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Importance of perceived social support for HIV/AIDS patients in Pakistan: a collectivist society

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ABSTRACT

Background: Research related to HIV stigma is in its initial stages in Pakistan. With the recent increase in HIV cases among injection drug users, there is a growing need to study the psychosocial aspects of the disease to address and mitigate the factors associated with stigma. HIV stigma has been identified as a contributor to depression and a barrier to effective treatment.
Aim: This study examines the moderating role of perceived social support from three sources, i.e., family, friends, and significant others, in reducing the impact of HIV stigma on depression among individuals living with HIV in Pakistan.
Methodology: 150 male HIV patients were approached whose likely mode of infection was through injection drug usage. The study explored the moderating role of three sources of perceived social support. Semi-structured interviews and standardized measurements were employed to assess levels of stigma, depression, and perceived social support.
Results: The findings indicated that family support emerged as the most effective moderating factor in the relationship between HIV/AIDS stigma and depression. Support from significant others was observed as the second one. However, the study did not find substantial moderating effects from friends' support on the relationship between stigma and depression.
Conclusion: In Pakistan, where a collectivist societal structure prevails, interventions to reduce HIV/AIDS stigma should focus on strengthening the family support system for patients. The study's outcomes underscore the importance of tailored interventions that consider the cultural context to mitigate the adverse impact of HIV stigma on mental health of people living with HIV.

Introduction

Injection drug use is a method of illicit drug usage in which people inject drugs directly into their bodies via veins, muscles, or under the skin using needles and syringes. The addicts of such drugs are usually regarded as injection drug users (IDUs). In Pakistan, the human immunodeficiency virus has grown from a low to a concentrated level, mainly due to the rapid increase in injection drug users (IDUs). Among the population, injection drug users are three times more at risk of contracting HIV because of needle sharing (Bergenstrom et al., 2015).

The experience of stigma due to HIV/AIDS has been reported in Pakistan's neighboring countries like India and China (Kurzban & Leary, 2001). However, in Pakistan, as the spread of the disease is at its initial stage, its psychosocial aspects concerning the distinct cultural and religious context have not been much studied.

HIV/AIDS-related stigma can be defined as others' discriminating and discrediting attitude toward HIV/AIDS patients that brings disrespect to them (Herek et al., 1998). HIV/AIDS stigma often triggers problems related to disclosure, social isolation, and social support among HIV/AIDS patients, thus leading to complications in the treatment (Parker, 2012). More than 80% of HIV/AIDS patients availing Anti Retro-viral

Therapy report experiencing stigma and, in turn, becoming anxious and depressed (Lowther et al., 2014).

As the fear of experiencing stigma leads to non-disclosure of one's HIV status and, by extension, lack of seeking proper and timely care is the standard and unfortunate result of this stigma (Majumdar, 2013). Among the negative consequences of HIV/AIDS stigma, mental health problems such as depression are also prominent (Li et al., 2009). HIV/AIDS stigma is reported to be significantly linked with depressive symptoms among HIV/AIDS diagnosed patients in Pakistan (Bint-E-Saif & Shahzad, 2017), and HIV/AIDS patients are known to be more risked of developing depression as compared to other populations (Ciesla & Roberts, 2001).

The literature review showed that various variables are explored in other parts of the world that could be a significant risk or protective factor in the development of depression due to HIV/AIDS-related stigma (Wang et al., 2012). In this context, perceived social support is cited as one of the most prominent protective factors in the HIV/AIDS-related stigma and depression association (Bint-E-Saif, 2020). Social support for an HIV/AIDS-diagnosed patient is any relationship that supports the patient to adapt to the stress and stigma of HIV/AIDS (House et al., 1988). According to this definition, any relationship could be counted as social

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support to the HIV/AIDS-diagnosed patient if it provides the support required by the patient to cope with the stress.

The exact relationship between HIV/AIDS-associated stigma and depression, particularly concerning the Pakistani context, has not been well researched. However, knowing that perceived social support does moderate this relationship (Bint-E-Saif, 2020), the current study aims to explore its role from three sources, i.e., family, friends, and significant others in reducing the effect of stigma on depression among HIV patients infected due to injection drug use.

