

# **The Impact of Culture and Gender on HIV Resilience**

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**Personal:**

Most people, especially teenagers, do not know HIV as anything more than an STD and that we are to avoid being infected. The true effects of the virus and how much it changes people's lives is rarely considered. Past research has shown that the highest percentage of HIV infected patients lies in East Africa. Research has also shown that the HIV population of the United States is rapidly growing. Like all humans, my childhood played a major role in the shaping of my current personality. I personally spent my childhood in Kenya where I witnessed the effects of such a cruel virus. These sights and experiences were embedded in my mind until I moved to the United States in high school and decided to pursue my interest in the virus and what it does to people. I researched several well known institutions in both the United States and Kenya and contacted them in order to survey their subjects for my project. The biggest challenge of this study was being granted the consent of the institutions to survey their patients. Luckily, however, the response rate was 100% which is very rare. The lessons that I was taught through this experience will never be forgotten. Most infected patients are negatively psychologically affected and have a very hard time returning to their original state. This study taught me that these patients are some of the strongest people to be able to go through such an experience and still come back and seek progression in their lives and society. This study also brought HIV to the attention of others in another perspective that is not just medical, but also psychological.

**Abstract:**

This study was conducted to research the impact of culture and gender on the resilience of HIV infected patients. It was hypothesized that males would be more resilient than females. It was also hypothesized that it would be more difficult for Africans to cope with being HIV infected than it would be for Americans. 30 people from the United States and 80 from Africa were given a survey based on Sean Kidd's Resilience in Homeless Youth: The Key Role of Self-Esteem asking questions about their

ability to cope with being HIV infected. The survey given was testing the resilience and social stigma of the patients. In Africa, the patients were surveyed at the Coptic Hope Center in Nairobi. The identity of the patients was not asked for and the information given was confidential. Likewise, in the United States, the patients were surveyed at the Broward House in Florida. The information collected was recorded on the SPSS program and tests were run for statistical significance.

Mann-Whitney U tests that were run revealed significant differences between subjects' gender and overall resilience,  $z=-1.995$ ,  $p=.046$ , and coping,  $z=-2.690$ ,  $p=.007$ , with being HIV infected. Furthermore, more tests revealed significant differences between subjects' cultures and overall coping with the HIV infection,  $z=-3.104$ ,  $p=0.002$ . The findings of this project support the hypothesis originally made; males were able to cope better than females. This means that females had a more difficult experience dealing with being HIV infected. Additionally, Americans were more resilient than Kenyans. This proves that Americans are able to successfully adapt to their environment being HIV infected more than Kenyans.

### **Introduction:**

Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances (Masten et al., 2008). It also refers to a class of phenomena that are characterized by good outcomes in spite of serious threats to adaptation or development. Resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptation systems (Masten, 2001). Masten in 2001 also wrote that resilience appears to be a common phenomenon arising from ordinary human adaptive processes. Most of the resilience investigators of the past decade have assumed that resilience arises from many dynamic interactions within and between organism and environment (Masten, 2001). Behaviors and sociocultural experiences are influenced by cultural traditions, values, and beliefs of the sociohistorical period involved

(Gutiérrez, 2002). Although conventions, values, and practices mean different things in varying circumstances, studies sensitive to culture and context will increase understanding that conventions, values, and practices of different cultural groups may also overlap. Appreciation of both the heterogeneity of conventions and the commonalities in practices can improve a community's capacity to foster youth resilience (Theron et al., 2011).

Coping strategies can be both cognitive and behavioral in that thoughts, beliefs, and assumptions can affect how one perceives and manages a situation. For example, an individual might respond to the pain experience with the thought, "I can conquer this" associated with positive feelings around self-efficacy. Conversely, the thought, "this pain will never go away" is likely associated with a negative affective state that suggests a sense of despair and helplessness (G.A. Griswold et al, 2005). Research has consistently reported that patients who endorse catastrophizing have been found to report increased levels of depression and anxiety, decreased hope for relief, and lower levels of functioning (Geisser, Robinson, & Henson, 1994; Gil, Abrams, Phillips, & Keefe, 1989; Sullivan & d'Eon, 1990).

