


Braces (1999). The relationship between religious commitment, spiritual well-being and psychological well-being, the Chapter 2000 American Psychological Abstract. Bradburn,


NACO HIV Data (2010). See https://www.nacoonline.org/Quick Links/HIV_Data/


Appendix
APPENDIX – 1

PERSONAL DATA SCHEDULE SHEET

{Fill the following information}

Name : 

Sex : 

Age : 

Address : 

Cast : 

Education : 

Family type : 

(Joint/Nuclear family) : 

Occupation : 

Domicile (Rural/Urban) : 

234
P.G.I. SOCIAL SUPPORT QUESTIONNAIRE

Constructed and Standardized by
Ritu Nehara, P. Kulhara
Department of Psychology
PGIMER, Chandigarh

Instruction:

Read carefully and answer the following question how much you are agreed to the following questions.

1. If you are fully agreed tick or (right) no (4) as correct answer.

2. If you are agreed maximum tick on no (3) (right) as correct answer.

3. If you are agreed slightly means you tick on no (2) (right) as correct answer.

4. If you are completely disagreed tick or no (1) as correct answer kindly answer the following question as soon as possible. Your answer will be kept secretly.
<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Question</th>
<th>Fully</th>
<th>Maximum</th>
<th>Slightly</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>No one is worried if anything happens with me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Everyone respects me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>People won’t listen carefully about what I am talking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>People always help me more than their capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>If is difficult to get good friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>If would have been better if may people understood properly about me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>That will be better which my authorities / elders wanted to ask</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>If I am failed to solve my problem responsibility any one will be there at that time to awake me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td>We help each other while working</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I didn’t get any person in my life whose ideas and my ideals are matching with each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>People will not cheat me more</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>People will praise me if I do any good work</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>-------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Incapable thoughts will be done regarding home/office work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>If is very difficult to get trustable people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>There are very rare relating in my life or which I can faith</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I feel that I don’t have more time for fun</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>I feel lonely with my friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>People will praise me if I help them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DEATH ANXIETY SCALE

**BY**

UPINDER DHAR  
SAVITA MEHTA  
AND SANTOSH DHAR (1971)

**Instructions:**

Here is some statement having a choice or Yes or NO against it. You have to encircle one of the two choices by putting tick (√) mark. Encircle the choice as per its applicability to you. Your response will be kept fully confidential.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Statements</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>I do not like old age.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>02</td>
<td>I am afraid of taking medicine given by quack.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>03</td>
<td>I get panicky on having even mild chest pain.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>04</td>
<td>I get terrified on seeing a criminal being hanged.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>05</td>
<td>I cannot see anybody dying.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>06</td>
<td>I dread suffocating surroundings.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>07</td>
<td>I get nervous on hearing about someone’s sudden death.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>08</td>
<td>I realize the importance of destiny seeing an accident.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>09</td>
<td>I do not want to die a miserable death.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>I get frightened on looking into a well.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
PSYCHOLOGICAL WELL-BEING QUESTIONNAIRE

Constructed and Standardized by
Sudha Bhogale and Jai Prakash (1995)

