

## GENDER AND MENTAL HEALTH STATUS AMONG PEOPLE LIVING WITH HIV/AIDS: AN EMPIRICAL STUDY

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### ABSTRACT

*This research paper is concerned with the examination of gender difference in mental health among the people living with HIV/AIDS. For this purpose, a sample of 220 patients diagnosed with HIV-positive from those visiting the OPD in various hospitals of Meerut city were taken. Both the male and female patients were recruited in equal numbers. All the recruited participants were administered the Mithila Mental Health Status Inventory developed by Dr. Anand Kumar & Dr. G. P. Thakur, which test-retest reliability is 0.88 and validity is 0.79. With the help of this inventory five areas of mental health problems were assessed. Collected data was analyzed with Mean, Standard Deviation, Standard Error of Difference, and t-test. The result of the present study revealed that female patients are more inclined to experience mental health problems than male patients diagnosed as HIV-positive ( $t = 3.92$ ;  $p < .01$ ). The significant gender difference was found across all the five areas of mental health, such as egocentrism ( $t = 3.32$ ;  $p < .01$ ), alienation ( $t = 2.95$ ;  $p < .01$ ), expression ( $t = 2.81$ ;  $p < .01$ ), emotional un-stability ( $t = 2.27$ ;  $p < .05$ ), social non-conformity ( $t = 2.01$ ;  $p < .05$ ).*

### KEYWORDS:

Mental Health, HIV-positive

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## 1. INTRODUCTION

Going through difficult times is an inevitable part of life. When difficult time arrives, people may experience various mental health issues, such as depression or anxiety, which can damage the quality of one's life. Being diagnosed with a serious illness like HIV is likely to have a significant emotional impact and increase the rates of mental health problems. HIV-related stigma is one of the major factors, that is, the prejudices and negative attitudes that some people have about HIV. Mental health is a level of psychological well-being, or an absence of mental illness. It is the *psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment*. From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life and create a balance between life activities and efforts to achieve psychological resilience. According to the World Health Organization (WHO), mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others. The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how mental health is defined.

According to the U.K. surgeon general (1999), mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity. The term *mental illness* refers collectively to all diagnosable mental disorders—health conditions characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning. A person struggling with their mental health may experience this because of stress, loneliness, depression, anxiety, relationship problems, death of a loved one, thoughts, grief, addiction, ADHD, various mood disorders, or other mental illnesses of varying degrees, as well as learning disabilities. Therapists, psychiatrists, psychologists, social workers, nurse practitioners or physicians can help manage mental illness with treatments such as therapy, counseling, or medication. Mental health is concern with the process of adjustment of a person's potential in an expressed in a balanced way and motivation towards the goal. Mental health is a dynamic functioning of

the whole organism. It brings a harmony of movement in the organism to achieve an end which is completeness or fulfillment.

Sex denotes biologically determined characteristics, while gender denotes cultural and social variations between men and women (Vlassoff, García Moreno, 2002). Society is organized, not by our biological differences (World Health Organization, 1998). Gender differences can emanate from a biomedical field (genetic, hormonal, anatomical, physiological); psychosocial (personality, adaptation, signaling of symptoms); epidemiological (population-based risk factors); or even a more global perspective. The latter analyzes large-scale cultural, social, economic, and political processes that ultimately produce differential health risks for women and men (Kawachi, Kennedy, Gupta, Prothrow-Sith 1999). Biology rarely acts on its own to determine health inequalities. Social determinants, including gender, interact with each other and exacerbate biological vulnerabilities. For example, women's decreased social autonomy exacerbates their biological susceptibility to the human immunodeficiency virus (Zierler, Krieger, 1997), due to psychological and physical morbidity (World Health Organization, 2000). Psychosocial risks accumulate throughout life and increase the risks of poor mental health and premature death (World Health Organization, 2003).

