



Social Support and Gender Differences as Correlates of Self-Esteem: Implications for Improving Health among Patients Living with HIV/AIDS in Nigeria

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Abstract

This study examined social support and gender differences as correlates of self-esteem: Implications for improving health among patients living with HIV/AIDS in Ondo State, Nigeria. Using accidental sampling technique, one hundred and ninety-eight patients were tested. The dimensions of social support were measured using scale of Perceived Social Support Assessment and self-esteem was measured using the Rosenberg Self-Esteem Scale. In order to determine the extent and direction of associations among the study variables, Pearson Product Moment Correlation (PPMC) analysis was conducted. Multiple Regression analysis was then used to test hypothesis 1, 2, and 3. The study revealed that social support had a significant positive relationship with self-esteem. The result indicated that gender significantly predicted influence on self-esteem [$\beta = .23$; $t = .27$; $p > 0.05$]. The result also revealed that social support significantly predicted self-esteem [$\beta = .31$; $t = .27$; $p > 0.05$]. On the contribution of all the independent variables (gender differences and social support) to the prediction of self-esteem, the outcome of the summary in Table 4.2 signify that all the independent variables when pulled together yield a multiple R of .21 and R² of .045 [$F(2, 198) = 18.19^*$, $p < 0.01$]. Based on the result of the study, it was recommended that government organizations, non-governmental organization, religious organization and communities should all take part in giving the PLWH a holistic support and encouragement needed pending the time they spend in recovery until they begin full adult functional life.

Keywords: Social support; Gender; Self-esteem; PLWH in Nigeria.

1. Introduction

1.1. Background to the Background Study

The scourge of HIV and AIDS is one of the most disconcerting social challenges faced in Nigerian societies (Odu, 2003). Nigeria is ranked the second country in the world with the highest HIV infections and the largest in Sub-Saharan Africa; the category of people most affected are prostitutes, homosexual partners, and chronic drug users (Okwaraji *et al.*, 2018). Contracting HIV may lead to difficulties related to self-esteem, coping, social isolation, and poor psychological well-being (Al-Khatib, 2013).

Research has shown that an estimated, thirty-three million people worldwide were living with HIV; and two million people are being infected annually, while over one million people had are dead due to complications resulting from HIV/AIDS in the same year (Nigeria National Agency for the Control of AIDS, 2014; UNAIDS, 2016). With the alarming increase in the HIV/AIDS pandemic in developing countries, and the limited accessibility and availability of highly active antiretroviral therapy, the majority of people living with HIV/AIDS (PLHA) continues to suffer with the disease, with a serious impact on their well-being (Adiari and Campbell, 2014).

Perceived social support refers to an individual's awareness of the availability of support from others (i.e., friends and family) and binds the complex type of social support including relationship with the individual who provided the supportive behavior and the environmental context in which the support was carried out (DeSantis *et al.*, 2012). Social support has been shown to be linked with less negative and more positive affect in people living with HIV and AIDS (Aguocha *et al.*, 2015). Also, people living with HIV and AIDS who are satisfied with the amount of support available to them tend to experience elevated levels of psychological wellbeing and quality of life, as well as, increased self-esteem whereas, those who class of HIV/AIDS patients who perceive low levels of social support experience increased distress well-being among people living with HIV/AIDS (Cambridge, 1996; Ciesla and Roberts, 2001). Women living with HIV/AIDS experience lower quality of life, fewer social supports and more depressed than men living with HIV/AIDS (Odu, 2003).

Generally, self-esteem stands for having a positive look of self (Rosenberg, 1965). Self-esteem is a confidence in our quality to think, to cope with the basic hardships of life and confidence in our right to be successful and cheer.

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To trust one's mind and to know that one is worthy of happiness is the property of self-esteem (Sowislo and Orth, 2013). Self-esteem is must to our survival. It is the essence of our wellbeing (Simoni *et al.*, 2006). Many books have been written on the subject of self-esteem and yet, there is no unit unifying definition of self-esteem (Orth *et al.*, 2009; Terna, 2014).

