Social Support and Religiosity as Predictors of Life Satisfaction Among HIV/AIDS Patients: Assessing Moderating Roles of Resilience

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Abstract

The study investigated social support and religiosity as predictors of life satisfaction among people living with HIV/AIDS in Enugu state, Nigeria by assessing the moderation role of resilience. Three hundred and ninety (390) HIV/AIDS patients consisting one hundred and eighty five (185) males and two hundred and five (205) females between the ages of 18 and 60 years with a mean age of 33.44 years were sampled using purposive sampling technique. Sarason, et al. [1] 24 – item Social Support Questionaire (SSQ), Smith, et al. [2] 6 – item Brief Resilience Scale (BRS), Barson and Schoenrade (1991) 12 – item Religious Quest Scale (RQS) and Diener, Emmons, Larsen & Giffin [3] 5 – item Life Satisfaction Scale (LSS) were used to collect data. A cross-sectional survey design was adopted; while hierarchical multiple regression was employed in testing the hypotheses. The result showed that resilience (β = .13, t = 2.50, p< .05), some dimensions of social support (family, β = .06, t = .85, p<.01) and religiosity (intrinsic, β = .38, t = 5.45, p< .01) significantly predicted life satisfaction. Also resilience moderated some dimensions of social support (family, β = .20, t = 3.03, p< .01) and religiosity (quest, β = -.18, t = -3.39, p< .01) to predict life satisfaction. The findings were discussed in terms of the relevance of family support, religiosity and resilience in the continuous survival of people living with HIV/AIDS.

Keywords: Social Support; Religiosity; Life Satisfaction; HIV/AIDS, Resilience

Introduction

Studies on resilience and social support in the HIV/AIDS context have concluded that the higher the resilience and social support, the higher the perception of life satisfaction and the lower the mental distress [4]. Similarly, other studies have shown that resilience and religiosity is positively associated with better cognitive coping, wellbeing, and acceptance of being HIV-positive [5]. The need to understudy the dynamics of how resilience moderates the relationship between social support, religiosity and life satisfaction among Nigerian samples is therefore relevant. Dimpy & Megha [6] investigated the effects of perceived social support on the life satisfaction of University students and found that the higher the levels of perceived social support from family and friends, the higher the life satisfaction. Balogun (2014) carried a study on the dispositional factors, social support and happiness on life satisfaction among prison inmates in Nigeria and found that social support and happiness significantly affect life satisfaction among prisoners. Adriaansen, Leeuwen, Visser-

Meily, & Bos [7] carried out a study on the course social support and relationships between social support and life satisfaction in spouses of patients with stroke in the chronic phase and found that caregiver strain was associated with lower life satisfaction and social support was associated with higher life satisfaction, but there were no interaction effects between caregiver strain and social support on life satisfaction. Wan, Jaccard & Ramey [8] studied the relationship between social support and life satisfaction as a function of family structure. The result showed the importance of distinguishing who provides the social support. It indicated that individuals tend to receive support from some referents more than from others.

Kang, Chapin, & Kim [9] carried out a study on the relationship between stress and life satisfaction of retired older adults in South Korea as moderated by social support and found that social support moderated the relationship between stress and life satisfaction. Lower levels of stress and greater perceived social support

were directly associated with higher levels of life satisfaction. Greater age, more education, better health, and financial security also had positive associations with life satisfaction. Zhou & Lin [10] investigated the moderating role of social support in the relationship between adaptability and life satisfaction and found that social support moderated the relation between resilience and life satisfaction, such that the positive relation between adaptability and life satisfaction was stronger for individuals with higher levels of social support than for individuals with lower levels of social support. Akbar et al. [11] carried out a study to explore the level of resilience and life satisfaction among nomadic and found that there was significant difference among resilient nomadic who also have higher level of life satisfaction as compared to non-resilience nomadic. Vyavaharkar, et al. [12] carried out a study on the relationships among socio-demographic factor, resilience and life satisfaction among HIV/AIDS-positive individuals and found that resilience was the best positive predictor of life satisfaction of patients with HIV/AIDS disease. Yildirim & Sönmez [13] carried out a study on the relation between resilience, and life satisfaction in pre-service preschool teachers in Turkey and found resilience has significant positive relationship with life satisfaction. Social support is effective in improvement of resilience. Thus, young people living in metropolises are lucky in terms of gaining Social Support and being satisfied with life. Shima, Mohammad & Masoud [14] conducted a study on relation of resilience and with life satisfaction and found that resilience had direct significant positive relationship with life satisfaction.

