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Death Anxiety, Depression and Quality of Life among HIV/AIDS

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Abstract: The current study was conducted to investigate the relationship between death anxiety, depression and quality of life among HIV/AIDS. Data was taken from 80 HIV/AIDS patients through purposive sampling strategy. Death Anxiety Scale, Beck Depression Scale and Quality of Life Scale were used as an assessment measure in the present study. SPSS-21 version was used in the present study. Pearson product moment correlation analysis and hierarchal regression analysis were used in the present study. Findings of the present study showed depression has significant ($p < .05$) negative relationship with quality of life. However, Regression findings showed death anxiety $F (1, 77) = .20$ $p < .005$, $R^2 = .03$ and depression $F (2, 76) = 17.8$ $p < .005$, $R^2 = .32$. were significant predictors of quality-of-life. Results concluded that depression would direct to unhealthy quality of life and increases death anxiety.

Keywords: Death Anxiety, Depression, Quality of life, HIV/AIDS.

INTRODUCTION

The aim of the present study is to examine the relationship between death anxiety and depression as well as the quality of life among HIV/AIDs. Present study was led to support mental health professionals and Pakistani families particularly patients, professional HIV/AIDS and s doctors to understand how much Death Anxiety, Depression shows a significant influence in the Quality of life of patients. And how they manage individuals with emotional and stressful problems (WHO, 2020). The main purpose of present research is to provide insight to both clinical and social situation and create an awareness that how policy makers, social worker and mental health professional avert Death anxiety of HIV/AIDS patients and improve healthier quality of life.

HIV, the virus that causes AIDS (acquired immunodeficiency syndrome), is one of the world's most serious health and development challenges. Approximately 38 million people are currently living with HIV, and tens of millions of people have died of AIDS-related causes since the beginning of the epidemic (WHO, 2020). HIV (human immunodeficiency virus) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment.

The most severe phase of HIV infection is AIDS. People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic infections. People receive an AIDS diagnosis when their CD4 cell count drops below 200 cells/mm, or if they develop certain opportunistic infections. People with AIDS can have a high viral load and be very infectious. Without treatment, people with AIDS typically survive about three years (Centers for Disease Control & Prevention, 2021).

Death Anxiety

Anxiety and anguish according to the linguistic roots and their idiomatic use have the same meaning: Anxiety derives from the Latin "anxietas", which means "state of agitation, restlessness or anxiety" and anguish comes from the Latin "anguish" which includes meanings such as "Angostura, difficulty, affliction, grief, and oppressive fear without precise cause, narrowness of place or time (Care STDs, 2003). Being anxious about dying may, to a greater extent, also depend on the perception of well- being signaled by one's QoL. More broadly, people's QoL may also be implicated in researchbordering on death anxiety.

QoL is an index that assesses the general well-being of individuals and societies. It is the extent to which objective human needs are fulfilled in relation to personal or group perception of subjective well-being (Constanzana, *et al*., 2007). As assessed by the World Health Organization (1998), QoL involves evaluating the various experiences relating to individuals and the environment in which they live. It permeates a broad range of human experiences related to one's overall well-being. (WHO, 1998). Death anxiety therefore negatively interferes with human social performance as it can lead to the feelings of ambivalence toward the body, disruption, and disconnection in personal relationships and withdrawal from sexual intimacy, as the body

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continually serves as a reminder of death (Bassett, 2007; Goldenberg, *et al*., 2006).

Erikson's (1959) socioemotional theorization has shown the paths of worthiness and worthlessness (integrity vs. despair) from an individual's global perspective of life success or quality. Positive perceptions of life processes will inhibit death anxiety while negative evaluations of life paths will inevitably lead to higher levels of death anxiety. This is so because according to Erikson ''in the end, the power behind development is life.'' (Erikson, 1963).

Depression

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Depression causes feelings of sadness and/or a loss of interest in activities you once enjoyed. It can lead to a variety of emotional and physical problems and can decrease your ability to function at work and at home (APA, 2013). On an intuitive level, Quality of Life (QoL) and depression can appear as opposing phenomena crudely representing all the positive and negative aspects of well-being. Poor QoL is sometimes seen as a consequence of depression. (The Psychological Corporation Second, 1996).

On the other hand, poor QoL may also be a precursor to depression. In other formulations, depression can be seen as a component of QoL. Whatever the implicit models of their interrelationships, there has been little theoretical attention or research to understand the relationship between depression and QoL. A theoretical approach developed by Leval, (1995) tries to capture and highlight possible relationships between depression and QoL in a "three-time-dimension" theory. This theory links depression and QoL on a timeline of the past-present-future (Nervenarzt, 1998).

