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Needs for Competence, Autonomy and Relatedness among HIV- Infected People

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Abstract

Acquired immunodeficiency syndrome (AIDS) is caused by Human immunodeficiency virus (HIV). It is a disease of human immune system in which the body's normal defense system breaks down. HIV positive people suffer in every aspect of life, therefore, it is necessary to know their psychological needs and fulfill them through effective counseling so that they can lead their life more efficiently and comfortably. It would help to manage emotions after the experience of stressful events. The present study aims to find out the psychological needs among HIV positive males and females. The study has been conducted at ART Centre Department of Medicine, S. S. Hospital, Banaras Hindu University, Varanasi. A total sample of 40 HIV positive people in the age range of 21 to 55 years (20 males and 20 females) has been taken for the study. Deci & Ryan (2000)'s Basic Psychological Scale consisting 21 items concerning the three needs for competence, autonomy and relatedness has been administered on the sample. Data was analyzed by using t-test. The result indicates that there are significant differences on the measures of competence and relatedness whereas the gender difference is only on the measure of relatedness.

Key Words: HIV/AIDS, Psychological Needs, Competence, Autonomy and Relatedness

Introduction

Acquired immunodeficiency syndrome (AIDS) is a sickness of human resistant framework and the reason for AIDS is human immunodeficiency infection (HIV). It is the most progressive phase of HIV disease where the body's typical guard framework separates. By murdering or harming cells of the body's resistant framework, HIV dynamically crushes the body's capacity to battle contaminations. HIV spread most usually by engaging in sexual relations with a tainted accomplice, it likewise spread through contact with tainted blood, which every now and again happens among infusion tranquilize clients who offer needles or syringes polluted with blood from somebody contaminated with the infection. Ladies with HIV can likewise transmit the infection to their infants during pregnancy, birth, or bosom encouraging. Temporary assessments show that there are 22.7 lakh People living with HIV/AIDS in India before the finish of 2008 with an expected grown-up HIV pervasiveness of 0.29 percent. Data from people testing constructive for HIV at the ICTC the nation over during 2009-2010 shows that 87.1 percent of HIV contaminations are as yet happening through hetero course of transmission. While parent to kid transmission represents 5.4 percent of HIV cases identified, infusing drug utilize 1.6%, men who have intercourse with men 1.5% and polluted blood and blood items represent 1% percent (Naco, 2010).Understand the unpredictability of variables that influence the life of a HIV-tainted individual, is a need to discover approaches to decrease their negative consequences for patients just as and human services suppliers. It is additionally critical to take note of that HIV-related social marks of disgrace and separation have never vanished (Schonnesson, 2002). Social shame can be a reason for interminable worry for HIV/AIDS patients. Outrageous dread of derision and segregation would prevent an individual from uncovering their analysis to loved ones, while the weight and stressors of HIV are altogether kept to the tainted people which causes the internal strife. A few people create inner marks of disgrace. They accept that their illness is a type of discipline and the ailment compels their general life. A few patients may keep away from social contacts and don't look for their truly necessary social help since they accept that they are not worth of regard and care from anybody. Subsequently, individuals living with HIV/AIDS may live in despair and a consistent dread of segregation dismissal, and yet need social help that they need without a doubt.

Psychological need is a psychological component that excites a life form to activity toward an objective, provide reason and guidance to conduct, psychological needs—those required to continue and grow a solid personality and it is fundamental for living beings to live a sound life. Psychological need has three measurements: Autonomy, Competence and Relatedness.

Autonomy is the need to seek after exercises where people are roused inside and experience satisfaction because of having individual decision (Deci and Ryan, 1985; Jang, Kim, Reeve, and Ryan, 2009; Reeve, Nix, and Hamm, 2003).

Competence is the need to adequately cooperate with one's condition and amplify difficulties, in this way increasing more abilities (Deci, 1975).

Relatedness is the need to build up connections wherein one feels close, thought about, and secure (Baumeister& Leary, 1995; Deci and Ryan, 1991).

