Death Anxiety of HIV Distressed Patients in Relation to their Gender and Marital Status

Dr. A. N. Prajapati* & Satish Saxena**

Abstract

HIV is referred as "Modern pandemic" which is a fatal syndrome caused by retro virus known as 'Human Immune Deficiency Virus'. The main aim of the investigation was to examine the Gender and Marital Status on Death Anxiety among HIV Distressed Patients. A random sampling method was used to select 640 HIV Distressed Patients from Various places of Ahmedabad city of Gujarat. Collection of data was carried out with the help of Death Anxiety Scale. For analysis of data 'F' test was used. The conclusions can be drawn on the basis of the results obtained in present study is there is no significant difference in the death anxiety between male and female HIV Distressed Patient. The difference between married and unmarried HIV Distressed Patient on death anxiety is significant.

Keywords: *Death Anxiety, HIV Distressed Patient, Gender, and Marital Status*

Author: **Assistant Professor, Children's University, Gandhinagar, Gujarat, India.*

***Ph.D. Research Scholler, Children's University, Gandhinagar, Gujarat, India.*

Introduction

Death Anxiety is a process that varies from person to person. However, death Anxiety toll is often seen as harassing everyone. It is only natural for a person to suffer from an illness such as HIV. This has led to the study of Death Anxiety in persons suffering from HIV-like illness here. HIV is referred as "Modern pandemic" which is a fatal syndrome caused by retro virus known as 'Human Immune

Deficiency Virus'. These stops working body's immune system and are likely to develop life threatening opportunistic infections, neurological disorder and unusual malignancies (Park, 2009). It could be continuous to be an escalating health trouble throughout the world. It has drawn attention to global inequalities in access to appropriate physical condition care and lack of human rights. This infection has become the eighth leading cause of death. It is estimated that there is one HIV infection related death in every 15-minute, one HIV diagnose in every nine minute and somebody infected with HIV in every 13 minutes (McEnany, Huges & Lee, 1995).

Death anxiety is an anomalous anxiety of dying. A person suffering from death anxiety becomes afraid, nervous or incapable to function when they think of, talk about, read about, see on TV or in any way hear or experience anything associated with dying.

According to Longmans Dictionary of Psychology and Psychiatry (Goldenson, 1984), "death anxiety (DA) is a depressive state in which anxiety over dying and fear of death (thanato phobia) are its salient symptoms".

"Death anxiety is a term used to conceptualize the apprehension generated by death awareness" (Abdel-Khalek, 2005).

"Death is viewed as an event that one generally has no control over and thus generates anxiety amongst people" (Schumaker, Barraclough, & Vagg, 1988).

Literature Review

Bahri et. all (2013)'s study results indicate that "there is a meaningful negative relationship between life expectancy and death anxiety in HIV patients. Life expectancy variable predicts anxiety in HIV patients, significantly, and determines 13 percent of variance related to death anxiety. But there is no

meaningful relationship between resilience and death anxiety in HIV patients". Sherman, D. W., Norman, R. McSherry, C. B. (2010). Study result indicates that "AIDS patients expressed greater death anxiety than cancer patients, but death anxiety was not different among family caregivers. Both AIDS and cancer patients experienced greater death anxiety than their caregivers. Greater death anxiety was associated with lower quality of life, particularly in the psychological domain for AIDS patients. There were significant correlations between the death anxiety subscales and the quality of life subscales for family caregivers, especially for AIDS caregivers. Interventions that lessen death anxiety may enhance quality of life as death approaches, particularly for AIDS patients and their family caregivers". Abdel-Khalek (2005) discovered that "females experienced significantly higher death anxiety levels than males".

Hence the importance of the present study is that studying the extent of death concerns in HIV-infected individuals.

Objectives:

1. To examine the main effect of Gender on Death Anxiety among HIV Distressed Patients.
2. To examine the main effect of marital status on Death Anxiety among HIV Distressed Patients.
3. To examine the Interaction effect of Gender and marital status on Death Anxiety among HIV Distressed Patients.

Hypothesis:

1. There will be no significant main effect of Gender on Death Anxiety among Male and Female HIV Distressed Patients.
2. There will be no significant main effect of Marital Status on Death Anxiety among Married and Unmarried HIV Distressed Patients.

3. There will be no significant interaction effect of Gender and Marital Status on Death Anxiety among HIV Distressed Patients.

Variables:

The following variables was treated as independent and dependent variables:

No	Name of Variable		Level of variable	Name of Level of variable
1	Independent Variables	Gender	2	Male
				Female
2	Independent Variables	Marital Status	2	Married
				Unmarried
3	Dependent Variables	Death Anxiety	1	Death Anxiety

Research Design:

In present study to examine the main and interaction effect of two variables i.e. Gender and Marital Status a 2x2 factorial design was used for collecting the data.

