

## FACTORS AFFECTING SOCIAL SUPPORT AMONG PEOPLE LIVING WITH HIV/AIDS IN PUNJAB-PAKISTAN

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### ABSTRACT

*The present study highlighted extent of social support perceived available and explored factors which affected the availability of social support to people living with HIV/AIDS in Punjab, Pakistan. A cross-sectional survey was done on HIV patients registered with PACP. A sample of 420 patients was selected from two treatment centers conveniently. The majority of respondents had moderate to high-level support perceived available to them in overall social support as well as in all its forms (tangible, affective, emotional, social interaction). Gender showed a weak and inverse relationship with perceived social support. Age had a negative and nonsignificant relationship with social support, while education, employment status and monthly income had a positive and significant correlation with perceived social support. On the other hand, length of disease had negative and significant correlation with social support.*  
**Keywords:** Social Support, HIV/AIDS, Tangible Support, Affective Support, Emotional Support, Positive Social Interaction.

### INTRODUCTION

Pakistan is one of the countries that are at risk of HIV as rising poverty, low literacy, particularly among females, low use of a condom, less awareness among health workers, a significant number of people moving around also comprising refugees in villages near borders, migrants both local and international, long-route truck drivers famous for involving in sexual activities makes them vulnerable of HIV and other sexually transmitted diseases (Bhurgri, 2006). Further, the situation is exacerbated due to inadequate safety precautions about blood transfusion, limited access to high-quality STIs services, unsafe medicinal injection and treatment practices, a flourishing profitable sex industry, syringe reuse, inadequate knowledge of HIV and prevention measures and the social stigma (Tirmizi et al., 2018). If proper testing is done, the number of HIV cases could be in the millions. The factors which contribute to the prevalence of HIV among youth include interest in drugs and sex, adverse peer influence, and monetary discontentment in Pakistan (Abrar & Ghouri, 2010).

Further, UNAIDS (2011) reported that stigma and discrimination are faced by people living with HIV in countries of Asia. However, Pakistan's people living with HIV/AIDS face relatively more stigma and discrimination than HIV patients in neighbouring countries. For example, reports of exclusion from religious activities ranged from less than 1% of respondents (China, Bangladesh) to 16% (Pakistan), and exclusion from social gatherings ranged from 4% (Cambodia) to 31% (Myanmar) and 25% (Pakistan). The exclusion within family environments ranged from 3% (Cambodia) to 26% (Pakistan). Further, reports of

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forced movement or inability to rent accommodation during the last year as a result of their HIV-positive status ranged from 5% (Sri Lanka) to 20% (Pakistan), reports of inability to retain a job went from 16% (Fiji) to 50% (Cambodia) and 28% (Pakistan) of respondents had lost their job or another form of income during the past 12 months and reduced access to health care due to HIV-positive status, ranged from 4% (Cambodia and Bangladesh) to 33% (Pakistan). Likewise, Hussain et al. (2018) concluded that the level of awareness and education of people in Pakistan about HIV and other STD transmission is very low. There is an urgent need to take preventive action to deal with this adverse situation, primarily related to cultural norms of gender inequality, and inadequate communication about protected sex.

The World Health Organization (WHO) reported that psychological and social support might benefit those dealing with disease-related difficulties. HIV patients who obtain adequate family and community support express improved resilience and encounter fewer mental health issues. Additional consequences of better social support include an increased propensity for treatment and prevention of the transmission of infection (World Health Organization, 2014). Social support structures can encourage patients to deal with the disease appropriately, resulting in feelings of belonging, satisfaction, and optimism. Social support affects patients' health outcomes by influencing the immune system functions, personal care activities and other disease-related behaviours (Adedimeji et al., 2010).

Further, informational support contributes to knowledge of the disease and improves a person's capacity to cope with the disease. By giving information about transmission routes and the long-term effects of compliance with treatment, patients can be helped to understand their disease status and advance their ability to cope (Faraji, 2015). Likewise, people with HIV/AIDS who had more social support from their families experienced less psychological distress, performed better socially, and felt more responsibility for public health (Masoudi & Farhadi, 2006). Social support was also found to be positively and significantly associated with the psychological well-being of patients with HIV/AIDS (Sargolzaei et al., 2018).