Yagoub & Al-Kandari [15] carried out a study to determine whether there is a relationship between religiosity and life satisfaction among hard-working adults in Kuwait society and found that the respondents with a high degree of religiosity have a lower mean of life satisfaction than did the respondent with a low degree of religiosity. Razvan, Zahra, Ghafarokhi & Shima [16] carried out a study on relationship between social support, resilience, religiosity and life satisfaction in married university students and found that marital satisfaction (not life satisfaction) was predicted by social support, resilience and religiosity. Religiosity showed the greatest relationship with life satisfaction. Many other studies have provided evidence on the role's resilience, social support and religiosity play in promoting life satisfaction (e.g. [17-21]), but none so far has gone to understand the role that resilience play in moderating the relationship between social support and religiosity on life satisfaction. More importantly, no literature has jointly related social support, religiosity, resilience and life satisfaction in the Nigerian setting, hence this present study. It is on this premise that the researcher establishes this study to find out answers to the following questions: Will social support (government, friends and family) predict life satisfaction among HIV/AIDS patients in Enugu State? Will religiosity (extrinsic, intrinsic and quest) predict life satisfaction among HIV/AIDS patients in Enugu State? Will resilience predict life satisfaction among HIV/AIDS patients in Enugu State? Will resilience moderate the relationship

between social support (government, friends and family) and life satisfaction? Will resilience moderate the relationship between religiosity (extrinsic, intrinsic and quest) and life satisfaction?

Hence, the purpose of this study is to ascertain whether social support, resilience, and religiosity will influence life satisfaction of patients living with HIV/AIDS in Enugu State. Specifically this research work will focus on the following objectives: To determine if Social Support (government, friends and family) predicts life satisfaction among HIV/AIDS patients in Enugu State; To ascertain if religiosity (extrinsic, intrinsic and quest) predicts life satisfaction among HIV/AIDS patients in Enugu State; To determine if resilience predicts life satisfaction among HIV/AIDS patients in Enugu State; To determine if resilience moderates the relationship between social support (government, friends and family) and life satisfaction among HIV/AIDS patients in Enugu State; To determine if resilience moderates the relationship between religiosity (extrinsic, intrinsic and quest) and life satisfaction among HIV/AIDS patients in Enugu State.

Method

Participants

Three hundred and ninety (390) HIV/AIDS patients from drug collection centres in Enugu State, Nigeria, participated in the study. Participants were drawn from the numerous District and Sub-District Hospitals (SDH) located at Udi, Agbani, Awgu-Orji SDH, Isi¬-Uzo, Enugu-Ezike, Nsukka and Enugu Metro – Poly SDH. Out of the 390 participants, 205 were males and consisted of 42.3% of the sample, and 185 were females and consisted of 57.7% of the sample. The participants' age ranged between 18 and 60 and above years with a mean age of 33.44 years. One hundred and ninety-three (193) were single and 197 were married. One hundred and ten were unemployed while two hundred and eighty were employed. Nine had first school leaving certificate, 49 had Senior Secondary school certificate, 33 had OND, 73 had HND, while 234 had BSc.

Instruments

Four instruments were used for the study namely: Sarason, Levine, Basham, Vamp and Sarason,[1] 24-item social support Questionnaire (SSQ), Smith, et al. [2] 6-item Resilience Scale, Batson and Schoenrade, (1991) 12-item religious orientation scale and Diener, Emmons, Larsen & Giffin [3] five-item Life Satisfaction scale.

Social Support Questionnaire (SSQ)

Social Support Questionnaire (SSQ) by Sarason, et al. [1] was developed to assess the extent to which one receives support from others. A pilot study was conducted to validate the instrument for use in the present study using 78 participants with age ranged between 18 and 60 years with a mean age of 39 years. Therefore, a Cronbach Alpha of 0.81, for family, 0.78 for friends and 0.88 for government was obtained which means that the instrument was found to be reliable for the present study.

