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## A STUDY ON LEVEL OF ANXIETY AMONG THE HIV/AIDS INFECTED PERSONS IN THANJAVUR DISTRICT

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### Abstract

This paper aims to analyse the level of anxiety among the HIV infected persons in Thanjavur district. For the purpose of the study the researcher selected the agency working for HIV infected persons in Thanjavur District. There were 95 members registered at the time of data collection. The study is descriptive in nature. The findings show that more than half (57.9%) of them are residing at rural area, most (73%) of them in young age group. About 55.8% of them are female and majority of them belong to Hinduism. More than two fifth (41.1%) of them belong to backward Castes. Two third (69.5%) of them are Un married/Widowed/Divorced/Separated. 31.6% of them studied upto middle school level. Three fifth (60%) engaged as agriculture coolies, more than two fifth (44.2%) of them are earned between the range of Rs.2001-4000 and most (65%) of them living in nuclear family system with a family size of 4-5 members. In Bivariate analyses, there is a significant relationship between respondent's education, Total No of family members and level of anxiety, whereas there is no significant relationship between age of the respondents, monthly income and monthly family income and level of anxiety.

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### INTRODUCTION

Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS) is a disease of the human immune system caused by the human immunodeficiency virus (HIV). The illness interferes with the immune system, making people with AIDS much more likely to get infections, including opportunistic infections and tumors that do not affect people with working immune systems. This susceptibility gets worse as the disease continues. HIV is transmitted in many ways, such as: sexual intercourse (including oral sex and anal sex); contaminated blood transfusions and hypodermic

needles; and exchange between mother and baby during pregnancy, childbirth, and breastfeeding. It can be transmitted by any contact of a mucous membrane or the bloodstream with a bodily fluid that has the virus in it, such as the blood, semen, vaginal fluid, preseminal fluid, or breast milk from an infected person. The virus and disease are often referred to together as HIV/AIDS. The disease is a major health problem in many parts of the world, and is considered a pandemic, a disease outbreak that is not only present over a large area but is actively spreading. In 2009, the World Health Organization (WHO) estimated that there are 33.4 million people worldwide living with HIV/AIDS,

with 2.7 million new HIV infections per year and 2.0 million annual deaths due to AIDS. In 2007, UNAIDS estimated: 33.2 million people worldwide were HIV positive; AIDS killed 2.1 million people in the course of that year, including 330,000 children, and 76% of those deaths occurred in sub-Saharan Africa. According to UNAIDS 2009 report, worldwide some 60 million people have been infected since the start of the pandemic, with some 25 million deaths, and 14 million orphaned children in southern Africa alone. Around 2.7 million people became infected with HIV in 2010. Sub-Saharan Africa has been hardest hit by the epidemic; in 2010 over two-thirds of AIDS deaths were in this region.

#### REVIEW OF LITERATURE

**Hintze J, et al. (1993)** concluded that Higher death anxiety and death depression were most highly correlated with state anxiety, trait anxiety, depression, severity of medical status, and severity of disability.

**Elliott A.(1998)** reported that HIV-positive individuals are at high risk of developing an anxiety disorder, with a prevalence rate as high as 38 percent. The symptoms may occur anytime during the course of the infection, and can become excessive in some patients, impairing the person's ability to cope with their circumstances. Signs and symptoms include chest pain, headache, numbness, and insomnia. HIV treatments that may cause anxiety symptoms include ddI, d4T, AZT, fluconazole, foscarnet, and isoniazid.

**Morrison et al. (2002)** concluded that HIV seropositive women without current substance abuse exhibited a significantly high rate of major depressive disorder and more symptoms of depression and anxiety than did a group of HIV seronegative women with similar demographic characteristics.

**Catherine Worthington (2003)** exposed four themes: perceptions of risk and responsibility for health, stigma associated with HIV, the patient-provider power dynamic, and techniques used by test recipients to enhance control in their interactions with providers. Service implications include modifications to information provision during the test session, attention to privacy and anonymity, and sensitivity to patient-provider interactions.

**Makoe et al. (2008)** in their study conducted among 251 persons, with the help of 43 focus group discussions and describing 137 coping strategies, found that 17 strategies were identified: 6 were labeled emotional and 11 were labeled problem focused. Coping appears to be self-taught and only modestly helpful in managing perceived stigma. While exploring the anxiety for HIV-1 transmission in serodiscordant couples with an HIV-1 infected men in Netherlands.

**Leeuwen et al. (2008)** noticed that the anxiety level was significantly increased in both men and women. Women were prepared to fulfill their desire for a child.

**Hill and Vosvick (2008)** in their study among 29 HIV+ adult women observed that respondents with higher forgiveness reported significantly lower level of state anxiety. Forgiveness and loneliness were significantly negatively associated with trait anxiety.

