



## EFFECT OF SOCIO- ECONOMIC STATUS ON MENTAL HEALTH OF HIV POSTIVE WOMEN PATIENTS

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### ABSTRACT:

The socio- economic status has the important factor in the society with the social and economic conditions, the socio-economic conditions are having the influence on the mental health as well as personality of an individual.

The present study focused on the influence of socio-economic status on the mental health among HIV positive women patients of Gulbarga district. The researcher used the socio -economic status scale and mental health scale to measure the both levels among the sample, the sample were divided into high socio- economic status group and low socio- economic group by the researcher to find out the influence of the socio- economic status on the mental health among the them. Tools used The Socio-Economic Status Scale (SESS): the scale is prepared by the Lochan Bharathdwaj and mental health scale was developed and standardized by Dr. Jagadish, Dept. of Psychology. R.B.S. College, Agra, & Dr. A.K. Srivastava Department of Psychology, Banaras Hindu University, Varanasi. The inventory consists of 56 statements. The scales were used to measure the socio-economic status and mental health of the sample, the basic statistical techniques like, mean, SD, and t tests were used in the study to analysis of the results.



**KEYWORDS:** Socio Economic Status, Mental Health, Patients, Women.

### INTRODUCTION

#### Socio Economic status

According to international dictionary of education SES is defined as an individual's status in the social class, the professional, educational, cultural and also economical stage in the society. (Thomas, et. al. 1978.)

Parsell (1984); defines socio-economic status as measured on the professional status of the

person as well as the total income, educational status and income sources of the important variables influencing child's social, psychological development' and his academic performance. Obviously for any study related to socio-educational problems, economic status of the parents, their status in the society and their occupation may be considered as important variables. Definitely a

combination of these factors influences child's academic, social, cultural and aesthetic development.

Considerable and growing evidence shows that mental health and many common mental disorders are shaped to a great extent by social, economic and environmental factors. A review of global evidence by Vikram Patel and colleagues for the WHO Commission on Social

Determinants of Health reported convincing evidence that low socioeconomic position is systematically associated with increased rates of depression. Gender is also important, mental disorders are more common in women, they frequently experience social, economic and environmental factors in different ways to men.

The prevalence and social distribution of mental disorders has been reasonably well documented in high-income countries. While there is growing recognition of the problem in low- and middle-income countries, a significant gap still exists in research to measure and describe the problem, and in strategies, policies and programmes to prevent mental disorders. There is a considerable need to raise the political, and strategic priority given to the prevention of mental disorders and to the promotion of mental health through action on the social determinants of health.

HIV/AIDS disease affects all dimensions of an individual's quality of life such as physical, psychological, social and spiritual. Counseling and family/social support to be able to help people and their corers cope more successfully with each period of the infection and improves quality of life. This support helps PLWHAS are less likely to develop serious mental health problems. HIV Infection often results in loss of socio-economic status, employment, income, housing, health care and mobility, for both individuals who are infected by HIV and their partners and families. Psychosocial support helps to assist people in making informed decision, coping better with illness and dealing more effectively with discrimination. It improves the quality of their lives of HIV infected individuals and prevents further transmission of HIV infection in latter stage. The psychosocial support is also equal importance for people with HIV/AIDS who must adhere ART or T.B treatment, regular on-going counseling in enhancing adherence to treatment regimens

## MENTAL HEALTH

The World Health Organization defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. In this, the absence of mental disorder does not necessarily mean the presence of good mental health. Looked at in another way, people living with mental disorder can also achieve good levels of well-being – living a satisfying, meaningful, contributing life within the constraints of painful, distressing, or debilitating symptoms.

According to WHO Expert Committee (1959) “mental health implies the capacity in an individual to form harmonious relations with others and to participate in or contribute constructively to changes in his social and physical environment. It also implies his ability to a harmonious and balanced satisfaction of his own potentially conflicting instinctive drive, in that it reaches an integrated synthesis rather than the denial of satisfaction to certain instinctive tendencies as a means of avoiding the thwarting of others”. Mental health can be conceptualized without restricting its interpretation across cultures. WHO (2001) has recently proposed that mental health is ... “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”? World Health Organization (1946, 1986) definitions of positive mental health are still under debate but there has been a movement away from a focus solely on individual attributes such as coping skills or resilience to one which incorporates environmental and social conditions (Rutter, 1985; Health Education Authority, 1997; MacDonald & O'Hara, 1998; and Secker, 1998). So, mental health is an integral component of health through which a person realizes his or her own cognitive, affective, and relational abilities. With a balanced mental disposition, one is more effective in coping with the stresses of life, can work productively and fruitfully and is better able to make a positive contribution to his or her community (WHO, 2001).

