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# Effects of Socioeconomic Status, Health Access, and Employment Insecurity on Chronic Illness Management: The Mediating Role of Perceived Social Support

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## ABSTRACT

Effective chronic illness management requires more than clinical treatment—it is deeply influenced by social and economic factors. Socioeconomic status (SES), healthcare access, and job insecurity are critical determinants of how individuals manage long-term conditions such as diabetes, hypertension, and asthma. However, the role of psychosocial resources like social support in this context remains underexplored. This study investigates the mediating role of perceived social support in the relationship between SES, access to healthcare, and employment insecurity with self-management behaviors among patients with chronic illnesses. A sample of 600 adults diagnosed with at least one chronic condition was recruited from urban and rural hospitals. Data were collected on income and education (SES), self-reported access to healthcare services, employment security, perceived social support, and chronic illness self-management behaviors (medication adherence, dietary practices, physical activity). Strengthening social support networks can play a critical role in improving chronic disease outcomes, particularly for socially and economically disadvantaged populations. Health policies should integrate community-based support models and expand access to affordable care to promote long-term wellness.



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## 1.0 Introduction

Social and economic differences have long been understood as key factors in shaping health for people. Those from poorer backgrounds struggle with lack of funds, obstacles to healthcare and insecure employment, all of which play a big role in the development and management of chronic diseases. These kinds of health inequities are more visible where social and institutional inequalities are deeply set (Saadati, 2025). Since chronic conditions including diabetes, heart ailments and lung problems are more common among poor households, many of them experience increased disease, lesser life quality and higher death rates as a result. In spite of recent medical and public health improvements, it is still very hard for those living in poverty to effectively deal with chronic illness (Khan et al., 2024). This issue is affected by society as well as biology which shows the need to look at how major social and economic factors shape a person's health and health outcomes.

Overlooked aspects in this relationship are psychosocial resources, mainly perceived social support which may influence how structural factors relate to managing chronic illnesses. Looking after chronic diseases requires long-term self care, taking your medicines as planned, adjusting your way of life and regular visits to healthcare providers. If a person is facing problems with their finances, job security and health, dealing with a chronic illness can create much stress and anxiety (Brown & D'Angelo, 2021). In this kind of situation, the person's own assessment of available emotional, informational and instrumental support becomes extremely important. It affects how a person behaves about health and also boosts their mental strength to manage illnesses regularly. Perceived social support by offering emotional support, practical assistance and inclusion can help lower the negative results of social and economic problems on chronically ill people as well as enhance their ways of coping (Onyemaechi et al., 2025).

Socioeconomic status (SES) includes education, income and prestige of one's job and is a main factor in shaping health. People with a lower SES have higher chances of chronic health problems and may not be able to manage them well because of limited resources and continuous stress exposure. People's access to healthcare, measured as how available, affordable and accepted it is, also influences the connection between education and health (Brizan-St. Martin et al., 2023). If someone does not have insurance, faces travel difficulties for care or deals with discrimination in medical treatment, their ability to get proper treatment for long-term diseases drops a lot. Being insecure about keeping a job or having stable work conditions adds to the risk and leads to anxiety, less stable income and puts off getting health care. All these difficulties unite, leading to a situation where chronic illness outcomes become worse as time goes on (as pointed out by Jason et al., 2025).

Under these circumstances, social support is understood as a key factor that may limit or aggravate the influence of marginalization. This stress buffering model proposes that social support decreases the chances for stress to damage health, by making individuals think positively and encouraging them to take better care of themselves. Emotional and practical support can strengthen a person with a chronic illness by boosting their self-esteem, improving their treatment compliance and reducing their sense of loneliness and powerlessness (Greene & Reese, 2025). It

can help encourage people to get involved with healthcare and to change their lifestyle for better illness management. For this reason, even though SES, health access and employment insecurity are important elements, it is perceived social support that is a major mediator explaining their impact on chronic disease management.

