



Research Article

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Factor Analysis of Social Support for Hepatitis-C Patients in Punjab

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Abstract

This exploratory study aimed to highlight the significance of social support for hepatic patients to cope with their ailments. For this purpose, the study developed and tested social support model for hepatitis C patients. The researchers used quantitative research design to conduct this study. A cross sectional survey was conducted in five district headquarters hospitals of the Punjab. Total 500 hepatic patients were interviewed in the hospitals. The results of exploratory factor analysis showed that there were three constructs of social support namely; need for social support, available social support and instrumental social support. According to the results, hepatic patients felt that they need social support in order to cope with outcomes of this disease. The study suggested that socio-emotional care must be considered while treating hepatitis-C patients. Such care helped them to cope with the challenges faced by them during the treatment of this disease.

Keywords: Factor Analysis, Social Support, Hepatitis-C, Patients, Punjab

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1. Introduction

Hepatitis is one of the major global health concerns (Mohd Hanafiah et al., 2013). Globally, 1.34 million deaths were reported in 2015 that occurred due to Hepatitis (WHO, 2017). This statistic clearly explicates severity of the problem. Hepatitis C is the most common type of hepatitis virus which accounts for 54.3 million (30.1%) cases globally, approximately three-quarters of which occur in south Asia (Messina et al., 2015). The prevalence of Hepatitis C is reported both in developed and developing countries. Even European countries, which are equipped with modern medical care, are still facing this challenge (Petruzzello et al., 2016). On the other hand, the situation is quite miserable in the developing world and carries 80% of the total burden of Hepatitis C infectious virus (Graham & Swan, 2015).

South Asia shares a major chunk of global population. Consequently, the prevalence of viral diseases is much higher than rest of world. In addition, unavailability of epidemiological data, lack of awareness, high transmission rates and hepatitis related stigma are major contributors of Hepatitis C in South Asia (Wait et al., 2016). In Bangladesh, 2.0% to 7.0% people are estimated to be infected by Hepatitis C; though, accurate estimates are absent (Ashraf et al., 2010).

Out of the major diseases causing morbidity in Pakistan, Hepatitis virus is considered as the most lethal (Rehman et al., 2011). According to careful estimates, 17 million people carry hepatitis C in Pakistan. It is expected that 3-4 million people are annually infected with HCV in country (Nabi, 2012).

2. Significance of Social Support and Spirituality for Hepatitis C Patients

Hepatitis-C in Pakistan needs consideration of healthcare policy makers as a challenge to basic human right of health (Nunes, Nunes & Rego, 2017). Patients of hepatitis-C demand attention to their psychosocial needs (Chen et al., 2017). Social relationships are an important source of social support which helps in chronic illness self-management and plays substantial role in altering life style during illness (Ashida & Heaney, 2008). Social relationships can provide useful social support through helping in activities to manage illness (Cornwell & Waite, 2009). In addition, indirect social support encourages and facilitates self-management of illness. Studies found that lower social support is associated with depression and stress (Evon et al., 2009).

Numerous psychological problems are result of chronic diseases and causes psychological ailments like sleeplessness and anxiety (Enescu et al., 2014). In such conditions, there is need to pay special attention to the emotional and social needs of hepatitis-C patients (Chen et al., 2017). Along with physical, social and psychological challenges, chronic hepatitis patients also face spiritual challenges. Moreover, they also feel nearness of death that causes fear and depression (Taheri Ezbarami et al., 2014). In such harsh psycho-emotional condition, patients need spirituality that can improve end-life care, Patients suffering from chronic illness use spirituality as a tool for coping (Omer, Lovering & Al Shomrani, 2014).

3. Rationale of Study

The patients of hepatitis C do not only face serious physical challenges, they require socio-emotional care to manage their chronic disease. In this regard, social support positively contributes to cope with chronic illness (Ashida & Heaney, 2008). In Pakistan, socio-emotional needs of Hepatitis patients have largely been overlooked by healthcare professionals, researchers and policy makers. Keeping this situation in view, this study signifies the importance of social support in coping with chronic Hepatitis.

