both physical and psychological among patients with communicable and non-communicable diseases or there is a possibility of exposure to Covid-19.

3. Objectives of the Study

1. To assess disruption of health care services to People living with HIV/AIDS.
2. To investigate the level of depression, anxiety and stress among PLHAs.

4. Research Methodology and Tools

The present study is descriptive in nature as the researchers are merely describing the phenomenon of disruption of health care services among HIV infected people with to ART drugs and access to hospital for other needs. The researchers used snowball sampling method to select a total of 50 respondents for the purpose of the study living in rural Dindigul District of Tamil Nadu, India. A standardized scale DASS 21 was used. The Depression, Anxiety and Stress Scale-21 Items (DASS21) is a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Scores for depression, anxiety and stress are calculated by summing the scores for the relevant items. Research area is Dindigul District, South Tamil Nadu, India. A total of 7000 people are accessing to ART to medication in Dindigul district. Most of the people live in rural area and find it difficult to access medication.

4.1 Descriptive statistics of socio demographic details

Social characteristic of the respondents (PLHAs) indicates that 52 per cent of the respondents are males. Mean age of the respondent was 37.7, mean monthly income of was Rs. 6,388-/, Mean number of years on ART medication is 6 years. Majority (80 %) of the total respondents belong to the Hindu religion, 38 per cent are non-farming labourers, 29.2 per cent are farmers and 46 per cent are married, 26 per cent are unmarried and 28 per cent are either widow, widower or separated. 64 per cent of the respondents belong to rural area. 78 per cent have lost their jobs due to covid-19 lockdown, 80 per cent borrowed money from money lenders during the lock down. 70 per cent had domestic quarrel during lock down due to lack of financial support.

Disruption in Health Care Services

Respondents were unable to access to ART medication during the first few weeks of lock down (30%), 20 per cent have could not have access to ART medication for 2 weeks and 10 per cent for more than a week. The main reason for not having access to ART medication is the total lockdown that is imposed by the Government. Transportation from rural area to Government hospital was difficult during lock down (64 %). The respondents waited for lock down to be lifted to receive medication (68 %), received ART medication for two or three months from ICTC (46 %).

4.2 Depression, Anxiety and Stress

FIGURE 4.2.1

DEPRESSION

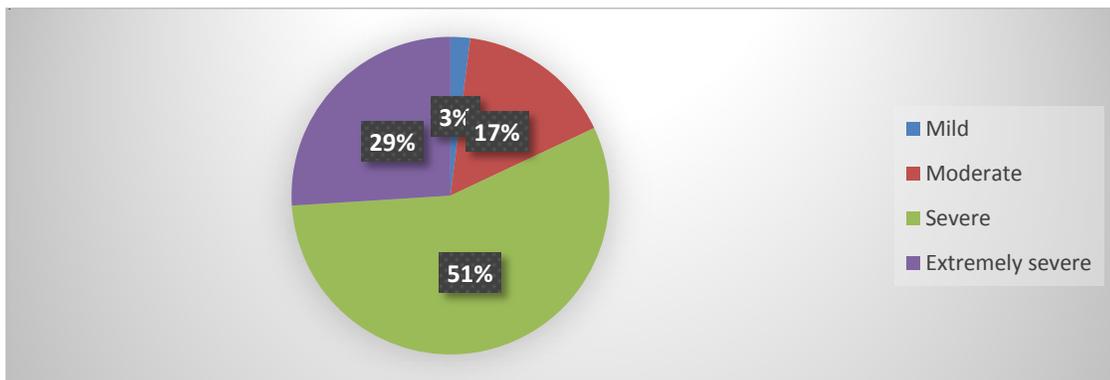


Figure 4.2.1 shows that majority of the respondents i.e., 51 per cent have experienced severe depression. While 29 per cent, 17 per cent and 3 per cent has extremely severe, moderate and mild form of depression respectively. Psychological impact of national lock down and unable to access to medical support and initial trauma about lockdown and financial conditions could have caused such a high level of depression, but as persons living with HIV it increase depression. The effect on the mental and psychological domain is a serious concern during the disruption of health services.

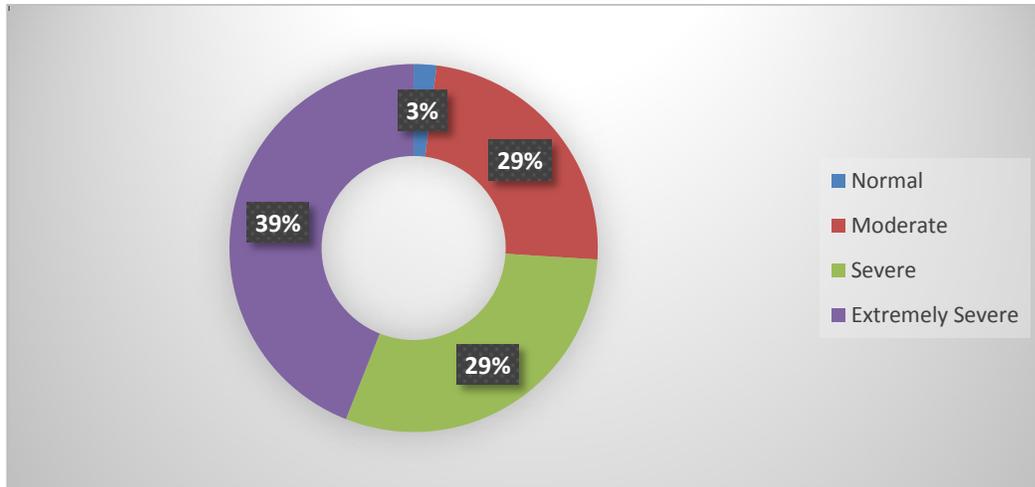
Figure 4.2.2**ANXIETY**

Figure 4.2.2 shows the anxiety category of the respondents. Based on the result, it can be said that majority of the respondents i.e., 44 per cent has extremely severe form anxiety. While 30 per cent, 24 per cent and 2 per cent has severe, moderate and normal form of anxiety.

