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Research Article

Social Support among People Living with HIV/ AIDS (PLHA) in Kannur District, India

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I N F O

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A B S T R A C T

Introduction: The HIV/ AIDS epidemic is still a threat to the health and well-being of people globally. It is important to understand protective factors like social support among People Living with HIV/ AIDS (PLHA).

Aim: The aim of the study was to study the social support and the factors influencing social support among People Living with HIV/ AIDS (PLHA).

Method: The descriptive study design was used. Among the total 750 people registered in the district, the researcher selected 210 samples using simple random sampling method. The researcher used a standardised scale – the Multidimensional Scale of Perceived Social Support. The data were analysed using descriptive statistics and tests.

Results: While analysing the perceived social support of the respondents, nearly half (48.1%) of the respondents were found to have a moderate level of social support. The study also depicted that social support was influenced by gender, marital status, and income of PLHA.

Conclusion: The study showed that PLHAs in the district were getting significant social support. Gender, marital status and income were influencing the social support of PLHAs.

Keywords: HIV, People Living with HIV/ AIDS (PLHA), Social Support

Introduction

The world has experienced many fatal diseases which have significantly influenced the health of people. Since the first case of Acquired Immune Deficiency Syndrome (AIDS) was diagnosed, this sexually transmitted disease seems to have a significant impact on the patient's physical, psychological and social aspects of health. It is caused by the Human Immunodeficiency Virus (HIV) which impairs the functioning of the immune system. Since 1981, due to AIDS, 39 million people have lost their lives and presently about 36.7 million people are living with HIV/ AIDS (PLHA) across the globe. Among them, 34.5 million are adults, 17.8 million are women, and 2.1 million are children below 15 years of age.[1] According to the India HIV Estimation 2019 report, there were an estimated 23.48 lakh people living with HIV (PLHIV) in India.[2] State epidemiological fact sheets, NACO reports that overall, a total of 23,376 HIV/ AIDS cases were estimated across Kerala in 2015 and there was a steady decline in the total burden of the epidemic in Kerala since 2007.[3] As per the district-level HIV estimation report 2019, in Kannur district, a total of 1279 PLHAs were reported with < 25 new cases reported in the last 15 years which makes the district a low-risk priority one.[4] It is important

to understand protective factors like social support in the context of stress and risk behaviours.[5] In Indian villages, where joint family structure is more common than the nuclear one and in which people are more attached to the neighbourhood, assessing social support is significant in treatment outputs and thereby analysing the quality of survival.[6] There can be instances where friends and family members of PLHAs also may experience stigma and discrimination. This is reflected in marked differences in the social support of the individual.[7] As HIV/ AIDS and mental health both are critical public health issues, and both have a significant influence on the quality of life of individuals, it is important to get population-based data to understand whether social support has an influence.[5] In a review of a study conducted by Subramanian et al. in New Delhi on perceived social support among PLHAs, around two-fifths of the respondents reported high overall social support, social support from their immediate family, immediate friends' circle, and almost two-thirds of the participants reported high support from their significant other.[8] A study conducted in Jammu and Kashmir explained that social support is significantly different as per the age of the patients. The study further confirmed that social support differs by the occupational status of the HIV/ AIDS patients. The study shows that in fighting this disease, social support, as well as self-esteem, are highly important. Higher levels of social support are shown by patients who are 50 years of age and above while the patients belonging to an age group of less than 50 years show lower levels of social support.[1] A study conducted among adult PLHAs by Berhe et al. in Ethiopia depicts that the level of perceived social support was moderate in about half of the respondents, high in more than one-fifth of the respondents, and low in more than one-fourth of the remaining respondents. It was found that females, having no formal education, knowledge about HIV, fair adherence, and no disclosure status were significantly associated with low perceived social support. The likelihood of getting low perceived social support was twice more among females in comparison with males.[9]

Methodology

PLHAs and their problems have been discussed for a very long time and the measures taken by the government, NGOs and community-based organisations have improved the conditions to an extent but still lacunas are there which when identified and treated in a proper way, will create a better space for the PLHAs, which increases the significance of the study. Social support is a key influencing factor which can have an impact on the mental health and QOL of PLHAs, hence it becomes significant to assess the level of social support. If the factors influencing social support can be identified, then various levels of interventions can be planned to improve the social support of PLHAs.