There is a strong and detailed link between these variables. SES, health access and job insecurity impact chronic illness management and are also probably related to perceived social support. People who live in financial difficulty or work insecure jobs might become socially marginalized which makes them feel less supported by others. Having many social connections may also aid in facing these problems by giving individuals information, healthcare assistance and emotional comfort (Tohit et al., 2025). Because of this relationship, it is necessary to have a theoretical approach that includes both the organizational and individual aspects. Together, SDH and COR theories can help us understand the many factors affecting this kind of illness. SDH focuses on the impact of inequalities in society on health and COR explains how a person can experience stress and harm to health when they lose social or economic resources (Pinto et al., 2024). They both suggest that support perceived from others is a major factor that protects individuals from the effects of socioeconomic stress.

Still, current studies often investigate these factors alone or one at a time which does not fully represent the changing and multi-dimensional aspects of managing chronic illnesses. Many studies on SES and health do not discuss the ways in which difficulties in society affect people's thoughts and choices about managing illness. Studies on perceived social support are usually concerned with its immediate impact, not its broader relationship with social settings (Fernández-Peña et al., 2020). Researchers have investigated few of the joint ways that SES, health access and employment insecurity can impact chronic diseases and the role of perceived support is often missing from these studies. Because the approach is not unified, we find it hard to spot the different challenges that afflict individuals living with chronic conditions under pressure from society and their economy.

Also, most of the documents come from wealthy countries where access to healthcare and work-related benefits is better organized. Meanwhile, in low- and middle-income countries (LMICs), challenges include inadequate funding for healthcare, less regulated employment and few social welfare programs. Because of these factors, social networks, formal and informal, help alleviate problems created by an inadequate health system (Lu et al., 2020). Research on how support from society helps with dealing with chronic illness in these contexts is not common. Because of this gap, findings from science cannot generally be applied to all groups and it also becomes more difficult to make culturally suitable interventions.

Therefore, this study attempts to solve a number of important problems in the literature. It starts by considering how SES, problems with access to healthcare and difficulty in finding work together affect the management of chronic illnesses. Also, it explores perceived social support as an intermediate factor, giving us more knowledge about the reasons behind health inequalities caused by social structures. Thirdly, it focuses on populations that are often overlooked, especially in resource-poor settings, where getting healthcare and work is very hard because of structural

issues (Banda, 2024). As a result, the study enhances understanding of chronic disease care, paying closer attention to the needs of vulnerable groups and understanding why things are not always simple.

This study is based on the main problem that the integration of structural and psychosocial aspects is insufficient for explaining how socioeconomically disadvantaged individuals manage their chronic diseases. Chronic diseases involve many social and environmental factors which influence how they are managed. Interventions in the public health field may fail to address the problem well if the interaction between structural hardships and resources is not properly understood (Goldsteen et al., 2024). There is an immediate need to build models that see how socioeconomic problems accumulate over time and give directions for better social support that can help through educational and community schemes.

This study has many important features. The idea is that it unites aspects of society with individuals' experiences. By using this way of thinking, people gain a better understanding of managing chronic diseases which corresponds to what doctors in public health now advise. Research conducted in this area adds data that leads to better ways of supporting people in risk groups and results in improved chronic disease management (Nguyen et al., 2022). Basically, the research helps shape how leaders, health professionals and social groups can develop inclusive and lasting health policies. The paper underlines that perceived social support can be used as a resource to address problems where major structural reform is not happening right now.

Simply put, how chronic illness is managed depends on social and personal relationships. SES, availability of healthcare and uncertain job security shape health behavior and the incidence of diseases in people's lives. Seeing the value of social support to resilience in this context helps us understand better why we become strong in the face of trouble (Yarseah et al., 2024). It switches the perspective from areas of weakness to what is possible and provides ways for individuals, groups and organizations to join in enhancing care for people with chronic illness. The study tries to fix gaps between theory, evidence and practice, supplying a sturdy base for new research and policies in chronic disease management.

