ADHERENCE SELF-EFFICACY, INTERPERSONAL FORGIVENESS AND PERCEIVED SOCIAL SUPPORTS AS *NEXUS* OF SUBJECTIVE WELL-BEING AMONG PEOPLE LIVING WITH HIV /AIDS IN AKWA-IBOM, NIGERIA

Ofole Ndidi Mercy
Dept. of Guidance and Counselling,
Faculty of Education, University of Ibadan, Nigeria
drofolendidi@gmail.com: nm.ofole@ui.edu.ng

Abstract
Correlational design was adopted to investigate the relationship among adherence self-efficacy, interpersonal forgiveness and perceived social support on subjective-well-being of PLWHA in Akwa-Ibom state. Purposive sampling technique was used to select one hundred persons living with HIV and AIDS from the state chapter of Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) made of fifty-six males and forty-four females with age ranging from 18-to 45 years and mean age of 31.5. They responded to four self-report measures. Pearson Product Moment Correlation (PPMC), t-test for independents samples and multiple regressions were utilised to analysis three questions. Results show that independent variables have linear relationship with the subjective well-being of respondents. Further, interpersonal forgiveness was most potent in predicting subjective well-being ($\beta = 0.464$, $t = 6.011$, $P < 0.05$) followed by perceived social support ($\beta = 0.233$, $t = 3.898$, $P < 0.05$), while the least was adherence self-efficacy ($\beta = 0.053$, $t = 0.707$, $P > 0.05$). It was concluded that subjective well-being is associated with personal and socio-psychological factors. The theoretical and practical implications of the findings were discussed.

Key words: *People living with HIV/AIDS, Adherence self-efficacy, Interpersonal forgiveness, Social support, Subjective well-being.*

Introduction
Epidemiological data provides evidence that HIV still remains a public health issue globally since two and half decades of it being reported. To date, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have claimed more than 35 million lives with over a million people dying from HIV-related causes. According to Joint United Nations Programme on HIV/AIDS (UNAIDS, 2016) it is estimated that approximately 36.7 million people were living with HIV by the end of 2016 and 1.8 million new infections occurred in the same year globally. In Nigeria, Sero prevalence studies among antenatal clinic (ANC) attendees in some Nigeria centres show variable prevalence rates over the years ranging from 1.8% (1991) to a peak of 5.8% in 2001, with a more recent estimate of 3.0% in 2014 (*National AIDS/STI Control*

Programme, 2014) . It is estimated that almost two thirds of HIV infections in West and Central Africa in 2016 occurred in Nigeria. This is despite achieving a 15% reduction in new infections between 2005 and 2016 (UNAIDS, 2017).

Though Nigeria's HIV epidemic affects all group and geographic areas of the country, there is state variation in prevalence rate ranging from 0.9 % to 15.4 % across the six geo-graphical zones. Benue state from the North Central zone had the highest HIV prevalence of 15.4% followed by Akwa-Ibom from South South zone (10.8%). The concern is that over a decade, the HIV prevalence in Akwa-Ibom state (10.9 %) exceeded that of the National average of 3.0% (*National Agency for the Control of AIDS,* 2017). The latest result of Akwa-Ibom AIDS Indicator Survey (AKAIS), a population based cross-sectional survey carried out across the 31 local government areas (LGAs) in Akwa-Ibom State between April 2017 to June 2017 show that 2.8% of the population in Akwa-Ibom state is living with HIV which justified its inclusion on the eight states prioritized by PEPFAR for accelerated HIV response in Nigeria.

More worrisome is the psychological distress of being diagnosed with a virus that is potentially life-threatening (Ofole, 2013; Oniszczenko, Żebrowska & Firląg-Burkacka, 2014) and embellished with social isolation and discrimination (Bogart, Wagner, Galvan, Landrine & Klein, 2011). In addition, HIV-related distress can deteriorate subjective well-being and can also diminish CD4 cell counts, which increases the pace of HIV progression (Pacella, Armelie Boarts, Wagner, Jones, Feny & Delahant, 2012). Subjective well-being of persons living with HIV therefore has important implications for health outcomes, quality of life, and further transmission of HIV (Mekuria, Sprangers, Prins, Alemayehu & Yalew, 2015). Subjective well-being (SWB) is a multidimensional construct which includes positive and negative emotions (e.g. the frequency, duration and intensity of joy, pleasure, anger, guilt, fear, depression, sadness), global life satisfaction, as well as satisfaction with different aspects of one's life (partnership, income, friends (Diener & Eunkook, 1997).