**Fincham et al. (2008)** perceived that behavioural inhibition was positively correlated with depression, agoraphobia, social phobia and posttraumatic stress disorder. In addition to that behavioural inhibition, anxiety disorders and depression were not associated with CD4 counts. It was also found that no gender effects for behavioural inhibition, depression, CD4 counts or anxiety disorder diagnosis.

#### METHODOLOGY

The researcher purposively selected agency working for HIV/AIDS infected persons in Thanjavur district. There were 95 members registered at the time of data collection. The study is descriptive in nature. The researcher selected all the registered persons. Thus, census method was adopted in the study. The study is descriptive in nature. A Self prepared semi structured interview schedule was used to collect the socio economic problem and to measure the level of anxiety Hamilton Rating Scale for Anxiety developed by **Hamilton (1959)** was used. It consist of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety).

## RESULTS AND DISCUSSION

**Table: 1**  
**Distribution of the respondents based on their Socio demographic profile**

Sl.No	Variables	No.of Respondents(n:95)	Percentage
1	<b>Place of Residence</b>		
	Rural	55	57.9
	Urban	40	42.1
2	<b>Age Group</b>		
	Young (up to 35 )	70	73.7
	Lower Middle (36-45)	22	23.2
	Upper Middle (46-59)	3	3.2
3	<b>Sex</b>		
	Male	42	44.2
	Female	53	55.8
4	<b>Religion</b>		
	Hinduism	91	95.8
	Islam	2	2.1
	Christianity	2	2.1
5	<b>Caste</b>		
	Scheduled Castes	35	36.8
	Most Backward Castes	21	22.1
	Backward Castes	39	41.1
6	<b>Marital Status</b>		
	Married	29	30.5
	Unmarried/Widowed/Divorced/Separated	66	69.5
7	<b>Education</b>		
	Illiterate	26	27.4
	Primary School	16	16.8
	Middle School	30	31.6
	High School and above	23	24.2
8	<b>Occupation</b>		
	Not Working/Unemployed/Home makers	15	15.8
	Agriculture Coolies	57	60.0
	Non-agricultural Coolies/Skilled workers	18	18.9
	Business/Cultivators/Employees	5	5.3
9	<b>Income</b>		
	No income	15	15.8
	1000 and below	27	28.4
	1001-2000	42	44.2
	2000and above	11	11.6
10	<b>Type of Family</b>		
	Nuclear Family	62	65.3
	Joint Family	33	34.7
11	<b>Size of the family</b>		
	Small (1-3)	38	40.0
	Medium (4-5)	52	54.7
	Big (6 & >)	5	5.3
12	<b>Level of Anxiety</b>		
	Low	33	34.7
	High	52	65.3

The findings show that more than half (57.9%) of them are residing at rural area, most (73%) of them in young age group. About 55.8% of them are female and majority of them belong to Hinduism. More than two fifth (41.1%) of them belong to backward Castes. Two third (69.5%) of them are Un married/Widowed/Divorced/Separated. 31.6% of

then studied upto middle school level. Three fifth (60%) engaged as agriculture coolies, more than two fifth (44.2%) of them are earned between the range of Rs.2001-4000 and most (65%) of then living in nuclear family system with a family size of 4-5 members. Majority(65.3) of them scored high in their level of Anxiety.

**Table: 2**  
**Inter Correlations matrix between the Socio Economic variables and level of anxiety**

Variables	Age	Education	Occupation	Total income	Family Income	No. of Family Members	Anxiety
<b>Current Age</b>	1.000						
<b>Education</b>	-0.079	1.000					
<b>Occupation</b>	0.278**	0.125	1.000				
<b>Income per month</b>	0.038	0.195	0.586**	1.000			
<b>Family Income</b>	-0.146	0.169	0.235*	0.385	1.000		
<b>Family Members</b>	-0.186	0.052	0.024	-0.165	0.255	1.000	
<b>Total Anxiety</b>	-0.192	0.271*	0.253	0.070	-0.075	0.067*	1.000

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

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

Table 2 portray the results obtained from Inter-correlation Matrix in respect of the relationships between the socio economic variables and the level of Anxiety As for the relationship between the socioeconomic variables and level of Anxiety It is found that, there is a significant

#### CONCLUSION

it was concluded that majority of them residing in rural area, between the age group of up to 35 yrs. more than half of them are female belong to Hinduism, studied up to middle school level, earned between the range of Rs. 2001 – 4000 per month and living in Nuclear family. In Bivariate analyses, there is a significant relationship between education and total no. of family members.

relationship between respondent's education, Total No of family members and level of anxiety, whereas there is no significant relationship between age of the respondents, monthly income and monthly family income and level of anxiety.

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