Chapter 5
Major Findings, Implications, Contribution to Knowledge, Limitations and Suggestions for Future Research
5.1 Major Findings

The study intended to examine “Death Anxiety, Religiosity and Optimism as related to Mental Well-Being among people living with HIV/AIDS. The sample of 150 people living with HIV/AIDS was taken to test the hypotheses formulated.

The findings obtained are:

- Significant negative correlation was found between death anxiety and mental well-being among people living with HIV/AIDS.
- Significant positive correlation was found between religiosity and mental well-being among people living with HIV/AIDS.
- Significant positive correlation was found between optimism and mental well-being among people living with HIV/AIDS.
- Religiosity emerged as a significant predictor of mental well-being among people living with HIV/AIDS.
- Significant difference was found on death anxiety between male and female HIV/AIDS patients.
- Significant difference was found on religiosity between male and female HIV/AIDS patients.
On optimism the significant difference was found between male and female HIV/AIDS patients.

Significant difference was found on mental well-being between male and female HIV/AIDS patients.

No significant difference was found on death anxiety between HIV/AIDS patients living in rural and urban areas.

No significant difference was found on religiosity between HIV/AIDS patients living in rural and urban areas.

There was found no significant difference on optimism between HIV/AIDS patients living in rural and urban areas.

On mental well-being no significant difference was found between HIV/AIDS patients living in rural and urban areas.

After comparing the HIV/AIDS patients of different levels of monthly income on death anxiety, the significant difference was found. And the patients with lowest level of income (1000-10000) were found with higher level of death anxiety. Moreover, there was found no significant difference on death anxiety between the patients of 11000-20000 and 20000 above (highest monthly income) monthly income.

The HIV/AIDS patients with different levels of monthly income were also compared on religiosity and the significant difference was found. The patients with highest monthly income were found more religious when compared with the other two groups. Moreover, there was found no significant difference on religiosity between
the patients of 11000-20000 and 20000 above (highest monthly income) monthly income.

- The HIV/AIDS patients of different levels of monthly income were compared on optimism as well and the significant difference was found among the groups. Although, the patients with the monthly income of 11000-20000 (second highest monthly income) were found with more optimism but there was found no significant difference on optimism between the patients of 11000-20000 and 20000 above (highest monthly income) monthly income.

- The HIV/AIDS patients of different levels of monthly income were compared on mental well-being and among the groups the significant difference was found. However, the patients with highest level of monthly income (20000 above) were found with a better mental well-being, but the patients of 11000-20000 and 20000 above monthly incomes did not differ significantly.

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

- No significant difference was found on religiosity among people living with HIV/AIDS with respect to their age.

- There was found no significant difference on optimism among people living with HIV/AIDS with respect to their age.

- The people of different age groups living with HIV/AIDS were also compared on mental well-being and no significant difference was found among the groups.
5.2 Implications

The positive variables like optimism and religiosity in this study were found so helpful for people living with HIV/AIDS in managing life’s tough challenges and in living life of a better quality with a healthier mental well-being. When people living with HIV/AIDS come across the adversities of life, religion works as a helping hand. God provides the firm escape for people living with HIV/AIDS and the believers believe that God is always there to answer their prayers and strengthen them to fight and survive the hardships and challenges.

People living with HIV/AIDS are hopeless and unhappy and in this study it was found that being optimistic was helpful for them to immunize themselves against callous repercussions of HIV/AIDS. This study is the testimony that being optimistic encourages the people living with HIV/AIDS to manage anxiety, keep their mental well-being intact, overcome their problem and live life in a better and healthier way. In this study it was found that religiosity and optimism is the solution for the problems that people living with HIV/AIDS face in their lives.

Death anxiety, in this study, was found to be damaging for the people living with HIV/AIDS. And it was found to be hazardous to their mental well-being. Death anxiety is a horrifying experience and almost anyone can fall prey to its harmful nature and people living with HIV/AIDS are no exceptions. The effect of death anxiety can be so upsetting and negative for the people living with HIV/AIDS or for the people living with any chronic illness that it can hamper their growth and healing and discourage their will to fight their illness to a very significant level. It was also found that HIV/AIDS patients with lower religiosity and optimism suffer higher level of death anxiety and deteriorated mental well-being.
This study came up with the findings that explain the implications of presence of optimism and religiosity for people living with HIV/AIDS. The absence of death anxiety among people living with HIV/AIDS is recommended to be held constant and only then the growth and better mental well-being can be possible. Optimism and religiosity can help people living with HIV/AIDS to overcome death anxiety and maintain their mental well-being.

The counselors and social workers can help people living with HIV/AIDS learn to be optimistic and more religious. They can help them manage death anxiety and other unhealthy ways of thinking and support them to enhance their mental well-being.

Research has been going on since the first case of AIDS was identified. Behavioral, biomedical and social science researches have resulted in several preventive interventions and life-saving treatment. This research as well can help governmental organizations to develop an insight about the effective ways of helping people living with HIV/AIDS to help them enhance their mental well-being and live a tranquil life.

This study is a potential help for the families and friends of people living with HIV/AIDS to realize the importance of care and attention people living with HIV/AIDS always need. It has been found that people living with HIV/AIDS lacking family support are inclined to develop unhealthy ways of thinking and have deteriorated mental well-being.

5.3 Contribution to knowledge

This research has a potential to teach counselors and health care professionals the need and importance of helping people living with HIV/AIDS develop an optimistic outlook to survive the challenges they face because of their illness. The results of the study also provide the evidences that religious education must be given to such patients. Eventually, this
research study can make counselors, community health workers, and health psychologists conscious about the importance of giving information to HIV patients regarding how to overcome death anxiety and develop optimistic attitude towards life and help them enhance their mental well-being.

5.4 Limitations

Limitations in any research are inevitable and that’s what makes research an unending process. In a research, limitations are the shortcomings or conditions that a researcher is not able to have control over. But to talk about the limitations of your research is quite imperative. Like every research, this one as well, is not devoid of the limitations. The present research holds the following limitations:

(a) The target population was oversensitive.

(b) Very few demographic data were collected.

(c) Large number of items might have exhausted the respondents.

(d) The sample was only collected from Jawahar Lal Nehru Medical College and Hospital, Aligarh, Uttar Pradesh.

5.5 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 people living with HIV/AIDS, qualitative approach along with the quantative 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) Researchers are suggested to include more demographic variables in their study and explore how they are relevant to the lives of the people living with HIV/AIDS.

(e) There is a dire need of collecting data from the multiple sources.