

STUDY OF PERCEIVED SOCIAL SUPPORT AND PSYCHOLOGICAL WELL-BEING AMONG PEOPLE LIVING WITH HIV AND AIDS

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ABSTRACT

BACKGROUND

People living with HIV and AIDS (PLWHA) face challenges including lack of social support and mental health issues like psychological well-being and quality of life. Coping with HIV may be facilitated by their social support network. Perceived social support might act as a buffer to stress-related crises and may aid in psychological well-being.

The aim of this study is to study perceived social support and psychological well-being among people living with HIV and AIDS.

MATERIALS AND METHODS

60 PLWHA irrespective of WHO-clinical staging, ART status and duration of illness were subjected for the study. Socio-demographic data, Kuppuswamy's revised socioeconomic status scale, Multidimensional scale of perceived social support and Psychological general well-being index (PGWBI) were administered to study population. Data were analysed using appropriate statistical methods to measure percentage, mean and correlation.

Setting- Study was done in the Department of Psychiatry in association with ART Centre, Mahatma Gandhi Memorial Hospital attached to KAPV Government Medical College, Trichy.

Study Design- This is a cross-sectional - observational study.

RESULTS

In total, 60 study subjects Males and Females participated in equal number. Study reveals no significant relationship between socio-demographic profile and perceived social support. Psychological well-being had significant relationship with occupation and treatment status of an individual. Study infers there was statistically significant relationship between perceived social support and psychological well-being of an individual.

CONCLUSION

With participants from different stages and duration of illness, the perceived social support of individuals had been significantly associated with psychological well-being. These findings signify the need for the health care providers to address mental, social support needs and optimise HIV related health outcome.

KEYWORDS

Psychological Well-Being, Perceived Social Support, PLWHA.

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BACKGROUND

HIV/ AIDS is one of the major and challenging health problems in the contemporary world. India is experiencing rapid spread of HIV infection and falls among the countries, which have highest prevalence of persons living with HIV/ AIDS. People living with HIV and AIDS require care for almost entire lifespan and longevity of the individual is increased significantly following novel ART.

AIDS is a disease that involves both physical and mental health along with its social consequences because of the stigma, discrimination and attitude of society which can affect their QOL not only from physical health but also from mental and social health and cause problems in interest and activities of the patients.¹

Due to improved management and treatment, chronic illnesses increase demand for treatment, care and support. In order to fulfil demand for care and management family members, friends and the significant persons in the community can be major sources of support.² Studies suggested the importance of social support as an important factor for influences on well-being and quality of life.^{3,4} There are ample evidences from previous research that social network and support can improve psychological and physical wellness of the individual by increasing motivation and involvement in treatment, facilitate their living and reduces transmission of disease.

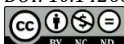
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Social support means care, help a person receives from other people in a close relationship.⁵ Members of family, in particular the spouse, is most important for the association between social support and health.⁶

The social support constitutes emotional, tangible and informational support, each one is distinct since their functions may not be interchangeable.^{7,8}

In countries where no basic infrastructure for their people, individuals and families affected by a health-related issue have no structure to rely on; therefore, well-being is seriously impaired until the ill family member is socially reintegrated. Sociologist Durkheim established the link between diminishing social ties and an increase in suicide.⁹

The perceived social support is described as the extent to which an individual perceives that his/ her needs for support, care, information and feedback are fulfilled by friends and by family and an individual's social competence probably plays a role in the maintenance of his/ her support network.

The social support can either come from family and friends or community-based support, government organisations and the health care facility,^{10,11} peer counselors and health workers are important in providing information for livelihood to receive treatment and counselling in the process of fostering hope.¹² The support from friends and family is valuable to counter stigma.¹³

The Quality of Life as defined by the WHO is individual's perceptions of their self with respect to culture and values with relation to their goals, standards and expectations.^{14,15} This definition emphasises the overall subjective feeling of happiness, morale and satisfaction.¹⁶ It imply the degree to which a person's life is desirable or undesirable.¹⁷

Psychological well-being denotes a selective affective and cognitive aspect of the more general well-being. The observations are directed towards affective or emotional experiences of an intrapersonal nature.¹⁸

The perception of Psychological well-being is not a function of only physical health but is dependent on factors such as age, sex, educational level and income and employment status, independent of the health status.^{19,20}

Study Design

This is a cross-sectional - observational study.

