

African Journal for the Psychological Study of Social Issues

Volume 8 Numbers 1 & 2, April and September, 2005 Edition.

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Journal of the African Society for THE PSYCHOLOGICAL STUDY OF
SOCIAL ISSUES c/o Dept of Psychology, University of Ibadan, Nigeria

AFRICAN JOURNAL FOR THE PSYCHOLOGICAL STUDY OF SOCIAL ISSUES VOL. 8 (1)

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COPING AMONG PEOPLE LIVING WITH HIV/AIDS (PLWHA). INFLUENCE OF SOCIAL SUPPORT, SELF-ESTEEM, HEALTH LOCUS OF CONTROL AND GENDER

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ABSTRACT

This study investigated the influence of social support, self-esteem, locus of control and gender on coping behaviour of People Living With HIV/AIDS (PLWHA). One hundred and three (103) PLWHA; 56 males and 47 females with mean age of 29.52 selected using the purposive sampling technique participated in the study. Data were collected with a structured questionnaire and an ex-post facto research design was employed. Result of analysis using a multiple regression indicated that social support, self-esteem, health locus of control and gender have significant joint influence with coping ($F(4, 73) = 5.59, p < .05$). The t-test analysis showed that there is no gender difference in coping behaviour of PLWHA ($t(101) = -.60, p > .05$). It is then concluded that management of HIV/AIDS should take a multidisciplinary approach, social support should be in the front burner, society should be sensitized to the importance of social support that is culturally appropriate and behaviour modification focused.

Key Word: Social Support, Self-Esteem, Locus of Control, Coping and PLWHA.

INTRODUCTION

HIV/AIDS pandemic is a sad reality starring the whole world in the face; it is a leading cause of death with dire consequences for the socio-economic life of the world population. The UNAIDS (2002, 2004) refers to the AIDS pandemic as a new type of global, emergency—an unprecedented threat to human development and one of the greatest challenges facing our generation which is capable of ruining the world if left unchecked. HIV infection is a real and immediate threat to individuals who engage in high risk behaviour like unsafe/casual/indiscriminate sex, recreational intravenous drug use and body piercing.

Research efforts towards finding effective ways of managing the AIDS pandemic have always focused on the medical paradigm, seeking cure and preventive measure to combat the pandemic. This approach has over the years grown to include research on coping and psycho-social impact of AIDS on PLWHA's and significant others. In view of the slow progress in finding medical cure for AIDS, efforts should be geared toward making life worth

living for people already infected. This can be done through the scientific determination of what constitute effective coping, how coping mediates impact of AIDS on PLWHA and the psychosocial factors that will enhance effective coping.

Coping is a mechanism used to adapt to challenging situations deemed stressful arising from either the internal or external environment. Lazarus and Folkman (1991) define coping as a constantly changing process involving cognitive and behavioral efforts deployed to manage specific external or internal demands that are appraised as stressful. Mcfarland and Mcfarland (1993) also define coping as a process by which an individual manages the ever-changing environment.

Coping with HIV/AIDS however may be slightly different from some other ailments due to the nature and present medical status of the pandemic. Studies have shown that people who receive a diagnosis of HIV or AIDS often react with a mixture of emotions, including shock, depression, hopelessness, grief, anger and fear (Lewis, 2003). Social support as a factor in coping has been found to have implication for progression in HIV/AIDS as well as quality of life of PLWHA. In a particular study, Fleishman and Vogel (1994) found that individuals with AIDS adopted a variety of coping behaviours associated with health behaviours, disease progression and affect. These behaviours are categorized as positive coping, social support seeking, and avoidance coping. In a similar study, Russell and Smith (1999) explore the experiences of HIV-infected women and found that the complexity of stress has an effect on coping and psychological well being. Similarly, Reeves, Merriam and Courtenay (1999) found from the analysis of qualitative data that individuals used specific coping strategies immediately after HIV diagnosis which differed from coping strategies used later.

Social support is germane to coping in HIV infection and progression. Individuals with effective social support network are more likely develop positive coping strategies and positive attitude toward life and living than those with less effective social support network. McDaniel and Blalock (2000) report that withdrawal of social support is a significant factor for elevated psychiatric morbidity at all stages of HIV infection. This assertion was also confirmed by Olley (2003) where he underscores the importance

of delineating psychological factors associated with HIV infection in the provision of mental health care to patients.

Personality make up of individuals can also inform how they will cope with illness. The self-esteem of individuals and how they explain illness in terms of health locus of control can definitely be functions of coping strategies to be adopted. Varni and Wallander (1988) report that psychosocial factors affect mental health of spina bifida patients. Olapegba (2004) in a study on mental health of PLWHA found that self-esteem, health locus of control, age and social support co-predict mental health of PLWHA.

