

Psychosocial concerns, social support and adjustment among people living with HIV/AIDS (PLWHA) in Tertiary Hospitals in Imo State, Nigeria

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Abstract: *Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a major global public health issue. The infection often impacts on the socio economic life of People Living With HIV/AIDS (PLWHA) and as such has the tendency to trigger psychosocial concerns which consequently affect their ability to adjust to their situations. This study seeks to assess the psychosocial concerns, social support and adjustment among People Living With HIV/AIDS (PLWHA) as this assessment will enable the weightier / more impacting aspects of patients' needs to be identified and targeted with appropriate early intervention.*

The study was carried out on PLWHA at Federal Medical Centre (FMC) Owerri and Imo State University Teaching Hospital(IMSUTH), Orlu. A self-developed questionnaire was administered to 461(PLWHA) who met the inclusion criteria, of which 460 were retrieved. Hypotheses were tested using chi-square test at 5% significant level. The cronbach alpha value was 0.81.

Results revealed that the 460 respondents studied comprised majorly of young adults with a mean age of 40.5 years. Also, majority of them, (77.8%) identified that they needed spiritual support,(67.8%)were afraid for their lives, while (60.7%) were concerned of being discriminated against. Also, 79.6% of them lacked information support from health professionals while 89.8% were not given adequate emotional support by their loved ones. The general level of their psychosocial concerns was moderate and adjustment level was good. The social support they enjoyed is not high as expected but only moderate. Furthermore, there is a significant association between psychosocial concerns and adjustment [$\chi^2 = 15.28$, $df = 4$, $p - value < 0.05$] and the association between social support and adjustment is also significant [$\chi^2 = 37.72$, $df = 4$, $p - value < 0.05$]

PLWHA lack adequate social support information from health professionals and love from their loved ones; their main psychosocial concern were 'spiritual support', 'fear' and 'discrimination; the level of psychosocial concerns and social support among the respondents was moderate; they had good adjustment. Both psychosocial concerns and social support influence their adjustment to the disease. Nurses and other health professional were advised to furnish patients with adequate information as regards the nature of HIV/AIDS while families and loved ones of PLWHA were enjoined to care for them. Governmental and non-governmental agencies were also employed to engage PLWHA in programs that will give them a sense of belonging.

Key Words: *psychosocial concerns, social support, adjustment, PLWHA.*

1. INTRODUCTION:

The most profound effects of HIV/AIDS are in the psychological, social and economic health of the affected people. This alters their adjustment to the life situations mostly precipitated by their HIV status; hence, identifying the psychosocial concerns of PLWHA and assessing the available psychosocial support upon which their adjustment depends will aid the enhancement of the healthcare services made available for them to attain and maintain good health status. The research focuses on assessing the main psychosocial concerns of PLWHA, the level of psychosocial concerns, social support and adjustment among PLWHA in tertiary hospitals in Imo state, Nigeria and determining association between psychosocial concerns, social support and adjustment

2. LITERATURE REVIEW:

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) is a major global public health issue causing significant impact to the overall health and quality of life of people infected with the disease. Its prevalence rate among Africa Countries is over 15% (1)

As of 2012, an estimated 35.3 million people were infected with HIV, with 2.3 million people infected with HIV only in 2012 and 1.6 million died from AIDS(2) . In Sub-Saharan Africa (SSA), recent estimates showed 25.5 million people

living with HIV live in this region (3)with Nigeria ranked as second in terms of the disease in sub-Saharan Africa(4) behind South Africa, and third in the world, behind India(5) As a result, there had been growing concern about PLWHA’s overall wellbeing in physical, psychological and socioeconomic domains(6)

