LIVED EXPERIENCE OF HIV/AIDS SURVIVORS: STIGMATIZATION, IMPACT AND COPING STRATEGIES

Saba Akram

15003238008

Supervisor

Saira Munsaf Khan

Co-supervisor

Ahmed Bilal

DEPARTMENT OF APPLIED PSYCHOLOGY

UNIVERSITY OF MANGEMENT AND TECHNOLOGY, LAHORE

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Saba Akram

15003238008

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Supervisor

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Ahmed Bilal

A thesis is submitted in partial fulfillment of the requirement for the Degree of M.Phil in Applied Psychology

School of Social Sciences and Humanity, University of Management and Technology Lahore, Pakistan

Declaration

I, Saba Akram, do hereby solemnly declare that the work submitted in this thesis is my own and has not been presented previously to any other institution or university for the degree. This work has been carried out and completed at the Department of Applied Psychology in School of Social Sciences and Humanities, University of Management and Technology, Lahore.

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Dated Saba Akram

(Researcher)

Research Completion Certificate

It is certified that the research thesis entitled “Coping Strategies of HIV/AIDS Survivors: A Qualitative Exploration” has been carried out and completed by, Ms. Saba Akram (Student ID: 15003238008), M.Phil session (2015-2017) under my supervision and has been approved for submission in partial fulfillment of the requirement for the Degree of M. Phil in Applied Psychology.

Mrs. Saira Munsaf	Ahmed Bilal
Assistant Professor	Lecturer
Department of Applied Psychology,	Department of Applied Psychology,
University of Management & Technology	University of Management & Technology

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Approved / Rejected

Co- Supervisor	External Examiner

Head of Department

Department of Applied Psychology,

University of Management and Technology, Lahore

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List of Abbreviations and Symbols

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
NACP	Pakistan National AIDS Control Program
WHO	World Health Organization
IDUs	Injection Drug Users
CD4 cells	Cluster of Differentiation *4 cells*
ART	Antiretroviral Drugs Therapy
QOL	Quality of Life
PLWHA	People Living with HIV and AIDS
IPA	Interpretive Phenomenological Analysis

Abstract

Current study was carried out to explore the stigmatization, impact of HIV and coping strategies related to stigmatization and HIV related stressors. For this purpose, six male participants were selected, through purposive sampling. Participant were interviewed in AIDS treatment center of Jinnah Hospital after taking permission from Punjab AIDS Control Program. Data were analyzed through Interpretive Phenomenological Analysis (IPA). It was observed that participants were encounter with HIV through different sources as, injecting contaminated syringes, homosexual and heterosexual relationships, and blood transfusion. Three superordinate themes emerged were stigmatization of HIV, impact of HIV and coping strategies of HIV. Participants were stigmatized due to the endemic nature and sources through which virus get into the body. Due to fear of stigmatization participants concealed their HIV and selectively disclosed their disease to trusted individuals in their lives. Disclosure of HIV status led support. Participants disclosed their illness to get support HIV had an impact differently to the participants as, physically and psychologically, impact on family and societal impact; they faced societal rejection, social isolation, and fired from job. To cope with this stigmatization and negative impact of HIV, participants used two kinds of coping strategies; adaptive and maladaptive coping strategies. Adaptive coping included: religious coping, social coping and technical coping whereas, maladaptive coping included; avoidant coping, aggressive coping and blaming. These coping strategies helped participants to reduce their stress. Themes elicited from transcriptions were significantly related to the literature. This study may help us in understanding the struggling journey of coping strategies of HIV survivors with stigmatization and stressors related to HIV.

Keywords: HIV/AIDS, Stigmatization, HIV related Stressors, Coping

Chapter I

Introduction

Almost 12 million individuals globally are HIV infected who confront a prolonged and devastating ailment which can cause significant mental stress. Every HIV infected individual faces uncertainties related to their health and prognosis. On the one hand, urbanized world has progressed in medical treatment and management of HIV has positively modified the trajectory of this illness. As an outcome, various people with HIV can live more than a decade and can cope effectively through their situation and lead meaningful and productive life (Chesney, Folkman, & Chambers, 1996). On the other hand, many aspects of HIV are still potentially distressing, including complex medication regimes, interaction with complicated medical systems, side effects of medications, symptoms associated with infection progression, fear of death, effect on members of family, financial status/problems, being labeled as a new identity of someone with a serious disease, and more notably stigma related to HIV (Moskowitz & Wrubel, 2005).