

[課程－ 2]

審査の結果の要旨

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This thesis aimed to explore whether coping strategy mediates the relationship between perceived social support and QOL as a function of the underlying level of internalised stigma among people living with HIV (PLHIV). The main finding was that the mediating effect varies with the levels of internalised stigma, highlighting that PLHIV with high internalised stigma were more likely to use problem-focused coping for improving their QOL when they perceived that social support was available.

I conducted my study on 599 PLHIV living in Kathmandu Valley, Nepal. The multidimensional scale of perceived social support, WHOQOL-BREF, Brief-COPE, and AIDS-related stigma scales were used to measure perceived social support, QOL, coping strategy, and internalised stigma, respectively. Structural Equation Modelling (SEM) was used to determine the influence of perceived social support on QOL, with coping strategy as a mediator, using a two-step modelling approach. I evaluated hypothesis regarding the mediating effect of coping strategy on the relationship between perceived social support and QOL in the final model using the magnitude of path coefficients (standardised coefficient) and their significance. The effects were broken down into direct, indirect, and total for each path using the delta method. In addition, the indirect effects were tested with the Sobel test. I used multiple group approach to establish whether the mediating relationship of the final model was moderated by internalised stigma. The invariance of the final model was also examined.

I also conducted sensitivity analysis to assess examine the robustness of conclusions regarding the mediation effects of the two-category model for coping strategies (problem-focused and emotion-focused) on the association between perceived social support and QOL. Mediation analyses were performed on the specific COPE scales.

Perceived social support showed a positive and significant effect on problem-focused coping strategy ($\beta = 0.37, p < 0.001$). This, in turn, was significantly associated with better QOL ($\beta = 0.38, p < 0.001$). The direct and indirect effects were significant. This indicates that problem-focused coping partially mediates the relationship between social support and QOL. Moderated mediation analysis showed that, for the high internalised stigma group, perceived social support had a significant positive effect on problem-focused coping strategy ($\beta = 0.45, p < 0.001$), leading to a significant increase in the QOL ($\beta = 0.58, p < 0.001$). In addition, indirect effects were significant, but the direct effects were not. This indicates that problem-focused coping fully mediates the effect of perceived social support on QOL among PLHIV with a high level of stigma.