

Tools of Afrontation at the Time of the Diagnosis. Expressed by People Living with HIV of the Quindío, Colombia

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Abstract

Introduction: HIV is a public health problem because of its incidence, difficult control of risk factors, cultural components, late diagnosis and flaws in the integral management of patients with an HIV positive diagnosis. Currently, 37.9 million people in the world live with this.

Objective of the Study: The objective to identify the perception of a positive HIV patient from SIES Salud in the city of Armenia Quindío, facing the coping tools at the moment of the diagnosis in the year 2018.

Materials and Methodology: Qualitative phenomenological retrospective hermeneutic design with 9 HIV/AIDS participants selected by voluntary appraisal. Collected by semi-structured interviews and analyzed by the Atlas Ti free version program.

Results: The main coping tool is support from health personnel and social support.

Conclusion: The family support, the creation of affective bonds feeling linked in a social circle and the creation of knowledge based on the experiences of other people are proposed coping tools that lead to the acceptance of the pathology, affecting adherence to care programs and antiretroviral treatment.

Keywords: HIV; AIDS; Perception; Cope; Qualitative Research; (DeSC)

Introduction

For global health, HIV/AIDS acquired immunodeficiency syndrome has quickly become a serious public health problem. HIV is considered a worldwide pandemic. Statistics for 2018 were 37.9 million people and in many of these cases the diagnosis was made in later stages of the disease. Currently, WHO estimates that only 60% of people living with HIV have been diagnosed and take antiretroviral treatment, showing the difficulties in offering or applying for HIV testing at health-providing institutions. That is why WHO is considering the Global

Health Sector Strategy against HIV 2016 - 2021. This project is responsible for promoting a people-centered approach, based on the principles of human rights and health equity [1].

Colombia creates the 2014 - 2017 HIV Response Cross-Sector Plan, which includes prevention, care, support and social protection actions. One of the main challenges in the fight against HIV/AIDS focuses on the need to promote voluntary testing, with benefits such as diagnosis and timely treatment if diagnosed with the disease or acquiring safe sexual behaviors if negative for the test, which will contribute to drastically reducing the number of new HIV infections and that of HIV-related deaths, improving the health and well-being of infected persons [2].

By 2016 in Colombia, the national HIV rate was 26.6 cases per hundred thousand inhabitants. The first place was occupied by the Department of Quindío, where the prevalence of this pathology indicates 58.8 cases per hundred thousand inhabitants; drastically affecting the growth of the epidemic and possible complications which are rooted in pathology. In addition, it affects the physical, psychological and emotional health of people who have acquired the human immunodeficiency virus and of people close to them, who are directly or indirectly affected by the diagnosis [2].

The department of Quindío is located in the center-west of Colombia, in the Andean region, forming part of the coffee axis. Being for its attributes an attractive destination for tourists. However, paradoxically to this situation, in recent years there has been an increase in unemployment rates, an increase in poverty levels and illiteracy, which brings emerging activities in many illicit cases such as sex tourism among others, this directly or indirectly contributes to health outcomes and HIV incidence.

The lack of knowledge on the part of the population about HIV pathology puts at risk the health and life of the person living with HIV, due to insufficient support for the patient to share his diagnosis, increasing fears for lack of social acceptance, rejection and degradation in your community. In this way reducing adherence to effective antiretroviral therapy and permanently marking the outcome in the acceptance or denial of its pathology [3].

This ignorance cannot be disregarded, mainly in adolescents, with this type of population being the most affected and most at risk of contagion, since they have sexual practices, without protection, because they do not believe they have vulnerability to sexually transmitted diseases; this in turn could have an impact on a late diagnosis with a higher burden of disease and less survival. In addition to social barriers, there are limitations of access to an interdisciplinary group that ensures the accompaniment and empowerment of patients and their networks of support against the disease [4].

