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Original Article

Assessment of Perceived Social Support among People Living with HIV/AIDS in Lahore

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ABSTRACT

HIV/AIDS cases are on rise in Pakistan at one of the fastest rates in Asia. People living with HIV/AIDS face numerous problems directly affecting the treatment outcome along with other aspects of their lives. One such factor is social support which directly affects the quality of life and treatment outcome of people living with HIV/AIDS. **Objective:** To explore the perceived social support available in people living with HIV/AIDS. **Methods:** This cross-sectional research studied 300 individuals living with HIV/AIDS and seeking treatment from Antiretroviral therapy (ART) centres of Punjab Aids Control Program in Lahore. The participants were selected through nonprobability purposive sampling technique from the Punjab Aids Control Program treatment centers and included males (77%), females (17 %) and transgenders (5 %). Social support was measured through Multidimensional Scale of Perceived Social Support (MSPSS) Urdu version. **Results:** Participants scored highest on family social support and lowest on friends social support from subscale. The scores on social support taken from three main sources indicate the medium levels and composite score reveal high levels of social support. Family and friends subscales show significant variations in scores across gender. Income and employment status revealed the same pattern of association with all types of social support. However, age, gender, marital status and family style showed varying pattern of association. **Conclusions:** Findings provided insights into perceived social support of people living with HIV/AIDS in Lahore and also identified a set of factors associated with social support.

INTRODUCTION

HIV/AIDS is recognized as a global health crisis for more than 40 years affecting millions of lives around the world. By 2020, there were around 37.6 million people living with HIV/AIDS with 1.5 million new cases and 0.67 million deaths recorded that year only [1]. Despite aggressive strategies adopted for the prevention of HIV/AIDS and significant advances in medical treatment HIV/AIDS is on rise and there is still a large number of adults and children affected by it. In last few decades, Pakistan has reported an alarming increase in new cases of HIV/AIDS at one of the fastest rates in Asia with around 91 percent of all HIV/AIDS cases coming from Sindh and Punjab provinces [2]. Low literacy rates, lack of knowledge regarding modes of HIV transmission, unsafe use of syringes, unscreened blood transmission, injecting drug users, lack of awareness regarding unsafe sexual practices and lack of screening of HIV services are main causes of rapid spread of HIV/AIDS cases in Pakistan [3].People living with HIV/AIDS face various problems which effect both the course of the illness and treatment outcome. Social support is one such factor which reported to have a strong impact on lives of people living with HIV/AIDS [4]. Social support is defined as system of material, non material and emotional support extricated from various social networks such as parents, siblings, relatives, friends and community in general [5,6]. Social support in the form of positive social relationships is

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suggested to have important beneficial effects on health outcomes and sustainability for individuals with chronic and terminal illnesses [7, 8]. According to literature, in the presence of social support, individuals are better able to deal with ordinary and extraordinary life stressors. It is clearly articulated that in a variety of populations, lack of social support is associated with physical illness, psychological distress, and mortality [9]. As with many chronic illnesses, social support can diminish the stress level associated with HIV/AIDS which enhances the level of psychological health. Many studies identified social support as an essential part of psychological adjustment for people living with HIV/AIDS [8, 10]. Several researchers have explored the relationship of social support with quality of life (QOL) among individuals suffering from serious physical and psychological disorders in Pakistan and reported social support as a significant correlate of QOL in people with severe illnesses [11, 12]. Individuals with HIV and AIDS not having satisfactory amount of social support available to them were observed to have negative self-image, lower psychological distress, poor quality of life, poor adherence and lower self-esteem [13]. Further, Asante revealed that receiving social support from families and significant social networks can promote psychological wellbeing among people living with HIV/AIDS [14]. Significant amounts of social support among HIV/AIDS patients are linked to less negative and more positive health outcomes in general. Moreover, people living with HIV/AIDS who have satisfactory amount of social support available, observed to experience less psychological distress and improved QOL. Although, researchers suggested that sexual orientation affects the association between psychological well-being and social support among sufferers [15]. Female HIV/AIDS positive status experience lower QOL than male sufferers, fewer social supports, and more depressive symptoms [14]. In general, higher level of social support is reported to be directly associated with better QOL affecting both physical and psychological aspects of life in individuals living with HIV/AIDS [15, 16]. Similarly, medication adherence is integral to better QOL and treatment outcomes in HIV/AIDS and researchers have reported significant positive association between several types of social support and medication adherence which was noted to result in better prognosis in people with HIV/AIDS [9].