For the purpose of this study, SWB is defined as the level of satisfaction with life and a combination of positive and negative effect among people living with HIV and AIDS (Fredrickson, 2013). A concern is that though there are a plethora of studies on SWB, however, most of these studies are fragmented in terms of its methodology, sampling design, and targeted population (Gronlie & Dageid, 2016; Rzeszutek, Gruszczyńska, & Firląg-Burkacka 2017; Stefan, 2017). Moreover, those studies cannot be generalised to Nigeria contexts because a major determinant of SWB is the individual's socio-economic dynamic; incidentally, Nigeria social economic situation is significantly different from that of developed counties where most of the previous studies were conducted (Diener & Lucas, 2000). Furthermore, there is but scanty literature on factors that are associated with subjective well-being (SWB) among persons

living with HIV and AIDS (PLWHAs) in Akwa-Ibom state, Nigeria. This study, therefore, anchored on Michalos (1985) multiple discrepancies theory examined the relationship between adherence self-efficacy, interpersonal forgiveness and perceived social support on subjective well-being of People Living With HIV/AIDS in Akwa-Ibom State, Nigeria.

Michalos' (1985) multiple discrepancies theory opined that well-being depends, in part, on the amount of overlap between one's actual and ideal selves. This discrepancy theory enables people tend to compare themselves to an internal standard of some sort (Hardin & Larsen, 2014). The theory has three domains of the self: the actual-self, the ought-self, and the ideal-self. The actual-self represents qualities that one believes he or she actually possesses. The-ought self is representative of the characteristics that one believes he or she should possess (e.g. obligations). The last domain of the self is the ideal-self which represents those characteristics that one would ideally like to possess (e.g. aspirations). Multiple discrepancy theory is unlike the top-down perspective theory which suggests that people have a genetic predisposition to be happy or unhappy and this predisposition determines their SWB "setpoint (*DeNeve, 1999*). It also differs from the bottom-up perspective which argues that happiness represents an accumulation of happy experiences and thus emphasises situational and demographic factors, including health and marital status.

There is preliminary evidence to suggest that adherence self-efficacy may affect SWB. People Living With HIV-AIDS who are receiving antiretroviral medications are expected to adhere strictly to multi-drug regimens to achieve optimal treatment responses based on their belief in their ability to do so (Martin, Lee, Thomson, Tarrant, Hale & Lacey, 2016; Bandura, 1986). Adherence self-efficacy is defined as the confidence held by an individual in her or his ability to follow treatment recommendations and includes any actions that the person living with HIV does to promote health, including specific HIV care such as initiating and adhering to ART; attending health-related appointments; and more general health-promoting practices related to nutrition, exercise, and sleep, along with avoiding use or abuse of cigarettes, alcohol, and medications (Johnson *et al.* 2007). Adherence self-efficacy is one's belief in ability to adhere to a treatment plan. Successful medication adherence is positively related with an individual's belief in ability to take medications as directed (Huan, Fuzhi Lu, Min, Xingzhi & Shiyang 2016). Social Cognitive Theory suggests that perceived adherence self-efficacy is associated with improved outcomes, reduced mortality and disability, improved quality of life, and reduced healthcare cost (Ofole, 2016; Martin*,et al*. 2016).

There are conflicting reports concerning the relationship between adherence self-efficacy and subjective well-being. For example, Maujean (2013) explored the association between adherence self efficacy and the three

components of well-being (life satisfaction, positive and negative affect). The result shows that adherence self-efficacy was related to all components of subjective well-being. Souza, Torres, Barbosa, Lima and Souza (2014) reported similar findings when they investigated the relationship between self-efficacy beliefs as a mediator of the relationship between the subjective well-being among military personnel. Recently, Taiwo and Bickersteth **(**2017) examined the relationship between subjective wellbeing and self efficacy levels using a sample of sixty-four antiretroviral therapy patients in North central Nigeria. Result showed that components of SWB (Autonomy, self-acceptance) were associated with higher adherence self-efficacy. Hanjani, Dastres and Mirshekari (2016) reported a contrary finding, they found no significant relationship between adherence self-efficacy and well-being of staff in addiction treatment centers in Tehran city.