## REVIEW OF LITRATURE

People with mental disorders are at much higher risk of descending into poverty than other people. They may not be able to work because of their illness. If employed, their illness may result in

more sick days or reduced productivity, in turn reducing income, promotion chances, entitlements to employment-related pensions or health insurance coverage. Secondly, someone with a history of untreated mental illness will not have had the same opportunities as other people to accumulate human capital (i.e. general and specific skills) that allow them to be competitive when searching for work or applying for promotion. The impact on human capital can be particularly detrimental if their illness began in childhood or adolescence, as many mental illnesses do. Thirdly, discrimination, which is particularly strong for mental disorders, may systematically deny people many work opportunities (Ssebunnya et al., 2009, McDaid, 2008, Thornicroft et al., 2009, Thornicroft, 2006).

Despite the fact that child and adolescent mental health problems are associated with poorer educational and employment outcomes in later life, leading to long-term social and economic consequences, most low-income countries have a “near complete absence of any child and adolescent mental health services” (Patel et al., 2008).

## **METHOD**

The researcher intended to reveal the effect of socio- economic status of the sample on their mental health, fifty high socio- economic status and fifty low socio- economic status HIV positive women were selected for the study. Through the socio- economic status scale the sample was divided into two groups and compared the mental health among them.

## **OBJECTIVES**

- ❖ To measure the socio- economic status of the HIV positive women’s
- ❖ To compare the mental health among high and low socio- economic sample groups.
- ❖ To find out the influence of the socio- economic status on the mental health of sample of the study.

## **HYPOTHESIS OF THE STUDY**

- ❖ There would be significant difference in mental health among high and low socio- economic status among HIV women.
- ❖ There would be impact of socio- economic status on mental health

## **Sample**

The research investigator selected more than one hundred HIV positive women patients from the Gulbarga district, the sample were made into two groups on the basis of socio- economic status high and low. The sample groups were compared their mental health to find out the result of the study.

## **Tools**

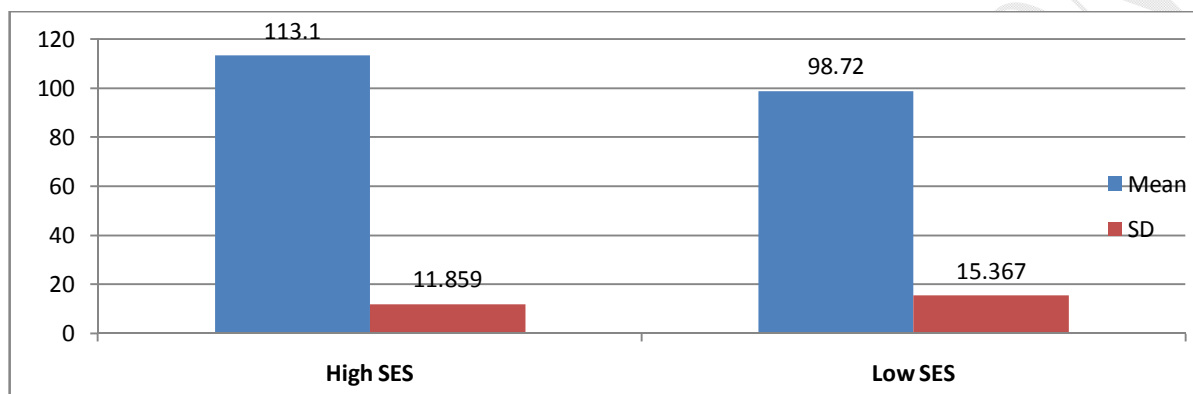
- The Socio-Economic Status Scale (SESS): the scale is prepared by the Lochan Bharathdwaj through the scale the researcher measured the socio- economic status of the sample
- Mental Health Inventory (MHI) This scale was developed and standardized by Dr. Jagadish, Dept. of Psychology. R.B.S. College, Agra, & Dr. A.K. Srivastava Department of Psychology, Banaras Hindu University, Varanasi. The inventory consists of 56 statements.
- SPSS the statistical package software used to find out the mean, SD and t value among the sample groups.

## DATA ANALYSIS AND INTERPRETATION

The table showing the mental health levels among high and low socio- economic status of HIV positive women's groups

SAMPLE	N	Mean	SD	T value
High SES	50	113.10	11.859	2.807**
Low SES	50	98.720	15.367	

Significant at 0.01 levels\*\*



The table and graphs representing the research result, the higher socio- economic status group of samples mean score is 113.10 and the standard deviation is 11.859, the low socio- economic status sample group mean score is 98.720 and the standard deviation is 15.367, the calculated t values is 2.807\*\* significant at 0.01 levels

## CONCLUSION

The research study revealed that the socio- economic status has the influence on the mental health of the sample of the study. The mental health scale range is 44 to 176 but the higher socio- economic status group is below the normal level of mental health. Low socio- economic group mean score is lower than the higher socio- economic group.

- ❖ The research study revealed that the higher socio- economic status group is better in mental health level than the low status group.
- ❖ There is influence of socio -economic status on the mental health among the sample of the study.
- ❖ The study showing that the social, educational, family, economic, income, property perspective are influencing the sample of the study.

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