

The relationship between quality of life, psychological distress and coping strategies of persons living with HIV/AIDS in Cairo, Egypt

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Background

HIV is a virus that causes infectious disease acquired immunodeficiency syndrome (AIDS). In 1981, AIDS was recognized for the first time by the US Centres for Disease Control and Prevention (CDC) (Figure 1). Furthermore its cause-HIV infection- was identified in the early the part of the decade. During the 1960s, experts studying the spread of the epidemic suggest that about 2,000 people in Africa may have been infected with HIV. However HIV patients face an array of social and psychological problems, such as depression, which can affect their quality of life. Moreover, HIV infection is also linked to psychological distress such as anxiety. In addition, avoidant emotion-focused strategies such as acceptance, wishful thinking and self-blame are associated with higher levels of psychological distress in persons with HIV.

Current health services in the city of Cairo, Egypt, are not adapted to provide advice and psychological support to people living with HIV to aid in the development of problem-solving skills to cope with the stress of living with HIV. The purpose of this study was to examine the relationship between quality of life, psychological distress and the coping strategies of persons living with HIV/AIDS in Cairo, Egypt.

Methods

This study used a quantitative methodology with a cross sectional correlation design. The data was collected using: Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q), Depression, Anxiety and Stress Scale (DASS) and Cope Inventory. The sample consisted of 202 participants who accessed the National AIDS Program (NAP). The data were analysed using the Statistical Program for Social Science V23 (SPSS). The results are provided using descriptive and inferential statistics.

Results

The results show that psychological distress and certain coping styles such as substance abuse and behavioural disengagement negatively predict quality of life of patients with HIV/AIDS. Positive predictors included coping styles such as active coping, self-distraction, venting, positive reframing, humour, acceptance and religion.

Conclusions

It would probably be best to reduce psychological distress and increase coping styles in order to improve the quality of life of patients with HIV/AIDS.

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