DEATH ANXIETY, RELIGIOSITY AND OPTIMISM AS RELATED TO MENTAL WELL-BEING AMONG PEOPLE LIVING WITH HIV/AIDS

ABSTRACT

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ABSTRACT

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). 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 2106, more than one million people died because of AIDS-related illnesses (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 (Global HIV/AIDS Overview, n.d).

The findings of this research study are expected to help people living with HIV/AIDS develop a better life style to improve their mental well-being. The clear picture of the lethal repercussions of higher death anxiety may help health-care professionals understand how important is for them to help people living with HIV/AIDS manage death anxiety. And the better comprehension about the role of religiosity and optimism may also be useful in helping people living with HIV/AIDS live relatively a better life.

The title of this study is "Death Anxiety, Religiosity and Optimism as related to Mental Well-Being among people living with HIV/AIDS". HIV is a deadly virus that smashes up ones immune system. And AIDS is a bunch of symptoms caused by the fatal HI Virus. For decades, HIV has been the major concern of scientists and researchers. People living with HIV positive have many strong emotional reactions linked to their illness. Predominantly,
Death Anxiety, Religiosity, Optimism and Mental Well-Being are the vital issues that entice researchers to study the present condition of the people living with HIV/AIDS.

**Objectives of the study**

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

2) To examine the relationship between religiosity and mental well-being among people living with HIV/AIDS.

3) To examine the relationship between optimism and mental well-being among people living with HIV/AIDS.

4) To examine whether death anxiety, religiosity and optimism predicts mental well-being among people living with HIV/AIDS.

5) To examine the mean difference between death anxiety scores for male and female HIV/AIDS patients.

6) To examine the mean difference between religiosity scores for male and female HIV/AIDS patients.

7) To examine the mean difference between optimism scores for male and female HIV/AIDS patients.

8) To examine the mean difference between mental well-being scores for male and female HIV/AIDS patients.

9) To examine the mean difference between death anxiety scores for rural and urban HIV/AIDS patients.
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10) To examine the mean difference between religiosity scores for rural and urban HIV/AIDS patients.

11) To examine the mean difference between optimism scores for rural and urban HIV/AIDS patients.

12) To examine the mean difference between mental well-being scores for rural and urban HIV/AIDS patients.

13) To examine the mean difference among death anxiety scores for HIV/AIDS patients of different levels of income.

14) To examine the mean difference among religiosity scores for HIV/AIDS patients of different levels of income.

15) To examine the mean difference among optimism scores for HIV/AIDS patients of different levels of income.

16) To examine the mean difference among mental well-being scores for HIV/AIDS patients of different levels of income.

17) To examine the mean difference among death anxiety scores for HIV/AIDS patients of different age groups.

18) To examine the mean difference among religiosity scores for HIV/AIDS patients of different age groups.

19) To examine the mean difference among optimism scores for HIV/AIDS patients of different age groups.

20) To examine the mean difference among mental well-being scores for HIV/AIDS patients of different age groups.
1.10 Hypotheses

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

H_{A2}: There will be the positive relationship between religiosity and mental well-being among people living with HIV/AIDS.

H_{A3}: There will be the positive relationship between optimism and mental well-being among people living with HIV/AIDS.

H_{A4}: Death anxiety, religiosity and optimism will be the predictors of mental well-being among people living with HIV/AIDS.

H_{A5}: There will be the difference between mean scores of death anxiety for male and female HIV/AIDS patients.

H_{A6}: There will be the difference between mean scores of religiosity for male and female HIV/AIDS patients.

H_{A7}: There will be the difference between mean scores of optimism for male and female HIV/AIDS patients.

H_{A8}: There will be the difference between mean scores of mental well-being for male and female HIV/AIDS patients.

H_{A9}: There will be the difference between mean scores of death anxiety for rural and urban HIV/AIDS patients.

H_{A10}: There will be the difference between mean scores of religiosity for rural and urban HIV/AIDS patients.
**H**\textsubscript{A11}: There will be the difference between mean scores of optimism for rural and urban HIV/AIDS patients.

**H**\textsubscript{A12}: There will be the difference between mean scores of mental well-being for rural and urban HIV/AIDS patients.

**H**\textsubscript{A13}: There will be the difference among mean scores of death anxiety for HIV/AIDS patients of different levels of income.

**H**\textsubscript{A14}: There will be the difference among mean scores of religiosity for HIV/AIDS patients of different levels of income.

**H**\textsubscript{A15}: There will be the difference among mean scores of optimism for HIV/AIDS patients of different levels of income.

**H**\textsubscript{A16}: There will be the difference among mean scores of mental well-being for HIV/AIDS patients of different levels of income.

**H**\textsubscript{A17}: There will be the difference among mean scores of death anxiety for HIV/AIDS patients of different age groups.

**H**\textsubscript{A18}: There will be the difference among mean scores of religiosity for HIV/AIDS patients of different age groups.

**H**\textsubscript{A19}: There will be the difference among mean scores of optimism for HIV/AIDS patients of different age groups.

**H**\textsubscript{A20}: There will be the difference among mean scores of mental well-being for HIV/AIDS patients of different age groups.
Research Design

Research design provides the exhaustive outline that guides you throughout. The type of research design is determined by several factors, like the nature of research problem and the objectives researcher has framed. The present research is a correlational study as the title itself is the explanation. This research is held to identify the degree of relationship between the variables. Correlational research is held to focus on and analyze a certain research problem to give details about the relationships between the variables. The current study aims to discover the relationship among death anxiety, religiosity, optimism and mental well-being.

Participants

In this study 150 people living with HIV/AIDS taken from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh served up as the participants. The purposive sampling method was made use of to select the participants. And the participants were categorized on the basis of gender, residence, monthly income, and age.

Tools Used

Death Anxiety Scale (DAS) developed by Donald Templer (1970), the duke university religion index (DURLEL) developed at National Institute of Aging and the Fetzer institute conference (16–17 March 1995), Life Orientation Test-Revised developed by Scheier, Carver, & Bridges in 1994 and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) devised by a team of researchers at the Universities of Warwick and Edinburgh (2007) and a demographic data sheet were administered on the participants in this research study.
Procedure for Data Collection

The sample was taken from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh. First off, the patients were approached individually and their consent was taken for their participation. The purpose of the study was made known to every single patient. Genuine response was requested for and the confidentiality was guaranteed. And eventually, the patients were instructed about how to write their response to all the four scales.

Ethical Considerations

(a) Confidentiality was assured to every participant. They were motivated to feel at ease and promised that their privacy will be taken care of.

(b) All the participations were voluntary. No material benefits were promised.

(c) Every participant was free to withdraw at any point of time.

Major Findings

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

2. Significant positive correlation was found between religiosity and mental well-being among people living with HIV/AIDS.

3. Significant positive correlation was found between optimism and mental well-being among people living with HIV/AIDS.

4. Religiosity emerged as a significant predictor of mental well-being among people living with HIV/AIDS.
5. Significant difference was found on death anxiety between male and female HIV/AIDS patients.

6. Significant difference was found on religiosity between male and female HIV/AIDS patients.

7. On optimism the significant difference was found between male and female HIV/AIDS patients.

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

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

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

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

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

13. 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.
14. 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.

15. 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.

16. 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.

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

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

19. 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.