

GENDER AND SOCIO-ECONOMIC CORRELATES OF LIFE SATISFACTION: A STUDY OF PEOPLE LIVING WITH HIV/AIDS

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ABSTRACT

In order to investigate the effect of gender, socio-economic status and presence of HIV on patients' life satisfaction, total 240 participants (120 healthy individuals and 120 HIV-positive individuals) were recruited through convenient sampling from various hospitals of Meerut. Life Satisfaction Scale of Alam & Dr. Ramji Srivastava was used to assess the degree of life satisfaction of participants. By calculating the t-test value for the differences of male-female, low-high socio-economic status, and healthy-HIV-positive participants, significance was estimated with regard to life satisfaction. Present findings showed the gender difference as significant among healthy respondents' life satisfaction, not among HIV-positive patients. In the same way significant socio-economic difference exist among healthy people only. HIV-positive patients with high and low socio-economic status have non-significant difference in their life satisfaction.

Keywords: Life Satisfaction, Healthy, HIV-positive, Socio-economic Status, Gender.

1. INTRODUCTION

Mental health is crucial to everyone, because going through difficult times and to cope with it are essential part of life. Living with a serious illness like HIV is likely to have a significant emotional impact and leads to immense mental health problems, might be because of HIV-related stigma, the prejudices and negative attitudes. It seems difficult to escape from the negative thinking and beliefs developed about HIV, not only for people with HIV, but for normal people also. The probability of developing mental health problem is much more in women than in men. Sometimes, being diagnosed with HIV causes huge stress to make life more complicated.

Life satisfaction is one aspect of subjective well-being, and refers to one's cognitive assessment of own life (Diener & Diener, 1995). Satisfaction with life reflects both the extent to which basic needs are met and the extent to which other goals are considered attainable. Life satisfaction is made up of commitment to goals and beliefs about achieving those goals (Diener et al, 1999). Life satisfaction acts like a buffer against the impact of stressful life events on the development of psychopathology, according to Suldo & Huebner(2004). It is not surprising that a lot of research has been done on the satisfaction of living with adults, given that the willingness to act productively towards the main goals of adulthood (relationships, parenthood, work, participation community) is linked with satisfaction with various areas of life, as depicted by Diener and colleagues(1999). Cummins and Nistico (2002) have argued that in politically and economically more favorable circumstances, life satisfaction must involve some process of comparison between current experience and internalized norms. Research has concluded that demographic factors explain very little variation in adult SB. In particular, other research (Lyubomirsky, 2001) has found that objective circumstances, demographic variables, and life events do not explain more than 8-15% of the variance in happiness. Given that income provides access to resources and that resources can enable participants to meet their basic needs and achieve their goals. Dew and Huebner (1994) have reported the life satisfaction as to be associated moderately with socioeconomic status (SES), but other research shows conflicting results regarding overall family demographics (Hagerty, 2000; Huebner et al., 2000).

2. OBJECTIVE OF THE STUDY

- To study the gender difference in life-satisfaction of healthy people.
- To study the gender difference in life-satisfaction of HIV-positive people.
- To study the socio-economic difference in life-satisfaction of healthy people.
- To study the socio-economic difference in life-satisfaction of HIV-positive people.

3. HYPOTHESES OF THE STUDY

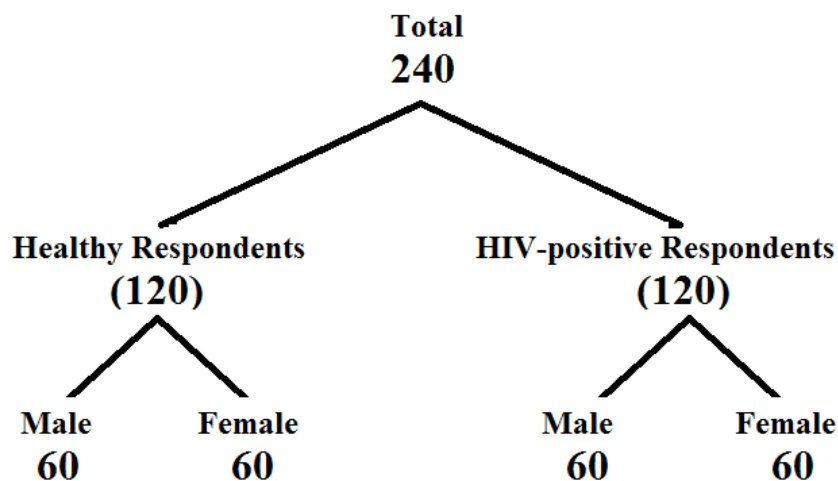
- There is no significant gender difference in life-satisfaction of healthy people.
- There is no significant gender difference in life-satisfaction of HIV-positive people.

- There is no significant socio-economic difference in life-satisfaction of healthy people.
- There is no significant socio-economic difference in life-satisfaction of HIV-positive people.

4. METHOD AND DESIGN

Design: An ex-post-facto research design has been used to examine the life satisfaction of healthy and HIV-positive patients in relation of their gender and socio-economic status.

