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Coping strategies used by people living with HIV at Tetteh Quarshie Memorial Hospital

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ABSTRACT

Coping strategies arespecificeffortsboth behavioral and psychological that people employ to master, tolerate, reduce or minimize stressful events. Withactive coping one is able to produce better emotional adjustment to a chronically stressful event. The aim of this study was to explore the various challenges faced by people living with Human Immuno-Deficiency Virus (HIV)and the coping strategies they use to overcome such challenges. Semi-structured questionnaires were administered to 204 respondents who attend the Anti-RetroviralClinic at Tetteh Quashie Memorial Hospital (TQMH). The data was compiled and analyzedusing SPSS.The results revealed using Pearson's correlation, when the ability to cope with challenges was compared to the number of years living with HIV, were statistically significant (2 tailed 0.042) in that the ability to cope with HIV improved as the years living with the disease increased. It is recommended that the government should establish more support groups and organize more HIV programmes for people living with HIV. Also more HIV centers should be created to enable individuals to gain more access to Health issues and the knowledge to live a healthy lifestyle.

Key Words: coping strategies, HIV, and challenges

1. INTRODUCTION

Mortality rates have vastly decreased over the years for people living with HIV due to the advance in medical technology and improved medical treatment options (Jensen-Fangel et al., 2004; Keiser et al., 2004; Mocroft et al., 2003). Even though highly active antiretroviral therapy (HAART) has changed HIV from a terminal disease to a chronic disease (Lohse et al., 2007), it still has not altered the perception of society about the disease (Joint United Nations Programme on HIV/AIDS, 2007). The fact remains that out of all the chronic diseases and disorders, HIV remains the only chronic disease that is highly stigmatized throughout the world (Herek, Capitanio, & Widaman, 2002). It has been well documented that people living with HIV experience higher rates of stressful life events than other people living with any chronic disease. In addition, HIV poses difficulties that can impact the coping strategies and impair the psychological ability to manage the demands of adjusting to this stigma and chronic disease (Bouhnik et al., 2005).

Over the past decade, there have been numerous researches on the psychosocial impact of receiving an HIVpositive diagnosis. Receiving this diagnosis has always been a life-changing and traumatic event (Leserman et al., 2002). The challenges associated with discrimination and stigmatization necessarily complicate the coping process, and there is a need to implement holistic models of care that address the psychosocial, spiritual, and physical dimensions of living with HIV infection. Furthermore, the stigma-related challenges faced by people living with HIV contribute greatly to stress and adjustment diffulities (Clark, Lindner, Armistead, & Austin, 2003).

2. STATEMENT OF THE PROBLEM

In 2008, an estimated number of people living with HIV were 33.4million with22.4million people living in sub-Saharan Africa (UNAIDS, 2009). HIV is no longer a death sentence for individuals infected with the disease. The stigma attached to HIV is considered as a barrier to effective HIV prevention and treatment programs. The stigma of the disease results in low uptake and poor adherence to prevention and treatment services. Individuals living with HIV are not educated on how to develop coping strategies needed to deal with the challenges of the disease, which is the missing link in literature. The purpose of the study was to explore the various challenges faced by people living with HIV and the coping strategies they use to overcome such challenges.

3. OBJECTIVES OF THE STUDY

The objectives of the study were to explore the various challenges faced by people living with Human Immuno-Deficiency Virus (HIV) and the coping strategies they use to overcome such challenges.

4. METHODOLOGY

4.1. Research Setting

The research setting took place at Tetteh Quarshie Memorial Hospital (TQMH) located at Mampong, Akuapem in Eastern Region. The town shares borders with Amonokrom at the North and Tutu in the South. The town occupies about 20,000 square acres and has a population of about 31,000 inhabitants. The inhabitants are mostly self-employed, farmers and government workers. There are five district assembly basic schools, three private schools and a senior high school called Presbyterian Senior High School in the town. Other facilities found in the town include Centre for Scientific Research into Plant Medicine and the Lome Orthopedic Hospital. TQMHis the only government hospital in the district with bed capacity of 125 and staff strength of 350. The staff consists of medical and surgical staff, paramedics and auxiliaries. The average Out-Patient Department (OPD) attendance is about 300 people daily with an average of about 20 people admitted daily. The clinical departments in the hospital include medical, surgical, maternity and children's wards, laboratory, radiology, pharmacy and the Antiretroviral Treatment (ART) clinic (Tetteh Quarshie Memorial Hospital Annual Report. 2012).

4.2. Research Design

A descriptive design was used to explore the various challenges faced by people living with HIV and the coping strategies they use to overcome such challenges.

4.3. Study Population and Sampling Size

As of March 2013, there were 488 people living with HIV registered at TQMH who attend the Anti-Retroviral Clinic on Tuesdays and Thursdays. In the month of April, 2013, 245 individuals attend the Anti-Retroviral Clinic for review and collection of HAART drugs. Convenience sampling was used to select a sample size of 204 individuals for the study.

4.4. Data collection and Data Analysis

Semi-structured questionnaires were administered to 204 respondents during the month of April 2013 and the data was analyzed using SPSS.

4.5. Ethical consideration

The research received approval from the hospital administrationprior tothe conduct of the study. In addition, verbal consent was obtained from the respondents prior to the administration of the questionnaires.

