Volume 17 Issue 46
Originally issued as A8



Global Journal of human-social science: A
Arts & Humanities - Psychology
Volume 17 Issue 8 Version 1.0 Year 2017
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals Inc. (USA)
Online ISSN: 2249-460X & Print ISSN: 0975-587X

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Keywords: psychological wellbeing, tesfa berhan charity association and people living with HIV/AIDS.

GJHSS-A Classification: FOR Code: 380199



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Psychological Well-Being Across Age and Sex among HIV Patients

Korsa Beka [α] & Nimona Shaka [σ]

Abstract- The HIV/AIDS epidemic has fostered several responses in society which include prejudice, fear, and even in some occasions, hysteria. AIDS-related stigma poses threats to the psychological well-being of people living with it. Therefore, the current study sought to investigate the effects of age and gender on Psychological wellbeing among people living with HIV and AIDS (PLHA) at Fitche Tesfa Berhan Charity Association. Cross-sectional research design with quantitative method was employed on 162 sample were selected based on stratified probability sampling technique. The stratification was based on age. Accordingly, participants were stratified in to four age groups [adolescent (12-20), young adults (21-39), middle adults (40-59) and old adults (60 and above)]. Ryff's Psychological well Being Scale (RPWB- 18items) with demographic data questionnaire was used. As a method of data analyses, descriptive statistics such as frequency, percentage, mean and standard deviation; and independent sample t-test of inferential statistics was used. Hence, the result of this study indicated that the mean score of overall psychological well-being of male respondents (M=78.45, SD= 12.110) was found to be higher than those of female respondents (M=73.28, SD= 12.505). Further, independent sample t-test revealed the statistically significant difference on overall psychological well-being across gender, t(160)=2.569, P=.011. Regarding age, even though there was a mean difference across different age groups, it is not statistically significant, t (152) = -.256, P= .798. In conclusion, health workers, counselors and other professionals who work with PLWHA may consider further interventions to promote psychological wellbeing in HIV/AIDS-positive individuals.

Keywords: psychological wellbeing, tesfa berhan charity association and people living with HIV/AIDS.

I. Introduction

Psychological wellbeing is a positive functioning of individual that include six distinct components of positive psychological functioning. In combination, these dimensions encompass a breadth of wellness that includes positive evaluations of oneself and one's past life (Self-acceptance), a sense of continued growth and development as a person (Personal Growth), the belief that one's life is purposeful and meaningful (Purpose in Life), the possession of quality relations with others (Positive Relations With Others), the capacity to manage effectively one's life and surrounding world (Environmental Mastery), and a sense of self-determination (Autonomy) (Ryff & Keyes, 1995).

As many studies indicated, psychological well-beings may influenced (positively or negatively) by a number of factors, such as diseases, stressful situation, and demographic variables like age, sex, marital status, education, and income level (García-Alandete, Rosa, Sellés, &Soucase, 2012; Charisse and Islam 2004; Moe, 2012; Ammar, Nauffal&Sbeity, 2013).

Several studies show gender-specific differences in some dimensions of psychological well-being, but their findings are contradict with each other. Some studies report female as having a better psychological well-being than male whereas for some other male were better in psychological well-being than female. For instance, So, women (of different age) have scored significantly higher in Positive Relations (Ryff& Keyes, 1995) and in both Positive Relations and Personal Growth (Ryff, 1989, 1991); in Purpose in Life (García-Alandete, Rosa, Sellés, & Soucase, 2012); in both Purpose in Life and Autonomy (Ryff, Keyes, & Hughes, 2003), and in both Purpose in Life and Positive Relations (Lindfors, Berntsson, & Lundberg, 2006). On the contrary, men scored higher, especially in Environmental Mastery and Self-acceptance (Lindforset al., 2006).

Similarly, Tejal & Nasit (2012) indicated that the effect of sex on psychological well-being can be influenced by other factors. For instance, family responsibilities and bringing up of children can develop stress among females as compare to males and due to this females have to fight against daily hassles in excess, as higher the level of daily hassles leads to weaker psychological well-being. Moreover role stress produced due to different role playing can develop more stress in females. Females experience much heavy workload as compare to males. It is possible that stress developed through different sources affects female's psychological well-being negatively.

