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PSYCHOLOGICAL WELL-BEING AND PERCEIVED FAMILIAL SOCIAL SUPPORT FOR PATIENTS WITH HEPATITIS C: A CHALLENGE FOR HEALTH PRACTITIONERS

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The present study aimed to investigate the relationship of familial social support with psychological well-being in patients with hepatitis C. The study also provide an insight about the role of some demographic variables in relation to the study variables. Psychological Well-being Scale and Familial Social Support Scale were used on a sample of 103 (men = 47; women = 56) in-and-out patients with hepatitis C. All participants were taken from different clinics and hospitals of three cities of Pakistan. The findings revealed satisfactory reliability i.e., .95 and .88 for both the measures. The results showed a highly significant positive relationship (r = .60, p < 0.01) between familial social support and psychological well-being. The findings further indicated that educated patients have significantly high sense of psychological well-being as compared to uneducated patients. Patients belonging to relatively lower socioeconomic status have low sense of psychological well-being than patients from high socioeconomic status. Patients who diagnosed at initial stage have high level of familial social support and psychological well-being. The results

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showed that patients with hepatitis C belonging to nuclear family system have high level of familial social support than the patients belonged from joint family system. It was also found that patients who belong to small family perceived significantly more familial social support as compared to those who belongs to large family.

Keywords. Hepatitis C, Social Support, Familial Support, Psychological Well-being

Hepatitis C is one of the major health problems of today (Miller et al., 2012). People who know about the diagnosis may seem to treat a person differently, from mother to a best friend (Lavanchy, 2011). Hepatitis C represents a significant challenge to the health and well-being of the patients and for the health care system. Recent estimates put the global hepatitis C prevalence at around 2.4%, with up to 170 million people now thought to be chronically infected. Between 70% and 85% of those initially infected fail to clear the virus (WHO, 2012). Many hepatitis C Virus (HCV) infected people are in the 30 to 39 age group and may become affected by complications of the disease over the next 10 to 20 years (Zickmund et al., 2007). Although, the disease itself is rarely an immediate threat to the life, however, it involves learning to live with the physical, emotional, social, and financial consequences of the disease. Patients with Hepatitis C have to learn to deal with the uncertainty surrounding the progression of symptoms and the disease (Myra, Louise, & Debra, 2008). They may be confronted with the social stigma associated with hepatitis C and the fear that other people have of contracting the disease. Who to tell, when to tell, and how to tell others about infection is an issue (Janke, et.al, 2008). Most of the previous researches (see, e.g., Tong, El-Farrah, Reikes & Co, 1995) investigated the clinical outcomes for patients living with HCV infection, however, there is still a need to work more on the psychological impact of the disease on patients. Empirical research has also found that such patients report low quality of life (see, e.g., Rodger, Jolley, Thompson, Lanigan, & Crofts, 1999).

The concept of psychological well-being initially emerged in the discipline of health and it was used synonymous with healthfulness. Mental health is defined as a positive state of physical, mental, and social well-being, not merely the absence of disease or, infirmity. It refers not only to the absence of mental illness, but encompasses a positive

state of flourishing (Keyes, 2002; Khumalo, Temane, & Wissing, 2010). Social support is another important aspect of the lives of the HCV infected individuals. Patients with HCV infection had complex neuropsychiatric and psychosocial problems. These problems are challenges for management of HCV infection, affect the patient's care significantly, and might alter the course of the disease.

A multidisciplinary approach, a supportive environment, and a nonjudgmental healthcare team is required for optimal medical and psychosocial management of patients with HCV (Modabbernia et al., 2013). Social support refers to such interpersonal processes as one person emotionally comforting another, helping to discuss problems, giving advice, providing material goods and services, and making another feel part of a social network (Tang, 2009). Familial social support and psychological well-being both are very important variable regarding the disease and its recovery because they affect the individual's state of mind positively or negatively (Caress, et al., 2009; Vermaas, 2010). In a healthy family, when a family member has experienced a catastrophe, an individual is expected to behave differently (Yeh, & Bull, 2009). An early definition of social support, specifying to the ‘‘various forms of aid and assistance supplied by family members, friends, neighbors, and others’’ (p. 435), which broadly encompasses a multitude of social interactions, and has linked social support to measures of subjective well-being also (Newsom & Schulz 1996; Pinquart & Sorensen 2000; Thomas, 2010).

