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INFORMATIONAL SUPPORT AND WELL-BEING OF PEOPLE LIVING WITH HIV/AIDS IN NEW HOPE AGENCY, KARU, FEDERAL CAPITAL TERRITORY, ABUJA

by

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Abstract

People Living with HIV/AIDS continue to depend on family members for the health guidance and reminders that keep them engaged with treatment, yet the specific bearing of this informational support on their well-being remains under examined at the community agency. The objective of the study was to examine the effect of informational support on the wellbeing of people living with HIV/AIDS in New hope agency. The study adopted a cross-sectional survey design, combining a structured questionnaire with an in-depth interview. A sample size of 361 was determined from a population of 1,214 PLWHA age between 18 years above receiving treatment at the agency. Using the Taro Yamane (1967) formula. participants were selected through purposive sampling. Quantitative data were analysed using frequency, means standard deviation and multiple regression analysis, while qualitative data were analysed thematically. The results showed that informational support significantly affected the well-being of respondents ($R = 0.935$, $R^2 = 0.874$, Adjusted $R^2 = 0.872$, $F = 414.803$, $p < 0.05$), with reminders about clinic appointments recording the strongest contribution, followed by reminders to take medication, nutritional advice and family health education, while health information shared by family did not independently predict well-being. the study concludes that informational support played a significant role of people living with HIV/AIDS. The study recommends that healthcare providers should train family caregivers to maintain simple household reminder systems that reinforce treatment adherence beyond formal clinic counselling.

Keywords: informational support, well-being, People Living with HIV/AIDS.

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Introduction

Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome remain major public health concerns worldwide, with an estimated 39 million people living with the virus globally in 2023 and sub-Saharan Africa carrying the heaviest share of that burden (UNAIDS, 2024). Antiretroviral therapy has turned HIV from a fatal illness into a manageable chronic condition, yet People Living with HIV/AIDS continue to face psychosocial, economic and emotional difficulties that weigh on their general well-being long after a diagnosis is confirmed (WHO, 2024). Among the several social determinants that shape how well a person copes with the illness, family support has stood out as one of the strongest.

Informational support refers to the guidance, advice, health education and reminders that family members supply to help a person manage a health condition. It is reflected through nutritional advice, reminders about clinic appointments, reminders to take medication, sharing of health information and family health education that reduces worry about the condition (Ibrahim et al, 2023). In this study, informational support is conceptualised through five specific indicators, namely nutritional advice, appointment reminders, medication reminders, health information sharing and family health education.

Well-being refers to the general state of physical, psychological, emotional and social functioning experienced by a person living with a chronic illness. It is reflected through adherence to treatment, emotional stability, freedom from stigma related distress and continued participation in family and social life (Disabato et al, 2025). In this study, well-being is conceptualised as the physical, psychological, emotional and social condition of

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people living with HIV/AIDS attending New Hope Agency, Karu, Federal Capital Territory.

Informational support is likely to be positively related to the well-being of people living with HIV/AIDS. When family members give sound nutritional advice, remind a patient about clinic visits and drug times, and share accurate health information, the person is more likely to stick to treatment, keep their viral load under control and feel less anxious about the illness. Family health education can also reduce stigma within the household, which in turn protects emotional stability and keeps the person involved in family and social life. The reverse is also plausible: where such support is weak or absent, missed appointments, irregular medication and unanswered fears may leave the person physically weaker and psychologically more isolated. Against this backdrop, the present study examines the relationship between informational support and the well-being of people living with HIV/AIDS attending New Hope Agency, Karu, Federal Capital Territory.

