“HIV Stigma, Social Support and Psychological Well being among HIV Positive Adolescents in TASO Mulago Kampala District”.

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A Research Dissertation Submitted to the School of Psychology in Partial Fulfillment of the Requirements for the Award of Bachelors’ Degree in Arts in Social Sciences Of Makerere University

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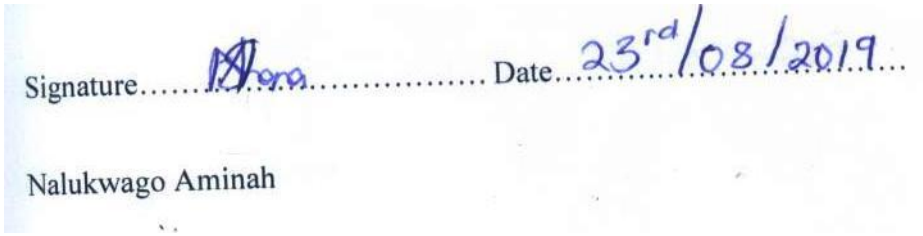
Abstract

The research explored the relationship between HIV Stigma, Social support and psychological wellbeing among. The purpose of the study was to find out the relationship between HIV Stigma, social support and psychological well being among HIV positive adolescents in TASO Mulago Kampala district. The objectives of the study were three, the first objective was to find out levels of social support among stigmatized and non stigmatized HIV positive adolescents in TASO Mulago Kampala district. The second objective was to find out the levels of psychological well being among stigmatized and non stigmatized HIV positive adolescents in TASO Mulago Kampala district. The third objective was to find the relationship between social support and psychological well being among HIV positive adolescents in TASO Mulago Kampala district. A descriptive research design using quantitative approach was used and a random sampling technique was used to select 30 HIV positive respondents on antiretrieval treatment for a period of 1-12 months from TASO Mulago. Data was collected using a self administered questionnaire and analyzed using statistical package for social scientist (spss) whereby pearson r product moment correlation co efficient was used to test the hypotheses. The key findings were that there was a significant negative relationship between HIV stigma and social support (r =-.437, p =0.05) There was a significant negative between HIV Stigma and psychological well being (r =-.37, p =0.05) and a significant positive relationship between social support and psychological well being (r =.555, p=0.05). The key recommendation was to support HIV positive patients to cope with their situation by providing them with enough social support and fight HIV stigma to avoid low psychological well being.

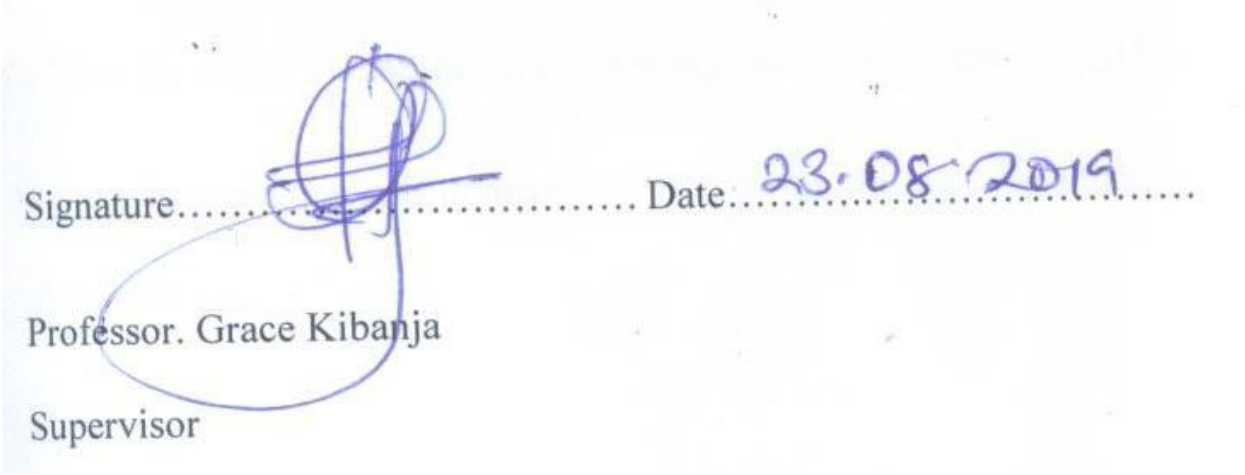
Declaration

I NALUKWAGO Aminah, I declare that this research proposal is done under my personal efforts and that it has never been submitted previously by anyone for the award of the degree of Bachelor of Arts in Social Sciences or for any other academic award.



Approval

This serves to certify that this work has been truly through the efforts of Nalukwago Aminah towards partial fulfillment of the requirements for the award of the Degree of Bachelors of Arts in Social Sciences of Makerere University under my guidance and supervision.



Acknowledgement

First and foremost, I would like to thank GOD for the gift of life and enabling me to complete my research proposal successfully.

I would really love to thank my supervisor Professor Grace Kibanja. Her continued support and advice has really helped me to finalize my research proposal successfully.

Finally I extend my special thanks to my family for the love and support .May the GOD award you abundantly.