Adjustment is defined as the ability of the patients to adapt to their condition(7). Psychological and social factors influence the ability to adapt to HIV/AIDS more than the severity of the disease as a result studying psychosocial concerns, social support and adjustment is critical in anticipating, understanding and responding to patient’s problems. Psychosocial support refers to the perceived comfort, care, esteem, or help a person receives from other people or groups such as the spouse, lover, friends, family, co-workers, or physicians(8). Psychosocial concerns that were identified in a study included emotional situation (e.g. lack of confidence), financial burden, work-related concerns, existential issues and need for spiritual support expressed by individuals with life-threatening diseases(9), In fact, among the breast cancer clinic attendees, the greatest area of worries were related to fear of death, work, financial burden, lack of confidence in self, concern about people’s reaction, and need for spiritual support(9). A study had showed that factors like group counseling is significantly related to the psychosocial adjustment of people living with HIV/AIDS, and that the more the group counseling, the better the psychological adjustment of the people living with HIV/AIDS(10). In a similar study, main psychological concerns of PLWHA were "Too much worry" and "No cure for AIDS" while the main social concern was "Fear of losing a loved one"(11). Another study revealed that the major psychological concern was 'Lack of interest in things' while main social support was 'Feeling very lonely' (12).

Social support is generally defined as “the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations”(13). Also, a study noted that social support, nutritional support and psychological support are needed by these people(14), the same study also highlighted more of the needs of these people, which includes: counseling service, increase in counseling centers, education and public and available consultation, family planning services, treatment services and home care(14). A similar study revealed that more than half of the participant in this study had low perceived social support(15).

3. METHOD:

A self-developed questionnaire was administered to 461 of the People Living With HIV/AIDS (PLWHA) who were attending anti-retroviral therapy(ART)clinic at Federal Medical Centre, Owerri and Imo State University Teaching Hospital, Orlu, of which 460 were retrieved. These participants were selected using convenience sampling method which is a type of non-probability sampling technique. Ethical approval from the two institutions and participants’ consent were sought before administering the questionnaire. Hypotheses were tested using chi-square test at 5% significance level.

4. ANALYSIS:

Table 1: Socio – Demographic Information of Participants

Variables	Frequencies	Percentage
Age group		
18-19 years (Teenagers)	8	1.7
20-39 years (Young Adults)	225	48.9
40-59 years (Middle – Aged Adults)	185	40.2
60 years and above (Elderly)	42	9.1
Mean Age=40.55		
Gender		
Male	147	32
Female	313	68
Marital Status		
Single	148	32.2
Cohabiting (Living as married)	20	4.3
Married	190	41.3
Widowed	69	15
Separated/Divorced	33	7.2
Personal Monthly Income(In Naira)		
<20,000	188	40.9
20,000 – 49,999	113	24.6
50,000 – 69,999	91	19.8
70,000 – 99,999	37	8
>=100,000	31	6.7
Mean Monthly Income=40,174 Naira		

Participants' Years of Clinic Attendance		
<1 year	79	17.2
1-5 years	151	32.8
6-10 years	174	37.8
>10 years	56	12.2

A total of 461 questionnaires were administered to PLWHA but 460 were retrieved. Out of the 460 PLWHA studied, eight (1.7%) were adolescents, 225 (48.9%) were young adults, 185 (40.2 %) were of middle age, forty-two (9.1) were elderly while their mean age was 40.5years. The participants comprised 147(32 %) males and 313 (68.%) females respectively;148 (32.2 %) were single, twenty (4.3%) were cohabiting (living as married), 190 (41.3%) were married, 69 (15%) were widowed, while 33 (7.2%) were separated / divorced respectively. Majority of the participants [301(65.5%)] earned below N20,000 and between N20,000 – N49,999 monthly. More than half of them [325(70.6%)] have been attending ART clinic for a period of 1-10 years

Table 1.1: Taking of the drugs -Highly Active Antiretroviral Therapy (HAART)

	Frequency	Percentage
Taking HAART		
Yes	460	100.0
No	nil	nil
Years in taking HAART		
< 1 year	87	18.9
1-5 years	153	33.3
6-10 years	173	37.6
>10 years	47	10.2

