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(Review Article)

Impact of Social Support on Chronic Illness Management in Gusau Metropolis, Zamfara State, Nigeria: A Qualitative Inquiry

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Abstract

This qualitative study explored how social support influences chronic illness management among residents of Gusau Metropolis in Zamfara State, Nigeria. Using semi-structured interviews with 30 purposively selected adults living with chronic conditions, we examined participants' perceptions of emotional, informational, instrumental, and appraisal support and how these forms of support affect their ability to manage illness. Thematic analysis revealed that social support significantly facilitated treatment adherence, emotional coping, lifestyle modification, and healthcare navigation but was constrained by socioeconomic limitations, gender norms, and stigma. Findings underscore the critical role of family, community networks, and healthcare workers in chronic illness management. We recommend community-based support programs and integration of psychosocial care into chronic disease services in Gusau.

Keywords: Social support; Chronic illness; Management; Gusau Metropolis; Nigeria

1. Introduction

Chronic illnesses constitute a major global public health concern, accounting for a significant proportion of morbidity, disability, and mortality worldwide. Conditions such as diabetes mellitus, hypertension, cardiovascular diseases, asthma, and chronic kidney disease are long term in nature and often require continuous medical care, lifestyle modification, and psychosocial adjustment (World Health Organization, 2022). The global shift from communicable to non communicable diseases, particularly in low- and middle-income countries, has intensified the burden on already fragile healthcare systems (Boutayeb & Boutayeb, 2015). In sub Saharan Africa, including Nigeria, the rising prevalence of chronic illnesses is attributed to urbanization, changing dietary patterns, physical inactivity, population aging, and socioeconomic inequalities (Akinyemi et al., 2019). In Nigeria, chronic illnesses have emerged as a critical health challenge, contributing substantially to premature deaths and long-term disability. Studies indicate that non communicable diseases account for over 30% of all deaths in the country, with limited access to quality healthcare exacerbating poor disease outcomes (WHO, 2021). Chronic illness management in Nigeria is often complicated by high out of pocket healthcare expenditures, inadequate health insurance coverage, shortages of skilled healthcare professionals, and limited availability of essential medications (Onwujekwe et al., 2018). As a result, individuals living with chronic conditions frequently rely on informal coping mechanisms, including family and community support, to manage their illnesses.

Chronic illness management extends beyond biomedical treatment to encompass emotional regulation, behavioral adaptation, and social functioning. Effective management requires sustained medication adherence, regular clinical monitoring, lifestyle changes, and psychological resilience (Lorig & Holman, 2003). Within this context, social support plays a pivotal role in shaping health behaviors and outcomes. Social support refers to the emotional, informational,

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instrumental, and appraisal assistance individuals receive from their social networks, including family members, friends, peers, religious groups, and community organizations (House, 1981). Empirical evidence suggests that adequate social support enhances self care practices, reduces psychological distress, and improves overall quality of life among individuals with chronic illnesses (Uchino, 2009). From a sociological perspective, social support functions as a protective factor that buffers the negative effects of stress associated with chronic illness. The stress buffering model posits that individuals with strong social networks are better equipped to cope with illness-related challenges, thereby reducing the risk of depression, anxiety, and poor health outcomes (Cohen & Wills, 1985). Conversely, lack of social support has been linked to poor treatment adherence, social isolation, increased hospitalization rates, and higher mortality among chronically ill patients (Holt-Lunstad et al., 2015). These findings underscore the importance of examining social support as a key determinant of chronic illness management, particularly in resource-constrained settings.

Understanding the impact of social support on chronic illness management in Gusau Metropolis is therefore essential for both academic and policy purposes. Such understanding can inform healthcare providers, policymakers, and community stakeholders on how social networks can be strengthened and leveraged to improve adherence to treatment, enhance patient well being, and reduce the overall burden of chronic illnesses. By situating chronic illness management within its broader social context, this study contributes to the growing body of medical sociology and public health literature that emphasizes the social determinants of health and the importance of community-based approaches to healthcare delivery.