Despite the rapid increase in HIV/AIDS cases in Pakistan in last two decades, empirical literature on HIV/AIDS is still scarce. As social support is reported to be significant for dealing with distress and as literature in other countries has already identified social support as one of the key factors affecting quality of life and treatment outcome for people living with HIV/AIDS, present study was conceptualized. The main purpose of this research was to explore social support and its correlates amongst HIV/AIDS positive individuals, and to assess gender differences in social support among people living with HIV/AIDS in Pakistan.

METHODS

Cross sectional research design was employed to study the research objectives. Present article was part of a larger study conducted between July 2020 and April 2021 approved through reference number IRB-233/06-2020 and PACP/Admin/27570. Purposive sampling technique was used to select 300 study participants, sample size was determined through g-power analysis. The sample's age was between 18 and 65 years (M=32.7, SD=7.93) and was selected from 3 Punjab Aids Control Program (PACP) treatment in Lahore. Only those individuals were selected who were above 18 years of age, were registered with PACP, not currently abusing any substance and were not diagnosed with any psychotic disorders. A demographic form specifically designed for this study recorded the general information of participants. This included information about gender, age, education, marital status, family income, profession, duration of illness, duration of taking ART and other aspects related to HIV/AIDS, whether family and friends know about the HIV/AIDS diagnosis etc. Multidimensional Scale of Perceived Social Support (MSPSS) was used to assess the perceived social support of participants through 12 items recording responses on 7 points Likert scale. MSPSS had three subscales (friend, family, and significant others) with each subscale including 4 items recording social support in low, moderate and higher categories, the score ranges from 12 to 84. The score categories are determined using the response description guidelines provided by authors. The scale reported to have excellent psychometric features ranging from 0.93 to 0.96 [17]. Study design and protocol was approved by Institutional Review Board of Forman Christian College University and PACP through reference numbers IRB-233/06-2020 and PACP/Admin/27570 respectively. Data of the study were collected rom November 2020 till April 2021 from PACP treatment centres operating in Mayo, Services and Jinnah Hospital Lahore. All participants filled study measures in Urdu language in the same sequence. Researcher remained present in all interviews to assist participants if needed. All participants were given the opportunity to contact trained clinical psychologists in case of any distress experienced after filling the study tools. Participants were thanked for their time and cooperation at the end of the interview. Strict actions were taken to keep the information anonymous and confidential. Data were analyzed Statistical package for social sciences IBM version 23.0 employing descriptive

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statistics along with correlational analysis and analysis of variance.

RESULTS

Descriptive analysis of demographic characteristics of the participants indicated that average age of the participants was 33 years (SD=7.93) with a large majority of male (77%) participants. The number of married and unmarried participants was almost same. Further, the number of children ranged from having no child to 8 children with majority had no child (52%) and than having up to 3 children (36 %). Majority of the participants received education uptil 10th grade, a large percentage of female and transgender participants were either uneducated or received education till 10th grade. Majority of the participants were employed and doing jobs (33%) in private or government sectors, 21 percent were self employed, 10 percent were housewives, 17 percent were unemployed, 3 percent were dancers, 2 percent were begging, 2 percent were retired and others were skilled workers. Through the analysis of the demographic information it was found that most of the participants were living in joint family system 195 (65%), a large majority 240 (80%) was residing in urban areas. The monthly family income ranged from ten thousand to four hundred thousands (Table 1).

Table 1: Gender, Marital Status and Education of Participants

Variables	F (%)
Gender	
Females	52 (17)
Males	232 (77)
Transgender	16 (5)
Marital Status	
Single	135 (45)
Separated	4 (1)
Widowed	19 (6)
Divorced	4 (1)
Married	138 (46)
Education	
Uneducated	64 (21)
Matriculation	167 (56)
Intermediate	33 (11)
Graduation	30 (10)
Professional Degree	6 (2)

Results revealed that the duration of illness as well duration of seeking ART was reported to be more than one year for most of the participants. It can be noticed that a large majority of the participants had disclosed their HIV/AIDS positive status to their family. Whereas, the participants who did and did not disclose their HIV/AIDS positive to close friends was same (Table 2).

