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ORIGINAL RESEARCH

CHALLENGE IN SOCIAL SUPPORT TO IMPROVE QUALITY OF LIFE PEOPLE WITH HIV/AIDS

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ABSTRACT

Background Became HIV-positive people was the heavy burden in life, where complex issues always dealt. The complexity of the problem might be faced certainly could impact on the quality of life. One factor that had the important role in the quality of life was social support.
Objective The aim of this research was to know the correlation between social support and quality of life people with HIV/AIDS,
Methods the research design was used correlation analytic with a cross-sectional approach. The population for this study was all people with HIV/AIDS at KOPENHAM Mojokerto in 2016 who were 79 respondents. The Samples were taken by used random sampling which was 65 respondents. The data analysis used coefficient contingency.
Results The result of the research showed that 29 respondents who had a low quality of life, 20 respondent (69,0%) did not get social support, while from 36 respondent who had the high quality of life, 25 (69,4%) respondents get positive social support. The data analysis used coefficient contingency. shows p-value(0.002) <α (0.05), it means there is a relationship of social support with the quality of life people with HIV/AIDS.
Conclusions: Respondents who get social support have the high quality of life, caused the social support makes people feel appreciated and loved, but there are other factors in the quality of life, like age, education level, economy level, marriage status, and gender.

Keywords

The Quality of Life
The Social Support,
The People With HIV/AIDS.

INTRODUCTION

Cases of HIV / AIDS in the world today is still high and requires the attention of all parties, because HIV / AIDS (Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome) can threaten the whole society from different economic class, age or gender. Problems faced by people with HIV / AIDS is also very complex, in addition to having to face the disease itself also face stigma and discrimination that often leads to negative psychological and social problems

Recorded by the year 2014 36.9 million people worldwide living with HIV, 2 million of whom are new infections. The number of deaths from AIDS reached 1.2 million people (WHO, 2014).. The cumulative number of HIV sufferers in Indonesia from 1987 to 2014 reached 150 296 people, while people with AIDS reached 55 799 people, with a mortality rate as many as 9796 people (Kemenkes, 2014). 2014 East Java province ranks 2 nd HIV cases with the number of 19 249. AIDS cases in East Java ranks - 2 with the number of 8976. AIDS cases in Indonesia in 2014 the most common among housewives as many as 6,539 cases (Kemenkes, 2014). Recorded in Mojokerto regency of the year 2009 - 2014 there were 512 cases of HIV [1].The results of interviews with 10 people with HIV/AIDS groups assisted KOPENHAM, 7 patients (70%) of their physical health was experiencing a drastic decline since contracting HIV / AIDS to date as often feel tired in doing daily activities - day, pale face, especially if it's late drinking ARVs, so they are dependent on the drug. Psychologically 7 people with HIV/AIDS said was worried about his condition at this time, they feel embarrassed by your family and the environment due to physical condition began to change. Currently, they have not lived with the family some being sent and regarded as a disgrace the family, even the surrounding communities do not allow longer lived in the neighborhood for fear of contagion. During this time the family never gave any support both morally and materially.

The current reality is many cases of stigma and discrimination experienced by people living with HIV when they begin to disclose their status to family and community environment, this condition can cause high stress on people living with HIV. The stress experienced by people living with HIV will have an impact on all aspects of life, the psychological condition of people living with HIV will be disrupted, and will impact the physical health of people living with HIV decline, due to high stress can suppress the immune system. The decline in physical health, psychological and social experienced people with HIV / AIDS causes the quality of life of people with HIV / AIDS is disturbed. Quality of life is disrupted will have an impact on all facets of life of people with HIV/AIDS, such as health decline physiologically, people living with HIV being very susceptible to a decrease in immunity, opportunistic infections, CD4 cell decline, prone to stress and reduced productivity in performing daily activities - day, people living with HIV will choose bracketing self, withdraw and potentially depressed people with HIV/AIDS (Greene, 2008).

Given the impact of a decrease in the quality of life in people with HIV / AIDS is not only physical but also the psychological aspect, social, economic and spiritual people, so it is necessary to comprehensive intervention that includes medical, nutritional, social support, and psychotherapy / counseling (Nursalam, 2017). Social support becomes a very important factor to improve the quality of life of people living with HIV. Through social support, a person will feel appreciated, loved, and feel part of the community. People with HIV/AIDS do not feel discriminated that will be a positive impact on physical and psychological health so as to improve the quality of life of people living with HIV (Diatmi, 2014)

MATERIALS AND METHOD

This study used correlation analytic research method with cross-sectional approach. The author describes the relationship between social support and

quality of life people with HIV/AIDS at KOPENHAM district Mojokerto in 2016.

