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LIFE QUALITY IMPROVEMENT OF PLWHA THROUGH THE COMBINED PEER AND FAMILY SUPPORTING MODEL

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ABSTRACT

People living with HIV / AIDS (PLWHA) have been facing several problems such as the physiological problems as well as the stigma and discrimination that can increase their psychological burden. This study aimed to analyze the combined supporting model on the quality of life of PLWHA in RSUD dr. H.Ansari Saleh Banjarmasin. This study was an observational study, by observing the quality of life of PLWHA who are assisted in the VCT Poly Hospital of dr. H. Ansari Saleh Banjarmasin. The sample of this study were PLWHA who were registered at dr. H. Ansari Saleh Banjarmasin. This study used purposive technique with inclusion criteria, PLWHA who was first diagnosed as HIV positive by a physician, adult, can read and write and willing to be a respondent. Exclusion criteria for PLWHA aged < 19 years. The results showed that peer and family supporting model by peer and family were significant that affected the quality of life of PLWHA so if the two models are combined, it can be used to assist PLWHA.

INTRODUCTION

People living with HIV/AIDS (PLWHA) have been facing several problems such as the physiological problems as well as the stigma and discrimination that can increase their psychological burden. These problems have an impact on decreasing the quality of life. Quality of life is a person's views or feelings about their functional abilities due to disease (Manongga & Littik, 2023). Quality of life is closely related to physical health, psychological conditions, level of independence, social relationships, and individual relationships with their environment (McClelland et al., 2015).

People living with HIV/AIDS susceptible to be infected by other diseases due to decrease on the immune system. They also get tired quickly, fever, lose weight drastically, and bed rest. They also have difficulty in daily activities. This condition declines in their quality of life, so interventions are needed to support their quality of life. Nasronudin (2014) revealed that one of the factors that has an important role to increase the quality of life of people living with HIV/AIDS was social support (Marubenny et al., 2013). The role of the family in caring for people living with HIV/AIDS can help daily needs, both morally, and materially (Valdiserri & Holtgrave, 2020).

The number of HIV AIDS cases in Indonesia have been increasing. It reached peak in 2019, which was 50,282 cases (Kemenkes RI, 2019). The 2019 HIV, AIDS, and STI Information System (SIHA) reported that the number of cases of HIV and AIDS in men is higher than women. In 2019, 64.50% of HIV cases were male, while 68.60% of AIDS cases were male.

Despite of not included in the five provinces with the highest number of HIV cases, South Kalimantan always have new HIV cases 4 new cases in 2018, 5 new cases in 2019. And in 2019, 462 HIV cases were recorded. The majority of the population in South Kalimantan is Muslim,

religious and very fanatical. However, stigma and discrimination are still experienced by PLWHA. They think that HIV/AIDS is a disease caused by sexual behavior that not obey the religious rules (Dinkes Provinsi Kalimantan Selatan, 2022).

Several previous studies have emphasized efforts to reduce HIV/AIDS cases and how to respond to HIV/AIDS healing, such as the research conducted by Suhardian (2013) on the quality of life of people with HIV/AIDS who are taking antiretroviral therapy. In this study, it was found that PLWHA did not develop their social life, spiritual life and did not receive social support from both their family and the people around them, due to stigma and discrimination. Mahdalena's 2015 research found that family support had no effect on adherence to treatment for PLWHA, because there were still many PLWHA who had not told their family about their illness, so the family did not provide support to regularly follow the treatment program.

Nufus et al.'s research (2018) states that there were various roles performed by the peer group support in stage of intervention for PLWHA, especially in the social dimension. Kale's research (2019) showed the results that the implementation of the role of the facilitator for PLWHA had an effect on the quality of life of PLWHA by starting to improve physical aspects, psychological aspects, the level of independence, aspects of social relations, environmental aspects, and spiritual aspects.

PLWHA must undergo regular treatment including taking ARV regularly for the rest of their lives. The length of time for treatment throughout the life of PLWHA is become a problem because PLWHA feels bored, so PLWHA needs support. The support can be provided by peers, family or VCT officers at a hospital or clinic. Based on the explanation above, this study aimed to analyze the combined supporting model on the quality of life of PLWHA in RSUD dr. H. Ansari Saleh Banjarmasin. The researchers hoped to give more insight into PLWHA lives and how to treat them, especially in Indonesia.

