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HIGH VERSUS LOW LEVEL OF SPIRITUALITY AND PROGRESSION OF HIV/AIDS



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Short Profile

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ABSTRACT:

Several psychological factors have been explored as possible predictors of disease progression in HIV infection. The present empirical study was conducted on 150 HIV/AIDS patients selected on purposive basis. Dispositional spiritual health of the subjects was measured through a standardized spiritual health scale. The subjects were divided into two groups above versus below median spiritual scores. The secondary data of CD4 counts of each subject were taken

from the concerned ART Centre/Hospital/NGO at the beginning (Baseline), after 6 months and after 12 months. The high spiritual health subjects showed significantly greater CD4 counts at all the three stages of the study (Baseline, after 6 months and after 12 months, then low spiritual health subjects. Moreover, the coefficient of correlations between the spiritual health scores and CD4 counts of the subjects were found to be significantly positive.

KEYWORDS

spiritual health , Progression Of HIV/AIDS.

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INTRODUCTION

The central role of spirituality in chronic illnesses has been examined in several studies. Investigators examining cultural differences and the contributing etiological factors for HIV and other chronic diseases have reported that individuals often attribute their illness to spiritual distress and beliefs (Stolley & Koenig 1997, Marbella et al. 1998). In studies in which spirituality was not a major study variable, findings nevertheless indicated its centrality to the illness and the need to offer complementary therapies addressing spirituality (Fryback & Reinert 1997). When spiritual interventions were not offered, patients sought spiritual assistance in their cultural communities. Fryback and Reinert (1999) later found spirituality to be an essential contributor to feelings of health and well-being, with spirituality being viewed as a bridge between hopelessness and meaningfulness in the lives of 15 study participants with cancer or HIV/acquired immunodeficiency syndrome (AIDS).

Spirituality may be viewed as author type of coping. Men and Women with HIV Who endorsed more spirituality after their HIV diagnosis had a slower decline in CD4 + cell counts and better control of viral load as compared to those who endorsed less spirituality after such diagnosis (Ironson, 2006).

Fitzpatrick et al. (2007) have found that participation in spiritual activities (e.g. prayer, meditation, affirmations, visualizations) predicted reduced risk of dying, but only in those not on HAART. (highly active antiretroviral therapy) furthermore, the spiritual belief that "God is Merciful" was more protective of health overtime, whereas the belief that "God is judgmental and punishing and is going to judge me harshly someday" was associated with a faster deterioration of CD4 + cells counts and poorer control of the viral load of HIV virus (Ironson, 2006). Thus view of God may be either helpful or harmful, depending on the nature or that belief.

In contrast to comparatively expensive western pharmaceuticals, other less orthodox treatment approaches and coping strategies, such as spirituality, are often more financially viable for people facing HIV/AIDS related health issues, and may also be perceived as having higher degrees of legitimacy than western medicine (Liverpool et al., 2004).

Historically, spirituality has had strong associations with illness and death. A number of scholars have discussed the benefits that spirituality offers to individuals facing cancer (Jenkins & Pargament, 1995), serious mental illness (Corrigan, McCorkle, Schell, & Kidder, 2003), as well as a host of other serious medical issues, such as neurological disorders, heart disease, and renal failure (Koenig, Larson, & Larson, 2001). A number of studies have also documented positive outcomes associated with spirituality among HIV/AIDS populations, including increases in quality of life (Grimsley, 2006), reductions in depression (Yi et al., 2006), and even reductions in disease progression (Ironson, Stuetzle & Fletcher, 2006). Spirituality has also been recognized as an important coping strategy among those dealing with HIV/AIDS disease progression, largely due to the existential crisis that results from declining health and approaching mortality. The strong emphasis that is often placed on spirituality in the face of illness and death has often been explained by (a) the hope that spirituality instills due to the emphasis that is placed on prototypical healing themes, (b) the relief that spirituality offers about the uncertainty of death, and (c) the ease spirituality offers from emotional burden by eliciting emotion-regulating cognitive processes (Seigal & Schrimshaw, 2002). It should not be surprising however, that spirituality has also been associated with negative HIV/AIDS outcomes, including stigma and social exclusion, resulting largely from etiological beliefs concerning divine retribution and punishment.

