

Some psychological issues of HIV/AIDS Patients: a core analysis of self-efficacy

Ankit Patel^{1*}, Prof. Suresh Makvana²

ABSTRACT

This investigation of AIDS patients demonstrated that all the patients are sincerely upset and their self-ideal is powerless. Their day by day life modification is typical. All the patients are under treatment and they take a tablet of ARV at ART focuses. At present when that review was done, they will live more than two to five years. The last finish of that examination is that all patients' self-efficacy was upset because of disease. They are progressively subject to other people. So, they generally need support, compassion, love, and care. According to the results score of self-efficacies plainly make seen that CD4 cells significant pretend in HIV people life. An ordinary CD4 check is from 500 to 1,400 cells for each cubic millimeter of blood. CD4 includes decline after some time in people who are not accepting ART. At levels underneath 200 cells for each cubic millimeter, patients become vulnerable to a wide assortment of OIs, a significant number of which can be lethal.

Keywords: HIV, AIDS, Self-efficacy, CD4 Cells, T-Cells, Blood, ARV, ART

Today the world has confronted the greatest clinical issue of human life, and that is AIDS. Since 2012 to proceed with the researcher has done work with HIV/AIDS patients. What's more, right now, have attempted to fill their feeling, life esteems, genuinely intellectually issues, and so on. In 2013, the researcher watched an extremely poor degree of Emotional Stability, Adjustment, and Self Concept in HIV patients. For the most portion, that level is acceptable or normal in a healthy individual. After that review, I saw about the investigation of the idea.

As indicated by the Joint United Nations Program on AIDS (UNAIDS), 1.3 million of the 7.4 million individuals in Asia contaminated with HIV and they need antiretroviral treatment. However, it is assessed that less than 100,000 are right now accepting treatment. (E, 2005). According to the WHO report, we have 508 prepared specialists for AIDS and all outpatients are 4,580,000. In this way, 9,016 all our patients for every specialist. Just as 4,580,000 assessed aggregates HIV patients and they need ARVs 702,000 be that as it may, just 16,700 ARVs got (2%). Right now significant AIDS-related inquires about for making approach and clinical treatment in India.

¹ Research Scholar, Department of Psychology, Sardar Patel University, Vallabh Vidyanagar, India

² Professor & Head, Department of Psychology, Sardar Patel University, Vallabh Vidyanagar, India

*Responding Author

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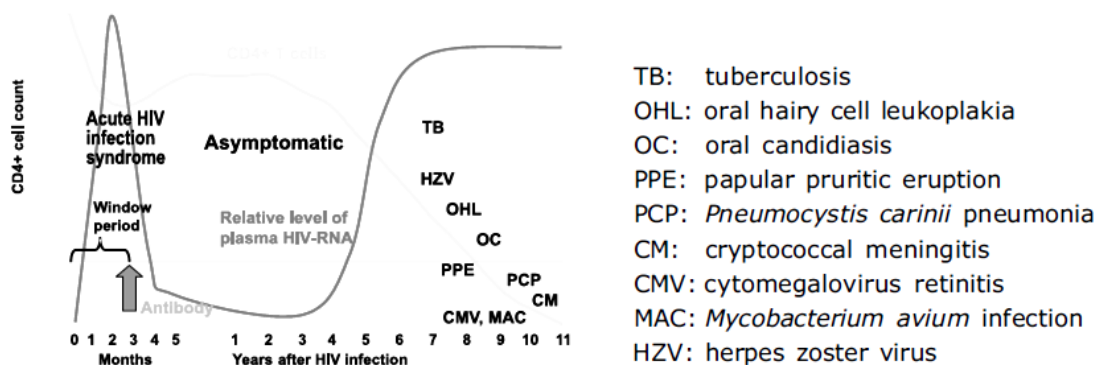
AIDS called as 'ACQUIRED IMMUNE DEFICIENCY SYNDROME'

- **'Acquired' means neither innate nor inherited, but transmitted from one infected person to another.**
- **'Immune' is the body's system of defense.**
- **'Deficiency' means not functioning to the appropriate degree.**
- **'Syndrome' means a group of signs and symptom.**

AIDS is the propelled phase of HIV disease. It is an incapacitating and hopeless disease brought about by HIV. As HIV dynamically devastates the invulnerable framework, a great many people, particularly in asset compelled settings, pass on inside a couple of long periods of the presence of the principal indications of AIDS. Just a blood test can build up an individual's HIV status. In any case, this doesn't imply that each individual who experiences the test has AIDS.

NATURAL COURSE OF HIV INFECTION AND COMMON DISEASES

Subsequent to entering an individual's body, HIV contaminates cells and starts to reproduce in them (basically CD4 T cells and macrophages). The infection prompts the body's resistant framework to deliver antibodies explicit to HIV. The period between the obtaining of disease and the creation of distinguishable HIV antibodies is known as the 'window period'. The window time frame can keep going for 2–12 weeks. During this period, the individual is profoundly irresistible however may not test positive on basic HIV counteracting agent tests. Up to 30%–half of the individuals have a conspicuous intense disease at the hour of contamination portrayed by fever, lymphadenopathy (expansion of the lymph hubs), night sweats, skin rash, cerebral pain, and hack.



