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ABSTRACT:

The present study reveals that social support among normal and HIV/AIDS patients there is no significant difference in mental health and social support between male and female there is significant difference in social support of normal and HIV+ve patients there is difference in mental health of normal and HIV +ve male and female .



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spreading epidemic. In those early days it was thought to be a 'Western Problem' which would not affect India very much because (it was believed) of lower rates of multi partner sexual activities and other risky behaviors among Indians on the other hand in 1986 the Indian council of medical research had already set up 60 HIV testing centers to mention or the spread of the infection (Nag 1996a).

KEY WORDS: Mental Health , Social Support , HIV/AIDS patients , sociological testing .

INTRODUCTION:

AIDS (Acquired Immune Deficiency Syndrome)

The time of "AIDS" in India had its beginnings in 1986, when sociological testing found 10 of 162 female sex workers in Chennai (Madras) HIV +ve (John et. al., 1987).

The confirmed cases of HIV infection were concentrated in Chennai, (Tamilnadu) and also in Mumbai (Maharashtra) throughout the 1980s and early 1990s some governmental and private health authorities down played, the significance of the



AIDS is a viral infection got chiefly by sex with strangers. It is a chronic condition and this does not have a cure.

Human Immune Deficiency virus (HIV) or AIDS virus on entering the blood stream gradually destroys the resistance power in the body. Thereafter, the body provides a good shelter for all sorts of harmful micro organisms. Because of this, a large section of the people will fall prey to many disease like cancer, tuberculosis etc over a period of time. The agricultural as well as the industrial production in the country will suffer. This will have a very bad effect on the economy of the country.

But there is no need to panic. The spread of this deadly infection can be brought under control through proper educative work on AIDS.

The AIDS virus is generally transmitted through intimate sexual contact. But it is not transmitted from person to person by more external physical contact (skin to skin contact) or through sneezing, coughing, kissing, embracing, shaking hand. This shows that social contact is absolutely not risky.

Social support is the actual or perceived availability of resource in one's social environment that can be used for particularly in times of distress social support is provided by one's social network which is all of the people with whom one has some form of regular social contact social network include family, friends, co-workers, not all social workers are supportive but those that are supportive tend to bolster the health and well being of the recipients of the supportive social support appears to enhance individuals physical and psychological health directly and indirectly by reducing the negative effects of stressor on health.

Stephen Porges, explain that social support is "Resources from the environment that can be beneficial to psychological and physical health" according to the encyclopedia of psychology (Alan E. Kazdin Chicago).

The term social support refers to the process through which help is provided to others. This process is influenced by characteristics of the social environment and individual participation, the resources that are provided and participation perceptions these transactions and their implications.

The study of social support has its origins in sociological survey conducted in the early 1900s that was concerned with the impact of industrialization and urban migration on the maintenance of social ties this work focused on the disruption of social network of social and psychological disorder.

CONCEPTUAL FRAMEWORK

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome and is a weakened defense system of the body (deficient immunity) caused by Human immune deficiency virus or HIV. This is AIDS itself is not a single disease but a condition where the body of the HIV infected person is vulnerable and incapable of fighting both common and serious infections. There are basically four different types of illness that people may suffer when they have AIDS-concerns fungal infections, pneumonia and viral infections.

What is the difference between HIV and AIDS

Human immune deficiency virus (HIV) is the virus that causes acquired immune deficiency syndrome (AIDS) people who are infected with this virus may have no symptoms of being infected and not be sick for a long time, yet they can still infect others through.

- a. Having unprotected sexual intercourse.
- b. Sharing injectable needles
- c. By donating blood and from mother to child.

When HIV person infects a person it weakens the body's immunity to fight disease and infection making them susceptible to illness very easily.

AIDS is a group of illnesses acquired when our immune system is unable to defend against infections people who become infected with HIV will eventually develop AIDS. This can take as long as

10 years or more AIDS is the terminal stage of infection by the HIV virus. The only way of slowing the process of developing AIDS is to take medicines which are also called the anti retroviral therapy or the ARV therapy.

How does one become infected with HIV

You can become infected on1y blood semen or vaginal fluid of someone who is infected with HIV entry your body. The four main reasons that put people at risk are getting HIV are

- Having sex (including oral and anal sex) with a person who has HIV without using a condom, correctly and consistently.
- Reusing needles for intravenous drug use have been Contaminated with HIV.
- Blood transfusions without testing the blood for HIV during operations or medical emergencies.
- If a pregnant woman is HIV positive, the unborn child can be infected in the womb during childbirth or during breastfeeding.

