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Research Article

Stress Coping and Its Influencing Factors in Persons Living with HIV/ AIDS (PLHA)

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A B S T R A C T

Introduction: Worldwide, the HIV/AIDS epidemic is continuing to be a threat to the mankind. It is highly significant to understand protective factors like stress coping among People Living with HIV/ AIDS (PLHA)

Objective: The aim of the study is to study stress coping and its influencing factors in PLHA.

Methods: A total of 750 PLHAs were registered in the district. Among these, 210 participants were selected using simple random sampling method for this cross-sectional study. The researcher used the scale-stress coping resources inventory by Kenneth B Matheny and Christopher J McCarthy. Data analysis was done using descriptive statistics and tests.

Results: The overall score for stress coping skills revealed that 63.8% of the respondents had above-average stress coping, 36.2% had average stress coping and none were reported as having superior or below-average stress coping. The study also illustrated that stress coping is being influenced by occupation, marital status and religious belief.

Conclusion: A significant number of respondents were found to be having average stress coping which indicates the need for strengthening the coping.

Keywords: People Living with HIV/ AIDS (PLHA), Stress Coping, Religious Belief

Introduction

Though it has been decades since the first case of HIV was reported, HIV/ AIDS remains a threat to mankind and affects the individual physically, psychologically, socially and spiritually. It has been reported that around 39 million people living with HIV/ AIDS (PLHA) died of HIV/ AIDS and presently about 36.7 million PLHAs are in the world[1]. HIV infection causes physical and psychological stress in those who have it. As a person is exposed persistently to stressful situations, it weakens immunity which may even contribute to the poor treatment of the disease. It is shown that the physiological and immunological reactions to stressful events are primarily attributable to the individual's perception of the event, which forms their perceived stress[2]. Previous studies show that the way in which the person tries to cope with the disease influences the mental health of the person[3]. The purpose of this study is to assess stress coping in HIV-infected people in the selected geographic area. Studies linked to mental health aspects of HIV are coming up in large quantity. According to these studies, stress, traumatic life events, stigma, anxiety, depression, and other socio-environmental factors can affect how

HIV develops and progresses into AIDS. The immune system is impacted by stress, according to the doctors treating HIV disease. Since this is well-known, PLHAs are encouraged to seek counselling services. Numerous studies also demonstrate that stress affects immune function and that reducing stress has positive effects on immunological function. It is always important to know about stress coping as it may have an influence on the progression of the disease from HIV to AIDS. It will undoubtedly shed light on how well social workers, behavioural scientists, and medical professionals can prevent and treat psychological suffering in HIV-positive individuals[4]. Social and coping mechanisms offer ways to either stop life pressures in their tracks or lessen their crippling consequences when they do arise[5]. According to some researchers, the relationship is cyclical, with coping techniques influencing symptoms, which then cause changes in coping[6]. In a study conducted in 2011 in the USA, it was noted that acute and long-term stressors both predicted worse ART adherence which probably indicated poor coping[7]. From a study in 2009, it was inferred that a structure of coping with HIV disease was developed from the diagnosis to death. The three stages of this structure were referred to as "living with dying," "fighting the illness," and "wearing out". Numerous researches on stress and coping in HIV-positive individuals have shown beneficial effects of stress management on psychological health. Studies on managing the stress give hope for those with HIV illness [8]. The understanding of unique illness-related stresses and coping mechanisms among HIV-positive individuals gathered from this study serves as a starting point for the development of effective behavioural and cognitive stress management strategies.

Methods

According to stress and coping theory[9], coping is defined as the thoughts and behaviours individuals use to manage demands that they perceive to exceed their resources. Understanding the ways of stress coping will be helpful in formulating strategies to support the same. The main aim of the study is to study the stress coping among PLHAs and to plan strategies for supporting the coping in PLHAs in future. Cross-sectional study design was used. The study duration was 2019 to 2022. A total of 750 PLHAs registered in the area who have been traced were included in the sample frame after the researcher discovered a community based organisation in the Kannur district dedicated to the welfare of PLHAs. Those with pre existing psychiatric morbidities were excluded. The approval taken from the research committee of Bharatidasan university. Informed consent taken from all the respondents. The simple random sampling approach was used to choose 210 samples from the entire population. The tool used for the study was stress coping resources inventory by Kenneth B. Matheny and Christopher J. McCarthy[10]. The data was analysed using SPSS.

