Research Article

Gender Variation in Coping Stretegies of Hiv Positive Males and Females

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ABSTRACT –

Background: HIV is a disease that affects not only a person's physical health but also their mental health; those affected face significant difficulties in social interaction.

Objective: The current study aimed to compare coping strategies between HIV-positive men and women.

Method: A comparative cross-sectional study was conducted on a sample size of 40 HIV-positive patients aged 25 to 50 years, recruited from the ART Centre in Kanpur. These included 20 men and 20 women. Purposive sampling was used to select the sample. All subjects were assessed on Dr. A. K. Srivastava's Coping Strategy Scale to measure their use of five different coping strategies.

Results: Independent samples t-tests revealed that women reported higher levels of three coping strategies: cognitive behavioural approach, behavioural avoidance approach, and cognitive avoidance approach. Cohen's d was also calculated to assess the effect of coping mechanisms on both groups. The d values for behavioural avoidance coping, cognitive behavioural coping, and cognitive avoidance coping were calculated to be 0.86, 0.75, and 0.68, respectively. These results showed significant gender disparities.

Conclusion: This finding emphasizes the need to teach patients more effective coping mechanisms to reduce their stress levels and improve their quality of life.

Keywords: Coping strategies, HIV-positive patients, gender variation, cognitive avoidance coping, behavioural avoidance coping, and cognitive behavioural coping.

INTRODUCTION -

HIV (Human Immunodeficiency Virus) is a virus that attacks on our immune system. Because of it a person become more vulnerable to other infections and disease. It is a persistent infection that mainly affects CD4+ T cells in the immune system. If HIV is left untreated, it can destroy our immune system and turn into AIDS. This makes it very hard to fight off common infections. Over time , the virus can also cause changes in your mood and behaviour .

Within the first few weeks of the infection virus grows very rapidly and spreads throughout the body .After 3 to 6 weeks ,the infection may abate, leading to a long asymptomatic period. In this period viral growth become slow and controlled. But at this time the infection is likely to be transmitted to others. The amount of virus gradually rises and severely compromising the immune system

HIV is mainly transmitted through certain types of direct contact with infected body fluids. The most common way is through unprotected sexual intercourse, including both heterosexual and homosexual contact. It can also spread through exposure to infected blood, such as during blood transfusions with contaminated blood or by sharing infected needles and syringes. Another important route is mother-to-child transmission, which may occur during pregnancy, childbirth, or breastfeeding. In some cases, HIV may also be transmitted through occupational exposure, for example when healthcare workers experience accidental needle-stick injuries. However, HIV cannot be transmitted through casual contact , insect or bug bites, air, water, hugging, or touching an infected person.

Since HIV was discovered in the early 1980s, it has grown one of the most important global public health issues and continuously to be a leading cause of illness and mortality globally. Despite advancements in antiretroviral therapy (ART) it is spread in low- and middle-income nations specially . In 2023, there were about 39 million HIV-positive individuals worldwide, according to UNAIDS. ART rollout has reduced AIDS-related mortality and new infections, although access gaps still exist.

There is currently no cure for HIV infection. However, antiretroviral therapy (ART) can help manage the illness. ART is a set of medications that assist lower the viral load to extremely low or even undetectable levels by suppressing the replication of the HIV virus in the body. People with HIV can maintain a strong immune system, limit the progression of the disease to AIDS, and live long and healthy lives when taking ART on a regular and appropriate basis. Effective ART is a crucial part of HIV treatment and prevention programs because it also lowers the risk of transferring the infection to others.

HIV infection is associated with stigma and discrimination frequently, these people face prejudice or unfair treatment . Many people with HIV suffer from mental health issues like sadness and anxiety as a result of this negative attitude from society. In order to improve the general well-being of those living with HIV, public health programs prioritize protecting human rights, increasing community support, and delivering integrated care, immunity engagement, and integrated care models.

Regardless of the cause of stress, it has a very negative impact on a person's emotional and physical health. To reduce the impact of severe stress people use some coping behaviours which help them to overcome from negative emotions and behaviours .