#### **Objectives of the study:**

Following were the objectives of present study

1. To know the nature and extent of social support available to people living with HIV/AIDS
2. To find out factors affecting the perceived availability of social support to people living with HIV/AIDS

#### **METHODOLOGY**

For the purpose of gathering information from HIV/AIDS patients registered with the Punjab AIDS Control Program (PACP) and receiving ART, a survey with structured interviews was conducted. A total of 44,000 HIV patients were registered, and 420 outdoor patients (18 years of age or older) were chosen as a sample for the survey using a cluster and convenient sampling technique. Patients were then proportionately chosen from two districts (Dera Ghazi Khan and Rawalpindi): 336 out of 3700 in Dera Ghazi Khan and 84 out of 950 in Rawalpindi. HIV/AIDS patients who met the inclusion criteria for the study included those who were (i) registered with PACP treatment facilities and taking ART, (ii) expressed willingness to engage in it, and (iii) older than 18 years. Frequencies, percentages, Chi-square, correlation coefficients, and post-hoc tests were used to analyze the data. The study investigated perceived social support as a dependent variable and evaluated gender, age, education, employment status, monthly income, and length of disease as independent variables. The 19-item Medical Outcome Social Support (MOS) Survey (Sherbourne & Stewart, 1991) measured the perceived social support.

#### **RESULTS AND DISCUSSION**

For this study, total 420 outdoor HIV patients were interviewed from two treatment centers of Punjab AIDS Control Program, Pakistan. Among respondents, more than sixty percent were male, more than thirty percent were women and near six percent were transgender. More than sixty percent were illiterate, nine percent completed their schooling and only one percent graduated from college. More than sixty percent were in their middle ages (28-47) and more than twenty percent were between ages (18-27). Almost half of them were partially employed and almost forty percent were unemployed. Around sixty percent of respondents had monthly income below ten thousand rupees and more than thirty percent had monthly

income from ten to twenty thousand per month. Majority of respondents were living with their family and almost half of them have been suffering from HIV more than five years.

Table 01: Distribution of the respondents regarding perceived social support

Social Support	Low f (%)	Moderate f (%)	High f (%)	Total f (%)
Overall Social Support.	9 (2.1)	227 (54.0)	184 (43.8)	420 (100)
Tangible /Material.	8 (1.9)	165 (39.3)	247 (58.8)	420 (100)
Affective/Appraisal.	22 (5.2)	225 (53.6)	173 (41.2)	420 (100)
Emotional/Informational.	18 (4.3)	236 (56.2)	166 (39.5)	420 (100)
Social Interaction/Belonging.	49 (11.7)	244 (58.1)	127 (30.2)	420 (100)

Table 1 describes the extent and forms of social support perceived as available by people living with HIV/AIDS. In overall social support, 54.0% of respondents said they had moderate support, 43.8% had high support, and 2.1% had low support. In tangible/material support, 58.8% of respondents reported having a high level of support, 39.3% had a moderate level, and 1.9% had a low level of tangible support. In affective/appraisal support, 53.6% of respondents had a moderate level, 41.2% had a high level, and 5.2% had a low level of support available to them. In emotional/informational support, 56.2% had a moderate level, 39.5% had a high level, and 4.3% had a low level. In social interaction/belonging, 58.1% had a moderate level, 30.2% had a high level, and 11.7% had a low level. In sum, the majority of respondents had moderate to high-level support perceived available to them in overall social support as well as in all its forms (tangible, affective, emotional, social interaction).

Table 2: Crosstab of gender and perceived social support

Gender of the respondents	Perceived Social Support			Total
	Low	Moderate	High	
Male	4	127	125	256
Female	4	94	42	140
Transgender	1	6	17	24
Total	9	227	184	420

Chi-Square =21.883\*\* df=4 Sig=0.000 Gamma= -0.181 Sig=0.047

In Table 2, Chi-Square value (21.883) showed a significant association (0.000) between the gender of the respondent and perceived social support. The Gamma value (-0.181) shows a weak and inverse relationship between both variables. This means that males living with HIV/AIDS had better social support than females and transgender people. In the post-hoc test for gender, male respondents had the highest level of perceived social support, while female respondents had the lowest level of perceived social support. These results were consistent with previous studies depicting that females infected with HIV received less social or informational support from friends and family members (Gordillo et al., 2009; & Asante, 2012) while inconsistent with studies which reported no significant differences in social support obtained by people living with HIV/AIDS based on gender (Pedrosa et al., 2016; & Hussain et al., 2021).

