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Comparison between HIV/AIDS Patients of Rural and Urban Areas on Death Anxiety and Religiosity

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Abstract

This study was held to examine the mean difference of death anxiety and religiosity scores for rural and urban HIV/AIDS patients. The sample consisted of 150 HIV/AIDS patients. Death Anxiety Scale developed by Donald Templer and The Duke University Religion Index (DURLEL) was used. The data was analyzed by using t-test**.** The results showed that there was found no significant difference between rural and urban HIV/AIDS patients on death anxiety and religiosity.

Keywords: *death anxiety, religiosity, HIV/AIDS patients*

Introduction

Acquired immunodeficiency syndrome (AIDS) is deadly, unceasing, and potentially grave disease which is the result of HI virus (human immunodeficiency virus). By destroying a person's immune system, this lethal virus damages and minimizes person's capability to fight with the illness. This virus is sexually transmitted infection (STI). It has a potential to multiply and spread if a person comes in contact with blood directly or indirectly. If a mother is infected the child has chances of having HIV also. There is no medication that can cure this disease but some drugs have a potential to control it (MayoClinic, n.d).

Variables

Death Anxiety: Death anxiety is the feeling of anxiety which happens when a person thinks about his own mortality. (Templer, 1970).

Religiosity: Religiosity is person's contribution in religious activities. It reflects a person's individual beliefs and how much he or she loves his religion (Koenig & Büssing, 2010).

Objectives

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

Hypotheses

$\mathbf{H_{A1}}$: There will be the difference between mean scores of death anxiety for rural and urban HIV/AIDS patients.

$\mathbf{H_{A2}}$: There will be the difference between mean scores of religiosity for rural and urban HIV/AIDS patients.

Methodology

Sample

With the help of purposive sampling the sample of 150 people living with HIV/AIDS which were taken from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh.

Tools Used

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Death Anxiety Scale (DAS)

Death Anxiety Scale 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). Test-retest reliability coefficient of .83 and an alpha coefficient index of internal of .76 were obtained for DAS.

The Duke University Religion Index (DURLEL)

This scale has been developed at National Institute of Aging and the Fetzer institute conference (16–17 March 1995). It consists of 5 items and its total score may range from 5 to 27. The three-item sub-scale that measures intrinsic religiosity has a Cronbach's alpha of 0.75(Koenig & Büssing, 2010).

Procedure for data collection

The participants were approached individually and their consent for the participation was taken. The participants willing to participate were given the assurance that their privacy will not be violated. The aim of the study was explained and the participants who were not willing to participate were excluded.

Statistical techniques Used

The data were analyzed with the help of Statistical Package for Social Sciences 20.0 (SPSS 20.0). And the statistical technique t-test was also used.

Result and Discussion

Table 1: Comparison of Mean Scores of Death Anxiety and Religiosity among people living with HIV/AIDS with Respect to their area of Residence (N=150)

Variables	Residence	N	Mean	SD	df	t-value	p
Death Anxiety	Rural	64	8.10	3.68	148	.585 ^{NS}	.985
	Urban	86	8.46	3.68			
Religiosity	Rural	64	16.95	6.23	148	.219 ^{NS}	.013
	Urban	86	16.70	7.09			

Table 1 shows no significant difference in t-values of death anxiety **(t= .585,** p>.05**)** between urban and rural HIV/AIDS patients. The result indicates that the rural and urban HIV/AIDS patients do not differ in terms of level of death anxiety. Thus our hypothesis $\mathbf{H_{A1}}$ which says, there will be the difference between mean scores of death anxiety for rural and urban HIV/AIDS patients stands not supported. This study reveals that the HIV/AIDS patients living in rural and urban areas do not differ significantly on death anxiety. The findings suggest that the fear of death haunts people living with HIV/AIDS like nothing and this fear is independent of where the patients live. The results of this study replicate the findings of Ajay (2017). He suggested that no significant difference has been found on anxiety between the diabetic challengers of rural and urban areas. But, the study conducted by Desai (2017) states that there is a significant difference found between the diabetic patients of rural and urban areas.

Table 1 also shows no significant difference in t-values of religiosity **(t=.219,** p>.05**)** between urban and rural HIV/AIDS patients. The result indicates that the rural and urban HIV/AIDS patients do not differ in terms of level of religiosity. Thus our hypothesis $\mathbf{H_{A2}}$ which says, there will be the difference between mean scores of religiosity for rural and urban HIV/AIDS patients stands not supported. To practice religion or to have belief in religion is

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natural among human beings. The findings of this study reveal that the people living with HIV/AIDS are equally religious and their residential area does not have any effect on their religiosity. The results of this study echo the findings of Bettencourt et al. (2008). They propose, no significant difference exists between the patients of rural and urban areas on coping strategies and psychological adjustment. But on the other hand Doolittle and Farrell (2018) argue if the spiritual beliefs of a patient are encouraged properly, they could be helpful for the treatment of depression.

Findings

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

Suggestions for Future Research

1. A broader study needs to be held on HIV/AIDS patients.
2. Bigger sample size needs to be studied.

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