Coping Strategies of Female Adolescents Living with HIV

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Abstract
This paper aimed to explore coping strategies in female adolescents living with HIV. This was a qualitative case study methodology and the participants were female adolescents living with HIV, who acquired HIV from maternal, clinical and antiretroviral follow up at Srinagarind Hospital, Khon Kaen, Thailand. Research tools were a general information interview and coping strategies was collected by semi-structure in-depth interviews. This paper was conducted coping strategies in 3 dimensions that were personal, family and school contexts. The computer program atlas.ti was used for analyze the results.

Results revealed that coping strategies related to self-esteem, warmth of family and parents) death. Having self-esteem and low self-esteem were lead coping strategies in suitable or unsuitable way. Warmth of family related to coping strategies. Parent(s) death related to HIV female adolescents. Have not any parents since born shown suitable or unsuitable coping. Adolescent who lived with mother, she had warm family used suitable coping. An adolescent who still had father but he stayed with his new family. She had not warm family with staying with grandmother. Although staying at the orphanage might feel uncomfortable without freedom, the study did not show the serious problems from the participants.

Keywords: Coping strategies, female adolescents, HIV

Introduction

In 1996, 22.6 million people in worldwide infected with HIV/AIDS. 1 Million of them were children. Their ages were less than 15 years. 90 Percent of those children were HIV infected from maternal (Phanupak, P.,1997). Many children grew up and Oberdorfer, P., (2009) found problems in HIV infected adolescents, which were medical problems and psychosocial problems, for example, long period drugs taking, drugs boring, neural effects from drugs, face and body changing from fat position moving, low self-esteem and depression. Adolescent is on a critical period, physical and mental will start to change (Chanem, S., 2001). HIV infected adolescents from maternal were different from other HIV infected adolescents because the HIV infected from maternal would have not full grown body. Some adolescents grew slowly in physical and intelligent development. Some adolescents had psychosocial problems from parent death, which was made the different HIV infected from maternal and the other HIV infected adolescents from drugs used or sex (Oberdorfer, P., 2009). The children and youths who grown up with HIV in their body had stigma since they born (Hanmontree, S., 2012). Female adolescents HIV-infected worried about their study, career, acceptance from a couple, and pregnant adolescents worried about HIV transmission to their new born. Oberdorfer, B. (2008), found that 13 percents of HIV-infected children in 15 years average age had depression. 13 percents of them thought about suicide and 5 percents had ever suicide.

The study aimed to explore the coping strategies in female adolescents living with HIV. The result of this study would help the HIV-infected care givers and the counselors understanding more about HIV-infected female adolescents' experiences and coping strategies. This study would have advantage to development health and metal in HIV-infected adolescents.

Literature Review

Human Immunodeficiency Virus or HIV can be infected 3 ways by having sex, blood and acquired from maternal (Samitaketarin, S., 2003). Some HIV-infected adolescents, they took antiretroviral drugs for a long time which made them bored to take the drugs always and in time. Some Thai HIV-infected female adolescents were afraid to have a boyfriend because of HIV acceptance. Yoddamnern, B. (2006) found that some HIV infected females did not brave to tell about their HIV infection and someone learned to guess how their couples would think or react before telling HIV status. Moreover many HIV-infected adolescents from maternal did not have any parents; most of them stayed at orphanages or their relatives' houses. By many problems brought them to cope in unsuitable ways which were not good for their health and their life.

This study used 2 focused coping strategies by Lazarus & Folkman (1984) to explain participants' situations from the interview. There were problem-focused coping and emotional-focused coping. Problem-focused coping have 2 items, which are confrontive coping and planful problem solving. Emotional-focused coping have 6 items, which are positive reappraisal, accepting responsibility, self-controlling, seeking social support, distancing and escape-avoidance. From literature review about coping strategies found HIV-infected adolescents coped by listening to radio, thinking in positive, making their own decision, staying close to the important person

in life, eating, watching TV, day dreaming, sleeping, trying to solve problem and praying. Some used coping unsuitable ways which were drinking alcohol and taking illegal drugs (Lewis CL, Brown SC, 2002). Some HIV infected did not understand the importance of talking care themselves and they ignored taking anti-viral pills and this may cause drugs resisting action and lead to HIV protection and treatment failure (Hanmontree, S., 2012). From the study of (Oberdorfer, P., 2009) found that nearly a half of adolescents in Thailand accepted that they had sex experiences, many of them had sex without condoms, and 24 percents had ever drink alcohol.

