

# A comparative study of frustration among urban and rural HIV/AIDS patients-

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## Abstract:

*The objectives of the present study were to examine the level of frustration among HIV/AIDS patients with reference to the effect of gender, residential areas and stages of HIV infection. The data were obtained from 360 HIV/AIDS patients with 2x2x3 factorial research design where area, gender and stages of HIV infection were taken as independent variables and frustration was a dependent variable. The personal data sheet and reaction to frustration scale (RFS) was used to collect required data for the study. The results of study indicated that the level of frustration was higher among female patients than male. The patients of urban area were reported with higher level of frustration in compare to rural area's patients and the patients of last phase/stage of HIV infection were observed with high level of frustration than two other stages patients. The gender and stages of HIV infection had a significant relationship with reference to the level of frustration.*

**Keywords-** HIV/AIDS, Frustration

## 1. Introduction

India is the world's largest and most crowded country with more than 1.25 billion inhabitants. From this number, it is estimated that approximately more than 2.5 million people are currently living with HIV. HIV has emerged in many other countries before in India, but its effect has not been limited. The rate of infection has increased in the 1990's, and has increased more in recent years. The crisis is constantly increasing, as it becomes clear that the epidemic affects all sectors of Indian society.

### 1.1. HIV/AIDS

HIV stands for human immunodeficiency virus, which is the virus that causes HIV infection. The abbreviation "HIV" can refer to the virus or to HIV infection. AIDS stands for acquired immunodeficiency syndrome. AIDS is the most advanced stage of HIV infection. HIV attacks and destroys the infection-fighting CD4 cells of the immune system. The loss of CD4 cells makes it difficult for the body to fight infections and certain cancers. Without treatment, HIV can gradually destroy the immune system and advance to AIDS. Without treatment, HIV infection advances in stages, getting worse over time. HIV gradually destroys the immune system and eventually causes acquired immunodeficiency syndrome (AIDS).

There are three stages of HIV infection: i) Acute HIV Infection-is the first phase of HIV infection which normally develops within 2 to 4 weeks after infection. During this time, some people have flu-like symptoms, such as fever, headache, and rash. In the acute stage of infection, HIV multiplies rapidly and spreads throughout the body. The virus attacks and destroys the infection-fighting CD4 cells of the immune system.

(ii) Chronic HIV Infection-is the second stage of HIV infection is chronic HIV infection during this stage of the disease, HIV continues to multiply in the body but at very low levels. People with chronic HIV infection may not have any HIV-related symptoms, but they can still spread HIV to others. Without treatment with HIV medicines, chronic HIV infection usually advances to AIDS in 10 years or longer.

(iii) AIDS is the final, most severe stage of HIV infection. Because HIV has severely damaged the immune system, the body can't fight off opportunistic infections. People with HIV are diagnosed with AIDS if they have a CD4 count of less than 200 cells/mm<sup>3</sup> or if they have certain opportunistic infections. Without treatment, people with AIDS typically survive about 3 years.

## 1.2. Frustration

Frustration means shock or negative emotional response to a barrier to satisfying one's wants, goals or expectations, which disrupts the ongoing action. Everybody has to deal with frustration almost daily. Traffic jams, long daily travels, and irritating drivers, for instance, are a usual source of frustration that can bring forth anger and increase levels of trauma.

According to Roseinzwieg (1944) stated that frustration occurs whenever the organism meets a more or less insurmountable obstacle or obstruction in its route to the satisfaction of a vital need".

Frustration is the blocking or thwarting of one's needs and desires." Human being set some goals to fulfill their needs and to live a successful and happy life. But these needs cannot be always satisfied due to obstructions or scarcity of resources. This makes them frustrated and tense. Continuous frustration of our basic needs may lead to serious maladjustments or condition of mental ill health Kuppaswamy (1969).

Frustration may be either from internal or external sources. Frustration is one of the causes of stress among people living with HIV/AIDS. In psychological terms, frustration is a general emotional retort to aggression. In a relation with anger and displeasure, it occurs from the apparent resistance to the accomplishment of individual will. In some cases, it might lead to addiction or any detrimental activities

Gohil, (2010) reported with significant differences on the level of frustration among urban and rural patients. The researcher also found differences among male and female patients in the level of frustration. Whereas Reddy, Lokanatah & Srikanth (2013), on his study on emotional and family issues among 244 male and 236 female HIV/AIDS patients, they have reported that male HIV/AIDS patients experienced more level of stress because of emotional and family problems in compare to the female patients.

## 2. Objectives of the study

1. To study the level of frustration among urban and rural areas HIV/AIDS patients.
2. To study the level of frustration among male and female HIV/AIDS patients.
3. To study the level of frustration among the acute infected latency and AIDS patients.

