



## Original Research Article

## The determinants of distress among HIV discordant couples

Shanuga Cherayi<sup>a,\*</sup>, Justin P. Jose<sup>b,\*</sup><sup>a</sup> Department of Social Work, School of Social Science and International Studies, Pondicherry University, India<sup>b</sup> Center for Social Work Research and Practice, India

## ARTICLE INFO

## Article history:

Received 27 February 2014

Received in revised form 24 May 2015

Accepted 25 May 2015

Available online 28 June 2015

## Keywords:

HIV discordant couple

Distress

Coping strategies

## ABSTRACT

**Aim:** A cross sectional study was conducted to examine the distress experienced by HIV infected discordant couples and their coping strategies.

**Background:** HIV discordant couples are those couples where one partner is HIV infected and the other is not. When one of the spouses of an approved marriage is an infected person, the psychological distress of the uninfected partner is likely to be high due to social aversion towards the couple, anxiety about the possibility of getting the infection to self.

**Materials and methods:** A total of 30 HIV discordant couples, receiving anti retro-viral therapy from a general hospital in Puducherry, were selected. Distress and coping were measured using Depression Anxiety and Stress Scale (DASS-21) and Brief Cope scale respectively. The descriptive and inferential statistics were used for data analysis.

**Results:** The result reveals that most of the respondents were experiencing moderate level of distress. The substance use ( $\beta = -.615$ ;  $p < .05$ ); venting ( $\beta = -.425$ ;  $p < .05$ ); planning ( $\beta = -.614$ ;  $p < .05$ ) and faith in religion ( $\beta = -.353$ ;  $p < .05$ ) were the significant negative predictor variable that reduced depression among HIV discordant couples. The substance use ( $\beta = -.647$ ;  $p < .01$ ); planning ( $\beta = -.546$ ;  $p < .01$ ); positive reframing ( $\beta = -.365$ ;  $p < .05$ ) and religious belief ( $\beta = -.436$ ;  $p < .05$ ) significantly contributing variables to anxiety of HIV discordant. Finally, substance use ( $\beta = -.489$ ;  $p < .01$ ); humour ( $\beta = -.345$ ;  $p < .05$ ) and faith in religion ( $\beta = -.336$ ;  $p < .05$ ) were the significant negative predictors that reduced the stress level of the respondents.

**Conclusion:** The study concludes that emphasizing the distress reduction and healthy coping promotion strategies for HIV discordant couples.

© 2015 Polish AIDS Research Society. Published by Elsevier Sp. z o.o. All rights reserved.

## 1. Introduction

The first case of HIV/AIDS recognized in the United States of America in the early 1980s. Later, the disease has been spread over worldwide and has presently been reported as a pandemic. In India the first case of HIV/AIDS was reported in 1986 and now it has been spread over all the states across the country [44]. The HIV/AIDS is not merely considered as a medical problem but also a problem for society; which needs to be investigated from a bio-psychosocial perspective. It has made a severe impact on individuals, families and communities that no other any diseases have made in the recent decades [1,2,42]. It was observed that a high increase in the number of HIV infections over the last few years in India

[43]. Solomon and Solomon [41] indicates that about 2.5 million people are living with HIV/AIDS in India; about 84% of HIV infections are through unprotected sexual relationship and most of these occurred in the age group of 30–40 years. Though there are enormous numbers of couples where both the partners are seropositive, there are a large number of couples who are discordant.

The illness rate is alarmingly growing day by day and there is no proper medical cure for it. The treatment just slows the viral multiplication; thereby increasing longevity of the affected individuals. Hence, behaviour modification is necessary to have spread of the illness. Some people are more at risk than the others such as commercial sex workers, homosexual community and IV drug users. The discordant couples also includes in this risk group. Arora et al. [3] revealed that there is a high prevalence (73%) of discordance among HIV infected couples in India. Most of the HIV infected couples were likely to be primarily infected by the male partner. Empirical evidences suggests that men are slightly more likely than women to bring the infection to the partner due to

\* Corresponding authors.

E-mail addresses: [shanugac@gmail.com](mailto:shanugac@gmail.com) (S. Cherayi), [justinapllckaljose@gmail.com](mailto:justinapllckaljose@gmail.com) (J.P. Jose).

the long term separation of spouses such as labour migration and nature of employment [4–6].

Only few studies were published on HIV discordant couples in India [7,8,9]. None of these studies have looked at the population representative samples; all these studies were generally conducted by testing couples of HIV infected voluntary counselling and testing centre [10]. Studies on couples in constant partnership can provide significant insights into reasons which affect transmission. Both cross sectional analysis of HIV infected couples and prospective cohort and intervention studies among HIV discordant couples are significant sources of information on HIV transmission and its determinants [11].