Results

When the respondents' ages were examined, 25.2% of them were under the age of 40 years; 22.9% were between the ages of 46 and 50 years; 20% were between the ages of 51 and 55 years; 18.1% were between the ages of 41 and 45 years; and 13.8% were over the age of 55 years. The mean age of the respondents was 47 years (Table 1). In terms of gender, nearly three-quarters (72.4%) of the respondents were female and nearly one-fourth (27.6%) were male. In terms of the respondents' marital status, 48.6% were married, 8.6% were single, and 42.9% were widows or widowers. The study of the respondents' income status showed that approximately 50.5% of the respondents had no income at all, 22.4% of the respondents had more than 8000 INR each month, and 17.6% of the respondents reported monthly earnings of between 1000 and 3000 INR. The remaining 9.6% of respondents reported a monthly salary between 4,000 and 8,000 INR. The average monthly income of the respondents was 3,442 INR. The analysis of the overall score for stress coping skills revealed that 63.8% of the respondents had above-average stress coping, whereas 36.2% had average stress coping and none were reported as having superior or below-average stress coping. The sub-scale values were obtained as shown in Table 2. When the variables occupation, marital status and religious belief were analysed in detail, it was found that all these variables have a significant variance with stress coping of PLHAs (Table 3).

Table 1.Demographic Characteristics of Participants

Variable		n	%
Gender	Female	58	27.6
	Male	152	72.4
Marital status	Married	102	48.6
	Single	18	8.6
	Widow/ widower	90	42.9
Education	Illiterate	04	1.9
	Primary	54	25.7
	Secondary	125	59.5
	Higher secondary	14	6.7
	Graduation	13	6.2
Regular income	Yes	102	48.6
	No	108	51.4
Domicile	Rural	169	80.5
	Urban	41	19.5
Age		M ± SD	
		47.08 ± 7.76	

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Table 2.Analysis of Scores for Stress Coping Skills

Stress Coping	Wellness		Thought Control		Social Ease		Tension Reduction		Spiritual Practice		Overall	
	n	%	n	%	n	%	n	%	n	%	n	%
Superior	12	5.7	15	7.1	-	-	40	19.0	29	13.8	-	-
Above average	127	60.5	157	74.8	140	66.7	80	38.1	164	78.1	134	63.8
Average	71	33.8	38	18.1	66	31.4	78	37.1	13	6.2	76	36.2
Below average	-	-	-	-	4	1.9	12	5.7	4	1.9	-	-

Table 3.Association of Stress Coping with Occupation, Marital Status and Religious Belief

Stress Coping		Sum of Squares	df	Mean	Mean Square	Statistical Inferences
Occupation at diagnosis	Between groups	1.168	2	Homemaker = 2.67	0.584	F = 5.494 p < 0.05 Significant
	Within groups	21.996	207	Skilled = 2.78	0.106	
	-			Unskilled = 2.58	-	
Marital status	Between groups	0.742	2	Unmarried = 2.47	0.371	F = 3.425 p < 0.05 Significant
	Within groups	22.421	207	Married = 2.68	0.108	
	-			Widow/ widower = 2.69	-	
Religious belief	Between groups	1.361	2	High = 2.62	0.681	F = 6.461 p < 0.05 Significant
	Within groups	21.802	207	Moderate = 2.79	0.105	
	-			Nil = 2.59	-	

