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# COPING STRATEGIES AND LIFE EXPECTANCY OF PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN BAMENDA MEZAM DIVISION NORTH WEST REGION OF CAMEROON: A PEDAGOGIC PERSPECTIVE

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**Abstract:**
The life expectancy of people living with HIV/AIDS (PLWHA) who attend the treatment center of the Bamenda Regional Hospital has been of interest to many educationists. Coping strategies can have a relationship with their lifestyle. The argument for the study anchored on the attribution theory (Bernard Weiner, 1990), Lazarus' Cognitive Theory of Stress (1966), the human ecological theory (1979). A cross-sectional descriptive survey research design with a mixed approach was used with a sample of 165 PLWHA who attend the treatment center of the Bamenda Regional Hospital. Data obtained were analyzed descriptively and inferentially. Findings showed that there is a very significant and positive relationship between emotional approach coping and life expectancy of people living with HIV/AIDS (P<0.001). Similarly, findings on hypothesis two showed that there is a very significant and positive relationship between problem focus coping and life expectancy of people living with HIV/AIDS (P<0.001). Again, findings on hypothesis three showed that there is a very significant and positive relationship between engagement and disengagement coping and life expectancy of people living with HIV/AIDS (P<0.001). Lastly, findings on hypothesis four showed that that there is a very significant and positive relationship between meaning focus coping and life expectancy of people living with HIV/AIDS (P<0.001). The study concludes that coping strategies have positive effects on people living with HIV/AIDS. The findings recommend that, people living with HIV/AIDS should be encouraged to be resilient and agentic. This will help them to live well and increase life expectancy rate.

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**Keywords:** coping strategies, life expectancy, HIV/AIDS, emotional approach coping, problem focus coping, engagement and disengagement coping and focus coping

## 1. Introduction

Sub-Saharan Africa is severely impacted by HIV/AIDS. Estimates state that from all people in the world living with HIV/AIDS, five out of ten women, six out of ten men, nine out of ten children live in the sub-Saharan Africa and again from the sub-Saharan countries South Africa remains the country with the largest numbers of HIV infections (Shisana, 2005). In South Africa alone between 6 and 6, 5 million people are infected, which makes up for 12% of the entire South African population (UNAIDS, 2013; Stats SA, 2014). Hundreds of thousands of children get orphaned by AIDS and hundreds of people are still getting infected on a daily basis (Kalichman and Simbayi, 2003).

A vast amount of research has already been done about the effects of HIV/AIDS in Africa. Scholars have, among others, researched how HIV/AIDS patients who experience a lack of social support are likely to keep their situation a secret to their family (Ehiri, Anyanwu, Donath, Kanu and Jolly, 2005). With the introduction of highly active antiretroviral therapy (HAART) and scaling up of its availability, life expectancy of the infected persons has increased. In the HAART era, infected individuals might live a longer life; however, they might not lead a well-satisfied life. So, determining quality of life (QOL) is considered to be essential to identify the overall well-being of people living with HIV/AIDS (PLWHA). As there is no cure for HIV infection and no vaccines are available for its prevention, the infected person has to follow antiretroviral therapy (ART) regimen lifelong, which has led to PLWHA facing increasing health-related challenges pertaining to the disease, managing medication, side effects due to medication and aging. Hence, it is important to determine the factors contributing to better QOL among PLWHA. Studies have shown an inverse relationship between QOL and factors like HIV infection stages, unemployment, perceived health status, stress and medication adverse effects due to ART, and depression, which in turn are associated with social support and self-esteem. Factors affecting QOL might be interlinked to many health-related factors. So QOL has become an important indicator for implementing HIV health-related intervention.

World Health Organization (WHO) has defined QOL as ''*individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns*'' (Smith, 2008).

Understanding to what extent stigmatization, coping strategies and social support affect the quality of life (QOL) can help to understand what effects the social environment has on the QOL. It is assumed that lack of social support, stigmatization and lesser coping strategies affect the QOL negatively, which makes HIV very hard to tackle (Kalichman and Simbayi, 2005; Smith, 2008). It is important to find out how social factors, coping strategies, social support and stigmatization relate to QOL and how this differs between the HIV+ and HIV-population. When a difference can be found, and a reason for the

difference in QOL is related to one or more of the social factors, there can be a better understanding of how HIV affects someone's social life and thereby also affects someone's health. Intervention strategies to counter social problems which affect QOL could be designed to improve the QOL of both the HIV+ and HIV- population (Kalichman and Simbayi, 2005).