Can I Get HIV through casual contact with infected people?

It is not possible to be infected by

- Going to the same restaurant
- Using the same toilet
- Drinking from the same glass
- Lying down on the same bed.
- Bear bugging kissing on the cheek shaking hand

Always remember you cannot get infected by HIV by doing anything that does not involve. Transferring of blood semen or vaginal fluids from an infected from into our body.

- Kissing anti-HIV per on open mouthed cannot transmit HIV unless the infected persons blood or saliva mixes with your blood through open cuts or sores.
- You cannot get HIV infection from a toilet, public/private, clean or dirty. The HIV virus does not survive outside bodily fluids or in the open for long. The virus dies within 30-60 seconds.

Can I get HIV from a mosquito/insect bite?

Mosquitoes spread malaria not HIV mosquitoes and other insects like lice, ticks, bed bugs do not spread the HIV. They do not inject blood they suck blood out and they fly off to digest three meal and not inject if to another person, most importantly they HIV virus does not survive within an insects body.

Can donating blood put one at risk of HIV infection?

When one donates blood, blood is taken from one's body and not injected into it. Remember that HIV cannot infect one unless infected blood others one's body. Please donates blood but make sure that disposable/sterilized needlless are used while doing so.

Is there a vaccine or medicines that can protect me from HIV/AIDS?

AIDS is a terminal disease and till now there has been no cure for it research is underway but so far the medical fortunity has not been able to develop a vaccine against. HIV currently allopathic

medicines like ZAT used in combination with other drugs form the main treatment early diagnosis effective treatment of opportunistic infections, health eating habits and positive living also helps to keep HIV in check and prolong life expectancy.

Abstain inform ensure test protect talk support practice

What is safer sex?

Safer sex means reducing the risk of HIV infection as far as possible. It does not matter who you are having sex with, but what type of sex you have. Safer sex involves sexual practices that do not involve semen, blood or vaginal fluids entering another person's body. As long as these fluids do not enter another person's body there is no risk of HIV transmission. This means while having penetrative sex always use a condom or have non-penetrative sex like breast sex, thigh sex.

When and why should I use a condom

You should use a condom every time you have sexual intercourse almost 85% of all HI infections are through the sexual route i.e. unprotected sexual intercourse.

- Also remember that even a single unprotected sexual encounter with an infected person can put you at risk of HIV infection.
- If you are not sure about your sexual partner's status, you should always use a condom or insist your partner to use one.
- Using either male or female condoms correctly (so that they do not break or slip off during sex)

When should I have an HIV test?

It is imprudent to be tested if you currently engage in or have ever engaged in behavior that might expose you to HIV infection, such as having multiple partners, having sex without a condom or injecting drugs.

Some specific occasions for having an HIV test also may include the following:

- You are about to begin a sexual relationship with someone and you both want to be sure that there is no risk of HIV infection.
- You and your partner plan to have a baby and want to be sure that the baby will not face the risk of HIV infection from the mother during pregnancy, childbirth or breastfeeding.
- You want to confirm your own HIV status because a sex partner or someone you shared needles with is seriously ill or you suspect

What are the possible results of an HIV test?

A test can be HIV negative, HIV positive, or indeterminate. If you test HIV-negative it probably means that you are not infected but it could mean instead that you are in the window period you took the test too soon after exposure to HIV and the antibodies have not yet developed.

If you test HIV positive it is almost certain that you are infected. The chances that an HIV positive result is wrong are very low but there are also exceptional cases. Thus if one tests positive it is essential that they go for a second test and counseling.

An indeterminate test result means that it is not clear whether you have HIV or not, you have to take the test again. Also, whether you test HIV negative or HIV positive you sometimes might be asked to take the test again to be sure of the result.

Do I have to tell anybody that I have HIV/AIDS?

It is not a compulsion whether you want to tell anybody about your HIV I AIDS status and to whom are decision that only you can make. A counselor may be able to help you make the decision there are certain rules of confidential that an HIV positive person is entitled to but the status should not be hidden for the purpose of punishing ones partner or putting others at the risk of infection.