On the other hand, Kriten and Wissing (2003) in their study identified absence of gender difference within the social dimension of psychological well-being was unexpected, given that other studies have shown women to be more attuned to interpersonal interaction than men are. They suggested that the results might indicate the fact that both males and females experienced equal support from others and experienced

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interpersonal connectedness as equally important to their well-being.

Like the gender difference on the psychological well-being, the association between age and psychological well-being is also complex. Large surveys using single-item measures of well-being (e.g. overall rating of life satisfaction) usually find a U-shaped relationship with age: younger and older people tend to have higher well-being scores than the middle aged, although there may be a decline in well-being among the very old. Middle-aged adults also have the highest prevalence of common mental disorders (Huppert, 2009). Kristen, Tetyana & Robert (2011) suggested that there were maturation-based age-related changes in psychological well-being. But they were hesitant to draw firm conclusions due to heterogeneity among individual items in Ryff psychological well-being subscales. Scales based on either positively worded or negatively worded items yield different longitudinal age patterns. Second, almost all age-related changes revealed by their analysis were very small.

Ryff & Keyes (1995) indicated the consistency of age differences on these various aspects of well-being. They claim declining age profiles were obtained on Purpose in Life and Personal Growth, incremental scores were evident for Environmental Mastery and Autonomy, and no age differences were obtained for Self- Acceptance. Patterns for Positive Relations varied between showing no age differences or incremental patterns. Longitudinal data are obviously needed to clarify whether these age profiles represent maturational changes, or cohort differences. Whatever the "source" of these differences, the results underscore the diversity of life course and cohort profiles of wellbeing.

Other researchers [e.g. Crystal, Akincigil, Sambamoorthi, Wenger, Fleishman & Zingmond (2003) and Nokes, Holzemer, Corless, Bakken, Brown, Powell (2000)] compared younger adults with older adults that were living with HIV/AIDS and concluded that older adults experience either comparable or fewer depressive symptoms and greater overall emotional well-being than younger age groups while Asante (2012) ,in contrary, showed that psychological wellbeing of relatively older respondents is not significantly different from younger respondents.

Generally, regardless of the fact that psychological well-being is the most significant part of human health, there is limited amount of literature in the areas related to the psychological well-being of people living with HIV/AIDS in Ethiopia in general and study area in particular. Accordingly, having this as bases, the present study was intended to investigate the psychological well-being across age and sex among people living with HIV/AIDS at FitcheTesfa Birhan Charity Association North Shoa Zone, Oromia Regional State, Ethiopia.

More importantly, after a review of the literature specific to psychological well-being, the researcher realized that most of the studies were done in developed countries while little research outputs found in developing countries including Ethiopia is scant. Even if there were some local research on job satisfaction, they failed to address deeply the impact on demographic factors on psychological well-being among people living with HIV/AIDS. This is a serious gap as it failed to provide adequate information pertaining to the above mentioned issue which ultimately affects the intervention process aimed at enhancing psychological well-being. Moreover, to the researcher knowledge, there is no study addressing the psychological well-being of people living with HIV/AIDS at FitcheTesfaBirhan Charity Association in particular. This research, therefore, tried to address the above mentioned gaps. Thus, the general objective this research was to find out the overall psychological well-being across age and sex.

II. Method

The present study is cross-sectional in nature. 162 samples were selected from the total population of 280 people who were living with HIV/AIDS at Fitchetown, Tesfa Birhan Charity Association. The respondents were selected by using stratified probability sampling technique, and the strata are based on gender. To do this the sample size was determined by using Morgan & Krejcie (1970) sample size determination formula. As such sample size was determined to be 162 participants from the total population of 280.

$S = x^2 NP (1-p) \div d^2 (N-1) + x^2 p (1-p)$, where:

s = required sample size.

X^2= the table value of chi-square for 1 degree of freedom at the desired confidence level

(3.841).

N = the population size.

P = the population proportion (assumed to be .50 since this would provide the maximum sample size).

d = the degree of accuracy expressed as a proportion (.05).

