Pakistan Journal of Social Research
ISSN 2710-3129 (P) 2710-3137 (O)
Vol. 4, No. 2, April-June 2022, pp. 318-323.
www.pjsr.com.pk

SOCIAL RELATIONS, SUICIDAL PROBABILITY AND QUALITY OF LIFE OF HIV POSITIVE INDIVIDUALS

Abida Kareem
Lecture Department of Applied Psychology
Government College University, Faisalabad
abidakareem@gcuf.edu.pk

Nafisah Jabeen
Psychologist Punjab Women Protection Authority
Nafisahjabeen27@gmail.com

Rabia Khawar
Associate Professor, Department of Applied Psychology
Government College University, Faisalabad
rabiakhawar@gcuf.edu.pk

ABSTRACT
The present study intended to observe the connection between social relations, suicidal probability, and quality of life among HIV (Human Immunodeficient Virus) positive individuals. This study was conducted at Government College University Faisalabad from April 2016 to February 2017. A sample has consisted of 100 diagnosed as HIV positive married men and married women with age ranging from 22 to 50 years old (M = 33.3, SD = 7.2). Data was collected using purposive sampling. To measure the variables e.g. social relations, suicidal probability, and quality of life, the Provision of Social Relations Scale (PSR), Suicidal Probability Scale (SPS), and Quality of Life (QOL) Scales were used. Linear Regression along with an independent sample t-test was run to analyze data by using SPSS 22. Results of Linear Regression analysis indicated that the total score of social relations significantly negatively predicted suicidal probability but positively predicted the four domains of quality of life (physical, psychological, social, and environment). While Suicidal probability negatively contributed to the quality of life. The findings of the t-test showed that HIV-positive males had better social relations as well as a quality of life than HIV-positive females. There was also a significant gender difference in the level of suicidal probability as women scored high than men. The study emphasized the importance of social relations especially care from family. Better social relations predicted better quality of life. Better social relations predicted low suicidal probability.
Keywords: HIV, Social Relation, Suicidal Probability, Quality of Life.

INTRODUCTION

The current study focused on social relations, suicidal probability, and quality of life among patients with HIV and its consequences on patients including men and women. "The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. As the infection progresses, the immune system becomes weaker, and the person becomes more susceptible to infections. The most advanced stage of HIV infection is acquired immunodeficiency syndrome (AIDS). It can take 10-15 years for an HIV-infected person to develop AIDS; antiretroviral drugs can slow down the process even further" (WHO, 2011).

HIV/AIDS has been depicted as a definitive bio-psychosocial phenomenon as it harms not the body's defense mechanism, but also the social system of an individual (Wani & Sankar, 2017). After disclosure of being HIV positive the individual may experience difficulties in social relations due to stigmatization, which is an influential stressor for HIV positive individuals. This stigmatization causes depressive symptoms and poor social relations in HIV-positive people (Schmitz & Crystal, 2000).

It is a considerable indication that people who have good social relations are at an advantage of more satisfied and happier with their lives. This optimistic part of social relationships is confirming a person's satisfaction with their essential need for belongingness (Kasapoglu et al., 2011). Social relations are significant critical issues for HIV patients. Formal and informal social bonding and social support should be provided to them to decline their feelings of detachment and loneliness (Perry, 1990).

The quality of life (QOL) is commonly referred to as a global understanding of psychological well-being that embraces pleasure and gratification as a whole (Serafini et al., 2015). It is increased with the network of people. A person can trust and can discourse on significant issues (Degroote et al., 2014). The existence of social relationships has constructive influences on a person's overall quality of life and physical condition. While the absenteeism of social relationships raises an individual's vulnerability to emotional suffering, distress, and the likelihood of suicide (Remor, 2000). Successful suicide and suicidal probability are complicated clinical problems all over the world. Suicidal tendency is expected to become a greater contributor to the burden of disease as well as mortality (Onyebueke & Okwaraji, 2015).

HIV, as a chronic disease, is linked with a high suicidal probability and actions related to suicide including suicidal thoughts and attempts (Carrico et al., 2007). Researchers investigated suicidality among 190 members in an HIV mental health clinic. Twenty-six percent had suicidal thoughts, 49% had made a plan to commit suicide, and 48% communicated a high probability that they would take action (Olley, 2005).

