Chapter – VI
Summary and Conclusions
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India is among the worst affected nations in the world in terms of the HIV/AIDS epidemic. Whether it is India or South Africa that has the largest number of HIV positive persons is putting too fine a point on what is clearly a very grim situation. The exact figure may be disputed but there is no doubt that they run into several millions. The count by the National AIDS Control Organization (NACO), there were over five million positive people in the country. This, too, could be just the proverbial tip of the iceberg, since the entire affected population can be counted only if people come forward for testing. It ought to be realized that five million is the population of an average western European country. And, the numbers continue to grow, daily and invisibly, as the epidemic silently spreads among all sections of the population. The Indian epidemic, in fact, is believed to be one of the fastest growing HIV/AIDS epidemics in the world.

HIV is an acronym for the term “Human Immunodeficiency Virus” and can be explained as a virus, which enters into the cells of the body and weakens the body’s ability to fight other disease and infection (Muarry, 1999). It is further described by the centre of disease Control and Prevention as the Virus which causes, or results in the onset of AIDS (CDC, 2001).

Muarry (1999) describes AIDS as the disease a person with HIV gets. AIDS is an acronym for “Acquired Immune Deficiency Syndrome” (Mbuya, 2000). Acquired means that it is not genetically inherited but it is a result of
an environmental factor. Immune Deficiency describes the resulting weakening of the infected person’s immune system, and Syndrome refers to the characteristic of this disease in that it does not present with one specific disease but rather a collection of symptoms.

There are two types of HIV, HIV-1 and HIV-2. In the United States, unless otherwise noted, the term “HIV” primarily refers to HIV-1. Both types of HIV damage a person’s body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases.

Within a few weeks of being infected with HIV, some people develop flu-like symptoms that last for a week or two, but others have no symptoms at all. People living with HIV may appear and feel healthy for several years. However, even if they feel healthy, HIV is still affecting their bodies. All people with HIV should be seen on a regular basis by a health care provider experienced with treating HIV infection. Many people with HIV, including those who feel healthy, can benefit greatly from current medications used to treat HIV infection. These medications can limit or slow down the destruction of the immune system, improve the health of people living with HIV, and may reduce their ability to transmit HIV. Untreated early HIV infection is also associated with many diseases including cardiovascular disease, kidney disease, liver disease, and cancer. Support services are also available to many people with HIV. These services can help
people cope with their diagnosis, reduce risk behavior, and find needed services.

AIDS is the late stage of HIV infection, when a person’s immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they develop AIDS. This is because of “highly active” combinations of medications that were introduced in the mid 1990s.

No one should become complacent about HIV and AIDS. While current medications can dramatically improve the health of people living with HIV and slow progression from HIV infection to AIDS, existing treatments need to be taken daily for the rest of a person’s life, need to be carefully monitored, and come with costs and potential side effects. At this time, there is no cure for HIV infection. Despite major advances in diagnosing and treating HIV infection, in 2007, 35,962 cases of AIDS were diagnosed and 14,110 deaths among people living with HIV were reported in the United States.

TB is an infectious disease caused by *Mycobacterium tuberculosis* (*M. tuberculosis*) bacilli. TB bacilli mainly affect the lungs, causing lung tuberculosis (pulmonary TB). However, in some cases, other parts of the body may also be affected, leading to extra-pulmonary tuberculosis.
Extra pulmonary TB is more common in HIV infected TB patients compared to in HIV negative TB patients.

TB germs usually spread through the air. When a patient with untreated pulmonary TB coughs, sneezes or talks, they involuntarily throw TB germs into the air in the form of tiny droplets. These tiny droplets, when inhaled by another person, may cause TB. Un treated TB cases spread the infection to others in the community; each infectious patient can infect 10-15 individuals in a year unless they are effectively treated.

Tuberculosis and HIV infection are two major public health problems in many parts of the world, particularly in many developing countries. TB is the most common opportunistic disease and cause of the death for those infected with HIV. Similarly, HIV infection is one of the most important risk factors associated with an increased risk of latent TB co-infection progressing to active TB disease. It is estimated that one third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. Of the people who worldwide died of tuberculosis in 2009, it is estimated that 400,000 were infected with HIV. Tuberculosis is the leading cause of death among HIV infected people. The challenge of the TB and HIV co-epidemic has been recognized by World Health Organization, and collaborative TB/HIV activities were launched in 2004 to manage the TB and HIV co-infection.

Social support is an important factor in the development and maintenance of health. Social support is an exchange of resource between at
least two individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient (Shumaker and Brownell, 1984). Social support is usually defined as the existence or availability of people whom one can rely. When people love an individual, they let it be known that they care about, value and love the person.

In the mindful project social support is defined as ‘the perceived availability of people whom the individual trusts and who make one feel cared for and valued as a person’ (Mindful, 2008).

Social support can buffer the stressful effects of divorce, loss of loved one, chronic illness, pregnancy, job loss, and work overload. Social support is also defined as any action or behavior that functions to assist the focal person in meeting his personal goals or in dealing with the demands of any particular situations.