METHOD

This study was an observational study, by observing the quality of life of PLWHA who are assisted in the VCT Poly Hospital of dr. H. Ansari Saleh Banjarmasin. The variable of Quality of Life was the patient's perception of their life experience related to the illness and its treatment which describes the subjective assessment of HIV AIDS sufferers based on things they believe in, such as expectations, values, and beliefs.

The sample of this study were PLWHA who were registered at dr. H. Ansari Saleh Banjarmasin. This study used purposive sampling technique with inclusion criteria, which included PLWHA who was first diagnosed as HIV positive by a physician at RSUD dr. H. Ansari Saleh Banjarmasin, adult, can read and write and willing to be a respondent. Exclusion criteria for PLWHA aged < 19 years.

The PLWHA Mentoring Variable was measured by observation. The dependent variable of the quality of life study was measured by the quality of life instrument adopted from the World Health Organization (2002), WHOQOL-BREF. Descriptive analysis was carried out to determine the model of mentoring PLWHA. After that, analysis of the model used Partial Least Square (PLS)

to determine the fit model that affects the quality of life of PLWHA. This research was already granted ethical approval from the Poltekkes Ethics Commission of the Ministry of Health Banjarmasin.

RESULT AND DISCUSSION

The results of the study obtained assistance for PLWHA in RSUD dr.H. Ansari Saleh Banjarmasin showed that most of the respondents wanted to be accompanied: 96 respondents (96%). They wanted to accompany in their treatment program by 37 officers (38.50%), 19 fellow patients (19.79%) and husband/wife 18 people (18.75%).

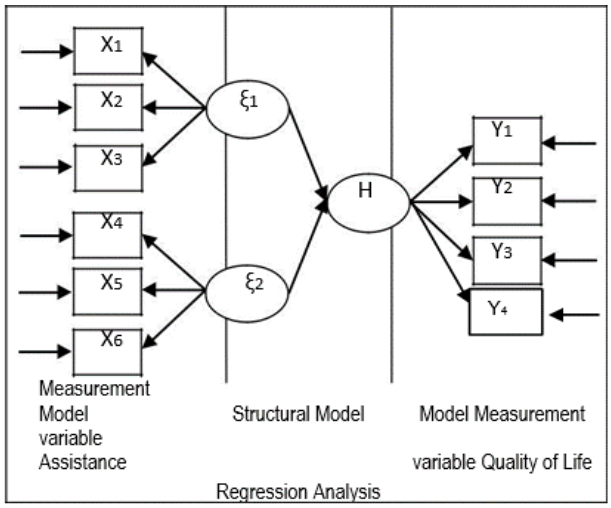


Figure 1. Structural Equation Modeling

Description:

X1 = Gender
X2 = Minimum
X3 = experience
X4 = Education
X5 = Knowledge
X6 = Attitude
Y4 = Environmental

ξ1 = Mentoring Peer
ξ2 = Mentoring Family
η = Quality of Life
Y1 = Physical
Y2 = Psychological
Y3 = Social

Table 1. Composite Reliability

Variable	Composite Reliability
Peer support	0.929
Families support	0.883
Quality of Life	0.919

Table 2. Analisis Inner Weight

Variables	Estimation Original Sample	Mean Subsample	Standard Deviation	T Statistics
Peer support > Families support	0.215	0.222	0.165	1.303
Peer support > Quality of Life	0.167	0.187	0.136	1.223
Family support> Quality of Life	0.202	0.241	0.172	1.175

Based on the research model showed that supporting by peer and family were significant that affected the quality of life of PLWHA so if the two models are combined, it can be used to assist PLWHA. The model also showed that peer support was better than family support because peers have the same experience as PLWHA in terms of their illness.

Supporting can be viewed from the aspects of interpersonal communication consist of caring for others, being friends, comfort, motivate, and help others. Previous study mentioned that one of the things that can build interpersonal communication was interpersonal perception (Littlejohn & Foss, 2011). Interpersonal perception was the experiences about relationships and distinguish that humans are objects of perception (Rafaeli & Sudweeks, 2006). The facilitator have to communicate that cause a reaction. According to Supratman and Mahadian (2016), a supportive attitude is an attitude that reduces defensiveness in communication. In this situation the support from a peer approach can reduce defensive attitudes, such as anxiety and confusion. This is the motive to take care each others. Because the facilitator provides information and solutions to the situation faced by HIV patients.

