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Socio-Psychological Correlates of Well-being of HIV Positive People

R. L,. Zinta Sonia Kaundal** Anurag Sharma****

Abstract:

The HIV-AIDS pandemic in the contemporary scenarios has enmeshes approximately 35 million peoples across world; 24.5 million in South Africa; 4.7 million in Asia; 2.39 million in India and more than 8,878 even in tiny Himachal Pradesh. The socio-psychological factors might have played pivotal role in mounting allostatic load and psychological distresses among them that the present intends to explore amongst HIV-AIDS people of Hamipur district of Himachal Pradesh. The study has been conducted on a sample of N = 100 people (50 HIV+ve + 50 Normal) further subdivided into two categories based on their gender (25 men and 25 women), thus, form four groups with n = 25 subjects in each. These subjects were assessed with the help of ICMR Psycho-social Stress questionnaire, Social Support questionnaire, PGI Health Questionnaire and General wellbeing. Results based on ANOVA revealed that the main effect of Gender on the measure of Psychosocial stress Questionnaire Part-A was found F (1, 96) =21.85, p<.01 as statistically significant wherein the men (78.3) reported higher stress as compared to the women (76.00). Similarly the main effect of Gender on the measure of Psychosocial stress Part-B was also found F (1, 96) =57.58, p<.01 as statistically significant wherein women reported higher stress (20.50) as compared to their men counterpart (19.70). The main effect of Sex in Social Support Part-I was found F (1, 96) =13.31, p<.01 as statistically significant wherein women perceived more support (3.38) as compared to their men counterpart 3.23. The main effect of Population on the measure of General Health Part-A was found F (1, 96) = 8.24, p<.01 as statistically significant where in HIV+ve people reported poor health (6.56) as compared to normal counterpart (3.58).Further, the main effect of Sex on the measure of PGI Health-A was found F (1, 96) =25.32, p<.01 as statistically significant wherein female were found vulnerable (5.92) as compared to their men counterpart (4.22). Further main effect of Population on the measure of PGI Health Part –B was found F (1, 96) = 20.35, p<.01 as statistically significant wherein HIV+ve people reported poor health (9.46) as compared to their normal counterpart(6.68). The main effect of Sex on the PGI-B was found F (1, 96) =25.90, p<.01 as statistically significant wherein the female reported more health problem (9.84) as compared to their men counterpart (6.30). The main effect of Population on the measure of PGI Health -Total was found F (1, 96) = 21.12, p<.01 as statistically significant wherein HIV+ve people reported poor health (16.02) as compared to their normal people counterpart (10.24). Further significant gender difference was also found F (1, 96) =25.90, p<.01) wherein female reported poor general health (15.74) as compared to men counterpart (10.52).The main effect of the gender on the measure of General Wellbeing was found F (1, 96)= 62.57, p<.01 as statistically significant wherein men reported poor wellbeing (12.30) as compared to their women counterpart (12.40). In HIV Positive Male Group a positive and significant correlations was found between ICMR-II and general health (r = .505, p<.01). In HIV+ve Female Group positive and significant correlation was found between social support-1 and General Well-being(r=.448,p<.05) ; ICMR-1 and PGI Health-B (r = .542,p<.01) and ICMR-1 and PGI Health total (r = .444, p<.05). In Normal Male group and

significant correlation was found between CMR-1 with PGI Health-A (r = .503, p<.05) . Further in Normal Female Group positive and significant correlation was found between social support-II and PGI Health-A (r =.626, p<.01); and social support-II to the PGI Health total (r = .541,p<.01). Regression analysis performed on the HIV Positive Male Group revealed that the ICMR- significantly exerted its influence (F=7.67, p <.01) on PGI Health-A; The ICMR-1I on PGI Health A (F=7.89, p <.01). In HIV Positive Female group the Social support exerted its influence (F = 5.79, p<.01) on general wellbeing; ICMR on PGI Health-B (F = 9.55, p<.01); ICMR-I on PGI Health A + B(F = 5.64, p < .01). In Normal Male group ICMR-I exerted its influence on PGI Health A (F =7.79, p<.01); Social support –II on PGI-Total (F= 9.50, p<.01). Normal Female group the Social support-II exerted its influence on PGI Health A (F = 14.82, p<.01). In nut shell, the women experienced high degree of stress than to men at the same time experienced more social support. Similarly the HIV positive people reported poor health and wellbeing as compared to their normal counterpart. The psychosocial stress and social support exerted its influence on the general health and wellbeing among the HIV Positive people.

