

Death Anxiety As The Corelate Of Mental Well-Being Among People Living With Hiv/Aids

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Abstract

The present study is an attempt to examine the correlation between death anxiety and mental wellbeing. The sample consisted of 150 HIV/AIDS patients were collected from the department of medicine, JNMC, AMU, Aligarh. Death Anxiety Scale developed by Donald Templer and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) was used. The data was analyzed by using Pearson's product moment correlation. The results made it clear that there is a significant negative correlation between death anxiety and mental well-being among people living with HIV/AIDS.

Keywords: death anxiety, mental well-being, HIV/AIDS patients.

Introduction

The history of the lethal epidemic of HIV is not that much longer. It is believed, widely, that HI virus emerged in Democratic Republic of Congo in 1920, approximately. In its beginning, HI virus was anonymous and was feared too much. And at the same time it was untreatable and deadly (AIDS Virus Education Research Trust, n.d). The beginning and the source of HIV is so hard to pin down. In 1999, there was an international bunch of researchers who claimed that they identified a SIVcpz which was similar to HIV-1 (Gao et al., 1999). The SIVcpz had come from the iced up sample that was taken from imprisoned chimpanzee. Later on, It was doable that scientists could take SIVcpz faecal sample taken from the chimpanzees that were wild, and that made it clear that they for sure were source of SIVcpz (Keele et al., 2006). The same year, some associates of the same team claimed that a type of HIV-1 was possibly drawn from the gorilla SIV (SIVgor) (Heuverswyn et al., 2006). A latest subtype of HIV-1 was recently proposed (Plantier et al., 2009). And it's assumed that damage is drawn from the gorilla SIV. Bailes et al. (2003) suggested HIV-1 is drawn from SIVcpz while many researchers mentioned that SIVcpz is the fusion of two monkey SIVs.

In past more than three decades science has strived a lot to comprehend everything about HI virus. And right now science has understood that how this virus has evolved and what preventive measures must be taken to control it. Advancement in medical science is now touching its heights and they have successfully made drugs to treat HI virus. Since the beginning of this fatal epidemic, approximately 78 million have so far fallen prey to HI virus and among them around 35 million people have lost their lives because of the illnesses cause by AIDS. Only in 2016, more than one million people died because of the diseases caused by AIDS (World Health Organization, n.d). In 2016, 19.5 million people infected with HIV had been receiving antiretroviral treatment (ART). As per the statistics, in 2010 only, 7.5 million people living with HIV/AIDS were receiving ART. It's believed that by 2020 around 30 million people living with HIV/AIDS will be receiving ART.

Variables

Death Anxiety

Death anxiety is a melancholic, abnormal and unceasing terror of death. It's the fear of one's own mortality. Death anxiety is also defined as the feeling apprehension (anxiety). The person is deadly frightened when he thinks of the process of his own death or stopping to be or exist. This fear is also known as

“Thanatophobia” (fear of death) which is never synonymous to necrophobia. Necrophobia is the fear of dead body or dying person while thanatophobia is the fear of dying or ceasing to live or exist (Wikipedia, n.d).

Mental Well-Being

The World Health Organization suggests that the mental-well being refers to when an individual is able to comprehend his capabilities, can overcome the challenges of life, can work efficiently and in a more creative manner and is intelligent enough to make contribution to his/her society or community. This explanation declares that the mental well-being is different from the mere absence of mental disease (World Health Organization, n,d).

Objectives

1. To examine the relationship between death anxiety and mental well-being among people living with HIV/AIDS.

Hypotheses

H_{A1}: There will be the negative relationship between death anxiety and mental well-being among people living with HIV/AIDS.

Methodology

Sample

In the present study 150 HIV/AIDS patients which served up as the participants were taken from the department of medicine, JNMC, AMU, Aligarh.