From the above table, all of the 460 PLWHA studied, (100%) had started taking the anti-retroviral drugs known as Highly Active Anti-Retroviral Therapy (HAART) in accordance with the directives in the current 'National Guidelines for HIV prevention, treatment and care' that, all HIV infected persons should be initiated on Anti-retroviral therapy (ART also known as HAART) as soon as possible. Eighty-seven (18.9%) out of the 460 participants had started taking the drugs for a period of less than one year as at the time of this study, 153 (33.3%) had started taking the drugs since a period of 1-5 years, 173 (37.6%) had started the drugs since a period of 6-10 years while 47 (10.2%) had been taking the drugs for more than 10 years as at the time of this study.

Table 2: Table for PLWHA Suffering from Cormobidities

	Frequency	percentage
Suffering from other illness		
Yes	102	22.2
No	358	77.8
If yes, mention the illness		
Breast cancer	2	0.4
DM	3	0.7
Hepatitis	3	0.7
Hernia	2	0.4
Hypertension	28	6.1
Hypertension and DM	5	1.1
Kidney diseases	3	0.7
Malaria	3	0.7
Pneumonia	3	0.7
PUD	3	0.7
Staph infection	3	0.7
TB	5	1.1

Table 2 revealed that 102 (22.2%) out of the 460 respondents were also suffering from comorbidities (another illness apart from the HIV/AIDS), Twenty –eight (6.1%) respondents indicated that they were also suffering from hypertension which is a psychosomatic illness. Other forms of illness mentioned by the respondents included breast cancer, diabetes mellitus, hepatitis, hernia, kidney disease, malaria, pneumonia, peptic ulcer disease (PUD), staphylococci infection and tuberculosis (TB).

Table 2.1: Participants’ Disclosure of their HIV Status

Ever shared the information of your HIV status with anybody	Freq.	Percent.	Valid percent.
Yes	360	78.3	78.3
No	100	21.7	21.7

Relationship with Persons with whom the information was shared

Spouse	149	32.4	41.4
Children	60	13.0	16.7
Sibling	76	16.5	21.1
Extended family members	33	7.2	9.2
Friend	35	7.6	9.7

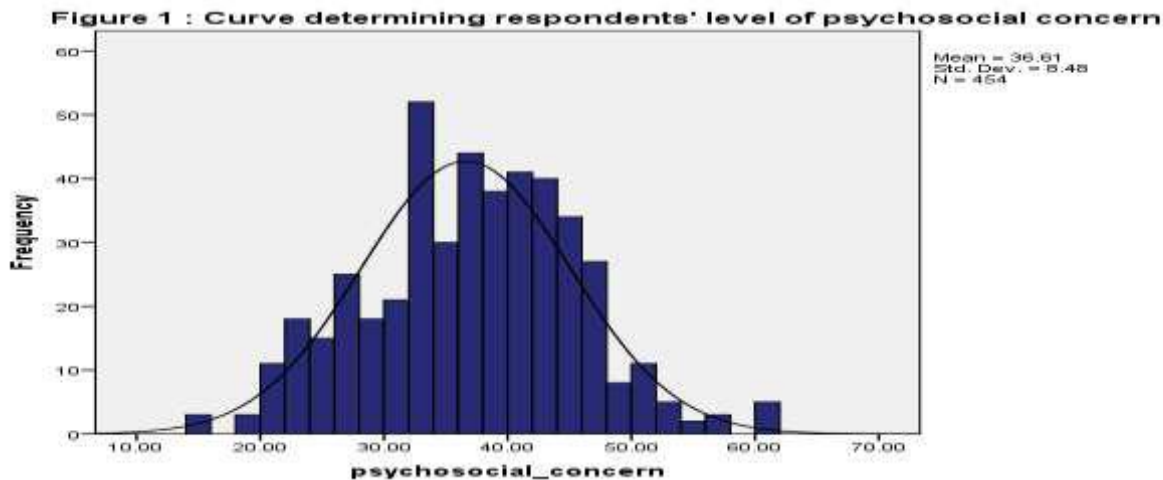
Table 2.1 revealed that 360 (78.3%) out of the 460 respondents shared the information of their HIV status with somebody while 100 (21.7%) had never told anybody about their HIV status. Majority [149(32.4%)] of the 360 respondents indicated that they shared the information of their HIV status with their spouse.

