

WOMEN'S STRATEGIES FOR COPING WITH HIV AND STIGMA IN RESOURCE-POOR SETTINGS

Author list: Namey EE, MacQueen KM, Akumatey B, Lawoyin TO, Nyiama T, Chaponda M

BACKGROUND

Quantitative evaluations of how people cope with HIV infection have measured psychosocial variables among infected individuals and their effects on various issues, including physical health (Ashton et al. 2005; Ironson 2005), retention in clinical trials (Schonnesson 2005), and stress levels (Weaver et al. 2004). Fewer qualitative assessments regarding specific coping strategies are available, particularly for HIV-positive women in resource-poor settings (see Phaladze et al. 2005 and Joseph & Bhatti 2004, for examples).

OBJECTIVES

The objective of this analysis is to identify, from women's and health care-providers' perspectives, strategies and resources for coping with HIV-infection in 4 African communities, along with any barriers or facilitators women experience in implementing these strategies, to make recommendations about how to enhance women's ability to cope with HIV in these, and similar, resource-poor settings.

METHODS

In-depth, individual interviews were conducted with 38 women living with HIV/AIDS in 4 countries in Africa to explore these women's experiences living with HIV/AIDS and any associated stigma. Interviews were also conducted with 37 health care providers in their communities to find their perspectives and knowledge about the people living with HIV/AIDS in the local area.

RESULTS

Women's reported strategies for coping with HIV/AIDS and stigma in these 4 African countries can be roughly categorized as follows: family support, peer support, lifestyle changes, medical care, ARV treatment, spirituality, and traditional practices. Health practitioners' experiences with HIV coping strategies mirrored what was reported by the women. Each strategy or resource has strengths and weaknesses, which will be detailed. Both groups had a fairly good idea of the types of resources and support available for HIV-infected individuals at the local level.

CONCLUSIONS

Women in resource-poor settings create various ways to cope with HIV/AIDS and associated stigma. Access to social, financial, and medical resources largely determines how women live with HIV. Many of the weaknesses ascribed to coping strategies by the women who use them can be addressed by local support groups, NGOs, social marketing campaigns, etc., to enhance women's ability to cope with HIV-infection in resource-poor settings.