MATERIALS AND METHODS

The study was carried out on patients diagnosed with HIV and AIDS attending ART Centre, Mahatma Gandhi Memorial Government Hospital (MGMGH) attached to KAPV Government Medical College, Tiruchirapalli. Ethical clearance was obtained from college ethical committee.

Inclusion Criteria

1. Study subjects who were above 18 years of age.
2. Patients with confirmed HIV test positivity, irrespective of duration of illness and clinical staging of illness.

Exclusion Criteria

1. Patients with severe cognitive impairment and physical illness.
2. Patients below the age of 18 years.

This study included total of 60 patients, of whom 30 were males and 30 were females and a purposive sampling done. Informed consent was obtained from all participants. This study involved assessment of subjects once.

Measures

Socio-demographic data sheet was used to record profile of individual participants. Kuppuswamy's socio-economic status scale²¹ was applied.

Multidimensional Scale of Perceived Social Support (MSPSS).

In present study, Multidimensional Scale of Perceived Social Support²² was used to measure social support. It is a 12-item scale with three subscales of Family (Fam), Friends (Fri) and Significant Others (SO) with equal number of items. The response format is 7 point Likert scale ranging from 1 strongly disagree to 7 strongly agree with maximum score of 84.²³ The reliability value of α is 0.8953

Psychological General Well-Being Index

The Psychological General Well-Being Index¹⁸ (PGWBI) was developed for the evaluation of perceived well-being and distress. It includes six dimensions: Anxiety, Depression, Positive Well-Being, Self-Control, General Health and Vitality. As the subscales are internally consistent, the 22 items have been used with maximal score of 110. It is a general measure of subjective well-being and hence not condition specific. The reliability value of α is 0.9008.

Statistical Analyses: Descriptive statistical data were analysed by Percentage, Mean and Standard Deviation. Results were analysed using Chi-square test for qualitative variables, Student T-test, One-Way ANOVA applied to compare various dimensions and Karl Pearson coefficient correlation test was done to compare relationship between perceived social support and psychological well-being.

RESULTS

In the total study population (n= 60), there were equal number of males (n= 30) and females (n= 30). The minimum age of study population was 22 and maximum age was 65 with the mean age of 42.43 ± 10.23 .

In this study, persons with different stages of illness with equal participation of males and females were analysed. The mean duration of illness was 4.68 ± 3.74 , for males mean duration was 4.00 ± 3.47 and for females it was 5.36 ± 3.9 . Regarding socio-economic status, majority (80%) were from lower/ upper lower class and others from middle/ lower middle (Table 1 and 2).

One-third of study population were widowhood, and in married persons 43% (n= 16) of spouses are infected with HIV. In this study population 80% (n= 48) were on anti-retroviral treatment (ART), 86.7% (n= 26) of females are under ART.

Analysing perceived social support, 80% (n= 48) of study population perceived low social support and remaining 20% experienced medium social support with equal contribution from males and females in both groups. Regarding age group and social support, half of persons between 51 - 60 yrs., nearly one-third in 18 - 30 yrs. perceived moderate social support and in all ages above majority experienced low social support. In Joint family setup 16% and in nuclear family 23% experienced medium support.

In this study there was no statistical significant association between socio-demographic factors namely age, sex, education, socioeconomic class, marital status, living

arrangement, area of living and perceived social support level (Table 3).

Assessing Psychological well-being 36.7% (n= 22) expressed positive well-being, 21.7% (n= 13) experienced moderate distress and 41.7% (n= 25) had severe psychological distress. 43.3% of male and 30% of females experienced positive well-being and 46.7% of females and 36.7% of males expressed severe distress.

Associating age group and well-being more than half of 18 to 30 yrs. and 51 to 60 yrs. groups expressed positive well-being. In comparison only one-third of people between 31 - 50 yrs. of age exhibited positive well-being. This study reveals that people in middle adulthood find it difficult to cope up with the stress of living with HIV.