2. Literature Review

2.1. Impact of Social Support on Chronic Illness Management

Social support has been widely recognized in health sociology, medical sociology, and public health literature as a crucial determinant of health outcomes, particularly for individuals living with chronic illnesses. Chronic illnesses such as diabetes, hypertension, cardiovascular diseases, and arthritis require long-term management, lifestyle modification, and continuous interaction with healthcare systems. Social support, broadly defined as the resources provided by others to assist individuals in coping with stressors, has been shown to influence both physical and psychological dimensions of chronic illness management (House, Landis, & Umberson, 1988; Thoits, 2011). Scholars argue that chronic illness is not merely a biomedical condition but a social experience shaped by interpersonal relationships and social structures (Charmaz, 1991). Conceptually, social support is commonly categorized into emotional, informational, instrumental, and appraisal support. Emotional support refers to expressions of empathy, love, trust, and care; informational support involves advice, guidance, and health-related knowledge; instrumental support includes tangible assistance such as financial aid or help with daily tasks; while appraisal support entails affirmation and feedback that assist individuals in self evaluation and decision-making (Cohen & Wills, 1985; House, 1981). This multidimensional framework has been extensively applied in chronic illness research to understand how different forms of support contribute to illness adaptation and self-management.

The relationship between social support and chronic illness management is often explained through the stress-buffering and direct effects models. The stress-buffering hypothesis suggests that social support protects individuals from the harmful effects of stress by enhancing coping capacity during periods of illness-related strain (Cohen & Wills, 1985). In contrast, the direct effects model proposes that social integration and supportive relationships have a beneficial impact on health regardless of stress exposure, by promoting healthy behaviors and positive psychological states (Umberson & Montez, 2010). Both perspectives are relevant to chronic illness contexts, where ongoing stress and behavioral demands are persistent features of daily life. Emotional support has been identified as one of the most influential forms of social support in chronic illness management. Empirical studies demonstrate that emotional reassurance from family members, friends, and caregivers reduces psychological distress, depression, and anxiety among chronically ill patients (Gallant, 2003; Uchino, 2006). Emotional support fosters a sense of belonging and hope, which enhances motivation for treatment adherence and lifestyle modification. Patients who perceive high emotional support are more likely to maintain positive attitudes toward their illness and engage in active coping strategies (Taylor, 2011).

In contrast, lack of emotional support has been associated with poor mental health outcomes and diminished capacity for self care. Chronic illness patients who experience loneliness or social isolation often report higher levels of emotional exhaustion and reduced adherence to medical regimens (Berkman et al., 2000). This is particularly evident among older adults and individuals with stigmatized conditions, where social withdrawal exacerbates illness burden and reduces quality of life (Vassilev et al., 2013). Informational support is another critical component of chronic illness management, as it directly influences patients understanding of their condition and treatment requirements. Information provided by healthcare professionals, peers, and community health workers enables patients to make informed decisions about medication use, diet, physical activity, and symptom monitoring (Heisler et al., 2010). Studies show that patients with access to reliable health information demonstrate improved self efficacy and disease control (Lorig & Holman, 2003). Informational support is particularly important in managing complex chronic illnesses that require behavioral change and continuous learning.

However, the literature also highlights significant gaps in informational support, especially in low and middle income countries. Poor patient provider communication, limited consultation time, and low health literacy often undermine effective knowledge transfer (Aantjes et al., 2014). As a result, many patients rely on informal sources such as family members, religious leaders, or peers, which may provide incomplete or inaccurate information (Campbell & Cornish, 2010). These challenges underscore the importance of culturally appropriate and accessible health education in chronic illness management. Instrumental support plays a vital role in addressing the practical and economic demands associated with chronic illness. Long-term treatment costs, transportation to health facilities, and assistance with daily activities place a substantial burden on individuals and households. Research consistently shows that financial and material support from family and social networks improves treatment adherence and continuity of care (DiMatteo, 2004; Gallant, 2003). Instrumental support is particularly critical in contexts where health insurance coverage is limited and out of pocket payments dominate healthcare financing. In resource-constrained settings, insufficient instrumental support often leads to delayed care seeking, medication non-adherence, and worsening health outcomes (Peters et al., 2008). Studies from sub-Saharan Africa reveal that poverty and unemployment significantly limit patients' ability to manage chronic illness effectively, even when emotional and informational supports are present (Mendenhall et al., 2017). This highlights the interconnection between social support and broader structural inequalities.