Vermaas (2010) and found that familial sources of support have a significant influence on the relationship between stress and psychological well-being, and had a protective effect on the maintenance of psychological well-being. Iglesias et al. (2015) explained an increased understanding of the complex, developmental nature of how family support influences well-being across the life span. Khan (2013) also found the significant relationship between social support and wellbeing. Murid (2003) also found positive relationship between the perceived social support and the psychological well-being. Perceived social support was significantly related with psychological well-being and the ways in which social support is understood and perceived is important in ascertaining the role it may play in individual's psychological well-being (Sood & Bakhshi, 2012). People

living with hepatitis C may be faced with financial concerns resulting from loss of income and cost of treatment. The challenges of living with a chronic illness for both patients and their families can be meet with support and education so, in order to cope with the challenges, support from family is an important aspect and the research has also provided the evidences as in one study explained that patients with HCV reported lower levels of social support also noted more physical symptoms, nearly half of the patients noted that having HCV had resulted in a significant strain or actual loss of at least one relationship. They reported problems with sexual partners (17%), family members (16%), and friends (12%). Nearly 1 in 10 of the patients had lost contact with more than one person in their lives due to the disease (Blasiole, et al., 2006). HCV diagnosis was found to have deteriorating effects on social functioning (Miller, et.all, 2012) and reduced sense of well-being.

Amodio et al. (2012) also highlighted that HCV negatively affects the health-related quality of life of patients and this psychosocial impairment of HCV patients significantly impairs their treatment adherence (Modabbernia et al., 2013). Rehabilitation response is also related to the social support and studies have shown evidence of low social support in HCV-infected patients and its association with living alone, being unemployed, poorer health related quality of life, exclusion from antiviral therapy, physical symptoms, psychiatric and comorbidities (Abreu et al., 2009; Blasiole et al., 2006). Li, et al., 2014 found that family support in general was associated with positive effects. In a study by Chou (2011) also explained that emotional support served as a buffer for negative life events and affective experiences low levels of family support (i.e., less frequent contact and interactions) provided less buffer for negative life events.

Due to the lack of health related awareness, hepatitis C has become the most common and life threatening disease of the world. Pakistan is also largely affected by this harmful disease in which a patient has to face many physical, psychological, and social challenges to cope with it. By virtue of having hepatitis C, it hampered the human life resultantly patients lost interest and hope of life. Therefore, at that critical time, they need social support to enhance the psychological well-being to cope with the disease. In this

regard, family members can play very vital role to enhance the will power and to increase the psychological well-being of the patients in a positive manners. Increased understanding of the role of social support in this adaptation process is of value to those who are involved with these patients like social workers, doctors, family members in particular and society in general. In Pakistani society, family is considered as being pivotal to the support and generally, it is believed that family has the obligation to look after each other's when needed. Hence, the present research focuses on looking at how perception of familial support by patients of Hepatitis C are related with their well-being.

There are two types of family systems in which people live i.e., joint family system and nuclear family system. Joint family system usually consists of in-laws, who are source of domestic help and child care assistance as well. At the same time, they are an air of trust, support, dependence, and psychological security in the critical times specially, when someone is suffering some serious health related problems. While nuclear/singular families consisting of two people i.e., husband and wife and their children. Here all type of support is provided by the spouse or children in this respect Murid, (2003) found that people from joint family system receives more familial social support as compared to the people from nuclear family system. Nausheen and Kamal (2007) found that breast cancer patients living in joint family system perceived higher familial social support than the patients living in nuclear family system. Similarly, in another study Naz (2014) found significant differences and explained that patients from nuclear family system reported higher familial social support than patients from joint family system. In demographic and medical model disease severity are negatively significant related to HRQOL in HCV individuals (Masood, et al., 2011) results also showed that, disease severity, financial hindrance and threat of death negatively affect the HRQOL of both HBV and HCV patients. In a study Nausheen (2001) found breast cancer patients having up to three children have higher familial social support. She explained fewer numbers of children may cause few liabilities. Perceived social support of people from joint family system has higher as compared to nuclear family system (Murid, 2003 & Nausheen, 2001). Education and no of children was also taken in to consideration while analyzing the terminally ill patients on psychological wellbeing and

familial social support by Blasiole et al., 2006; Nausheen & Kamal, 2007) and found a significant link with each other.

