

Psychological Characteristics of Patients with AIDS and Creating Conditions for Providing Them with Psychological Care

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Annotation: This article analyzes the psychological state of patients living with AIDS, their emotional attitude to the disease, and the processes of psychological adaptation. The study highlights how human immunodeficiency syndrome affects not only physical health, but also factors such as mental stability, self-esteem, social activity, and quality of life. Patients diagnosed with AIDS experience psychological changes such as fear, depression, social withdrawal, self-blame, distrust, and even suicidal thoughts. The article extensively covers the stages of the patient's acceptance of the disease, his emotional reactions, and the importance of psychological support. It also analyzes individual, family, and group psychological assistance methods in working with people living with AIDS, and the role of psychologists, doctors, and families in the rehabilitation process. Such a comprehensive approach is important in restoring the patient's mental stability, increasing adherence to treatment, and ensuring social integration.

Keywords: AIDS, patient psychology, psychological support, depression, fear, social adaptation, rehabilitation, psychological support, stigma.

MEDICAL-CLINICAL PART: AIDS IN WOMEN: Human immunodeficiency syndrome (AIDS or AIDS) is a chronic infectious disease caused by the human immunodeficiency virus (HIV), which is characterized by a profound damage to the immune system. Once the virus enters the body, it mainly targets immune cells called CD4 T-lymphocytes and gradually destroys them. As a result, the human body loses its ability to fight the simplest microbes, viruses, fungi and tumors. This disease develops gradually and lasts for years. The course of AIDS in women differs from that in men due to certain physiological, hormonal and social factors. The hormonal cycles of the female body, pregnancy, childbirth and breastfeeding directly affect the activity of the virus. After the virus enters the body, it first spreads through the bloodstream to the lymph nodes, spleen and other immune organs. As the number of CD4 cells decreases, the body's defense mechanisms gradually begin to break down. Transmission routes: AIDS is transmitted among women in three main ways: through sexual contact, through blood, and from mother to child. The most common route is unprotected sex.

Women are biologically more susceptible to infection, since the vaginal mucosa is wider, microtraumas are formed more quickly, and there is longer contact with viral fluid. Blood-borne transmission is often observed when using unsterile medical instruments, needles, syringes, or injecting drugs. Mother-to-child transmission occurs during pregnancy, childbirth, or breastfeeding. If a pregnant woman does not receive antiretroviral therapy on time, the child can become infected with the virus in 25–40% of cases. Stages of disease development: AIDS develops gradually, and at each stage the level of immunity decreases more and more. Stage 1 (incubation period) - lasts 2–6 weeks after the virus enters the body. During this period, the patient does not have any clinical symptoms, but the virus actively multiplies in CD4 lymphocytes. Antibodies are not yet detected in laboratory tests. Stage 2 (acute infection stage) - during this period, the body's response to the virus appears. The patient will have symptoms such as fever, headache, joint pain, enlarged lymph nodes, and weakness. These symptoms last for 2–3 weeks and then disappear, but the virus remains in the body. Stage 3

(latent or hidden stage) is a stage that lasts for years, during which the virus slowly destroys the immune system.

The patient feels healthy, but the number of CD4 cells decreases every year. At this stage, women often experience chronic vaginal infections, fungal diseases, and urinary tract infections. Stage 4 (stage of AIDS) - the immune system is completely destroyed. Opportunistic infections (pneumonia, tuberculosis, candidiasis, toxoplasmosis, herpes, sepsis), severe weight loss, chronic fever, skin changes, diarrhea, mouth ulcers, and neurological symptoms appear. At this stage, tumors - malignant tumors such as Kaposi's sarcoma and lymphoma - can also develop. Specific clinical signs observed in women: AIDS is accompanied by some specific symptoms in the female body. The most common of them are chronic vaginal candidiasis (fungal infection), cervical erosion, papillomavirus infection, menstrual disorders, hormonal imbalance, and infertility. White spots in the mouth, skin rashes, hair loss, and subcutaneous infections are also observed. When women have weakened immunity, the risk of pregnancy complications increases - premature birth, fetal death, and low birth weight. Many patients also experience neurological symptoms: headaches, decreased attention, insomnia, fatigue, and mental instability.

Laboratory diagnosis: To confirm the diagnosis of AIDS, special serological tests are used - ELISA (enzyme-linked immunosorbent assay) and Western blot methods. These tests detect antibodies to the virus. PCR (polymerase chain reaction) is used to determine the viral load. The number of CD4 cells is also determined. If the CD4 count is below $200/\text{mm}^3$, this indicates that the patient has advanced stage of AIDS. Treatment: There is no drug that completely cures AIDS, but there is antiretroviral therapy (ARVT) that keeps the disease under control. This treatment stops the virus from multiplying, helps restore the immune system and prolongs the patient's life.

