

Profile of Social Support On The Quality of Life of People With HIV/AIDS (PLWHA)

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ABSTRACT

Acquired Immuno Deficiency Syndrome (AIDS) is a disease characterized by a series of infections and attacks on various diseases of the body caused by immune deficiency. Human Immunodeficiency Virus (HIV) is a carrier agent for AIDS. People with HIV / AIDS (PLWHA) need appropriate social support to help PLWHA build confidence in life, maintain a good mental state, and improve the effects of treatment, thereby improving the quality of life for PLWHA. This study aims to determine the relationship between social support and quality of life for PLWHA in Kediri. This research is a correlational analytic study that is quantitative in nature using a cross sectional approach. The samples was 32 people who were selected by the purposive sampling technique. The research instruments used were SSQ and WHOQOL-HIV BREF questioner. The social support experienced by PLWHA is included in the low category of 84.4%, the highest social support received by PLWHA is informational support 18.8%. The highest quality of life was in the bad category at 78.1%, the highest quality of life experienced was physical at 81.3%. The results of data analysis using the Spearman rank test showed that the value of p value = $0,000 < \alpha = 0.05$ with the value of the correlation coefficient of 0.813. The research result states a relationship between social support and quality of life for PLWHA in Kediri, with the strength of the relationship being very strong and the direction of the positive correlation. Based on this research, it is expected that PLWHA can open themselves to the surrounding environment in order to get high social support so that it can improve the quality of life.

Keywords: HIV / AIDS, PLWHA, Quality of Life, Social Support

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BACKGROUND

Acquired Immuno Deficiency Syndrome (AIDS) is a problem faced globally in Indonesia to date. It is ironic that Indonesia is the third largest country with HIV in the world according to a report from the KPA (AIDS Eradication Commission). This situation is a formidable challenge to achieve the Sustainable Development goals (SDGs) by 2030. Problems related to HIV / AIDS are serious problems around the world, because the number of people with HIV / AIDS will continue to increase (Yudiati & Rahayu, 2017). The disease of HIV / AIDS in the world is like an iceberg phenomenon where the cases found at this time, the number could be greater than reported.

The prevalence of HIV / AIDS around the world continues to increase. In 2017 the World Health Organization (WHO) announced that 36.9 million people in the world have the HIV virus with the highest prevalence in Africa. Asia ranks third with a prevalence of 3.5 million people after America. Based on data from the Ministry of Health's Disease Prevention and Control (P2P), as of March 2017 the number of HIV sufferers has reached 242,699 and AIDS sufferers have reached 87,453 people. According to the Indonesian Ministry of Health, the number of HIV infections reported in East Java as of March 2017 was 33,043 people. Based on a report from the Kediri Health Office, the number of HIV / AIDS sufferers in 2015 was 258, while the number of HIV / AIDS sufferers increased in 2016 by 301 people, and in 2017 from January to September the number of HIV / AIDS sufferers was 207 people. (Kediri Health Office, 2018). Based on reports from KPAD Kediri from January to June 2019, the number of HIV / AIDS sufferers was 97 people (KPAD Kediri, 2019).

Based on initial survey data at KDS Friendship Plus Kediri on March 16, 2020, data on HIV / AIDS sufferers in March 2020 contained 34 people with HIV / AIDS (PLWHA) assisted, out of 58 sufferers. Based on the results of a preliminary study of 10 PLWHA, it was found that 2 PLWHA (20%) had a good quality of life, and 8 PLWHA (80%) experienced poor quality of life. PLWHA who experience a poor quality of life is caused by new PLHIV or people who have just been diagnosed with HIV and are still hiding their HIV / AIDS status so that the quality of life for PLWHA decreases. Of the 10 PLWHA, it was found that 7 PLWHA (70%) experienced low social support, and 3 other PLWHA (30%) received high category social support.

The problems that occur in PLWHA are stigma and discrimination. Stigma and discrimination for PLWHA include exclusion, expulsion, termination of employment, violence, and reduced social support. Social support is the comfort, attention, appreciation, or assistance a person gets from their interactions with other people (Maslihah, 2011). Social support plays an important role in overcoming HIV / AIDS (Coursaris & Liu, 2009). PLWHA feels that their quality of life can still be measured because they have social support from the community, friends and family. The quality of life of PLWHA is one of the main criteria for knowing health service interventions such as morbidity, mortality, fertility and disability. Given the importance of social support for the quality of life of PLWHA. Researchers are interested in conducting research with the title of the relationship between social support and quality of life of PLWHA in Kediri.

METHODS

The design of this study used quantitative correlational analytic cross sectional approach using primary data. The sample of this research was 32 people living with HIV in KDS Friendship plus. The technique used in sampling is purposive sampling technique. The variable measured is social support as an independent variable, while the dependent

variable is quality of life. The instrument used was a social support questionnaire measured using SSQ by Sarason and WHOQOL-HIV BREF by WHO to measure quality of life. Data analysis to determine the relationship between social support and quality of life in people living with HIV / AIDS (PLWHA) used a correlation test using the Spearman rank.

RESULTS

Demographic data including gender, age, education, occupation, marital status, joint residence status are presented in the table below.

