

Study on loneliness and depression of the institutionalized HIV/AIDS infected persons in Coimbatore

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Abstract

People living with HIV/AIDS are stigmatized which leads to isolation and loneliness. Loneliness may lead to distress and depression. The present study is an attempt to understand the influence of the loneliness on the depression of the HIV/AIDS infected people. A sample of 186 HIV/AIDS infected people were included for the study using a convenient sampling technique. The findings shows that the loneliness had a strong influence on the depression of the HIV/AIDS infected patients.

Keywords: HIV/AIDS, loneliness, depression

1. Introduction

HIV persists to be a major public health issue around the globe. In 2015, approximate 36.7 million people were living with HIV which includes 1.8 million children (which is – a global HIV prevalence of 0.8%). A huge majority of these people lives in low and middle income countries. In the year 2015, 1.1 million people died due to various illnesses linked with AIDS. According to UNAID, from the beginning of the epidemic, approximately 78 million people were infected with HIV and 35 million people died of AIDS related illnesses.

India is the 3rd largest HIV epidemic around the world. In 2013, people affected with HIV were found to be approximately 0.3%. This number is small when compared to most of the other middle income countries but it is a huge population in India (1.2 billion) this equates to 2.1 million people living with HIV. In the year 2013, an estimated of 130,000 people died of AIDS related illnesses. (UNAID,2014).

India's highly heterogeneous epidemic is largely concentrating only on few states which are industrialized South and West, and North and East. The four high prevalence states of South India (Andhra Pradesh – 500,000, Maharashtra – 420,000, Karnataka – 250,000, Tamil Nadu – 150,000) account for 55% of all HIV infections in the country. (World Bank,2012).

The research studies show that HIV stigma can negatively influence interactions with family, friends, sexual partners, co-workers, and health professionals and often results in loss of social support. Some of the HIV-infected persons do not have an adequate support network because they fear for the rejection from family members or friends (Robbins et al., 2003). Risk for suicide may be increased when HIV disclosure to loved ones, is met with rejection rather than support (Kalichman et al., 2000). The current intimate relationship is associated with lower risk for depression in persons with HIV infection (Komiti et al., 2003). It is very important that the strong and stable social support networks are important in ameliorating the effects of HIV- related stigma (Chenard, 2007). Such neglect leads to loneliness and results in depression.

Desalegn Asmare Eshetu. Et.al (2015). Their study found that HIV/AIDS patients had high level of depression.

It also found that personal characteristics namely age, sex, income, stages of HIV/AIDS, hospitalized period and stigma associated with HIV/AIDS are associated significantly with depression.

Thus the present study is focused on the level of loneliness of the HIV/AIDS and its effects on level of depression of the HIV/AIDS patients.

Objectives

- To study the socio-economic background of the respondents
- To assess the level of loneliness and depression among the respondents.
- To study the association between socio-economic variables on the loneliness and depression.
- To study the relationship between loneliness and depression of the respondents.

2. Methodology

The study is descriptive in nature and thus descriptive research design was used for the study. The universe of the present study has been the Institutionalized HIV/AIDS infected people in Coimbatore District.

A sample size of 186 HIV/AIDS people is selected using convenient sampling. The researcher uses an interview schedule for collecting the data from the respondents. The interview schedule consists of three sections namely; 1. Socio-economic characteristics 2.

Loneliness Scale and 3. Depression Scale. Pre-test and pilot study are carried out.

The data are then analyzed using various statistical tools like percentage analysis and Chi-square.

3. Analysis and interpretation

Table 1: Level of Loneliness

S.No	Loneliness	Frequency	Percent
1	Very Low	56	30.1
2	Low	38	20.4
3	High	54	29.0
4	Very High	38	20.4
Total		186	100.0

The above table shows that 30.1 percent of them have a very high level of loneliness, 29 percent of them have a high level of loneliness, 20.4 percent of them have a low level of loneliness and 20.4 percent of them have a very high level of loneliness.

Table 2: Level of Depression

S.No	Level of Depression	Frequency	Percent
1	Very Low (30-63)	48	25.8
2	Low (64-69)	56	30.1
3	High (70-75)	42	22.6
4	Very High (76-120)	40	21.5
Total		186	100.0

The above table reveals that 30.1 percent of them have a low level of depression, 25.8 percent of them have a very low level of depression, 22.6 percent of them have a high level of depression and 21.5 percent of them have a very high level of depression.

Table 3: Association between Demographic Variables and Loneliness

Variables	Chi-square value	Significance	Result
Age	11.797	p>0.05	Not Significant
Gender	4.275	p>0.05	Not Significant
Education	37.188	P<0.01	Significant
Marital status	11.439	p>0.05	Not Significant
Religion	5.107	P>0.05	Not Significant
Years of Stay	35.843	P<0.01	Significant

The above table shows that there is a significant association is found between educational qualification and level of loneliness, years of stay and level of loneliness at 0.01 level of significance. The table shows that age, gender, marital status and religion do not influence the level of loneliness of the respondents.

Table 4: Association between Demographic Variables and Depression

Variables	Chi-square value	Significance	Result
Age	13.601	p>0.05	Not Significant
Gender	5.445	p>0.05	Not Significant
Education	34.076	P<0.05	Significant
Marital status	15.046	p>0.05	Not Significant
Religion	8.835	P>0.05	Not Significant
Years of Stay	18.442	P<0.01	Significant

The above table shows a significant association is found between educational qualification and depression, years of stay and level of depression at 0.05 level of significance. The table shows that age, gender, marital status and religion do not influence the level of depression of the respondents.

Table 5: Relationship between Level of Loneliness and Level of Depression

Variables	Correlation value	Significance	Result
Loneliness and depression	0.398	P<0.01	Significant

The correlation value ($r = .398$) shows a significant positive relationship among the Loneliness and depression at 0.01 level of significance. It is been inferred that higher level of loneliness, higher is the level of depression and vice versa.

Salient findings

The findings show that 28 percent of the them belong to the age between 36-45 years.

- 55.9 percent of them are female.
- 33.3 percent of them have completed their higher secondary.
- 43 percent of them are unmarried.
- 30.1 percent of them have a very high level of loneliness.
- 30.1 percent of them have a low level of depression.
- There is a significant association between the educational qualification and level of loneliness, years of stay and level of loneliness at 0.01 level of significance.
- There is a significant positive relationship between the Loneliness and depression at 0.01 level of significance.

4. Conclusion

Depression is a imperative factor in HIV/AIDS infected people. It can make HIV disease progress faster. Therefore, detection depression in the early stage and effectively treating it helps in enhancing and improving the quality of life of the patients. Thus this study concludes that there is a strong evidence of influence of loneliness on the depression level of the HIV/Infected patients. Higher level of loneliness makes higher the level of depression. It is suggested that counselling, therapies and increasing the social living can reduce the level of depression and enhance the quality of life of the HIV/AIDS infected people.

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