Developing coping strategies is necessary to reduce the psychological sufferings of people living with HIV/AIDS, arising from all the difficulties related to this disease. Coping strategies consist of thoughts and behaviors that people use as a strategy to organize the internal and external demands of a particular stressing event or factor. Coping strategies are influenced by factors such as socio-demographic, personal, socio-cultural and environmental aspects.

## 2. Literature Review

Attempts to define coping as a psychological construct have proven to be difficult, due to the multidimensional nature of coping (Carpenter, 1992). For this reason, no consensus has been reached on what the specific conceptualization of coping should entail. For example, in their landmark article on the structure of coping, Pearlin and Schooler (1978) define coping as a "*behavior that protects people from being psychologically harmed by problematic social experience, a behavior that importantly mediates the impact that societies have on their members*" (p. 2). They added that "*coping, in sum, is certainly not a one-dimensional behavior. It functions at a number of levels and is attained by a plethora of behaviors, cognitions, and perceptions"* (Pearlin & Schooler, 1978, p. 7–8). This definition highlights that coping is a multifaceted psychological construct that includes not only behavior, but also cognitions.

Furthermore, Pearlin and Schooler (1978) note that coping is aimed at protecting people against psychological harm. For the purposes of the present discussion the definition of coping set forth by Lazarus and Folkman (1984) will be used. The cognitive-phenomenological theory of stress and coping proposes that perceived stress and the resultant coping efforts are the products of a stressful person-environment relationship (Lazarus & Folkman, 1984). For that reason, the theory can be viewed as a transactional theory of stress and coping.

Friedland et al. (1996) found a close link between coping strategies and the amount of social support a person receives. They explain that the combination of a lack of social support and a lack of emotional coping is negatively related to QOL. When there is a presence of social support and problem-oriented coping, there is a positive relation with QOL. Avoidance coping in combination with a lack of social support was found to be unrelated or negatively related to QOL (Friedland et al., 1996). It thus depends on the amount of social support a person receives and what kind of coping strategies this person uses, how satisfied this person will be with the QOL.

Gore-Felton et al. (2006) also emphasize the importance of proper coping strategies for reducing the amount of stress a person's experiences. They state that a proper

guidance is needed to help people cope with stressful and difficult situations to improve their QOL.

Kraaij et al. (2008) explored the relationships between coping strategies, goal adjustment, and symptoms of depression and anxiety among HIV positive men. They found that rather cognitive coping strategies had a stronger influence on well-being than all other coping strategies. Less use of positive refocusing, positive reappraisal, putting into perspective and increased use of catastrophizing, and blaming others were related to symptoms of depression and anxiety. Additionally, they reported that, withdrawing effort and commitment from unattainable goals, and reengaging in alternative meaningful goals where preexisting goals was not achievable were effective while coping and facilitated good quality of life. They posit that intervention programs aimed at people with HIV/AIDS should pay attention to both cognitive coping strategies and goal adjustment.

Turner-Cobb and others (2002) explored the psychosocial correlates of adjustment to HIV/AIDS among HIV positive individuals. They reported that adjustment was significantly associated with greater satisfaction with social support related to HIV/AIDS, secure attachment styles, and less use of behavioral disengagement in coping with HIV/AIDS. They reported that those PLWHA who were more satisfied with their relationships, securely engaged with others, and more directly engaged with their illness experienced positive adjustment.

Further, they posit that individuals who coped with the HIV/AIDS by dealing directly with stressors associated with their chronic illness experienced better adjustment. Sikkema et al. (2003) explored the association between AIDS related grief and coping among individuals with HIV. They reported that the severity of grief reaction was associated with escape/avoidance and self-controlling coping strategies, type of loss and depressive symptoms. They suggested that interventions are needed to enhance coping and reduce psychological distress associated with bereavement and grief experienced by PLWHA.