Suicidal probability is a forecaster of suicidal attempt (Lawrence et al., 2010). Suicidal tendencies are critical and complicated clinical topics related to HIV (Kessler et al., 2005). After a diagnosis of HIV, suicidal probability is usually found in the first six months (Govender & Schlebusch, 2012). Suicidal probability in HIV/ AIDS has been stated in many cases to be linked with a related social problem like the quality of life. HIV not just influences the physical health of an individual but also the overall quality of life (Haller & Miles, 2003).

According to WHO, QOL is a person's insight about their place in the framework of society and norms concerning their values and interests (Serafini et al., 2013). Results of a study showed that social relations, educational level, and Anti-Retroviral therapy can enhance the QOL of HIV-infected people. HIV/AIDS has been proposed that remarkably influence the QOL of patients (Basavarajaiah et al., 2012). HIV patients have a higher quality of life scores in physical, mental, and ecological areas and generally bring down scores in the area of social relations (Kalichman et al., 2003). It was observed that HIV-positive people have a poorer quality of life than in an all-inclusive community and mediations could be focused to enhance this part of their wellbeing (Kalichman et al., 2017).

A study proposed that previous history of suicidal probability has a bad influence on QOL. Suicidality is related to Poor QOL (physical, psychological, social, and environmental) in people suffering from HIV infection (Fleming et al., 2004). Similar findings have been reported in another study, a constant link between suicidal probability including thoughts and attempts, poor quality of life was noted in HIV infected population (Ogundipe et al., 2015).

METHODS

This study was conducted at Government College University Faisalabad from April 2016 to February 2017 after obtaining the approval of the Advanced Studies and Research Board of the university. Sample of study was100 identified HIV positive individuals (50 men and 50 women) Age (M = 33.38, SD = 7.27) with age ranged 22 to 50 years.

Diagnosed HIV-positive patients were selected from Allied Hospital Faisalabad through purposive sampling after obtaining permission from relevant authorities. The educational qualification of participants ranged from middle standard to graduate degree. The patients who were suffering from any other physical disease (except physical problems related to HIV) at the same time were not included. Informed consent was obtained from all participants of this study after assurance of confidentiality.

PSR (Provision of Social Relations Scale; Turner et al., 1983) was used to measure social relations. The scale PSR has 15 items and two subscales, family care and care from friends. The participants of the study were requested to relate themselves by responding to every item on a 5-point Likert scale extending the range of "very much like my experience" to "not at all like my experience". The Alpha reliability coefficient was found to be 0.79.

The Suicidal Probability was measured by the Suicidal probability Scale (Cull & Gill, 1982). It consists of 36 items, designed to assess suicidal ideation. This scale gives quantifiable scores. Persons have inquired about the occurrence of their preceding practice and behavior by using a 4-point Likert scale.

WHOQOL-BREF (Skevington et al., 2004) scale was used to measure the quality of life. This small tool has 26 items that measure 4 domains of quality of life (physical health, psychological health,

social relations, and environment related to QOL). WHOQOL-BREF gives a global image of the quality of life and provides overall insight into the health of an individual.
Regression analysis and Independent sample *t-test* by SPSS 22 were run to analyze the data.

RESULTS

The sample size used in this study was 50 men (50%) and 50 women (50%). Reliability of Provision of Social Relation Scale, Quality of Life, and Suicidal Probability Scale is (α=.79), (*α*=.87), and (α=.85) respectively.

Table 1 Linear regression analysis for PSR predicting SP and QOL. *N*= 100

Predictors	Outcomes	*B*	*SE*	*B*	R^2
PSR	SP	-1.06	.16	-.55***	.31
	Physical qol	.032	.008	.37***	.14
	Psychological qol	.051	.009	.49***	.24
	Social qol	.044	.008	.49***	.23
	Environment qol	.029	.007	.37***	.13
PSR Family	SP	-11.79	1.89	-.53***	.28
	Physical qol	.238	.096	.24***	.59
	Psychological qol	.513	.108	.43***	.18
	Social qol	.400	.095	.39***	.15
	Environment qol	.315	.092	.33**	.11
PSR Friends	SP	-12.43	2.49	-.45***	.20
	Physical qol	.484	.113	.39***	.15
	Psychological qol	.649	.134	.43***	.19
	Social qol	.592	.114	.46***	.21
	Environment qol	.348	.115	.29***	.08

***p<.001, **p < .01.

Note: PSR= Provision of Social Relations; SP= Suicidal Probability; QOL= Quality of life