Table 3: Correlation coefficient of demographic characteristics and perceived social support

Variables	Spearman's Correlations	Age	Education	Employment Status	Monthly Income	Length of Disease
Perceived Social Support	Correlation Coefficient	-.013	.229**	.179**	.275**	-.103*
	Sig.(2-tailed)	.784	.000	.000	.000	.034

Table 3 represents correlation coefficient of demographic variable with Perceived social support. The results showed that age had a negative and nonsignificant relationship with social support ( $r = -.013$ ,  $P = .784$ ), representing that an increase in age decreases the level of perceived social support but that effect was not significant. These results were inconsistent with previous studies as some reported that young people with HIV gained more social support from family (Rongkavilit et al., 2010; Asante, 2012; & Zhang

et al., 2018) while another study stated that older people with HIV received more social support (Mavandadi et al., 2009).

Education had a positive and significant correlation with perceived social support ( $r = .229^{**}$ ,  $P = .000$ ), depicting that as the level of education increased, perceived social support also increased. This means that educated people living with HIV/AIDS had higher level social support. In the post-hoc test for education, more educated respondents had higher levels of perceived social support than illiterate or less educated respondents living with HIV/AIDS. The illiterate respondents had the lowest level of perceived social support, while those educated above graduation had the highest level of perceived social support. While inconsistent with these results a previous study from Brazil reported no differences in social support obtained by people living with HIV/AIDS based on level of education (Pedrosa et al., 2016).

Employment status had positive and significant relation with social support ( $r = .179^{**}$ ,  $P = .000$ ), depicting that increase in employment status had relation with increased social support. This means that partially and fully employed people with HIV/AIDS had more social support than unemployed people. In the post-hoc test for employment status, employed respondents had better perceived social support than unemployed respondents living with HIV/AIDS. The unemployed respondents had the lowest level of perceived social support, while fully employed respondents had the highest level of perceived social support.

Monthly income also had a positive and significant correlation with social support ( $r = .275^{**}$ ,  $P = .000$ ), representing that an increase in monthly income is related to an increase in social support perceived available. This means that people living with HIV/AIDS who had higher income also had more social support perceived available than people with lower income. In the post-hoc test for monthly income, those with higher monthly incomes also had better perceived social support than respondents with lower monthly incomes. The respondents in the income category (Up to 9,999) had the lowest level of perceived social support, while respondents in the income category (40,000 & above) had the highest level of perceived social support.

On the other hand, length of disease had negative and significant correlation with social support ( $r = -.103^{**}$ ,  $P = .034$ ), depicting that increase in length of disease was related to decrease in social support perceived available. This means that people who had been diagnosed a long time ago had lower levels of social support. In the post-hoc test for the length of disease, recently diagnosed respondents also had better perceived social support than respondents who had been living with HIV for many years. The respondents in the length of disease category (more than five years) had the lowest level of perceived social support, while respondents in the category (less than one year) had the highest level of perceived social support. These results were consistent with a previous study which reported that patients who had been diagnosed for less than three years had higher levels of instrumental social support (Pedrosa et al., 2016).

## CONCLUSION

Majority of respondents were male and in age group (28-47), partially employed and earning less than ten thousand rupees per month. Most of them had been suffering from HIV for more than five years and living with their families. Majority of respondents had moderate to high-level support perceived available to them in overall social support as well as in all its forms (tangible, affective, emotional, social interaction). The results showed that male respondents had the highest level of perceived social support, while female respondents had the lowest level of perceived social support. The illiterate respondents had the lowest level of perceived social support, while those educated above graduation had the highest level of perceived social support. The unemployed respondents had the lowest level of perceived social support, while fully employed respondents had the highest level of perceived social support. The respondents in the income category (Up to 9,999) had the lowest level of perceived social support, while respondents in the income category (40,000 & above) had the highest level of perceived social support. The respondents in the length of disease category (more than five years) had the lowest level of perceived social support, while respondents in the category (less than one year) had the highest level of perceived social support. To sum, gender, education, employment status, monthly income and length of disease significantly affected the perceived availability of social support while effects of age were not significant.