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Chapter One

Introduction

Background

In Asia the first regional documentation of HIV stigma was undertaken between July 2001 and November 2002 by the pacific Network of people living with HIV (APN+).The report provided findings of HIV stigma from rollout of people living with HIV in nine countries in Asia and the Pacific (China, Fiji, Pakistan, Philippines, SriLanka, Thailand, Cambodia, Bangladesh, Myanmar) providing the first large scale regional comparison of standardized HIV stigma indicators. In 2015 World Health Organization (WHO)released new treatment guidelines that reflect the need to address HIV stigma as a barrier to accessing HIV treatment.HIV stigma remains a major fact of life for the estimated 29.4million people living with HIV in sub-Saharan Africa and for more than 11 million children who have lost one or both parents to AID'S.

HIV stigma refers to prejudice, negative attitudes and abuse directed at people living with HIV. Its caused by lack of information and awareness on how HIV is transmitted. This means it's escalated by low levels of social support. It was observed by Takada, Weiser and Alexander (2014), in a case study which they conducted about the dynamic relationship between HIV stigma and social support among adolescents in rural Uganda. Results showed that stigma was negatively correlated with emotional and instrumental social support where by majority of the adolescents who reported experiences of HIV stigma also reported low levels of social support. This is because they experienced negative attitudes from people who had to support them and some opted not to disclose their status to receive social support out of fear of possible discrimination and a desire to avoid pity.

Social support refers to the physical and emotional comfort given to people by their families, friends, co workers and significant others. Poor social support leads to low levels of psychological well being. This was also observed in case study which was conducted by Okawa s, et.al (2011) which aimed to explore the association between perceived social support and psychological well being of adolescents living with HIV. Results showed that majority of the infected children reported low levels of psychological well being where by poor social support was significant predictor of low levels of psychological well being.

According to a cross sectional study conducted by Jane and Borus (2007) which aimed to examine the complex relationship between HIV stigma, Social support and their impact on the psychological well being of adolescents living with HIV.201 adolescents living with HIV were recruited and interviewed. HIV stigma was measured by two scales internalized shame and perceived stigma. Hierarchical multiple regression models were used. Results revealed that low levels of psychological well being were significantly associated with both internal and perceived stigma. It also showed that HIV stigma has a negative impact on the psychological well being of adolescents and that found emotional support was protective factor against low levels of psychological well being.

Problem Statement

HIV stigma involves discrimination and negative attitudes towards HIV positive victims. Those who receive poor or no social support are likely to have low levels of psychological well being.

Purpose of the Study

The purpose of the study was to find out the relationship between HIV stigma, Social support and psychological well being among HIV positive adolescents in TASO Mulago Kampala district.

Objectives of the Study

To find out the difference in levels of social support among stigmatized and non stigmatized HIV positive adolescents in TASO Mulago Kampala district.

To find out the difference in levels of psychological well being among stigmatized and non stigmatized HIV positive adolescents in TASO Mulago Kampala district.

To find out the relationship between social support and psychological well being among stigmatized and non stigmatized HIV positive adolescents in TASO Mulago Kampala district.

Scope of the Study

Geographical Scope

The study explored HIV stigma, social support and psychological well being among HIV positive adolescents, it was covered in TASO Mulago Kampala district because TASO is an NGO which handles HIV positive clients and TASO Mulago clients were considered potential respondents to the study.

Contextual Scope

HIV stigma refers to prejudice, negative attitudes and abuse directed at people living with HIV (https://www.avert.org>hiv-social-issues)

Social support is the physical and emotional comfort given to people by their family, friends, co-workers and significant others (social support issue of visions journal, 2011, 6(4), p.7)

Psychological well being is the ability to maintain a sense of autonomy, self acceptance, personal growth, purpose in life and self esteem.(international encyclopedia of the social & behavioural sciences,2015)

Significance of the Study

The results of this research will be useful to adolescents with HIV to help them know how to cope with HIV stigma.

The study will be useful to NGO'S[Non Government Organization] like TASO[The Aids Support Organization] which handles HIV cases, and learn more on how to handle their clients from getting internally stigmatized.

The study will be useful to psychologists because it adds more information to researchers.

Counselors will benefit from this information by getting to know how to help their clients on how to cope with HIV stigma and help them adhere on their treatment.

The study may help community leaders to support HIV victims by punishing those who bully them in order to stop discrimination among the HIV victims and reduce on HIV Stigma.

The study will be useful to adolescents because they will know that there is a long term dangerous virus (HIV) which can get them stigmatized if they don't protect themselves.

Conceptual Framework

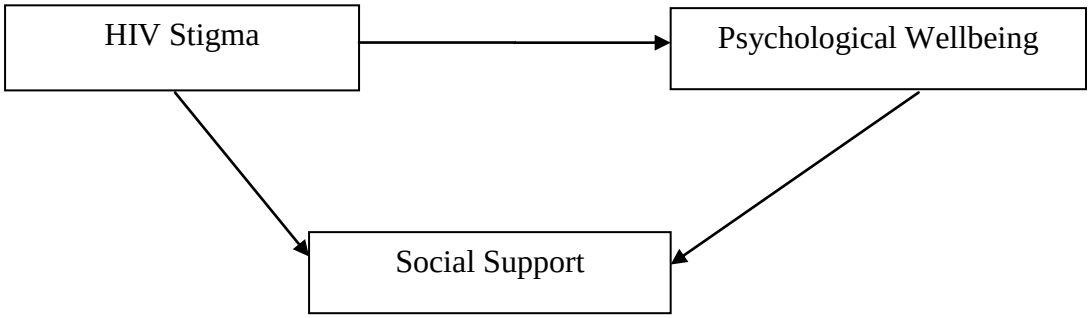

Figure1: showing the relationship between HIV Stigma, Social Support and Psychological wellbeing.HIV stigma affects person's psychological well being if he/she receives low or no social support. That is to say if an HIV victim gets stigmatized. He/she experiences negative attitudes and discrimination. Therefore if the victim receives low or no social support, he/she is likely to have low levels of psychological well being.

