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# **FAMILY SUPPORT AS CORRELATE OF WELL-BEING AMONG PEOPLE LIVING WITH HIV/AIDS IN IBADAN NIGERIA**

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## **Abstract**

**Background:** The study examines family support as correlate of well-being among people living with HIV/AIDS (PLWHA). The affected people are men and women in their most productive and reproductive years needing the support of the family members.

**Methodology:** The study adopts a descriptive research design and the population consists of 297 PLWHA. Convenient sampling method was adopted to select the respondents from designated clinics in Ibadan. A self-developed, validated questionnaire (Likert type) tagged (FSCW) with a reliability coefficient of 0.86 was used as instrument for data collection. The instrument was administered on PLWHA with the help of six trained research assistants. Data collected was analyzed using frequency count and percentages and descriptive statistical tool.

**Results:** The findings revealed that family support had significant influence on health of PLWHA (Mean =2.54). Also, the finding revealed that family support had significant influence on sociological well-being of PLWHA (Mean =2.39). In the same vein, family support had significant influence on psychological well-being of PLWHA (Mean = 2.35).

**Conclusion:** Premised on these findings, it was concluded that adequate family support enhances health and psychosocial wellbeing of PLWHA. This implies that, PLWHA could live longer with the support of the family members. It was recommended that the family members should give the necessary social and psychological support to improve on the health status of PLWHA. Health social workers in particular and the health workers in general also have significant roles to play in reducing stigmatization of PLWHA.

**Key Words:** Family Support, PLWHA, Psychological and social well-being, HIV/AIDS, Stigmatization, Discrimination.

## **Introduction**

Family support in the care of patients is an important aspect of holistic care. Because the family has been described as an integral system, the illness of a member may be threatened with fear, distress, feeling of weakness and lack of hope among other issues. Thus, any change in the family system influences its stability. Since the family constitutes a system, illness such as HIV/AIDS has a direct effect on all other systems. For this reason, a patient living with the disease needs the support of his or her family members. It is pertinent also to note that all the members of the family need to adapt to various problems confronting the patient in order to provide effective health, social and psychological support. The first cases of HIV/AIDS were identified among gay men, the male homosexuals in the United States of America in 1981. It was then called gay disease, but the name HIV has gained global acceptance later. <sup>1</sup>It has been estimated that 35.3million people are living with HIV worldwide. Nigeria has the second largest number of people living with the virus in the world (3.4million) after South Africa. As in other part of the world, the infection came into Nigeria with its full complement of fear, stigma, discrimination and rejection. An agency<sup>2</sup> documents that in the South-western zone of Nigeria, Oyo State has recorded the highest number of PLWHA with 5.6% of the total population of people living in the state. <sup>3</sup>HIV/AIDS has been seen as an illness that affects the person first and foremost, at the biological level in the form of an aggressive virus that attacks the body immunity.

The causative organism was discovered by scientists in France in 1993 and it became known as HIV-human immune-deficiency virus hence the name HIV/AIDS<sup>2</sup>. The route of transmission was also confirmed the same year. HIV and AIDS is one of the most challenging health problems of this era. Since the first case of AIDS was reported in Nigeria in 1986, the number of persons infected with the HIV has risen markedly. By the end of the 2010 it was estimated that over 3.1 million Nigerians were living with the virus, and about 1,512,729 would require antiretroviral therapy. Based on the 2007 National AIDS and Reproductive Health survey, Federal Ministry of Health<sup>4</sup> affirms that, only 14.5% of Nigerians have ever tested for HIV, and that a large proportion of Nigerians still do not know their HIV status as the impact of HIV/AIDS continues to be felt in Nigeria. The disease affects all population but mostly affected are women, children and the youth. In this trend, researchers<sup>5</sup> affirmed that, the prevalence of the dreaded disease has threatened human health, national development, social and economic progress. In support of the above, the Federal Ministry of Health<sup>6</sup> documents that, a number of efforts have been devoted to addressing the problem of HIV/AIDS. <sup>5</sup>A researcher further explains that the uncontrolled spread of HIV/AIDS poses a major threat to any development effort in any economy. It challenges the capacity of the community and the government to care for the sick, educate orphans and replace the labor force for instance, in agriculture. The Sub-Saharan Africa has grown to become an epidemic that affects the family as a functioning system, threatening its

supportive capacity, and redefining the manner of coping and adapting to the burden of a disease. A study<sup>7</sup> found that people living with HIV/AIDS poses tremendous physical and psychological challenges for those who are infected as well as for their families. The researcher<sup>7</sup> further found that, the epidemic HIV and AIDS places a particular heavy burden upon the caring capacity of the family systems so much so that as family system adapts to HIV and AIDS, the subsequent death from the disease wears down household or family resource.

