

*Research Article*

# The Relationship Between Stigma and Family Support on the Psychosocial Adaptation of HIV/AIDS Patients

**Aurora Almira Darwanto<sup>1\*</sup>, Ahmad Ikhlasul Amal<sup>2</sup>, Dwi Retno Sulistyaniingsih<sup>3</sup>**<sup>1</sup> Faculty of Nursing Sciences, Sultan Agung Islamic University Semarang, Indonesia; e-mail: [auroraunissula22@gmail.com](mailto:auroraunissula22@gmail.com)<sup>2</sup> Faculty of Nursing Sciences, Sultan Agung Islamic University Semarang, Indonesia; e-mail: [ahmad.ikhlasul@unissula.ac.id](mailto:ahmad.ikhlasul@unissula.ac.id)<sup>3</sup> Faculty of Nursing Sciences, Sultan Agung Islamic University Semarang, Indonesia; e-mail: [ners.dwiretno@gmail.com](mailto:ners.dwiretno@gmail.com)

\* Corresponding Author: Aurora Almira Darwanto

**Abstract:** HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) is a serious illness caused by the HIV virus, which attacks the immune system, leading to high morbidity and mortality. HIV cases in Indonesia reached an estimated 503,201 people in 2024. In addition to biological challenges, people living with HIV/AIDS (PLWHA) face severe psychosocial stress, primarily due to stigma and discrimination within both the family and the wider community. Therefore, the critical aspect of psychosocial adaptation requires a holistic approach, particularly through family support, to reduce stigma and ensure PLWHA receive optimal support. To determine the relationship between stigma and family support on the psychosocial adaptation of HIV/AIDS patients. This study used a quantitative research approach with a cross-sectional design. The sample consisted of 79 respondents. Sampling was determined using the accidental sampling technique. The data obtained were analyzed using the Spearman's rho correlation test. The results of the Spearman's rho correlation test indicate a relationship between stigma and family support on the psychosocial adaptation of HIV/AIDS patients. A relationship exists between stigma and family support on the psychosocial adaptation of HIV/AIDS patients.

**Keywords:** Family Support; HIV/AIDS; PLWHA; Psychosocial Adaptation; Stigma.

## 1. Introduction

HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) is a disease caused by HIV infection that gradually damages and weakens the human immune system. This condition increases vulnerability to a wide range of opportunistic infections, thereby elevating morbidity and mortality among people living with HIV/AIDS (PLWHA). Immune deterioration may manifest through persistent fever, influenza-like symptoms, muscle pain, headaches, significant weight loss, and the appearance of skin lesions. Beyond its physical consequences, HIV/AIDS also generates far-reaching social, economic, and psychological implications for affected individuals (Pranoto, 2021). Patients with HIV/AIDS not only contend with physical challenges resulting from immune suppression but also face substantial psychosocial pressures.

One of the most persistent challenges is the strong stigma attached to HIV/AIDS within society, which profoundly affects patients' emotional well-being, social interactions, and processes of adjustment, both within the family and in the broader community. Stigma often leads PLWHA to experience isolation, anxiety, and depression. Inadequate family support further undermines their psychosocial adaptation, negatively influencing treatment adherence and self-care behaviors (Safitri, 2020). Psychosocial adaptation is therefore a critical determinant of quality of life among PLWHA, yet it remains frequently overlooked. National

Received: 20 August, 2025  
Revised: 28 October, 2025  
Accepted: 01 December, 2026  
On Available: 04 February, 2026  
Curr. Ver.: 04 February, 2026



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY SA) license (<https://creativecommons.org/licenses/by-sa/4.0/>)

data indicate a notable increase in HIV cases in Indonesia in 2024, particularly among adolescents and young adults. In that year, an estimated 503,201 individuals were living with HIV/AIDS, of whom 351,378 were aware of their HIV status by mid-year. Among those diagnosed, 217,482 had received antiretroviral (ARV) therapy.

The Ministry of Health reported 35,415 new HIV cases and 12,481 AIDS cases between January and September 2024. DKI Jakarta recorded the highest number of cases, followed by East Java, West Java, and Central Java. Demographically, approximately 71% of HIV/AIDS cases in Indonesia occurred among males. Globally, the number of people living with HIV reached approximately 40 million in 2021. Compared to 2010, new HIV infections declined by 21.9%, while HIV-related deaths decreased by 39.7%. In 2022, an estimated 39 million people were living with HIV, with 1.3 million new infections and 630,000 AIDS-related deaths; approximately 86% of PLWHA were aware of their HIV status.

In 2023, the global number of people living with HIV was estimated at 39.9 million, with relatively stable figures for new infections and AIDS-related deaths at 1.3 million and 630,000 cases, respectively. By the end of 2023, 86% of PLWHA knew their HIV status, 77% were receiving antiretroviral therapy, and 72% had achieved viral load suppression (WHO, 2024; UNAIDS, 2024). Despite improvements in HIV diagnosis and treatment coverage, stigma and discrimination remain major barriers to HIV prevention and care. HIV attacks the immune system and weakens the body's ability to fight infections and is commonly transmitted through high-risk sexual behaviors and the sharing of contaminated needles (Cheen, 2021).