DeGenova and others (2001) investigated the relationship of emotion focused coping strategies and problem focused coping strategies on depression and physical illness among HIV infected individuals. They found that those who employed emotion focused coping strategies experienced more depression symptoms in contrast to those individuals who employed problem focused coping strategies. They posit that problem focused coping is usually more effective than emotion focused coping for generating positive mental health outcomes during stressful events. Moreover, they elaborated that those who used emotion focused coping strategies might have more depression symptoms, which may then in turn decrease the availability and use of problem focused coping strategies.

Weiner (1980) states that causal attributions determine affective reactions to success and failure of patient. For example, patients with higher ratings of self-esteem and with higher life expectancy tend to attribute success to internal, stable, uncontrollable factors such as ability, while they attribute failure to either internal, unstable, controllable

factors such as effort, or external, uncontrollable factors such as task difficulty. PLWHA who experience repeated moods of sadness are likely to see themselves as being less competent in controlling the event.

Emotion-focused coping strategies are mostly defensive in nature and are directed at the negative emotions that the stressful situation generates. Utilizing emotion-focused coping strategies may not change the meaning of the problem or be aimed at addressing the problem directly, but instead it is aimed at minimizing the emotional distress that the person is experiencing. These coping strategies are mostly used when the individual appraises that nothing can be done to change the stressful situation. Although emotion-focused coping is aimed at dealing with the negative emotions associated with the stressor and make the person feel better, some emotion-focused coping strategies may be counterproductive and lead to more emotional distress (Lazarus & Folkman, 1984).

## 3. Methods

The study was a descriptive survey and was made up of 165 participants from Mezam Division who are either on treatment or follow up at the Bamenda Regional Hospital. The purposive and accidental sampling techniques were used in the study. Purposive sampling enabled the researcher in deliberately selecting the hospital which satisfied some pre-determined criteria and warrants the inclusion. The accidental sampling technique enabled the researcher to get the respondents who attended the Treatment Center during the research period. The instruments used were a self-conducted questionnaire and interview guide designed to collect data on coping strategies and life expectancy of people living with HIV/AIDS. Since coping strategies was the independent variable, it was further operationalized as constituting emotional coping, problem focus coping, engagement and disengagement coping, and meaning focus coping.

**Table 1:** Reliability statistics for final study

| Variables | Cronbach Alpha Coefficient | Variance | Number of respondents | Number of items |
|---|---|---|---|---|
| Emotional approach coping | 0.668 | 0.102 | 165 | 10 |
| Problem focus coping | 0.756 | 0.250 | 165 | 10 |
| Engagement and disengagement coping | 0.703 | 0.058 | 165 | 10 |
| Meaning focus coping | 0.878 | 0.212 | 165 | 10 |
| Life expectancy | 0.784 | 0.120 | 165 | 10 |
| Overall reliability statistics | 0.896 | 0.155 | 165 | 50 |

The reliability analysis report of the instrument was not violated for any variables with Cronbach's Alpha Coefficient values all above 0.5. The relatively high value of the Cronbach Alpha Coefficient implies that the respondents were consistent and objective in their responses. The relatively low value of the variances implies that respondents did

not differ significantly in their responses by demographic factors/information. The overall reliability statistics of the instrument was 0.896. Generally, according to Amin (2005), when the Cronbach Alpha coefficient value is above 0.5 in a study context of which the test items are directly linked to one another, the instrument is considered valid and reliable for the study.

