

# Original Article

## LEVEL OF SOCIAL SUPPORT AND ITS CORRELATES AMONG PATIENTS WITH CHRONIC OBSTRUCTIVE AIRWAY DISORDER IN A TERTIARY HEALTH CARE CENTER IN NIGERIA.

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### ABSTRACT

**Aim:-** The aim of the study was to examine the level of social support available to patients with COAD as well as factors that may relate with it.

**Methods:** - The study was carried out at the Respiratory Out-Patient Clinic of the University of Benin Teaching Hospital (UBTH), Benin City. A total of 69 patients formed the study sample. It was a cross sectional study. Self-administered instrument comprising sections on socio-demographic characteristics and Multi-dimensional Scale of Perceived Social Support (MSPSS) questionnaire was filled by all consenting patients. Result was analyzed with SPSS version 16 for windows.

**Results:** -A total of 69 respondents participated. The domain for the “significant others” gave a mean score of  $5.71 \pm 0.14$ . The mean score for the family domain was  $6.02 \pm 0.14$  while the mean score of the friends was  $5.21 \pm 0.18$ . The overall mean score was  $5.63 \pm 0.13$ . The mean score for each of the domains of the MSPSS scale showed levels above 5.1 signifying high social support. No socio-demographic characteristic was significantly associated with level of social support.

**Conclusion:** - There was a high level of social support among patients with COAD seen in UBTH, Benin City.

**Key words:** - Social support, Chronic obstructive airway disease, Multi-dimensional Scale of Perceived Social Support.

### INTRODUCTION

Social support is a very important aspect of the management of all medical conditions, particularly when the condition is of a chronic nature.<sup>1,2</sup> Social support can be seen as the

entirety of the understanding and “standing-by” to do everything possible to help an individual going through a challenging situation, so that they can overcome the situation successfully.<sup>3</sup> For health problems, social support can be seen as all the roles played by family and friend to enhance medical treatment and ensure rapid recovery of the sick individual.<sup>4</sup>

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Social support is the perception and actuality that one is cared for, has assistance available from other people, and most importantly, that one is part of a supportive social network. These supportive resources can be emotional (e.g. nurturance), informational (e.g. advice), companionship (e.g. sense of belonging), tangible (e.g. financial assistance) or intangible (e.g. personal advice). Social support can be measured as the perception that one has assistance available, the actual received assistance, or the degree to which a person is integrated in a social network. Support can come from many sources, such as family, friends, pets, neighbours, co-workers, organizations, etc. Government-provided social support may be referred to as public aid in some nations.<sup>5,6</sup> Social support helps to build patients up during their health challenges. It helps them to thrive and carry on. It provides emotional and psychological support in the face of ill-health. Thus, when social support is adequately available, the pathway to recovery is usually easier for the ill person.

Chronic Obstructive Airway Disease (COAD) is a lung disease characterized by long-standing irreversible obstruction of the airways that interferes with normal breathing.<sup>7</sup> There are two forms of COAD namely chronic bronchitis and emphysema. Sufferers of COAD tend to have a bit of both.<sup>8</sup> According to World Health Organization (WHO) estimates, moderate to severe forms of COAD is found in 65 million people. In 2005 alone, the number of deaths recorded from COAD was above 3 million people. This corresponds to 5% of all deaths globally. Most of the information available on COAD prevalence, morbidity and mortality came from high-income countries. Even in those countries, accurate epidemiologic data on COAD are difficult and expensive to collect. It is also pertinent to note that almost 90% of deaths from COAD occur in low- and

middle-income countries.<sup>9</sup> Being a chronic disorder, individuals experience recurrent episodes of acute exacerbations and may have recurrent hospital admissions. During these periods, these individuals require a lot of human, financial and psychological support. When there is adequate family, financial and psychological support, it may be possible to reduce the burden of this condition. Social support can also help to abstain from some habits that predispose to and cause exacerbations of the condition. Particularly for patients with COAD, a good social support system could help those involved with smoking to change the habit.<sup>10</sup>

For decades, a number of studies have examined the impact of social support on cardiac patients. The findings showed that mortality rates are reduced for those cardiac patients with a satisfactory marital relationship and social networks. Thus, close social bonds is quite beneficial for longevity.<sup>11-13</sup> Studies on social support for patients with respiratory conditions are rare. No study has documented the social support for patients with COAD in this locale. Hence, this study determined the level of social support and the associated factors/correlates in patients with COAD in the Nigerian environment and Benin City in particular.