Religious Orientation Scale

Religiosity was measured by Religious Orientation Scale, a 12-item scale developed by Batson and Schoenrade, (1991), that measure religiosity in three dimensions: Intrinsic (self-criticism), Extrinsic (openness to change), and Quest (readiness to face existential questions without reducing their complexity). It measures personal religion and openness to religious changes. The authors reported a total reliability coefficient alpha of 0.93. In addition a pilot study was conducted to validate the instrument for use in the present study using seventy eight (78) participants with age range between eighteen to sixty years and above (18-60) with a mean age of 39.32. Therefore, a Cronbach Alpha of 0.73 for intrinsic, 0.81 for extrinsic and 0.89 for quest and also a total reliability of 0.85 was obtained which means that the instrument was found to be reliable for the present study.

Brief Resilience Scale

This is a 6- item Brief Resilience Scale developed by Smith, et al. [1]. The scale is designed to assess the ability to bounce back or recover from stress. It has five responses options ranging from strongly disagree (1) to strongly agree (5) or recover from stress. A concurrent validity of .83 was obtained by correlating the instrument with the Family Strength Scale (FSC). In addition a pilot study was conducted to validate the instrument for use in the present study using 78 participants with age range between 18 and 60 years with, a mean age of 39 years. Therefore, a Cronbach Alpha of 0.95 was obtained which means that the instrument was found to be reliable for the present study.

Life Satisfaction Scale

The fourth scale was the Life Satisfaction Scale (LSS). It was develop by Diener, et al. [3]. The instrument was developed as a measure of cognitive judgments of satisfaction with one's life. A tests re-test reliability of the scale done within three weeks interval was 0.85. In addition a pilot study was conducted to validate the instrument for use in the present study using 78 participants with age range between 18 and 60 years with a mean age of 39 years. Therefore, a Cronbach Alpha of 0.70 was obtained which means that the instrument was found to be reliable for the present study.

Procedure

The sampling of the participants for this study is purposive. The purposive sampling technique, also called judgment sampling, is the deliberate choice of a participant due to the qualities the participant possesses. It is a nonrandom technique that does not need underlying theories or a set number of participants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience. Each patient was given a set of questionnaires to elicit his/her response on, social support, resilience, religiosity and Life satisfaction inventory of patients. Five hundred (500) copies of the questionnaires were administered to participants. Ninety eight (98) participants failed to return their copies of the questionnaires, because most of the patients have different dates of their check up and also most patients do not want to discuss anything with anybody. Therefore, 402 returned their own representing a return rate of 98.3%. Out of 402 copies of questionnaires returned, 12 copies were wrongly completed, and thus were discarded remaining 390 copies of questionnaire. Three hundred ninety (390) copies of questionnaire out of 500 were then used for data analysis. To ensure for high rate of return, the researcher and the research assistances distributed and collected the questionnaires on their next check-ups.

Design/Statistics

The design for the study was a cross-sectional survey design. Hierarchical multiple regression was used as the statistics to be used for data analysis in this study, while SPSS version 23 and IBM process Macro 3.1 was used to analyze for the moderation. Cross-sectional survey design is a design employed when collecting data to make inference about a population of interest at one point in time. Hierarchical multiple regression is a statistical technique of running regression in order to understand the contributions of each variable or set of variables entered at a point in time in predicting a dependent variable.

Results

(Table 1) The correlations in Table 1 showed that control variables; gender, age, marital status, employment status and educational level had no significant relationship with life satisfaction of patients living with HIV/AIDS. Social support (Government, and friends) correlated with life satisfaction (r = -0.09, p< 0.05; - 0.13, p< 0.01). Resilience positively correlated with life satisfaction of patients living with HIV/AIDS (r = 0.41, p< 0.01). Religiosity (intrinsic and extrinsic) positively correlated with life satisfaction (r =.32, p< 0.01; r = 0.18, p< 0.01) but (quest) had no significant relationship with life satisfaction of patients living with HIV/AIDS (r = 0.07, p> 0.05).

Table 1: Descriptive Statistics and Zero Order Correlation.