For women, ARVs are especially important during pregnancy, as they reduce the transmission of the virus from mother to child by up to 98%. Treatment is carried out strictly according to the daily regimen. Antibiotics, antifungal and antiviral drugs are also prescribed for opportunistic infections. Prevention: The most effective way to protect against AIDS is to practice safe sex, use sterile instruments, use tested donor blood for blood transfusions, and regularly monitor pregnant women. AIDS education and psychological education are also an important part of prevention. Conclusion: The clinical course of AIDS in women is unique, characterized by a slow decline in immunity, frequent relapses of chronic infections, changes in the reproductive system, and hormonal imbalance. In addition to the clinical symptoms of the disease, its psychological and social consequences are profound. Therefore, along with medical treatment, psychological and social support should be provided.

PSYCHOLOGICAL PART: Psychological characteristics of women with AIDS and creating conditions for providing them with psychological support

Human immunodeficiency syndrome (AIDS) is one of the diseases that has the greatest impact on human life, especially women, not only physically, but also mentally, morally and socially. Since the female body is biologically and psychologically delicate, this disease not only disrupts the immune system, but also her mental stability, feminine values, maternal feelings and social position. Women living with AIDS experience a severe psychological shock as soon as they hear the diagnosis. In this case, negative thoughts such as "my life is over", "people will turn away from me", "I am to blame" appear. As a result, a woman loses self-confidence, mental stability is disrupted and her enthusiasm for life decreases. Decreased motivation weakens a woman's internal drives, she withdraws from society, sometimes hides her illness, which further increases psychological pressure. Women often face negative stereotypes of society - the association of AIDS with a "moral error" increases their psychological suffering. They feel guilty, worthless and alone. Therefore, the most important thing in providing psychological support to women is to understand them, not to blame them and to help them accept themselves as people. The main goal of psychological support is to convince a woman that she is not alone, to make her feel that life goes on, to restore self-confidence and a positive outlook on life. Individual psychotherapy, group conversations, motivational interviewing and social support programs

are effective in this. Women living with AIDS often also struggle with family problems, economic pressure and stigma. Therefore, they need to be provided with comprehensive - medical, psychological and social - support. The main task of psychological support is to allow a woman to regain hope for her life, her value and her place as a person

Stigma— One of the most severe psychological and social barriers for women living with AIDS is that women living with AIDS (AIDS) experience a double burden of psychological pressure in society — on the one hand, the physical and psychological suffering of the disease, and on the other, stigma, that is, negative social attitudes, accusations and exclusion. The word “stigma” comes from the Greek language and means “mark”, “mark”. In psychology, stigma is a state of perception of a person as “different”, “bad” or “guilty” due to their illness or social status. For women living with AIDS, stigma is not only an external, but also an internal psychological trauma that deeply undermines their sense of self-worth, motivation, social activity and confidence in life. Stigma in women living with AIDS usually manifests itself in three forms: external stigma, internal stigma and institutional stigma.

External stigma is the negative view, blame or discrimination of a woman by society, family or others. In many cultural settings, HIV is still associated with “moral corruption”, “shamelessness” or “infidelity”. As a result, women living with HIV are accused of “bringing it on themselves”. They are sometimes rejected by their spouses, relatives or even medical professionals. At that time, the woman feels isolated from society, alone, vulnerable and “marked”. In some cases, such women are even afraid to seek medical help or psychological advice, because the thought of “finding out”, “blaming”, “taking my child away” torments them from the inside. Internal stigma is the woman’s self-deprecation, feeling guilty or “unclean”. This is the most dangerous form, because it eats away at the woman’s inner world. A woman forms thoughts in herself such as “I am not a good mother”, “I am no longer a woman”, “I am not worthy to walk among people”. This leads to depression, hopelessness, social isolation and suicidal thoughts. Internal stigma excludes a woman from life, she feels that her self-worth has been lost and she loses motivation to continue the treatment process.