Chapter Two

Literature review

Introduction

This chapter will review the literature that has been done by other authors in relation to variables HIV stigma, social support and psychological well being among adolescents, information will be obtained from journals, articles and internet.

HIV Stigma and Social Support

According to Levy, Ong'wen and Lyon's (2016) research report about HIV stigma and poor social support among adolescents living with HIV in western Kenya. They asserted that adolescents with HIV face barriers such as low social support and HIV stigma. The purposes of the study were to describe the degree of social support and HIV stigma among adolescents living with HIV in Kenya, to assess the association between HIV stigma and social support and to identify the factors associated with social support and stigma. Adolescents aged 15-19 in Nyanza region of Kenya participated and questionnaires were administered. Social support was measured using the medical outcomes study social support survey (MOS-SSS) with subscales for informational, tangible and positive social interaction. Stigma was measured using Berger's abbreviated HIV stigma scale (HSS) with subscales of personalized stigma, concerns with disclosing one's status, negative self image and stigma related to public attitudes. The association between HIV stigma and social support was assessed using Pearson's correlational co efficient, results showed that there was a strong negative correlation between the degree of social support and HIV stigma, one third of the participants reported low informational and affectionate forms of support and majority reported stigma related to HIV disclosure and public attitudes.

According to Galvan, Davis and Eric(2008)they assert that social support from friends can help to decrease the negative impact of HIV stigma among HIV victims. This was evidenced in their cross sectional study which aimed to examine the relationship between perceived HIV stigma and social support among HIV positive African American adolescents, where a sample of 283 was recruited from three social service agencies. Bivariate and multivariate regressions were used to predict the perceived HIV stigma and participants were found to have a wide variety of opinions concerning perceived HIV stigma, three different sources of perceived social support were examined(from family, friends and special person),results showed that only perceived social support from friends was associated with less perceived HIV stigma.

According to Davoud, Ashraf and Mina (2016) they assert adolescents living with HIV experience poor social support which significantly increases stigma. They conducted a cross sectional study which they carried out on 120 adolescents living with HIV in Qom, Iran from November 2015 to April 2016.persian version of fife and Wright's scale was used to measure stigma. Results showed that the mean score of stigma was 73.19+12.23(range: 48-97).the means of external stigma and internal stigma were 43.70+8.61(range: 19-60), and 29.49+5.32(range: 17-40) respectively living in rural areas (B=10.341,p=0.006) and poor social support

According to Kumbakumba and Muzoora (2014) HIV stigma negatively correlates with social support. This was observed in their cross sectional study which aimed to examine the bidirectional relationship between HIV stigma and social support, quarterly data was collected from 422 adolescents with HIV living in Uganda aged 10-19 years. Multilevel regression was used to model the contemporaneous and 3month lagged associations between social support and both enacted and internalized stigma. Lagged enacted stigma was negatively correlated with

emotional and instrumental social support and lagged instrumental social support was negatively correlated with enacted stigma.

Social Support and Psychological Wellbeing

According to Matsumoto, Yamaoka and Takahashi (2017) research report from large HIV clinics in Hanoi, Vietnam they assert that social support is a key protective factor against low levels of psychological well being in HIV infected adolescents. They carried out a cross sectional survey on 1'503 HIV infected adolescents receiving antiretroviral therapy at two HIV clinics in Hanoi in (2016).participants with higher score of social support especially emotional support and positive social interaction showed significant association with high levels of psychological well being. Depression was prevalent in 21.2% participants.

Oppong Asante (2012) carried out a case study about social support and psychological wellbeing of adolescents living with HIV in Ghana. The objective of the study was to investigate the association between social support and psychological well being among adolescents in Ghana living with HIV. Cross sectional data was collected from 107 adolescents who were male and females(aged 10-19), sources of social support scale and depression anxiety stress scale self administered questionnaires were used. The correlation analysis showed that social support was negatively correlated with low levels of psychological well being, where by adolescents infected with HIV(n=74)reported higher levels of stress, anxiety and depression. Low levels of social support were significant predictors of depression and stress.

Okawa S, et al. (2011) carried out a cross sectional study to explore the associations between perceived social support and psychological well being of adolescents with HIV in urban Kenya. Data was collected from 398 HIV infected adolescents (aged 10-18)and their care givers

in Nairobi Kenya, the participants provided information on the children's (PSS)perceived social support and the children's psychological status(based on measures of depressive symptoms).results showed that HIV infected children(n=37) had higher scores of perceived social support from a special person and children living with biological siblings (n=269)also had higher scores of perceived social support from both special person and friends. In conclusion the study showed that perceive social support positively associated with the high levels of psychological well being of adolescents with HIV.

According to Khoramirad, Gaeeni and Pourmarzi (2018) they assert that adolescents living with HIV experiencing poor social support are more vulnerable to low levels of psychological well being and harm reduction programs should be reinforced in such groups, This was observed in their cross sectional study which was aimed at evaluating the relationship of social support and psychological well being among adolescent HIV patients, receiving services from health centers of Zahedan province, south eastern Iran. The psychological well being and social support were assessed using Ryff scales of psychological well being and medical outcomes study social support scale (MOS-SSS) questionnaires. Multivariable linear regression analysis using backward stepwise method was conducted to determine factors related to psychological and social support. 110 patients aged 11-19 were included in the study. Results showed that adolescents infected with HIV had lower scores of psychological well being. Moreover social support positively and independently related to the score of psychological well being (B=-0.505; 95% confidence interval: 0.360 to 0.649).