Despite the benefits of social support, several social and cultural constraints limit its effectiveness. Social stigma surrounding chronic illness can discourage disclosure and reduce access to support networks (Link & Phelan, 2001). Gender norms often shape care giving roles and expectations, with women disproportionately providing support while neglecting their own health needs (Ong et al., 2015). These dynamics can reinforce inequalities in chronic illness experiences and outcomes. Structural factors further shape the availability and quality of social support for chronic illness management. Weak healthcare systems, inadequate social welfare policies, and limited community-based services constrain both formal and informal support mechanisms (WHO, 2016). In low resource settings, reliance on informal support networks is high, but these networks are often unstable due to widespread poverty and social insecurity (Marmot, 2005).

In summary, the literature demonstrates that social support is a multidimensional and context-dependent determinant of chronic illness management. Emotional, informational, instrumental, and appraisal support collectively influence coping, adherence, and quality of life among chronically ill individuals. However, the effectiveness of social support is shaped by cultural norms, socioeconomic conditions, and structural inequalities. There remains a need for qualitative, context-specific research that captures lived experiences of social support and chronic illness management, particularly in understudied settings such as northern Nigeria.

3. Methodology

- Research Design: A qualitative phenomenological design was employed to capture the lived experiences of chronic illness management and the role of social support among residents of Gusau Metropolis.
- Study Setting and Participants: Gusau Metropolis, the capital of Zamfara State, is a densely populated urban area with diverse socioeconomic profiles. Participants were adults aged 25–70 years, diagnosed with at least one chronic condition for a minimum of one year.
- Sampling: Purposive sampling was used to select 30 participants receiving care from public and private health facilities, community networks, and patient support groups. Inclusion criteria included ability to consent and fluency in English or Hausa.
- Data Collection: Data were through semi-structured, face-to-face interviews. An interview guide explored experiences with chronic illness, sources and types of social support, challenges in illness management, and perceived impacts of support on health behaviors and outcomes.
- Data Analysis: Interviews were audio-recorded, transcribed verbatim, and thematically analyzed. Inductive coding facilitated identification of patterns and themes related to social support and illness management.

4. Findings

This section presents an analysis of in depth interviews conducted with adults living with chronic illnesses in Gusau Metropolis. Participants were living with conditions such as hypertension, diabetes, asthma, arthritis, peptic ulcer disease, and other long-term health conditions. The findings reveal that social support is central to how individuals understand, cope with, and manage chronic illness. Seven major themes and multiple sub-themes emerged from the data.

4.1. Emotional Support and Psychological Coping with Chronic Illness

Emotional support emerged as one of the most significant influences on participants ability to cope with chronic illness. Participants described chronic illness as emotionally draining, often accompanied by fear, frustration, sadness, and uncertainty about the future. Emotional reassurance from spouses, children, siblings, and close friends provided psychological stability and motivation to continue treatment.

One participant explained:

When I was first diagnosed, I was very scared. I thought my life was over. But my husband kept encouraging me and telling me that many people live long with this illness. This gave me hope and rise my expectation that I can live again. I can tell you that encouraging manner almost make me to feel like I am ill free person.

Another participant stated:

Sometimes the pain is too much, and I feel depressed. When my children sit with me and talk to me, I forget the pain for a while. Anytime when I am with my children the illness disappear. They gave hope and like it are over.