Tools Used

DAS was developed by Donald Templer (1970). The scale is made of 15 items. The total score ranges from 0 to 15. The scoring of the items ranges from 0 to 1 (1=True, 0=False). In construction of DAS, initially the pool of 40 items was made and then by a judgmental rating, 31 items were selected. Point biserial correlations were computed and the 15 items scale eventually made final DAS. Death Anxiety Scale has been translated into more than 26 languages. The construct validity of death anxiety scale was assessed as well. Templer identified that DAS highly correlates (.74) with Boyer’s Fear of Death Scale (Boyar, 1964). Studies were held and the scores of DAS were compared with general anxiety measures and that’s how the discriminant validity of Death Anxiety Scale was confirmed.

WEMWBS

WEMWBS was devised at in 2007.The financial aid was provided by NHS Health Scotland and the motive was to measure the mental well-being of adults living in UK. WEMWBS consists of 14 items It uses 5-point likert rating scale that ranges from “none of the times” to “all of the times”. All the items are worded positively and along with the hedonic and eudaimonic perspectives of mental well-being they measure many other attributes of the mental well-being. The total score ranges from 14 to 70. This scale was found feasible, reliable and sensitive to change. Chronbach’s alpha of WEMWBS of 0.87 and 0.91 was found. And the one-week test-retest reliability at Validation studies were held in diverse populations in UK, for instance undergraduate and postgraduate Scottish students and general population samples, Scottish and English teenagers with Chinese and Pakistani ethnic minorities in UK. The scale has demonstrated high internal consistency and the face validity as well (Stewart-Brown & Janmohamed, 2008).

Procedure for data collection

The purposive sampling method was used to select the participants. The participants were approached in isolation and the participants unwilling to participate were excluded.

Statistical techniques Used

The data were analyzed by using Statistical Package for the Social Sciences 20.0 (SPSS 20.0). And the statistical technique Pearson’s product moment correlation was also used.

Result and Discussion

Table 1: Showing the correlation between Death Anxiety and Mental Well-Being among people living with HIV/AIDS (N=150)

Variables	Y1	X1
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Y1	1	
X1	-.457**	1

Y1=Mental Well-Being, X1=Death Anxiety

** Correlation is significant at the 0.01 level (1-tailed)

Table 1 first off shows significant negative correlation between death anxiety (X1) and mental well-being (Y1) ($r = -.457$, $p < .01$). Therefore, hypothesis H_{A1} , saying, There will be the negative relationship between death anxiety and mental well-being among people living with HIV/AIDS stands supported.

The correlation matrix reveals that death anxiety (X1) has significant negative correlation with mental well-being (Y1) and that indicates the higher level of death anxiety among people living with HIV/AIDS leads to deteriorated mental well-being among the patients. In an attempt to confirm details about the effect of mental well-being and QOL on depression among people living with HIV/AIDS, Mukund and Gopalan (2015) found significant effect of mental well-being on depression among HIV/AIDS patients. They came up with the findings which claim that higher the mental well-being of the patients the greater are the chances that the patients would not fall prey to depression and will feel lesser anxiety levels. The study concluded as that there is a direct effect of QOL on psychological distress among HIV/AIDS patients, which means that the better quality of life will decrease the chances of feeling depression, anxiety and psychological distress. While the deteriorated quality of life will make the patients feel more depression, anxiety and psychological distress.

The findings obtained are:

- Significant negative correlation was found between death anxiety and mental well-being among people living with HIV/AIDS.

Limitations

- A. Target population was oversensitive.
- B. Large number of items might have exhausted the respondents.
- C. The sample was only collected from JNMC, AMU, Aligarh.

Suggestions for Future Research

- (a) A comprehensive study should be held to find out the significance of other positive and negative variables for the people living with HIV/AIDS.
- (b) In order to learn comprehensively about the experiences and challenges of the HIV/AIDS patients, qualitative approach along with the quantitative one can be more helpful.
- (c) Larger group of people living with HIV/AIDS is recommended to be taken as the sample to learn more about the population. .
- (d) There is a dire need of collecting data from the multiple sources

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