ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2020; 6(9): 130-132
www.allresearchjournal.com
Received: 12-07-2020
Accepted: 17-08-2020

Kirti Shikha
Research Scholar, L.N.M.U. Darbhanga, Bihar, India

Corresponding Author:
Kirti Shikha
Research Scholar, L.N.M.U. Darbhanga, Bihar, India

A study of death anxiety among HIV/AIDS patients

Kirti Shikha

Abstract
The present study aimed to measure the level of Death Anxiety of among HIV+ patients and normal person. For this purpose 25 HIV+ patients and 25 normal person was selected as a sample through purposive sampling technique. Tools used were Thakur and Thakur – Death Anxiety Scale. Obtained data were analyse on t-test. The result shows that there is significant difference between HIV+ patients and normal person on Death Anxiety.

Keywords: Death Anxiety, HIV

Introduction

Introduction and Review of Literature

AIDS stands for Acquired Immune Deficiency Syndrome is a major globe emergency.
Acquired means a person can get infected with it.
Immune Deficiency means a weakness in the body system that fight diseases.
Syndrome means a group of health problems that make up a diseases.
First indication of AIDS diseases came to light in U.S.A. in 1981 amongst a group of young homosexual who were addicted of heroine and other narcotics and had immunity competence to pneumonia and skin cancer. Luc Montagnier (1983) of Pasture Institute in Paris, and Robert Gallo (1984) of N.I.H., U.S.A., discovered that a new type of retro virus, yet unknown to scientist is the causative pathogen of AIDS. In 1986 the international committee on virus Nomenclature decided to name the AIDS virus has Human Immune Deficiency Virus. (HIV).
AIDS is caused by a virus called HIV, the Human Immunno Deficiency Virus. If a person get infected with HIV, their body will try to fight the infection. It will make "antibodies", special molecule to fight HIV. People who have the HIV antibodies are called "HIV-Positive". Being HIV Positive or having HIV diseases is not the same as having AIDS. Many people are HIV Positive but don't get stick for many years. As HIV diseases continues, it slowly wears down the immune system. Viruses Parasites, Fungi and Bacteria that usually don't cause any problems can make them very sick if their immune system is damaged. These types of infections are known as "opportunistic infection" because they take the opportunity a weakened immune system given to cause illness.
Recent data suggests that approximately 38.8 million people are living with HIV worldwide and an estimated 1.2 million deaths have been attributed to HIV in 2015 (GBD, 2015).
Importantly, human immunodeficiency virus (HIV)/AIDS and anxiety/depression are interlinked. Over half of all HIV-infected individuals suffer from mental health disorders [7] and depression and anxiety disorders are more common in HIV-infected individuals than in the general population [8, 9]. Worldwide, 36.9 million people were living with HIV. In 2017, there were an estimated 1.8 million (1.4–2.4 million new HIV infections and 940 000 deaths due to AIDS [10]). National prevalence of HIV in Guinea was 1.6% in 2018 [11]. People suffering from major anxiety/depression may be more likely at risk to contract HIV, have reduced adherence, impair their immune function, increase health cost disability and mortality [12, 13]. Conversely, an HIV+ diagnosis may trigger symptoms of anxiety and depression [14, 15], which could once again lead to risky sexual behaviour and the spreading of the virus. In addition, studies have shown that people suffering from depression are less likely to adhere to treatment for both mental illness and for antiretroviral treatment (ART) [16, 17]. Unfortunately, more than half of the HIV+ population that suffer from depression

have not received an official diagnosis of their depression [18]. There are currently no guidelines to manage psychiatric disorders in the HIV clinic setting in Guinea. In this study, the objectives were to determine the prevalence of symptoms of depression and anxiety and to identify risk factors in HIV-infected patients in Guinea.

Most people get HIV viruses by

1. Having sex with any infected persons.
2. Sharing a needle (shooting drugs) with someone who's infected.
3. Being born when their mother is infected or drinking the breast milk of an infected woman.

Symptoms

- Lung infection
- Skin Cancer
- An infection that usually effects an eyes
- Fungal infection causes through an infection in throat or vagina

There are several symptoms of HIV. Not everyone will have the same symptoms. It depends on the person and what stage of the disease they are in.

Within 2 to 4 weeks after infection with HIV, about two-thirds of people will have a flu-like illness. This is the body's natural response to HIV infection.

- Fever
- Chills
- Rash
- Night sweats
- Muscle aches
- Sore throat
- Fatigue
- Swollen lymph nodes
- Mouth ulcers

In third stage Symptoms of AIDS can include

- Rapid weight loss
- Recurring fever or profuse night sweats
- Extreme and unexplained tiredness
- Prolonged swelling of the lymph glands in the armpits, groin, or neck
- Diarrhea that lasts for more than a week
- Sores of the mouth, anus, or genitals
- Pneumonia
- Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- Memory loss, depression, and other neurologic disorders

Each of these symptoms can also be related to other illnesses. The only way to know for sure if a person have HIV is to get tested.