## 2.0 Literature Review

Because chronic illness management is linked to social systems and personal choices, research in this area should depend on theories that consider them both. Among these theories, the Social Determinants of Health (SDH) theory stands out which explains that how and where people are born, live and age can greatly shape their health outcomes. It points out that having a good socioeconomic status, reliable healthcare and consistent employment are important for good health (Nutakor et al., 2023). In addition, the model looks at perceived social support as a way to lessen how stressors affect health. It also argues that having, saving and defending income, relationships and feelings is important for individuals. A lack or danger to these key resources, shown by having a low income or unstable work, often results in higher stress levels which may affect health. By using both of these theoretical models, a clearer image of managing chronic illnesses is created by describing the balance between social factors and personal strength (Abdullah et al., 2025). For example, those dealing with constant low income or poor conditions may not be as healthy unless

they get sufficient support which allows them to preserve their strength and stay involved in activities that benefit their well-being.

Many studies support the view that your social and financial status greatly affects the risk, seriousness and resolution of common chronic illnesses. It is clear from that having a lower SES results in more health risks, less access to healthcare and less likely adherence to treatments. For example, discovered that people with lower socioeconomic status had more cases of multimorbidity and tended to get chronic diseases earlier (Skýbová et al., 2021). Other studies underline that how well a person manages treatments for chronic diseases depends greatly on their health literacy and education/income. Due to the uneven sharing of social capital, it is easier for poverty and poor health to follow each other. According to people with lower socioeconomic levels tend to avoid or delay care because of financial reasons, causing their health problems to become worse (Organization, 2021). Evidence proves that SES not only shows access to things such as income but also cases of uneven social status affecting people's health.

Managing chronic illnesses also depends strongly on being able to get healthcare when needed. It has been confirmed by research that difficulty in getting healthcare because of costs, where individuals live or discrimination makes it hard to manage chronic health conditions. To illustrate, by increasing health insurance among those who did not have it, the Affordable Care Act in the United States made it possible for previously uninsured patients to better manage chronic diseases and see health improvements (Galvani et al., 2020). Even so, many low- and middle-income countries lack the healthcare infrastructure that most of their populations can comfortably use. According to a lack of proper healthcare means that many in rural China do not follow their assigned medication regimens for diabetes and hypertension. Because of these barriers, patients may have trouble with their treatment, sticking with it, following up and trusting the healthcare system which is all vital for managing chronic conditions (Roberti et al., 2025).

People's jobs have become less stable, leading to concerns about health, mainly with chronic illnesses. Since employment insecurity is marked by unstable jobs, fear of job loss and lack of benefits, it can cause constant anxiety, hamper earnings and cause people to delay going to the doctor. According to other recent studies, having insecure employment makes people more prone to becoming sick from chronic diseases such as cardiovascular disease, diabetes and depression (Godward, 2023). Because of job insecurity, it is often easier for individuals to care more about immediate needs than their long-term health which leads to some people relying on unhealthy ways to cope and missing regular medical visits. As an illustration, established that people with constant job insecurity tended to have poorer self-assessed health and skipped regular check ups and using prescribed medicines. It stresses that working conditions belong to health determinants, not only to employment outcomes (Bolibar et al., 2021).

How much social support someone perceives can greatly mediate their chronic illness management. There is a strong idea, supported by research, that those who perceive more emotional, informational and instrumental support from others usually have better health when they suffer from chronic illnesses. Besides helping mental health, social support also makes it more likely for people to follow treatment, work out regularly, eat better and engage in other healthy

behaviors (Li et al., 2025). In their latest study, showed that people with more perceived social support were much more likely to follow their treatment plan and had better health outcomes. In addition, having social support helps to reduce the negative outcomes of being socioeconomically disadvantaged. Researchers found that perceived social support, by acting as a buffer, lessened the negative effects of income inequality on people's health. In addition, studies carried out in marginalized groups highlight that when support from institutions is low, people often depend on social networks (family, friends, community groups) for help in maintaining their health behavior (Rämgård et al., 2023). They make it clear that perceived social support actively helps individuals handle health conditions.

Although the mediating effect of perceived social support in between structural factors and how chronic diseases are managed is advancing, this role needs more study. Very few research studies have tried to understand the combined role of SES, access to health care, job security and perceived social support on chronic diseases. Studies about human rights often have a limited focus or area carried out a study in Korea on the benefits of social support, finding that it helped improve self-care for patients with diabetes, mostly in lower-income households (Κωσταρέλλη et al., 2021). In addition, looked at reasons behind cancer patients' adherence to treatment and stated that strong family support became necessary when formal healthcare was not adequate. Still such studies usually concentrate on just one or two factors and do not consider how different adversities reinforce each other (Zhou et al., 2025). Besides, they rarely investigate the effects of diverse social supports (such as emotional versus instrumental help) on SES and employment security.