Table 3: Psychosocial Concerns among the Respondents

Statements	SA n (%)	A n (%)	SD n (%)	D n (%)
Fear of death bothers me	124 (27.0)	84 (18.3)	143 (31.1)	109 (23.7)
I lack confidence in myself	106 (23.0)	56 (12.2)	117 (25.4)	181 (39.3)
Financial cost of having to care for myself weighs me down	140 (30.4)	84 (18.3)	93 (20.2)	143 (31.1)
I need spiritual support in the form of prayers to sustain me	169 (36.7)	189 (41.1)	40 (8.7)	62 (13.5)
I feel afraid for my life because of this illness	164 (35.7)	148 (32.2)	72 (15.7)	76 (16.5)
I feel depressed when I think of this illness	176 (38.3)	72 (15.7)	96 (20.9)	116 (25.2)
I am concerned that my family, friends, and coworkers will find out I have HIV	138 (30.0)	93 (20.2)	100 (21.7)	129 (28.0)
I am concerned that I will be discriminated against because of HIV	144 (31.3)	135 (29.3)	88 (19.1)	93 (20.2)
<i>mean ± sd = 36.51 ± 8.48</i>				

Table 3 revealed that out of the 460 PLWHA studied in the selected hospitals, majority of them [358(77.8%)] identified that they needed spiritual support in the form of prayers, [312 (67.8%)] indicated that they felt afraid for their lives because of this HIV/AIDS and [279 (60.7%)] that they were concerned about being discriminated against because

of HIV. Other psychosocial concerns of the participants were lack of confidence, financial cost of caring for themselves, and depression. For psychosocial concern scores, the *mean ± sd* was 36.51 ± 8.48

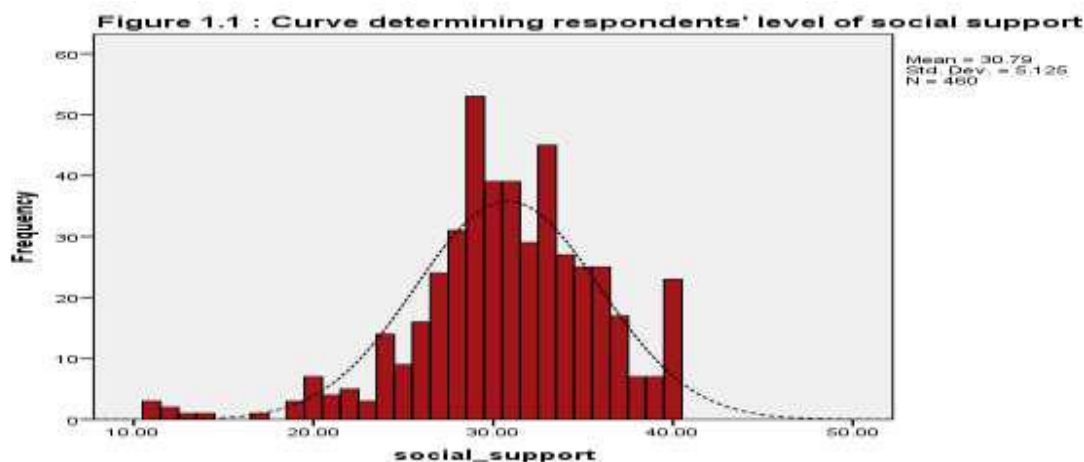


From Figure 1, the curve for psychosocial concerns is a non-skewed curve with the estimate of mean value(36.61) being at the center of the curve; hence the psychosocial concerns measured on the respondents is neither high nor low but moderate.

