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The Effect of Support Groups on Social Support and Psychological Well-Being Among Young People Living with HIV in Inti Muda West Java

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Abstract: Young people living with HIV face significant psychosocial challenges that require effective interventions such as support groups. However, to date, there has been no simultaneous quantitative empirical evaluation of the effectiveness of such interventions within community-based organizations in Indonesia. Therefore, the novelty of this study lies in its integrative examination of the impact of structured support groups on social support and psychological well-being specifically among the Inti Muda community in West Java. This one-group pretest-posttest quasi-experimental study involved participants aged 18–35 years who were selected through purposive sampling. The intervention consisted of five structured sessions over five weeks that integrated peer support, psychoeducation, and Yalom's therapeutic factors. Measurements were taken using the Multidimensional Scale of Perceived Social Support and Ryff's Psychological Well-Being Scale. Analysis results showed a significant increase in the mean pre- and post-intervention scores for social support and psychological well-being ($p = 0.043$). In conclusion, the support group proved to be effective, and these findings provide an important foundation for the development of structured, community-based psychosocial interventions aimed at improving the quality of life for young people living with HIV.

Keyword: support groups, social support, psychological well-being, young people living with HIV, HIV

INTRODUCTION

Since the widespread implementation of antiretroviral therapy (ART), HIV has evolved from a life-threatening illness into a chronic condition that can be effectively controlled through continuous treatment (Deeks et al., 2013). Advances in ART have substantially improved the life expectancy of people living with HIV (PLWH), allowing many individuals to maintain productive and meaningful lives comparable to those of the general population (Deeks et al., 2013; Marcus et al., 2020). Despite these advances in medical treatment, psychosocial challenges remain prevalent, particularly among young

people living with HIV. Experiences of stigma, discrimination, social exclusion, concerns about future opportunities, and fear of rejection continue to undermine mental health, interpersonal relationships, and overall psychological well-being (Earnshaw et al., 2013; Fauk et al., 2021; Li et al., 2021). Consequently, contemporary HIV care extends beyond viral suppression and treatment adherence by recognizing psychosocial support as an essential component of comprehensive HIV services aimed at improving quality of life (Cluver et al., 2022; World Health Organization, 2023; UNAIDS, 2023).

Adolescence and young adulthood represent critical developmental stages marked by identity formation, the establishment of interpersonal relationships, the pursuit of personal goals, and the gradual transition toward independent adulthood (Sawyer et al., 2018). Receiving an HIV diagnosis during these formative years may disrupt normal developmental processes and create additional psychological burdens that complicate adjustment to the condition (Cluver et al., 2022). Previous research has consistently shown that young people living with HIV are at increased risk of experiencing anxiety, depressive symptoms, loneliness, and diminished psychological well-being, particularly when they encounter HIV-related stigma and have limited access to supportive social networks (Cluver et al., 2022; Earnshaw et al., 2013; Li et al., 2021).

Social support has consistently been identified as one of the most important protective factors for maintaining mental health and promoting psychological adjustment. The buffering hypothesis proposed by Cohen and Wills (1985) suggests that social support reduces the adverse effects of stressful experiences by providing emotional comfort, practical assistance, and relevant information that help individuals cope with challenging situations. Within the context of HIV, adequate social support has been associated with better adherence to antiretroviral therapy (ART), greater resilience in dealing with HIV-related stigma, improved self-acceptance, and enhanced overall quality of life. Furthermore, Ekanesia, Akbar, and Sastri (2024) reported that higher levels of perceived social support are positively associated with better mental health outcomes among adolescents, indicating that individuals who perceive stronger social support also tend to experience higher levels of psychological well-being.

Psychological well-being represents another essential indicator of successful psychosocial adaptation among people living with HIV. Ryff conceptualizes psychological well-being as a multidimensional construct encompassing self-acceptance, positive relationships with others, autonomy, environmental mastery, personal growth, and a clear sense of purpose in life. According to Mukaromah and Sastri (2025), psychological well-being is shaped by several psychological resources, including self-efficacy and adaptive coping strategies, which enable individuals to respond more effectively to life challenges. Accordingly, interventions designed to strengthen psychosocial resources are expected to foster higher levels of psychological well-being among young people living with HIV.

