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Coping Mechanism and Social Adjustment in HIV-infected Patients

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Abstract

The present paper will investigate the coping mechanism and social adjustment in HIV-infected/AIDS patients. Total sample of present study comprise 150 subjects. All 150 patients will be selected from Ram Manohar Lohia Hospital, Delhi and Guru Teg Bahadur Hospital, Sahadara, Delhi. The selected patients will be tested on Moos coping inventory and social adjustment scale. The obtained data will be analyzed by using various statistical technique, most pertinent to the study included Means, frequency distribution, and product moment correlation. There would be significant correlation on coping mechanism and social adjustment in HIV-infected patients.

Introduction

HIV is also sweeping the world for the past two decades, causing a disease which have killed millions of people and which look likely to kill millions more. HIV is the virus, which stands for Human Immunodeficiency Virus. It was first detected in 1981. It directly attacks on immune system and damage its function against antibodies. After a period of time this virus damages the immune system, and this causes a variety of symptoms known as AIDS (Marx, 1982). This time period varies, depending on factors such as access to AIDS drugs, and possibly such factors as nutrition, the presence of other medical conditions, and stress. In the absence of treatment, the average time between HIV infection and progression to AIDS is around ten years. AIDS has killed a million of people since it was recognized in 1981 and will kill million more because it is incurable disease.

HIV is not only confronted with the HIV diagnosis as such but also to various physical, social, and sexual threats towards his physical, social, and sexual existence

throughout the disease process. HIV is a trauma in which individual experienced as a threat to survival and self-preservation and it is marked as distressing almost anyone (APA, 1994). In this traumatic reaction one wants to flee from something which lies within, but which is not avoidable. Because enormous progress in medical treatment has over the year accomplished to manage and postpone HIV-related symptoms and disease, but the infection is still not curable

People living with HIV status, must live with various physical threats. These include stressors such as uncertainty and worries about the disease progression and its potential patterns of HIV-related symptoms and disease as well as treatment concerns. Nilsson S. (1993) investigated a study among gay men and found that those who reported intrusive HIV thoughts also experienced depressive or anxious AIDS stress, strong worries about becoming sick, and that they ran a higher risk than others of developing HIV-related symptoms and disease.

HIV as a threat to our psychological survival: HIV threatens not only our physical but also psychological survival. In other words there are two sides of our existence body and self. The reason why threats to our physical existence also threaten our psychological survival is a consequence of the close link between the body and the development of our self-concept. Thus, the fear of losing one's self-esteem and ultimately dying psychologically is evoked. HIV patients feel Fear of rejection, abandonment, disruption of social ties, and uncertainty over reactions of others are common sources for reluctance to tell others. Even if a patient discloses his/her status to others, discrimination in work place, in health care system, and insurance matter are produced toward HIV patient. Sometime worker are transferred one place to another place or one post to another post to say that this better for you.

Methodology

The present study has been designed to investigate the coping mechanism and social adjustment in HIV-infected/AIDS patients. For this, a sample of 150 patients was selected out of the patients seeking treatment from Ram Manohar Lohia Hospital, Delhi & Guru Teg Bahadur Hospital, Shahdara, Delhi. Only those patients were included in the sample who volunteered to participate in the study with the approval of consultant physicians. The selected patients were tested with coping response inventory and social adjustment scale.

Sample

The sample(N=150) for the present study was drawn from HIV infected/AIDS patients seeking treatment in various hospitals i.e. Ram Manohar Lohia Hospital, Delhi and Guru Teg Bahadur Hospital, Shahdara, Delhi. The Sample included only those patients who volunteered themselves with the approval of consultant physicians. The selected patients ranged in age from 22 to 42 years with mean age of 32 years.

Following tests were use in the study

1. Copying Response Inventory (CRI)
2. Social Adjustment Scale (S.A.S.) by Dr. Roma Pal

Copying Response Inventory (CRI)

Moos (1997) developed Coping Response Inventory (CRI) to assess eight types of approach and avoidance coping responses adult and youth.

The CRI is composed of eight scales that measure eight different types of coping responses to stressful life circumstances. The first set of four scales measures approach coping; the second set of four scales measures avoidance coping. The first two scales in each set reflect behavioral coping strategies. Each of these eight dimensions or scales is composed of six items. In responding to the CRI, individuals select and describe recent stressors and use a 4-point scale varying from "not at all" to "fairly often" to rate their reliance on each of 48 coping items.

The CRI has two forms-one for adults (CRI-A) and one for youth (CRI-Y). The CRI-A may be used with healthy adults, psychiatric patients, and medical patients; It is suitable for assessing individual from age 18.

The CRI-Y, which is appropriate for youth between 12 and 18, may be used with healthy youth, youth who are psychiatric or medical patients and youth, who have behavior problems or conduct disorders. Both forms of the CRI may be administered as a Self-Report Inventory or a Structured Interview.

Both the adult and youth forms of the CRI have adequate psychometric characteristics. The adult form scales have moderate to high internal consistency (average alpha .65 for women and .67 for men), are moderate inter-correlated (average=.25 and .29 for women and men respectively), and are moderately stable over 1 year (average=.43 and .45 for women and men respectively).

Social Adjustment Scale (S.A.S.) by Dr. Roma Pal

The present inventory is an useful device to assess social adjustment of Higher Secondary and College going pupils. This inventory can also be used for other age groups. Two types of scores, e.g., emotional and social adjustment can also be obtained. But it is better to get the scores of 'Social Adjustment' because emotional adjustment is a part of social adjustment. Items were selected, after careful examinations from available standard inventories, and where necessary, were slightly modified. Some new items were also included in the light of description of the variables. In the preliminary form, there were 80 items. After the pilot study, only 60 items were retained. For the pilot study, the inventory was pre-tested on 197 subjects (age range 16 to 25 years).

