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Original Article

Personality profile among Human Immunodeficiency Virus (HIV) positives and Acquired Immunodeficiency Syndrome (AIDS) patients of injecting drug users

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Abstract

Objective: The purpose of the study was to find out the various personality factors among HIV/AIDS patients of injecting drug users.

Materials and methods: The study was conducted during the period of July 2001 to August 2004 at Manipur State, India in which 60 samples of both male and female in the age range of 21 to 35 years were taken through the helps from R.I.M.S Hospital, Imphal, J.N. Hospital, Imphal and several NGOs of Manipur. The patients were administered 16 PF (Personality profile developed by R.B. Cattell and H.W. Eber) test in which 16 personalities were detected.

Results: The profile of the respondents includes age and sex cases of HIV/ AIDS. In the sample among the HIV/AIDS patients, from the age group of 21 to 25 years consists of only 20%. Most of the patients are from 26 to 35 years consisting of two age groups, i.e., 26 to 30 years and 31 to 35 years having 40% each with total of 80%. In the survey, it has been found that majority of the HIV/AIDS patients is male which consists of 60% and remaining 40% belongs to female in the ratio of 60:40.

The following four scales are used to explain personality profile:

1 Introversion vs extraversion.
2 Low anxiety vs high anxiety.
3 Emotional sensitivity vs tough poise.
4 Subdueness vs independence.

Key words: HIV, AIDS, Injecting drug users, Personality profile

HIV is transmitted by sharing of contaminated injecting equipment. Addressing this issue is, however, not a simple matter. The social nature of drug-injecting, the complex dynamics of sharing and the interaction of drug use with high-risk sexual behaviour present a considerable challenge for the design of effective responses[1]. Heroin (known as No.4) is the most commonly used drug among injecting drug users (IDUs) in Manipur. According to a study conducted by Voluntary Health Association of India, Manipur branch during 1992, there were about 40,000 heroin addicts in Manipur. An estimated 72% of drug addicts in the state are IDUs and 95% of them are between 15 to 35 years of age with needle sharing habits. Manipur, being geographically close to the golden triangle (in between Myanmar, Thailand and Laos), where 20% of world heroin is produced, is an alternate route by surface during transit for illegal international drug trafficking, resulting in easy availability of heroin of good quality at cheap rate in Manipur. In the beginning the people and the government did not notice the problem of drug seriously. From the mid 1980's people started taking notice of the seriousness of the problem. In the early part of 1990's a number of NGO's came up working in the field of drug abuse. Due to the scarcity of heroin in the beginning of 1999, many heroin users substituted to injecting spasmo-proxyvon which was caused by the anti-drug drive by insurgents and the government[2].

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The first case of HIV infection in Manipur among IDUs (1st HIV positive among IDUs in India) was detected in October 1989 at surveillance center of Microbiology department, R.I.M.S (Regional Institute of Medical Sciences), now known as HIV/AIDS referral centre, Department of Microbiology, R.I.M.S, Imphal[3]. Since then, it has risen rapidly and reached an alarming epidemic proportion.

As per the latest report of the state AIDS cell, till 28 February, 1998, a total of 49,149 persons were screened resulting in detection of 6,194 HIV positives in which 5,767 are males and 427 are females [4]. Manipur with only 0.2% of the whole Indian population has the largest number of HIV infection associated with the IDUs. According to the Manipur State AIDS Control Society till October 1999, out of 8938 HIV positive cases, IDUs constitute 1750 i.e., 70.14%[5].

Materials and methods

A retrospective analysis of 60 patients among HIV/AIDS who are IDUs of both male and female in the ratio of 60:40 during the period of July 2001 to August 2004 at Manipur state was carried out. The samples were taken through the help from R.I.M.S Hospital, Imphal, J.N Hospital, Imphal and several NGOs of Manipur. Only those patients who were found positive at least three months earlier were included in the study with minimum qualification of class 8. In the sample the patients were divided into the age range of 21 to 25 years, 26 to 30 years and 31 to 35 years respectively. The patients were administered 16 PF test in which 16 personalities with second order scores were detected[6].

The age and sex distribution of the patients was noted down with the mean of all factors including second order scores. The 16 PF was applied to see there is any quantifiable personality in these patients. For 16 PF, standard scores determining various personality factors were divided into low scores description and high scores description with average. Further, the scores were rank under low, average and high. The pattern obtained from the second order scales for the following will be discussed [7].

Results

The present study of 60 samples, both male and female is in the ratio of 60:40 of which 36 were males and 24 were females. In the total age group of 21 to 35 years, 12 cases (6 male and 6 female with 10% each) in the age group of 21 to 25 years with 20%, 24 cases (14 male - 23% and 10 female –17%) in the age group of 26 to 30 years with 40% and remaining 24 cases (16 male – 27% and 8 female - 13%) in the age group of 31 to 35 years with 40% again. The age group mostly affected was 26 to 35 years (80%), and remaining 20% are from the age group of 21 to 25 years (Fig.1). Most of the patients are average (moderate) and maximum number of patients comes under the lower ego strength (affected by feelings, emotionally less stable, easily annoyed or upset). Most of them are suspicious, self opinionated, hard to fool, practical, apprehensive, worrying, depressive, insecure or guilt proneness (Table 2).

