

Study of Death Anxiety in persons Living with early and advance stage of HIV/AIDS.

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Abstract-Aim of this Study was to investigate difference between Death Anxiety in persons Living with early and advance stage of HIV/AIDS. The study involved 100 participants Confirmed diagnosed with HIV/AIDS, recruited from healthcare clinics, support groups, and community organizations. 18-25 age group (25 male-25 females) 50 Individuals Living with Early Stage of HIV/AIDS and (25 male-25 females) 50 Individuals Living with Advance Stage of HIV/AIDS were selected by purposive and convenience sampling in Kolkata city of West-Bengal. Death anxiety Scale by Giridhar P. Thakur and Manju Thakur (TDAS) 1986 was administered on sample to collect data for study. Data of the study were analysed by central tendencies Mean (M), Standard deviation (S.D.) and to find significant difference between t-test and critical ration. Results concluded that there is no significant gender difference between Death Anxiety of persons living with Early and Advance Stage of HIV/AIDS (PLWHA) and there is a significant difference between Death Anxiety of person living with Early Stage and Advance Stage of HIV/AIDS (PLWHA), Persons living with Early-Stage of HIV/AIDS (PLWHA) suffer from death anxiety more than persons living with Advance Stage of HIV/AIDS (PLWHA).

Keywords -

Introduction-Death Anxiety, HIV/AIDS, Diagnosed, Investigate, Convenience Sampling

HIV/AIDS, a persistent global health challenge, was initially identified in the early 1980s and has led to millions of deaths with millions more affected. Despite advancements in understanding, treatment, and awareness, it remains a complex issue demanding ongoing attention. HIV targets the immune system, specifically CD4 cells, weakening it over time and making the individual susceptible to infections and cancers. AIDS represents the advanced stage of HIV infection, marked by severe immune deficiency and the emergence of opportunistic illnesses.

Death anxiety, also known as thanatophobia, is a fundamental aspect of the human experience. It encompasses feelings of fear, apprehension, or unease regarding death and the unknown aspects of what comes after. While death anxiety may vary in intensity among individuals and cultures, it is a universal phenomenon that has been explored extensively in psychology, philosophy, and sociology.

One of the primary sources of death anxiety is the uncertainty surrounding what happens after death. Many people grapple with questions about the existence of an afterlife, the cessation of consciousness, or the possibility of facing punishment or oblivion. This existential uncertainty can evoke feelings of dread and discomfort, leading individuals to contemplate their mortality and the finite nature of life.

Additionally, death anxiety can be influenced by cultural and religious beliefs. Different cultures have varying attitudes and rituals surrounding death, which can either mitigate or exacerbate feelings of anxiety. Religious beliefs about the afterlife, reincarnation, or spiritual transcendence can provide solace and meaning, helping individuals cope with the inevitability of death. Conversely, cultural taboos, societal attitudes, and the stigmatization of death may contribute to heightened anxiety and avoidance behaviors.

Psychological theories, such as terror management theory, propose that death anxiety arises from the human instinct to preserve life and avoid the existential threat posed by mortality. According to this perspective, individuals employ various psychological defenses, such as cultural worldviews and self-esteem bolstering, to mitigate death anxiety and maintain a sense of psychological security.

Despite its disconcerting nature, death anxiety serves important functions in human life. It can motivate individuals to contemplate the meaning and purpose of their existence, prompting them to prioritize their values, relationships, and goals. Moreover, confronting death anxiety can foster personal growth, resilience, and a deeper appreciation for life's transient nature.

Sebastian and Siddanna (2016) suggested that the main social concern was that of "Fear of losing a loved one" whereas the main psychological concern was "Too much worry", "No cure for AIDS" was the highly rated health concern. Males had more social, psychological and health concerns when compared to females but was not statistically significant. Employed people were

having fewer psychological concerns when compared to unemployed people. Unemployed people were having fewer health concerns than employed people. For every unit increase in age there were fewer social and health concerns and both these findings were statistically significant. **Brandt et.al (2016)** investigated that these types of stressors, a disproportionately high number of PLWHA struggle with clinically-significant psychiatric symptoms and disorders. Although much scientific and clinical attention has focused on depressed mood and psychopathology among PLWHA, there has been comparably less focus on anxiety and its disorders. The paucity of work in this area is concerning from a public health perspective, as anxiety symptoms and disorders are the most common class of psychiatric disorders and often maintain a large negative impact on life functioning. **Dejman et.al (2015)** empathized on the views and opinions of various groups involved in the study, the main problems of PLWHA were: Ostracism, depression, anxiety, a tendency to get revenge and lack of fear to infect others, frustration, social isolation, relationship problems, and fear due to the social stigma. Their psychological problems included: Marriage problems, family conflict, lack of family support, economic hardships inhibiting marriage, and social rejection of patient's families. Their family problems were: Unemployment, the need for housing, basic needs, homelessness, and lack of social support associations.

