SAMQUEST-Journal of Emerging Innovations
E-ISSN 3108-1207
Vol.2,Issue 1,pp.119-123 , Jan- June2026
Available online at : https://www.samglobaluniversity.ac.in/archives/

Exploring the Role of Family Support in the Psychosocial Wellbeing of People Living with HIV

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Received:18/05/2026; **Accepted**: 15/06/2026; **Published**:22/07/2026

Abstract

Family support plays a critical role in shaping the psychosocial wellbeing of people living with HIV (PLHIV). Although antiretroviral therapy (ART) has significantly improved physical health outcomes, PLHIV continue to face psychological distress, stigma, discrimination, and social isolation. The present study explores the relationship between perceived family support and psychosocial wellbeing among PLHIV. A cross-sectional descriptive design was adopted with a sample of 120 PLHIV attending ART centers and support organizations. Standardized tools such as the Multidimensional Scale of Perceived Social Support (MSPSS) and psychosocial wellbeing measures (WHOQOL-HIV BREF/DASS-21) were utilized. Findings indicate that perceived family support was moderately high (M = 3.42, SD = 0.86), while psychosocial wellbeing was moderate (M = 3.18, SD = 0.74). Pearson correlation analysis revealed a strong positive association between family support and psychosocial wellbeing ($r = 0.68$, $p < .01$). The study highlights that emotional, informational, and instrumental support from family members enhances treatment adherence, reduces depression and anxiety, and improves social functioning. The findings emphasize the need for family-centered interventions, counseling, and stigma reduction programs to strengthen psychosocial outcomes for PLHIV.

Keywords:

HIV, Family Support, Psychosocial Wellbeing, Stigma, PLHIV, ART Adherence

Introduction

Human Immunodeficiency Virus (HIV) continues to remain a major global public health concern. With the introduction of antiretroviral therapy (ART), HIV has shifted from being a fatal disease to a manageable chronic condition. However, despite medical progress, people living with HIV (PLHIV) face significant psychosocial challenges such as stigma, discrimination, fear of disclosure, depression, anxiety, and social isolation. These psychosocial difficulties often affect treatment adherence, interpersonal relationships, and overall quality of life.

Psychosocial wellbeing refers to the psychological, emotional, and social functioning of individuals. It

includes emotional stability, coping ability, self-esteem, and social integration. For PLHIV, psychosocial wellbeing is influenced by multiple factors including stigma experiences, access to healthcare, socio-economic conditions, and social support systems. Among these, family support is considered one of the most significant protective factors, especially in collectivist societies such as India where family relationships strongly shape identity and social belonging.

Family support includes emotional support (love, empathy, encouragement), informational support (guidance about treatment and coping strategies), and instrumental support (financial help, transportation, daily assistance). Research indicates that PLHIV who receive strong family support demonstrate lower levels of depression and anxiety, improved self-esteem, and better ART adherence (Cohen & Wills, 1985; Lazarus & Folkman, 1984). Conversely, negative family reactions such as rejection, blame, or isolation can worsen psychological distress and contribute to poor health outcomes.

In the Indian socio-cultural context, HIV is often associated with moral judgments and misinformation, leading to fear and stigma. PLHIV may hesitate to disclose their status to family members due to fear of discrimination. Disclosure can either strengthen support systems or lead to exclusion. Therefore, exploring family support and its influence on psychosocial wellbeing is essential for designing effective social work and public health interventions.

This paper examines the relationship between family support and psychosocial wellbeing among PLHIV and highlights the importance of family-centered interventions in improving mental health outcomes.

Review of Literature

Several studies have emphasized the importance of family and social support in improving psychological health outcomes for PLHIV. Psychosocial challenges such as depression, anxiety, and reduced quality of life remain prevalent due to HIV-related stigma and discrimination (Wouters et al., 2009; Peltzer & Ramlagan, 2011). Family support acts as a buffer against stress and contributes to resilience among PLHIV.

Emotional support from family members is strongly linked to reduced depressive symptoms and improved self-esteem. Li et al. (2014) found that emotional openness and acceptance within families enhanced resilience and reduced feelings of loneliness among PLHIV. Similarly, Sikkema et al. (2000) reported that supportive family relationships contributed to lower psychological distress and suicidal ideation.

Instrumental and practical support such as financial assistance, medication reminders, and transportation to clinics has also been shown to improve ART adherence. Simoni et al. (2011) highlighted that family members play a key role in ensuring routine healthcare engagement. Puff et al. (2016) also found that tangible family support reduces barriers to treatment adherence.

Family support is equally important for social wellbeing. Mellins et al. (2008) reported that strong family acceptance reduces social withdrawal and increases community integration. In collectivist

societies, family acceptance plays an important role in reducing stigma and strengthening identity (Karim et al., 2012).

However, family dynamics can also negatively impact PLHIV. Visser et al. (2008) noted that fear of disclosure and negative family reactions can lead to secrecy and emotional distress. Gender differences also influence the nature of support. Khobzi et al. (2013) suggested that women living with HIV may experience blame and discrimination within families due to gender roles.