New books are now highlighting the ways that culture and the environment impact how helpful social support is. For illustration, in collectivist cultures, family and community support comes more easily and is expected, compared to what is typical for individualistic cultures. The way people respond to and give support changes based on the culture they belong to in the face of chronic disease. Gender, age and ethnicity may also affect how easy it is for individuals to access and judge the help they receive. In such societies, because of their roles, women generally receive less instrumental support even when they share strong emotional ties. This might reduce the way perceived support reduces their symptoms. This suggests that support systems should consider people's different identities and be aware of how they are supported in their own community.

From looking at both types of evidence, it is clear that how illness is managed is influenced by individual factors and also by the social and structural systems in place. Socioeconomic status, the ability to access healthcare and employment are not separate; they are connected in ways that affect someone's ability to manage an illness. When faced with structural challenges, seen social support seems able to ease the strain on individuals and relieve some of their stress. Even so, the ways in which support can change or affect these results are not well understood or studied much in low-resource contexts.

To connect these parts and develop a better overall knowledge of chronic illness management, these research hypotheses are suggested using information from current literature.:

They are intended to test a method that combines different parts of society with the causes and effects on people's health. They also look to prove that social support benefits chronic illness

recovery and also helps reduce the harms of poverty. Exploring these connections empowers the study to contribute to the field of health equity, resilience and efforts to change how chronic diseases are managed, supporting both theoretical work and practical steps.

## 3.0 Methodology

We use a quantitative research design following the positivist paradigm which holds that reality can be seen, measured and studied through science. Positivism works well for analyzing causes of outcomes, so it is fit for exploring if changes in socioeconomic status, health access, employment tension, social support and managing a disease are likely connected. Because of this method, the study hopes to produce valid results for general use supported by statistics and to enrich several well-known theoretical models such as the Social Determinants of Health and the Stress Buffering Model. Because of this structure, ideas that seem ambiguous can be tested using clear and standardized methods.

The study happens in Pakistan, a place where chronic disease is becoming a bigger issue and many people are unable to get good healthcare, stable income and enough social services. The participants in the research study are adult individuals (30 years old and older) who are diagnosed with any of the chronic illnesses, diabetes, hypertension, cardiovascular disease or asthma and live in urban and semi-urban areas in the provinces of Punjab, Sindh and Khyber Pakhtunkhwa. The group is picked to represent the different social and economic conditions in Pakistan, where a clear gap exists in income, access to education, health services and jobs. Studying this group allows the study to explore how factors like finances, social values and power impact how chronic illness is handled and what outcomes are faced in these communities.

In order to get representative insights, 500 participants are selected, as this is thought to be enough to perform Partial Least Squares Structural Equation Modeling (PLS-SEM), our selected data analysis technique. Since a national registry for chronic illness patients does not exist and sampling randomly would be difficult, the study applies a purposive approach which is strengthened by the use of snowball sampling to capture a wide variety of people. People are recruited from hospitals, health centers and clinics in the community by relying on healthcare professionals for support. The individuals are invited to suggest others they know who might be included in the study. By using the purposive approach, people with lived experience of chronic illness are brought in and snowballing allows us to include those who are treated in private or at home.

Collected data are based on completing a planned survey questionnaire that covers demographic details and important concepts being investigated. Standardized scales which have been validated before, are used in the questionnaire to help reliability and comparability. In Pakistan, socioeconomic status is found by counting education, household income and employment status according to a combined index. To evaluate health access, findings cover if healthcare services are available, affordable and of good quality. Employment insecurity is evaluated by asking questions about a possible loss of work, work schedule leaves plenty to be desired and the difficulty in obtaining benefits from work. Perceived social support is measured using the Multidimensional Scale of Perceived Social Support (MSPSS) which looks at support

from family, friends and significant others based on emotional, information and practical needs. You can manage a chronic illness by telling if you are following your care plan, the number of times you visit the doctor, your eating habits and if you monitor any symptoms yourself. Urdu translations are made and also re-translated into English to confirm that both the language and the ideas match up.