How can I cope with HIV I AIDS?

While testing HIV positive 1s a traumatic experience, it 1s important to learn to cope with it. The first step is to consult a doctor to asce1iain the stage of the disease and the precautions required. Then one should regularly visit to a counselor and also join support groups in the locality. Telling close friends and family members with whom one can share. ones anxieties and fear is helpful, when you tell people, be prepared to deal with a range of emotions similar to those that you felt on heaving the news. They way range from fear and anger to compassion and understanding.

Terms relevant to HIV/STI prevention education

AIDS: acquired immune deficiency syndrome, a collection of illness which results in the weakening of one's immune system due to advanced HIV infection.

Antibody: A specialized cell found in the blood that attacks and kills or attempts to kill a specific infection caused by bacteria or virus.

An us: External opening of the interesting for excreting body waste and is an area comprised of delicate skin tissue an never and under skin.

Anal sex : When a man's penis inserted into woman's or man's anus to derive sexual pleasure.

Anti retroviral drug

Medicines for HIV positive people that prevent the virus from reproducing any further and infecting new cells, these medicines do not work on already infected body cells or parts.

Asymptomatic

A person who has HIV but does not have any outward signs of illness, infection or feeling sick, it is possible to infect others even if a person is asymptomatic.

AZI

An anti retroviral drug Zidovudine, a medicine which helps the body strengthen the immune system or living with AIDs.

Blood transfusion

When someone's blood is given to another person's through a vein and using a special needle to replace blood that a person may have lost.

Body fluids

Consists of blood semen vaginal secretion menstrual discharge and breast milk which can transmit HIV.

CD4 cell

One of two protein structure on the surface of a human cell that allows HIV to attach entry and thus infect the cell. CD4 molecules are present on CD4 cells (Helper-lymphocytes) which play an important role in fighting infections.

Condom

A condom is a flexible sheath made of latex that looks like an elongated cap which fits over the man's erect penis before intercourse when the man ejaculates, he does so into the condom which prevents the sperm from entering the vagina. It is used during sexual intercourse for prevention from HIV STTS and unplanned pregnancies.

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Mother to child transmission

When a HIV+ woman gets pregnant she can transmit HIV to her unborn child in the womb during the nine months of pregnancy or during birth or during breast feeding. Not all babies born to HIV positive mothers will be HIV infected but there is a 33% chance that the baby shall be infected with HIV. If the mothers take medication such as ART the chances of the child getting HIV is reduced to 3 to 5%.

What is social support?

Social support has been defined as information from others that one is loved and cared for, esteemed and valued, and part of a network of communication and mutual obligations from parents a spouse or lover, other relatives, friends, social and community contacts or even a devoted pet, people with high levels of social support may experience less stress when they confront a stressful experience and they may cope with more successfully.

Family and friends can provide informational support about stressful events. Information may help an individual understand a stressful event better and determine what resources and coping strategies may be mustered to deal with it, with information the individual facing a stressful event can determine how threatening the stressful event is likely to be and can profit from suggestions about how to manage the event. For example, if an individual is facing an uncomfortable medical test, a friend who went through the same thing could provide information about the exact procedures, how long the discomfort will last and the like.

Two dimensions of characteristics of primary importance

1. Structured
2. Functional
3. Structural characteristic

Are quantitative indicators of the form or nature of social network. Structural measures of support assess the degree to which individuals are socially integrated or isolated in their family and community.

Functional characteristics

Are quantitative indicators of the provisions or resources, available from a social network. In other words functional aspects of social networks are the things that people do for one another, such as provide emotional and material aid.

Finally it should be noted that social support is not always directly provided by the social network sometimes people benefit from having supportive social relations without any direct exchange of support. The mere perception that support is available is often enough to boost a person's morale or to reduce the negative impact of a stressful situation. It also can protect individuals' mental and physical health. They are unaware that support has been provided individual support.

What kinds of support are most effective?

Not all aspects of social support are equally protective against stress/disease. For example, having a confidant (such as a spouse or partner) may be the most effective social support, especially for men. The beneficial effects of social support are also not necessarily accumulative. For example, with respect to friends the critical factor for effective social support is having at least one close friend. Having a dozen close friends may be no more benefit than having two or three.

