

Relationship Between Family Support For PLWHA and Adherence to Taking Antiretroviral Drugs at the HKBP AIDS Ministry 2022

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ABSTRACT

AIDS is a collection of disease symptoms caused by the Human Immunodeficiency Virus. One of the steps taken to tackle AIDS is to increase adherence to taking antiretroviral drugs. The factor that influences adherence to taking antiretroviral drugs is family support. The type of research used is correlational research with a cross sectional approach. Sampling using purposive sampling with the number of respondents 121 people. Data collection was carried out using a questionnaire and the statistical test used was the Pearson Product Moment at α 0.05. The results showed that there was a significant relationship between family support for PLWHA and adherence to antiretroviral medication at the HKBP AIDS Ministry ($p = 0.001$). It is hoped that officers and families can work together well in order to provide optimal support to family members infected with HIV/AIDS.

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1. INTRODUCTION

HIV is a virus that only infects humans and can reproduce itself in the cells of the human body and causes the human body's immunity to decrease so that it fails to fight infection. AIDS is a disease caused by the HIV virus which attacks the human immune system resulting in a decreased immune system (Nursalam et al., 2018).

Based on data from Global HIV statistics, it was recorded that 37.7 million people were living with HIV/AIDS, of which 1.5 million people were newly infected with HIV and 680 thousand people died related to AIDS. Indonesia is one of the Asia Pacific regions, which ranks second as the largest contributor to HIV/AIDS worldwide with a total of 5.8 million people, of which 240 thousand people are newly infected with HIV and 130 thousand people die related to AIDS (UNAIDS, 2021). The number of HIV cases in Indonesia reached its peak in 2019 with 50,282 HIV cases while 7,036 AIDS cases. The number of HIV and AIDS cases was higher in men than women, HIV cases in men were 64.50% while in women 35.50% and AIDS cases in men were 68.60% while in women 31, 40%. Number of HIV/AIDS reported from East Java (8,935), DKI Jakarta (6,701), West Java (6,066), Central Java (5,630), Papua (3,753), North Sumatra (2,463), Bali (2,283), Banten (1,643), South Sulawesi (1,537), East Kalimantan (1,301) (RI, 2019). The number of HIV patients currently undergoing antiretroviral therapy in 2016 was 73,037 people consisting of PLWHA who had previously received antiretrovirals 76.67% (56,000 people), PLWHA who had never received antiretrovirals 20.18% (14,737 people), PLWHA who had therapy substitution 3.51% (2,300 people) (Anggriani et al., 2019).

An initial survey conducted by researchers at the HKBP AIDS Ministry obtained data that the number of HIV patients who were taking antiretroviral therapy from January to September 2021 was 357 people consisting of PLWHA who had received antiretroviral before 78.43% (280 people), PLWHA who never received antiretrovirals 19.33% (69 people), PLWHA who experienced antiretroviral substitution 2.24% (8 people).

Compliance or adherence to therapy means that patients have self-awareness to comply with the treatment they are undergoing. Compliance describes how the patient's behavior in taking medication correctly both in terms of dose, frequency and time of administration (Runiari et al., 2018). Adherence to antiretroviral therapy is a cornerstone of successful treatment and has the same potential as intervention. Adherence to antiretroviral therapy is necessary to maintain viral

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suppression, prevent disease progression, prevent resistant viruses and maximize the benefits of therapy and reduce treatment failure (Hidayat, 2016). One of the factors associated with adherence to taking antiretroviral medication in PLWHA is family support (Yusuf Tahir et al., 2019).

Family is one of the motivations for PLWHA in undergoing antiretroviral treatment programs. Family support is provided in the form of attention, providing explanations, suggestions that can motivate patients to undergo treatment programs. With good family support, it will have a positive effect on adherence to taking antiretroviral medication. PLWHA will feel that their family is always supportive in carrying out their treatment so that they can reduce viral load. Family support for PLWHA is in the form of affection, information, materials, advice and motivation in taking antiretrovirals regularly (Bachrun, 2017).

The results of interviews with several PLWHA patients at the HKBP AIDS Ministry obtained data that families rarely accompanied PLWHA during treatment, rarely paid attention to PLWHA's condition, in terms of taking medication the family never reminded them to take medicine again. Based on the above background, the authors are very interested in conducting research on the relationship between family support for PLWHA and adherence to taking antiretroviral medication at the HKBP AIDS Ministry in 2022. The purpose of this study was to determine the relationship between family support for PLWHA and adherence to taking antiretroviral medication at the HKBP AIDS Ministry in 2022.

2. METHOD

The type of research used in this research is correlational research with a cross sectional approach. The sample size used in this study was 121 respondents. This research was carried out at the HKBP AIDS Ministry in January 2022. The data collection technique used in this study was by distributing questionnaires to research subjects. Data analysis in this study used the Pearson Product Moment statistical test because each variable used a numerical measurement scale (interval).

