

Abstract

The current research project aimed at exploring the experiences of HIV positive patients in Pakistan and finding the determinants of their general health. In order to achieve the objectives of the study, the research was carried out in two parts: Part I comprised qualitative study. Sample of the study was purposive, homogenous and consisted of eight HIV positive patients. Men and women were given equal representation in the sample. The age range of the participants was between 25 to 35 years. A semi-structured interview guide was prepared to explore the psychosocial, diagnostic, illness and treatment experiences of HIV positive patients. The interviews were audio recorded and later on transcribed verbatim for a detailed in depth analysis. Seven superordinate themes emerged during the rigorous analytic process of interpretative phenomenological analysis (IPA) proposed by (Smith, Flowers, & Larkins, 2009). Part II was quantitative in nature and comprised two studies. Study II was a preliminary study that comprised two phases: Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) was translated into Urdu language and validated in Phase I, as it was intended to assess the perceived stress of the HIV positive patients in study III. Rest of the study scales were available in Urdu, so factor structures of all scales were tested via confirmatory factor analyses ($n=300$) in Phase II by using AMOS 20.0 and all the measures revealed good fit to the data. Study III was the main study. The aim of the study was to investigate the determinants (viz., perceived stress, emotional intelligence and perceived social support) of general health of HIV Positive patients. Urdu translated versions of Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983), Berlin Social Support Scale (Nawaz & Batool, 2013), Emotional Intelligence Scale (Batool & Khalid, 2011), General Health Questionnaire (GHQ 28;

Goldberg & Williams, 1988), and demographic datasheet were used to collect the data. Data were collected from 361 HIV positive patients, recruited from the cities of Rawalpindi, Islamabad and Lahore (Punjab, Pakistan). Men ($n = 291$) and women ($n = 70$), were given representation in the sample. The Age range of the participants was 18 to 67 ($M = 36.4$, $SD = 10.3$). Pearson's product correlation analysis was carried out to assess the magnitude and direction of relationships among all the study variables. Linear regression analyses revealed that emotional intelligence and social support were significant negative predictors and perceived stress was a positive predictor and explained 49 % variance in general health. Moderation analysis was carried out through SPSS 16.0 and results supported gender as a moderator in relationship between social support and general health but gender did not moderate the relationship between perceived stress and general health and between emotional intelligence and general health. Results of mediational analysis via structural equation modelling using AMOS 20.0 showed that perceived stress partially mediated the relationship between perceived social support and general health. The MANOVA was carried out on five independent groups (viz., gender, age, family system, education, and monthly income) and four outcome variables (general health, perceived stress, perceived social support and emotional intelligence). The results of MANOVA were not significant. Results of both the studies (i.e. quantitative and qualitative parts) revealed that emotional intelligence and perceived social support were two important protective factors / predictors that determine the general health and also the individual components of general health of HIV positive patients. Both the studies also highlighted the role of emotional intelligence and perceived social support in reducing

the perceived stress level of HIV positive patients. Quantitative study validated the results of qualitative study. Conclusions were drawn and the clinical implications were discussed at the end.