Problem, Objective and Hypotheses : The problem of the present investigation was to find out

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whether the High Versus Low level of spiritual health of HIV/AIDS patients had any influence and/or linkage with the progression of their disease. On the basis of the previous researches following two hypotheses were put to test. It was hypothesized:

Hypothesis-I: That subjects with high spiritual health would have significantly greater mean CD 4 counts than those having low spiritual health.

Hypothesis-II: That spiritual health scores of the patients would have significant positive correlation with their CD 4 counts.

The objectives of the present research were (i) to explore the influence of the spiritual health level of the HIV/AIDS patients upon the progression of their disease and (ii) to find out if there was any association/linkage between the spiritual health level of the subjects and the CD 4 counts of these HIV/AIDS patients.

METHODS:

Sample: The study was conducted on 150 HIV/AIDS patients selected on purposive basis from the patients registered at ART centre and Govt. Hospital, NGO at Rewa, Satna, Panna, Sidhi (M.P.).

Tools: The Spiritual Health Scale constructed by Dr. A. Singh and Dr. A.K. Srivastava and published by Manovaigyanik Pariksha Sansthan, Varanasi was used to measure the Spiritual Health Scores of the subjects as the primary data. The CD 4 counts of the subjects were taken as the secondary data from the concerned Hospital/ART Centre/NGO at three stages of the study (beginning of the study, after 6 months and after 12 months).

Procedure: Spiritual Health Scale was administered on the subjects individually and their responses were scored through the manual of the scale. The subjects were divided on the basis of their scores on the scale in two groups i.e. High Spiritual Health (above the median) and Low Spiritual Health (below the median). The average CD 4 counts of these two groups of subjects were analyzed for significance of difference. Further the correlation coefficient analysis of the spirituality health scores of the subjects and their CD 4 counts were analyzed.

RESULTS AND DISCUSSION:

Table-1 show that the mean CD 4 counts of the subjects with High spiritual health subjects was significantly greater (M=304.40) than Low spiritual health (M=298.54) subjects ($t=4.38$, $p < 0.01$). The Mean CD 4 counts of the High spiritual health subjects was significantly greater (M=10.56) than of their Low spiritual health, counterparts (M=4.22; $t=4.38$; $p < 0.01$). Finally, the Mean CD 4 count of High spiritual health subjects was found to be significantly greater (M=542.54) than the Low spiritual health (M=515.48) subjects ($t=8.78$, $p < 0.01$). These findings clearly showed that the average CD 4 counts were significantly greater among those HIV/AIDS patients who showed High spiritual health than those who showed Low spiritual health. Thus the first hypothesis of the present study that there would be

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significant difference in the mean CD 4 counts of the HIV/AIDS patients of High Vs Low spiritual health. The results of the present study were consistent with the findings of the previous researches that the progression of the HIV/AIDS may be influenced for the benefit of the patients by providing effective spiritual health interventions.

Table-1 : Showing the significance of difference between the mean CD4 counts of High Vs Low Spirituality Subjects at the three stages of the study i.e. Baseline, After 06 months and After 12 months.

Subject	Base line			After 6 Months			After 12 Months		
	N	M	SD CD 4	N	M CD 4	SD	N	M CD 4	SD
Low Spirituality	75	298.54	4.22	75	400.91	8.59	75	515.48	16.13
High Spirituality	75	304.40	10.56	75	411.35	12.39	75	542.54	21.24
	t=4.38; p<0.01			t=3.43; p<0.01			t=8.78; p<0.01		

