



The Study of Relationship between Public Health and the Anxiety of Death in AIDS Patients of Tehran

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ABSTRACT: The present study examined the relationship between general health and anxiety of death in AIDS patients in the city of Tehran. Statistical population of the study will totally include all of the patients with AIDS in Tehran who were in the 18-45 age level. The sample of this research consisted of 100 subjects (90 males and 10 females), who were referred to Imam Khomeini Hospital of Tehran for the treatment and counseling during the period of July to September 2012 and were selected based on available sampling method. Research instrument was a standard questionnaire. Research methodology is Correlational, and the statistical method is regression analysis and Pearson correlation test. The results of this research showed there is a significant correlation between the anxiety of death and general health. In other words, the life expectancy and general health is associated with the anxiety of death. Results of the study indicate that the variable symptoms of physical is able to explain the variance, which is 11.8 % ($R^2 = 0.118$). By adding the variable of depression caused to increase the variance about 9% in the second model ($R^2 = 0.207$) and has been able to explain approximately 20.7% of the variance.

Keywords: The Anxiety of Death, Life Expectancy, Public Health, AIDS

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INTRODUCTION

Authorities, economic and social, measure the health with life expectancy rate index. The life expectancy is the mediocrity of individual's age that dies in a year [1]. Life expectancy represent the average of years that is born a newborn at birth, the condition that the probability of His death in future years living such as human, who is present in time. The life expectancy can be calculated for the age, for example, that indicated intermediately a 65 years old man, who will live for several years [1]. Life expectancy actually suggests that each member of the population can expect to alive for several years. Hope is emotional force will lead to an imagination to the side of positive cases. Hope creates energy for humans and act as a catalyst for action and flexibility, creates vitality and special ability for humans to endure blows that life imposes gives them. The research concluded that some factors affect life expectancy. Taking care of public health and expanding of medical services, disease control, vaccination at the right time, equipped people with basic life skills and attention to the mental health of individuals, which are used to enhance the life expectancy rate in community [1]. Banson in reviewing studies that related to hope says high level of hope with physical health and Psychological, high self-values, positive thinking and social relations and extraordinary positive relation. Consequently, it may be said that the life expectancy and general health are closely interacting. The anxiety of death is defined as an unusual and great fear of death a long with the feeling of panic of death or feeling of fear when you think about the process of dying or what happen after dying [2]. the anxiety of death can be well considered as a significant threat to the psychological [3]. Awareness of inevitability death with anxiety leads to various behavior On the other hand, may be inclined to make health-promoting behaviors of a person, and to the other side, to adopt behaviors that a person may threaten his health, [4]. one of the variables that may play significant role in making the correct behavior of the person with AIDS disease and subsequent the anxiety of death is involved, is the life expectancy. Adler [5] believes anxiety makes a life bitter to a person, doesn't permit to have effective cooperation with world and life expectancy, so become decreased.

Millerand et al. done a systematic and meta-analysis study on the anxiety of death in HIV patients and concluded that one of the common psychological effect of HIV is anxiety about death that due to disease. Also they found there are moderate to high correlation between the anxiety of death and psychological health components [6]. studied about the effect of hope on depression and anxiety treatment on 22 patients with colon cancer in south Korea and results of data analysis that revealed the increasing hope in cancer individuals leads to reduced depression and anxiety of them [7].

Seville et al. are examined the study on the health effects of expectancy in AIDS patients. They rate by using of the rating scale tests as well as blood sample SOF AIDS patients and their health after promising the rapetic assessment and concluded that the increase leads to an increase in health expectancy in the sepatients [8].

MATERIALS AND METHODS

The research is correlational method. The statistical population included all of AIDS patients who have been in the levels of age range 18-45 years in Tehran city. The statistical population levels of all AIDS patients in the age range 18-45 years in Tehran have been included. The sample was consisted of 100 patients with HIV-infected who was referred to health centers in Tehran for four months and the time of July to September in 1390. And these constitute of 90 male and 10 female. Due to the difficulty of acquiring to AIDS patients, the research samples were selected of the samples, which were available in health centers of patients with AIDS.

RESULTS

Based on the data in following table, the largest number of respondents was men and the most frequent grade class with people in education and a minimum of a bachelor's degree with a frequency of people. Based on the data in Table 2, the age of respondents varied between 20 and 42 years and the average age of respondents in this study was 47.37 year. As the following of table, there are three variables which related to life expectancy, general health and the anxiety of death that the greatest value of the variable is belonged to life expectancy.

To determine the best predictors were used the anxiety of death among predictor variables of step by step regression model. Besides. The variable of physical symptoms and depression has entered the equation. Results are presented in table 3. Results of the study indicate that the variable symptoms of physical is able to explain the variance, which is 11.8 % (= 0.118). By adding the variable of depression as a variable symptoms of physical, which has been caused to increase the variance about 9% in the second model (= 0.207) and has been able to explain approximately 20.7% of the variance.