Key Words: *Psycho-Social Stress, Allostatic Load, Psychological Vulnerabilities and Wellbeing*

About Authors: *Associate Professor, Department of Psychology, Himachal Pradesh University, Summer Hill, Shimla-5*

Research Scholar, Department of Psychology, Himachal Pradesh University, Summer Hill, Shimla-5.

Associate Professor, Department of Geography, Himachal Pradesh University, Summer Hill, Shimla-5.

INTRODUCTION

Attaining La Dolce Vita, an Epicurean philosophy of passing sweet life has remained human nature since inception from Stone Age to modern technological societies where melody of relentless cognitive and emotional pressures also seems to be melodious. Seeking hedonism through sexual intercourse has remained instinctive tendency of human being throughout Satyug, Pleistocene period to the present Kaliyug. Although ancient Indian society was sexually tolerant yet the attitude toward sex, seduction and infidelity has changed significantly (Zinta & Negi, 2013). The epics like Vedas, Upanishadas, Mahabharata, Ramayana, and writing of Budha and Mahavira, Vatsyayana Kamasutra aphorisms on love support the Hindu ethics while forming the intimate relationship those proved effective in maintaining harmony and brotherhood amongst the communities. Beside unprecedented progress made by the people through advent of science and technology, its excessive exploitation in the present scenario has also affected the life of million. For example the urbanization has resulted in scarce resources; as a result people are force to live under extreme pernicious, ravenous, harsh conditions like beggary, destitution penury circumstances (Zinta, Thakur & Prakash, 2013). Once a time, India was known as "Golden Sparrow", full or resources with exemplary morality, cultural taboos, and ethics full of rule and regulation that now have polluted steadily by diluting the "Dharma" and "Psyche" of people through their greed and advancement. Now Darwinian

concept "survival for the fittest" seems to suits well and the powerful minority overruled on the helpless majority.

As a result, large proportions of socially deprived and prolonged disadvantaged segments of the society are forced to live underneath poverty in most impoverished condition (Minocha, 1990). They are especially the scheduled castes, scheduled tribes, minority groups, women, destitute, and disabled persons (Misra, Srivastava & Kumar, 1995) who have to leave their home for the search of work and job, for earning their livelihood and swallow the insult silently. Some of them become truckers, drivers, and conductors, laborers who came into the contact with the females, already deprived and exploited within and outside the families. Some of them are even sold by their family and relatives while others willingly come into the sex profession for mitigating and extinguishing hunger of their family so as to see their happiness (Hashmi & Hariom, 2014). Further, lack of recreational sources beside resource deficits as well as hoard to apply modernity and better life style may be the other reason for the same (Hartta, Zinta & Tiwari, 2010). As a result people are enmeshed in HIV-AIDS pandemics in the contemporary scenarios by acquiring such life-style. The HIV-AIDS pandemic has impacted approximately 35 million people across the world; 24.5 million (more than 60%) in South Africa; 4.7 million people in Asia and 2.47 million people in India with 39% of this population being the women (UNAIDS, 2010). According to the World Health Organization 60 % of the HIV patients in the world die due to Tuberculosis which had toll approximately 3, 80,000 HIV patients to death during 2010-13 year and few efforts have been put forth in its research.

There seems to be the role of socio-psychological factors such as poverty, population explosion, urbanization, migration modernization, acculturation, substance and drug use, illiteracy, vocation, person problems, muscles and political powers, failure of functioning of socio-cultural institutions, disability, psychological diseases, lack of control in one's life, social learning, social support network, lack of reasoned action, intention, information and awareness, as well as criminal behavioral tendencies behind their distress. The helplessness and hopelessness situation aroused from the poverty especially from landlessness, houselessness and resourcelessness has put relentless pressure on human psyche through unemployment. It has compelled the people to leave their home by forgetting their nearer and dearer one including their wives and children. There are some person who applies the path of drugs or substance intake that later become the means for such contagion. Further, for earning livelihood they had forgotten their sedentary mode of life by applying nomadic life style in search of profession. At the same time it seems that the human being is polygamous tendencies also could be responsible for the same (Negi & Zinta, 2010; 2013). Therefore, the possibilities of forming relationship in general and sexual relationship in particular for such people seem to swing with diverse socio-cultural and psychological factors beside genetic predisposition while living in diverse situation (Kumar, 2013).

