

Suicidal tendency among HIV positive and HIV negative people in Ahmadabad city

Jain Pratibha^{1*}

ABSTRACT

The basic aim of present investigation to study the level of suicidal tendency among HIV positive and HIV negative people in Ahmedabad city. With reference to the above problem main objectives of the study was the purpose of the present investigation was Suicidal tendency of HIV positive and HIV negative people and how is it being investigated through this study. The sample of the present study consisted of 80 people, 40 are HIV positive people and 40 are negative people of Ahmedabad city. 'Suicidal tendency questioner' by Bhatt D.J.& Meghnathi, R.G were used data collection. The data was analysed by 't' test. The findings result that there is significant difference among of HIV positive and HIV negative people regarding to Suicidal tendency. It means the level of Suicidal tendency is more in HIV positive people then HIV negative people. There is no significant difference among type of gender with regards to their Suicidal tendency.

Keywords: *Suicidal tendency, HIV, AIDS*

Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) is a spectrum of conditions caused by infection with the human immunodeficiency virus (HIV). Following initial infection, a person may not notice any symptoms or may experience a brief period of influenza-like illness. Typically, this is followed by a prolonged period with no symptoms. As the infection progresses, it interferes more with the immune system, increasing the risk of developing common infections such as tuberculosis, as well as other opportunistic infections, and tumors that rarely affect people who have working immune systems. These late symptoms of infection are referred to as acquired immunodeficiency syndrome (AIDS). This stage is often also associated with unintended weight loss. HIV is spread primarily by unprotected sex (including anal and oral sex), contaminated blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding. Some bodily fluids, such as saliva and tears, do not transmit HIV. Methods of prevention include safe sex, needle exchange programs, treating those who are infected, and male circumcision. Disease in a baby can often be prevented by giving both the mother and child antiretroviral medication. There is no cure or vaccine; however, antiretroviral treatment can slow the course of the disease and may lead to a near-normal life expectancy. Treatment is recommended as soon

¹Ph.D. Scholar, Gujarat University, Ahmadabad Gujarat, India

*Responding Author

Received: November 26, 2020; Revision Received: December 14, 2020; Accepted: December 31, 2020

© 2020, Jain P.; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (www.creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

Suicidal tendency among HIV positive and HIV negative people in Ahmadabad city

as the diagnosis is made. Without treatment, the average survival time after infection is 11 years.

In 2016, about 36.7 million people were living with HIV and it resulted in 1 million deaths. There were 300,000 fewer new HIV cases in 2016 than in 2015. Most of those infected live in sub-Saharan Africa. From the time AIDS was identified in the early 1980s to 2017, the disease has caused an estimated 35 million deaths worldwide. HIV/AIDS is considered a pandemic—a disease outbreak which is present over a large area and is actively spreading. HIV originated in west-central Africa during the late 19th or early 20th century. AIDS was first recognized by the United States Centers for Disease Control and Prevention (CDC) in 1981 and its cause—HIV infection—was identified in the early part of the decade. **HIV/AIDS** has had a great impact on society, both as an illness and as a source of discrimination. The disease also has large economic impacts. There are many misconceptions about HIV/AIDS such as the belief that it can be transmitted by casual non-sexual contact. The disease has become subject to many controversies involving religion including the Catholic Church's position not to support condom use as prevention. It has attracted international medical and political attention as well as large-scale funding since it was identified in the 1980s.

Suicidal ideation, also known as **suicidal thoughts**, is thinking about or having an unusual preoccupation with suicide. The range of suicidal ideation varies greatly from fleeting thoughts, to extensive thoughts, to detailed planning, role playing (e.g., standing on a chair with a noose), and incomplete attempts, which may be deliberately constructed to not complete or to be discovered, or may be fully intended to result in death, but the individual survives (e.g., in the case of a hanging in which the cord breaks). Most people who have suicidal thoughts do not go on to make suicide attempts, but suicidal thoughts are considered a risk factor. During 2008–09, an estimated 8.3 million adults aged 18 and over in the United States, or 3.7% of the adult US population, reported having suicidal thoughts in the previous year. An estimated 2.2 million in the US reported having made suicide plans in the past year. Suicidal ideation is generally associated with depression and other mood disorders; however, it seems to have associations with many other mental disorders, life events, and family events, all of which may increase the risk of suicidal ideation. For example, many individuals with borderline personality disorder exhibit recurrent suicidal behavior and suicidal thoughts. One study found that 73% of patients with borderline personality disorder have attempted suicide, with the average patient having 3.4 attempts. Currently, there are a number of treatment options for those experiencing suicidal ideation.