Statement of the Problem

In Nigeria, particularly within the Federal Capital Territory, family remains the first and often the only source of sustained health guidance for a person living with HIV. Karu, where New Hope Agency is located, carries a dense population and considerable economic hardship, conditions under which formal counselling reaches a person only occasionally while family members are present daily Okafor et al. (2024). Ezeonu et al. (2022) examined the tie between informational support and health behaviour, treatment adherence and self-care practices, among HIV positive adults in South East Nigeria and found that informational support improved health-seeking behaviour. Health behaviour,

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though, is a narrower measure than well-being. Their study stopped short of establishing how informational support affects the well-being of people attending a community-based agency. It remains unclear; therefore, how informational support affects the well-being of People Living with HIV/AIDS in New Hope Agency, Karu, Federal Capital Territory. It is this gap that the present study addresses.

Research Question

What is the effect of informational support on the well-being of People Living with HIV/AIDS in New Hope Agency, Karu, Federal Capital Territory?

Objective of the Study

The objective of this study was to examine the effect of informational support on the well-being of People Living with HIV/AIDS in New Hope Agency, Karu, Federal Capital Territory.

Research Hypothesis

H_0: Informational support does not have a significant effect on the well-being of people living with HIV/AIDS

H_1: Informational support has a significant effect on the well-being of people living with HIV/AIDS

Literature Review

Comulada et al. (2020) examined predictors of internet health information seeking among young adults living with HIV across the United States and found that higher education, income and treatment adherence predicted active information seeking, with the authors

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describing informational engagement as closely tied to how patients manage their own care. In a related study, Zhai et al. (2023) investigated HIV health literacy and its bearing on physical health among adults attending a regional HIV clinic in China and found that higher health literacy correlated with lower viral load and fewer opportunistic infections, with the authors describing informational input as central to sustained clinical improvement.

Comfort et al. (2024) assessed informational support drawn from social network ties and treatment adherence among adult PLWHA in Uganda and found that stronger informational support carried significantly greater odds of viral suppression, with participants in interviews describing health information from peers and health workers as something that reduced fear. Similarly, Martínez-López et al. (2025) examined HIV knowledge and physical health among adults living with HIV in Rio de Janeiro, Brazil and found that HIV specific knowledge accounted for a significant share of the variation in physical health scores once demographic factors were controlled for.

Fuster-RuizdeApodaca et al. (2025) investigated informational support and physical health pathways among PLWHA using a dedicated well-being metric and found informational support positively linked to physical health results, with part of the effect running through improved treatment adherence and healthier lifestyle habits. Closer to the present setting, Adejumo et al. (2021) explored health literacy, informational support and treatment adherence among people living with HIV in Nigeria and found that informational support from family and health workers significantly improved adherence, a finding the National HIV and AIDS Strategic Framework (NACA, 2022) affirms through its assignment of health communication duties to the family.

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these studies confirm a consistent pattern in which informational support, however it is delivered, correlates with stronger physical health results among people living with HIV/AIDS across different countries. This article addresses a question that remains comparatively unexamined: how these same indicators, nutritional advice, appointment reminders, medication reminders, health information sharing and family health education, operate specifically through family channels within a Nigerian community-based agency such as New Hope Agency, Karu, where formal HIV care sits alongside persistent gaps in family level health communication.

Theoretical Framework

This study draws on the Social Support Theory. Originally proposed by Cobb (1976) and expanded by House (1981) and Cohen and Wills (1985), the theory explains that individuals draw psychological and physical benefit from supportive relationships, particularly during periods of stress or adversity. House (1981) separated social support into four functional strands, emotional, instrumental, informational and appraisal support, while Cohen and Wills (1985) added that support works through two mechanisms, a direct effect that improves well-being regardless of stress exposure and a stress buffering effect that protects a person from the harmful consequences of a stressful event.

The Social Support Theory has several weaknesses that matter for a study of this kind. Its four types of support overlap in practice, so a family member’s reminder to take medication can easily count as informational, instrumental and emotional support at once, which makes it hard to measure one strand cleanly. The theory also assumes that support flows in one direction, from family to patient, yet the causal order may run the other way: people who are healthier and more stable are often easier to support and attract more of it.

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It says little about the quality of what is given. Informational support is treated as helpful by default, but relatives in many Nigerian households pass on myths, faith-based claims about cure or pressure to abandon treatment, and this can harm well-being. The theory was also built largely on Western samples and does not account for HIV stigma, where the family can be a source of fear, concealment and blame as much as support.