Studies suggest that male adults may fare better and be more psychologically resilient than their female counterparts (Okwaraji *et al.*, 2019). Comparisons of male and female adults with HIV/AIDS, older male adults experience either comparable or fewer depressive symptoms and greater overall emotional well-being than younger female adult groups (Omoriepie, 2003; Quinn, 1996). Some plausible explanations that have been offered for these gender differences include patience and contentment, less threatening perceptions of illness, less resentment due to being diagnosed with a chronic condition, and greater wisdom in older male adult groups seems to be the affirmative (Osho and Olayinka, 1999).

Despite evidence for the association between gender related changes in social support and enhanced self-esteem and overall psychological well-being, scientific literature on this association among individuals with HIV is scant (Al-Khatib, 2013). Moreover, less is known about how men and women living with HIV/AIDS may differentially perceive and integrate support into their lives, and how this support subsequently explains their self-perception in terms of self-esteem (Terna, 2014). The relationships among self-esteem and social support among PLHA in Nigeria have not been well established (Cambridge, 1996).

To address these gaps in the literature, the present study examines the influence of social support and gender on self-esteem among HIV patients and by extension how support from partners and family/friends is associated with psychological wellbeing in a Nigerian sample of men and women living with HIV and AIDS, and also to ascertain whether older adults would report of fewer depressive symptoms and more positive affect than their younger counterparts. Empirical evidence about the relationships between these factors will provide better understanding of the challenges facing PLHA in Nigeria and set scientific foundations for future intervention (Girma and Schietinger, 1998).

This study aimed to establish the association between social support and the psychological wellbeing of people living with HIV and AIDS (PLHA) in Nigeria. Consistent with prior research (Duyan *et al.*, 2001; Feachem *et al.*, 1983) women living with HIV in the study experienced higher rates of stress, depression and anxiety than their male counterparts, and received less social support from their friends and families. Social support was expected to be beneficial for both men and women living with HIV. However, the findings indicated that social support was instrumental in determining the psychological well-being of men and women living with HIV. Social support was also associated with gender, such that men living with HIV derived more psychological benefits than women living with HIV Nigeria National Agency for the Control of AIDS (2014). The results also indicated that social support may have positive implication for the psychological well-being of men and women living with HIV.

According to Okwaraji *et al.* (2018) self-esteem play significant role in the extent to which women were able to perceive and receive support efforts from friends and families. Self-esteem has been shown to have an influence on interpersonal relationships because individuals' feelings of self-worth have a bearing on both their beliefs and social behaviors (Okwaraji *et al.*, 2019). This means that low self-esteem may damage interpersonal relationships because it promotes a self-protective interpersonal style. In other words, PLHA feel socially isolated and have negative perceptions of their social relationships.

1.2. Statement of the Problem

A number of writers have referred to the particular issues surrounding HIV patients, both on social support issues and self-esteem in general (Nigeria National Agency for the Control of AIDS, 2014). Self-esteem is fundamental factor of modifying social-mental pressure and is established by family relation and social relation, education success, body image and the sense of being valuable inside own body and the level of importance of these issues can be changed by individual differences and growth (Omoriepie, 2003; Van Dyk, 2008).

1.3. Purpose of the Study

The purpose of the study is to examine the relationship among social support, and gender on the influence of self-esteem among patients living with HIV. However, the specific major purpose of this study is to:

1. Examine whether social support and gender would independently predict self-esteem among patients living with HIV.
2. Test whether gender difference would independently predict self-esteem among patients living with HIV.
3. Ascertain whether social support and gender would jointly predict self-esteem among patients living with HIV.

1.4. Hypotheses

1. Social support will have a significant influence on self-esteem among patients living with HIV.
2. Gender will have a significant influence on self-esteem among patients living with HIV.
3. Social support and gender will have a significant effect on self-esteem among patients living with HIV.

