

## Social Support Services Utilized by People Living With HIV/AIDS at General Hospital Kafanchan, Kaduna State, Nigeria

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### Abstract

*Behavioural change results from how people understand their identity in a personal and social context, people vary on how they manage their disease, depending on the type of social support they receive. As individuals learn and grow from their experiences with illness, they often become advocates for their own health and view their status as an asset to helping others. This study provides baseline information about the social support services utilized by people living with HIV/AIDS attending antiretroviral clinic of General Hospital Kafanchan, Kaduna State, Nigeria. Descriptive survey design was carried out at the antiretroviral clinic of General Hospital Kafanchan, Kaduna in 2014. A sample size of 422 people living with HIV/AIDS was obtained by systematic sampling technique. Questionnaire was used to collect data with the help of four trained research assistants from the antiretroviral clinic to ensure objectivity and confidentiality. Data was analysed descriptively using frequency and percentages while Chi-square was used to test for association and SPSS version 20 at 95% confidence interval was used. Respondents used more than one options to describe their social support as average. Majority 96.6% (398) derived support from the family members followed by health workers with 94.9% (391). However, only 55.3% (223) derived their support from HIV support group. Social support utilization is crucial for people living with HIV/AIDS. There is need for continuous counselling of people living with HIV/AIDS with regards to the utilization of variety of social support network in order to improve the living standard of the people.*

**Keywords:** Social Support Services; People Living with HIV/AIDS; Kaduna; Nigeria.

### Introduction

Since the beginning of HIV/AIDS epidemic, 75 million people have been infected with the HIV virus and about 32 million people have died of HIV. An estimate of 0.8% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions (WHO, 2019). The WHO African region remains most severely affected, with nearly 1 in every 25 adults (3.9%) living with HIV and accounting for more than two-thirds of the people living with HIV worldwide (WHO, 2019). Nigeria has the second HIV epidemic in the world (NACA, 2017). According to UNAIDS (2019), the size of Nigeria's population means 1.9 million people were living with HIV in 2018. Together with South Africa and Uganda, the country accounts for around half of all new HIV infections in sub-Saharan Africa every year (UNAIDS, 2017). Unprotected heterosexual sex accounts for 80% of new HIV infections in Nigeria, with the majority of the remaining HIV infections occurring in key affected populations such as sex workers (NACA, 2015). In addition, approximately, 150,000 people died from AIDS-related illnesses in Nigeria in 2017 (UNAIDS, 2018). According to NACA, (2017), Kaduna State is one of the six states in Nigeria accounting for 41% of people living with HIV/AIDS (PLWHA).

In their study on HIV status and family support, Mbonu, Van Den Borne and De-Vries (2009) showed that discovery and disclosure of a positive HIV status may lead to family disharmony, generating a lot of suspicions, hence concealment and disclosures remained an uphill task for PLWHA, with concealment affecting their self-efficacy in non-utilization of healthcare institutions. Few participants were experiencing positive support from their immediate family after disclosure of their positive HIV status. The study further showed that gender plays a role in the knowledge of partner's HIV status, as some of the participants did not know their partner were infected with HIV/AIDS. Likewise, Adedimeji, Alawode and Odutolu (2010) discovered that, pervasive stigma was one of the factors that impact the wellbeing of PLWHA and concludes that government needs to strengthen the policy environment that empower PLWHA support group.

Wang and Li, (2011) opined that, health care providers may enhance social support in HIV/AIDS-positive individuals in highly HIV-infected areas, as the available social support did not seem to be effective in increasing

their self-efficacy. Also, Rotheram-Borus, Stein, Jiraphongsa, Khumtone, Lee, and Li (2010) in their study on the benefits of family and social relationships revealed that social support was significantly associated with better quality of life and fewer depression symptoms which highlight the important role that an organized and structured family life and social support network can play in encouraging better health outcomes among PLWHA. Similarly, Ijeoma, Salamatu, Anthonia, Paulina, Chika and Chika (2015) observed in their study that, tremendous social support was given to people living with Aids (PLWA) by family members, health workers, friends, community and colleagues, which may be attributed to the awareness being created and campaigns mounted to eliminate stigma and discrimination of PLWA.

