Sprin Journal of Arts, Humanities and Social Sciences

ISSN: 2583-2387 (Online)

Vol. 4(12), Feb 2026, pp, 13-18

Journal homepage: https://sprinpub.com/sjahss

Research Article

Psychological Wellbeing: A Comparative Study Between Married and Widows Living with HIV in Puducherry

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ARTICLE INFO

Keywords:

Psychological Well-being, Married, Widows, Living with HIV, Comparative Analysis

Article History:

Received: 16-08-2025

Revised: 29-01-2026

Accepted: 10-02-2026

Published: 16-02-2026

ABSTRACT

The well-being of women, particularly widows, is significantly challenged by the impact of HIV. The diagnosis of HIV is a traumatic and distressing experience that often disrupts one's perception and attitude towards life. Consequently, leads to a profound decline in their overall well-being. Women especially widows, are disproportionately affected by HIV, facing unique and compounded challenges. The aim is to survey the Psychological Well-being of women (married & widows) living with HIV in Puducherry, in the Union Territory of Puducherry. The objectives are to describe the Socio- demographic characteristic and Psychological Well-being, and compare Psychological Well-being between married and widows infected with HIV. A descriptive Research Design was implemented as a method. 250 Women Living with HIV (WLHIV) comprising 125 married and 125 widows were selected from a population of women registered with a Non- Governmental Organization (NGO) who work for People Living with HIV (PLHIV) in Puducherry, Union Territory of Puducherry. A disproportionate stratified random sampling was employed, with stratification based on marital status. The findings revealed a statistically significant difference among married & widowed respondents with regard to psychological well-being. Married women scored higher across all dimensions of psychological well-being compared to widows [t= 4.235, p<0.01].

Cite this article:

Laisamma, A., & Arunkumar, B. (2026). Psychological Wellbeing: A Comparative Study Between Married and Widows Living with HIV in Puducherry. *Sprin Journal of Arts, Humanities and Social Sciences,* 4(12), 13–18. https://doi.org/10.55559/sjahss.v4i12.606

Introduction

Women and widows are extremely affected by HIV. A reality compounded by gender-based discrimination that dehumanizes their womanhood across cultures. The stigma associated with HIV/AIDS further degrades their status, making their plight even more challenging. UNAIDS Global AIDS Update 2022 exposed the harsh reality of young women and adolescent girls, reporting that "Every two minutes in 2021, an adolescent girl or young woman was newly infected with HIV," (**IN DANGER, 2022**). According to international figures, there were 39 million people worldwide-between [33.1 million and 45.7 million] were living with HIV in 2022. Within these women and girls make 53% of this number. Unbelievably, 46% of all new HIV positive data in 2022 were among teenaged girls and young females [ages 15 to 24], with 4,000 new infections occurring each week (**UNAIDS, Fact Sheet 2022**).

Individuals with limited influence and inadequate legal protections are at greater threat of contracting HIV virus. Young women between 15 - 24 years of age are particularly vulnerable to the illness. According to the India HIV estimate 2021 fact sheet, the country recorded 62.97 thousand new infections in 2021 (**NACO, 2021**), with 87.0% of HIV transmission in India occurring through unprotected heterosexual practices. Women are often unfairly ridiculed and labelled as the source of HIV infection, despite many contracting the virus from their husbands or partners (**UNAIDS, 2018**). While the southern States of India have the bigger figure of HIV positive persons, a concerning trend of increasing new infections is emerging in the North-eastern States (**NACO, 2021**). However, the overall occurrence of HIV appears to be decreasing in the Southern States of India (**Manjunath et al., 2019**). Persons with HIV face a variety of health concerns and challenges. Stigma and discrimination, coupled with depression and anxiety, significantly contribute to the lack of psychological well-being among PLHIV (**Safreed-Harmon et al., 2022**). However, a dearth of studies concerning the psychological well-being of women (married & widows) infected with HIV in Puducherry was absent; consequently, this study finding and analysis on the psychological well-being of WLHIV drive new insight and knowledge in the research field.

Literature Review

Extensive literatures on various topics on HIV positive persons are available. Whereas, on the psychological well-being of women particularly, HIV infected widows and married found to be few, especially from India.

HIV- positive women experience higher levels of cruelty, isolation, discrimination, physical abuse, and extortion compared to their counterparts. Women who have HIV, experience a variety

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of psychological problems, including stress, anxiety, concern, despair, and fear. The women and their families are impacted by social repercussions that include stigma, discrimination and family separation (Fauk et al., 2022).