Empathy is considered as understanding other people who have no emotional meaning for us (Faisal et al., 2015). The ability to empathize is a supportive aspect for continuing of the supporting process. For this reason, the facilitator tries to make HIV patients accept their condition by showing active actions by giving attention. Through educational sharing that prioritizes comfort and being a good listener.

According to Rakhmat, a positive attitude in interpersonal communication refers to at least two aspects, namely: interpersonal communication. It will develop a positive feelings towards others and various communication situations (Supratman & Mahadian, 2016). The support sytems try to set a good example regarding the proper lifestyle for PLWHA. Pay attention to positive words or language when communicating with HIV patients. Without punishing or giving a stigma to the patient's condition. In addition, the conversation that is built is having a motive to help HIV patients by not discriminating the conditions of HIV patients so that the information provided can be right on target. Equality does not require us to accept and agree to all verbal and nonverbal behavior. Equality means we accept the other party, interpersonal communication will be more effective if the atmosphere is equal (Yarnell & Neff, 2013). Thus, it can be understood that this is a motive to help others that is owned by the companions.

The communication process carried out by companions in a peer approach to HIV/AIDS patients is carried out in stages which is by paying attention to the situation and condition of the HIV patient. The importance of building gradual communication was to build closeness, foster trust, gain experience, and learn. Social action is action that is oriented to the behavior of others or

in the past, present and future. Looking forward into the future is essential to the concept of action. Action is behavior that is directed to realize a predetermined future goal (determinate) (Parsons & Shils, 2017). This understanding explains that social action in this case is a communication process based on past conditions and the background experience of the mentor and the HIV patient being mentored. Then oriented to the patient's behavior in the present and in the future. These mentoring actions are directed at realizing the goals in the future that have been set, namely to help others and solve problems for individuals who are directly affected by HIV/AIDS.

Construction of the Meaning was goal or way of life among PLWHA to live together and decrease the suffer from HIV/AIDS. According to Wendell Johnson, meaning related to the emotional dimension (Sobur, 2003). This is in accordance with the meaning of the words given by the support system. In accordance with the opinion of Wendell Johnson, that meaning is in humans (Sobur, 2003). Thus, the support system can interpret their role as a supporter. In addition, as a companion who regularly interacts and communicates intensely with HIV patients, it is possible to understand the difficulties of life experienced by HIV patients who are being accompanied by him. However, the meaning that can be communicated is only partially, in accordance with the explanation conveyed by Wendell Johnson, namely: the meaning we get from an event is multifaceted and very complex, but only part of these meanings are truly meaningful (Sobur, 2003).

Family support in carrying out the treatment program was very meaningful for PLWHA because with the family accompanying means the family has provided support. Understanding the importance of family support for people living with HIV AIDS are expected to be able to participate in providing support according to the needs of the sufferer. By providing meaningful support, people living with HIV/AIDS will enjoy their days in peace and tranquility which in turn will provide many benefits for all other family members (Reinius et al., 2018).

Each companion must have patience and a high sense of empathy so it can motivate the spirit of PLWHA to continue their life. Companions with a family approach have understood to be able to reduce defensive attitudes in communication from both parties. This has been demonstrated by trying to understand that HIV patients experience anxiety and confusion in their behavior. This is the motive that the companion has to care for others. For this reason, mentors provide information and solutions to situations faced by HIV patients because they really need an environment that can support them, and can provide space for them to be able to communicate, express problems and other things in life like people without HIV.

CONCLUSION

In order to help PLWHA, the peer and family supporting model should be combined because peer and family support had a substantial impact on PLWHA's quality of life. Mentoring model the combination of peer and family was very effective in improving the quality of life of PLWHA in RSUD dr, H.Ansari Saleh Banjarmasin. Assistance was needed by PLWHA, therefore PLWHA must be accompanied, from officers, peers, and family, in order to motivate PLWHA to improve their quality of life.

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