Objectives-

To study difference between death anxiety inmales and females living with early-stage of HIV/AIDS.

To study difference between death anxiety inmales and females living with early-stage of HIV/AIDS.

To study difference between death anxiety inpersons living with early-stage and advance stage of HIV/AIDS.

Hypothesis-

There is a significant difference between death anxiety inmales and females living with early-stage of HIV/AIDS.

There is a significant difference between death anxiety inmales and females living with early-stage of HIV/AIDS.

There is a significant difference between death anxiety inpersons living with early-stage and advance stage of HIV/AIDS.

Variables of the Study -Independent Variables-Persons Living with Early and Advance Stage of HIV/AIDS.

Dependent Variables- Death Anxiety

Control variables- Age – 18-25, Place- Kolkata

Research Methodology-

Samples:The study involved 100 participants Confirmed diagnosed with HIV/AIDS, recruited from healthcare clinics, support groups, and community organizations. 18-25 age group (25 male-25 females) 50 Individuals Living with Early Stage of HIV/AIDS and (25 male-25 females) 50 Individuals Living with Advance Stage of HIV/AIDS were selected by purposive and convenience sampling in Kolkata city of West-Bengal.

Group	Women	Men	Total
Married	25	25	50
Unmarried	25	25	50
Total sample	50	50	100

Psychological Tools-Death Anxiety Scale (DAS):Death anxiety Scale by Giridhar P. Thakur and Manju Thakur (TDAS) 1986 was administered on sample to collect data for study.

Statistical tools – Data of the study were analysed by central tendencies Mean (M), Standard deviation (S.D.) and to find significant difference between t-test and critical ration.

Results and discussion

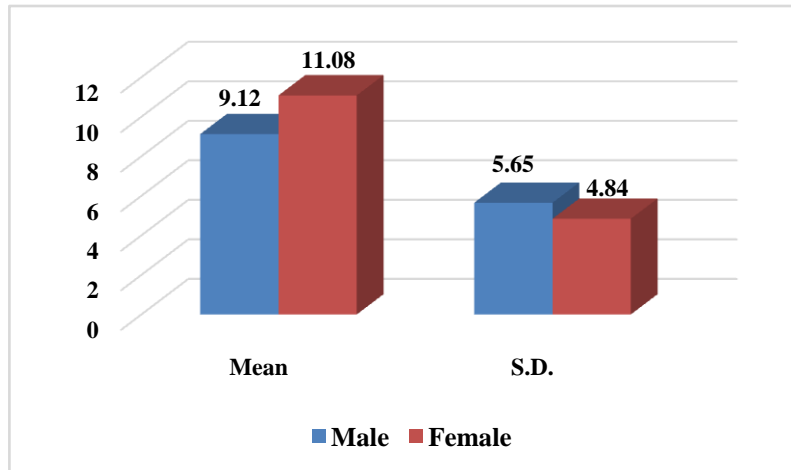
Gender difference between Death Anxiety of persons living with Early Stage of HIV/AIDS (PLWHA).

Gender	N	Mean	S.D.	t-value	p-value
Male	25	9.12	5.65	1.32	<0.05
Female	25	11.08	4.84		

Above table shows the results “Gender difference between Death Anxiety of persons living with Early Stage of HIV/AIDS (PLWHA).” There is no significant difference between means. Mean values of death anxiety of males and females living with Early Stage of HIV/AIDS (PLWHA)

are 10.10 and 7.44. calculated t-value is 1.32 which is not significant at 0.05. calculated t- value is less than minimum value at 98 degree of freedom and 0.05 level of significant.

Therefore, we can say that there is no significant gender difference between Death Anxiety of persons living with Early Stage of HIV/AIDS (PLWHA).