More than one-third of study subjects in lower/ upper lower class expressed positive well-being and in comparison, more than half of middle/ lower middle class had severe distress. There was no statistical significant relationship between socio-economic class and psychological well-being.

Analysing occupation of study participants with psychological well-being, statistical significant relationship was made out (p= 0.003).

Regarding marital status and well-being 38% (n= 14) of married persons (n= 37) had positive well-being and equal number expressed severe distress, in unmarried persons 75% (n=3) had severe distress (Table 5).

41.7% of the persons on ART felt positive well-being, whereas 16.7% of persons not on ART experienced positive well-being respectively and this was a statistically significant finding (Table 6). This finding reveals importance of ART on positive well-being and improve the long-term health outcome.

Family living arrangements, area of living, different stages of illness did not have significant relationship with psychological well-being of study populations.

Assessing the association between the perceived social support and psychological well-being of study population in persons with low social support (n= 48), nearly half (n= 25) had severe psychological distress, 27% (n= 13) was having positive psychological wellbeing in comparison. Majority (n=9) of persons with medium social support (n= 12) had positive well-being and one-fourth (n= 3) had moderate distress and this finding was significant (Table 6).

Sl. No.		Total	
		(n= 60)	100%
1	Age		
	Below 30	7	11.7%
	31 to 40 yrs.	18	30.0%
	41 to 50 yrs.	25	41.7%
	51 to 60 yrs.	7	11.7%
	60 to 70 yrs.	3	5%
2	Sex		
	Male	30	50%
	Female	30	50%
3	Education		
	Illiterate	12	20%
	Primary School	17	28.3%
	Middle School	17	28.3%
	Diploma	14	23.3%
4	Occupation		
	Unemployed	5	8.3%
	Unskilled Worker	9	15%
	Semi-Skilled Worker	29	48.3%
	Skilled Worker	14	23.3%
	Clerical and Farmer	3	5%
5	Income		
	Below Rs. 1600	8	13.3%
	Rs. 1601 to 4809	28	46.7%
	Rs. 4810 to 8009	15	25.0%
	Rs. 8010 to 12019	8	13.3%
	Rs. 16020 to 32049	1	1.7%
6	Socio-Economic Status		
	Middle/ Lower Middle	12	20%
	Lower/ Upper Lower	48	80%
7	Marital Status		
	Never Married	4	6.7%
	Married	37	61.7%
	Widow/ Widower	19	31.7%

8	Living Status			
	Nuclear Family		35	58.3%
	Joint Family		25	41.7%
9	Area of Living			
	Rural		39	65%
	Urban		21	35%
10	Religion			
	Hindu		53	88.3%
	Muslim		4	6.7%
	Christian		3	5%

Table 1. Socio-Demographic Profile

Sl. No.	Item	N	Min.	Max.	Mean	S.D
1	Age	60	22	65	42.43	10.235
2	CD-4 Count	60	102	1215	475.92	266.163
3	Duration of Illness	60	.50	14.00	4.6833	3.74388
4	MSPSS Sig. Others	60	4	19	9.62	4.203
5	MSPSS Family	60	7	24	16.50	4.367
6	MSPSS Friends	60	4	21	10.27	5.118
7	MSPSS Total Score	60	19	60	36.38	10.750
8	PWBI Anxiety	60	7	22	14.75	4.413
9	PWBI Depressed Mood	60	3	14	9.13	2.758
10	PWBI Positive Well-Being	60	6	18	11.85	3.323
11	PWBI Self-Control	60	4	14	9.30	2.533
12	PWBI General Health	60	4	15	9.28	2.436
13	PWBI Vitality	60	5	20	11.73	3.714
14	PWBI Grand Total Score	60	45	97	66.03	13.745
15	Age at which Patient comes to know about illness	60	21	63	37.85	10.066

