

## Predicting Mental Health of People Living with HIV/AIDS (PLWHA): The Role of Psychosocial Factors

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**ABSTRACT** This study examined the influence of self-esteem, health locus of control, age and social support in predicting the mental health of people living with HIV/AIDS. Participants were made up of one hundred and three (103) purposively selected PLWHA; 56 males and 47 females whose ages ranged between 16-60 years with a mean age of 29.52 and standard deviation of 7.96. The ex-post facto research design was employed while data was collected with the aid of a questionnaire divided into 5 sections with each section measuring a variable. Result of a multiple regression analysis indicated that self-esteem, health locus of control, age and social support significantly co-predict mental health of PLWHA ( $F(4, 88) = 65.09, p < .01$ ). While all the psychosocial variables regressed with the exception of health locus of control independently predicted mental health of PLWHA. T-test result showed that there is no sex difference in PLWHA's mental health,  $t = 0.14, df 101, p > .05$ . Thus, it is recommended that treatment emphasis of PLWHA should not only be on chemotherapy regimen, significant others should be incorporated in the medical care while other psychological programmes should form part of the overall therapy.

### INTRODUCTION

The reality of the HIV/AIDS epidemic and its devastatingly destructive impact in the world is an unfortunate situation that the whole world is faced with. This is coupled with the inability of science to find a cure for victims nor vaccine to prevent those not infected yet. The whole scenario is that of despair and uncertainty as to what will become of our world if the epidemic cannot be checkmated. The rates at which AIDS is spreading and the number of lives claimed per year have elevated the disease to the level of a global security threat.

HIV/AIDS, which was first discovered in the United States of America in 1981 among homosexuals, has by now spread to all nook and crannies of the world. UNAIDS (2000) reports that an estimated 40 million people are infected in the world with people in the prime of their lives as the worst hit. The prevalence and spread of this killer disease has become not only a leading cause of death but also a critical developmental issue. According to Nelson-Twakor (2003) the developmental implications of the AIDS pandemic on the world economy and social relations are dire and expected to reverse the gains made in social and economic development with the tendency to affect individuals and groups.

Worst hit by the AIDS scourge are the developing countries, which accounted for about 90%

of infections in the world (World Bank, 2001). Of the developing countries, Sub-Saharan Africa has more than a fair share of the scourge, which has reduced life expectancy by half while raising poverty to an unprecedented level. UNAIDS (2000) estimates that about 23 million people in Sub-Saharan Africa are infected with the AIDS virus, accounting for about 67.64% of the global victims. The Punch newspaper (a national newspaper in Nigeria) reports in year 2000 that of the death toll in Africa, AIDS account for 2.2million. One major problem with AIDS in Africa is the difficulty of access to medical care and where available it is expensive and beyond the reach of those who need it.

Awareness of HIV/AIDS among the population of the world is approaching a peak, people from all walks of life talk about it and hear about it through various mediums such as health promotion programmes, educational activities, mass media propaganda, and public enlightenment campaigns. Nelson-Twakor (2003) reports that in Nigeria 94% of men and 74% of women are aware of what HIV/AIDS is all about.

However, despite the awareness of people and government efforts at enlightenment on HIV/AIDS, there still exist some common misconceptions about the disease, which have implications for the mental health of People Living With HIV/AIDS (PLWHA). These misconceptions (traditional and otherwise) lead to stigmatization

and then shape how people react and relate to PLWHA with implications for social support from significant others and government.

Although, governments and non-governmental organizations have been very active in the chemotherapy treatment and prevention initiatives of HIV/AIDS, yet the efforts have so far neglected a very important aspect of PLWHA's lives, which is the mental and psychological health. In the quest for cure and vaccines, PLWHA have been used as research subjects and guinea pigs to test effectiveness of developed anti retroviral drugs with little or no concern for the psychological implications on PLWHA.

Apart from drug regimen to enhance quality of living, PLWHA need help to adopt the right attitude to their situation as well as the right kind and effective social support to mediate the physical and psychological impacts of the disease on them. The personality of individuals can also predict how they will respond to illness of chronic nature thereby influencing their mental health. Varni and Wallander (1988) in a study of haemophilia and spina bifida patients report that psychosocial factors will predict mental health of people though it may be difficult to determine their interactions.

The physical/medical impacts of HIV/AIDS in terms of opportunistic infections may not be as debilitating as the psychological impact, this may be due to the fact that the opportunistic infections can be adequately treated while anti retroviral drugs can be taken to reduce viral load. Whereas, psychological impacts are more difficult to handle, these come in forms of societal stigmatization, inadequate social support and lowered self-esteem. This is confirmed by the findings of Perry, Jacobsberg, and Fishman (1990) that the psychological assessment of physically asymptomatic people at risk of AIDS both before and after serological notification had significant decreases in multiple measures of distress after notification among seronegative individuals.