The assessment of psychological factors while treating the physically ill patients is as important as the biological factors, because they are the important contributors in making the disease chronic and worst. In this regard, it is observed that in Pakistan awareness for the conceptualization of this notion is very rare even in the health professionals to acknowledge the need and importance of psychological factors in recovery and prognosis. Therefore, the present study is specifically aimed to explore the relationship of familial social support and psychological wellbeing and how familial social support available for the patients with hepatitis C varies in terms of nuclear and joint family system. In relation to present study, it is of interest to consider how the absence of familial social support, which is the most important source supposed to be contributing patients' post diagnostic mental state, adjustment, and quality of life in patients with hepatitis C. The research findings would help the professionals to identify the associated psychological factors, which could positively affect the management and cure of patients with hepatitis C successfully. The main objective of the present research was to investigate the relationship levels of familial social support and psychological well being of patients with hepatitis C by taking family size, family system, and diagnosed stage of the disease in perspective:

1. Patients with hepatitis C having high familial social support will also have a high sense of Psychological well-being.
2. Patients with Hepatitis C who belong to joint family system will have higher level of familial social support as compared to the patients belonging to the nuclear family system.
3. Educated patients with hepatitis C will have high sense of psychological well-being as compared to uneducated hepatitis C patients.
4. Patients with hepatitis C from high socioeconomic status will have high sense of psychological well-being as compared to the patients from low socioeconomic status.

5. Patients with hepatitis C who were diagnosed at initial stage have high level of familial social support and higher level of psychological well-being than those who were diagnosed at advanced stage.
6. Patients with hepatitis C from small family have high level of familial social support and higher psychological wellbeing than those patients from large family.

Method

Sample

The sample comprised 103 patients with hepatitis C (men = 47; women = 56) with age range of 20-70 years (*M* = 40.53 years). All participants were taken from different clinics and hospitals of three cities of Pakistan, i.e., Civil Hospital Sahiwal, (*n* = 19), Punjab employees social security hospital Lahore, (*n* = 16), Sheikh Zaid hospital Lahore, (*n* = 16), Jinnah hospital Lahore, (*n* = 17), Mehmoda Niaz clinic Said Pur Road Rawalpindi, (*n* = 15), Medical center of Oil and Gas Company Development Limited Islamabad, (*n* = 20). Purposive convenience sampling technique was used. The inclusion criteria was individuals who were diagnosed with hepatitis C and taking treatment. Both in and out patients were included in the sample, in which 78 patients belonged to joint family system and 23 were from nuclear family system, 87 patients were married while 16 were unmarried. 81 patients were educated and 23 were uneducated. Newly diagnosed less than 12 months *(n*= 34) Old diagnosed more than 12 months *(n*=69). Among the 103 patients with hepatitis C, 46 were diagnosed at initial stage of hepatitis C and 19 were diagnosed at advanced stage.

Instruments

Psychological Well-Being Scale (PWSC) It was originally developed by Butt (2003) and modified by Kalsoom in (2006) to use in the present study to measure the sense of psychological well-being among Patients with hepatitis C. Modifications were done in items no. 3, 22, 25, 35, 38, and 49 the word "cancer" was replaced by "this disease" by

employing committee approach.PWSC consisted of 50 items having four subscales named as: (i) Learned helplessness, (items no 1, 2, 7,8,16,17,20,21,23,31,32,33,36,37,38,39, and 49), (ii) Family support, (items No 5, 6, 10, 11,24, 27, 28, 41, and 46) (iii) Perception of General Health, (items no 9, 12,13, 19, 22, 25, 26, 29, 30, 40, 42, 43, 44, 45, and 46), And (iv) Acceptance of illness, (item no 3, 4, 14, 15, 18, 34, 35, 47, 48 and 50). PWSC is five point Likert type scale where score 5 is assigned to the response category of "Absolutely Correct", 4 to response category "Correct", 3 to response category "*Don't Know*", 2 to response category " *Incorrect*", and 1 to response category "*Absolutely Incorrect*". The minimum score on the scale is 50 and maximum can be 250. 15 items are positively phrased (items no. 3, 4, 10, 11, 14, 15, 18, 26, 29, 30, 36, 37, 43, 48 and 49) whereas rest of 35 items are negatively phrased and scoring is reversed for these items. High scores indicate the high level of psychological well-being and low scores indicate the low level of Psychological well being.

