

Personal features and well-being as predictors of meaning in life among people living with HIV/AIDS (PLWHAs) in Nigeria

Arinola O. Deko, Rachel B. Asagba, Samson Femi Agberotimi, Cynthia Wimberly

ABSTRACT

Aims: The study examined self-esteem, life satisfaction and hopelessness as predictors of meaning in life among people living with HIV/AIDS. **Methods:** Two hundred patients; 126 females and 74 males, aged between 17 and 70 years were used for the study. Their mean age was 38.9 years with a standard deviation of 10.2 years. **Results:** The findings revealed that self-esteem, life satisfaction and hopelessness significantly predicted meaning in life and they are important constructs in assessing meaning in the lives of PLWHAs. **Conclusion:** Therefore, it was recommended that meaning centered therapy programs should be put in place by health care givers and other stakeholders dealing with PLWHAs to increase patient's meaning in life

Keywords: Life satisfaction, Hopelessness, Meaning in life, Self-esteem

How to cite this article

Deko AO, Asagba RB, Agberotimi SF, Wimberly C. Personal features and well-being as predictors of meaning in life among people living with HIV/AIDS (PLWHAs) in Nigeria. *Edorium J Psychol* 2016;2:1-7.

Arinola O. Deko¹, Rachel B. Asagba², Samson Femi Agberotimi¹, Cynthia Wimberly³

Affiliations: ¹Msc, Department of Psychology, University of Ibadan, Ibadan; ²PhD, Department of Psychology, University of Ibadan, Ibadan; ³PhD, University of Texas Pan-American.

Corresponding Author: Samson Femi Agberotimi (M.Sc), Department of Psychology, University of Ibadan, Ibadan, Email: femiagberotimi@gmail.com

Received: 10 December 2015

Accepted: 16 February 2016

Published: 29 March 2016

Article ID: 100007P13AD2016

doi:10.5348/P13-2016-7-OA-1

INTRODUCTION

Meaning is a well-being construct that makes man different from animals. Man has the ability, the freedom of will to seek for meaning either through experiencing, attitude towards unavoidable suffering in life or creativity. Frankl as cited by Asagba [1] posited that every man facing challenges has the ability to choose and seek for meaning, but some get stuck with challenges and are unable to find it. Finding meaning results in the ability to cope and endure in a difficult time irrespective of the circumstances an individual finds him or herself. Frankl [2] posited that finding meaning helps to guide a patient by providing options to stay out of an existential vacuum and that meaning differs from one person to another person. Empirical studies have confirmed this view Battista and Almond [3], for instance, revealed that lack of meaning is associated with the need for therapy, while Bonebright, Clay, and Ankenmann [4] averred that finding meaning is positively associated with work enjoyment. This indicates that some individuals are seeking for meaning and others have found meaning in life, which has been confirmed using the meaning in life questionnaire developed by Steger, Fraizer, Oishi, et al., [5]. Previous studies have established a relationship between meaning, human life stages and age. The assertion of Steger, Oishi and Kashdan [6] was that meaning differs across the four major stages of life, such as the emerging adulthood, young adulthood, middle-age adulthood and older adulthood. Likewise, Asagba and Ajayi [7] and Asagba [8] revealed that meaning differs across age and educational qualification, while Lambert, Stillman, Hicks, et al., [9]

reported that sex and age has no significant influence on the presence of meaning. Similarly, Steger, Fraizer, Oishi, et al., [5] found that meaning does not differ across gender, race or religion. In justifying the findings from the study carried out by Nelson, Rosenfeld, Breitbart, and Galietta; Breitbart, Gibson, Poppito, et al., [10] reported that religion contributes to the ability to cope with HIV.

Just as Kubler-Ross analyzed the five stages of grief as responses to sufferings, Mlobeli [11] established that people living with HIV /AIDS initially respond to the awareness of HIV diagnosis by expressing a range of responses such as shock, denial, negotiation of death, depression, anger, aggression, negotiation, depression, acceptance and reconciliation with death. In addition to this, Remien and Rabkin [12] found that the knowledge and awareness of an individual's HIV status can be detrimental to health and strengthen unhealthy behaviors among patients. These responses appear to result in experiencing low self-esteem, being hopeless and non-satisfaction with life, which can lead into not seeking meaning in life among patients.