Given below is a number of questions regarding health, well-being, attitudes and interest. We request you to answer them by writing YES if the answer is true or mostly true of you and NO if the answer is false or mostly false. There is no right or wrong answers. All the information given by you will be kept confidential. Please cooperate with us and answer frankly.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>STATEMENTS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>On the whole I would say my health is good.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>02</td>
<td>Compared to others of my age and background I am better off</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>03</td>
<td>In the past I have received much support when I really need it.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>04</td>
<td>My life often seems empty.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>05</td>
<td>I have recently been getting a feeling of tightness or pressure in my head.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>06</td>
<td>I feel worthless at times</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>07</td>
<td>I have felt pleased about having accomplished sometimes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>08</td>
<td>I have recently felt capable of making decisions about things</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>09</td>
<td>Life is better now that I had expected it to be</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>I have recently though of the possibility that I may kill myself</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11</td>
<td>In my case getting what I want does not depend on my luck</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12</td>
<td>I have recently been getting edgy and bad tempered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>13</td>
<td>I have recently felt that on the whole I am going things well</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14</td>
<td>I have recently feeling in need of good tonic</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15</td>
<td>I feel all alone in the world</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16</td>
<td>I have recently been getting pains in my head</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17</td>
<td>I feel I am a person of worth, at least equal to others</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18</td>
<td>I have felt proud because someone complicated me on some achievement</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19</td>
<td>I have recently been able to enjoy my normal day to day activities</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20</td>
<td>These are the best years of my life</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21</td>
<td>What happens to me depends on me head</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22</td>
<td>I am happy/satisfied with the support I have received</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23</td>
<td>I have recently felt constantly under strain</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24</td>
<td>I have recently felt perfectly well and in good health</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25</td>
<td>I have recently been satisfied with the way I have carried out my task</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>26</td>
<td>(In case married) considering everything I would say, in marriage, I am satisfied.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27</td>
<td>On the whole, I would say that my life is satisfactory at present</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
List of Publications
Indian Streams Research Journal
ISSN 2230-7850
Volume-3, Issue-6, July-2013

PSYCHOLOGICAL WELL-BEING AMONG HIV POSITIVE PATIENTS AND HIV TB CO-INFECTED PATIENTS
Vanisri, Shivakumar S.Chengti
Research Scholar, Dept. of Psychology, Gulbarga University, Gulbarga.
Professor and Chairman, Department of psychology, Gulbarga University, Gulbarga.

Abstract: The aim of the present study is to examine the Psychological Well-being among HIV positive and HIV TB co-infected patients. The sample consists of 80, 40 HIV +ve samples (20 male=20 female) and 40 HIV TB co-infected (20 male=20 female). The sample was administered with Psychological Well-being scale. And the data were subjected the t-test. The results revealed that there is a significant difference in Psychological well-being between HIV positive and HIV TB co-infected samples. The sample is matched for gender and diseases.

Keyword: Psychological, HIV, co-infected, interchangeably.

INTRODUCTION
Psychological Well-being:
Psychological well-being or well-being (these two are used interchangeably) consists of factors like self-esteem, positive affect, satisfaction, wellness, efficiency, social support, somatic symptoms, personal control and the like. The well-being is a constituent of quality of life which a conceptualized as a composite of physical, psychological social well-being of individuals, as perceived by the person and the group. An important aspect is happiness, satisfaction and gratification subjectively experienced which is often called subjective well-being or psychological well-being. Thus well-being is based on subjective experience instead of objective life condition, it has both positive and negative affects and it is global experience (Okun and Stock 1987).

Quality of life is multidimensional concept, which includes specific core domains including physical, psychological, social and occupational well-being, physical pain, mobility, sleep appetite and nausea; sexual functions; personal social and sexual relationship; engagement in social and leisure activities; occupation ability and desire to carry out paid employment, ability to cope with house hold duties, etc., all constitutes the contributory factors.

Psychological well-being represents a proactive stance toward emotional health. Well-being refers to a person's ability to cope with events in daily life function, responsibility in society and experience personal satisfaction. Mental health has several dimensions, each of which contributes to person's overall health and well-being (Kristen K. 2001).

According to Heffer (1980) wellness encompasses of six dimensions namely social, occupational, spiritual, physical, intellectual and emotional. A healthy individual needs a good physical and psychological well-being. Psychological well-being is directly or indirectly affected by many psychological factors among which self-esteem and emotional maturity are vital importance of the several problems facing the entire life span, the problems of the transition phase starting from late adolescent to early adulthood is a crucial one for the development of the individual. When coped up, it leads to successful achievement of the developmental tasks in the present and future. Ryff (1989) explored the construct of well-being extensively in the light of various measures, i.e., autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance, family bonding, etc.

Bhagade and Jayaprakash (1993) found satisfaction variables to be closely related to well-being while distress and meaninglessness represented a negative aspect or ill-being. Thus PWS is a component both positive and negative. The factors like satisfaction, positive effect, social support and several others clearly reveal the multidimensionality of psychological well-being.

