

Death Anxiety: A comparative study among HIV/AIDS patients of different levels of income

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Abstract

The present study was carried out to find out whether there is any difference among mean scores of death anxiety for HIV/AIDS patients of different levels of monthly income. The sample consisted of 150 HIV/AIDS patients was collected from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh. Death Anxiety Scale developed by Donald Templer (1970) was used. The data was analyzed by using one-way ANOVA. The results showed that there was found a significant difference among people of different levels of monthly income living with HIV/AIDS on death anxiety.

Keywords: death anxiety, HIV/AIDS patients

Introduction: HIV/AIDS

HI Virus is a deadly virus (human immunodeficiency virus). This virus has a potential to damage a person's immune system and make a person unable to live a normal life. HIV has bothered mankind a lot in last few decades. HI virus eventually leads to AIDS (acquired immunodeficiency syndrome) for which there exists no cure but a proper medication can help a person live comparatively a better life (Medlineplus, n.d).

Symptoms and stages of HIV infection

Stage 1: Acute primary infection

After approximately one to four weeks after getting the infection, patient may experience symptoms which can feel similar to flu. During this stage, per micro liter contains at least 500 CD4+ cell (WebMD, n.d). Sometimes, in this stage, the patient doesn't feel any symptoms at all, and if he did then the symptoms may last for a week or more than that. Feeling such symptoms alone is not the reliable means to diagnose HIV. The patient necessarily has to consult the doctor and get himself/herself tested.

Symptoms may include:

- Fever
- Rashes on the skin
- Inflated glands
- Headache
- Distressed stomach
- Muscle pain
- Joint pain

The symptoms will emerge when the body is reacting to HIV. Infected cell will circulate throughout patient's body. The immune system of the body in return will attempt to fight against the virus by giving birth to HIV antibodies. This process is known as seroconversion. At this phase of HIV it may be too early to get tested; rather the virus may take some weeks or some months to show up. But even at this stage very sever virus is still present in blood.

Stage 2: The asymptomatic stage

After the completion of seroconversion stage, people

usually start feeling better. This is also the fact that HIV may not show any symptom for the period of 10 to 15 years. Even after not showing the symptom the virus will still continue making the copies. And in lapse of time the virus will cause an utter damage to the immune system. The duration of this phase depends on how faster the virus makes copies of itself. Some patients with HIV/AIDS can go on for ten or more than ten years without showing any symptom. While on the other hand others may experience getting their immune system too weaker only after few years of getting the infection (AIDSinfo, n.d).

Stage 3: AIDS/Symptomatic HIV infection

The most dangerous phase of HIV infection is AIDS and this is also the final stage of HIV. In this stage the immune system is severely wrecked and the body is not in a position to fight the opportunistic infections anymore. These are the infections or cancers caused by infection that usually attack the person with weaker immune system (AIDS Virus Education Research Trust, n.d). If the person living with HIV has the CD4 count lesser than 200 cells/mm³, he/she is diagnosed with AIDS. If the person diagnosed with AIDS doesn't go for the treatment dies in around three years (AIDSinfo, n.d).

Symptoms that the patient may experience during this phase:

- Severe weight loss
- Sweating during night
- Unstoppable cough
- Intense fever
- Chronic diarrhea
- Skin problem
- Constant infections
- Sever illness

Variables

Death Anxiety: Death anxiety refers to the form of anxiety activated by the thoughts related to death. It is a feeling of discomfort and the anxiety of nonexistence of one's own self (Templer, 1970) ^[9].

Objective

1. To examine the mean difference among death anxiety scores for HIV/AIDS patients of different levels of income.

Hypothesis

H_{A1}: There will be the difference among mean scores of death anxiety for HIV/AIDS patients of different levels of income.

Methodology

Sample

In the current study by using purposive sampling method 150 people living with HIV/AIDS taken from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh served up as the participants.

