

Coping Strategies and Levels of Stress in Newly Diagnosed Persons Living with HIV/AIDS in Niger Delta Region, Nigeria

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Abstract

Increasing incidence of stress in people living with HIV/AIDS is attributable to uncertainty about cure. Improving the psychological wellbeing of the victims may raise hope and enhance a better quality of life.

The purpose of this study was to assess the coping strategies and levels of stress in persons living with HIV/AIDS in Niger Delta Region, Nigeria. This was a cross-sectional prospective study. A convenience sample of 375 newly tested HIV-seropositivity patients at the HIV Clinic, University of Uyo Teaching Hospital were assessed for coping strategies and the levels of stress at two points in time four weeks apart using the COPE and Perceived stress Questionnaires (PSQ). The mean age for males was 37.8±3.9 and females 29.2±1.7. Stress levels were less in respondents using adaptive coping strategies such as social supports mean score: 9.7±1.2 first assessment and 4.9±2.1 second ($t=1.71$; $p=0.001$); religion 8.5±1.2/ 5.1±2.1 ($t=2.43$; $p=0.064$); humour 11.8±2.1/6.3±1.2 ($t=1.11$; $p=0.015$); acceptance 5.4±1.1/4.2±1.2 ($t=1.03$ $p=0.609$) and positive reframing 5.1±1.0/4.8±1.4 ($t=1.07$; $p=0.485$). The levels were increased in denial mean score: 13.5±2.1/17.5±2.2 ($t=4.09$; $p=0.001$); suppression of competing activities 8.4±1.8/9.9 ±2.1 ($t=.705$; $p=0.545$); restraint 4.9±1.0/6.5±1.3 ($t=3.41$; $p=0.110$); planning 9.1±1.4/11.3±2.6 ($t=2.33$; $p=0.532$); self-distraction 9.1±2.7/9.9±2.0 ($t=.376$; $p=0.065$) and behavioural disengagement 8.3±1.0/9.2±1.8 ($t=1.07$; $p=0.280$). Adaptive coping strategies were negatively correlated with levels of stress ($r=0.415$, $p=0.001$). This study suggests that strengthening and promoting adequate coping strategies in people living with HIV/AIDS may serve as effective strategies for improving the psychological well-being and quality of life.

Keywords: Coping Strategies; HIV/AIDS; Psychological distress; Patients; Nigeria.

Introduction

HIV/AIDS epidemic is one of the most serious public and social challenges facing the world in recent times. It is reported to be a major cause of disease burden, especially in countries least able to put in place appropriate measures for its prevention and control¹. Evidence suggests that despite the emergence of anti retroviral therapy (ART), it has continued to be the most dreaded medical conditions worldwide². This may have explained why individuals being informed suddenly of HIV seropositivity often exhibit negative and maladaptive health behaviour, leading to increased levels of stress. The social and economic consequences especially in poor countries are overwhelming, with respect to impaired capacity building and diminished economic growth^{3,4}. In highly endemic sub-Saharan African countries, where more than 60% of people living with HIV/AIDS are living, adequate resources for care are lacking⁵. This may be due to the dearth of basic healthcare infrastructural facilities, resulting in poor standard of healthcare services. As a result, care of the people living with HIV/AIDS is primarily the responsibility of individuals and families. This could be disastrous in

that it may be difficult for these people to meet their health needs. This may have wider implications in the quantity (life expectancy) and quality of life of people living with the disease. Therefore, there is need to focus on self-inherent strategies, which if explored and used effectively can reduce associated distress in people living with HIV/AIDS.

Until recently improvement of quality of life in people living with HIV/AIDS in Nigeria, like in many developing countries was measured largely on the availability of anti-retroviral medications. However, in the face of increasing level of corruption, which has transcended all facets of life, affordability of these drugs is becoming increasingly difficult. The situation is compounded by the general lack of enthusiasm and unwillingness on the part of the international donors to continue to offer assistance. This has impacted negatively on the quality of life in people living with HIV/AIDS. It has therefore become imperative to focus on strategies that could enhance positive health behaviours and help people cope with the distress. The learning and use of these strategies seem to be crucial for the people living with HIV/AIDS, especially in Nigeria. This is because of the high level of poverty and the depreciating standard of healthcare facilities and services.