Behavioural change results from how people understand their identity in a personal and social context. People also vary on how they manage their disease, depending on the type of social support they receive. As individuals learn and grow from their experiences with illness, they often become advocates for their own health and view their status as an asset to helping others (Souza, 2012). Furthermore, social support has a major effect on the progression of illness. Sufficient social support and positive interpersonal relations positively affect one's physical and mental health related outcome (Thoit, 2011). People that are supported by close relationships with friends, family, fellows at work or other support groups are less vulnerable to ill health and premature death (Towey, 2013). Moreover, Smith and Christakis, (2008) observed that social relationships can be a form of social capital; people greatly benefit and succeed from the interaction and support they offer and receive from one another. The influential nature of social support is evident in that individuals with more social ties generally experience better physical and mental health. Although social support has the potential to positively affect health and the path of disease progression, Umberson and Montez, (2011) observed that having few social ties can have equally negative effect. Poor quality of social support negatively affects overall health status and more specifically can impair immune functioning, a major health concern for PLWHA. According to Fekete, Geagham and Druley, (2009), exclusion from social ties can also cause great distress among individuals and lead to isolation, poor self-care and depressive symptoms. In addition, harmful relationships that include harassment or discrimination can also lead to a decline in one's health and behaviour (Mill, Edwards, Jackson, Maclean and Chaw-Kant, 2010).

According to Towey (2013), social support means having friends and other people, including family, to turn to in terms of need or crisis to give one a broader focus and positive self-image.

Scott (2014) is of the view that, social support is of four types that people use to support one another, which work in different ways. Firstly, emotional support which often involves physical comfort such as hugs or pats on the back, as well as listening and empathizing, a friend or spouse might give one a big hug and listen to his/her problems, letting the person know that they have felt the same way too. Secondly, esteem support shows in expression of confidence or encouragement, it involves pointing out the strength that a person is forgetting that he/she have, this often leads clients believing in themselves more. Thirdly, information support is in the form of advice-giving, or in gathering and sharing information and lastly, tangible support includes taking on responsibilities for someone else so that they can deal with a problem, or in other ways taking an active stance to help someone manage a problem they are experiencing. It also includes bringing a dinner to a sick person, or helps one to brainstorm solutions.

Towards better health of PLWHA, there is need to address the challenges of HIV as a chronic disease, hence the need to examine the social support services utilized by PLWHA attending the anti-retroviral treatment (ART) clinic of General Hospital Kafanchan (GHK), Kaduna State.

### **Purpose of the Study**

The purpose of this study is to empirically examine the social support services utilized by PLWHA at General Hospital Kafanchan, Kaduna State, Nigeria.

The following research question and hypothesis were developed in this study to provide answer to the problem under examination.

### **Research Question**

What are the social support services available for PLWHA to utilized?

### **Hypothesis**

H<sub>0</sub>: There is no significant association between the socio-demographic characteristics of the respondents and the social support services.

### Methodology

Cross-sectional survey design was used for this study. In the ART clinic of GHK, the calculated figure of PLWHA that attended within a month was used for this study. Out of 1,766 PLWHA, a sample of 422 was obtained through systematic sampling technique. A researcher developed questionnaire was used with a correlation coefficient of 0.84, it also served as interview guide for non-literate respondents. Data was analyzed using descriptive statistics and Chi-square.

### Results and Discussion

This chapter consists of results presentation based on the study research question and hypothesis.

**Research Question:** What are the social support services available for PLWHA to utilized?

**Table 1: Social support services utilized by PLWHA**

Item	f	%
HIV support group	228	55.3
Family members	398	96.6
Friends	387	93.9
Colleagues	338	82.0
People in the community	372	90.3
Health care workers	391	94.9

\*Key more than one option indicated.

