

Social Support And Wellbeing Among People Living With Hiv/Aids In Puducherry During Covid-19 Pandemic

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Abstract: Social Work plays an important role in the development of a country. It also plays a crucial role during natural calamities, economic depressions, and pandemics. During the current COVID-19 pandemic also, the social workers have responsibilities to discharge despite the risks involved. In fact, thousands of social workers are on the field along with health workers in all countries in mitigating the sufferings of people due to COVID-19. Their involvement has supported other players including health care workers. The new coronal virus (COVID-19) that was first detected in December 2019 in Wuhan, China, has literally devastated the world. Suddenly a tiny virus made huge impact on life of people in the entire Universe. According to World Health Organization (WHO), the virus has spread to about 192 countries. It affected all spheres of lives of people, especially; there has been a huge impact on economy. The livelihood of people across the world has affected severely. The people living at the periphery of the society such as daily wage earners, street vendors, people living in streets, people living with HIV and AIDS, orphan children, unattended old people, differently abled are badly affected. Most of the PLHIV are, in normal circumstances, live in a precarious circumstance. COVID-19 and subsequent lockdown for a long period had impacted them adversely in many ways. Distancing, lack of personal contact and isolation during the pandemic had affected their life more drastically. Most of them who were doing odd jobs lost it and their survival itself were at stake. Many of them found it difficult to manage their livelihood due to loss of job and income. Some of them did not receive any support either from government or from NGOs. They were deprived of getting ART medicines regularly. Such situation had affected them physically as well as psychologically. The PLHIV who received support from various sources was able to maintain their wellbeing. The ART medical support received by the PLHIV through NGOs during COVID-19 pandemic managed their lives in a more positive manner. The data was collected from 30 male and 30 female PLHIV living in Puducherry. The wellbeing was assessed in the context of WHO (five) Wellbeing Index and social support was assessed using the Scale of Perceived Social Support in HIV (PSS-HIV). The study confirmed that social workers had played important roles in extending social support to the most needy and vulnerable people especially PLHIV during the pandemic to alleviate their suffering and burden.

Keywords: *PLHIV and COVID-19 Pandemic, Social Work Interventions and Social Support*

1. INTRODUCTION

Social work intervention and social support records a key role in the wellbeing of the lives of people. Numerous general and specific situations whether it be natural disasters like flood, earthquake, land slide, cyclone, and tsunami or pandemic, the social workers contribute their responsibility to alleviate the pain and struggle. COVID-19 and subsequent lockdown for a long period affected the lives of the people very drastically.

Background of COVID-19 situation

The New Corona Virus (SARS-CoV-2 - Severe Acute Respiratory Syndrome Coronavirus 2), commonly known as COVID-19, has first detected in Wuhan in China in December 2019. This virus has spread across the globe and it affected 192 countries according to World Health Organization (WHO). WHO has declared the spread of this virus as 'Pandemic'. In the beginning, the world literally stunned before the spread of this virus; knowing little about it, without any preventives or medicines. However, soon it was found that the spread of virus can be controlled by use of mask, washing of hands with soap and water for 20 seconds, sanitization with alcohol-based sanitizer, not touching your face, eyes, nose, or mouth without washing your face and keeping a physical distance of three meters from other human being. "The total confirmed cases worldwide are 16,04,42,572 and 33,31,031 have died; 6,07,21,825 are active cases and 9,63,89,716 have recovered as on May 13, 2021 at 3:48 am. In India, there are 2,37,03,665 confirmed cases including 2,58,317 deaths. The number of active cases is 37, 10,525 and 1, 97, 34,823 have recovered as on May 13, 2021 at 2:30 am". (Source: <https://swachhindia.ndtv.com/>)

Indian situation

India has affected very badly with COVID-19 by March 2019. The Union Government declared national lockdown without much notice. This has severely affected the people living at the periphery of our society such as daily wage earners, casual labourers, migrants, physically challenged people, people living with HIV/AIDS, domestic workers, and women. Suddenly, millions of people became jobless and unemployed. They were literally pushed in to hunger and poverty. Apart from these, "people living in poverty, in crowded households, with low or no access to water or sanitation, and those with low literacy skills", were among the most vulnerable people.