Gladwin (2004) discoveries uncovers absence of autonomy, power, and control have been appeared to expand defenselessness to HIV disease for ladies. Ryan and Deci, (2000) expressed that social settings that encourage fulfillment of these three essential psychological needs will bolster individuals' intrinsic action, advance increasingly ideal inspiration, and yield the best psychological, formative, and conduct results. Tolerant care groups serve significant capacities for therapeutically sick patients. These gatherings give a discussion to impart sentiments and encounters to one another, share data on treatment and assets, in this way decreasing sentiments of confinement and being ignored. Remien and Rabkin (2002) expressed that, significant territories inside the patient's control may impact the course of HIV ailment and, regardless, impact personal satisfaction and psychological prosperity. These practices incorporate great nourishment, work out, control of recreational substance use, and adjustments in sexual hazard conduct. Assuming responsibility by causing upgrades in these regions to can improve patients' sentiments of prosperity and dominance of their lives. Essential consideration suppliers can empower and advocate for these positive practices with their patients in a strong manner.

HIV constructive individuals endure in each part of life, subsequently, it is important to know their psychological needs and satisfy them through successful directing so they can lead their life all the more productively and easily. It would oversee feelings after the experience of distressing occasions. So the present examination expects to discover the psychological needs among HIV positive guys and females.

Objective:-

- To explore the differences between male and female HIV infected individuals.
- To observe the effect of time duration on the measures of three dimensions: autonomy, competence and relatedness of psychological needs.

Hypotheses:-

H1: Time duration would affect the psychological needs of HIV positive people.

H2: There would be significant differences between male and female HIV infected individuals.

Methods

Sample:

Subjects were drawn from ART Centre, Department of Medicine, S.S. Hospital, BHU, Varanasi. Subjects for this study consist of 40 PLWHA- whose ages range from 21 to 55. The purposive sampling technique adopted in subject selection and this is because of the nature of the concept and subjects under consideration.

Tools:

Deci & Ryan (2000)'s Basic Psychological Need Scale consisting 21 items concerning the three needs for competence, autonomy and relatedness, has been administered on the sample and demographical details have been taken.

Procedure:-

All the patients were informed about the purpose of the study and their informed consent and agreement has been taken. Above mentioned Deci & Ryan (2000)'s Basic Psychological Scale has been administered on participants at their visit to ART counseling cell and picked up letter for coding and analysis.

Results:

Results obtained by applying t-test on the two sets of data i.e. new and old cases, males and females infected by HIV. Results of t-test have been presented in the following tables in order to explore psychological needs.

Table1: The mean differences between new and old cases on the measures of Autonomy, Competence and Relatedness

Dimensions of scale	**New Cases (N=20)**		**Old Cases (N= 20)**		**t-value**
	Mean	**SD**	**Mean**	**SD**	
Autonomy	15.95	5.59	14.95	6.10	.540
Competence	17.55	7.63	19.85	5.38	-1.10*
Relatedness	23.35	3.77	16.200	7.95	3.63**

*P<.05, **P<.01

It was hypothesized that time duration would affect the psychological needs of HIV positive people. The result of t-test indicates that there are significant differenceson the measures of competence and relatedness between new and old cases.The t-value of 'competence' is significant (t=-1.10 at p<.05). The t-value of 'relatedness' is significant (t=3.63 at p<.01).No difference has been found on autonomy.

Table 2: The mean differences between male and female on the measures of Autonomy, Competence and Relatedness.

Dimensions of scale	**Male (N=20)**		**Female (N= 20)**		**t-value**
	Mean	**SD**	**Mean**	**SD**	
Autonomy	10.60	*2.87*	20.30	*3.36*	-9.82
Competence	13.45	*4.032*	23.95	*3.95*	-8.32
Relatedness	23.45	*4.64*	16.10	*7.38*	3.77**

*P<.05, **P<.01

It was hypothesized that there would be significant differences between male and female HIV infected individuals. The result of t-test indicates that there is significant difference on the measure of relatedness between male and female. The t-value of 'relatedness' is significant (t=3.77 at p<.01).No differences have been found on autonomy and competence.