Tools Used

Death Anxiety Scale (DAS)

Death Anxiety Scale was developed by Donald Templer (1970) [9]. This tool consists of 15 items. The total score ranges between 0 and 15. The item number 2, 3, 5, 6, 7 and 15 are keyed in the false direction while rest of the items are keyed in the true direction. This scale has been translated into 26 languages. Test-retest reliability coefficient of .83 and an alpha coefficient index of internal of .76 were obtained for DAS.

Procedure for data collection

The sample was taken from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh. Firstly, the people living with HIV/AIDS were met one by one and the support was requested. The purpose of the study was explained and then the all the patients were given the instruction about how to fill up the scales.

Statistical techniques Used

The data were analyzed by using Statistical Package for Social Sciences 20.0 (SPSS 20.0). And the statistical technique ANOVA was also used.

Result and Discussion

The one-way ANOVA was made use of to compare the effect of income on death anxiety among people living with HIV/AIDS. Income was grouped into three categories viz. 1000-10000, 11000-20000, and 20000 above. The Table 1 plainly indicates that there is a significant effect of income on death anxiety [$F=57.97, p<.05 (2,147)$] among people living with HIV/AIDS. Post hoc namely Tukey HSD was also employed to find out the difference among the groups. Table No. 2, post hoc comparisons, made it clear that there is a significant mean difference on death anxiety ($p<.05$) between the people (HIV/AIDS) whose monthly income ranges between 1000-10000 and 20000 above. The results suggest that the people whose monthly income ranges between 1000-10000 ($M=10.41$) have higher level of death anxiety than those whose monthly income ranges between 11000-20000 ($M=6.15$) and 20000 above ($M=4.96$). However those whose monthly income ranges between 11000-20000 and 20000 above did not show any significant

difference in their level of death anxiety. Therefore the hypothesis H_{A1} that states, there will be the difference among mean scores of death anxiety for HIV/AIDS patients of different levels of income stands partially supported. People living with HIV/AIDS with lowest level of monthly income suffered the higher level of death anxiety. Patients have lesser sources to combat their illness and that has resulted in higher level of death anxiety. The feeling of shortage of money makes them feel helpless against their illness and discourage them to stand against their day to day challenges. The feeling of death anxiety, make the people living with HIV/AIDS vulnerable and weaken their will to heal and hamper their growth to a very significant point. The results verify the findings of Lorant *et al.* (2017) [7]. They conducted a study and argued that there is a vivid association between depression and the deteriorated socio-economic condition. Likewise, Fleitlich and Goodman (2001) [6] suggest that in Brazil, the children who live in a hopeless poverty are five times more inclined to fall prey to psychological disorders as compared to the children living a middle class economic status.

Table 1: ANOVA Summary of Death Anxiety among people living with HIV/AIDS with respect to their monthly income

	Sum of Squares	df	Mean of Squares	F	p
Between Groups	886.47	2	443.23	57.97*	.001
Within Groups	1123.79	147	7.64		
Total	2010.27	149			

Table 2: Mean Difference and Descriptive of Death Anxiety among people living with HIV/AIDS with respect to their monthly income

Monthly Income	M	SD	Std. Error	MD	p
1000 to 10000	10.41	3.37	.567	4.26*	.001
11000 to 20000	6.15	1.59			
1000 to 10000	10.41	3.37	.573	5.44*	.001
20000 Above	4.96	1.64			
11000 to 20000	6.15	1.59	.685	1.18 NS	.200
20000Above	4.96	1.64			
Total N=150					

Findings

- After comparing the HIV/AIDS patients of different levels of monthly income on death anxiety, the significant difference was found. And the patients with lowest level of income (1000-10000) were found with higher level of death anxiety. Moreover, there was found no significant difference on death anxiety between the patients of 11000-20000 and 20000 above (highest monthly income) monthly income.

Limitations

- a. The population under consideration was over sensitive
- b. Only one demographic variable was studied.

Suggestions for Future Research

- a. Researchers are suggested to include more demographic variables in their study.
- b. There is an awful requirement for collecting data from the multiple sources.

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