[Figure 1: HIV Infection and Common Diseases (NACO, 2006)]

HIV-contaminated individuals may stay asymptomatic for up to at least 10 years. A HIV contaminated individual may take from a half year to 10 years to create AIDS; on a normal, half of those tainted take 8 years to advance to AIDS. Individuals right now assume a significant job in the transmission of HIV as they stay irresistible yet can be recognized uniquely by screening their serum for HIV antibodies. After a timeframe, differing starting with one individual then onto the next, viral replication continues and is joined by the devastation of CD4 lymphocytes and other safe cells, bringing about a dynamic immunodeficiency disorder. The movement relies upon the kind of disease and various

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components that may cause quicker movement, for example, age under five years or more than 40 years, different contaminations (crafty diseases) and conceivably heredity (hereditary) factors. Different contaminations, sicknesses and malignancies happen among HIV-tainted people. These are corresponded with the level of invulnerable concealment and incorporate tuberculosis (TB), oral shaggy cell leukoplakia, oral candidiasis, popular pruritic emission, Pneumocystis carinii pneumonia, cryptococcal meningitis, cytomegalovirus (CMV) retinitis and Mycobacterium avium contamination, Kaposi sarcoma, and so on (NACO, 2006)

REVIEW OF LITERATURE

A writing audit is more than the quest for data and goes past being an illustrative explained book index. All works remembered for the survey must be perused, assessed and broke down. Connections between the sorts of writing must likewise be recognized and explained, comparable to your field of research.

HIV/AIDS was first examined in 1986 in India by Dr. S. Solomon and her examination understudy Dr. Nirmala, S among female sex laborers in Chennai, Tamil Nadu. After that year, sex specialists started demonstrating sign of this fatal illness. And in addition around then, non-natives in India were going all through the nation. It is felt that outsiders were the ones in charge of the main contaminations. Individuals living with HIV are currently being faces with an interminable, degenerative, dynamic malady, having no fix.

Lewis, J. E., Malow, R. M., & Ireland, S. J. (2004) examined managing the psychosocial associates of HIV chance among heterosexual undergrads are explored, including discoveries identified with such hypothetical factors as HIV/AIDS-related information, individual and accomplice's frames of mind toward condom use saw defenselessness, correspondence with sex accomplices, and sexual self-efficacy. Despite the fact that understudies are exceedingly educated about essential HIV/AIDS actualities, they hold some misperceptions about sickness transmission. They hold unbiased to-negative libertine and down to earth frames of mind about utilizing condoms; the individuals who have occupied with dangerous conduct precisely see their more noteworthy defenselessness to contamination and experience tension in regards to transmission of HIV disease. Heterosexual understudies discuss rarely with their accomplices about more secure sex, however they frequently consent to an accomplice's proposal that they use condoms. Larger amounts of sexual self-efficacy among understudies have been related with a lower chance for HIV transmission. Restrictions and clinical ramifications of the discoveries and proposals for future intercessions are talked about.

Barclay, Terry R., Hinkin, Charles H., Castellon, Steven A., Mason, Karen I., Reinhard, Matthew J., Marion, Sarah D., Levine, Andrew J., Durvasula, Ramani S. (2007). discovered that albeit most concur that poor adherence to antiretrovirals is a typical issue, generally few components have been appeared to reliably anticipate treatment disappointment. In their examination, a hypothetical system including statistic qualities, wellbeing convictions/frames of mind, treatment self-efficacy, and neurocognitive status was inspected in relationship to profoundly dynamic antiretroviral treatment adherence. For their examination they was utilized plan as forthcoming, cross-sectional observational structure. Their Main Outcome Measures is Neuropsychological test execution, wellbeing convictions and mentalities, and prescription adherence followed over a 1-month time span utilizing electronic checking innovation (Medication Event Monitoring System tops). At last Results is the rate of poor adherence was twice as high among more youthful members than with more seasoned members (68% and 33%, separately). Aftereffects of double calculated relapse uncovered that low self-efficacy and absence of saw treatment utility anticipated poor adherence among

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more youthful people, though diminished dimensions of neurocognitive working remained the sole indicator of poor adherence among more seasoned members. After cautiously analysis of their outcome, they concluded that these information bolster parts of the wellbeing convictions model in foreseeing medicine adherence among more youthful HIV-positive people. In any case, danger of adherence disappointment in those ages 50 years and more established seems most identified with neurocognitive status.