A multidisciplinary which related to HIV-infected adolescents would make understand and make clear about the adolescents' coping. The understanding is very important that may help the adolescents to coping in suitable ways and have better life.

Methods

The study and interview instruments were approved by the Khon Kaen University Committee for Human Research (KKU-EC). All subjects provided written consent before participation. The purpose of this study is to explore the ways of coping in female adolescents living with HIV. The study was a qualitative case study, which was conducted among HIV-infected female adolescents in age between 18-24 years. There were 4 participants by purposive sampling. They were acquired HIV from maternal, mainly receive the treatment in HIV-infected children in Srinagarind Hospital. The research instruments of this study were a general information interview and a semi-structure in depth interviews. The coping strategies based on Ways of Coping, designed by Lazarus and Folkman (1984). This study analyzed the coping in 2 ways that were problem-focused coping and emotion-focused coping. The 2 items of problem-focused coping are confrontive coping and planful problem solving. The 6 items of emotion-focused coping are positive reappraisal, accepting responsibility, self-controlling, seeking social support, distancing and escape-avoidance. The interview was recorded and wrote word by word. Coding and interpreting was used to analyze coping strategies of participants, and the study used atlas.ti computer program to help for analyze the results.

Results

From the interview, general information revealed that 4 HIV-infected female adolescents, their age range were 18-20 years. The average age was 19.5 years. A participant was 18 years and 3 participants were 20 years. All had been informed of their HIV status. The first participant was 20 years, graduated in Grade 6. She was a Muslim. Her parents passed away. Her weight was 37 kilograms and her height was 151 centimeters. She was started on antiretroviral drugs for almost 20 years. Her health was not well; she was tired when she walked. She had a 10 months baby with no HIV-infected. She lived with her husband's family. She lived sometimes in the orphanage when she was sick. She had no job. Her income was from her husband, who sold charcoals. The second participant was 20 years, graduated Vocational Certificate and was studying in High Vocational Certificate. She was a Christian. Her parents passed away. Her weight was 47 kilograms and her height was 152 centimeters. She was started on antiretroviral drugs for 15 years. She had well healthy and she loved playing football. She lived in an orphanage. She had income

from the orphanage 50 baht a day (only the school day). She was single, who sometimes had sex experiences. The third participant was 20 years, graduated Vocational Certificate and was studying High Vocational Certificate in computer graphic. She was Buddhism. Her weight was 50 kilograms and her height was 170 centimeters. She was started on antiretroviral drugs for almost 3 years. She had well healthy. She lived with her mother. Her mother gave her 100 baht a day, and she was training her job and had income 200 baht a day. She was single and had no sex experiences. The fourth participant was 18 years, graduated junior high school. She was a Christian. Her weight was 54 kilograms and her height was 155 centimeters. She was started on antiretroviral drugs for 18 years. She had well healthy, but she had a problem about her eyes. She had got red eyes-infected. She still had father, but he had a new family and lived far away from her. She lived with her grandmother. She worked as a cosmetic seller at a department store. Her income was 11,000 baht a month. She was single mom, who had a one year child with no HIV-infected.

Results from the coping interviews in 3 dimensions: (1) the first dimension was personal revealed that coping strategies used by the first participant were both problem and emotion-focused coping, which were confrontive coping, accepting responsibility, self-controlling, seeking social support and distancing. Coping strategies used by the second participant was only emotion-focused coping, which was escape-avoidance. Coping strategies used by the third participant were both problem and emotion-focused coping, which were planful problem solving and escape-avoidance. Coping strategies used by the fourth participant were both problem-focused coping and emotion-focused coping, which were confrontive coping, planful problem solving, positive reappraisal, seeking social support and escape-avoidance. (2) The second dimension was family revealed that coping strategies used by the first participant were both problem and emotion-focused coping, which were confrontive coping, planful problem, seeking social support, distancing and escape-avoidance. Coping strategies used by the second participant were both problem and emotion-focused coping, which were confrontive coping, positive reappraisal and seeking social support. Coping strategies used by the third participant were both problem and emotion-focused coping, which were planful problem, positive reappraisal and seeking social support. Coping strategies used by the fourth participant were both problem and emotion-focused coping, which were confrontive coping, accepting responsibility, seeking social support, distancing and escape-avoidance. (3) The third dimension was school context revealed. This dimension found that there were not too many coping strategies used by participants because any participants did not tell anyone at school about their HIV-infected. The first participant talked less about her school context so that problem and emotion-focused coping were not shown. Coping strategies used by the second participant was only emotion-focused coping, which were positive reappraisal and seeking social support. Coping strategies used by the third participant were both problem and emotion-focused coping, which were planful problem, positive reappraisal, accepting responsibility and escape-avoidance. Coping strategies used by the fourth participant were both problem and emotion-focused coping, which were planful problem, positive reappraisal and escape-avoidance. The pictures were shown ways of coping in each participant.