According to kingori, Haile and Ngatia (2015)they assert that social support has an overall impact on the psychological well being of HIV positives. They conducted a cross sectional study which aimed to examine impact of social support on the psychological well being of adolescents living with HIV in Kenya. HIV positive adolescents were recruited from an HIV clinic in Kenya as participants. Descriptive statistics and logistic regression analyses were utilized. Findings revealed that participants who reported high social support compared to those with no social support had lower odds of having low levels of psychological well being, they concluded that social support can be a buffer against the negative impacts.

HIV Stigma and psychological well being

According to Ashaba, Rukundo and cooper-Vince (2017) they assert that internal stigma and external stigma are strongly associated with major depressive disorder which has a negative impact on the psychological well being of adolescents living with HIV .this was observed in their cross sectional study to estimate the association between HIV stigma and psychological well being of adolescents in rural Uganda. It was conducted between November 2016 and March 2017 with a consecutive sample of 224 (ALWH) adolescents living with HIV aged (13-17) years. Results showed that 90 participants reported high levels of internalized stigma, 97 reported high levels of external stigma, 37 had major depressive disorder, in multivariable logistic regression models, stigma had a statistically significant association with depressive disorder (AOR=1.30;95% CI 1.03-1.30;p=0.04),concluded that stigma strongly associated with major depressive disorder, and there is a need for psychological interventions.

According to Duko, Geja and Zewude (2016) they assert that HIV perceived stigma has statistically significant association with low psychological well being among HIV patients. This was evidenced in cross sectional study in Hawassa, Ethiopia which aimed to assess the

prevalence and factors associated with low psychological well being among people living with HIV attending Hawassa college comprehensive specialized Hospital Ethiopia total of 400 HIV positive patients who had regular visit at Hawassa college comprehensive specialized hospital were included in the study. Systematic random sampling was used to recruit study participants. Patient health questionnaire item nine (PHQ-9) was used assess depressive symptoms and also HIV perceived stigma scale were used to assess HIV related perceived stigma. The study revealed that 48.6% patients had depression, HIV related perceived stigma (AOR=2.83,(95%CI 1.78,4.48),(95% CI 1.02,14.83) were more likely to have a low psychological well being compared to individuals who had no perceived HIV stigma.

According to Li, Heish and Sheng (2018)Rural adolescents living with HIV in central china suffer from the burden of HIV related stigma at a moderate to high level which has a negative impact on their psychological well being. This was observed in the cross sectional study which was conducted among adolescents living with HIV and receiving care through Chinese centers of Zhenping County in Henan province, China. HIV stigma was measured utilizing the validated Berger HIV stigma scale which has good psychometric characteristics in Chinese adolescents living with HIV. Psychological well being was assessed using Ryff scales of psychological well being. 239 adolescents completed the survey, the mean total HIV related stigma score was 105.92(SD=12.35,95% CI:104.34,107.49).Multivariable linear regression analysis revealed a higher level of HIV related stigma in adolescents living with HIV(B=-0.57,95% CI=-0.78,-0.35,p<0.001)and those who reported low levels of psychological well being(B=6.26,95% CI=1.26,11.26,p<0.05).this concluded the findings in the study that rural adolescents living with HIV in central china suffer from burden of HIV stigma at moderate to

high level and experiencing low levels of psychological well being. Adolescents living with HIV that have low levels of psychological well being tend to perceive high levels of HIV stigma.

According to Siyan, chhoun and Soung (2015) HIV related stigma among adolescents has potential impact on their psychological well being or mental health. This was evidenced in a cross sectional study which was conducted to examine the association of HIV related stigma and psychological well being among adolescents living with HIV in Cambodia. A two stage cluster sampling method was used to select 1,003 adolescents from six provinces. The adolescents living with HIV stigma index was used to measure HIV stigma and a short version of general health questionnaire (GHQ-12) was used to measure mental health. Multivariate logistic regression analysis was conducted. Results showed higher levels of internal stigma (AOR=1.7, 95% CI=1.2-2.3) and higher levels of enacted stigma (AOR=1.5, 95% CI=1.1-2.2).levels of a low psychological well being (GHQ-12>4) were significantly associated with higher levels of experiences of stigma. These findings showed that HIV related stigma has potential impact on the psychological well being or mental health of adolescents living with HIV.

Hypotheses

a) There is a significant relationship between HIV Stigma and social support.
b) There is a significant relationship between HIV Stigma and psychological well being.
c) There is a significant relationship between Social support and Psychological wellbeing.

Chapter Three

Methodology

Introduction

This chapter comprises of how the study was conducted. It presents the research design, population, sample design, sampling technique, instruments, measures, procedures, quality control, data management and data analysis

Research Design

A descriptive research design was used using quantitative approach. The reason for choosing descriptive research design was that it involves systematic collection and presentation of data which gives a clear picture of a particular situation.

Population

All HIV positive adolescents on antiretrieval treatment between ages of 12-18 years.

Sample Size

The study targeted both male and females between ages of 12-18 years.30 HIV positive adolescents on antiretrieval treatment for a period of 1-12 months were selected from TASO Mulago Kampala district.

