

Vol 7 Issue 3 Dec 2017

ISSN No : 2249-894X

*Monthly Multidisciplinary
Research Journal*

*Review Of
Research Journal*

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RNI MAHMUL/2011/38595

ISSN No.2249-894X

Review Of Research Journal is a multidisciplinary research journal, published monthly in English, Hindi & Marathi Language. All research papers submitted to the journal will be double - blind peer reviewed referred by members of the editorial Board readers will include investigator in universities, research institutes government and industry with research interest in the general subjects.

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SELF ESTEEM, DEPRESSION AND QUALITY OF LIFE AMONG PLHIV

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AIM: -

To assess the Self-esteem, Depression and Quality of life in male and female PLHIV. **Method and materials:** Study conducted on 200 PLHIV populations for this study Rosenberg Self-esteem scale, CES Depression scale and HAT Quality of life scale were used.

Results: There is significant difference in Self-esteem and Quality of life between male and female PLHIV. Whereas there is no significant difference in Depression expensed by the male and female PLHIV and it was also found there is no significant influence of age of PLHIV on Self-esteem, Depression and Quality of life

KEYWORDS: Self-esteem , Depression and Quality of Life among PLHIV.

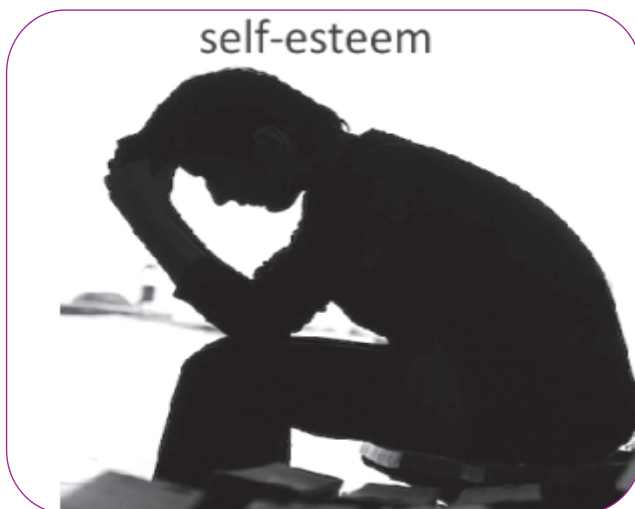
INTRODUCTION

Self-esteem refers to one's general feelings of self-worth or self-value and is an affective evaluation of the self (Rosenberg, 1989). The relationship between Self-esteem and Depressive symptoms has been documented in numerous studies with clinical (patients) and non-clinical populations. Findings suggest that those with low Self-esteem are more susceptible to Depression.

Depression has been associated with systemic immune activation, which in turn has been implicated in increased mortality among persons living with HIV (PLHIV). Shin et.al (2008) conducted a study to identify risk factors for non adherence among 43 patients infected with HIV and tuberculosis in Peru; analysis indicated low social support, substance use, and Depression were associated with non-adherence (Amberbir et al., 2008 & Anderson, 2010). Li et al. (2009) found that higher levels of

stigma were significantly associated with lower levels of Social support, with low Social support significantly associated with higher levels of Depression. Self-esteem have been positively associated with Depression in PLHIV (Warren, 1997).

The Quality of Life and Health Related Quality of Life (HRQL) includes various aspects such as; physical health, reproductive health and spiritual life. People living with HIV (PLHIV) in India and many country experiences challenges to their well-being and health and also including poverty, lack of health care facilities and social stigma discrimination. Sunders et. al (2002) patients with better quality of life showed much improved in their health status, so it is the quality of life



is directly influence on their health. Swindells et.al (1999) also reported that social support play a major role in people living with HIV/AIDS, poorer the social support will decreases the quality of life of people living with HIV/AIDS. Mannheimer, et.al (2005) significant improvement in QoL after one to four months of treatment with the adherence to ART. Quality of life in the physical domain is largely a function of fatigue; symptoms etc. Lorenze et.al (2006) reported that QoL is worse and deteriorated more rapidly among people living with HIV/AIDS due to non adherence to ART. Ganz, Schag, Kahn, Petersen and Hirji (1993) described the results of findings from data collected with an HIV-specific health-related quality of life tool, and to examine the relationship between clinical and biological factors and Health-Related Quality of Life (HRQL).