Mental health of PLWHA is also affected by the discrimination by health workers against PLWHA, Kayode, Adeyemo, Owoaje, and Omotunde (2000) found that health care workers discriminate against PLWHA during clinical practice and this makes them to experience severe emotional and social problems.

This research focuses on the influence of self-esteem, health locus of control and social support

on the mental health of People Living With HIV/AIDS. Thus, it is hypothesized that: age, self-esteem, health locus of control and social support will independently and jointly predict the mental health of PLWHA. Also, sex will have a significant influence in predicting the mental health of PLWHA.

## METHODS

**Design:** The ex-post facto research design is adopted for this study; none of the variables is actively manipulated. The dependent variable is mental health of PLWHA while the independent variables are age, self-esteem, health locus of control and social support.

**Subjects:** Subjects for this study consist of one hundred and three (103) PLWHA; 56 males and 47 females whose ages range from 16-60 with a mean age of 29.52 and standard deviation of 7.96. The purposive sampling technique was adopted in subject selection and this is because of the nature of the concept and subjects under consideration.

**Instrument:** Data collection was with the aid of a questionnaire divided into 5 sections, each section tapping different constructs.

Section A taps demographic information like age, sex, marital status etc. Section B is the Adanijo-Oyefeso (1986) self-esteem scale, this is a 15-item self-report scale fashioned in the Likert format to measure self-esteem of individuals. The scale has a reliability coefficient of 0.79 among bank officials and 0.92 among undergraduate and high school students.

Section C is an adapted version of Health Locus of Control Scale by Wallston, Wallston, Kaplan, and Maides (1976). The scale originally has 11 items with reliability coefficient of 0.72 while revalidation through a pilot study reduced the items to 9 with reliability coefficient of 0.73. Section D is the Social Support scale developed by Sarason, Levine, Basham and Sarason (1983), it has a reliability coefficient of 0.90.

Section E is the Awaritefe Psychopathological Index, developed by Awaritefe (1982); it is in the Yes/No response format with reliability coefficient of 0.95.

**Procedure:** Subjects were drawn from three NGO's in Lagos and Ilesa-Nigeria (names withheld for ethical reasons). Consent of the subjects was sought after which the questionnaires were dropped for them to fill and picked up later for

coding and analysis.

**Statistical Analysis:** Multiple regression analysis and t-test for independent means were used to analyse the data.

**RESULTS**

Results indicate that age independently predicts mental health ( $t=2.16, p < .05$ ), self-esteem is also found to significantly predict mental health ( $t=1.85, p < .05$ ). Social support is as well found to be a significant predictor of mental health among PLWHA ( $t=14.17, p < .05$ ), meanwhile, health locus of control does not significantly predict mental health. However, there exist a significant joint prediction of the psychosocial factors on mental health of PLWHA,  $F(4, 88)=65.09, p < .01$ .

Result of the t-test shows there is no significant difference in the mental health status of males and females PLWHA,  $t=0.14, df 101, p > .05$ .

Result in table 2 shows there is no significant difference in the mental health status of males and females PLWHA,  $t=0.14, df 101, p > .05$ .

**Table 1: Multiple regression analysis showing the independent and joint prediction of age, self esteem, health locus of control and social support on mental health of PLWHA**

Variable	Beta	T	P	R	R2	F	P
Age	0.12	2.16	< .05				
Self-esteem	-0.11	-1.85	< .05				
HLC	-0.02	-0.39	>.05	0.87	0.74	65.09	< .01
Social support	0.80	14.17	< .05				

**Table 2: Summary of independent t-test showing sex differences in the mental health of PLWHA.**

Sex	N	X	SD	DF	t	P
Male	56	161.43	25.79	101	0.14	> .05
Female	47	160.72	24.26			

**DISCUSSION AND CONCLUSIONS**

Results of the multiple regression analysis indicate that age, self-esteem, and social support independently predict mental health in PLWHA while health locus of control does not predict mental health.

The result on social support is in line with previous studies that have investigated the relationship between social support and mental and physical health outcomes; these studies

have shown that there is a positive relationship between social support and health outcomes (Mindel and Wright, 1982; Smith-Ruiz, 1985; Taylor and Chatters, 1986). Invariably, it is thus established that social support has a buffering effect on the mental health of PLWHA, the bigger and the more effective the social support network is the more positive the mental health. This assertion has found corroboration in a study on diabetes patients by Uzoma (1988), it is reported that social support is significantly related to health care adherence i. e. taking prescribed medication. The number of persons in the patients’ social network correlated positively with taking insulin.

