



Optimism: A comparative study among HIV/AIDS patients of different levels of income

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Abstract

This study was conducted to find out the difference among mean scores of optimism for HIV/AIDS patients of different levels of monthly income. The sample consisted of 150 HIV/AIDS patients was collected from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh. The Life Orientation Test-Revised (LOT-R) was used. The data was analyzed by using one-way ANOVA. The results showed that there was found a significant difference among people of different levels of monthly income living with HIV/AIDS on optimism.

Keywords: optimism, HIV/AIDS patients

Introduction

HI Virus (Human Immunodeficiency Virus) is a fatal virus. The HI virus makes a patient's life quite tough to live. The virus devastates person's mechanism that wrestles against various infections. HI virus in the long run leads to AIDS (acquired immunodeficiency syndrome) and for AIDS no medicine has been invented so far to cure it but there are the medicines available to control it. (Medlineplus, n.d).

Psychological response to HIV/AIDS and coping strategies

A huge number of studies have been conducted that suggest a higher rate of psychological problems among HIV/AIDS patients. In HIV/ADS patients living in United States there was discovered a significant rate of anxiety, depression and other form of psychological problems. Patients with HIV/AIDS are as well found aggressive and their response to annoying situation is found to be bizarre. During the situation of frustrating nature, a person becomes angry and is prone to be focused on his rage, regret and unfriendliness on the people who are taken as the suitable objects. Nearly every HIV/AIDS patient has to experience psychological problems at some point of time. HIV is a major source of psychological challenges and the victim certainly finds his/her psychological health challenged. This virus is such a deadly virus that it can damage patient's nervous system and ruin his entire personality. Depression and anxiety have been identified as the frequent indicator of psychological well-being among the patients with HIV/AIDS (Sun, Wu, Qu, Lu, & Wang, 2014) [6]. Below mentioned are some of the emotional responses to HIV/AIDS.

- Anxiety
- Distress
- Terror
- Shock
- Remorse
- Aggression
- Depression
- Hopelessness
- Numbness

Religion and spirituality have been found essential and

helpful for HIV/AIDS patients in coping with the obnoxious repercussions of AIDS. Researchers are quite busy in studying the relationship of religiosity and spirituality with HIV/AIDS and in a number of studies it has been found that HIV progresses slower among the individuals who are religious/spiritual. It has been also found that higher religiosity leads to liveliness, lesser pain and stress and a better mental well-being among HIV/AIDS patients. Some AIDS patients stay stronger and optimistic and optimism in return help them keep their immune system healthy and fit. Ironson *et al.* (2005) [2] suggested, optimism and immune response of HIV/AIDS patients is positively correlated. Patients who are optimistic are able to suppress their viral load. Moreover, Blomkvist *et al.* (1994) [1] found that the men who are optimistic have lesser mortality. Apart from religiosity and optimism HIV/AIDS patients employ many other techniques to overcome or wrestle the hardships and challenges that they suffer from because of HIV/AIDS.

Variables

Optimism: Optimism is a psychological attitude when a person is optimistic, confident and hopeful that the result or an outcome of a particular event or an attempt will be constructive and satisfying (Scheier, Carver, & Bridges, 1994) [5].

Objective

1. To examine the mean difference among optimism scores for HIV/AIDS patients of different levels of income.

Hypothesis

HA1: There will be the difference among mean scores of optimism for HIV/AIDS patients of different levels of income.

Methodology

Sample

In the current study by using purposive sampling method 150 people living with HIV/AIDS taken from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh worked the participants.

Tools Used

Life orientation test-revised (LOT-R)

Life Orientation Test-Revised was developed by Scheier, Carver, and Bridges in 1994. This scale is made of 10 items. The response may range from 0 (strongly disagree) to 4 (strongly agree). The higher score of the items indicate the greater optimism. And the total score may range between 0 and 24. The corrected item-scale correlation of .43 to .63 was found. While the Cronbach's alpha for the all 6 items was .78.

Procedure for data collection

The sample was collected from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh. Initially, support was requested, confidentiality was assured and the purpose of the study was explained.

Statistical techniques Used

The data were analyzed by using Statistical Package for Social Sciences 20.0 (SPSS 20.0). And the statistical technique ANOVA was also used.

Result and Discussion

The one-way ANOVA was made use of to compare the effect of income on optimism among people living with HIV/AIDS. Income was grouped into three categories viz. 1000-10000, 11000-20000, and 20000 above. The Table 1 plainly indicates that there is a significant effect of income on optimism [F=26.12, p<.05 (2,147)] among people living with HIV/AIDS. Table 2, post hoc comparisons, made it clear that there is a significant mean difference on optimism (p<.05) between the people (HIV/AIDS positive) whose monthly income ranges between 1000-10000 and 11000-20000. The results suggest that the people whose monthly income ranges between 11000-20000 (M=19.96) have higher level of optimism than those whose monthly income ranges between 1000-10000 (M=13.70). However those whose monthly income ranges between 11000-20000 and 20000 above did not show any significant difference in their level of optimism. Therefore the hypothesis H_{A1} that states, there will be the difference among mean scores of optimism for HIV/AIDS patients of different levels of income stands partially supported.

People living with HIV/AIDS with second highest level of monthly income were found more optimistic than other two groups. Patients with higher optimism have better mental well-being and are good at managing anxiety and other harmful thoughts and events. Having enough money has made them stronger enough to go on with their lives optimistically. Patients with second highest level of monthly income were found more optimistic than the patients with the highest level of monthly income but the difference in their optimism was insignificant. And the patients with lowest monthly income were found less optimistic and poor at managing the problems. The results confirm the findings of Lemos, Rodrigues, and Veiga (2018) [3]. They concluded that the gender and age are the vital factors that influence QOL, but the income of family is the most important and dominant factor that affects the quality of life. Likewise, Tang (2007) [7] suggests that when the entire

sample was taken into consideration it was found that there is a significant relationship between level of income and QOL.

Table 1: ANOVA Summary of Optimism among people living with HIV/AIDS with respect to their monthly income

	Sum of Squares	df	Mean of Squares	F	p
Between Groups	1369.87	2	684.92	26.12*	.001
Within Groups	3854.11	147	26.21		
Total	5223.97	149			

Table 2: Mean difference and descriptive of optimism among people living with HIV/AIDS with respect to their monthly income

Monthly Income	M	SD	Std. Error	MD	p
1000 TO 10000	13.70	5.66	.614	6.26*	.001
11000 TO 20000	19.96	3.73			
1000 TO 10000	13.70	5.66	.650	5.91*	.001
20000 Above	19.62	4.79			
11000 TO 20000	19.96	3.73	.846	.344 ^{NS}	.960
20000 Above	19.62	4.79			
Total N=150					

Findings

- The HIV/AIDS patients of different levels of monthly income were compared on optimism and the significant difference was found among the groups. Although, the patients with the monthly income of 11000-20000 (second highest monthly income) were found with more optimism but there was found no significant difference on optimism between the patients of 11000-20000 and 20000 above (highest monthly income) monthly income.

Limitations

- (a) Huge number of items would have fatigued the participants.

Suggestions for Future Research

- (a) Researchers are suggested to study more demographic variables.
- (b) More comprehensive study needs to be carried out on this population.

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