Table 1: Table showing age and sex distribution with percentage

Age range	No. of Patients	Male	%	Female	%	Total %
21 to 25	12	6	10	6	10	20
26 to 30	24	14	23.34	10	16.33	40
31 to 35	24	16	26.66	8	13.34	40
Total	60	36	60	24	40	100

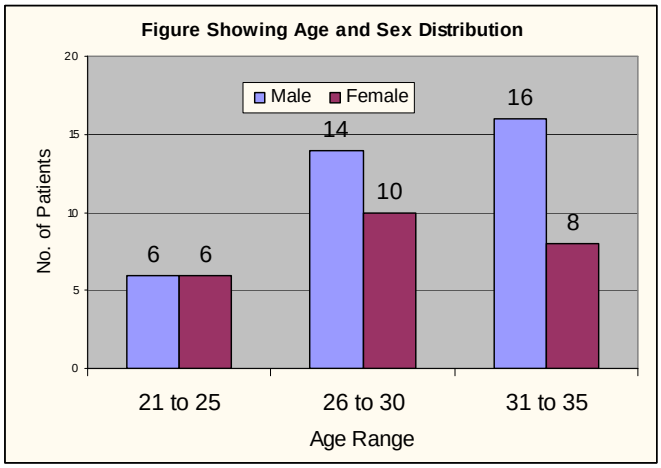

Fig 1: Age and sex distribution

Table 2: Table showing number and percentage of 16 PF Factors with second order scores:-

Factors	1 Low No. %	2 Average No. %	3 High No. %
A	9 (15)	43 (71.66)	8 (13.34)
B	16 (26.67)	40 (66.67)	4 (6.66)
C	35 (58.34)	24 (40)	1 (1.66)
E	12 (20)	43 (71.66)	5 (8.34)
F	20 (33.33)	38 (63.34)	2 (3.33)
G	24 (40)	35 (58.34)	1 (1.66)
H	12 (20)	44 (73.34)	4 (6.66)
I	21 (35)	30 (50)	9 (15)
L	0 (0)	27 (45)	33 (55)
M	31 (51.67)	25 (41.67)	4 (6.66)
N	7 (11.66)	41 (68.34)	12 (20)
O	12 (20)	20 (33.33)	28 (46.67)
Q1	5 (8.34)	46 (76.66)	9 (15)
Q2	23 (38.33)	32 (53.33)	5 (8.34)
Q3	18 (30)	41 (68.34)	1 (1.66)
Q4	17 (28.33)	35 (58.34)	8 (13.33)
EV	14(23.34)	40 (66.66)	6 (10)
ANX	6 (10)	29 (48.33)	25 (41.67)
TP	21 (35)	29 (48.33)	10 (16.64)
IND	19 (31.66)	36 (60)	5 (8.34)

Discussion

HIV/AIDS has emerged as a major public health emergency in Manipur. The pattern of infection compared to rest of India is quiet different. IDUs related transmission is very high in Manipur. Psychological consequences of drug abuse as expressed in the patients are depression, aggressiveness, anxiety, loneliness, loss of hope, fear of the future, fear of infected by HIV/AIDS, suicidal tendency and mental conflicts. The survey covers almost all the areas of hills and valleys of Manipur state. All the efforts were made in the present survey to minimize under reporting by relying not only on the person's statement but also on the corroborative statements from the relatives and friends which are more forthcoming[8]. This study by Carter SL et al, used structural emotion modelling (SEM) to clarify the relationship between Cognitive complaints and neuro-psychological functioning in 160 adults with

HIV infection. Findings indicate mood and medical symptoms were significantly associated with neuro-psychological skills. In our study 58.34% cases comes under the lower ego strength (affected by feelings, emotionally less stable, easily annoyed or upset). A study by Sikkema KJ et al, in which sample of 268 HIV infected individuals were examined about their psychological distress. Hierarchical regression analyses revealed that severity of grief reaction was associated with escape-avoidance and self-controlling coping strategies, type of loss, depressive symptoms and history of IDUs[9]. Thus it was shown that in our study 40% of them come under weaker super ego strength (expedient, disregards rules, self-indulgent) and 35% belongs to tough minded, self reliant, realistic, no nonsense. Another study by Molassiotis A et al, in which 42 Chinese HIV patients participated in a comparative study, assessed the effectiveness of cognitive behavioural group therapy (CBT) and peer support therapy. Results indicated that the mood of the participants in the CBT group improved in terms of anger, tension, anxiety, depression, confusion and overall mood. In the PSC group a worsening of psychologic functionality was observed immediately[10]. In current study it was found that 55% were suspicious, self opinionated, hard to fool and 46.67% were apprehensive, worrying, depressive and troubled. In a study by Bayes R focus group discussions and educational activities were conducted among IDUs with 18 males and 12 females aged 14 to 25 years who had started living in new life program. Results indicate that psychological stress including anxiety, fear of rejection by others, watching friends and perceiving signs of physical deterioration. Psychological support in these situations can help to prolong life and improve its quality[11]. In the present study we have observed that 51.67% were practical, careful, conventional, regulated by external realities, proper and 38.33% were group dependent, a joiner and sound follower. The finding in the present study shows that HIV/AIDS is a major health problem among the youth group, who are the future for the coming generation. Mostly affected are in the age group of 21 to 35 years. Psychotherapy, stress management, relaxation therapy and visualization can really reduce anxiety through regular practice.

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