HIV/AIDS:
India is one of the largest and most populated countries in world over one billion inhabitants. Of this number, it's estimated that around 2.5 million people are currently living with HIV (UNAIDS 2007, JULY 6th). When human being infected by HIV/AIDS disease, he/she refused and rejects society. They are looked down upon with negative attitude towards the HIV +ve patients. The stressful situation affects her health also. Due to this condition, they will be forced to live in stressful condition, which leads to anxiety, depression and carelessness.

HIV (Human Immunodeficiency Virus) is a virus that causes AIDS (Acquired Immunodeficiency Syndrome) a health condition in which a person is affected by a series of diseases because of poor immunity. HIV by itself is not an illness and does not instantly lead to AIDS. An HIV infected person can lead a healthy life for several years before she/he develops AIDS. What is AIDS? As the name, Acquired Immunodeficiency Syndrome indicates, AIDS is healthy condition that results from the deficiency in the body's immune following HIV infection. HIV attack the human body breaking down it immune system weakness and fight the body loses its natural ability to fight diseases. At this stage the various diseases affect the infected person. Catz et al. (2002) conducted a study on the psychological distress among minority and low-income women living with HIV. Greater anxiety depression symptoms were associated with women who reported
higher stress, using fewer active coping strategies and perceiving less social support. Pozzi et al. (1999) examined the psychological discomfort and mental illness in patients with AIDS. It was found that female patients showed an increased prevalence of anxiety and depressive disorders.

Tuberculosis:
Tuberculosis is a disease caused by an organism called Mycobacterium tuberculosis. The Mycobacterium tuberculosis bacteria can attack any part of the body, but most commonly attack the lungs. A person can have active or inactive (sometimes called latent) tuberculosis. Active tuberculosis or TB disease means the bacteria are active in the body and the immune system is unable to stop them from causing illness. People with active tuberculosis in their lungs can pass the bacteria on to anyone they come into close contact with. When a person with active tuberculosis coughs, sneezes or spits, people nearby may breathe in the tuberculosis bacteria and become infected.

Tuberculosis and HIV:
Tuberculosis and HIV infection are two major public health problems in many parts of the world, particularly in many developing countries. TB is the most common opportunistic disease and cause of the death for those infected with HIV. Similarly, HIV infection is one of the most important risk factors associated with increased risk of latent TB co-infection progressing to active TB disease. It is estimated that one third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. Of the people who worldwide died of tuberculosis in 2009, it is estimated that 400,000 were infected with HIV. Tuberculosis is the leading cause of death among HIV infected people. The challenge of the TB and HIV co-epidemic has been recognized by World Health Organization, and collaborative TB/HIV activities were launched in 2004 to manage the TB and HIV co-infection.

2. METHODOLOGY:
Statement of the problem: To study Psychological Well-being among HIV positive patients and HIV TB co-infected patients.

Variables
1. Independent Variables
   a. Sex
   b. Type of disease
2. Dependent Variable
   a. Psychological Well-being

Objectives:
1. To know the significant difference in psychological well-being between male and female HIV +ve sample.
2. To examine the significant difference in psychological well-being between male and female HIV TB co-infected patients.
3. To find out the significant difference in psychological well-being between HIV positive and HIV TB co-infected sample.

Hypothesis:
1. There is no significant difference between the male and female HIV +ve Patients in Psychological Well-being.

2. There is no significant difference between the male and female HIV TB co-infected patients in Psychological Well-being.

3. There is no significant difference between the HIV positive and HIV TB co-infected sample.

The Sample:
The sample of the present study consists of 80 samples (40 HIV +ve and 40 HIV TB co-infected) selected from Gutharga District in Karnataka State. The sample is matched with gender and disease.

Tools:
In the present study the following scales were used:
1. Personal Data Schedule: This data schedule includes patients name, age, sex and type of disease.
2. Psychological Well-being: (Sudha Bhogale and Jai Prakash 1995)

The Scale is constructed and standardized by Sudha Bhogale and Jai Prakash (1995) the scale consists of 27 statements. For each statement response is given in two forms i.e. Yes or No. The scoring is done as per the manual and one who scores higher is said to have higher well-being and vice-versa. The reliability and the validity of scales are reported by the author who are significant and adequate.