Such activities are further heightened after marriage during passing nomadic or secluded life for earning their livelihood. The poverty has forced certain families especially the girls and women to enter into the sexual profession in the cities for fulfilling their basic need and mitigating hunger of their family as well as to adjust in materialistic society (Hashmi & Hariom, 2014). Similarly, the eating habit, opportunistic behavior, animal like instincts, sexual disorders, mental disabilities, improper

family control and lack of balance of state mind and locus of control, greed of earning, and somewhere the excess money, administrative and political powers have also enabled the people to maintain extra marital relationship. Besides this, the personal grudges, beauty of ladies, lack of moral education, habit of girls to adopt Western culture like walking and dancing half naked, before marriage interaction, relationship and dating, earning hoard or becoming rich or full of status before, modernization and greed to pass graceful and resourceful life perhaps are some of the factors overpowered in human mind without bothering Izzat people got involve and maintain sexual relationship with other that in later stages transform into HIV-AIDS like diseases.

HIV/AIDS pandemic thus has become a smoldering issue of global concern in the contemporary scenario. It seems as the fourth largest cause of mortality and morbidity across the world and ranked just below the heart diseases, cerebra-vascular diseases and acute lower respiratory tract infection (WHO, 2000). It has enmeshed approximately 60 million people so far and more than 20 million deaths had occurred from it thereby has threatened the whole world (Chand & Gupta, 2010). According to a conservative estimate of the World Health Organization approximately 2.7 million people got infected with HIV every year and another 2 million die due to AIDS (UNAIDS, 2008). The AIDS epidemic probably won't peak until the year 2050 and for it vaccine may be 20 years away. AIDS is caused by the human immunodeficiency virus (HIV), which originated from Non-Human Primates in Sub-Saharan Africa and transferred to humans during the late 19th or early 20th century. HIV is spreading most rapidly in Eastern Europe and Central Asia, where the number of people living with HIV had increased by 150% between 2001 to 2007 (World Health Statistics, 2008) and much more in the present scenarios. Therefore, the HIV and AIDS are one of the most complicated and bewildering socio-psychological issues and challenges faced by contemporary societies.

Contracting HIV may lead to difficulties related to self-esteem, coping, social isolation, and poor psychological well-being. Although the past decade (2001–2010) has witnessed a significant reduction in the HIV epidemic in terms of new HIV infections (down from 3.15 m in 2001 to 2.67 m in 2010), yet AIDS-related deaths (1.85 m in 2001 to 1.76 m in 2010), new infections in children (0.55 m in 2001 to 0.39 m in 2010), the total number of people living with HIV/AIDS (PLWHA) had increasing from 28.6 million in 2001 to 34 million in 2010 (UNAIDS, 2011). South Africa is predicted to have 2.3 million children orphaned by Acquired Immune Deficiency Syndrome up to year 2020 (Actuarial Society of South Africa, 2005). By the end of 2009, 33.3 million people worldwide were living with HIV; 2.6 million people became newly infected and 1.8 million people had lost their lives to AIDS in the same year with the alarming increase in the HIV/AIDS pandemic in developing countries (Asante, 2012). The Himalayan countries in general and Himachal Pradesh in particular has also been becoming sensitive in the issue where the numbers of such cases had increased significantly (Hartta, Zinta & Tiwari, 2008; Zinta, Hartta & Nadda, 2010). If the pandemic remains unchecked, it would toll more death in the near future.

The HIV has reduced life expectancy by more than 20 years, by reducing economic growth and inducing malignant poverty. Thus, the socio-economic status seems to be significant factor behind HIV-AIDS related vulnerabilities (Zinta, 2008, Zinta, Hartta & Tiwari, 2008). In Asia, where infection rate is less than to Africa, HIV has caused a greater loss of productivity than to any other disease will

likely to push an additional 6 million households into poverty by the year 2015 unless national response are to be strengthened (Commission on AIDS in Asia, 2008). According to the United Nations Development Program (2005), HIV has inflicted the "single greatest reversal in human development" in the modern history. Although preliminary work in this area have indicated that people tend to return to baseline levels of emotional well-being relatively soon after the extreme events (Gilbert, Pinel, Wilson, Blumberg & Wheatley, 1998). More recent longitudinal studies have underscored substantial individual differences in the people enduring emotional upheaval (Lucas, Clark, Georgellis & Diener, 2003). In such circumstances, inner resources of a person may help them in various ways while adapting to their day-to-day life. These resources may include person's beliefs, assumptions and predictions largely acquired by them during the courses of development in his milieu. Such resources may be enhanced much more through the professional psychologists.

Although the mainstream psychology in general has been indifferent towards individual's inner resource, yet the psychiatrists, psychotherapists and social workers every time make use of these mental qualities to empower their client. This perhaps needs a change in the view of academic psychology in order to identify mutual interaction between mind, body and environment. It is particularly true for cognitive neuroscience in particular and psychology in general (Gazzaniga, 1992; WHO, 2001) those are proving effective for preventing the individual from such diseases. In this way, by the end of twentieth century, psychology as a study of behavior has wide influence on planner for improving quality of life among all sections of the society in general and the HIV-AIDS in particular those especially have fueled and advanced in the contemporary scenario.