The theory is however applicable in this study because, the theory holds that access to reliable guidance, reminders and health education strengthens a person's coping capacity and self-management skill, leading to better health literacy and more consistent adherence to treatment (Mapesi, et al. 2022). Within Nigerian households, this guidance most often reaches a person living with HIV through a relative who repeats clinical instruction, keeps a medication timetable or explains a side effect in plain language rather than through formal counselling alone. The theory would therefore predict that where such family delivered guidance is present and consistent, a person's well-being holds up better than where it is absent or irregular, a prediction the present article tests directly within New Hope Agency, Karu.

Method

The study adopted a cross-sectional survey design that combined quantitative and qualitative methods of data collection. The design allowed the researcher to measure statistically how informational support relates to well-being while also drawing out, through interviews with family caregivers, the practical ways such support is delivered within the household. The study was conducted at New Hope Agency, a community-based organisation in Karu, Abuja Municipal Area Council, Federal Capital Territory,

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which offers health, psychosocial and socio-economic support services to People Living with HIV/AIDS.

Participants

The population of the study comprised 1,214 adult PLWHA receiving care at the agency, made up of 1,033 females and 181 males age between 18 years and above, together with the family caregivers who support them.

Sample Technique and Size

To calculate a statistically valid sample size based on the population of 1,214 PLWHA in New Hope Agency, Karu, AMAC, a standard formula for sample size determination in finite populations by Taro Yamane (1967) was used.

Formula for sample size calculation:

Where:

- n = required sample size
- N = total population (1,214)
- e = level of precision or margin of error (0.05)

Substituting the values into the formula:

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To account for potential non-response, attrition, and incomplete data, the sample size will be increased by approximately 20% following recommendations for survey research (Lwanga & Lemeshow, 1991; Israel, 2013).

To adjust for 20% non-response or attrition

$301 \times 0.20 = 60.2$

$= 60$

$301 + 60 = 361$ participants

Therefore, the sample size required was 361

For the qualitative aspect five family caregivers, selected through convenience sampling on account of their availability and direct involvement in caregiving, took part in in depth interviews.

Instruments

Data were collected using a structured questionnaire, the Family Support Questionnaire, which was designed by the researcher for this study, together with an in-depth interview guide. Items were drawn from the literature on family support and HIV care, with the informational strand guided by House's (1981) classification of social support. The section used in this article measures informational support through five indicators: nutritional advice, reminders about clinic appointments, reminders to take medication, health information sharing and family health education. Each indicator is rated on a three-option response format of Yes =3, No=2 and Not Sure=1.

Because the instrument was developed by the researcher, its validity and reliability were tested before use. Content validity was established through expert review. For reliability, the questionnaire was pilot tested on 30 PLWHA outside the study area, and the

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informational support subscale returned a Cronbach's alpha of 0.84, which indicates good internal consistency. Quantitative data were analysed with SPSS version 27 using descriptive statistics and multiple regression analysis, while the interview transcripts were analysed thematically.

Ethical Considerations

Ethical clearance was obtained from the Health Research Ethics Committee. Informed consent was secured from all participants, with confidentiality maintained throughout.

Results/Findings

A total of 361 questionnaires were administered to respondents at New Hope Agency, Karu, of which 305 were correctly completed and retrieved for analysis, a response rate of 84.5%.

