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Coping of newly diagnosed people living with HIV in the era of HAART

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Background

From 2008 to 2010, 2'034 persons were newly diagnosed with HIV in Switzerland. Since HAART an HIV-infection is no longer a death sentence, but it is still a critical life event. The aim of the study was to determine how newly diagnosed HIV-positive persons cope with their infection and what kind of coping strategies they adopted after HIV-diagnosis.

Methods

From April 2008 to January 2011, verbal data were generated in semi-structured problem-focused interviews (Witzel, 1985) with 32 newly diagnosed HIV-positive (cf. Table 1) The participants got infected at least one year before diagnosis. The participants were recruited by the physician who diagnosed the HIV-Infection. The interviews were voluntary and anonymously and were done in three languages (german, french, and italian). The data were analysed along the principles of grounded theory (Charmaz, 2006; Strauss & Corbin, 1996; Strübing, 2004).

Table 1: Participants (N=32)

Mean age	34 years (21-64)
Gender X sexual orientation	25 men who have sex with men (MSM), 5 women, 2 heterosexual men
Relationship status	17 steady relationship, 15 singles
Region of origin	22 Switzerland, 7 other Western European Countries, 1 South-America, 1 Asia, 1 Africa
Region of living	19 cities, 8 suburbs, 5 rural communities
Educational level	3 compulsory school, 18 vocational training, 11 higher education
Occupational level	23 full or part-time employment, 7 unemployment, 2 students

Results

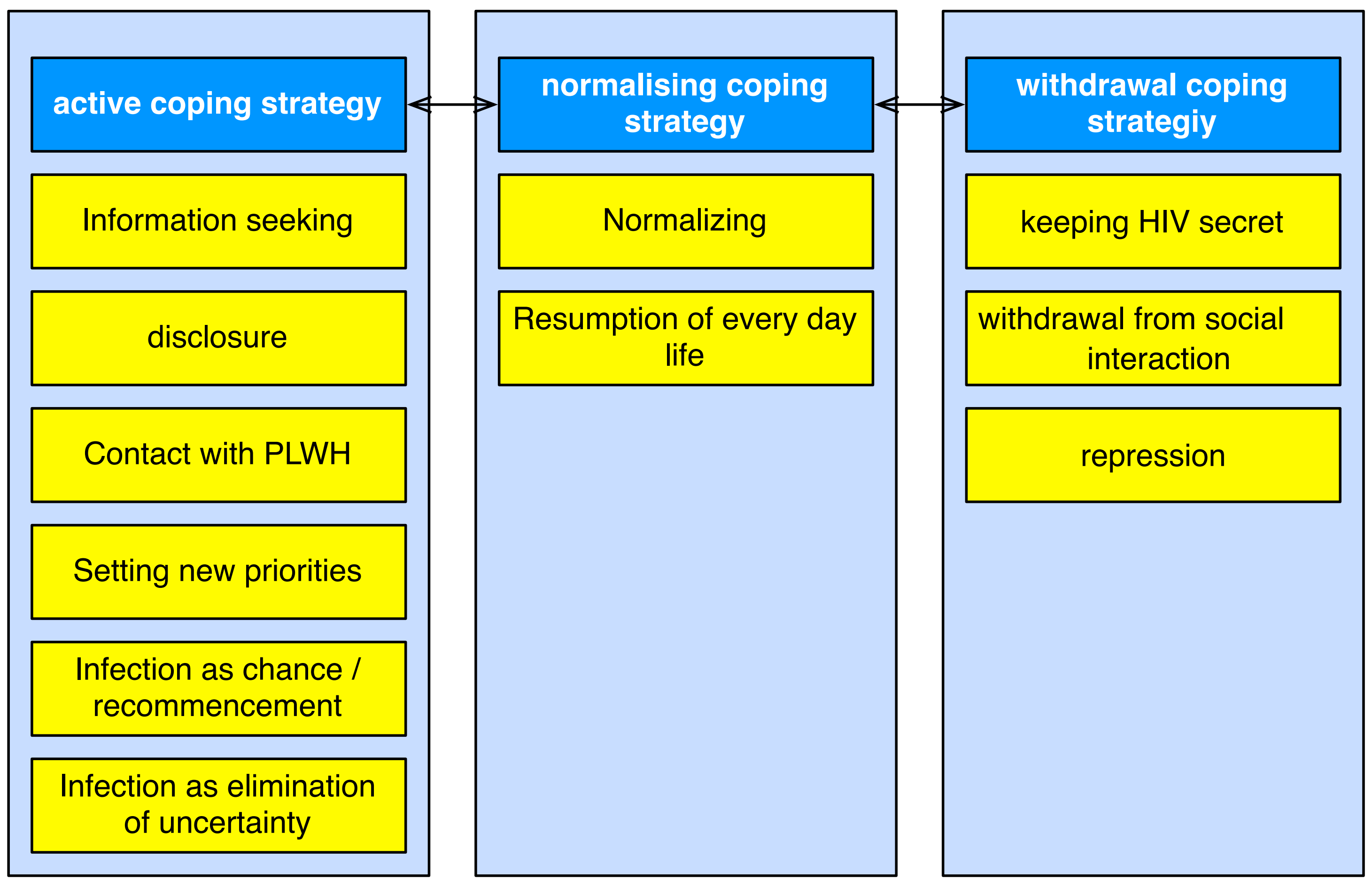
For all participants the HIV-diagnosis was a shocking moment that was described from all participants as a occurrence that threaten their everyday lives.
The first reactions were from »it was horrible, I can‘t remember ever getting such bad news» (P16: 252-254) to «you were able to live quite good whit it nowadays». (P11: 155-157)

Most of the participants tried to handle their infection by integrating HIV into their life without making the illness overshadowing everything.

They adopted three main strategies for coping with HIV (cf. Figure 1):

1) the **active strategy**, such as information seeking, disclosure, and seeing HIV-infection as a chance for a new beginning,
2) the **normalising strategy**, such as understanding the HIV-infection as a chronic illness, the acceptance of the illness, and the return to everyday life, and
3) a **social withdrawal strategy**, such as keeping HIV secret, withdrawal from social interaction, and repression.

The strategies were influenced by the perception or the knowledge about HIV before infection occurred. Moreover, the support of health care providers and the social support by family and friends played an important role for a successful coping. This is for example visible in the following interview:
«I disclosed my HIV-infection to my family. That was really helpful for me» (P8: 824-825).



active coping strategy
Information seeking
disclosure
Contact with PLWH
Setting new priorities
Infection as chance / recommencement
Infection as elimination of uncertainty

normalising coping strategy
Normalizing
Resumption of every day life

withdrawal coping strategiy
keeping HIV secret
withdrawal from social interaction
repression

Figure 1: Coping strategys and sub-strategies

Conclusion

The results showed that newly diagnosed people living with HIV adopted diverse coping strategies which were not all effective. Health care providers should consider these differences in consultancy and should offer alternative coping strategies to affected persons to improve their coping with illness.

References

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