3. RESULT AND DISCUSSION:
The major objective of the present study has been to examine the difference in psychological well-being between male and female and between HIV +ve and HIV TB co-infected sample.

The sample was administered with psychological well-being scale and the data were subjected to t-test. Results are given in tables.

Table 1 shows the Mean, SDs and t-value of Psychological Well-being of male and female HIV +ve sample (N=40)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>16.08</td>
<td>2.64</td>
</tr>
<tr>
<td>Female</td>
<td>11.05</td>
<td>2.28</td>
</tr>
</tbody>
</table>

** Significant difference is 0.01 level.

Graph 1 Psychological well-being of male and female HIV positive sample (N=40)

Table No.1 shows Mean, SD and t-value of
Psychological Well-being of male and female HIV+ve patients’ sample. The mean value of the male sample is 18.3 and female is 11.05. The t-value of 3.56 is significant difference in Psychological Well-being of male and female HIV+ve sample. Thus Male had significantly higher well-being than the female sample. It proved that female had lowered the psychological well-being of male patients. The graph also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between male and female HIV positive patient.

Table No. 2 shows the Mean, SDs and t-value of Psychological Well-being of HIV TB co-infected male and female samples (N=40)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.65</td>
<td>1.72</td>
</tr>
<tr>
<td>Female</td>
<td>2.04</td>
<td>1.01</td>
</tr>
<tr>
<td>t-value</td>
<td>2.56**</td>
<td></td>
</tr>
</tbody>
</table>

**Significant difference is 0.05 level.

Graph-2 Psychological well-being of male and female HIV TB co-infected sample (N=40)

Table No. 2 shows Mean, SD and t-value of Psychological Well-being of male and female HIV TB co-infected sample. The mean value of the male sample is 3.65 and female is 2.04. The t-value of 2.56 is significant at 0.05 level. This speaks that there is a significant difference in Psychological Well-being of male and female HIV TB co-infected sample. Thus male has significantly higher well-being than the female HIV TB sample. The graph also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between male and female HIV TB co-infected patients.

Table-3 shows Mean, SDs and t-value of Psychological Well-being of HIV positive HIV TB co-infected samples (N=80)

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV +ve</td>
<td>14.67</td>
<td>2.46</td>
</tr>
<tr>
<td>HIV TB co-infected</td>
<td>3.02</td>
<td>1.33</td>
</tr>
<tr>
<td>t-value</td>
<td>26.35**</td>
<td></td>
</tr>
</tbody>
</table>

**Significant difference is 0.01 level.

Graph-3 Psychological Well-being of HIV positive and HIV TB co-infected sample (N=89)

Table No. 3 shows Mean, SD and t-value of Psychological Well-being of HIV positive and HIV TB co-infected patients’ sample. The mean value of the HIV sample is 14.67 and HIV TB co-infected is 3.02. The t-value of 26.35 is significant difference in Psychological Well-being of HIV positive and HIV TB co-infected sample. Thus HIV positive have significantly higher well-being than the HIV TB co-infected sample. It proved that HIV TB co-infected patients have lowered the psychological well-being than the HIV positive sample. The graph also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between HIV positive and HIV TB co-infected sample.

4. CONCLUSION:
1) There is a significant difference in psychological well-being between male and female HIV positive patient.
2) There is a significant difference in psychological well-being between male and female HIV TB co-infected sample.
3) There is a significant difference in psychological well-being between HIV positive and HIV TB co-infected groups.

5. REFERENCES:
ii.Catar et. al (2002) conducted a study on the psychological distress among minority and low income women living with HIV/Behavioral medicine, Vol. 20 Issue 2, pp. 53-60.
DEATH ANXIETY AND PSYCHOLOGICAL WELL-BEING OF HIV POSITIVE PATIENTS AND HIV TB CO-INFECTED PATIENTS

VANISRI AND SHIVAKUMAR S.CHENGKI

Research Scholar, Dept. of Psychology, Gulbarga University Gulbarga.
Chairman and Professor, Dept. of Psychology Gulbarga University Gulbarga.