Awareness of mortality and fear of death have been part of the human condition throughout recorded history (Eshbaugh & Henninger, 2013; Furer & Walker, 2008; Yalom, 2008). According to Yalom (2008), human beings are, "forever shadowed by the knowledge that we will grow, blossom, and inevitably, diminish and die" (p. 1). Themes of death and the wound of mortality have featured heavily in both ancient and modern art, literature, theater, philosophy, and psychology (Menzies, 2012; Yalom, 2008).

Not surprisingly, death has the power to evoke fears of powerlessness, separation, loss of control, and meaninglessness

(Noyes, Stuart, Longley, Langbehn, & Happel, 2002; Stolorow, 1979;

Yalom, 2008), and for some individuals, fear of death can negate fulfilment and happiness (Yalom, 2008).

Although human beings are thought to develop adaptive methods for coping with death anxiety, periods of heightened stress or threats to the health of self or loved ones can result in inefficient and pathological modes of coping for some individuals (Kastenbaum, 2000;

Yalom, 1980, 2008). Consequently, death anxiety is considered to be a basic fear underlying the development, maintenance and course of numerous psychological conditions (Arndt, Routledge, Cox, & Goldenberg,

2005; Furer & Walker, 2008; Strachan *et al*., 2007), and it is not uncommon for psychologists and therapists to encounter individuals who struggle with the concept of death (Yalom, 2008).

The transdiagnostic nature of death anxiety can be seen across several mental disorders. For example, fear of death features heavily in somatic

Symptom and related disorders, with body scanning, doctor visits, and requests for medical tests often used in an attempt to identify health problems before they become serious or terminal. In a similar manner, individuals with panic disorder frequently consult with doctors regarding fear of dying from a heart attack (Fleet & Beitman, 1998).

Many compulsive hand washers often name chronic, life-threatening diseases (e.g., HIV) as being linked to their anxiety and behavioral responses to threat cues (St Clare, Menzies, & Jones, 2008), and compulsive checkers also report that scrutiny over power points and stoves is designed to prevent fire and death to self and loved ones (Vaccaro,

Jones, Menzies, & St Clare, 2010).

Aims and Hypothesis

The main aim of the present research work is as follows

To examine the level of Death Anxiety among Normal Persons and AIDS patients.

Normal persons and AIDS patients differs significantly on Death Anxiety Score.

Objective and Methodology

This study was conducted through purposive sampling technique.

Sample

In the present study 25 normal persons and 25 AIDS patients. Anxiety of Death were incedentially sampled from rural areas of Darbhanga district. All the participants were married and literate. All the participants were lower socio economic status and age range from 25-60 years. The total sample size was 50.

Table 1: Sample

Groups	N	Total
Normal Persons	25	50
AIDS Patients	25	

Test Used

Thakur and Thakur – Death Anxiety Scale

Result and Discussion

The study was conducted to compare the Death Anxiety in AIDS patients and Normal persons. For this purpose, a sample of 25 AIDS patients and 25 Normal persons were selected through purposive sampling technique. They were matched in respect of age, sex, and habitation. They were administrated Thakur's Death Anxiety Scale and their response.

In order in variety the hypothesis that AIDS patients would have greater Death Anxiety than Normal persons, T-test was calculated. The result are presented below

Table 2: Result

Groups	N	Mean	SD	t	p
Normal Persons	25	40.04	6.95	6.39	*P*>0.1
AIDS Patients	25	52.76	7.19		

It is clear from the table their is significant difference between the Normal persons and AIDS patients on Death Anxiety Scale. The AIDS patients group has high mean score (m=52.76) than the mean score (m=40.04) of Normal persons and the difference between the two mean score is significant beyond .01 level of confidence. Thus the hypothesis "Normal persons and AIDS patients differs significantly on Death Anxiety Score" is confirmed.

Conclusion:-

Besides the statistical conclusion from this study, my personal experience with the HIV positive patients that social stigma associated with being H IV positive plus additional burden on the mind of the patients. This leads to clash between the will to live and the feeling of self worth of the patients mind which worsen the already heightened sense of fear of death.

References

1. National Centre in HIV Epidemiology and Clinical Research, Austrilian HIV Surveline Report 1993.
2. The round of HIV Sentinel Survilliance (HSS) was conducted across the country from October 2007 to January 2007-2008.
3. The Report of National Institute of Health and Family Welfare, New Delhi.
4. The Report of National Institute Medical Statistics, ICMR, New Delhi.
5. The Report of National AIDS Control Society, New Delhi.
6. The Report of Bihar State Control Society, Patna
7. Sharma S HIV/AIDS and YOU 2005.
8. Altman LK June 18, 1991.
9. Altman LK October 7, 1992.
10. Altman LK June 15, 1993.
11. http://dx.doi.org/10.1016/j.cpr.2014.09.002
12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7019126/
13. HIV.gov Date last updated: July 01 2020.