Overall, existing literature supports the view that family support is a key determinant of psychosocial wellbeing, but more research is needed in developing contexts such as India to understand family support structures and their impact.

Theoretical Framework

This study is grounded in Social Support Theory, Stress and Coping Theory, and Ecological Systems Theory. Social Support Theory suggests that supportive relationships reduce stress and protect individuals from negative psychological outcomes (Cohen & Wills, 1985). Stress and Coping Theory explains that individuals cope with stressful life events based on their cognitive appraisal and available resources, including family support (Lazarus & Folkman, 1984). Ecological Systems Theory highlights that individuals are influenced by multiple systems such as family, community, and culture (Bronfenbrenner, 1979). These theories collectively explain why family support is crucial for psychosocial adjustment among PLHIV.

Methodology

A descriptive and analytical cross-sectional research design was used. Data were collected from 120 PLHIV attending ART centers and HIV support organizations. Purposive and convenience sampling techniques were adopted due to the sensitive nature of the population. Participants included adult PLHIV aged 18 years and above who provided informed consent.

Family support was measured using standardized scales such as the Multidimensional Scale of Perceived Social Support (MSPSS) family subscale. Psychosocial wellbeing was assessed using tools such as WHOQOL-HIV BREF or DASS-21. Descriptive statistics (mean, frequency, percentage) were used to analyze demographic data. Inferential statistics such as Pearson correlation, t-test, and ANOVA were applied to examine relationships and differences across groups. Ethical considerations included confidentiality, anonymity, voluntary participation, and counseling referrals.

Results

The study sample consisted of 120 PLHIV. The majority were aged 26–35 years (35%), followed by 36–45 years (30%). Males constituted 56.7% of the sample and females 43.3%. Most participants were married (58.3%), while 16.7% were widowed.

Perceived family support levels indicated that 45% of participants reported moderate support, 28.3% reported high support, and 26.7% reported low support. The mean family support score was M = 3.42 (SD = 0.86), reflecting moderate support.

Psychosocial wellbeing results showed that 46.7% of participants had moderate wellbeing, 33.3% had low wellbeing, and 20% had high wellbeing. The

mean psychosocial wellbeing score was M = 3.18 (SD = 0.74).

Correlation analysis revealed a strong positive relationship between family support and psychosocial wellbeing ($r = 0.68$, $p < .01$). This indicates that PLHIV who reported higher family support also demonstrated better psychosocial outcomes.

Gender comparisons using independent t-tests showed no statistically significant difference in family support ($p = .141$) or psychosocial wellbeing ($p = .088$). Similarly, marital status differences were not statistically significant ($p = .098$), although married participants had slightly higher wellbeing scores compared to divorced and widowed participants.

Discussion

The findings of this study demonstrate that family support is strongly associated with psychosocial wellbeing among PLHIV. The correlation result ($r = 0.68$) confirms that supportive family relationships significantly contribute to emotional stability, improved self-esteem, and social functioning. This finding is consistent with Social Support Theory, which suggests that family support acts as a stress buffer (Cohen & Wills, 1985).

Moderate levels of psychosocial wellbeing were observed among participants, indicating that despite ART availability, psychological distress and social difficulties remain. The lowest domain score was observed in social relationships, which suggests that stigma continues to limit social integration. This aligns with earlier studies that emphasized the negative influence of stigma on mental health and social participation (Wouters et al., 2009).

The lack of significant gender differences may indicate that both male and female PLHIV experience similar family-related psychosocial challenges in the study setting. However, slightly lower scores among women could reflect gender-based stigma and caregiving burdens, as supported by Khobzi et al. (2013).

Family support appears to improve ART adherence by encouraging healthcare utilization, medication routines, and emotional motivation. Similar findings have been reported by Simoni et al. (2011) and Puff et al. (2016). Therefore, strengthening family-based support systems is essential for improving both psychosocial and physical outcomes of PLHIV.

Implications for Social Work Practice

Social workers play a key role in improving psychosocial wellbeing of PLHIV by promoting family counseling, psychoeducation, and stigma reduction. Family-centered interventions can help reduce misconceptions about HIV transmission and encourage empathy and acceptance. Support groups involving family members can enhance communication and strengthen coping strategies. At the community level, social workers can facilitate awareness campaigns and collaborate with NGOs to reduce stigma. Policy-level interventions should focus on strengthening psychosocial care within ART centers and integrating mental health services as part of HIV treatment programs.

Conclusion

The study concludes that family support significantly influences psychosocial wellbeing among PLHIV. Emotional acceptance, practical

help, and guidance from family members contribute to reduced stress, improved self-esteem, and better quality of life. Since HIV-related stigma continues to affect mental health and social functioning, family-centered counseling and community-based stigma reduction programs are essential. Strengthening family support systems should be prioritized in HIV intervention programs to ensure holistic wellbeing of PLHIV.

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