Table 1. Characteristics of respondents

Variable		Total	%
Gender	Male	4	12.5%
	Female	28	87.5%
Age	Early teens (16-20)	0	0.0%
	Late teens (21-25)	3	9.4%
	Young adults (25-35)	9	28.1%
	Late adulthood (36-45)	13	40.6%
	Early elderly (45-50)	6	18.8%
	Late elderly (>50)	1	3.1%
Education	No school	2	6.3%
	Primary school	19	59.4%
	Secondary school	9	28.1%
	High school	2	6.3%
Profession	No	4	12.5%
	Privat	28	87.5%
	Government employees	0	0.0%
Marital Status	Single	3	9.4%
	Married	11	34.4%
	Divorced	18	56.3%
Live with family	No	10	31.3%
	Yess	22	68.8%

Table 1. shows that almost all 28 respondents (87.5%) are female; the highest respondent age group was late adulthood (36-45), amounting to 13 people (40.6%); education history of the most respondents is elementary school education as many as 19 people (59.4%); the majority of respondents' occupations are private employees, namely 28 people (87.5%); the largest number of marriages were widows / widowers with 18 people (56.3%); Most respondents live with their families as many as 22 people (68.8%).

Table 2. Relationship between Social Support and Quality of Life

Social Support	Quality of Life	
	Bad	Good
Low	25(78.1%)	2(6.3%)
High	0(0.0%)	5(15.6%)

Correlation Coefficient = 0.813 P value = 0.000
 α : 0.005

Table 2 shows that almost all 27 respondents (84.4%) in the Kediri area experienced low social support, and almost all 25 respondents (78.1%) experienced a poor quality of life. The results of data analysis using the Spearman rank test showed that the value of ρ value = 0.000 $< \alpha = 0.05$ with a Correlation Coefficient value of 0.813. This shows that there is a relationship between social support and quality of life for PLWHA in the Kediri area, with a very strong relationship strength and positive correlation direction, the lower the social support the worse the quality of life.

DISCUSSION

Research results show that almost all respondents 28 people (87.5%) are female. Women have a better quality of life than men because women think more about the life to come than men. This research is in line with Rustandi, Tranado, & Pransasti (2019) who say that women have a better quality of life than men.

The results showed that almost half of the 13 respondents (40.6%) were of late adulthood (36-45). The results of this study are in accordance with previous research conducted by Miners et al., (2014) which stated that patients with adult age (≤ 45 years) are less likely to have a better quality of life than the elderly. Other research shows that respondents who are ex sex workers at the most productive age. Where the productive age is the age vulnerable to HIV / AIDS transmission (Jayani & Ruffaida, 2019).

Most of the 19 respondents (59.4%) have an elementary school education (SD, SMP), people living with high education are 4.55 times more likely to have a good quality of life than those with low education (Handayani & Dewi, 2017). Almost all 28 respondents (87.5%) work as private employees. Most of the 18 respondents (56.3%) are divorced, according to research conducted by S, Parjo, & Dewi (2014) that this shows that someone who has a partner has a place to share, expresses feelings for each other so that someone who married have better quality. And nearly half of the respondents 22 people (68.8%) live with their families.

Based on table 2 it can be seen that almost all respondents 27 people (84.4%) of 32 respondents experienced low social support. Social support received by PLWHA is emotional support (12.5%), reward support (12.5%), instrumental support (12.5%) and informational support (18.8%). Of all the support received by PLWHA, the highest form of support is informational support. According to research conducted by Ashton et al., (2015) provides further evidence that social support in chronic disease patients who experience poor health can improve health, so that after getting social support PLWHA experiences an increase in better health outcomes. Social support plays an important role. in overcoming HIV / AIDS (Coursaris & Liu, 2009).

Nearly half of the 25 respondents (78.1%) experienced a poor quality of life. The results of quality of life are measured based on the 4 dimensions of quality of life contained in the WHOQOL questionnaire, including physical, psychological, social and environmental dimensions. From the results of the research, the quality of life experienced by PLWHA for the physical dimensions (81.3%), psychological (28.1%), social relations (37.5%) and the environment (40.6%). Of the four dimensions experienced by PLWHA, the dimension most frequently obtained by respondents is the quality of physical life which includes energy, fatigue, pain, discomfort, sleep quality, and rest that are felt by individuals. The results of this study are consistent with the research conducted by Diatmi and Fridari (3). 2014) which states that social support has an effect on improving the quality of life of people with HIV and AIDS. Patients with social support are 4.243 times more likely to

have a better quality of life, research on PE, IN, R, & OB, (2013) has proven that there is a significant relationship between social support and quality of life. There is a need for social support to increase self-confidence and to develop the quality of life of PLWHA.

According to (Savitri & Purwaningtyastuti, 2018) Social support can minimize the psychosocial pressure felt by PLWHA. The right social support can help PLWHA build self-confidence in life, maintain a good mental state, and increase the effects of treatment, thereby improving the quality of life in PLWHA (Lan et al., 2015).

The results showed that social support was directly proportional to the quality of life of PLWHA in table 2, namely 25 respondents (78.1%) had low social support and poor quality. According to Peristiowati, Siyoto, & Wardani, (2016), the provision of social support can stimulate an increase in the immune system in the form of T lymphocytes which have CD4 marker molecules, so that increasing CD4 levels is expected to improve the quality of life of HIV sufferers.

Based on the researcher's analysis, the results of the research conducted are in line with the previous theory, namely that there is a relationship between social support and the quality of life of PLWHA in the Kediri area. This is because PLWHA still cover and do not disclose their status so that social support is low which affects the quality of life to be worse.

CONCLUSION

Almost all of the social support experienced by PLHIV in the Kediri area experienced low social support.

Almost all of the people living with PLHIV in the Kediri area experience a poor quality of life.

There is a relationship between social support and quality of life for PLWHA in the Kediri area, with a very strong relationship.

It is recommended that people living with HIV / AIDS are expected to be able to open up to the surrounding environment in order to get high social support so that it can improve the quality of life for PLWHA.

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