Ways of Coping	Dimensions		
	Personal	Family	School context
Problem-focused Coping			
1. Confrontive coping	√	√	
2. Planful problem solving			
Emotion-focused Coping			
3. Positive reappraisal			
4. Accepting responsibility	√	√	
5. Self-controlling	√	√	
6. Seeking social support	√	√	
7. Distancing	√	√	
8. Escape-avoidance		√	

Figure 1: The first participant's coping

Ways of Coping	Dimensions		
	Personal	Family	School context
Problem-focused Coping			
1. Confrontive coping		√	
2. Planful problem solving	√		
Emotion-focused Coping			
3. Positive reappraisal	√	√	√
4. Accepting responsibility		√	
5. Self-controlling		√	
6. Seeking social support		√	√
7. Distancing			
8. Escape-avoidance		√	

Figure 2: The second participant's coping

Ways of Coping	Dimensions		
	Personal	Family	School context
Problem-focused Coping			
1. Confrontive coping	√	√	
2. Planful problem solving	√		√
Emotion-focused Coping			
3. Positive reappraisal	√	√	√
4. Accepting responsibility		√	√
5. Self-controlling			
6. Seeking social support	√	√	
7. Distancing			
8. Escape-avoidance	√	√	√

Figure 3: The third participant's coping

Ways of Coping	Dimensions		
	Personal	Family	School context
Problem-focused Coping			
1. Confrontive coping	√		
2. Planful problem solving	√		
Emotion-focused Coping			
3. Positive reappraisal	√	√	√
4. Accepting responsibility	√		
5. Self-controlling	√		
6. Seeking social support	√	√	
7. Distancing	√	√	
8. Escape-avoidance	√	√	√

Figure 4: The fourth participant's coping

Discussion

The coping interview was analyzed by coding and interpreting the sentences from interview questions. The coping strategies based on Ways of Coping, designed by Lazarus and Folkman (1984) were problem-focused coping and emotion-focused coping. The 2 items of problem-focused coping are confrontive coping and planful problem solving. The 6 items of emotion-focused coping are positive reappraisal, accepting responsibility, self-controlling, seeking social support, distancing and escape-avoidance. The coping strategies that the participants used in the situations will be discussed below:

The First Participant

From the interview was shown that the first participant used any coping items except planful problem solving and positive reappraisal. Personal dimension, the first participant used accepting responsible, which had shown by the sentences from the interview that "I stayed home with doing nothing." "My father in-law told me that I did nothing at home." Some statements from her family "If you don't take drug, you will die." The word hurt her. Her coping shown that she had low self-esteem. The important person in her life was her daughter. She tried to have drugs adherence because of her daughter but she forgot to take them sometimes. That might because she need positive word to encourage her. She used self-controlling for financial, used seeking social support by asking her grandmother in-law when she had problems with her husband and her mother in-law. For distancing, she coped by crying and mad at herself. She felt neglected when saw the others had parents but she had none.

Family dimension, the first participant mostly used escape-avoidance to cope. From her statement, "I thought I will have money to help my mother in-law for her debts." "I preferred to stay in the orphanage instead of staying home because I didn't want to talk with people and I didn't want to face problems at home. I wanted to stay with myself." The family that she stayed was her husband family. Her husband mostly gave his income to her, but her mother in-law often asked her for money. She had debts and she often played cards. The first participant was coped this situation by giving money to her grandmother in-law to keep. And for the school context, the participant talked less about this because she graduated Grade 6. She was in the orphanage and decided to move out. So her husband signed to be the parent to take care her. In fact, this doesn't mean that she enjoyed her life outside the orphanage. She still went back to the orphanage often when she got sick. One of the reasons that she preferred to stay at the orphanage longer than usual was about the family was not too warm enough for her.