4. Methods

4.1 Study Settings

The study was conducted in Punjab, the most populous province of Pakistan. Punjab province consists of ten administrative divisions. Out of these ten divisions, five divisions; Rawalpindi, Gujranwala, Lahore, Faisalabad and Multan, were selected as study area. As discussed above, there is no official record available to identify the prevalence of Hepatitis-C in Pakistan. In this scenario, it was quite difficult for the researchers to locate respondents of the study. To address this issue, the researchers decided to visit Divisional Headquarter Hospitals (DHQs) for getting access to the respondents. The researcher got permission from Medical Superintendents (MS) of DHQs for visiting Chronic Hepatitis-C patients.

4.2 Data Collection

In this study, the data were collected through purposive sampling. This sampling strategy was chosen because of the unavailability of sampling frame of the patients. The researchers visited hepatic patients in selected hospitals and briefed them about objectives of the study. The researchers only interviewed those participants who were willing to participate. The researchers interviewed them within hospital settings in a separate room provided by the administration. In this study, five hundred respondents completed their interviews.

4.3 Data Collection Tool

In order to measure social support, a thorough review of different scales was conducted i.e., Berlin Social Support Scales (Schulz & Schwarzer, 2003), Perceived Social Support (Minnebo, 2005) and The Social Support Questionnaire (Sarason et al., 1983). To measure, coping a thorough review of different scales was conducted i.e., Responses to Stress Questionnaire (Connor-Smith et al., 2000) and Chronic Pain Coping Inventory (Jensen et al., 1995). After reviewing these scale, the researchers developed a scale for social support of Hepatitis-C patients.

4.4 Empirical Strategy

This paper aimed to develop a social support model for hepatitis C patients. Firstly, explorative factor analysis was conducted to develop the constructs of social support for hepatic patients. In addition, descriptive analysis of socio-demographic characteristics of the respondents were also presented.

5. Results

Table I presents socio-economic and demographic characteristics of the study participants. These characteristics are described through a set of socio-economic and demographic questions.

Table I: Socio-demographic characteristics of the respondents

| Variables | Frequency | Percentage |
|--------------|-----------|------------|
| Gender | | |
| Male | 205 | 41.0 |
| Female | 295 | 59.0 |
| Age | | |
| Up to 25 | 24 | 4.8 |
| 26 to 60 | 428 | 85.6 |
| 61 and above | 48 | 9.6 |

| Variables | Frequency | Percentage |
|--------------------------------------------|-----------|------------|
| Educational Level | | |
| Illiterate | 217 | 43.4 |
| Matric and below | 204 | 40.8 |
| Intermediate and above | 79 | 15.8 |
| Household monthly income (thousand rupees) | | |
| Up to 30 | 397 | 79.4 |
| 31 to 60 | 81 | 16.2 |
| Above 60 | 22 | 4.4 |
| Locality | | |
| Rural | 292 | 58.4 |
| Urban | 208 | 41.6 |
| Occupation | | |
| Government servant | 49 | 9.8 |
| Private job | 50 | 10.0 |
| Business | 50 | 10.0 |
| Laborer | 170 | 34.0 |
| Agriculture | 52 | 10.4 |
| Unemployed | 11 | 2.2 |
| Housewife | 118 | 23.6 |
| Total | 500 | 100.0 |

Out of 500 respondents, two thirds of respondents were female. Majority of respondents had age between 26 to 60 years. The findings indicate that most of hepatic patients belonged to lower class of society; because, majority of the respondents were laborers. However, the prevalence of this viral disease was almost equal both in rural and urban areas.

To obtain component extract, we applied principle component extract. Varimax rotation method was applied to simplify the expression of major items. Bartlett's sphericity test and the KMO index were also applied on data. After applying these tests, 3 components (need of social support, available social support and instrumental social support) have been extracted. Reliability of total scale was 0.652. Total percentage of variance was 57.754. All the items were significantly loaded on corresponding components.