The main aim of the study was to assess the social support and the factors influencing the social support. The researcher intended to assess the level of perceived social support and to provide suitable suggestions to improve it. The researcher used a descriptive research design for the study and collected the details of PLHAs in the Kannur district, Kerala which was the geographical area of the study from the organisation which was working for the welfare of PLHAs in the district and was originally formed to assist the activities of the Kerala State AIDS control society to support PLHAs. The duration of the study was from 2019 to 2021. A total of 750 PLHAs were registered in the district whose details were available. From this sample, the researcher selected 210 participants using simple random sampling method. PLHAs who were above 18 years of age, who could read and write Malayalam or English and were willing to participate in the study were included in the study. PLHAs with a known history of psychiatric treatment premorbidly were excluded from the study. Approval was taken from the doctoral research committee and informed consent was taken from the respondents. The researcher used the standardised Multidimensional Scale of Perceived Social Support developed by Zimet, Dahlem, Zimet & Farley in 1988. The data were analysed and the findings were discussed in detail.

Results

While analysing the age of the respondents, it was found that one-fourth (25.2%) of the respondents were in the age group of below 40 years, less than one-fourth (22.9%) were in the age group of 46 to 50 years, one-fifth (20%) were in the age group of 51 to 55 years, less than one-fifth (18.1%) were in the age group of 41 to 45 years, and the remaining 13.8% were above the age of 55 years. With regard to gender, nearly three-fourths (72.4%) of the subjects were female and less than one-fourth (27.6%) were male. While analysing the marital status of the respondents, it was observed that nearly half (48.6%) of the participants were married, about two-fifths (42.9%) were widows/ widowers, and the remaining (8.6%) were unmarried. An analysis of the income of respondents showed that around half (50.5%) of the respondents did not receive any income at all, nearly one-fourth (22.4%) received a monthly income of more than 8000 INR, less than one-fifth (17.6%) of the respondents received a monthly income between 1000 and 3000 INR, and the remaining (9.6%) received a monthly income between 4000 and 8000 INR.

While analysing the perceived social support of the respondents, it was seen that nearly half (48.1%) of the respondents had a moderate level of social support, more than one-fourth (27.1%) had a high level of social support, and the remaining (24.8%) had a low level of social support.

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Table 1.Gender, Marital Status, Education, Anti-retroviral Therapy Status of Respondents and Social Support

Characteristics		Social Support			Total	p Value
		High Support n (%)	Moderate Support n (%)	Low Support n (%)		
Gender	Male	35 (60.3)	23 (39.7)	0 (0.0)	58	< 0.001
	Female	84 (55.3)	30 (19.7)	38 (25.0)	152	
Marital status	Married	57 (55.9)	34 (33.3)	0 (0.0)	102	< 0.001
	Single	3 (16.7)	8 (44.4)	7 (38.9)	18	
	Widow/ widower	59 (65.6)	11 (12.2)	20 (22.2)	90	
Education	Illiterate	0 (0.0)	0 (0.0)	4 (100.0)	4	< 0.001
	Primary	22 (40.7)	16 (29.6)	16 (29.6)	54	
	Secondary	77 (61.6)	33 (26.4)	15 (12.0)	125	
	Higher secondary	7 (50.0)	4 (28.6)	3 (21.4)	14	
	Graduation	13 (100.0)	0 (0.0)	0 (0.0)	13	
Anti-retroviral therapy (ART)	Yes	119 (58.9)	53 (26.2)	30 (14.9)	202	< 0.001
	No	0 (0.0)	0 (0.0)	8 (100.0)	8	

Table 1 shows that males were getting high social support compared to females (60.3% vs 55.3%). There were no males with low social support and 25% of females had low social support. There was a statistically significant association between social support and the gender of the study participants. A significant association was found between social support and the marital status of the study participants. Among the participants who were single, 38.9% got low social support, and among those who were married, 55.9% got high social support. Only 16.7% of the subjects who were single got high social support.

