



Mental Health Of HIV/Aids Patients

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Abstract

HIV positive / AIDS effect the growth of Mental Health and Quality of Life. It means person suffering from HIV is impairing in Mental Health and Quality of Life. This study is conducted in total 120 subjects in two groups first 60 HIV patients (30 males & 30 females) & second 60 normal control group (30 males & 30 females) age group 20-45. Who were selected from BHU Varanasi (Microbiology dept.) & normal control group was selected by same age and same education. Data collected by each male and each female individually. It is measured by following tools Quality of Life Scale (Moundgil and Kaur, 1988), Mental Health Inventory Dr. Jagdish, Dr. A.K. Srivastava). The data was analyzed by using “F” ratio and ANOVA. The result reveals the HIV/AIDS patients impaired in Quality of Life & Mental Health in compression to normal control group.

Key Words: HIV/AIDS is one of most serious health problem in human world. AIDS is a viral disease that reduces the immune system’s ability to defend the body against the introduction of foreign substances (antigens). The process by which HIV produces AIDS symptoms is complex, but essentially involves the devastation of physical aspects of the infected person extremely vulnerable to diseases such as tuberculosis, pneumonia and several forms of cancer.

In India, AIDS is perceived as a disease of “others” -of people living on the margins of society, whose lifestyle are considered ‘prevented’ and ‘sinful’. Discrimination, stigmatization and denial are the outcomes of such values, affecting life in families, communities, workplaces, schools and health care setting. Because of HIV /AIDS related discrimination, appropriate policies and models of good practice remain underdeveloped. People living with HIV and AIDS continue to be burdened by poor care and inadequate services, whilst those with the power to help do little to make the situation better.

Man or women always desire and work hard to lead a happy life. One’s status of health is one of the most important determinants of his happy life. Psychologically, it happens to be most important state of human existence that an individual or society longs for. Thus

mental health is a core issue of human existence.

The twenty first century is an age of tremendous growth of knowledge in the fields of communication, space, technology, globalization of marketing etc. at the same time the whole world struggles with the problem of terrorism, poverty, health hazards like AIDS and HIV infection. Above all there is decadence of social moral and religious values. The common man finds hard ad struggles to cope up with the problems he face in the family, the place of work and society. Coleman (1978) summarizes the problem of modern man’s path to happiness is not an easy one. It is beset with seemingly personal and social problems. Executive competitions, conflicting pressure groups, rapid social change and threat of global war further aggravate man’s insecurities.”

Mental

Health has been always a concept very difficult to define (Cowen, 1994, Secker, 1998) However Ventis W. Larry(1998) defines mental health by seven criteria derived from the literature as absence of mental illness , appropriate social behavior, freedom from worry and guilt, personal competence and control, self acceptance actualization, unification and organization of personality and open mindedness and flexibility.

Mental Health is an important aspect of one's total health status. Mental health is the capacity of an individual to adjust in his physical-environment. Mental health is a normal state of well beings of the individuals. Mental health governs the feelings of individuals about others and how he is able to face the realities of life. It is rooted in his ability to balance feelings. In other words," Mental Health" refers to the full and harmonious functioning of the total personality which gives satisfaction and sense of fulfillment. It means that if the mental health status deteriorates or is affected adversely, it will cause numerous types of behavioral problems leading to poor adjustment and decreased behavior efficiency.

In view of increasing number of HIV/AIDS patients in world , it is important to know about the association of cognitive behavioral factors with HIV/AIDS, because this will definitely provide a predictable insight in to effectiveness of medical professional , clinical psychologists and social workers for prevention of AIDS and rehabilitation of HIV/AIDS patients .

Here as an individual's mental health is influenced by his family,

Result & Conclusion**Table-1****Mean and SD Value of HIV/AIDS patient and control group on Mental Health Inventory**

GROUP	N	M	SD	Position
HIV/AIDS PATIENT	60	153	8.88	Poor
Control Group	60	169.5	11.59	Average

his own personality, characteristics, and other socio cultural factors, it is hypothesized that (1) there is significant difference among the HIV/AIDS patients & normal control group. (2) there is significant differences on the basis of gender.

Objective of the study was to examine Mental Health & Quality of Life in HIV/AIDS patients in compared to normal control group.

Method**SAMPLE**

The sample of the study consisted of 30 males and 30 females HIV/AIDS of the age range of 20-45 yrs, who were selected from BHU Varanasi (Microbiology Dept) these patients were selected by the quota sampling technique.

A normal group of 30 male and 30 female was also included in the study those were of the same age and same education.

Assessment Technique

Following tool was administrated to the 30 male and 30 female was HIV/AIDS patients as well as 30 male and 30 female of normal control group individually after establishing adequate rapport with them.

- 1: Mental Health Inventory(Dr.jagdish,Dr.A.K.Srivastava)
- 2: Quality Of Life Scale (Dr. Moudgil and Kaur)

Data Collection

Data collected by Contact to each male and female HIV/AIDS patient and normal control group individually. Personal details of the subject were collected employing in depth interview technique After establishing the adequate rapport with each subject, PGI Quality Of Life Scale & MHI Mental Health Inventory was administered individually.