In the present study an attempt is made to assess the effect of social support on death anxiety and psychological well-being well-being of HIV positive and HIV TB co-infected patients, the role of the social support, type of disease, domicile and gender on death anxiety and psychological well-being are also assessed in this research.

Thus, social support and its consequence on death anxiety and psychological well-being of patients becomes the focal point of the present study. The study also attempts to examine the role of type of disease on the
death anxiety and psychological well-being of HIV positive and HIV TB co-infected sample.

The results of the study clearly indicated the fact that social support plays a dominant role in reducing the extent of death anxiety and psychological well-being. The variables like type of disease, domicile and gender are found to be potential in determining the amount of death anxiety and psychological well-being. While higher social support exhibited significantly higher psychological well-being and lower death anxiety than those with low social support. Similarly others factors are found to influence the death anxiety and psychological well-being of the respondents of the study.
CONCLUSIONS:

The following are the conclusions of the study:

1. There is a significant difference in death anxiety between high social support and low social support: the sample with high social support exhibited significantly lower death anxiety than those with low social support.

2. There is a significant difference in death anxiety between HIV Positive and HIV TB co-infected sample: HIV Positive respondents have lower death anxiety than the HIV TB co-infected sample.

3. There is a significant difference in death anxiety between rural and urban respondent: rural sample have higher death anxiety than the urban sample.

4. There is a significant difference in death anxiety between male and female respondents.

5. There is a significant difference in psychological well-being between high social support and low social support samples. High social supports have higher the psychological well-being than the low social supports.

6. There is a significant difference in psychological well-being between HIV positive and HIV TB co-infected respondents. HIV positive sample have higher psychological well-being than the co-infected sample.
7. There is significant difference in psychological well-being between rural and urban respondent. Urban people displayed higher psychological well-being than the rural respondent.

8. There is significant difference between male and female respondents with regard to psychological well-being.

9. There is a significant difference in death anxiety between high social support and low social support HIV positive sample.

10. There is a significant difference in death anxiety between rural and urban HIV positive respondents.

11. There is a significant difference in death anxiety between male and female HIV positive sample.

12. There is a significant difference in psychological well-being between high social support and low social supports HIV positive sample.

13. There is a significant difference in psychological well-being between rural and urban positive people.

14. There is a significant difference in psychological well-being between male and female HIV positive sample.

15. There is a significant difference in death anxiety between high social support and low social support HIV TB co-infected sample.
16. There is a significant difference in death anxiety between rural and urban HIV TB co-infected sample.

17. There is a significant difference in death anxiety between male and female co-infected sample.

18. There is a significant difference in psychological well-being between high social support and low social support HIV TB co-infected sample.

19. There is a significant difference in psychological well-being between rural and urban co-infected sample.

20. There is a significant difference in psychological well-being between male and female HIV TB co-infected patients.

21. There is a significant effect of social support on death anxiety of the sample.

22. There is a significant influence of type of disease on death anxiety of the respondents.

23. There is a significant impact of domicile on death anxiety of the sample.

24. There is a significant impact of gender on death anxiety of the respondents.
25. There is a significant effect of social support on psychological well-being of the sample.

26. There is a significant influence of type of disease on psychological well-being of the respondents.

27. There is a significant effect of domicile on psychological well-being of the sample.

28. There is a significant impact of gender on psychological well-being of the sample.

29. There is a significant positive relationship between death anxiety and factor like social support: high social support indicated the lower death anxiety.

30. There is a significant positive relationship between death anxiety and the factor like type of diseases (HIV positive and HIV TB co-infected).

31. There is a significant positive relationship between death anxiety and the factor like domicile.

32. There is a significant positive relationship between death anxiety and the factor like Gender.

33. There is a significant negative relationship between psychological well-being and factor like social support.
34. There is a significant negative relationship between psychological well-being and the factor like type of disease.

35. There is a significant positive relationship between psychological well-being and the factor like domicile.

36. There is a significant positive relationship between psychological well-being and the factor like gender.

**LIMITATIONS OF STUDY**

The following are the limitations of the present study:

- The study area is in Gulbarga District. It could have expanded its area from Gulbarga District to Gulbarga Division.

- The study could have assess the impact of other related Psychological factors like quality of life, mental health, stress, depression on death anxiety and psychological well-being.

- In the study, the simple statistical methods like Mean, SDs, t-value, correlation and ANOVA used, other statistical method could not be used. Because of limited span of time.

- The present study was carried out in a shorter span of time and hence other significant psychological variables could not be used. However, these would be taken up in an extended research.
SUGGESTIONS:

Prevent HIV transmission sufficient information & knowledge in this regard be provided.

- Whenever necessary, support be given to the HIV Positive victims and TB infected people so that they can lead comfortable life along with their suffer.

- Knowledge and information in this regard be disseminated right from elementary education level.

- Care must be taken to minimize stigma associated with such victims.

- Public awareness be created through programmes like Jathas, demonstration, field visits, etc.