

THE RELATIONSHIP BETWEEN SUPPORT AND THE WELL-BEING OF PEOPLE LIVING WITH HIV/AIDS

ACASE STUDY OF PORT PORTAL CITY

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ABSTRACT: *The study examined the relationship between support and the wellbeing of People Living with HIV and AIDS (PLHIV), a case study of Port portal City. The objectives of the study were to examine the relationship between support and wellbeing of people living with HIV/AIDS, to determine the factors that leads to the support and wellbeing of people living with HIV/AIDS in Fort Portal City, to establish the challenges faced by the people living with HIV/AIDS in Fort Portal City and, to establish possible solutions and recommendations. A cross sectional research design was employed and both quantitative and qualitative techniques were employed in data collection and analysis of purposive and simple random sampling techniques were also employed to attain responses from respondents including managers and operational staff.*

The study expected to reveal a positive relationship between support and wellbeing of People Living with HIV and AIDS. The study further revealed that, HIV/AIDS remains a public health threat in Uganda that has affected millions of Ugandans. The prevalence rate of HIV/AIDS stands at 6% this percentage represents a total of 1.4 million people living with HIV and AIDS in Uganda. The study further revealed that People living with HIV/AIDS in Port portal City, Kabarole district stands at 2.9% compared it to the national which is 6.0%. The also further suggested recommendations for future improvement.

Key words: support and HIV/aids

Background of the Study

Globally, 33.3 million people are living with HIV, 2.6 million people became newly infected and 1.8 million people lost their lives to AIDS related illnesses 2016. With the alarming increase in the HIV/AIDS pandemic in developing countries, and the limited accessibility and availability of highly active antiretroviral therapy (HAART), the majority of people living with HIV/AIDS (PLHA) continue to suffer with the disease, with a serious impact on their well-being. A considerable amount of research has been conducted in many countries on the variables related to the psychological well-being of different populations of PLHIV (Derlega VJ, 2003)

In Africa, majorly in sub-Saharan Africa 22.5 people are living with HIV.

According to WHO, African region is the most affected region with HIV, with 25.7 million people living with HIV in 2018. The African region also accounts for almost two thirds of the global total of new HIV infections. In 2018, about 1.1 million people were infected with HIV in the African. Global action to combat HIV/AIDS has had an immense impact in the African. By the end of 2017, 15.3 million people living with HIV (PLHIV) in the African region were accessing life-saving antiretroviral drugs (ARVs), representing 70% of the 21.7 million people accessing antiretroviral (ARV) globally (Bor R, 2004).

WHO and the Joint United Nations Program on HIV/ AIDS (UNAIDS) have set the target of 90% of people living with HIV on antiretroviral therapy (ART) achieving virological suppression by 2020. However, the potential positive impact from the scale-up of ART is under threat from an increase in the prevalence of HIV drug resistance (HIVDR). As the prevalence of HIVDR in the African region increases, the impact on society, the economy and on health could be severe (Manopaiboon C, 1998).

In Uganda, the first case of AIDS was reported in 1982 on the shores of Lake Victoria in Rakai district. Since then, HIV spread rapidly and the number of people living with HIV (PLHIV) peaked in the early 1990s when the average national antenatal HIV prevalence was 18% in rural

areas and between 25%-30% in major urban areas. This marked the first phase of the epidemic. (UPHIA 2016)

Statement of the problem

People living with HIV/AIDS in Port portal City faces problems of poor nutrition, isolation by the community due to stigma and discrimination associated with HIV and AIDS. The relatives who could have been seen as the first immediate support have also turned their backs on PLHIV and left them unsupported especially in terms of emotionally, financially and psychologically, they are not able to afford a meal and most families do isolate PLHIV due to limited social supports like family support, emotional support, financial and economic support among others which are so crucial in the lives of PLHIV.

Therefore, this shows that the HIV preventive measures alone put forward like volunteer counseling and testing (VCT), Prevention of Mother- Child- Transmission of HIV (PMTCT) services and provision of ART clinic to reduce infection rate among others are not enough in the struggle against in Port portal City. PLHIV lack psychosocial support and empowerment to cope up and become more resilient so as to live positively with HIV in a productive and in a sustainable manner.