Table-2

Mean and SD Values for four groups(2Groups x 2 Sex)on Mental Health Inventory

Group	Sex	Mean	SD	Position
HIV/AIDS Patient	Male	156.03	8.68	Poor
	Female	149.96	8	Poor
Control Group	Male	171.36	11.42	Average
	Female	167.63	11.47	Average

Table-3

Summary of 2x2 ANOVA (2 group x 2 sex) on Mental Health

Source of variance	Sum of Squares	df.	Mean Square	F. Ratio	Result
Group	8167	1	8167	78.66	s.f .01
Sex	720.3	1	720.3	6.93	s.f. .01
Group x Sex	41.03	1	41.33	0.39	Not s.f.
Error	12043.86	116	103.82	-----	-----

In Table -1 the mean and SD of HIV/AIDS patients and on Mental Health scale were found to be 153 and 8.8 whereas the Mean and SD values were found to be 169.5 and 11.59 respectively in case of control group. The descriptive analysis shows that HIV/AIDS patients scored low on mental health, which reflects that the HIV/AIDS patients experience impaired mental health compare to the normal individuals.

Table-2 shows the group and sex wise Mean and SD. Further the result revealed that female are low on mental health as compare to male components. Table-3 shows the analysis of variance (ANOVA) among the group and sex. Result reveals that the F-ratio for group [F (1,116)=78.66, p<.01] was significant at .01 level. Similarly the F ratio for 'Sex' [F (1,116) =6.93, p<.01] was significant at .01 level. The interaction between group and sex [F (1,116) =0.39, p>.01] was not found significant at any level. These findings confirm the hypothesis of this study that HIV/AIDS patients will experience significantly impaired on mental health as compared to normal control group.

Person with AIDS had greater declines than those with symptomatic disease AIDS and symptomatic patient

also reported significantly fewer hours at work and more disability days than asymptomatic patient. The impact that HIV disease has on the health status of non AIDS symptomatic patient is especially striking. It is clear that dying of AIDS is not simply a matter of infection. Psychological & social factors (social support is also protective) also need to be identified and evaluated.

The present finding supporting many previous findings Eugene et. Al (2003) explored the relationship between meaning of illness, mental health and psychological adjustment in person with symptomatic HIV disease and AIDS. A group of 203 participants completed self report questionnaire measuring meaning of illness, mental health, problem focused coping, social support, psychological wellbeing and depressed mode. Positive meaning was associated with a higher level of psychological well-being and a lower level of depressed mode. These findings have implications for HIV coping and adjustment models and for HIV related psychotherapy.

Chesney et al (2003) conducted a cross-sectional study of HIV positive adult men (n=199) who have sex with men, participants completed self-reported assessment of perceived health functioning, social support, and

psychological distress and well-being. Measure of health functioning and overall social support were significantly associated with outcome measure of distress and positive effect ($p < .05$) however, the main effect for social support was qualified by a significant age-by-social support interaction for both outcomes ($\beta = -.190, p < .01$ for distress, $\beta = .172, p < .05$ for positive effect) indicating that the impact of social support on decreasing distress and increasing well-being was more pronounced in older men. The relationship between perceived mental health functioning and distress and well-being not moderated by social support or age. The influence of social support on negative and positive moods in this population of HIV infected men who have sex with men was significantly greater among older than among younger participants, with an increasing number of older people with HIV infection. AIDS special efforts to create effective and sustainable social support intervention may be particularly beneficial to older persons living with HIV infection.

The social reaction to people with AIDS has been overwhelmingly negative. For example, in one study 36% of people felt it would be better if infected killed themselves, the same percentage believed that infected people deserved their fate. Also, 34% said they would not associate with people with AIDS, and one stated that AIDS was a punishment for God. (UNAIDS, 2001)

"There is an almost hysterical kind of fear at all levels starting from the humblest, the sweeper or the ward boy, up to the heads of departments, which make them pathologically scared of having to deal with an HIV positive patient. Wherever they have an HIV patient, the responses are shameful." (UNAIDS, 2001)

Results revealed that greater use of maladaptive coping strategies was associated with lower level of energy and social functioning. Pain severe enough to interfere with daily living tasks was associated with lower levels of functioning quality of life on all four quality of life dimensions. Interventions aimed at developing management may

improve functional aspects of quality of life in persons living with HIV/AIDS.

In favor of Mental Health female HIV/AIDS patients in borderline at poor-very poor position and male HIV/AIDS patients also has poor condition but good in comparison to female HIV/AIDS patients. Health is a broader concept including physical, social, and mental health. Mental health has been reported as an important factor influencing individual's various behaviors, activities, happiness, and performance. This study shows these factors are also weak in HIV/AIDS patients. Menninger (1945) writes, "let us define mental health as an adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness.... It is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour and a happy disposition. By observation of results the real figure of HIV/AIDS patient's Mental health factor opening that his positive self-evaluation, perception of reality, integration of personality, autonomy, group oriented attitude, environmental competence is very weak in him. The results of the study indicate poor mental health of HIV/AIDS patients so they need assistance and counseling for their happier life and excellent future.

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