

Health psych research paper example

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Literature Review on the Role of Social Support in Aids

- Background

Despite the extensive research on human immunodeficiency virus (HIV), the cure remains evasive and even with the development of more effective drugs to manage the disease; it remains a major public health concern. Since the emergence of HIV/AIDS in the early 1980s, more than 33 million people have contracted the infection. The disease has been known not only to affect the infected persons but their families as well. In some countries in the sub-Saharan Africa, it is a common saying that if you are not infected by HIV then you are affected. The HIV pandemic has particularly had an enormous effect in Africa, the Caribbean countries, Central Asia and Latin America where the spread has been exponentially rapid in the last couple of decades.

However, there have been significant improvement in the longevity of the life of people living with HIV (PLWH), reduced HIV mortalities as a result of development of advanced HIV treatment. Combined antiretroviral therapy and highly active antiretroviral therapy (HAART) have changed the disease from an acute illness to chronic disease that one can manage and comfortably live with and particularly in the western countries. Nevertheless, PLWH face a myriad of challenges that are often associated with living with chronic diseases. Of particular interest to this paper are psychosocial effects of HIV and especially the stress linked to HIV and coping strategies. It is a known fact that PLWH are more prone to stress/depression and stigma.

Many studies have established that there is a close link between social support and the mentioned psychosocial effects of the disease and consequently positive health outcome of the disease. Unfortunately, over the

years a lot of attention has been given to increased longevity as a positive outcome of HIV/AIDS treatment, while improved quality of life has been given relatively limited attention. However, in the advent of HAART longevity of life in PLWH is almost guaranteed. This guarantee is eroded when the quality of life is compromised. As such, health-related quality of life (HRQOL) has emerged as a vital measure of the clinical outcome as well as a major concern in the global fight against HIV/AIDS. Therefore, given the multidimensional nature of the pandemic, it is vital to understand the psychosocial dynamics of the disease and to endeavor to improve the HRQOL of PLWH as part of the multidimensional management of the disease.

Quality of life not only includes the physical wellbeing of the person but also included the psychosocial aspects. In fact, the psychosocial aspects of a disease are paramount in the prognosis. Quality of life is therefore dependent on the physical, social and psychological factors that determine how a person functions in the day-to-day life. Quality of life is a vital domain in the management of chronic diseases like HIV/AIDS. Even with the advent of HAART, it has been established that intervention strategies that improve the HRQOL of PLWH are vital in the disease management.

A major intervention strategy that has helped in the management of other chronic disease is social support, which in turn helps reduce stress, and helps in coping with challenges of HIV/AIDS. Suffice to say that stress and depression associated with chronic diseases negatively affects the HRQOL. Some studies have established that stress in PLWH is linked to risk behaviors and poor mental and physical health. There is a very strong correlation

between the stress levels and the social support accorded to PLWH. This literature review will evaluate the correlation between social support and stress and consequently the quality of life in PLWH.

- Literature review

A recent study by Rotheram-Borus et al., (2010) established that family and social relationships positively affected the quality of PLWH in Thailand. The study was hinged on the fact that the family members are often the primary caregivers with regard to PLWH. While the rest of the society is more likely to stigmatize PLWH, family members are more likely to provide social support.

As such, families are crucial support systems that are more likely to improve the physical and psychological health of PLWH. However, the family and social relationships can only provide the necessary support after disclosure.

Decision to disclose the HIV-status is fairly difficult and has been closely associated with HIV-related stress. Disclosure has been indicated as one of the coping mechanism when it comes to person diagnosed with HIV.

Ultimately, whether the said disclosure will help improve the quality of life of PLWH depends on the reception. Family and social relations are more likely to receive the disclosure empathetically and thus support the PLWH as compared to the community at large. In addition, the social support from family has been shown to improve ARV-adherence as family members would encourage PLWH to seek treatment and follow them up to take the drugs.

This underscores the important role plaid by structured social support in improving the well-being of PLWH. Rotheram-Borus et al., (2010) concluded that family and social relationships provide vital support that helps PLWH adhere to the ARV treatment and cope with the stress associated with

HIV/AIDS and consequently predicted better physical and psychology health. A vital point that has been made in the study is that disclosure is the key to getting support and consequently in the HRQOL of PLWH.