Table 3.1: Social support among the Respondents

Statement	SA n(%)	A n(%)	SD n(%)	D n(%)
Health professionals always give me information in the clinic to help me understand the situation	47(10.2)	47(10.2)	150(32.6)	216(47.0)
I have someone to confide in or talk to about myself or my problems	40(8.7)	40(8.7)	153(33.3)	227(49.3)
My family really tries to help me financially	52(11.3)	98(21.3)	164(35.7)	146(31.7)
If I were sick, I could easily find someone to help me with my daily chores	40(8.7)	87(18.9)	185(40.2)	148(32.2)
Despite my ill-health, I have someone who loves me and make me feel wanted	20(4.3)	27(5.9)	156(33.9)	257(55.9)

Table 3.1 revealed that 79.6% of them lacked information from health professionals, 82.6% lack confidence, and 67.4% lacked financial support from family, 72.4% lack help on daily chores while 89.8% were not loved by their loved ones.

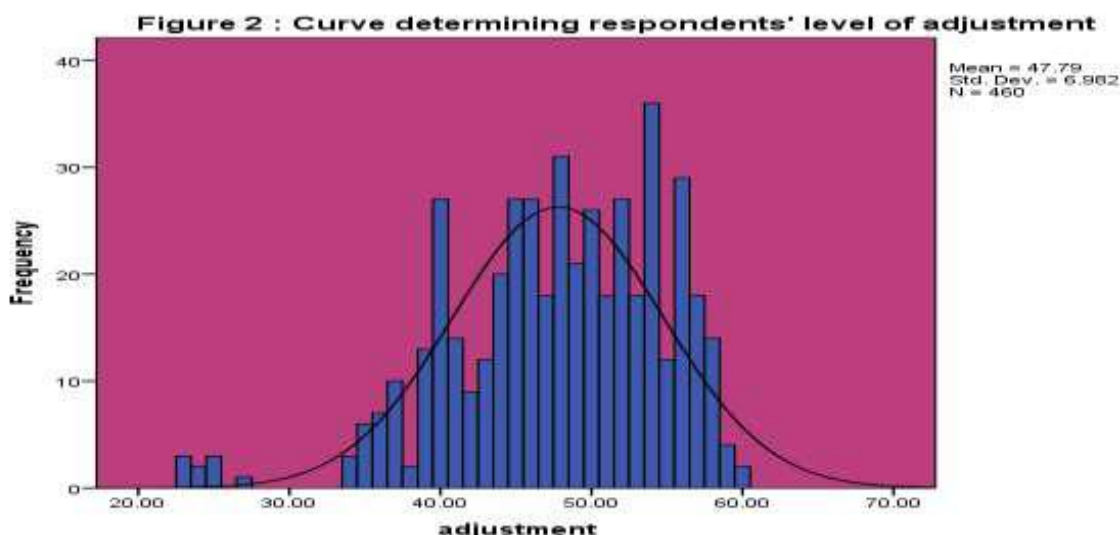


From Figure 1.1, the curve for social support is also a non-skewed curve with estimate of mean(30.79) being at the center of the curve ; therefore the level of social support measured on the respondents is moderate. In other words, social support they enjoyed is not high but moderate.

Table 4: Table for Adjustment

Statements	SA n (%)	A n (%)	D n (%)	SD n (%)
I take a positive attitude toward myself	235 (51.1)	184 (40.0)	29 (6.3)	12 (2.6)
All in all, I refuse to feel that I am a failure	233 (50.7)	173 (37.6)	37 (8.0)	17 (3.7)
Illness has negatively affected how I live my day-to-day life	195 (42.4)	149 (32.4)	64 (13.9)	52 (11.3)
I try to come up with a strategy about what to do when issues arise.	127 (27.6)	176 (38.3)	85 (18.5)	72 (15.7)
I am pleased with the way I am handling the stress associated with this illness	157 (34.1)	233 (50.7)	65 (14.1)	5 (1.1)
I accept the reality of the fact that it happened.	184 (40.0)	150 (32.6)	76 (16.5)	50 (10.9)
I have learnt to live with it.	184 (40.0)	198 (43.0)	44 (9.6)	34 (7.4)

Majority of them [390(84.8%)] were pleased with the way they handled stress associated with this illness. This implies that they coped adequately with HIV/AIDS and its treatment.