## 4. Findings

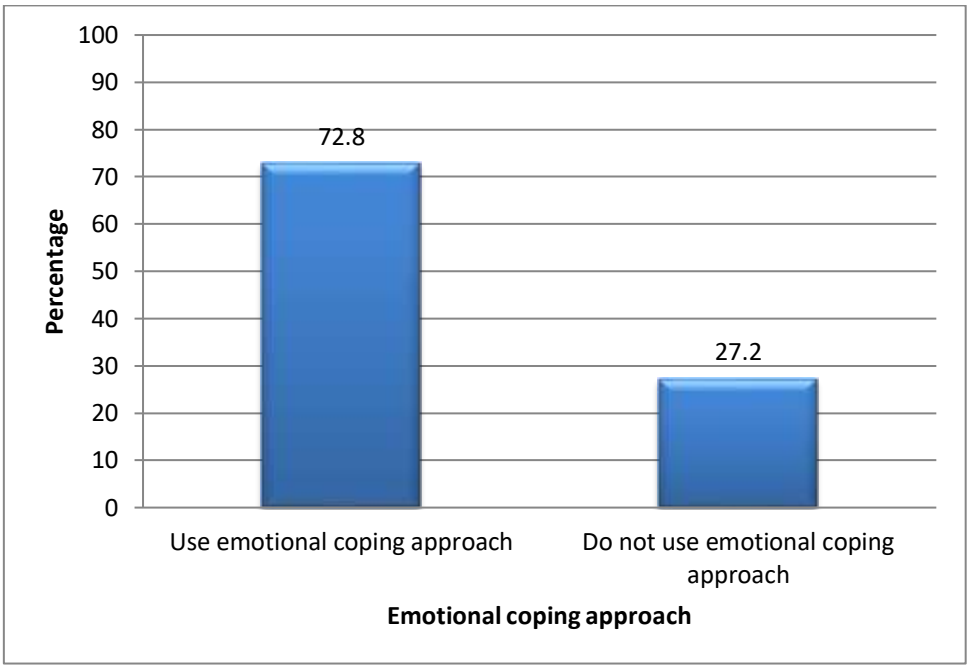


**Figure 1:** The use of emotional coping approach by people living with HIV/AIDS

**Table 2:** Relationship between emotional approach coping and life expectancy of people living with HIV/AIDS

| | **Test statistics** | **Emotional approach coping** | **Life expectancy** |
|---|---|---|---|
| Spearman's rho | R-value | 1.000 | .349** |
| | P-value | . | .000 |
| | N | 165 | 165 |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | |

Statistically, findings show that there is a very significant and positive relationship between emotional approach coping and life expectancy of people living with HIV/AIDS (P<0.001, far below 0.05). The positive sign of the correlation value (R= 349**) implies that people living with HIV/AIDS are more likely to live a good quality of life resulting in a high life expectancy when they learn to cope emotionally with their situation. Therefore, the hypothesis that states that there is no significant relationship between emotional coping and life expectancy of people living with HIV/AIDS was rejected and the

alternative that states that there is a significant relationship between emotional coping and life expectancy of people living with HIV/AIDS was accepted.

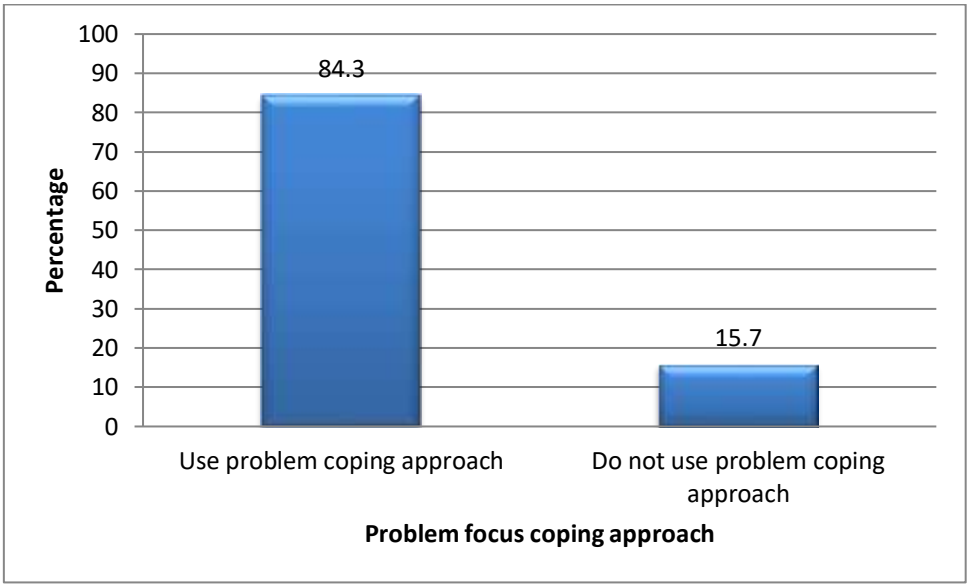


**Figure 2:** The use of problem focus coping approach by people living with HIV/AIDS

**Table 3:** Relationship between problem focus coping and life expectancy of people living with HIV/AIDS

| | **Test statistics** | **Problem focus coping** | **Life expectancy** |
|---|---|---|---|
| Spearman's rho | R-value | 1.000 | .460** |
| | P-value | . | .000 |
| | N | 165 | 165 |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | |

Statistically, findings show that there is a very significant positive and strong relationship between problem focus coping and life expectancy of people living with HIV/AIDS (P<0.001, far below 0.05). The positive sign of the correlation value (R= 460**) implies that people living with HIV/AIDS are more likely to live a good quality of life resulting in a high life expectancy when they learn to use problem focus coping approach in addressing their daily problems. Therefore, the hypothesis that states that there is no significant relationship between problem focus coping and life expectancy of people living with HIV/AIDS was rejected and the alternative that states that there is a significant relationship between problem focus coping and life expectancy of people living with HIV/AIDS was accepted.

