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**PSYCHOLOGICAL WELL-BEING AMONG HIV POSITIVE PATIENTS AND HIV TB CO-INFECTED PATIENTS**

**Vanisri , Shivakumar S.Chengti**

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**Abstract:** The aim of the present study is to examine the Psychological Well-being among HIV+ve and HIV TB co-infected samples selected from Gulbarga. The Sample consists of 80, 40 HIV +ve samples ( 20 male+ 20 female) and 40 HIV TB co-infected ( 20 male+ 20 female). The sample was administered with Psychological Well-being scale. And the data were subjected the t-test. The results revealed that there is a significant difference in Psychological well-being between HIV positive and HIV TB co-infected samples. The sample is matched for gender and diseases.

**Keyword:** Psychological , HIV , co-infected , interchangeably.

**INTRODUCTION**

**Psychological Well-being:**

Psychological well-being or well-being (these two are used interchangeably) consists of factors like self-esteem, positive effect, satisfaction, wellness, efficiency, Social support, somatic symptoms, personal control and the like. The well-being is a constituent of quality of life which is conceptualized as a composite of physical, psychological social well-being of individuals, as perceived by the person and the group. An important aspect is happiness, satisfaction and gratification subjectively experienced which is often called subjective well-being or psychological well-being. Thus well-being is based on subjective experience instead of objective life condition, it has both positive and negative affects and it is global experience (Okum and Stock 1987).

Quality of life is multidimensional concept, which includes specific core domains including physical, psychological, social and occupational well-being, physical pain, mobility, sleep appetite and nausea; sexual functions; personal social and sexual relationship; engagement in social and leisure activities; occupation ability and desire to carry out paid employment, ability to cope with house hole duties, etc., all constitutes the contributory factors.

Psychological well-being represents a proactive stance toward emotional health. Well-being refers to a person's ability to cope with events in daily life function, responsibility in society and experience personal satisfaction. Mental health has several dimensions, each of which contributes to person's overall health and well-being (Kisku Kiran.K,2001).

According to Hettler (1980) wellness encompasses of six dimensions namely social, occupational, spiritual, physical, intellectual and emotional. A health individual needs a good physical and psychological well-being. Psychological well-being is directly or indirectly affected by many psychological factors among which self-esteem and emotional maturity are vital importance of the several

problems facing the entire life span, the problems of the transition phase starting from late adolescent to early adulthood is a crucial one for the development of the individual. When coped up, it leads to successful achievement of the developmental tasks in the present and future.

Ryff (1989) explored the construct of well-being extensively in the light of various measures, i.e., autonomy environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance, family bonding etc.

Bhogale and Jayaprakash (1993) found satisfaction variables to be closely related to well-being while distress and meaningless represented a negative aspect or ill-being. Thus PWS is a component both positive and negative. The factors like satisfaction, positive effect, social support and several others clearly reveal the multidimensionality of psychological well-being.

**HIV/AIDS:**

India is one of the largest and most populated countries in world over one billion inhabitants. Of this number, it's estimated that around 2.5 million people are currently living with HIV (UNAIDS 2007, JULY 6th). When human being infected by HIV/AIDS disease, he/she refused and rejects society. They are looked down upon with negative attitude towards the HIV +ve patients. The stressful situation affects her health also. Due to this condition, they will be forced to live in stressful condition, which leads to anxiety, depression and careless.

HIV (Human Immunodeficiency Virus) is a virus that causes AIDS (Acquired Immunodeficiency Syndrome) a health condition in which a person is affected by a series of diseases because of poor immunity. HIV by itself is not an illness and does not instantly lead to AIDS. An HIV infected person can lead a healthy life for several years before she/he develops AIDS. What is AIDS? As the name, Acquired

PSYCHOLOGICAL WELL-BEING AMONG HIV POSITIVE PATIENTS AND HIV TB CO-INFECTED PATIENTS  
Vanisri , Shivakumar S.Chengti

Immunodeficiency Syndrome indicates, AIDS is healthy condition that results from the deficiency in the body's immunity following HIV infection. HIV attack the human body breaking down it immune system weakness and t fight he body loses its natural ability to fight diseases. At this stage the various diseases affect the infected person. Catz et.al (2002) conducted a study on the psychological distress among minority and low-income women living with HIV. Greater anxiety depression symptoms were associated with women who reported higher stress, using fewer active coping strategies and perceiving less social support. Pozzi et., al (1999) examined the psychological discomfort and mental illness in patients with AIDS. It was found that female patients showed an increased prevalence of anxiety and depressive disorders.

**Tuberculosis:**

Tuberculosis is a disease caused by an organism called mycobacterium tuberculosis. The mycobacterium tuberculosis bacteria can attack any part of the body, but most commonly attack the lungs. A person can have active or inactive (sometimes called latent) tuberculosis. Active tuberculosis or TB disease means the bacteria are active in the body and the immune system is unable to stop them from causing illness. People with active tuberculosis in their lungs can pass the bacteria on to anyone they come into close contact with. When a person with active tuberculosis coughs, sneezes or spits, people nearby may breathe in the tuberculosis bacteria and become infected.