Multiple Regression analysis revealed that overall social relations and both of the subscales of PSR (family and friends), significantly negatively predicted suicidal probability while contributed positively in HIV patients' quality of life

Table-2 Gender differences on social relations, quality of life and suicidal probability. *N= 100*

Variables	Gender		*t*	*95% C.I*		*Cohen's d*
	Men (50)	Women (50)		*UL*	*LL*	
	M(SD)	*M(SD)*				
Social relations	44.6(7.43)	40.96(6.76)	2.41*	.61	6.26	0.62
PSR family	3.15(.62)	2.93(.63)	1.79*	-.02	.47	0.35
PSR Friends	2.83(.52)	2.59(.46)	2.36*	.04	.43	0.49
Suicidal probability	73.90(12.96)	79.42(14.51)	-2.0*	-10.98	-.05	0.40
Quality of Life						
Physical qol	3.06 (.048)	2.95(.580)	.929	-.12	.35	0.18
Psychological qol	3.31(.792)	3.09(.690)	1.47	-.07	.51	0.29
Social qol	3.44(.569)	3.04(.656)	3.25**	.15	.64	0.65
Environment qol	3.02(.551)	2.65(.601)	3.19**	.13	.59	0.64

***p < .01, *p < .05.*

Differences between male and female in mean scores of social relations, suicidal probability and quality of life are shown in table-2. The findings revealed a significant gender difference on social relations mean (SD) score 44.6(7.43) for males and 40.96(6.76) for females. Likewise a significant

gender difference was found on sub scales of social relations (family and friends). Mean (SD) score PSR family 3.15(.62) males and 2.93(.63) females. PSR friends 2.83(.52) males and 2.59(.49) females. Females had high score on suicidal probability mean (SD) score 79.42 (14.51) than males 73.90(12.96). Furthermore, two domains of quality of life (Social QOL and Environment QOL) were found better in males than females. On social QOL male had mean (± SD) score 3.44(.569) whereas female had 3.04(.656). Similarly on environment QOL mean (SD) score 3.02(.551) for males while 2.65(.601) for females.

DISCUSSION

The main aim of this study was to analyze the relationship between social relations, suicidal probability, and quality of life as well as gender differences on the level of study variables among victims of the Human Immunodeficiency virus. The outcomes of this study provided appropriate evidence for this relationship. Results indicated that not only do the total scores of social relations and subscales of PSR significantly negatively predict suicidal probability but one of the subscales of social relations called family care indicated a highly significant negative association with suicidal probability. It showed the importance of care from family for the patients with HIV. These findings are supported by a literature review. Research indicated that social relations enable people to contest disorder and strengthen healthy activities (Skinner & Mfecane, 2004). Good social relations encourage people to increase their adjustment and endorse optimistic personal and social growth which reduces the experience of several kinds of trauma related to disease and protects them from the risk of suicide (Schmitz & Crystal, 2000). Another study confirmed that Social issues such as poor domestic environment and lack of good social bonding were powerfully related to suicidal probability (Bitew et al., 2016). Researchers observed a significant positive association between suicidal probability and problematic social relations, traumatic life situations, and helplessness. Consequently, the presence of healthy social relations and support from family can be taken as defensive aspects in HIV-positive people (Service et al., 2001).

Our findings revealed total scores of social relations positively contributed to HIV patient's Physical QOL, Psychological QOL, Social QOL, and Environment QOL. Family care is a highly significant positive predictor of physical health that showed the standing position of good family care for the better physical health of HIV patients. Experiential studies have confirmed the constructive part of social relationships to improve care, treatment adherence, and reducing hospitalization (Prince et al., 2009). Care from family and friends increases the quality of life, and compliance decreases stress and provides support to HIV patients to get more chances to solve their life difficulties. Family is an appreciated source to enhance life quality (Rochat et al., 2011).

Results of our study showed that suicidal probability significantly negatively predicted quality of life. Literature provided empirical evidence in this regard. The association between self-harm risk and life quality was imperative. Self-destructive probability is the element that can massively influence life quality (Abreu et al., 2012). As hypothesized our findings highlighted significant gender differences in social relations, Suicidal probability, and quality of life in Social QOL and Environment QOL. This is also supported by existing findings. Men are more open about their conditions and have better social relations (Gebremichael et al., 2018).