Among the psychosocial interventions available for people living with HIV, support groups have been widely recognized as an effective approach for strengthening both social support and psychological well-being. By bringing together individuals with similar life experiences, support groups create an environment where participants can openly discuss personal challenges, exchange knowledge, offer mutual encouragement, and build supportive interpersonal connections. Yalom and Leszcz (2020) emphasize that several therapeutic factors, including universality, the instillation of hope, altruism, interpersonal learning, and group cohesiveness drive the effectiveness of group-based interventions. These mechanisms foster a sense of belonging, reduce feelings of isolation, and enhance participants' capacity to manage psychosocial challenges more effectively. Consistent with this perspective, previous studies have demonstrated that peer-support interventions can strengthen resilience, alleviate psychological distress, and improve adaptive functioning among vulnerable populations, including young people living with HIV (Saskia & Sastri, 2025; Akbar, Sastri, et al., 2024).

Despite these promising findings, important gaps remain in the existing literature. Previous studies have predominantly examined the association between social support and mental health or assessed peer-support interventions in relation to individual outcomes such as antiretroviral treatment adherence, quality of life, or reductions in psychological distress. Comparatively few studies have investigated whether structured support group interventions can simultaneously improve both perceived social support and psychological well-being. Moreover, evidence regarding the implementation of structured peer-led support groups within community-based organizations in Indonesia remains limited. Therefore, the present study seeks to address this gap by evaluating the effectiveness of a structured support group intervention delivered in a community setting, providing empirical evidence that may inform the development of psychosocial support programs for young people living with HIV in Indonesia.

Based on a synthesis of previous research, it can be concluded that social support is associated with mental health. At the same time, peer-support-based interventions have the potential to enhance individuals' psychological resilience. However, to date, there remains a lack of empirical evidence evaluating the effectiveness of structured support groups specifically regarding social support and psychological well-being simultaneously among young people living with HIV within the context of community-based organizations. This situation highlights a research gap that this study aims to address.

Inti Muda Jawa Barat is a community-based organization focused on empowering young people living with HIV and key youth populations through various psychosocial support programs, one of which is a support group. This program provides a safe space for members to share experiences, build social networks, receive emotional support, and strengthen their ability to cope with various life challenges. Although the program has been running regularly, its effectiveness in enhancing social support and psychological well-being has never been scientifically evaluated using a quantitative approach.

Thus, the novelty of this study lies in three aspects. First, this study examines the impact of a structured support group intervention conducted over five sessions on psychosocial outcomes, specifically social support and psychological well-being, simultaneously. Second, this study focuses on the population of young people living with HIV in Indonesia, a group that has been relatively underrepresented as the target of psychosocial intervention research. Third, this study evaluates a support group program that has been implemented within a community-based organization; thus, the research findings are expected to serve as a scientific foundation for the development of psychosocial support programs in other communities serving young people living with HIV.

Based on the above description, this study aims to analyze the effect of a support group intervention on social support and psychological well-being among young people living with HIV at Inti Muda in West Java. The research question for this study is: "Does a support group intervention have an effect on increasing social support and psychological well-being among young people living with HIV at Inti Muda in West Java?"

The hypotheses proposed in this study are as follows. H_0: There is no significant difference in social support and psychological well-being scores before and after participating in the support group intervention. H_1: There is a significant difference in social support and psychological well-being scores before and after participating in the support group intervention.

METHOD

This study employed a quantitative approach with a quasi-experimental design using a one-group pretest–posttest design. This design was chosen to evaluate changes in levels of social support and psychological well-being among young people living with HIV before and after participating in a support group intervention. Through this design, each participant

serves as their own control, allowing post-intervention score changes to be compared with baseline conditions prior to the intervention.

The study was conducted at Inti Muda Jawa Barat, a community-based organization focused on empowering young people living with HIV and key youth populations in West Java Province, Indonesia. Data collection took place from May to June 2026, concurrently with the implementation of the support group program organized by the organization.