Coping -

"Coping refers to a person efforts through actions and thought to deal with demands perceived as taxing or overwhelming."

-Wood & Wood (The World of Psychology, 1999)

" Coping consists of efforts ,both action oriented and intrapsychic, to manage (that is master, tolerate ,reduce ,minimize) environmental and internal demands and conflicts among them ."

-Lazarus and Lazarus (Internal and External Determinations of Behaviours ,1978)

The word 'cop' is derived from the Latin word ' Colpus' , meaning "to alter" and as defined in Webster's dictionary is usually used in the psychological paradigm to denote "dealing with and attempting to overcome problems and difficulties" . In psychology, the word copying in addition to this behaviour application has been used as a broad in several other domains, including as a thought process ,as a personality characteristics and in social context.

Coping behaviour is not a one-time action or behaviour performed between the demands of the individual and the environment, but rather a continuous interaction between the resources, values, and demands of both the individual and the environment over a specific period of time .It is a process or strategy .In adaptive behaviour, various actions and reactions are taken in response to stressful stimuli or situations. In this way, adaptive behaviour involves the individual managing environmental demands, physical limitations, and interpersonal challenges in conjunction with their values and beliefs, so as to minimize the negative impact on themselves. Coping behaviour is effortful. It doesn't happen automatically, and this behaviour is a learned behaviour.

When individuals encounter a stressor, the diverse methods of addressing it are referred to as 'coping styles,' which are a collection of relatively constant qualities that dictate individual behaviours in reaction to stress. So we can say that, the techniques people employ to deal with stress and challenging circumstances are known as coping strategies, and they include a wide range of behavioural and psychological techniques.

There are some assumptions of the Coping Approach .Coping mechanisms are taught and changeable. Coping strategies are significantly influenced by environmental circumstances. Effective coping, as opposed to only emotional responses, lowers stress by altering the circumstances. Because of reinforcing mechanisms, maladaptive coping persists. Emotional and cognitive changes can result from altered behaviour.

Behavioural Approach, Behavioural Avoidance Approach, Cognitive Approach, Cognitive Behavioural Approach and Cognitive Avoidance Approach are some major approaches which an individual use to get relief from stress or stressful situations.

Behavioural Approach of coping comprises coping as a set of observable, goal directed actions which an individual take to manage ,modify or tolerate internal and external stressors . Its main focus is to take direct actions to change the stressor or its effects. Behavioural approach gives stress on what people do, not on what they feel or think. This type of coping involves solving problems , creating plans, reaching out to friends for social support, working out, taking up new interests, or practicing relaxing methods like deep breathing etc. Active-behavioural coping tackles the issue head-on.

For example-

making a plan (and putting it into action) to talk with your co-worker but simultaneously expressing that you are apprehensive about it. This can involve creating a self-care strategy to help you manage, scheduling a time to chat in a neutral setting, and, if needed, asking your supervisor or another co-worker to serve as a mediator. There are several types of behavioural coping too.

The tactics which a person use in this coping strategy are action-oriented, observable, empirically supported, and successful across a range of demographics. But it might also disregard emotional and mental processes. They are less

successful in dealing with uncontrollable pressures and run the risk of over simplifying intricate psychological problems.

In Behavioural Avoidance Approach of coping mechanism, individuals physically or actionably remove themselves from stressors to avoid discomfort, anxiety, or difficult emotions . Instead of confronting the stressor directly, the person tries to reduce stress by avoiding the source of discomfort. Situational Avoidance, physical withdrawal ,higher rate of substance use and some safety behaviours etc. are some methods which an individual use in this style. Behavioural avoidance can occurs in different forms – active avoidance ,Passive avoidance and Escape behaviour . For example avoiding an exam due to fear of failure and staying away from social gatherings because of anxiety etc. This type of coping is beneficial in reducing stress and anxiety by helping individuals through avoiding dangerous or overwhelming situations. But it provides only temporary emotional relief . It leads the individual towards poor adjustment and reduced functioning . Persistent avoidance is often associated with disorders such as Social Anxiety Disorder.