Myron J. Burns, Frank R. Dillon (2005), examined the connection between self-announced recurrence of condom use (without anyone else or accomplice amid the previous a half year and lifetime), locus of control, self-efficacy, and future time introduction among African American understudies who were single and sexually dynamic amid the previous year. Information were gathered from 106 college understudies at a southeastern college. The example included the two men (32.1%) and ladies (67.9%). The mean age of the example was 21.1 years. Locus of control did not foresee condom use. More prominent likelihood of condom use was identified with higher self-efficacy and future time introduction scores. Besides, ladies with more grounded future introductions showed progressively visit present and past utilization of condoms in their sexual exercises than guys. The ramifications of these discoveries for AIDS aversion training programs are talked about.

In 2000, Lisa Bowleg, Faye Z. Belgrave, Carol A. Reisen to examine understanding cross-sectional investigation tried an applied model of ladies' HIV/AIDS defensive practices utilizing sex jobs, relationship control techniques, and preparatory sexual self-efficacy as indicators in a dominantly Black and Latina people group test of heterosexual ladies (N = 125). Results uncovered no help for the full model, yet fractional affirmation for a few parts of the model. Instruction essentially anticipated sex jobs, and sex jobs and utilization of direct power procedures were critical indicators of sexual self-efficacy. The vast majority of the members were hitched or cooperated and were unconcerned about contracting HIV, proposing that if ladies see that they are at low or no hazard, their sex jobs, control systems, and prudent sexual self-efficacy will be insignificant to their HIV/AIDS chance decrease rehearses.

Self-efficacy theory has had significant impact in investigations of wellbeing related behaviors, including the avoidance of sexual transmission of HIV. Forsyth, A. D., & Carey, M. P. (2001). Be that as it may, loose operationalization of self-efficacy theory in HIV counteractive action look into is normal and has significant ramifications for the expectation of risk-reducing behavior from self-efficacy convictions. In numerous cases, builds other than self-efficacy have been surveyed. In this article, the operationalization and estimation of self-efficacy with regards to HIV-risk-decrease explore are looked into and provokes innate to such endeavors are recognized. Proposals for upgrading the forecast of risk-reducing behavior from self-efficacy convictions are additionally given.

A Bandura. (1989), said that the four fundamental parts of a successful program to deliver changes in inspiration and behavior are data, improvement of social and self-administrative aptitudes, guided practice and remedial input in applying the abilities, and advancement of social backings for the ideal individual changes. The educational part of an AIDS counteractive action program must be exhibited in a justifiable, believable, and powerful way and ought to be scattered through an assortment of media. What's more, social demonstrating ought to be utilized to create and reinforce convictions in the capacity to utilize the aptitudes depicted. Besides, practice in reproduced circumstances and the utilization of network intervened endeavors are simply the best approaches to upgrade efficacy and manufacture the

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fundamental social backings. Notwithstanding, endeavors to create psychosocial ways to deal with AIDS aversion are hampered by perspectives that these methodologies are only impermanent measures to be utilized until an immunization is created and that they can't influence essential human drives.

Doreen Rosenthal Susan Moore Irene Flynn. (1991), investigates the sexual self-efficacy and sexual self-esteem of male and females and the connection between sexual risk-taking and these self-perceptions. Explicitly dynamic 18-year-olds were managed proportions of sexual self-efficacy and sexual self-esteem and were gotten some information about their sexual behavior. Guys had larger amounts of self-esteem and were more sure than females of their capacity to state their sexual needs, however less certain that they could state no to sexual requests. For a considerable minority there were a few troubles in managing condoms. Capability in the sexual space represented a huge yet little measure of difference in sexual risk-taking. The indicators of sexual risk-taking were the equivalent for both genders however contrasted by kind of accomplice. Trust in the capacity to state no was the sole indicator of more secure sexual behavior with an easygoing sex accomplice. Notwithstanding this factor, lower dimensions of risk with an ordinary accomplice were anticipated by these respondents' lower trust in the capacity to affirm their sexual needs, together with lower dimensions of their own sexual self-worth. There is requirement for young people to accomplish a feeling of dominance and self-worth in the sexual area, just as a comprehension of the idea of 'customary' connections.

In 1993, Wulfert, E., & Wan, C. K. did a survey of heterosexually dynamic undergrads accumulated data about condom use, self-efficacy (SE), result hopes, sexual dispositions, peer bunch impacts, AIDS learning, and an apparent powerlessness to AIDS. Based on A. Bandura's (1986) social-subjective theory, a basic model with SE as the focal go between was detailed and assessed with LISREL. This model clarified 46% of the fluctuation in condom use from decisions of SE and impacts owing to companions and 53% of the change in SE from result hopes and friend bunch impacts. Sexual dispositions, AIDS learning, and saw defenselessness did not foresee condom use. Most understudies were well-educated about HIV transmission yet announced not feeling at risk, despite the fact that many occupied with risky sexual behavior.