Study participants were young people living with HIV who were enrolled in the support group program at Inti Muda Jawa Barat. Participants were selected using purposive sampling based on the following inclusion criteria: (1) aged 18–35 years; (2) diagnosed with HIV; (3) willing to participate in the study by signing an informed consent form; and (4) willing to complete the entire support group intervention series. Initially, 18 young people living with HIV participated in the baseline assessment conducted seven days before the intervention. During this assessment, participants completed a demographic questionnaire, including age, gender, educational level, employment status, marital status, time since HIV diagnosis, duration of antiretroviral therapy (ART), and ART adherence. Participants also completed the Multidimensional Scale of Perceived Social Support (MSPSS) and Ryff's Psychological Well-Being Scale (RPWBS) to measure baseline levels of perceived social support and psychological well-being. Based on the baseline assessment, five participants with the lowest levels of social support and psychological well-being who also met the inclusion criteria and agreed to participate in the complete five-session intervention were selected as the study sample. Therefore, only data from these five participants were included in the pretest–posttest analysis.

The intervention consisted of a support group conducted in a structured manner over five sessions. Each session lasted 90–120 minutes and was facilitated by a facilitator (the researcher) alongside an observer to monitor the intervention process. The intervention approach was based on the principles of group therapy outlined by Yalom and Leszcz (2020), specifically universality, instillation of hope, altruism, interpersonal learning, and group cohesiveness. All sessions were designed to create a safe, inclusive, and stigma-free space, as well as to encourage participants to provide emotional support to one another, share experiences, and develop more positive coping strategies. Details on the implementation of the intervention are presented in Table 1.

Table 1. Sructure of the Support Group Intervention

Sesion	Theme	Purpose	Main Activities
1	Group Formation	Building a sense of security, trust, and group cohesion	Participant introductions, group agreements, icebreakers, presentation of program objectives
2	Sharing Life Experiences with HIV	Reducing feelings of isolation through universality	An open discussion about experiences with diagnosis, stigma, challenges, and the process of self-acceptance
3	Social Support and Peer Networks	Identifying and strengthening sources of social support	Mapping support from family, friends, partners, and the community; discussing strategies for obtaining support
4	Coping Strategies and Self-Empowerment	Improving stress management skills and enhancing psychological well-being	Psychoeducation on adaptive coping strategies, self-reflection exercises, sharing positive experiences, and self-affirmation
5	Reflections, Hopes, and Evaluations	Strengthening hope, group cohesion, and sustainability plans	Reflection on perceived changes, feedback on the program, development of personal development plans, and group wrap-up

Data collection was conducted using a survey method via a standardized questionnaire. Measurements were taken twice: before the intervention (pretest) and after the entire series of support group sessions had been completed (posttest).

The social support variable was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. This instrument consists of 12

items that measure perceptions of support from family, friends, and significant others. The psychological well-being variable was measured using the 18-item version of Ryff's Psychological Well-Being Scale (RPWBS), which assesses six dimensions of psychological well-being: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Both instruments have established validity and reliability and have been widely used in psychological research in Indonesia.

Data analysis was conducted using IBM SPSS Statistics software, version 26. Descriptive analysis was used to describe the participants' characteristics and the distribution of scores for each research variable. Before conducting inferential analysis, the data were tested for normality using the Shapiro–Wilk test because the sample size was less than 50. If the data were normally distributed ($p > 0.05$), the differences between pretest and posttest scores were analyzed using a Paired Sample t-test. Conversely, if the data were not normally distributed ($p < 0.05$), the analysis was performed using the Wilcoxon Signed-Rank Test. All statistical tests used a significance level of 5% ($p < 0.05$).

This study adhered to research ethics principles by obtaining informed consent from all participants before the study was conducted. All data collected were kept confidential and used solely for research purposes. Participants' identities were coded to prevent direct identification. The researchers acknowledge that the use of a one-group pretest–posttest design without a control group has limitations regarding internal validity, particularly concerning the potential influence of history, maturation, or other external factors that cannot be fully controlled. This study has several methodological limitations. First, the final sample consisted of only five participants who completed the intervention, which limits the statistical power of the inferential analysis and reduces the generalizability of the findings. Consequently, the results should be interpreted as preliminary evidence of the potential effectiveness of the intervention rather than definitive conclusions applicable to the broader population of young people living with HIV. Nevertheless, given the community-based nature of the program and the strict inclusion criteria requiring participants to complete all intervention sessions and both measurements, the one-group pretest–posttest design was considered the most feasible approach for evaluating changes before and after the intervention.