Familial Social Support Scale (FSSSC). Familial Social Support Scale (FSSSC) was developed by Nausheen (2001) to measure the social support perceived by the women breast cancer patients from their families. The scale was consisted of 38 items with the reliability of 98 on the sample of 80, having categories of 4 point rating scale where, 1 is assigned to response category of "*Never*", 2 to response categories of "*Sometimes*", 3 to response category of "*Most of the time*", 4 to response category of "*All the time*". The minimum score on the scale is 38 and maximum score is 152. Reverse scoring has been assigned to negatively phrased items (items no 7, 8, 9, 10, 12, 22, 23, 25, 26, 27, 28, 29, 33, 34, and 37). High scores indicate the high familial social support and low scores indicate the low familial social support.

Demographic Information sheet. Demographic information including gender, age, and education, marital status, no of children family system employment, and income and medical information including (duration diagnoses, stage of diagnoses, duration of treatment etc) was obtained through a separate demographic information sheet.

Procedure

The two instruments with demographic sheet were administered individually to the each patient after getting the consent of doctors of different hospitals and private clinics. Participants were briefly informed about the purpose of the research and their verbal consent was taken. Written instructions were also given verbally to the participant so that they could not feel any problem and ambiguity in understanding the items of scales. For uneducated participants, the researcher use to read all the statements and noted the response. Medical and other demographic information mentioned in the demographic sheet was taken with the help of doctor of many patients. Time taken for each participant was 25-30 minutes. Regarding the ethical consideration, participants and doctors were informed by the researcher that all the information will be used only for the research purpose and will be kept confidential. Nothing will be disclosed to any one regarding their personal information, the researcher expressed and conveyed gratitude to all the participants for their participation, support, and time.

Results

The present study aimed at investigating the relationship between familial social support and psychological well-being in patients with hepatitis C. various statistics was used to analyze the data. Alpha coefficients were calculated to see the reliability of the two instruments used in the present study. T-test was used to see the difference between variables of the present study.

Psychometric Properties of the Scales

For the determination of reliability of the instruments including PWSC and FSSSC, alpha reliability coefficient were calculated for both the measures. The reliability for PWSC appeared to be .88 and for FSSSC .95 which is quite satisfactory and sufficient proof of the internal consistency.

Table 1

Alpha Coefficients for PWSC and FSSSC (N=103)

Variables	Items	α
PWSC	50	.88
LH	17	.78
FS	9	.50
PGH	14	.85
AL	10	.52
FSSSC	38	.95

Note. LH= Learned Helplessness, FS= Family Support, PGH= Perception of General Health, AI= Acceptance of Illness, PWSC= Psychological Well-Being Scale and FSSSC= Familial Social Support Scale.

Correlation Analysis. To test the main hypothesis of the present study, correlation was employed on psychological wellbeing and familial social support scale and the results showed significant positive relationship between psychological wellbeing and familial social support (r = .60 p < .0.01) among patients with hepatitis C. These findings supported the hypothesis no 1 of the study.

Table 2

Correlation between PWSC and FSSSC (N = 103)

Variable	FSSSC	Psychological Well-Being
FSSSC	-	.60**

Note. FSSSC= Familial Social Support Scale **p<0.01

Group Differences. To test the hypothesis no 2 of the study, a t-test was employed to find out the differences between the patients with hepatitis C (N = 103) from nuclear (n = *23)* and from joint family system (n = 78). The results indicated that there was a significant difference between the familial social support from the two groups of patients with hepatitis C with $t(99) = 2.75$, $p < .007$, $d = .66$. These results indicates a significant

difference between the patients with hepatitis C from joint and nuclear family system on familial social support. These results do not support the hypothesis no. 2 that patients from joint family perceive high familial social support as compared the patients from nuclear family system. The result $t(101) = 2.61$, $p < .01$, $d = .64$ shows there is a significant difference between the educated and uneducated patients in PWSC. These results confirms the hypothesis no. 3 of the present study.