Table 1, shows that 228 PLWHA which represented 55.3% of the respondents utilized support from HIV support group while 398 of the respondents represented 96.6% indicated that they derive support from the family members, 387 indicated that they derive support from friends which represented 93.9%. Meanwhile 338 indicated that they derive support from their colleagues (82.0%). In addition, 372 revealed that they derive support from the people in the community (90.3%) and (391) indicated that they derive support from the health care workers (94.9%).

H<sub>0</sub>: There is no significant association between the socio-demographic characteristics of respondents and the social support services.

**Table 2: Chi-square test of association between the socio-demographic variables (age, sex, marital status, highest educational attainment, occupation) and the social support of PLWHA**

Variable	Social Support (n = 412)						N	X <sup>2</sup>	P-value
	HIV Support Group	Family Members	Friends	Colleagues	Community People	Health Care Workers			
<b>Age</b>									
18-32years	0	41	41	23	40	41	41	5.213	0.811
33-47years	114	150	136	123	127	137	150		
48-62years	91	144	151	134	141	149	151		
63-77years	23	63	50	58	64	64	64		
<b>Sex</b>									
Female	114	284	254	214	248	288	288	3.672	0.351
Male	114	114	124	124	124	103	124		
<b>Marital Status</b>									

Married	182	326	302	277	286	315	326	5.981	0.101
Single	46	72	86	61	86	76	86		
<b>Highest Educational Attainment</b>									
None	0	52	43	52	52	36	52	9.864	0.367
Primary	91	104	89	97	104	104	104		
Secondary	114	178	178	111	138	178	178		
Tertiary	23	64	78	78	78	73	78		
<b>Occupation</b>									
Farming	101	156	156	88	143	156	156	11.213	0.213
Business	68	165	148	165	151	147	165		
Civil servant	59	59	54	54	59	57	59		
Student	0	12	23	23	11	24	24	7.19	0.369
Housewife	0	6	7	8	8	7	8		

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Demographic characteristics and social support ( $p > 0.05$ )

Table 2 shows the level of association between the socio-demographic variables and the level of social support of PLWHA in Kafanchan Metropolis, Kaduna State, Nigeria. The study revealed that female needed more support than the male but secondary school students more support than any other group. Meanwhile, house wife get less support. The significant value calculated of 0.369 is greater than the P-value (0.05%). The researcher therefore failed to reject the hypothesis which states there is no significant association between the socio-demographic characteristics variables (age, sex, marital status, highest educational attainment, occupation) of respondents and social support for PLWHA.

### Discussion of Findings

Majority of the respondents were of the view that they adequately utilize the services of HIV support group, their family members, friends, colleagues, people in their respective host communities and health care workers. This is because of the increase awareness people are having about HIV and the reduced stigma and discrimination associated with it. This shows the important role that family life and social support network can play in encouraging better health outcomes among PLWHA. This finding was supported by Fabusoro and Ilebani (2011) that family (100%) and community (98%) actively involved in the care and support of PLWHA. This is due to the effectiveness of community-based intervention in the care of PLWHA. This finding is also supported by Wang and Li (2011) that participants reported relatively high levels of social support, but low level of self-efficacy. However, this finding is in contrast with that of Mbonu, Van Den Borne and De Vries (2009) that few participants were experiencing positive support from their immediate family after disclosure of their positive HIV status. It was concluded that, gender plays a role in the knowledge of partner's HIV status, as some of the participants did not know their partner were infected with HIV/AIDS.

### Conclusions

Social support is the assistance received by PLWHA which include support from family members, friends, spouse, people in the community, fellow PLWHA and counseling from health care workers in terms of sharing their problems or receiving encouragement and utilizing the services of a support group by joining the group to share experiences. This is crucial for better outcome for PLWHA. This study therefore concludes that utilization of HIV support group by PLWHA should be encouraged through counseling to share experiences and improve quality of life.

### Recommendations

Based on the findings of this study, it is therefore recommended that support groups and communities of PLWHA need to network and partner actively and include poverty reduction interventions into their programmes in order to improve the living standard of the people.

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