

Support Group System and Psycho-social Well-being of People Living with HIV in Selected Anti-retroviral Clinics in Oyo State, Nigeria

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Abstract

This study examined the effect of support group system on the psycho-social well-being of PLWH in selected anti-retroviral clinics in Oyo state. The study adopted the survey design. A total number of 321 PLWH attending six selected ART clinics in Oyo State, Nigeria and actively participating support group meetings consistently for the past three months prior to the study were purposively selected for the study. Support Group System on Psycho-social Well-being Questionnaire ($r=0.$) was used for data collection. Four (4) hypotheses were tested at $p<0.05$. Data collected were analyzed at univariate and bivariate levels using SPSS Version 25. The study established that female respondents ($\bar{x} = 61.76$) living with HIV has the better level of group support compared to male ($\bar{x} = 56.78$) (Crit-t = 1.96, Cal.t = 2.216, DF = 319, $p(0.027)<0.05$ level of significance). For psychosocial well-being of PLWHA, the result shows that there was a significant relationship between group support and emotional wellbeing ($r=.409$), physical wellbeing ($r=.266$), and social wellbeing ($r=.263$), respectively. Based on the findings, it is recommended that that group support is necessary for the psychosocial well-being of PLWHA, through the provision of efficient and functional support groups in all ART clinics for people living with HIV/AIDS. There should also be adequate social services and relevant health policies to better the lives of PLWHA.

Keywords: People Living with HIV, Psychosocial well-being, Social workers, support group system.

Introduction

HIV/AIDS is among the greatest challenges to sustainable economic, social and civil society development today; it is a global crisis that challenges all aspects our entire society (UNAIDS, 2008). According to AIDS Info glossary of HIV/AIDS related terms (2018), People Living with HIV (PLWH) are infants, children, adolescents, and adults who have been infected with Human Immunodeficiency Virus (HIV); a virus that causes Acquired Immune Deficiency Syndrome (AIDS). United Nations (2019) submitted that 36.9 million people globally were living with HIV among which 21.7 million people were accessing Anti-Retroviral Therapy (ART). The organization further stated that 1.8 million people became newly infected with HIV; 940 000 people died from AIDS-related illnesses in the year 2017.

HIV is the leading cause of death for women of reproductive age worldwide and also, now the leading cause of death among adolescents (aged 10–19) in Africa and the second most common cause of death among adolescents globally. The total population of Oyo State is 5,591,589 based on 2019 UN estimate while 2019 Nigeria AIDS Impact Indicator Survey (NAIIS) puts Oyo State HIV prevalence at 0.9%. The number of PLWH in the state based on the NAIIS report is approximately 50,324.

HIV/AIDS drives affected households into poverty by reducing resources and depleting the country of human capital. Children who are in the affected households lack basic needs as a result of the poverty and HIV/AIDS related illnesses (Muindi, Kombo, Kithinji, & Wainaina, 2003). When someone is diagnosed of HIV, it means that person had been exposed to virus and a test has revealed that person is now living with HIV in his/her body. Unlike some other viruses, the human body cannot get rid of HIV completely, even with treatment; therefore, once infected with the virus, the person lives with the virus throughout his/her life. Many people have strong reactions when they find out they are HIV positive, including feelings such as fear, anger, and a sense of being overwhelmed. Often people feel helpless, sad, and anxious about the illness. (Facts about HIV Stigma, 2019).

When an individual infected with HIV becomes ill, the entire families and children bear the burden alone. This stigma and discrimination that surroundings HIV/AIDS makes life for HIV infected persons more difficult and for their families. Loneliness, anxiety, stress, mental confusion, depression, memory loss can also make them more vulnerable to illness if they do not secure any kind of support. Children may be ostracized from the community and school, if any one of their parents is infected by HIV/AIDS. Due

to disclosure fears and stigma associated with HIV/AIDS many families isolate themselves from their extended family and communities to save themselves and their children from maltreatment. PLWH needs a lot of emotional, spiritual, psychological, social, physical, clinical and nursing care, anti-retroviral therapy (ART) drugs to ensure their quality of life. (Paul, 2011)

According to WHO 2014, a person's physical health, mental health, emotional life (feelings, thoughts, beliefs, attitudes) and social life (relationships, attitudes, cultural values and the influences of family, school, peers and community) all affect psychosocial well-being. The HIV/AIDS infected individuals can live healthy lives for longer if proper care and support is provided. Their immune system can be strengthened by medical treatment, healthy food, regular exercise and peaceful rest. Emotional support and a positive attitude will help the PLWH to avoid mental disorders. The impact is disproportionately high on those who are socially, sexually economically and psychologically vulnerable. The vulnerability is mostly in low socio-economic families. The families and sometimes infected individuals are forced to cope with HIV/AIDS without getting community support.