Quality of Life

Quality of life (QOL) is defined by the World Health Organization as 'individuals' perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns (WHO, 2008). Quality of life has been defined as a situation of coherence between personal dreams, ambitions, hope for the future, present life style and experiences, which is aligned with the WHO's definition of health(WHO,2012).

METHODS

Research Design

The present research used co-relational research design to study the relationship between death anxiety, depression and quality of life among HIV/AIDS. Therefore, the research design of this study was co-relational study design.

Sample

The population for the present study was 80 patients living with HIV/AIDS in Pakistan.

Sampling Strategy

Purposive sampling strategy was used to select sample.

Inclusion Criteria

- Age range 18-50 years old was included.
- Only patients with HIV/AIDS were included.
- Individuals who lived with HIV/AIDS were included in the present study.

Exclusion Criteria

Patients who have any physical disability and psychological illness were excluded from the present research.

Measures

Assessment measures included the following

Death Anxiety Scale

Death Anxiety Scale originally developed by Templer, (1970) to measure the level of death anxiety. The scale contains 16 items with a Likert-type format. Score ranges between 15-75, where low death anxiety=15-35, moderate death anxiety=36-55, and high death anxiety=56-75. Hence, high score reveals high death anxiety. Cronbach's α for the whole SDA was good, at α = 0.86.

Beck's Depression Inventory.

The Beck Depression Inventory was originally developed by Beck, (1961). The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, *et al*., 1961). The reliability resultsshow that Cronbach alphas ranged from 0.75 to 0.92.

Quality of life Scale

Quality of life was originally developed by Flanagan, (1970). This scale has 16 items. This tool used 5-point Likert scale (1=strongly agree, 5=strongly disagree). The Cronbach alpha reliability of this scale is .79-.92.

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RESULTS

Data was analyzed using Statistical Packages for Social Sciences, version 21(SPSS-21).

Table 1: Pearson Product Moment Correlation Analysis between Study Variables (n= 80)

Variables		1	2	3
1.	Death Anxiety	-	.02	.05
2.	Depression	-	-	-.56**
3.	Quality of Life	-	-	-

Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Note: M= Mean, SD= Standard Deviation.

Pearson Product Moment Correlation analysis revealed that depression has significant negativerelationship ($p < .05$) with quality of life among HIV/AIDS.

Table 2: Hierarchal Regression Analysis Predicting Quality of life (n=80)

Predictors	Quality of LifeHIV/AIDS	
	ΔR^2	β
Step 1	-.01**	
Death Anxiety		.05**
Step 2	.30**	
Depression		-.56*
Total R^2	.32	

Note: *p < .05. , **p < .01. , ***p < .001.

Dependent Variable: Quality of Life
Predictors in the Models: Death Anxiety and Depression.

Results revealed that first model was found significant prediction F (1, 77) = .20 p < .005, R^2= .03 and accounted for 3% of variance in Quality of Life. Second model showed significant prediction F (2, 76) = 17.8 p < .005, R^2=.32 and accounted for 32% of variance in Quality of Life.

DISCUSSION

The aim of the present study was to examine relationship between Death Anxiety, Depression and Quality of Life among HIV/AIDS. The current research was also designed to educate and provide insight to clinical setting on the benefits of quality of life. The results of the present investigation include examined experience of HIV/AIDS patients with Pakistani community background, their Death anxiety and Quality of life. The literature review provided the researchers evidence to help and support hypothesis of the current study.

Findings of the current study revealed significant negative relationship between depression and quality of life. Prior researches reinforced the findings. Another research was conducted to discover depression and quality of life among patients living with HIV/AIDS. Result showed depression has significant negative relationship with patients of HIV AIDS who had a physical health problem. Depression is prevalent and significantly negatively associated with HRQOL of HIV/AIDS patients (Tran & Dang, 2018).

Findings of the present study showed death anxiety and depression were significant predictors of quality of life among HIV/AIDS patients. A study was conducted to examine the relationship between death anxiety and quality of life among patients. Results of this study showed death anxiety was significantly predicted quality of life (Nasim, *et al*., 2013). Another research was conducted to study the association between Anxiety, Depression and Perception of the Quality of Life in the Patient with HIV / AIDS. There is a great interest in the depression and of quality of life of patients with HIV / AIDS, and research shown that depression was significant predictor of quality of life (Campos, Arturo, Ortiz & Andrómeda, 2018).

CONCLUSION

The major aim of the present research was assessed to increase the well understanding and relation between study variables in Pakistan. Furthermore, to classify the aspects which were contributing to the quality of life. Results showed depression has highly significant negative

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relationship with quality of life among HIV/AIDS. Moreover, findings of regression analysis showed death anxiety and depression were significant predictors of quality of life. Thus, it is concluded that higher depression would direct to unhealthy quality of life and increases deathanxiety.

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