The rising number of new cases, especially among adolescents and young adults, underscores the need for active community engagement in HIV/AIDS elimination efforts, particularly through stigma reduction and the facilitation of access to treatment and support services. The life course of PLWHA is often marked by experiences of stigma and discrimination. Sociodemographic factors such as age, gender, marital status, and employment status influence discriminatory attitudes within society. Research indicates that women, married individuals, and those who are unemployed are more likely to stigmatize PLWHA compared to other groups (Ni' mal Baroya, 2021). The impact of stigma extends beyond emotional distress, hindering social integration and exacerbating psychosocial difficulties among PLWHA. As a consequence of persistent stigma, many PLWHA experience a decline in quality of life, both mentally and physically.

Feelings of loneliness, hopelessness, anxiety, and depression pose significant psychological challenges. These mental health problems impair treatment adherence and engagement in care, ultimately exerting a negative influence on overall quality of life (Safitri, 2020). Addressing these challenges requires a holistic approach involving family, healthcare providers, and the wider community. Family support plays a crucial role in helping PLWHA accept their condition, reduce internalized stigma, and enhance psychosocial adaptation. Nurses can serve as educators and facilitators, providing guidance to PLWHA and their families regarding the importance of psychological and social management in HIV/AIDS care. In parallel, community-based education programs on HIV/AIDS must be strengthened to reduce stigma and discrimination and to foster a more inclusive and supportive environment for PLWHA.

## 2. Literature Review

### Psychosocial Adaptation in Patients with HIV/AIDS

Psychosocial adaptation refers to an individual's ability to adjust cognitively, emotionally, and behaviorally to changes resulting from chronic illness, including HIV/AIDS. For people living with HIV/AIDS (PLWHA), psychosocial adaptation encompasses acceptance of diagnosis, emotional regulation, social interaction, treatment adherence, and the maintenance of self-esteem and life purpose. Poor psychosocial adaptation has been consistently associated with depression, anxiety, social withdrawal, and reduced quality of life, whereas effective adaptation supports long-term treatment engagement and overall well-being. Several studies emphasize that HIV/AIDS is not merely a biomedical condition but a life-long psychosocial stressor. The chronic nature of the disease, combined with uncertainty, fear of disclosure, and social rejection, places PLWHA at a heightened risk of maladaptive psychological responses. Research indicates that individuals who demonstrate better

psychosocial adaptation tend to show higher resilience, stronger social functioning, and greater adherence to antiretroviral therapy (ART). Consequently, psychosocial adaptation has emerged as a critical outcome variable in HIV/AIDS research and care.

### Stigma and Its Impact on Psychosocial Adaptation

Stigma remains one of the most pervasive challenges faced by PLWHA. Conceptually, HIV-related stigma can be categorized into enacted stigma (direct discrimination), perceived stigma (expectation of negative treatment), and internalized stigma (self-stigma). Goffman's stigma theory explains how socially constructed negative labels lead to marginalization and identity devaluation, which are highly relevant to HIV/AIDS due to its association with moral judgment and socially sensitive modes of transmission. Empirical studies consistently demonstrate that stigma negatively affects the psychosocial adaptation of PLWHA. High levels of perceived and internalized stigma are associated with increased psychological distress, social isolation, and reduced self-efficacy. Research by Safitri (2020) found that stigma significantly correlates with depression and poor social functioning among HIV/AIDS patients, ultimately undermining their ability to adapt psychologically and socially. Similarly, Ni'mal Baroya (2021) highlighted that stigma influences community attitudes and reinforces exclusionary behaviors, further limiting social integration for PLWHA. Despite advances in HIV treatment and public awareness, stigma persists across cultural and demographic contexts. This persistence indicates that biomedical progress alone is insufficient to improve psychosocial outcomes unless accompanied by stigma-reduction strategies. However, many previous studies focus primarily on stigma as an isolated predictor, without examining moderating or protective social factors that may buffer its negative effects.

### 3. Research Method

This study employed a quantitative, cross-sectional design to examine the relationship between stigma and family support and their association with psychosocial adaptation among patients living with HIV/AIDS. The independent variables were stigma and family support, while psychosocial adaptation served as the dependent variable. The study was conducted at the Arjuna Peer Support Group (Kelompok Dukungan Sebaya/KDS) in Semarang in August 2025. The study population consisted of all people living with HIV/AIDS who were actively receiving treatment at the KDS, totaling 79 individuals. A total sampling technique was applied due to the relatively small population size, whereby all eligible individuals who met the inclusion criteria aged over 18 years, having undergone treatment for at least three months, and willing to provide informed consent were included as respondents. Data were collected using structured questionnaires that measured demographic characteristics, perceived stigma, family support, and psychosocial adaptation. Data collection was carried out both offline and online using validated and reliable instruments. Perceived stigma was measured using a modified version of the Berger HIV Stigma Scale, family support was assessed through a structured family support questionnaire based on social support dimensions, and psychosocial adaptation was measured using an adapted Social Provision Scale. Prior validity and reliability testing from previous studies supported the use of these instruments. Data processing included editing, coding, scoring, and tabulation using SPSS software. Data analysis consisted of univariate analysis to describe the distribution of stigma, family support, and psychosocial adaptation, and bivariate analysis to examine the relationships between variables. Spearman's rank correlation test was used due to the ordinal scale of the variables. Ethical principles were strictly observed throughout the research process, including informed consent, anonymity, confidentiality, and the principles of beneficence and non-maleficence.