The inventory has no time limit but usually a subject takes 30 to 45 minutes to finish it. The inventory can be administered individually as well as on group. This scale has significant reliablity and validity.

Coping response inventory and social adjustment scale were administered to 150 male/female HIV-positive patients in hospital setting after establishing proper rapport. Coping response inventory and social adjustment scale were administered individually on subjects in one sessions.

Before administration answer sheets along with the printed booklets were given to each subject with the instructions to enter the particulars in the answer sheet. The instructions printed in the test booklets were read and explained verbally in proper manner. The testing procedure was followed strictly according to that mentioned in respective manuals.

Hand scoring was done by using prescribed scoring keys for different tests. Coping response inventory and social adjustment scale were scored 10 variables.

Statistical Analysis

The scores on all the 10 variables were analyzed to obtain the following information:

1. Frequency distributions, Means, Standard deviations, skewnesses, and kurtoses.
2. Pearson' Product Moment Intercorelations.

Result and Discussion:

The results have been discussed under the following headings:

Frequency Distribution

Frequency distributions for all the 10 variables (Table – I) incorporated in the study were setup for the total group of 150 subjects. Tables 2 to 4 show frequency distributions alongwith their means, standard deviations, skewnesses, and kurtosis. Perusal of these tables reveals that all the frequency distributions are more or less normal. Dispite minor discrepancies in some of the distributions, it was felt that normalization process is not required.

Correlations

Product moment correlations were computed among raw scores of 150 subjects for all the 10 variableS. The intercorrelations matrix is reported in table 1. For 150 subjects degree of freedom being 148(N-2), the correlation coefficients of .15 and .20 are significant at .05 and .01 levels of significance respectively. Obtained intercorrelations are reported in the following sections:

Table 1: Variable used in the Study

Coping Response Inventory		
1	LA	Logical Analysis ,
2	PR	Positive Reappraisal
3	SGS	Seeking Guidance & Support
4	PS	Problem Solving
5	CA	Cognitive Avoidance
6	AR	Acceptance or Resignation
7	SR	Seeking Alternative Reward
8	ED	Emotional Discharge
Social adjustment scale		
9	EAS	Emotional Adjustment Scale
10	SAS	Social Adjustment Scale

Table 02: Frequency Distribution of Scores on C.R.I. (No.150)

C.I.	LA	PR	SGS	PS	CA	AR	SR	ED
21-25	00	02	02	04	02	01	01	00
16-20	52	32	23	58	36	38	29	13
11-15	90	98	89	77	104	85	80	38
6-10	8	18	36	11	8	26	40	98
0-5	00	00	00	00	00	00	00	1
Mean	14.81	13.65	12.97	6.37	4.15	5.85	7.20	5.19
S.D.	2.69	2.79	2.71	3.20	1.87	2.45	3.20	2.91
SK	2.44	.14	.64	.12	22.19	.38	.00	.51
KU	12.67	3.61	3.78	3.48	44.88	4.08	3.00	3.74

Table 03: Frequency Distribution of Scores on S.A.S. (No. 150)

C.I.	E.A.S.	S.A.S.
62-65	0	1
58-61	8	7
54-57	22	36
50-53	26	54
46-49	40	28
42-45	30	19
38-41	16	5
34-37	8	0
Mean	7.16	6.21
SD	4.68	5.13
SK	33.30	20.03
KU	56.48	39.29

Table 04: Intercorrelations among eitht variables of coping response inventory (CRI)

Variables	la	pr	sgs	ps	ca	ar	sr	ed	eas	sas
LA	1.00	.45	.42	.38	.38	.30	.30	.30	-.13	.16
PR		1.00	.58	.56	.58	.13	.53	.05	-.18	.44
SGS			1.00	.52	.51	.08	.37	-.02	-.14	.27
PS				1.00	.55	.08	.43	-.08	-.26	.31
CA					1.00	.25	.34	.11	-.02	.21
AR						1.00	.06	.46	.39	-.14
SR							1.00	.02	-.18	.51
ED								1.00	.20	-.14
EAS									1.00	-.47
SAS										1.00

Most of the correlations among eight measures of coping patterns are positive. 19 of 28 correlations are significant, all of which are positive. LA has correlated positively all of the rest measures with the coefficients of ranging from .30 to .45. PR has correlated positively with SGS (.58), PS (.56), CA (.58), and SR (.53). SGS has correlated positively with PS (.52), CA (.51), and SR (.37). PS has marked significant positive association with CA (.55), and SR (.43). CA has marked positive relationship with AR (.25) and SR (.34). AR correlates positively with ED.

Correlations between variables of coping and those of adjustment

In general correlations between two types of measures are low ranging from -.26 to .44. LA has correlated positively with social adjustment (.16), PR has marked negative association with emotional adjustment (-.18) and positive with social adjustment (.44). SGS and social adjustment have been associated positively with the coefficient of .27. PS has correlated negatively with emotional adjustment and positively with social adjustment. SGS correlates positively with social adjustment whereas CA with SAS (.51), ED has marked positive association with emotional adjustment. AR has correlated negatively with EAS (-.18) and positively with emotional adjustment.

Discussion

These results indicated that HIV-positive persons who experienced the greatest stress in their daily lives, their coping ways adjustment changed and coping and adjustment have significant relationship. This result is favoured by these studies like: Perez et al.(2002), Koopman et al.(2000), Turner et al.(2002), & Stein & Rotnerman Boras(2004).

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