Abstract:

The main purpose of the study is to investigate the Death Anxiety and Psychological Well-being of HIV +ve patients and HIV TB co-infected patients and to examine the difference between gender and type of disease of the study on their death anxiety and psychological well-being. For this investigation sample consists of 80, (40 HIV +ve and 40 HIV TB co-infected) were taken from Gulbarga District, Karnataka State. This sample consists of both male and female HIV +ve patients and HIV TB co-infected male and female samples. Death anxiety scale and psychological well-being scale was used for this study, and t-test was applied to examine the difference between sample subgroups. The result through the study showed significant difference between male and female HIV +ve patients and HIV TB co-infected patients in death anxiety and psychological well-being.

INTRODUCTION:

Death anxiety:

Death anxiety refers to the fear and apprehension of one’s own death. It is the neurotic fear of loss of the self which is intense state parallels feeling of helplessness and depression. Man’s awareness of his own death produces anxiety that can deal with by recognizing one’s individuality.

Fromm and existential analysis, man’s awareness of death gives him the responsibility for finding meaning in life. Death is a biological, personal, socio-cultural and existential phenomenon. The biological death is useful to distinguish between the process of aging and the ending called death. Yet when the actual time comes, and the individual faces death alone, the psychological reactions appear to be remarkably similar.

Carpenito - Moyet (2008), in the Handbook of Nursing Diagnosis, defines death anxiety as “the state in which an individual experiences apprehension, worry, or fear related to death and dying”. Death anxiety has been referred to as a pervasive fear of nonexistence, or as a fear of experiencing nothing (Christian, 1981).

Kubler (1969) has found that in the majority of persons, almost regardless of age, the personal reactions to imminent death pass through five phases — Denial, Anger, Bargaining, Depression and Acceptance (although not every individual achieves the final phase). Dying and death, like other major aspects of human life, are also ever important culture and social phenomena.

Psychological Well-being:

Psychological well-being or well-being (these two are used interchangeably) consists of factors like self-esteem, positive effect, satisfaction, wellness, efficiency. Social support, somatic symptoms, personal control and the like. The well-being is a constituent of quality of life which is conceptualized as a composite of physical, psychological social well-being of individuals, as perceived by the person and the
group. An important aspect is happiness, satisfaction and gratification subjectively experienced which is often called subjective well-being or psychological well-being. Thus well-being is based on subjective experience instead of objective life condition, it has both positive and negative affects and it is global experience (Okum and Stock 1987).

Quality of life is multidimensional concept, which includes specific core domains including physical, psychological, social and occupational well-being, physical pain, mobility, sleep appetite and nausea; sexual functions; personal social and sexual relationship; engagement in social and leisure activates; occupation ability and desire to carry out paid employment; ability to cope with house whole duties, etc., all constitutes the contributory factors.

Psychological well-being represents a proactive stance toward emotional health. Well-being refers to a person's ability to cope with events in daily life function, responsibility in society and experience personal satisfaction. Mental health has several dimensions, each of which contributes to person's overall health and well-being (Kisku Kiran K, 2001).

According to Hettler (1980) wellness encompasses of six dimensions namely social, occupational, spiritual, physical, intellectual and emotional. A healthy individual needs a good physical and psychological well-being. Psychological well-being is directly or indirectly affected by many psychological factors among which self-esteem and emotional maturity are vital importance of the several problems facing the entire life span, the problems of the transition phase starting from late adolescent to early adulthood is a crucial one for the development of the individual. When coping up, it leads to successful achievement of the developmental tasks in the present and future. Ryff (1989) explored the construct of well-being extensively in the light of various measures, i.e., autonomy environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance, family bonding etc.

Bhagani and Jayaprakash (1995) found satisfaction variables to be closely related to well-being while distress and meaningless represented a negative aspect or ill-being. Thus PWS is a component both positive and negative. The factors like satisfaction, positive effect, social support and several others clearly reveal the multidimensionality of psychological well-being.