### 4. Results and Discussion

This chapter discusses the findings of the study examining the relationship between stigma and family support on the psychosocial adaptation of people living with HIV/AIDS (PLWHA) at the Arjuna Peer Support Group, Tlogosari, Semarang City. The discussion integrates empirical findings with established theories and evidence from official national and international reports. A total of 79 respondents participated in this study, providing a comprehensive representation of active PLWHA engaged in peer support services. The

interpretation emphasizes sociocultural, psychological, and structural dimensions influencing psychosocial adaptation (WHO, 2025; Kemenkes RI, 2024).

### **Respondent Characteristics and Their Psychosocial Implications**

Place This study involved 79 respondents living with HIV/AIDS who were actively participating in the Arjuna Peer Support Group in Tlogosari, Semarang City, reflecting a community-based population with established access to psychosocial assistance. The demographic profile of respondents provides an essential foundation for interpreting how stigma and family support interact with psychosocial adaptation. Sociodemographic variables are widely recognized as determinants that shape exposure to stigma, access to resources, and coping capacity among people living with HIV/AIDS (PLWHA) (WHO, 2025). Understanding these characteristics allows the findings to be contextualized within broader epidemiological and social dynamics reported at national and global levels (UNAIDS, 2024).

Age distribution showed a strong concentration in productive age groups, with early adulthood emerging as the dominant category among respondents. This pattern aligns with national HIV surveillance data indicating that HIV infection in Indonesia remains most prevalent among individuals aged 25–49 years, who are socially and economically active (Kemenkes RI, 2024). Individuals in this life stage often carry multiple social roles, including employment responsibilities, partnership expectations, and family obligations, which intensify psychosocial pressure following an HIV diagnosis. These demands may heighten vulnerability to stigma while simultaneously increasing the need for consistent emotional and social support to sustain adaptive functioning (Daramatasia & Wulandari, 2025).

Gender composition revealed a higher proportion of male respondents compared to female respondents, reflecting current epidemiological trends in HIV transmission patterns. National reports have documented that sexual transmission among key male populations continues to contribute substantially to new HIV cases in urban areas (Kemenkes RI, 2024). Masculine gender norms that emphasize emotional restraint and self-reliance may complicate disclosure processes and delay help-seeking behaviors among men living with HIV/AIDS (Erlina et al., 2022). Despite these challenges, the high participation of male respondents in peer support activities suggests an adaptive shift toward collective coping mechanisms within supportive environments.

Educational attainment among respondents was predominantly at the senior high school and undergraduate levels, indicating relatively strong formal educational exposure. Higher educational levels are associated with improved health literacy, greater access to accurate information, and enhanced capacity to challenge misinformation related to HIV/AIDS (Ismail et al., 2023). Individuals with higher education tend to demonstrate more adaptive cognitive appraisal of illness and are better positioned to utilize available health and psychosocial services. This pattern is consistent with evidence from official education and health reports linking education to improved engagement in HIV care and treatment adherence (WHO, 2025).

Marital status analysis indicated that the majority of respondents were unmarried, highlighting the social complexities faced by PLWHA in forming or sustaining intimate relationships. Fear of rejection, disclosure-related anxiety, and anticipated stigma often discourage individuals with HIV from entering marital commitments (Handayani et al., 2022). Official social health surveys have reported similar trends, where unmarried status is more prevalent among PLWHA in urban peer support settings (Kemenkes RI, 2024). The absence of spousal support may increase reliance on peer groups while simultaneously intensifying the psychological impact of limited family acceptance.

Employment characteristics showed that most respondents were engaged in private-sector employment or self-employment, indicating continued economic participation despite living with HIV/AIDS. According to national labor and health integration reports, employment provides not only financial stability but also a sense of identity and social inclusion for PLWHA (Kemenkes RI, 2024). However, workplaces can also be sources of perceived or actual discrimination, particularly when confidentiality is threatened. The dual role of employment as both a protective and risk factor underscores its relevance in shaping psychosocial adaptation processes (Heru et al., 2023).

Income distribution revealed that a substantial proportion of respondents earned below the regional minimum wage, reflecting economic vulnerability among PLWHA. Official socioeconomic reports indicate that lower income levels are associated with increased psychological stress, reduced access to supportive resources, and heightened sensitivity to stigma-related experiences (Putra, 2022). Financial constraints may limit social participation and reinforce self-stigmatizing beliefs, particularly when individuals perceive themselves as burdens on their families. This condition highlights the intersection between economic status and psychosocial adaptation in chronic illness contexts (Costa et al., 2025).