Cognitive Approach is a stressful situation is unbearable for everyone if it exist for a long time . To deal with stress in such situations an individual try to scape one's self by hook and crook . When individuals use the mental strategies to deal with stressful situations these type of coping strategies are known as cognitive approach of coping. In order to lessen emotional pain, people try to alter their ideas, perceptions, or interpretations of a traumatic situation. Instead than attempting to alter the circumstance right once, people first attempt to control their perspective on the issue.

Reinterpreting a stressful situation in a more positive or manageable way (cognitive reappraisal), focusing on positive aspects of a situation (positive thinking), accepting situations that cannot be changed (acceptance), carefully considering potential solutions (problem analysis), and motivating oneself with positive internal dialogue (self-instruction) are some frequently employed cognitive coping strategies. Cognitive behavioural therapy and other psychological interventions frequently employ these techniques.

This cognitive strategy to coping is deemed very beneficial as it aids individuals in alleviating emotional pain, cultivating psychological resilience, enhancing problem-solving skills, and sustaining improved mental health. But it has certain restrictions as well .High levels of self-awareness and mental effort might be necessary. Stress can occasionally be increased by overanalysing or ruminating, and some people may find it difficult to alter deeply ingrained negative views.

Cognitive Behavioural Approach (CBA) of coping's main focus is to integrates changing thoughts (cognitive) and actions (behavioural) to manage stress, often through therapy like CBT. Active-cognitive coping involves changing how you think about the stressor. Cognitive Behavioural Approach to coping emphasizes on cognitive appraisal (evaluation)of stressors, behavioural problem solving, reduction of avoidance and development of adoptive coping skills. In this type of coping a person tries to construct his cognitive construct ,believes about the stressors. For Examples - Using positive self-talk (cognitive), practicing relaxation (behavioural), and restructuring negative thoughts .If we say "This is a challenge" instead of "I can't handle this" ,this is a restructuring of negative thoughts. If we say " I can do this", " I will definitely win" etc. these are examples of positive self- talk. This type of approach is helpful in enhancing self efficacy ,emotional regulation and resilience.

There are some assumptions of the Cognitive-Behavioural Approach

1- Cognition influences emotion and behaviour because emotional responses are determined by how events are interpreted.
2- Thoughts, emotions, and behaviours are interrelated. Change in one domain produces change in the others.
3- Maladaptive thought patterns can be changed and are learnt.
4- Reinforcement and avoidance shaped the behaviour .
5- Maladaptive behaviours are maintained through conditioning mechanisms and 6-Active participation is needed for psychological changes .

Individuals participate as collaborators in the therapeutic process.

The main benefits of this approach is that it is structured, based on skills ,practical in use and less time taking .Strong empirical support promote this approach to be used and it is applicable in all the cultures.

But beside above mentioned qualities it has some limitations also. As it requires more cognitive engagement from clients but it is difficult task. It might downplay the importance of unconscious processes. It is less focused on early developmental experiences.

Cognitive Avoidance Approach is a collection of mental techniques and procedures known as the Cognitive Avoidance Approach. This approach is used by people to try to avoid, repress, or disconnect from upsetting ideas, pictures, memories, or upcoming occurrences. It Operates at the level of internal experience, particularly cognition , not as behavioural avoidance which emphasize on avoidance of external situations . In this coping the main focus is on mental strategies to disengage from threatening thoughts or feelings, often short-term relief but can hinder long-term resolution. For example ignoring problems, dwelling on worries (which keeps threat salient), trying to forget the situation, or suppressing painful memories.

This approach combines many strategies .For example using suppression ,distraction (diverting focus to neutral or agreeable stimuli) , substitution of worry (substituting emotionally charged thoughts with more abstract concerns),mental numbing (reducing the emotional engagement) , cognitive reappraisal as avoidance superficial and avoidance of mental imaginary .