Similarly, another respondent averred that:

What I enjoy always is when my friends visited me. Their visit take away my sickness. The way and manner they show their concern to my sickness make me to think that even if I die they will continue showing it to my family. The level of concern is highly commendable.

Participants who reported strong emotional support were more likely to express acceptance of their illness and a positive outlook. In contrast, participants with limited emotional support reported feelings of loneliness, emotional exhaustion, and hopelessness.

A respondent of this study says:

There are days I feel alone because nobody understands what I am going through. That makes it harder to take my drugs. This make me lose hope. Apart from the problem I found myself, it double to make me depress seriously because of the loneliness. It is really bad, I feel bad seriously. The patient cry

Another respondent reveal:

When I was in the hospital I take my medications regularly. Because doctors, nurses and visitors are doing their best to make sure that drug are regularly take as at when due. But now that I am here some time looking at the nature of my sickness believe me I forget whether I took my medicine or not.

4.2. Informational Support and Knowledge-Based Self-Management

Informational support played a crucial role in shaping participants' illness knowledge and management practices. Many participants emphasized the importance of clear explanations from healthcare workers regarding diagnosis, medication use, dietary changes, and symptom monitoring.

A participant living with hypertension explained:

The doctor told me why my blood pressure goes up and what I should avoid. That knowledge helped me control it. As far this kind of illness concern if you can adhere strictly to doctors advice, I believe is something manageable.

Another respondent informed:

I learn very well how to manage my illness through a clear explanations from health personnel for manage my sickness history. From that explanation I understand and monitor and observed changes. This makes me to take urgent action base on what I understand. This really helps me manage myself

Several participants also relied on nurses and pharmacists for repeated clarification, especially because chronic illness requires ongoing learning.

Each time I come to the clinic, the nurse reminds me how to take my drugs. That reminder helps me not to forget. You know there is complication some times that you need an update repeatedly.

Another respondent reveal:

You know this illness take a longer medication. Some time when it takes long time there are some changes with medication that you need more clarification. Sometime, you are taken this drugs produce by a particular company but as time goes on that kind products disappear. So when you switch to another company's product you need proper guide on how to take it.

However, limited consultation time and overcrowded hospitals meant that some participants depended on informal sources such as family members, friends, and peers.

My neighbor also has diabetes. He tells me what worked for him. Sometimes that advice helps, but sometimes I am confused. I rely on him because some time there is crowd in the hospital which makes it very difficult for the doctors to explain clearly to you.

Another respondent informed:

I took long time without seeking any update or clarification from hospital expert to manage my sickness. All that I do is to ask within my family members that have knowledge or experience of how to manage the type of this disease. When I receive this explanation from them sometime I add with another explanation from somewhere different to compliment what I received from the first person.

4.3. Instrumental Support and Practical Management of Illness

Instrumental support particularly financial assistance was repeatedly identified as a determining factor in chronic illness management. Participants described the high cost of medications, laboratory tests, and transportation as major barriers to consistent care.

One participant stated:

If I don't have money, I don't go to the hospital. It is my children that help me when they can. Without going to hospital now a days is like doing nothing.

Another respondent expressed:

The high cost of medication is big barrier for not going to hospital. Because even you go there is no free medicine. When you consult doctor and he prescribe drugs for you where is the money for you to by the drugs.

Another participant added:

Sometimes I buy half of my drugs and leave the rest because I don't have enough money. I understand the implication of doing so but I don't have any alternative because I don't have the means to buy all the drugs because there is so many liabilities that I need clear.

Beyond finances, participants also relied on instrumental support for daily activities, especially during periods of illness exacerbation.

When my legs are swollen, my daughter helps me fetch water and cook. Without her help, it is difficult. This is what reduces some tension. Because without her I don't know the difficult situation that I will find myself. Because I don't even have the strength to go out and beg.

Participants without consistent instrumental support were more likely to report missed appointments, medication non-adherence, and reliance on alternative treatments.

4.4. Family Support as the Core of Chronic Illness Care

Family emerged as the most consistent and reliable source of social support. Spouses and children often coordinated medication schedules, accompanied participants to hospital visits, and provided emotional and financial assistance.