Table 3

Difference between the Joint and Nuclear Family System on FSSSC (N= 103)

	Joint family (*n*= 78)		Nuclear family (*n*=23)				
Variable	*M*	*SD*	*M*	*SD*	*t*	*p*	*Cohen's d*
FSSSC	118.50	25.79	135.22	24.37	2.75	.007	.66

Note. FSSSC = Familial Social Support; *df* = 99, 2 persons did not reported their family system so were excluded from the analysis.

The results of the present study $t(97) = 2.20$, $p < .03$, $d = -0.58$ indicates a significant difference between the psychological well-being of patients from low and high socioeconomic classes. These results confirms the hypothesis no. 4 of the present study. The result shows $t(62) = 2.08$, $p < .04$, $d = .59$ significant difference between the patients who were diagnosed at initial stage of the hepatitis C as compared to those who were diagnosed at advanced stage on PWSC. The results also show $t\ (62) = 4.07$, $p < .00$, $d = 1.12$ significant difference on FSSSC between the patients who were diagnosed at initial stage of the hepatitis C as compared to those who were diagnosed at advanced stage. These results confirms the hypothesis no 5. The results $t\ (84) = 3.11$, $p<.003$, $d = .67$ shows that there is a significant difference between the patients who have less number of children (small family) than who have more number of children (large family) on PWSC. Significant differences were also found $t(84) = 4.41$, $p < .000$, $d =.89$ on FSSSC from small

family as compared to the large family. These results also confirms the hypothesis no. 6 of the present study.

Table 4

Difference between Educated and Uneducated patients on PWSC (N=103)

	Educated (*n*=81)		Uneducated (*n*=22)				
Variables	*M*	*SD*	*M*	*SD*	*t(df)*	*p*	*Cohen's d*
LH	89.85	13.64	85.73	15.52	1.22	.225	.29
FS	23.59	4.49	22.05	4.38	1.44	.153	.35
PG	44.67	13.44	33.82	11.92	3.43	.001	.84
AI	25.63	4.26	24.27	5.21	1.26	.210	.29
PWSC (Total)	149.33	29.04	131.27	27.35	2.61	.010	.64

Note. LH = Learned Helplessness, FS = Family Support, PGH = Perception of General Health, AI = Acceptance of Illness, PWSC = Psychological well-being scale total**;** *df* = 101

The result in Table 4 shows there is a significant difference between the educated and uneducated patients on PWSC. Mean values on the subscales and on the overall scale also indicate the same result.

Table 5

Difference between the High and Low Socioeconomic Classes on PWSC (N= 103)

	Monthly income (70000-10000) (*n*=56)		Monthly income (12000-25000) (*n*= 43)				
Variables	*M*	*SD*	*M*	*SD*	*t*	*p*	*Cohen's d*
LH	84.38	11.87	92.00	17.70	2.05	.044	-0.54
FS	22.86	4.90	23.59	4.43	.55	.584	-0.16
PGH	38.48	11.13	46.41	15.63	2.33	.023	-0.61
AI	24.98	4.51	24.59	5.15	.305	.761	.80
PWSC (Total)	136.07	24.29	152.24	33.08	2.20	.031	-0.58

Note. LH = Learned Helplessness, FS = Family Support, PGH = Perception of General Health, A I= Acceptance of Illness, PWSC = Psychological well-being scale total*; df* = 97 out of 103 patients 4 did not report about their monthly income

The results on Table 5 indicate a significant difference between the psychological well-being of patients from low and high socioeconomic classes.

Table 6

Difference between the Stages of Diagnoses on PWSC and FSSSC (N= 103)

	Initial stage (*n*=45)		Advance stage (*n*= 19)				
Variables	*M*	*SD*	*M*	*SD*	*t*	*p*	*Cohen's d*
LH	93.20	14.49	87.05	11.52	1.64	.10	.45
FS	23.67	4.58	23.26	3.91	.33	.73	.09
PGH	47.58	14.74	36.26	11.31	2.99	.00	.80
AI	25.13	4.40	26.58	5.03	1.15	.25	.30
PWSC(Total)	155.40	32.52	138.95	17.01	2.08	.04	.59
FSSSC	137.98	23.69	109.47	30.09	4.07	.00	1.12

The result in Table 6 showed that there is a significant difference between the patients who were diagnosed at initial stage of the hepatitis C as compared to those who were diagnosed at advanced stage on PWSC. The results also show significant difference on FSSSC between the patients who were diagnosed at initial stage of the hepatitis C as compared to those who were diagnosed at advanced stage.

