



Protective Factors after HIV Diagnosis
By: Maria Isabel E. Melgar, PhD
Ateneo de Manila University Psychology Dept.
Quezon City, Philippines

Overview

- Brief background and introduction
- Problem statements
- Methods
- Results
- Analysis
- Recommendations

Problem Statements

- What are the protective factors that prevent Filipino people living with HIV from committing suicide?
- What are the coping mechanisms utilized by PLHIV respondents to use various coping strategies?
- What are the implications of these findings on the psychological counseling of PLHIV?

Risk of Suicidality (Cooperman & Simon, 2005)

- Completed or successful suicides
- Suicidal ideation (thoughts)
- Attempted suicide (non-fatal suicidal behavior)

Background

- Philippines has one of the lowest rates of suicide in the world compared to Asian neighbor.
- 2.5 per 100,000 men; 1.7 per 100,000 women (WHO, 2003)
- Over 7,200 PLHIV (July stat 56% higher than last year), Unrecorded: 4 suicides

Review of Related Literature (Komiti et. Al.; Roy, 2003)

- Persons with HIV have much higher suicide rates than the general population & those with other life threatening illnesses
- Women with HIV are more likely to commit suicide

Komit. et. al, 2001

- Found no consensus about association between suicidal ideation and being HIV seropositive, Psychological variables such as current stressors, unemployment, poor adaptation, hopelessness, neuroticism and low social support are important drivers
- HIV status may not be the most relevant factor related to suicide but other suicide risk factors play a role
 - Previous psychiatric history



Predictors

- Substance abuse
- Physical and sexual abuse
- Unemployment
- Financial difficulties
- Social isolation

My observation

HIV positive individuals are most vulnerable during the first 12 months after diagnosis

Over time, HIV-positive people are able to find more adaptive ways of coping than suicidal thoughts or behaviour

- Those with AIDS have less suicide ideation
- RITM (1984-2000): no successful suicide but moderately high prevalence of suicide ideation
- Overall, prevalence of depression and suicide ideation not part of the protocol.

Focus of the Study

PLHIV's Reasons for living

PLHIV's coping efficacy and actual strategies

Mixed Methods

- Survey (96 PLHIV respondents)
- Interviews with key informants (6 interviewees)
- FGDs (3 group)

Definition

Protective beliefs are concerned with the meaning an individual assigns one's self, one's environment and one's future (Beck, 1979; Ellis, 1962)

Linehan et al. 1983 :Protective Beliefs

- Survival and coping
- Responsibility to family
- Responsibility to friends
- Child- related concerns
- Moral obligation
- Fear of social disapproval
- Fear of suicide

The survey

- Respondents: 96 HIV-positive respondents
- Residence: Six provincial sites
- Age Range: 18-60 years old
- Mean: 33.15 years (SD=8.55)



- Duration of diagnosis: 1 month to 21.7 years
- Mean duration: 44.84 months

Profile

- Gender: 67 males (69.8%) 29 females (42%)
- Sexual Orientation: 21% - homosexual 29% -bisexual
- Children: 31% - with children
- 74% Romance Catholic
- Education : 46% Bachelor's degree

Instruments

- Instruments:
 - Self-esteem (Rosenberg)
 - Coping self Efficacy (Chesney, Folkman & Taylor)
 - Filipino Reasons for Living (Lorenzo)
 - Demographic profile form
 - Health Questionnaire
 - Consent form

Results

	N	Minimum	Maximum	Mean	SD
Self esteem	96	13.00	30.00	20.34	3.99
Coping self- efficacy	95	125.00	260.00	200.21	32.71
Reason for living	95	89.00	162.00	149.54	13.52

Dimensions of Reasons for Living (Factor Analysis of 27 items)

Factor 1: Strong relationship with God

Factor 2: Support from family

Top Coping Efficacy Items

1. Praying to God
2. Making new friends
3. Standing firm and fighting for what day want
4. Engaging in positive talk
5. Doing something positive when discouraged
6. Getting support form the family

Positive correlation between Coping Efficacy and reasons for Living

Interviews and FGDs: What helped you cope when first diagnosed?

“The peer support group”

“Pinoy plus is my family”



“Persistence of my support group”
 “Peer counseing”
 “Religion can be destructive too when people start to tell that you were punished by God.”

What is helping now?

“ Outreach, helping fellow PLHIV”
 “A job”
 “Support of family”
 “My advocacy”

www.pinoylifeguide.org

Summary: Protective Factors

Faith in God
 Peer support group
 Family support
 Active Coping

Who knows about your status?

Parents	60.4%
Friends	52.1%
Health Care Providers	52.1%
Children	40%
Partners	43.8%
Siblings	41.7%

Results

Access to health and social services among PLHIV respondents

- ARV 74 (77.1%)
- Peer counseling 73 (76.0%)
- Infromation and education 62 (64.6%)

Technology access among PLHIV respondents

- Cellphone 91 (94.8%)
- Internet 71 (74.0%)
- Computer 43 (44.8%)

Social networking sites used by PLHIV respondents

- Facebook 78 (81.2%)
- Twitter 30 (31.2%)
- Myspace 7 (7.3%)
- Multiply 5 (5.2%)

Context: Profile



- a. High technology access
- b. Moderately high access to peer counseling
- c. Moderately high access to ARV
- d. Adequately educated on HIV

PLHIV – Adaptive Beliefs – Rational Assessment of one’s resources , Constructive Coping

God – Peer support group – Family – Face to face Hi-Tech communication

Life after HIV : Supportive Relationships – stigma of HIV

Why live?

- Relationships and Connectedness
- Being loved
- Purpose and meaning

Recommendations

This an exploratory study. More research on:

- Prevalence of suicide ideation; suicide attempts: successful suicide across stages of HIV
- Psychological autopsy and case studies
- Relationship between stigma and suicide
- Risk factors for suicide
- In-depth study of coping mechanisms
- Spirituality and suicide behavior
- Psychological preventive interventions