There are some therapeutic Implications of this approach. For example CBT (cognitive Behavioural Therapy) reduce cognitive avoidance through exposure to feared thoughts and images . It also include behavioural experiments and cognitive restructuring. Acceptance and Commitment Therapy (ACT) and Mindfulness based cognitive therapy (MBCT) address cognitive avoidance by encouraging embracing one's own personal experiences. It spreads awareness of non-judgment and improve the adaptability in the mind. Metacognitive Therapy (MCT) also helps clients break free from maladaptive thought control techniques by addressing the metacognitive assumption that underline avoidance.

It provides immediate short term relief from anxiety and emotional overload .It helps in maintaining daily functioning of an individual and can serve a temporary protective mechanism during acute or uncontrollable stress. It requires low cognitive efforts . But it fails to allow the root causes of stress . Suppresses thought often rebound becoming more instructive over time. In long-term use it reduces maladaptive outcomes by encouraging a passive copying style. Because of maintaining fear and anxiety it prevents emotional processing.

OBJECTIVES OF THE STUDY –

The primary goal of the study is to investigate the variation in coping strategies adapted by the patients of HIV on the basis of gender .

HYPOTHESIS –

H01- There is no significant gender difference in Behavioural Approach of Coping among HIV- positive patients.
H02 - There is no significant gender difference in Behavioural Avoidance Approach of Coping among HIV- positive patients.
H03- There is no significant gender difference in Cognitive Approach of Coping among HIV- positive patients.
H04- There is no significant gender difference in Cognitive Behavioural Approach of Coping among HIV- positive patients.
H05- There is no significant gender difference in Cognitive Avoidance Approach of Coping among HIV- positive patients .

METHODOLOGY –

A Comparative cross sectional Research design was used to examine gender differences in coping strategies among HIV positive male and female . This design allow to do comparison between two independent groups at same time.

Sample – The sample consisted of 40 HIV - positive individuals, 20 males and 20 females. Purposive sampling methods used to conducted the study.

Tool Used – Coping strategies were assessed using the Coping Strategies Scales developed by Dr. A.K. Srivastava (Department of Psychology, BHU) ,a standardized self report Questionnaire measuring different coping strategies such as Behavioural Approach , Cognitive Approach, Behavioural Avoidance Approach, Cognitive Behavioural Approach and Cognitive Avoidance Approach,

Statistical analysis – Data were analysed using descriptive and inferential statistics .Mean and standard deviation were calculated to describe coping strategies. An independent sample t- test were used to examine gender differences between HIV – positive male and female.

Procedure – The study is conducted on at ART centre ,Kanpur . All participants were assessed separately in a good environment. The Researcher gave all the Instructions in clear and concise manner to them. I also provided assistance to the responders when they needed it . Participants were taken 10 to 15 minutes to give e their responses on Questionnaire .All the respondents were told that their secrecy will be well preserved and their responses will be personal.

RESULT AND DISCUSSION –

The findings indicate only minor gender- based variations in the coping-strategies adopted by the participants. No statistically significant gender differences were observed in the Behavioural Approach and Cognitive Approach coping strategies ,although male participants obtained slightly higher mean scores on both dimensions. Therefore the null hypothesis (H01 and H03) were retained.

In contrast, statistically significant gender differences were found for Cognitive Behavioural Approach, Cognitive Avoidance Approach and Behavioural Avoidance Approach coping strategies. Female participants reported significantly higher scores on these coping dimensions then male participants, suggesting a greater tendency among women to employ these strategies for managing stress and anxiety. Accordingly the null hypotheses H02,H04 and H05 were rejected.

Table 1 : Mean and S.D. of both the groups on scores of coping strategies.