Women with HIV have no care from family and friends as given to men and in like manner have diminished quality of life (Vosvick et al., 2003). Ladies were more prone to report self-destructive ideation than men among the people having a chronic disease (Schlebusch &Govender., 2012). In India where HIV is an increasing issue, researchers indicated that there are significant gender differences in QOL of HIV positive patients. Male has better QOL than female in spite that males have more chronic stage as compared to females (Solomon et al., 2008).

LIMITATIONS

This study consisted of a small sample size and time was restricted. Many patients were not willing to discuss their disease. It is proposed that further studies should be conducted on a relatively bigger sample to increase generalization.

CONCLUSION

In this study, social relations were found to be a significant positive predictor of quality of life while suicidal probability is negatively predicted by social relations and quality of life in HIV-infected patients. Males had better social relations and QOL as compared to females. HIV-positive females were

at high risk of suicide than HIV-positive men. These patients especially women need attention and care from their family and friends. That increases their quality of life. Improved social relations will be helpful to decrease suicidal probability.

REFERENCES

Abreu, L. N., Nery, F. G., Harkavy-Friedman, J. M., de Almeida, K. M., Gomes, B. C., Oquendo, M. A., & Lafer, B. (2012). Suicide attempts are associated with worse quality of life in patients with bipolar disorder type I. *Comprehensive Psychiatry*, *53*(2), 125-129.

Adeyemo, S., Olorunkoya, O. G., Chinelo, O. L., Babalola, G., & Abojei, C. O. (2019). Prevalence and psychosocial correlates of suicidal ideation among adolescents living with HIV in Southwestern Nigeria, West Africa. *Mortality*, *15*, 16.

Basavarajaiah, D. M., Murthy, B. N., Leelavathy, B., & Maheshappa, K. (2012). Assessment of quality of life of people living with HIV/AIDS In Karnataka state. *Int J Sci Tech*, *1*, 38 47.

Bitew, H., Andargie, G., Tadesse, A., Belete, A., Fekadu, W., & Mekonen, T. (2016). Suicidal ideation, attempt, and determining factors among HIV/AIDS patients, Ethiopia. *Depression research and treatment*, *2016*.https://doi.org/10.1155/2016/8913160

Carrico, A. W., Johnson, M. O., Morin, S. F., Remien, R. H., Charlebois, E. D., Steward, W. T., & Chesney, M. A. (2007). Correlates of suicidal ideation among HIV-positive persons. *Aids*, *21*(9), 1199-1203.

Coventry, W. L., Gillespie, N. A., Heath, A. C., & Martin, N. G. (2004). Perceived social support in a large community sample. *Social psychiatry and psychiatric epidemiology*, *39*(8), 625-636.

Cull, J. G., & Gill, W. S. (1982). The Suicide Probability Scale is a proprietary instrument. *Suicide probability scale. Los Angeles: Western Psychological Services*.

Degroote, S., Vogelaers, D., & Vandijck, D. M. (2014). What determines health-related quality of life among people living with HIV: an updated review of the literature. *Archives ofPublic Health*, *72*(1), 1-10.

Fleming, C. A., Christiansen, D., Nunes, D., Heeren, T., Thornton, D., Horsburgh Jr, C. R., &Craven, D. E. (2004). Health-related quality of life of patients with HIV disease: impact of hepatitis C coinfection. *Clinical Infectious Diseases*, *38*(4), 572-578.

Gebremichael, D. Y., Hadush, K. T., Kebede, E. M., & Zegeye, R. T. (2018). Gender difference in health related quality of life and associated factors among people living with HIV/AIDS attending anti-retroviral therapy at public health facilities, western Ethiopia: comparative cross sectional study. *BMC Public Health*, *18*(1), 1-11.

Govender, R. D., & Schlebusch, L. (2012). Suicidal ideation in seropositive patients seen at a South African HIV voluntary counselling and testing clinic. *African Journal of Psychiatry*, *15*(2), 94-98.

Haller, D. L., & Miles, D. R. (2003). Suicidal ideation among psychiatric patients with HIV: psychiatric morbidity and quality of life. *AIDS and Behavior*, *7*(2), 101-108.

Kalichman, S. C., DiMarco, M., Austin, J., Luke, W., & DiFonzo, K. (2003). Stress, socialsupport, and HIV-status disclosure to family and friends among HIV-positive men and women. *Journal of behavioral medicine*, *26*(4), 315-332.