Well-being is understood as a state of health, happiness and or prosperity. In a broad understanding, well-being is, living a good life with which one is satisfied. Well-being and deprivation can be considered representing different sides of the same coin. Perhaps World Health Organization<sup>8</sup> was right to have explained that well-being is a state of being with others, where human needs are met, where one can act meaningfully to pursue one's goals, and where one enjoys a satisfactory quality of life. Well-being is most usefully thought of as the dynamic process that gives people sense of how their live goes through the interaction between their circumstances, activities and psychological resources or mental capability. WHO sees well-being as a condition of holistic health in all its dimensions: physical, cognitive, emotional, social, physical and spiritual. It consists of the full range of what is good for a person: participating in a meaningful social role; feeling happy and hopeful and living according to good values; a positive social relation and a supportive environment and lastly, coping with

challenges through the use of appropriate life skills. It is pertinent to note that security, protection, and access to quality health services enhances longevity.

World Health Organisation<sup>8</sup> further postulates that psychosocial well-being underscores the close connection between psychological aspects of experience in terms of thought, emotions and behavior. The wider social experience, relationship, tradition and culture of the PLWHA cannot be ignored.<sup>9</sup>It has been affirmed that people living with HIV/AIDS do not only face medical problems but also social problems associated with the disease. One of the barriers to reaching those who are at risk or infected with HIV/AIDS is stigma. Stigma enhances secrecy and denial which are also catalysts for HIV transmission. Stigmatization can be reduced when learning has taken place and this will allow the people in the community and within the family to cater for their loved ones who are living with HIV/AIDS. The reaction to PLWHA varies with some PLWHA receiving support which positively affect them.

Premised on the above, a study<sup>10</sup> concludes that, domestically and internationally, HIV is a disease that is embedded in social and economic inequity as it affects those of lower socio-economic status at a disproportionately high rate. Researches on STDs and HIV/ADS also suggest that a person's socio-economic standing may affect the likelihood of contracting HIV and developing AIDS. Those with fewer resources are often left with limited treatment options. The psychological or internal challenges a person with HIV/AIDS

faces vary from individual to individual. Not everyone will experience all of the emotional responses or stages of the emotional responses described but each HIV/AIDS situation is as unique as the people involved. There are individuals who might face catastrophic changes not only in their personal and job relationships, but in their physical bodies and in their self-images and self-esteem. As a result of these changes in both working and personal relationships, the behavior of those infected may change. They may become withdrawn, aggressive, and rude to colleagues and friends. This may be because the infected person may feel (or imagine) being stigmatized. The infected and in some cases, affected people can experience a decrease in self-esteem as they are no longer confident in themselves or what they can achieve. This is likely caused by the stigma within society against infected and affected people. They are seen as lesser persons and are at times devalued.

A group of researchers<sup>5</sup> suggested the following guidelines for quick adaptation and coping with the disease. These include: providing home and community-based care for PLWHA; care and support for orphans and vulnerable children; youth livelihood and promotion of abstinence among youth; economic empowerment and improved food security for those affected by HIV/AIDS. Further suggestions include: expanding access to HIV preventive treatment and services through workplace programs; strengthening the capacity of HIV/AIDS coordinating bodies; strengthening the policy and regulating environment to protect persons living with or affected by HIV/AIDS.

HIV prevention cannot succeed in the long term without addressing the underlying drivers of HIV risk and vulnerability in different settings. HIV prevention programs therefore needs corporate and structural approaches. Structural factors include: the physical, socio-cultural, organizational, community and legal policy. HIV/AIDS is a major challenge to health and development especially in Nigeria and the global village at large.