Against the background that there exist no cure yet for AIDS it then becomes imperative that those already infected be helped to live positive and meaningful life, one of the ways of doing this is to promote positive coping strategies to enhance quality of life.

METHOD

Design

This study made use of the ex-post facto research design. Coping is the dependent variable while social supports, health locus of control, self-esteem are independent variables.

Participants

Participants in this study were made up of 103 people living with HIV/AIDS, using the purposive sampling technique; 56 of them were males while 47 were females, mean age was 29.5 with standard deviation of 7.96. Participants were selected using the purposive sampling technique.

Instrument

A questionnaire consisting of 5 sections was used in data collection. Section A contains items that provide personal information of the participants. Section B is the Self-Esteem scale authored by Adanijo-Oyefeso (1986), it is a 15-item self-report scale measuring self-esteem of individuals. The scale has a reliability coefficient of 0.79 and 0.92 among bank officials and students respectively. Section C is the Wallston and Wallston (1981) health locus of control scale, the scale was adapted for this study and a pilot study yielded a reliability coefficient of 0.73. Section D is a 27-item social support scale developed by Sarason (1989), it has a reliability coefficient of 0.90. Section E. Folkman

and Lazarus (1988) coping scale. It is a 50-item scale describing a broad range of cognitive and behavioral strategies people used to manage internal and/or external demands in specific stressful encounters. A pilot study in the course of this study reduced the items to 39 and yielding a reliability coefficient of .96.

Procedure

Participants were selected (using purposive sampling technique) from three Non-Governmental Organizations in the Western part of Nigeria (names & actual location withheld for ethical reasons). Participants were approached through officials of the NGO's, their consent was sought and assurance of absolute confidentiality was given. With consent obtained the questionnaires were dropped and picked up a week later.

Statistical Analysis

Multiple regression analysis and t-test for independent means were used to analyse the data.

Results

Table 1. Multiple regression analysis showing the independent and joint prediction of social support, self-esteem, health locus of control and age on coping.

Variable	Beta	t	p	R	R ²	F	P
S. Support	.28	2.33	<.05				
S-esteem	.00	-.00	>.05	.48	.19	5.59	<.01
Health Locus of Control	.27	2.20	<.05				
Age	.18	1.62	>.05				

Results in table 1 above show that social support and health locus of control have independent influence on coping while self esteem and age do not independently predict coping. However, there is a joint influence of all the variables on coping, $F(4, 73) = 5.59$, $p < .05$. All the variables put together contributed 19%.

Table 2. Independent t-test showing gender difference on coping in FLMWIA.

Sex	N	X	SD	df	t	p
Male	56	157.7	31.12	101	-0.60	>.05
Female	47	161.4	31.63			

Result in table 2 shows there exist no significant difference between males and females PLWHA on coping, $t(101) = -.60$, $p > .05$.

Discussion

Results of the study indicate that there is significant relationship between psychosocial factors and coping in people living with HIV/AIDS, specifically, social support, self-esteem, health locus of control and age were found to co-predict coping. Social support was found to have a significant independent influence on coping, this supports the conclusion reached by Lewis (2003) that social support affects disease progression and quality of life. Solomon, Gleghorn, Astemborski and Vlahov (1993) also report in their study that HIV-infected individuals with greater avenues of social support use more socially based coping strategies unlike those with less social support. In a similar study Olapegba (2004) report social support to be a significant predictor of mental health among PLWHA. The African culture strives on social support as a way of life, and as such people feel a lot better when friends and family offer help in tangible or in tangible terms, Lewis (2003) further reports that there is no significant difference in coping based on whether the support received is from family or from friends.

Health locus of control was as well found to be significantly related to coping of PLWHA, how individuals perceive the cause of ailment will inform effectiveness of coping. Individuals who see their condition as resulting from something they have no control over will cope differently from those who have a different view of their conditions. This finding does not support earlier findings, for instance, Olapegba (2004) found that health locus of control does not predict mental health of PLWHA.

The t-test analysis revealed that there was no gender difference in coping among PLWHA, this is in line with finding of Green and Pomeroy (1999) who in a study report no significant effect in gender and mental illness among people with chronic illness,

Olapegba (2004) also corroborates this in a study on PLWHA, he did not found any significant gender difference in the mental health of PLWHA.

Conclusion

With awareness that HIV/AIDS transcend medical considerations efforts should then be made towards multidisciplinary approach in the management of the AIDS pandemic. Specifically, the issue of social support should be in the front burner of management issues, enlightenment campaign should be embarked upon to encourage the society at large of the importance of social support to PLWHA in order to enhance coping with the condition and quality of life. However, the enlightenment campaign should be culturally-appropriate and geared toward behaviour modification thereby leading to the adoption of the right coping strategy.

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