Table 2. Descriptive Statistics

Socio-Demographic Variables	MSPSS						Statistical Inference
	Low Support		Moderate Support		Total		
	n	%	n	%	n	%	
Age							X ² =9.454 Df=4.051 > 0.05 Not Significant
18 to 30 yrs.	5	10.4%	2	16.7%	7	11.7%	
31 to 40 yrs.	17	35.4%	1	8.3%	18	30.0%	
41 to 50 yrs.	20	41.7%	5	41.7%	25	41.7%	
51 to 60 yrs.	3	6.3%	4	33.3%	7	11.7%	
61 to 70 yrs.	3	6.3%	0	.0%	3	5.0%	
Sex							X ² =0.000 Df=1 1.000 > 0.05 Not Significant
Male	24	50.0%	6	50.0%	30	50.0%	
Female	24	50.0%	6	50.0%	30	50.0%	
Socio Economic Class							X ² =0.234 Df=1 .628 > 0.05 Not Significant
Middle/ Lower Middle	9	18.8%	3	25.0%	12	20.0%	
Lower/ Upper Lower	39	81.3%	9	75.0%	48	80.0%	
Religion							X ² =0.831 Df=2 .660 > 0.05 Not Significant
Hindu	42	87.5%	11	91.7%	53	88.3%	
Muslim	3	6.3%	1	8.3%	4	6.7%	
Christian	3	6.3%	0	.0%	3	5.0%	
Marital Status							X ² =3.060 Df=3 .382 > 0.05 Not Significant
Never Married	4	8.3%	0	.0%	4	6.7%	
Married	31	64.6%	6	50.0%	37	61.7%	
Widow	10	20.8%	5	41.7%	15	25.0%	
Widower	3	6.3%	1	8.3%	4	6.7%	
Living Arrangement							X ² =0.429 Df=1 .513 > 0.05 Not Significant
Joint Family	21	43.8%	4	33.3%	25	41.7%	
Nuclear Family	27	56.3%	8	66.7%	35	58.3%	
Area of Living							X ² =3.590 Df=1 .058 > 0.05 Not Significant
Rural	34	70.8%	5	41.7%	39	65.0%	
Urban	14	29.2%	7	58.3%	21	35.0%	

Table 3. Association between MSPSS and Socio-Demographic Variables

Variables	MSPSS						Statistical Inference
	Low Support		Moderate Support		Total		
	n	%	n	%	n	%	
Stage of Illness							X ² =0.754 Df=2.686 > 0.05 Not Significant
Stage - I	15	31.3%	5	41.7%	20	33.3%	
Stage - II	15	31.3%	4	33.3%	19	31.7%	
Stage - III	18	37.5%	3	25.0%	21	35.0%	
Duration of Illness							X ² =4.375 Df=5.497 > 0.05 Not Significant
6 months	8	16.7%	0	.0%	8	13.3%	
6 months to 1 year	8	16.7%	1	8.3%	9	15.0%	
1 to 3 yrs.	7	14.6%	3	25.0%	10	16.7%	
3 to 5 yrs.	8	16.7%	2	16.7%	10	16.7%	
5 to 10 yrs.	14	29.2%	4	33.3%	18	30.0%	
10 to 15 yrs.	3	6.3%	2	16.7%	5	8.3%	
PWBI							X ² =12.338 Df=2.002 < 0.05 Significant
Severe Distress	25	52.1%	0	.0%	25	41.7%	
Moderate Distress	10	20.8%	3	25.0%	13	21.7%	
Positive Well-Being	13	27.1%	9	75.0%	22	36.7%	
ART							X ² =1.276 Df=1.259 > 0.05 Not Significant
No	11	22.9%	1	8.3%	12	20.0%	
Yes	37	77.1%	11	91.7%	48	80.0%	
Status of Spouse							X ² =2.614 Df=2.271 > 0.05 Not Significant
Infected with HIV	15	31.3%	1	8.3%	16	26.7%	
Not Infected	16	33.3%	5	41.7%	21	35.0%	
Not Applicable	17	35.4%	6	50.0%	23	38.3%	
Total	48	100.0%	12	100.0%	60	100.0%	