United Nations Development Project<sup>11</sup> found that community involvement in care and support in Nigeria is very important for the PLWHA. Therefore, the wellbeing of PLWHA should be paramount to all including the family members.<sup>12</sup> Wellbeing can be described as a level of happiness, confidence, physical condition and general outlook on life of an individual. It is about feeling good and taking care of oneself and the responsibilities that can often be neglected when juggling the rigorous demands of everyday living in the 21<sup>st</sup> century. Well-being and healthy living go hand in hand. Healthy living goes beyond eating balance diet, taking regular exercise and avoiding illness. It also reflects the mental, emotional and social effects of an individual's life. This is in line with World Health Organization's<sup>13</sup> definition which states that health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

<sup>14</sup>Providing series of care, support and solidarity for the growing population of people living with HIV/AIDS by enabling them to protect themselves and others is an expected obligation the families,

communities and the whole nation at large.<sup>5</sup> There was a significant relationship found between the total psychological care and support by family and the total opinion of PLWHA about psychological care and support. This might be in terms of encouragement given by family members, showing a sense of love and belonging, disallowing discrimination and stigmatization within the family and so on. Meanwhile, the family is regarded as the main source of care and support for PLWHA in most developed countries. In furtherance to this, A researcher<sup>15</sup> earlier postulated that PLWHA will be better off when equipped with information and strategies which they can use to preserve and improve their health for as long as possible.

<sup>16,17</sup>The HIV/AIDS epidemic poses a challenge to the family system in the form of economic hardship by compromising household and family resources and generating new financial demands to cover medical treatment, health care food, and funeral expenses.<sup>18</sup> HIV/AIDS is the fastest way for families to move from relative wealth to relative poverty.<sup>19</sup> The infection has disrupted family system's capacity to care. It is pertinent to note also that family members face feelings and concerns similar to those of PLWHA. These include; fear, anger, shame, sadness, uncertainty of the illness process and stigma associated with the disease. In this trend,<sup>20</sup> Stigmatization has led many families to hide the truth about the illness or cause of death of family member with HIV and AIDS. Stigma often leads to social isolation and loneliness not only for the PLWHA, but also for the household caregivers. Families of

PLWHA are often the targets of AIDS related discrimination. However, some may shield a sick relation from the community for fear of shame and rejection by friends and neighbors.

<sup>21</sup>PLWHA can place a significant burden on family caregivers as the HIV and AIDS epidemic continues to escalate in sub-Saharan Africa. Their study is important because in Africa, studies on the impacts of HIV and AIDS on family system are sparse. The issue of HIV and AIDS and families are marginally addressed while others simply ignore it. Therefore, it could be assumed that, the effect of family support on PLWHA has not been succinctly dealt within research. The social worker and educator need to know the extent the support given by the family members has affected the health and psychological wellbeing of PLWHA. Premised on this,<sup>21</sup> it can be concluded that the persistence of HIV is eroding many positive cultural and traditional responses to coping with illness and disease. When a family member is diagnosed with HIV and AIDS the impact radiates across the entire family system.<sup>22</sup> Most PLWHA studied had strong family support, emphasizing middle age and being married in a monogamous family setup as significant factors for this support. Family involvement and support during initiation and continuation of their antiretroviral therapy is thus recommended. Various theories are applicable to this study. A researcher<sup>23</sup> in her study of PLWHA applied some theories that has to do with change of peoples' behavior in order to reduce HIV risk taking behavior. These theories include: theory of positive

prevention strategy; theory of counter attitudinal advocacy; health believe model; social learning theory; health self-efficacy and sexual model. These theories could be applied in terms of their social adjustment and psychological well-being. This is because PLWHA will be able to cope with stress with the support of family members both financially, emotionally and morally. It should be noted that family support influences social orientation and psychological adjustment.

