

MENTAL HEALTH AMONG HIV-POSITIVE AND NEGATIVE PEOPLE WITH REGARDS TO GENDER

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1. Introduction

Different psychologists had defined mental health in different ways. For Dubos health implies "a modus vivendi that allows imperfect men to attain a rewarding and not too painful existence; while they cope with an imperfect word" Whereas disease connotes "failure or disturbance in the organism as a whole or any of its systems" Thus it is believed that a person is psychologically healthy if there are no signs of adjective failure.

A healthy person is one who has syntax (nonparataxis) relationships with others, and who reacts to people as they really are, not as symbols of past relationships, Sullivan says. Thus emphasis is placed on interpersonal relations. Adler defined a healthy personality as one that experiences a sense of identification or uniqueness with the pathology of mankind involves neurotic striving for power as a compensation for childhood feelings of inferiority and helplessness.

Allport (1961) gave six salient features for a sound healthy personality

1. Extension of the sense of self
2. Capable of intimacy, respect and compassion when relating to others
3. Emotional security (self-acceptance)
4. Realistic perception and skills
5. Self-objectification, i.e. insight and humour
6. A unifying philosophy of life a sense of direction and purpose in life

Korchin (1976) believes that the concept of psychological health should focus on the ideal state, that is, on the "positive well-being" rather than on the criteria of disease, statistics or conformity. Godoy, Fernander, Garcia, and Gonzaler (1983), argued that health should be defined as a state of physical, social, and psychological well-being, rather than simply as an absence of disease or illness. They also emphasized the importance of developing human potential disease as a reflection of individual responses to stress and changes in the cultural, economic and psychological social environment.

Mental health expert committee "Mental health means an individual's ability to form harmonious relationships with others, engage in or contribute constructively to their social and physical progress and fully realize his potentialities"

Bharat, S. (1999)10 carried out a study on "Facing the Challenge: HIV / AIDS responses in Mumbai, India" How households and families respond to AIDS is crucial when designing programs and interventions to support and care people living with HIV. Where household and family responses are negative, it may be necessary to take different types of interventions from those where responses are more supportive. This study reports findings from an in-depth study of HIV and AIDS responses for households and families in India. Data on how care and support were offered to people living with HIV were gathered using individual and couple interviews and AIDS. Findings showed that responses are strongly influenced by prevailing gender relationships, with males responding more positively than females, as well as other variables such as social status. Also influencing the quality of the responses are pre-existing patterns of support and discord within the family. For example, where trust is high and spousal conflict is slight, HIV and AIDS are more positively reacted than when there is mistrust and conflict between spouses. Suggestions are made regarding the development of programs and interventions to reinforce existing responses and maximize home-based care success.

A study on psychological distress among minority and low-income women living with HIV was conducted by CatZ et al. (2000). Women who reported higher stress, used fewer active coping strategies and perceived less social support were associated with greater anxiety and depression symptoms.

Hackmen et al (2001) conducted a study of psychological symptoms among 50-year-old patients with disease, with moderate to severe depression being reported in 25 per cent. More psychological symptoms such as life-stress related to HIV, less support from friends and less access to health care and social services due to stigma related to AIDS.

Pozzi and. Al (2002) carried out a study on psychological malaise and mental illness in AIDS patients. Female patients were found to exhibit an increased prevalence of anxiety and depressive disorder.

Hay Sai et al., 2004 conducted study on types of mood-related social support in a sample of 50 HIV+ patients with no AIDS. HIV + patients with no AIDS may be prone to depressive symptoms in the early stages of HIV infection. The depressing symptoms were not significantly associated with the lack of ordinary social support

such as friends and family but were significantly associated with medical support related to HIV / AIDS dissatisfaction.

Harley (1997) outlines issues related to women living with AIDS, and provides recommendations for management of rehabilitation and training implications. Women with HIV / AIDS have specific problems that require specialized approaches to address the psychosocial and physical effects of AIDS on their functioning. Cultural factors and the use of drugs also play a part in specialized management of rehabilitation. Implications are discussed with regard to rehabilitation education.

Martinez, Israeelski, Walker, and Koopman (2000) examined PTSD in HIV-positive women seeking medical care (mean age 41.8 yrs). In particular, they examined traumatic events in life, psychiatric treatment, social support and demographic characteristics in relation to the level of symptoms of PTSD. They recruited and obtained informed consent from 47 ethnically diverse HIV-positive women from 2 county-medical outpatient clinics. 41 Full data on measures assessing demographics, traumatic events in life, PTSD symptoms, social support and psychotherapy or medical history were provided by these women. Data analysis showed that a high percentage (42%) of HIV-positive women were likely to meet full-current PTSD criteria and an additional 22% of partial PTSD criteria. Of the women likely to receive full PTSD, 59 percent did not receive any psychiatric treatment, and 78 percent were not receiving any psychiatric treatment of those likely with partial PTSD. As hypothesized, the PTSD level was significantly related to the number of experienced life events and the perceived social support from friends and family. Given the high percentages of women who have experienced traumatic life events and high levels of PTSD symptoms, assessment and treatment of PTSD in women with HIV / AIDS appears important.