HIV/AIDS:

HIV means (Human Immunodeficiency Virus) is a virus that causes AIDS (Acquired Immunodeficiency Syndrome) a health condition in which a person is affected by a series of diseases because of poor immunity. HIV by itself is not illness and does not instantly lead to AIDS. An HIV infected person can lead a healthy life for several years before he develops AIDS. AIDS means, Acquired Immunodeficiency Syndrome indicates, AIDS is healthy condition that results from the deficiency in the body's immunity following HIV infection. HIV attack the human body breaking down it immune system weakness and fight the body loses its natural ability to fight diseases. At this stage the various diseases affect the infected person.

Catz et. al (2002) conducted a study on the psychological distress among minority and low-income women living with HIV. Greater anxiety depression symptoms were associated with women who reported higher stress, using fewer active coping strategies and perceiving less social support.

Pozzi et al. (1999) examined the psychological discomfort and mental illness in patients with AIDS. It was found that female patients showed an increased prevalence of anxiety and depressive disorders.

HIV/AIDS is the worst plague the world is fighting today. No one is immune to HIV. But this is not say that the peril is equal, for some people are greater risk of getting infected by the AIDS virus than others. According to NACO, every minute one Indian gets infected by the killer HIV. In India the infection is gradually spreading from urban to rural areas and from high risk groups to women who are mostly in monogamous marriages.

Tuberculosis:

Tuberculosis is a disease caused by an organism called mycobacterium tuberculosis. The mycobacterium tuberculosis bacteria can attack any part of the body, but most commonly attack the lungs. A person can have active or inactive (sometimes called latent) tuberculosis. Active tuberculosis or TB disease means the bacteria are active in the body and the immune system is unable to stop them from causing illness. People with active tuberculosis in their lungs can pass the bacteria on to anyone they come into close contact with. When a person with active tuberculosis coughs, sneezes or spits, people nearby may breathe in the tuberculosis bacteria and become infected.
Tuberculosis and HIV:

Tuberculosis and HIV infection are two major public health problems in many parts of the world, particularly in many developing countries. TB is the most common opportunistic disease and cause of the death for those infected with HIV. Similarly, HIV infection is one of the most important risk factors associated with increased risk of latent TB co-infection progressing to active TB disease. It is estimated that one third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. Of the people who worldwide died of tuberculosis in 2009, it is estimated that 400,000 were infected with HIV. Tuberculosis is the leading cause of death among HIV infected people. The challenge of the TB and HIV co-epidemic has been recognized by World Health Organization, and collaborative TB/HIV activities were launched in 2004 to manage the TB and HIV co-infection.

2. METHODOLOGY:

Statement of the problem: To study the Death Anxiety and Psychological Well-being of HIV positive patients and HIV TB co-infected patients.

OBJECTIVES:

1) To know the significant difference in Death anxiety between HIV + ve male and female patients.
2) To find out the significant difference in Death anxiety between HIV positive and HIV TB co-infected male and female sample.
3) To study significant difference in Death anxiety between HIV + ve and HIV TB co-infected.
4) To know the significant difference in Psychological Well-being between male and female HIV + ve sample.
5) To examine the significant difference in Psychological Well-being between male and female HIV TB co-infected patients.
6) To find out the significant difference in Psychological Well-being between HIV positive and HIV TB co-infected sample.

HYPOTHESIS:

1) There is no significant difference between the male and female HIV + ve patients in Death anxiety.
2) There is no significant difference between the male and female HIV TB co-infected patients in Death anxiety.
3) There is no significant difference between the HIV + ve and HIV TB co-infected in Death anxiety.
4) There is no significant difference between the male and female HIV + ve Patients in Psychological Well-being.
5) There is no significant difference between the male and female HIV TB co-infected patients in Psychological Well-being.
6) There is no significant difference between the HIV positive and HIV TB co-infected sample in Psychological Well-being.

The Sample:

The sample of the present study consists of 80 samples (40 HIV + ve and 40 HIV TB co-infected) selected from Gulbarga District in Karnataka State. The sample is matched with gender and disease.