One of the important variables in this study is self-esteem, which is a contributing arm to well-being and has been reported in empirical studies to be reduced among individuals suffering from illnesses or people experiencing a major life trauma. Castrighini, Gir, Neves, et al., [13] argued that low self-esteem is one of the consequences of HIV/AIDS. Likewise, Fabianova [14] confirmed that PLWHAs often lose rapidly their self-esteem as a result of rejection from their loved ones, while Fleming and Courtney [15] added that, the knowledge of PLWHAs' HIV status makes them fall into a state of depression, dislike themselves and the world around them. Consequently, Damon, Menon and Bronk [16] discovered a positive relationship between meaning and high self-esteem, while, Steger, Fraizer, Oishi, et al., [5] discovered that less depressed individuals experience high self-esteem. More importantly, Harms, Kizza, Sebunnya, et al., [17] fingered self-esteem as being an important construct to be put into consideration to enhance the quick recovery of sick patients accessing mental health and Ben-Ari [18] supported that individuals with high self-esteem view their lives as more meaningful. Also, Ben-Ari, Shlomo and Findler [19] discovered that self-esteem contributes to the differences in meaning, while, Baumeister, Campbell, Krueger, et. al, [20] argued that self-esteem is significantly related to being happy. More studies have established a significant correlation between meaning and self-esteem [21].

As empirical studies on meaning is increasing, studies have reported a significant relationship between life meaning and the well-being construct of life satisfaction, for example, Steger, Fraizer, Oishi, et al., [5] and Nolte [22] posited that the individuals who seem to be satisfied with their lives are also found to express presence of meaning in life. Similarly, findings have also established a direct relationship between satisfaction with life and meaning in life [23-30].

Hopelessness is another variable examined in this study; Breitbart, Gibson, Poppito, et al., [10] posited that meaning can predict hopelessness among terminally ill cancer patients and plays an important role in reducing hopelessness. Steger, Fraizer, Oishi, et al., [5] reported that individuals with high meaning in life report greater hope, specifically among people living with HIV/AIDS. Mlobeli [11] argued that internalized trauma resulting from HIV stigma experienced by PLWHAs contributes to hopelessness, also, Ramovha, Khoza, Lebesse, et al., [31] averred that the awareness of seropositive status of HIV patients evokes the feelings of hopelessness in them, while Grygielski, Januszewska, Janusxewska, et al., [32] found a relationship between meaning and hopelessness. Likewise, Ryff [33] proposed that individuals searching for meaning do not plan for the future, while Edward and Holden [34] revealed that individuals with higher meaning in life are not hopeless. Further review of studies on meaning in life and hopelessness revealed that Kamarzarrin [35] justified that "meaning in life could assist patients to overcome their depression, anxiety and hopelessness and become responsible and accountable of their lives and existence through relying on freedom in the power of choice" (pp 85).

From these views, this study examined personal features which include marital status, occupation, and level of education, self-esteem, life satisfaction and hopelessness as predictors of meaningfulness among the people living with HIV/AIDS.

METHOD

Participants

The study was conducted among the PLWHAs receiving ART at the State Specialist Hospital Akure, Ondo State, Nigeria. It is a health facility where people within the state who seek medical treatment assess medical personnel for health benefit. A purposive sampling method was adopted for the study, two hundred participants 126 (63%) females and 74 (37%), with the mean of 38.9 and standard deviation of 10.2 volunteered to participate in the study. Their ages ranged between 17 to 70 years.

Measures

Questionnaire format was used for data collection consisting of four sections. Section A carries the demographic variables of the respondents such as sex, age, ethnicity, occupation, religion, marital status, family background, duration of diagnosis and educational qualification.

Section B comprises the 10 items of Rosenberg Self-esteem scale which measures an individual's feelings of self-worth when individual compares himself or herself to other people. This study found a reliability of 0.65 for the scale.