$S = 3.841) \times 280 \times 0.5 (1-0.5) \div (0.05)^2 (280-1) + 3.841 \times 0.5 (1-0.5) = 162$

After the sample size was determined, population was divided in to two strata based on gender (male stratum and female stratum). Male stratum contains 103 members while female stratum contains 177 members. Finally stratified random sampling formula was used to select proportional number of males and females from their respective stratum (Kitambara, 2008).

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Females = 77/280*162= 102; males= 103/280 * 162 = 60.Therefore the sample size of the study would be 102+60 = 162

To collect the required data, Ryff's psychological well-being scale. Ryff's psychological well-being scales were used. Ryff's scales of Psychological Well-being were designed to measure six theoretically motivated constructs of psychological well-being: autonomy – independence and self-determination; environmental mastery – the ability to manage one's life; personal growth – being open to new experiences; positive relations with others– having satisfying high quality relationships; purpose in life – believing that one's life is meaningful; and self-acceptance – a positive attitude towards oneself and one's past life. Versions with different numbers of items have been applied in a variety of settings and samples. For this study 18 items (3 per dimension), which has been widely used was employed. Items were measured on 6-point Likert-type scale from 1 'never' to 6'every time'

The Cronbach's alpha coefficients for internal consistency of SPWB have been demonstrated as strong ranging from 0.83 to 0.91 per subscale: Autonomy (α = .83), Purpose in Life (α = .88), Positive Relations with Others (α = .88), Personal Growth (α = .85), Environmental Mastery (α = .86), and Self-Acceptance (α = .91). Correlations between the 14-item subscales and their own 20-item original subscale range from 0.97 to 0.99, demonstrating consistent testing of the constructs despite the decrease in test items. Test-retest coefficients for the 84-item instrument range from .81 to .88 for each subscale (Ryff, 1989; Ryff& Keyes, 1995).Furthermore, demographic questionnaire was also used to collect information on the socio-demographic characteristics of the respondents that include sex, age, marital status, religion, educational level, employment status, income level and area of residence of participants. All analyses were performed using the Statistical Package for the Social Sciences (SPSS-20). First, descriptive statistics were used to describe PLWHA's demographics and the level of psychological well-being. Second, inferential statistics such as independent sample t-test was also computed to investigate the differences in psychological well-being across gender and age.

a) Ethical Issue Consideration

At first place, approval letter of this study was obtained from Jimma University, department of Psychology and given to the Manager of Tesfa-Berhan Charity Association of people living with HIV/AIDS. The process of conducting research was begun after the permission was obtained from the manager. Respondents were asked whether they were willing to participate in the study after they were fully briefed about the purpose and objectives of the study. Oral consent was obtained before completing the questionnaires and conducting the interviews. Respondents were informed of their right of withdrawal at any time from participating in the study. In addition the researcher also assured that any one of participant's identity would be kept anonymous and confidential. They were also informed that the study had no harm or danger on them.

III. Results and Findings

In this chapter the research data, the statistics used and the results of the descriptive and inferential techniques used would be described briefly and to the point. The major objective of the study was to assess the psychological well-being across age and gender among people living with HIV/AIDS in case of Fitche Tesfa Berhan Charity Association of people living with HIV/AIDS (PLWHA). In order to meet the intended objective, the collected data were analyzed by dividing into three major parts. The first part deals with the demographic variables of the respondents which includes age, sex, ethnicity, marital status, employment status, educational and income level of respondents. The second part deals with the score of psychological well-being gender. The third part deals with the difference in psychological well-being across four age categories.

a) Socio-demographic data of respondents

This section presents the data obtained from the research questionnaire about the socio-demographic data of the research respondents.

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Table1: Socio-demographic variables of respondents based on Sex, age and marital status, Education level, and Monthly income level.(N=162).