Table 4. Association between MSPSS and Variables

Variables	PGWBI						Statistical Inference		
	Severe Distress		Moderate Distress		Positive Well-Being			Total	
	n	%	n	%	n	%		n	%
Age									
18 to 30 yrs.	3	12.0%	0	.0%	4	18.2%	7	11.7%	X ² =9.531 Df=8.300>0.05 Not Significant
31 to 40 yrs.	9	36.0%	4	30.8%	5	22.7%	18	30.0%	
41 to 50 yrs.	11	44.0%	6	46.2%	8	36.4%	25	41.7%	
51 to 60 yrs.	0	.0%	3	23.1%	4	18.2%	7	11.7%	
61 to 70 yrs.	2	8.0%	0	.0%	1	4.5%	3	5.0%	
Sex								X ² =1.164 Df=2.559>0.05 Not Significant	
Male	11	44.0%	6	46.2%	13	59.1%	30		50.0%
Female	14	56.0%	7	53.8%	9	40.9%	30	50.0%	
Occupation								X ² =23.458 Df=8.003<0.05 Significant	
Unemployed	2	8.0%	0	.0%	3	13.6%	5		8.3%
Unskilled Worker	2	8.0%	6	46.2%	1	4.5%	9		15.0%
Semi-Skilled Worker	15	60.0%	2	15.4%	12	54.5%	29		48.3%
Skilled Worker	3	12.0%	5	38.5%	6	27.3%	14		23.3%
Clerical, Shop Owner, Farmer	3	12.0%	0	.0%	0	.0%	3	5.0%	
Socio-Economic Class								X ² =2.276 Df=2.320>0.05 Not Significant	
Middle/ Lower Middle	7	28.0%	1	7.7%	4	18.2%	12		20.0%
Lower/ Upper Lower	18	72.0%	12	92.3%	18	81.8%	48	80.0%	
Marital Status								X ² =3.702 Df=6.717>0.05 Not Significant	
Never Married	3	12.0%	0	.0%	1	4.5%	4		6.7%
Married	14	56.0%	9	69.2%	14	63.6%	37		61.7%
Widow	6	24.0%	4	30.8%	5	22.7%	15		25.0%
Widower	2	8.0%	0	.0%	2	9.1%	4	6.7%	
Living Arrangement								X ² =0.141 Df=2.932>0.05 Not Significant	
Joint Family	10	40.0%	6	46.2%	9	40.9%	25		41.7%
Nuclear Family	15	60.0%	7	53.8%	13	59.1%	35	58.3%	
Area of Living								X ² =1.267 Df=2.531>0.05 Not Significant	
Rural	18	72.0%	7	53.8%	14	63.6%	39		65.0%
Urban	7	28.0%	6	46.2%	8	36.4%	21	35.0%	

Table 5. Relationship between PGWBI and Socio-Demographic Variables

Variables	PGWBI								Statistical Inference
	Severe Distress		Moderate Distress		Positive Well-Being		Total		
	n	%	n	%	n	%	n	%	
Stage of Illness									
Stage - I	6	24.0%	5	38.5%	9	40.9%	20	33.3%	X ² =3.162 Df=4.531 > 0.05 Not Significant
Stage - II	8	32.0%	3	23.1%	8	36.4%	19	31.7%	
Stage - III	11	44.0%	5	38.5%	5	22.7%	21	35.0%	
CD-4 Count									
Below 250	7	28.0%	1	7.7%	5	22.7%	13	21.7%	X ² =9.923 Df=8.270 > 0.05 Not Significant
251 to 500	9	36.0%	8	61.5%	8	36.4%	25	41.7%	
501 to 750	5	20.0%	2	15.4%	7	31.8%	14	23.3%	
751 to 1000	1	4.0%	2	15.4%	2	9.1%	5	8.3%	
Above 1001	3	12.0%	0	.0%	0	.0%	3	5.0%	
Duration of Illness									
6 months	5	20.0%	3	23.1%	0	.0%	8	13.3%	X ² =15.394 Df=10.118 >0.05 Not Significant
6 months to 1 year	4	16.0%	2	15.4%	3	13.6%	9	15.0%	
1 to 3 yrs.	2	8.0%	2	15.4%	6	27.3%	10	16.7%	
3 to 5 yrs.	5	20.0%	4	30.8%	1	4.5%	10	16.7%	
5 to 10 yrs.	8	32.0%	1	7.7%	9	40.9%	18	30.0%	
10 to 15 yrs.	1	4.0%	1	7.7%	3	13.6%	5	8.3%	
ART									
No	4	16.0%	6	46.2%	2	9.1%	12	20.0%	X ² =7.444 Df=2.024 < 0.05 Significant
Yes	21	84.0%	7	53.8%	20	90.9%	48	80.0%	
Status of Spouse									
Infected with HIV	8	32.0%	3	23.1%	5	22.7%	16	26.7%	X ² =2.429 Df=4.657 > 0.05 Not Significant
Not Infected	6	24.0%	6	46.2%	9	40.9%	21	35.0%	
Not Applicable	11	44.0%	4	30.8%	8	36.4%	23	38.3%	
MSPSS Score									
Low Acuity	25	100.0%	10	76.9%	13	59.1%	48	80.0%	X ² =12.338 Df=2.002 <0.05 Significant
Moderate Acuity	0	.0%	3	23.1%	9	40.9%	12	20.0%	
Total	25	100.0%	13	100.0%	22	100.0%	60	100.0%	