2. Methods

2.1. Research Design

A cross-sectional design as adopted in his study. This is because participants (patients) across various units/departments of the hospital used were sampled. Moreover, variables of this study were not actively manipulated. The dependent variable is self-esteem. The predictor variables are social support and gender.

2.2. Research Setting

Patients in Ondo state, Nigeria constitute the population of this study. The pluralistic and viable nature of Ondo state informed the choice of institution. HIV patients in this study compared to HIV patients in other part of the country may face diverse demands on their self-esteem due to diverse collection of people and cultures. Therefore, patients in Ondo may be more preoccupied with the multiple strains on their self-esteem due to vulnerability to societal or stress inducing factors than other categories of patients in other parts of Nigeria.

2.3. Participants

A total of 198 patients diagnosed with HIV/AIDS at the department of anti-retroviral therapy unit in State Specialist Hospital, Ondo town, Ondo State were sampled using accidental sampling technique. The patients were selected using a simple sampling technique (ballot). The patients were drawn from different wards; the participants comprised of male 93 (47.0%) and female 105 (53.0 %), religion: Christianity 143 (71.5%), Islam 55 (28.5%), marital status: Single 74 (36.5%), married 96 (49.5%), divorced 6 (3.0%), and widowed 22 (11.0%).

2.4. Instrument

Relevant data were gathered through the use of validated questionnaires which comprises of four sections (section A-C). Socio-demographic information: These include age, gender, religious background, educational qualification, and marital status. Scale of perceived social support assessment (PSSA). The dimensions of social support were measured using scale of Perceived Social Support assessment developed by Zimet *et al.* (1990). It was a 12-item short version of the modified 39-item questionnaire originally developed Zimet *et al.* (1988) to tap into the multidimensionality of social support. Each item is scored 1-7 as indicated in the manual of the scale. Total is sum of all 12 items, possible range for total is 12-84. Social support was rated on 7-point scale but separate scale (1= very strongly disagree, 2= strongly disagree, 3= mildly disagree, 4= neutral, 5= mildly agree, 6= strongly agree, 7= very strongly agree. Algorithms include: Total= 69-84 High Acuity, Total= 49-68 Moderate Acuity and Total= 12-48 Low Acuity. Sample items included: "there is a special person who is around when I am in need", "my family is willing to help me make decisions". Zimet *et al.* (1990), reported Cronbach Alpha co-efficient of 0.79, 0.87, and 0.85 respectively.

The Rosenberg Self-esteem scale is a 10 item scale that measures global self-worth by measuring both positive and negative feeling. The scale is believed to be uni-dimensional. All items are answered using a 4 point Likert type scale ranging from strongly agree to strongly disagree. Internal consistencies reported for the SES intrinsic range from adequate to excellent, with Cronbach Alpha's mostly typically in the mid 0.80's (Rosenberg, 1965). Internal consistencies reported for the SES extrinsic scale are invariably lower with Cronbach alpha's mostly typically in the low .70 (Rosenberg, 1965). In the present study, a Cronbach alpha of 0.83 was obtained for the overall scale. The score above reflects high self-esteem.

2.5. Data Analysis

In order to determine the extent and direction of associations among the study variables, Pearson Product Moment Correlation (PPMC) analysis was conducted. To test the formulated hypothesis multiple regression analysis was conducted and preceded by mean and standard deviation analysis was then used to test hypothesis 1, 2, and 3. Some of the socio-demographic variables were codified. For example, gender was coded male 0, female 1. Marital status was code single 0, married 1, widow 2, and divorce 3. Religious orientation was coded Christian 0 Muslim 1. All analysis was conducted using SPSS Wizard.