Sampling Technique

Random sampling technique was used to select the study sample. This technique was chosen because it gives each individual an equal opportunity to participate. It also saves time

Instruments

A self administered questionnaire was used.

Measures

The questionnaire consisted of four sections.

Section A comprised of the respondents personal data which included age, sex, gender and religion.

Section B measured HIV stigma with 8 items using a structured questionnaire which consisted of close ended questions and contingency questions. With close ended questions there was only two possible responses either YES or NO. While with contingency questions, a question was only answered if the respondent gave a particular response to a previous question. Using these questions, answers across respondents were compared among stigmatized and non stigmatized adolescents.

Section C measured social support with 8items using Self Regulation Questionnaire by Brown, Miller & Lawendowski, 1999) accompanied with a Likert scale. (1=never), (2=rarely), (3=sometimes), (4=often), (5=always). Likert scale was used because it's appropriate for use in data collection.

Section D measured psychological well being with 9 items using psychological well being scale by Carol Ryff accompanied with Likert scale .(1=never), (2=rarely), (3=sometimes), (4=often), (5=always).Each respondent was required to tick the best alternative

Procedure

The process of data involved two stages, editing and coding. Under editing errors made in the questionnaire were identified and eliminated. After editing, coding followed which allowed entry of data in the computer. It used numeric values for easy analysis and interpretation of findings. After editing and coding, a pilot test was carried out to find out the reliability of the instruments. Questionnaires were administered to ten HIV positive adolescents on antiretrieval treatment from TASO Entebbe. Corrections were made in the questionnaire and after checked for accuracy, uniformity and consistency. The letter of introduction was obtained from the school of psychology and was presented to TASO Mulago. The purpose of the study was explained to selected respondents. I assured confidentiality that whatever information clients shared was not to be shared with anyone else unless if given permission from them. The random sampling technique was used to select the samples after making clear agreements. I administered questionnaires personally.

Quality Control

I ensured validity by designing questions that brought out the intended study variables like questions about HIV stigma, social support and psychological well being in order to measure what is supposed to be measured.

I ensured reliability by doing a pilot study at TASO Entebbe and designing same questions under the same section in order to measure consistency.

Data Management

Questions were coded for purpose of filling in responses correctly. I coded them as below:

Questionnaire items under HIV Stigma were measured using contingency questions, close ended questions and coded as a)=YES and b)=NO.

Questionnaire items under social support and psychological wellbeing were rated on a five Likert scale where respondents were required to tick the appropriate answer and coded as (1=Never), (2=Rarely), (3=Sometimes), (4=often), (5=Always).

Data Analysis

Data was analyzed using statistical package for social scientist (SPSS), Pearson r product moment correlation co efficient was used to test the hypotheses.

Chapter Four

Introduction

This chapter presents the results of the study. The results are presented in form of frequencies, percentages and Pearson correlation tables following the objectives and hypotheses of the study.

Demographic information

The following tables that follows in this section present the demographic information about the respondents.

They show the respondents age, gender, religion and parent hood.

Table 1: Age distribution

Age	Frequency	Percentage%
12	2	6.7
13	3	10.0
14	3	10.0
15	3	10.0
16	9	30.0
17	4	13.3
18	6	20.0
Total	30	100.0

Table 1 shows that majority of the respondents (30.0%) with age of 16 years. This was because those aged 16 had the greatest ability to respond correctly to the questions which were asked. The least number of respondents were aged 12 years (6.7%). This was because respondents with age 12 were not so grown to respond correctly to some questions in the questionnaire.

Table 2: Gender distribution.

Gender	Frequency	Percentage (%)
Male	14	46.7
Female	16	53.3
Total	30	100.0

Table 2 shows that the majority of respondents were (53.3%) female. This was because females were the most available and the easiest to get their consent and become participants in the study. The Male were the least respondents (46.7%). This was because few male were available and some didn't show interest in becoming participants.

Table 3: Religion distribution

Religion	Frequency	Percentage (%)
Catholics	5	16.7
Protestants	5	16.7
Muslim	7	23.3
Advent	3	10.0
Born again	10	33.3
Total	30	100.0

Table 3 shows that the majority of respondents were (33.3%) Born again. It was noticed that many after finding out their status they converted to being born again deciding to give their lives to GOD. The least number of respondents were (10.0%) Advents.

Table 4: Are both parents alive?

Valid	Frequency	Percentage (%)
Yes	15	50.0
No	15	50.0
Total	30	100.0

According to the results in table 4.The 50% of respondents had both parents and 50% didn't have both parents. It was noticed that the majority of those who didn't have both parents were the respondents who were born infected with HIV from their mothers.

The tables below in this section presents experiences HIV Stigma among stigmatized and non stigmatized HIV positive adolescents in TASO Mulago Kampala district.

Table 5: HIV Stigma

Item	Yes	No
	Percentage%	Percentage%
Have you ever experienced prejudice from people because you are HIV positive?	100.0	
Have you ever experienced discrimination from people because you are HIV positive?	80.0	20.0
Did you feel any shame and guilty when you got to know your status?	96.7	3.3
Are you still experiencing prejudice from people?	73.3	26.7

Table 5 above shows results of HIV Stigma among adolescents with HIV in TASO Kampala district. The results showed that almost all respondents highly experienced HIV Stigma. For instance all the 30 participants (100.0%) had ever experienced prejudice, (80.0%) had experienced discrimination from people of their HIV status, (96.7%) had feelings of shame and guilt because of their HIV status and (73.3%) were still experiencing prejudice from people because of their HIV status. According to the results this shows that majority of the respondents were highly stigmatized because of their HIV status.