METHODOLOGY

Objectives

1. To investigate Self-efficacy among Male and Female, Married and Single, CD4 Cells group of HIV positive people.
2. To describe Self-efficacy among Male and Female HIV positive people.
3. To describe Self-efficacy among Married and Single HIV positive people.
4. To describe Self-efficacy among CD4 Cells group of HIV positive people.

Hypotheses

- H₀₁: There shall be no significant difference between the score of Self-Efficacy among Male and Female HIV positive patients.
- H₀₂: There shall be no significant difference between the score of Self-Efficacy among Married and Single HIV positive patients.
- H₀₃: There shall be no significant difference between the score of Self-Efficacy among HIV positive patients' CD4 Cells 100<250 Group and CD4 Cells 251<500 Group.

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Variables:

Following Distribution of Dependents & Independent Variables of the Study:

Table 3.1 The Nature of Variables

Sr. No.	Name of the Variables	Nature of Variable	Number of Levels	Name of the Level
01	Types of Gender	Independent	02	A1: Male A2: Female
02	Marital Status	Independent	02	B1: Married B2: Single
03	Levels of CD4 cells	Independent	02	C1: 100 < 250 C2: 251 < 500
06	HIV SE	Dependent	06	Managing mood, Managing medications, managing symptoms, Communicating with a health care provider, Getting supports and Managing Fatigue.

Criteria

The following inclusion /exclusion criteria were followed in the present study:

Inclusion Criteria

- A. Selected patients depended to the hospital.
- B. All the patients were selected between age ranges of 21 to 40 years. Because in this age the immune system has very powerful and significance.
- C. Only patients include who able understand Gujarati language.

Exclusion Criteria

- A. Disable patients have not selected in the study.
- B. The patient should not have any Mood Disorders due to Bipolar disorder, Mood disorder and Substance-induced mood disorder.
- C. The patients should not have any other acute / chronic illness.

Research Design:

There are several methods of data collection. A systematic and scientific methodology, which is referred to as research design (Festinger and Katz, 1970), determines the correctness and accuracy of the obtained results. The most valid and reliable method of scientific investigation is one characterized by observing the effect of experimentally manipulated variables while the extraneous, systematic or relevant variables are under control and other variables possibly introducing errors are minimized, if not totally eliminated.

The present study was not possible experimentally because of nature of investigation. The researcher has adopted the quantitative descriptive research to gain the objectives of the present study. Quantitative Descriptive research includes data collection through questionnaire quantification of the responses of the respondents and fact findings. Quantitative Descriptive research involves collecting data in order to test hypothesis or to answer questions concerning the current status of the subjects of the study.

All most all research designs are complex. When, the researcher wants to study simultaneously two or more independent variables then factorial design has to be selected by

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the investigator. A factorial design is the most common way to study the effect of two or more independent variables. In a factorial design, all levels of each independent variable are combined with all levels of the other independent variables to produce all possible conditions.

This research will be adopted 2x2x2 research design as well as first is Gender type (A Group), like Male, Female patients, second is category of (B Group) Marital Status like, married and single HIV patients, and last category (C Category) is CD4 Cells count, Like above set in sample section. This research design adopted a 2x2x2 factorial design with Gender, Marital Status, and Levels of CD4 Cells.

Table 3.2 Total Sampling Designing

Groups	A1 Male		A2 Female		Total
	C1 Low CD4 Level 100<250	C2 High CD4 Level 251<500	C1 Low CD4 Level 100<250	C2 High CD4 Level 251<500	
B1 Married	40	40	40	40	160
B2 Single	40	40	40	40	160
Total	80	80	80	80	320

Population & Location

Santrampur, which used to be known as Brahampuri, is a town in Mahisagar District, Gujarat, India. It fills in as the regulatory central command for Santrampur tehsil and is situated on the banks of the Suki waterway in the lap of the Aravalli slopes. It is 155 km (96 mi) from the state capital at Gandhinagar.

Research Tools:

1 PERSONAL DATA SHEET:

A personal data sheet developed by the investigator was used to collect information about types of Gender, Marital Status, and Levels of CD4 Cells.

2 SELF-EFFICACY

HIV SELF-EFFICACY (HIV-SE) QUESTIONNAIRE by Martha Shively, Tom L. Smith, Jill Bormann, and Allen L. Gifford developed in 2002. This construct is useful in assessing the patients' self-belief In the management of the disease. It has 34 items and 6 conceptual domains. Include *Managing mood, Managing medications, managing symptoms, Communicating with a health care provider, Getting supports and Managing Fatigue.*

Table 3.3: The Fact of HIV-SE Scale

Facts of the Scale	
Items	34
Age	Adult
Duration	15 to 20 minutes
Original Language	English (US)
Reading Level	6th-8th grade
Response Format	10-point Likert scale (1 = not sure at all, 10 = totally sure). A 10-point scale structure.