Variables	Categories	Frequency	Percent
Sex	Male	60	37
	Female	102	63
Age	12-20	6	3.7
	21-39	85	52.5
	40-59	69	42.6
	60 and above	2	1.2
Marital status	Never married	20	12.3
	Married	86	53.1
	Divorced	32	19.8
	Widow	24	14.8
Educational level	Can't read & write	36	22.2
	Grade 1-4	38	23.5
	Grade 5-8	48	29.6
	Grade 9-12	34	21.0
	Certificate and above	6	3.7
Income level	0-150	37	22.8
	151-650	81	50.0
	651-1400	21	13.0
	1401-2350	17	10.5
	2351-5000	6	3.7

Note, Age of respondents was divided in to four groups (adolescent: 12-21; young adulthood: 21-39; middle adulthood: 40-59 and late adulthood: 60 and above) based on Erik Erikson's Psycho-Social Stages of Development believing that it is universal way of dividing developmental stages of human being and proper to examine changes that may come due to development and difference in psychological well-being among different age groups, because people under go many changes when they advanced from one stage to the next one.

Note, Education level of respondents was divided in to five groups based on the current. Educational Policy of Ethiopia so that it would be clear and easily understood. Similarly the monthly income level of respondents was divided in to six groups based on the employee's income tax system of Ethiopian. (Ethiopia Fiscal Guide 2012/13)

Table 1 indicates that respondents were composed of 60 (37%) males and 102 (63%) females. This indicates that the number of female respondents is nearly as twice as the number of male respondents. On the other hand respondents were divided in to four age groups which include: adolescent (12-20 years old) accounts for 6 (3.7%); young adulthood (21-39 years old) accounts for 85 (52.5%); middle adulthood group (40-59 years old) accounts for 69 (42.6%); and late adulthood (60 and above years) accounts for 2 (1.2%). So the result indicates that the majority of respondents fall under age group of young adulthood followed by middle adulthood (the two group alone accounts for more than 90% of total respondents. This ensures the idea that HIV/AIDS affects young and productive social class.

Regarding marital status, single persons account for 20 (12.3%), married persons account for 86 (53.1%), and divorced persons account for 32 (19.8%) and widowed persons account 24 (14.8%). The result shows that more than fifty percent of the respondents were married; followed by divorced and widowed ones. The smallest number of respondents was accounted for by single persons. What one can understand here is that considerable number of respondents were divorced or widowed, which might be either the cause or the consequence of HIV/AIDS infection.

Regarding educational level of respondents, table 1 indicates that persons who can't read and write account for 36 (22.2%); those who learnt grade 1-4 account for 38 (23.5%) and those who learnt grade5-8 account for 48 (29.6%). Again those who learnt grade 9-12 accounts for 34 (21.0%) while persons whose education level is Certificate and above account 6 (3.7%). This indicates that relatively large number of respondents fall in group of persons who learn from grade 5 to grade 8.

Another demographic variable is respondents' monthly income level and its composition is as follows. Based on their monthly income respondents were categorized in to five groups. This includes those who earn $\leq$150 Ethiopian birr per month account for 37 (22.8%); 151-650 Ethiopian birr per month account for 81 (50.0%); 651-1400 Ethiopian birr per month account for 21 (13.0%); 1401-2350 Ethiopian birr per month account for 17 (10.5%) and those who earn 2351-5000 Ethiopian birr per month accounts for 6 (3.7%). This shows that majority of respondents in this research earn less than or equal to 650 Ethiopian birr per month.

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b) Gender difference in psychological well being

The mean difference in psychological well-being scores between male and female groups was tested by using independent sample t-test. Independent sample t-test is used when we want to test the mean difference in certain variable of two independent groups. In this research some important assumptions were met (ensured). For instance samples were randomly selected; the two samples are independent, and variances of the two groups were check by using levene's test of variance homogeneity. The following two consecutive tables reveal the means difference in psychological well-being between males and females respectively.