RESULTS AND DISCUSSION

This study was conducted in Inti Muda, West Java, using a one-group pretest–posttest design to evaluate the effect of a support group intervention on social support and psychological well-being among young people living with HIV. Of the 18 participants who underwent the initial assessment, 5 met the inclusion criteria and completed the entire intervention program.

The intervention was carried out over five weeks through five support group sessions focused on group formation, sharing experiences of living with HIV, strengthening social support, adaptive coping strategies, self-acceptance, and reflection on the changes experienced by the participants.

Participant Characteristics

The participants' characteristics are presented in Table 2.

Table 2. Characteristics of Participants in the Intervention (N = 5)

Characteristic	Frequency
Age	
Age 20-25	2
Age 26-30	3
Averange age	Age 26,2
Age range	Age 22-30
Gender	

Characteristic	Frequency
Man	5
Highest Level of Education	
High School/Vocational High	4
Bachelor's degree	1
Employment Status	
Work	5
Marital Status	
Unmarried	5
Time Since HIV Diagnosis	
>6 month	5
Duration of ARV Therapy	
2-3 year	3
>5 year	2
ARV Adherence	
Always Take Your ARVs	4
Sometimes I forget to keep	1

The characteristics of the participants who completed the entire intervention series are presented in Table 2. A total of five young people living with HIV met the inclusion criteria and completed all support group sessions. The average age of the participants was 26.2 years, with an age range of 22–30 years. All participants were male, employed, unmarried, and had been living with HIV for more than six months.

Most participants had completed high school or vocational school (n = 4), while one participant held a bachelor's degree (S1). Based on the duration of antiretroviral (ARV) therapy, three participants had been on therapy for 2–3 years, and two participants had been on therapy for more than five years. Regarding treatment adherence, four participants reported always taking their ARVs as prescribed, while one participant stated that he sometimes forgot to take his ARVs but continued treatment nonetheless.

Descriptive Analysis

Descriptive statistics for the scores before and after the intervention are presented in Table 3.

Table 3. Descriptive Statistics for Pretest and Posttest Scores

Variabel	Mean	SD	Minimum	Maksimum
Pretest	98,80	36,00	57	154
Posttest	148,40	18,17	135	180

According to Table 3, the participants' average score before participating in the support group intervention was 98.80, with a standard deviation of 36.00. After completing the entire intervention series, the average score increased to 148.40 with a standard deviation of 18.17. In addition to a 49.60-point increase in the average score, the standard deviation decreased after the intervention, indicating that the variation in scores among participants became more homogeneous compared to before the intervention.

Gain Score Analysis

To determine the extent of the changes experienced by each participant after participating in the support group intervention, a gain score analysis was conducted. The results of the analysis are presented in Table 4.

Table 4. Participant Gain Score

Code	Pretest	Posttest	Gain Score
H1	107	147	40
D1	82	140	58
Y1	94	140	46
J1	154	180	26
K1	57	135	78

According to Table 4, all participants showed an increase in their scores after participating in the support group intervention. The average gain score was 49.60 points. The largest increase was observed in participant K1, with a gain score of 78 points, while the smallest increase was observed in participant J1, with a gain score of 26 points.

Normality Test

Before testing the hypothesis, a normality test was conducted using the Shapiro–Wilk test because the sample size was less than 50 participants.

Table 5. Shapiro–Wilk Normality Test Results

Variabel	Sig.
Pretest	0,822
Posttest	0,034

The results of the normality test showed that the pretest scores had a significance value of 0.822 ($p > 0.05$), indicating that the data were normally distributed. Meanwhile, the posttest scores had a significance value of 0.034 ($p < 0.05$), indicating that the data are not normally distributed. Since one of the variables did not meet the assumption of normality, the subsequent hypothesis testing was conducted using the Wilcoxon Signed-Rank Test as a nonparametric test.

Hypothesis testing

The results of the Wilcoxon Signed-Rank Test are presented in Table 6.

Table 6. Results of the Wilcoxon Signed-Rank Test

Statistics	Nilai
Z	-2,023
Sig. (2-tailed)	0,043

The results of the analysis show a p-value of 0.043, which is less than the significance level of 0.05. Therefore, H_0 is rejected and H_1 is accepted. These results indicate that there is a significant difference between the scores before and after participating in the support group intervention.