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Facts of the Scale	
Dimension	6 Dimension, like Managing mood, Managing medications, managing symptoms, Communicating with a health care provider, Getting supports and Managing Fatigue.
Reliability	0.89 (Gujarati Translate)
Validity	0.90 (Gujarati Translate)
Translator	Dr. Hitesh Patel, DGO, MBBS
Year	2015

Procedure Of Work:

PHASE 1 (Laboratory Analysis)

As you know, this research is divided into three phases. In which the first is to check the patient's blood. Because researcher has needed to know the volume of CD4 cells in the blood, Firstly, The researcher has to check the HIV patient's blood in the lab. From which investigator will know how much the CD4 volume in their blood. For this phase, Researcher has contacted the hospital authority. And after their permissions, a total of 1,200 HIV positive patients were tested for blood in the lab.

PHASE 2 (Inventory Analysis)

After successfully finished Phase 1, Researcher starts the Phase 2 of the research process. The researcher has been personally visiting by the hospital with the permission of the hospitals' authority. After the collected CD4 Cells from 1200 HIV positive patients. The researcher has to select 320 patients into 1200 total samples. After selected 320 HIV positive patients with PSM from the final blood test, all 320 patients divided into 3 groups. As A Group = Male, Female patients, B Group = Married and Single HIV patients, and C Group = CD4 Cells count.

CD4, also known as T4 Count T-helper Cells. CD4 cells are WHITE BLOOD CELLS (WBC) that assumes a significant job in the immune system. Human CD4 cell tally gives a sign of the strength of immune system –body's regular barrier system against pathogens, contaminations and ailments. CD4 cell check is the quantity of blood cells in a cubic millimeter of blood (a little blood test). It's anything but a check of all the CD4 cells in body. A higher number shows a more grounded immune system.

- The CD4 cell count of a person who does not have HIV can be anything between 500 - 1500.
- People living with HIV who have a CD4 count over 500 are usually in pretty good health.
- People living with HIV who have a CD4 cell count below 100 are at high risk of developing serious illnesses. HIV treatment is recommended for all people living with HIV. It is especially important for people with low CD4 counts.

PHASE 3 (Statistical Analysis)

After given all questionnaires to 320 selected HIV positive patients, the researcher has the start of evaluated of response sheets that has fill-up information from selected sample. All response sheet data evaluated as per Manuals of Questionnaires. The researcher has been stickily followed term and conditions, methods and rules of Questionnaires' Manuals.

Statistical Formulas:

Descriptive statistical measures like mean and standard deviation were used to see the level of Psychological well-being, Coping Strategies, Self-efficacy, Adherence among HIV positive patients of according to Gender, Marital Status, and level of CD4 cells. ANOVA (Analysis of variance) factorial design 2 x 2 x 2 were computed to determine whether there is a significant mean difference between various pairs of HIV patients. Pearson’s correlation coefficient was computed to provide information whether the dependent variables correlate with each other and to measure the degree of relationship between variables.

RESULT AND DISCUSSION

1 Self-efficacy with reference to gender, relation status and CD4 cells group of HIV positive people:

The goals were to find out whether Gender, relation status and CD4 cell group differ of self-efficacy in HIV positive people. In this research study, 1 null hypotheses (no.1 to 3) were put up with the framing of 2x2x2 factorial design. All null hypotheses were tested by the statistical techniques of 2 way ANOVA. The find analyses are obtainable in table 4.1 to 4.3.

The result according to 2x2x2 factorial design, n, SDs and Mean of gender, relation status and CD4 cell group with reference to self-efficacy of HIV positive people is present in table No.4.1.

Table No. 4.1 (N=320) Mean and SD score of the Self-Efficacy with mention to gender group, relation status and CD4 cell group of the HIV People.

Variable	(A) Male patients				(B) Female patients			
	(C) Married		(D) Single		(C) Married		(D) Single	
	(E) CD4 Cells Count 100<250	(F) CD4 Cells Count 251<500	(E) CD4 Cells Count 100<250	(F) CD4 Cells Count 251<500	(E) CD4 Cells Count 100<250	(F) CD4 Cells Count 251<500	(E) CD4 Cells Count 100<250	(F) CD4 Cells Count 251<500
Mean	169.12	168.27	246.65	271.05	226.30	278.67	270.20	242.77
SD	21.48	34.10	58.32	49.91	63.04	29.83	42.63	73.96
n	40	40	40	40	40	40	40	40

The result according to 2x2x2 factorial design, ANOVA of gender, relation status and CD4 cell group with reference to self-efficacy of HIV positive people is present in table No.4.2.