Population and Sample: 120 healthy individuals and 120 HIV positive patients were recruited with convenient sampling for this study. Equal numbers of male and female participants were kept as the part of the recruited sample. In this way total 240 respondents were the part of the study. Following figure shows the structure of sample:



Variables of the Study: The variables of the study are

- **Independent Variable**
 1. HIV-Positive
 2. Gender
 3. Socio-economic Status
- **Dependent Variable**
 1. Life-satisfaction.

Tools for Data Collection

- i. Socio-economic Status:** Socio-economic status has been measured in terms of education level, occupation, total family income, living standard and people living in household of the participants.
- ii. Life Satisfaction Scale:** Life Satisfaction Scale (LSS) constructed by Alam & Dr. Ramji Srivastava was used to assess the level of satisfaction with life among participants. This scale consists of 60 items. Each item has two alternatives of yes and no. The test-retest reliability of the scale is .84. The validity of the scale ranges from .74 to .82.

5. ANALYSIS AND INTERPRETATION OF DATA

Results shows that healthy male participants scored 44.03 and healthy female participants scored 47.71 on life satisfaction. Table-1 reveals that the mean difference between healthy male and female participants is significant ($t = 2.24$; $p < .05$), which demonstrates that healthy female participants tend to show significantly greater life satisfaction with their life. Results related to those with HIV positive shows that male patients ($M = 41.21$) scored higher than female patients ($M = 39.93$), but the t -value for the obtained gender difference in means is not significant. In the light of present findings it can be said that no significant gender difference exists, regarding the life satisfaction among HIV positive patients, though it exists regarding that of healthy participants.

The overall mean score of healthy respondents is 45.87, which is no doubt higher than HIV positive patients' mean score of 40.57. Thus, these mean scores clearly show that healthy people have higher life satisfaction whereas HIV positive patients have lower life satisfaction. The gender difference in life satisfaction of healthy and HIV positive participants can be observed in figure-1.

Table-1: Statistical Values for Gender Differences in Life Satisfaction of Healthy and HIV-Positive Respondents

	Gender	N	Means	S.D.	SE _D	t-value
Healthy People (M = 45.87)	Male	60	44.03	9.02	1.64	2.24*
	Female	60	47.71			
HIV Positive (M = 40.57)	Male	60	41.21	8.31	1.51	.847
	Female	60	39.93			

* = Significant at .05-level

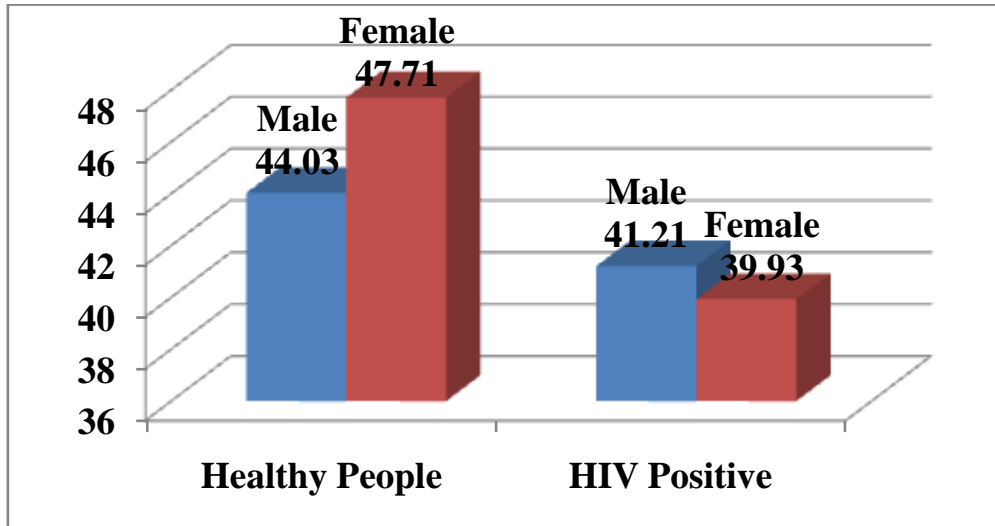


Figure-1: Bar Graph for Gender Differences in Life Satisfaction of Healthy and HIV-Positive Respondents

With regard to socio-economic difference in life satisfaction, table-2 exhibits that healthy participants with high socio-economic status scored 48.00 and those with low socio-economic status scored 43.74. It implies that healthy participants with high socio-economic status show significantly higher life satisfaction in comparison of participants with low socio-economic status ($t = 2.35, p < .05$). Further it can be observed that greater life satisfaction is shown by HIV patients too with higher socio-economic status ($M = 41.88$) as compared to those HIV patients with lower socio-economic status ($M = 39.26$). But the t-value has been found to indicate that HIV patients with higher socio-economic status do not significantly higher with regard to their life satisfaction. The difference in life

satisfaction level of participants with high and low socio-economic status can be observed in figure-2.