Section C comprises five items of Satisfaction with life scale developed by Diener et al., (1985) which assesses satisfaction with people's life as a whole. The reliability coefficient established in this study is 0.62

Section D is made up of Beck's Hopelessness scale. The 20-item scale assesses an individual's feeling about the future, loss of motivation and expectations. Reliability coefficient of 0.78 was found in the present study.

Section E comprises a 10 item measure of meaning in life questionnaire (Steger, et al., 2006) assessing the presence of meaning and the search for meaning. Cronbach's alpha 0.88 established the scale's reliability in this study.

The descriptive statistics of the variables are presented in Table 1.

Procedure

This study got an approval from the research committee of the Department of psychology, University of Ibadan and the ethical research committee of the State Specialist Hospital Akure, Ondo State, Nigeria. Each participants inclusion in the study were based on willingness to participate and the criteria that patients must be above 17 years of age, bed patients and patients just starting adherence treatment were excluded from the study for health reasons. Patients were also assured of confidentiality.

Statistical Analysis

The hypothesis formulated for the study were subjected to the SPSS 20 and analyzed using the multiple regression analysis.

RESULTS

Table 2 shows that 63% of the respondents are female. 10% of the respondents are Ibo, 79.5% are Yoruba, and 5.5% are Hausa, while the remaining 5% came from various other ethnic groups. The table also shows that 67% of the respondents were Christians, 31% are Muslims, and the remaining 2%% practiced traditional religion. Family background data shows that 83.5% of the participants are from monogamous family, the rest 19.5% are of polygamous family background. 60.5% of the participants are married, the remaining 9.5% are unmarried. More than half (61%) of the respondents have been diagnosed of HIV/AIDS between 1 year and 5years, 32% were diagnosed in less than a year, while 7% have received diagnosis for over 5 years. The occupation profile of the participants reveals that 49% are unskilled e.g., housewives, petty traders, 12% are partly skilled manual e.g., drivers, farmers, 8.5% are skilled-non manual e.g., typist, artisans, 28.5% are intermediate e.g., senior civil servants, teacher, and only 2% are professionals e.g., medical doctors. Finally, it is shown from the table that 31% of the participants are primary school certificate

holder, 28.5% only completed secondary school, and 40.5% finished tertiary education.

Hypothesis one

Hypothesis one stated that age, sex, occupation, religion, marital status, family background, duration of diagnosis and educational qualification will predict meaning in life. The hypothesis was tested using the multiple regression analysis, and the obtained result is presented in Table 3. It was found from the result that occupation ($\beta = -0.14, p < 0.05$), marital status ($\beta = 0.25, p < 0.01$), family background ($\beta = 0.12, p < 0.05$), and educational qualification ($\beta = -0.16, p < 0.05$) significantly predicted participant's meaning in life. The result further showed that the demographic factors jointly contributed to about 17% of the variation observed in the meaning in life of the participants.

Hypothesis two

The second hypothesis stated that self-esteem, life satisfaction and hopelessness will significantly predict meaning in life among the PLWHAs. The result is presented on Table 4. It shows from the result that self-esteem ($\beta = 0.25, p < 0.01$) and hopelessness ($\beta = 0.23, p < 0.01$) significantly predicted meaning in life among the PLWHAs. The result also showed that the well-being factors accounted for about 15% of the observed change in meaning in life. However, life satisfaction did not contribute significantly to the participants' life meaning ($\beta = 0.11, p > 0.05$) in the present study.

DISCUSSION

This study examined personal features, self-esteem, life satisfaction and hopelessness as predictors of meaning in life among people living with HIV/AIDS.

First, our finding on predictive influence of demographic variables on meaning in life of people living with HIV/AIDS revealed that marital status, occupation, family background and educational qualification contributed significantly to meaning in life. This indicates that the way these people evaluate their lives to be meaningful and the kind of significance they attribute to life is determined by their personal attributes such as marital status, family background, level of education, and occupation. For instance, the amount of knowledge and perception they hold about their illness and how to manage its symptoms will be largely determined by level of education and occupation. Another possible explanation for our finding is that the amount and quality of social support that may be available to these people will also be accounted for by their marital status and family background. Our finding is in line with assertions of previous researchers. For instance, Asagba and Ajayi [7] and Asagba [8] observed that meaning in life differs across age and educational qualification but