The present study has been carried out to assess, Quality of life, depression, and self-esteem among people living with HIV/AIDS and to find out the association of self-esteem with depression and quality of life among PLHIV.

OBJECTIVES

1. To study the deference in self-esteem, depression and quality of life between male and female PLHIV.
2. To study the influence of age on Self-esteem, Depression and Quality of life of PLHIV

HYPOTHESES

1. There is no significant difference in self-esteem, Depression, Quality of life between male and female PLHIV
2. There is no significant influence of socio demographic variables on Self-esteem, Depression and Quality of life of PLHIV

MATERIALS AND METHODS

Study design

This study was based on survey research consisted 200 PLHIV populations, between the age 20 to 50 years who were undergoing medical treatment in ART at a hospital or recognized ART centers in in North Karnataka India.

Sample and design

The procedure was clearly explained to the samples in their local language (Kannada), and other aspects were explained before answering the questions and confidentiality as well and all aspects of confidentiality were sought. The study procedures, as well as the related ethical aspects, such as professional privacy safeguards and psychiatric follow-up in case of referral for psychiatric treatment, were explained to participants, all of whom gave written informed consent.

Tools

- Self-esteem scale developed by Rosenberg Global self-esteem, it has 10 items, and the scale will assess the scores ranges from 6 to 24, with higher scores indicating greater self-esteem.
- Depression will be administered the 10- item version of the Centre for Epidemiological Studies – Depression (CESD-10) scale. Scores on the CESD-10 scale can range from 0-30, The Centre for Epidemiological Studies – Depression -10 has been found to have a test-retest reliability coefficient of 0.71 and good discriminate and convergent validity.
- HAT Quality of life scale consists of 34 items with sub-dimensions namely; overall functioning, sexual dysfunction, discloser worries, medication worries, health worries, financial worries, HIV mastery, life satisfaction and provider trust.

Statistical techniques

Standard deviation ,t value were used to find out the difference in Self-esteem, Depression and Quality of life in male and female PLHIV, ANOVA to study the impact of age on Self esteem , Depression , Quality of life.

Results

Table 1 Summary of independent sample t-test on the Self-esteem among people living with HIV/AIDS

	<i>Gender</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Mean</i>	<i>Error t-value</i>
Self-Esteem						
	Male	100	20.56	8.327	.833	2.121 **
	Female	100	23.11	8.676	.868	

The hypothesis stating that there is significant difference in self-esteem between male and female. The t-value of the Self-esteem is 2.121, which is significant at 0.01 level. The mean score indicates that female exhibited significantly higher level of Self-esteem than those of male counterparts. Hence the null hypothesis rejected and the alternative hypothesis which states that, there is significant difference in self-esteem between male and female has been accepted. Coral Manhans (2013)) found that males in comparison to females scored high on the dimensions of self-esteem.

Table 2 Summary of independent sample t-test on the Depression among people living with HIV/AIDS

	<i>Gender</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Mean</i>	<i>Error t-value</i>
Depression						
	Male	100	24.94	6.712	.671	1.047 NS
	Female	100	25.99	7.452	.745	

The hypothesis stating there is no significant difference in Depression between male and female was tested using independent sample t-test. The t-value of Depression is 1.047, which is not significant at 0.05 level. Therefore the null hypothesis which states there is no significant difference in depression between male and female has been accepted. L.S. BRIONGOS-FIGUERO et al (2011) found that women show levels of depression more often than men, which agrees with our findings

Table 3 Summary of independent sample t-test on the Quality of life among people living with HIV/AIDS

	<i>Gender</i>	<i>N</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Mean</i>	<i>Error t-value</i>
Quality of life						
	Male	100	195.60	61.684	6.168	2.487**
	Female	100	215.44	50.592	5.059	

The hypothesis stating that there is no significant difference in Quality of life between male and female. The independent sample t-value is 2.487, which is significant at 0.01 level. Therefore the null hypothesis is rejected, and the alternative hypothesis states that there is significant difference in quality of life between male and female has been accepted. This findings is in agreement with Zhiwen Xiao et.al (2016) ; Prabha (1998): Seth et.al. (2014) Hussien et.al; (2014) Thandar et.al (2017) reported that policy makers and program managers to establish early diagnosis and prompt treatment to achieve the better quality of life among PLHIVs.