The HIV epidemic places a disproportionate amount of financial, social, physical and psychological strain on women and girls. Women and young girls experience a discrepancy of societal, economic, and biological variables while suffering with the illness. HIV virus is more effectively spread from infected men to women. Unprotected intercourse is doubly dangerous for HIV spread from men to women comparing with women to men (Hiremath et al., 2018). HIV- positive people encounter, more socio-economic difficulties as a result of gender inequality, with women experiencing more socio-economic problems than men with the virus (Charles et al., 2022). Additionally, those who are virally suppressed may still experience poorer health and a lower quality of life, making the position of living with HIV problematic (Miners et al., 2014).

Rambarath, (2020) stated that women who are HIV positive underwent various difficulties especially with regard to social, financial, mental and affective ones.

Campbell (1999) emphasized the crucial challenges women with HIV face in leading a favourable life, noting that these women experience intense physical and mental concerns. They bear a threefold burden: managing their HIV- positive status, fulfilling their roles as mothers to their children, and serving as care- takers for spouses, elderly parents, and sometimes HIV-positive orphans.

Paudel et al., (2015) found that women often experience significant distress when disclosing their HIV status, with the fear of stigma sometimes being more overwhelming than the disease itself, even leading to thoughts of death. Stigmatisation/discrimination severely affects the health and comfort of women with HIV, making it difficult for them to maintain a healthy and happy life. Self-stigma, in particular, is especially harmful, generating feelings of guilt, stress, inferiority, and hesitation to seek proper health treatment, which ultimately leads to poor health outcomes.

Furthermore, women with HIV are often treated poorly and with negative attitudes by healthcare professionals, close relations, neighbours and companions, exacerbating their struggles and further hindering their well-being.

Nnodim et al,. (2012) reported that in Nigeria, and globally, widows endure dual hardships: damage to their societal status and a decline in their financial situations. In many countries, including within various religious, ethnic, or cultural groups, widows are often left destitute after the death of their husbands. **Dasgupta (2017)** described widowhood as a reflection of historical power imbalances between males and females. Despite this, the well-being of widows looked worldwide, with the situation in India being particularly obscure. **Gupta et al., (2025)** stated that senior people particularly widows has poor awareness about quality of life thus causing decline in health and wellbeing especially countries like India.

Srivastava et al., (2017) emphasized that widowed older adults, particularly those living alone and facing economic constraints, are more vulnerable to poor health outcome, including poor or fair self-related health. Additionally, elderly widows often suffer from multiple chronic conditions. HIV-infected widows face compounded challenges in society, as they are stigmatized not only for being widows but also for living with HIV. Individuals with HIV often suffer disgrace and discrimination within their families and communities (Pradhan et al., 2006). For HIV- positive widows these difficulties are exacerbated by their health status and social vulnerabilities. They endure extreme isolation and loneliness, facing discrimination and being unfairly blamed for bringing the HIV virus into their husband's household (**Sleap, 2001**).

Marital relationships often provide individuals with social, economic, and psychological benefits that support better health and well-being (Coombs, 1991). However, HIV disease undermines a person's sense of development, direction, hope, and positive self-meaning (Beka et al., 2017). **Solomon et al., (2008)** found that for men & women a similar result was for physical well-being, satisfaction with healthcare, and relationships with partners, however, women recorded considerably lesser in psychological wellbeing compared to men.

In India, several factors increases the susceptibility of women and girls to HIV, including poverty, early marriage, low social status, migration, trafficking, sex work, low education or illiteracy, and gender discrimination (Pradhan et al., 2006). For HIV-positive women, the situation is further complicated when their husbands are the primary individuals infected with HIV. This increases the burden on women, who must manage limited resources to care for their sick husbands while also attending to the needs of their children and family (Pallikadavath et al., 2005)

According to **Huppert (2009)**, a happy life is a sign for psychological wellbeing, and it is a combination of noble sense and effective functions. Because it has a preventive effect that lowers the risk of chronic illness and increases resilience, psychological well-being is intimately linked to health (Steptoe et al., 2015).

Ryff and Keyes (1995) distinguished six components of psychological well-being, using Self-Acceptance, Positive Relationship with Others, Environmental Mastery, Personal Growth, and Autonomy. **Afifi et al., (2007)** also adopted these measurements to study the influencing factors on adolescent's wellbeing. According to **Huppert (2009)**, people who are psychologically well feel content, cheerful, and supported in their lives. The authors also consider that people need to develop appropriate coping mechanisms for unpleasant feelings and circumstances, if they want to maintain long-term, sustainable well-being. A person's psychological wellness suffers when their capacity to manage intense and persistently negative emotions declines.

