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## HIV/AIDS patients' level of depression

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### Abstract

The current study has concentrated on AIDS patients' depression levels. 50 male Kurukshetra District AIDS patients and 50 general patients were chosen. Measurement tools were utilized for data collection, and the earliest methods of sample selection were accidental before being followed by purposeful. (1) Personal data Blank that the researcher prepared. (2) Mirza's Hindi translation of Beck's Depression Investing. The t-test was used to analyze the data. The outcome demonstrates that depression in AIDS patients and the general population differs significantly.

**Keywords:** AIDS, HIV, personal data blank

### Introduction

Life in the modern day has become a persistent element of depression. Males and females from middle-class and upper-class communities are the worst victims of today's fiercely competitive and difficult existence. In a scenario where our female employees have broken free from familial ties and started working for other companies. Their roles have evolved significantly, and they are frequently observed to be thoughtful and passive. [Ashanti (2009)]<sup>[6]</sup>.

According to the DSM-IV Classification, depression is a type of mood illness in which a person experiences extreme sadness. Loneliness and the depressingly dreary surroundings.

In actuality, depressive symptoms come in four groupings. Symptoms that are somatic or bodily, emotional, cognitive, motivational, or (2007) Prasad. Even if a person does not exhibit every symptom necessary for a proper diagnosis of depression, the more symptoms they do exhibit and the more severe each cluster of symptoms is, the more likely it is that they are depressed.

The most noticeable and pervasive emotional sign of depression is sadness. Mental symptoms Low self-esteem is another characteristic of these people. When anything goes wrong, they tend to blame themselves and feel guilty for it. When they are sad, they also tend to accept responsibility for their actions. Psychomotor retardation, in which the patient moves and speaks tentatively, is typical with motivational symptoms.

Another typical symptom of depression appears to be difficulty making decisions. Physical symptoms can include weight loss, disturbed sleep, hunger reduction, and decreased interest in sex. Kumari, N. (2007)<sup>[2]</sup>.

According to the DSM-IV, a person is diagnosed with depression, also known as major depression, unipolar depression, or significantly disabling depression if their symptoms persist for two weeks or longer, include at least five symptoms, and are not brought on by drugs or other medical conditions.

Major depressive disorder, single episode is a diagnosis given to people who are experiencing a major depressive episode; this indicates that this is the person's first episode of the disorder and that they have never had a manic episode or major depressive disorder recurrent, which indicates a history of such unipolar episodes.

If a severe depressive disorder varies with seasonal changes, it is further classified as seasonal (e.g., if the depression tends to occur each winter).

Melancholic if the person is almost entirely unaffected by pleasant events, tends to be more depressed in the morning, and experiences significant motor disturbances, early morning awakenings, appetite loss, and excessive guilt; catatonic if it is dominated by either motor immobility or excessive motor activity; postpartum if it starts within four weeks of giving birth; and Buchwald & Davis (1993)<sup>[1]</sup>.

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Numerous issues, including the emergence of neurosis, personality disorders, and mood disorders, can also be brought on by depression. Previous research indicates a strong positive correlation between depression and AIDS. That AIDS patients' varying degrees of depression are crucial.

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### Objectives

1. To investigate how depressed AIDS patients are.
2. Investigate and contrast the depression level with normal.

### Methods

#### Sample

Fifty male patients with AIDS and fifty ordinary patients made up the sample. The purposive method was used after the initial incidental sample selection procedure.

#### Tools

The sample was given the following instruments in order to gather field data:

1. A researcher-prepared Personal Information Blank.
2. Beck's Depression Inventory translated into Hindi by Mirza (1983)<sup>[3]</sup>.

### Administration

Following sample selection, patients were given confidence and a feasible report was established with them thanks to the active participation of doctors from the several hospitals included in the study. Examinations were administered. Thus, the using-t-test was used to analyze the collected data.

### Results and Discussion

Average depression scores between general and AIDS patients. The findings demonstrate a substantial difference in depression levels ( $t = 5.25$ ,  $p < 0.01$ ) between the general population and AIDS patients. The mean scores of the AIDS patient groups are higher ( $M = 25.21$ ) than those of the general group ( $M = 18.50$ ), and the difference between their mean scores is significant (6.71) at the  $<.01$  confidence level. The outcome reveals that AIDS patients have higher rates of depression than the overall population. As a result, the hypothesis that "the male general and the AIDS patients would differ significantly on depression scores" is validated.

### Conclusion

The hypothesis was validated by the notable disparities in depression scores between the general population and AIDS patients. Future researchers are advised to include female groups in order to cover a larger number of patients. Another significant issue that needs to be looked into is the degree of anxiousness.

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