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Gender Differences in Using Coping Strategies By HIV / AIDS Patients

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ABSTRACT

Coping is a process that is concerned with what a person actually thinks and does in reaction to the specific stressful event. HIV / AIDs patients primarily cope with the threat of AIDs by adopting fighting spirit. They face the initial stages with excitement followed by the phase of psychological changes to plan future. In the present study an attempt is made to identify the coping mechanisms used by HIV / AIDs patients to over come their stressful conditions and whether coping to stress depends up on their gender. Sample of the study consisted of forty four HIV / AIDs patients who live in and around Tirupati. Results revealed that HIV / AIDs male patients were using more of emotion focus strategies followed by appraisal focused, problem focused and defence strategies. Where as HIV positive female patients were also using more of emotion focused strategies followed by problem focused ,appraisal focused, and defence mechanisms.

KEYWORDS :

Introduction

HIV/AIDS an incurable and often fatal disease requires enormous psychosocial adjustments. People diagnosed with HIV experience many of the emotional responses identified in people facing a terminal illness (Ana-Maria Schweitzer 2005).

Having an incurable disease and not knowing what to expect of one's own health status can be very stressful. Every illness experience represents a unique and dramatic negative experience for the patient. It is associated with a profound and authentic psychological engagement of patients themselves and the significant people in their lives. Living with HIV poses many challenges and many people living with HIV have higher levels of stress and depression than the general population (Bing et al. 2001; Cruess et al. 2003).

From a psychological point of view, the disease is a period of many questions, self-explorations and anxious expectations. The emotions associated with the diagnosis of HIV sero conversion are largely a reaction to a multiplicity of factors such as a radical alteration in one's sense of self, chronic somatic preoccupation, fear of development of illness, anger and frustration, the need for changes in sexual practices and behaviors, a decrease in self esteem, fear of abandonment, isolation and social ostracism, the uncertainty surrounding disease progression and treatments, and the prospects of death at an early age. Most patients experience a profound existential and interpersonal crisis. Fears of becoming ill, infecting others, and the multiple changes brought about by the disease all threaten the patient's view. HIV infected patients as many terminally ill patients, commonly experience a mixture of feelings of powerlessness, isolation, anger and fear. (José Maldonado, 1996)

Disease management often requires significant lifestyle modifications and adaptation of daily activities to the demands of prescribed treatment regimens. In addition to stressful disease-management issues, persons living with HIV experience ongoing psychosocial stressors, both interpersonal and intrapersonal, associated with diagnosis of a life-threatening chronic illness. These multiple, severe, and unrelenting stressors profoundly affect the individual's quality of life and tax existing coping resources (McCain & Cella 1995, Wilson *et al*. 1997, Robinson *et al*. 1999).

Coping with HIV/AIDS

Living with HIV means having to cope with a combination of various kinds of psychological challenges caused by multiple losses, fears and anxieties, uncertainties, feelings of shame, guilt, self-blame, and social stigmatization. For example, being HIV positive may mean the loss of health, friends, employment, financial independence, physical intimacy, and the support of one's family members (Dansky, 1994; Friedland et al., 1996). Individuals may ruminate over symptoms and temporary illnesses, fearing that death may be imminent (Holtby,1999).

People develop various coping styles over time, and these styles are generally more clearly delineated in the face of HIV/AIDS diagnosis. Some may use a repressive style which involves avoiding the stressor as much as possible, including any thought or feeling that may be associated with it. Others may employ a more vigilant or monitoring stance where they try to learn everything they can about the disease and constantly are monitoring their bodies for any sign of disease progression or new symptomatology. Another style may be an extremely reactive or helpless stance where the person may be overwhelmed and constantly seeks help and support from others. José Maldonado (1996)

For a certain period the illness can take away the person's ability to work and keep a job, thereby affecting the sense of productivity, self-control, and security of daily life.The HIV infection may, depending on context, be seen to a greater or lesser extent as a "lifestyle disease," depending on the perceived mode of transmission.