Table 7

Difference between number of children on PWSC and FSSC (N= 103)

	Up to three (*n*=43)		More than three (*n*= 43)				
Variable	*M*	*SD*	*M*	*SD*	*t*	*p*	*Cohen' d*
LH	93.47	13.09	84.05	14.39	3.17	.002	.70
FS	23.37	4.15	22.98	5.08	.39	.694	.09
PGH	46.05	12.84	37.84	13.70	2.86	.005	.63
AI	25.72	4.12	25.09	5.25	.61	.539	.14
PWSC (Total)	154.28	28.16	135.42	28.07	3.11	.003	.67
FSSC	129.09	20.84	108.12	26.16	4.14	.000	.89

Note. LH = Learned Helplessness, FS = Family Support, PGH = Perception of General Health, AI = Acceptance of illness PWSC = Psychological well-being scale total*;* *df* = 62

The results on Table 7 show that there is a significant difference between the patients who have less number of children (small family) than who have great number of children (large family) on PWSC. Significant differences were also found on FSSSC from small family size as compared to the large family size.

Discussion

The present study aimed at investing the relationship of familial social support and psychological well-being in the patients with hepatitis C. Sample was taken from the private

clinics and hospitals of different cities of Pakistan. The study employed a correlation research design. The study also examined the familial social support and psychological well-being as a function of different demographic and medical variables such as education, socioeconomic status, family size, family system, and stage of diagnoses. For the achievement of these objectives of the present study, an indigenous instrument was required which could measure the psychological well-being of the patients with hepatitis C. In order to meet the requirements of the present study an indigenous scale in Urdu language (Butt, 2003) was used. The results showed that the PWSC has high reliability coefficient, which is a sufficient and satisfactory prove of the reliability of the measure. The value of Alpha reliability coefficient showed high internal consistency between the scores on the psychological well-being scale. The other indigenous instrument needed to measure the social support available to the patients with hepatitis C from their families. The familial social support scale (FSSSC; Nausheen, 2001) as used. Alpha reliability coefficient was determined which found to be 95. Which is a sufficient and satisfactory prove of the reliability of the measure. The value of Alpha reliability coefficient showed high internal consistency between the scores on the familial social support scale also.

The results of the present study indicated that there is a significant positive relationship between the psychological well-being and familial social support among the patients with hepatitis C ($r = .60$, $p < 0.01$). The findings supported the first hypothesis of the study that, patients with hepatitis C with high familial social support will also have a high sense of psychological well-being. The findings suggested that high level of social support from family increases the psychological well-being of patients with hepatitis C, whereas low support of family members decreases the sense of psychological well-being of the patients. These findings are also supported by the findings of previous researches that perceived social support is related to increased in well-being in general and reduce the adverse psychological consequences of exposure to stressful life events (Khan & Hussain, 2010; Glozah, 2013; Murid, 2003).

In the present study, the relationship of education was studied with psychological well-being. The results indicated significant difference between the educated and uneducated patients with hepatitis C on psychological well-being. These findings also supported from the previous

research (Butt, 2003). It can be evident that education provides opportunities and resources for an individual and in the context of patients with hepatitis C these opportunities and resources can buffer as a source of motivation to enhance the psychological wellbeing of patients. Moreover, education can also contribute for awareness related to the disease, its management and cure for the patients with hepatitis C. In the present study psychological well-being is also assessed with socioeconomic status, which is determined through the range of income. The results indicated that there is a significant difference between the psychological well-being of patients from high socioeconomic class than the patients from low socioeconomic class. The findings are consistent with the previous researches (Anderson, et al., 2012; Walt, Proctor, & Smith, 2010). In a Pakistani society, it can be a strong factor related to the psychological well-being of the patients with hepatitis C. As the treatment is relatively expensive and every one cannot afford it easily, that is why the patients who have high socioeconomic status may feel more optimistic about the recovery of their disease because they can afford the treatment expenses as compare to those who have low socioeconomic status.