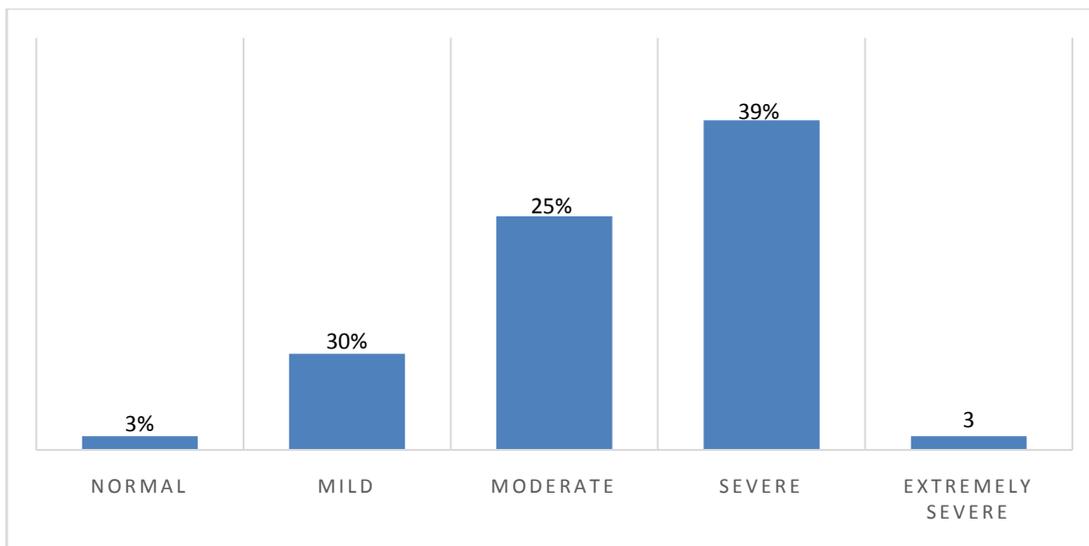
FIGURE 4.2.3**STRESS**

Figure 4.3.3 shows the stress among the respondents. Based on the result, it can be said that majority of the respondents i.e., 39 per cent has severe form of stress. While 30 per cent, 14 per cent, 2 per cent and 2 per cent has moderate, mild, extremely severe and normal form of stress respectively.

4.3 Correlation between Stress and Number of weeks no access to ART

		Stress	Weeks you did not get ART or hospital?
Stress	Pearson Correlation	1	.555*
	Sig. (2-tailed)		.011
	N	50	50
Weeks did not have access to ART or hospital?	Pearson Correlation	.555*	1
	Sig. (2-tailed)	.011	
	N	50	50

*. Correlation is significant at the 0.05 level (2-tailed).

Table 4.3 shows the karlpearson correlation between stress and total number of weeks the respondents did not receive the ART Drugs. The results showed a positive correlation between stress and the total number of weeks that the respondents did not have access to ART medication. It is statistically significant. Positive correlation between stress and the total number of weeks shows that the respondents who did not receive their ART doses, delay in resumption of health services are prone to increase higher level of stress.

5. Discussion and Suggestion

The Research findings clearly states that health disruptions of health care among PLHAs not only could lead to death of thousands but it is creating deep negative impact on the psychological health of the people living HIV/AIDS. Maternal health of the mothers were not attended during lock down; it's often customary to test for HIV on a pregnant mother that too was disrupted. The WHO warns that mother to child transmission could increase by 104 per cent, National health mission health management data show that testing HIV has gone to - 3.2 in March 2020. It is vital to restart health care in aspects. (<https://www.livemint.com/news/india/how-covid-19-response-disrupted-health-services-in-rural-india-11587713155817.html>).

The research findings are in line with a number of research studies that psychological wellbeing and health of people whose regular medication and health care is disrupted, they experience a severe level of depression, anxiety and stress. More the lock down and disruption more is the level of stress.

6. Social work implication and its lessons to Contain Covid-19

Research has not been carried out on the relation between HIV and Covid 19, but people with low CD4 count and low immune system are at higher risk. The mode of transmission is far more serious in Covid 19, and it will reach community spread in the coming months. It brings in a lot of social work implication for the future of health care. In this type of disruption, psychiatric social workers and experts on field, could create awareness and build a stronger network among the persons living with HIV and AIDS as well the vulnerable section of our society. Preparedness among the vulnerable sections and creating a platform for policy formulation will help at the time of pandemic. This pandemic is going to be a long fight, therefore support groups, awareness dissemination, rebuilding of economy of vulnerable sections of our society, a continuous, undisruptive health care would be the need and implications of the near future.

7. Conclusion

The Diversity of India and its inequalities has instilled the concept of exclusion and discrimination in all aspects. The current political scenario has furthered the idea that some people are better, higher than others, making the inequality obvious, but with the HIV and sexual related taboos have furthered enhanced the divide. The research findings call for a dawn on eradication of exclusion and discrimination on the basis of caste, religion and gender. A new nation is not possible without the changes in the attitude of the individual.

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