In the present research, the wellbeing of HIV positive widows and women are examined through the lens of Ryff's components of Psychological Well-being.

For women, especially for widows, 'well-being' becomes a significant concern once they test positive for HIV. A positive HIV test result is often a distressing and traumatic experience, compounded by the incurable nature of the illness and the stigma associated with it. HIV/AIDS negatively impacts various dimensions of maintaining a happy life, such as biological, societal, emotional, mental also spiritual aspects. The infection disrupts an individual's well-being, presenting not just a medical challenge but also a social one.

The physical ailments, social and emotional insecurities, spiritual challenges, and financial difficulties associated with HIV/AIDS contribute to deterioration in well-being. Women with HIV, particularly widows, face numerous challenges in maintaining their overall well-being. Therefore, it is crucial to conduct a research on the diverse dimensions of well-being for this population. Therefore, it is necessary to undertake a research on the diverse dimensions of wellbeing.

In the light of the empirical evidence, the current exploration has commenced to know the life situations of women and widows infected with HIV in Puducherry focusing on their psychological well-being. Given the lack of significant studies on this topic in Puducherry, this investigation will offer novel perceptions into their social, economic and general status including their overall wellness in life. The findings will contribute to a better understanding of their experiences. It will also inform future research and interventions designed to enhance their well-being. Additionally, the study will help develop effective strategies and

support systems for HIV-positive women and widows, improving their overall quality of lives.

Materials and Methods

The main purpose of the study is to explore the psychological well-being of women (married & widows) living with HIV in Puducherry, Union Territory of Puducherry. The specific objectives are to describe the socio-demographic characteristics, assess the degree of psychological health and make a comparison between married women and widows living with HIV.

Study design and participants

A descriptive study was employed to achieve the study objectives. The study focuses on widows and married women living with HIV at a Non- Governmental Organization (NGO) that operates Care Support Centre in Puducherry. Out of 445 women registered with the NGO, a sample of 250 women was selected using disproportionate stratified random sampling technique based on marital status. The sample consisted of 125 married women and 125 widows living with HIV.

Data collection

The Psychological Well-being scale formulated by Ryff (1995) was used to collect data. An interview method was utilized to gather data from the selected participants.

Analysis of data

The collected data was examined using the Statistical Package for the Social Sciences (SPSS) version 20. Statistical tests applied include:

- **Independent Sample t-test**: to associate the psychological well-being amongst married and widows.
- **Karl Pearson Coefficient of Correlation**: to assess relationships between psychological well- being and other variables.
- **Chi-square Test of Independence**: to examine associations between categorical variables.

These analyses aimed to provide meaningful inferences regarding the psychological well-being of the study population.

Results and Discussion

This section presents the analysis and interpretation of the Socio-demographic Characteristics of the respondents as well as their Psychological Well-being.

Table 1. Dissemination of the participants with their Age, Education, Occupation, Income, Marital Status, and Years of HIV of the respondents.

Sl. No.	Variables		n:250	%
1	Age	18-35 Yrs.	66	26.4
		36-59 Yrs.	184	73.6
2	Education	Illiterate	11	4.4
		Primary	108	43.2
		Secondary School	96	38.4
		Higher Secondary	15	6.0
		Graduation	20	8.0
3	Occupation	Daily wagers	106	42.4
		Own work	27	10.8
		Govt. Job	12	4.8
		Business	2	0.8
		House Wife	103	41.2
4	Income	Below 5000	64	25.6
		5001- 10000	169	67.6
		10001- 15000	14	5.6
		15001- 20000	3	1.2
5	Marital status	Married	125	50.0
		Widow	125	50.0
6	Years of HIV	0 - 5	43	17.2
		6 - 10	86	34.4
		11 - 15	72	28.8
		15 – 20	38	15.2
		>21	11	4.4

While analyzing the age, educational qualification, Occupation, Income, Marital status, and Years of HIV of the respondents, it was noticed that almost three fourth (73.6 percent) of the respondents were in the 36 - 59 age range. Less than half (43.2 and 38.4 percent) had finished their elementary and secondary level schooling. Of the respondents, approximately (42.4 percent) were employed as daily wage workers. Less than three-fourth (67.6 percent) earned between Rs. 5001to Rs.10,000 per month. Exactly 50.0 percent of them were married or widowed. Over one-third (34.4 percent) participants had been HIV-positive for six to ten years.