Table 2: Levene's Test for Equality of Variances

Levene's Test for Equality of Variances					t-test for Equality of Means				
	F	Sig	T	Df	Sig 2-tailed	MD	SED	95 CID	
								Lower	Upper
Autonomy									
EVA	14.898	.000	4.319	160	.000	2.435	.564	1.322	3.549
EVNA			4.823	158.908	.000	2.435	.505	1.438	3.433
Environmental Mastery									
EVA	2.001	.159	4.291	160	.000	2.348	.547	1.267	3.429
EVNA			4.438	136.759	.000	2.348	.529	1.302	3.394
Personal growth									
EVA	.644	.423	1.611	160	.109	.866	.537	-.195	1.927
EVNA			1.621	125.993	.108	.866	.534	-.191	1.923
Positive relation									
EVA	1.243	.267	-1.852	160	.066	-1.052	.568	-2.174	.070
EVNA			-1.823	117.791	.071	-1.052	.577	-2.195	.091
Purpose in life									
EVA	1.228	.269	.111	160	.911	.052	.467	-.870	.974
EVNA			.115	136.677	.909	.052	.451	-.841	.944
Self-acceptance									
EVA	3.646	.058	.841	160	.401	.430	.512	-.580	1.441
EVNA			.811	110.09	.419	.430	.531	-.622	1.483

MD=Mean Difference; SED= Standard Error Difference; CID=confidence Interval of Difference; EVA=equal Variance Assumed; EVNA=Equal Variance not Assumed

Table 3: Results of independent sample t-test on means of psychological well-beingacross sex groups(N=162)

.	Male(n=60)		Female (n=102)				
	M	*SD*	*M*	*SD*	*T*	*df*	*p*
AU	14.53	2.501	12.10	3.921	2.435	160	.000**
EM	12.92	3.088	10.57	3.514	2.348	160	.000**
PG	14.15	3.256	13.28	3.28	.866	160	.109
PR	13.07	3.410	12.02	3.624	-1.052	160	.066
PL	12.65	2.635	12.60	2.996	.052	160	.911
SA	12.12	3.425	11.69	2.968	.430	160	.401
PWB	78.45	12.110	73.28	12.505	2.569	160	.011*

**p<.001, **p<.05*

Note. PWB = Overall psychological well-being; Au = Autonomy; EM = Environmental Mastery; PG = Personal growth; PR = Positive relation With Others; PL= Purpose in Life; SA =Self-acceptance

Table 3 indicates that males (M = 14.53, SD = 2.501) reported significantly higher levels of Autonomy than females (M = 12.10, SD = 3.921), t (160) = 2.435, p < .001. Similarly, males (M = 12.92, SD = 3.088)

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reported significantly higher levels of Environmental Mastery than females (M = 10.57, SD = 3.514), t (160) = 2.348, p < .001. The table also indicated that male respondents (M=78.45, SD = 12.110) reported significantly higher level of PWB than female respondents (M = 73.28, SD=12.505), t (160) = 2.569, p < .011, 2-tailed.

On the other hand males and females did not differ significantly on levels of some psychological well-being subscales. This includes Personal Growth [males (M = 14.15, SD = 3.256) and females (M = 13.28, SD = 3.28), t (160) = .866, p =. 109]; Positive Relation with Others [males (M = 13.07, SD = 3.410) and females (M = 12.02, SD = 3.624) t (160) = -1.052, p =. 066]; Purpose in Life [males (M = 12.65, SD = 2.635) and females (M = 12.60, SD = 2.996) t (160) = .052 , p =. 911] and Self-acceptance [males (M =12.12, SD = 3.425) and females (M =11.69, SD = 2.968) t (160) = .430 , p =. 401]

The table 3, in general, indicates that males living with HIV/AIDS, in average, are more autonomous and better in environmental mastery, which refers to controlling the external environment, than females living with HIV/AIDS. On the other hand males and females have almost the same personal growth which indicates strive to improve their life and having the feeling of continued development. They are also the same in positive relation with others which means having warm, satisfying, trusting relationships with others. The mean score of males and females in self-acceptance is also nearly the same; which indicates a positive attitude toward the self. Another psychological well-being dimension in which both sexes reported nearly the same mean score is purpose in life - having aims and objectives for living. Regarding the total psychological well-being males reported relatively higher mean score than their female counterparts.

c) Age difference in psychological well being

The mean difference in psychological well-being scores between young adults and middle adults group was tested by using independent sample t-test.