Table 6: Age distribution at which prejudice was first experienced.

Current age	Age at which prejudice was first experienced	Percentage %
12-13	11	6.7
13-14	12	10.0
14-15	13	10.0
15-16	14	10.0
16-17	15	30.0
17-18	16	13.3
18	17	20.0
	Total	100.0

Table 6 above shows age at which respondents first experienced prejudice (judgment).Results show that majority experienced prejudice (30.0%) at 16 years. This implies that those who first experienced prejudice at a late age of 16 years were not born infected with HIV. The least respondents (6.7%) first experienced prejudice at 11 years. This implies that those who first experienced prejudice at an early age of 11years; they were born infected with HIV.

The table below in this section presents experiences of Social support among stigmatized and non stigmatized HIV positive adolescents in TASO Mulago Kampala district.

Table 7: Social Support

Items	Responses				
	Never	Rarely	Sometimes	Often	Always
	%	%	%	%	%
My family member accompany me to the health care centers to get my treatment	23.3	30.0	26.7	20.0	
My family members discriminate me because of my status	20.0	10.0	43.3	20.0	6.7
At school am treated like everybody else	13.3	30.0	26.7	26.7	3.3
I play and interact freely with other people		40.0	26.7	23.3	10.0
I receive freely HIV health care services		13.3	60.0	23.3	3.3
I get counsel sessions on how to live with HIV		26.7	63.3	10.0	
I get most of the things I ask for from my family	6.7	36.7	33.3	23.3	3.3
I get useful advice about life from different people	3.3	36.7	43.3	13.3	3.3

Table 7 above shows results of social support among adolescents with HIV in TASO Kampala district. The results showed that HIV patients receive low social support in terms of emotional, instrumental, appraisal and informational social support. Lack of emotional social

support among HIV patients was noticed when none of the respondents replied that they were always accompanied by their family members to the health centers to get treatment, only (3.3%) respondents replied that he is treated like everybody else at school, (10.0%) respondents replied that they play and interact freely with other people, lack of emotional social support was noticed when majority of respondents (43.3%) replied that sometimes they are discriminated by their family members because of their status. Results also showed that respondents lacked instrumental social support. It was noticed when (3.3%) replied that he receives freely HIV health care services. Lack of instrumental social support among adolescents with HIV was also noticed when none of the respondents replied that they always get most of the things they ask from their family. Respondents lacked appraisal and informational social support and this was observed when no respondent out of 30 replied that they always get counsel sessions on how to live with HIV. Lack of informational social support was noticed when (3.3%) replied he gets useful advice about life from different people. According to the results it shows that most of the respondents received poor social support because of their HIV status.

The table below in this section presents experiences of psychological wellbeing among stigmatized and non stigmatized HIV positive adolescents in TASO Mulago Kampala district.

Table 7: Psychological wellbeing

Items	Responses				
	Never	Rarely	Sometimes	Often	Always
	%	%	%	%	%
You feel like you want to be alone all the time			13.3	23.3	63.3
You think of committing suicide		20.0	60.0	10.0	10.0
You think of hurting people who discriminate you because of your status?		26.0		16.7	56.7
You get bad dreams?			40.0	13.3	46.7
You get stressed whenever you think of your status			30.0		70.0
You think of getting others infected to be like you?		20.0	10.0	10.0	60.0
You feel uncomfortable talking about your life experiences of living with HIV?			6.7	30.0	63.3
You think of living many years and have a good future.		43.0	26.6	20.0	10.0
You get denial thoughts about your status.			16.7	40.0	43.3

Table 8 above shows results of psychological wellbeing among adolescents with HIV in TASO Kampala district. According to the results Majority of respondents replied the following. (63.3%) respondents they always feel like they want to be alone all time, (60.0%) always think of committing suicide.(46.7%) always get bad dreams, (70.0%) always get stressed whenever they think of their status, (63.3%) always feel uncomfortable talking about their life experiences of living with HIV, (43.0%) rarely think of living many years and have a good future. And (43.3%) always get denial thoughts about their status. According to the results, it shows that majority of respondents have a low psychological well being.

Table 8: Correlation between HIV Stigma and Social support.

	HIV Stigma	Social Support
HIV Stigma	Pearson Correlation	1	-.437*
	Sig. (2-tailed)		.016
	N	30	30
Social Support	Pearson Correlation	-.437*	1
	Sig.(2 tailed)	.016	
	N	30	30

*. Correlation is significant at the 0.05 level (2-tailed)

Table 9 above shows that there is a significant negative relationship between HIV Stigma and Social support (r=-.437, p=0.05) among adolescents in Kampala district. This is shown by the correlation co-efficient r (-437) at 0.016 level of significance which is less than

0.05 two tailed. Results mean that individuals who highly experience HIV Stigma also experience low social support because they get negative attitudes about their status from the same people who should be supporting them to cope with their situation. We therefore retain the hypothesis.

Table 9: Correlation between HIV Stigma and psychological wellbeing

	HIV Stigma	Psychological Well being
Pearson Correlation	1	-.375*
HIV Stigma		
Sig .(2- tailed)		.041
N	30	30
Pearson Correlation	-.375*	1
Psychological Well being		
Sig. (2 –tailed)	.041	
N	30	30

*. Correlation is significant at the 0.05 level (2- tailed).