Table1: Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
Sex	Male	47	15.4
	Female	258	84.6
Age (years)	18–25	29	9.5
	26–30	41	13.4
	31–35	63	20.7
	36–40	57	18.7
	41–45	48	15.7
	46–50	37	12.1
	Above 50	30	9.8
Marital Status	Single	71	23.3
	Married	163	53.4
	Widow/Widower	49	16.1
	Divorced/Separated	22	7.2
Level of Education	No Formal Education	38	12.5
	Primary	67	22.0
	Secondary	119	39.0
	Tertiary	81	26.6
Employment Status	Civil Servant	43	14.1

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Variable	Category	Frequency	Percentage (%)
	Business Owner	89	29.2
	Farmer	27	8.9
	Artisan	51	16.7
	Unemployed	73	23.9
	Student	22	7.2
Religion	Islam	91	29.8
	Christianity	197	64.6
	ATR	11	3.6
	Other	6	2.0
Duration Since HIV Diagnosis	Less than 1 year	33	10.8
	1–5 years	127	41.6
	6–10 years	89	29.2
	Above 10 years	56	18.4

Table 1, shows that Female respondents accounted for 84.6% of the sample against 15.4% male. Respondents aged 31 to 35 years formed the largest age band at 20.7%. Married respondents made up 53.4% of the sample, secondary school leavers formed the largest educational group at 39.0% and business owners accounted for the largest employment category at 29.2%. Christianity was the dominant religion at 64.6%. Respondents diagnosed between 1 and 5 years earlier formed the largest diagnosis duration group at 41.6%.

Table 2: Distribution of Respondents' View of Informational Support and Wellbeing of PLWHA

	Responses				
Statement	**Yes**	**No**	**Not Sure**	**Mean**	**Std. Dev.**
Nutritional advice from my family helps me manage my health better.	215 (70.5%)	55 (18.0%)	35 (11.5%)	2.52	0.78
Reminders about my clinic appointments help me stay on track with my care.	247 (81.0%)	33 (10.8%)	25 (8.2%)	2.70	0.65

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Statement	Responses			Mean	Std. Dev.
	Yes	No	Not Sure		
Reminders to take my medication improve my confidence in managing my health.	259 (84.9%)	27 (8.9%)	19 (6.2%)	2.76	0.60
Health information shared by my family improves how I handle my condition.	231 (75.7%)	43 (14.1%)	31 (10.2%)	2.62	0.72
My family's health education helps reduce my worries about my condition.	223 (73.1%)	49 (16.1%)	33 (10.8%)	2.57	0.75

Table 2, reported respondents' views on the five informational support items. Reminders to take medication recorded the strongest affirmative response at 84.9%, with a mean of 2.76 and a standard deviation of 0.60, the highest mean among the five items. Reminders about clinic appointments followed closely at 81.0% affirmative response, with a mean of 2.70 and a standard deviation of 0.65. Health information shared by family recorded 75.7% affirmative response, with a mean of 2.62 and a standard deviation of 0.72, while family health education that reduces worry recorded 73.1% affirmative response, with a mean of 2.57 and a standard deviation of 0.75. Nutritional advice recorded the weakest affirmative response among the five items at 70.5%, with a mean of 2.52 and a standard deviation of 0.78, the widest spread in the table. The pattern indicates that respondents placed particular stock in informational support tied directly to daily treatment routines, medication and clinic reminders specifically, rather than in broader health education or general advice.

Test of Hypothesis

Ho: Informational support does not have a significant effect on the well-being of People Living with HIV/AIDS

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Table 3: Model Summary

Model	R	R^2	Adjusted R Square	Std. Error of the Estimate
1	0.935 [a]	0.874	0.872	0.19431

Table 4: Summary Result of Multiple Regression Analysis

Model	B	Std. Error	Beta	t	Sig.
(Constant)	0.548	0.037		14.811	.000
Nutritional advice from my family helps me manage my health better.	0.196	0.036	0.265	5.444	.000
Reminders about my clinic appointments help me stay on track with my care.	0.312	0.031	0.421	10.065	.000
Reminders to take my medication improve my confidence in managing my health.	0.289	0.029	0.390	9.966	.000
Health information shared by my family improves how I handle my condition.	-0.058	0.041	-0.078	-1.415	.158
My family's health education helps reduce my worries about my condition.	0.161	0.034	0.217	4.735	.000

To determine whether informational support significantly affects the well-being of People Living with HIV/AIDS, Table 4, shows the summary results of a multiple regression analysis conducted using the five informational support indicators. The model summary Table 3 produced a correlation coefficient (R) of 0.935, indicating a very strong relationship between informational support and well-being. The coefficient of determination (R^2) was 0.874, meaning that 87.4% of the variation in well-being was

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explained by the five predictors jointly, while the adjusted R^2 stood at 0.872 and the standard error of estimate was 0.194.