Table 2.Relationship Between Monthly Income of the Respondents and Social Support

Variables	Correlation Value	Strength of Relationship	Statistical Inferences
Monthly income and significant other	0.138	Positive, very weak relationship	$p < 0.05$, significant
Monthly income and family	0.195	Positive, very weak relationship	$p < 0.01$, highly significant
Monthly income and friends	0.140	Positive, very weak relationship	$p < 0.05$, significant
Monthly income and overall social support	0.187	Positive, very weak relationship	$p < 0.01$, highly significant

Karl Pearson's coefficient of correlation test was applied to find out the relationship between monthly income and social support. As shown in Table 2 a highly significant relationship was found between the monthly income of the respondents and the dimension of the family with regard to social support and between the monthly income of the respondents and overall social support. There was a significant relationship between the monthly income of the respondents and the dimension of significant other and friends with regard to social support. There was a weak positive correlation between the monthly income of the respondents and the dimension of overall social support, significant other, family, and friends with regard to social support.

Discussion

The study attempted to assess the perceived social support among PLHAs in Kannur district. In this study, it was found that 48.1% of the participants had moderate social support, 27.1% had high social support, and 24.8% had low social support. The same finding has been supported by many

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studies. According to a study conducted in Ethiopia on perceived social support, it was observed that 47.2% had moderate social support, 22.1% had high social support, and 30.1% had low social support.[9] In a cross-sectional study conducted in New Delhi, the overall social support was found to be moderate in 51%, high in 43.1%, and low in 5.5% of participants. In the present study, the dimension of significant other in social support was moderate in 21.1%, high in 67.9% and low in 11% of respondents. The dimension of family in social support showed moderate support in 42.2%, high in 44%, and low in 13.8% of participants. The dimension of friends in social support revealed moderate support in 50.5%, high in 40.4%, and low in 9.1% of subjects.[8] The percentage comparisons showed that in all three sub-domains, more than 80% of the respondents had high and moderate social support whereas, less than 10% only had low social support. Previous studies show few differences among the subscales of perceived social support.[10,11] The high social support in the present study may be due to the reason that the respondents were members of the organisation working for the welfare of PLHA and being a member and attending regular meetings may be making them feel that they have sufficient support. There was a significant difference between male and female respondents and the dimension of friends in social support. There was a significant difference between the gender of the respondents and in the dimension of family in social support and overall social support. There was no significant difference between the gender of the respondents and in the dimension of significant other in social support. A study conducted in Jammu and Kashmir on social support and QOL reported that males were getting more social support than females.[1] A study conducted in Ethiopia on perceived social support showed that the likelihood of getting low perceived social support in females is two times more than in males.[9] In a study on self-esteem among HIV-positive females, it was found that the majority of the respondents were worried about whether people liked to be with them.[12] In a gender-specific correlation study conducted in the United States among adults on social support and HIV risk behaviours, it was found that females were getting more social support than males.[5] Also, the internal reliability analysis of the Multidimensional Scale of Perceived Social Support states that females were getting more social support.[13] The difference in these results clearly indicates that this can be a PLHA-specific result which may be due to myths and misconceptions about HIV or because of the reason that female PLHAs become less social as compared to males. A qualitative study conducted in Punjab asserts the need for a gender-sensitive response to HIV with a focus on empowering women.[14] It was found that there was no significant relationship between the age of the respondents and the dimension of significant other, family, friends and overall social support. The previous studies which are consistent with the present study state that middle-aged and old-aged people have slightly low social support.[8,15,16] Previous studies also suggest that by giving importance to family support, social support, and psychological support for the elderly PLHAs, the physical and mental health of the middle-aged and older PLHAs can be promoted. There was a significant difference between the marital status of the respondents and the dimensions of family in social support, friends in social support and overall social support. There was no significant difference between the marital status of the respondents and the dimension of significant other in social support. The previous studies support the findings. A study conducted in Kunming City, China portrayed that married or cohabitant people get more social support than unmarried people.[15] The result is directed towards the stigma associated with the mode of transmission of HIV, which in turn, focuses on the need for more coordinated efforts to address the same and improve social support. A significant relationship was found between the monthly income of the respondents and the dimension of family in social support and overall social support. A study conducted among older adults in Ibadan found that there was a significant impact of financial support on the general well-being of HIV-infected older adults.[16] A study conducted in Kunming City, China showed that monthly income influenced social support.[15] Those who have a regular income always have a high chance of getting good support from their near and dear ones. This emphasises the need towards making PLHAs more financially independent through various income generation programmes, vocational training etc.

