



Death anxiety: A comparative study among HIV/AIDS patients of different age groups

Dr. Jahangeer Majeed

Department of Psychology, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

Abstract

The present study was held to find out whether there is any difference among mean scores of death anxiety for HIV/AIDS patients of different age groups. 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 no significant difference among people of different age groups living with HIV/AIDS on death anxiety.

Keywords: death anxiety, HIV/AIDS patients

Introduction

It was 1959 when the first case of HIV was traced. The man who lived in Democratic Republic of Congo in Africa was the first person who was tested positive for HIV. But it's yet unknown where from he received the infection. When the blood sample was tested, it was assumed that HIV has possibly originated from a lone source in the late 1940s or beginning 1950s.

The United States appeared to be hit by HIV and AIDS from mid to late 1970s (History of AIDS, n.d). During 1979 and 1981 doctors from New York and Los Angeles found the rate of illness higher in homosexual male patients. The illness included multiple kinds of pneumonia and cancer. Until this period of time, such conditions were unusual among the people with strong immune systems. Even the men who would be stronger and healthier were found developing the cancers like Kaposi's sarcoma. In 1982, physicians discovered the phrase "acquired immune deficiency syndrome" to point towards such cases. And the same year, the Centers for Disease Control and Prevention (CDC) began to track such cases.

In 1983, scientists had reached the point where they were capable of identifying the virus that caused the disease. And finally they termed it as the human immunodeficiency virus, or HIV-1. In 1986, HIV-2 was found responsible for causing AIDS among the people living in West Africa. Scientists also suspected HIV-2 was in the region for many decades. Mostly, in US, people living with HIV usually have HIV-1 and the people living with HIV-2 are very few in numbers. Though these two viruses are different from each other, but both can result in AIDS. The epidemic is spreading at horrifying speed.

AIDS, a disorder caused by HIV attacks body's immune system. Characteristics consist of insufficiency of several forms of leukocytes, particularly T cells; opportunistic infections which take benefit of the damaged immune response, like bacterial pneumonia, tuberculosis, human herpes virus, or toxoplasmosis; several types of cancer, mainly Kaposi sarcoma; in capability of maintaining body weight; and in complex cases, AIDS dementia complex. Treatment for AIDS disease is now much more advanced.

Antiviral and other medications for boosting up the immunity include existing treatment protocols.

HIV/AIDS is a chunk of deadly stressors. It can be controlled by the administration of treatment schedules which is quite complicated. HIV/AIDS harms the society as a foundation of unfairness, economic destruction, and illness (Joint United Nations Programme on HIV and AIDS, n.d).

HIV is a deadly disease that is caused by a virus called Human Immunodeficiency Viruses. It breaks down one's immune system and the patient becomes inclined to develop fatal infections, neurological disorder and strange malignancies.

Variables

Death Anxiety: Death anxiety is the anxiety triggered by the thoughts related to death. It is a feeling of uneasiness and the anxiety of nonexistence of one's being (Templer, 1970) [5].

Objective

1) To examine the mean difference among death anxiety scores for HIV/AIDS patients of different age groups.

Hypothesis

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

Methodology

Sample

The sample of this study consisted of 150 people living with HIV/AIDS which were taken from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh.

Tools Used

Death Anxiety Scale (DAS)

Death Anxiety Scale was developed by Donald Templer (1970) [5]. 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 purposive sampling method was used for the selection of participants. The participants were approached on by one and the participants unwilling to participate were filtered out.

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

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

	Sum of Squares	df	Mean of Squares	F	P
Between Groups	.572	2	.286	.021 ^{NS}	.979
Within Groups	2009.70	147	13.67		
Total	2010.27	149			

The one-way ANOVA was made use of to compare the effect of age on death anxiety among people living with HIV/AIDS. Age was grouped into three categories viz. 20-30, 31-40 and 40 above. The Table 1 evidently indicates that there is no significant effect of age on death anxiety [$F=.021, p>.05 (2,147)$] among people living with HIV/AIDS. Therefore the hypothesis H_{A1} which states that there will be the difference among mean scores of death anxiety for HIV/AIDS patients of different age groups stands not supported. The finding of Dykstra, Tilburg, and Gierveld (2005) ^[1] does not agree with our result. They claim that the feelings of loneliness is more among the older people than among the younger ones that eventually results in lack of meaning in life. Then again, there are some studies which are inconsistent with our finding.

Findings

- The people of different age groups living with HIV/AIDS were compared on death anxiety and no significant difference was found.

Limitations

- (a) Only one demographic data was studied.
- (b) The sample was only taken from single source.

Suggestions for Future Research

- (a) A more comprehensive study needs to be carried out on this population.
- (b) Qualitative approach along with the quantative one can be more helpful in learning about this population.

References

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