Institutional stigma is a discriminatory or unfair attitude towards women living with AIDS in medical, educational or social systems. In some places, such women are denied medical care, isolated from others, not kept confidential or even labeled as “dangerous to others”. This completely destroys their trust in society. Women living with AIDS suffer deep psychological trauma when they experience stigma. They feel “unnecessary”, “guilty” or “dirty” for society. In this case, the woman's nervous system is in a constant state of stress, the level of stress hormones - cortisol and adrenaline - increases, which further weakens the immune system. As a result, the woman's physical condition worsens, the virus activates faster, and the effectiveness of treatment decreases. That is, stigma aggravates the disease not only psychologically, but also biologically. Especially among women living with AIDS, stigma is closely related to the feeling of motherhood. Women with children live in constant anxiety about not infecting their children with the virus. At the same time, society may see them as "guilty mothers." This double pressure increases a woman's feelings of guilt, hopelessness, and social isolation. Therefore, stigma is more psychologically severe in women than in men. To prevent and overcome stigma in women, psychological help, education, and social support are necessary first of all. In a psychological approach, a woman should learn to accept herself. It is important to get rid of feelings of guilt and help them regain their self-worth. Group therapies, especially support programs designed for women, strengthen their belief that “I am not alone.” It is also important to spread accurate information about AIDS, explain the ways of transmission of the virus, modern methods of treatment and patients' rights to combat stigma in society. Representing women living with AIDS in the media as “struggling”, “patient” and “living” people, rather than “dangerous”, reduces the level of stigma. The role of the family is one of the most important factors in this process.

Not rejecting a woman, but accepting her, listening to her, giving her love and trusting her is the most powerful psychological treatment. It is also necessary to establish psychological support centers in medical institutions that ensure confidentiality and are free from discrimination. In short, stigma is the most difficult psychological test for women living with AIDS. It deeply undermines their mental balance, social life and the treatment process. Reducing stigma is not only a medical or psychological,

but also a social responsibility. By strengthening tolerance, empathy, understanding and human kindness in society, we give women living with AIDS not only mental relief, but also renewed confidence in life.

Rehabilitation— It is the process of restoring the spiritual, social and emotional life of women living with AIDS. For women, rehabilitation is not only medical treatment, but also the restoration of the entire personality, feminine dignity, sense of motherhood and faith in life. Because AIDS, along with weakening the immune system of a woman's body, also undermines her mental stability, sense of self-esteem, social relationships and place in society. For a woman, this disease is not just physical pain - it is a difficult psychological struggle between society, family and the inner world. The main goal of rehabilitation is to support the physical health of a woman living with AIDS, restore her mental balance, ensure her reintegration into society and improve the quality of life. Such a process requires an integrated approach: medical, psychological, social and pedagogical directions are carried out in a complementary manner.

Medical rehabilitation is aimed at monitoring the condition of the woman's body, strengthening the immune system, keeping the virus under control and preventing opportunistic infections. But a woman's life with AIDS is not limited to medication - it requires spiritual recovery, self-discovery, and giving new meaning to life. Psychological rehabilitation is one of the most important stages for women living with AIDS. Because women are more emotional, sensitive, and socially connected beings. For them, accepting a diagnosis means reconsidering not only their health, but also their concepts of motherhood, femininity, love, and social status. Psychological rehabilitation works on a woman's feelings of self-blame, shame, fear, and isolation from society. Individual psychotherapy allows a woman to express her feelings, accept herself, and rediscover her inner strength. In group therapy, she communicates with other women, realizes that she is not alone, which provides psychological relief. Group therapy is especially effective for women, because their need for emotional support is high. Through art therapy and cognitive-behavioral techniques, a woman expresses her feelings through creativity, which reduces stress and increases self-esteem. Motivation is central to rehabilitation. Instilling in women living with AIDS thoughts such as "I am still alive," "I must be strong for my children," and "I have the right to love myself" restores mental stability.

Motivational interviews restore a woman's confidence in life and help her feel responsible for her own life. The social aspect of rehabilitation is also very important for women living with AIDS. They often face stigma, discrimination, social isolation, and sometimes family rejection. Therefore, rehabilitation programs should be aimed at reintegrating them into society, restoring their ability to work, feeling like a useful person, and creating opportunities for economic independence. Many rehabilitation centers provide vocational training for women living with AIDS, giving them skills to start their own business, and conducting psychological training to increase their social activity. This approach restores the woman's confidence that "I am needed by society." The aspect of working with the family in rehabilitation is also of incomparable importance. Family support is a vital necessity for women living with AIDS. Family members should understand the woman, not belittle her, but rather provide her with emotional support. To this end, psychologists teach family members the right approach through family counseling, training, and psychoeducational sessions.