	M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13
Life Satisfaction	12.08	4.54	1.00												
Gender			0.05	1.00											
Age	42.32	9.25	-0.04	-0.07	1.00										
Marital Status			-0.03	0.19**	0.59**	1.00									

	Mean	SD														
Employment Status			-0.02	-0.03	-0.22**	-0.19**	1.00									
Educational Level			0.00	0.02	0.53**	0.39**	-0.20**	1.00								
Government	28.18	6.73	-0.09*	-0.04	0.12**	0.05	-0.07	0.05	1.00							
Family	29.32	6.12	0.03	0.003	0.11*	0.07	-0.11*	0.05*	0.71**	1.00						
Friends	28.56	6.90	-0.13**	-0.07	0.14**	0.06	-0.07	0.03	0.75**	0.72**	1.00					
Resilience	12.93	5.28	0.41**	-0.05	0.10	0.01	-0.004	0.02	0.01	-0.04	-0.01	1.00				
Religiosity (Intrinsic)	10.46	4.60	0.32**	-0.06	0.09	0.04	-0.04	0.04	0.05	-0.03	0.09*	0.76**	1.00			
Religiosity (Extrinsic)	8.87	4.20	0.18**	-0.05	-0.07	-0.05	0.04	-0.01	-0.06	-0.08*	-0.05	0.42**	0.45**	1.00		
Religiosity (Quest)	11.47	4.39	0.07	0.09	-0.09*	0.01	-0.08	-0.01	0.43**	0.48**	0.35**	-0.18*	-0.20**	-0.12*	1.00	

Note $^{**}p < 0.01$; $^{*}p < 0.05$; Marital Status (0 = married, 1 = single); Gender (0 = Male, 1 = Female); Education level (1= First School Leaving Certificate, 2= SSCE, 3=OND; 4 = Bachelor's degree, 5 = Postgraduate); employment status (1=working, 0= not working)

(Table 2) Results of the hierarchical multiple regression for the test of the life satisfaction is shown in Table 2. The variables were entered in stepwise models. The demographic variables (gender, age, marital status, employment Status, and educational level) in the Step 1 of the regression analysis and none of it had a significant relationship with life satisfaction of patients living with HIV/AIDS.

Table 2: Summary of Hierarchical Multiple Regression Analysis for Variables Predicting Life Satisfaction.

	Step 1		Step 2		Step 3		Step 4		Step 5		Step 6	
	B	t	β	t	B	t	β	t	β	t	β	t
Gender	0.03	0.58	0.03	0.49	0.03	0.49	0.01	0.32	0.02	0.41	0.02	0.39
Age	-0.02	-0.30	0.001	0.01	0.00	0.01	-0.01	-0.20	-0.04	-0.61	-0.03	-0.57
Marital status	-0.05	-0.82	-0.06	-0.85	-0.06	-0.85	-0.05	-0.87	-0.00	-0.05	-0.00	-0.03
Employment status	-0.03	-0.48	-0.03	-0.61	-0.03	-0.61	0.00	-0.00	-0.01	-0.30	-0.02	-0.44
Educational level	0.03	0.54	0.02	0.40	0.02	0.40	0.03	0.48	0.00	0.04	-0.02	-0.33
Resilience			0.13	2.50*	0.13	2.50**	0.28	3.72**	0.16	2.23*	0.18	2.55*
Friends support					0.03	0.49	0.20	3.73**	0.14	2.94**	0.15	3.15**
Government support					0.00	0.01	0.17	2.32*	0.12	1.81	0.11	1.71
Family support					0.16	2.85**	0.28	3.85**	0.08	1.14	0.05	0.74
Intrinsic							0.38	5.45**	0.35	5.61**	0.33	5.35**
Extrinsic							0.12	1.61	0.08	1.17	0.06	0.94
Quest							0.00	0.03	0.01	0.30	0.01	0.14
Resilience X friends support									-0.03	-0.26	-0.07	-0.88
Resilience X government support									0.05	0.59	0.03	0.32
Resilience X family support									0.20	3.03**	0.19	2.92**
Resilience X Religiosity (intrinsic)											-0.01	-0.17
Resilience X Religiosity (extrinsic)											0.02	0.19
Resilience X Religiosity (Quest)											-0.18	-3.39**
R	0.067		0.143		0.247		0.524		0.644		0.666	
R²	0.004		0.020		0.061		0.274		0.415		0.443	
ΔR²	0.004		0.016		0.040		0.213		0.141		0.028	
F	0.34(5, 385)		6.24(1, 384)*		5.45(3, 381)**		36.86(3, 378)**		29.98(3, 375)**		6.16(3, 372)**	