Table 10 above shows that there is a significant negative relationship between HIV Stigma and psychological well being (r=.375, p=0.05) among adolescents in Kampala district. This is shown by the Pearson correlation co-efficient r(-375) at 0.041 level of significance which is less than 0.05 two tailed. Results mean that individuals who experienced high levels of HIV Stigma had low levels of psychological well being. This was noticed when respondents who highly experienced HIV Stigma also had a low psychological wellbeing. Therefore we retain the hypothesis.

Table 10:Correlation between Social Support and Psychological wellbeing

	Social support	Psychological wellbeing
Social support	Pearson Correlation	1	.555*
	Sig .(2- tailed)		.001
	N	30	30
Psychological wellbeing	Pearson Correlation	.555*	1
	Sig .(2- tailed)	.001	
	N	30	30

*Correlation is significant at the 0.01 level (2-tailed)

Table 11 above shows that there is a significant positive relationship between social support and psychological well being (r=.555, p=0.05) among adolescents in Kampala district. This is shown by the correlation co-efficient r(0.555) at 0.001 level of significance which is less than 0.01 two tailed. Results mean that high social support can lead to a high psychological wellbeing while poor social support can lead to a low psychological wellbeing. This was noticed when majority of respondents who received poor social support also had a low psychological wellbeing while the very few respondents who received high social support also had a high psychological well being. Therefore we retain the hypothesis.

Chapter Five

Discussion,Conclusions and Recommendations

Introduction

This chapter focuses on the discussions that were drawn from resultsin chapter four. It also deals with the findings in relation to the stated hypothesis in chapter two. This chapter has conclusions and recommendations which are in regard of HIV Stigma, social support and psychological well being among adolescents.

Discussion

HIV Stigma and Social support among adolescents in Kampala district.

The first hypothesis (Ho) stated that there is a significant relationship between HIV Stigma and social support among adolescents in Kampala district. According to table 9 in chapter 4 the results revealed that clearly there is a negative significant relationship between HIV Stigma and social support among adolescents.This implies that individuals who are highly stigmatized also receive poor social support.

The findings agree with Galvan, Davis and Eric(2008) who found out that high levels of social support can help decrease impact of HIV Stigma and low levels of social support can increase HIV Stigma among HIV positive patients. They also revealed that in social interactions stigmatized HIV positive people are perceived as deviating from a social norm andtherefore little or no social support is provided to them. This implies that the HIV positive people are perceived as having no control over their behavior and are responsible for their status.

The findings are also in agreement with Levy, Ong'wen and Lyon (2016) who found out that HIV positive patients face barriers such as low levels of social support and HIV Stigma.They also revealed that the society views HIV patients as people who deviate social norms and therefore don't deserve to be supported in any way.

HIV Stigma and Psychological wellbeing among adolescents in Kampala district

The second hypothesis (Ho) stated that there is a significant relationship between HIV Stigma and psychological wellbeing among adolescents in Kampala district.According to table 10 in chapter 4 theresults revealed clearly that there is a negative significant relationship between HIV Stigma and psychological wellbeing. This implies that individuals who highly experience HIV stigma also have a low psychological well being because HIV Stigma not only has a negative impact on their physical and treatment adherement but also affects an individual's psychological wellbeing.

The findings of the study are in agreement with Ashaba,Rukundo and cooper-vince (2017) . According to the results showed in their study case to estimate the association between HIV Stigma and Psychological wellbeing of adolescents in rural Uganda. They assert that internal and external stigma has a negative impact on the psychological wellbeing of HIV patients. They also

found that HIV positive patients find it more difficult to integrate with other members of the society because some perceive it to be contagious and sometimes as a dangerous behaviour.

The findings are also in agreement with Duko, Geja and Zewude (2016).According to the results in their study case in Hawassa, Ethiopia which aimed to assess the prevalence and factors associated with low psychological well being among people living with HIV.They assert that HIV stigma has statistically significant association with low psychological well being among HIV patients. They also found out that HIV patients develop some coping mechanisms to live positive. However when their self worth and networks are disrupted by stigma, they therefore end up developing low levels of psychological well being.

The findings are also in agreement with Li, Heish and Sheng (2018). Who assert that HIV patients suffer from a burden of HIV stigma at moderate to high levels and experiencing low levels of psychological well being. This implies that HIV Stigma contributes to depression, anxiety and hopelessness on HIV positives due to feelings of shame, guilt, anger, fear that they face because of their status.

Social support and Psychological well being among adolescents in Kampala district.

The third hypothesis stated that there is a significant relationship between social support and psychological well being among adolescents in Kampala district. According to table 11 in chapter 4 the results clearly revealed that there is a positive significant relationship between social support and psychological wellbeing. This implies that individuals who receive high social support also have a high psychological well being though those who receive poor social support also have a low psychological well being.

The findings of the study are in agreement with Matsumoto,Yamaoka and Takahashi (2017) who found out that high levels of social support might act as a key protective factor against low levels of psychological well being in HIV positive patients. This implies that adequate social support provided to people with HIV enables them to develop the sense that others are available to provide assistance for them which can enhance their ability to cope with their HIV status. Low or no social support can have negative consequences for HIV positive patients in terms of psychological impairment and emotional distress due to low expectations of support from others such as family members, relatives and neighbors.