The curve from Figure 2 is slightly skewed to the left with the estimate of mean (47.79) being towards the right hand side of the curve, this connotes that the level at which they adjusted to the infection was relatively good.

Table 4.1: Table for Chi square Test

Variables tested	Chi- square	Df	P
Adjustment with psychosocial concerns	15.28	4	P<0.05
Adjustment with social support	37.72	4	P<0.05

The findings of this study showed that there is significant association between social support and adjustment. This implies that the level of the social support of respondents influenced their level of adjustment [$\chi^2 = 37.72$, $df = 4$, $p - value < 0.05$]. Also psychosocial concern is significantly associated with adjustment. This implies that the severity of the psychosocial concerns of respondents influenced their level of adjustment [$\chi^2 = 15.28$, $df = 4$, $p - value < 0.05$]

5. DISCUSSION:

The results of this study showed that the main psychosocial concerns of the PLWHA were ‘feeling of fear for their lives’, ‘need for spiritual support’ and ‘fear of discrimination against them’. In a similar study, main psychological

concerns of PLWHA were "Too much worry" and "No cure for AIDS"(11). Furthermore, it had been shown that the major psychosocial concern was 'Lack of interest in things'(12). In addition to that, among breast cancer clinic attendees, the greatest areas of worries were related to fear of death, work, financial burden, lack of confidence in self, concern about people's reaction, and need for spiritual support(9). The result of this study revealed that PLWHA were moderately concerned with psychosocial needs. The main social concerns as noted in studies reviewed were 'Feeling of loneliness'(12) and "Fear of losing their loved ones"(11); this is in line with the result of this study that, one of the main psychosocial concerns was 'feeling of fear for their lives'.

The findings of this study revealed that PLWHA lack and needed the following: information from health professionals, one in whom they can confide, financial support from family, assistance on daily chores and love from loved ones. A similar study highlighted more on the needs of these people, which include: counseling service, increase in counseling centres, education, public and available consultation, family planning services, treatment services and home care(14). Also, it was found in this study that the general level of social support that PLWHA enjoy is not at its optimum but moderate, this implies that they need more social support. The result was the same in a similar study where it was noted that more than half of the participants in the study had low perceived social support(15); in fact another study noted that social support, nutritional support and psychological support were needed by these people(14). It was also found in this study that the respondents adequately coped with HIV/AIDS and its treatment.

Also the chi-square test revealed that psychosocial concerns and social support were both significantly associated to these people's adjustment to the infection. In other words, both psychosocial concerns and social support were influencing their adjustment to the infection. The result is similar to the result in another study which concluded that group counseling is significantly related to the psychosocial adjustment of people living with HIV/AIDS, and that the more the group counseling, the better the psychological adjustment of the people living with HIV/AIDS(10).

6. FINDINGS:

- PLWHA lack information from health professionals, financial support from their families and care from loved ones
- The main psychosocial concerns of PLWHA identified are 'spiritual support', 'feeling of fear for their lives' and 'discrimination against them'.
- The level of psychological concerns and social support among PLWHA is moderate, and they had good adjustment
- Both psychological concerns and social support influence PLWHA's adjustment to the disease (HIV/AIDS)

7. RECOMMENDATION:

- Nurses and other health professional are advised to furnish patients with adequate information as regards the nature of HIV/AIDS.
- Family members and loved ones of PLWHA are enjoined to emotionally support them.
- Governmental and non-governmental agencies are employed to engage PLWHA in programs that will give them a sense of belonging.