The discordant status has emotional impacts on these individuals as a tremendous pressure on them to continue the sero-negative status of the uninfected partner. Empirical evidences reported that sero-discordant status increases pressure to a relationship in terms of anxiety, guilt and fears of transmission which could be emotionally exhausting, barriers to pregnancy, HIV status disclosure and worried about stigma affects the relationship [12–19]. These problems may affect their psychological and social well being. Due to these problems the discordant couples reported high level of distress that affected their mental health [20–23].

Therefore, it is critical to study about the psychological distress and coping behaviour of these individuals; in order to develop the structured intervention strategies. There is a great paucity of these kinds of studies across the world and especially a developing country like India. Given this background, the present study examined the distress level such as depression, anxiety and stress level of HIV discordant couples in Puducherry, India. Besides, the study examined the coping behaviour in order to understand how these individuals cope up with present situation. This study would help to understand the psychological problems of being discordant and capable them into safe sexual and reproductive choices; prevent HIV/AIDS transmission; thereby mutually supportive, maintain healthy and long term relationships. The findings are also expected to direct the counsellors/psychologists and clinical social work practice in terms of suggesting distress reduction and promotion of healthy coping strategies for HIV discordant couples.

### 1.1. Method

The study was in quantitative in nature. A cross sectional study was conducted to examine the distress and coping strategies among HIV discordant couples in Puducherry, India. The cohort of the study was constituted of all HIV discordant couples who are accessing Anti Retro-viral Therapy (ART) from the government general hospital in Puducherry, India. Based on the prior set of eligibility criteria we recruited 30 HIV discordant couples consecutively from the period of September and October, 2012. A structured interview schedule was used for the data collection.

### 1.2. Inclusion and exclusion criteria

The participants of the study were selected based on the prior set eligibility criteria which are described as follows:

#### Inclusion criteria

- The study participants should be attained the age of 18 years and above.
- Married couple, one partner is infected and the spouse is uninfected.
- Couples who have diagnosed HIV and taking treatment from ART centre in government general hospital Puducherry, India.

#### Exclusion criteria

- HIV infected person who have undergone psychiatric treatment.
- Unmarried, widowed and separated were not considered in the study.

### 1.3. Ethical approval

Ethical clearance for the study was obtained from the ethical committee of the Government General Hospital in Puducherry, India where the study was executed. The ethical committee forms multi-disciplinary team such as doctors and ART counsellors. Before the data collection, we have informed and educated the participants about the study. We have collected written consent from all the participants as the study is sensitive in nature. We assured and maintained the confidentiality; the collected data will be using for only study purpose and no where the personal information will be disclosed.

### 1.4. Measurements

A structured interview schedule including socio-demographic profile, Depression Anxiety and Stress Scale [24] and Brief-cope scale [25] were used to examine distress and coping strategies among HIV discordant couples in Puducherry.

#### 1.4.1. Socio-demographic profile

We have developed a socio-economic profile that contains the variables such as age, gender, religion, educational status, occupation, monthly income, place of residence and family type of the respondents.

#### 1.4.2. Depression, Anxiety and Stress Scale (DASS-21)

Dass-21 scale was developed by Lovibond and Lovibond [24] used to measure the distress. It contained 21 items with four point likert type rating distributed equally i.e. seven items to measure the negative emotional states of depression, anxiety and stress. The Depression sub-scale assesses hopelessness, self deprecation, dysphoria, lack of involvement or interest, devaluation of life, inertia and anhedonia. The Cronbach's coefficient alpha reliability of the depression scale was .67. The Anxiety sub-scale measures autonomic arousal, skeletal muscle effects, situational anxiety and subjective experience of anxious affect. The Cronbach's coefficient alpha reliability of the anxiety scale was .62. The Stress sub-scale is measuring the sensitive levels of chronic non-specific arousal. It examines irritable/over reactive, nervous arousal, difficulty relaxing, being easily upset or agitated and impatient. The Cronbach's coefficient alpha reliability of the stress scale was .85. All the sub-scales options were expressed in four point likert rating viz., 0 = did not apply to me at all, 1 = applied to me to some degree or some of the time, 2 = applied to me to a considerable degree, or a good part of time and 3 = applied to me very much, or most of the time. The Cronbach's coefficient alpha reliability of the distress scale was .72.

#### 1.4.3. Brief-cope scale

The Brief-cope scale was developed by Carver [25] used to measure the coping strategies of HIV discordant couples. It is a 28th item self report measurement of problem-focused versus emotion-focused coping skills. The scale consists of 14 sub-dimensions such as self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioural disengagement, venting, positive reframing, planning, humour, acceptance, religion, and self-blame. It is a four point likert scale, the rating of each sub-domains measured as 1 = never, 2 = rarely, 3 = sometimes and 4 = always respectively. The Cronbach's coefficient alpha reliability of the Brief-cope scale was .75.

Download English Version:

<https://daneshyari.com/en/article/3332290>

Download Persian Version:

<https://daneshyari.com/article/3332290>

[Daneshyari.com](https://daneshyari.com)