## **OBJECTIVES OF THE STUDY**

1. To study the gender difference in mental health among people living with HIV/AIDS.
2. To study the gender difference in Egocentrism among people living with HIV/AIDS.
3. To study the gender difference in Alienation among people living with HIV/AIDS.
4. To study the gender difference in Expression among people living with HIV/AIDS.
5. To study the gender difference in Emotional Unstability among people living with HIV/AIDS.
6. To study the gender difference in Social Non-conformity among people living with HIV/AIDS.

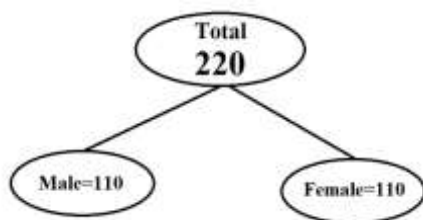
## HYPOTHESES OF THE STUDY

1. There will be no significant gender difference in mental health of among people living with HIV/AIDS.
2. There will be no significant gender difference in Egocentrism among people living with HIV/AIDS.
3. There will be no significant gender difference in Alienation among people living with HIV/AIDS.
4. There will be no significant gender difference in Expression among people living with HIV/AIDS.
5. There will be no significant gender difference in Emotional Unstability among people living with HIV/AIDS.
6. There will be no significant gender difference in Social Non-conformity among people living with HIV/AIDS.

## METHOD & DESIGN

**Design:** This study followed an Ex-post-facto semi-experimental research design, in which comparable groups were formed with respect to independent variable (i.e., gender), and then assessment of dependent variable (mental health) is carried out.

**Sample:** Sample of this study consists of 220 HIV-positive patients. 110 male patients and 110 female patients were taken from the various hospitals of Meerut. Only OPD patients, who recently diagnosed as HIV-positive and not classified as to have AIDS yet, were kept the part of this study.



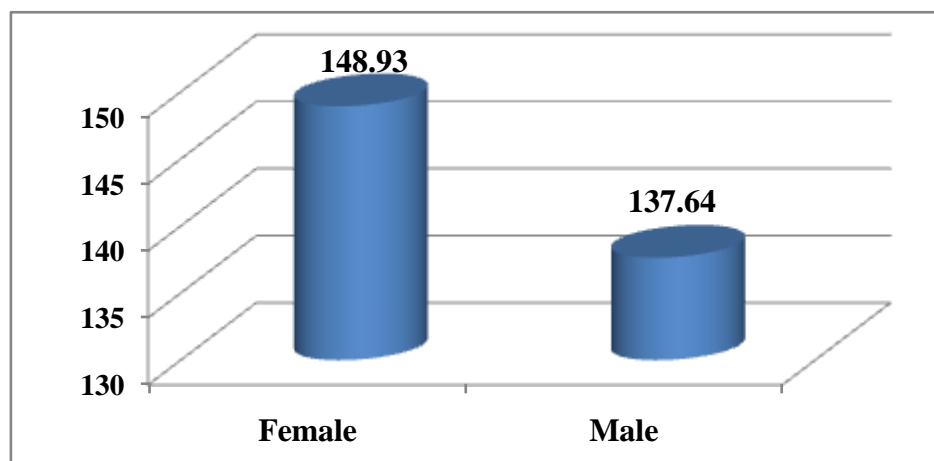
**Data Collection Tools:** In the present research to assess the mental health of patients, Mithila Mental Health Status Inventory developed by Dr. Anand Kumar & Dr. G. P.Thakur. The test-retest reliability of this test is .88 and validity is 0.79.

**DATA ANALYSIS & INTERPRETATION****Table-1: t-Value for Gender difference regarding Mental HealthStatus**

Gender	N	Mean	SD	SE <sub>D</sub>	t
Female	110	148.93	20.626	2.88	<b>3.92**</b>
Male	110	137.64	22.057		

**\*\* = Significance level-.01.**

In table-1, it can be observed that female participants, diagnosed with HIV-positive scored 148.93 and male patients scored 137.64 about overall mental health problems. Thus, it can be said that the male HIV-patients shows comparatively better mental health than female HIV-patients. The obtained gender difference regarding the overall mental health of HIV-patients is significant at .01-level ( $t = 3.92$ ;  $p < .01$ ). It implies that females with HIV are more prone to experience significantly poor mental health.