The population for this study was all people with HIV/AIDS at KOPENHAM Mojokerto in 2016, there are 79 respondents. Sampling in this study is using probability sampling with the simple random sampling. The sample is people with HIV/AIDS aged >18 years, there are 65 respondents in KOPENHAM Mojokerto.

Data Collection Technique; this research instrument is: questionnaire (questionnaire) of social support and WHOQOL (Quality of Life) (WHO, 1996). This research was conducted at KOPENHAM District Mojokerto in 2nd – 8th May 2016.

Processing and Data Analysis; After the data is collected; the data processing is done through the stages of editing, coding, scoring, tabulating. To determine the relationship between variable 1 and variable 2 then performed statistical tests *coefficient contingency* with 95% confidence level (α: 0.05) using the SPSS for windows to determine whether there is a relationship between two variables which are nominal-nominal scale. If $\alpha \leq 0.05$, H0 (the null hypothesis) is rejected, meaning that there is a relationship between the social support and quality of life people with HIV/AIDS. To analyze the data pattern of social support is interpreted to change the score $\bar{x}$ to T scores, and quality of life is interpreted by WHOQOL Scoring.

RESULTS

General data

Table1.Frequency Distribution of Respondents based on Gender of People With HIV/AIDS is at KOPENHAM District Mojokerto.

No.	Gender	Frequency	%
1	Male	36	55,4
2	Female	29	44,6
	Total	65	100

Source: Primary data

Based on Table1 show that the majority of the gender people with HIV/AIDS are male as much as 36 respondents (55,4%) and female are 29 respondents (44,6%).

Table 2.Frequency Distribution of Respondents based on an aged of People With HIV/AIDS is at KOPENHAM District Mojokerto

No.	Age	Frequency	%
1	18 – 25 years	2	3,1
2	26 – 35 years	14	21,5
3	36 – 45 years	23	35,4
4	46 – 55 years	18	27,7
5	56 – 65 years	7	10,8
6	>65 years	1	1,5
Amount		65	100

Source: Primary data

Based on Table 1 shows that the majority of people with HIV/AIDS are age 36 -45 years 23 respondents (35,4%), 18-25 years 2 respondents (3,1%) , 26 – 35 years 14 respondents (21,5%), 46 – 55 years 18 respondents (27,7%), 56 – 65 years 7 respondents (10,8%), and >65 years as many as 1 respondents (1,5%).

Table 3. Frequency Distribution of Respondents based on People With HIV/AIDSs Profession is at KOPENHAM District Mojokerto.

No.	Work	Frequency	%
1	Unemployment	16	24,6
2	Employment	46	70,8
3	Others	3	4,6
	Amount	65	100

Source: Primary data

Based on Table 3 shows that the majority of people with HIV/AIDS are employment as many as 46 respondents (70,8%), unemployment 16 respondents (24,6%) and others 3 respondents (4,6%).

Table 4.Frequency Distribution of Respondents based on Education of People With HIV/AIDS at KOPENHAM District Mojokerto.

No.	Education	Frequency	%
1	No School	4	6,2
2	Elementary school	9	13,8
3	Junior high school	29	44,6
4	Senior high school	23	35,4
5	College/University	0	0
	Amount	65	100

Source: Primary data

Based on Table 4 shows that the majority of education people with HIV/AIDS are junior high school education as much as 29 respondents (44,6%). Elementary school 9 respondents (13,8%), senior high school 23 respondents (35,4%), no school 4 respondents (6,2%), and college 0 respondents (0%).

Table 4.Frequency Distribution of Respondents based on Marriage Status of People With HIV/AIDS at KOPENHAM District Mojokerto.

No.	Marriage Status	Frequency	%
1	Married	32	49,2
2	Unmarried	14	21,5
3	Widow	29	16,9
4	Widower	23	12,3
	Amount	65	100

Source: Primary data

Based on Table 4 shows that the majority of marriage status people with HIV/AIDS are married as much as 32 respondents (49,2%). Unmarried 14 respondents (21,5%), widow 29 respondents (16,9%), widower 23 respondents (12,3%).

3.2 Specific data

Table 5. Frequency Distribution of Respondents Based on Quality of Life People With HIV/AIDS at KOPENHAM District Mojokerto.

No.	Quality Of Life	Frequency	%
1	High	36	55,4
2	Poor	29	44,6
	Amount	65	100

Source: Primary data

Based on Table 5 shows that most respondents have a high quality of life 36 respondents (55.4%) and poor 29 respondents (44,6%).