Less than half (43.2 percent) of the respondents were living in a semi-urban area, the rest (28.8 and 28.0 percent) of them were residing in a rural and urban areas respectively. The majority (87.6 percent) belonged to nuclear families and joint families were (12.4 percent). One-fourth (28.0, 25.2, 24.4, and 22.4 percent) of participants reported that the positive effect of ART was: increased weight, able to work, increased CD4 count and free from opportunity infections respectively and the vast majority (92.8 percent) of them were concordant couples and the rest (7.2 percent) were discordant couples.

The analysis reveals several key aspects of the respondents' socio-demographic profiles: The predominant age group of 36 to 59 years indicates that many respondents are in their mid-life, which may influence their coping mechanisms and support needs. The relatively low levels of education (primary and secondary) could impact their access to information, health literacy, and employment opportunities. The high proportion of daily wage earners and the majority falling within a modest income range

highlight economic vulnerabilities. This demographic aspect underscores the need for targeted economic support and financial assistance. The even distribution between married women and widows allows for a balanced comparison of psychological well-being between these two groups. The substantial proportion of respondents living with HIV for 6 to 10 years suggests a need for long-term support and interventions tailored to those who have been managing the disease for an extended period.

These findings provide a foundation for understanding the socio-economic and psychological contexts of women living with HIV in Puducherry and will guide further analysis of their well-being.

Table 2. Distribution of respondents by their level of various dimensions of psychological well-being

Sl.No	Dimensions	Married		Widows	
		Low	High	Low	High
1	Autonomy	53(42.4%)	72(57.6%)	82(65.6%)	43(34.4%)
2	Environmental mastery	53(42.4%)	72(57.6%)	75(60.0%)	50(40.0%)
3	Personal growth	66(52.8%)	59(47.2%)	88(70.4%)	37(29.6%)
4	Positive relations	66(52.8%)	59(47.2%)	92(73.6%)	33(26.4%)
5	Purpose in life	53(42.4%)	72(57.6%)	78(62.4%)	47(37.6%)
6	Self-acceptance	65(52.0%)	60(48.0%)	88(70.4%)	37(29.6%)
7	Psychological well-being	53(41.6%)	73(58.4%)	81(64.8%)	44(35.2%)

Analysing the level of various dimensions of the Psychological Well-being of married and widows' respondents, nearly half and more than half (57.6,48.0, 47.2, and 58.4 percent) of the married respondents scored high level in all the six dimensions of psychological well-being besides overall Psychological Well-being, nearly one-third and more than one-third of the widows respectively.

Table 3. Mean variance between married and widows living with HIV with regard to Psychological Well-being.

Sl. No.	Dimensions		Mean	S. D.	T	P
1	Autonomy	Married	25.36	3.525	1.988	.048<0.05
		Widows	24.46	3.662		
2	Environmental Mastery	Married	28.49	3.219	3.885	.000<0.01
		Widows	26.83	3.514		
3	Personal Growth	Married	25.85	3.188	3.381	.001<0.01
		Widows	24.48	3.209		
4	Positive Relations	Married	26.26	3.614	3.205	.002<0.01
		Widows	24.70	4.068		
5	Purpose in Life	Married	25.74	3.533	2.580	.010<0.01
		Widows	24.52	3.957		
6	Self-acceptance	Married	25.79	3.642	3.515	.001<0.01
		Widows	24.29	3.103		
7	Psychological well-being	Married	157.49	14.530	4.235	.000<0.01
		Widows	149.27	16.105		

The table explains the differences among the respondents' who are married category had higher mean scores in all the dimensions of Psychological Well-being when compared to the mean score of respondents who are widows. A significant difference was found between the marital statuses of the respondents' different dimensions of PWB. The married had a higher mean (157.49±14.530) score in Psychological Well-being when compared to the mean (149.27±16.105) score of the respondents who are widows, which was found to have a high level of statistical significance amid marital status of the respondents and Psychological Well-being [t=4.235, p<0.01]. The result portrays that woman who are married have possessed higher Psychological Well-being.

FINDINGS RELATED TO HYPOTHESIS

The independent sample 't' statistical test on the research hypothesis. A higher degree of statistical significance difference was showed among the married and widows living with HIV with regard to Psychological Well-being [t=4.235, p<0.01], therefore, the Research hypothesis is accepted.

