

**OPTIMISM AND MENTAL WELL-BEING: A COMPARISON BETWEEN
HIV/AIDS PATIENTS OF RURAL AND URBAN AREAS**

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ABSTRACT

This was carried out to examine the mean difference of optimism and mental well-being scores for rural and urban HIV/AIDS patients. The sample consisted of 150 HIV/AIDS patients. Life Orientation Test-Revised (LOT-R) and The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was used. The data was analyzed by using t-test. The results showed that there was found no significant difference between rural and urban HIV/AIDS patients on optimism and mental well-being.

Keywords: *optimism, mental well-being, HIV/AIDS patients*

Introduction

AIDS (Acquired immunodeficiency syndrome) is fatal, never-ending, and is dangerous to the extent that when it goes into a person's body it never goes away. This disease occurs due to the virus known as Hi Virus (human immunodeficiency virus). This inhumane virus leaves a person helpless and not capable to fight against infections. This virus is sexually transmitted infection (STI). It can spread and multiply if a person comes in contact with blood directly or indirectly. The child of an infected mother can be infected as well. Some medicines help patients live relatively a better life but there unfortunately is no cure for HIV/AIDS (MayoClinic, n.d).

Variables

Optimism: Optimism is a mindset that everything in future will be perfectly alright. A person believes that all will be good in his/her future. On the other hand pessimism is an attitude that the future events will be negative and unsatisfying. (Scheier, Carver, & Bridges, 1994).

Mental Well-Being: Mental well-being refers to Subjective happiness satisfaction of life and the healthy relations with other people and the realization of self (Stewart-Brown & Janmohamed, 2008).

Objectives

- 1) To examine the mean difference between optimism scores for rural and urban HIV/AIDS patients.
- 2) To examine the mean difference between mental well-being scores for rural and urban HIV/AIDS patients.

Hypotheses

H_{A1}: There will be the difference between mean scores of optimism for rural and urban HIV/AIDS patients.

H_{A2}: There will be the difference between mean scores of mental well-being for rural and urban HIV/AIDS patients.

Methodology

Sample

By making use of purposive sampling the sample of 150 people living with HIV/AIDS which were taken from the department of medicine, JNMC, AMU, Aligarh.

Tools Used

LOT-R

Life Orientation Test-Revised was developed by Scheier, Carver, and Bridges in 1994. This scale consists of 10 items . The Cronbach's alpha of .78 has been found for all the 6 items.

WEMWBS

The WEMWBS was devised by a team of researchers at the Universities of Warwick and Edinburgh (2007). It is a 14 items scale. It uses 5-point likert rating scale. The total score ranges from 14 to 70. The Chronbach's alpha of WEMWBS of 0.87 and 0.91 was found (Stewart-Brown & Janmohamed, 2008).

Procedure for data collection

The participants were met one by one and their consent for their participation was taken. Confidentiality was guaranteed, the aim of the study was explained, and the instructions were given about how to fill the questioners.

Statistical techniques Used

By using Statistical Package for Social Sciences 20.0 data were analyzed (SPSS 20.0). And the statistical technique t-test was also used.

Result and Discussion

Table 1: Comparison of Mean Scores of Optimism and Mental Well-being among people living with HIV/AIDS with Respect to their area of Residence (N=150)

Variables	Residence	N	Mean	SD	Df	t-value	p
Optimism	Rural	64	16.14	6.03	148	.367 ^{NS}	.650
	Urban	86	16.50	5.86			
	Rural	64	29.78	12.53			

Mental Well-Being					148	.749 ^{NS}	.981
	Urban	86	28.24	12.35			

Table 1 shows no significant difference in t-values of optimism ($t = .367$, $p > .05$) between urban and rural HIV/AIDS patients. The result indicates that the rural and urban HIV/AIDS patients do not differ in terms of level of optimism. Thus our hypothesis H_{A1} which states, there will be the difference between mean scores of optimism for rural and urban HIV/AIDS patients stands not supported. The result confirms the finding of Kaur (2012), and Rajeswari and Eljo (2013). They found that there is no significant difference on mental adjustment between rural and urban patients suffering from cancer. But the finding of Weaver, Palmer, Lu, Case, and Geige (2013) said otherwise. They suggested that the rural cancer patients were poor at adjustment as compared to their counterparts.

Table 1 also shows no significant difference in t-values of mental well-being ($t = .749$, $p > .05$) between urban and rural HIV/AIDS patients. The result indicates that the rural and urban HIV/AIDS patients do not differ in terms of level of mental well-being. Thus our hypothesis H_{A2} which states there will be the difference between mean scores of mental well-being for rural and urban HIV/AIDS patients stands not supported. The findings suggest that the people living with HIV/AIDS from rural and urban areas do not differ significantly on mental well-being. The results of this study do not corroborate the findings of Nepomuceno, Cardoso, Ximenes, Barrosa, and Leiteb (2016). They argued that there exists a significant difference between the people living in rural and urban areas on mental disorders and well-being.

Findings

1. There was found no significant difference on optimism between HIV/AIDS patients living in rural and urban areas.
2. There was found no significant difference on mental well-being between HIV/AIDS patients living in rural and urban areas.

Suggestions for Future Research

1. Data needs to be collected from multiple sources.
2. All relevant demographic variables need to be studied.

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