Objectives

- The purpose of the present investigation was Suicidal tendency of HIV positive and HIV negative people and how is it being investigated through this study.

Hypothesis

- There is no significant difference in Suicidal tendency of HIV positive and HIV negative people.

METHODOLOGY

Sample

The sample of the present study consisted of 80 people, 40 are HIV positive people & 40 are HIV negative people of Ahmadabad city.

Suicidal tendency among HIV positive and HIV negative people in Ahmadabad city

Design

Variable	HIV positive	HIV negative	Total
Male	20	20	40
Female	20	20	40
Total	40	40	80

Research Tools

No.	Aspect studies	Name of Test / scale	Developed by
I	Suicidal Tendency	Suicidal Tendency Scale	Bhatt D. J., Meghnathi, R. G. (2004)

Procedure

HIV positive and HIV negative people in Ahmadabad were randomly selected and Suicidal tendency analysis inventory were given & data was collected the obtain data was analyzed with help of Mean, SD and 't' value.

RESULT & DISCUSSION

The statistical methods used to analyze obtained data are Mean, SD and 't' test.

Table: 1 Mean, standard deviation and 't' test according to Suicidal tendency HIV positive & HIV negative people.

People	N	Mean	SD	t	significant
HIV positive	40	48.80	4.80	14.27	0.01
HIV negative	40	62.50	4.00		

Table:1 shows that the mean of Suicidal tendency between HIV positive and HIV negative people. For the HIV positive people, the mean is 48.80 and for the HIV negative people it is 62.50 S.D. for HIV positive people 4.80 and HIV negative people 4.00 for both group 't' level value is 14.27 and its level of significance is 0.01.

Table-2 Mean, standard deviation and 't' test according to Suicidal tendency for the Gender

Gender	N	Mean	SD	t	significant
HIV positive Male	20	47.75	7.20	0.70	Non sig.
HIV positive Female	20	49.15	6.40		

Table: 2 shows that the mean of Suicidal tendency between HIV positive male and HIV positive female. For the HIV positive male, the mean is 47.75 and for the HIV positive female it is 49.15 S.D. for HIV positive people 7.20 and HIV positive female 6.40 for both group 't' level value is 0.70 and its level of. not significant at 0.01 level. It indicates that there is no significant difference among HIV positive male and female with regard to their Suicidal tendency.

Table-3 Mean, standard deviation and 't' test according to Suicidal tendency for the Gender

Gender	N	Mean	SD	t	significant
HIV negative Male	20	60.29	5.25	2.30	Non sig.
HIV negative Female	20	63.62	4.40		

Table: 3 shows that the mean of Suicidal tendency between HIV negative male and HIV negative female for the HIV negative male the mean is 60.29 and for the HIV negative

Suicidal tendency among HIV positive and HIV negative people in Ahmadabad city

female it is 63.62 S.D. for HIV negative male 5.25 and HIV negative female 4.40 for both group 't' level value is 2.30 and its level of. no significant at 0.01 level. Its indicate that there is no significant difference among HIV negative male and female with regard to their Suicidal tendency.

CONCLUSION

- There is significant difference among of HIV positive and HIV negative people regarding to Suicidal tendency. It means the level of Suicidal tendency is more in HIV positive people then HIV negative people.
- There is no significant difference among type of gender with regards to their Suicidal tendency.

REFERENCES

- Catalan, J., Harding R., Sibley, E., (2011), "HIV infection and mental health: Suicidal behaviour – Systematic review", *Psychology, Health & Medicine*; 16: 588-611.
- Krishnamurthy V. S., & Dr. Sampathkumar, (2016), "Death Anxiety among Asymptomatic Acute HIV Condition, Clinically Symptomatic Condition and Aids Indicator Condition Groups", *The International Journal of Indian Psychology*; 3(4): 122-132.
- Sarin, E., Singh, B., Samson, L., & Sweat M., (2013), "Suicidal ideation and HIV risk behaviors among a cohort of injecting drug users in New Delhi, India", *Substance Abuse Treatment, Prevention, and Policy*; 8 (2).
- Shukla, M., Agarwal, M., Singh J., Srivastava A., (2016) "Anxiety among people living with HIV/AIDS on antiretroviral treatment attending tertiary care hospitals in Lucknow, Uttar Pradesh, India", *International Journal of Research in Medical Sciences* ; 4 (7) : 2897-2901.

Acknowledgement

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Jain P. (2020). Suicidal tendency among HIV positive and HIV negative people in Ahmadabad city. *International Journal of Indian Psychology*, 8(4), 1078-1081. DIP:18.01.126/20200804, DOI:10.25215/0804.126