Table 1: Descriptive statistics

	Mean	Standard deviation
Age	38.9	10.2
Self-esteem	28.1	15.7
Life satisfaction	17.6	15.5
Hopelessness	130.0	12.1
Meaning in life	48.9	21.7

Table 2: Socio-demographic characteristics of the study participants

Variable	N	%
Gender		
Male	74	37
Female	126	63
Ethnicity		
Igbo	20	100.0
Yoruba	159	79.5
Hausa	11	5.5
Other	10	50.0
Religion		
Christianity	134	670.0
Islam	62	310.0

Table 2: (Continued)

Traditional	4	20.0
Family background		
Monogamous	167	83.5
Polygamous	33	19.5
Marital status		
Married	121	60.5
Unmarried	79	9.5
Duration of diagnosis		
< 1year	64	32
1year – 5 years	122	61
> 5 years	14	7
Occupation		
Unskilled	98	49
Partly skilled manual	24	12
Skilled – non manual	17	8.5
Intermediate	57	28.5
Professional	4	2
Education qualification		
Primary school	62	31
Secondary school	57	28.5
Tertiary	81	40.5

Table 3: Summary of multiple regression analysis showing the prediction of sex, age, occupation, religion, marital status, family background, duration of diagnosis and educational qualification on meaning in life

	β	t	sig	R	R ²	F	Sig
Sex	- 0.12	-1.57	0.12	0.42	0.17	4.96	0.00**
Age	0.12	1.64	0.10				
Occupation	- 0.14	-2.10	0.04				
Religion	0.04	.49	0.62				
Marital status	0.25	-3.53	0.00				
Family background	0.16	2.27	0.02				
Duration of diagnosis	-0.07	- 0.90	0.37				
Educational qualification	- 0.16	-2.12	0.04				

Table 4: Summary of multiple regression analysis showing the prediction of self-esteem, life satisfaction and hopelessness on meaning in life among PLWHAs

	β	t	sig	R	R ²	F	Sig
Self-esteem	0.25	3.70	0.00	0.38	0.15	11.09	0.00**
Life satisfaction	0.11	1.51	0.13				
Hopelessness	0.23	3.25	0.00				

does not differ across gender. In the same vein, Steger, et al., [6] found that meaning differs across the four stages of life, such as the emerging adulthood, young adulthood, middle-age adulthood and older adulthood. Previous findings have also shown that gender and age are not likely to predict meaning in life (Steger, et al., [5], Schlegel, et al., [21]), which also affirms our finding in the present study that gender and age did not significantly contribute to life meaning.

Second, we found that meaning in life is significantly predicted by self-esteem and hopelessness. This implies that the way people living with HIV/AIDS judge and value themselves, and how they perceive the future in terms of hope will determine their meaning in life. Our present finding is consistent with previous studies which have shown that self-esteem correlates with, and predicts meaning in life (e.g. Steger, et al., [5], Schlegel, et al., [21], Damon, et al., [16]). Similarly, Ben-Ari [18] asserted that individuals with high self-esteem view their lives as more meaningful, while Ben-Ari, et al., [19] also posited that self-esteem contributes to the differences in meaning.

Our finding also showed that hopelessness is a key contributor to meaning in life among people living with HIV/AIDS. This is supported by Grygielski, et al., [32], who discovered an inverse relationship between meaning and hopelessness. Similarly, Ryff [33] indicated that people searching for meaning are less likely to plan for and anticipate their future.

Finally, results of the present study showed that life satisfaction did not contribute significantly to meaning in life among the people living with HIV/AIDS. This finding is surprising and not as expected considering many studies which have shown strong relationship between the two constructs [5, 27, 29, 30]. A possible explanation to this finding is that respondents may have found the seven (7) response options to items of the satisfaction in life scale too long and stick to a pattern of responding which may have affected the result. Cultural interpretation of the items of the scale may also have biased the responses which could also have altered the scale from truly depicting the respondents' life satisfaction.