**Tuberculosis and HIV:**

Tuberculosis and HIV infection are two major public health problems in many parts of the world, particularly in many developing countries. TB is the most common opportunistic disease and cause of the death for those infected with HIV. Similarly, HIV infection is one of the most important risk factors associated with as increased risk of latent TB co-infection progressing to active TB disease. It is estimated that one third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. Of the people who worldwide died of tuberculosis in 2009, it is estimated that 400,000 were infected with HIV. Tuberculosis is the leading cause of death among HIV infected people. The challenge of the TB and HIV co-epidemic has been recognized by World Health Organization, and collaborative TB/HIV activities were launched in 2004 to manage the TB and HIV co-infection.

**2. METHODOLOGY:**

Statement of the problem: To study Psychological Well-being among HIV positive patients and HIV TB co-infected patients.

**Variables**

I.Independent Variables

a)Sex

b)Type of disease

II.Dependent Variable

a)Psychological Well-being.

**Objectives:**

- 1.To know the significant difference in psychological well-being between male and female HIV +ve sample.
- 2.To examine the significant difference in psychological well-being between male and female HIV TB co-infected patients.
- 3.To find out the significant difference in psychological will-being between HIV positive and HIV TB co-infected sample.

**Hypothesis:**

- 1.There is no significant difference between the male and female HIV +ve Patients in Psychological Well-being.
- 2.There is no significant difference between the male and female HIV TB co-infected patients in Psychological Well-being.
- 3.There is no significant difference between the HIV positive and HIV TB co-infected sample.

**The Sample:**

The sample of the present study consists of 80 samples (40 HIV +ve and 40 HIV TB co-infected) selected from Gulbarga District in Karnataka State. The sample is matched with gender and disease.

**Tools:**

In the present study the following scales were used:

- 1)Personal Data Schedule: This data schedule includes patients name, sex and type of diseases.
- 2)Psychological Well-being: (Sudha Bhogale and Jai Prakash. 1995)

The Scale is constructed and standardized by Sudha Bhogale and Jai Prakash (1995) the scale consists of 27 statements. For each statement response is given in two forms i.e. Yes or No. The scoring is done as per the manual and one who scores higher is said to have higher well-being and vice-versa. The reliability and the validity of scales as reported by the author are significant and adequate

**3. RESULT AND DISCUSSION:**

The major objective of the present study has been to examine the difference in psychological well-being between male and female and between HIV +ve and HIV TB co-infected sample.

The sample was administered with psychological well-being scale and the data were subjected to t-test. Results are given in tables.

**Table-1 shows the Mean, SDs and t-value of Psychological Well-being of male and female HIV +ve sample (N=40)**

Sex	Mean	SD
Male	18.03	2.64
Female	11.05	2.28
t-value	3.56**	

\*\*Significant difference is 0.01 level.

**Graph-1 Psychological well-being of male and female HIV positive sample (N=40)**

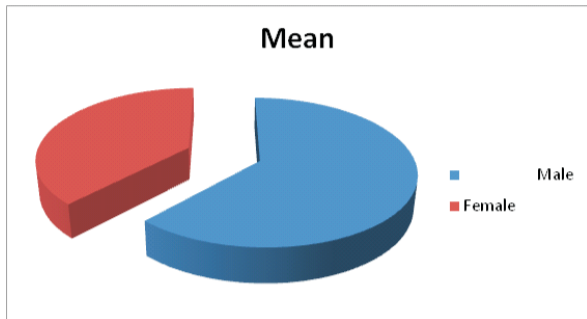


Table No.1 shows Mean, SD and t-value of Psychological Well-being of male and female HIV +ve patients' sample. The mean value of the male sample is 18.3 and female is 11.05. The t-value of 3.56 is significant difference in Psychological Well-being of male and female HIV+ve sample. Thus Male had significantly higher well-being than the female sample. It proved that female had lowered the psychological well-being of male patients. The graph also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between male and female HIV positive patient.

**Table-No.2 shows the Mean, SDs and t-value of Psychological Well-being of HIV TB co-infected male and female samples (N=40)**

Sex	Mean	SD
Male	3.65	1.72
Female	2.04	1.01
t-value	2.56*	

\*Significant difference is 0.05 level.