Threats to social support

Stressful events can interfere with the ability to use potential social support effectively, people who are under extreme stress may continually express distress to others and drive them away, thus making a bad situation even worse. For example, depressed or ill people can repel their friends and family instead of using them effectively for social support.

Sometimes, social support providers fail to provide the support that is needed and instead, react in an unsupportive manner that actually aggravates the negative event, these negative interactions may have a more adverse effect on well being than positive social interactions may have in improving it. In a study of 120 widowed women, found that negative social interactions were consistently and more strongly related to well being than were positive social outcomes. Dilemmas such as having one's privacy invaded by family and friends, having promises of help broken, and being involved with people who provoked conflict or anger were among the events that worsened psychological adjustment.

Hostile and negative behavior during marital conflict have been associated with immunological down regulation, increases in epinephrine and nor epinephrine; decreases in testosterone and increases in cortisol.

Support from a partner, usually a spouse, is very protective of health, especially for men. On average, men's health is substantially benefited from marriage; women's health is only slightly benefited by marriage. The quality of marital relationship influences these outcomes as well. Existing a marriage, being unmarried or being in an unsatisfying marriage all entail health risks.

Support from family is important as well. Social support from one's partners is equally important as living in a stable and supportive environment as a child has long-term effects on coping and on health. Experiencing the divorce of one's parents in childhood predicts premature death in midlife. A study of college students found that students who perceived themselves as having a lot of support from their parents were more likely to make favorable appraisals of potentially stressful events and more likely to cope actively with those stressful events when they occurred, when faced with uncontrollable events parental support enabled these students to cope emotionally, even when they could not take direct action to reduce the stressor. Similarly, ups and downs, or no taps. They found that female

spouse of male patients were effective caregivers without the tape, but the tape improved the ability of the male caregivers to provide effective support to their wives, women patients whose spouse had received the optimistically, slanted information had fewer post-operative problems.

People also need to be encouraged to recognize the potential sources of social support in their environment and be taught how to draw on these more effectively, people might also be taught how to develop social support resources, as by joining community groups, interest groups, or informal social group that meet regularly, psychologists can contribute to the development of social support mechanisms, explore ways of creating social ties and develop means of identifying and aiding socially marginal individuals who can not avail themselves of this valuable resource.

Mental Health

The world health organization (WHO) defines mental health as a state of well being in which every individual realizes his or her own potential,

The term global mental health refers to the international perspective on different aspects of mental health. It has been defined as the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide, Taking into account cultural differences and country specific conditions, it deals with the epidemiology of mental disorders in different countries, their treatment options, mental health education, mental health aspects, the structure of mental health care systems, human resources in mental health and human rights issues among others. The overall aim of the field of global mental health is to strengthen mental health all over the world by providing information about the mental health situation in all countries and identifying mental health needs in order to develop cost-effective interventions to meet those specific needs.

Mental wellbeing

Mental health can be seen as a continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition.

Many mental health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality. The American psychological association explicitly states that religion must be respected. Education in spiritual and religious matters is also required by the American psychological association.

Mental health and global burden of disease

Mental disorder make a substantial contribution to the global burden of disease (GBD) this is a global measure of so-called disability adjusted life years (DALY's) assigned to a certain disease, which is a sum of years lived with disability and years of life lost due to this to a certain disease, neuropsychiatric conditions account for 14% of the global burden of disease, within non-communicable disease, they account for 28% of the DALY's and thereby more have unipolar depression, alcoholism, schizophrenia, bipolar depression and dementia. However it is estimated that the real contribution of mental disorders to the global burden of disease is even higher, amongst due to interactions and co-morbidity of physical and mental illness.

Treatment gap

Up to 20% of all people worldwide has a mental disorder and Although interventions for the treatment of mental disorders are available, the proportion of those people with mental disorders would need treatment but who do not receive mental health care is very high.

This so called treatment gap is estimated to reach about 76-85% for low and middle-income countries and still 35-50% for high, income countries. Even those who are treated are often treated inefficiently or in an inhuman way.

Interventions

Information and evidence about cost-effective intervention to provide better mental health care is available. Although most of the research (80%) has been carried out in high-income countries, there is also strong evidence from low and middle income countries that pharmacological and psychological interventions are effective ways to treat mental disorders, with the strongest evidence for depression, schizophrenia, bipolar disorder and hazardous alcohol use.