### **Statement of the problem**

The fear of death is always overwhelming on health and psychosocial well-being of PLWHA globally. They are stigmatized by the members of the society including family members. Many of these patients die as a result of lack of support from immediate family members. Literature also documents that care and support is done to ensure and improve the quality of life of the PLWHA in some other parts of the world. In the same vein, family support was reported to have either positive or negative effects after disclosure of HIV/AIDS status. In the western world, positive family support was empirically documented to have helped PLWHA to overcome stigma and depression, reduce high risk behavior, seek medical treatment and go on with life. There is the need to emphasize that, without family support, millions of people in the prime of their lives will die as a result of HIV/AIDS and take along with them skills and knowledge that are necessary for human and economic development. It is believed as documented in literature that positive support from friends, employers and family is

valuable to counter the effect of stigmatization on PLWHA. It is expedient therefore to ensure that PLWHA should not be allowed to die prematurely. PLWHA can place a significant burden on family caregivers as the HIV and AIDS epidemic continues to escalate in sub-Saharan Africa. This study is important because in Africa, studies on the impacts of HIV and AIDS on family system are sparse. In some publications too, the issue of HIV and AIDS and families are marginally addressed while others simply ignore it. The effect of family support on PLWHA has not been succinctly dealt with in research in many parts of Africa. To bridge this gap, the social worker and health educator needs to know the extent the support given by the family members affect the health and psychological wellbeing of PLWHA. Premised on the above, it is considered needful to examine the correlation between family support, health, social and psychological well-being of PLWHA in Ibadan, Oyo State.

### **Objectives of the study**

1. To examine the correlation between family support and health of PLWHA
2. To find out how family support influence social well-being of PLWHA
3. To examine the influence of family support on psychological well-being of PLWHA

### **Methods**

**Research design:** The research design for this study was descriptive research design. It involved the use of questionnaire as instrument for data collection in order to show relationship between family support, health and psychosocial well-being of



people living with HIV/AIDS in Ibadan Oyo state.

**Population:** The population for the study comprised of 297 People Living with HIV/AIDS. The population included both male and female participants. They were between ages 18 and above. **Sample and Sampling Technique:** A convenient sampling technique was adopted to select 297 PLWHA as respondents for the study. Three state government hospitals namely: State hospital Ring Road, Ibadan, Jericho general hospital, Ibadan and Oyo state maternity specialist hospital, Yemetu, Ibadan were selected while the specialized HIV/AIDS clinics were identified in each of the hospitals respectively.

**Research Instrument:** A self-developed questionnaire tagged as “family support as correlate of health and psychosocial well-being instrument” (FSHPW) was used to gather information from the respondents. The instrument was divided into 2 sections (A and B). Section A covered demographic characteristics while section B dealt with variables on influence of family support on health and psychosocial well-being of people living with HIV/AIDS. The items generated were in line with the three research questions generated for the study and were on a four point Likert scale as: Strongly Agree (SA); Agree (A); Disagree (D); Strongly Disagree (SD) at a four point rating of SA: 4, A: 3, D: 2, SD:1.

**Reliability of the Instrument:** The questionnaire was administered on 20 respondents from Jericho nursing home, Ibadan and they were outside the study population. The filled questionnaire was then

subjected to Cronbach’s Alpha analysis to ensure reliability of the instrument and a reliability coefficient of  $r = 0.86$  was obtained.

**Data collection:** Data was collected with the help of six (6) research assistants (2 research assistants each from 3 state HIV/AIDS clinics) administered the questionnaire on PLWHA. The filled questionnaire was collected on the spot and coded for data analysis.

**Data analysis:** The demographic characteristic was analyzed with use of frequency count and percentages while the descriptive statistical tool was used to interpret responses from PLWHA

## **Results**

### **Demographic characteristics of PLWHA**

The results show that 72(24.2%) of the respondents were below 20 years, 111(37.4%) were within 21-30 years, 63(21.2%) were within 31-40 years, 24(8.1%) were within 41-50 years, 12(4.0%) were within 51-60 years and 15(5.1%) were 61 years and above. It further shows that 165(55.6%) of the respondents were males and 132(44.4%) were females 198(66.7%) of the respondents were Yorubas, 78(26.3%) were Igbos and 21(7.1%) were Hausas. 120(40.4%) of the respondents were single, 141(47.5%) were married, 36(12.1%) were separated. 168(56.6%) of the respondents were Christians, 93(31.3%) were Muslims, 24(8.1%) were Traditional worshippers and 12(4.0%) belong to other religious group not disclosed in the study. 123(41.4%) of the respondents had no formal education, 51(17.2%) had primary school leaving certificate and 123 (41.4%)