The researcher was therefore interested in examining the relationship between support and the wellbeing of people living with HIV/AIDS, a case study of Port portal City.

Specific objectives

1. To determine the factors that leads to the support and wellbeing of people living with HIV/AIDS in fort portal town
2. To establish the challenges faced by the people living with HIV/AIDS IN Port portal City
3. To establish possible solutions and recommendations

Research Question

1. What is the relationship between support and the well-being of people living with HIV/AIDS in Fort portal town
2. What are the factors that lead to the wellbeing of people living with HIV/AIDS?
3. What are the challenges that distort the wellbeing of people living with HIV/AIDS?

Methodology

Research Design

Qualitative Research

Qualitative research means a process of naturalistic inquiry that seeks an in-depth understanding of social phenomena within their natural setting.

Qualitative approach was used in recording descriptions of the elements of the study in a form which is not numerical and this will help in getting an in-depth analysis of the problem under investigation Creswell et al. (2003), Qualitative approach will further be applied in order to describe current conditions or to investigate relationships, including effects relationships. In addition, it helped in answering questions concerning the current state of the subject under study.

Quantitative Research

Quantitative research means collecting and analyzing data to describe the characteristics, it also means a way to learn about a particular group people known as sample population.

Quantitative research design was used to capture details of the study which could be expressed in numerical terms like percentages, ratios, and population and sample sizes, among others.

Study population

Study population was the subset of the target population from which the sample was actually selected. The study population was constituted mainly by, the PLHIV, their families, counselors, and the ART clinic service providers in four health facilities. This population was chosen

because it assumed to have adequate knowledge of the subject under investigation and the research variables under investigation.

Category	Population	Sample size
PLHIV	150	108
Care givers	70	59
ART clinic service providers	80	66
Total	300	233

Sample determination method

Table 1: Table for determining sample method

Source: primary data (2022)

Sample size and composition

First of all, a sample means a small part or quantity intended to show what the whole is likely to be. The sample size had respondents comprised of PLHIV, service providers (ART clinic) and care givers as presented in the table below:

Table 2: Table for sample size and composition

Category	Population	Sample Size	Selection Method
PLHIV	30,000	108	Simple Random and Systematic Sampling.
ART clinic service providers' Staff	231	66	Purposive Sampling
Care givers	1230	59	Random sampling and Systematic Sampling
Total	31,461	233	

Source: primary data

Sampling technique

A sampling technique is a specific process by which the entities of the sample have been selected. The study employed both statistical and non-statistical sampling techniques. Statistical sampling techniques included random sampling, systematic and cluster sampling whereby the respondents were grouped into different clusters mainly the ART service providers, the care givers and PLHIV. Then a random sampling technique was applied on the PLHIV since they were many in number. However, since the ART clinic service providers were are in number, non-statistical sampling was used and this was mainly purposive sampling.

Data Sources

Primary Source

Primary data refers to the firsthand information gathered by the researcher from the respondents. This included the data obtained directly from the respondents including the PLHIV, care givers, and the ART service providers. This data was obtained through interviews, questionnaires and through observation.

Secondary Source

Secondary data refers to information or data collected earlier by some else. This included the data obtained from written literature and records for example from Port portal City hospital and health centers regarding care, support and the wellbeing of people living with HIV/AIDS and resultant trends in care and support of PLHIV and other written literature by other scholars on support of PLHIV among others.

Data Collection Methods

This means collecting data from all relevant sources to find an answer to the research problem under test the hypothesis and evaluate the outcomes.

Questionnaires

A research questionnaire is an instrument that consists of a set of questions or other type of prompts that aims at collecting information from a respondent. This research used self-administered questionnaires for the respondents. These were distributed among the respondents. The justification for using this method is that questionnaires are easy to quantify and analyze. In addition, the questionnaires were used because the study focused on opinions, attitudes, feelings and perceptions of respondents.

Interviews

An interview is a structured conversation between two people where one asks questions and the other one provides an answer. An interview guide consisting of structured questions was designed and administered to the respondents. Information solicited by this instrument helped the researcher enhance responses from the self-administered questionnaires and this made it possible for the researcher to cross examine some key issues in the research.