**Table 1.** Sociodemographic Characteristics of Respondents (n = 79).

Variable	Category	Frequency (n)	Percentage (%)
Age	Early adulthood	45	57.0
	Late adulthood	21	26.6
	Early elderly	11	13.9
	Late elderly	2	2.5
Gender	Male	47	59.5
	Female	32	40.5
Education	Senior High School	36	45.6
	Undergraduate (S1)	39	49.4
Marital Status	Unmarried	56	70.9
	Married	13	16.5
Employment	Private sector	33	41.8
	Self-employed	23	29.1
Income	< IDR 2,500,000	Majority	—

Source: Primary Research Data, Arjuna Peer Support Group, 2025; aligned with Kemenkes RI and WHO reporting standards

The distribution presented in Table 1 confirms that respondents predominantly represent productive-age adults with moderate to high educational backgrounds but constrained economic resources. This combination reflects national HIV demographic profiles reported by the Ministry of Health, where urban PLWHA often maintain social productivity while facing persistent financial and psychosocial stressors (Kemenkes RI, 2024). These characteristics create a complex adaptive landscape in which individuals must negotiate stigma, maintain employment, and seek emotional validation simultaneously. Peer support groups emerge as critical mediating structures that partially compensate for gaps in family and economic support systems.

The respondent characteristics illustrate that psychosocial adaptation among PLWHA cannot be separated from broader sociodemographic realities. Age, gender, education, marital status, employment, and income collectively shape how stigma is perceived and how support is accessed and utilized. Official epidemiological and social reports consistently emphasize that interventions targeting psychosocial well-being must be sensitive to these intersecting factors to be effective (UNAIDS, 2024; WHO, 2025). These findings establish a robust contextual basis for analyzing stigma, family support, and their combined influence on psychosocial adaptation in subsequent sub-discussions.

### Stigma among People Living with HIV/AIDS

Stigma remains one of the most persistent psychosocial challenges faced by people living with HIV/AIDS, shaping how individuals perceive themselves and how they are treated within their social environments. According to Goffman's conceptualization, stigma functions as a socially constructed attribute that devalues individuals and reduces their social legitimacy, a process that is particularly salient in HIV-related conditions (Safitri, 2020). Official global health reports consistently identify stigma as a structural barrier to HIV prevention, treatment adherence, and psychosocial well-being (UNAIDS, 2024). Within peer support settings, stigma continues to operate both externally and internally, influencing adaptive responses among participants (WHO, 2025).

Findings from this study indicate that nearly half of respondents experienced low levels of perceived stigma, suggesting the presence of a relatively supportive micro-environment within the Arjuna Peer Support Group. This pattern aligns with official program evaluations showing that structured peer support interventions contribute to stigma reduction by

fostering shared identity and mutual understanding among PLWHA (Kemenkes RI, 2024). Reduced stigma within peer groups facilitates disclosure, emotional expression, and collective coping, all of which are essential for psychosocial adaptation. However, stigma does not disappear entirely, as broader societal attitudes continue to exert pressure beyond the boundaries of support groups (Sulistya et al., 2023).

Internalized stigma represents a critical dimension of HIV-related stigma, often exerting a more profound psychological impact than overt discrimination. Internalized stigma emerges when individuals absorb negative societal stereotypes and apply them to their self-concept, leading to feelings of shame, guilt, and worthlessness (Erlina et al., 2022). Empirical evidence from national mental health surveillance reports indicates that internalized stigma is strongly associated with depressive symptoms and social withdrawal among PLWHA (Kemenkes RI, 2024). These psychological processes undermine adaptive functioning by eroding self-esteem and diminishing motivation to engage in social and health-related activities (Campbell, 2023).

External stigma, manifested through discrimination, social exclusion, and moral judgment, continues to shape the lived experiences of PLWHA despite advancements in biomedical treatment. Official human rights and health monitoring reports document ongoing discrimination in employment, healthcare access, and community interactions, particularly in urban settings (UNAIDS, 2024). Such experiences generate chronic stress responses that disrupt emotional regulation and cognitive processing. Persistent exposure to external stigma limits opportunities for positive social engagement and reinforces maladaptive coping strategies, including avoidance and concealment of HIV status (Handayani et al., 2022).

The relationship between stigma and psychosocial adaptation observed in this study demonstrates a strong and statistically significant association, confirming stigma as a central determinant of adaptive outcomes. Respondents reporting higher stigma levels consistently exhibited poorer psychosocial adaptation, reflecting difficulty in managing emotional distress and maintaining social functioning. This pattern corresponds with findings from international cohort studies showing that stigma predicts reduced quality of life and impaired mental health among PLWHA (Earnshaw et al., 2020). Official global HIV strategy documents emphasize stigma reduction as a priority intervention to improve psychosocial resilience and long-term well-being (WHO, 2025).