Adaptation is considered in terms of three domains that are likely to be affected by HIV: psychological distress, perceived quality of life, and personal belief systems. The hardiness construct originated in research on stress-illness relationships in the general population (Kobasa SC, 1979) and consists of three dimensions, including commitment, control, and challenge. Available data suggest that high hardiness persons appraise stressful tasks as less threatening, show higher frustration tolerance, and use more problem-focused and support-seeking coping strategies than low hardiness persons (Florian et al., 1995; Wiebe, 1991). Some studies also have reported that in comparison to persons low in hardiness, high hardiness persons evidence smaller increases in overall physiological

arousal and response (e.g., heart rate, diastolic blood pressure) in stressful situations (Wiebe, 1991; Contrada, 1989).

Persons with HIV disease may exhibit a range of psychological distress reactions of lesser or greater intensity in managing acute and ongoing HIV-related challenges (Chesney, Folkman, 1994). Clinical manifestations of HIV/AIDS affect physical and emotional functioning aspects of quality of life (Chesney, Folkman, 1994). [Also] as life-threatening illness tends to challenge core personal beliefs (Janoff-Bulman, 1989), personal constructs and related processes of meaning construction have important implications for HIV-related adaptation (Schwartzberg, 1993; Farber, Schwartz, 1997).

Thus, males affected with HIV will have a statistically significant higher level of resilience than females. (Lakaje and Thapelo, Shadrack, 2005/06). Africans are denied efficient healthcare, education, and financial stature (UNAIDS, 2003). Therefore, it is more difficult for Africans to cope with being HIV infected than it is for Americans. The spread of AIDS is worst in regions and countries where poverty is extensive, gender inequality is pervasive, and public services are weak (Collins & Rau, 2000).

### **Method:**

The present study is focused on the impact of culture and gender on the resilience and well being of HIV infected patients in Kenya and the United States. It was hypothesized that males with HIV will have a statistically significant higher level of resilience than females. Moreover, it was also hypothesized that it is more difficult for Africans or cope with being HIV infected than it is for Americans.

Preceding this study, acknowledgment was needed from the Institutional Review Board in Plainview Old-Bethpage High School. This board is composed of the school psychologist (pHd), the district Chairperson of Science, and a science teacher. The survey based on Sean Kidd's Resilience in

Homeless Youth: The Key Role of Self-Esteem was modified to accommodate the high risk population and preserve each subjects' anonymity.

Participants:

80 participants from Kenya and 30 from the United States were given a survey based on Sean Kidd's Resilience in Homeless Youth: The Key Role of Self-Esteem asking questions about their ability to cope with being HIV infected. Additionally, Wagnild and Young's 25-Item Resilience Scale was included in the survey given. The survey given was testing the resilience and social stigma of the patient. In Africa, the patients were surveyed outside an HIV clinic. The patients signed the consent form then began the survey. The identity of the patients was not mentioned and the information given was confidential. Likewise, the same thing happened in the United States. The information collected was then sent in and statistically organized.

**Measure:**

The present study uses a modified version of the original survey titled Resilience in Homeless Youth: The Key Role of Self-Esteem. The questionnaire was made to survey a representative sample of homeless youth in New York to examine the ability of homeless youth to cope with their circumstances and conditions. Sections of this survey were put together with Wagnild's and Young's 25-Item Resilience Scale to complete the final survey that was given to the subjects.

The first part of the survey consists of background information including the subjects' age, marital status, gender, gross income, and how long they've had HIV. This section was there because most of the questions included the independent variables used for the research project

After the general background questions, the subjects were to fill out the Social Stigma questions which were taken from Professor Sean Kidd's survey. These questions had a scale which

measured the subjects' level of agreement on statements describing how they are viewed by society. They were given five spots per question from which they could fill only one. These spots included 1 for strongly agree, 3 for neutral, and 5 for strongly disagree. When this scale was being scored, the average score of all the questions was taken. The higher the score, the less the subject is socially stigmatized.

The survey then proceeds into the coping questionnaire which gives the subjects a scale which measures how they react to the hardships in their lives. These questions are given a scale of how frequent these patients have these reactions. This scale is from 1 to 5; 1 being never, 3 being sometimes, and 5 being always. Similar to the social stigma section, when the coping section is scored an average score is calculated. The higher the score, the better the subject is at coping with life-changing experiences.

Finally, the last section of the survey consists of Wagnild and Young's 25-item Resilience Scale which measures the subjects' well-being and capacity to successfully adapt to new circumstances and conditions. The questions were each given a scale from 1 to 7, 1 meaning disagree and 7 meaning agree. This scale could only be scored by adding the scores of each question for a total score. The higher the score, the more resilient the subject is.