Table-2: Statistical Values for Socio-economic Differences in Life Satisfaction of Healthy and HIV-Positive Respondents

	SES	N	Means	S.D.	SE _D	t-value
Healthy People (M = 45.87)	High Scorer	60	48.00	9.92	1.81	2.35*
	Low Scorer	60	43.74			
HIV Positive (M = 40.57)	High Scorer	60	41.88	7.86	1.43	1.83
	Low Scorer	60	39.26			

** = Significant at .01-level

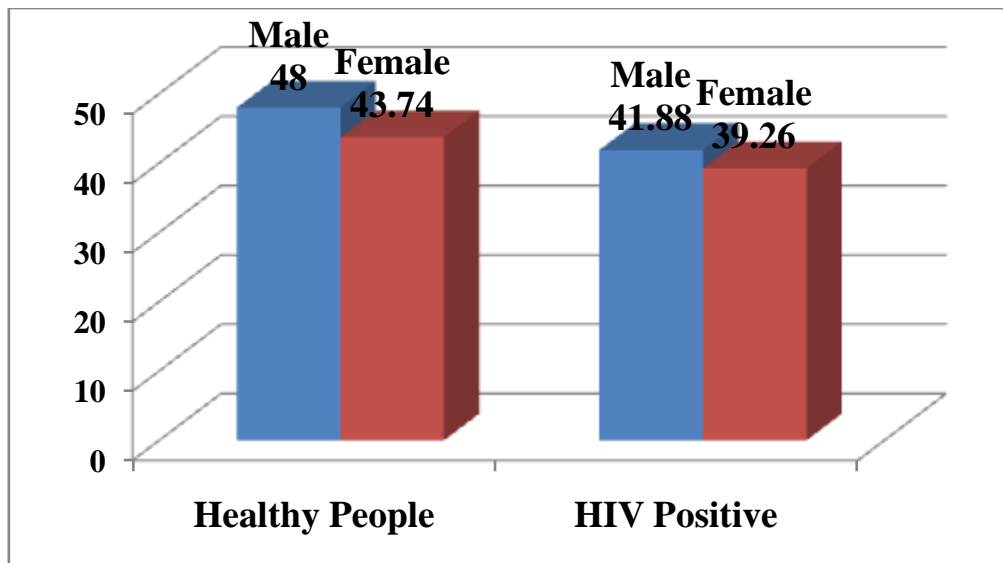


Figure-1: Bar Graph for Socio-economic Differences in Life Satisfaction of Healthy and HIV-Positive Respondents

6. DISCUSSION & CONCLUSION:

The results of the present study have shown demonstrated that the gender and socioeconomic differences affect the degree of life satisfaction among healthy people only, because being HIV positive has such an adverse effect on that neither having high socio-economic status nor female gender orientation can enhance the life satisfaction. Female

were seen to have lower satisfaction, though not significant, because of being HIV positive. Gebremichael, Hadush, Kebede, *et al* (2018) also reported that Females had significantly lower quality of life, which can be said consistent to present finding to some extent. Gebremichael and colleagues found that regarding the physical, psychological, independence and environmental domains of quality of lifemalepatients were higher. Results regarding the life satisfaction among healthy people are consistent with the findings reported by Andrews & Robinson(1991), Diener(1994), Huebner(1997), and Huebner et al, (1999). In the research by Gilman et al (2000) it was found that the life satisfaction levels of adolescent girls were significantly higher than the life satisfaction levels of adolescent males. However, this finding is consistent with the research findings of Gilman et al. (2000) too. In another investigation different from the previous one, it was found that the life satisfaction levels of adolescent boys were significantly higher than those of adolescent girls in the environment sub-dimension.

With regard to socio-economic status, this research proved that respondents whether they are healthy or HIV positive, with higher socio-economic status, tend to show greater life satisfaction. Life satisfaction of the healthy participants with the low socio-economic status was significantly lower than the life satisfaction of the participants with the high socio-economic status. People, brought up in families with a higher socio-economic status have better access of funds to continue their education, as well as variety of resources, and therefore to show greater general well-being, as reported by Douthitt et al(1992). On other hand, Seligson et al (2003) reported that participants with lower SES had lower life satisfaction levels than participants with higher socio-economic status. Socio-cultural factor can shape the patterns of relationship between personality and situational factors (Harkness & Super, 2003). Studies of adults have identified important differences in levels and correlates of life satisfaction across countries (Diener & Diener, 1995; Suh et al, 1998).

1. Null hypothesis regarding gender difference in life satisfaction of healthy individuals is rejected.
2. Null hypothesis regarding gender difference in life satisfaction of HIV-positive individuals is accepted.
3. Null hypothesis regarding socio-economic difference in life satisfaction of healthy individuals is rejected.

4. Null hypothesis regarding socio-economic difference in life satisfaction of HIV-positive individuals is accepted.

In conclusion, it can be posed that gender and socio-economic status significantly influence the life satisfaction of healthy individuals, but among those with HIV/AIDS, these effects seems to be subsided, as livings with HIV in itself is most significant to affect the life satisfaction adversely.

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