

## Psychological Well-Being in HIV/AIDS Positive and Negative

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### ABSTRACT

This research paper is an attempt to study the level of psychological Well-being in HIV/AIDS patients and normal persons. This study is based on sample of 100 subjects 50 HIV/AIDS patients (25 males and 25 females) and 50 subjects were normal person's (25 males and 25 females). The psychological well-being of HIV/AIDS positive and negative persons were measured by psychological Well-being scale (PWBS) (HINDI) adopted by S. N. Rai & Deepika Gupta Department of Psychology Chaudhary Charan Singh University Meerut. Three independent variables were studied i.e. gender, normality and HIV/AIDS. Mean, S.D and t-test were applied for data analysis. The results reveal that the all three independent variables i.e. gender, normality and HIV/AIDS are found significant at .01 level of confidence. This study shows that there is significant difference between the Psychological Well-being of HIV/AIDS patients and normal's. Significant difference between six areas of psychological Well-being (Self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, positive relations with others) among HIV/AIDS patients and normal's were found. Also significant difference was found between male and female HIV/AIDS patients.

**Keywords:** *Psychological well-being, HIV/AIDS, Normality, Gender*

**A**IDS (Acquired immunodeficiency syndrome) is a sexually transmitted infection caused by a HIV (Human immunodeficiency virus) that destroys the body's immune system. This virus mainly infects white blood cells called CD4 cells or T helper cells and monocytes; these cells have important functions in the immune system they make the proteins in the body that fight germs and infections to protect the body. When HIV enters the body, it attacks the CD4 cells and minimizes their functions. Which results the immune system weakened, and the body is less able to fight infection. If the number of healthy cells in the body continues to decline, HIV status will changes from HIV positive to AIDS. AIDS occurs when the number of CD4 cells in the body drops below 200 cells/ $\mu$ l. By this the body can get HIV-related infections, called opportunistic infections.

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HIV is found in the body fluids of an infected person via semen and vaginal fluids, blood and breast milk. These fluids can be passed from one to another variety of ways, including having unprotected sex (oral, vaginal, or anal) or sharing infected needles. HIV can also be passed from mother to child during childbirth or through breast-feeding. Both the virus and the disease are often referred to together as HIV/AIDS.

Acquired Immune Deficiency Syndrome (AIDS) was first clinically observed in the United States in 1981. The initial cases were injecting drug users and homosexual men with no known cause of impaired immunity. Up to 1981 there was no official name of this disease but in general press the term “GRID” was used which stands gay related immune deficiency. The term AIDS was firstly introduced at a meeting in July 1982. In September 1982 the Centers for Disease Control and Prevention (CDC) started referring to the disease as Acquired Immune Deficiency Syndrome (AIDS). In India in 1986 the first known case of HIV was diagnosed by Suniti Solmon amongst female sex workers in Chennai.

### Psychosocial aspects of people living with HIV/AIDS

People living with HIV/AIDS are in fear, grief, hopelessness, helplessness syndrome, guilt, anxiety disorder, depression, denial, anger, aggression and suicide attempts

### Psychological Well-being

The term Psychological Well-being is defined as people’s evaluations of their own lives. Such evaluations can be both cognitive judgments, such as life satisfaction, and there emotional responses to events, such as feeling positive emotions. It is a wide concept includes different aspects of everyday experience. How people think, feel, behave, take decisions etc.

Levi (1987) defined psychological Well-being as “a dynamic state characterized by reasonable amount of harmony between individual’s abilities, needs, and expectations, and environmental demands and opportunities”.

According to Ryff (1989) the concept of psychological or emotional Well-being was originally construe as a challenge in overcoming the hedonistic concept of Well-being in psychology, and with the aspiration of making a distinction between the hedonistic state of comfort and eudemonic process of growth and development by which happiness, and finally also pleasure, is achieved.

**Romy et al. (2014)** investigated pain in people living with HIV/AIDS. Results revealed that prevalence of pain ranged from a point prevalence of 54% to 83% using a three-month recall period. The reported pain was of moderate-to-severe intensity, and pain was reported in one to two and a half different anatomical sites.