Gender - HIV/AIDS

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Because a growing number of women and girls are being infected with HIV, women and girls will make up a significant proportion of those requiring appropriate treatment and care. For those women and girls who are pregnant or who are breastfeeding their babies, it is not only their own health and lives that are at stake,but also that of their babies. One of these obstacles is the tendency of households to spend more money on medical treatment for men than for women. (UNAIDS 2004)

Gender ,stress and coping in HIV/AIDS

Gender is an important biological determinant of vulnerability to psychosocial stress. Recently, individual differences in stress reactivity have been proposed as a potentially important risk factor for gender-specific health problems in men and women, in addition to genetic, socio-cultural, hormonal and developmental factors (Hamann and Canli, 2004; Young and Altemus,2004; Goldstein *et al*., 2005; Kajantie and Phillips, 2006)

The consequences of HIV/AIDS at household, community, workplace

and societal level also tend to affect men and women, boys and girls differently. Women and girls (more than men and boys) are likely to become primary care givers of those who are infected with and affected by HIV/AIDS. HIV- positive women are treated very differently from men in many developing countries. Men are likely to be 'excused' for their behavior that resulted in their infection, whereas women are not. Almost as many women as men are now dying of AIDS. However, there are important differences between women and men in the underlying mechanisms of HIV/ AIDS infection and in the social and economic consequences of HIV/AIDS. These stem from biology, sexual behaviour and socially constructed 'gender' differences between women and men in roles and responsibilities, access to resources and decision-making power. (World Health Organization, 2003)

According to American psychological association, historically women report higher levels of stress than men .Sex differences exist in both morbidity and mortality outcomes (U.S. Department of Health and Human Services, 1997).

Gender and Coping with HIV/AIDS

Ptaceck, et al. (1992) found that both men and women used problem-focused coping with greater relative frequency than any other category of coping, but men reported more of their total coping effort to problem focused methods. Men were also more likely to use this method first. Women reported using more coping categories per event than men and used more social support than men.

Women were more likely to suffer from posttraumatic stress disorder, and to use coping strategies of planning and religion to deal with the illness. (Olley BO, 2003)

Folkman and Lazarus (1980) found that men used more problem-focused coping than women. Additional research has found that women are more likely than men to engage in emotion-focused coping (Hart et al., 2000; Fleishman & Fogel, 1994). Compared to men, women are more likely to appraise threatening events as stressful (Miller & Kirsch, 1987; Ptacek, Smith, & Zanas, 1992) and to use avoidance and emotion-focused cohoeshoeping (e.g., Endler & Parker, 1994). In terms of coping methods, some research finds that males are more likely to use the more adaptive problem-focused styles and females more likely to use the less adaptive emotion-focused types (Trocki & Orioli, 1994; Vingerhoets & Van Heck, 1990) whereas other research finds no differences (Hamilton & Fagot, 1988; Havlovic & Keenan, 1995). Some researchers (Day & Livingstone, 2003; Matud, 2004) have suggested that women tend to use emotion-focused coping more than men, who generally use problem- focused coping. It has been suggested that this could be a reason behind why women tend to perceive more stress in their lives, as well as having more problems with anxiety and depression than men (Hamilton & Fagot, 1998; Matud, 2004; Sandanger, Nygard, Sorenson, Torbjorn, 2004). Vosvick et al (2004) examined the relationship of functional quality of life to strategies for coping with the stress of living with HIV / AIDs. They studied the four dimensions of the functional quality of life (physical functioning, energy/ fatigue, social functioning and role functioning). Results have shown greater use of maladaptive coping strategies associated with lower levels of energy and social function.

For people living with HIV / AIDs coming out is a difficult process which starts with this understanding and acceptance of their own health and identify. Another inevitable aspect of coming out is to cope with the social attitudes towards differences.

This study is taken up to give insight regarding various ways HIV positive individuals cope up with the the stressful situations knowledge of which helps psychologists to help HIV positive individuals to over come their psychological inadequacies and promote mental health in them.

Objectives

Keeping the above said observations, the study is taken up with the following objectives.

1. To identify the coping mechanisms used by HIV / AIDs patients to over come the stress.
2. To find out whether coping to stress depends on the gender.

Hypothesis

There is some support from the literature that coping to stress is influenced by the gender of the individual thus it is accepted that there would be some relationship between the gender of the individual and coping strategies used by them. To test this assumption it is hypothesized that there are significant gender differences in copping to stress by HIV / AIDs patients.

1. There would be significant gender differences in coping strate gies used by male and female HIV / AIDS patients

Method

The study was conducted in a voluntary organization by name People's action for social service (PASS) which renders services for HIV infected individuals under frontier prevention programme on every Saturday. The sample of the study consisted of forty four

(44) HIV infected individuals, who lived in and around Tirupathi. Table 1 represents the distribution of the sample.

Table: 2 Details of sample distribution:

S No	Length of living with HIV/AIDS	Gender	
		Male	Female
1.	1-5	16	12
2.	6-10	08	08
	Total:	24	20

Tool

Coping Inventory:

A coping inventory has been developed in the form of self reports of behaviours or responses to test items. The inventory consisting of fifty (50) items under four headings i.e., appraisal focused, problem focused, emotion focused and defence strategies.