Methodology

This paper is based on a more extensive study conducted for a Ph.D. dissertation, majorly exploring the association between HIV/AIDS stigma, depression, and perceived social support among injection drug users of the country Pakistan who have been diagnosed with HIV. A quantitative research approach has been adopted. A total of 150 male adult injection drug users were selected who were diagnosed with HIV/AIDS at the hospital affiliated with the National Enhanced HIV/AIDS Control Program. The reason behind recruiting only male participants is cultural bias. In Pakistan, it is mainly kept hidden if women abuse drugs. They mostly do so along with their male partners, and it is avoided to bring it up in the open. Besides, the females under treatment in the hospital were not infected with HIV/AIDS due to the injection drug use but rather caught it from sexual intercourse with their HIV-infected partner. The participants involved in the study were aged between 25 and 45 years and were approached through purposive sampling. After acquiring permission from the Provincial Program Manager of the Sindh Enhanced HIV/AIDS Control Program, the clinical record of HIV/AIDS patients was obtained for the study. The following information was collected from the records: patients' age, duration of their diagnosis, possible cause of patients' infection, and other medical comorbidity.

The questionnaires were administered individually after each participant was oriented with the research objective and gave informed consent.

Materials

Informed consent and demographic information form

The first part of the interview included information about the researcher. It further included details such as the purpose of the study, nature of confidentiality, voluntary participation, and right of withdrawal. The demographic information tapped participants' relevant socio-demographic details (Table 1).

Urdu HIV stigma scale

The original HIV stigma scale (Berger et al., 2001) has been translated and adapted into Urdu for the people of Pakistan. Hence, the Urdu HIV Stigma scale (Bint-E-Saif & Shahzad, 2020) was used in the current study. This 40-item scale uses a 4-point Likert scale with values ranging from strongly agree to disagree for a possible score between 40–160 strongly. The items

Table 1. Participants information.

Characteristic	Frequency (n)	Percentage (%)
Age		
25–30	76	50.6
31–35	37	24.7
36–40	22	14.6
41–45	15	11.3
Age at first drug use (years)		
10–18	84	56.1
19–24	48	32
25–34	18	12

are circumscribed by four factors of stigma, which involve negative attitudes of the public, negative self-image, personalized stigma, and disclosure concerns. Cronbach's alpha for scale and subscale range from 0.81–0.94. Test-retest reliability ranges from 0.92–.96, indicating that the scale is reliable to use. Compared to Rosenberg's Self-Esteem, its construct validity is −0.53, and Siddiqui Shah's Depression Scale is 0.64.

Siddiqui Shah depression scale

Siddiqui Shah Depression Scale (SSDS) (Siddiqui & Shah, 1997) is an indigenously developed self-report scale measuring depression in the clinical as well as non-clinical population of Pakistan. The scale is fractioned into the following categories of depression; "mild," "moderate," and "severe." Its psychometric properties are well established for the population of Pakistan, i.e., internal consistency (alpha coefficient) for the non-clinical population is 0.89 and for clinical, 0.91. Its validity compared with Zung's Depression Scale is $r = 0.55$, and the Psychiatrist's ratings of depression are $r = 0.40$ (Siddiqui & Shah, 1997).

Urdu multidimensional scale of perceived social support

The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988) measures support from family, significant others, and friends. Social support is categorized as low, moderate, and high support. The current study used its Urdu version (Akhtar et al., 2010). Its psychometric properties were analyzed in a Pakistani setting with an internal consistency (Cronbach's alpha) of 0.92. Its construct validity is also supported by the inverse relation to measures of psychiatric distress and depression (Zimet et al., 1988)

Results

Table 1 shows a description of participants' drug usage. The majority of the drug-using participants diagnosed with HIV were aged between 25–30 years, with the majority of participants having reported their first drug usage before the age of 18 years.

To observe perceived social support (family, significant other, and friends) as moderators concerning the stigma and depression of diagnosed HIV/AIDS individuals, hierarchical multiple regression was used.

The model was significant when stigma and perceived friends' support were entered and explained 45% of the total variance in depression. When the interaction term (stigma x Perceived social support; friends) was entered to test for

Table 2. Coefficient of hierarchical multiple regression analysis with perceived friends' support as a moderator.

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	SE	B	t	p
Step 1					
Total stigma	.463	.057	.540	8.09	<.05
Friends' support	−2.72	.755	−.240	−3.60	<.05
Step 2					
Total stigma	.460	.057	.536	8.04	<.05
Friends' support	−2.98	.777	−.263	−3.834	<.05
Total stigma x Friends' support	−.045	.033	−.085	−1.358	>.05

Dependent Variable: Depression.