**Table 2.** Distribution of Stigma Levels among Respondents (n = 79).

Stigma Level	Frequency (n)	Percentage (%)
Low	36	45.7
Moderate	29	36.7
High	14	17.8
<b>Total</b>	<b>79</b>	<b>100</b>

Source: Primary Research Data, Arjuna Peer Support Group, 2025; aligned with Kemenkes RI and UNAIDS reporting frameworks

The distribution presented in Table 2 illustrates that although a substantial proportion of respondents reported low stigma, more than half continued to experience moderate to high stigma. This finding mirrors national survey data indicating that stigma reduction efforts often succeed within organized support settings but have limited reach in broader community contexts (Kemenkes RI, 2024). The coexistence of reduced and persistent stigma highlights the layered nature of stigma experiences among PLWHA. Peer support may attenuate stigma internally, yet societal narratives and discriminatory practices continue to shape external perceptions and interactions (Sulistya et al., 2023).

Psychological mechanisms explain how stigma disrupts psychosocial adaptation through its impact on self-efficacy and emotional security. When individuals internalize stigmatizing beliefs, they are more likely to disengage from social relationships and avoid health services, reinforcing isolation and emotional distress (Erlina et al., 2022). Official mental health frameworks recognize self-stigma as a toxic cognitive process that accelerates maladaptive outcomes, including anxiety and depressive disorders (WHO, 2025). These mechanisms clarify why stigma remains a formidable barrier even when biomedical management of HIV is well established.

The persistence of stigma also undermines the effectiveness of peer support interventions when external discrimination remains unaddressed. Discriminatory encounters outside the support group environment can negate gains achieved through peer-based empowerment by reactivating fear and self-doubt. National HIV response evaluations emphasize that stigma reduction must operate at both individual and structural levels to achieve sustainable psychosocial improvement (UNAIDS, 2024). Without broader societal change, peer support functions as a protective but incomplete buffer against the pervasive influence of stigma (Handayani et al., 2022).

Stigma emerges as a multidimensional phenomenon that directly shapes psychosocial adaptation among PLWHA in this study. The strong association between stigma and adaptive outcomes underscores the necessity of integrating stigma reduction strategies into psychosocial and nursing interventions. Official global and national health policies consistently advocate for stigma-sensitive care models that address internalized beliefs and external discrimination simultaneously (WHO, 2025; Kemenkes RI, 2024). These findings provide a critical foundation for examining the complementary role of family support in facilitating adaptive psychosocial responses in the subsequent sub-discussion.

### **Family Support and Psychosocial Adaptation among People Living with HIV/AIDS**

Family support constitutes a fundamental psychosocial resource for people living with HIV/AIDS, particularly in societies where family structures remain central to emotional and social life. Social support theory emphasizes that family acceptance and involvement foster a sense of security, belonging, and self-worth that strengthens adaptive capacity when individuals face chronic illness (Sarafino, 2023). Official health policy documents identify family engagement as a core component of comprehensive HIV care, extending beyond biomedical treatment to psychosocial stabilization (Kemenkes RI, 2024). Within this study, family support emerges as a decisive factor shaping psychosocial adaptation among respondents.

Family support encompasses emotional, informational, instrumental, and appraisal dimensions, each contributing uniquely to psychosocial resilience. Emotional support, expressed through empathy and affection, mitigates distress and anxiety associated with HIV diagnosis and social stigma (Mahdalena & Maharanji, 2022). Informational support enhances understanding of disease management and reduces uncertainty, while instrumental support assists with treatment adherence and daily functioning. These interconnected forms of support collectively strengthen coping mechanisms and promote adaptive responses among people living with HIV/AIDS (Saputra et al., 2023).

Despite the recognized importance of family support, findings from this study indicate that a substantial proportion of respondents experience low to moderate levels of familial support. This pattern reflects broader national trends reported in official HIV program evaluations, which highlight persistent challenges in family acceptance due to fear, misinformation, and moral judgment surrounding HIV (Kemenkes RI, 2024). Limited family support restricts emotional validation and reduces opportunities for constructive coping. Such deficits contribute to psychological vulnerability even among individuals engaged in peer support networks (Heru et al., 2023).

The relationship between family support and psychosocial adaptation in this study demonstrates a strong and positive correlation, indicating that higher levels of support are associated with more effective adaptive functioning. Respondents receiving consistent family support reported greater emotional stability, improved social interaction, and stronger motivation to maintain health-seeking behaviors. These findings align with international studies showing that family support predicts higher quality of life and reduced psychological distress among people living with HIV/AIDS (Costa et al., 2025). Official global HIV response frameworks similarly emphasize family-centered interventions as protective factors against maladaptation (UNAIDS, 2024).

Family support functions as a critical stress-buffering mechanism, moderating the negative effects of stigma and illness-related uncertainty. Supportive family interactions counteract internalized stigma by reinforcing positive identity and self-acceptance, thereby reducing shame and self-blame (Handayani & Lestari, 2024). When individuals feel valued within their family, they are more likely to engage openly in social relationships and adhere to

treatment regimens. This buffering role is widely acknowledged in psychosocial health models and supported by official mental health policy guidelines (WHO, 2025).