Table No.4.2 (N=320) ANOVA summary of Self-Efficacy with mention to gender group, relation status and CD4 cell group of the HIV people

Source of Variance	Sum of Squares	df	Mean Square	F
Gender	132600.61	1	132600.61	53.76**
MS	177284.45	1	177284.45	71.88**
CD4	11761.25	1	11761.25	4.76*
Gender * MS	148436.45	1	148436.45	60.18**
Gender * CD4	9.80	1	9.80	0.04 (NS)
MS * CD4	14878.51	1	14878.51	6.03*
Gender * MS * CD4	55177.51	1	55177.51	22.37**
Error	769509.90	312	2466.37	
Total	1309658.488	319		

significant: P>0.05 *, 0.01**, NS=Not significant

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The result according to 2x2x2 factorial design, mean difference of gender, relation status and CD4 cell group with reference to self-efficacy of HIV positive people is present in table No.4.3.

Table No. 4.3 (N=320) Difference between mean score of Self-Efficacy with mention to gender group, relation status and CD4 cell group of the HIV Patients

IV	N	Mean	Difference between mean
Male	160	213.77	40.72
Female	160	254.49	
Married	160	210.59	47.08
Single	160	257.67	
CD4 Cells Count 100<250	160	228.07	12.12
CD4 Cells Count 251<500	160	240.19	

Self-efficacy with reference to male and female HIV positive patients.

The 3rd number aim of the research study was to there shall be no significant difference between the score of self-efficacy among Male and Female HIV positive people.

The upper panel Table 4.2 shows the results of ANOVA on self-efficacy of two genders of HIV positive people. We obtain an F-ratio of gender on self-efficacy is 53.76 which is significant at 0.01 level. That is why Ho 3 is not-accepted. It means statistically significant difference is existed between male HIV positive patients and female HIV positive patients on self-efficacy. It can be seen from mean Table, 4.3 indicated that the mean scores of male HIV positive patients is 213.77 (N=160) and the mean scores of female HIV positive patients is 254.49 (N=160), there is a mean difference of male and female HIV positive people is 40.72. It means female HIV positive patients' extraordinary level of self-efficacy than male HIV positive patients.

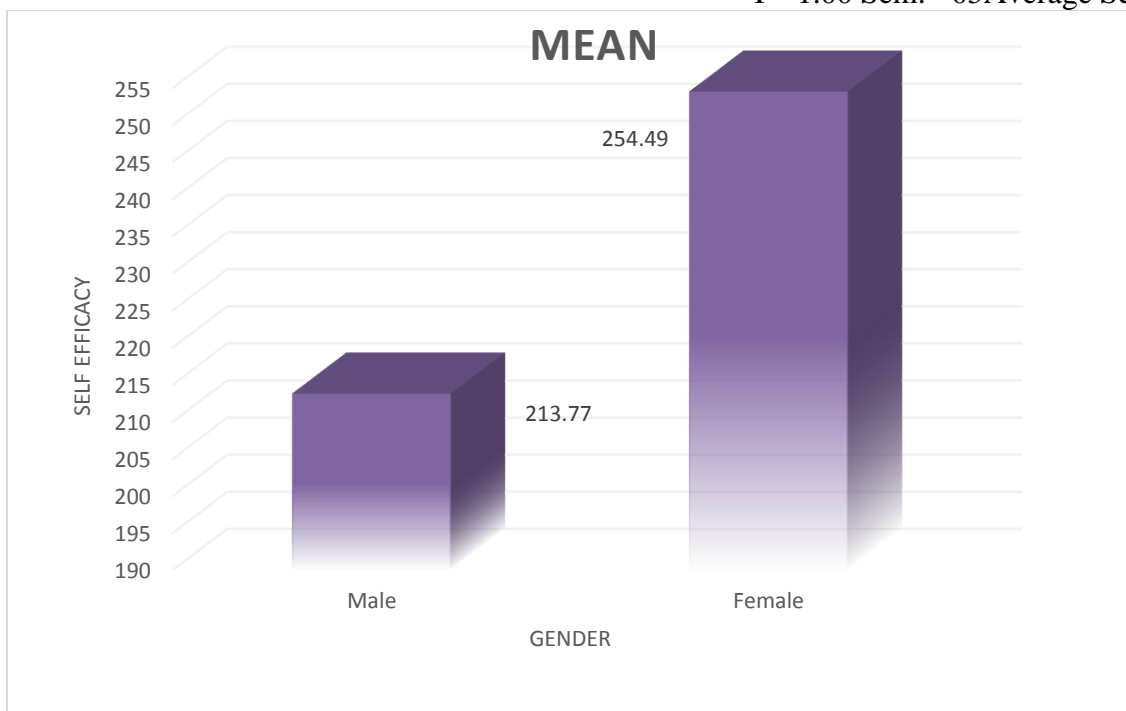
Current scenario is women not dependent and young women seem to have more freedom to engage with more than one sexual partner at a time when young women are expected to be loyal to their spouse. Increased HIV prevalence is also prevented. The prevalence of education among women is higher than ever and women make their own decisions due to their awareness of health, which in turn results in higher self-efficacy among women than men.

This difference can be seen from graph No.1 designed on the basis of mean result.