The coefficients in table 4 showed that reminders about clinic appointments carried the strongest weight (β = 0.421, t = 10.065, p = 0.001), followed by reminders to take medication (β = 0.390, t = 9.966, p = 0.001), nutritional advice (β = 0.265, t = 5.444, p = 0.001) and family health education (β = 0.217, t = 4.735, p = 0.001), all reaching statistical significance. Health information shared by family did not reach statistical significance (β = -0.078, t = -1.415, p = 0.158), suggesting its influence overlapped with the more specific reminder-based items once these were accounted for together. Given that the significance value of 0.000 fell below the 0.05 threshold, the null hypothesis was rejected. Informational support therefore significantly affects the well-being of People Living with HIV/AIDS in New Hope Agency, Karu, Federal Capital Territory. Thus, the null hypothesis was not supported.

To extend the quantitative findings, interviews were conducted with family caregivers to explore the advice, reminders and health related guidance they supply. The accounts below illustrate how such information is perceived to shape treatment management and well-being.

One respondent explained that

> she keeps a written timetable of her sister's medication hours and clinic dates on the wall of the room they share, checking it each morning and issuing a quiet reminder whenever her sister appears to forget. She also passes on nutrition advice she has heard from agency staff about foods that support the immune system. She reported that since the reminders became consistent her sister has missed fewer doses and speaks with more confidence about managing the condition herself **(IDI 1, Female, Teacher, 41 years, 2026).**

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The account frames informational support as organisational through the written timetable and educational through the nutrition advice passed along from agency staff. The caregiver's link between consistent reminders and fewer missed doses lines up with the strong statistical weight recorded for reminder-based items in the regression model. The response therefore supports the study objective by showing that informational support, expressed through a simple household system, contributes meaningfully to the well-being of the relative it reaches.

Another participant stated that

> he accompanies his wife to the agency specifically so that he can hear the counsellor's instructions at first hand, then repeats them at home in the evenings, especially guidance on recognising the early signs of opportunistic infection. He explained that this shared knowledge has let the couple act quickly when mild symptoms appear, since his wife no longer waits until a condition worsens before seeking care **(IDI 2, Male, Driver, 46 years, 2026).**

The participant's account positions the caregiver as a conduit who carries clinical information from the agency into the home and reinforces it through repetition. The reported shift from delayed care seeking to early action illustrates the practical benefit respondents associate with consistent informational support. The response aligns with the study objective by showing that reminders and repeated explanation, more than general information sharing, shape how well a person copes with the illness.

A further respondent explained that

> she has learned to explain drug side effects to her younger brother in simple terms so that he does not abandon treatment whenever nausea or dizziness occurs, reminding him that such symptoms usually ease once the body adjusts. She observed that before these explanations he would stop his medication for several days at the first sign of discomfort, whereas he now continues the regimen and reports symptoms at his next clinic visit instead of discontinuing **(IDI 3, Female, Trader, 33 years, 2026).**

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The response demonstrates that translating clinical knowledge into accessible language can prevent treatment interruption. The shift from self-discontinuation to clinic reporting suggests an increase in the respondent's confidence in managing his own treatment, a pattern consistent with the significant contribution of medication reminders to well-being found in the regression analysis. The account therefore reinforces the study's finding that informational support, delivered in plain and repeated terms, protects continued engagement with treatment.