#### **MATERIALS AND METHODS**

The study was carried out at the Respiratory Out-Patient Clinic of the University of Benin Teaching Hospital. All patients attending the respiratory clinic for COAD were approached with the explanation about the study and informed consent was sought. The clinic keeps a record of all patients with COAD. This record was used to ensure that all the patients were captured as much as possible because the patient load with the diagnosis of COAD is limited. All available patients

attending the clinic who gave consent were recruited for the study. The instruments used were self-administered and comprised of two sections. The first section comprised of the socio-demographic characteristics of the patient, while the second section was the Multi-dimensional Scale of Perceived Social Support (MSPSS). Each patient either chose to fill the instrument while waiting to be seen by the doctor or after the check up before leaving the clinic. The Multi-dimensional Scale of Perceived Social Support has been validated<sup>14</sup> and comprised of twelve questions on a Likert scale of one to seven. There are three domains for family, friend and significant others; each with four questions. The scale ranged from one which is "very strongly disagree" to seven which is "very strongly agree". A mean score of 1 to 2.9 was considered low social support; a score of 3 to 5 was considered moderate social support and a mean score of 5.1 to 7 was considered high social support<sup>15</sup>.

Since the instrument was self-administered, it was required that the participants were lettered to fill the instruments. Inability to read or write and being too ill were the exclusion criteria for this study. The data gathered was analyzed with the Statistical Package for Social Sciences (SPSS) 16<sup>th</sup> edition for windows. Level of significance was set at p-value of 0.05. The results were presented in tables and charts.

## RESULT

There were 69 respondents in the study. Females were 41(59.4%), while males were 28(40.6%). The minimum age was 18years, while the maximum age was 81years. Mean age of respondents was 48.6 years and the modal ages were 39 and 58years respectively. Forty (58%) respondents were married while 16(23.2%) were single. Fifty five (79.7%) of

the respondents were of the Christian faith while those of the Islamic religion were 13(18.8%). Most 58(84.1%) of the respondents lived within Edo State. The respondents who were still gainfully employed were 91.3% (Table 1).

## Level of social support based on domains

Highest level of support was provided by family members 59(85.5%). Support from significant others was 52(75.4%) and from friends was 40(58.0%) (Figure 1). On the average, 54(78.3%) had high level of support, 12(17.4%) had moderate support while only 3(4.3%) had low social support. All the domains had high mean scores above 5.1. The domain for family support was very high with a mean score of  $6.02 \pm 1.17$ . The domain for "significant others" had a high mean score of  $5.71 \pm 1.20$  while for friends, the mean score was  $5.21 \pm 1.50$ . The overall mean score of the MSPSS was  $5.63 \pm 1.08$ .

## Correlates / factors that affect level of social support

Majority 33(82.5%) of the married respondents had high level of social support. However, relationship between level of social support and marital status was not statistically significant ( $\chi^2 = 13.86$ , p-value = 0.09). Similarly, age, gender and employment status did not significantly affect level of social support (Table 2).

## DISCUSSION

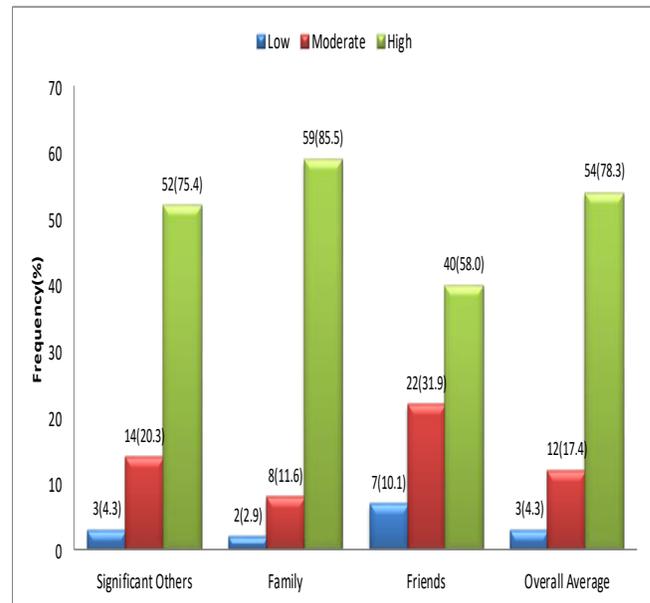
This study found that over half of the patients with COAD had high level of social support. Social support can be defined as the emotional and practical assistance an individual believe is available to him or her during times of felt need.<sup>16</sup>

**Table 1:- Socio-demographic Characteristics of the Respondents.**

<b>Sex</b>	
Male	28 (40.6)
Female	41 (59.4)
<b>Marital status</b>	
Single	16 (23.2)
Married	40 (58.0)
Separated	3 (4.3)
Divorced	3 (4.3)
Widowed	7 (10.2)
<b>Religion</b>	
Christianity	55 (79.7)
Islam	13 (18.8)
African Traditional Religion	1 (1.5)
<b>Place of residence</b>	
Benin City	38 (55.1)
Outside Benin City but in Edo State	20 (29.0)
Outside Edo State	11 (15.9)
<b>Employment Status</b>	
Employed	63 (91.3)
Unemployed	6 (8.7)
<b>Ethnicity</b>	
Benin	27 (39.1)
Esan	9 (13)
Igbo	8 (11.6)
Yoruba	6 (8.7)
Etsako	3 (4.3)
Ika	3 (4.3)
Isoko	3 (4.3)
Others	16 (23.2)
<b>Who you reside with</b>	
Family	50 (72.5)
Alone	6 (8.7)
Friends	13 (18.8)
<b>TOTAL</b>	<b>69 (100.0)</b>

Social support is a major aspect of everyday life. As long as an individual does not live in isolation, the support from family, friends and significant others would always be needed. More so, for an individual with a major chronic health problem like COAD, social support is of immense importance.