Coping strategies are dynamic cognitive and behavioural efforts used by individuals to adapt to the demands or burden resulting from chronic or life-threatening conditions⁶. This is important in many incurable conditions like HIV/AIDS, because emotional reactions to these illnesses are often influenced by health attitude⁷. These attitudes are

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Determinants of Cord Practices among Mothers Attending Selected Health Facilities in Southern Nigeria

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Abstract

Mothers and care givers use different materials to care for the umbilical stump of their infants. How well this practice is done is an important determinant of the morbidity and mortality of infants and directly affects the achievement of millennium development goal 4. The Objective of the study was to identify the different substances/materials used for dressing of umbilical cord of newborns and to identify factors that determine the adoption of safe methods in the care of umbilical stump of newborns by mothers attending selected health facilities in Akwa Ibom State. A descriptive cross sectional facility based study was carried out among two hundred and nineteen (219) mothers attending two selected Primary Health care facilities in Uyo senatorial district of Akwa Ibom State who consecutively presented their babies to the well baby/immunization clinics of the centres. A structured self and interviewer administered questionnaire was used for the study. Data was analysed using Stata version 10 statistical software. Only 2 mothers (0.9%) dry cleaned the cord until the stump fell off while 195(89.0%), 93(42.5%), and 30(13.7%) mothers applied methylated spirit, Vaseline and mentholatum respectively. Up to 5(2.3%) mothers admitted applying engine oil, ash, herbs and other substances to their babies' cords. A greater proportion of the mothers 119(54.3%) practiced unsafe cord care while safe cord care was practiced by 100 (45.7%) of the mothers. Determinants of safe cord practices were maternal education at the post secondary level ($p=0.002$), delivery in an orthodox setting ($p<0.001$), and health workers influencing cord care practice ($p<0.001$, OR 3.11, CI :1.58-6.20) . Unsafe cord care practice was predominant in the area. The importance of female education, delivery in an orthodox setting and the role of health workers in the education of mothers and other care givers on safe cord care practices is highlighted in the study. Implementing these findings will reduce cord infections including neonatal tetanus and improve infant well-being.

Keywords: Umbilical cord, care practices, mothers, Uyo.

Introduction

The prevalence of cord infection in newborns ranges from 3-5.5% in most developing countries compared to about 0.5% in developed countries.^{1,2,3} A number of factors contribute to the high incidence of neonatal tetanus and infections in developing countries.^{4,6} Unhygienic circumstances and deliveries conducted by untrained birth attendants and harmful cord care practices are some of the factors implicated.^{7,4,8} Umbilical cord infection was also shown to be a precursor to septicaemia in neonates.⁹ With a range of 3-45 days and an average of 13 days reported before the remnant of the umbilical cord falls off,¹⁰ most of the cord care is done at home as majority of the mothers would have been discharged from their places of delivery as at then.

Mothers and other care givers take care of their infants' umbilical cords in various ways especially after discharge from hospital. How well this practice is done is an important determinant of the morbidity and mortality of the infants and directly affects the achievement of Millennium development goal 4, reducing child mortality. Several studies have

been conducted to document different cord care practices¹¹⁻¹⁴ where some of these practices were beneficial while others were not. However, there are no published studies on the type of materials applied to the cord, type of cord care practiced by mothers and the determinants of beneficial cord care in southern Nigeria.

This study intends to assess the cord care practices of mothers attending designated health centres in Uyo Senatorial district with the intention of utilizing the findings in developing a health education campaign to be used in the immunization / antenatal clinics, and the mass media with a specific content to correcting the harmful cord stump practices in the study locale and reinforcing the beneficial ones.

Materials and Methods

The study area was the immunization/well babies' clinics of two primary health centres in Uyo senatorial district in Akwa Ibom State of Nigeria. Akwa Ibom State is one of the 36 states of the Federal Republic of Nigeria. It is located in the South South geopolitical zone of Nigeria with Uyo as its capital. It has three (3) Senatorial districts of which Uyo Senatorial district is one. The Senatorial district has 9 local government areas.

Two health centres were purposively selected in two local government areas in Uyo Senatorial district namely the health clinic in the department of community health of the University of Uyo teaching hospital, in Uyo local government area and another at West Itam, Itu local government area of Akwa Ibom State.

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