



A study of mental well-being & optimism among people living with HIV/AIDS

Jahangeer Majeed

Research Scholar, Department of Psychology, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

Abstract

The current study is conducted to investigate mental well-being & optimism among people living with HIV/AIDS. The sample of the study consisted of 100 people living with HIV/AIDS. And the patients were equally distributed on the basis of gender (50 Male and 50 Female). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and Life Orientation Test-Revised version (LOT-R; Scheier, Carver, & Bridges, 1994) was used. Pearson's correlation and t-test were employed for the analysis of data. The results indicated that there is a significant positive correlation between mental well-being and optimism among people living with HIV/AIDS. The results as well revealed that there is a significant difference in mental well-being & optimism among people living with HIV/AIDS with respect to their gender.

Keywords: mental well-being, optimism, people living with HIV/AIDS

Introduction

HIV is basically a virus that in fact troubles one's immune system that's our body's spontaneous protection against health problem. The virus breaks down a kind of white blood cell inside the immune system known as a T-helper cell, and also makes duplicates of itself within these cells. T-helper cells are often called CD4 cells. As HIV ruins more and more CD4 cells and makes a lot more replications of itself, it steadily weakens the person's immunity. In other words this means somebody having HIV, who does not receive treatment, will find it more difficult and more challenging to fight the infections and diseases. If HIV remains without treatment, it could take approximately 10 or 15 years to damage the immune system for life time. However, the pace of damage will fluctuate according to age, fitness and background (AVERT, 2017).

Acquired Immune Deficiency Syndrome (AIDS) is basically a disease triggered simply because of HI virus. It adversely affects a person's immunity and ultimately causes death. HIV is said to be one of the deadly reasons for death in the current times. The worldwide condition of AIDS is frightening and the figure of damaged people is slowly growing. The speedy adaptation and the progress of the virus is actually another significant issue. Hybridization of many different subtypes is a challenge to the worldwide efforts for the remedy. Comprehensive clinical contribution is required ranging from detection to therapy. However, the treatment, for instance HAART already exists yet consistent difficulty is currently being experienced because of the progress of the virus (Journal of AIDS & Clinical Research, 2017).

HIV Status

Worldwide approximately 36.7 million people had HIV in 2016. And among them almost 2.1 million people were below 15 years and almost 18.8 million were only females. About 2,800 people because of AIDS died every day. The poor HIV care and treatment service was the main reason for causalities

(UNICEF, 2017).

Table 1

People Living With HIV	
All ages	36.7 million
Adults (aged 15+)	34.5 million
Women (aged 15+)	17.8 million
Children (aged 0-14)	2.1 million
Adolescents (aged 10-19)	2.1 million
People Newly Infected With HIV	
All ages	1.8 million
Adults (aged 15+)	1.7 million
Women (aged 15+)	790,000
Children (aged 0-14)	160,000
Adolescents (aged 15-19)	260,000
Aids-Related Deaths	
All ages	1.0 million
Adults (aged 15+)	890,000
Women (aged 15+)	370,000
Children (aged 0-14)	120,000
Adolescents (aged 10-19)	55,000

Source: UNICEF, 2017

Aids Treatment

There is undoubtedly no cure for HIV/AIDS. Medications are able to slower the course of the illness and permit almost all damaged individuals the occasion to live a better and longer life. HIV antiretroviral therapy is necessary - it greatly enhances the standard of living, stretches life span, and lowers the potential risk of transmission, as stated in the World Health Organization's guidelines issued in June 2013. Presently, there aren't any medicines to cure HIV; however there are the treatments that are so effective in making an infected person's life better and healthier. They can easily allow the patient to live a comfortable life (Medical News Today, 2017)^[12].

Antiretroviral therapy (ART) is a group of medicines that are given to the patient to make his immune system capable

enough to fight the infections. It slows down the pace at which the virus makes the copies of itself. The mixture of 3 or more drugs is more useful than a Mon therapy. The objective of the antiretroviral therapy is to trim down the quantity of virus inside the patient's body and make the patient live relatively a better life ("Antiretroviral Therapy," n.d).

Mental Well-Being

There isn't any widely acknowledged "definition" of mental well-being. This could be due to the fact that mental well-being can have diverse connotations for every person and every culture. For some people it possibly could be the perception of being happy or satisfied. And on the other hand, there may also be the people who are of the opinion that mental well-being is the absence of illness. Therefore, mental well-being must be understood in the sociocultural perspective of an individual. It must be comprehended as the continuum as well as the operating within a spectrum, instead of a condition which is absent or present (World Health Organization, n.d).

