

Emotional Maturity and HIV/AIDS Care Awareness of Working and Non-Working Woman

Irfan Khan GulamNabi Makrani¹

ABSTRACT

The Present research has done to know the effect and care awareness of Working and Non-Working Women on Emotional Maturity and HIV AIDS Care. For this research are Total number of sample was 60 in which 30 working women from the age group of 20 to 40 years. And 30 non-working women were taken the same age group. For the data collection Emotional maturity scale developed by Roma Pal (1988) and AIDS care awareness inventory was used for data analysis and concluded result t test was used. For this dimension implies that in positive sense there was significant difference between working and non-working women. The result indicate the working women significantly differ on Emotional maturity score as compared to non-working women and AIDS Care awareness Score as compare to non-working woman. Working women have shown better Emotional Maturity and AIDS care awareness compared to non-working women.

Keywords: HIV/AIDS, Emotional Maturity

Emotion is the complex psycho physiological experience of an individual's state of mind as interaction with biochemical (internal) and environmental (external) influences. In humans, emotion fundamentally involves "physiological arousal, expressive behaviors and conscious experience." Emotion is associated with mood, temperament, personality, disposition, and motivation. Motivations direct and energize behavior, while emotions provide the affective component to motivation, positive or negative. A related distinction is between the emotion and the results of the emotion, principally behaviors and emotional expressions. People often behave in certain ways as a direct result of their emotional state, such as crying, fighting or fleeing. If one can have the emotion without a corresponding behavior, then we may consider the behavior not to be essential to the emotion.

¹ Professor in Psychology, Gacc Jadar

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HIV/AIDS related is invoked as a persistent and pernicious problem in any discussion about effective responses to the epidemic. In addition to devastating the familial, social, and economic lives of individuals, H/A stigma is cited as a major barrier to accessing prevention, care, and treatment services. Despite widespread recognition of the differential treatment of persons living with HIV/AIDS by society and its institutions, over the first 25 years of the epidemic, community, national, and global actors have only had limited success in alleviating the deleterious effects of H/A stigma. In describing a sustained response to the HIV/AIDS epidemic, Peter Piot, Executive Director of UNAIDS, identifies tackling stigma and discrimination as one of five key imperatives for success. At the same time, Piot notes that stigma reduction efforts are relegated to the bottom of AIDS program priorities, often without funding to support such activities. Much of the rhetoric and literature has cited the complexity of H/A stigma and its diversity in different cultural settings as the primary reasons for the limited response to this pervasive phenomenon. The complexity of the phenomenon has led to difficulties and disagreement about how to define H/A stigma and sometimes, to an erroneous conflation of stigma with its related concept of discrimination. The manifestation of H/A stigma not only varies by cultural/national setting, but also by whether one is considering intrapersonal versus societal levels of stigma. The variability in manifestations of stigma by setting and level has led to difficulty in measuring the extent of stigma, assessing the impact of stigma on the effectiveness of HIV prevention/treatment programs, and devising interventions to reduce stigma. These four challenges – defining, measuring, assessing impact of, and reducing stigma – among others have hampered local and global efforts to address H/A stigma. In this paper, we systematically review the scientific literature on H/A stigma to document the current state of research, with an emphasis on identifying gaps in as well as summarizing existing knowledge on the four aforementioned challenges to effective intervention—defining, measuring, assessing impact of, and reducing stigma. In assessing impact, we critically examine the literature to elucidate the relationship of H/A stigma to the effectiveness of HIV prevention and treatment programs. Finally, based on the available literature, we offer recommendations for each of the four challenges that we believe represent critical next steps in ameliorating the devastating effects of H/A stigma

REVIEW OF RELATED LITERATURE

According to Goleman (1995), we have two minds, one that thinks and one that feels, these two fundamentally different ways of knowing, interact to construct our mental life. The rational mind is the mode of comprehension we are typically conscious of more prominent in awareness, thoughtful, able to ponder and reflect. The emotional mind is impulsive and powerful and sometimes illogical. These two minds operate in harmony with each other, most of times feelings are essential to thought, and most of the times thoughts to feeling. But when passions surge the balance tips: it is not just I.Q., but emotional intelligence that matters. Goleman rightly points out that, “It is not that we want to do away with emotions and put reason in its place, but instead find an intelligent balance of two .According to Walter D Smitson (1974) emotional maturity is a process in which the personality is continuously striving for greater sense of emotional health, both intra physically and intra-personally. Kaplan and Baron

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elaborate the characteristics of an emotionally mature person say that he has the capacity to withstand delay in satisfaction of needs. He has the ability to tolerate a reasonable amount of frustration. He has belief in long-term planning and is capable of delaying or revising his expectations in terms of demands of situations. An emotionally mature child has the capacity to make effective adjustment with himself, members of his family and his peers in the school, society and culture. But maturity means not merely the capacity for such attitude and functioning but also the ability to enjoy them fully there are many various factors are put its effect on Emotional Maturity one of them is women. Present research is done to know that effect of working and non-working women on Emotional Maturity.