The Karl Pearson Co-Efficient Correlation statistical test applied on the research hypothesis was found to have a negative relationship concerning the age of the participants and Psychological Well-being [r=-.169, p<0.01], therefore, the Research hypothesis is accepted.

No correlation was resulted between respondents' income and psychological well-being [r=.028, p>0.05] hence, research hypothesis is rejected.

The study hypothesis is accepted since the chi-square test of independence, revealed a statistical significance relationship with psychological well-being and the husband's acceptance of HIV infection [$\chi 2 = 9.039$, p<0.05].

The study hypothesis is rejected since no statistically significant relationship showed with the benefits of ART treatment as well as psychological well-being [$\chi 2 = 4.874$, p>0.05].

Discussion

This study builds on existing literature by providing perceptions on the well-being of women & widows infected with HIV/AIDS in Puducherry, offering contextualized findings that reflect the unique challenges faced by this population. In this study it was found that majority of respondents (73.6%) are between the ages of 36 and 50 years, suggesting that HIV often affects women in their prime years and they bear its burden all

along their lives. This demographic data highlights the long-term impact of living with HIV, as most respondents have been living with HIV for more than five years. Less than half of the respondents attained only primary or secondary education, which could limit their access to information and resources. The economic constraints are evident with the significant proportion being daily wage earners and reported a monthly income between Rs. 5000 and Rs. 10,000. These financial challenges can exacerbate the difficulties of managing HIV and supporting a family. The even distribution of married women and widows (50% each) underscores the dual burden faced by HIV-positive women. Widows in particular, face additional societal stigma and economic pressures, often shouldering family responsibilities alone. The data suggests that transmission of HIV to women frequently occurs through their spouses, highlighting the broader family impact.

Married women reported higher level of psychological well-being across various dimensions compared to widows. This disparity indicates that widows with HIV endure significant hardships, often neglecting their own well-being in the face of societal stigma and economic strain.

Age and psychological well-being were found to be negatively correlated, suggesting that older respondents might have more psychological difficulties. Income and psychological well-being did not significantly correlate, indicating that financial resources by themselves might not be enough to improve mental health results. Nonetheless, a spouse's approval was strongly linked to improved psychological wellness, highlighting the value of social support.

Despite the positive effects of ART on physical health, the study found no statistical association between ART adherences and psychological well-being. This suggests that while ART is crucial for managing HIV, additional support is needed to address psychological and emotional challenges.

Implications

The psychological impact of HIV extends beyond physical health, with stigma and discrimination remaining pervasive. Many women continue to face exclusion and fear of disclosing their status. Addressing these issues requires sustained efforts to reduce stigma and increase social acceptance. Effective care for HIV-positive women and widows should encompass both medical and psychological support. Healthcare providers and stakeholders should consider implementing comprehensive programs that address mental health including psychological well-being kits with supportive packages. Policymakers and Government could prioritize the development of programs that integrate psychological support with medical health facilities to people living with HIV. Ensure also that healthcare providers and NGOs have the resources and training packages to offer holistic support to enrich the complete health & satisfaction of HIV-positive persons.

Conclusions

This enquiry emphasizes the intricate relationship between socio-demographic characteristics and the mental health of HIV-positive women and widows in Puducherry. It emphasises how important it is to implement multimodal solutions that meet these vulnerable populations' psychological and medical requirements. We can enhance the wellness of women living with HIV by concentrating on lowering stigma, strengthening support networks, and combining psychological therapy with medical treatment.

Limitations and Future Research

The study may have limited sample size or may not be fully representative of all women and widows living with HIV in Puducherry, potentially affecting the generalizability of the findings. As a cross-sectional study, it provides a snapshot of the situation at one point in time, which may not capture changes over time or the impact of interventions. Findings may be specific to the cultural and regional context of Puducherry and may not be applicable to other regions or cultures.

Further research recommendations are to include larger and more diverse sample, incorporate longitudinal designs, and examine the impact of different interventions over time. Implement longitudinal studies to advocate vicissitudes in psychological well-being for a period of time & assess lasting influence of interventions. Conduct larger-scale studies with more diverse and representative samples to enhance the generalizability of the results.

Acknowledgement

The writers are grateful to those who helped them to finish this work. We are appreciative of the Pondicherry Women Living with HIV who consented to take part in the study and dedicated a significant amount of time to responding to the questions. We are grateful to Pondicherry University's Department of Social Work for their unwavering support and encouragement. For the expert assistance, we are grateful to the Head of the Social Work Department at Bishop Heber College in Tiruchirappalli.

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