5. FINDINGS AND ANALYSIS

5.1. Years of Living with HIV

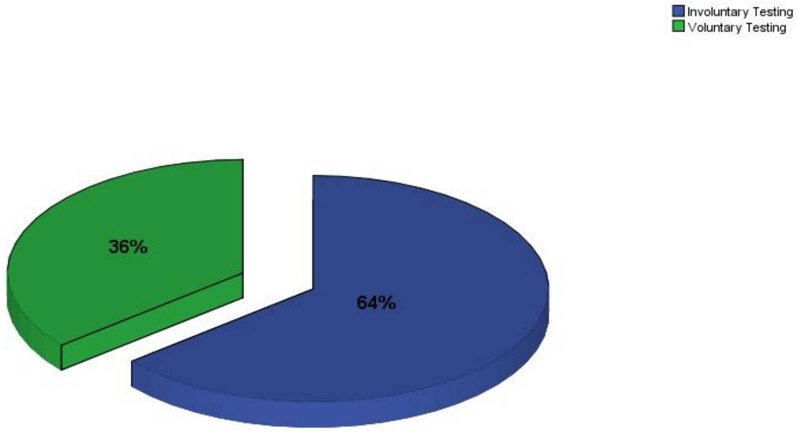

Figure 1

How respondents became aware of their status and their reactions

Respondents were asked the length of time (in years) they s have been living with the disease and the majority of respondents, 38%, reported living with the disease for a range of 2 -5years, 37% reported living with the disease for less than 2 years, followed by 16% who reported 6 to 10 years, then 9% reported living with the disease for more than 10 years. The findings reveal that people living with HIV are living longer. This supportsJensen-Fangel et al. (2004) findings that mortality rates have decreased for people living with HIV over the years due to the advances of medical technology and treatments.

Figure 1 represents how respondents got to know their HIV status. The majority of the respondents (64%) knew their status from involuntary testing, while 36% found out their status through voluntary testing.The majority of the respondents were further asked how the involuntary testing came about and 80% of those who did the involuntary testing reported that it was through frequent short illnesses and visiting the hospital, and this led to counseling and testing through which they became aware of their status. In addition, 20% of themwere pregnant mothers who attended the antenatal clinic at the hospital for prevention of mother to child transmission and knew their HIV status.

5.2. Reactions to HIV positive diagnosis

Respondents were further asked on their reactions after testing HIV positive, and 32% of respondents attested being confused, 26% did not want to believe their results, 23% were sadden by the news, 13% accepted their status, and 6% wanted to commit suicide. The resultsrevealed the normal reactions and expressions faced by individuals who are given a positive test result to HIV due to the difficulty in facing stigmatizations. Research has shown that due to the stigmatization of the disease, people are not willing to be voluntarily tested for early diagnosis and treatment. Therefore, people living with HIV live with a number of complex physical, social, emotional and psychological challenges associated with coping with the disease after receiving a positive diagnosis (Siegel and Lekas, 2002).

5.3. Disclosure of Status by Respondents

Respondents were asked on the ability to disclose their HIV status after being diagnosed, and 69% were able to disclose their status while 31% have not been able to disclose their status. The results are contrary with a study conducted by Brown et al (2001) that most people living with HIV are notwilling to report their status due to the stigmatization associated with the disease. In addition, Alonzo & Reynolds (1994) stated that disclosure of status is influenced by culture, community beliefs, and values regarding causes of illness, learned patterns or responses to illness, social and economic context and norms.

5.4. Coping Strategies used by people living with HIV

Respondents were asked on their ability to associate with others without hesitation and 31% stated that because of the fear of rejection they do not associate with others whilst 69%responded that they were able to associate with others. In addition, respondents were asked if they were accepted by family members and friends after disclosure of their HIV status and majority of respondents (52%) reported being accepted by family and friends after disclosure of status while 48% said they were not accepted by family members after disclosure of status. The findings are in conjunction with a research conducted by Nyblade et al (2003), which showed that individuals are able to cope; due to a strong will to survive in the face of illness and being socially accepted and actively engaging in social gatherings. Respondents were also asked that if engaging in activities such as music, reading, attending social gatherings, and attending religious services made them happy and majority, (73%) of the respondents testified engaging in entertainments made them happy while 27% reported that they did not find happiness in engaging in any social entertainment. This supports the findings of research made by Faber et al., (2003) who stated, that finding positive meaning in illness had beneficial effect on psychological adjustment to the disease and suggested it may even be associated with protective health effects.

5.5. Courage to address and educate on HIV as a mentor

Majority of respondents 67% reported having courage, and the ability to address others in public and educate others on HIV related issues while the majority of respondents, (33%) stated having no courage or the ability to address others in public as well as educate them on HIV related issues. The findings are in line with a report from UNAIDS (2012) that women who were HIV positive had the courage to mentor young women and advocate against HIV transmission in young women. A Pearson's correlation was used to determine the significance between the ability to cope and address others in public and the number of years living with HIV. The results are statistically significant (2 tailed 0.042) in that the ability to cope with HIV improved as the years living with the disease increased.

6. CONCLUSIONS AND RECOMMENDATIONS

In conclusion, the study revealed that the majority of respondents have been living with HIV for about 2-5 years. Also, the majority of respondents knew their HIV status through involuntary testing. In addition, majority of respondents had mixed emotions after being told that they were HIV positive. Surprisingly, majority of respondents were able to disclose their HIV status to friends and family and associate with others. Furthermore, most of the respondents were able to find gratitude in reading, attending social gatherings, and attending religious services. It is recommended that the government should establish more support groups and organize more HIV programs for people living with HIV. Also more HIV centers should be created to enable individuals to gain more access to health issues and the knowledge needed to live a healthy lifestyle. Lastly, hospitals should educate counselors to educate individuals living with HIV how to cope with the illness.

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