ABSTRACT

Background: Preliminary data from South Africa (SA) suggest that people living with HIV (PLWH) and chronic pain may be as active as PLWH without chronic pain. The data also suggest that PLWH and pain in SA may not disclose their pain for fear of HIV stigma.

Aim: To investigate the perceived causes of pain, the impact of chronic pain on physical activity, and factors affecting recruitment of social support in rural South African males living with HIV (MLWH).

Methods: Mixed method, cross-sectional research design was used. The prevalence of pain, factors associated with both pain prevalence and pain intensity using the Brief Pain Inventory (BPI) and participants' medical records were reviewed quantitatively. Chronic pain was defined as pain on most days for at least three months. Eighteen in-depth interviews were then conducted (8 men living with pain, 10 without). Perceptions about pain and factors affecting physical activity, pain status disclosure, and social support were explored. Themes were derived from the research objectives.

Results: Pain prevalence was 28% and HIV prevalence was also 28% in the 124 men recruited. Age (Mann-Whitney test; p= 0.04) and depression (Chi-square test; p= 0.03) associated with pain prevalence. Pain prevalence did not associate with employment status, education level, or HIV status. Pain intensity, however, associated with HIV status (Mann Whitney test; U = 41, p = 0.0004). Participants that were HIV positive reported higher pain intensity (median = 5.9) than the HIV negative participants (median = 4.0). Pain intensity did not associate with depression, employment status, age or education level. Three men (38%, 3/8) believed that their pain came from physical injuries and four (50%, 4/8) did not know what caused it. The men were highly active including those living with pain. All men involuntarily disclosed their pain statuses to some family members because they were living with them. Each of the four men (50%, 4/8) that did not disclose their pain status had their own reason, including avoiding burdening their children (25%, 1/4), lack of trust (25%, 1/4), staying far from the person he did not tell (25%, 1/4), and not yet understanding the pain himself (25%, 1/4).

Conclusion: The prevalence of pain was relatively low in this cohort and pain did not associate with having HIV. Age and depression, however, associated with having pain.

Half of MLWH were unsure of the cause of their pain or they had had physical injuries. All the men managed to recruit social support. These first qualitative data support the idea that South African MLWH and pain are as active as MLWH without pain. In contrast to the previous study, all the men had disclosed their pain to someone, and the reasons for non-disclosure to others did not appear to be because of HIV stigma. Any non or selective disclosure did not interfere with recruiting social support.