A participant shared:

My wife reminds me to take my drugs every morning and evening. If not for her, I would forget. She took adequate care of me which I highly appreciated. Whatever she is doing when it is for me to take the drug you will see her reminding me about it. Sometimes I even ask her how far she is not forgetting she said this is her responsibility.

Another respondent said:

My children took care of me and ensure that I follow all the instructions given to me by the doctors. They are committed to stay close to me and do their best in taking care of me. Sometimes they make arrangement for shifting if they have some commitment.

Extended family members also contributed, particularly during financial crises.

My brothers contribute money when my condition becomes worse. Without such kind of support it will be all history for me because I can hardly survive.

Another respondent averred:

If not because of the assistance I got from the entire members of my family not only my biological children I don't know the situation that I am now. You know I become exhausted because of the time I spend suffering with this sickness. Thanks to the entire members of my family.

However, some participants reported that family support declined over time, especially when illness became prolonged.

At the beginning, everybody was helping me, but now they are tired because it has taken too long.

4.5. Community and Religious Support

Community and religious institutions were important sources of emotional and spiritual support. Participants described receiving prayers, moral encouragement, and occasional financial assistance from neighbors, religious leaders, and mosque members.

One participant stated:

The Imam prays for me and encourages me to take my treatment. That gives me hope. We value prayer and it is our believe that with prayer everything is possible. Prayer really gives me hope.

Another respondent expressed:

I received both emotional, financial and prayer support from the mosque I pray five daily prayers. From time to time they check on me and ask if there is any problem. Even without telling them any problem they bring to me financial assistance on behalf of the entire mosque members which I highly appreciated. Another important support I received from them is prayer.

For elderly participants and widows, community support helped reduce isolation.

My neighbors always check on me. They ask about my health, and that makes me feel valued. I feel like I am not missing anything. This is because of the massive and regular visiting I received frequently in terms of encouragement, financial and many other support.

However, community support was often informal and inconsistent, depending on personal relationships and economic conditions.

4.6. Gender Roles, Stigma, and Barriers to Social Support

Gender norms significantly influenced the availability and use of social support. Female participants frequently reported prioritizing family responsibilities over their own health needs.

Even when I am sick, I still have to cook and take care of the children. This is to say there is a number of family roles and responsibilities that sickness cannot exempt you from doing. If you are alive you have to do it.

Stigma also limited access to support, particularly for conditions perceived as weakness or divine punishment.

Some people think long illness means you are lazy or cursed, so I don’t tell many people.

Fear of gossip and discrimination led some participants to conceal their illness, reducing opportunities for social support.

5. Discussion

The findings of this study highlight the critical role of social support in managing chronic illnesses among adults in Gusau Metropolis. Consistent with the literature, emotional, informational, instrumental, and appraisal support were found to influence both the psychological and practical aspects of chronic illness management (House, Landis, & Umberson, 1988; Cohen & Wills, 1985). Participants reported that family members, healthcare providers, and community networks collectively shaped their ability to adhere to treatment, cope with stress, and engage in self-care behaviors. These findings align with the stress buffering and direct effects models of social support, which suggest that social ties can mitigate illness related stress and promote positive health behaviors regardless of stress exposure (Umberson & Montez, 2010; Thoits, 2011).

6. Conclusion

Social support is a central determinant of how individuals living with chronic illness in Gusau Metropolis manage their conditions. Strong support networks improve psychological well being, treatment adherence, and self management practices. Yet, socio economic limitations, stigma, and unequal gender roles restrict the full potential of support. Strengthening community support structures, integrating psychosocial care into chronic disease services, and promoting sustained health education are recommended to enhance chronic illness outcomes in Gusau and similar settings. This study finding is context specific and based on self-reported experiences, which may limit generalizability beyond Gusau Metropolis. Future research could explore longitudinal effects of social support and include larger, diverse samples.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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