had secondary school leaving certificate in the study

**Table 1: Influence of family support on health of PLWA**

<b>Family support and Health</b>	<b>SD</b>	<b>D</b>	<b>A</b>	<b>SA</b>	<b><math>\bar{x} \pm SD</math></b>
The care and support I received from my family members have been very encouraging	60 20.2%	21 7.1%	141 47.5%	75 25.3%	2.78 $\pm$ 1.04
My family has been providing ARV Drugs on regular basis	45 15.2%	48 16.2%	126 42.4%	78 26.3%	2.60 $\pm$ 0.93
My family members encourage me to take my HIV/AIDS drugs	57 19.2%	12 4.0%	141 47.5%	87 29.3%	2.57 $\pm$ 1.10
I am in good health because my parents encourage me to promote personal health	36 12.1%	45 15.2%	156 52.5%	60 20.2%	2.57 $\pm$ 0.95
My family accompany me on clinic days	66 22.2%	30 10.1%	111 37.4%	90 30.3%	2.52 $\pm$ 1.14
The health tips from my family members has improved my health status	39 13.1%	21 7.1%	141 47.5%	96 32.3%	2.41 $\pm$ 1.07
My family stressed the importance of exercise on my health status	93 31.3%	33 11.1%	141 47.5%	30 10.1%	2.36 $\pm$ 1.03

**Weighted mean = 2.54**

Table 1 above showed that: Family support greatly influence health of PLWHA. 216 (72.8%) respondents said care received from family members have encouraged them to continue with life. 204 (68.7%) agreed that ARV drugs were always provided by their families. 228 (76.8%) and 216 (72.7%) said encouragement received from family members enhanced ARV drugs adherence

and promotes personal health respectively. In the same vein, 201 (91.8%) enjoy the company of family members on clinic days; 237 (79.8%) and 177 (57.6%) respondents said health tips from family members improved their health status tremendously. By implication, these responses are pointers to the effectiveness of family support on health of PLWHA.

**Table 2: Influence of family support on social well-being of PLWHA**

Family support and social well-being	SD	D	A	SA	$\bar{x} \pm S.D.$
My family members have always been around me to cheer me up	72 24.2%	33 11.1%	123 41.4%	69 23.2%	2.64 $\pm$ 1.09
The presence of my siblings boosts my morale	84 28.3%	51 17.2%	99 33.3%	63 21.2%	2.49 $\pm$ 1.12
I have always appreciated my in-laws moral and financial supports	45 15.2%	45 15.2%	129 43.4%	78 26.3%	2.47 $\pm$ 1.04
The care and support from my family members has been the source of strength	45 15.2%	45 15.2%	129 43.4%	84 28.3%	2.40 $\pm$ 1.03
Most family members always help me in house chores	48 16.2%	33 11.1%	72 24.2%	144 48.5%	2.30 $\pm$ 0.87
I feel satisfied whenever any family member takes me out for light exercise and visitation	15 5.1%	78 26.3%	93 31.3%	111 37.4%	2.04 $\pm$ 0.94
<b>Weighted mean = 2.39</b>					

Table two above showed that 192 (64.6%) and 162 (54.5%) said the presence of family members and siblings cheer them up and boost their morale respectively. 207 (69.7%) appreciated the family moral and financial support while 213 (71.7%) said, care and support from family members has been the source of their strength. 216 (72.7%) appreciated family members for helping in house chores while 204 (68.7%) were always delighted whenever family members take them out for light exercise and visitation. These results implied that family support improves the social well-being of PLWHA.

Table three below showed that 183 (61.6%) said family presence cheer them up whenever they are down; 225 (75.8%) said

encouragement from family members keep them going; 159 (53.5%) said spousal show of love make them feel better while a larger number, 222 (74.7%) agreed that stress is reduced when family member show them support. 174 (58.6%) felt confident to confide in family members; 225 (75.7%) felt safe and confident when family members are around; 246 (82.9%) said family members' presence relieves HIV burden. 198 (66.7%) agreed that family show of love raises hope and sense of belongingness. 192 (64.7%) confirmed that family support reduces stigmatization and discrimination while 246(82.9%) said family support raises and restores hope. These results imply that family support had great influence on psychological well-being of PLWHA.