The impact of COVID-19 pandemic in India has also been unmeasurable. The major areas affected are health, education, and economy. Millions of people had lost their jobs or means of livelihood. The people living at the periphery of the society such as daily wage earners, street vendors, people living in streets, people living with HIV and AIDS, orphan children, unattended old people, differently abled are badly affected. They do not have any money to fetch their food. The government system of distribution of dry rations, etc. does not reach them properly. Moreover, the government rations are given only to the ration card holders. There are large numbers of people who do not have ration cards. Their conditions are really miserable. They are in a poverty situation. It is predicted that more people may die in future if the situation continues, with poverty than COVID-19.

Impact of COVID-19 among the people living with HIV/AIDS (PLHIV)

There are no comprehensive studies on the impact of COVID-19 among PLHIV, particularly in India, even though the impact raises serious concerns. There are 40 million PLHIV worldwide and 2.2 million in India. One of the major issues is non-accessibility of anti-retroviral (ART) medicines due to lockdown. Non-availability of food and of course, nutrition is also a concern among them. Most of the PLHIV are still hiding their HIV status and hence unable to seek direct support. In fact, NGOs and HIV affected communities such as National Coalition of People Living with HIV in India (NCPI+) and National AIDS Control Organisation (NACO) are doing their level-best to provide medical support and other requirements. In many places, the social workers were constantly in touch with PLHIV in their respective locations and they had been supplying ART medicines and dry rations to them during the pandemic.

Role of Social Workers and NGOs during the pandemic

Social Workers have their responsibilities during this pandemic, though they are not considered as health professionals. However, they need to work hand-in-hand with professional health workers in managing the outbreak of the pandemic as well as mitigating the sufferings of the people, particularly the poor, and the marginalized. Often they had to work in difficult circumstances even without the use of personal protective equipment (PPE). We find several unsung heroes from Social Workers during this pandemic.

During the first wave of COVID-19, the lockdown created untold miseries to people, particularly to the migrant people across India. Thousands of them tried to walk home, covering thousands of miles, without money or food. It was social workers and NGOs provided them with water, food, and resting places across the country. However, during the second wave, the social workers connected with NGOs could not do their best due to funding constrains due to certain policies of the Union Government.

2. REVIEW OF LITERATURE

Dominelli, L (2020) in an open access article ‘Surviving Covid 19: Social Work Issues in a Global Pandemic’ writes on the duties and responsibilities of social workers during any pandemic, including COVID-19. She said that along with the responsibility of providing primary care to the people in distress also need to address their immediate needs. Fear and anxiety are other issue that needs to be tackled by Social Workers. They are in the forefront of providing practical and emotional support, especially dealing with hitherto unknown enemy such as COVID-19 pandemic.

Sanjoy Roy and Navdeep Kaur, (2020) in their article explained about how professional social workers were in the forefront of addressing COVID-19 pandemic. They are highly helpful in maintaining the mental wellbeing of the patients as well as their family members due to loneliness, quarantine, and fear of death.

Mercedes Bern-Klug and Elise Beaulieu, (2020)highlighted the helping role played by the Social Workers at nursing home during the pandemic. They were constantly in touch with the family members of the patients and eased the metal tensions of patients and family members.

S. Parasuraman, (2020)writes,the successful containment of COVID-19 in Dharavi (the largest slum in Asia) was a clear indication of the support given by social workers along with health workers. Dharavi is a slum with over a million inhabitants in just 535 acres. Its population density is an incredible 8.5 lakh people per square mile. The social workers

coordinated the relief works as well as provided counselling to people in distress. The authorities were able to contain the spread successfully during the first wave of COVID-19.

Ivan Marbaniang, et.al, (2020) explained in the article about the burden of people living with HIV/AIDS (PLHIV), during COVID lockdown and their anxiety was high particularly those from poor socio-economic background. They were much bothered about the supply of ART medicines and medicines for other opportunistic infections. This will continue to increase when pandemic gets worse.

Gisela Redondo-Sama et.al, (2020) Social Workers faced tremendous challenges during COVID-19 pandemic. However, they played their role efficiently during the pandemic. As the scientific community reveals, Corona patients with comorbidities requires special attention. It was observed that the efforts of social workers more in Global South since these countries lack in basic needs, including adequate health infrastructure. Social workers have addressed social and psychological needs of COVID-19 patients.

3. MATERIALS AND METHODS

Aim of the study

The aim of the study was to explore how social support and social work intervention made an impact on the wellbeing of the PLHIV along with the role played by Social Workers during COVID-19 pandemic Puducherry.