Table 4: Levene's Test for Equality of Variances between age groups (N=162)

Levene's Test for Equality of Variances			t-test for Equality of Means						
	F	Sig	t	df	Sig 2-tailed	MD	SED	95 CID	
								Lower	Upper
Autonomy									
EVNA	.028	.868	.055	152	.956	.033	.596	-1.145	1.211
EVA			.055	143.175	.956	.033	.599	-1.151	1.216
Environmental Mastery									
EVNA	.877	.350	-.135	152	.893	-.078	.580	-1.224	1.068
EVA			-.136	149.619	.892	-.078	.575	-1.214	1.058
Personal growth									
EVNA	1.684	.196	-.192	152	.848	-.104	.541	-1.173	.966
EVA			-.190	140.892	.850	-.104	.545	-1.182	.974
Positive relation									
EVNA	.393	.531	-.999	152	.319	-.569	.569	-1.694	.556
EVA			-.996	143.255	.321	-.569	.572	-1.699	.561
Purpose in life									
EVNA	4.216	.042	.573	152	.568	.271	.473	-.664	1.206
EVA			.563	133.897	.574	.271	.481	-.681	1.223
Self-acceptance									
EVNA	.529	.468	-.294	152	.769	-.152	.517	-1.174	.870
EVA			-.295	148.256	.768	-.152	.515	-1.169	.865
PWB									
EVNA	.003	.956	-.256	152	.798	-.523	2.04	-4.555	3.509
EVA			-.256	144.825	.798	-.523	2.04	-4.562	3.515

Note. PWB = Overall psychological well-being; MD=Mean Difference; SED= Standard Error Difference; CID=confidence Interval of Difference; EVA=equal Variance Assumed; EVNA=Equal Variance not Assumed

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Table 5: Independent sample t-test on means difference of PWB score between age group (N=153)

	(21-39) years old (n=85)		(40-59) years old (n=69)		Independent sample t-test		
	M	SD	M	SD	t	df	p
PWB	74.51	12.524	75.03	12.679	-.256	152	.798

Table 5 reveals that there is no significant means difference in psychological well-being between (21-39) years old (M =74.51, SD = 12.524) and (40-59) years old (M = 75.03, SD = 12.679); t (152) = -.256, p > .05. What one should understand here is that the researcher refrains from conducting one-way ANOVA due to extreme disparity of sample size of these age groups-(10-21) years old and (60 & above) years old groups have very low sample size - and hence impossible to compare with the rest two groups. For this reason the two groups with small sample size were excluded. Therefore, to come up with the conclusion whether there is significant age difference in psychological well-being; one should compare all age groups having comparable sample size.

IV. Discussion

The mean difference in psychological well-being scores between male and female groups was tested by using independent sample t-test. We use independent sample t-test when we want to test the mean difference in certain variable of two independent groups. To conduct independent sample t-test some assumption should be met. These include: variance of the two groups should be equal; the two samples must be independent; samples should be randomly selected from their respective population, and the data should follow the normal distribution. In this research some important assumptions were met (ensured). For instance samples were randomly selected; the two samples are independent, and variances of the two groups were check by using levene's test of variance homogeneity. As such the value of levene's test was found to be less than α, which means the variance of the two groups were equal. The following two consecutive tables reveal the means difference in psychological well-being and perceived social support between males and females respectively.

Results of the current study indicated that males reported significantly higher score in Autonomy and environmental Mastery than females, which is consistent with Ryff (1989), (1989b); and Lindfors, Berntsson& Lundberg (2006), but contradicts withGarcía-Alandete, Joaquín; Soucase ; Sellés ; Martínez (2013). On the other hand, there were no significant differences in Personal Growth, Positive Relation with Others, Purpose in Life and Self-acceptance scores between males and female respondents. Regarding positive relation with others, the result is consistent with García-Alandete, Rosa, Sellés&Soucase (2012), but contradict with Lindfors et al. (2006) and Ryff, 1989a, 1991; Ryff& Keyes, 1995. Regarding self-acceptance, the result is congruent withGarcía-Alandete et al. (2013) and García-Alandete et al. (2012), but contradicts with Ryff, Keyes & Hughes (2003). Finally male respondents reported significantly higher mean score in total psychological well-being than females and these changes might be attributed the significantly higher score of males in Autonomy and Environmental Mastery than females.