Table II: Explorative Factor Analysis (Rotated Component Matrix^a) of Social Support

| | Need of Social Support | Available Social Support | Instrumental Social Support |
|--------------------------------------------------------------------------------------|------------------------|--------------------------|-----------------------------|
| Presence of people make you feel good | .771 | | |
| In critical situations, you prefer to ask others (family & friends) for their advice | .720 | | |
| When you are down, you need someone who boosts your spirits | .660 | | |
| People around you pray for your health | | .707 | |
| People show care of you when you feel unwell | | .663 | |
| You are always helped in fighting with pain | | .626 | |
| Your family loves you even after this disease | | .608 | |
| Relatives/friends are managing your family matters | | | .885 |
| Relatives/ friends help you to deal with disease | | | .885 |
| KMO | | | |
| Chi | | | |
| Eigen value | 2.51 | 1.47 | 1.22 |
| % of Variance | 27.88 | 16.30 | 13.569 |
| A | .596 | .573 | .758 |

Note: Loading less the .5 are suppressed; Principle component analysis was used for extraction method in relation with Varimax rotation method. Cumulative loading percentage is 57.754. Reliability (α) for total scale was 0.652.

Table II presents the results of explorative factor analysis of the social support for hepatic patients. The findings indicate three constructs; need for social support, available social support and instrumental social support. The first component/construct (need for social support) explained 25 percent variance of the model. This statistic indicate that hepatic patients were in dire need of social support to cope this disease. For instance, the presence of people made them happy and they felt good.

The results of explorative factor analysis showed that social support was available to hepatic patients but this support was lesser than need of social support. As shown in Table II, hepatic patients had people who loved them even after this disease and they prayed for the patients. The third component instrumental social support explained 13 percent variance of the model. This support was available to the patients through their relatives and friends. This analysis clearly highlights that hepatic patient's demand socio-emotional care in order to cope with physical challenges of the disease. Social support positively contributes to cope with chronic illness. The results of current study supported this argument and reiterated that socio-emotional care must be provided to hepatic patients during treatment.

6. Discussion

The findings indicate three constructs; need for social support, available social support and instrumental social support. The first component/construct (need for social support) explained 25 percent variance of the model. These statistics indicate that hepatic patients were in dire need of social support to cope this disease. For instance, the presence of people made them happy and they felt good. These findings are consistent with previous findings (Sgorbini, O'Brien, & Jackson, 2009). Patients demand intensive care and social support as they feel better when they find themselves in presence of family and friends (Sohail et al., 2019; Sohail, 2018; Sohail, Yasin & Ahmad, 2018). Recent studies confirm that social support influence patients' psychosocial behavior that also helps in adherence to and management of medical treatment (Sublette et al., 2015). Living with chronic hepatitis-C is challenging for patients that compromises their quality of life (Sgorbini, O'Brien, & Jackson, 2009). Investigating psychological implications of hepatitis, a study found that it is more stressful than loss of employment and divorce (Gill et al., 2005). The results of explorative factor analysis showed that social support was available to hepatic patients but this support was lesser than need of social support. To our knowledge, very little has been investigated about the lack of social support among chronically ill hepatitis patients. A study (Blasiolo et al., 2006) found hepatitis patients face many social problems including lack of social support. Studies also report on the association between lack of social support and depressive symptoms (Marques et al., 2013; Skärsäter, Ågren & Dencker, 2001). The third component of the findings i.e., instrumental social support was available to the patients through their relatives and friends. This analysis clearly highlights that hepatic patients demand socio-emotional care in order to cope with physical challenges of the disease. Another study (Sublette et al., 2015) found that instrumental support helps hepatitis patients in continuation of their medical treatment.

7. Conclusion

In this study, chronically ill hepatitis patients revealed their social support needs. Although, they received social support from family members and friends who visit them during illness but they were not receiving social support according to their expectations. Our findings suggest that available social support was not appropriate that compromise quality of life of patients. Instrumental social support provided by family and friends was found to be important for patients. Future studies are required to explore the potential effects of lack of social support on coping capability of patients suffering from hepatitis.

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