The findings of the study are also in agreement with Okawa S, et al (2011) who found out that perceived social support from special person,parents and friends can influence high levels of psychological well being in HIV patients. He also found out that the size of social support networks for HIV positivesis smaller than for those with no HIV and this exposes them to low levels of psychological well being. This implies that social support is an important factor that influences psychological well being of HIV positives. It improves psychological health outcomes, increases motivation for treatment, self care behaviours and also prevention of transmission of such infection.

The findings of the study are also in agreement with Khoramirad,Gaeeni and Pourmarzi (2018) who found that HIV patients experiencing low levels of social support are more vulnerable to low levels of psychological well being. They also found out that the negative attitudes of the society towards HIV positives affectboth their physical and psychological wellbeing.

The findings of the study are also in agreement with Kingori, Haile and Ngatia (2015). According to their results from the cross sectional study they carried out in Kenya

among HIV patients in Kenya clinic. They assert that low social support experienced by HIV positive patients not only has an immense impact on the individual's treatment outcome but their psychological well being too. This implies that living with a potentially life threatening and chronic disease like HIV impairs the individual's physiological and psychological functioning since their conditions discourage them from receiving treatment.

Conclusion

The conclusions have been drawn basing on the study results and in line with the research hypothesis

In conclusion HIV Stigma has a negative impact on the psychological well being of adolescents receiving poor social support. The results also revealed that there is a positive significant relationship between social support and psychological wellbeing where by high social support buffers a low psychological well being and therefore all the hypotheses in chapter two were retained.

Recommendations

Leaders in the government and non government organizations (NGO'S) who help HIV positive patients cope with their HIV status should establish laws that protect HIV patients rights against stigma.

Counseling services which are appropriate should be availed at all recognized health centers and extended to also patient care takers. This counseling should be continuous because stigma is not only one of the hindrances to patients seeking treatment but also influences low levels of psychological well being.

Social support should be enhanced through availing information on antiretroviral drugs and also ensure availability of drugs even in remote areas of the country side to enable quick access for the HIV positives. Outreach services should be supported with the view that people are involved. This will boost their psychological well being hence reduce on stigma.

The ministry of health and non government organizations involved in the fight against HIV should continue to sensitize the general public not to blame or view HIV patients as being responsible for their fate. They should give them social support like visiting them,making them feel worthy and loved which will help reduce on stigma

There is need for the government to train more community psychologists and counselors so that they can help in identifying social and psychological outcomes of HIV Stigma among HIV positives. The psychologists and counselors can help the HIV positive patients to learn stress management and other means of coping with their condition.

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Questionnaire

HIV stigma, social support and psychological well being questionnaire.

Welcome! This questionnaire is confidential and it's designed to gather information on the topic "HIV Stigma, Social Support and Psychological well being Among Adolescents in Kampala Distict".Please respond honestly by ticking or writing in the blank spaces to the best of your knowledge. All information will be for research purposes only and will not be used without your permission. To begin please answer few questions about yourself.

Section A: Demographic Data.

1. Age……

Tick on the best alternative.

2. Gender

a) Male ☐ Female ☐

3. Religion

a) Catholic ☐ b) Protestant ☐ c) Muslim ☐ d) Advent ☐ e) Born again f)Others specify ……..

4. Are both your parents alive?

a) Yes ☐ b) No ☐

Section B: HIV Stigma

1. Have you ever experienced prejudice (pre-judgement) from people because you are HIV positive?

Tick the best alternative

a) Yes ☐ b) No ☐

2. If yes at what age

……

……

3. Have you ever experienced discrimination (unfairness) from people because you are HIV positive?

a) Yes ☐ b) No ☐

4. Please explain below how you experienced it and how you managed the situation.

……

……

……

……

5. Did you feel any shame or guilt when you got know your HIV status?

a) Yes ☐ b) No ☐

6. If yes, please explain below about that experience and how you handled the situation.

……

……

……

……

……

……

7. Are you still experiencing prejudice (pre- judgment) from people?

1. a) Yes ☐ b) No ☐

8. If yes, does it still affects you and explain the reason why it does. If No please explain how the stigma was handled.

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……

Section C: Social Support

Respond to the following questions using the scale below.

Never……	1	Sometimes……	3	Always ……	5
Rarely ……	2	Often ……	4		

Please read the questions and tick on the best alternative.

1. My family members accompany me to the health centers to get my treatment

   1 2 3 4 5

2. My family members discriminate me because of my status.

   1 2 3 4 5

3. At school am treated like everybody else

   1 2 3 4 5

4. I play and interact freely with other people.

   1 2 3 4 5

5. I receive freely HIV health care services

   1 2 3 4 5

6. I get counsel sessions on how to live with HIV

   1 2 3 4 5

7. I get most of the things I ask for from my family.

   1 2 3 4 5

8. You get useful advice about life from different people.

   1 2 3 4 5

Section D:Psychological well being

Respond to the following questions using the scale below.

Never……	1	Sometimes……	3	Always ……	5
Rarely ……	2	Often ……	4		

1. You feel like you want to be alone all the time

   1 2 3 4 5

2. You think of committing suicide?

   1 2 3 4 5

3. You think of hurting people who discriminate you because of your status?

   1 2 3 4 5

4. You get bad dreams?

   1 2 3 4 5

5. You get stressed whenever you think of your status?

   1 2 3 4 5

6. You think of getting others infected to be like you?

   1 2 3 4 5

7. You feel uncomfortable talking about your life experiences of living with HIV

   1 2 3 4 5

8. You think of living many years and have a good future.

   1 2 3 4 5

9. Youget denial thoughts about your status.

   1 2 3 4 5