Recommendation to strengthen mental health systems around the world have been first mentioned in the world health report 2001, which focused on mental health.

1. Provide treatment in primary care
2. Make psychotropic drugs available
3. Give care in the community

Barriers

Although awareness of the need for treatment of people with mental disorder has risen, there have not been substantial changes in mental health care delivery during the past years. Main reasons for this problem are public health priorities, lack of a mental health policy and legislation in many countries, a lack of resources financial and human resource as well as insufficient resource allocation.

Mental health law

Mental health law is the area of the law that is applies specifically to persons with a diagnosis or possible diagnosis of mental illness, and to the people involved in managing or treating others in this situation. This includes areas in both common law and statute law.

Common law, which is based on case law rather than statutes, issues, includes such concepts as means rear, insanity defenses, sane and insane automatism amongst others.

Statute law, usually takes the form of a mental health act or equivalent. An example is the mental health Act 1983 in England and Wales.

Behavior control and stress coping groups

Of individual therapy groups, researchers distinguish between behavior control groups (such as alcoholics anonymous and tops) and stress coping groups (such as mental health support groups, cancer patient support groups and groups of single parents) German researchers refer to stress coping groups as conversation circles.

Significant differences exist between behavioral control groups and stress coping groups. Meetings of behavior control groups tend to be significantly larger than stress coping counter parents (by more than a factor of two) behavior control group members have a longer average groups.

Talking groups

In Germany a specific subset of conversation circles are categorized as talking groups (Gesprächshilfgruppen) in talking group all members of the group have the same rights, each member is responsible only for themselves (group members do not make decision for other group members), each group is autonomous, everyone attends the group on account of their own problems, whatever is discussed in the group remains confidential and participation is free of charge.

Affiliation and lifespan

If self-help groups are not affiliated with a national organization, professional involvement increases their life-expectancy. Conversely, if particular groups are affiliated with a national organization professional involvement decreases their life expectancy. Rules enforcing self regulation in talking groups are essential for the groups effectiveness.

REVIEW OF LITERATURE

Mental health

Coneer, Lisa-K. Henker-Barbra, Kemeny-Margaret, Wyatt Gail (2001).

Examined 2 constructing models of the relationship between illness disclosure and mental health among on ethnically diverse group of women with HIV I AIDS. In the first/1st model, illness disclosure predicts enhanced mental health status. In the 2nd, based on the stigmatization that accompanies HIV I AIDS infection, illness disclosure predicts poorer mental health. Results indicate that these women constituted a highly disclosed population, over one third of them had disclosed their HIV status of their entire social networks. Contrary to expectation, disclosure was unrelated to mental among the African-American and European American women.

Lemmon-Robin, Shuff, 1-M

This study examined the effects of mental health service provided turnover rates any system integration system integration was defined as appropriate referrals and the free low exchange of information among 3 components, mental health calve, primary health care, and dedicated HIV care coordination services. From a sample of 17 mental health centers across a Midwestern state, higher staff turnover rates did not negatively impact integration with the exception of within-center services. Mental health service pro id r are aware of who other network provided are, but integration breaks do n at level of implementation in terms of contacts, exchanges of information and referrals. Integrative efforts focused on care coordination with little to no evidence.

Douglas, Jane-Patricia (2002)

The analysis focused on assessing the rates of moderate and severe mental illness provider identification of mental illness, the effect of service integration on HIV and mental health outcome.

Social Support

Jeon & Madjor (1998)

Cite a number of research studies which highlights caroler’s needs for social support as well as for information and appropriate community and hospital services. Nosebleed et. al., (1991) differentiated four need categories, emotional support, feedback, informational support and exploring alternatives for the future.

Canpbel (1999)

Reports that despite the stress strains, mothers derive as sense of purpose from caring or their HIV-positive child, though the death becomes very painful as it disrupts the natural life process in which parents are supposed to die before their offspring.

METHODOLOGY

Statement of the problem

A study on mental health and social support among normal and HIV/AIDS patient.

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Variables

Independent variable

Normal and HIV/AIDS patient M/F

Dependent variable

Mental health and social support

OBJECTIVES

- 1.To know the social support of normal and HIV +ve
- 2.3. To know the difference between normal and HIV/AIDS patients mental health.