## 3. Hypothesis

1. There is no difference between the frustration of urban and rural areas HIV/AIDS patients.
2. There is no difference between the frustration of male and female HIV/AIDS patients.
3. There is no difference between the frustrations among the stages of HIV infection.
4. There is no interaction effect of the frustration on types of area and gender.
5. There is no interaction effect of frustration on types of area and stages of HIV infection.
6. There is no interaction effect of frustration on types of area, gender and stages of HIV infection.
7. There is no interaction effect of Frustration on types of area, genders and stages of HIV infection.

**4. Data collection procedure** - The total 360 subjects were included in this study with the equal numbers from urban and rural area and equal numbers of males and females. 180 from urban area (90 males and 90 females) and 180 patients from rural area (90 male and 90 females) diagnosed with HIV/AIDS and taking treatment and medicine from Gujarat. The prior permission was taken in advanced from GSACS, Ahmadabad.

## 5. Research Tools

The personal data sheet and reaction to frustration scale (RFS) was used by Dixit and Shrivastave (1987), The Reaction to Frustration Scale (RFS) covers four kinds of reactions namely aggression, resignation, fixation and regression as scientifically described by Maier (1949). It consisted of 40 items out of which each reaction to frustration had 10 items equally divided in to positive and negative items. The reliability and validity scores of the frustration scale are 0.92 and 0.61 respectively

**6. Statistical Analysis:** In the present study 'F' and 't' test was applied for getting the detail statistical analysis.

## 7. Result and Discussion:

Table No. 1 - Shows ANOVA summary on Frustration with reference to types of area, gender and Stages of HIV infection of the HIV/AIDS patients

Source of variance	Sum of squares	Df	Mean sum of squares	F	Sign. Level
Types of area (A)	765.625	1	765.625	3.96	*
Types of Gender (B)	1120.069	1	1120.069	5.79	*
Stage of HIV infection (C)	212.039	2	106.019	0.55	NS
AXB	1.736	1	1.736	.009	NS
AXC	450.717	2	225.358	1.17	NS
BXC	1691.106	2	845.553	4.37	*
AXBXC	400.272	2	200.136	1.04	NS
Error (SSW)	67294.433	348	193.375		
Total (SST)	71935.997	359			
Level of significance : **P>0.01, NS=Not significant					

Table No 02-

Shows the Mean and difference between the mean score on frustration with reference to types of area, gender and stages of HIV infection of the HIV/AIDS patients

Independent Variables	N	Mean	Difference between Mean
Urban	180	103.20	2.92
Rural	180	100.28	
Male	180	99.98	3.53
Female	180	103.51	
Acute Infection	120	100.90	0.68
Latency	120	101.58	1.85
AIDS	120	102.75	1.17

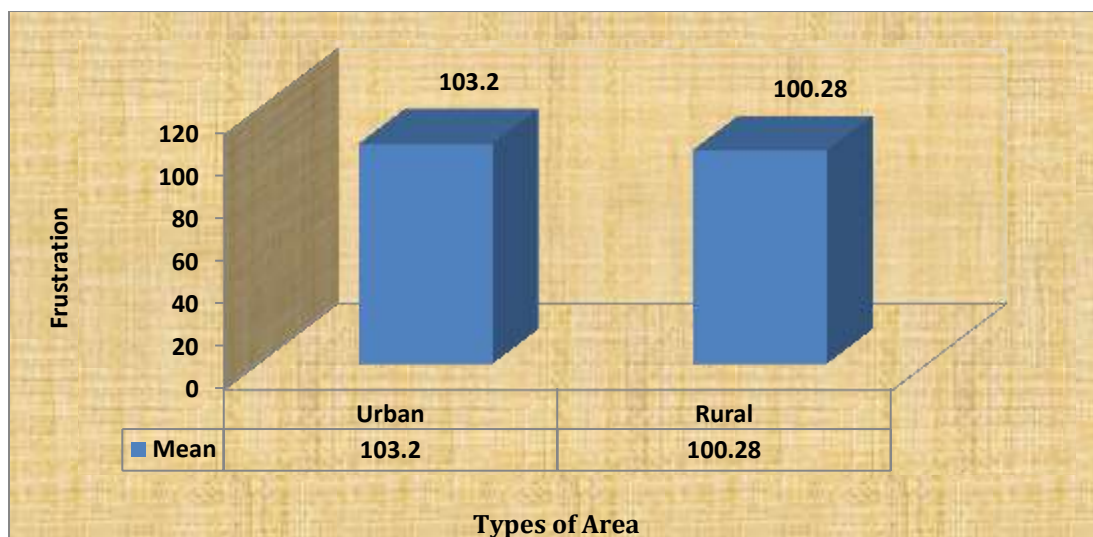
### 1. Area of resident and frustration among HIV/AIDS patients.