School context dimension, the first participant talked less about her school context because she was out of school for too long. Her health was not so well; she got tired to walk to everywhere. Nobody at school knew about her HIV blood, only her family and people in the orphanage knew it.

The Second Participant

The second participant used any coping items except distancing. For personal dimension, she took drugs adherence and her health was so well. She loved to play soccer. When she got tired from playing soccer, she used confrontive coping by taking a rest and taking deep breaths in and out. Not too many serious things had happened in her life. Many times from asking questions about her problem, she still had no idea about the problem in her life. Instead she shown her positive thinking, for example, "I don't like to have antiretroviral drugs, they are so bitter. I really don't like to have any drugs, but I know that I have HIV and I need to take drugs. I just drink a lot of water after taking drugs." "When my friends at school asked me for my drugs that I was taking, I just told them that was drugs for my beauty."

For family dimension, the second participant stayed at an orphanage. Although she got only 50 baht for her school day, she didn't show that was the problem. She said she had money enough to spend and not too many things to buy. Instead, she can keep money. When she had problems, she consulted the officers at the orphanage. She said mostly she was the counselor for her friends in the orphanage. The officers at the orphanage took good care to her, for example, when it was time to take drugs, they would rang the bell to let everyone knew about the time to take drugs. The statement shown about her self-awareness by seeking social support, "there were enough food for me to eat and had many things to do here," "the head of the orphanage he said to me to be strong and study hard so I can take good care of myself."

For school context dimension, the second participant mostly used escape-avoidance to cope. For example, she kept about her blood in secret and tried not to show friends and teachers at school about HIV status. She had a boyfriend without telling him her secret because she afraid that he would leave her.

The Third Participant

The third participant used any coping items except controlling and distancing. The fourth used every coping item. Personal dimension, she took drugs adherence and her body was so well and looked healthy. She looked normal as the others who have no HIV. For problem solving focused coping, she used planful problem solving by planning about her new job and tried to find other jobs on the Internet because she wanted a new car she would be prepared money for that. Before going out with friends from school, she would remind herself to turn off the alarm phone about her drugs time. Instead she looked at the clock many time until it was the time for drugs. If any friends asked her about the drugs she would tell them that they are drugs for anemia. For taking her drugs, she had alarm clock to remind her in the morning although she didn't want to awake, she must awake to take drugs. For confrontive coping, she stood her ground and fought for what she wanted. She had positive thinking that having HIV made her to take good care of herself.

For family dimension, she had her mother with her and this might be the reason why she had strong mind and acted normal like people without HIV. She said that she was happy staying with her mother. For seeking social support, she talked with her mother, her brother and her friends. She felt that her mother was like her friend, she can consult everything with her. In the other hand, her mother consulted her sometimes. However, only her family knew about her HIV blood, no one at school knowing about her blood.

School context dimension, she thought for telling her close friends about this but she afraid that her friends might refuse her. She thought about her future if she had a boyfriend.

The Fourth Participant

The fourth participant used every coping item. Personal dimension, she stayed with her grandmother in a province which was not her hometown. Her dad still alive but he had new married and live in other province far away. Her dad called her

grandmother only when he needed money. The fourth participant had problem to take drugs because some of the drug supposed to put in the refrigerator. She didn't have any refrigerator in her house so the pills melt and sticky, so the pills tasted bitter. She coped by using escape-avoidance. She said, "I just take the pill sometimes or thrown them away. I don't want it anymore, its taste weird and make me want to throw up." And from the same problem, she used seeking social support by asking the doctor to give her a new set of drugs. She used positive reappraisal, "I sometimes took drugs but sometimes not." For her confrontative coping, she quit her school and decided to work because of her son. When she had problem about her red eyes, she went to clinic for medicine.

In family dimension, she coped by accepting responsibility. Her statement, "my salary was 11,000 baht, I gave my grandmother 10,000 baht and I had left 1,000 baht. I did asked my grandmother for my salary, may I have 1,000 more. But she said no, so I just let she has my money.

School context dimension, since she had a baby. She stopped her school and went to work. She used escape-avoidance by talked less to her school friends. She didn't when they gossiped. Nobody at the school knew about her HIV-infected.