Age is also found to independently predict mental health of PLWHA, and this means that age at which one is infected will influence the mental health and the choice of coping strategy. Younger patients may adapt better, hoping for a major scientific breakthrough that will bring about a cure in their lifetime. Self-esteem, which is an individual’s feeling of self-worth, may also mediate the impact of HIV/AIDS infection on people; individuals with high self-esteem who feel they are capable of taking control of the situation are more likely to have a more positive mental health than those with low self-esteem (USAID, 2001).

This study has also shown that age, self-esteem, health locus of control and social support will go a long way in helping PLWHA to cope with the implications of living with such a dreaded disease.

However, result of the t-test on sex differences in mental health shows that sex of PLWHA has nothing to do with their mental health status. This finding is not in agreement with that of Brown and Gary (1987) who report that African-American females experienced fewer symptoms and less dramatic rise in mental distress than their male counterparts.

Having established that social support is an important intervention in mental health of PLWHA, it is then imperative for health care workers to incorporate significant others-spouses, family members, friends etc. in the medical care of PLWHA in other to ensure cooperation in medical regimen. Also, psychological and social programmes to enhance the self-esteem of PLWHA should be embarked on.

**REFERENCES**

Adanijo, I.B and Oyefeso, A.O.: Development self report

- scale of self-esteem. *Paper presented at the 3<sup>rd</sup> Annual Conference of Nigeria Psychological Association. Nzukka Nigeria* (1986).
- Awaritefe, A.: Awaritefe Psychological Index. *Nigeria Journal of Clinical Psychology*, **1(2)**: 42-51 (1982).
- Brown, D. R., and Gary, L. E.: Stressful life events, social support networks, and physical and mental health of urban black adults. *Journal of Human Stress*, **13**: 165-174 (1987).
- Kayode, C. M., Adebayo, A. A., Owoaje, T. E., and Omotunde, O. O.: Health works discrimination against people living with HIV/AIDS during clinical practice. *CEHAIN Dissemination Handbook*, 10-13 (2000).
- Mindel, C. H., and Wright, R.: The use of social services by Black and White Elders: The role of social support systems. *Journal of Gerontological Social Work*, **4**: 107-125 (1982).
- Nelson-Twakor, E. N.: The HIV/AIDS situation in Nigeria. *NISEREEL*, **4 & 5**: 10-13 (2003).
- Perry, S., Jacobsberg, L., and Fishman, B.: Suicidal ideation and HIV testing. *J Amer. Med. Asso.*, **263(5)**: 679-682 (1990).
- Sarason, I. G., Levine, H. M., Basham, R. B. and Sarason, B. R.: Assessing social support: The social support questionnaire. *Journal of Personality and Social Psychology*, **44**: 127-139 (1983).
- Smith-Ruiz, D.: Relationship between depression, social support and physical illness among Elderly Blacks: Research notes. *Journal of the National Medical Association*, **77**: 1017-1019 (1985).
- Taylor, R. J., and Chatters, L. M.: Patterns of informal support to elderly Black adults: family, friends, and church members. *Social Work*, **31**: 432-436 (1986).
- The Punch, "US Dreams of AIDS Free Africa". *The Punch*, January 18, p. 16. (2000).
- UNAIDS: *Report on the Global HIV-AIDS Epidemic*, UNAIDS, New York (2000a).
- UNAIDS: *Costing Guidelines for HIV Prevention Strategies*. UNAIDS, Geneva, Switzerland (2000b).
- USAID: *Leading the way: USAID Respond to HIV/AIDS*. Pp3-30 (2001).
- Uzoma, C.: Social support and compliance to medication in patients with diabetes.
- Unpublished manuscript. Howard University Center for Sickle Cell Disease, Washington, D.C. (1988).
- Varni, J. W. and Wallander, J. L.: Haemophilia and spina bifida as examples. In: D. Routh (Ed.): *Handbook of Paediatric Psychology*. Guilford Press, New York (1988).
- Wallston, B. S., Wallston, K. A., Kaplan, G. D. and Maides, S. A.: Development and validation of the Health Locus of Control (HLC) Scale. *Journal of the Consulting Clinical Psychologist*, **44**: 580-585 (1976).
- World Bank: *HIV/AIDS in the Caribbean: Issues and Options*. World Bank Country Studies. World Bank, Washington D. C. (2001).