Tools:

In the present study the following scales were used:

1) Personal Data schedule: The data schedule includes patient Name, sex, and type of disease.
2) Death Anxiety scale: (Upinder Dhar and others, 1971)

The Scale is constructed and standardized by Upinder Dhar and others (1971). The scale consists of 10 statements, with two response categories. Each item or statement which is checked as "
DEATH ANXIETY AND PSYCHOLOGICAL WELL-BEING OF HIV POSITIVE PATIENTS

Yes" or "No" should be awarded the score of "1" or "0" respectively as per manual. The sum of scores of all items is the Death anxiety score. One who scores higher is said to have more death anxiety and vice versa. The reliability and the validity of scale are significant and adequate.

3) Psychological Well-being: (Sudha Bhogale and Jai Prakash, 1995)

The scale is constructed and standardized by Sudha Bhogale and Jai Prakash (1995) the scale consists of 27 statements. For each statement response is given in two forms i.e. Yes or No. The scoring is done as per the manual and one who scores higher is said to have higher well-being and vice-versa. The reliability and the validity of scales as reported by the author are significant and adequate.

3. RESULT AND DISCUSSION:

The major objective of the present study has been to study Death Anxiety and Psychological Well-being of HIV positive patients and HIV TB co-infected patients. The sample was administered with Death Anxiety and Psychological Well-being scale and the data were subjected to t-test. Results are given in tables.

Table: 1

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.0</td>
<td>0.67</td>
</tr>
<tr>
<td>Female</td>
<td>5.5</td>
<td>1.22</td>
</tr>
<tr>
<td>t-value</td>
<td>5.26*</td>
<td></td>
</tr>
</tbody>
</table>

** Significant at 0.01 level.

Graph-1 Death Anxiety of male and female HIV positive sample (N=40)
Table 1 shows Mean, SDs and t-value of Death anxiety of HIV +ve Male and Female sample. The mean of males is 7.0 and of females is 9.1. The mean of females is higher than the male patients. The t-value of 2.56, which is significant at 0.01 level, shows the significant difference between male and female sample in death anxiety. In other words, men have significantly lower death anxiety than the females. The graph also highlights the same. Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between male and female HIV positive patient in death anxiety.

Table 2

Showing the Mean, SDs and t-value of Death Anxiety of Male and Female HIV TB co-infected (N=40)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>7.0</td>
<td>1.56</td>
</tr>
<tr>
<td>Female</td>
<td>9.1</td>
<td>2.03</td>
</tr>
<tr>
<td>t-value</td>
<td>2.56*</td>
<td></td>
</tr>
</tbody>
</table>

*Significant at 0.05 level.

Graph 2: Death Anxiety of male and female HIV TB co-infected sample (N=40)

Table 2 shows Mean, SD and t-value of Death anxiety of HIV TB co-infected Male and female samples. The mean for males is 7.0 and of females 9.1. The t-value of 2.56 is significant at 0.05 level and shows the significant difference between male and female samples. This reveals that females have significantly higher death anxiety than male HIV TB co-infected patients. The graph also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between male and female HIV TB co-infected sample in death anxiety.
Table 3

Showing the Mean, SDs and t-value of Death Anxiety of HIV and HIV TB co-infected patients (N=80)

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV positive</td>
<td>4.25</td>
<td>0.67</td>
</tr>
<tr>
<td>HIV TB co-infected</td>
<td>8.05</td>
<td>1.27</td>
</tr>
<tr>
<td>t-value</td>
<td>3.12**</td>
<td></td>
</tr>
</tbody>
</table>

**Significant difference is 0.01 level.

Graph 3  Death Anxiety of HIV positive HIV TB co-infected sample (N=80)

Table 3 shows Mean, SDs and t-value of Death anxiety of HIV positive and HIV TB co-infected sample. The mean score of HIV TB co-infected are higher (8.05) than the HIV +ve patients (4.25), which clearly indicates that the HIV TB co-infected have higher death anxiety than the HIV +ve. The t-value of 3.12 is significant at 0.01 level. This shows significant difference in Death anxiety between two groups. The graph 3 also highlights the same.