Kasapoglu, A., Saillard, E. K., Kaya, N., & Turan, F. (2011). AIDS Related Stigma in Social Relations: A Qualitative Study in Turkey. *Qualitative Report*, *16*(6), 1496-1516.

Kessler, R. C., Berglund, P., Borges, G., Nock, M., & Wang, P. S. (2005). Trends in suicide ideation, plans, gestures, and attempts in the United States, 1990-1992 to 20012003. *Jama*, *293*(20), 2487-2495.

Lawrence, S. T., Willig, J. H., Crane, H. M., Ye, J., Aban, I., Lober, W., & Schumacher, J. E. (2010). Routine, self-administered, touch-screen, computer-based suicidal ideation assessment linked to automated response team notification in an HIV primary care setting. *Clinical infectious diseases*, *50*(8), 1165-1173.

Oladeji, B. D., Taiwo, B., Mosuro, O., Fayemiwo, S. A., Abiona, T., Fought, A. J.,& Adewole, I. F. (2017). Suicidal behavior and associations with quality of life among HIV-infected patients in Ibadan, Nigeria. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*, *16*(4), 376-382.

Olley, B. O. (2005). Factors influencing suicidality among recently diagnosed HIV/AIDS patients in South Africa. *Nigerian journal of psychiatry*, *3*(2), 12-19.

Onyebueke, G. C., & Okwaraji, F. E. (2015). Depression and suicide risk among HIV positive individuals attending an outpatient HIV/AIDS clinic of a Nigerian tertiary health institution. *J Psychiatry*, *18*(1), 182. http://dx.doi.org/10.4172/1994-8220.1000182

Remor, E. (2002). Social support and quality of life in patients with HIV infection. *Aten Primaria*, *30*(03), 143-8.

Rochat, T. J., Bland, R., Coovadia, H., Stein, A., & Newell, M. L. (2011). Towards a family centered approach to HIV treatment and care for HIV-exposed children, their mothers and their families in poorly resourced settings. *Future virology*, *6*(6), 687-696.

Salvati, L. M. (1993). Nutritional deficiencies in HIV disease. *AIDS Patient Care*, *7*(6), 312-313.

Schmitz, M. F., & Crystal, S. (2000). Social Relations, Coping, and Psychological Distress Among Persons With HIV/AIDS 1. *Journal of applied social psychology*, *30*(4), 665- 685.

Serafini, G., Montebovi, F., Lamis, D. A., Erbuto, D., Girardi, P., Amore, M., & Pompili, M. (2015). Associations among depression, suicidal behavior, and quality of life in patients with human immunodeficiency virus. *World journal of virology*, *4*(3), 303-312.

Serovich, J. M., Kimberly, J. A., Mosack, K. E., & Lewis, T. L. (2001). The role of family and friend social support in reducing emotional distress among HIV-positive women. *AIDS care*, *13*(3), 335-341.

Skevington, S. M., Lotfy, M., & O'Connell, K. A. (2004). The World Health Organization's WHOQOL-BREF quality of life assessment: psychometric properties and results of the international field trial. A report from the WHOQOL group. *Quality of life Research*, *13*(2), 299-310.

Skinner, D., & Mfecane, S. (2004). Stigma, discrimination and the implications for people living with HIV/AIDS in South Africa. *Sahara-j: Journal of Social Aspects of HIV/AIDS*, *1*(3), 157-164.

Solomon, S., Venkatesh, K. K., Brown, L., Verma, P., Cecelia, A. J., Daly, C., ... & Mayer, K. H. (2008). Gender-related differences in quality of life domains of persons living with HIV/AIDS in South India in the era prior to greater access to antiretroviral therapy. *AIDS patient care and STDs*, *22*(12), 999-1005.

Turner, R. J., Frankel, B. G., & Levin, D. M. (1983). Social support: Conceptualization, measurement, and implications for mental health. *Research in community & mental health*. *3*, 67-111.

Vosvick, M., Koopman, C., Gore-Felton, C., Thoresen, C., Krumboltz, J., & Spiegel, D. (2003). Relationship of functional quality of life to strategies for coping with the stress of living with HIV/AIDS. *Psychosomatics*, *44*(1), 51-58.

Wani, M. A., & Sankar, R. (2017). Social support, self-esteem and suicidal ideation among HIV/AIDS patients in Jammu and Kashmir state. *Indian Journal of Health & Wellbeing*, *8*(9), 944-949.

World Health Organization. (2011). Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011. In *Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011*.