Table 2: HIV/AIDS Related Information

Variables	F (%)
Duration of illness	
Less than 1 year	131 (44)
1 year or more	169 (56)
Duration of taking ART	
Less than 1 year	139 (46)
1 year or more	161 (54)
Family knows HIV/AIDS Status	
Yes	256 (85)
No	44 (15)
Friends know HIV/AIDS Status	
Yes	151 (50.3)
No	149 (49.6)
Significant Chronic Illness	
Yes	13 (4)
No	287 (96)

Findings show that the participants scored highest on social support from family and lowest on social support from friends subscale. The scores on social support taken from three main sources indicate the medium levels and composite score reveal high levels of social support. Reliability of all subscale scores was in the significant range indicating high internal consistency of the responses (Table 3).

Table 2: Psychometric Properties of Study Measures

Measures	K	M ± SD	α	Levels SS
Significant	4	18.50 ± 5.63	.86	Medium
Family	4	19.73 ± 4.08	.95	Medium
Friends	4	15.58 ± 5.81	.92	Medium
MSPSS total scores	12	61.78 ± 11.78	.86	High SS

Note. K= Number of Items in the scale and subscales, α = Cronbach's alpha. SS= Social Support

The correlational analysis revealed an interesting pattern of associations between social support and demographic variables. Increasing age was positively associated with family social support and with decreasing social support from friends and significant others. Female gender was observed to be inversely related to social support received from friends and significant others and with increase in family social support. Lower levels of education was found to be related to increased social support from friends and significant others. Being married was associated with decrease in social support taken from family and significant others and with increase in social support from friends. Higher monthly income interestingly was associated with increased social support from family, friends and significant others. Joint family system was found to be associated with lower social support from friends and significant others (Table 4).

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Table 4: Association of Social Support with other Study Variables

Variables	MSPSS R	Family R	Friends R	Sig. Others R
Age	.08	.30*	-.19*	-.07
Gender	-.11	.27**	-.01	-0.3
Education	-.17**	.24**	-.19*	-.09
Employment	.20**	.08	.13*	.19**
Marital Status	.29**	-.16**	.24**	-.04
Income	.22**	.16**	.38**	.07
Family system	-.14**	.15**	-.28**	-.09
Employment	.20**	.08	.13*	.19**

*p<0.05, **p<0.01

Total MSPSS score of males was in high social support category, however, the scores of females and transgender participants were in medium levels of social support. Family social support was in medium level for all groups. Social support from friends was of medium level for males and transgenders and of low level for females. Social support from significant others was of medium levels for all groups. Analysis of Variance (ANOVA) was conducted to find out any significant differences in social support across genders. Results showed that there was a significant difference in social support received from family and friends among three groups of gender. However, no significant difference was observed in total support and that received from significant others. Post Hoc analysis revealed that female participants scored highest on social support from family and scores were significantly different with females and transgenders showing the highest mean difference (6.46, p<0.001), females to males (p<0.001) and males to transgender difference was also significant (5.70, p<0.001). Social support from friends score also showed highest mean difference between female and transgender participants (-6.58, p<0.001), the difference between male and transgender participant was also significant (-3.25, p<0.05). Interesting transgender participants scored highest on social support from friends and females scored lowest (Table 5).