If the family accepts a woman, this increases her commitment to treatment and her desire to return to life many times over. For the rehabilitation process to be effective, it is important to reduce stigma and discrimination in society. Women living with AIDS often feel double pressure - the first is the disease itself, and the second is the rejection of them by society. Therefore, the state, the health system and the media must actively work to disseminate accurate information about AIDS, present women as positive role models, and build tolerance in society. Rehabilitation is not just recovery, it is a spiritual journey for a woman to rediscover herself, trust life again, find her values and inner strength. For a woman living with AIDS, rehabilitation is an opportunity not to lose hope, take control of her life and feel like a full member of society. In conclusion, rehabilitation for women living with AIDS is not just a medical process, but also a path to spiritual healing, self-esteem, motherhood, femininity and human dignity. Physical recovery is incomplete without spiritual recovery. Therefore, rehabilitation centers,

psychological support systems and social support networks must work together for every woman. Rehabilitation is the art of bringing a woman back to life, and the most powerful tools in this art are love, understanding and trust.

Depression— One of the most common psychological disorders in women with AIDS. From the moment the disease is diagnosed, a woman experiences a strong psychological shock. She feels guilty, worthless and unnecessary to society. Thoughts such as “I am no longer needed by others”, “I am a bad mother”, “everyone will turn their backs on me” intensify internal depression. This situation erodes a woman’s self-confidence, reduces her motivation for life and excludes her from social life. Depression in women living with AIDS is often exacerbated by internal stigma, negative views of society, lack of family support and economic difficulties. Sometimes a woman is ashamed of the changes in her body, thinks that she has lost her feminine charm, which intensifies her feelings of low self-esteem. In such cases, she loses meaning in life, and feelings of shyness, anxiety and hopelessness deepen. Therefore, psychological rehabilitation, compassionate conversations, self-acceptance training, and social support are important to reduce depression. When a woman is in an environment where she understands, accepts, and encourages herself, the process of overcoming depression is accelerated, and she regains confidence and strength in life.

Social adaptation— It is one of the most complex, but also the most necessary processes in the lives of women living with AIDS. The disease directly affects not only a woman's health, but also her social status, her place in the family and society. After being diagnosed, many women feel isolated, rejected or humiliated by society. Such women are often forced to hide their illness, which limits their social activities, friendships and work relationships. The main goal of the social adaptation process is to restore a woman's place in society, to ensure that she feels like a full-fledged person. Psychological support, love from family and loved ones, and reducing stigma and discrimination play an important role in this. If a woman living with AIDS is in an environment that accepts and supports her, she gradually restores her confidence, begins to look positively at life and resumes her social activity. Trainings, vocational training courses, and self-development programs conducted in rehabilitation centers greatly help women in their social adaptation. They feel useful and valued through work, acquiring a new profession. This process increases their self-esteem, improves their relationship with society, and strengthens their hope for life. Also, the role of the family in social adaptation is invaluable. Family members should understand the woman, approach her not with accusation or pity, but with trust and love. Because only in an environment based on love does a woman feel free, safe, and valued. As a result of successful social adaptation, a woman learns to re-manage her life, becomes an active member of society, and realizes that AIDS has defined not her life, but only her experience.

Conclusion

The greatest challenge in the lives of women living with HIV is not only the fight against the physical consequences of the disease, but also the process of self-recovery on a spiritual, social and moral level. Human immunodeficiency syndrome has a complex impact on the female body at the biological, psychological and social levels. Since women are by nature emotional, sensitive and socially active, this disease deeply shakes their spiritual world. The emotional shock, feelings of guilt, stigma and the risk of social isolation that arise when they hear the diagnosis have a strong impact on their psychological state, self-confidence and attitude to life. Therefore, working with women living with HIV requires not only a medical approach, but also a psychological, social and gender-sensitive approach.

In restoring the mental state of women, psychological assistance, motivational support, rehabilitation and social integration should be viewed as a whole system. Because a woman's psychological stability is directly related to her adherence to treatment, the functioning of her immune system and social adaptation. When a woman feels understood, valued and protected, she has a positive outlook on life, copes with stress and depression, and feels responsible for her own health. Otherwise, stigma, social isolation and depression further weaken her immune system and reduce the effectiveness of treatment. Therefore, it is important to establish special psychological rehabilitation centers for women, social

support programs, and a system of family and community education at the state and health system levels.

For women, AIDS is not only a disease, but also an opportunity to re-understand themselves, find inner strength and return to society with their own value. Through psychological support, love and trust, they find motivation for life again, learn to control their own destiny. Scientifically speaking, in order to reduce the psychological consequences of AIDS in women, a psychoneurological approach, stress resistance training, emotional support and stigma prevention should be implemented in a comprehensive manner. Only then will women living with AIDS not only regain their physical health, but also find their place in society as mentally stable, socially active and confident individuals. Therefore, the most important victory in the fight against AIDS is not a victory over the disease, but over fear, loneliness and despair.

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