3. Results

3.1. Test of Relationship Among the Study Variables

Table-4.1. Summary of Correlation Matrix Showing the Relationship among the Study Variables

Variables	Mean	SD	1	2	3	4	5	6
1. Age	38.19	9.53	1					
2. Gender	-	-	.15**	1				
3. Level of Education	-	-	.61**	.04	1			
4. Religion Belief	-	-	.60**	-.03	.44**	1		
5. Social Support	31.92	3.14	-.021	.02*	-.05	.06	1	
6. Self-Esteem.	37.75	6.45	-.07	.18*	.33*	.24*	.47*	1

Note: p .01 *.

The result from Table 4.1., indicated that age did not show significant relationship with self-esteem among patients living with HIV/AIDS [$r(198) = -.07, p(0.01)$], gender showed significant relationship with show

significant relationship with self-esteem among patients living with HIV/AIDS [$r(198) = .18^*$, $p(0.01)$], level of education showed significant relationship with self-esteem among patients living with HIV/AIDS [$r(198) = .33^*$, $p(0.01)$] and religious belief showed significant relationship with self-esteem among patients living with HIV/AIDS [$r(198) = .24^*$, $p(0.01)$]. In addition, social support had a significant positive with self-esteem [$r(198) = .47$, $p(0.01)$].

Table-4.2. Summary of Multiple Regression Analysis Showing the Contributions of Gender and Self-esteem to Social Support

Variables	B	t	R	R ²	df	F
Gender	.23	.13	.21	.045	2, (198)	18.19**
Self-Esteem	.31	.27*				

Note; *** $p < 0.01$; $N = 198$.

The result indicated that gender significantly predicted influence on self-esteem [$\beta = .23$; $t = .27$; $p > 0.05$]. This implies that gender difference is significant predictor of self-esteem among people living with HIV/AIDS in Nigeria, thus hypothesis 1 was confirmed. The result also revealed that social support significantly predicted self-esteem [$\beta = .31$; $t = .27$; $p > 0.05$] this confirms hypothesis 2. On the contribution of all the independent variables (gender differences and social support) to the prediction of self-esteem, the outcome of the summary in Table 4.2 signify that all the independent variables when pulled together yield a multiple R of .21 and R^2 of .045 [$F(2, 198) = 18.19^{**}$, $p < 0.01$]. This is an indication that all the independent variables contributed 4.5% of the variance in perceived self-esteem among patients living with HIV/AIDS in Nigeria.

4. Discussion

This study examined the influence of social support and gender on self-esteem among HIV patients in Ondo state. Hypothesis one which state that gender will have significant influence on self-esteem. The finding has also demonstrated that gender had a significant relationship with self-esteem. However, the relationship between social support and gender was significant. In addition, it also revealed that the level of social support received by the females goes long way in determining the outcome of their self-esteem. How better or poor their self-esteem is as a result of the experience and somewhat role females play in the society as men are regarded as bread winners and therefore more prone to self-esteem associated with everyday life. Research has shown that in Sub-Saharan Africa, consensual sexual intercourse is one of the key factors in women heighten vulnerability to HIV and other sexually transmitted diseases such as gonorrhoea and chlamydia (Nigeria National Agency for the Control of AIDS, 2014).

Furthermore, studies have shown that females scored higher on measures of self-esteem than males (Al-Khatib, 2013). This may mean that due to the nature and role of women in the society, who are basically home keepers and men being the bread winner and the ones more prone to the travails of everyday life, may be accountable for this revelation. This result is also in consonance with the reports of findings of UNAIDS (2019) suggest that young women face specific difficulties in adhering to treatment. Stigma and discrimination, especially surrounding adolescent girls' sexuality, means many struggle to test for HIV or disclose their status as been positive, while issues pertaining to waiting time at clinics also create barriers. The UNAIDS report further suggested that, the risk of HIV acquisition during vaginal sex has been found to be higher for women than men in most but not all circumstances.