Note $^{**}p<0.01$; $^{*}p<0.05$; Marital Status (0 = married, 1 = single); Gender (0 = Male, 1 = Female); Education level (1= First School Leaving Certificate, 2= SSCE, 3=OND; 4 = Bachelor's degree, 5 = Postgraduate); employment status (1=working, 0= not working)

In step 2, resilience was a significant predictor of life satisfaction (β = 0.13, t = 2.50, p< 0.05). The contribution of resilience in explaining the variance in life satisfaction of patients living with HIV/AIDS was 0.4% (ΔR2 = 0.004).

In step 3, social support (friends, government, and family) dimensions were entered, none but family support was a significant predictor of life satisfaction (β = 0.06, t = .85, p< 0.01). The contribution of social support dimensions in explaining the variance in life satisfaction of patients living with HIV/AIDS was 1.6% (ΔR2 = 0.016).

In step 4, religiosity (intrinsic, extrinsic and quest) only intrinsic was a significantly predictor of life satisfaction (β = 0.38, t = 5.45, p< 0.01). The contribution of religiosity in explaining the variance in life satisfaction of patients living with HIV/AIDS was 21% (ΔR2 = 0.213).

In step 5, the interaction term of resilience and social support (family support) significantly predicted life satisfaction, β = 0.20, t = 3.03, p< .01 but resilience did not interaction with social support (friends and government support). The contribution of the interaction terms in explaining the variance in life satisfaction was 14% (ΔR2 = 0.141).

In step 6, the interaction term of resilience and religiosity (quest) significantly predicted life satisfaction, β = -0.18, t = -3.39, p< 0.01, but resilience did not interaction with religiosity (intrinsic and extrinsic). The contribution of the interaction terms in explaining the variance in life satisfaction was 2.8% (ΔR2 = 0.028) (Table 3).

As shown in table 3, family was significantly related to life satisfaction when resilience was one standard deviation above the mean bit not when it was at the mean or below the mean (Figure 1).
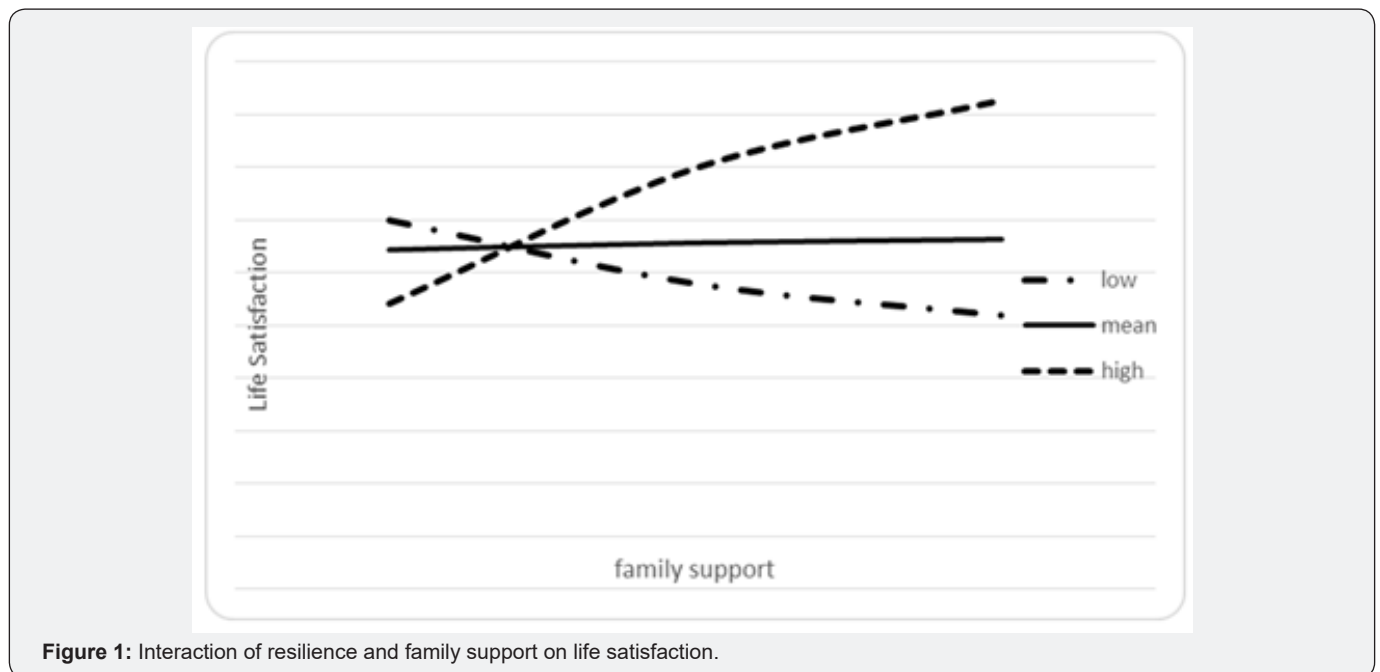