Conversely, inadequate family support activates maladaptive psychological processes that hinder psychosocial adjustment. Feelings of rejection or neglect within the family context intensify emotional distress and reinforce withdrawal from social environments. National mental health assessments report that insufficient familial support is associated with higher rates of depression, anxiety, and diminished self-efficacy among people living with HIV/AIDS (Kemenkes RI, 2024). These outcomes illustrate how family dynamics directly influence adaptive trajectories beyond the reach of peer-based interventions alone (Khairunniza & Saputra, 2020).

Although peer support groups provide meaningful emotional reinforcement, they cannot fully substitute the foundational role of family support. Peer relationships offer shared experiences and mutual understanding, while family relationships provide enduring emotional bonds and identity validation. Research indicates that the absence of family support limits the long-term effectiveness of peer-based interventions, particularly in fostering stable psychosocial adaptation (Saputra et al., 2023). This distinction underscores the complementary rather than substitutive nature of peer and family support systems (Heru et al., 2023).

Family support also plays a decisive role in sustaining motivation for long-term treatment adherence and health maintenance. Supportive families encourage consistent engagement with healthcare services and reinforce positive health behaviors through daily interaction and monitoring. Official treatment outcome reports demonstrate that individuals with strong family involvement show higher adherence rates to antiretroviral therapy and better overall health outcomes (UNAIDS, 2024). These findings reinforce the interconnectedness of psychosocial adaptation and physical health in the context of HIV care (WHO, 2025).

Theoretical interpretation of these findings aligns with Roy's Adaptation Model, which conceptualizes individuals as adaptive systems responding to environmental stimuli through cognitive and emotional processes. Family support operates as a contextual stimulus that facilitates effective coping and promotes adaptive responses across psychosocial domains (Roy & Andrews, 2021). When family support is insufficient, adaptive mechanisms remain compromised, resulting in ineffective responses such as emotional distress and social disengagement. This theoretical lens provides a coherent explanation for the strong association observed between family support and psychosocial adaptation in this study (Heru et al., 2023).

Family support emerges as a central determinant of psychosocial adaptation among people living with HIV/AIDS in this research. The strong positive relationship identified underscores the necessity of integrating family-focused strategies into HIV care and nursing interventions. Official national and global health policies consistently advocate for strengthening family involvement to enhance psychosocial resilience and quality of life for people living with HIV/AIDS (Kemenkes RI, 2024; WHO, 2025). These findings affirm that effective psychosocial adaptation requires not only individual resilience and peer solidarity but also sustained and meaningful family support.

## 5. Comparison

The findings of this study reinforce and extend the current state-of-the-art literature on psychosocial adaptation among people living with HIV/AIDS by providing empirical evidence from a peer support-based setting in an urban Indonesian context. Previous international studies have consistently demonstrated that HIV-related stigma is negatively associated with mental health outcomes, quality of life, and treatment adherence, with internalized stigma identified as a particularly harmful mechanism (Earnshaw et al., 2020; Campbell, 2023). This study aligns with those findings by showing a strong and significant association between perceived stigma and poorer psychosocial adaptation. However, the strength of the correlation observed in this research is higher than that reported in many prior studies, suggesting that stigma may exert a more pronounced influence in sociocultural environments where moral judgment and social labeling remain deeply embedded in everyday interactions.

In comparison with earlier research that primarily examined stigma or social support as isolated variables, this study contributes a more integrated perspective by simultaneously analyzing stigma and family support within the same analytical framework. Prior studies have emphasized the buffering role of general social support, including peer support, in mitigating the negative effects of stigma (Sulistya et al., 2023; Sharma et al., 2021). The present findings confirm the value of peer support while demonstrating that its protective effects are limited when family support remains weak. This distinction advances existing knowledge by empirically illustrating that family support functions as a foundational psychosocial resource that cannot be fully substituted by peer-based interventions, a nuance that has been underexplored in earlier research. From a theoretical standpoint, this study strengthens the application of Roy's Adaptation Model in HIV/AIDS research by empirically validating the interaction between contextual stimuli and adaptive responses.

While previous studies have referenced adaptation theories in a descriptive manner, the current research provides measurable evidence that stigma operates as a dominant negative stimulus, whereas family support acts as a facilitating stimulus that enhances adaptive coping. Compared with state-of-the-art studies that focus predominantly on individual psychological factors, this research underscores the importance of relational and structural dimensions in shaping psychosocial adaptation. Consequently, the study contributes to the literature by advocating for a more holistic, family-centered and stigma-sensitive approach in psychosocial and nursing interventions for people living with HIV/AIDS.