The objectives of the present study is to find out the difference between HIV Positive and Normal Men and Women on the measure of Psychosocial Stress; Social Support; Alcohol, Smoking and Substance Involvement; Life Satisfaction; Psychological Distress; Mental Health, General Health and General Wellbeing. Further aims is to identify the correlation of Psychosocial Stress, Social Support, Alcohol, Smoking and Substance Involvement and Life Satisfaction to the Psychological Distress, Mental Health, General Health and General Wellbeing, in terms of magnitude and direction amongst HIV Positive And Normal Men and Women. Finally, impact of Psychosocial Stress, Social Support, Alcohol, Smoking and Substance Involvement and Life Satisfaction on Psychological Distress, Mental Health, General Health and General Wellbeing, amongst HIV Positive and Normal Men and Women.

METHOD

1.2.1) Study Area and Sample: The study has been conducted in Hamirpur district of Himachal Pradesh on a sample of N = 100 people (50 HIV+ve + 50 Normal) further subdivided into two categories based on their gender (25 men and 25 women), thus, form four groups with n = 25 subjects in each with age ranging from 25 to 45 years.

The consent of the subjects were taken and at the same time permission of DAPO of the Regional Hospital Hamirpur was taken to collect the information on the HIV Positive people. These subjects were compared with the normal group. These subjects were assessed quantitatively (ICMR Psycho-social Stress questionnaire, Social Support questionnaire, PGI Health and General Wellbeing Questionnaire.

1.2.2) Measures: A) ICMR Psychosocial Stress Questionnaire: It was developed by the Indian Council of Medical Research, New Delhi in

order to assess psycho-social stress while dealing with the situation. It contains 40 items in Part –A and 14 items in Part-B . Part A is a four point scale that is divided into seven parts .Similarly Part B has fourteen items that is also a four point scale. The scoring category ranges from 0 to 3. Thus the score ranges from a minimum of 0 to a maximum of 120 in Part A and 0 to maximum of 42 in Part B Higher the score more will be the psychosocial stress. The reliability ranges from r = .65 to r = .88

B) Social Support Questionnaire: The Social Support Questionnaire (SSQ) was developed by Sarason, Levine, Basham and Sarason in 1983. The Social Support Questionnaire (SSQ) was developed by Sarason, Levine, Basham and Sarason in 1983. It consists of 27 items. Each item has two parts (a) The first part of each item assesses the number of available others the individual feels he or she can turn to in times of need in different situations (i.e. in Number or N or Perceived Availability Score) whereas the second part of each item assesses individual's degree of satisfaction (satisfaction Score or S) with the received social support available in that particular situation. Subjects indicate how satisfied they are on a 6 point Likert type Scale that ranges from 'very dissatisfied' to 'very satisfied' one. It yields two types of scores :-(i) Perceived availability of the number or supportive persons listed (SSQN or Perceived Social Support) i.e. number (N) and (ii) Satisfaction with availability support (SSQS or Received Social Support) i.e. satisfaction (S) or. Part A is a nine point scale where the score ranges from minimum of 27 to maximum of 243 related to perceived availability of the number or supportive person. Further Part two is a six point Liker types scale where the score ranges from minimum of 27 to maximum of 162. The overall N and S scores are obtained by dividing the number N and S scores for all the items by 27, i.e. the number of items. Higher the score better will be the social support.

C) PGI General Health Questionnaire (N-1): A well experienced clinical psychologists and psychiatrists of PGI i.e. Verma, Wig and Prashad (1985) have developed and standardized this tool. Thus the scale PGI Health Questionnaire N0-1 has two areas: Area A-consists of items from 1 to 16 related to physical aspects of neuroticism and, Area B-consist items from 17-38 related to psychological aspects of neuroticism. The greater score show more neurotic tendencies among the subjecs. The score ranges from minimum of 0 to 16 in Part A, 0 to 22 in part B and 0 to 38 in total aspects of the neuroticism.

D) PGI General Well-Being Measure: This measure generally focuses on absence of ill-being/ill health and presence of psychological well-being those are related to the general wellbeing of the person's the measure was developed by Verma and Verma (1989) consists of 20 items. The score ranges from 0 to 20. More the score more will be the general wellbeing. The measure has been standardized and used on North India population many time. The reliability ranges from r = 0.86 to r = 0.88.

