



Religiosity: A comparative study among HIV/AIDS patients of different levels of income

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Abstract

The study was carried out to find out whether there is any difference among mean scores of religiosities for HIV/AIDS patients of different levels of monthly income. The sample consisted of 150 HIV/AIDS patients was collected from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh. The Duke University Religion Index (DURLEL) was used. The data was analyzed by using one-way ANOVA. The results showed that there was found a significant difference among people of different levels of monthly income living with HIV/AIDS on religiosity.

Keywords: religiosity, HIV/AIDS patients

Introduction: HIV/AIDS

HI Virus (human immunodeficiency virus) has destroyed mankind since it came into being. This virus destroys a person's white blood cells and makes a person fall prey to AIDS (acquired immunodeficiency syndrome) which is the last stage of HIV (Medlineplus, n.d). HI Virus has never stopped to be the major international public health issue. The virus has claimed the lives of more than 35 million up to now. At the end of 2017 there were more than 36.9 million people infected with HI Virus (World Health Organisation, n.d).

Variables

Religiosity

Religiosity means remarkable involvement in religious actions. Religiosity, more regularly, shows a person's personal beliefs and his immense than love for his religion (Koenig & Büssing, 2010) [2].

Objective

1. To examine the mean difference among religiosity scores for HIV/AIDS patients of different levels of income.

Hypothesis

H_{A1} : There will be the difference among mean scores of religiosity for HIV/AIDS patients of different levels of income.

Methodology

Sample

In the current study by using purposive sampling method 150 people living with HIV/AIDS taken from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh worked the participants.

Tools Used

The Duke University Religion Index (DURLEL)

This scale has been devised at National Institute of Aging and the Fetzer institute conference (16–17 March 1995) on

Methodological Approaches to the Study of Religion, Aging, and Health: organizational, non-organizational, and intrinsic or subjective religiosity. This scale is made of 5 items which measure the 3 central dimensions of religiosity. The three dimensions include intrinsic, organizational and non-organizational religiosity. The total score of this scale ranges between 5 and 27. The two-week test-retest reliability of The Duke University Religion Index (DURLEL) was measured and the reliability was found quite higher (intra-class correlation coefficient of 0.91). The Cronbach's alpha of 0.78 and 0.91 was obtained and the convergent validity along with many other established measures of religiosity and factor structure of DUREL were confirmed with the help of three separate samples by the different investigative teams (Koenig & Büssing, 2010) [2].

Procedure for data collection

The sample was collected from the department of medicine, Jawahar Lal Nehru Medical College & Hospital, Aligarh Muslim University, Aligarh, Uttar Pradesh. First of all, the people living with HIV/AIDS were met one by one and everything was explained in detail. Their support was requested, confidentiality was assured and the purpose of the study was explained.

Statistical techniques Used

The data were analyzed by using Statistical Package for Social Sciences 20.0 (SPSS 20.0). And the statistical technique ANOVA was also used.

Result and Discussion

Table 1: ANOVA Summary of Religiosity among people living with HIV/AIDS with respect to their monthly income

	Sum of Squares	df	Mean of Squares	F	p
Between Groups	1532.83	2	766.41	21.65*	.001
Within Groups	5203.93	147	35.40		
Total	6736.77	149			

Table 2: Mean Difference and Descriptive of Religiosity among people living with HIV/AIDS with respect to their monthly income

Monthly Income	M	SD	Std. Error	MD	p
1000 TO 10000	14.08	6.64	.721	5.28*	.001
11000 TO 20000	19.36	5.77			
1000 TO 10000	14.08	6.64	1.004	7.35*	.001
20000 Above	21.43	3.69			
11000 TO 20000	19.36	5.77	.653	2.07 ^{NS}	.341
20000 Above	21.43	3.69			
Total N=150					

The one-way ANOVA was made use of to compare the effect of income on religiosity among people living with HIV/AIDS. Income was grouped into three categories viz. 1000-10000, 11000-20000, and 20000 above. The Table 1 plainly indicates that there is a significant effect of income on religiosity [$F=21.65$, $p<.05$ (2,147)] among people living with HIV/AIDS. Table 2, post hoc comparisons, made it clear that there is a significant mean difference on religiosity ($p<.05$) between the people (HIV/AIDS) whose monthly income ranges between 1000-10000 and 20000 above. The results suggest that the people whose monthly income is above 20000 ($M=21.43$) have higher level of religiosity than those whose monthly income ranges between 1000-10000 ($M=14.08$). However those whose monthly income ranges between 11000-20000 and 20000 above did not show any significant difference in their level of religiosity. Therefore the hypothesis H_{A1} that states, there will be the difference among mean scores of religiosity for HIV/AIDS patients of different levels of income stands partially supported.

People living with HIV/AIDS with highest level of monthly income were found more religious than other two groups. More wealth has made them more grateful to their God. Patients with high religiosity are better at managing anxiety and other challenges that life throws at them. They feel protected when they believe in and pray to God. Praying gives them hope and fill their minds with cheerfulness and they feel energetic to overcome the problems their illness makes them face. The feeling of divine protection motivates them and keeps their mental well-being relatively unharmed. The results corroborate the findings of Amadi *et al.* (2016). They claim that religion is certainly a trustworthy coping method which is usually used by elderly age people and females suffering from depression. The use of religion as a coping method is more frequent among the patients of lower occupational status.

Findings

- The HIV/AIDS patients with different levels of monthly income were compared on religiosity and the significant difference was found. The patients with highest monthly income were found more religious when compared with the other two groups. Moreover, there was found no significant difference on religiosity between the patients of 11000-20000 and 20000 above (highest monthly income) monthly income.

Limitations

- (a) Only was demographic variable was studied.
- (b) Large number of items would have fatigued the participants.

Suggestions for Future Research

- (a) Large number of people living with HIV/AIDS should be studied.
- (b) More demographic variables should be taken into consideration.

References

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