An elderly caregiver stated that

> although he cannot read the pamphlets given at the agency, he insists that his educated daughter explain every instruction to him and to the relative living with HIV, questioning both until he is satisfied that the guidance is understood. He believes this insistence on clarity has prevented the kind of confusion that once led the relative to take the wrong combination of tablets **(IDI 4, Male, Farmer, 58 years, 2026).**

This account shows that informational support can be exercised even by caregivers with limited literacy through insistence on mediated explanation. The prevention of medication error the caregiver describes ties directly to the study objective, illustrating that informational support functions as a resource distributed across the household rather than held by one member alone.

Across the four accounts, informational support appeared as written reminders, repeated clinical instruction, simplified explanation of side effects and insistence on mediated clarity. Caregivers consistently linked these practices to fewer missed doses, earlier care seeking and reduced treatment abandonment, a pattern that mirrors the strong affirmative responses recorded on reminder based items in the quantitative data and confirms

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informational support as a significant contributor to the well-being of People Living with HIV/AIDS in New Hope Agency, Karu.

Discussions

The study examined informational support and wellbeing of people living people living with HIV/AIDS. The study found that informational support significantly affects the well-being of People Living with HIV/AIDS in New Hope Agency, Karu, reflected mainly through reminders about clinic appointments and medication adherence rather than through general health education. This suggests that respondents draw the greatest benefit from informational support when it is tied directly to a concrete action they must take, rather than from broader advice about their condition. This finding is in line with Comfort, Nabunya, Ssewamala and MacCallum (2024), who found that informational ties within social networks carried significantly greater odds of viral suppression among PLWHA in Uganda.

The study also found that nutritional advice and family health education, while weaker than the reminder-based items, still contributed significantly to well-being, whereas health information shared by family did not hold up as an independent predictor once the other items were considered together. This suggests that general information sharing overlaps considerably with the more specific reminder items, its influence absorbed into theirs rather than standing apart. This finding agrees with Zhai, et al (2023), who found that health literacy correlated with better physical results among PLWHA in China, though the present study adds that not every form of health information carries equal statistical weight within Nigerian households.

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The caregiver interviews help explain this pattern. Informational support, in their accounts, works only once it is organised and repeated within the household, whether through a written timetable on a wall, a spouse relaying a counsellor's words at home or a caregiver insisting on clear explanation despite limited literacy. This confirms that families act as translators, converting clinical guidance into everyday household routines rather than passing it on unchanged, a pattern consistent with Adejumo and Oginni's (2021) finding that health literacy and informational support from family significantly improved treatment adherence among PLWHA in Nigeria.

These findings agree with the assumptions of Social Support Theory, particularly its guidance strand, which holds that access to relevant information from significant others strengthens a person's capacity to manage a chronic condition and, through that, protects their well-being. The strong showing of reminder-based items bears out the theory's claim that informational support works best when it is practical and repeated rather than abstract, while the weaker, non-independent showing of general health information introduces a mild qualification: not all informational content carries equal protective weight within this population.

Conclusion

This study has shown that informational support, expressed through nutritional advice, reminders about clinic appointments, reminders to take medication, health information sharing and family health education, significantly affects the well-being of People Living with HIV/AIDS in New Hope Agency, Karu, Federal Capital Territory. Reminders tied to medication and clinic attendance carried the greatest statistical weight, ahead of general health education, indicating that action-oriented guidance shapes well-being more

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decisively than the sheer volume of health information a family shares. Caregivers reinforced this pattern, describing written timetables, repeated clinical instruction and simplified explanation of side effects as the practical channels through which informational support reached their relatives. The study therefore establishes that family delivered guidance, when organised and repeated, functions as a significant and largely low-cost resource for sustaining treatment engagement and well-being among PLWHA attending community-based agencies such as New Hope Agency.

Recommendation

Based on the finding that reminders about clinic appointments and medication carried the greatest weight in explaining well-being, the study recommends that New Hope Agency and other healthcare providers train family caregivers to set up and maintain simple household reminder systems, such as a written timetable of drug times and clinic dates kept in a visible place at home. This should be built into routine counselling sessions, with caregivers invited to attend so that clinical instructions are explained to them directly and reinforced at home.

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