Before being fully deployed, a pilot test is carried out with 30 participants to check if the questionnaire is clear, fits the culture and takes a reasonable amount of time. Corrections are made when more feedback is received. Authorities distribute the survey either face-to-face or online, based on what respondents prefer and are able to do. People give their information during in-person surveys held in healthcare centers and community spaces and also answer online questions on WhatsApp and email with the support of healthcare professionals and NGOs. All participants are told about the need to consent and that they can decide to withdraw from the study at any point before data collection.

The data are coded after collection and then added to SmartPLS 4 to run Partial Least Squares Structural Equation Modeling (PLS-SEM) which is suitable for analyzing models that include several mediating factors. In this situation, PLS-SEM is the better choice, since it performs well with smaller data, allows different types of measurement models and analyzes both measurement and structural models together. The tag team commences with the measurement model assessment, involving assessments for reliability (using Cronbach's alpha and composite reliability), convergent validity (using the Average Variance Extracted measure) and discriminant validity (with the Fornell-Larcker criterion and the HTMT ratio). After the measurement model is confirmed, the structural model is tested to see if the hypothesized connections among variables hold, including the direct, indirect (mediated) and total effects. 5,000 simulated datasets are used in bootstrapping to determine the significance of how strong different path coefficients are.

None of the research steps is completed until the Helsinki Declaration and institutional ethics are followed. Before starting the study, researchers get Ethical Clearance from a recognized Pakistani university. Those taking part in the study know the study's goals, that their replies are confidential and how their information will be used. Information sent is anonymous and the files are safely kept and encrypted. People who state that they have concerns or unfulfilled healthcare needs within the survey are helped by being guided to suitable healthcare or support services. Efforts are made to be sure all groups can take part and that low-literacy and low-income people receive help in completing the survey if that is best for them.

The study tries to produce evidence on how combining social and environmental factors with kinds of support impacts chronic illness management, by using a strict approach, useful local tools and ethical guidelines. Applying a suitable methodological approach helps support the findings as true and valid and also increases the usefulness of the research for tackling health inequities in Pakistan and similar circumstances.

## 4.0 Findings and Results

### 4.1 Reliability and Convergent Validity

All constructs passed both reliability and convergent validity tests, showing they are

internally consistent and related to other variables as they should be. Hair et al. (2021) confirm that all the constructs have Cronbach's Alpha values greater than 0.80 which supports high internal reliability and these values range from 0.814 (Employment Insecurity) to 0.892 (Perceived Social Support). Also, the composite reliability (CR) measures are all higher than 0.70, with values from 0.864 to 0.923, once more confirming that the measurement model is reliable. Each of the Average Variance Extracted (AVE) scores for the constructs is above the minimum 0.50, with Perceived Social Support having the largest AVE value (0.700) and Health Access having the lowest (0.596), suggesting more than half of the indicators' variance comes from the latent factors.

**Table 4.1**

| Construct | Cronbach's Alpha | Composite Reliability (CR) | Average Variance Extracted (AVE) |
|---|---|---|---|
| Socioeconomic Status | 0.872 | 0.901 | 0.651 |
| Health Access | 0.843 | 0.881 | 0.596 |
| Employment Insecurity | 0.814 | 0.864 | 0.620 |
| Perceived Social Support | 0.892 | 0.923 | 0.700 |
| Chronic Illness Management | 0.857 | 0.899 | 0.641 |

## 4.2 Discriminant Validity – Heterotrait-Monotrait Ratio (HTMT)

The displayed HTMT values show that discriminant validity is present in all the constructs in the model. All the HTMT values are less than the conservative boundary of 0.85 (from Henseler et al., 2015), providing evidence that the constructs have enough difference and are not excessively correlated with each other. The greatest HTMT is 0.60 for the relationship between Perceived Social Support and Employment Insecurity which is acceptable and means the constructs are clearly distinguishable. Since the HTMT for Socioeconomic Status and Perceived Social Support is low (at 0.38), this suggests that each construct represents a distinct part of the theory. The findings prove that the model is well built and that latent variables do not have significant multicollinearity.

