International Journal of Medical and Health Research
ISSN: 2454-9142; Impact Factor: RJIF 5.54
Received: 11-05-2019; Accepted: 15-06-2019
www.medicalsciencejournal.com
Volume 5; Issue 7; July 2019; Page No 63-64

Religiosity: A comparative study among HIV/AIDS patients of different age groups

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Abstract
The present study was carried to examine whether there is any difference among mean scores of religiosity for HIV/AIDS patients of different age groups. The sample consisted of 150 HIV/AIDS patients was collected from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh. The Duke University Religion Index (DURLEL) was used. The data was analyzed by using one-way ANOVA**.** The results showed that there was found no significant difference among people of different age groups living with HIV/AIDS on religiosity.

Keywords: religiosity, HIV/AIDS patients

Introduction

Human immunodeficiency virus is a deadly virus. And this virus leads AIDS or acquired immunodeficiency syndrome, if left untreated. When a HIV patient is treated, his body still cannot be entirely free of HIV. So, once a person gets infected he/she has to live with the infection lastingly. Human immunodeficiency attacks a person's immune system, particularly the CD4 cells (T cells), that help out the immune system fight against the infections. HIV minimizes the number of CD4 cells (T cells) of the body, which makes person's body defenseless and vulnerable to be damaged by the infections and infection-related cancers. These opportunistic infections take benefit of already victimized immune system and indicate that the person has AIDS, the final stage of HIV infection (HIVgov, n.d).

Global HIV AIDS Statistics

HIV persists to be one among the most important health issues of the world. It was seen that in 2016 around 36.7 million people were infected with HIV, which almost included 1.8 million children as well. The global HIV prevalence of 0.8% was found among adults. And at the same time 30% of these people are unaware about their being HIV positive. Since the beginning of this epidemic, around 78 million people have fallen prey to HIV. So far, around 35 million people have died because of the illness caused by AIDS. Alone In 2016, 1 million people died because of AIDS or the illness caused by AIDS. Mostly the people who have become victim of HIV live in low and middle income countries. Among estimated 25.5 million people living with HI/AIDS who live in sub-Saharan Africa, around 19.4 million live in East and Southern Africa that witnessed 44% increase in HIV infections globally in 2016 (AIDS Virus Education Research Trust, n.d).

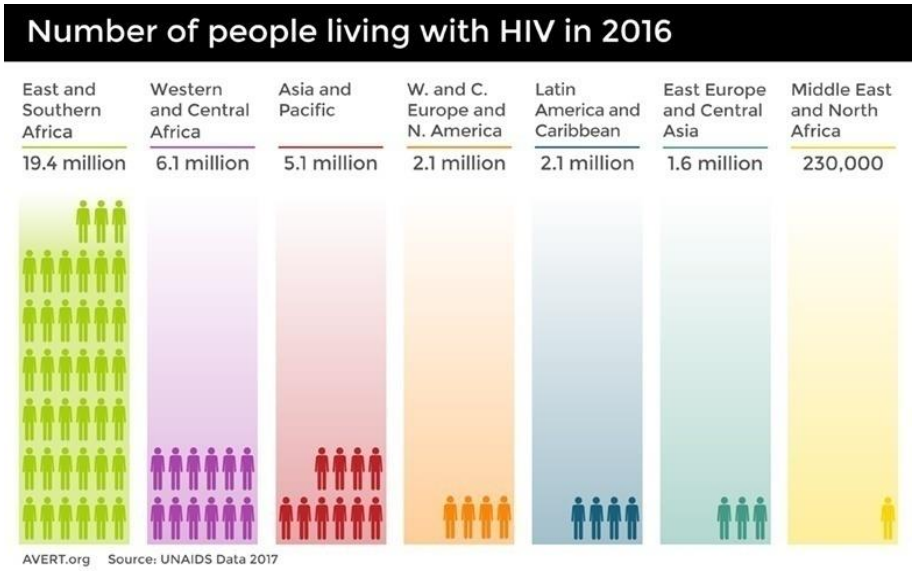

Fig 1: Number of people living with HIV in 2016 (AIDS Virus Education Research Trust, n.d).