Table 6. Relationship between PGWBI and Variables

MSPSS Dimensions	Male (n= 30) Mean ± S.D	Female (n= 30) Mean ± S.D	Significance
1. Significant Others	9.83 ± 4.36	9.40 ± 4.09	t=.396 df=58 .693 > 0.05*
2. Family	16.20 ± 4.38	16.80 ± 4.40	t= -.529 df=58 .599 > 0.05*
3. Friends	11.00 ± 4.96	9.53 ± 5.25	t=1.112 df=58 .271 > 0.05*
4. MSPSS Overall Score	37.03 ± 10.55	35.73 ± 11.08	t=.465 df=58 .644 > 0.05*

Table 7. Comparison of Perceived Social Support (MSPSS) among Male and Female

*Not Significant

PWBI Dimensions	Male (n= 30) Mean ± S.D	Female (n= 30) Mean ± S.D	Significance
1. Anxiety	15.17 ± 4.80	14.33 ± 4.02	t=.728 df=58 0.469>0.05*
2. Depressed Mood	9.47 ± 2.60	8.80 ± 2.90	t=. 935 df=58 0.354 >0.05*
3. Positive Well-Being	12.70 ± 3.42	11.00 ±3.04	t=2.033 df=58 0.047 <0.05 (Significant)
4. Self-Control	9.40 ± 2.66	9.20 ± 2.44	t=.303 df=58 0.763 >0.05*
5. General Health	9.00 ± 2.58	9.57 ± 2.28	t= -. 899 df=58 0.372 >0.05*
6. Vitality	11.83 ± 3.99	11.63 ± 3.47	t=.207 df=58 .837 >0.05*
7. PWBI- Overall Score	67.57 ± 14.28	64.50 ± 13.25	t=.862 df=58 .392 >0.05*

Table 8. Comparison of Psychological Well-Being (PWBI) among Male and Female

*Not Significant

		Stage-I (n= 20)	Stage-II (n= 19)	Stage-III (n= 21)	Df	Statistical Inference
MSPSS	Significant Others	10.30 ± 4.414	9.68 ± 3.931	8.90 ± 4.323	2/57	f=.560 .575>0.05*
	Family	18.70 ± 4.014	15.95 ± 4.503	14.90 ± 3.859	2/57	f=4.590 .014<0.05 Significant
	Friends	10.80 ± 5.521	10.42 ± 5.015	9.62 ± 4.995	2/57	f=.278 .758>0.05*
	Total Score	39.80 ± 11.261	36.05 ± 11.138	33.43 ± 9.373	2/57	f=1.866 .164>0.05*