Appraisal focused coping : The Appraisal focused coping strategies consisted of 12 items like "planning for future", "living in harmony with HIV/AIDS", "planning as structured daily programme", "not thinking about diagnosis" etc.,

Problem focused coping : The problem focused coping strategies included 15 items like for example; "Taking nutritious diet", "stopping to smoke", "staying busy by doing things I enjoy" etc.,

Emotion focused coping : The third strategy i.e., emotion focused coping area consisted 15 items like "crying very often", "praying God", "quarrelling with family", "wanting to hurt self" etc.,

Defence mechanisms : The final item of this inventory included defense mechanisms which includes the items like "beating children" "blaming spouse for transmitting the diseases", "denying the diagnosis of HIV/AIDS", "concealing the diagnosis for getting married" etc.,

The subjects were asked to indicate how they generally cope with or handle the stress of suffering with HIV/AIDS on a four-point scale. The individuals rate their response to each item under four headings.

They are,

Response	Score
Never of rarely	1
Some times	2
Often	3
Almost always	4

Both these questionnaires were standardized and initially a pilot study was conducted. It was conducted in two phases. In the first session, 15 subjects were given these two inventories and asked to mark their stressful.

Results and Discussion

As per the requirement and objectives of the study, descriptive method of research was applied. The sample of the study consisted of forty four HIV / AIDS patients out of which twenty four were males and twenty were females. The coping inventory used in the study consisted of fifty self reports of behaviors or responses to test items under

four headings ie. Appraisal focused, problems focused, emotion focused and defense strategies. The data is analyzed using descriptive statistics and't' test.

Table: 1 Means, Standard deviations and't' values of coping strategies used by HIV / AIDs patients

Sl. No.	Type of coping strategies	Gender		't' values
		Male	Female	
1	Appraisal focused	35.08 4.80	29.10 5.93	0.8533 @
2	Problems focused	34.71 5.51	35.90 4.11	3.6173 **
3	Emotional focused	38.58 4.65	38.10 5.17	0.3232 @
4	Defence strategies	19.46 3.98	17.40 2.69	2.0364 *

When we look in to the means of various coping strategies used by male HIV / AIDs patients,it is understood that emotion focused coping strategies with a mean of 38.58 are used more when compared to the appraisal focused strategies (mean 35.08), problem focused coping strategies (mean 34.71), and defense mechanisms (mean 19.46). Use of emotional focused coping is more prevalent among male HIV positive individuals. This may be because many of the subjects have learnt not to be bothered by the problems because they have decided that nothing can be done to change things and submitted themselves to fate. When we observed the type of coping strategies by females it is evidenced that female HIV positive patients also used more of emotion focused coping strategies (mean 38.10) followed by problem focused coping (mean 35.90) , appraisal focused coping (mean 29.10) and defense strategies (mean 17.40).

Influence of gender on coping to stress

The mean usage of appraisal focused coping by male HIV / AIDs patients is 34.71. The mean usage of appraisal coping by female HIV / AIDs patients is 35.90 the 't' test does not show any significant difference between the male and female HIV / AIDs patients usage of appraisal focused coping strategies.

The mean usage of problem focused coping by male and female HIV / AIDs patients are 35.08 and 29.10 respectively. This indicates that male HIV / AIDs patients have used more of problem focused coping strategies than female HIV / AIDs patients which is significant at 0.01 level ('t' value 3.61). The more usage of problems focused coping strategies by male HIV / AIDs patients may be because they can get better social support or they try to deal with the problem in alternative ways as they gain satisfaction by changing their ways of work which may not be a way the female HIV / AIDs patients do this. The mean usage of emotion focused coping is 38.58 and 38.10 respectively by male and female HIV / AIDs patients. The emotion focused coping is highly preferred coping strategy by HIV / AIDs patients. There is no significant difference in using this strategy is identified with respect to gender.

The mean usage of defense strategies is high in male HIV / AIDs patients with a mean value of 19.46 than in female HIV / AIDs patients whose mean value is 17.40.

Conclusions

Results depicted in the table 1 indicate that HIV / AIDs patients used more of emotion focused strategies followed by appraisal focused strategies . Female HIV / AIDs patients have also used more of emotion focused strategies but followed by problem focused and appraisal focused coping. There is a significant difference in use of problem focused coping strategies in male and female HIV / AIDs patients at 0.01 level. significant difference is also found in using defence focused coping strategies male and female HIV / AIDs patients at 0.05 level.

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