A STUDY ON LEVEL OF DEPRESSION AMONG THE HIV/AIDS INFECTED PERSONS IN KARUR DISTRICT

Mr. A. ARUN PRAKASH* & Mr. K. NANDAKUMAR**

*Asst. professor, Dept. of Social Work, Srimad Andavan Arts and Science College, Tiruchirappalli.
**South India Coordinator, Building and Wood Workers International, New Delhi.

Abstract

This paper aims to analyse the level of depression among the HIV infected persons. For the purpose of the study the researcher selected the agency working for the HIV/AIDS infected person in Karur district. There were 100 members are registered at the time of data collection. The researcher selected all the registered persons. So census method was adopted. The findings of the study show that nearly half (48%) of them were between the age group of 31-40 yrs, more than half (54%) of them are male and majority (85%) of them married. About 46% of the respondents age at the time of marriage was 21-25 yrs. Majority (87%) of them belong to Hinduism and nearly half (49%) of then studied up to middle school level. Most (97%) of them living in joint family with small size family and more than two fifth (42%) of them having the one dependent in the family. With regard to their level of depression, majority of them scored high in Thoughts and feelings (59%), Activities and personal relationships (53%), Physical symptoms (65%) Suicidal urges (70%) and overall depression score (53%).

INTRODUCTION

Depression, also known as depressive disorders or unipolar depression, is a mental illness characterized by a profound and persistent feeling of sadness or despair and/or a loss of interest in things that once were pleasurable. Disturbance in sleep, appetite, and mental processes are a common accompaniment. Everyone experiences feelings of unhappiness and sadness occasionally. However, when these depressed feelings start to dominate everyday life without a recent loss or trauma and cause physical and mental deterioration, they become what is known as depression. Each year in the United States, depression affects an estimated 17 million people at an approximate annual direct and indirect cost of $53 billion. One in four women is likely to experience an episode of severe depression in her lifetime, with a 10–20% lifetime prevalence, compared to 5–10% for men. The average age a first depressive episode occurs is in the mid-20s, although the disorder strikes all age groups indiscriminately, from children to the elderly. There are two main categories of depression: major depressive disorder and dysthymic disorder. Major depressive disorder is a moderate to severe episode of depression lasting two or more weeks. Individuals experiencing this major depressive episode may have trouble sleeping, lose interest in activities in which they once took pleasure, experience a change in weight, have difficulty concentrating, feel worthless and hopeless, or have a preoccupation with death or suicide. In children, major depression may appear as irritability. Depression is a serious medical condition that affects thoughts, feelings, and the ability to function in everyday life. Depression can occur at any age. NIMH-sponsored studies estimate that 6 percent of 9-to 17-year-olds in the U.S. and almost 10 percent of American

adults, or about 19 million people age 18 and older, experience some form of depression every year.

REVIEW OF LITERATURE

Chandra et al. (1998) observed that anxiety and depression scores were significantly higher in individuals with pain, alcohol use, and poor relationship with family and suicidal ideation.

Commerford (2002) studied the relationship between the coping strategies, anxiety and depression in 29 women patients with HIV/AIDS at a psychiatric AIDS clinic and found that the coping strategies of self blaming denial, wish-fulfilling fantasy, emotional expression and thread minimization were significantly related to greater anxiety and depression and there was no difference in coping strategies between IVUDs and non-IVDUs, and none of the coping strategies employed appeared to be associated with less anxiety and depression.

Cohen et al. (2002) came to the conclusion that persons who had CD4 count high viral loads were more likely to have higher anxiety or depression scores on HADS, whereas patients who had CD4 counts higher than $500/mm^3$ were less likely to be depressed.

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.

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 Karur district positive network for the study. There were 100 HIV/AIDS infected persons in the network. The researcher selected all the 100 infected persons. Thus, census method was adopted in the study. The study is descriptive in nature. The data were collecting during the month of November 2007 and February 2008. A self prepared semi structured interview schedule was used to collect the socio demographic background and to measure the level of depression Hamilton depression rating scale developed by **Hamilton (1967)** was used.