1.3 Procedure: Before going to the field the DAPO of the concerned Hospital was consulted to exactly know about the status of HIV positive people and interacting to the subjects, consent in written was also sought from the subjects. They were informed that the information provided you will be kept secret and no data on personal name will be published. Initially pilot study was conducted to about the client in the hospital. The rapports with the clients were established. They were apprised about the purposes of the study wherein the researchers acquainted very well. The subjects were told for research purpose they will be given certain questionnaire which they have to fill in up with full concentration. The study has been conducted on a sample of N = 100 people (50 HIV+ve + 50 Normal) further subdivided into two categories based on their

gender (25 men and 25 women), thus, form four groups with n = 25 subjects in each. These subjects were assessed with the help of ICMR Psycho-social Stress questionnaire, Social Support questionnaire, PGI Health Questionnaire and General wellbeing. The questionnaires were collected and the score were tabulated and analyzed by applying appropriate statistics.More appropriately, Two way analysis of variance was applied on them. At the same time correlation and regression analysis was performed. The degree or the

RESULTS

Table 1.1

A 2 x 2 ANOVA Performed on ICMR Psychosocial Stress Part-A amongst HIV+ve and Normal People of Hamirpur District

Source	ss	df	ms	F	p
Total	652675.00	99			
P	132.25	1	132.25	.281	n. s
G	10302.25	1	10302.25	21.85	<.01
P x G	1772.41	1	1772.41	3.76	n. s
Error	45255.84	96			

Notations: P = population; G=Gender

From the table 1.1, it is quite clear that the main effect of Population was found F (1, 96) = .281, p>.05 as statistically non significant. More appropriately the average score of HIV+ ve people was 87.3 whereas the average score of normal people was 67.00.It shows that the HIV positive people reported high psychosocial stress as compared to their counterpart. Although the degree of psychosocial stress is higher among HIV positive people yet the difference between the two group was not level of the score in each variables has been mentioned as follows:-

found statistically significant.

Further, the main effect of Gender on psychosocial measure was found F (1, 96) =21.85, p<.01 as statistically significant. Average score of male in the ICMR psychosocial stress was 78.3 whereas the average score of female was 76.00. It shows that the male has high degree psychosocial stress as compared to their female counterpart. However, the two way interaction between P x G was found F (1, 96) =3.76, p>.05 as statically non

significant that perhaps negates the degree of psychosocial stress among men and women under HIV+ve and normal groups. The stressors in one's life disrupt melody of the individual in their life. In this contemporary scenario where desires of the person have increased. It has pushed the individual to change his life style. Men and women have to leave their home for the same this time they are entrapped in carlike activity like maintain sexual relationships in brother etc. As a result some of the person enmeshed in HIV/ AIDS stigma. The people one enmeshed in it experiences diverse social-psychological. Stress that affect. There life significantly. In the second Table socio-psychological analysis of HIV+ and Normal as Part-B has been present.

Table 1.2

A 2 x 2 ANOVA Performed on ICMR Psychosocial Stress Part-B amongst HIV+ve and Normal People of Hamirpur District

Source	ss	df	ms	F	p
Total	43672.00	99			
P	16.00	1	16.00	.761	n. s
G	1211.04	1	1211.04	57.58	<.01
P x G	25.00	1	25.00	1.19	n. s
Error	2018.96	96			

Notations: P = population; G=Gender

From the table 1.2, it is quite clear that the main effect of Population on the measure of psychosocial stress was found F (1, 96) = .761, p>.05 as statistically non-significant. More appropriately the average score of HIV+ ve people as the measure of psychosocial stress was found 23.58 whereas the average score of normal people was 16.62. Although the HIV+ people were found higher in psychosocial stress, yet the difference was not found statistically as significant.

Further, the main effect of Gender was found F (1, 96) = 57.58, p<.01 as statistically significant. Average score of male in the measure of ICMR psychosocial stress-B was found 19.70 whereas the average score of female was 20.50. It shows that the male are low in ICMR psychosocial stress as compared to their female counterpart. But the two way interaction between P x S was found F (1, 96) =1.19, p>.05 as statically non-significant that negates the importance of psychosocial problem in the men and women of both the groups. Generally, the women are in more socio-psychological distressed. They have to balance their whole family including school going children. This situation is quite horrible in poor family. In poor family the women have to face their own family neighborhood, community and society. For mitigating the hunger women works in incessantly. Some time they cannot tolerate the hunger embraced situation of their

children, thereof jumped in sexual profession, result in HIV/AIDS that cause them psycho-social problem. They receive less social support from their family.