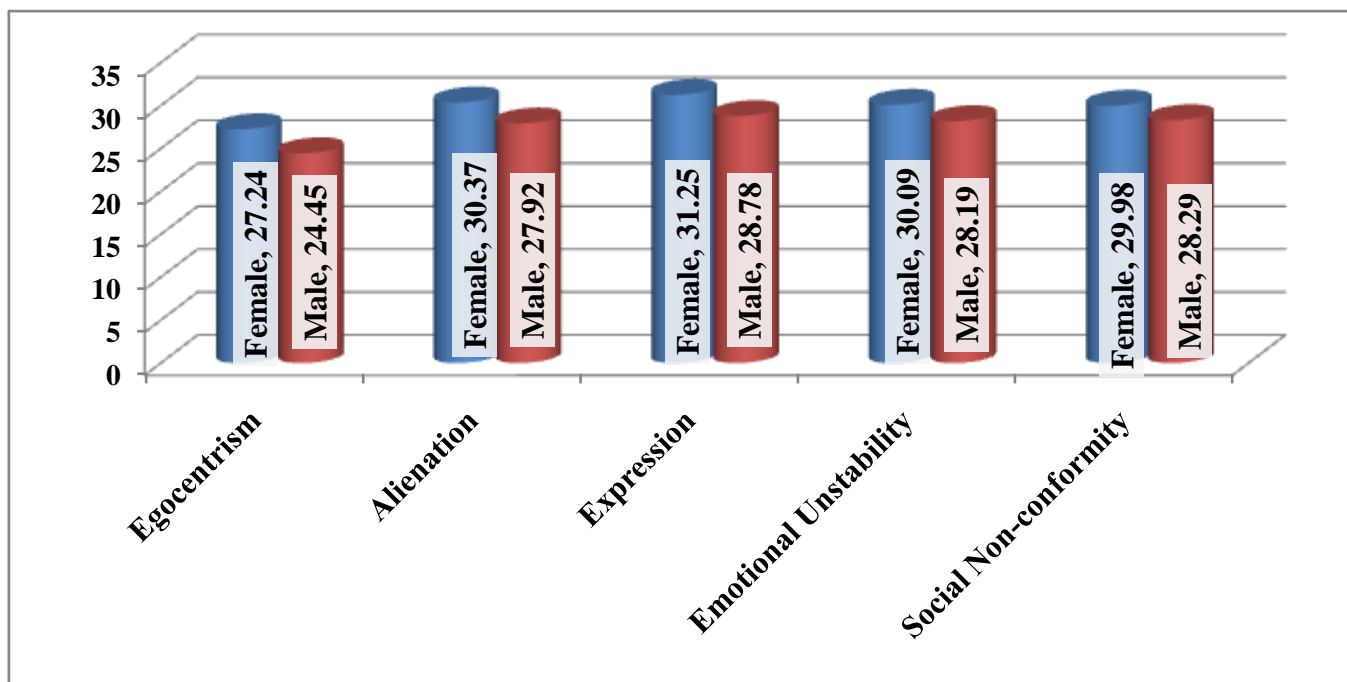
**Figure-1: Bar Graph for Gender difference regarding Mental Health Problem**

**Table-2: t-Values for Gender difference regarding various Aspects of Mental Health**

Health Aspects	Gender	N	Mean	SD	SE <sub>D</sub>	t
<b>Egocentrism</b>	Female	110	27.24	6.496	2.88	<b>3.32**</b>
	Male	110	24.45	5.926		
<b>Alienation</b>	Female	110	30.37	5.935	.84	<b>2.95**</b>
	Male	110	27.92	6.390		
<b>Expression</b>	Female	110	31.25	6.581	.83	<b>2.81**</b>
	Male	110	28.78	6.414		
<b>Emotional Unstability</b>	Female	110	30.09	6.045	.88	<b>2.27*</b>
	Male	110	28.19	6.386		
<b>Social Non-conformity</b>	Female	110	29.98	5.923	.83	<b>2.01*</b>
	Male	110	28.29	6.550		