Graph No. 1

Graph showing mean scores of self-efficacy with mention to male and female HIV positive people.

X = Gender (Male and Female)
Y = 1.00 Sem. = 05 Average Score



Self-efficacy with reference to married and single HIV positive people.

The sixteen-number hypothesis of the research was to describe self-efficacy of married and single HIV positive people.

Table 4.3 indicates that the mean score of the married HIV positive people = 210.59 (N=160) and mean score of single HIV positive people was = 257.67 (N=160), the variation between the 47.08. The HO16 tested this analysis. It was found in table no 4.2 that the 'F' rate was 71.88. This was significant at 0.01 levels. For that reason, the above, HO16 was refused and it was considered that the married and single HIV positive people have shown high difference in self-efficacy. It means in this research study it is seen that there is significant difference between married and single HIV positive people regard with self-efficacy. The condition funds single HIV positive people high level of self-efficacy than married HIV positive people.

Single people have strong belief in their abilities to resolve daily problems and routine activities effectively enjoy higher single satisfaction. People alone are not dependent on others and can make their own decisions and moving on to better. Married people face many problems in life. People alone do not have to face it, Because of these reasons single people high self-efficacy than married people.

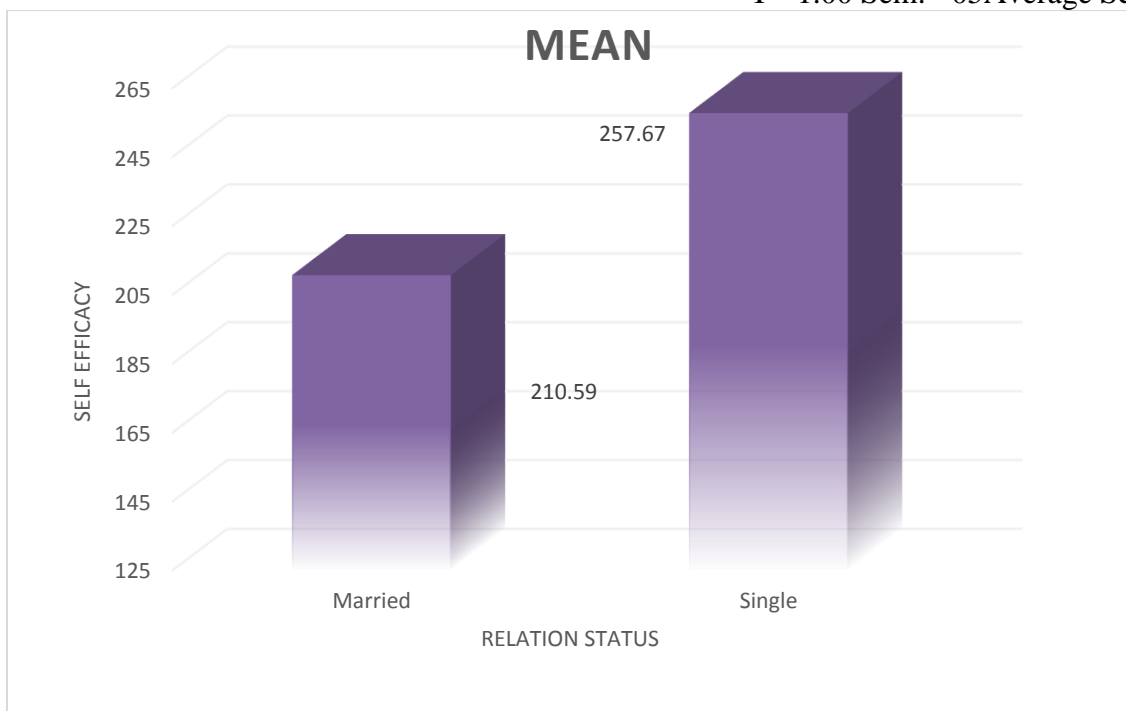
This difference can be seen from graph No.2 designed on the basis of signify result.

Graph No. 2

Graph showing mean scores of self-efficacy with point out to married and single HIV positive people.

X = Relation status (Married and Single)

Y= 1.00 Sem. =05 Average Score



Self-efficacy with reference to CD4 Cells count 100<250 and CD4 count Cells 251<500 of HIV positive people.

The hypothesis of the research study was to there shall be no significant difference between the score of self-efficacy among CD4 Cells count 100<250 Group and CD4 Cells count 251<500 Group of HIV positive people.