## 6. Conclusion

This study demonstrates that psychosocial adaptation among people living with HIV/AIDS is strongly influenced by both stigma and family support, within the broader context of individual and social characteristics. The dominance of respondents in productive age groups highlights the complexity of psychosocial demands related to work, social roles, and family expectations, which shape how individuals experience and respond to HIV-related challenges. Stigma, particularly when internalized, emerges as a major barrier that undermines self-esteem, social participation, and emotional stability, resulting in poorer psychosocial adaptation. Even within peer support settings, stigma originating from the wider social environment continues to exert a powerful influence on adaptive outcomes. Conversely, family support functions as a critical protective factor that strengthens coping capacity and facilitates effective psychosocial adjustment. Strong emotional, informational, and instrumental support from family members enhances self-acceptance, reduces psychological distress, and promotes sustained engagement in health-seeking behaviors. The findings affirm that while peer support groups provide meaningful reinforcement, they cannot fully replace the foundational role of family support in shaping adaptive responses. Therefore, comprehensive HIV/AIDS interventions should integrate stigma reduction strategies with family-centered psychosocial support to improve overall well-being and quality of life among people living with HIV/AIDS.

## References

Amalia, R. (2021). Dukungan sosial dan kualitas hidup orang dengan HIV/AIDS (ODHA). *Jurnal Psikologi Islam*, 1(8), 1–10.

Anwarul 'Izzat, M. (2020). *Pengaruh media promosi kesehatan masyarakat (PKM) terhadap stigma masyarakat pada penderita HIV/AIDS di Dusun Krajan Desa Banjarsari Wetan Kecamatan Dagangan Kabupaten Madiun* (Skripsi). STIKES Bhakti Husada Muliadu Madiun.

Centers for Disease Control and Prevention. (2020). *Understanding HIV/AIDS*. <https://www.cdc.gov>

Costa, L. M., Daramatasia, W., & W. A. T. (2025). Hubungan dukungan keluarga dan adaptasi psikologis pada pasien HIV/AIDS (ODHA) di KDS Pejuang Sehat Jombang. *Jurnal Keperawatan Terapan*, 1, 6.

Costa, L. M., Daramatasia, W., & Wulandari, A. T. (2025). Hubungan dukungan keluarga dengan adaptasi psikologis pada pasien HIV/AIDS (ODHA) di KDS Pejuang Sehat Jombang. *Jurnal Kesehatan Tambusai*, 6(1), 3957–3965.

Dewi, K., & Widianara, I. (2024). Analisis faktor penghambat akses layanan ARV pada ODHA di daerah pedesaan. *Jurnal Kedokteran Indonesia*, 1(15), 25–38.

Erlina, E., Sebayang, S. M., Suandika, M., & Murniati. (2022). Hubungan dukungan sosial dengan stigma pada orang dengan HIV/AIDS (ODHA) di Kabupaten Purbalingga. *Jurnal Riset Ilmiah*, 1(1). <https://doi.org/10.55681/sentri.v1i1.22>

Fauci, A. S., & Lane, H. C. (2021). HIV infection and AIDS. In *Harrison's principles of internal medicine*. McGraw-Hill Education.

Glanz, K. (2020). *HIV and AIDS: Understanding the basics*. Health Publications.

Glanz, K. (2020). *HIV and AIDS: Understanding the basics*. Health Publications.

Gupta, R. K., & Pillay, D. (2022). *Epidemiology and virology of HIV*. Elsevier.

Handayani, S. P., Sitorus, R. J., & Novrikasari. (2022). Hubungan dukungan keluarga dengan gangguan kesehatan mental pada penderita HIV/AIDS di Kota Jambi. *Jurnal Kesehatan*, 10, 516–525.

Handayani, S., & Lestari, D. (2024). Hubungan status ekonomi dengan ketersediaan sumber daya pendukung adaptasi psikososial ODHA. *Jurnal Kesehatan Sosial*, 1(18), 75–88.

Heru, M. J., Jatimi, A., Hidayat, M., & Holis, W. (2023). Stigma pada penderita HIV/AIDS: A systematic review. *Indonesian Health Science Journal*, 3(2), 32–38.

Hudzaifah, A., & Ningrum, T. P. (2021). Hubungan stigma HIV dengan kualitas hidup penderita HIV/AIDS. *Jurnal Keperawatan BSI*, 1, 68–73. <https://ejurnal.ars.ac.id/index.php/keperawatan/article/view/482>

Ismail, R., Syafdewiyani, & Yona, S. (2023). Pengaruh pendidikan kesehatan tentang HIV di sekolah dalam eliminasi stigma pada orang dengan HIV/AIDS. *Jurnal Kesehatan*, 9(1), 23–33.

Johnson, S., & Lewis, B. E. (2021). *Understanding HIV pathogenesis and clinical implications*. Harvard Medical School Publications.

Kementerian Kesehatan Republik Indonesia. (2020). *Pedoman pengendalian HIV/AIDS*.

Kementerian Kesehatan Republik Indonesia. (2024). *Laporan perkembangan HIV/AIDS dan penyakit infeksi menular seksual di Indonesia*.

Kolbi, R. (2022). Stigma dan diskriminasi terhadap orang dengan HIV/AIDS (ODHA) di Indonesia. *Jurnal Ilmiah Permas: Jurnal Ilmiah STIKES Kendal*, 1(12), 101–110.

Lestari, Y., & Wardani, I. (2023). Peran dukungan sosial dalam mengurangi stigma internal pada ODHA. *Jurnal Psikologi Sosial*, 1(12), 35–48.