Discussion

The prognosis and treatment of HIV/ AIDS are seen as a burden for those who are infected because of the disease's severe medical, social, and financial implications. This study attempts to assess the stress coping among the PLHAs in Kannur district. The analysis clearly shows a clustering towards the centre in which no superior coping and no below-average coping were reported. A majority (above 60%) showed above-average stress coping, whereas the remaining less than 40% showed average stress coping. From this, it is clearly evident that most of the respondents are trying to cope with their existing situations which are leading to stress. A qualitative study conducted in South India, aimed to comprehend how PLHA connected to support networks handled HIV and the stigma associated with it. Participants specifically mentioned how their awareness of their HIV status, involvement in support networks, attitudes and experiences regarding disclosure, family and social assistance, and employment improved their capacity to deal with stigma. The same study's findings can be explained in terms of support groups and their meetings because study participants who attend them regularly may be acting as a supportive component for stress coping, but they also point to the need for further strengthening of this coping mechanism[11]. On the other hand, a study conducted in Boston revealed that poor social relationships and coping lead to poor treatment adherence for ART[12], really pointing towards the need for good support groups and social relationships.

It is inferred from the table that there is a significant difference in stress coping of the respondents with their occupation at diagnosis. A study conducted in Uttar Pradesh in 2019 showed that HIV patients who were housewives had the lowest adaptive coping score, compared to HIV patients who were in any other occupation group. The greatest amount of adaptive coping in religion was used by housewives, farmers, those working in government or non-profit organisations, and drivers. HIV patients who were unemployed had the highest adaptive coping level for active coping[13]. In a study conducted in South India among PLHAs, it is noted that having a job helped PLHA deal with HIV shame. Their confidence in themselves, which was partially fostered by achieving financial independence, appeared to have helped them all deal more effectively. The fact that they were now earning money and were in a position to support their families gave them a tremendous confidence boost because many of them had lost their jobs due to illness[11]. At the time of diagnosis, a person will always look for the resources to cope with their HIV status and occupation is one among the same which tops the list.

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There is a significant difference in stress coping with their marital status which is already discussed in many of the previous studies conducted among PLHAs. A study conducted among PLHAs in Bangalore, India in 2012 reported that married people are coping better than those unmarried[14]. The results of a study conducted among PLHAs in Pune, India clearly indicate the association between marital status and coping[15]. HIV is associated with a stigma attached to it for the mode of contraction and also due to the reason that family and spouse can be counted as a resource for coping with the disease, the same may have contributed to the above results.

Religion and spirituality play important roles in the lives of many. It is found that there is a significant difference between stress coping and religious belief. A study conducted in Turkey explains beliefs as constructs in the transcendental realm, which go beyond intellectual understanding and senses that vary from culture to culture. On the other hand, life events speak to the subject that is the hardest to quantify and that is most often treated as sacred[16]. Religious beliefs may be acting as a confidence booster as it is based on trust in a superpower, nature or oneself. The findings of a study conducted in Brazil in 2019, imply that religious coping may influence the process of overcoming challenges associated with having HIV, and as a result, religious coping should be routinely assessed by healthcare professionals. Findings from this research and others could be used to create interventions that consider psychosocial elements that have been disregarded in seropositivity care[17]. As the study findings suggest the significance of religious belief, it can be taken as a significant resource for stress coping among PLHAs.

Conclusion

The majority of HIV/ AIDS studies have focused on the detrimental effects of infection on the degradation of peoples' psychosocial aspects of their lives. The investigation of the variables that might help responses emerge that are beneficial for health and quality of life, however, has not received equal attention. Over the past few years, research on stress coping among HIV-positive people has continued to emphasise the importance of this psychosocial construct in relation to health outcomes in this group. Social relationships and support groups should be promoted as good resources because they support coping among PLHAs. As occupation can be supportive of coping, welfare programmes for PLHAs which focus on the occupational rehabilitation of those who are not employed also can be planned along with other income generation programmes. Thus, the value of the involvement of healthcare professionals and researchers, particularly psychologists, is demonstrated not only in the assessment of the psychosocial harm caused by HIV but also in the positive aspects of human experience and health protectors, such as coping and religiosity/ spirituality which, in turn, may favour the development of skills and competencies to overcome adversity.

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