Depression is one of the psychological processes by which the patient crosses at the time of being diagnosed, if the patient has adequate psychological, family and social support can move on to other stages that allow him to make assertive decisions against his illness [5]. The emotional impact of the post-diagnosis patient, and his vision of death (talking about the progression of the disease to AIDS) are completely related to the coping process. On a cultural level, man is aware of the culmination of the cycle of life; however, this is cause for concern and fear, especially in Western cultures. The perception of death is linked to the fear of the disease suffering in its final phase and the possible prolongation of the suffering of complications that may occur, although the outlook changes according to age, finding greater acceptance in seniors [6].

The feelings mentioned by patients are suffering, frustration, self-hatred for allowing contagion, fear, loneliness and in other cases love of life by needing to finish the projects they have and the inner feeling of having many things for Live. The main feeling is denial versus diagnosis, referred to in 50% of cases, followed by depression, anger and acceptance, noting that there is an important component of negative emotions. Education allows new cases to not be presented or increased in adolescents and young people. Likewise, by educating, people who have acquired the infection are helped, seeking to reduce rejection and social stigmatization [6].

Studies in Cuba, Mexico, Puerto Rico and Colombia were found in the bibliographical review. In Cuba, the study of Liudmila Vilató, Libertad Martín and Iliana Pérez Nariño, on therapeutic adherence and perceived social support in people living with HIV/AIDS, found little social support, most patients perceived their families as the main source of support and claimed that they experienced a marked need for affective support and love from family members, friends and other groups [7].

In Mexico, a study on psychosocial factors associated with late initiation of treatment in HIV patients was developed, finding that the perception of self-esteem towards HIV/AIDS was the main associated psychosocial factor. Considering, as a risk factor for late onset, the fact that the patient had not been tested on his own initiative and that stigmatization is a source of stress for the person, which influences the adaptation to the disease and decreases the ability to cope at the time of diagnosis [8].

In Cartagena Colombia, the family was evaluated in the process of acceptance and accompaniment in HIV-AIDS disease, it was concluded that this accompaniment is a vital part of the support required by HIV/AIDS patients, provides coping tools at the time of diagnosis and allows easy progress towards self-care [9]. In Santa Marta, they used a scale to evaluate the use of coping strategies in patients with the human immunodeficiency virus HIV and Cancer, finding that 80% of the valued population does not have the intellectual and emotional capacity to cope with the adverse health situation they face and in most cases there was little presence of their primary and social support group [10].

The conditions faced by the patient, allow the creation of knowledge that determine the HIV patient' coping tools, which are individualized, these barriers can be taken to achieve acceptance or to reach a denial of diagnosis, it is for this reason that in an international one research evaluated spirituality as one of the coping tools used by people who live with HIV/AIDS, being defined as an important aspect, present and deeply rooted in their behaviors and beliefs; emphasizing further that people use their previous knowledge and experiences to process information and adapt to the situation by forming lifestyle habits that strengthen coping processes [11].

There are many national and international publications of statistical studies on HIV and AIDS, however, there are limited studies that have been carried out around the mental or emotional sphere of people living with the virus and this aspect is rejected that affects the patient and its support network, which is a major condition in the inclusion of these people in health care and adherence programs, in order to provide quality of life clinics, personal or even social, the latter two being the most affected in this type of population [12-15].

Considering that the population cohabiting with HIV/AIDS both worldwide, as in Colombia and in the Quindío department is young, with life projects under construction and a not very real view of the risks they face, delving into their perceptions and possibilities of coping is an opportunity in the subsequent management and most certainly in the meeting of more cost-efficient conditions in terms of care, supply of medicines and quality of life [16].

Experience-based knowledge should be considered key and the ability to approach patients who have already been diagnosed to know, from their perspective or experience, the tools used to achieve a positive outcome or to know the negative coping tools to know how to re-decode them and provide solutions that help the user to have a more efficient social resolution.