Variables

Religiosity: Religiosity refers to a tremendous participation in religious activities. Religiosity, more frequently, mirrors a person's individual beliefs and is more than love for

religion. Religiosity includes multiple components which go like organisational, non-organisational and intrinsic religiosity (Koenig & Büssing, 2010) [8]

Objective

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

Hypothesis

H_{A1}: There will be the difference among mean scores of religiosity for HIV/AIDS patients of different age groups.

Methodology

Sample

The sample of this study consisted 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

The Duke University Religion Index (DURLEL)

This scale has been devised at National Institute of Aging and the Fetzer institute conference (16–17 March 1995) on Methodological Approaches to the Study of Religion, Aging, and Health: organizational, non-organizational, and intrinsic or subjective religiosity. This scale is made of 5 items which measure the 3 central dimensions of religiosity. The three dimensions include intrinsic, organizational and non-organizational religiosity. The total score of this scale ranges between 5 and 27. The two-week test-retest reliability of The Duke University Religion Index (DURLEL) was measured and the reliability was found quite higher (intra-class correlation coefficient of 0.91). The Cronbach's alpha of 0.78 and 0.91 was obtained and the convergent validity along with many other established measures of religiosity and factor structure of DUREL were confirmed with the help of three separate samples by the different investigative teams (Koenig & Büssing, 2010) [8]

Procedure for data collection

The purposive sampling method was made use of for the selection of participants. The participants were approached one by one and the participants who were not willing to participate were excluded.

Statistical techniques Used

The data were analyzed by using Statistical Package for Social Sciences 20.0 (SPSS 20.0). And the statistical technique ANOVA was also used.

Result and Discussion

Table 1: ANOVA Summary of Religiosity among people living with HIV/AIDS with respect to their age

	Sum of Squares	df	Mean of Squares	F	p
Between Groups	75.40	2	37.70		
				.832 ^{NS}	.437
Within Groups	6661.37	147	45.31		
Total	6736.77	149			

The one-way ANOVA was made use of to compare the effect of age on religiosity among people living with HIV/AIDS. Age was grouped into three categories viz. 20-30, 31-40 and 40 above. The Table 1 evidently indicates that there is no significant effect of age on religiosity [F=.832, p>.05 (2,147)] among people living with HIV/AIDS. Therefore the hypothesis H_{A1} which states that there will be the difference among mean scores of religiosity for HIV/AIDS patients of different age groups stands not supported. The research conducted by Derks, Leeuw, Hordijk, and Winnubst (2005) [5] is in disagreement with our finding. They found that the younger patients make use of active coping tactics significantly more often and perceive higher internal control over the cause of their illness they suffer from. Older patients use religious coping and religious control more recurrently at all assessments.

Findings

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

Limitations

a. The population was too sensitive.
b. Large number of items might have exhausted the respondents.

Suggestions for Future Research

a. More inclusive study should be held on this population.
b. Qualitative approach and quantitative together can be more helpful to learn more about the people living with HIV/AIDS
c. More demographic variables needs to be taken into consideration.
d. There is a terrible need for collecting data from the multiple sources.

References

1. AIDS Virus Education Research Trust. (n.d). HIV and AIDS in India. Retrieved from https://www.avert.org/professionals/hiv-around-world/asia-pacific/india
2. AIDS Virus Education Research Trust. (n.d). Symptoms and stages of HIV infection. Retrieved from https://www.avert.org/node/34/pdf
3. AIDS Virus Education Research Trust. (n.d). Global HIV and aids statistics. Retrieved from https://www.avert.org/global-hiv-and-aids-statistics
4. AIDS Virus Education Research Trust. (n.d). History of HIV and aids overview. Retrieved from https://www.avert.org/professionals/history-hiv-aids/overview
5. Derks W, Leeuw JR, Hordijk GJ, Winnubst JA. Differences in coping style and locus of control between older and younger patients with head and neck cancer. Otolaryngology. 2005; 5:21-29.
6. HIVgov. (n.d). what are HIV and AIDS? Retrieved from https://www.hiv.gov/hiv basics/overview/about-HIV-and-aids/what-are-hiv-and-aids
7. HIVgov. (n.d). the global hiv/aids epidemic. Retrieved f rom https://www.hiv.gov/federal response/pepfar-global-aids/global-hiv-aids-overview
8. Koenig HG, Büssing A. The Duke University Religion Index (DUREL): A five-item measure for Use in epidemiological studies. Religions. 2010; 1(1):78-85.