CONCLUSION

In conclusion, the study revealed certain personal attributes such as marital status and level of education, as well as self-esteem and hopelessness as significant predictors of life meaning among the people living with HIV/AIDS (PLWHAs). This indicates that these constructs are related to finding meaning and can be important in improving the well-being of PLWHAs. They can also be important constructs to be utilized in predicting meaning of life among PLWHAs. More efforts to improve the well-being of patients should be put in place in order to alleviate the sufferings of PLWHAs. We recommend that meaning centered therapy be included in intervention programs to assist people living with HIV/

AIDS to achieve possible optimum well-being. We also recommend further studies to explore the relationship between the two constructs of life satisfaction and meaning among such vulnerable and special population like we studied.

Author Contributions

Arinola O. Deko – Conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Final approval of the version to be published

Rachel B. Asagba – Conception and design, Critical revision of the article, Final approval of the version to be published

Samson Femi Agberotimi – Conception and design, Interpretation of data, Critical revision of the article, Final approval of the version to be published

Cynthia Wimberly – Conception and design, Critical revision of the article, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

Copyright

© 2016 Arinola O. Deko et al. This article is distributed under the terms of Creative Commons Attribution License which permits unrestricted use, distribution and reproduction in any medium provided the original author(s) and original publisher are properly credited. Please see the copyright policy on the journal website for more information.

REFERENCES

1. Asagba RB. Call for Logotherapy as a Unifying Agent in a Diverse World. *The International Forum for Logotherapy* 2013;36:77-81.
2. Frankl V. *Man's Search for Meaning: An Introduction to Logotherapy*. 5ed. United States of America: Beacon Press; 2006.
3. Battista J, Almond R. The development of meaning in life. *Psychiatry* 1973 Nov;36(4):409-27.
4. Bonebright CA, Clay DL, Ankenmann RD. The Relationship of Workaholism with Work-Life Conflict, Life Satisfaction, and Purpose in Life. *Journal of Counseling Psychology* 2000;47(4):469-77.
5. Steger FM, Fraizer P, Oishi S, Kaler M. The Meaning in Life Questionnaire: Assessing the presence of and Search for Meaning in Life. *Journal of Counseling Psychology* 2006;53(1):80-93.
6. Steger MF, Oishi S, Kashdan TB. Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *The Journal of Positive Psychology* 2009;4(1):43-52.