Due to the Public health importance of HIV/AIDS, it received a mention in the third target of the United Nations sustainable development goal (SDG) 3. The SDG goal 3 is dedicated to ensuring healthy lives and promote well-being for all at all ages while the third target of the SDG Goal 3 focuses on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. Therefore, it is of great importance to ascertain the effect of Support Groups established at various ART clinics/hospital on the promotion the well-being of PLWH (United Nations Sustainable development goals, 2019) This study examines social support group and the psychosocial well-being of people living with HIV in selected anti-retroviral clinics in Ibadan, Oyo State. The specific objectives of the study are to:

- i. Determine significant difference in level of group support among male and female people living with HIV in selected Anti-Retroviral Clinics in Oyo State.

- ii. Investigate the effect of group support on the physical well-being of PLWH in selected ART clinics in Oyo State.
- iii. Examine the effect of group support on the emotional well-being of PLWH in selected ART clinics in Oyo State.
- iv. Assess the effect of group support on the social well-being of PLWH in selected ART clinics in Oyo State.

Hypotheses

- Ho1: There is no significant difference in level of group support among male and female people living with HIV in selected anti-retroviral clinics.
- Ho2: There is no significant effect of group support on the physical well-being of people living with HIV in selected anti-retroviral clinics.
- Ho3: There is no significant effect of group support on the emotional well-being of people living with HIV in selected anti-retroviral clinics
- Ho4: There is no significant effect of group support on the social well-being of people living with HIV in selected anti-retroviral clinics

Methodology

This study adopted the survey design. The population for this study comprised adolescents and adults PLWH (18-65years) attending selected ART clinics in Oyo State, Nigeria and have been attending support meetings consistently for the past 3 months. They were purposively selected based on these criteria:

- i. Must be 18 years and above.
- ii. The terminal inclusion age is 65 years
- iii. Attendance of the support group meetings for at least three (3) months.
- iv. Showing no evidence of acute confused state, alcoholism, or substance abuse
- v. Not currently in treatment for a diagnosed psychiatric disorder.

The participants were contacted individually and assured of anonymity and confidentiality, there will also be an informed consent form to be read signed by each participant showing participants willingness and voluntary participation in the study. The anti-retroviral clinics were spread across the major towns in Oyo

State. They include State hospital in Ogbomoso, Our Lady of Apostle Catholic Hospital, Oluyoro Oke-Ofa and Adeoyo Maternity Teaching hospital Yemetu in Ibadan; Baptist Medical Centre and State Hospital in Saki and State Hospital in Oyo Town. The instrument used in collecting the data from the participants included Demographic data sheet and Support Group System on Psycho-social Well-being Questionnaire ($r=0.81$). An informed consent form was read to participants making sure each participant understands the questionnaire. They consented to the study by either signing or attesting their thumb prints on the consent form.

Data collected were checked for accuracy immediately after they were retrieved. Thereafter, they were cleaned and analysed using SPSS version 25 at univariate and bivariate analysis with the level of significance set at 0.05.

Results

Testing the null hypotheses

Ho1: There is no significant difference in level of group support among male and female people living with HIV in selected anti-retroviral clinics.

Table 1: Independent t-test showing the significant difference in the level of group support of male and female people living with HIV.

Group support	N	Mean	Std. Dev.	Crit-t	Cal-t.	DF	p value
Male	76	56.7895	21.2096	1.96	-2.216	319	.027
Female	245	61.7673	15.6385				

The table above presents the significant relationship between level of group support of male and female PLWHA, the table shows that there is a significant difference in the level of group support among male and female people living with HIV in selected anti-retroviral clinics in Oyo State (Crit-t = 1.96, Cal.t = 2.216, DF = 319, $p(0.027) < 0.05$ level of significance). The hypothesis is therefore rejected because the

findings showed that female respondents ($\bar{x} = 61.76$) living with HIV has the better level of group support compared to their male ($\bar{x} = 56.78$) counterparts in the study.

Ho2: There is no significant effect of group support on the physical well-being of people living with HIV in selected anti-retroviral clinics.