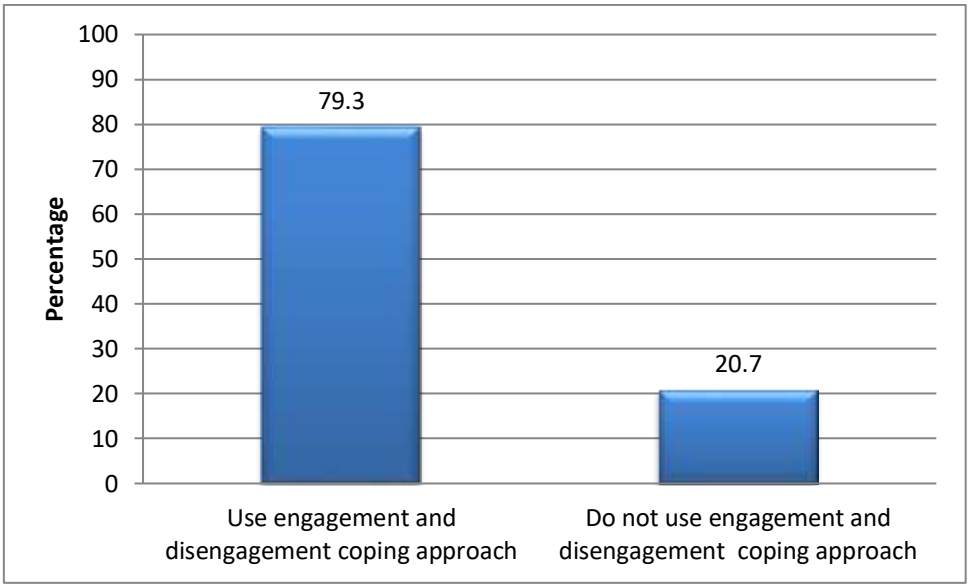


**Figure 3:** The use of engagement and disengagement coping approach by people living with HIV/AIDS

**Table 4:** Relationship between engagement and disengagement coping and life expectancy of people living with HIV/AIDS

| | **Test statistics** | **Engagement and disengagement coping** | **Life expectancy** |
|---|---|---|---|
| Spearman's rho | R-value | 1.000 | .397** |
| | P-value | . | .000 |
| | N | 165 | 165 |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | |

Statistically, findings show that there is a very significant positive and relatively strong relationship between engagement and disengagement coping and life expectancy of people living with HIV/AIDS (P<0.001, far below 0.05). The positive sign of the correlation value (R= 397**) implies that people living with HIV/AIDS are more likely to live a good quality of life resulting in a high life expectancy when they learn to use engagement and disengagement coping approach in addressing their daily problems. Therefore, the hypothesis that states that there is no significant relationship between engagement and disengagement coping and life expectancy of people living with HIV/AIDS was rejected and the alternative that states that there is a significant relationship between engagement and disengagement coping and life expectancy of people living with HIV/AIDS was accepted.

