

## ABSTRACT

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**Title of the thesis**- Psychosocial Factors Influencing the Lives of HIV Positive Widow Women and their either Infected or Affected Children

**Keywords:** HIV/AIDS, Widows, Psychosocial, Mental Health, Socio-economic issues, HIV positive children, HIV uninfected children

The thought of embarking in the area of widowhood and HIV/AIDS emerged from the existing patriarchal customary and gender disparity in our society which serves as one of the major root causes of tyranny and oppression against women, particularly against widows. The present study took into consideration the quandary and murky plight of widows who, in addition to being a woman, suffer at the hands of rituals and traditions as a result of loss of their husband. Challenges of the widows get magnified if they acquire HIV/AIDS. Not only do these widows scuffle with challenges of widowhood now; their problems escalate manifold as a result of becoming HIV positive.

The researcher conceptualized the research with the below stated objectives: 1. To assess the knowledge about HIV/AIDS among Widows Living with HIV (WLHIV). 2. To assess the knowledge about HIV among HIV infected and HIV affected children. 3. To learn about the psychological challenges faced by WLHIV and their coping mechanisms. 4. To study the disclosure patterns and following relationship with in-laws, natal family and neighbours among the WLHIV. 5. To study the disclosure patterns among HIV infected and affected children 6. To study the socio-economic challenges faced by WLHIV. 7. To investigate the psychosocial challenges faced by HIV infected and HIV affected children.

Taking the universe of the study as NCT Delhi, purposive sampling was used to select 50 WLHIV from ART Clinic located at a government hospital. The sample size attained saturation at 50. Further, 24 children of those WLHIV (respondents in the present study) who gave consent willingly for participation of their children in the present study were also a part of this research. Out of 24 children, 12 of them were HIV infected and 12 were HIV affected. Semi-structured interviews were conducted with all the 50 WLHIV to generate the data whereas FGDs were

conducted with 24 children in four groups. The acquired data was analyzed both quantitatively and qualitatively, however, quantitative analysis was restricted to the generation of percentages and frequencies.

With its focus on gaining understanding about the levels of knowledge possessed by the WLHIV about routes of HIV transmission, difference between HIV and AIDS, prevention methods and sources of knowledge, the study revealed erroneous and inadequate knowledge of WLHIV that was laden with social, cultural and gender connotations. Results also brought to light the emotional and psychological distress that was battled by WLHIV as a result of poor and inadequate knowledge at the time of HIV diagnosis which showed improvement upon gaining knowledge as time elapsed. The study also highlighted the feelings of WLHIV towards their deceased husbands. Also, respondents shared that other engagements like struggle for achieving financial stability and worries towards children overpowered their negativity towards their husbands. Interviews with WLHIV revealed that in order to trounce the feelings of psychological and emotional distress, anxiety, shock, numbness and despondency, they resorted to three different coping mechanisms.

Hostile relationship with the in-laws post HIV diagnosis was one of the key highlights of the study. However, it vehemently emerged that more than the HIV per say, it was the financial burden that these widows posed on their in-laws was the major reason for hostile relationship. Relationship with the natal family post disclosure was found to be cordial and convivial. Majority of the WLHIV shared congenial relationship with their natal families post making disclosure about their HIV positive status.

Struggle for economic stability emerged as one of the most towering challenges for WLHIV. The average monthly income of the respondents from all the sources was found to be between Rs. 1000 to Rs. 5000. Challenges of being a single parent was also discussed in the present study.

School drop out for both, HIV infected and HIV affected children emerged as one of the major findings.