Variable		Gender (A) ↓		Total
		Male (A1)	Female (A2)	
Marital Status (B)	Married (B1)	160	160	320
	Unmarried (B2)	160	160	320
Total		320	320	640

Population and Research Sample:

To make the study worthwhile a representative of the HIV distressed patients reside in the district of Ahmedabad city of the Gujarat state was taken. The sample of the study was comprised of 640 HIV Distressed Patients in various place of Ahmedabad city of Gujarat, India. The sample was Cluster selected from various locations of Ahmedabad city, Gujarat as per the requirement of research design of this study. The sub groups of the sample was distributed as shown in research design of the study.

Tools:

(1) Personal Date Sheet:

A personal data sheet developed by investigator was used to collect information about Gender, Area and Marital status.

(2) Death Anxiety Scale:

Thakur and Thakur's (1985) death anxiety scale was used. The scale consists 16 sentences: 11 were positively worded and 5 were negatively worded. The positive worded items were to be rated 5-point scale: Quite true (5), True (4), Undecided (3), False (2), and (1) Quite False. For the negative worded items opposite counting pattern was suggested. This scale was reliable and valid. Internal consistency reliability (Kuder- Richardson method) has been stated to be 0.78 and a test –retest reliability coefficients was 0.86.

Result and Discussion:

Table: 01:

Showing Analysis of Variance for Death Anxiety in relation to Gender and Marital Status.

Variable Squares	Sum of Squares	df	Mean Square	F	Significance
Gender	148.225	1	148.225	3.02	
Marital Status	1374.756	1	1374.756	28.04	
Gender & Marital Status	12.656	1	12.656	0.26	
Error	31181.463	636	49.027		
Corrected Total	32717.100				

Main Effects:

It could be seen from the Table No. 01 that the one main variable i.e. Marital Status (F=28.04) are significantly influencing the Death Anxiety, although Gender variable is not found to be significant (F=3.02).

The null hypothesis concerning the gender variable can be specified in following manner.

Ho.1 There will be no significant main effect of Gender on Death Anxiety among Male and Female HIV Distressed Patients.

Table: 2

Showing Mean Scores on Death Anxiety with regards to Gender.

Variables	**N**	**M**	**'F'**	**Significant**
Male	320	59.11		

Female	320	60.07	3.02	NS

It is observed from Table No. 02 that the mean scores of female *HIV* Distressed Patients demonstrate slightly high Death Anxiety (M=60.07) than the male HIV Distressed Patients (M=59.11). Table No. 01 and 02 reveals that the mean scores of two groups as regards gender are no differ each other on death Anxiety and these differences are non-significant (F=3.02); therefore, null hypothesis No.1 is not rejected.

The null hypothesis regarding variable of marital status can be stated in following manner.

Ho.2 There will be no significant main effect of Marital Status on Death Anxiety among Married and Unmarried HIV Distressed Patients.

Table: 3

Showing Mean Scores on Death Anxiety with regards to Marital Status.

Variables	**N**	**M**	**'F'**	**Significant**
Married	320	61.05	28.04	0.01
Unmarried	320	58.12		

Table No. 03 that the mean scores of married *HIV Distressed Patients* demonstrate high Death Anxiety (M=61.05) than the unmarried *HIV Distressed Patients* (M=58.12). Table No. 01 and 03 reveals that the mean scores of two groups as regards marital status are differ each other on Death Anxiety and these differences are significant at 0.01 level (F=28.04); therefore, null hypothesis No.2 is rejected.

Interaction Effects:

The main effects, significant or insignificant have to be unstated with caution and reexamined in light of significant interaction of the variables. Here, interaction effects have been discussed below.

The null hypothesis concerning the gender and Marital Status variable can be stated in following manner

Ho.3 There will be no significant interaction effect of Gender and Marital Status on Death Anxiety among HIV Distressed Patients.

Table: 4

Showing Mean Scores on Death Anxiety as held by Groups Gender x Marital Status (A x B).

Marital Status	Gender		'F'	Significant
	Male	Female		
Married	60.43	61.68	0.26	NS
Unmarried	57.78	58.46		

It is evident form Table No. 04 that F ratio (F=0.26) is not significant which suggesting that the obtained differences among Gender and marital status interaction subgroup are not significant. To summaries among A x B interacting groups, the group have high Death Anxiety is female married HIV Distressed Patients (M=61.68) and the group comparatively the low is male unmarried HIV Distressed Patients (M=57.78). Table No. 01 and 04 reveals that the mean scores of two groups as regards gender and marital status are not differ on death anxiety (F=0.26); so, null hypothesis No.3 is not rejected.

Conclusion:

The difference between male and female HIV Distressed Patients on Death Anxiety is found to be non-significant; while the HIV Distressed Patients of female have slightly high level of anxiety than the HIV Distressed Patients of male. The difference between married and unmarried HIV Distressed Patients on Death Anxiety is significant. The married HIV Distressed Patients have more Death Anxiety than that of unmarried HIV Distressed Patients. The Interaction effect in relation to gender and marital status on Death Anxiety is found to be not significant.

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