Figure 1: Interaction of resilience and family support on life satisfaction.

Table 3: Conditional Effects of Family Support on Life Satisfaction.

Resilience	Effect	t	p	LLCI	ULCI
One SD below mean	0.013	0.176	0.900	0.389	-0.636
At the mean	0.027	0.504	0.615	-0.077	0.131
One SD above mean	0.238	3.317	0.001**	0.380	0.097

Note**p<.01

Table 4: Conditional Effects Quest on Life Satisfaction.

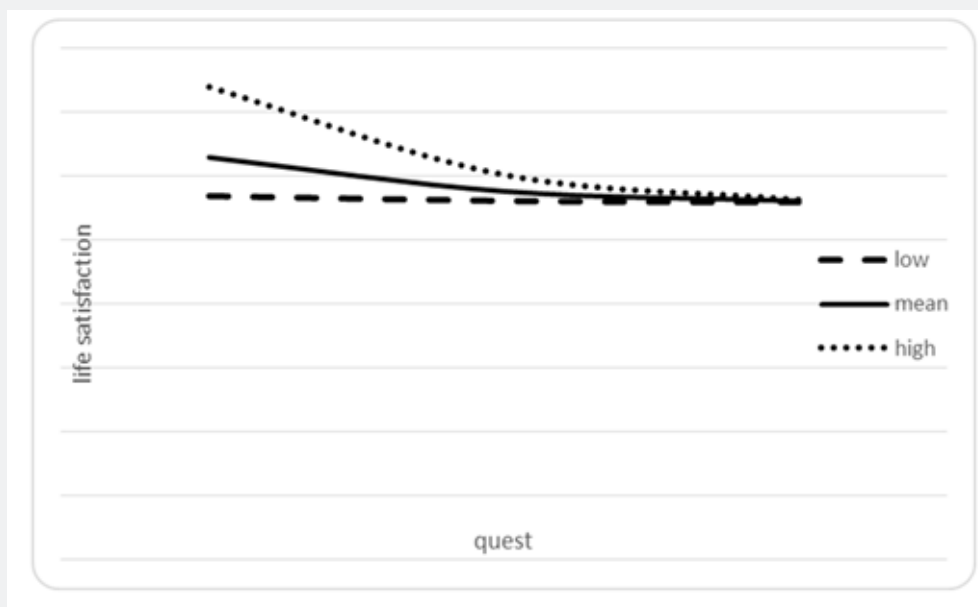| Resilience	Effect	t	p	LLCI	ULCI
One SD below mean	0.021	0.258	0.797	-0.138	0.180
At the mean	0.152	2.735	0.007**	0.043	0.261
One SD above mean	0.391	4.751	0.000**	0.229	0.553

Note**p<0.01

Figure 2: Interaction of resilience and religiosity (quest) on life satisfaction.

(Table 4) As shown in table 4, quest was significantly related to life satisfaction when resilience was one standard deviation above the mean and at the mean, but not when it was below the mean (Figure 2).