2. Statement of the problem

The main objectives of this research is to study mental health of HIV positive and negative people with regards to gender. The exact research problem of present research is Mental Health Among HIV-Positive And Negative People with regards to gender.

3. Objectives

1. To study and compare mental health of HIV positive and negative people.
2. To study and compare mental health of male and female participants.
3. To study the interaction effect between type of people and gender of participants with regards to mental health.

4. Hypothesis

1. There will be no significant difference between HIV positive and negative with regards to mental health.
2. There will be no significant difference between male and female participants with regards to mental health.
3. There will be no significant interaction effect between type of people and gender with regard to mental health.

5. Sample

The random sampling technique was used for the selection of the sample. The sample was taken from various Ngo's and Civil Hospital of Patan District. The total sample was categorized as under:

Gender	Type of People		Total
	HIV positive	HIV negative	
Male	30	30	60
Female	30	30	60
Total	60	60	120

6. Variables

In present research type of people and gender of participants were taken as independent variables and mental health was taken as dependent variable

7. Tools

In present research following tool was used for data collection.

Mental Health CHECKLIST by DR. Pramod Kumar The final form of the mental health check-list (MHC) consists of 11 items -6 mental and 5 somatic presented in a 4 – point rating format.

Reliability

The split- half reliability, correlating the odd – even items (applying the Spearman-Brown formula for doubling the test length), has been found to be .70 (N= 30) with an index of reliability of .83 (Garret , 1961).

The test –retest reliability has also been studied .it has been found to be .65 (N = 30) with an index of reliability of .81.

Validity

The face validity of the MHC appears to be fairly of psychology to list all such symptoms which, according to them, showed poor mental health.

The content validity was adequately assured as only those symptoms which showed 100 per cent agreement amongst the judges regarding their relevance to the study of mental health were selected.

Scoring

A numerical value of 1,2,3 and 4 is assigned to the 4- response categories , i.e. for ‘rarely’, ‘at times’, ‘often’, and ‘always’, respectively . the highest to the lowest (poorest mental health status of the person .

8. Procedure

After establishing the rapport. The Mental Health Check-list by Dr. Pramod Kumar were administered individually. After completion of the data collection the responses of each respondent on mental health checklist scoring was done by the scoring key of mental health checklist .

9. Statistical Analysis

To find out the main and interaction effects of type of people and gender of participants on scores of mental health checklist two-way Analysis of Variance was used.

10. Results and Discussions

Table No : 1

Results of Analysis of Variance of Mental Health in relation to type of people and gender

Source of Variation	Sum of Square	df	Mean Sum of Square	F	Level of Significance
A (Type of people)	225.26	1	225.26	7.00	0.01
B (Gender)	170.41	1	170.41	5.29	0.05
A x B (Type of people x Gender)	10.41	1	10.41	0.32	NS
Error	3733.23	116	32.18		
Tss	4139.31	119			

Table No : 2

Mean score of mental health of HIV positive and negative people

	A ₁ (HIV positive)	A ₂ (HIV negative)
Mean	20.50	23.81
N	60	60

Table 1 shows the analysis of variance of mental health of HIV positive and HIV negative people with regards to gender. F ratio of type of people on mental health was 7.00 which significant at 0.01 level. It means HIV positive and negative people were significantly differ on mental health. Table no .2 shows the mean scores of HIV positive people on mental health was 20.50 and mean score of HIV negative people on mental health was 23.81 It indicates that significant difference was existed between HIV positive and HIV negative people on mental health. Here HIV negative have better mental health then HIV positive.

Table No : 3

Mean score of Mental Health of male and female

	B ₁ (Male)	B ₂ (Female)
Mean	19.67	24.61
N	60	60

F ratio of gender on mental health was 5.29 which significant at 0.05 level. It means male participants were significantly differ then female participants on mental health. Table no.3 shows the mean scores of male participants on mental health was 19.67 and mean score of female participants on mental health was 24.61 It indicates that significant difference was existed between male and female participants on mental health. Here female participants have better mental health then male participants.

Table No : 4

Mean score of type of people and gender of mental health

		A ₁ (HIV positive)	A ₂ (HIV negative)
B ₁ (Male)	Mean	23.95	23.73
	N	30	30
B ₂ (Female)	Mean	20.40	21.46
	N	30	30

The ratio F of type of people and gender of participants on mental health was 0.32 which was not significant. It means type of people and gender were not significantly interact on mental health. Table no.4 shows the mean

scores of HIV positive male on mental health was 23.95, mean scores of HIV positive female on mental health was 20.40, mean scores of HIV negative male on mental health was 23.73, mean scores of HIV negative female on mental health was 21.46. It indicates that significant interaction effect was not found between type of people and gender on mental health.

11. Conclusions

1. Significant difference was existed between HIV positive and HIV negative on mental health. HIV negative people have better mental health then HIV positive.
2. Significant difference was existed between male participants and female participants on mental health. Female participants have better mental health then male participants.
3. Significant interaction effect was not found between type of people and gender of participants on the mental health.

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