Objective of the Study

The objective of the research seeks to investigate the perception of the patient versus coping tools after the HIV/AIDS diagnosis, at the SIES Health Institution in the municipality of Armenia, Quindío, Colombia. Support for institutions in processes influencing user coping with HIV/AIDS pathology should be an achievement of research.

Methodology

Type of study

Qualitative Design Study Hermeneutic phenomenological with a retrospective exploration making visible the experiences of the peo-

ple interviewed. The population consisted of 690 patients living with HIV/AIDS, who attended the IPS SIES Health Armenia, specialized in the management of this type of population, during the first quarter of 2018.

Sample selection

A sample of volunteers was carried out, where nine users with HIV were interviewed, after the clear, complete and sufficient explanation of the interview process, topic to be addressed and research staff, in this way it was possible to involve nine people with age and experiences that enriched the investigative process and the results obtained.

These have the following inclusion criteria:

- Be an HIV/AIDS patient of SIES Health Armenia.
- Participate in the in-depth interview.
- Sign with informed consent.

Analysis unit

- Study group perception of coping tools.

Construction of the phenomenon

The information was collected through a semi-structured in-depth interview conducted with each participant, after the signature of the informed consent. The interviews were then transcribed by the researchers for analysis through the ATLAS TI 7.5 free version program in which the codes and categories related to the study phenomenon were obtained. The interviews were conducted on sites easily accessible to those involved, in conditions of privacy and trust.

Ethical considerations

The research project was endorsed by the bioethics committee of CESALACHE, which approved its realization, in ordinary meeting and as recorded in Act 29, of August 17. The participation of the informants was voluntary and informed consent was obtained from them to conduct the interviews, record the audios and take the photographs. Participants were explicit for the preservation of the confidentiality and anonymity of the information obtained.