Discussion:

Present study was carried out to develop an understanding of the psychological needs of HIV infected people using Deci & Ryan (2000)'s Basic Psychological Need Scale, the result indicates that there are significant differences on the measures of competence and relatedness between new and old cases. We can say that time duration affect these two psychological needs among HIV positive patient, whereas the gender difference is only on the measure of relatedness. No gender difference has been found on the competence and autonomy.Self-determination theory (SDT) uses the term "internalization" to describe the process by which behaviour becomes relatively more autonomously regulated or valued. Self-determination theory has identified three psychological needs critical to support the process of internalization and the development of optimal motivation and personal well-being.

The need for autonomy reflects the need to feel choiceful. Competence involves the need to feel capable of achieving desired outcomes and relatedness reflects the need to feel close to and understood by significant others. When people experience the satisfaction of these needs in a given context, they are more likely to be autonomously self-regulated around the behaviour relevant to that context. Autonomous self-regulation is particularly important for health behaviour because the more autonomously-regulated an individual is toward a given behaviour, the greater effort, engagement, persistence, and stability the individual is likely to evidence in that behaviour (Ryan and Deci, 2000). Williams, Rodin, et al. (1998) investigated the role of health care providers in supporting the autonomous motivation of their patients with a variety of medical disorders (e.g., hypertension, menopausal symptoms, and hyperthyroidism). Results demonstrated that health care providers could foster autonomous motivation in their patients by conveying understanding attitudes to the individual's wishes, choices and encouraging behaviour that favour with his or her value and belief system.

SDT has also been applied to the study of adherence to HIV medication. This is a very complex routine as HIV/AIDs patients have to take 3-4 medications several times each day without forgetting. In an observational study of 126 patients taking 1 of 30 different medications for more than two months (mean > 6 years), adherence over a 2-week period was strongly related to patients' autonomous self-regulation for taking that medication, as assessed at the beginning of the study. Importantly, patients' perceptions of need support from their healthcare providers also predicted autonomous self-regulation for medication-taking and for medication adherence (Williams, Rodin, et al. (1998)). Similar results were found in a study of 201 HIV+ patients on highly active anti-retroviral therapies (HAART). HAART medications regimens are particularly very complex. This study also included perceived competence for medication-taking and demonstrated an expanded model whereby perceived need support from health care providers predicted autonomous self-regulation for medication-taking which, in turn, predicted perceived competence for taking the medication. Perceived competence was a stronger and more proximal predictor of medication adherence (Kennedy Goggin and Nollen, 2004). A study done by Wen, Shi, Jiang, Detelsand Wu (2013) indicates that family awareness of the patient's HIV status was negatively associated with the patient's psychological well-being. Higher levels of perceived HIV-related stigma were associated with poorer psychological health and poorer family

functioning. This study emphasizes the importance of assuring a caring environment in AIDS treatment program and re-enforces the need to combat the stigma encountered with health providers and the public. Besides sufficient and appropriate healthcare services, free HAART these populations also need kindness, genuineness, warmth, respect, acceptance, empathy, and attention to basic needs. Healthcare professionals ought to have a respectful and compassionate care to safeguard their dignity. But unfortunately they face discrimination and stigma which affects their overall well-being.

Conclusion:

The result indicates that there are significant differences on the measures of competence and relatedness between new and old cases. The gender difference is only seen on the measure of relatedness. No gender difference has been found on the competence and autonomy.Information gained from this study will be used to further improve the current service provision for people with HIV/AIDs and immense consideration on their psychological needs. Autonomous self-regulation and perceived competence seem to play an important role for desired behaviour as well as for health outcomes, and practitioners and care providers play an important role in facilitating these motivational variables. They can also accelerate these positive variables to foster their psychological needs in the form of Autonomy, Competence and Relatedness.

The present study has some limitations as this study cannot be generalized due to small sample size. It is needed to conduct this type of study on a larger scale and at different locations. Other psychological aspects should be included in further study.

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