Summary of findings

i.   The demographic variables (gender, age, marital status, employment Status, and educational level) had no significant relationship with life satisfaction of patients living with HIV/AIDS.

ii.   Social support (family) was a significant predictor of life satisfaction.

iii.   Religiosity (intrinsic) was an independent significant predictor of life satisfaction, but religiosity - extrinsic and quest - were not independent significant predictors of life satisfaction.

iv.   Resilience was a significant predictor of life satisfaction

v.   The interaction of resilience and social support (family support) was a significant predictor of life satisfaction.

vi.   The interaction of resilience and religiosity (quest) was a significant predictor of life satisfaction.

Discussion

The result of the study partly supported the first hypothesis which stated that Social support (family, friends and government) will significantly predict life satisfaction among HIV/AIDS patients in Enugu State. The hypothesis was accepted. It indicates that Social support (family) significantly predicted life satisfaction among HIV/AIDS patients in Enugu State. This finding is in harmony with previous studies [6,7,9,10] which found that higher levels of social support led to a higher life satisfaction. Few studies have considered the role at which the individual dimensions of social support play in predicting the life satisfaction (example, Wan, et al. [8]) which is one of the additions of this study. These studies found the role the individual dimensions (family) play in predicting life satisfaction especially among those living with HIV/AIDS. From the result, it showed that family played a significant role in predicting life satisfaction among those living with HIV/AIDS. Most of the previous studies examined considered social support collectively. As the patient's part from the clinics or hospitals the next set of people whom they depend on are their family members who they expect to be considerate, patient and supportive. When a patient does not receive this support from them life satisfaction would dwindle.

The result showed that social support (government) was not a significant predictor of life satisfaction. This result could be said to depict the obvious realities as government might have made access to facilities, anti-retroviral drugs and carefree. But a lot of those who need the care are not aware. The non-governmental organizations are doing more of sensitization, setting up clinics to care for those infected with the disease. Several non-governmental agencies have made some significant contributions in augmenting or taken over the responsibilities of government in providing awareness of the challenges of the patients.

Also, from the result, support from friends has been shown not to be significant. This is in contrast to the findings of Wang, et al. [8] study that showed that friends' support does improve life satisfaction. This finding might be as patients feel isolated from their friends and need to make new friends with people in the clinics or those with similar challenges whom they know would not stigmatise them or make their challenge a subject of ridicule.

The result of the analysis supported the second hypothesis which stated that religiosity will significantly predict life satisfaction among HIV/AIDS patients in Enugu State. The hypothesis was accepted. In this study, religiosity (intrinsic) significantly predicted life satisfaction among HIV/AIDS patients in Enugu State. The result of this study indicated that religiosity help HIV/AIDS patients to have hope and adjust to their new life and also become satisfied with life. The finding is consistent with the study of Stefanie, et al. (2016) which confirm the positive effect of religiosity on life satisfaction to bereavement. As expected, higher scores in religiosity were related to more beneficial scores in life satisfaction. The finding is in line with studies of Yagoub & Al-Kandari, [15] which revealed that the impact of the degree of religiosity on the elderly daily life affect their life satisfaction. The finding is in line with studies of Rezvan, et al. [16] who reported that religiosity showed the greatest relationship with life satisfaction.

The result of the analysis supported the third hypothesis which stated that resilience will significantly predict life satisfaction among HIV/AIDS patients in Enugu State. The hypothesis was accepted. This indicated that resilience significantly predicted life satisfaction among HIV/AIDS patients in Enugu State. This is in line with previous studies [11-13] which shows that resilience focused on life satisfaction of patients with HIV/AIDS disease were the best positive predictors. The reason which may have led to this report of life satisfaction among HIV/AIDS patients could be as result of the sense of resilience they gained in the clinics from seeing how others with similar conditions cope and the high feeling of optimism displayed by some patients in their mist. Also, the roles of self-determination, hope and the listening ears of doctors boost their hope of bouncing back to full functional life [22-25].

