FAMILY SUPPORT FOR PEOPLE WITH HIV AND AIDS (PLWHA)

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ABSTRAK

Penelitian ini bertujuan untuk menggambarkan dukungan keluarga pada ODHA. Penelitian ini adalah penelitian deskriptif kuantitatif. Penelitian dilakukan di Puskesmas Bogor Tengah Kota Bogor, Populasi adalah ODHA dan sampel diambil secara random sebesar 50 responden. Data dikumpulkan dengan menggunakan kuesioner yang sudah diuji validitas dan relibilitasnya. Data dianalisis secara desriptif. Hasil penelitian menunjukkan bahwa rata-rata usia reponden 29,6 tahun, rata-rata lama sakit 5,9 tahun, 86% laki-laki, 42% berpendidikan SMA, 76% belum menikah dan 66% ODHA memiliki dukungan keluarga yang kurang. Dukungan keluarga yang kurang adalah dukungan informasi (49%), dukungan pelayanan (45,1%), dukungan finansial (35,3%), dukungan penghargaan (33,3%), dan dukungan emosi (31,4%). Dukungan keluarga diperlukan untuk meningkatkan ketahanan ODHA dalam meningkatkan kualitas hidupnya.

Kata kunci: *dukungan keluarga, ODHA, HIV, AIDS*

ABSTRACT

This study aims to describe family support for People Living with HIV and AIDS (PLWHA). This research is a quantitative descriptive study. The study was conducted at Puskesmas Bogor Tengah, Bogor. The population was PLWHA and the sample of 50 was taken randomly. Data were collected using a questionnaire that had been tested for validity and reliability. Data were analyzed descriptively. The results showed that the average age of respondents was 29.6 years, the average length of illness was 5.9 years, 86% were male, 42% had high school education, 76% were unmarried and 66% of PLWHA had insufficient family support such as lacked information support (49%), service support (45.1%), financial support (35.3%), appreciation support (33.3%), and emotional support (31.4%). Family support is needed to increase the resilience of PLWHA in improving their quality of life.

Keywords: *family support, PLWHA, HIV, AIDS*

INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are global health problems that affect millions of people around the world. In 2023, approximately 39.9 million people worldwide [36.1 million–44.6 million] were living with HIV; however, only 30.7 million people (27–31.9 million) are receiving antiretroviral therapy (ART), and since the start of the epidemic, an estimated 88.4 million people (71.3 million–112.8 million) have contracted the virus (UNAIDS, 2024). HIV and AIDS not only impact physical health but also affect social, economic, and psychological aspects, including stress, depression, and suicide (Dejman et al., 2015; Sari, 2019; Sari and Wardani, 2017). In facing these challenges, family support is an important element in improving the quality of people living with HIV and AIDS (PLWHA).

Family is the closest environment that plays a major role in providing emotional, moral, and physical support (Thomas et al., 2017). Family support covers various aspects, from care assistance, and stress management, to social support that can help PLWHA overcome stigma and discrimination.

Apart from that, family support can also raise hope in PLWHA to continue living life with enthusiasm. Several studies show that social and family support has a significant impact on the mental health of PLWHA. Family support can help reduce depression, anxiety, stress, and adherence to ARV consumption in PLWHA (Tampubolon et al., 2023; Wang et al., 2024). However, not all PLWHA get family support, some PLWHA keep their HIV status a secret from their families (Purnamawati et al., 2022b), and only some PLWHA get good family support (Purnamawati et al., 2023). Family support is important to improve the quality of life of PLWHA. Therefore, this research aims to obtain an overview of family support for PLWHA.

METHOD

This research uses a descriptive quantitative approach. The variable examined in this research is family support for PLWHA, including respondent characteristics such as age, gender, education, and length of suffering. This research was conducted at the Central Bogor Community Health Center, Bogor City. The population of this study was PLWHA, with a sample size of 50 respondents taken randomly. Data was collected using an online questionnaire with 8 questions consisting of information support, service support, financial support, appreciation support, and emotional support. The questionnaire has been tested for validity and reliability with a Cronbach's alpha value of 0.938.

The family support variable is classified into good and poor family support based on the median cut-off point value; Marital status was classified into 3 groups, namely married, divorced/dead, and not married. Meanwhile, age, and duration of illness are continuous variables presented in the distribution of mean and median values, gender is classified as female and male (regardless of current gender), and education is classified into elementary, middle school, high school, and higher education. Data were analyzed descriptively in the form of a frequency distribution table. This research has received permission from the FKM UMJ ethics committee with no. 10.551.B/KEPK-FKMUMJ/VI/2022.