**Table 3: The influence of family support on psychological wellbeing of PLWHA**

Family support and psychological wellbeing	SD	D	A	SA	$\bar{x} \pm S.D.$
My family members are always there for me whenever am down	87 29.3%	27 9.1%	117 39.4%	66 22.2%	2.55±1.13
Words of encouragement from my parents keep me going	42 14.1%	30 10.1%	144 48.5%	81 27.3%	2.49±1.04
I feel much better whenever my spouse reechoes his or her love for me	81 27.3%	57 19.2%	90 30.3%	69 23.2%	2.49±1.12
Presence of family members drastically reduces stress	42 14.1%	33 11.1%	129 43.4%	93 31.3%	2.40±1.07
I have the trust to confide in my family members about personal matters	54 18.2%	69 23.2%	90 30.3%	84 28.3%	2.38±1.08
I always feel safe and confident when my family members are around	42 14.1%	30 10.1%	126 42.4%	99 33.3%	2.37±1.09
The burden of my HIV status is relieved whenever family members come around	33 11.1%	18 6.1%	138 46.5%	108 36.4%	2.32±1.08
The love showed by family members gives me hope and sense of belongingness	42 14.1%	57 19.2%	90 30.3%	108 36.4%	2.22±1.09
Family support reduces stigmatization and discrimination	36 12.1%	69 23.2%	87 29.3%	105 35.4%	2.18±1.05
Family prayer support sessions most times restore my dashed hope	6 20.0%	45 15.2%	135 45.5%	111 37.4%	2.12±0.95

**Weighted mean = 2.35**

**Discussion**

The result revealed that there is a significant relationship between family support and health well-being of people PLWHA. This

implies that, the health well-being of PLWHA could be improved through adequate family support. Contrary to this, inadequate support could as well influence

the health wellbeing of PLWHA negatively. This result is in line with findings of a study<sup>13</sup> where it was found out that family support is interconnected and interdependent on individuals living with HIV/AIDS. This result also tallies with findings that, except with life prolonged therapy and family support, PLWHA will die early due to deterioration in the level of their health status. World Health Organisation<sup>12</sup> WHO also postulates that PLWHA needs family supports in terms of supervision on drug compliance as well clinical checkup. The result is also in line with the report of a study<sup>20</sup> that health of PLWHA usually improve especially when they see their people around them coupled with health education, voluntary counselling, testing and compliance with Anti-Retroviral Drugs (ARD). A study also<sup>21</sup> suggests that the family system should guide against stigmatization of PLWHA. The acceptance by the family member cushions the effect of other forms of rejection from other sectors. This inadvertently gives a sense of belonging.

The result further revealed that there was a significant relationship between family support and social wellbeing of PLWHA. This is in line with World Health Organization's<sup>7</sup> finding that a person's socio-economic status may affect his or her likelihood of contracting HIV and developing AIDS. It should be noted also that PLWHA face not only medical problems but also social problems and stigmatization associated with the disease. This enhances secrecy and denial which also serve as catalysts for HIV/AIDS transmission. It is important to note<sup>5</sup> that human development throughout the entire lifespan also allows

emphasis on the social nature of human beings and the important influence that social relationship for example family support system, have on recovery from illness such as HIV/AIDS. In the same vein, researches on socio-economic status (SES) and HIV/AIDS suggests that a person's socio-economic status may affect his or her likelihood of contracting HIV and developing AIDS. Furthermore, SES is a key in determining the quality of life for individuals after they are affected by the virus. It is important to know that, those with fewer resources are often left with limited treatment options. The result is in line with studies<sup>22,24</sup> where it was found that isolation can have many causes, including the loss of support by lovers, family and friends. In the same vein, additional feelings of isolation may result from the need to change their sexual practices and take more precautions to protect themselves and others. Hence, constant social family support makes PLWHA feel livelier, needed and wanted.