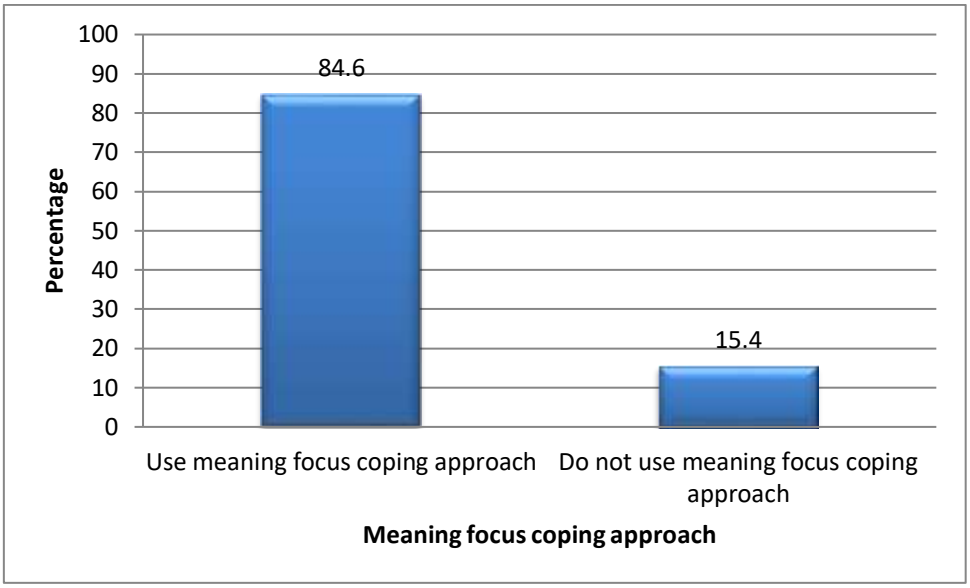


**Figure 4:** The use of meaning focus coping approach by people living with HIV/AIDS

**Table 5:** Relationship between meaning focus coping and life expectancy of people living with HIV/AIDS

| | **Test statistics** | **Meaning focus coping** | **Life expectancy** |
|---|---|---|---|
| Spearman's rho | R-value | 1.000 | .238** |
| | P-value | . | .000 |
| | N | 165 | 165 |
| **. Correlation is significant at the 0.01 level (2-tailed). | | | |

Statistically, findings show that there is a very significant and positive relationship between meaning focus coping and life expectancy of people living with HIV/AIDS (P<0.001, far below 0.05). The positive sign of the correlation value (R= 238**) implies that people living with HIV/AIDS are more likely to live a good quality of life resulting in a high life expectancy when they learn to have a positive appraisal about themselves. Therefore, the hypothesis that states that there is no significant relationship between meaning focus coping and life expectancy of people living with HIV/AIDS was rejected and the alternative that states that there is a significant relationship between meaning focus coping and life expectancy of people living with HIV/AIDS was accepted.

## 5. Discussions

### 5.1 Emotional coping approach and life expectancy of people living with HIV/AIDS

Statistically, findings showed that there is a very significant and positive relationship between emotional approach coping and life expectancy of people living with HIV/AIDS. The positive sign of the correlation value implied that people living with HIV/AIDS are more likely to live a good quality of life resulting in high life expectancy when they learn to cope emotionally with their situation. Findings showed that majority of the people

living with HIV/AIDS used emotional coping approach such as easily regulating their emotions when stressed up, easily overcoming fear, writing about negative events and receiving emotional support from people when they are lonely. This is in congruence with the works of Frattaroli (2006) who carried out an experimental research on expressive writing, involving emotional disclosure and concluded that it has been shown to have benefits for performance on cognitive tasks and for psychological outcomes, such as depressive symptoms.

This is also supported by Averill (1990) who opined that the experience of powerful emotional coping approach has been characterized by high life expectancy with people living with HIV/AIDS, particularly for cognitive processes. Moreover, this work is contrary to the research of Austen Feld (2002) who found a link between emotion-focused coping and poor psychological outcomes. He found associations between emotion-focused coping and negative outcomes such as poor life satisfaction, greater depressive and anxious symptoms and neuroticism (Austenfeld, 2002).

Equally, Gross, & John (2013) argued that emotion regulation of people living with HIV/AIDS has also illustrated the importance of emotional processing and expression for well-being. They argued that the therapeutic approaches have also demonstrated the important role of emotions in coping with difficult situations of people living with HIV/AIDS. Greenberg (2015) also supported that emotion-focused therapy is a clinical psychology approach emphasizes the importance of acknowledging and tolerating negative emotions and enjoying positive emotions for healthy psychological adjustment. This finding is equally supported by Austenfeld (2002) & Taylor (2011) who have attempted to disentangle the maladaptive and functional aspects of emotion-focused coping by examining the measurements of emotion-focused coping. They found that emotion-focused measurements of coping often aggregate approach and avoidance strategies and emotion-focused coping strategies are confounded with measures of distress.