Table 4 Mean standard deviation of age group of people living with HIV/AIDS on Self-esteem

Variable	Age group	N	Mean	Std. Deviation	Std. Error
Self-esteem	20 to 30	70	22.67	8.363	1.000
	31 to 40	114	21.49	8.904	.834
	41 to 50	16	20.63	7.173	1.793
	Total	200	21.84	8.578	.607

Table 4.1 Summary of one way - ANOVA for Self-esteem

		Sum Squares	of df	Mean Square F	Sig.
Self-esteem	Between Groups	85.871	2	42.935	.581
	Within Groups	14555.684	197	73.887	
	Total	14641.555	199		

One way ANOVA was conducted to test the above hypothesis. F for age group of people living with HIV/AIDS is significant. Mean scores reveal that those who are belongs to age group between 20 to 30 years have higher level of self-esteem when compared to rest of the age groups of people living with HIV/AIDS.

Table 5 Mean standard deviation of age group of people living with HIV/AIDS on Depression

Variable	Age group	N	Mean	Std. Deviation	Std. Error
Depression	20 to 30	70	25.46	8.212	.982
	31 to 40	114	25.51	6.383	.598
	41 to 50	16	25.19	7.083	1.771
	Total	200	25.47	7.093	.502

Table 5.1 Summary of one way - ANOVA for depression

		Sum Squares	of df	Mean Square	F	Sig.
Depression	Between Groups	1.455	2	.727	.014	.986
	Within Groups	10010.300	197	50.814		
	Total	10011.755	199			

One way ANOVA was conducted to test the above hypothesis. F for (F= 0.14) age group of people living with HIV/AIDS significant. Mean scores shows that those who are fall into 31 to 40 age in years exhibited slightly higher level of depression when compared to rest of the age groups. This is in agreement with the Kelly et.al. (1998); Selwyn and Arnold, (1998); Bettinger, (1997); Voelker, (1997) found that those who are aged between 22-38 years of age likely to suffer from depression, anxiety and fatigue compared to higher age group counterparts. Evans et al, (1997) found that stressful life events also lead to a depression.

Table 6 Mean standard deviation of age group of people living with HIV/AIDS on Quality of life

Variable	Age group	N	Mean	Std. Deviation	Std. Error
Quality Of Life	20 to 30	70	209.14	62.103	7.423
	31 to 40	114	205.32	53.805	5.039
	41 to 50	16	191.13	59.035	14.759
	Total	200	205.52	57.141	4.041

Table 6.1 Summary of one way - ANOVA for Quality of life

		Sum Squares	of df	Mean Square	F	Sig.
Quality Of Life	Between Groups	4238.967	2	2119.483	.647	.525
	Within Groups	645522.953	197	3276.766		
	Total	649761.920	199			

One way analysis of variance was conducted to test the above hypothesis. F for (F = .647) age group of people living with HIV/AIDS is not significant. Mean score indicates that those who are fall into 20 to 30 age group exhibited greater quality of life when compared to 31 to 40 and 41 to 50 age group individuals. The present findings are agree with Friedland et al (1996)found that that their positive status had an almost neutral effect on QOL and several areas like income, emotional, social support, and problem-oriented and perception

oriented coping were positively related to QOL. Trepanier et al, Linsk and Mason, (2004); Chandra et al, (1998), also found that lack of personal care may lead to high of depression and low level of quality of life among irrespective of gender. Saunders et al (2002) found that patients with greater level of immunology outcomes indicated improvements in quality of life compared to their counterparts.

CONCLUSIONS

People living with HIV/AIDS often find negligence in their society and faces a kind of stigma and discrimination. It is the duty of people who live in a society need to maintain equal status for all human being and therefore, it should not be discriminated between PLHIV's and normals. Due to negligence from the society, family members and neighbors they may experience a kind of depression, low self-esteem and low level of quality of life.

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