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According to the results of table_5, since calculated is meaning for examine the significance slope of the regression line (B) for physical symptoms. Variable in level 0.01 ($t = -3.627$ $p < 0.01$) so the predictive power of physical symptoms is statistically significant for the anxiety of death. Also T-test calculated for the depression variable is significant in the 0.01 level. ($t = -3.300$, $p < 0.01$) so the predictive power depression is statistically significant for the anxiety of death. In the first model, physical symptoms variables were entered into the equation and 1+s equation is set out as follows $.Y = a + b_1 x_1$. (The anxiety of death variable) = $15.051 + (-0.214) * (\text{physical symptoms})$ The results of Table_5 show that according to the step by step model, physical symptoms variable as the most influential variable in the anxiety of death, which is entered into regression equation and could predict 34.4 percent rate of changes in criterion variable (the anxiety of death) and while a change in the standard deviation units of physical symptoms variable makes to change the standard deviation of criterion variable (the anxiety of death) at the rate of 0.059. In the second model, variables of collaborative style, avoiding style entered into the equation and its equation is set out as follows $Y^{\wedge} = a + b_1 x_1 + b_2 x_2$

$$(\text{Life expectancy variable}) - 0.133 + (\text{physical symptoms variable}) - 0.211 + 20.054 = \text{anxiety.}$$

Table1. Gender and education level of the respondents

Grouping variables	Number	Percentage
Female	10	10%
Male	90	90%
illiterate	22	22%
Primary	40	40%
Diploma	30	30%
Bachelor's degree	8	8%

Table2. Amount of age and statistical characteristic of variables life expectancy, public health, death anxiety

Variable	Average	Standard Deviation	Minimum Value	Maximum Value
Age	37.47	1.75	20	42
Death anxiety	7.29	0.33	0	14
Life expectancy	68.3	1.43	37	96
Public health	37.47	1.75	2	79

Table 3. The summary of step by step Regression Analysis, variables of physical symptoms, depression

Model	Predictor Variables	R	R ²	R [△]	Error Standard
The First	Physical Signs	0.344	0.118	0.109	2.354
The Second	Physical signs and depression	0.455	0.207	0.191	2.244

Table 4. Analysis of variance Test to significance study of regression

Statistical in dictators of changes in the source	Sum of squares ss	Freedom degree df	Mean square ms	Test f	Significance level
Regression of physical symptoms variable	72.901	1	72.901	13.155	0.001
The remaining	543.099	98	5.542		
Sum	616	99	-		
Regression of physical symptoms, depression variable	127.713	2	1.730	13.155	0.001
The Remaining	488.281	97	5.034		
Sum	616	99	-		

Table 5. Regression analysis (physical symptoms, depression variable using step by step model were entered in to the regression equation)

Indexed Changes source	Regression separate coefficient (B)	Standard Error	Regression separate standard coefficient (B)	T_test for the significance of slope of the regression line	Significance Level
Fixed amount	15.051	0.059	-0.344	-3.627	0.001
Physical symptoms	-0.214				
Fixed amount	20.054	0.056	-0.338	-3.736	0.001
Physical symptoms	-0.211				
Depression	-0.133	0.040	-0.298	-3.300	0.001

DISCUSSION

Thy results of tabel_5 show that according to step by step model in the second model, depression variable regression equation predicts-29.8 percent of changes in criterion variables (death anxiety).While a change in the standard deviation units of depression of criterion variable(death anxiety)at the range of 0.040 with regard to the meaning full relationship has been calculated with 0.99 probability that is concluded the research hypothesis, which based on the fact, there are relationship between public health and the anxiety of death in people, who is confirmed with HIV.

The results of the analysis of data in the research showed that there is a negative significant relationship between life expectancy, general health and the anxiety of death.

The conclusion and recommendations:

In this section, according to the results of the literature review, descriptive analysis and analytical test can be presented as the following recommendation:

_The researchers attempt to collect large sample in the next paper because it is possible to establish the characteristics of the subjects to be studied more effectively and be generalized to the entire population.

_as well as variables of cultural, religious, moral and economic be considered in relation to the AIDS patients.

_ In addition the researcher suggests that psychiatrists and psychologists in the treatment services due to a humanistic space, it is better to use the human and supportive approach to prevent the appearing of centered medical treatments. In fact, what these patient need earlier, it is a relationship the type of support that includes human value interpretations.

REFERENCES

1. Mohammadi, M. & Yavarian Royaand Arefi, M.2007.comparative study of mental healthand hope to life on employed and Vnemployed women is west Azarbaijan. Monthly magazine of Nursing and Midwifery University of urmia.Volum 1 X, No1, 34_39.
2. Burke Laura, A.2006. Developmental psychology (from conception to childhood).translated by Yahya Sayyed Mohammadi. Tehran: publications of Arasbaran
3. Gorbanaipoor, M., Borjali, A., Mehrabi, F. & Falsafenezhad, M. 1389. Examination the effect of age and death anxiety on the health promoting behaviors.No.2,286_292
4. Hosseini, S.M.D., Mollazadeh, J., Afsar kazerooni, P. & Amini Lary, M.2113.The relationship between attachment style, coping style and mental health in patients with HIV Mental health principles .15, 6-14.
5. Adler, A.1910.Knowing human nature, translated by jawahersaz, Tahereh(1379) publications of Roshd, First edition
6. Masoudzadeh, A, Mohammadpoor, R.A. & Medanlovkardy, M.2008. The incidence of a public hospital in Sari. Jannal of Medical Sciences University, Mazandaran, Volume XVIII, No.90, 67_84.

7. Navidi, A. 2006. Examine the effect of anger management training on self-regulation skills of high school boys in Tehran. Ph.D Thesis. Allameh University. (Abdel_Khaledk, A.MandAla_Sabwah, M.N.2005)
8. Prych, P.2004. Translated by Enqay, Mehrabanoo (1384). First edition. Tehran: research Journal of Medical sciences university of Kermanshah. 10 year. No.1,31-39