In the present study *t*-analysis was also employed on the diagnosed stage of hepatitis C and the findings suggested that there is a significant difference between the patients diagnosed at initial stage of the disease and who diagnosed at advanced stage. The results showed that patients diagnosed at initial stage have high sense of psychological well-being than diagnosed at advanced stage. The patients who diagnosed at initial stage may have the positive sense of thinking by realizing the fact that they are at initial stage they can recover and live normal healthy life after treatment, so they perceived high level of familial social support as compared to those who diagnosed at advanced stage. The individuals who are at the advanced stage of the disease may be more pessimistic and hopeless about their life due to the severity of their disease. They may think that they are at advanced stage where they have to transplant their liver that is very expensive and life threatening as well. This may also influenced their positive thinking and contribute to decrease their psychological swell-being. Findings of the present study showed that there is a significant difference between the patients who diagnosed at initial and advanced stage of hepatitis C on FSSSC. The hypothesis of the study accepted through the findings that patients

who diagnosed at initial stage of the hepatitis C have high familial social support than those who were diagnosed at advanced stage. These findings are consistent with the previous research Nausheen (2001) The reason behind the low familial social support of patients diagnosed at advanced stage may be that their care givers can get exhausted, irritated, and helpless because of life threatening label of advanced stage as compare to the patients at initial stage because their family members are still hopeful with having the brighter chances of recovery and cure. Similarly on an advance stage liver cirrhosis is a very painful condition in which psychological and mental effects are difficult to manage and control with drug treatment, may lead to the end point of human life. Here is the biggest challenge lies for the medical practitioners to involve the others mental health professional (psychologist and family counselors) on an individual and familial level to providing necessary guidance.

In the present study t-test was done to see the level of psychological well-being of patients having less number (family size) and more number of children. The results indicated that there is a significant difference between the patients having less number (small family) of children on PWSC than the patients have more number (large family) of children. It was seen patients who have fewer children have also high sense of psychological well-being. The reason may be that having more children mean to take care of them with good food and to fulfill their needs with conscious effort and hard work that may not be possible for a patient with hepatitis C. The findings rejected the hypothesis of the study i.e., patients belongs to joint family system will have high level of perceived familial social support as compare to nuclear family system. These findings are inconsistent with the previous research findings which indicated living in a joint family have higher familial social support than the patients living in the nuclear family system (Murid, 2003; Nausheen, 2001). However, these findings are in accordance with (Naz, 2014). In general, it is assumed that the more number of people living in the home the greater is the cooperation and social support available for a person. As society is socially bounded, everyone in a family tries to take the pain of the sufferer and gives his or her maximum support to cope with the negative life events. However, the findings of the present study rejected this notion. The significant difference between the patients having less number of children (small family) as compared to those who have more number of children (large family) on FSSSC. These finding

supported the hypothesis that patients having less number of children have high level of familial social support than who have more number of children. Findings of the present research are in accordance with (Blasiole et al., 2006; Nausheen & Kamal, 2007) who found that fewer numbers of children cause few liabilities. The overall finding of the current investigation provided the empirical evidences regarding the role of perceived familial social support in respect to family system and family size.

Conclusion and Implications

Hepatitis C is the most widely spreading disease in Pakistan. The patients live longer with the disease because the treatment is long and expensive. So it is very important to improve patient's quality of life. Social support can be a very important and vital factor contributing towards psychological well-being of patients. In a Pakistani social system families are very important regarding the individual's life and are the main source of social support in enhancing the psychological well-being of the patients during the disease as showed the result of the current study. These finding might be a contribution in the field of health psychology and it invites others to explore this field with further research in this area. Another important implication drawn from this study might be the enhanced and extended role of health practitioners in terms of understanding the psychological factors in the cure, management and prevention of such a prolonged disease like hepatitis C. A comprehensive, patient-centered understanding of the treatment plan may help for the development of support tools to improve not only medication adherence and subsequent treatment outcome but can also enhance the social support and psychological well-being during and after treatment sessions in order to improve quality of life. The present study can also be helpful for the health professionals in treating the patients that how they can guide the family along with the patients to cope and provide social support to the patient to manage the disease effectivity. The findings of the current study provide a direction to the health practitioners to understand the significance and need of psychological wellbeing while treating the patients with hepatitis C in order to overcome the challenge of multidimensional assessment, diagnoses, prevention and cure.

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