HYPOTHESIS

- 1.There is a significant difference in mental health of normal and HIV +ve individual.
- 2.There is a significant difference in social support of normal and HIV +ve individual.
- 3. There is a significant difference male and female normal and HIV +ve patient mental health.
- 3.There is a significant difference male and female normal and HIV+ve patient social support.

Sample

The total sample consists 100 which includes 50 normal (M/F) and 50 HIV/AIDS (M/F)

	Normal	HIV/AIDS	Total
M	25	25	50
F	25	25	50
Total	50	50	100

Tools

Social support

If this study NEHRA PGI social support questionnaire (PGI-S Q a standardized test is used. Thus higher the score better is the preserved using E/3 techniques. Item No. 2, 4,8,9, 11, 12 and 18 are positively worded and scored as such but item No 1,3,5,6,7,10,13,15,16 and negative items and have to be scored in the reverse order, the total score indicates the amount of social support perceived by the individual higher score indicates more perceived social support.

Mental health

Mental health inventory by Dr. Jagdish Dept. of Psychology R.B.S. College Agra and Dr. A.K. Srivastava Dept. of Psychology B.H.U. Varanasi. This scale consists of 56 items, there are four alternatives; always most of items, sometimes and never. The positive items are scored 4,3,2 and 1 and

negative items are scored 1,2,3, and 4. Lower scores indicate lower mental health and higher scores indicate higher mental health.

DISCUSSION

The challenges to the country's infrastructure to respond to this epidemic and the issue of this epidemic and the issue of stigma and discrimination faced by HIV infected persons appear daunting.

The role and status of HIV +ve patients have been tremendously changed, with the advent of AIDS education and awareness programme and other training.

The AIDs patients who work outside the home are required to make many socio-familial adjustment that even. Contribute to stress and anxiety stress is expressed when an individual becomes incapable to cope with the demand of environment, which result in pressure and strain brings the person to feel tense and uncomfortable.

Table No-1
Showing the total sample of mental Health and social support.

	Mental health		Social support	
	Male	Female	Male	Female
Mean	296.56	308.04	53.06	52.34
SD	14.41	11.30	5.11	4.18
t-value	0.62		0.10	

Table No. 1 showing the m and T-value obtained from the sample. The mean value of mental health female is 308.00 and that of male is 296.56 the mean score of metal health female is sample is more than the male and SD of mental health in both male and female is 14.41 and 11.30. The calculated t-value is 0.62 which is not significant revealing the fact that there is no significant difference in mental health of male and female.

The mean value of social support of male is 53.06 and that of female is 52.34 and SD of both male and female is 5.11 and 4.18. The calculated t-value of 0.10 is not significant.

Table No-2
Showing the social support of normal and HIV+ ve patient

	Social support of normal		Social support of HIV+ve	
	Male	Female	Male	Female
Mean	58.6	56.48	47.52	48.5
SD	5.42	4.71	4.79	3.57
t-value	0.29		1.0	

Table No. 2 showing the mean D and t-value obtained from the sample of social supp01i of normal and HIV+ e patients.

The mean value of normal male and female is 58.6- and 56.48. The mean score of social support male is little more than the female and SD is 5.42 and 4.71. The calculated t-value of 0.29 is not significant at 0.01 level of significance.

The mean value of HIV +ve patients male and female is 7.52 and 48.5. The mean score of social supp01i male is little more compare to female and SD is 4.79 and 3.57. The calculated T-value of 1.0 is not significant at 0.01 level of significance.

Table No 3
Showing the mental health of normal

	Male	Female
Mean	156.56	159.52
SD	11.64	12.79
t-value	0.17	

Table No 7 showing mean, D and t-value obtained from sample of mental health of male and female . The mean value of male is 156.56 and female is 159.52 the man o e of female in mental health is more than the male and SD is 11.64 and 12.79. The calculated t-value of 0.17 is not significant at 0.1 level of significance.

CONCLUSION

- 1)There is no significant difference mental health and social support between m.al and al .
- 2)There is significant difference in social support of normal and HIV +ve
- 3)There is a significant difference in mental health of normal and HIV +ve meal and female.
- 4)There is a significant difference in social support between male and female HIV +ve patients.
- 5)There is a significant difference m mental health of male and female HIV+ ve patients.
- 6)No significant deference in normal male and female.
- 7)No significant difference in mental of normal male and female.

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