Hypothesis two which states that social support will have a significant relationship on self-esteem. The present study revealed that social support will had a significant relationship on self-esteem. This reveals that social support did account for self-esteem among people living with HIV/AIDS in Nigeria. This result is in line with the study carried out by Doku *et al.* (2015) whose findings revealed that varying levels of social support did account for self-esteem among PLWH. The implication of this is that an individual's support system which could be members of his/her family, close friend, colleague and so on does account for his or her self-esteem. Furthermore, Fang *et al.* (2019), also revealed that social support was significant in their study on women's conceptions of coping with HIV scourge in daily life. One explanation for this could also be that seeking social support is one of the ways people cope with stressful situations, and this is evident in the number of women who seek social support interventions in most counseling organisations in the State. It follows that social support plays an important role in managing social support and self-esteem problems.

5. Conclusions

This study has established the key factors involved in predicting self-esteem among PLWH. Based on the findings of this study, social support had a positive significant effect on self-esteem. The study showed that all the predictor variables (social support, gender, and self-esteem did not jointly predict self-esteem among PLWH with greater contribution. Also, the study showed that a very significant variable when predicting self-esteem among PLWH is social support. It means that having high or low social support during the period of the disease scourge could play a role in explaining how poor or better their self-esteem will be. There is an ongoing interest in the relationship between social support and self-esteem. Based on this, this paper confirms the positive link between social support and self-esteem. There is already some literature available on the positive relationship between social support, and gender. However, the evidences are not entirely conclusive, due to issues pertaining to underlying issues such culture and social desirability.

6. Limitation of the Study and Direction for Future Research

Like other studies, this present study has some limitations as well. The limitations noted were: One, findings in this study should be generalized with caution due to the following reasons; (1) data might be open to response set

because data were collected using self-report questionnaire, (2) the study only made use of 200 participants which may not be enough for generalization, and (3) participants were drawn from only the State Specialist Hospital, Ondo State, Nigeria. Two, this study considered variables of self-esteem. The influence of other variables such as, anxiety, emotional intelligence and academic status on self-esteem of PLWH should be considered in future research.

Using more PLWH across universities in Nigeria, future research should therefore, test the extent to which social support and gender differences moderate the relationship between the dimensions of self-esteem. Future researchers should also embark on comparative study as this will tell if the independent variables are truly responsible for self-esteem among PLWH in other parts of Nigeria. The interactive role of the dimensions of self-esteem on should also be examined.