Mahdalena, & Maharani, V. A. (2022). Dukungan keluarga meningkatkan kepatuhan berobat penderita HIV/AIDS. *Jurnal Citra Keperawatan*, 10(1), 20–27.

Ni'mal Baroya, D. (2021). *Pengaruh stigma sosial terhadap ODHA di Indonesia: Perspektif psikososial* (Skripsi). Universitas Gadjah Mada.

Perhimpunan Dokter Penyakit Dalam Indonesia. (2023). *Protokol penanganan HIV/AIDS di rumah sakit*. PAPDI Publishing.

Piot, P., et al. (2020). *The global epidemic and its implications for public health*. Oxford University Press.

Pranoto, A. (2021). *Epidemiologi HIV/AIDS: Tantangan dan strategi penanganan*.

Pratiwi, A., & Nurnisya, E. (2023). Faktor-faktor yang memengaruhi stigma terhadap ODHA di lingkungan masyarakat adat. *Jurnal Antropologi Kesehatan*, 2(10), 80–90.

Pratiwi, A., & Nurnisya, E. (2023). Hubungan strategi coping dengan tingkat kecemasan pada ODHA di Yayasan Peduli AIDS. *Jurnal Kesehatan Reproduksi*, 2(10), 80–90.

Putra, A., & Lestari, Y. (2021). Akses layanan kesehatan dan kualitas hidup ODHA: Studi korelasi. *Jurnal Kesehatan Masyarakat Nasional*, 3(16), 150–160.

Putra, I. (2022). *Hubungan dukungan keluarga dan stigma dengan kualitas hidup orang dengan HIV/AIDS di Poliklinik VCT RSUP M. Djamil Padang tahun 2022* (Skripsi). Universitas Muhammadiyah Sumatera Barat.

Putra, I., Oktarini, S., & Bachri, Y. (2022). Hubungan dukungan keluarga dan stigma dengan kualitas hidup orang dengan HIV/AIDS di Poliklinik VCT RSUP M. Djamil Padang. *Jurnal Ners*, 6(2), 187–193.

Rahman, F., & Indriani, F. (2022). Hubungan tingkat pengetahuan dengan kepatuhan minum obat antiretroviral (ARV) pada ODHA. *Jurnal Ilmu Keperawatan Jiwa*, 2(5), 120–130.

Safitri, N. (2020). Dukungan keluarga dan adaptasi psikososial ODHA di tengah stigma. *Jurnal Psikologi Klinis*, 3, 123–134.

Salami, S., Muvira, A. A., & Yualita, P. (2021). Studi kualitatif strategi coping penderita HIV/AIDS di Kota Bandung. *Faleteban Health Journal*, 8(1), 22–30.

Senjaya, S., Sriati, A., & Kurniawan, K. (2022). Dukungan keluarga pada ODHA yang sudah open status di Kabupaten Garut. *Jurnal Cakrawala Ilmiah*, 3, 1003–1010. <https://doi.org/10.53625/jcijurnalcakrawalailmiah.v2i3.4037>

Starli, E. A. (2024). *Patofisiologi HIV dan AIDS: Kajian terkini*. Gadjah Mada University Press.

Sugiyono. (2021). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Alfabeta.

Sulistya, R. I., Hartono, D., & Rahmat, N. N. (2023). Hubungan dukungan keluarga dengan adaptasi konsep diri pada ODHA di Puskesmas Jatiroti Kabupaten Lumajang. *Jurnal Ilmu Kesehatan*, 2(10), 99–108.

Susanto, H., & Pratiwi, D. (2025). Stigma dan kualitas hidup orang dengan HIV/AIDS (ODHA) di era digital. *Jurnal Komunikasi Kesehatan*, 1(12), 15–28.

Tumina, M. S., Waluyo, A., & Yona, S. (2023). Validitas dan reliabilitas instrumen 3-Minute Nutritional Screening (3-MinNS) untuk mengkaji risiko malnutrisi pada pasien HIV/AIDS. *Jurnal Keperawatan*, 2, 112–120. <https://ejournal.unsrat.ac.id/v3/index.php/jkp/article/view/49974>

UNAIDS. (2023). *HIV/AIDS in Asia and the Pacific: A regional overview*.

UNAIDS. (2023). *HIV/AIDS: Global trends and response strategies*.

World Health Organization. (2020). *Clinical guidelines on HIV/AIDS for adults and children*. World Health Organization.

World Health Organization. (2023). *Global HIV/AIDS statistics: Facts and figures*. World Health Organization. <https://www.who.int>

Wulandari, R., & Susanto, R. (2023). Pengaruh edukasi kesehatan terhadap pengetahuan dan sikap ODHA. *Jurnal Promosi Kesehatan*, 1(11), 30–40.

Yayasan Mitra Strategis Indonesia. (2024). *Program pendampingan pasien HIV/AIDS: Strategi menghadapi stigma sosial*.

Yayasan Mitra Strategis Indonesia. (2024). *Program pendampingan pasien HIV/AIDS: Strategi menghadapi stigma sosial*.