Another variable that has the likelihood of associating with subjective well-being is interpersonal forgiveness because it was recently implicated in literature. Interpersonal forgiveness is a motivational transformation that enables individual to inhibit relationship-destructive responses and to behave constructively toward someone who has behaved destructively toward them. According to Tsang *et al.*, (2006) forgiving a relationship partner causes people to perceive that they have "reconnected" to an important source of social support and take advantage of the material and emotional resources that the supportive social ties can confer. Enright (1996) defined interpersonal forgiveness as "a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love towards oneself" (p. 115). Interpersonal forgiveness has been found to reduce depression, anxiety and stress. There is evidence linking dispositional interpersonal forgiveness with subjective well-being (Krause & Ellison 2003; Allemand , Steiner & Hill 2012; Van der Wal, Karremans & Cillessen, 2016). Despite the flourishing literature on interpersonal forgiveness, the association between interpersonal forgiveness with subjective –well-being among PLWHA is still poorly understood.

There is evidence that social support is linked with outcomes in health context. However, there is controversy with regard to the nature of this connection. Social support is taken to mean the perception and actuality that one is cared for, has assistance available from other people, and most importantly, that one is part of a supportive social network. These supportive resources can be emotional (e.g., nurturance), tangible (e.g., financial assistance), informational (e.g., advice), or companionship (e.g., sense of belonging) and intangible (e.g., personal advice) (Sood & Bakhshi, 2012). Network of people living with HIV and AIDS is a typical support group in Nigeria. Some studies show that social support of high quality can enhance resilience to stress, help protect against

developing trauma-related psychopathology, decrease the functional consequences of trauma-induced disorders, such as posttraumatic stress disorder (PTSD) and reduce medical morbidity and mortality (Thammawijayab, Jiraphongsab, & Rotheram-Borusa, 2009; Taylor, 2011; Mishra, Pandey & Khan, 2014).

Research Questions

The following three research questions were generated to guide this research direction

1. What is the relationship between the independent variables (adherence self-efficacy, interpersonal forgiveness, and perceived social support) and the dependent variable (subjective well-being) among people living with HIV/AIDS in Akwa-Ibom state?
2. To what extent will the independent variables (adherence self-efficacy, interpersonal forgiveness, and perceived social support) jointly relate with the dependent variable (subjective well-being) among PLWHA in Akwa-Ibom state?
3. What is the relative contribution of the independent variables (adherence self-efficacy, interpersonal forgiveness and perceived social support) to the prediction of the dependent variable (subjective well-being) among PLWHA in Akwa-Ibom state?

Methodology

This study is purely a descriptive survey of the correlational type. It studied the phenomenon without any form of manipulation. One hundred persons living with HIV and AIDS were purposively drawn from Network of People Living with HIV/AIDS in Nigeria (NEPWHAN) the Akwa-Ibom state Chapter known as AKNET). They consist of fifty-six males and forty-four females with age ranging from 18-to 45 years and mean age of 31.5. With respect to marital status, 33% of the study populations were married, while 27% were single. Others included divorced 17% and widowed 23%. The employment status showed that 23 % were civil servants, traders (25%) manufacturers (12%), menial jobs (20%) and others (20%). Segregation of respondents according to their educational attainment indicates that 5 % has masters' degree and above, 27 % has first degree. Others include, OND (21%), NCE (15 %), SSCE (25%), and first school leaving certificate (7%).

Measures

The participants responded to serialized self-report questionnaires. Section 'A' sought information on their socio-demographic characteristics such as age,

gender, educational and employment status. Section 'B' and 'C' obtained information on the respondents' adherence self-efficacy and interpersonal forgiveness level respectively. The details of the instrument are as follows:
Adherence self efficacy scale developed by Behav (2007) was adapted to assess the respondents' efficacy beliefs regarding adherence to prescribed medications. The adherence self-efficacy scale (ASE) consists of 12 items anchored on five scale a Likert response format ranging from strongly agree =5 to strongly disagree =1. The author reported reliability cronbach alpha of 0.95. However, the instrument was pilot tested in order to ensure that it is culturally suitable for the target population of the study. The reliability coefficient obtained was r=0.78.

Laura, Thompson and Synder (1999) interpersonal forgiveness scale was adapted to measure the extent to which the participants were disposed to forgive someone who offended them. It consists of fifteen (15) items with a Likert format response format ranging from strongly disagree = 1 to strongly agree = 5. The authors reported a Cronbach alpha of .92. For the purpose of this study, the instrument was tested and retested within one week interval using a sample drawn from NEPWHAN in Ogun state. The reliability index of r=.75 was obtained.