References

- Adiari, O. and Campbell, P. C. (2014). Prevalence and severity of depression among people living with HIV/AIDS in a tertiary hospital. *Nigerian Hospital Practice*, (14): 1-2. Available: <https://www.ajol.info/index.php/nhp/article/view/121020>
- Aguocha, C. M., Uwakwe, R. U., Duru, C. B., Diwe, K. C., Aguocha, J. K., Enwere, O. K. and Olose, E. O. (2015). Prevalence and socio-demographic determinants of depression among patients attending HIV/AIDS Clinic in a teaching hospital in Imo State, Nigeria. *American Journal of Medical Sciences and Medicine*, 3(6): 106-12.
- Al-Khatib, S. A. (2013). Satisfaction with life, self-esteem, gender and marital status as predictors of depressive symptoms among United Arab Emirates college students. *International Journal of Psychology and Counseling*, 5(3): 53-61. Available: <http://www.academicjournals.org/IJPC>
- Cambridge, M. A. (1996). *Status and trends of the HIV/AIDS pandemic: The global AIDS policy coalition*. Harvard School of Public Health, François-XAVIER Bagnold Center for Health and Human Rights.
- Ciesla, J. A. and Roberts, J. E. (2001). Meta-analysis of the relationship between HIV infection and risk for depressive disorders. *American Journal of Psychiatry*, 158(5): 725-30. Available: <https://www.ncbi.nlm.gov/11329393>
- DeSantis, J. P., Gonzalez-Guarda, R. M. and Vasquez, E. P. (2012). Psychosocial and cultural correlates of depression among Hispanic men with HIV infection: A pilot study. *Journal of Psychiatric and Mental Health Nursing*, 19(10): 860-69.
- Doku, P. N., Dotse, J. E. and Mensah, K. A. (2015). *Perceived social support disparities among children affected by HIV/AIDS in Ghana: A cross section survey*. BMC Public Health. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1856-5>
- Duyan, V., Agalar, F. and Sayek, I. (2001). Surgeons' attitudes towards HIV/AIDS in Turkey. *AIDS Care*, 13(2): 243-50.
- Fang, L., Chuang, D. M. and Al-Raes, M. (2019). Social support, mental health needs and HIV risk behaviours: A good-specific, correlation study. *BMC Public Health*, 28(19): 651.
- Feachem, G. G., Bradley, D. J., Garelick, H. and Mara, D. D. (1983). *Sanitation and disease: Health aspects of excreta and wastewater management*. John Wiley and Sons: Chichester.
- Girma, M. and Schietinger, H. (1998). Integrating HIV/AIDS prevention care and support: A rationale for health teacher's services project. USAID Discussion Paper.
- Nigeria National Agency for the Control of AIDS (2014). Nigeria: HIV prevalence rate. Available: <https://naca.gov.ng/nigeria-prevalence-rate/>
- Odu, B. K. (2003). Knowledge of attitude to and perception of HIV/AIDS by married and unmarried people in Ekiti State Nigeria. *African Journal of Educational Research*, 9(142): 70-79.
- Okwaraji, Onyebueke, G. C. and Nduanya, C. U. (2019). Assessment of depression and self-esteem among outpatient HIV clinic attendees in a Nigerian tertiary health institution. *The Journal of Medical Research*, 5(2): 61-64.
- Okwaraji, Nduanya, C. U., Obiechina, K. I., Onyebueke, G. C. and Okorie, A. N. (2018). Locus of control, self-esteem and depression in a sample of school going adolescents in two Nigerian rural communities. *The Journal of Medical Research*, 4(2): 106-10.
- Omoriepie, G., 2003. "Risk perception of HIV/AIDS among youths in Nigerians: A Nigerian contribution to regional and global meeting on HIV/AIDS. ." In *Nigerian Institute of Medical research and National action on AIDS (NACA)*.
- Orth, U., Robins, R. W. and Meier, L. L. (2009). Disentangling the effects of low self-esteem and stressful events on depression: Findings from three longitudinal studies. *Journal of Personality and Social Psychology*, 97(2): 307-21. Available: <https://doi.org/10.1037/a0015645>
- Osho, A. and Olayinka, B. A. (1999). *Sexual practices conducive to HIV transmission in South West Nigeria. Research on African HIV/AIDS epidemic Yaba*. St Luku Hospital and Maternity Ltd.: Lagos.
- Quinn, T. C. (1996). Global burden of the HIV pandemic. *Lancet*, 348(9022): 276.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Wesleyan University Press: Middletown, CT.
- Simoni, J. M., Huang, B., Goodry, E. J. and Montoya, H. D. (2006). Social support and depressive symptomatology among HIV-positive women: The mediating role of self-esteem and mastery. *Women and Health*, 42(4): 1-15.
- Sowislo, J. F. and Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*, 39(1): 213-40.

- Terna, A. (2014). Perceived parental care, self-esteem and depression among adolescents in Makurdi secondary schools. *Journal of Education and Entrepreneurial Research*, 1(2): 219-26. Available: <https://www.jeper.org/index.php/JEPER/article/view/36>
- UNAIDS (2016). Global-AIDS. Available: http://www.unaids.org/sites/default/files/media_asset/global-AIDS-update-2016_en
- UNAIDS (2019). Women and HIV: A spotlight on adolescent girls and young women. Available: www.unaids.org
- Van Dyk, A. (2008). *HIV care and counseling*. 4th edn: Pearson Education: Cape Town, South Africa.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G. and Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1): 30-41.
- Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S. and Berkoff, K. A. (1990). Psychometric characteristics of the multidimensional scale of perceived social support. *Journal of Personality Assessment*, 55(3 and 4): 610-17.