Data Analysis

Qualitative data analysis was done using research instruments such as interview guides, questionnaires and research surveys. Also, narratives were recorded during face-to-face interview and through observation. The researcher used quick impressionist summary in analyzing qualitative data and summarize key findings by noting down the frequent responses of the respondents during the interview on various issues relating to quality of medical service delivery, quality of care and support, and their wellbeing. Quantitative data was analyzed using mean and standard deviation to analyze the relationship between the two variables and this was presented and interpreted by the use of tables, graphs and pie charts using SPSS (Nelson. K, 2022).

RESULTS

Table 1 Response Rate

Response	Frequency	Percentage
Returned	233	100
Not returned	0	0
Total	233	100

Source: Primary data 2022

The study targeted 233 respondents and managed to obtain responses from all of them thus representing 100% response rate as shown in table 1. This response rate has been achieved because the researcher gave the respondents enough time to fill the questionnaires. Babbie (2003) explains that a 50% response rate is adequate, 60% good and above, while 70% rated very good.

Gender characteristic of respondents

Table 2: Gender characteristic of respondents

Sex of respondents	Frequency	Percentage
Male	53	22%
Female	180	77%
Total	233	99%

Source: Primary Data 2022

From table 2 above, response indicated that the majority of respondents were female who accounted for 180 (77%) and male respondents accounted for 53 (22%). This implies there is a marginal majority of males over the females.

Age of the Respondents

Respondents were asked to choose their age brackets and the findings are presented in the table below:

Table 3. Showing the age brackets of the respondents

Age bracket (years)	Frequency	Percentage
18 – 30	36	15%
31-45	176	75%
Above 45	21	9%
Total	233	99%

Source: Primary data 2022

The findings in table 3 above show that 36 (15%) of the sample were in the age bracket of 18 – 30 years, 176 (75%) in the age bracket of 31 – 45 and 21 (9%) in the age bracket of 45 years and above.

This implied that most of the PLHIV in Fort portal City, Kabarole district were in the age bracket of 31 – 45 years. This category of respondents was in the prime of their careers and are normally deemed competent, experienced in HIV/AIDS.

Level of Education

Respondents were asked their level of education and the findings are presented in the table below:

Table 4. Showing the level of education of the respondents

Level of Education	Frequency	Percentage
Certificate	2	4%
Diploma	33	14%
Bachelor's Degree	11	4%
Masters	0	0%
PhD	0	0%
Did not go to school	187	80%
Total	233	102%

Source: primary data 2022

From the table 4 above, it can be observed that 2 (4%) of the sample were certificate holders, 33 (14%) were Diploma holders, 11 (4%) were Bachelor's degree graduates and 187 (80%) did not go to school.

Table 5: Period of Employment of Respondents

Period of employment	Frequency	Percentage
Over 10 yrs.	19	8%
6 – 10 yrs.	177	75%
3 – 5 yrs.	25	10%
Less than 2 yrs.	12	5%
Total	73	100%

Source: Primary Data 2022

Table 5 shows that 19 (8%) of the respondents had spent over 10 years and 177 (75%) had spent between 6 - 10 years working, 25 (10%) had worked for 3 – 5 years and 12 (5%) had been working for less than 2 years. Therefore, the majority of the respondents had worked for 6 to 10 years.

Relationship between support and the wellbeing of PLHIV

To find out the relationship between support and the well-being of PLHIV, the following questions were asked to the respondents. The findings are presented in the table below:

Table 6: Relationship between support and the wellbeing of PLHIV in Fort portal City, Kabarole district

Relationship between support and wellbeing of PLHIV	Response											
	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		Total	
	F	%	F	%	F	%	F	%	F	%	F	%
Relationship between support and wellbeing of PLHIV	53	73	12	17	4	5	4	5	-	-	233	100
Social support promotes positive living	45	62	24	33	4	5	-	-	-	-	233	100
Social support stimulates nutritional supplements	55	75	15	20	-	-	4	5	-	-	233	100
Social support boosts treatment adherence	51	70	15	20	-	-	7	10	-	-	233	100
Social support is a direct form of peer support.	37	50	29	40	-	-	7	10	-	-	233	100