**Asante (2012)** conducted a study on social support and the psychological wellbeing of people living with HIV/AIDS. Results revealed that social support was negative associated with depression and anxiety, older patients experienced higher level of stress than their younger counterparts

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**Rajeev et al. (2012)** examined the impact of HIV/AIDS on quality of life of people living with HIV/AIDS. Results revealed the quality of life scores for all domains were intermediate in people living with HIV/AIDS. There was a significant difference in quality of life of people living with HIV/AIDS who was on ART and not on ART in some domains.

**Vanisri et al. (2012)** investigated the death anxiety and Psychological well-being of HIV +ve patients and HIV TB co-infected patients. They found significant difference between male and female HIV +ve patients and HIV TB co-infected patients in death anxiety and psychological well-being.

**Gafar et al. (2010)** conducted a study on HIV/AIDS and well-being. The result reveals that the prevalence of HIV/AIDS has little or no significant impact on well-being in the sub-regions.

**Basavaraj et al. (2010)** examined the quality of life in HIV/AIDS. They found that the relevance and complexity of physical, psychological, and social factors as determinants of health-related quality of life in HIV-infected persons.

**Sun et al. (2007)** examined Psychological status, coping, and social support of people living with HIV/AIDS in central China. Results indicated the HIV/AIDS patients have high levels of psychological distress and their coping style was confrontation.

**Sengendo and Nambi (1997)** investigated the psychological effect of orphan hood on HIV/AIDS. They found HIV/AIDS orphans had significantly higher depression and lower optimism about the future than non-orphans.

**Catz et al. (2002)** examined the psychological distress among minority and low income women living with HIV. Results revealed greater anxiety depression symptoms were associated with women who reported higher stress, using fewer active coping strategies and perceiving less social support.

**Leserman et al. (2000)** investigated the impact of stressful life events, depression, social support, coping, and cortisol on progression to AIDS. Results revealed AIDS was associated with higher cumulative average stressful life events, coping by means of denial and higher serum cortisol as well as with lower cumulative average satisfaction with social support.

## METHODOLOGY

### Statement of the problem:-

To study the level of psychological Well-being in HIV/AIDS patients and normal persons

### Hypotheses:-

*On the basis of the problem selected in this study following hypotheses are formulated:-*

1. There would be a significant difference found between the mean scores of psychological Well-being of HIV/AIDS patients and normal persons
2. There would be significant difference found between six areas of psychological Well-being among HIV/AIDS patients and normal's
3. There would be a significant difference found between the male and female HIV/AIDS patients

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### Variables:-

Independent Variable: - Gender, normality and HIV/AIDS

Dependent Variable: - Psychological well-being

**Sample:** - In the present study 100 subjects were selected among which 50 subjects were HIV/AIDS patients (25 males and 25 females) and 50 subjects were normal person's (25 males and 25 females)

### Measuring tool:-

In the present study the Psychological Well-being scale (PWBS) (HINDI) adopted by S.N.Rai & Deepika Gupta Department of Psychology C.C.S University Meerut was used. The scale consists 54 items among 28 items are negative and 26 items are positive. The inventory consists of a serious of statements reflecting the six areas of psychological well being Autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self acceptance. Respondent's rate statement on a scale of 1 to 6 with 1 indicates strong disagreement and 6 indicates strong agreements.

Positive items are scored as 1, 2, 3,4,5,6 and negative items are scores in reverse form therefore 6, 5, 4,3,2,1 respectively.

The reliability of the scale was checked by test-retest method and was found .77 and the validity was found .75.

## RESULTS:-

The main purpose of the present study was to study the level of Psychological Well-being of HIV/AIDS patients and normal persons. The whole data was obtained by using the Psychological well being scale (PWBS) adopted by S.N.Rai & Deepika Gupta Department of Psychology C.C.S University Meerut. The scores were assigned for different responses according to the item. The scores were arranged in tabular form and then t- test was applied to calculate the data. Mean and S.D value of every group was also calculated. Results are given in tables.