Côté et al., (2009) investigated the link between the ability to cope with HIV/AIDS related stress and other variables and particularly social support. The study established that PLWH that feel supported are likely to experience lower stress levels. The study also established that PLWH who enjoy effective social support would easily confront difficulties due to their positive outlook of such difficulties. Social support is an essential coping tool in the adjustment process and in encouraging healthy habits. Often PLWH are tempted to engage in unhealthy habits, such as alcoholism, inappropriate sexual habits and drug abuse, as a stress coping mechanisms.

Being an important factor in predicting the physical and the psychological health as well as a coping mechanism; social support should be considered in formulating holistic treatment and management of HIV/AIDS. This is particularly important because social support enhances ARV treatment adherence and thus reduce the symptoms of HIV/AIDS. Optimization of the quality of life of PLWH is necessary in ensuring ARV treatment adherence. Failed adherence could lead to a significant increase and spread of multidrug-resistant HIV.

A study investigating the factors that lead to change in HROQL among men with HIV established that social support is a major predictive factor related to positive changes in psychosocial functioning. Thus, social support helps PLWH to change general health perception and emotional well being over time which is important in optimizing the quality of life and consequently

improving of treatment outcome both in terms of survival (longevity) and HRQOL. Suffice to say that mental health symptoms often accompany the physical symptoms of HIV/AIDS.

In response to HIV diagnosis, an infected person experiences a myriad of negative emotions such as depression over lost opportunities, anger over victimization and fear of death or extreme fear of life with HIV/AIDS to the extent that they desire to die. As a result, PLWH may crush emotionally and slump into heavy depression immediately they discover their status and if this does not change, it would inevitably compromise the treatment and the prognosis thereof. Social support has been identified as the key factor that would facilitate the change to a positive outlook resulting in improved HRQOL.

Jia et al., (2005) established that enhancing the initial family support is vital in maintaining the positive outlook and thus improving HQOL. Since the patient may experience moments of “ weakness” when they experience and influx of the negative emotion, it is not only necessary to maintain the social support but also to enhance social support. These findings agree with the findings of an earlier study that underscored the need of improving social support in reducing symptoms of depression and consequently improving the HRQOL in PLWH. The latter study underscored the correlation between social support, depression, coping and HRQOL in PLWH and particularly in the face of stigma. As has been established in other studies social support, coping mechanism and depression are intertwined factors that determine the patient outcome (prognosis).

Social support also helps in reducing the stress associated with

stigmatization and discrimination of PLWH though it may not alleviate the stress. In some countries like China, PLWH experience a lot of stigma and social exclusion/discrimination because of the perception that the disease is as a result of immoral sexual habits. The social rejection complicates the treatment of HIV/AIDS directly by failure in ARV adherence and indirectly by increasing stress, which in turn negatively affects the quality of life. Due to discrimination and stigmatization of PLWH, they are not likely to disclose their status and hence lack the necessary social support. In the worst case scenario, the failure to disclose may culminate in failure to seek treatment or failure to adhere to the treatment. However, to the ARV global campaign, most PLWH will seek the help of health care providers without disclosing their status to their families and friends. Therefore, PLWH (particularly where stigmatization and discrimination are prevalent) have more trust in the health practitioners. There is therefore great need to build the capacity of the health workers in social support skills so that they can bridge the gap. Additionally, more effort is necessary to eradicate discrimination and stigmatization of PLWH.

In conclusion, social support plays a principal role in improving the HRQOL of PLWH and the prognosis. Social support helps in reducing the stress associated with HIV/AIDS and in coping with the emotions that are associated with the disease as well as the stigmatization and discrimination. Social support also helps PLWH to have a positive outlook and hence they face and analyze difficulties positively. This positive outlook is vital in maintaining HRQOL in PLWH. Family units have been found to be better support structures because they will hardly discriminate the individual with HIV/AIDS

and instead families care for their own. Health care workers are a vital part of the social support network and thus the need to give the workers the necessary tools in terms of providing social support. Social support also affects treatment directly by improving ARV adherence. Despite the source, social support is important in improving the physical health, psychological health and consequently the HRQOL of PLWE. As such, in the development of intervention strategies, social support should always be factored in.

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