## REFERENCES

- Abrar, N., & Ghouri, A. M. (2010). AIDS/ HIV Knowledge, Attitude and beliefs of Adolescents of Pakistan. *European Journal of Social Sciences, 16*(2), 267-277.
- Adedimeji, A. A., Alawode, O. O., & Odutolu, O. (2010). Impact of Care and Social Support on Wellbeing among people living with HIV/AIDS in Nigeria. *Iranian Journal of Public Health, 39*(2), 30-38.
- Asante, K. O. (2012). Social Support and Psychological wellbeing of people living with HIV/AIDS in Ghana. *African Journal of Psychiatry, 15*(5), 340-345.
- Bhurgri, Y. (2006). HIV/AIDS in Pakistan. *Journal of Pakistan Medical Association, 56*(1), 1-2.
- Faraji, E., Sardashti, S., Firouzeh, M. M., Aminabad, F. J., Alinaghi, S. A. S., & Hajiabdolbaghi, M. (2015). Perceived social support affects disease coping among people living with HIV: A study in Tehran, Iran. *Asian Pacific Journal of Tropical Disease, 5*(5), 412-417.
- Gordillo, V., Fekete, E. M., Platteau, T., Anthoni, M. H., Schneiderman, N., Nostingler, C., & Eurosupport Group. (2009). Emotional support and gender in people living with HIV: Effects on psychological well-being. *Journal of Behavioral Medicine, 32*(6), 523-531.
- Hussain, A., Hussain, S., Ali, S. M., Ali, E., Mehmood, A., & Ali, F. (2018). HIV/AIDS- A Growing Epidemic in Pakistan. *Journal of Evolution of Medical and Dental Sciences, 7*(8), 1057-1062. DOI: 10.14260/jemds/2018/240
- Hussain, M. M., Khalily, M. T., & Zulfiqar, Z. (2021). Psychological Problems among Patients Suffer in HIV/AIDS in Pakistan. *Review of Applied Management and Social Sciences, 4*(2), 559-567.
- Masoudi, M., & Farhadi, A. (2006). Family social support rate of HIV positive individuals in Khorram Abad. *YAFTEH, 7*(4), 43-47.
- Mavandadi, S., Zanjani, F., Have, T. R., & Oslin, D. W. (2009). Psychological Wellbeing among Individuals Aging with HIV: The Value of Social Relationships. *Journal of Acquired Immune Deficiency Syndrome, 51*(1), 91-98.
- Pedrosa, S. C., Fiuza, M. L. T., Cunha, G. H., Reis, R. K., Gir, E., Galavao, M. T. G., & Carvalho, A. F. (2016). Social support for people living with acquired Immunodeficiency syndrome. *Texto Contexto Enferm, 25*(4), 1-8.
- Rongkavilit, C., Wright, K., Chen, X., Naar-king, S., Chuenyam, T., & Phanuphak, P. (2010). HIV stigma, disclosure and psychosocial distress among Thai youth living with HIV. *International Journal of STD and AIDS, 21*(2), 126-132.
- Sargolzaei, N., Mohebi, M. D., Hosaini, S. S., & Farzad, Z. (2018). Psychological Well-Being and Social Support in Patients with HIV/AIDS in South-East Iran. *International Journal of High Risk Behaviors and Addiction, 7*(4), 1-6.
- Tirmizi, S. R. H., Tirmizi, S. T., & Khan, N. U. (2018). Spatial Analysis of HIV/AIDS in Pakistan. *Bangladesh Journal of Medical Science, 17*(3), 433-438. DOI: <http://dx.doi.org/10.3329/bjms.v17i3.36999>
- UNAIDS (2011). People Living with HIV Stigma Index: Asia Pacific Regional Analysis. Geneva, Switzerland. Retrieved from [https://www.unaids.org/sites/default/files/media\\_asset/20110829\\_PLHIVStigmaIndex\\_en\\_0.pdf](https://www.unaids.org/sites/default/files/media_asset/20110829_PLHIVStigmaIndex_en_0.pdf)
- World Health Organization. (2014). Psychosocial support: HIV/AIDS topics. Available on: <http://www.who.int/hiv/topics/psychosocial/support/en/>.
- Zhang, C., Li, X., Liu, Y., Zhou, Y., Shen, Z., & Chen, Y. (2018). Impacts of HIV stigma on Psychosocial well-being and Substance use behaviors among People living with HIV/AIDS in China: Across the life span. *Aids Education and Prevention, 30*(2), 108-119.