**\*\* = Significance level-.01; \* = Significance level-.05**

Regarding various aspects of mental health, table-2 reveals that female HIV-patients tend to experience higher egocentrism ( $M = 27.24$ ), alienation ( $M = 30.37$ ), expression ( $M = 31.25$ ), emotional Unstability ( $M = 30.09$ ), social non-conformity ( $M = 29.98$ ) in comparison of their male counterpart, who respectively scored 24.45, 27.92, 28.78, 28.19, 28.29. The obtained gender difference regarding egocentrism ( $t = 3.32$ ;  $\rho < .01$ ), alienation ( $t = 2.95$ ;  $\rho < .01$ ), expression ( $t = 2.81$ ;  $\rho < .01$ ), emotional Unstability ( $t = 2.27$ ;  $\rho < .05$ ), social non-conformity ( $t = 2.01$ ;  $\rho < .05$ ).



**Figure-2: Bar Graph for Gender difference regarding aspects of Mental Health Problem**

## DISCUSSION & CONCLUSION

It has already been established that women are more likely to have mental health problem than men, which could be because of poor social support, common mental health problems, such as depression and anxiety, which is more common in women than men. The reason for this is thought to be due to social as well as biological factors. It is also supposed that depression in men may be under diagnosed. Women are twice as likely to experience anxiety as men, according to National Statistics Psychiatric Morbidity report(2001). It is also proposed that females must encounter frequent stress due to their physiology which weakens their immune system. Brougham et al. (2009) reported that a significant sex difference in stress and coping strategies of college students, exists, in favor of female college students who reported feeling greater stress than men. Misra et al. (2000) also revealed that college women are more stressed by pressures in relation to academic than men are.

### Conclusion

The present study was concerned with the examination of gender difference in relation to mental health among the people living with HIV/AIDS. Based on results, it can be

concluded that female participant have shown greater mental health problems. The female participants shows greater egocentrism, alienation, greater expression, emotional Unstability, social non-conformity incompared to male participants.

## REFERENCES

1. Brougham, Ruby & Zail, Christy & Mendoza, Celeste & Miller, Janine. (2009). Stress, Sex Differences, and Coping Strategies Among College Students. *Current Psychology*. 28. 85-97. 10.1007/s12144-009-9047-0.
2. Kawachi I, Kennedy BP, Gupta V, Prothrow-Sith D. (1999). Women's status and the health of women and men: a view from the States. *Social Science & Medicine* 48:21-32.
3. Misra, Ranjita & McKean, M & West, S & Russo, T. (2000). Academic stress of college students: Comparison of student and faculty perceptions. *College Student Journal*, 34. 236-245.
4. Vlassoff C, Garcia Moreno C. (2002). Placing gender at the center of health programming: challenges and limitations. *Social Science & Medicine*, 54:1713-23.
5. World Health Organization (1998). Gender and health: technical paper. Geneva: World Health Organization; 1998. Report no.: WHO/FRH/WHD/98.16
6. World Health Organization (2000). Women's mental health: an evidence-based review. Geneva: World Health Organization. Report no.: WHO/MSD/MDP/00.1 2000: 47.
7. World Health Organization (2003). Gender and mental health. In: Wilkinson R, Marmot M, eds. *Social Determinants of Health: the Solid Facts*. 2nd ed. Geneva: World Health Organization. Available at: [www.who.int/gender/other\\_health/en/genderMH.pdf](http://www.who.int/gender/other_health/en/genderMH.pdf).
8. Zierler S, Krieger N. (1997). Reframing women's risk: social inequalities and HIV infection. *Annual Review of Public Health*, 18:401-36.

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