Objectives:

The objectives of the study are to:

- 1) study the socio-demographic and economic particulars of the respondents;
- 2) determine the social support received by PLHIV in Puducherry from April to December 2020;
- 3) assess the wellbeing of PLHIV in Puducherry during COVID-19; and
- 4) assess the social work interventions carried out by the social workers/NGOs

Research Hypothesis:

- 1) There is a significant difference between social support received by men and women.
- 2) There is significant relationship between financial difficulty faced by the respondents and their social support.
- 3) There is a significant difference between the respondents who lost their job and their wellbeing.
- 4) There is a significant difference between the wellbeing of the respondents with their domicile.

Sampling

The researcher used descriptive design with a convenience sampling method to collect data from the respondents.

Sample size

The data was collected from 30 male and 30 female PLHIV living in Puducherry.

Tools for data collection

Following tools were used to collect data.

- a) *Semi-Structured Interview Schedule* was used to collect background and other related information from the respondents.
- b) *WHO 5 Wellbeing Index* was applied to find the wellbeing of the respondents. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality

of life. To find out the social support of the respondents, scale of Perceived Social Support in HIV (PSS-HIV) developed by Aron Corts was used. The scale was composed of 12 Likert Scale type items with three components belonging, esteem, and self-development. All scored 1-5 possible and overall score ranged from 12 to 60.

Consent:

Prior consent from the respondents was obtained to carry out the study.

4. RESULTS

The socio demographic and economic background of the person has a direct or indirect impact on the person's life style and their wellbeing.

Table 1
 Demographic profile of the respondents

S. No.	Demographic Profile	No. of Respondents (n:60)	Percentage
1	Age distribution		
	18-30	12	20.0
	31-40	22	36.7
	41-50	16	26.7
2	Religion		
	Hindu	54	90.0
	Muslim	2	3.3
	Christian	4	6.7
3	Sex		
	Male	30	50.0
	Female	30	50.0
4	Present location		
	Rural	26	43.3
	Semi-Urban	29	48.3
	Urban	5	8.3
5	Marital status		
	Married	29	48.3
	Unmarried	9	15.0
	Widow	19	31.7
	Separated	1	1.7
	Divorced	2	3.3
6	Educational qualification		
	Illiterate	7	11.7
	Primary	12	20.0
	Higher Secondary	24	40.0
	High School	7	11.7
	Any other	10	16.6

7	Occupation Coolie Domestic servant Private work Government job Any other	23 7 13 2 15	38.3 11.7 21.7 3.3 25.0
8	Type of family Nuclear Joint	55 5	91.7 8.3
9	Monthly Family Income 1000 – 5000 5001 – 10000 10001 –15000 Above - 15001	35 23 1 1	58.3 38.3 1.7 1.7
10	Total Dependence One Two Three More than three	8 15 12 25	13.3 25.0 20.0 41.7

The socio-demographic and economic profile of the respondents represented in the table revealed that 56.7% of the respondents belonged to the age of 18 to 40 years. Vast majority of the respondents (90%) belonged to Hindu religion. Most of them reside in rural and semi-urban areas. Occupation of the respondents showed that 38% did coolie work and 25% either did not have any work or unable to work. These respondents depended on their simple pension. Majority of the respondents had studied upto higher secondary and 91.7% of the respondents belonged to nuclear families. The family income of the respondents showed that 58% had an income of Rs.1000 to Rs.5000 per month and most of them had more than three dependent members to be taken care.

Table 2
 Distribution of respondent's situation during COVID -19 lockdown

S. No	Situation during Covid	No. of Respondents (n:60)	Percentage
1	Infected with corona virus Yes No	0 60	0 100.0
2	ART stock Yes No	6 54	10.0 90.0
3	Support to get ART Vihaan CSC (NGO) ART Centre, Puducherry Other sources	48 1 11	80.0 1.7 18.3

4	Material support Dry ration twice Provision for a month No support	50 6 4	83.3 10.0 6.7
5	Who supported Government NGOs Others	6 50 4	10.0 83.3 6.7
6	Fear of Corona virus Yes No Some what	3 20 37	5.0 33.3 61.7
7	Loss of job Yes No	39 21	65.0 35.0
8	Financial problem Yes No	48 12	80.0 20.0
9	Difficulty to get food Yes No	39 21	65.0 35.0
10	Fear & anxiety Yes No	60 0	100.0 0.0

The situation of respondent's during the pandemic highlighted in the table gives a positive picture that 100% of the respondents were not attacked by the virus. All the respondents were gripped with fear and anxiety, because vast majority (90%) of the respondents had no ART stock and it was very difficult to avail ART during lockdown. With the support of Vihaan CSC (NGO), 80% of the respondents were able to get their due ART in time. It was also noticeable that vast majority (83%) of the respondents received dry rations twice from NGOs, government, and others. During the pandemic most of them (65%) lost job, 80% of the respondent's experienced financial difficulties and 65% of them had struggled to get daily food.