*Table – 1 Showing means, S.D and t-Value of normal persons and HIV/AIDS patients*

Groups	Total scores	N	Mean	$\sigma$	df	t-value	Level of significance
Normal persons	10840	50	216.8	13.31	98	20.09**	.01 =2.62
HIV/AIDS Patients	7610	50	152.2	18.43			.05=1.98

\*\* denotes significant at 0.01 level

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*Table-2, Showing means, S.D and t-value of autonomy of normal persons and HIV/AIDS patients*

Groups	Total scores	N	Mean	$\sigma$	df	t-value	Level of significance
Normal persons	1811	50	36.22	6.85	98	8.29**	.01 =2.62
HIV/AIDS Patients	1277	50	25.54	5.79			.05=1.98

\*\* denotes significant at 0.01 level

*Table-3 Showing means, S.D and t-value of positive growth of normal persons and HIV/AIDS patients*

Groups	Total scores	N	Mean	$\sigma$	df	t-value	Level of significance
Normal persons	1649	50	32.98	4.28	98	7.99**	.01 =2.62
HIV/AIDS Patients	1260	50	25.2	5.38			.05=1.98

\*\* denotes significant at 0.01 level

*Table-4 Showing means, S.D and t-value of environmental mastery of normal persons and HIV/AIDS patients*

Groups	Total scores	N	Mean	$\sigma$	df	t-value	Level of significance
Normal persons	1566	50	31.32	3.85	98	5.89**	.01 =2.62
HIV/AIDS Patients	1282	50	25.64	5.61			.05=1.98

\*\* denotes significant at 0.01 level

*Table-5 Showing means, S.D and t-value of personal growth of normal persons and HIV/AIDS patients*

Groups	Total scores	N	Mean	$\sigma$	df	t-value	Level of significance
Normal persons	2037	50	40.74	5.02	98	14.68**	.01 =2.62
HIV/AIDS Patients	1247	50	24.94	5.71			.05=1.98

\*\* denotes significant at 0.01 level

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**Table-6 Showing means, S.D and t-value of self acceptance of normal persons and HIV/AIDS patients**

Groups	Total scores	N	Mean	$\sigma$	df	t-value	Level of significance
Normal persons	1893	50	37.86	4.68	98	10.99**	.01 =2.62
HIV/AIDS Patients	1311	50	26.22	5.84			.05=1.98

\*\* denotes significant at 0.01 level

**Table-7 Showing means, S.D and t-value of purpose in life of normal persons and HIV/AIDS patients**

Groups	Total scores	N	Mean	$\sigma$	df	t-value	Level of significance
Normal persons	1930	50	38.6	8.99	98	10.1**	.01 =2.62
HIV/AIDS Patients	1233	50	24.66	3.98			.05=1.98

\*\* denotes significant at 0.01 level

**Table-8 Showing means, S.D and t-value of male and female HIV/AIDS patients**

Groups	Total scores	N	Mean	$\sigma$	df	t-value	Level of significance
Male	4079	25	163.16	16.78	48	5.19**	.01 =2.403
Female	3531	25	141.24	12.71			.05=1.676

\*\* denotes significant at 0.01 level

## DISCUSSION

The results of the present study suggested that there is significant difference between the psychological Well-being of HIV/AIDS patients and normal persons, as mean scores of HIV/AIDS patients were found 152.2 and normal persons were found 216.2 which are more than mean scores of HIV/AIDS respectively and the t-value is found 20.09 with df 98. Which is more than table value at .01 level of confidence.

Significant difference was found between six areas of psychological Well-being among HIV/AIDS patients and normal's as the mean scores of all six areas of normal persons are more than mean scores of HIV/AIDS patients, t-value of all six areas are found more than table value at .01 level of confidence.

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Significant difference was found between the male and female HIV/AIDS patients as mean scores of HIV/AIDS male patients were found 163.16 and HIV/AIDS female patients were found 141.26 which is less than mean scores of male HIV/AIDS patients and the t-value is found 5.19 with df 48, Which is more than table value at .01 level of confidence.

### CONCLUSION

1. There is a significant difference between the psychological Well-being of HIV/AIDS patients and normal persons.
2. There is a significant difference between six areas of psychological Well-being among HIV/AIDS patients and normal's.
3. There is a significant difference between psychological well-being of male and female HIV/AIDS patients.

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