PGWBI	Anxiety	16.30 ± 4.462	14.89 ± 4.081	13.14 ± 4.293	2/57	f=2.796 .069>0.05*
	Depressed Mood	9.70 ± 2.922	9.16 ± 2.794	8.57 ± 2.580	2/57	f=.854 .431>0.05*
	Positive Well-Being	12.70 ± 3.466	12.00 ± 3.180	10.90 ± 3.223	2/57	f=1.551 .221>0.05*
	Self-Control	9.30 ± 2.618	9.16 ± 2.672	9.43 ± 2.441	2/57	f=.055 .946>0.05*
	General Health	9.70 ± 2.736	9.37 ± 2.338	8.81 ± 2.250	2/57	f=.694 .504>0.05*
	Vitality	12.70 ± 3.526	11.74 ± 3.724	10.81 ± 3.816	2/57	f=1.343 .269>0.05*
	Grand Total Score	70.35 ± 14.666	66.32 ± 14.016	61.67 ± 11.723	2/57	f=2.129 .128>0.05*

Table 9. Association of MSPSS and PGWBI with Stages of Illness

*Not Significant

	< 6 months (n= 8)	6 months to 1 yr. (n= 9)	1 to 3 yrs. (n= 10)	3 to 5 yrs. (n= 10)	5 to 10 yrs. (n= 18)	10 to 15 yrs. (n= 5)	Df	Statistical Inference
MSPSS Sig. Others	7.50 ± 3.117	7.11 ± 3.516	13.50 ± 3.894	8.90 ± 2.961	9.83 ± 4.489	10.40 ± 4.037	5/54	f=3.448 .009<0.05 Significant
MSPSS Family	14.75 ± 3.955	17.00 ± 5.000	16.50 ± 4.197	15.20 ± 4.050	16.33 ± 4.243	21.60 ± 2.702	5/54	f=1.979 .097>0.05*
MSPSS Friends	8.38 ± 3.503	9.11 ± 5.349	12.20 ± 5.073	10.70 ± 6.255	9.94 ± 4.476	11.80 ± 6.535	5/54	f=.696 .629>0.05*
MSPSS Total Score	30.63 ± 8.017	33.22 ± 11.421	42.20 ± 7.955	34.80 ± 9.864	36.11 ± 11.591	43.80 ± 12.256	5/54	f=1.845 .120>0.05*
PGWBI Anxiety	10.75 ± 4.234	13.22 ± 3.734	17.50 ± 4.223	13.80 ± 3.293	15.61 ± 4.104	17.20 ± 4.764	5/54	f=3.430 .009<0.05 Significant
PGWBI Depressed Mood	8.63 ± 2.973	9.33 ± 2.449	11.00 ± 1.333	8.00 ± 1.764	8.83 ± 3.348	9.20 ± 3.633	5/54	f=1.407 .236>0.05*
PGWBI Positive Well-Being	10.00 ± 3.295	11.44 ± 3.745	12.80 ± 3.011	11.60 ± 2.319	11.83 ± 3.485	14.20 ± 3.899	5/54	f=1.220 .313>0.05*
PGWBI Self-Control	10.00 ± 2.070	9.33 ± 3.536	9.40 ± 1.174	9.60 ± 2.171	8.89 ± 3.008	8.80 ± 2.775	5/54	f=.270 .928>0.05*
PGWBI General Health	8.38 ± 3.068	9.22 ± 2.167	8.50 ± 2.121	9.30 ± 1.829	9.72 ± 2.824	10.80 ± 1.789	5/54	f=.929 .469>0.05*
PGWBI Vitality	11.00 ± 4.629	11.56 ± 4.640	11.30 ± 2.497	10.50 ± 2.224	12.11 ± 4.114	15.20 ± 2.168	5/54	f=1.249 .300>0.05*
PGWBI Grand Total Score	58.75 ± 10.011	64.11 ± 13.495	70.50 ± 12.039	62.80 ± 7.714	67.00 ± 17.436	75.20 ± 13.971	5/54	f=1.301 .277>0.05*