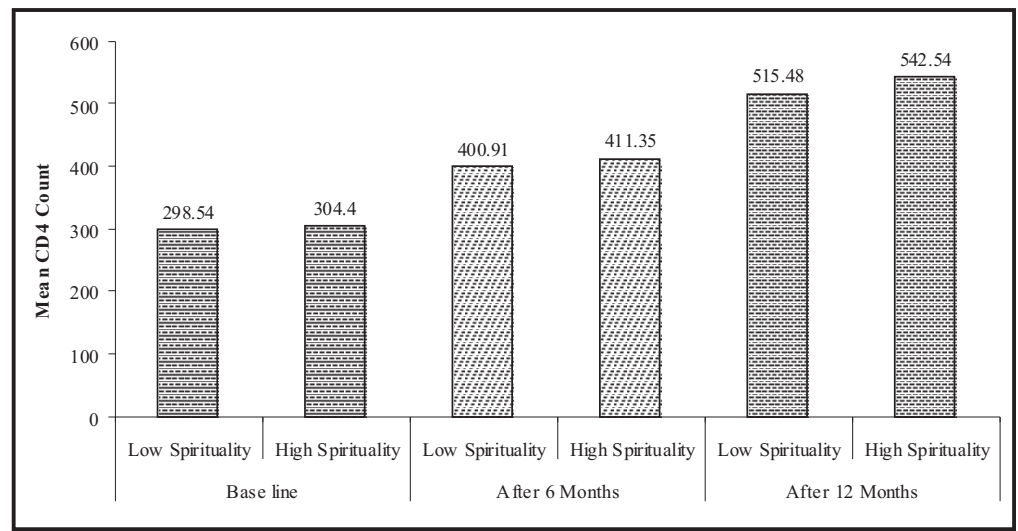


Figure-1 : Showing the average CD 4 counts of the Low Vs High Spirituality Subjects at the three stages of the study (i.e. Baseline, After 06 months and After 12 months).

For further verification of the above findings the spiritual health scale scores of the subjects and their CD 4 counts at the three stages of the study were analyzed for the coefficient of correlation. The Table 2 show that there was a significant positive correlation between these two variables at all the three stages of the study i.e. Baseline ($r = + 0.52$); After 6 months ($r = + 0.41$) and After 12 months ($r = + 0.39$) all significant at 0.01 level of significance. It again has supported the above and previous research findings that the spiritual health of the HIV/AIDS patients has direct linkage with the progression of the disease. The greater the spiritual health (upto an spiritual health) level the higher are the CD4 counts i.e. the slower/lesser is the disease progression.