**Table 4.2**

| Constructs | SES | HA | EI | PSS | CIM |
|---|---|---|---|---|---|
| Socioeconomic Status (SES) | — | | | | |
| Health Access (HA) | 0.62 | — | | | |
| Employment Insecurity (EI) | 0.44 | 0.57 | — | | |
| Perceived Social Support (PSS) | 0.38 | 0.49 | 0.60 | — | |
| Chronic Illness Management (CIM) | 0.54 | 0.58 | 0.46 | 0.51 | — |

### 4.3 Multicollinearity Diagnostics (VIF Values)

All the Variance Inflation Factor (VIF) values are below 5.0 which means that multicollinearity is not a problem in the structural model. The highest VIF value is found for Health Access at 2.30 and the next highest are Socioeconomic Status (2.11), Employment Insecurity (1.97) and Perceived Social Support (1.89).

**Table 4.3**

| Construct | VIF |
|---|---|
| Socioeconomic Status | 2.11 |
| Health Access | 2.30 |
| Employment Insecurity | 1.97 |
| Perceived Social Support | 1.89 |

### 4.4 Model Fit Indices

The model fit measures show the structural model provides an acceptable to good fit. The SRMR result of 0.061 means the model fits well and there are little differences between the actual and predicted relationships. The Normed Fit Index (NFI) measures 0.912 which is higher than the common 0.90 threshold, proving the model has a better fit than expected for the data. Because the chi-square value (451.23) is sensitive to the size of the data set, it is not the main fit indicator in PLS-SEM. 0.324 as the d_ULS value is acceptable within the normal range for judging the fit of a PLS model. As a whole, these indices indicate that the model fits the actual data well.

**Table 4.4**

| Fit Index | Value | Threshold | Interpretation |
|---|---|---|---|
| SRMR (Standardized Root Mean Square Residual) | 0.061 | < 0.08 | Acceptable fit |
| NFI (Normed Fit Index) | 0.912 | > 0.90 | Good fit |
| Chi-Square | 451.23 | — | Reference only |
| d_ULS | 0.324 | — | Acceptable |

### 4.5 Structural Model Results – Direct and Indirect Effects

According to the findings, all study constructs are related to each other in both direct and indirect ways. Chronic Illness Management benefits from increases in Socioeconomic Status ($p < .001$), better access to healthcare ($p < .001$) and higher perceived social support ($p < .001$), but is adversely affected when someone feels insecure about their employment ($p = .004$). In addition, SES ($\beta = 0.204$, $p = .002$), HA ($\beta = 0.237$, $p < .001$) and EI ($\beta = -0.196$, $p = .006$) are significant antecedents of Perceived Social Support, with SES and HA adding to it and EI subtracting from

it. The analysis of the mediating role confirmed that Perceived Social Support plays a key role in the link between the three predictors and Chronic Illness Management. All the indirect effects of SES, HA and EI on CIM through social support were found to be significant, meaning social support is an important way these factors impact chronic illness outcomes.

**Table 5**

| Hypothesized Path | Path Coefficient (β) | t-value | p-value | Result |
|---|---|---|---|---|
| SES → CIM | 0.212 | 3.52 | <.001 | Supported |
| HA → CIM | 0.267 | 4.18 | <.001 | Supported |
| EI → CIM | -0.183 | 2.89 | .004 | Supported |
| PSS → CIM | 0.291 | 4.71 | <.001 | Supported |
| SES → PSS | 0.204 | 3.10 | .002 | Supported |
| HA → PSS | 0.237 | 3.45 | <.001 | Supported |
| EI → PSS | -0.196 | 2.75 | .006 | Supported |
| SES → PSS → CIM | 0.059 | 2.91 | .004 | Mediated |
| HA → PSS → CIM | 0.069 | 3.02 | .003 | Mediated |
| EI → PSS → CIM | -0.057 | 2.49 | .013 | Mediated |

## 5.0 Discussion and Conclusion

The study findings show how issues like social class, healthcare access, irregular job security, a lack of support and chronic disease are related in Pakistan. It was found that people's economic and social standing positively and significantly influences how they handle chronic illnesses. This finding fits with earlier studies that revealed higher income and education increase the chances for people to take care of their health, stick with their treatments and benefit from better healthcare services (Braveman et al., 2011; Marmot, 2005). Additionally, socioeconomic status helps those with higher incomes by increasing the perceived social support they receive, resulting in better networks for emotional, informational and instrumental assistance which positively impacts their way of dealing with diseases.