Table 1.3

A 2 x 2 ANOVA Performed on Social Support (Part-1) amongst HIV+ve and Normal People of Hamirpur District

Source	ss	df	ms	F	p
Total	1212.79	99			
P	.560	1	.560	.513	n. s
G	14.52	1	14.52	13.31	<.01
P x G	1.80	1	1.80	1.65	n. s
Error	104.67	96			

Notations: P = population; G=Gender

From the table 1.3, it is quite clear that the main effect of Population on the measure of Social Support Part-I was found F (1, 96) = .513, p>.05 as statistically non-significant. More appropriately the average score of HIV+ people was 2.92 whereas the average score of normal people was 3.69. It shows that the HIV positive people perceived low social support as compared to their counterpart. Although the HIV positive group showed less social support yet the difference was not found statistically significant. The main effect of Sex was found F (1, 96) =13.31, p<.01 as statistically significant. Average score of male in the measure of social support was found 3.23 whereas the average score of female was 3.38. It shows that the male are experiencing less social support as compared to their female counterpart.

The two way interaction between P x S however was found F (1, 96) =1.65, p>.05 statically non-significant, that negates the importance of high degree of social support felt by both HIV positive and normal men and women. After enmeshing in HIV-AIDS like pandemic, the people experience high distress because societies do not accept them according to various social stigmas that are put forth against them. They felt their social environment less supportive. They receive less tangible and emotional support from their family and surrounding. The people report more stereotype and prejudices' against them. Various rumors are spread toward them and, negative, liberalness and hostility are practiced by the people towards them, therefore, they do not expect much social support from the people.

Table 1.4
A 2 x 2 ANOVA Performed on Social Support (Part-II) amongst HIV+ve and Normal People of Hamirpur District

Source	ss	df	ms	F	p
Total	1425.77	99			
P	.132	1	.132	.114	n. s
G	1.59	1	1.59	1.37	n .s
P x G	1.71	1	1.71	1.47	n. s
Error	111.39	96			

Notations: P = population; G=Gender

From the table 1.4, it is quite clear that the main effect of Population on the measure of social support Part-II was found F (1, 96) = .114, p>.05 as statistically non significant. More appropriately, the average score of HIV+ ve people on the measure of social support (Part-B) was 3.75 whereas the average score of normal people was 3.50. The average score slightly hint that the HIV positive people received high social support from their society as compared to their counterpart yet the difference was not found statistically significant. The main effect of Sex was found F (1, 96) =1.37, p>.05 as statistically non significant. Average score of male in the social support Part-B was found as 3.66 whereas the average scores of female as 3.59. It shows that the male experienced slightly higher social support as compared to their female counterpart yet the F-test revealed non-significant difference. Similarly, the two way interaction between P x S was found F (1, 96) =1.47, p>.05 as statically non-significant that a gain provide a sound base for rejecting hypothesis. As already mentioned in earlier section that the HIV positive people perceived and received less tangible and non-tangible support from the people surrounding them. The people in the society do not accept them, even fear to shake hand with them. They do not interact properly to them in his family organization and other social settings. Due to the fear of death, and non-acceptance of the society most of the HIV positive people consume Substances like alcohol, smoking and drugs etc.

Table 1.5
A 2 x 2 ANOVA Performed on PGI Health Part-A amongst HIV+ve and Normal People of Hamirpur District

Source	ss	df	ms	F	p
Total	3711.00	99			
P	72.25	1	72.25	8.24	<.01
G	222.01	1	222.01	25.32	<.01
P x G	4.41	1	4.41	.503	n. s
Error	841.84	96			

Notations: P = population; G=Gender

From the table 1.5, it is quite clear that the main effect of Population was found F (1, 96) = 8.24, p<.01 as statistically significant. More appropriately, the average score of HIV+ve people was 6.56 whereas the average score of normal people was 3.58.It shows that the HIV positive people were found low in PGI Health-A as compared to their counterpart. Therefore, hypothesis No. 7 which states that "HIV positive men and women will be poor in the general health as compared to their normal counterpart" got accepted.

The main effect of Sex was found F (1, 96) =25.32, p<.01 as statistically significant. Average score of male in the PGI Health-A was 4.22 whereas the average score of female was 5.92.It shows that the male are high in PGI Health-A as compared to their female counterpart. Therefore, hypothesis No. 9 which states that "The women will experience more psycho-social problem (in all variables except substances uses) as compared to their men counterpart" got accepted. The two way interaction between P x S was found F (1, 96) =.503, p>.05 as statically non-significant.

Therefore, HIV-positive people experience serious set- back on their health in general and mental health in particular, as compared to their normal counterpart. However, the HIV people do not disclose their status, want to enjoy the life and live happily in every moment by forgetting their tensions.

