



Personality Psychological Well- Being of HIV Positive Patients

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Abstract:

The aim of the present study is to examine the Personality Psychological Well-being of HIV +ve patients selected from Gulbarga. The Sample consists of 100 (50 each Male, Female, Rural and Urban). The sample was administered with Personality Psychological Well-being Scale. And the data were subjected the t-test. The results revealed that there is a significant difference in Personality Psychological well-being of the sample subgroups.

1. Introduction:

Personality

Psychologists seem to have no common consensus for as definition of personality is concerned. Personality has been defined in a variety of ways. Keeping the interaction of man's biological inheritance with the environment as the major consideration, prince (1925) defined personality as a sum total of all the biological innate dispositions, impulses, tendencies and instincts of the individual and dispositions and tendencies acquired by experience. Eysenk (1959) looked at personality as the more or less stable and enduring organization of person's character, temperament, intellect and physique. Which determine his unique adjustments to the environment? Guildford (1967) believes that individual personality, with all its uniqueness, surfaces form out of individual differences that exist. For him, personality is an individual's unique pattern of traits. Maddi (1968) finds wider perspective for personality which he says; " is a stable set of characteristics and tendencies that determine those commonalities and differences that have continuity in time and that may or may not be easily understood in terms of the social and biological pressure of the immediate situation alone"

Psychological Well-being:

Psychological well-being or well-being (these two are used interchangeably) consists of factors like self-esteem, positive affect, 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 occupation 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.

Psychology 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 overall health and well-being Kisku Kiran.K (2011).

According to Hettler (1980, 1984) 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 psychosocial factors among which self-esteem and emotional maturity are of 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 affect, 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 is the acronym for human immunodeficiency virus. A person infected with HIV is medically known as an HIV positive person.

AIDS stands for acquired immune deficiency syndrome.

- 'Acquired' means neither nor inherited, but transmitted from one infected person to another
- 'Immune' is the body's system of defense
- 'Deficiency' means not functioning to the appropriate degree
- 'Syndrome' means a group of signs and symptoms.

AIDS is the advanced stage of HIV infection. It is a disabling and incurable infection caused by HIV. As HIV progressively destroys the immune system, most people, particularly in resource –constrained setting, die within a few years of the appearance of the first signs of AIDS. Only a blood test can establish a person's HIV status. However, this does not mean that every person who undergoes the test has AIDS.

In healthy individuals, infections are kept away by a variety of defender in the body. These defenders constitute the immune system of our body. Unknown to us, the immune system is at work every day, recognizing foreign bodies (e.g. bacteria, virus, and et.) and fighting them by producing specific chemicals called antibodies which neutralize foreign bodies. Each disease stimulates the production on antibodies specific to it. The detection of these antibodies in blood samples is therefore used to determine past or present infection. Since causes damage to the immune system, the body cannot be protected against other infections, some of which then become the direct cause of death.

According to the 2010 report of the Joint United Nations Programme on HIV/AIDS (UNAIDS.2010) sexual intercourse is the primary mode of HIV transmission in India, accounting or about 90 percent of new HIV infections. More than 90 percent of infected women acquired the partners are virus from their husbands or intimate partners. In most cases, women are at an increased risk not due their own sexual behavior, but because their partners are IDU's (injecting drug users) or also have FWS's or MSM as other sex.

Catz et.al (2002) conducted a study on the psychological distress among minority and low-income women living with HIV. Greater anxiety and depression symptoms were associated with women who reported higher stress, using fewer active coping strategies and perceiving less social support.

Theories of social integration and stress process posit that community involvement may buffer or may compensate the adverse effects of stigma on psychological well-being. In this article, the authors explore this thesis in a stigmatized and seldom studied group of HIV positive Latino gay men. Specifically, they examine the effects of community involvement in AIDS and gay-related organizations (e.g., self-esteem, depression, and loneliness). The cross-sectional sample includes 155 HIV positive men living in New York City and Washington, DC. Results suggest that experienced stigma attributed to homosexuality is associated with psychological well-being. Community involvement, however, seems to compensate the association between stigma and depression and loneliness, while buffering the association with self-esteem. Furthermore, community involvement appears to also heighten the perception of stigma, Jesus et.al (2005).

2. Methodology:

Statement of the problem: To study Personality Psychological Well-being of HIV positive patients.

Objective of the study:

1. To know the personality of male and female HIV positive patients
2. To know the personality of rural and urban HIV positive patients
3. To know the psychological well-being of male and female HIV positive patients
4. To know the psychological well-being of rural and urban HIV positive patients

Hypotheses:

1. There would be significant difference between the personality of male and female of HIV positive patients.
2. There would be significant difference between the personality of rural and urban HIV positive patients
3. There would be significant difference between the psychological well-being of male and female HIV positive patients.
4. There would be significant difference between the psychological well-being of Rural and Urban HIV positive patients.

The Sample:

The sample of the present study consists of 100 HIV +ve patients (both male and female and Rural and Urban) selected from Gulbarga District in Karnataka State.

Tools:

In the present study the following scales were used:

1). Personal Data Schedule:

Personal data schedule includes patient Name, Gender and Domicile.