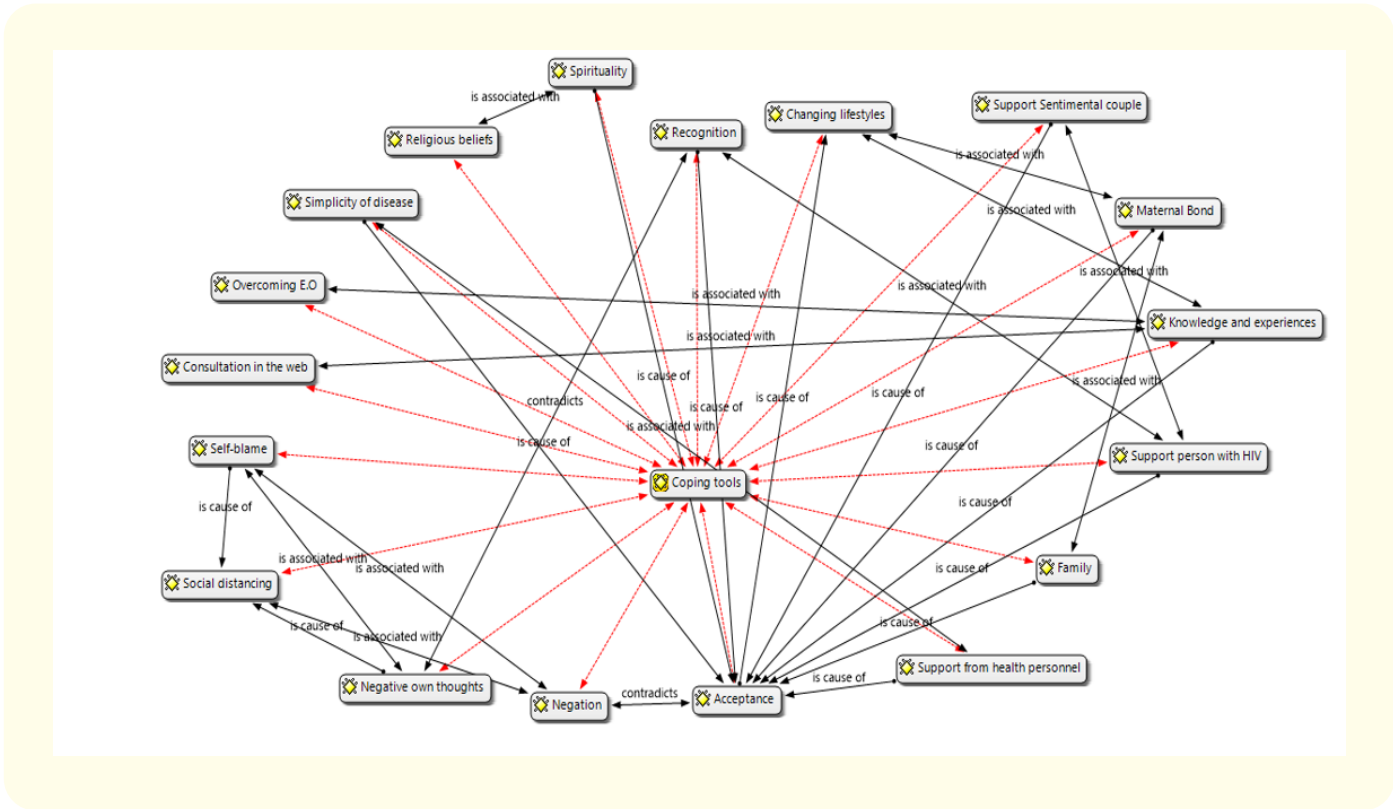
Results

The results are linked to the perception of research participants.

List of categories identified in interviewing living patients with HIV, during 2018 at IPS SIES health Armenia, in the department of Quindío, Colombia, as coping tools after their HIV diagnosis.

The network of codes and categories obtained in the Atlas ti, allowed researchers to strengthen the relationship established through interviews with those involved, showing the following considerations.

Support by health personnel: Health personnel often become the main tool for tackling HIV diagnosis and an emerging category within the research, which was mentioned by all interviewees, with reference first to regular care programs, as they offer interdisciplinary management, which guarantees a holistic assessment. Having the same health support group during follow-ups improves the feeling of accompaniment and strengthens the support ties "already by August I have already arrived here, for me has been, for me yaa with the help of everyone because they have been beautiful, very cute, have given me a lot of strength, a lot of courage, mmm I have overcome, but at first for me it was very hard". Secondly, the professionals who have provided accompaniment as psychology and social work, were a strength



in the construction of coping tools. It is decisive the safety and handling of the subject that the professional shows to generate credibility, adherence and confidence in the attention.

Religious beliefs: Personal beliefs in a higher being were a coping tool, as patients attributed their strength to being superior to accepting this experience as learning. It is a common expression within those involved to refer to questions such as why? And for what? "I clung to God who helps me get ahead and to take away me and I would forgive the people who would be cry me, to stay the same and that I got ahead". Many expressed changes in their view of the disease towards a sense of personal growth. "God commands us things that we have to deal with and learn to carry them". This also sees spirituality as a strength in the rethinking of the life project and a successful option in understanding diagnosis as a new condition, improving adherence to treatment.

Family support: The moral, spiritual and psychological support provided by the family to the person diagnosed with HIV, when the person decides to share his diagnosis, becomes one of the fundamental tools to face and accept the disease, taking into account that the impact ceases to be individual, and transcends a family component. "that day began life from scratch, then you start building a building and I am clear about what my columns are, my mom, my dad, my partner (having a level of importance equal to my mom's) first and second place them two, third my dad, fourth my brothers".

Among the people interviewed, women who have younger children have manifested that their children are paramount in their lives and after hiv diagnosis become the driving force behind them, accepting the pathology and making positive lifestyle changes that improve their health conditions. She said: "I have to walk again because I have to play with the girl, I have to go out and do things with the girl, so that girl was the engine of mine to go back again to take back my life and to go back to food because it was that I did not want to eat, I wanted to let myself die and then I said: no, I have to do it for her".