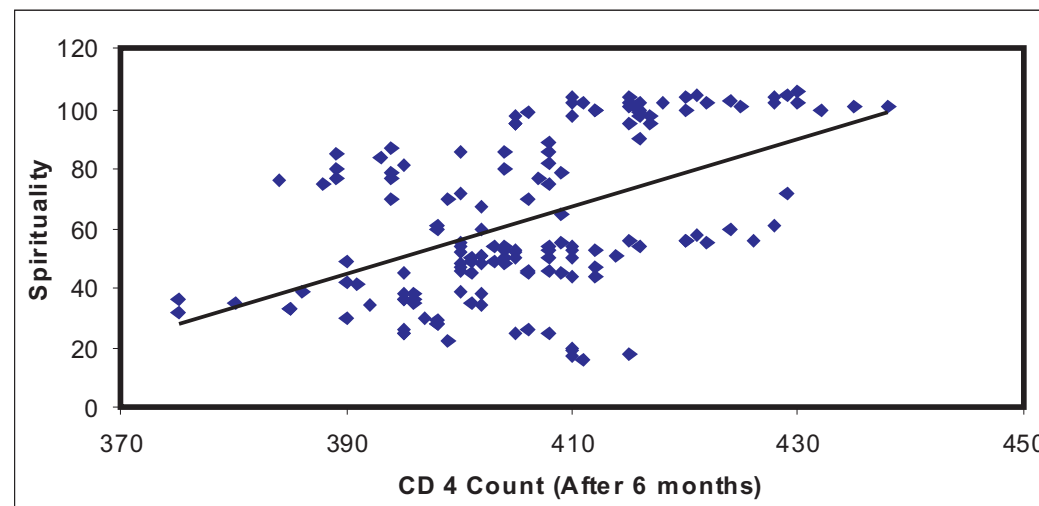
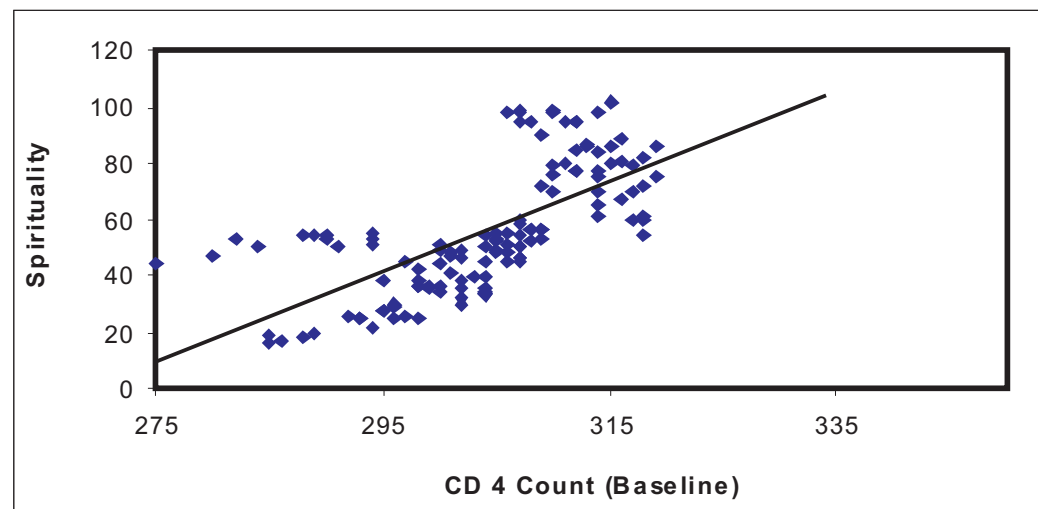
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Table-2 : Showing the Coefficient of Correlation (r) between the spiritual health scores of the subjects and their CD 4 counts at Baseline, After 6 months and After 12 months follow-ups.

Statistics	Baseline	After 6 months	After 12 months
Correlation Coefficient (r)	+0.52	+0.41	+0.39
Significance Level (p)	< 0.01	< 0.01	< 0.01



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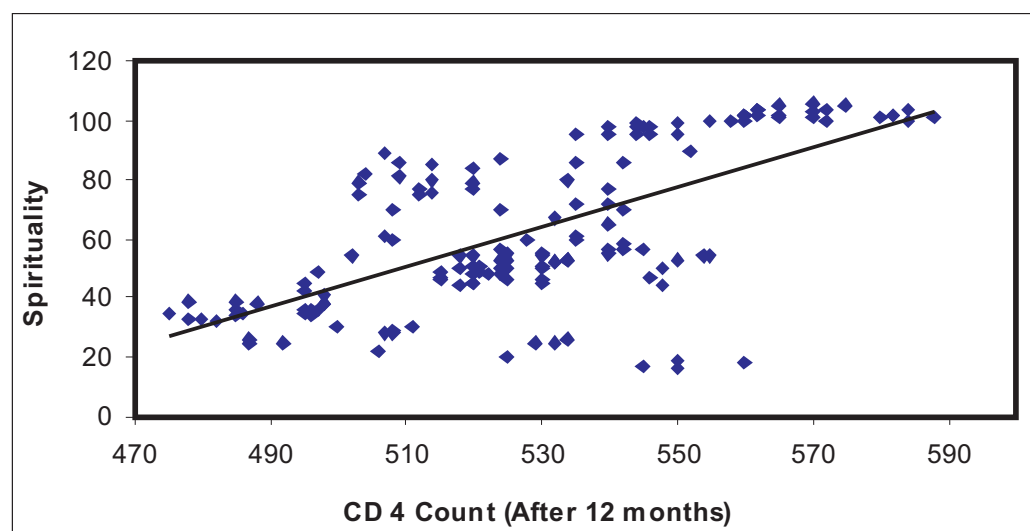


Figure-2 : Showing the correlation curves between the spiritual health scores of the subjects and their CD 4 counts at the three stages of the study.

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