Table 3
 Distribution of social work intervention during COVID -19 lockdown

S. No	Social work intervention	No. of Respondents (n:60)	Percentage
1	Provision of dry ration Yes No	56 4	93.3 6.7
2	Financial support Yes No	9 51	15.0 85.0

3	Online counselling Yes No	55 5	91.7 8.3
4	Packed food Yes No	49 11	81.7 18.3
5	Home delivery of medicine Yes No	50 10	83.3 16.7
6	Sensitisation on Covid Yes No	51 9	85.0 15.0
7	Distribution of health kit Yes No	52 8	86.7 13.3
8	Free mask distribution Yes No	42 18	70.0 30.0
9	Need assessment survey Yes No	52 8	86.7 13.3
10	Education fees given to children Yes No	44 16	73.3 26.7

Social work interventions experienced by the respondents during COVID-19 pandemic showed in the table confirmed the involvement of social workers and their timely support. Vast majority of the respondents (93%) received food provisions and 91% of the respondents received online counselling. More than 80% of the respondents received cooked food from different sources and received their medicine at home. More than 85% of the respondents received awareness on Covid protocol, prevention measures, and safety methods along with health kit, sanitizer, and mask. Need assessment survey was done for 86% of the respondents and 73% received education support for the children. Many social workers had taken risk to reach out to the needy people. Since the situation during lockdown was very strict, the social workers faced many hurdles to expand their services. During these efforts, some of them even got infected with the virus.

Table 4
 Level of the Wellbeing of the respondents during pandemic

Dimensions of wellbeing	Level of wellbeing			
	Low		High	
	N	%	N	%
Felt cheerful and in good spirit	40	66.7	20	33.3
Felt calm and relaxed	34	56.7	26	43.3
Felt active and vigorous	37	61.7	23	38.3
Woke up fresh and rested	37	61.7	23	38.3

Daily life filled with interesting things	48	80.0	20	20.0
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The level of wellbeing of the respondents during COVID-19 pandemic with its various dimensions represented in the above table revealed that more than half of the respondents had low level of wellbeing. This indicated that as a whole the humanity was going through a hard struggle and moreover people living with HIV/AIDS had the double anguish of maintaining their physical as well as mental balance through the hard situations during the lockdown and pandemic.

Table 5
 Level of the social support of the respondents during pandemic

Dimensions of support	Level of support			
	Low		High	
	N	%	N	%
Belonging	60	100	0	0
Esteem	35	58.3	25	41.7
Self-development	35	58.3	25	41.7

Social support received by the respondents during the pandemic is shown in the above table. The situation at the time of COVID-19 and subsequent lockdown created distance among friends, neighbours, and acquaintances. COVID-19 protocol of personal and social distancing might have been the reason that total respondents (100%) felt low sense of belonging. More than half of the respondents (58.3%) had low level of self-esteem and self-development during the pandemic.

Hypothesis 1

H1: there is a significant difference between social support received by men and women

H0: there is no significant difference between the gender of the respondents and social support

Difference between gender and social support

Social support	N	Mean	SD	Statistical Inference
Male	30	1.6667	.47946	z= .001 df= 58 P<0.05 Significant
Female	30	1.2333	.43018	

Testing of hypothesis

The 'independent sample t test' between gender and social support of the respondents found highly significant with the 'P' value of .001 for the overall social support which is less than 0.05 and thus the research hypothesis is accepted.

Hypothesis 2

H1: there is significant relationship between financial difficulty and wellbeing of the respondents during COVID-19 pandemic

H0: there is no significant relationship between financial difficulty and wellbeing of the respondents during COVID-19 pandemic

Relationship between financial difficulty and wellbeing of the respondents

Variable/ Dimension	Correlation value	Statistical Inference
Financial difficulty Vs Wellbeing	.397**	P =.002 P< 0.05 Significant

The ‘correlation test’ between financial difficulty and wellbeing of the respondents during pandemic found significant with the ‘P’ value of .002 which is less than 0.05 and therefore the research hypothesis is accepted.