RESULTS AND DISCUSSION

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

Sl.No	Variables	No. of Respondents(n:100)	Percentage
1	**Age** Up to 30 31-40 yrs 41 and above	38 48 14	38.0 48.0 14.0
2	**Sex** Male Female	54 46	54.0 46.0
3	**Marital Status** Married Unmarried	85 15	85.0 15.0
4	**Age at the time of marriage** Up to 20 yrs 21-25 yrs 26 and above	20 46 34	20.0 46.0 34.0
5	**Religion** Hindu Chiristian Muslim	87 7 6	87.0 7.0 6.0
6	**Qualification** Illiterate Primary School Middle school Higher secondary and above	13 22 49 16	13.0 22.0 49.0 16.0
7	**Dependent** None One Two Three and above	16 42 27 15	16 42 27 15
8	**Size of family** Small Medium	62 38	62.0 38.0
10	**Type of family** Joint family Nuclear family	97 3	97 3

The findings of the study show that nearly half (48%) of them were between the age group of 31-40 yrs, more than half (54%) of them are male and majority (85%) of them married. About 46% of the respondents age at the time of marriage was 21-25 yrs. Majority (87%) of them belong to Hinduism and nearly half (49%) of then studied up to middle school level. Most (97%) of them living in joint family with small size family and more than two fifth (42%) of them having the one dependent in the family.

Table:2
Distribution of the respondents based on various dimensions of depression

Sl.No	Variables	No. of Respondents	Percentage
1	**Thoughts and feelings** Low High	41 59	41.0 59.0
2	**Activities and personal relationships** Low High	47 53	47.0 53.0
3	**Physical symptoms** Low High	35 65	35.0 65.0
4	**Suicidal urges** Low High	30 70	30.0 70.0
5	**Overall depression** Low High	47 53	47.0 53.0

With regard to their level of depression, majority of them scored high in Thoughts and feelings(59%), Activities and personal relationships(53%), Physical symptoms (65%) Suicidal urges (70%) and overall depression score (53%).

Table:3
Karl Pearson's co-efficient of correlation between the respondents age and various dimensions of depression

S.No	Variable	Correlation value	Statistical Inference
1	Age and thoughts and feelings	-0.064	P>0.05 Not Significant
2	Age and Activities and personal relationships	-0.106	P>0.05 Not Significant
3	Age and physical symptoms	-0.083	P>0.05 Not Significant
4	Age and suicidal urges	-0.084	P>0.05 Not Significant
5	Age and Overall score	-0.105	P>0.05 Not Significant

Karl Pearson's co-efficient of correlation between the respondents age and various dimensions of depression.

The above table shows that there is no relationship between age and thoughts and feelings, Activities and personal relationships, physical symptoms, suicidal urges and Overall depression score.

Table:4
Karl pearson's co-efficient of correlation between the respondents' age at the time of marriage and various dimensions of depression

S.No	Variable	Correlation value	Statistical Inference
1	Age at the time of marriage and thoughts and feelings	-0.064	P>0.05 Not Significant
2	Age at the time of marriage and Activities and personal relationships	-0.240	P<0.05 Significant
3	Age at the time of marriage and physical symptoms	-0.070	P>0.05 Not Significant
4	Age at the time of marriage and suicidal urges	-0.088	P>0.05 Not Significant
5	Age at the time of marriage and Overall depression score	-0.169	P>0.05 Not Significant

Karl Pearson's co-efficient of correlation between the respondent's age at the time of marriage and various dimensions of depression.

The above table shows that there is a relationship between age at the time of marriage and Activities and personal relationships, whereas there is no relationship between age at the time of marriage and thoughts and feelings, physical symptoms, suicidal urges and Overall depression score.