S.No.	Coping Strategies	Obtained Scores	n	Mean	S.D,
Male	Behavioural Approach	601	20	30.12	9.17
female		612	20	30.6	8.73
Male	Cognitive Approach	245	20	12.25	4.99
Female		253	20	12.65	3.71
Male	Cognitive Behavioural Approach	397	20	19.85	3.01
Female		452	20	22.6	3.39
Male	Behavioural Avoidance	456	20	22.8	5.91
Female		552	20	27.6	6.78
Male	Cognitive Avoidance	314	20	15.7	2.83
Female		351	20	17.55	2.62

Table 2: T-test conducted among two groups (Female HIV patients and Male HIV patients) on each coping approaches

Coping Strategies	df.	T-value	Significance Level
Behavioral Approach	38	0.16	Not significant
Cognitive Approach		0.28	Not significant
Cognitive Behavioral Approach		-2.71	0.01*
Behavioral Avoidance Approach		-2.38	0.05 *
Cognitive Avoidance Approach		-2.14	0.05*

Table-3 In the above mentioned table t- value of -2.70,-2.38 and -2.14 show significant difference respectively at 0.01,0.05 and 0.05 level of significance.

Coping Strategy	Male (M ± SD)	Female (M ± SD)	t (df=38)	Cohen's d
Cognitive Behavioral Coping	19.85 ± 3.01	22.60 ± 3.39	-2.71	0.86
Behavioral avoidance	22.80 ± 5.91	27.60 ± 6.78	-2.38	0.75
Passive avoidance	15.70 ± 2.83	17.55 ± 2.62	-2.14	0.68

Cohen's d was used to calculate the effect size for the cognitive behavioural approach to coping, and the results showed a significant gender difference (d = 0.86). The impact sizes for behavioural avoidance and cognitive avoidance, respectively, showed a moderate to substantial gender difference in both coping methods (0.75 and 0.68).

The results of this study show that avoidance-based coping strategies, such as behavioural avoidance and cognitive avoidance, were used more frequently by female participants living with HIV. They also showed how to manage psychological stress and emotional difficulties by using cognitive-behavioural coping strategies. The significant psychosocial strain faced by women living with HIV may be the cause of this tendency. Increased stigma, fear of discrimination, perceived social rejection, and worries about social approval and family obligations are commonplace for them. As a result, avoidance-based coping may initially serve as a psychological defence strategy that momentarily lessens the emotional anguish brought on by an HIV diagnosis.

In order to better handle stressors, many women actively participate in cognitive restructuring, emotional regulation, and adaptive behavioural responses, according to the concurrent use of cognitive–behavioural coping techniques. The multifaceted character of coping among women living with HIV is shown in the coexistence of avoidance and cognitive-behavioural coping techniques. While cognitive-behavioural coping promotes adaptive psychological adjustment, resilience, and gradual acceptance of their health condition and living circumstances, avoidance tactics may offer temporary emotional respite during the early phases of psychological adjustment. This mix of coping mechanisms demonstrates the dynamic process by which women work to preserve psychological health in spite of the continuous difficulties brought on by living with HIV.

CONCLUSION – This study indicates that after a lengthy time of infection, HIV is a significant source of stress for patients. It is essential in helping patients adjust their various coping mechanisms. Nevertheless, these tactics can occasionally be beneficial or detrimental in certain ways. The goal of the current study was to compare coping mechanisms between HIV-positive men and women. The study's conclusions show that coping mechanisms differ between genders. It was discovered that female individuals used cognitive-behavioural techniques and avoidance coping (both behavioural and cognitive) more frequently than male participants. This implies that while coping with the stress brought on by HIV infection, women may rely more on internal psychological processes and emotional regulation.

Male participants displayed rather different coping strategies. Disparities in social positions, emotional expressiveness, and support-seeking behaviour could be the cause. These differences demonstrate how gender-related psychological and social aspects impact how people deal with the stress of having HIV.

Overall, the study highlights that different genders deal with HIV in different ways. Developing gender-sensitive psychological therapies, counselling programs, and support services for those living with HIV requires an

understanding of these gender-based disparities. These focused strategies can enhance HIV positive people's general quality of life, treatment compliance, and mental health.

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