Table 2: Analysis of variance (ANOVA) showing the effect of group support on the physical well-being of people living with HIV in selected anti-retroviral clinics

Source of variation	Sum of square	DF	Mean square	F	p-value
Physical well-being	26121.582	59	442.739	4.519	.000
Error	25573.172	261	97.982		
Total	51694.754	320			

Table above measured the effect of group support on physical well-being of PLWHA, the result shows that there is a significant effect of group support on the physical well-being of people living with HIV in selected anti-retroviral clinics ($F = 4.519$, $p(.000) < .05$). Hence, group support affects

the physical well-being of people living with HIV in this study. The hypothesis is therefore rejected.

Ho3: There is no significant effect of group support on the emotional well-being of people living with HIV in selected anti-retroviral clinics.

Table 3: Analysis of variance (ANOVA) showing the effect of group support on the emotional well-being of people living with HIV in selected anti-retroviral clinics.

Source of variation	Sum of square	DF	Mean square	F	p-value
Emotional well-being	46565.138	59	789.240	7.704	.000
Error	26737.329	261	102.442		
Total	73302.467	320			

Table above was used to measure the significant effect of support group on emotional well-being of PLWHA, the table shows that there is a significant effect of group support on the emotional well-being of people living with HIV in selected anti-retroviral clinics ($F = 7.704, p(.000) < .05$). Hence, group support affects the emotional well-being of

people living with HIV in the study. The hypothesis is therefore rejected.

Ho4: There is no significant effect of group support on the social well-being of people living with HIV in selected anti-retroviral clinics.

Table 4: Analysis of variance (ANOVA) showing the effect of group support on the social well-being of people living with HIV in selected anti-retroviral clinics.

Source of variation	Sum of square	DF	Mean square	F	p-value
Social well-being	44995.491	59	762.635	5.067	.000
Error	39282.048	261	150.506		
Total	84277.539	320			

Table above was used to ascertain the effect of group support on social well-being of PLWHA, the table shows that there is a significant effect of group support on the social well-being of people living with HIV in selected anti-retroviral clinics

($F = 5.067, p(.000) < .05$). Hence, group support enhanced the social well-being of people living with HIV in this study. The hypothesis is therefore rejected

Table 5: Zero order correlation showing the relationship between group support, emotional well-being, physical well-being, and social well-being of people living with HIV in selected anti-retroviral clinics.

	Group support	Emotional well-being	Physical well-being	Social well-being
Group support	1			
Emotional well-being	.409* (.000)	1		
Physical well-being	.266* (.000)	.668* (.000)	1	
Social well-being	.263* (.000)	.620* (.000)	.790* (.000)	1
Mean (\bar{x})	60.5888	51.3084	38.0623	45.7414
S.D.	17.21643	15.13507	12.71008	16.22860

* Sig. at 0.05 level

Table 5 above was used to determine the relationship between support group, emotional well-being, physical well-being, and social well-being. The table shows that there is a significant relationship between group support and emotional well-being ($r=.409$, $p(.000) < .05$), physical well-being ($r=.266$, $p(.000) < .05$), and social well-being ($r=.263$, $p(.000) < .05$) respectively.

Discussion of findings

This study examined the Support Group System and Psycho-social Well-being of People Living with HIV in Selected Anti-retroviral Clinics in Oyo State. The objectives were to determine significant difference in level of group support among male and female people living with HIV in selected Anti-Retroviral Clinics in Oyo State; to investigate the effect of group support on the physical well-being of PLWH in selected ART clinics in Oyo State; to examine the effect of group support on the emotional well-being of PLWH in selected ART clinics in Oyo State and to assess the effect of group support on the social well-being of PLWH in selected ART clinics in Oyo State. Hypotheses were formulated in order to address these objectives. The hypotheses were tested using independent t-test, analysis of variance, and zero order correlation.

Hypothesis 1 which stated that there is no significant difference in level of group support among male and female people living with HIV in selected anti-retroviral clinics was rejected because using independent t-test, the findings shows that there is a significant difference in the level of group support among male and female people living with HIV in selected anti-retroviral clinics in Oyo State. Female people living with HIV has the better level of group support compared to their male counterparts in the study. The finding of this study is similar to what was observed by Colbert, Kim, Sereika, Erien (2010). Using Goffman's (1963) model of stigma, the scholars examined how social support and health status are related to HIV stigma, after controlling for specific socio-demographic factors, and how these relationships differed between men and women living with HIV. This study found that women were significantly experienced higher levels of stigma than men after controlling for race, history of injection drug use, and exposure category. HIV

related stigma was negatively predicted by social support regardless of gender.