Table: 5
Karl Pearson's co-efficient of correlation between the respondents' Income and various dimensions of depression

S.No	Variable	Correlation value	Statistical Inference
1	Respondents' Income and thoughts and feelings	-0.138	P>0.05 Not Significant
2	Respondents' Income and Activities and personal relationships	-0.143	P>0.05 Not Significant
3	Respondents' Income and physical symptoms	-0.240	P<0.05 Significant
4	Respondents' Income and suicidal urges	-0.142	P>0.05 Not Significant
5	Respondents' Income and Overall depression score	-0.198	P<0.05 Significant

Karl Pearson's co-efficient of correlation between the Respondents' Income and various dimensions of depression.

The above table shows that there is a relationship between Respondents' Income and physical symptoms and Overall depression score, whereas there is no relationship between Respondents' Income and thoughts and feelings of depression, Activities and personal relationships of depression and suicidal urge of depression.

Table:6
Karl pearson's co-efficient of correlation between the respondents' Size of family and various dimensions of depression

S.No	Variable	Correlation value	Statistical Inference
1	Size of family and thoughts and feelings	-0.066	P>0.05 Not Significant
2	Size of family and Activities and personal relationships	-0.141	P>0.05 Not Significant
3	Size of family and physical symptoms	-0.231	P<0.05 Significant
4	Size of family and suicidal urges	-0.083	P>0.05 Not Significant
5	Size of family and Overall depression score	-0.148	P>0.05 Not Significant

Karl Pearson's co-efficient of correlation between the Respondents' Size of family and various dimensions of depression.

The above table shows that there is a relationship between Respondents' Income and physical symptoms, whereas there is no relationship between Respondents' Income and thoughts and feelings of depression, Activities and personal relationships of depression and suicidal urge of depression and Overall depression score.

CONCLUSION

It was concluded that majority of the respondents between the age group of 21-25 yrs, studied up to middle school level, living in joint family system. With regard to their level of depression majority of them scored high in all dimensions of depression and there is a significant relationship between age at the time of marriage and Activities and personal relationships of depression and there is a significant relationship between physical symptoms of depression and respondents' income and size of family.

REFERENCES

Belinda Rowland, Teresa G. Odle, The Gale Group Inc., Gale, Detroit, (2005). Gale Encyclopedia of Alternative Medicine.

Chandra, Prabha S, V. Ravi, A.Desai and D.K. Subbakrishna (1998). Anxiety and depression among HIV – infected heterosexuals. A report from India, Journal of Psychosomatic Research 45(5):401-409.

Cohen, Mary Ann Adler (1998). Psychiatric care in an AIDS nursing home, Journal of Psychosomatics 39:154-161

Commerford, Mary C, Deborah A Orr, Enrique Gular, Marvin Reznikoff and Mary A ODowd (2002). Coping and psychological distress in women with HIV, Journal of Community Psychology 22(3):224-230

Fincham D, Smit J, Carey P, Stein D.J and Seedat S (2008). The relationships between behavioural inhibition, anxiety disorders, depression and CD4 counts in HIV positive adults: a cross sectional controlled study, Journal of AIDS Care 20(10):1279-1283.

Hamilton M. (1967)Development of a rating scale; for primary depressive illness. Br J Soc Clin Psychol. 6(4):278-96.

Morrison, Mary F, John M. Petitto, Thomas Ten Have, David R. Gettes, Margaret S. Chiappini, Anita L. Weber, Priscilla Brinker-Spence, Russell M. Bauer, Steven D. Douglas and Dwight L.Evans (2002). Depressive and anxiety disorders in women with HIV infection, The American journal of psychiatry, 159:789-796.

National Advisory Mental Health Council(1993). Healthcare reform for Americans with severe mental illnesses. American Journal of Psychiatry, 150 (10): 1447-65

Regier DA, Narrow WE, Rae DS, et al. (1993) The de fact mental and addictive disorders service system. Epidemiologic Catchment Area prospective 1-yearprevalence rates of disorders and services. Archives of General Psychiatry, 50(2): 85-94.