## **Results:**

The data collected was then scored and entered into the SPSS data program. Spearman's Nonparametric Correlations were performed to discover the strength of the relationships between subject's overall social stigma and overall resilience regardless of their gender and culture. A weak positive correlation existed between social stigma and resilience ( $r=.265$ ,  $p=.005$ ), which revealed that the less the subjects felt socially stigmatized and judged, the more they were able to cope being HIV infected. Furthermore, additional tests were run to determine the correlations between subjects' age and overall resilience, again regardless of their gender and culture; yet once again there existed a weak

positive correlation ( $r=.237$ ,  $p=.018$ ). This demonstrates that as subjects get older, they are more able to bounce back and return to their state prior to acquiring the virus. Moreover, another weak positive correlation existed between subjects' age and overall coping ( $r=.215$ ,  $p=.031$ ), showing that as subjects get older they are able to cope better with being HIV infected. It also should be noted that a very weak negative correlation existed between subjects' overall social stigma and overall coping ( $r=-.193$ ,  $p=.043$ ), this signifies that the more the subjects felt socially stigmatized, the less they were capable of dealing with being HIV infected and becoming themselves again.

### **Discussion:**

The results of this research have highlighted the importance of culture and gender on the resilience and well-being of HIV infected patients. The weak positive correlation that exists between social stigma and resilience signifies that the less socially stigmatized subjects are, the more resilient they become. This is important because it shows that the way society views a person plays a major role in their self-perception and ability to become themselves again after a life-changing experience. Results also showed that subjects who felt socially stigmatized found it more difficult to cope with the virus. This supports the previous finding that society plays a noteworthy role in one's life and therefore affects coping skills and ability. It was also found that as subjects gradually increase in years of life, they become more resilient and are able to cope with being HIV positive better. This occurs because as maturity levels change, subjects are more likely to trust their perception of themselves as opposed to the perception of others.

The findings of this research have supported Lakeje, Thapelo, and Shadrack's (2005/06) findings that males affected with HIV will have a statistically significant higher level of resilience than females. These findings are important because they show that gender plays a role in HIV infected subjects' abilities to be resilient and cope. Moreover, Africans are denied efficient healthcare, education,



and financial stature (UNAIDS, 2003) and the spread of AIDS is worst in regions and countries where poverty is extensive, gender inequality is pervasive, and public services are weak (Collins & Rau, 2000). Therefore, it is more difficult for Africans to cope with being HIV infected than it is for Americans. The findings of this study support this because statistics show that Kenyans found it more difficult to cope with being HIV infected than Americans.

Educational programs should be an important addition to enlighten students about the true effects of HIV on the psychology of patients. It is very significant to ensure the acceptance of these groups of people because it greatly affects their ability to cope with being HIV infected and helps them fit back into society. The nurturing of the environments of such subjects evidently plays a noteworthy role in their ability to handle the virus and bounce back to the personalities they had preceding being HIV positive. It was found that Americans are more resilient than Kenyans and are able to cope better and this is due to the aid provided by their cultures. The availability of healthcare and education in the United States is more advanced and accessible than in third-world countries such as Kenya.

Additionally, future generations should be provided more information on gender inequality in HIV infected patients, as it was found that males are more resilient than females. It is an essential aspect that should be directly addressed because it will improve the understanding of society. The resilience of HIV infected patients should be given more attention by officials because it will greatly affect the entire world's perception of the virus and, most importantly, significantly help HIV-infected patients adapt to their new environment and fit back into society.

### **Conclusion:**

The findings of the present study yielded a more complete understanding of how gender, male and female, and culture, American and Kenyan impact the resilience and well-being of HIV infected patients.

- The present study found strong evidence that males have a higher capability to cope with being HIV infected than females do. This was shown by the men having a higher average score in the coping section of the survey given.
- A statistical significance difference existed between subjects' gender and overall resilience.
- This signified that males are more resilient than women, which supported the hypothesis originally made.
- Surprisingly, it was found that there was not statistical significance between social stigma and gender or culture, proving that gender and culture do not affect social stigma.
- Moreover, it was found that culture plays a major role in the overall coping of HIV infected patients in Kenya and the United States. This finding proved that Americans are more resilient than Kenyans. Meaning they are able to successfully adapt to being HIV infected faster and better than Kenyans.
- An important correlation was also found between subjects' ages and overall resilience. This is noteworthy because it shows that as maturity levels increase, the ability of subjects to successfully adapt to being HIV infected increases as well.