Conclusion

The study illustrates that most of the PLHAs in the district are getting significant social support which points towards the effectiveness of community mobilisation of PLHAs and their empowerment through community-based organisation. Social support is influenced by gender, marital status, education, ART status and income of PLHAs. Thus the stigma reduction activities are effective among the general population. This is reflected in the social support of the PLHAs which can be considered as a good sign. Still, there is a significant need to strengthen the same. Income generation activities can be planned along with vocational training so that the PLHAs can be more financially independent, thereby leading to improvement in their social support.

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References

1. Wani MA. Social support, self-esteem and quality of life among people living with HIV/AIDS in Jammu

& Kashmir India. Ann Psychol. 2020;36(2):232-41. [Google Scholar]
2. National AIDS Control Organisation. NACO HIV Estimation Report 2019. NACO; 2019.
3. National AIDS Control Organisation. State Epidemiological Fact Sheets Vol II West and South regions. NACO; 2017.
4. National AIDS Control Organisation. District Level HIV Estimates and Prioritisation in India 2019. NACO; 2019.
5. Fang L, Chuang DM, Al-Raes M. Social support, mental health needs, and HIV risk behaviors: a gender-specific, correlation study. BMC Public Health. 2019;19(1):651. [PubMed] [Google Scholar]
6. Nath D, Wig N, Mishra N, Nagpal SJ, Vajpayee M, Pal H, Pandav CS. Assessment of social support in HIV-positive individuals attending a tertiary care center. Indian J Sex Transm Dis AIDS. 2010;31(1):56-7. [PubMed] [Google Scholar]
7. Takada S, Weiser SD, Kumbakumba E, Muzoora C, Martin JN, Hunt PW, Haberer JE, Kawuma A, Bangsberg DR, Tsai AC. The dynamic relationship between social support and HIV-related stigma in rural Uganda. Ann Behav Med. 2014;48(1):26-37. [PubMed] [Google Scholar]
8. Subramanian A, Mohan A, Nandi PK, Rajeshwari K. Perceived social support, depression and their impact on quality of life of people living with HIV in India. AIDS Care. 2021;33(10):1329-34. [PubMed] [Google Scholar]
9. Berhe H, Godana W, Sidamo NB, Birgoda GT, Gebresillasie L, Hussen S, Gebeyehu S. Perceived social support and associated factors among adults living with HIV/AIDS attending ART clinic at public hospitals in Gamo zone, southern Ethiopia 2021. HIV AIDS (Auckl). 2022;14:103-17. [PubMed] [Google Scholar]
10. Kimberly JA, Serovich JM. Perceived social support among people living with HIV/AIDS. Am J Fam Ther. 1996;24(1):41-53. [Google Scholar]
11. Lyons JS, Perrotta P, Hancher-Kvam S. Perceived social support from family and friends: measurement across disparate samples. J Pers Assess. 1988;52(1):42-7. [PubMed] [Google Scholar]
12. Joseph D, Praveen CS. A study on self esteem of women with HIV positive with special reference to Amala Hospital, Thrissur. J Soc Work Educ Pract. 2016;7(2):36-43. [Google Scholar]
13. Osman A, Lamis DA, Freedenthal S, Gutierrez PM, McNaughton-Cassill M. The multidimensional scale of perceived social support: analyses of internal reliability, measurement invariance, and correlates across gender. J Pers Assess. 2014;96(1):103-12. [PubMed] [Google Scholar]
14. Gaur G. Voices of women living with HIV/AIDS from Punjab. J Soc Work Educ Pract. 2017;2(3):18-24. [Google Scholar]
15. Li Y, Zhang XW, Liao B, Liang J, He WJ, Liu J, Yang Y, Zhang YH, Ma T, Wang JY. Social support status and associated factors among people living with HIV/AIDS in Kunming City, China. BMC Public Health. 2021;21(1):1413. [PubMed] [Google Scholar]
16. Oyinlola O, Adebowale TO, Alamu OT, Madu LG. Impact of psychosocial support on wellbeing of HIV infected older adults in Ibadan. J Aging Geriatr Psychiatr. 2017;1(1):1-8. [Google Scholar]

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