The possible reason why males score greater than females in Autonomy and Environmental mastery is seemingly due to the influence of culture that favors male than females to be independent, autonomous and control their environment. Contrary to this, females are brought up in such a way that they should be submissive and conform to the societal norm. Unlike many previous researches, which indicated females reported significantly higher than males did in positive relation with others, the result of this study indicates that there was no significant difference between males and females. In this case the result is consistent with the result of (Rothman, Kriten & Wissing, 2003) which indicates the absence of gender difference within the social dimension of psychological well-being. This might also be due to the fact that HIV/AIDS negatively affects the social relation of both males and females in the same manner by causing enacted and/or perceived discrimination. The same is true for personal Growth, purpose in Life and Self-acceptance. The disease might deteriorate the patients' sense of development, goal-directedness, hope and positive meaning of self of both males and females.

Table (8.1) reveals that there is no significant means difference in psychological well-being between (21-39) years old and (40-59) years old; t (152) = -.256, p > .05. What one should understand here is that the researcher refrains from conducting one-way ANOVA due to extreme disparity of sample size of these age groups - (12-21) years old and (60 & above) years old groups have very law sample size - and hence impossible to compare with the rest two groups. For this reason the two groups with small sample size were

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excluded. Therefore, in order to reach at conclusion whether there is significant age difference in psychological well-being or not; one should compare all age groups having comparable sample size.

Results indicated that there no significant mean difference in psychological well-being between two age groups [(21-39) and (40-59)] compared by using independent sample t-test. This finding contradicts the summary provided by Crystal, Akincigil, Sambamoorthi, Wenger, Fleishman &Zingmond (2003) and Nokes, Holzemer, Corless, Bakken, Brown, Powell (2000) that compared younger adults with older adults that were living with HIV/AIDS and concluded that older adults experience either comparable or fewer depressive symptoms and greater overall emotional well-being than younger age groups. The result also contradicts with the finding of Huppert (2009) in which young groups scored higher overall psychological well-being than older ones.

But results were consistent with the conclusion of Asante (2012) which showed that psychological wellbeing of relatively older respondents is not significantly different from younger respondents. Ryff and Keyes (1995) also found that there is no significant difference in self-acceptance and positive relation between age groups.

These findings of this study could suggests that the two groups were living in the same stressful condition (living with HIV/AIDS) that affect their social relation which in turn diminishes their PWB or both groups had accepted their HIV status and able to overcome negative consequences associated with the disease and or able to utilize different forms of social supports that enhances their PWB. These and other related factors can overshadow the effect of age differences. On the other hand, the exclusion of people whose age is 12-21, and 60 and above might contribute to the current results.

V. Conclusion and Recommendation

a) Conclusions

The results of this study revealed the statistically significant difference in psychological well-being between male and female respondents .It indicates that male respondents reported significantly higher mean score in psychological well-being in general and in Autonomy and Environmental Mastery in particular, than female respondents. The possible reason why males score greater than females in Autonomy and Environmental mastery is seemingly due to the influence of culture that favors male than females to be independent, autonomous and control their environment. Contrary to this, females are brought up in such a way that they should be submissive and conformist to the societal norm.

Results indicate that there no significant mean difference in psychological well-being between two age groups [(21-39) and (40-59)] compared by using independent sample t-test. These findings could suggests that the two groups were living in the same stressful condition (living with HIV/AIDS) that affect their social relation which in turn diminishes their psychological well-being or both age groups could utilize different forms of social supports that enhances their psychological well-being. These and other related factors can overshadow the effect of age differences.

b) Recommendation

Based on the results of this study the following recommendations were suggested:

It is recommended if organizations, institutions, professionals and individuals, including people living with HIV/AIDS, organize their effort and combat maltreatment and discriminatory behavior of the society against people living with HIV/AIDS that can negatively affect the degree of provision of social support and perception of people living with HIV/AIDS toward the supports.

Female respondents reported low scores in psychological well-being than male respondents possibly due to male-favoring norms and more house hold responsibilities. Therefore it is recommendable for governmental and other charity organization to give special emphasis to females when providing different services.