**Fig 1: Level of Social Support Based on MSPSS**



**Mean±SD – Significant Others: 5.71±1.20; Family: 6.02±1.17; Friends: 5.21±1.50; Overall Average: 5.64±1.08**

**Table 2: Socio-demographic Characteristics and Level of Social Support**

Characteristics	Average Level of Social Support			χ <sup>2</sup>	p-value
	Low n=3(%)	Moderate n=12(%)	High n=54(%)		
<b>Age Group</b>					
18-24 years	0(0.0)	1(16.7)	5(83.3)	1.58	0.81
25-64 years	3(5.9)	8(15.7)	40(78.4)		
≥65 years	0(0.0)	3(25.0)	9(75.0)		
<b>Gender</b>					
Male	3(10.7)	3(10.7)	22(78.6)	4.99	0.08
Female	0(0.0)	9(22.0)	32(78.0)		
<b>Marital Status</b>					
Single	2(12.5)	1(6.3)	13(81.3)	13.86	0.09
Married	0(0.0)	7(17.5)	33(82.5)		
Separated	0(0.0)	0(0.0)	3(100.0)		
Divorced	0(0.0)	2(66.7)	1(33.3)		
Widowed	1(14.3)	2(28.6)	4(57.1)		
<b>Employment Status</b>					
Employed	3(4.8)	11(17.5)	49(77.8)	0.31	0.86
Unemployed	0(0.0)	1(16.7)	5(83.3)		

It has been documented that people with high levels of social support from family, friends, and/or the community are likely to go through chronic conditions with less amount of stress and they are able to cope more effectively when compared with those without strong support networks<sup>17</sup>. Recovery from health problems is facilitated by good social support and patients with COAD are not exempted.<sup>9</sup> An obvious literature on social support by Songul et al 2016 examined the Care Burden and Social Support Levels of Caregivers of Patients with Chronic Obstructive Pulmonary Disease only examined the perception of social support from the view point of the care givers. This study on the other hand examined social support from the view of the patient with COAD.<sup>18</sup>

The typical respondent with COAD in this study is a married young person, more likely to be a female. The domains of social support documented in this study based upon the MSPSS included the family, friends and significant others. The contribution of family to social support was found to be more than the support from the other domains. This is not surprising because family members which include parents, spouse and siblings are expected to be the closest people to the patient. They are more likely to live together as was the finding in this study and they are likely to bear the responsibility of the health care together with the patient. It may also suggest that most of the patients have a cordial relationship with family members. A good level of social support from the family has been documented to improve adherence to treatment generally in other conditions.<sup>19-21</sup> However, looking closely at the family unit, being married did not affect level of social support. This will suggest that the main

source of support from family in this study was probably from other family members namely parents, siblings and not essentially from the spouse. This finding is quite interesting to note because it would have been expected that being married would confer some improved level of social support, but, that was not the case here.<sup>22</sup> The high level of family support also strongly buttressed the extended family system which is common in this region. Uncles, aunties and cousins are considered very close family members and the close ties encourage support in times of need.

Social support available from friends and significant others was found to be high in this study. "Significant others" refer to any other person in a position of importance other than the immediate family and those considered as friends by the patient. Significant others could be school mates, colleagues at work, religious leaders, neighbours, other members of the community etc. These are people who overtime have stood with the patient aside of the patients' family and friends. It is pertinent to note that in case of the inability of the patient's family to supply social support at any time, friends and "significant others" are likely to step in and fill the void. This is quite reassuring to the patient and caregivers.

No socio-demographic factor significantly affected level of social support in the current study. This may be explained by the strong family support found in this report. Irrespective of the specific socio-demographic peculiarities of the patients, the presence of family members overshadowed this effect. Furthermore, being employed or otherwise did not affect the level of social support. It would have

been expected that being gainfully employed would translate to better support as these individuals should be able to assist themselves financially leaving others to support only in kind. But, this was not so from this study. In fact, the unemployed had better support (based on proportion) than the gainfully employed respondents, though the relationship was not significant. In the present study, gender did not significantly relate with social support, although some other studies have reported otherwise,<sup>23,24</sup> while others have been inconclusive.<sup>25-27</sup>

On the whole, there was a high level of social support in patients with COAD in this study. In the African environment and Nigeria in particular, there is a strong culture of support from the extended family structure as well as from the community. By this, people rely a lot on families to carry on in difficult times and neighbours are usually available to succor one another. This whole structure may possibly explain the high level of overall social support found in this study.

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