While referring to the table no 1 ,F value is 3.96 for the area which indicated the significant differences on the level of frustration among urban and rural area HIV/AIDS patients at 0.01 level and table no 2 shows the mean score of urban and rural patients which is 103.20 and 100.28 respectively and the differences is 2.92.the differences among urban and rural patients in frustration could be because of changes in life style, life satisfaction level, relationship issues, changes in socioeconomic status of the patients with impact of residential society, thus the hypothesis is not accepted and it can be stated that the urban patients experienced more frustration than rural area's patients. The findings supported by Gohil, (2010) in his PhD work on significant differences on level of frustration among male and female HIV patients. The obtain result is shown in the below Graph No 1.

Graph No 1

Shows mean score of urban and rural areas HIV/AIDS patients on frustration

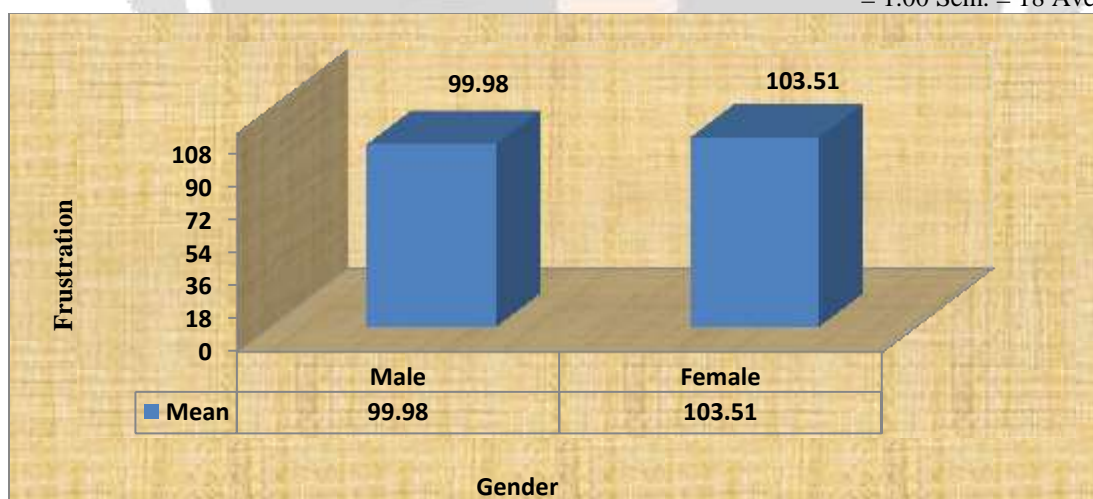
Types of area (Urban A<sub>1</sub> and Rural A<sub>2</sub>)  
= 1.00 Sem. = 20 Average Score



**2. Gender and level of frustration among HIV/AIDS patients.**

When looking at F value (Table no 1), to identify the difference between the frustration of male and female HIV/AIDS patients. The F value is 5.79 and which is statistically significant at 0.01 levels. Table no 2 also revealed the mean scores on frustration of male and female HIV/AIDS patients, which are 99.98 and 103.57 respectively and the difference between two is 3.53 which is not high but noticeable. Thus the null hypothesis is rejected and it is stated that the level of frustration was high in female HIV/AIDS patients than male. The findings can be correlated to the findings of Reddy, Lokanatah & Srikanth, (2013) who reported a significant difference among male and female HIV/AIDS patients inform of their emotional and family issues. Figures can also be observing (Graph no 2)

Graph No 2  
Shows mean score of male and female HIV/AIDS patients on frustration  
Gender (Male A<sub>1</sub> and Female A<sub>2</sub>)  
= 1.00 Sem. = 18 Average Score



**3. Phases of HIV/infection and Frustration**

Table no 1 also revealed F value for the differences on the level of frustration among patients all stages of infection. F values is 0.55, it is not significant at 0.01. The minor mean differences was notice on level of frustration among all three stages patients. Thus null hypothesis 3 is accepted and stated there is no significant difference between frustrations among the patients of all three stages.