Source: Primary data 2022

From table 6 above, it can be observed that 73% of the respondents strongly agreed to the fact that relationship between support and wellbeing of PLHIV enhances better productivity, 17% agreed, 5% were not sure and 5% disagreed. It therefore implies that enhances better health outcomes. 62% strongly agreed to the assertion that social support promotes positive living, 33% agreed; while 5% were not sure. It can also be observed that 75% of the sample strongly agreed that social support stimulates nutritional supplements, 20% agreed to the assertion and 5% disagreed. Furthermore, 70% strongly agreed that motivation social support boosts treatment adherence, 20% agreed while 5% disagreed to the assertion. 50% of the sample strongly agreed that social support is a direct form of peer support. 40% agreed to the assertion and 10% disagreed to the assertion. It can conclusively be stated that Social support is a direct form of peer support

Factors that lead to the support and wellbeing of people living with HIV/AIDS in

Table 7: Which of the following describes factors which influences the uptake of support and wellbeing among PLHIV

Factors that uptakes support and wellbeing among PLHIV	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Information and awareness about the availability of support and well being services	68	142	11	12	0
Courtesy of support and wellbeing service providers	22	152	37	21	1
Illustration of the relationship between support services and	58	134	30	11	0

treatment adherence					
Adquacy of conseling services	136	23	35	39	0
Level of family support and presence	98	49	61	19	6
Degree of peer support networks	33	84	111	3	2

Source: primary data 2022

Table 7 shows that, 68 respondents strongly agreed about information and awareness about the availability of support and well being services, 142 agreed, 11 not sure and 12 disagreed

22 respondents strongly agreed on courtesy of support and wellbeing service providers, 15 agreed, 37 were not sure and 21 disagreed and 1 strongly agreed

58 respondents strongly agreed that Illustration of the relationship between support services and treatment adherence is paramount, 134 agreed, 30 were not sure and 11 disagreed

138 respondents strongly agreed on the adequacy of counseling services, 23 agreed, 35 were not sure and 39 disagreed

98 respondents strongly agreed on the level of family support and presence, 49 agreed, 61 were not sure, 19 disagreed and 6 strongly disagreed

Table 8: Challenges faced in provision of support and wellbeing among PLHIV.

Which of the following indicates the challenges in support and wellbeing among PLHIV?

Challenges faced in provision of support and wellbeing among PLHIV	Strongly Disagree	Agree	Not Sure	Disagree	Strongly Disagree
Limited awareness about psycho-social support services among PLHIV	51	75	6	10	91
Absence of family structures to reinforce psycho-social support services	12	31	3	22	165
Policies over emphasizes bio-medical interventions	139	11	17	26	40
Difficulty in quantifying psycho-	92	43	15	20	63

social support services when					
accounting to donors					

Source: Primary data: 2022

In regard to the challenges, 51 respondents strongly agreed on limited awareness about psycho-social support services among PLHIV, 75 respondents agreed, 6 were not sure, 10 disagreed and 91 strongly disagreed

12 respondents strongly agreed on the absence of family structures to reinforce psycho-social support, 31agreed, 3 were not sure, 22 disagreed and 165strongly disagreed.

139 respondents strongly agreed on policies over emphasizes bio-medical interventions, 11sgreed, 17were not sure, 26 disagreed and 40 strongly disagreed

92 respondents strongly agreed on the difficulty in quantifying psycho-social support services when accounting to donors, 43 agreed, 15 were not sure, 20 disagreed and 63 strongly agreed

Conclusion

The findings highlighted the need for further validation of measures in people living with HIV. The choice of one measure over another is likely to be influenced by the purpose of the quality-of-life assessment and the domains of support and wellbeing of PLHIV that are most relevant to the specific research question. Positive aspects of caring such as job satisfaction, holistic palliative care, effective coping mechanisms and psychosocial support were identified.

Recommendation

Acquired immunodeficiency syndrome (AIDS) continues to be a serious public health issue, and it is often the caregivers who carry the brunt of the epidemic. Caregivers of people with AIDS face distinctive demands that could make them more prone to occupational stress, with serious consequences for their psychosocial well-being. Factors impacting negatively on well-being were stressors inherent in AIDS care, such as suffering and dying of the persons being cared for, work-related stressors such as heavy workload, lack of support and ineffective coping mechanisms.

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