The fourth hypothesis which tested the interaction term of resilience and social support was supported as resilience interacted with social support (family) to predict life satisfaction among HIV/AIDS patients in Enugu. The hypothesis was accepted. The result showed that high resilience and family social support improves life satisfaction. Individual with high resilience can sustain themselves of pressure over some times of adversity but the family becomes additional support to them and gives them meaning to life. The fifth hypothesis which tested the interaction term of resilience and religiosity was supported as resilience interacted with religiosity (quest) to predict life satisfaction among HIV/AIDS patients in Enugu. Religiosity being a source of meaning to many improves life satisfaction when individuals intentionally seek for understanding, peace in their faiths. From the result it showed a negative relationship. This depicts little inquiry that might mean that individuals do not pursue meaning to an extreme level that they get clouded from the real essence of the religion [26-29].

Finally, when religiosity and social support are provided, the finding is consistent with the study of Shima, et al. [14] which confirm the positive of relation on resilience and with life satisfaction, of which the result indicates that higher scores on resilience were related to more beneficial scores in life satisfaction. The finding is in line with the study of Zinat and Majid (2015) who found that patients with cancer disease, the positive effect of life satisfaction can be explained through the mediating role of psychological hardiness and resilience. The finding is also not in line with the previous studies of Akbar, et al. [11] which indicated that there were no significant differences that working nomadic has higher level of resilience and life satisfaction as compared to nonworking nomadic. And also there were no significant differences married nomadic have higher level of resilience and life satisfaction among unmarried nomadic [30,31].

Implications of the Study

The findings of this study have some psychological implications for intervention with the HIV patients. One implication derived from the findings of this study is the need for social psychologist to consider the inclusion of social support, resilience and religious commitment on the package for modification/treatment/management of HIV patients. There is suggestive evidence that people who are isolated and lack social support or intimacy in their lives are more likely to experience low life satisfaction during adversity and to remain dissatisfied longer than people with supportive spouses or warm relationships. This study helps to show that family support plays a far more significant role in influencing the life satisfaction of HIV/AIDS patients. This is because, an average African family easily rallies support for their immediate family victims in times of need more than the government, this is in contrast with the western world where the government support plays the pivotal role. A good example is seen on how western government provides care (home centers) with good attendants to their aged citizens while their counterparts in Africa are left to the mercy of their immediate families for care and support and woe betide anyone bereft of immediate family. In the cases of HIV/AIDS, the African families unlike friends show serious support to their relations by avoiding and doing everything within their reach to reduce, if not quench stigmatization, while government enacts serious policies to that effect in the western world.

From the result of the study, resilience plays a pivotal role in both in isolation and as a moderator to cushion the adverse effects of HIV/AIDS patients in Enugu; this is a proper indication that personality trait (nature) is a good determinant of individual's life satisfaction. From the study it showed that the role of government is not significantly felt by the participants, the role of government seems to be poor, so it needs to add more effort to influence the life satisfaction of HIV/AIDS patients. Knowledge of services offered by the government and NGOs available in the community for patients is necessary. Sensitization of the general masses would help reach families and friends who know anybody suffering to receive care.

The result of this study shows that religiosity plays an important role in the life satisfaction of patients, but it points to the fact that combination of resilience and quest would benefit the patients more. This study has provided some useful empirical basis for the need to include social support, religiosity and resilience in the management package of patients with HIV/AIDS to take care of their psychological needs. Moreover, guiding patients in developing resilience in dealing with everyday life has tremendous benefit in coping with all the challenges that comes with HIV/AIDS. This can be achieved by organizing resilience training for patients. Finally, the findings may stimulate further research and this work, therefore, serves as a reference source to researchers who will embark on a similar topic in the future.

Conclusion

This study investigated the moderating role of resilience in social support and religiosity as predictors of life satisfaction among people living with HIV/AIDS. The result of this study indicates that social support, resilience and religiosity predicted life satisfaction among people living with HIV/AIDS in Enugu, Nigeria. Resilience and social support jointly predicted life satisfaction, and resilience and religiosity jointly predicted life satisfaction. To this end, the following conclusions were made:

i. The higher the social support offered by the family members, the higher the life satisfaction of a person living with HIV/AIDS.

ii. Intrinsic religiosity is a significant positive factor in the life satisfaction of person living with HIV/AIDS.

iii. High resilience is a necessary for the continuous survival of a person living with HIV/AIDS.

iv. The interaction of resilience and social support (family support) was a significant predictor of life satisfaction.

v. The interaction of resilience and religiosity (quest) was a significant predictor of life satisfaction.

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