Hypothesis 2 stated that there is no significant effect of group support on the physical well-being of people living with HIV in selected anti-retroviral clinics. This was rejected because result shows that there is a significant effect of group support on the physical well-being of people living with HIV in selected anti-retroviral clinics. This means that group support affects the physical well-being of people living with HIV in this study. This is in line with studies done by Cohen *et al.*, 2007 to emphasize social support theory that individuals involved in such organizing efforts like support group may experience increased social support and a more generalized sense of control over their lives which, in turn can have positive health benefits. Similarly, a study by Davison, Pennebaker and Dickerson, (2000) revealed that strong social support network has positive effects on the physical health of those diagnosed with HIV. On hypothesis 3, the analysis of variance was used to measure the significant effect of support group on emotional well-being of PLWHA. The test shows that there is a significant effect of group support on the emotional well-being of people living with HIV in selected anti-retroviral clinics. Hence, group support affects the emotional well-being of people living with HIV in the study. The study conducted by Kennel *et al.*, 2001 and Berkman *et al.*, 2002 also revealed that emotional support involves the provision of empathy, affection, love, trust, encouragement, listening, and cares from members of an individuals' social group. This was further observed in the study carried out by Greenberger, Chen, Tally, & Dong, 2000 that, social support possesses different dimensions and is expressed in different forms and different ways. In the context of HIV/AIDS, the source of social support can come in the form of emotional support from family, friends, and peers.

Hypothesis 4 stated that there is no significant effect of group support on the social well-being of people living with HIV in selected anti-retroviral clinics. It was rejected because the result of the analysis of variance revealed that there is a significant effect of group support on the social well-being of people living with HIV in selected anti-retroviral clinics. Hence, group support enhanced the social well-being of people living

with HIV. This is in line with Rosenstiel and Keefe, 1983 in social support theory that social links (support group) established help to manage problems better, share successful coping techniques, and reduce social isolation. Cohen, Sauter, DeVellis & DeVellis B (1986) also stated that individuals involved in such organizing efforts may experience increased social support and a more generalized sense of control over their lives which, in turn, can have positive health benefits.

A Zero order correlation was also done to show the relationship between group support, emotional well-being, physical well-being, and social well-being of people living with HIV in selected anti-retroviral clinics. It showed that there is a significant relationship between group support and emotional well-being, physical well-being and social well-being. The positive effect of group support on emotional, physical and social well-being of people with peculiar situations have been noted in the study conducted by Lazarus & Folkman (1984). The author postulated that individuals who have access to resources such as social support are more likely to be effective in managing stressful situations and less likely to experience poor outcomes. Conversely, those who are deficient in resources such as social support are less able to manage the situation effectively, and thus are more likely to experience negative outcomes. (Lazarus & Folkman, 1984). Also, according to Hudson, Lee & Miramontes, (2001), social support has been found to mitigate depressive symptoms of HIV-positive people. In addition, individuals, improvement in community-based care have shown to improve the well-being of PLWHA (Ileban and Fabusoro, 2011). This implies that support group system has a profound effect on the outcome of PLWHA emotionally, socially, and physically.

Conclusion

HIV/AIDS is a major public health challenge with decapitating effects on people affected with it. People living with HIV/AIDS (PLWHA) due to their health status usually faces self-denial, loneliness, anxiety, stress, mental confusion, depression, memory loss which makes them vulnerable to illness if they do not secure any kind of support. The support system for PLWHA

can be found in antiretroviral clinics for those who attend those clinics. These social support groups have positive effect on the social, mental and emotional well-being of people living with HIV/AIDS with difference in the level of support received by PLWHA. Women living with HIV/AIDS experienced more social support when compared to their male counterparts.

Implication for social work practice.

1. Social workers need to initiate efficient and functional support groups in all ART clinics in Nigeria for people living with HIV/AIDS across the country to improve their psychosocial well-being.
2. Social workers should be actively involved in the support group activities of PLWHA to enhance that quality psychosocial services are provided to improve their well-being. Therefore, we have trained medical social workers in all private and government hospitals.
3. Social workers should involve philanthropists and other volunteers to assist in empowering some PLWHA in low social economic class to reduce poverty.
4. Social workers should do more to reduce stigma and discrimination against PLWHA, such as enforcing the existing sanctions (HIV/AIDS Anti-Discrimination Act 2014) against persons who discriminate against people based on their HIV status.
5. Social workers should liaise with head of hospitals to ensure capacity building and retraining of health care professionals that work with PLWHA in order to help them overcome any personal bias and tendency to stigmatize or discriminate anyone based on their HIV status.

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