Table 4.2 shows the results of ANOVA on self-efficacy of different CD4 cells group of HIV positive people. We obtain an F-ratio of CD4 cells group on self-efficacy is 4.76 which is significant at 0.05 levels. That is why Ho 3 is refused. It means significant dissimilarity is existed between CD4 Cells 100<250 Group and CD4 Cells 251<500 Group of HIV positive people on self-efficacy. It can be seen from mean Table, 4.3 indicated that the mean scores of CD4 Cells 100<250 Group of HIV positive patients is 228.07 (N=160) and the mean scores of CD4 Cells 251<500 Group of HIV positive patients is 240.19 (N=160), there is a mean difference of CD4 Cells 100<250 Group and CD4 Cells 251<500 Group of HIV positive people is 12.12. It means CD4 Cells 251<500 Group HIV positive people high level of self-efficacy than CD4 Cells 100<250 Group HIV positive people. This difference can be seen from graph No.3 designed on the basis of mean outcome.

CONCLUSION

As far as the role of Gender, Marital Status and CD4 cells are concerned with the level of *Self-efficacy* among HIV positive patients, it has been noticed that all the three dependent variables by independent variable gender and marital status, whereas second independent variable CD4 cells has influence on only *Self-efficac*. The interactions of gender and marital

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status as well as marital status and CD4 cells were also found significant for *Self-efficacy*; similarly, interactions of gender and CD4 cells as well as gender, marital status and CD4 cells were also reported significant for *Coping Strategies*. All the four dependent variables show positive association among the 320 HIV positive patients as well as male and female groups of HIV positive patients.

1. There was a significant mean difference reported between Male and Female HIV/AIDS Patients. Female HIV/AIDS Patients have higher Self-Efficacy than compared to Male HIV/AIDS Patients.
2. The significant mean difference existed between Married and Single HIV/AIDS Patients. HIV/AIDS Patients with single status have manifested higher traits of self-efficacy than married HIV/AIDS Patients.
3. The significant mean difference was disclosed between high CD4 (500-251) and low CD4 (250-100) HIV/AIDS Patients. HIV/AIDS Patients with high CD4 (500-251) have greater self-efficacy in comparison of low CD4 (250-100) of HIV/AIDS Patients.

SUGGESTIONS

The following suggestions are given by the research for further research, considering limitations and implications:

For Researchers

1. The sample is limited to only 320 HIV patients, from which 160 were Male and 160 were Female patients. The effective result can be obtained if the sample is taken of rather more patients.
2. Only male and female patients are included in the present study. If transgender persons, sex workers, gay, MSM, etc. are included in the sample then the good result can be obtained because these factors are directly associated with HIV/ AIDS.
3. Psychological factors like Psychological Wellbeing, Coping Strategies, Self-Efficacy, and Adherence are examined. In future other factors, like personality, intelligence, depression, adjustment, etc. can also be examined.

For HIV Patients

Many challenges faced by people living with HIV, one of the most difficult is keeping up to date with important information about the treatment and day-to-day management of HIV. New information about the treatment and science of HIV becomes available on a daily basis. Staying current with information sometimes seems overwhelming.

1. Get a doctor who is easy to talk to, explains things clearly and has managed HIV before.
2. In the event that HIV patients smoke, at that point stopping is the single best approach to improve your wellbeing. Smokers who are HIV positive are substantially more liable to create a considerable lot of the conditions connected to smoking than those that are HIV negative, with a large portion of these conditions once in a while happening among non-smokers. Men who smoke are likewise bound to have erection issues. People with HIV are at fundamentally expanded danger of coronary illness, with HIV contamination and medicines for HIV previously adding to this expanded hazard. HIV-Positive smokers are additionally at expanded danger of various types of malignant growth. Smoking can likewise debilitate your general safe framework

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putting people with HIV who smoke at a more noteworthy probability of getting some artful diseases and AIDS-characterizing sicknesses.

LIMITATIONS:

Try has been done to control various variables by the researcher in this chapter, even though several factors may affect the results. They are as under:

1. The study has been done by Psychological Wellbeing, Coping Strategies, Self-Efficacy, and Adherence as psychological factors and regard.
2. In this research, only Stanrampur district were selected. So the result of this research cannot be applicable to other districts.
4. Good Gujarati language knowing people selected as a sample. So other languages knowing cannot applicable.
5. Only 320 patients with HIV are selected as a sample in the research study.
7. At the present study, Male & Female, Relation Status (Married & Single), and CD4 (T-Cells) Cells are included as Independent Variable.
6. Only HIV/ AIDS positive patients were selected as a depended variable. The researcher was any other depended variables applied and significant results.
7. A sampling of the present study is done from ARI center of Primary Health Centre. It was a policy matter that was the identity of patients there was no misguided and disclosed his/her information.

IMPLICATIONS

The study has been done with reference to Psychological Wellbeing, Coping Strategies, Self-Efficacy, and Adherence of HIV/ AIDS patients. It is implied that HIV/ AIDS patients are mentally and physically struggling against society. They are ever disregarded in society. Factors of fair development of their treatment are not yet happened in India. Patient of HIV/AIDS experiences shyness and hesitation during purchasing of medicine for him. Psychological Wellbeing, Coping Strategies, Self-Efficacy, and Adherence of HIV patient is damaged with these factors. They are seen ever experiencing mental confusion.

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