Optimism

Optimism is an outlook or the hope that in future all events will have a positive outcome. The word optimism is derived from the Latin word *optimus* that stands for "best". To be optimistic typically means to expect the best and positive (Wikipedia, n.d). Optimism is a positive thinking which takes in the belief that all individuals are responsible for their happiness or pleasure. Those who are optimistic believe they are not responsible for what makes them feel pain or displeasure (Study.com, n.d).

Objectives of the Study

1. To study the correlation between mental well-being and optimism among people living with HIV/AIDS.
2. To study the difference in mental well-being among people living with HIV/AIDS with respect to their gender.
3. To study the difference in optimism among people living with HIV/AIDS with respect to their gender.

Hypotheses

H₀₁: There will be no significant correlation between mental well-being and optimism among people living with HIV/AIDS.

H₀₂: There will be no significant difference in mental well-being among people living with HIV/AIDS with respect to their gender.

H₀₃: There will be no significant difference in optimism among people living with HIV/AIDS with respect to their gender.

Methodology

Sample

The sample of the study consisted of 100 people living with HIV/AIDS which were collected from Jawahar Lal Nehru Medical College and Hospital, Aligarh Muslim University,

Aligarh. There were 50 male and 50 female patients.

Tools used

1. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) has been devised by the experts at the university of Warwick and Edinburgh. This scale has only 14 items. It's a 5 point likert type rating scale. And its score may range between 14 and 70. All the items of this 14-item measure are worded in a positive direction. WEMWBS has actually been validated in order to be used in United Kingdom with those who are aged 16 and more than that.
2. Life Orientation Test-Revised version (LOT-R; Scheier, Carver, & Bridges, 1994) is a 10 item scale. Among the 10 item, 4 items of the scale are the filler item. The respondents are instructed to mark their degree of agreement and the scores are totaled to get the whole score for optimism. This scale is also a 5 point likert rating scale and the authors of the scale identified that the modified item-scale correlations ranged from .43 to .63, while the Cronbach's alpha for all the 6 items was .78. The alpha coefficient for this scale was .67 and that is the clear indication that this measure has a satisfactory level of internal consistency.

Procedure for Data Collection

Purposive sampling method was used in this study. The people living with HIV/AIDS were approached individually. Informed consent was taken from the patients and only those who were willing to take part were included.

Statistical Techniques Used

In order to analyze the data collected, Statistical Product and Service Solutions (SPSS 20.0) was used. The Statistical techniques that were used to analyze the date were Pearson's product moment correlation and t-test.

Results and Discussion

Table 2: Showing the Correlation between Mental well-being and optimism among people living with HIV/AIDS

Variables	r
Mental well-being	
	.980* (p<.05)
Optimism	

*p ≤ .05 Level of Significance

The table 2 shows the correlation between mental well-being and optimism among people living with HIV/AIDS. It is evident from the table that there is a significant positive correlation between Mental well-being and optimism (r=.980* which is significant at 0.05 level of significance). As a result, the null hypothesis H₀₁ which states that, there will be no significant correlation between mental well-being and optimism among people living with HIV/AIDS is rejected.

Table 3: Comparison of Mean Scores of Mental well-being and optimism among people living with HIV/AIDS with Respect to their Gender

Variables	Gender	N	M	SD	df	t-value
Mental well-being	Male	50	27.95	9.87	98	10.36*
	Female	50	17.90	6.87		
Optimism	Male	50	20.26	9.36	98	3.23*
	Female	50	16.45	8.33		
Total N=100						

*p ≤ .05 Level of Significance

The table 3 shows the t-value of the mean scores of mental well-being and optimism among people living with HIV/AIDS with respect to their gender. The table indicates that there is a significant difference in mental well-being and optimism among people living with HIV/AIDS as far as their gender is concerned. The t-values (t=10.36* & t= 3.23*) are significant at .05 level of significance. As a result, the null hypotheses H₀₂ which states that, there will be no significant difference in Mental well-being among people living with HIV/AIDS with respect to their gender & H₀₃ which states, there will be no significant difference in optimism among people living with HIV/AIDS with respect to their gender are rejected.

Conclusions

1. Significant positive correlation was found between mental well-being and optimism among people living with HIV/AIDS.
2. Significant difference was found in mental well-being among people living with HIV/AIDS as far as their gender is concerned.
3. Significant difference was found in optimism among people living with HIV/AIDS as far as their gender is concerned.

Limitations

1. The purposive sampling method has a potential to bring bias in the selection of respondents and weaken the generalization of the research study.
2. The sample size was not enough to generalize the results.
3. Only one demographic variable was taken into consideration.

Future Suggestions

1. Other important demographic variables must be taken into consideration.
2. Sample size should be larger.
3. Other relevant variables should also be taken into consideration.

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