The prevalence of AIDS in India in 2013 was 0.27, which is down from 0.41 in 2002. While the National AIDS Control Organisation estimated that 2.39 million people live with HIV/AIDS in India in 2008–09, a more recent investigation by the Million Death Study Collaborators in the British Medical Journal (2010) estimates the population to be between 1.4–1.6 million people.

Problems of study

The problem of the present study is as under –

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Objectives of the study

The main objectives of present study are as under:

1. To study of the Emotional Maturity and AIDS care awareness among working and non -working women.
2. To study and compare the various dimension of Emotional Maturity and AIDS care awareness of working and non -working women.

Hypothesis

The main hypotheses of present study are as under:

1. There is no significant difference between working and non -working women in
2. Various dimension of Emotional Maturity.
3. There is no significant difference between working and non -working women in Emotional Stability
4. There is no significant difference between working and non -working women in Various dimension of AIDS care awareness.
5. There is no significant difference between working and non- working women in AIDS care awareness
6. There is no significant difference between working and non- working women in Emotional Regression.
7. There is no significant difference between working and non -working women in Faulty Social adjustment.
8. There is no significant difference between working and non working women in Lack of Independency.
9. There is no significant difference between working and non- working women in Flexibility.
10. There is no significant difference between working non-working woman in AIDS care awareness

Variables

The variables of present study are having given in following.

Independent variable:

Working and non-working women.

Dependent variable:

Various dimension of Emotional Maturity are measured by Roma Pal (1988)
AIDS Awareness Inventory Punita Govil. PG English

Sample:

The main aim of the present research is “A comparative study of Emotional Maturity and AIDS care awareness of working and non -working women”. For this total no of sample were 60 in which 30 working women from the age group of 18 to 40 years. And 30 non -working women were taken from the same age group.

Tool:

Emotional maturity scale developed by Roma Pal (1988) was used to measure emotional maturity the scale contains 40 items with totally agree, neutral, generally, disagree and totally disagree. Response alternative the responses were marked 5,4,3,2 and 1 respectively and from the responses we had to select only one response in every sentence. 5 for tick mark totally agree, 4 for tick mark agree, 3 for tick mark neutral, 2 for tick mark disagree and 1 for tick mark totally disagree. The maximum possible score is 200 and minimum is 40. Scoring pattern shows that more score indicates less emotional maturity. The fewer score in the scale indicates good (more) emotional maturity. The reliability score of emotional maturity scale comes to 0.84, derived by the split half method, obtained from the sample of 200 students. The researcher of the present research has found out the reliability score as 0.81, by using split-half technique on the sample of 50 students

AIDS Awareness Inventory Punita Govil. PG English (This scale consists 60 items divided into five area—(i) Nature & Symptoms of Disease, (ii) Causes of disease, (iii) Prevention of Disease, (iv) Myths regarding the Disease, (v) Awareness about Disease. Age group 18+)

PROCEDURE

After establishing report Emotional Maturity inventory and AIDS Care awareness inventory were administered individuals to every subject. All the instruction were strictly following which are been given the manual of inventory. The responses of inventory have scored as per scoring keys. This has given in the manual of inventory. The data was categories and arranged in respective table according to the stoical technique appraised.

Statically Analysis

The main aim of the present research is to study and compare to Emotional maturity and AIDS Care awareness between working and non -working women. Scoring was done as per scoring key of the inventory to examine significantly difference between working and non working women. For data analysis „t“ test was used.

RESULTS

Table: 1 N=60 Show in Mean, SD, and „t“ ratio of various group of age on score of various dimensions of mental health Dimension of Emotional Maturity and AIDS Care awareness Group N Mean SD ‘t’ Significant

Level Emotional instability

Variables	Group	N	Mean	SD	‘t’	Significant
Emotional maturity	Working					
Emotional instability	Non-working woman	30	30.23	3.3	3.96	0.01
Emotional Regression	Working	30	33.68	3.3	3.87	
AIDS care awareness	Non-working woman	30	27.61	10.61		

DISCUSSION

In result table an attempt is to find out the different between working and non- working women in various dimension of Emotional Maturity and AIDS care awareness score with „t“ test t value of working and non-working women of Emotional instability score is 3.87, which is significant act 0.01 level. It means working women are significant differ on AIDS care awareness Positive score as compare to non - working women. Working women have shown better Emotional instability by getting high mean score M =33.87 then non-working women mean M=30.23 t“ value of working and non-working women of AIDS care awareness is 1.46 which is not significant. Working women have shown better by AIDS care awareness getting high mean score M=28.10 then non -working women M=26.67,„t“ value of working and non -working women of Faulty social adjustment is 2.40 which is significant at 0.05 level. It means working women are significant differ on Faulty emotional maturity score as compare to non -working women. Working women have shown better Faulty by AIDS care awareness getting high mean score M=37.57 then non - working women M=34.23,„t“ value of working and non -working women of Lack of Independency is 3.01 which is significant at 0.01 level. It means working women are significant differ on Lack of Independency score as

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compare to non-working women.. Working women have shown better overall Emotional maturity by getting high mean score $M=18.70$ then non -working women $M=17.29$.

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