2. Eysenk Personality Questioner Revised (EPQR)

3. Psychological Well-being: (Sudha Bhogale and Jai Prakash1995.)

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

3. RESULTS AND DISSCUSSION:

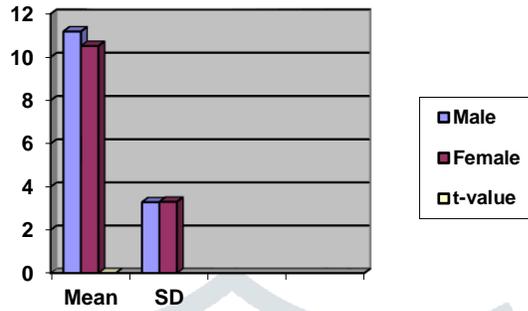
The major objective of the present study has been to examine the difference in Psychological Well-being between the male and female and between rural and urban sample.

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

Table –1 Personality of Male and Female HIV +ve patients. sample (N=100)

Gender	Mean	SD
Male	11.19	3.29
Female	10.52	3.31
t-value	2.39*	

- Significant at 0.05 level



Graph 1 Personality of Male and Female HIV +ve patients. sample

Table -1 shows the mean, SD, and t-value of personality dimension of Male and Female HIV +ve sample. It is observed that HIV +ve in personality male mean is 11.19 and female group mean score is 10.52. The t – value of 2.39 is significant at 0.05 level.

Table-2 Psychological Well-being of Male and Female HIV +ve patients. sample (N=100)

Gender	Mean	SD
Male	17.92	7.35
Female	13.66	8.16
t-value	3.90**	

**Significant difference is 0.01 level.

Graph -2 Psychological Well-being in Male and Female sample.

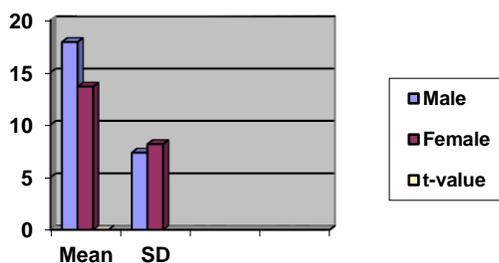


Table No.2 shows Mean, SD and t-value of Psychological Well-being of Male and Female HIV +ve patients’ sample. The mean value of the male sample is 17.92 and female is 13.66 and SD value of male is 7.35 and female is 8.16 respectively. The t-value of 3.90 is significant at 0.01 level. This speaks that there is a significant difference in Psychological Well-being between male and female HIV +ve sample. Thus Male has significantly higher well-being than the female 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 female.

Table -3 personality of Rural and Urban HIV +ve patients sample (N=100).

Domicile	Mean	SD
Rural	12.77	14.31
Urban	3.30	2.63
t-value	6.41**	

*Significant difference is 0.05 level.

Graph 3 personality of Rural and Urban HIV +ve patients sample (N=100).

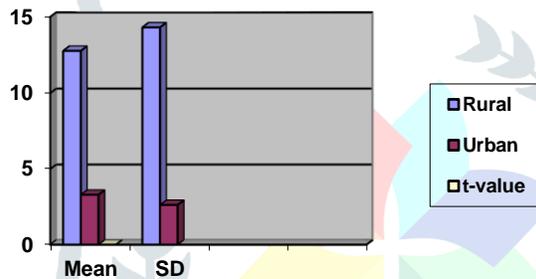


Table -3 shows the mean, SD, and t-value of personality dimension of students in rural and urban. It is observed that HIV positive patients in personality rural mean is 11.19 and urban mean score is 10.52. The mean score of rural higher than the urban. The t-value of 2.39 is significant at 0.05 level

Table-4 Psychological Well-being of Rural and Urban HIV +ve sample (N=100).

Domicile	Mean	SD
Rural	14.14	8.72
Urban	17.44	6.60
t-value	3.02**	

**Significant difference is 0.01 level.

Graph -4 Psychological Well-being in Rural and Urban sample.

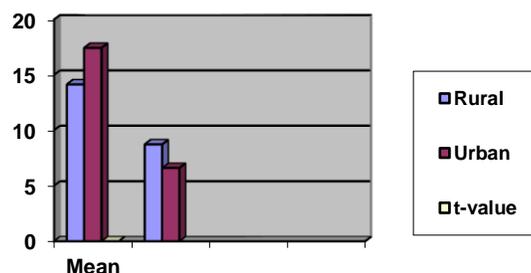


Table No.4 shows Mean, SD and t-value of Psychological Well-being of Rural and Urban sample. The mean value of the male sample is 14.14 and female is 17.44 and SD value of rural is 8.72 and of urban is 6.60 respectively. The t-value of 3.02 is significant at 0.01 level. This speaks that there is significant difference in Psychological Well-being between rural and urban HIV +ve sample. Thus urban has significantly higher well-being than the rural sample. The graph also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between rural and urban sample.

The Present study showed that male has higher psychological well-being than the female sample and urban has higher Psychological well-being than the rural sample.

4. Conclusion:

1. There is a significant difference in Personality male and female samples: Males exhibited significantly higher personality than the female sample.
2. There is a significant difference in Psychological well-being between male and female samples: Males exhibited significantly higher Psychological Well-being than the female sample.
3. There is a significant difference in Psychological Well-being between Rural and Urban HIV positive sample: Urban have higher psychological well-being than the rural sample.
4. There is a significant difference in personality Rural and Urban HIV positive sample: Urban have higher personality than the rural sample

5. References:

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