Table 5: Mean, SD and Mean Difference of Social Supports across Genders (N=300)

Variables	Male (n=232)	Female (n=52)	Transgender (n=16)	F	p-value
	M ± (SD)	M ± (SD)	M ± (SD)		
MSPSS	62.47 ± (12.21)	59.67 ± (9.64)	58.60 ± (11.08)	1.82	.16
Family	19.9 ± (3.76)	20.67 ± (2.21)	14.20 ± (7.93)	18.04	. 0001*
Friend	15.99 ± (5.58)	12.65 ± (6.10)	19.23 ± (4.70)	11.02	. 0001*
Sig. Others	18.55 ± (5.52)	18.23 ± (5.91)	18.66 ± (6.67)	.076	. 92

a. Sig.others= significant others. *p<.01

DISCUSSION

The advent of ART treatment has improved both the life expectancy and quality of life of PLWHA which directed the focus of healthcare professionals and researchers to factors that influence the treatment outcome and general quality of life of PLWHA. Social support contributes to positive health outcomes among sufferers of chronic illnesses. Social support has a direct effect on health outcomes regardless of individual stress level as it has a buffering effect by protecting individuals against the harmful results of a stressful event [11]. HIV/AIDS is associated with a lot of stigma, discrimination, social rejection which affects several aspects of lives of PLWHA and the adverse influence of these perils is reported to increase multifold in absence of social and emotional support [18, 19]. Those lacking support from family and community are reported to often experience a range of psychosocial problems and poor compliance. Present study aimed at exploring the social support available to PLWHA in Pakistan and factors associated with it. The 300 individuals living with HIV/AIDS were approached at a public health services centre. The data revealed an interesting set of findings with a large representation of men which is aligned with trend reported in other sources [20]. Family system is observed as an important correlate of social support in present study. Pakistan is a collectivistic society where family is considered a vital source of support and this is also supported by the findings of the present study where participants scored highest on family support. Another study conducted in Pakistan also reported family as first and significant others as second main source of support for PLWHA and family was also observed as having most significant moderating influence on depression and stigma among PWLHA [21]. This is primarily because most individuals are trained to get back to their families in times of distress and mostly family members feel liable to help the one in distress. Despite the fact that social support remains an integral part of ones' life holding pervasive benefits, the relative importance of different social relationships and the satisfaction extracted from them is likely to vary over time [22, 23]. In present study, social support from family increased with age, the possible explanation might be that in young age individuals are more likely to spend more time with friends, however, as they get mature they prefer investing more time in family. This finding is consistent with findings of a research conducted in South Korea which also showed that older adults rely more on social support from family and considered it more beneficial compared to younger adults [22]. Being married was found to be associated with better social support available which was similar to findings of other studies reporting that married couples had better social support available to them compared to unmarried or single individuals [24, 4]. According to previous studies, lower formal education was reported to be related to better social

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support among PLWHA [25]. The present findings also supported this particularly for social support received from friends and significant others. However, study opposed this trend for family social support by reporting stronger family social support in those with higher educational level. In general, educational level is associated with better chances of employment and stable financial resources which might have helped individuals strengthen their support networks within the family. Whereas, absence of these factors in lower educational group might have made them more dependent on support taken from friends and significant others in times of distress. Employment and monthly income also help people expand their social circle and establish more support networks which they can use in times of need. As employment also relates with better financial flow which allows people to focus more on socializing and strengthening their bond with sources of social support like family, significant others and community [26]. This also relates with another finding of the present study which showed that high income was associated with higher social support. This trend was interestingly present in all social support types recorded in the present study and is also supported by findings of the other studies reporting a similar trend between the two variables [27]. Many previous researches showed insignificant gender differences in social support among PLWHA though males scored slightly higher on social support, present findings however, showed a mix trend across domains of social support [28]. Interestingly female participants scored highest on family social support dimension and this can be explained in light of the sociocultural context of Pakistan, Females in Pakistan are mostly focused on building and strengthening ties with family members and most likely to be dependent on support connections built within the family. This finding aligns with findings of studies reporting high perception of social support among female [4]. Transgenders on the other hand are rejected even by their close family members and forced to live in close groups of other transgenders. Their ties with their family are usually severed and people in general also try to avoid building close connections with them. This leaves them to get close to their available friends and rely on them. This finding can be supported by findings of another research reporting similar results that transgenders received strongest support from their friends and then family [29].

CONCLUSIONS

Social support is significant for people living with HIV/AIDS and the specific nature of social support is likely to differ significantly based on demographic variables most notably gender, income, age and education.

Authors Contribution

Conceptualization: MA, AN
Methodology: MA, AN, FA
Formal analysis: MA, AN, FA
Writing-review and editing: MA, AN, FA

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

The authors declare no conflict of interest.

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