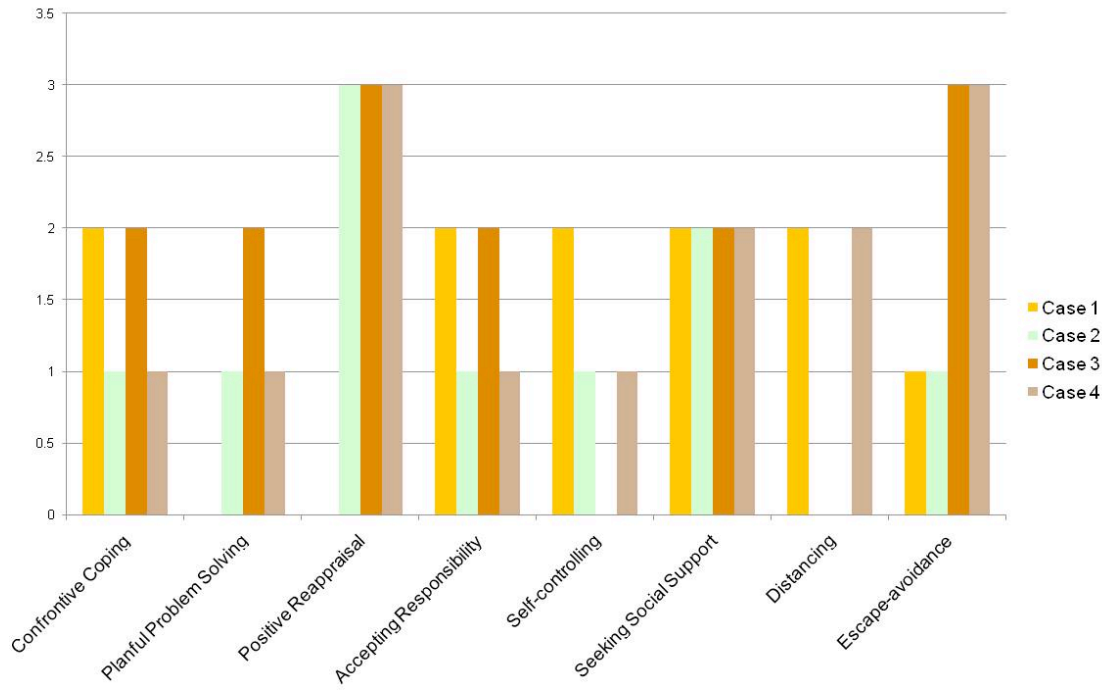

Figure 5: Coping strategies in 4 participants

The participants forecast the result from coping that which way safe or unsafe. The study show that some participant decided to cope in suitable way, but some were not. They knew that taking drugs help them for strong body, but some participants decided to escape and avoid having drugs. So self-esteem was related about their coping. The participants with self-esteem were not only having good drugs adherence, but also thought in positive. Although a participant stayed at an orphanage, she enjoyed staying there. Her coping' decision was suitable ways. Another participant who stayed with her mother, she was very happy staying with her mother. Her coping'

decision was also in suitable ways. Self-esteem refers to a person believe that one's own worth or abilities. For the female HIV infected adolescents, having one parent is better than having no parents. They infected HIV since they born so many of them stayed at the orphanage or with their relatives. Their family aliment might not warm enough as having parents. Having a parent might support their self-esteem. For example, a participant who had her mother with her, she coped in suitable way. On the other hand a participant who stayed with her father, the study found that she had low self-esteem. She was not good in drugs adherence.

Conclusion

The study found that the participants' coping strategies, self-esteem, warmth of family and parent death are related. Having low self-esteem lead coping strategies in unsuitable. In the other hand, having self-esteem lead the participants to cope in suitable way. Warmth of family related to coping strategies, problems in family lead the participants using emotional-focused coping; seeking social support, distancing, escape-avoidance. Parent(s) death related to HIV female adolescents. The adolescents who had no parent since they born, they would learnt about warm family by parents. They grew up by their relations or orphanage instead. In the other side, the adolescent who had only mother, she had warm family without fear. By the way the adolescent who had only father but did not stay with him, he lived with his new family. She stayed with grandmother with not warm family. Although staying at the orphanage might feel uncomfortable without freedom, the study did not show the serious problems from the participants.

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