It would be better if health professionals, social workers, psychologists and psychiatrists work on promoting psychological well-being of people living with HIV/AIDS through making their relation with people living with HIV/AIDS smooth and friendly while providing proper services.

It would be worthwhile for people living with HIV/AIDS to organize themselves in to self-help groups so that they would able to provide each other with needed financial, emotional and other social supports.

References Références Referencias

1. Aggarwal.V. (2008) .Psychosocial Aspects of Patients Living with HIV/AIDS. Delhi Psychiatry Journal, 11(2).
2. Ammar, D., Nauffal, D. & Sbeity, R. (2013).The role of perceived social support in predicting subjective well-being in Lebanese college students. The Journal of Happiness & Well-Being, 1(2).
3. Charisse. J & Islam, S. (2004).marital relationship status, social support, and psycholgocial well-being among rural, Low-income mothers.
4. Crystal,S., Akincigil,A., Sambamoorthi,U., Wenger, N., Fleishman, J., Zingmond, D. (2003). The diverse older HIV positive population: a national profile of economic circumstances, social support, and quality of life. Journal of Acquired Immune Deficiency Syndrome, 33: 76 – 83.

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5. Fabianova, L. (2014). Psychosocial Aspects of People Living with HIV/AIDS. Trnava University: Trnava Slovakia.
6. García-Alandete, J., Rosa, E., Sellés, P., & Soucase, B. (2012).Differences in psychological well-being related to gender and meaning in life.
7. Huppert, A.F. (2009). Psychological well-being: evidence regarding its Causes and consequences. Applied psychology: health and well-being, 1 (2), 137–164.
8. Kirsten K. and Wissing P. (2003).Gender Differences in Aspects of Psychological Well-Being. South African Journal of Psychology. Vol 33, Issue 4.
9. Lindfors, P. Berntsson, L., & Lundberg, U. (2006).Factor structure of Ryff's psychological well-being scales in Swedish female and male white-collar workers. Personality and Individual Differences,40(6), 1213-1222.
10. Nasit, T.B. (2012). A Study of moderating effect of sex on the Relationship between stress and psychological wellbeing. Indian Journal of Applied Research, 163.
11. Ryff, C. D. (1991). Possible Selves in Adulthood and Old Age: A Tale of Shifting Horizons. Psychology and Aging, 6, 286-29.
12. Ryff, C. & Keyes, C. (1995). The Structure of Psychological Well-Being Revisited. Journal of Personality and Social Psychology, Vol. 69, No. 4,719-727.
13. Ryff, C. D., Keyes, C. L. M., & Hughes, D. L. (2003) Status Inequalities, Perceived Discrimination, and Eudaimonic Well- Being: Do the Challenges of Minority Life Hone Purpose and Growth? Journal of Health and Social Behavior, 44(3), 275–291.doi:10.2307/1519779
14. Strine, T.W., Chapman, D.P., Balluz, L., & Mokdad, A.H. (2008). Health-related quality of life and health behaviors by social and emotional support: Their relevance to psychiatry and medicine. Social Psychiatry and Epidemiology, 43, 151-159.
15. Thanh, C., Moland, M. & Fylkesnes, K. (2012) .Persisting Stigma Reduces the Utilization of HIV-Related Care and Support Services in Viet Nam: BMC Health Services Research, 12(428).
16. Torres, R. Y., Bou, C. N. & Díaz, V. N.(2007). AIDS-Related Stigma and Health Professionals in Puerto Rico: Interamerican Journal of Psychology, 41, 1, 49-56
17. Vanable, P.A., Carey, M.P., Blair, D.C., & Littlewood, R.A. (2006).Impact of HIV-related stigma on health behaviors and psychological adjustment among HIV-positive men and women. AIDS & Behavior, 10(5), 473-482.
18. Wang, B., Li, X., Barnett, D., Zhao, G., Zhao, J., & Stanton, B. (2012). Risk and protective factors for depression symptoms among children affected by HIV/AIDS in rural China: A structural equation modeling analysis. Social Science and Medicine, 74(9),

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