Perceived social support was measured using Zimet, Dahlem and Farley (1988) instrument. It was used to measure the way the participants' perceived the supports they receive from family, peers and significant others. It is a twenty-five (12) items self-report with a response format ranging from strongly agree = 5 to strongly disagree = 1. Two samples of the items are: "*There is a special person who is around when I am in need" and 2). "I have friends with whom I can share my joys and sorrows*". The authors reported a Cronbach alpha of .92. The instrument was certified valid by Nigerian authors who used it (Ofole & Ezeokoli, 2015).

SWB was measured with satisfaction with life scale by Diener, Emmons, Larsen and Griffin, 1985). The instrument comprised five items, each with a seven-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree). While the positive and negative effect was measured with PANAS-X. The PANAS-X comprises 10 adjectives for positive effect (e.g., proud, excited, etc.) and 10 for negative effect (e.g., frightened, hostile, etc.). The authors reported a satisfactory (.085) Cronbach's alpha coefficients for the positive affect subscale and .86 for the negative affect subscale.

Study Site
The study site was Akwa-Ibom state. It is one of Nigeria's 36 states created in 1987 from the former Cross River State. The state's capital is Uyo, with over 500,000 inhabitants. Akwa-Ibom state is currently the highest oil- and gas-

producing state in the country. Akwa-Ibom was purposely targeted for the study because while the overall HIV prevalence among women attending Antenatal Clinic in Nigeria is 3.0%, that of Akwa-Ibom is 10.8%, making it the second state with highest HIV after Benue state (Nyoyoko and Umoh (2016). Recently, Akwa Ibom AIDS Indicator Survey (AKAIS), a population based cross-sectional survey carried out across in the 31 local government areas (LGA) in 2017 showed the urgency of the need to collect empirical data that will aid interventions that will guide Akwa-Ibom state in policy making regarding HIV/AIDS..

Procedures

Prior to the commencement of this study, approval was obtained from the state Chairman of Akwa-Ibom Network of People Living with HIV&AIDS (AKNET). The copies of the questionnaire were presented to him and he ascertained that no revealing information was contained on the questionnaire. The researcher was introduced at the monthly meeting and a date was unanimously agreed for data collection. The researcher appreciated those who expressed interest and emphasized that participation was voluntary. Copies of the questionnaire were distributed with the help of two research assistants who were recruited from Akwa-Ibom NYSC corp. members and trained on procedure for data collection. The step by step process was explained to them. They were given adequate time to respond to the questionnaire. The copies of questionnaires were collected after two and half hours when it was obvious that they had completed the protocol. The participants were entertained with snacks and soft drinks in appreciation of their cooperation. The data collected was analysed with descriptive and inferential statistics. Frequency count was used to analyse the demographic information of the respondents. Pearson Product Moment Correlation (PPMC), t-test for independent samples and multiple regression analysis were used to analyse the data.

Ethical Clearance

The study did not contain any activity injurious to health. This notwithstanding, the researcher adhered to ethical standard to execute the research. The chairman of AKNET gave a formal approval for data collection after ensuring that the protocol was not in any way injurious to health of the PLWHA and it also did not use derogatory languages. In addition, participation in the study was voluntary. Respondents were also informed of their right to opt out at any time they feel dissatisfied with the process. In addition, information such as their name, phone number, e-mail etc which could be used to possibly link their responses to them were not included in the questionnaire. The researcher assured them of

confidentiality of their responses and reiterated that the outcome of the study will be used for purely academic purpose.

Results

Research Question 1: What is the relationship between the independent variables (adherence self-efficacy, interpersonal forgiveness, and perceived social support) and the dependent variable (subjective well-being) among people living with HIV/AIDS in Akwa-Ibom state? The result is presented on Table 1

Table 1: Correlation matrix showing the relationship among the study variables

	Mean	Standard deviation	Subjective happiness	Adherence self-efficacy	Forgiveness	perceived social support
Subjective happiness	55.6150	9.8734	1			
Adherence self-efficacy	95.9350	16.4442	.410**	1		
Forgiveness	76.2915	13.6113	.577**	.659**	1	
Perceived social support	84.5950	13.8463	.400**	.227**	.333**	1

**Correlation is significant at 0.01(2-tailed) *Correlation is significant at 0.05(2-tailed).

Result from Table 1 shows that all the independent variables (adherence self-efficacy, interpersonal forgiveness, and perceived social support) have linear relationship with the dependent variable (subjective well-being). There is positive relationship between adherence self-efficacy and subjective well-being r (98)=.410, $p<0.01$, interpersonal forgiveness and subjective well-being r(98)= .577, $p<0.01$, as well as perceived social support and subjective well-being r (98)= .400, $p<0.01$. The implication is that the higher the adherence self efficacy, interpersonal forgiveness and social support the more likelihood that the subjective well being of PLHWA will be higher.