**5.2 Problem focus coping and life expectancy of people living with HIV/AIDS**

Statistically, findings showed that there is a very significant positive and strong relationship between problem focus coping and life expectancy of people living with HIV/AIDS. The positive sign of the correlation value implied that persons living with HIV/AIDS are more likely to live a good quality of life resulting in high life expectancy when they learn to use problem focus coping approach in addressing their daily problems.

This is in line with Lazarus & Folkman (1984) who opined that problem focus coping strategies are mostly defensive in nature and are directed towards negative emotions that the stressful situation generates. They argued that utilizing problem-focused coping strategies may not change the meaning of the problem or be aimed at addressing the problem directly, but instead it is aimed at minimizing the emotional distress that the person is experiencing. These coping strategies are mostly used when the individual appraises that nothing can be done to change their stressful situation.

Although problem-focused coping is aimed at dealing with the negative situations associated with the stressor and make the person feel better (Lazarus & Folkman, 1984). Lazarus & Folkman (1984) equally opined that problem-focused coping is usually employed when the individual appraises that something can still be done to change the stressful situation. They argued that coping is directed at regulating responses to the problem.

This is in congruence with Friedland et al. (1996) where they found a close link between problem focus coping strategies and the amount of social support a person living with HIV/AIDS receives from his or her loved ones. They explain that the combination of a lack of social support and a lack of problem focus coping is negatively related to QOL. When there is a presence of social support and problem-oriented coping, there is a positive relation with QOL. Avoidance coping in combination with a lack of social support was found to be unrelated or negatively related to QOL (Friedland et al., 1996). It thus depends on the amount of social support a person receives and what kind of coping strategies this person uses, and how satisfied this person will be with the QOL. Gore-Felton et al. (2006) also emphasize the importance of proper coping strategies for reducing the amount of stress a person's experiences. They state that a proper guidance is needed to help people cope with stressful and difficult situations to improve their QOL. Similarly, the findings are related to Kraaij and others (2008) who explored the relationships between coping strategies, goal adjustment, and symptoms of depression and anxiety among HIV positive men. They found that rather cognitive coping strategies had a stronger influence on well-being than all other coping strategies. Less use of positive refocusing, positive reappraisal, putting into perspective and increased use of catastrophizing, and blaming others were related to symptoms of depression and anxiety. Additionally, they reported that, withdrawing effort and commitment from unattainable goals, and reengaging in alternative meaningful goals where preexisting goals were not achievable were effective while coping and facilitated good quality of life. They posit that intervention programs aimed at people living with HIV/AIDS should pay attention to both cognitive coping strategies and goal adjustment.

In the same light, Turner-Cobb and others (2002) explored the psychosocial correlates of adjustment to HIV/AIDS among HIV positive individuals. They reported that adjustment was significantly associated with greater satisfaction with social support related to HIV/AIDS, secure attachment styles, and less use of behavioral disengagement in coping with HIV/AIDS. They reported that those PLWHA who were more satisfied with their relationships, securely engaged with others, and more directly engaged with their illness experienced positive adjustment.

This finding is in line with Weiner's attribution theory in the sense that it will enable people to understand the reason why PLWHA will attribute success or failure to internal or external causes perceived. For example, PLWHA may attribute poor coping skills to their problem or sickness such as insufficient effort, lack of ability or a weak support system. In addition, the tendency for individuals to consistently make particular kinds of causal attributions over time is referred to as attribution style. For example, a

self-enhancing attributional style is one that habitually gives credit to hard work for success and attributes failure to a lack of effort.

### 5.3 Engagement and disengagement coping and life expectancy of people living with HIV/AIDS

Statistically, findings showed that there is a very significant positive and relatively strong relationship between engagement and disengagement coping and life expectancy of people living with HIV/AIDS. The positive sign of the correlation value implied that persons living with HIV/AIDS are more likely to live a good quality of life resulting in high life expectancy when they learn to use engagement and disengagement coping approach in addressing their daily problems.

This finding is in contrast with Compas et al. (2001) who opined that disengagement coping is oriented away from the stressor or one's emotions or thoughts. They opined that disengagement coping is similar to avoidant and minimization coping as well as some emotion-focused coping strategies.