The result also revealed that there is significant relationship between family support and psychological well-being of PLWHA. The result is also in line with a study results<sup>10</sup> where it was found that persons with HIV/AIDS are made to see themselves as undesirable by others who view them as contagious – an emotional situation that can cause infected people to withdraw, not disclose their feelings, and become socially isolated. It is noteworthy that in Nigeria, PLWHA are denied certain opportunities such as life insurance policy and even job opportunity. Such denial can be very frustrating and demoralizing. The psychological support from family, friends

and the general public is highly essential at this crucial stage of the disease. It is also noteworthy that total dependence of the

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emotional status of both the family and friends. The result corroborates what was found in a study<sup>9</sup> that stigmatization create enormous psychological problem for PLWHA. It is pertinent to note that people who are stigmatized by family members feel as though they are transforming from a whole person to a nonexistent one. Therefore, family support will surely reassure the PLWHA, hence they live longer. Also, in line with this result is the World Health Organisation's<sup>12</sup> report which asserts that, the illness represents a unique and dramatic experience for patients. The illness is therefore associated with a profound and space authentic psychological engagement of patients themselves and the significant people living in their lives. This implies that, PLWHA needs family support to stabilize psychologically. The burden of HIV on families notwithstanding, many families continue to support their relatives living with HIV and AIDS in many different ways. It was documented that PLWHA reported that they received care from family members as well as necessary support, love, appreciation and hope. In other words, family system was described by participants as mutual social networks that provide love, hope and support for PLWHA.

#### **Implications of the study to social work**

- There is more to the survival of PLWHA. Because this is a social problem, social workers have the challenge to create awareness concerning the dreaded disease.

- The social workers are directly or indirectly working towards controlling the spread and ensuring adherence or compliance with drug therapy.
- Social workers conduct psychotherapy that involves the client, family and community members. This aims at curtailing stigmatization of the client.
- Social workers advocate for financial and family support. Efforts are also geared towards ensuring good health practices.

#### **Conclusions**

The research gave rise to the conclusion that family support had significant influence on health, social and psychological well-being of PLWHA in Ibadan. Information on health, support in terms of finances, other social supports, psychological care and psychotherapy will definitely assist the PLWHA to live a pleasant life. Drug compliance and keeping clinical dates for checkups depends on the ability of the immediate family to give support to the PLWHA. It was also concluded that human development throughout the entire lifespan also emphasize the social nature of human beings and the important influence that social relationship, for example family support, have on recovery from illness such as HIV/AIDS. Most importantly too, it was concluded that, except with life prolonged therapy and family support, PLWHA will die early due to deterioration in the level of their health status. PLWHA needs family supports in terms of supervision of drug compliance as well as clinical examinations. Therefore, social workers working in collaboration with

health and guardian counsellors work towards building a continuum of care. This involves services that address the specialized health, mental health, prevention, psychosocial support, and other related care and treatment interventions necessary to promote the well-being of the PLWHA. It is also expected that the social workers work to ensure that HIV/AIDS issues are mainstreamed into development efforts, emphasizing awareness, prevention, care and treatment as priority areas to be actively included in organization systems and policies. From a broader global perspective, it was concluded that HIV/AIDS drains the human and institutional capacities that drive sustainable development. This, in turn, disrupts production and consumption, erodes productivity in public sectors, and ultimately diminishes national wealth. Finally, social workers enter into respectful professional partnerships with PLWHA with due regard to basic social work values such as self-determination, dignity, and worth of the individuals.

### **Recommendations**

Premised on the findings of this study, the following recommendations are hereby presented:

1. The family members should support the PLWHA with social and psychological needs to promote and enhance longevity. The support given by the family members enhances sense of belongingness.
2. The government should improve on the existing facilities, funds, drugs and training of workers dealing with PLWHA.
3. The social workers have significant roles to play in ensuring adequate family support.

ould help through counselling, psychotherapy, group and family therapy. These functions will encourage the PLWHA that all is not lost.

4. Stigmatization of PLWHA should be reduced to the barest minimum. This will help them to have a sense of belonging and that people around them do not, at least see them as outcasts.

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