Rank Analysis

The results of the rank analysis show that 5 participants (100%) experienced an increase in their scores (positive ranks), while no participants experienced a decrease in their scores (negative ranks) or remained at the same score (ties).

These findings indicate that all participants achieved an increase in their scores after participating in the support group intervention. These results suggest that the intervention provided consistent benefits to all participants who completed the program.

Evaluation of the Intervention Process

1. Reflection Results for Each Session.

Based on the reflection sheets completed after each session, a gradual progression in the group process was evident. In the first session, participants still tended to be cautious about sharing personal experiences; however, their comfort level in sharing was already high, with an average score of 8.6 on a scale of 10. By the second and third sessions, participants began to be more open in discussions, offering feedback to one another, and demonstrating increased confidence in utilizing social support. In the fourth and fifth sessions, participants reported more positive expectations, increased self-acceptance, and a readiness to sustain the changes after the program ended. These reflection results indicate that the participants' psychological changes occurred gradually throughout the intervention process.

2. Homework Results

Analysis of the homework assignments shows that participants were able to apply the material learned during the sessions to their daily lives. Most participants have begun to draw on support from family, friends, and their community as sources of emotional support. In addition, participants also reported using more adaptive coping strategies, such as sharing their stories with trusted individuals, exercising, listening to music, and making plans to maintain their mental health after the program ends. These findings indicate that the benefits of the intervention are not limited to the group sessions but are also beginning to be applied in daily life.

Discussion

This study aimed to examine the effect of a support group intervention on social support and psychological well-being among young people living with HIV at Inti Muda West Java. The findings demonstrated that all participants showed increased scores after completing the five-session support group intervention. This improvement was supported by the results of the Wilcoxon Signed-Rank Test, which indicated a statistically significant difference between pre-intervention and post-intervention scores ($Z = -2.023$, $p = 0.043$). Furthermore, all participants (100%) demonstrated increased scores, with no cases of decreased or unchanged scores. These findings suggest that the structured support group intervention may have the potential to improve social support and psychological well-being among the participants in this study. However, given the small sample size, the findings should be interpreted as preliminary evidence and require confirmation in studies with larger samples.

The observed improvement can be explained by the Buffering Hypothesis proposed by Cohen and Wills (1985). According to this theory, social support functions as a protective factor that mitigates the negative effects of stress on mental health, particularly among individuals experiencing high levels of psychosocial stress. Throughout the support group sessions, participants were provided with opportunities to share their experiences of living with HIV, receive emotional support, exchange information, and gain encouragement from peers with similar experiences. These processes helped participants feel that they were not facing their challenges alone, thereby reducing feelings of isolation, increasing their sense of acceptance, and strengthening their ability to cope with HIV-related challenges.

The findings also revealed that participants with lower baseline scores experienced greater improvements following the intervention. Participant K1, who had the lowest pretest score, demonstrated the highest gain score (78 points), whereas participant J1, who had the highest baseline score, also improved, although to a lesser extent. Within this small sample, participants with lower baseline psychosocial scores appeared to experience greater improvements following the intervention. However, this pattern should be interpreted cautiously because it was observed in only five participants and requires confirmation in larger studies. This finding is consistent with the Buffering Hypothesis, which posits that the protective effects of social support are stronger among individuals experiencing higher levels of psychological distress.

The positive changes observed were not only reflected in the quantitative findings but also in the qualitative evaluation of the intervention process. Based on participants' reflection forms completed after each session, gradual improvements were observed throughout the program. During the initial sessions, participants were cautious about sharing their personal experiences. However, by the third to fifth sessions, they became more open, actively engaged in discussions, and increasingly provided emotional support to one another. Homework assignments further indicated that participants had begun applying the knowledge and skills acquired during the intervention in their daily lives, including seeking support from family members, friends, and the community, adopting more adaptive coping strategies, and

developing plans to maintain their mental well-being after the program had ended. These findings suggest that the intervention facilitated not only cognitive changes but also meaningful behavioral changes and enhanced participants' ability to utilize available psychosocial resources.