Table 1.6
A 2 x 2 ANOVA Performed on PGI Health Part-B amongst HIV+ve and Normal People of Hamirpur District

Source	ss	df	ms	F	p
Total	8499.00	99			
P	313.29	1	313.29	20.35	p<.01
G	193.21	1	193.21	12.55	p<.01
P x G	1.69	1	1.69	.11	n. s
Error	1478.32	96			

Notations: P = population; G=Gender

From the table 1.6, it is quite clear that the main effect of Population was found F (1, 96) = 20.35, p<.01 as statistically significant. More appropriately, the average score of HIV+ve people was 9.46 whereas the average score of normal people was 6.68.It shows that the HIV positive people were low in Health- Part-B as compared to their counterpart.

Similarly, the main effect of Sex was found F (1, 96) =25.90, p<.01 as statistically significant. Average score of male in the PGI Health-B was found 6.3 whereas the average score of female was 9.84.It shows that the male are low PGI Health-B as compared to their female counterpart. Therefore, hypothesis No. 9 which states that "The women will experience more psycho-social problem (in all variables except substances uses) as compared to their men counterpart" got accepted. The two way interaction between P x S was found F (1, 96) =.11, p>.05 as statically non-significant. HIV-positive people experienced set back from their life in physical, social emotional, behavioral and spiritual dimension. The HIV/AIDS stigma further aggravates their suffering increase all static and decrease psychological resilience.

Hence, it can be concluded that the disease of any kind may exert impact on the body of the human being. So is the HIV-AIDS pandemic that has also serious repercussion on the human wellness, affect physical, mental or emotional, behavioral and social wellbeing of the person under distress.

Table 1.7
A 2 x 2 ANOVA Performed on PGI Health Part-A+B amongst HIV+ve and Normal People of Hamirpur District

Source	ss	df	ms	F	p
Total	21853.00	99			
P	681.21	1	681.21	21.12	p<.01
G	835.21	1	835.21	25.90	p<.01
P x G	.49	1	.49	.015	n. s
Error	3096.40	96			

Notations: P = population; G=Gender

From the table 1.7, it is quite clear that the main effect of Population was found F (1, 96) = 21.12, p<.01 as statistically significant. More appropriately, the average score of HIV+ ve people was 16.02 whereas the average score of normal people was 10.24.It shows that the HIV positive people were found low in Health-A+B as compared to their counterpart.

Similarly, the main effect of Sex was found F (1, 96) =25.90, p<.01 as statistically significant. Average score of male in the Health-A+B was found 10.52 whereas the average score of female was 15.74.It shows that the male are better general Health (A+B) as compared to their female counterpart. The two way interaction between P x S was found F (1, 96) =.015, p>.05 as statically non-significant. The men and women have differed in health perception because the responsibililes on them are different. The female mostly have to work in their home whereas the men have to work in harsh environment. Therefore, both experience serious setback on their health. HIV put intense pressure on them that changes their life style in term affect their overall well-being. Thus, the poor health generally influences overall wellbeing of the person. In the next paragraph a pioneer attempt has been made to assess the degree of general well being as experienced by HIV positive and normal subjects.

So, from all the table mentioned above under general health category it is quite visible that HIV positive people had impacted their health. Over all health behavior has been affected after the enmeshed in HIV AIDS. Poor health may also exert influence on the general wellbeing of the person whose description has been given in the below mentioned table.

Table 1.8
A 2 x 2 ANOVA Performed on PGI General Well-Being amongst HIV+ve and Normal People of Hamirpur District

Source	ss	df	ms	F	p
Total	17737.00	99			
P	.250	1	.250	.016	n. s
G	979.69	1	979.69	62.57	p<.01
P x G	1.69	1	1.69	.11	n. s
Error	1503.12	96			

Notations: P = population; G=Gender

From the table 1.8, it is quite clear that the main effect of Population on the measure of general well being was found F (1, 96) = .016, p>.05 as statistically non- significant. More appropriately, the average score of HIV+ve people was found as 9.22 whereas the average score of normal people was 15.48. It shows that the HIV positive people reported poor general well-being yet difference was non-significant.
But, the main effect of Sex was found F (1, 96) =62.57, p<.01 as statistically significant. Average score of male in the measure general well-being was 12.30 whereas the average score of female was 12.40. It shows that the male reported poor general well-being as compared to their female counterpart. Therefore hypothesis No. 9 which states that "The women will experience more psycho-social problem (in all variables except substances uses) as compared to their men counterpart" got accepted. The two way interaction between P x S was found F (1, 96) =.11, p>.05 as statically non-significant.