RESULTS AND DISCUSSION

The research was conducted at the Central Bogor District Health Center. whichis one of 8 Community Health Centers in Bogor City that provides services to PLWHA. The choice of location in Bogor City was based on consideration, Bogor City is one of the cities with the second highest number of HIV cases in West Java Province. The research results showed that the average age of respondents was 29.6 years, with the youngest being 18 years and the oldest being 46 years. The average duration of the respondent's illness was 5.9 years, with the longest illness being 22 years and the most recent being diagnosed 1 month before the research was conducted. 86% of respondents were male, 42% had a high school education, 76% were not married and only 34% had good family support. The distribution of respondent characteristics can be seen in Tables 1 and 2 respectively.

Table 1. Distribution of Age and Duration of Illness of Respondents (n=50)

No	Variable	Mean	Median	Standard Deviation	Minimum-maximum	95% CI
1	Age	29.6	29	7.01	18-46	27.6-31.5
2	Long Illness	5.9	3.5	5.87	1 bulan-22 tahun	4.3-7.6

Source: Research data 2022

Table 2. Distribution of Respondent Characteristics and Family Support (n=50)

No	Variable	Category	Sum	Percentage (%)
1	Gender	Male	43	86.0
		Female	7	14.0
2	Education	Higher Education	17	34.0
		High School	21	42.0
		Middle School	9	18.0
		Elementary	3	6.0
3	Marital Status	Marriage	9	18.0
		Live/Dead divorce	6	6.0
		Not Marriage	38	76.0
4	Family Support	Good	17	34.0
		Poor	33	66.0

Source: Research data 2022

Support for PLWHA includes information support, appreciation support, emotional support, and service support (Am and Huriah, 2018). Table 3 shows the family support of PLWHA. It is known that 66% of respondents have insufficient family support. This can be seen from the distribution of family support for PLWHA, the highest percentage is the lack of support in terms of information, namely 49%, then the lack of service support in accompanying PLWHA for examinations and health checks, respectively at 45.1% and 35.3%. Lack of financial support in financing was 35.3%, lack of appreciation support in motivation and reminding people to consume ARVs was 33.3%, and lack of emotional support in listening to complaints was 31.4%. Several studies also show the same results, that family support for PLWHA is still low (Desalegn et al., 2022; Purnamawati et al., 2023).

Table 3. Distribution of Family Support for PLWHA (n=50)

No	Statement	Strongly agree	Strongly agree	Strongly agree	Strongly agree
1	My partner/family listens to my complaints	39.2	13.7	15.7	31.4
2	My partner/family is very concerned about my health condition	54.9	23.5	3.9	17.6
3	My partner/family always reminds me to take ARVs	45.1	13.7	7.8	33.3
4	I am always accompanied by my partner/family to check my stress at the health center or hospital	23.5	17.6	13.7	45.1
5	My partner/family checks my health, if I have any complaints	21.6	31.4	11.8	35.3
6	My partner/family helps pay for my treatment	25.5	21.6	17.6	35.3
7	My partner/family motivates me to take ARVs regularly	43.1	19.6	3.9	33.3
8	Partners/families provide information about HIV and AIDS treatment	23.3	19.6	7.8	49.0

Source: Research data 2022

Family support is a form of social support that is defined as support that can be accessed by individuals through social ties with other individuals, groups, and larger communities(Lin et al., 2019). PLWHA's family support is associated with the quality of life of PLWHA (Xu et al., 2017) and adherence to ARV consumption (Desalegn et al., 2022; Tampubolon et al., 2023), because positive family and social support can increase PLWHA's resilience to stress and trauma (Purnamawati et al., 2022a), so that it can increase the self-efficacy of PLWHA (Purnamawati et al., 2023) and the self-esteem of PLWHA (Setyoadi et al., 2018).

CONCLUSIONS AND RECOMMENDATIONS

More than half of the respondents had insufficient family support, including lack of information support, lack of instrumental support in accompanying PLWHA for health checks and examinations, lack of financial support in financing, lack of appreciation support in motivation and reminding them to take ARVs and lack of emotional support in listening. Complaint. Family support is needed to increase the resilience of PLWHA which will ultimately improve the quality of life of PLWHA.

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