Hypothesis 3

H1: there is a significant difference between the respondents who lost their job and their wellbeing

H0: there is no significant difference between the wellbeing of the respondents and who lost job

Difference between the general wellbeing of those who lost job

Lost job	N	Mean	SD	Statistical Inference
Yes	39	1.46	.505	z= .652 df= 58 P>0.05
No	21	1.52	.512	Not Significant

Testing of hypothesis

The ‘independent sample test’ done for the above hypothesis to find the difference between the wellbeing of those who lost job found no significant difference. Since the p value showed greater than 0.05, the null hypothesis is accepted.

Hypothesis 4

H1: there is a significant difference between social supports the respondents with their domicile

H0: there is no significant difference between social supports of the respondents with their domicile

Difference between social support and the place of residence

Domicile	N	Mean	SD	Statistical Inference
Rural	29	10.07	.504	z= .760 df= 58 P>0.05
Semi urban	31	10.74	.507	Not Significant

Testing of hypothesis

The 'independent sample test' to find the difference between the social supports of those who reside in the rural and semi-urban found no significant difference. Since the p value showed greater than 0.05, the null hypothesis is accepted.

5. DISCUSSION AND SUGGESTIONS:

People Living with HIV/AIDS live their daily life with utmost concern. Daily intake of ART medicine itself makes their living more burdensome. Physical fatigue, ART reactions, low level of CD-4 count or high level of viral load, low nutritious food intake are some of the problems they undergo daily. The socio-demographic and economic situations of most PLHIV present their poor status of life. Lower income, meagre job, more family dependents makes their situation more vulnerable. COVID-19 pandemic and continuous lockdown made their situation more miserable. Most of them underwent crucial financial difficulties, loss of job and they even struggled to get meal a day. It was with the intervention of social workers and social support they were able to manage the situation and overcome the difficulties. All of them followed Covid protocol which made them safe and no respondents were infected with corona virus. All had anxiety and fear and their level of wellbeing showed low. This may be associated with the situation of keeping distance, not interacting with friends, neighbours, restricted movements, unable to visit relatives, families, acquaintances and sometimes remaining in the containment zone created mental stress and reduced their wellbeing. With regard to social support except for the subscale on belonging other two esteem and self-development showed improved level of support. The respondents were able to balance their lives with the support they received from social workers, NGOs, governments and other supporters.

Suggestions:

1. In the light of the study, in any adverse circumstances whether it be natural calamities, or communicable virus, the weak and vulnerable section of the society are the most affected. Since India has large number of such category of people, the government and the policy makers could make alternative plans to address these issues in the long run with the involvement of NGOs and Social Workers.
2. We are not in a position to manage the second wave of the Corona virus with our limited resources and large population. In any given situation, there are a lot of enthusiastic individuals, humanitarian facilitators, social workers, good spirited NGOs who are willing to support the humanity. It would be much appealing and highly necessary to involve these groups of philanthropist to support the government to achieve greater results.
3. It is recommended that expanding social support and social work interventions during the time of any difficulty or adversity would make a vast difference in the lives of the people. Therefore social workers and practitioners need to be synergised to make a difference in the alarming society.
4. More research studies could be undertaken by the social workers on the issues related to Covid 19 on diverse feature and with categories of people to create wider knowledge, understanding, and awareness.

5. CONCLUSIONS

This study provides adequate understanding on the situation of PLHIV in Puducherry during COVID-19 pandemic. The study findings highlighted factual situation of PLHIV during this

period. One of the limitations of the study was that the sample size was limited in number. The inference derived from the study could be taken into consideration for the scope of further studies with large number of PLHIV. Non availability of supportive literatures concerning social support, social work intervention during COVID-19 pandemic also made the study limited. The study findings highlighted the gender differences with regard to social support and financial difficulties faced by the respondents during COVID-19 pandemic had a negative effect on their wellbeing. Majority of the respondents received various types of support through the intervention of social workers and NGOs. With a positive attitude and generous approach, number of social workers risked their lives to reach out to the vulnerable sections of the society. The PLHIV were able to strengthen their feeble mind and improve their wellbeing with the interventions of social workers during the dark days of COVID-19.

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