Research Question 2: To what extent will the independent variables (adherence self-efficacy, interpersonal forgiveness, and perceived social support) jointly relate with the dependent variable (subjective well-being) among PLWHA in Akwa-Ibom state? The result is presented on Table 2.

Table 2: Summary of regression for the joint contributions of independent variables to the prediction of subjective well-being

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	7394.620	3	2464.873	40.234	.005
	Residual	11946.455	96	61.264		
	Total	19341.075	99			

R =.718; R Square =.599; Adjusted R square =.593; Std. Error =6.7275

Table 2 reveals a joint contribution of the independent variables (adherence self-efficacy, forgiveness, and perceived social support**)** to the prediction of subjective well-being The result yielded a coefficient of multiple regressions R = 0.718 and multiple R-square = 0.599. This suggests that the three factors when combined accounted for 59.3% (Adj.R^2= .593) of variance in the prediction of subjective well-being of PLWHA in Akwa-Ibom state. The remaining 40.7% may have been accounted for by other variables beyond the scope of this study. The ANOVA result from the regression analysis shows that there was a significant effect of the independent variables on the subjective well-being of the PLWHA, $F_{(3, 96)}$= 40.234, P<0.05. It could be inferred from this results that the independent variables have goodness of fit with the dependent variable (subjective well-being). This result suggests that the three variables can accurately predict subjective well-being among PLWHA in Akwa Ibom state.

Research Question 3: What is the relative contribution of the independent variables (adherence self-efficacy, interpersonal forgiveness and perceived social support) to the prediction of the dependent variable (subjective well-being) among PLWHA in Akwa-Ibom state? **.**The result obtained is presented on Table 3.

Table 3: **Relative contribution of the independent variables to the prediction of subjective well-being**

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	12.860	4.319		2.977	.003
	Adherence self-efficacy	.032	.045	.053	.707	.480
	Forgiveness	.337	.056	.464	6.011	.005
	Perceived social support	.166	.043	.233	3.898	.005

Table 3 shows that the three predictors **(**adherence self-efficacy, interpersonal forgiveness, and perceived social supports**)** were potent predictors of subjective well-being in varying capacity. It is evident from this result that the most potent factor in predicting subjective well being was interpersonal forgiveness (β = .464, t= 6.011, P<0.05). This value reveals that the beta weight of .464 in the dependent variable was as a result of one standard deviation unit in interpersonal forgiveness. In addition, perceived social support was the second potent factor (β = .233, t= 3.898, P<0.05) to the participants' subjective well-being which implies that the beta weight of .233, in the subjective well-being was as a result of one standard deviation unit increase in perceived social support. Though adherence self-efficacy made the least contribution to the prediction of subjective well-being (β = .053, t = .707, P>0.05). The beta weight of .053 in the dependent variable is as a result of one standard deviation unit in adherence self-efficacy.

Discussion

A major outcome of this study suggests that the independent variables have significant linear relationship with the subjective well-being. There is inconsistency in the findings concerning the relationship between adherence self-efficacy and subjective well-being. Maujean (2013) provided evidence for the role of perceived self-efficacy as a mediator of the relationship between the subjective well-being and overall well-being of respondents in his study. Other researchers (Souza, *et al.* 2014; Taiwo & Bickersteth**,** 2017) reported similar findings. On the contrary, Hanjani, Dastres and Mirshekari (2016) found no significant relationship between self-efficacy and well-being of staffs in addiction treatment centers in Tehran city. The contribution of interpersonal forgiveness to the prediction of psychological well-being is in tandem with van der Wal, *et al.* (2016) and Yao, Chen and Yu (2017) finding of a positive relationship between behavioural measures of forgiveness and various indicators of subjective well-being. They argue that forgiveness reduced psychological tension (i.e., a psychological state of discomfort due to conflicting cognitions and feelings) and was therefore, correlated with subjective well-being. The outcome of this study regarding the role of social supports in mediating subjective well-being received supports from previous study. For example, it corroborated Asante (2012) who found an association between social supports and subjective well-being of their respondents. The possible reason for this outcome is that HIV is a biomedical disease and a social phenomenon that is constructed in particular cultural contexts. A successful and humane HIV cure will definitely require not only the science of eradicating pathogens, but also the art of healing to restore harmony between mind and body. Healing in the context of HIV cure will be both personal and interpersonal, biological and social, and will involve rebuilding connections between HIV patients and their social environment (Qiao *et al.* 2015).