Table 4 shows the Mean, SDs and t-value of Psychological Well-being of male and female HIV +ve sample (N=40)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>18.03</td>
<td>2.64</td>
</tr>
<tr>
<td>Female</td>
<td>11.05</td>
<td>2.28</td>
</tr>
<tr>
<td>t-value</td>
<td>3.56**</td>
<td></td>
</tr>
</tbody>
</table>

**Significant difference is 0.01 level.
Graph-4 Psychological well-being of male and female HIV positive sample (N=40)

Table No. 4 shows Mean, SD and t-value of Psychological Well-being of male and female HIV +ve patients' sample. The mean value of the male sample is 18.3 and female is 11.05. The t-value of 3.56 is significant difference in Psychological Well-being of male and female HIV +ve sample. Thus Male had significantly higher well-being than the female sample. It proved that female had lowered the psychological well-being of male patients. The graph-4 also highlights the same. Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between male and female HIV positive patient in psychological well-being.

Table No. 5 shows the Mean, SDs and t-value of Psychological Well-being of HIV TB co-infected male and female samples (N=40)

<table>
<thead>
<tr>
<th>Sex</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>3.65</td>
<td>1.72</td>
</tr>
<tr>
<td>Female</td>
<td>2.04</td>
<td>1.01</td>
</tr>
<tr>
<td>t-value</td>
<td>2.56*</td>
<td></td>
</tr>
</tbody>
</table>

*Significant difference is 0.05 level.

Graph-5 Psychological well-being of male and female HIV TB co-infected sample (N=40)
DEATH ANXIETY AND PSYCHOLOGICAL WELL-BEING OF HIV POSITIVE PATIENTS

Table No. 5 shows Mean, SD and t-value of Psychological Well-being of male and female HIV TB co-infected sample. The mean value of the male sample is 3.65 and female is 2.04. The t-value of 2.56 is significant at 0.05 level. This speaks that there is a significant difference in Psychological Well-being of male and female HIV TB co-infected sample. Thus male has significantly higher well-being than the female HIV/TB sample. The graph-5 also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between male and female HIV TB co-infected patients in psychological well-being.

Table-6 shows Mean, SDs and t-value of Psychological Well-being of HIV positive HIV TB co-infected samples (N=80)

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV +ve</td>
<td>14.67</td>
<td>2.46</td>
</tr>
<tr>
<td>HIV TB co-infected</td>
<td>3.02</td>
<td>1.33</td>
</tr>
<tr>
<td>t-value</td>
<td>26.35**</td>
<td></td>
</tr>
</tbody>
</table>

**Significant difference is 0.01 level.

Graph-6 Psychological Well-being of HIV positive and HIV TB co-infected sample (N=80)

Table No.6 shows Mean, SD and t-value of Psychological Well-being of HIV positive and HIV TB co-infected patients’ sample. The mean value of the HIV sample is 14.67 and HIV TB co-infected is 3.02. The t-value of 26.35 is significant difference in Psychological Well-being of HIV positive and HIV TB co-infected sample. Thus HIV positive have significantly higher well-being than the HIV TB co-infected sample. It proved that HIV TB co-infected patients have lowered the psychological well-being than the HIV positive sample. The graph-6 also highlights the same.

Therefore null hypothesis is rejected and alternative hypothesis are accepted, because there is a significant difference between HIV positive and HIV TB co-infected sample in psychological well-being.

4. CONCLUSIONS:

1) There is a significant difference in Death anxiety between the male and female HIV +ve samples: Males exhibited significantly lower death anxiety than the females.

2) There is a significant difference in Death anxiety between the male and female HIV TB co-infected samples: Males have lower death anxiety than the females.

3) There is a significant difference in Death anxiety between the HIV and HIV TB co-infected samples: HIV TB co-infected has higher death anxiety than the HIV +ve.

4) There is a significant difference in psychological well-being between male and female HIV positive
There is a significant difference in psychological well-being between male and female HIV TB co-infected sample.

There is a significant difference in psychological well-being between HIV positive and HIV TB co-infected groups: HIV positive samples have higher psychological well-being than the HIV TB co-infected patients.

REFERENCES:

5. Dhar Upinder, Mehta Savita and Dhar Santosh (1971), Death Anxiety scale. India.