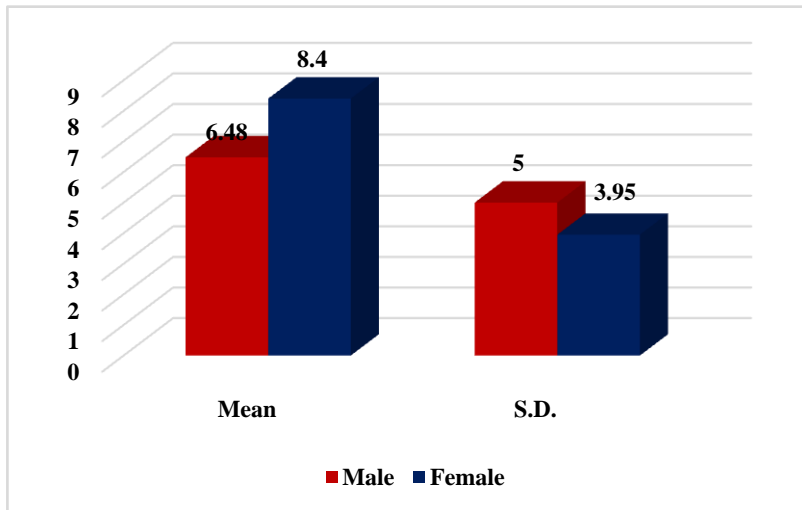


Gender difference between Death Anxiety of persons living with Advance Stage of HIV/AIDS (PLWHA).

Gender	N	Mean	S.D.	t-value	p-value
Male	25	6.48	5.00	1.50	<0.05
Female	25	8.40	3.95		

Above table shows the results “Gender difference between Death Anxiety of persons living with Advance Stage of HIV/AIDS (PLWHA).” There is no significant difference between means. Mean values of death anxiety of males and females living with Advance Stage of HIV/AIDS (PLWHA) are 6.48 and 8.40. calculated t-value is 1.50 which is not significant at 0.05. calculated t- value is less than minimum value at 98 degree of freedom and 0.05 level of significant.

Therefore, we can say that there is no significant gender difference between Death Anxiety of persons living with Advance Stage of HIV/AIDS (PLWHA).

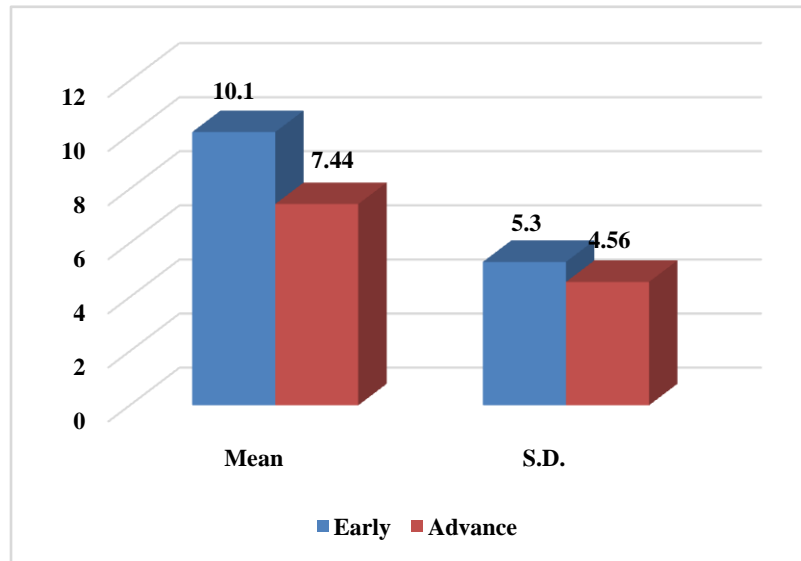


Difference between Death Anxiety of person living with Early Stage and Advance Stage of HIV/AIDS (PLWHA).

Stage of HIV	N	Mean	S.D.	Critical value	p-value
Early	50	10.10	5.30	2.69	<0.05
Advance	50	7.44	4.56		

Above table shows the results “Difference between Death Anxiety of person living with Early Stage and Advance Stage of HIV/AIDS (PLWHA).” There is a significant difference between means. Mean value of death anxiety of person living with Early Stage and Advance Stage of HIV/AIDS (PLWHA) are 10.10 and 7.44. calculated t-value is 2.69 which is significant at 0.05. calculated t- value is greater than minimum value at 98 degree of freedom and 0.05 level of significant.

Therefore, we can say that There is a significant difference between Death Anxiety of person living with Early Stage and Advance Stage of HIV/AIDS (PLWHA), Persons living with Early-Stage of HIV/AIDS (PLWHA) suffer from death anxiety more than persons living with Advance Stage of HIV/AIDS (PLWHA)



Conclusion – there is no significant gender difference between Death Anxiety of persons living with Early and Advance Stage of HIV/AIDS (PLWHA) and there is a significant difference between Death Anxiety of person living with Early Stage and Advance Stage of HIV/AIDS (PLWHA), Persons living with Early-Stage of HIV/AIDS (PLWHA) suffer from death anxiety more than persons living with Advance Stage of HIV/AIDS (PLWHA).

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