ROLE OF COPING STYLES, SELF-EFFICACY AND ADHERENCE TO MEDICAL REGIME IN QUALITY OF LIFE OF HIV/AIDS PATIENTS.

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Abstract

The new and potent HIV treatments have created experiences in which after having come to terms with imminent death, persons living with HIV/AIDS have the potential of many more years of life. In the present investigation an attempt has been made to study the role of coping styles, self-efficacy and adherence to medical regime in QOL of HIV/AIDS patients. Effort was also made to find out if coping styles, self- efficacy and adherence to medical regime are significant predictors of quality of life of HIV/AIDS patients. Furthermore, gender differences have also been studied on coping styles, self-efficacy, adherence and quality of life.

The sample of the present investigation comprised 225 subjects (male=116 and female=109) in the age range of 20 to 50 years from lower and middle class families. Only those subjects were included who were able to understand, read and write hindi/Punjabi/English. The HIV/AIDS patients were randomly selected from various ICTC and ART centers in Punjab. The patients were selected on the basis of clinical diagnosis report and those who were taking antiretroviral therapy from the ART centers of Punjab under a consultant incharge. Patients having CD4 count cells between 100-500 were interviewed for the present study. Patients willingness to go through psychological investigations was also an important criteria. Confidentiality was assured to the patients and was maintained throughout the investigation.

Coping styles were studied by using complete version of COPE (Carver et al. 1989). Self-efficacy was studied by using HIV self- efficacy (HIV-SE) questionnaire (Shively et al. 2002). Adherence was assessed in terms of general adherence by using the medical outcome study (MOS) by Hays, (1993). Specific adherence was measured by using pill count method and Quality of life was measured by using MOS- HIV Health Survey (Wu, Rubin et al.1991).

Pearson product moment coefficient of correlation was computed to study the role of coping styles, self-efficacy and adherence to medical regime in quality of life. The results revealed
that patients use both problem-focused coping style along with emotion-focused to circumvent the effect of stressors associated with the disease while inefficacious coping styles have detrimental effect on quality of life. Various domains of self-efficacy like managing depression, managing fatigue, managing symptoms and getting support were found to be positively correlated with physical functioning, cognitive functioning, mental health and QOL. General adherence and specific adherence were found to be positively correlated with all the domains of quality of life.

Stepwise Multiple Regression was applied to study the relative contribution of each of the independent variables in explaining the variance for the dependent variable of QOL of HIV/AIDS infected patients. Together general adherence, problem focused coping, managing depression and communicating with health care accounted for 51% of the unique variance in physical functioning. For role functioning four predictor variables viz. general adherence, managing medications, specific adherence and problem focused coping accounted for 27% of the unique variance. Results reflect that for social functioning only two predictor variables viz. general adherence and emotion focused coping style accounted 14% of the variance. Predictor variables viz. managing fatigue, inefficacious coping style and general adherence together accounted for 12% of the variance in mental health. Problem focused coping style, general adherence and managing depression together accounted for 26% of the unique variance in cognitive functioning of people living with HIV/AIDS. General adherence and high self-efficacy in managing depression together accounted for 24% of the total variance in QOL.

The results reflect significant gender differences on various dimensions of coping styles viz. focus on and venting of emotions, use of social support, denial, religious coping, humor, use of emotional support and substance use.

**Keywords:** Coping Styles, Self-Efficacy, Adherence, Quality of Life.

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