Table 10. Association of MSPSS and PGWBI with Stages of Illness

*Not Significant

	Mean	S.D		PGWBI-Anxiety	PGWBI Depressed Mood	PGWBI Positive Well-Being	PGWBI Self-Control	PGWBI General Health	PGWBI Vitality	PGWBI Grand Total Score
				14.75 ± 4.413	9.13 ± 2.758	11.85 ± 3.323	9.30 ± 2.533	9.28 ± 2.436	11.73 ± 3.714	66.03 ± 13.745
MSPSS Sig. Others	9.62	4.203	r	.597(**)	.560(**)	.571(**)	.341(**)	.300(*)	.451(**)	.678(**)
			sig.	.000	.000	.000	.008	.020	.000	.000
MSPSS Family	16.50	4.367	r	.319(*)	.332(**)	.378(**)	.198	.335(**)	.508(**)	.492(**)
			sig.	.013	.010	.003	.130	.009	.000	.000
MSPSS Friends	10.27	5.118	r	.516(**)	.392(**)	.644(**)	.404(**)	.427(**)	.516(**)	.687(**)
			sig.	.000	.002	.000	.001	.001	.000	.000
Overall MSPSS Score	36.38	10.750	r	.609(**)	.541(**)	.683(**)	.406(**)	.457(**)	.628(**)	.792(**)
			sig.	.000	.000	.000	.001	.000	.000	.000
			n	60	60	60	60	60	60	60

Table 11. Karl Pearson Coefficient Correlation Relationship between MSPSS and PGWBI

**Correlation is significant at the 0.01, *Correlation is significant at the 0.05 level.

DISCUSSION

The main objective of the present study was to examine the role of perceived social support as the predictor of psychological well-being in PLWHA.

On analysing the perceived social support, the mean score in this study was 36.38 ± 10.75 (19 to 60) with males having higher mean score comparing to females. This is similar to the findings in the studies done by Sushil Yadav,²⁴ Klein K et al,²⁵ Nelson Obiora Okonkwo.²⁶ There was no statistically

significant difference between perceived social support from individual groups like significant others, family, friends with respect to gender. Compared to females, males showed higher mean score in perceived social support from friends. The findings of this study show that the mean score of PSS from family is high than from community network, which is similar to the study of Ilebari OA and Fabsoro E²⁷ (Table 7).

There was statistically significant difference found between perceived social support from family and study populations in different stages of illness ($p=0.014$). Analysing perceived social support in participants with different duration of illness, statistically significant relation was found in the dimension of significant others ($p=0.009$) and no significance was found with friends and family sub-group and duration of illness (Table 9 and 10).

The mean score of overall psychological well-being in this study was found to be 66.03 ± 13.74 (45 - 97), for males it was 67.57 ± 14.28 and for females it was 64.50 ± 13.25 . Assessing various dimensions of PWBI, males expressed higher mean scores in the Anxiety, depressed mood, positive well-being dimensions than females and significance among males and females in positive well-being dimensions ($p=0.047 < 0.05$) was made out (Table 8).

In this study, One-Way ANOVA shows significant difference between persons with different duration of illness and anxiety dimension of PWBI ($p=0.009 < 0.05$). No significance was found between study populations with various stages of illness in relation to psychological well-being.

In this study, it was found that all persons with severe psychological distress ($n=25$) were from low perceived social support group. In persons with medium social support, 75% experienced positive well-being in PGWBI and in comparison 27% of persons with low support expressed positive well-being in PGWBI.

While correlating dimensions of perceived social support and psychological well-being, the result showed there was highly significant relationship in Karl Pearson's correlation test (The correlation Value (r) = 0.792**) (Table 11), which is in concordance with the study done by Okawa S and Yasuoka J et al.²⁸ The study findings indicate the importance of social support in maintaining the Psychological well-being.

Limitations

The study was limited by its cross-sectional design and sample size. Prospective longitudinal design would be more informative about factors studied.

Implications

In the present era of increased longevity of people living with HIV and AIDS, this study helps in understanding the association between the social support and psychological well-being of the vulnerable individual. These findings should be given importance in intervention programs for this needed population. The study signifies the importance of the connectivity PLWHA has with family members and other social network.

Future Directions

PLWHA confronts serious mental health problems which impairs quality of life and significantly interfere with physical health. Efforts should be focused on improving the coping

style, improving the person's perception of their health condition and social support, to improve their well-being.

CONCLUSION

This study showed perceived social support was positively associated with psychological well-being of individual. Health professionals and community based workers should provide necessary support and inform PLWHA about psycho-social support from family and friends. Social support may provide an effective resource in vulnerable population with limited resource setting. This will contribute hope, well-being and longevity of the individual.

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