Support from people living with the virus: Support received by those living with the virus was identified as a tool, due to lessons learned giving great value to the advice and recommendations of people who have had to face the same situations "for one as a patient when one finds certainty that everything will be fine in a person who is in the same condition, then who has the same as you, may not live in the same conditions as you, but if you live with the same thing as you, I think it's different, I've always believed that the peer system is very, very cool".

Acceptance of the disease: Just as it could present itself in any complex situation for humans, there are several phases through which patients with HIV must pass until they reach acceptance, with a new and renewed concept of self-care and changes in personal habits. Initially there is self-criticism, denial and the first idea of pathology is taken as a punishment "because that is the problem one feels nooo... and Me why?, me why?, why did You have to give me this? Why do I deserve this? Then you start like blame yourself, little by little you get out of it is with, I think it's with the passing of days, of time, because that's not easy".

This situation can lead people to a social estrangement by the perception of discrimination or assimilating for fear of a possible contagion "one hidden like a rat and is... waiting for the days to pass, that the days will pass and it does not bring you anything good, one lay down and dawned and you come back again as the same". The moment you begin to have a better understanding of the conditions of care and the possibility of continuing, it changes the perception regarding life itself, in one of the cases these conditions happened after relapses or when entering comprehensive care programs, "I said no, I am going to die, since "hijuepuchas", then, no, but I never took a drug, nor did I approach anyone, I came to approach after toxoplasmosis... it's a second chance, a second life, because I was born-again".

The above coping tools allow the patient to finish in accepting their new cycle, "I tell you the truth that that HIV... I have to take three pastes every day, which I have to be very judicious, that I have to come every month to control, that I have to do every 6 months' tests of a thing called CD4, which are cells that protect defenses, I think and there is one thing called viral load, that's all I need to know about HIV, for the other are you".

Discussion

People living with HIV found different tools that allowed them to cope with this new condition that caused a change in lifestyle. These coping tools have two paths, which are the acceptance of this new condition or the denial of diagnosis, the second being the one that has inclination to greater danger, depending on the experiences and beliefs about the pathology, accompanied by Galindo and collaborators, by feelings of anguish and fear of dying in a large part of the patients and anger, self-guilty or sadness and disappointment in one in one in one hundred patients [12], similar to the results thrown in the research, which are have more strongly in phases prior to acceptance of the diagnosis.

People who face their new condition may have negative, anger, feelings leading to depression, which if not managed with the support of the health system and social support can trigger suicide or difficulties in engaging with others. This is how feelings of guilt on the part of the person living with HIV leads to thoughts such as "I will infect other people", "It is best to walk away for me, for them" facing high levels of stress and anxiety, which can continue with a social estrangement that further complicates coping.

Health personnel can be an important support during the stage of coping with HIV coexistence, especially if staff maintain a humanized, responsible and ongoing support relationship with the patient and their family, it was found in reviewed during the research [7-9].

Another effective coping tool was formed with the bonds of support they built and that established patients with their close relationships and mutual help with people in the same life situation. The analysis concludes that this relationship with the members of its support groups contributed to participants' positive approach to HIV/AIDS coexistence [13]. It is not only counted as a support network for people present during the assimilation of the diagnosis but also the family, which is not framed by those clearly blood relations, but also by the social network of greater support, depending on the family vision that the patient has created during his experiences.

Like other researchers in this study the social support of friends or family becomes a fundamental pillar to face a new condition of life that causes fear and thus face feelings of stress and cushion its effects, having the ability to maintain health or deal with the disease, contributing to the promotion of healthy behaviors and having a great influence on thinking about pathology [14-16].

Conclusion

Family support, the creation of affective bonds, the feeling linked to a social circle and the creation of knowledge based on the experiences of others are presented as coping tools that lead to the acceptance of pathology and facilitate adherence to antiretroviral care and treatment programs.

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Conflicts of Interest

Investigators say they do not present conflicts of interest.

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