7. Asagba RB, Ajayi OD. Influence of life-purpose on treatment compliance among selected asthma patients in Nigeria. *Journal of Search for Meaning* 2005;28(2):95–8.
8. Asagba RB. Inner Meaning Fulfilment along Differences in Age, Ethnicity, and Educational Background of the University of Ibadan Students. *Ife Psychologia* 2005;13(1):152–69.
9. Lambert NM, Stillman TF, Hicks JA, Kamble S, Baumeister RF, Fincham FD. To belong is to matter: sense of belonging enhances meaning in life. *Pers Soc Psychol Bull* 2013 Nov;39(11):1418–27.
10. Breitbart W, Gibson C, Poppito SR, Berg A. Psychotherapeutic interventions at the end of life: a focus on meaning and spirituality. *Can J Psychiatry* 2004 Jun;49(6):366–72.
11. Mlobeli R. HIV/AIDS Stigma: An investigation into the Perspectives and Experiences of People living with HIV/AIDS. Department of Psychology, University of the Western Cape. 2007. [Available at: http://etd.uwc.ac.za/xmlui/bitstream/handle/11394/2067/Mlobeli_MA%28PSYCH%29_2007.pdf?sequence=1]
12. Remien RH, Rabkin JG. Psychological aspects of living with HIV disease: a primary care perspective. *West J Med* 2001 Nov;175(5):332–5.
13. Castrighini C, Gir E, Neves L, Reis R, Galvão M, Hayashido M. Depression and self-esteem of patients positive for HIV/AIDS in an inland city of Brazil. *Retrovirology* 2010;7(Suppl 1):P66.
14. Fabianova L. Psychosocial Aspects of People Living with HIV/AIDS, Social and Psychological Aspects of HIV/AIDS and their Ramifications. Prof. Gobopamang Letamo (Ed). 2011. [Available at: <http://cdn.intechopen.com/pdfs/22550.pdf>]
15. Fleming JS, Courtney BE. The dimensionality of self-esteem: II. Hierarchical facet model for revised measurement scales. *Journal of Personality and Social Psychology* 1984;46(2):404–21.
16. Damon W, Menon J, Bronk KC. The Development of Purpose During Adolescence. *Applied Developmental Science* 2003;7(3):119–28.
17. Harms S, Kizza R, Sebunnya J, Jack S. Conceptions of mental health among Ugandan youth orphaned by AIDS. *Afr J AIDS Res* 2009 Mar;8(1):7–16.
18. Ben-Ari OT. Is the Meaning of Life Also the Meaning of Death? A Terror Management Perspective Reply. *Journal of Happiness Studies* 2011;12(3):385–99.
19. Ben-Ari OT, Shlomo BS, Findler L. Personal Growth and Meaning in Life Among First-Time Mothers and Grandmothers. *Journal of Happiness Studies* 2012;13(5):801–20.
20. Baumeister RF, Campbell JD, Krueger JI, Vohs KD. Does High Self-Esteem Cause Better Performance, Interpersonal Success, Happiness, or Healthier Lifestyles? *Psychol Sci Public Interest* 2003 May;4(1):1–44.
21. Schlegel RJ, Hicks JA, King LA, Arndt J. Feeling like you know who you are: perceived true self-knowledge and meaning in life. *Pers Soc Psychol Bull* 2011 Jun;37(6):745–56.
22. Nolte CB. Meaning in life and sense of coherence in HIV-Positive adults. Faculty of Health Sciences, Nelson Mandela Metropolitan University. 2010.
23. Debats DL, van der Lubbe PM, Wezeman FRA. On the psychometric properties of the Life Regard Index (LRI): A measure of meaningful life. *Personality and Individual Differences* 1993;14:337–45.
24. Chamberlain K, Zika S. Religiosity, life meaning, and wellbeing: Some relationships in a sample of women. *Journal for the Scientific Study of Religion* 1988;27(3):411–20.
25. Lewis MP, Erlen JA, Dabbs AD, Breneman K, Cook C. The utility of the Purpose-in-Life Test in persons with AIDS. *J Assoc Nurses AIDS Care* 2006;17(1):51–9.
26. Brady MJ, Peterman AH, Fitchett G, Mo M, Cella D. A case for including spirituality in quality of life measurement in oncology. *Psychooncology* 1999 Sep-Oct;8(5):417–28.
27. Steger MF, Kashdan TB. The unbearable lightness of meaning: Well-being and unstable meaning in life, *The Journal of Positive Psychology: Dedicated to furthering research and promoting good practice* 2013;8(2):1–13.
28. Steger FM, Samman E. Assessing Meaning in Life on an International Scale: Psychometric evidence for the meaning in life questionnaire-short form among Chilean households. *International Journal of Wellbeing* 2002;2(3):182–95.
29. Hablas R, Hutzell RR, Bolin E. Life Purpose and Subjective Wellbeing in Schizophrenic Patients. *International Forum for Logotherapy* 1980;3:44–5.
30. Oishi S, Diener E. Residents of poor nations have a greater sense of meaning in life than residents of wealthy nations. *Psychol Sci* 2014 Feb;25(2):422–30.
31. Ramovha R, Khoza LB, Lebeso RT, Shilubane HN. The Psychological Experience of HIV and Aids by Newly Diagnosed Infected Patients at Hospital A of Vhembe District, Limpopo Province. *J AIDS Clinic Res* 2012;S1:006.
32. Grygielski M, Januszewska E, Janusxewska A, Juros A, Oles P. Meaning in life and Hopelessness: Interrelationships and intergroup differences. *Polish Psychological Bulletin* 1984;15:277–84.
33. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology* 1989;57:1069–81.
34. Edwards MJ, Holden RR. Coping, meaning in life, and suicidal manifestations: examining gender differences. *J Clin Psychol* 2001 Dec;57(12):1517–34.
35. Kamarzarrin H. The effectiveness of Logotherapy-based group counseling on reducing anxiety and increasing the life expectancy among mothers of the children of divorce. *World of Sciences Journal* 2013;1(8):79–88.

Access full text article on
other devices



Access PDF of article on
other devices