Table 6. . Frequency Distribution of Respondents Based on Social Support People With HIV/AIDS at KOPENHAM District Mojokerto.

No.	Social Support	Frequency	%
1	Positive	34	52,3
2	Negative	31	47,7
	Amount	65	100

Source: Primary data

Based on Table 6. shows that most respondents get positive social support 34 respondents (52.3%) and negative social support 31 respondents (47,7%).

Table 7.Cross Tabulation Between Social Support and Quality of People With HIV/AIDS at KOPENHAM District Mojokerto

Quality of Life	Social Support				Amount	
	Positive		Negative			
	F	%	F	%	F	%
Poor	9	31,0	20	69,0	29	100
High	25	69,4	11	30,6	36	100
Amount	34	52,3	31	47,7	65	100

Source: Primary data

The above table shows that the majority of the quality of life people with HIV/AIDS are 29 respondents who had low quality of life, 20 respondent (69,0%) did not get social support, while from 36 respondent who had high quality of life, 25 (69,4%) respondents get positive social support.

DISCUSSION

Based on Table 7 showed 29 respondents who had low quality of life, 20 respondent (69,0%) did not get social support, while from 36 respondent who had the high quality of life, 25 (69,4%) respondents get positive social support. The results of this study indicate that social support is directly proportional to the quality of life, namely People with HIV / AIDS, which received high social support to make high quality of life and vice versa. One of the factors that have an important role in the quality of life of people living with HIV is social support. With the social support of this one will feel appreciated, loved, and feel a part of society, so that people living with HIV do not feel discriminated that will positively impact the health Quality of life is recognized as the most important criterion in the assessment of the results of the medical treatment of chronic diseases such as HIV / AIDS. Individual perceptions and satisfaction about the impact on health status and limitations become important as a final evaluation of the treatment (Hind, 2012).

With social support also makes People Living with HIV / AIDS) are more adaptive in the face of stressors that can increase the quality of life. However, the research results obtained also mentions the respondents who have a positive social support, but the quality of life is low. It is influenced by various factors both from within the individual itself and of the environment (Yuyun, 2013).. Internal Factor individuals relate to the process or the process of adapting to a problem. The time needed to adapt or accept such change in a person different - different. Internally it is influenced by emotions and thought patterns of the individual. In addition, factors of social support individuals obtained only from the support of social institutions and peers who have an understanding of HIV / AIDS. Problems that arise in people With HIV & AIDS not only from viral infections, there are also social impacts that occur such as being shunned by friends, family, or from the wider community. What is needed by people With HIV & AIDS is social support, a source of social support can come from family, friends, and health workers. Social support provided can be in the form of emotional support, appreciation, instrumental, information, and social networks.

The support provided is expected to improve the quality of life of people With HIV & AIDS. social support serves to increase self-esteem, reduce stress, and provide a sense of security to someone, so it can be said that social support has a positive influence on mental health, giving a meaningful feeling when a person is experiencing stress. Although not all people with HIV can feel the maximum influence of social support, but in a minimum level can feel the positive support of others when experiencing pressure. Social support provided to help someone in finding problem solving, ensuring that every problem has a way out, or entertaining someone's heart when someone feels his life is no longer meaningful. These things will help someone get hope. Patients with social support have a greater likelihood of having a better quality of life. The size of the family's social support in undergoing therapy affects the quality of life. Quality of life is subjective and multifactorial which builds responsiveness to individual expectations in different aspects of life including physical health, psychological conditions, and self-care and social relations functions

CONCLUSION

Based on the results of the coefficient contingency it get p-value $= 0.002 < \alpha = 0.05$. Then H_0 is rejected, so there is a relationship between social support and quality of life people with HIV/AIDS at KOPENHAM District Mojokerto.

Respondents in this study show that they have a high quality of life of people living with HIV the target groups KOPENHAM Mojokerto. This is because social support makes people with HIV/AIDS feel appreciated, loved and feel not alone in facing all the problems, so that people living with HIV more adaptive in the face of stressors will impact on improving the health aspects of people with HIV/AIDS as a whole that will affect the quality of life of people living with HIV. However there are some respondents that low quality of life because low of social support, so stigma and discrimination must be stopped and provide social support are positive for people living with HIV, in addition to people living with HIV themselves must also be active in improving the quality of life in various ways such as reducing stress, adopting a healthy lifestyle and routine therapy meis or non-medical, and Akif in finding information to improve the quality of life

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