REFERENCES:

1. Opiyo, P., Yamano, T. and Jayne, T. S. (2008).HIV and home-based health care. *Int J Equity Health*; 7:8 <http://www.equityhealthj.com/content/1/1/8> on 22nd February, 2016.
2. World Health Organization. Global update on HIV treatment 2013: results, impact and opportunities: WHO report in partnership with UNICEF and UNAIDS. Geneva: World Health Organization; 2013. http://apps.who.int/iris/bitstream/10665/85326/1/9789241505734_eng.pdf
3. UNAIDS, 2016 "Fact Sheet 2016". UNAIDS, Review of data from People Living with HIV Stigma Index surveys conducted in more than 65 countries, 2016.
4. United Nations General Assembly Special Session. 2010. UNGASS country progress report,Nigeria.http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportssubmittebycountries/nigeria_UNGASS2010_Fin on 7th February, 2016.
5. The United Nations Joint Programme on HIV/AIDS 2014.The Gap report.http://issuu.com/unaids/docs/20140716_unaids_gap_report/5?e=2251159/8627691
6. Liping, M., Peng, X., Haijiang, L., Lahong, J.andFan, L. (2015). Quality of Life of People Living with HIV/AIDS: A Cross-Sectional Study in Zhejiang Province, China. *PLoS One*. 26;10(8):e0135705
7. Smeltzer, S. C., Hinkle, J. L., Bare, B. G., & Cheever, K. H. (2010). Brunner &Suddarth's *textbook of medical-surgical nursing*. Twelfth edition.Wolters Kluwer Health / Lippincott Williams & Wilkins.

8. Ahmed, S. M. and Lemkau, J. P. (2007). Psychosocial Influences on Health. In: Rakel RE, editor. *Textbook of Family Medicine*. 7th ed. Philadelphia, PA: Saunders Elsevier; 35–38.
9. Ohaeri, B. M., Ofi, A. B and Campbell, O. B. (2011). Relationship of knowledge of psychosocial issues about cancer with psychic distress and adjustment among breast cancer clinic attendees in a Nigerian teaching hospital. *Psycho-Oncology* DOI: 10.1002/pon.1914
10. Akpama, E. G. (2013). Effect of Group Counselling on the Psychological Adjustment of People Living With HIV/AIDS in Central Senatorial Zone, Cross River State, Nigeria. *Journal of Educational and Social Research* Vol. 3 (2)
11. Sebastian, S. T. and Siddanna, S. (2016). Social, Psychological and Health Concerns of People Living with HIV/AIDS in Mysore District, Karnataka. *Journal of Clinical and Diagnostic Research*. 10(3): LC06-LC10 DOI: 10.7860/JCDR/2016/17212.7420 www.jcdr.net
12. Ojo OO, Adedigba MA, Naidoo S, Adejuyigbe E, Fakande I. (2009). Social, psychological and health concerns among people living with HIV/ Aids in Nigeria. *Oral Health Prev Dent*. 7:355-62.
13. Taylor, S.E. (2007). Social Support. In H.S. Friedman & R.C Silver (Eds.), *Foundations of Health Psychology* (pp. 145-171). Oxford ; New York: Oxford University Press.
14. Moradi, G., Mohraz, M., Gouya, M. M., Dejman, M., Seyedalinaghi, S-A., Khoshravesh, S. and Malekafzali-Ardakani, H. (2014). Health Needs of People Living with HIV/AIDS: From the Perspective of Policy Makers, Physicians and Consultants, and People Living with HIV/AIDS. *Iranian J Publ Health*. 43(10), 1424-1435
15. Okonkwo, N. O., Larkan, F. and Galligan, M. (2016). An assessment of the levels of perceived social support among older adults living with HIV and AIDS in Dublin. *SpringerPlus*. 5:726 DOI 10.1186/s40064-016-2302-6