It was also found that accessing healthcare plays a major role in chronic illness management, confirming past research on the importance of healthcare availability, cost and its perceived quality in affecting health outcomes (Levesque et al., 2013). Perceived social support helps strengthen the idea that, even if healthcare is available, the support of others can greatly contribute to patients 'participation in and use of medical services. So, access to healthcare must be seen alongside psychosocial aspects that give patients the ability to cope with chronic health

problems better.

The results indicate that people with uncertain jobs which provide unstable or inconsistent earnings and lack social protections, tend to have trouble managing chronic illness. This result fits with stress-based models of behavior, notably the Conservation of Resources theory, as according to Hobfoll (1989), those who find themselves short of resources like stable employment are more likely to suffer from stress that prevents them from caring for themselves properly. The researchers revealed that social support contributes to understanding why insecure employment is related to health issues, by showing that having social interactions can ease the problems that come with having a chronic condition.

According to the findings in the model, social support does reduce some of the negative health effects caused by stressful events, as the Stress Buffering Model explains (Cohen & Wills, 1985). In all three cases of exogenous variables (socioeconomic status, health and job insecurity), perceived social support serves a highly significant and substantial mediation part. So, it is clear that having personal ties and effective social capital helps manage chronic illness well, especially when society is unbalanced and appropriate resources are lacking. The involvement of family, friends or members of a community can greatly help someone follow treatment, feel emotionally strong and maintain care over time.

The implications show that in managing chronic diseases in Pakistan and similar places, a more flexible and overall approach is required. More is required to help manage chronic conditions than just medical treatment. Tackling the social causes of illness means working to reduce income differences, advance healthcare availability and quality and create more worker protections to ease stress at work. Besides, programs that enhance social networks by involving communities, patients and families are useful in addition to routine healthcare approaches.

It also adds to academic work by giving solid evidence for the role of perceived social support in a developing nation which is usually overlooked compared to high-income countries. Most models for chronic illness management look mainly at individual factors such as health literacy or self-efficacy, but this study proves that these factors are caused by larger structural and social factors. Using PLS-SEM to confirm the mediation model strengthens these results and prepares the way for studies of the temporal effects linked to this model.

All things considered, the findings confirm that chronic illness management is affected by various social, structural and psychological aspects. Effective management depends on factors such as socioeconomic status, health services and having real job security, yet unemployment and insecurity may block success. Under any circumstances, the amount of social support a person sees as available can greatly alter the effects of other factors. It is necessary to see and improve the role of social support when forming policies and programs for chronically ill people in Pakistan.

The study leads to the development of several recommendations. First, policies in healthcare need to emphasize equality by finding ways to give affordable care to people living in poverty. Next, programs that secure jobs for informal workers can lessen the mental health burden that makes it difficult to manage diseases. Next such programs should use community-based strategies to set up networks of support, for example by having community health workers offer

medical and emotional help. Lastly, working together is important, so social workers, healthcare workers and labor policymakers should be formally encouraged to develop models that help both health care and housing.

The results of this study impact policy, practice and research. It shows to policymakers that chronic illness strategies should be incorporated into the wider design of social protection systems. For doctors in primary care, the findings call for including assessment of social support in regular patient visits. Other researchers can rely on this model, upgrade it or adapt it to study other countries that share the same obstacles to mobility as those explored here. When healthcare pays attention to both the physical and social causes of chronic illnesses, it becomes easier to create lasting and efficient plans for care.

**Nida Nisar:** Problem Identification and Theoretical Framework
**Shahrukh Burki:** Data Analysis, Supervision and Drafting
**Hafiz Muhammad Waqas Rafiq:** Methodology and Revision

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