Carver & Connor-Smith (2010) opined that engagement coping such as seeking social support, acceptance and positive reframing, whereas disengagement coping such as substance use, distraction and denial will influence the life expectancy of people living with HIV/AIDS. According to Carver et al. (1989), acceptance of one's HIV-positive status can be seen as the preparedness to recognize the impact HIV will have on one's life.

This finding is equally similar to Skinner et al. (2003) who argued that positive reframing such as positive reinterpretation, positive growth, positive cognitive restructuring and positive reappraisal will impact the life of people living with HIV/AIDS positively.

This finding is similar to that of Vaux (1988) who explains that social support is best to be understood as the support from a person's closest networks (as in family and friends) and the way this network shows specific supportive behavior. Leung and Lee (2005) also explained social support as the social capital and the community involvement a person experiences and receives. That is having loved ones around people living with HIV/AIDS who listen, care, who provide reassurance, which in tend makes them feel loved, cared for and valued leading to high life expectancy.

Bronfenbrenner's ecological systems theory is of significance to this study because it contextualizes the human development and shows a variety of influence on the development of patients in different systems and settings. This theory enables us to also understand that we are living in a supportive society and it is important to understand the support system and its influence on the patients coping skills. The microsystem focuses on the roles, relationships and experiences in the patient's immediate environment (parents, teachers, peers and family) which will determine their coping skills and the quality of life they will be expected to life.

### 5.4 Meaning focus coping and life expectancy of people living WITH HIV/AIDS

Statistically, findings showed that there is a very significant and positive relationship between meaning focus coping and life expectancy of people living with HIV/AIDS. The positive sign of the correlation value implied that persons living with HIV/AIDS are more likely to live a good quality of life resulting in a high life expectancy when they learn to have a positive appraisal about themselves.

This is similar to Folkman and Moskowitz (2000) who noted that meaning-focused coping makes people to gain temporary relief from ongoing stress by regularly pausing to reflect on the positive aspects of a stressful situation. In addition, meaning-focused coping includes the planning of positive events as well as the use of humor to reduce tension and create positive emotions. They argued that meaning-focused coping is generally used more to cope with stressful situations that are considered to be uncontrollable and unchangeable.

This is similar to the study of Simoni and Ng (2000) that found out that individuals who had experienced childhood physical abuse as a result of HIV/AIDS tend to use more adaptive coping strategies while those who experienced childhood sexual abuse tend to use avoidant coping strategies. Those individuals who experienced adult abuse used adaptive coping strategies and those who had some sort of trauma in their recent past used avoidant coping strategies. Again, they found that HIV diagnosis induced a number of bio psychosocial changes in the life of the infected person such as informing the spouse about the infection, acceptance, changing the pattern of sexual behavior, fear of stigmatization, feelings of anxiety, hopelessness, isolation, loneliness, depression and despair, which in turn left a negative psychosocial impact on the infected person. Moreover, these feelings compelled PLWHA not to engage in problem focused coping and hence they engaged in emotion focused coping.

The finding is equally supported by Lazarus' cognitive theory of Stress (1966) where he argued that the stress response was elicited when the individual appraised a potentially stressful event as being stressful. In his theory Lazarus emphasizes the influence appraisals have on our perceived stress and suggests that the interpretation of stressful events is more important than the events themselves. For example, a patient who appraises an HIV/ AIDS positive status as being stressful is likely to have higher stress levels than a patient who considers the same HIV/AIDS as any other ailment. This difference in stress levels is due to the way the patients are appraising the upcoming situation

## 6. Conclusion

It is therefore concluded that Coping strategies have positive effects on the life expectancy of people living with HIV/AIDS in Bamenda Mezam Division North West Region of Cameroon. This is supported by Lazarus & Folkman (1984) who opined that central to the discussion of coping with HIV/AIDS, is dealing with the effectiveness of coping strategies. They believed that the effectiveness of coping strategies is mostly based on the

influence they have on adaptational outcomes, such as psychological, social and physiological variables. Lazarus (1999) states that coping efficacy "*depends on the type of person, the type of threat, the stage of the stressful encounter, and the outcome modality"* – that is, subjective well-being, social functioning, or somatic health. Zeidner and Saklofske (1996) suggest that an effective coping strategy leads to the resolution of the stressor, a decrease in psychological distress and adverse physiological stress reactions, as well as a return to previous activities and social functioning.

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