These findings are consistent with Yalom and Leszcz's (2020) theory of therapeutic factors in group psychotherapy. Throughout the intervention, the therapeutic factor of *universality* emerged as participants recognized that experiences of stigma, discrimination, and concerns about the future were shared by other group members. This realization helped reduce feelings of isolation and fostered a stronger sense of belonging. In addition, *group cohesiveness* developed as trust and openness among participants increased over time, while *altruism* became evident when participants began offering emotional support, sharing personal experiences, and providing constructive feedback to fellow group members. The presence of these therapeutic factors may represent an important mechanism through which support groups enhance participants' psychosocial well-being.

The improvement in participants' psychological well-being can also be understood through Ryff's model of psychological well-being, which emphasizes self-acceptance, positive relations with others, purpose in life, and environmental mastery. Based on participants' reflections and homework assignments, they demonstrated greater self-acceptance, increased confidence in seeking social support, and more positive expectations and life goals following the intervention. These findings suggest that support groups not only improve perceived social support but also facilitate the development of key dimensions of psychological well-being.

The present findings are consistent with those reported by Ekanesia, Akbar, and Sastri (2024), who found that perceived social support was positively associated with adolescents' mental health. The results also support previous studies by Saskia and Sastri (2025) and Akbar et al. (2024), which demonstrated that peer support-based interventions are effective in improving psychological adaptation among people living with HIV. Unlike previous studies that primarily focused on psychosocial outcomes, the present study simultaneously evaluated changes in both social support and psychological well-being through a structured, community-based support group intervention implemented within a community organization. The present findings are consistent with previous studies demonstrating the benefits of peer support for people living with HIV. However, this study provides additional insight by evaluating a structured five-session support group intervention implemented within a community-based organization while simultaneously assessing changes in perceived social support and psychological well-being. Although the findings are based on a small number of participants, they suggest that structured peer support delivered in community settings may contribute to improving psychosocial outcomes among young people living with HIV. These preliminary findings may serve as a basis for future studies involving larger samples, control groups, and longer follow-up periods to further evaluate the effectiveness of community-based support group interventions.

CONCLUSION

This study demonstrated that a structured five-session support group intervention was associated with improvements in perceived social support and psychological well-being among young people living with HIV at Inti Muda West Java. Participants who completed the intervention showed higher posttest scores than pretest scores, supported by the results of the Wilcoxon Signed-Rank Test, which indicated a statistically significant difference ($Z = -2.023$, $p = 0.043$). In addition, the qualitative evaluation based on participants' reflection forms and homework assignments indicated improvements in participants' openness, utilization of social support, adaptive coping strategies, self-acceptance, and hope following the intervention.

This study also provides preliminary evidence that a structured support group implemented within a community-based organization may contribute to improving psychosocial outcomes among young people living with HIV. The novelty of this study lies in the implementation and evaluation of a structured five-session support group within a community-based organization while simultaneously assessing changes in both perceived social support and psychological well-being. Although the findings are encouraging, they should be interpreted cautiously because of the limited sample size and study design.

Limitations

This study has several limitations. First, the final sample consisted of only five participants, which limited the statistical power and reduced the generalizability of the findings. Second, the use of a one-group pretest–posttest design without a control group limited the ability to attribute the observed changes solely to the intervention, as other external factors may also have influenced the outcomes. Third, the study assessed outcomes only immediately after the intervention and did not include follow-up assessments to determine the long-term sustainability of the intervention effects. Therefore, the findings should be considered preliminary and interpreted within the context of this community-based intervention.

Research Implications

The findings of this study have practical implications for psychosocial services delivered by community-based organizations supporting young people living with HIV. A structured five-session support group may serve as a feasible approach to strengthening perceived social support and psychological well-being when facilitated by trained peer facilitators. Future research is recommended to involve larger and more diverse samples, include comparison or control groups, and conduct longitudinal follow-up assessments to further evaluate the effectiveness and sustainability of community-based support group interventions.

Author Contributions

Riki Jakaria: Conceptualization, methodology, intervention design, data collection, intervention implementation, formal analysis, data interpretation, writing original draft preparation, and manuscript revision

Prinska Damara Sastri: Supervision, methodology, validation, manuscript review and editing, and final approval of the manuscript.

Pratidina Ekanesia: Supervision, validation, critical review of the manuscript, and final approval of the manuscript.

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