General well being among the HIV +ve people have remained a serious concern since its inception among the social scientists. Most of the studies have found poor general well being among HIV positive people. Lack of awareness due to poverty illiteracy and social dis-advantaged may be its reason that needs further micro-analysis and human.There is a need to assess and related those social and psychological variable that might have caused problem of poor well being. It is also desirable to establish the linkages between social and psychological variables.

CONCLUSION

The HIV-AIDS pandemic in the contemporary scenarios has enmeshes approximately 35 million peoples across world; 24.5 million in South Africa; 4.7 million in Asia; 2.39 million in India and more than 8,878 even in tiny Himachal Pradesh. The socio-psychological factors might have played pivotal role in mounting allostatic load and psychological distresses among them that the present intends to explore amongst HIV-AIDS people of Hamipur district of Himachal Pradesh. The study has been conducted on a sample of N =

100 people (50 HIV+ve + 50 Normal) further subdivided into two categories based on their gender (25 men and 25 women), thus, form four groups with n = 25 subjects in each. These subjects were assessed with the help of ICMR Psycho-social Stress questionnaire, Social Support questionnaire, PGI Health Questionnaire and General wellbeing. Results based on ANOVA revealed that the main effect of Gender on the measure of Psychosocial stress Questionnaire Part-A was found F (1, 96) =21.85, p<.01 as statistically significant wherein the men (78.3) reported higher stress as compared to the women (76.00). Similarly the main effect of Gender on the measure of Psychosocial stress Part-B was also found F (1, 96) =57.58, p<.01 as statistically significant wherein women reported higher stress (20.50) as compared to their men counterpart (19.70). The main effect of Sex in Social Support Part-I was found F (1, 96) =13.31, p<.01 as statistically significant wherein women perceived more support (3.38) as compared to their men counterpart 3.23. The main effect of Population on the measure of General Health Part-A was found F (1, 96) = 8.24, p<.01 as statistically significant where in HIV+ve people reported poor health (6.56) as compared to normal counterpart (3.58).Further, the main effect of Sex on the measure of PGI Health-A was found F (1, 96) =25.32, p<.01 as statistically significant wherein female were found vulnerable (5.92) as compared to their men counterpart (4.22). Further main effect of Population on the measure of PGI Health Part –B was found F (1, 96) = 20.35, p<.01 as statistically significant wherein HIV+ve people reported poor health (9.46) as compared to their normal counterpart(6.68). The main effect of Sex on the PGI-B was found F (1, 96) =25.90, p<.01 as statistically significant wherein the female reported more health problem (9.84) as compared to their men counterpart (6.30). The main effect of Population on the measure of PGI Health -Total was found F (1, 96) = 21.12, p<.01 as statistically significant wherein HIV+ve people reported poor health (16.02) as compared to their normal people counterpart (10.24). Further significant gender difference was also found F (1, 96) =25.90, p<.01) wherein female reported poor general health (15.74) as compared to men counterpart (10.52).The main effect of the gender on the measure of General Wellbeing was found F (1, 96)= 62.57, p<.01 as statistically significant wherein men reported poor wellbeing (12.30) as compared to their women counterpart (12.40). In HIV Positive Male Group a positive and significant correlations was found between ICMR-II and general health (r = .505, p<.01). In HIV+ve Female Group positive and significant correlation was found between social support-1 and General Well-being(r=.448,p<.05) ; ICMR-1 and PGI Health-B (r = .542,p<.01) and ICMR-1 and PGI Health total (r = .444, p<.05). In Normal Male group and significant correlation was found between CMR-1 with PGI Health-A (r = .503,p<.05) . Further in Normal Female Group positive and significant correlation was found between social support-II and PGI Health-A (r =.626, p<.01); and social support-II to the PGI Health total (r = .541,p<.01). Regression analysis performed on the HIV Positive Male Group revealed that the ICMR- significantly exerted its influence (F=7.67, p <.01) on PGI Health-A; The ICMR-1I on PGI Health A (F=7.89, p <.01). In HIV Positive Female group the Social support exerted its influence (F = 5.79, p<.01) on general wellbeing; ICMR on PGI Health-B (F = 9.55, p<.01); ICMR-I on PGI Health A + B(F = 5.64, p < .01). In Normal Male group ICMR-I exerted its influence on PGI Health A (F =7.79, p<.01); Social support –II on PGI-Total (F= 9.50, p<.01). Normal Female group the Social support-II exerted its influence on PGI Health A (F = 14.82, p<.01) . In nut shell, the women

experienced high degree of stress than to men at the same time experienced more social support. Similarly the HIV positive people reported poor health and wellbeing as compared to their normal counterpart. The psychosocial stress and social support exerted its influence on the general health and wellbeing among the HIV Positive people.

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