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SOCIAL-PSYCHOLOGICAL INTEGRATION AND REHABILITATION OF INDIVIDUALS WITH AIDS

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Abstract: The article presents a review of contemporary Uzbek and international publications on coping mechanisms among individuals living with HIV. It examines coping strategies for HIV/AIDS, psychological factors contributing to effective disease management, and current experiences in preventive interventions.

Keywords: stress, people living with HIV/AIDS, coping strategies, coping with stress, prevention.

INTRODUCTION

Despite ongoing efforts to prevent and control the epidemic, HIV incidence and AIDS-related mortality rates remain among the highest globally. In this context, one of the most urgent scientific challenges is to investigate the psychosocial mechanisms and factors that influence how people living with HIV (PLHIV) cope with the disease.

Coping with HIV infection has unique characteristics compared to other illnesses. Specifically, this disease:

- ✓ is incurable and, without appropriate treatment, can be life-threatening;
- ✓ in Uzbek society, has historically been prevalent among marginalized social groups, such as drug users, individuals involved in prostitution, and men engaging in homosexual behavior;
- ✓ is associated with societal stigma, discrimination, and negative societal reactions.

Coping with HIV infection also has specific indicators for its measurement. In addition to indicators of physical and psychological well-being and quality of life, researchers use as indicators of successful coping the high adherence of patients to antiretroviral therapy and the general course of treatment, as well as measures to reduce the risk of infection of others taken by PLHIV (using a condom, disclosing HIV status, refusal to transfer your own used injection equipment to other people).

MATERIALS AND METHODS

Traditionally, researchers assess the process of coping with HIV infection using the concept of coping strategies. It should be noted, however, that at the moment there is no common understanding of this concept both in Uzbekistan [2] and abroad. In order to be convinced of this, it is enough just to turn to a critical review of methods for measuring coping behavior

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by Ralph and Christine Schwarzer [3, p. 107−132] or to the work of E.A. Skinner et al. [4], in which they identified four hundred coping strategies.

There are various techniques for measuring the severity of various coping strategies. When studying HIV-positive people in Uzbekistan, methods such as the “Coping Test” of Lazarus and Folkman are usually used [1], the method for determining individual coping strategies by E. Heim [2] and others, non-specific for this target group. A systematic review of English-language publications [3] showed the active use in Western literature of at least ten different methods for determining coping strategies, including in the field of coping with various diseases. The most commonly used is the ‘‘COPE’’ questionnaire, which was only recently adapted in Uzbekistan [1]. There are also a number of specialized techniques for assessing strategies for coping with stress specific to PLHIV, which, however, have not yet found widespread use in Uzbekistan.

RESULTS AND DISCUSSION

Overall, studies to date have shown that passive coping strategies, such as denial, are associated with greater progression of HIV infection [3]. Data from meta-analytic studies suggest that strategies such as Direct Action and Positive Reappraisal are more effective in terms of psychological and physical well-being for HIV-positive people. Forms of coping behavior such as Use of Alcohol or Drugs to Cope and Behavioral Disengagement are consistently associated with negative psychological and medical outcomes [4]. An analysis by J. Friedland et al. [5] showed a close positive relationship between problem- and perception-oriented strategies and the quality of life of PLHIV. Emotionally oriented coping, on the contrary, was negatively associated with quality of life.

Also, longitudinal empirical studies have confirmed the connection between positive religious strategies, such as seeking spiritual support, and improving the psychophysiological state of a patient with HIV infection. Negative religious strategies, for example, anger at God, on the contrary, do not lead to an improvement in these indicators.

In science, significant attention is paid to the study of coping strategies specific to PLHIV. In the dissertation research of I.V. Tukhtarova showed a higher prevalence among PLHIV of such ineffective strategies as distancing, escape-avoidance and confrontational coping, and a less frequent use of strategies for planning a solution to the problem, positive reappraisal, seeking social support, self-control and taking responsibility. It should be noted, however, that 72% of respondents from the experimental group also had a diagnosis of heroin addiction, which makes it difficult to interpret the results.

Factors of coping with HIV infection

Psychosocial factors are among the most powerful predictors of successful coping with the disease. They influence both directly and through behavior change, in the area of psychoactive substance use, treatment adherence and lifestyle, which are mediator factors in this case.

CONCLUSION

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It should be noted that, despite the significant experience of successful preventive interventions, assessing their effectiveness still has many methodological limitations, including due to the lack of random selection of project participants and/or the lack of assessment of the sustainability of the results obtained in the long term. In addition, these interventions typically consist of multiple sessions of varying formats and have many different components, making it difficult to assess which intervention components are key or most effective [5]. Due to the ongoing HIV epidemic in Uzbekistan, there is a high need for the development and sociocultural adaptation of interventions that are effective in improving the coping characteristics of PLHIV.

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