The joint contributions of the three independent variables in predicting subjective well-being of the respondents is in line with theoretical proposition that the health of an individual is determined to a large extent by the environmental, socio-psychological and economic factors and not just by the improvement in disease management by the health professionals (Marmot & Wilkinson, 2005; Steel, Schmidt & Shultz, 2008).

Further, the outcome shows that individuals who have the capacity to forgive by regulating negative emotions, cognitions, and behaviour caused by another person's hurtful behaviour are more likely to have a better subjective well-being. This finding supports some evidence which suggests that the lack of forgiveness may negatively influence an individual's psychological well-being (e.g., Toussaint, Williams, Musick & Everson-Rose, 2008; Van der Wal, Karremans, & Cillessen, 2014a). In addition, Flanagan Van den Hoek, Ranter and Reich (2012) demonstrated that people who are less forgiving have lower self-esteem and are more socially anxious which culminates to lower subjective well being- This outcome is plausible given that, forgiveness involves the ability to inhibit and transform an impulsive response in a more prosocial manner towards an individual who may have offended in one way or the other. This argument supported Peets Hodges & Salmivalli (2012) who opined that hurt caused by a disliked of a transgressor resulted in negative responses (hostile attributions, angry feelings).

Conclusion

The major thrust of this study was to examine the contributions of adherence self-efficacy, interpersonal forgiveness and perceived social support on prediction of subjective-well-being of PLWHA in Akwa-state, Nigeria. Many outcomes of the current study supported findings of previous studies with regard to the positive association between the independent variables and subjective well-being. These factors ultimately affect the subjective well-being of people living with HIV and AIDS and impacts on their ability to contribute to national development. These findings were not intended for generalisation to PLWHA in Nigeria, but they do add contextual depth to the literature on subjective well-being. In essence, the findings of this exploratory study provide a better understanding subjective well-being in respect to psychological and social factors. In conclusion, as much as this study provides some new information in the field of subjective well-being and its findings are in agreement with several other studies. Future studies should consider remediating poor well-being among PLWHA rather than conducting a mere survey.

Implications for Health (HIV/AIDS) Counselling and Health Education Practices

The results obtained from this study have both theoretical and practical implications for counselling practices. Firstly, it has added literature to the field of subjective well-being. Secondly, it has provided empirical evidence to suggest that counselling psychologists should ensure that adherence self-efficacy of people living with HIV and AIDS is optimized by instituting cognitive behavioural interventions. Specific CBT which the therapist could institute includes; (1) cognitive restructuring: This involves identifying the PLWHA's unhelpful patterns of thinking, or untrue assumptions and teaching them a more helpful realistic ways of thinking about their HIV status. Put differently, CBT will tackle their assumptions of lack of ability to live a positive life or about how others' judge them. (2); systematic exposure**:** The irrational fears which prevented the PLWHA from realistically evaluating their well-being will be removed by exposing them to the actual circumstances surrounding being diagnosed with HIV as this will invariably reduce their anxiety level. (3); mindfulness training: Mindfulness skill should be used to assist the PLWHA to be in present moment, and not get caught up in thoughts and worries of previous years. By so doing, they will be less hard on themselves as well as reduce second-guessing of their own performance.

Third, since the outcome of this study suggests that the more a PLWHA forgives a transgressor or offender, the more the likelihood of a good subjective well-being. This finding has practical implications for counselling practices. It is suggested that they should organize workshops and seminars for PLWHA and empower them with the skills of forgiveness, empathy and compassion towards anyone who has offended them. The therapist will further provide health education using videos and film shows on how unforgiving responses such as blame, anger and hostility are associated with general illness and coronary heart. The counselling psychologists should leverage Non Governmental Organization (NGOs, MDAs, faith based organizations etc) in order to get additional social supports for persons living with HIV and AIDS.

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