**Graph-2 Psychological well-being of male and female HIV TB co-infected sample (N=40)**

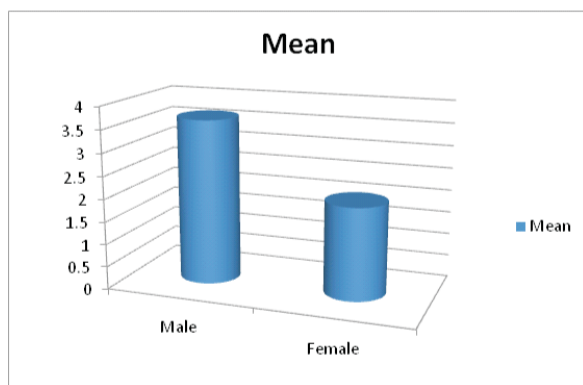


Table No.2 shows Mean, SD and t-value of Psychological Well-being of male and female HIV TB co-infected sample. The mean value of the male sample is 3.65 and female is 2.04. The t-value of 2.56 is significant at 0.05

level. This speaks that there is a significant difference in Psychological Well-being of male and female HIV TB co-infected sample. Thus male has significantly higher well-being than the female HIV TB sample. The graph also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between male and female HIV TB co-infected patients.

**Table-3 shows Mean, SDs and t-value of Psychological Well-being of HIV positive HIV TB co-infected samples (N=80)**

Group	Mean	SD
HIV +ve	14.67	2.46
HIV TB co-infected	3.02	1.33
t-value	26.35**	

\*\*Significant difference is 0.01 level.

**Graph -3 Psychological Well-being of HIV positive and HIV TB co-infected sample (N=80)**

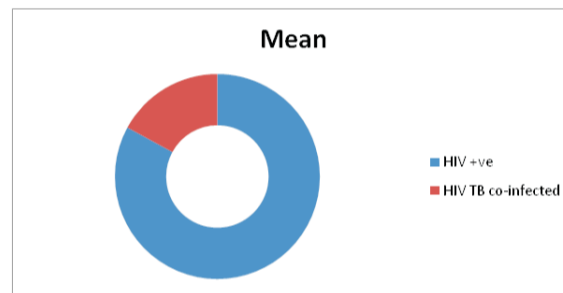


Table No.3 shows Mean, SD and t-value of Psychological Well-being of HIV positive and HIV TB co-infected patients' sample. The mean value of the HIV sample is 14.67 and HIV TB co-infected is 3.02. The t-value of 26.35 is significant difference in Psychological Well-being of HIV positive and HIV TB co-infected sample. Thus HIV positive have significantly higher well-being than the HIV TB co-infected sample. It proved that HIV TB co-infected patients have lowered the psychological well-being than the HIV positive sample. The graph also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between HIV positive and HIV TB co-infected sample.

**4. CONCLUSION:**

- 1)There is a significant difference in psychological well-being between male and female HIV positive patient.
- 2)There is a significant difference in psychological well-being between male and female HIV TB co-infected sample.
- 3)There is a significant difference in psychological well-being between HIV positive and HIV TB co-infected groups

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PSYCHOLOGICAL WELL-BEING AMONG HIV POSITIVE PATIENTS AND HIV TB CO-INFECTED PATIENTS  
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> <b>PSYCHOLOGICAL WELL-BEING AMONG HIV POSITIVE PATIENTS AND HIV TB CO-INFECTED PATIENTS</b>  Vani Sri, Shivakumar S.Chengti </p>	<p> Indian Streams Research Journal <span style="float: right;">ISSN 2230-7850</span>  <span style="float: right;">Volume-3, Issue-6, July-2013</span> </p> <p> ii.Catz et., al (2002) conducted a study on the psychological distress among minority and low income women living with HIV, Behavioral medicine, Vol. 28 Issue 2, pp. 53-60.  iii.Government of India, Ministry of Youth Affairs and Sports, AIDS Education for young People. Pp.2, 20-21, 106-107.  iv.Hettler B(1980) : Wellness promotion on a University Campus. Family and Community Health. 3(1), pp.77-95.  v.Kisku Kiran.K (2011): Influence of Self Esteem and Emotional Maturity on Psychological Well-being of college students. Journal of Psychological research, pp.14.  vi.NACO (2006): HIV Counseling Training Modules. Ministry of Health and Family Welfare, Govt. of India.  vii.Okum, M.A., and stock, W.A (1987) Correlates and Components of Subjective Well-being. Journal of Applied Gerontology, Vol. 6, pp.95-113.  viii.Ryff, C.D (1989): Happiness is everything, or is it. Exploration on the meaning of psychological Well-being. Journal of Personality and Social Psychology, 57.  ix.World Health Organization (2010) Global Tuberculosis control 2010. Available:  <a href="http://www.who.int/tb/publication/global/report/2010/en/index.html">http://www.who.int/tb/publication/global/report/2010/en/index.html</a>; Accessed 13 Jan 2012.  x.World Health Organization: Guidelines for HIV Surveillance among Tuberculosis patients. 2nd ed. WHO/HTM/TB/2004. 339. Geneva, Switzerland. WHO 2004, 1-32. </p>	
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