**4. Inteaaction effect between area, gender and stages of HIV infection.**

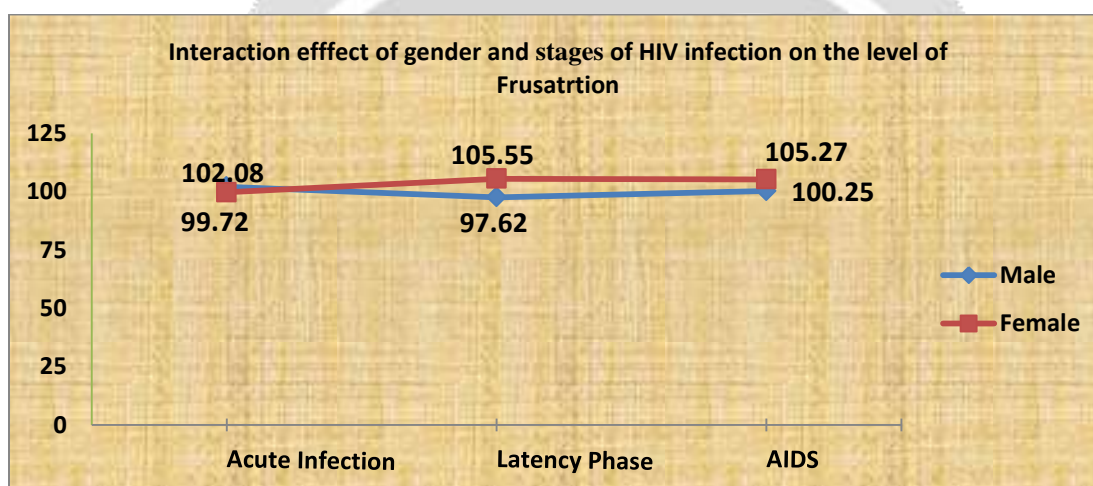
No significant interaction effect was found between area of resident and gender, area of resident & stages of HIV infection and between area, gender and stages of infection on the level of frustration among HIV patients. There is significant interaction effect between gender and stages of HIV infection on frustration among HIV/AIDS patients

Table no 1 revealed the F value 4.37 for the interaction effects of gender and stages of HIV infection (BXC) on frustration of HIV/AIDS patients. The F value 4.37 statistically significant at 0.01 level. Thus the formed hypothesis is rejected and it is conclude that there is significant interaction effect of types of gender and stages of HIV infection (BXC) on frustration of HIV/AIDS patients. While observing graph No.4 of mean score on interaction effect of gender and stages of HIV infection (BXC) on frustration of HIV/AIDS patients, the mean score lines male and female on three stages of HIV shows significant interaction with mean score line.

Graph No 3

Shows an interaction effect with mean score on gender and stages of HIV infection on frustration

X = Types of gender (Male B<sub>1</sub> and Female B<sub>2</sub>)  
Stages of HIV infection (Acute Infection C<sub>1</sub>, Latency Stage C<sub>2</sub> and AIDS C<sub>3</sub>)  
Y = 1.00 Sem. = 25 Average Score



### Conclusion:

1. It was observed that urban areas HIV/AIDS patients reported with high level of frustration in compare to the rural area's patients.
2. There was significant difference in the level of frustration among male and female HIV/AIDS patients. The female patients reported with higher level of frustration than male HIV/AIDS patients.
3. There is no significant difference in level of frustration among HIV/AIDS patients of all three stages of infection.
4. There is no interaction effect between area and gender with reference to the level of frustration among HIV/AIDS patients.
5. There is no interaction effect between area and stages of HIV infection with reference to the level of frustration among HIV/AIDS patients.
6. Gender and Stages of HIV infection have significant interaction effect on the level of frustration among HIV/AIDS patients.
7. No interaction effect was found between area, gender and stages of HIV infection with reference to the level of frustration among HIV/AIDS patients

### References

1. Dixit, B.M., Shrivastave, D.N., (1987). Reaction to frustration scale, Agra: National Psychological Corporation, Agra.

2. Gohil, A. (2010) "A comparative study of family and social adjustment and frustration among HIV Positive". Unpublished PhD thesis, Maharaja Krishnakumarsinhji Bhavnagar University, Bhavnagar.
3. Kuppaswamy, B. (1969). Advanced education psychology, University Publishers.
4. Maier N.R.F. (1949). Frustration: the study of behavior without a goal, New York, McGraw Hill.
5. Roseinzweig, S., (1944). An Outline of Frustration Theory. In J. Mc. Hunt (Ed.) Personality and Behavior Disorders. New York: Romals
6. UNAIDS (2007, July 6th), '2.5 million people in India living with HIV, according to new estimates', press release
7. World Health Organization, Department of Mental Health (2011). Mental health: A state of well-being. Retrieved March 31, 2012, from [http://www.who.int/features/factfiles/mental\\_health/en/index.html](http://www.who.int/features/factfiles/mental_health/en/index.html)