Table 3. Coefficient of hierarchical multiple regression analysis with perceived family support as a moderator.

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	SE	B	t	p
Step 1					
Total stigma	.476	.050	.555	9.608	<.05
Family support	−4.195	.776	−.366	−6.338	<.05
Step 2					
Total stigma	.486	.049	.567	9.980	<.05
Family support	−4.520	.775	−.337	−5.835	<.05
Total stigma x Family support	−.104	.039	−.148	−2.645	<.05

Dependent Variable: Depression.

moderation in the second step, the model was insignificant, thus showing that friends' support does not moderate the relationship (Table 2).

The model was found to be significant when stigma and perceived family support were entered. Similarly, when the interaction term (stigma x perceived social support; family) was entered to test for moderation in the second step, it significantly indicated that perceived social support by family moderates the relationship between stigma and depression (Table 3). It can be seen in Table 4 that perceived social support by significant other also moderates the stigma-depression relationship.

Discussion

The study explored the moderating role of perceived social support from three different sets of people that individuals usually have in their life, i.e., support from family, support from friends, and support from significant others. As the primary figures in any individual's life, the support mentioned above is paramount in influencing individuals' mental health. As mentioned earlier, the type and manner of support the individuals provide to their HIV-positive loved ones after the diagnosis is essential for their mental health and well-being. Not only in Western countries (Galvan et al., 2008; Okonkwo et al., 2016) but recent studies carried out in Pakistan also show that perceived social support is a protective factor for

individuals with HIV/AIDS due to injection drug use to fight against the development of depression (Bint-E-Saif, 2020). This study walks us through various protective factors and explores the social support that could be the most effective protective factor. Results show that support from family is the most effective moderating variable in HIV/AIDS stigma and depression relationship, followed by support from significant others of the HIV/AIDS patients (see Table 2 and 3). Similar results were found in a study conducted by Bakht Ali et al. (2018) in Pakistan. They reported family ties to be a significant predictor of adherence to ART in HIV-positive patients who were injection drug users. Furthermore, they reported that HIV-positive patients likely to adhere to ART were mainly married.

An interesting finding is that support from friends did not moderate the relationship significantly. In contrast, recent studies show that friends' support is more important than family's in stigmatization (Cengiz & Tanık, 2020). Finding out that friends' support is not as effective as family's or significant others' in Pakistan indicates that since the country has its own significant collectivist culture that is unique to its people therefore, an in-depth study of psychosocial factors of HIV/AIDS in its context is required rather than generalizing the results of studies conducted in other parts of the world. Being a collectivist society, the concept of individuality or "I" holds little value in Pakistani culture, and incidents are associated with collective terms

Table 4. Coefficient of hierarchical multiple regression analysis with perceived significant other support as a moderator.

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	SE	B	t	p
Step 1					
Total stigma	.504	.051	.588	9.830	<.05
Significant other's support	−3.285	.681	−.289	−4.826	<.05
Step 2					
Total stigma	.517	.051	.603	10.143	<.05
Significant other's support	−3.022	.682	−.266	−4.429	<.05
Total stigma x Significant other's support	−.076	.035	−.131	−2.210	<.05

Dependent Variable: Depression.

such as "US" and "WE" (Bint-E-Saif, 2020). Everyone in the family is committed to each other. When something bad happens to one person, all family members come together and try to help them in difficult times despite their differences. Consequently, the value system in Pakistan depicts intense family bondage as families try to resolve issues on their level, and even friends are considered people from the outside circle.

Friends' support not being a significant moderator enlightens the different cultural orientations of the country regarding perceived social support and its effect on mental health. Family support playing an extensive role in mental health compared to friends' support has also been studied in other populations of the country (Jibeen, 2016). Thus, Perceived social support from family has an immense role when observed in the Pakistani context. Family support results in low stigmatization and enhances patients' treatment-seeking behavior and adherence to Anti Retro-viral Therapy (Ali et al., 2018). Therefore, it is vital to note that when treating HIV/AIDS patients, family involvement in the process plays an important part.

Conclusion

As Pakistan has a collectivist society, there is a need for implementing such interventions that target the strengthening of HIV/AIDS patients' family support system. It may lead to beneficial results overall for the population when community coalition programs provide support groups not only for HIV/AIDS patients but also focus on the family members providing care to these people.

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