3. RESULTS AND DISCUSSION

Results

Based on the pearson product moment with the title Relationship of PLWHA Family Support with Compliance with Taking Antiretroviral Medicine at the HKBP AIDS Ministry in 2022

Table 1. Frequency distribution of demographic data for people living with HIV taking antiretroviral drugs at the HKBP AIDS Ministry in 2022 (n=121)

No	Characteristics	Frequency (f)	Percentage (%)
1	Gender		
	Man	93	76,9
	Woman	28	23,1
	Total	121	100,0
2	Status		
	Married	65	53,7
	Not Married	37	30,6
	Widows	12	9,9
	Widowers	7	5,8
	Total	121	100,0
3	Work		
	Self-employed	66	54,5
	Did Not Work	17	14,0
	Private employee	9	7,4
	Driver	2	1,7
	Teacher Honorary	4	3,3
	Farmer	21	17,4
Students	2	1,7	
	Total	121	100,0

4	Last education		
	Elementary school	6	5,0
	Junior High School	17	14,0
	Senior High School / vocational high school	87	71,9
	University graduates	11	9,1
	Total	121	100,0
5	Start taking ARV		
	2001-2006	2	1.7
	2007-2011	11	9.1
	2012-2016	38	31.4
	2017-2021	70	57.9
	Total	121	100,0
6	Living with family		
	Yes	121	100,0
	No	0	0
	Total	121	100,0

Based on table 1 of 121 respondents, it was found that the majority of respondents were 93 men (76.9%) and 28 women (23.1%). Based on the status obtained data that the majority of respondents with married status 65 people (53.7%), not married 37 people (30.6%), widows 12 people (9.9%), widowers 7 people (5.8%). Based on work, it was found that the majority of respondents had 66 self-employed people (54.5%), 21 farmers (17.4%), 17 people (14%) did not work, 9 private employees (7.4%), teachers honorary 4 people (3.3%), 2 drivers (1.7%), 2 students (1.7%). Based on education, it was found that the majority of respondents had 87 senior high school/vocational high school education (71.9%), 17 junior high school students (14%), 11 university graduates (9.1%), 6 elementary school (5%). Based on starting to take antiretrovirals, it was found that the majority of respondents started taking antiretrovirals in 2017-2021 as many as 70 people (57.9%), in 2012-2016 there were 38 people (31.4%), in 2007-2011 there were 11 people (9.1%), in 2001-2006 as many as 2 people (1.7%). Based on living with family, it was found that the number of respondents living with family was 121 people (100%).

Table 2. Frequency distribution and percentage of respondents in PLWHA taking antiretroviral drugs at the HKBP AIDS Ministry in 2022 (n=121)

Variable	N	Mean	Median	St. deviation	Minimum Maximum	CI 95%
Age	121	38,78	40,00	8,149	22-60	37,39-40,25

Based on table 2, it shows that the average age of PLWHA in the HKBP AIDS Ministry is 38.78 with a standard deviation of 8.149. The lowest age of the respondent is 22 and the highest age is 60. The interval estimation results (95% CI) show that the age range of the respondents is 37.39-40.25.

Table 3. Frequency distribution and percentage of respondents based on family support for PLWHA taking antiretroviral drugs at the HKBP AIDS Ministry in 2022 (n=121)

Variable	N	Mean	Median	St. deviation	Minimum Maximum	CI 95%
Family support	121	45,00	47,00	10,220	27-64	43,26-46,68

Table 3 shows that the mean score for family support for PLWHA at the HKBP AIDS Ministry is 45.00 with a standard deviation of 10.220. The lowest family support score was 27 and the highest score was 64. The results of the interval estimation (95% CI) showed that the range of family support for PLWHA was 43.26-46.68.

Table 4. Frequency distribution of respondents based on adherence to taking Antiretroviral Medicine at the HKBP AIDS Ministry in 2022 (n=121)

Variable	N	Mean	Median	St. deviation	Minimum Maximum	CI 95%
Adherence to taking Antiretroviral	121	26,23	27,00	2,155	19-28	25,85-26,60

Table 4 shows that the mean adherence to taking ARV medication at the HKBP AIDS Ministry is 26.23 with a standard deviation of 2.155. The lowest ARV adherence score was 19 and the highest score was 28. The interval estimation results (95% CI) showed that the range of antiretroviral medication adherence was 25.85-26.60.

Table 5. Results of the correlation analysis of PLWHA family support with adherence to taking antiretroviral medication at the HKBP AIDS Ministry in 2022 (n=121)

Correlations			
		Family support	Adherence to taking Antiretroviral
Family support	Pearson correlation	1	.319**
	Sig (2-tailed)		.001
	N	121	121
Adherence to taking Antiretroviral	Pearson correlation	.319**	1
	Sig (2-tailed)	.001	
	N	121	121

** Correlation is significant at the 0.01 level (2-tailed)

Based on table 5, the value of $r = 0.319$ and $p = 0.001$ is obtained. In conclusion, the relationship between family support and adherence to taking antiretroviral medication shows a moderate relationship and has a positive pattern, meaning that the more family support increases, the more adherence to taking antiretroviral medication. The statistical test results showed that there was a significant relationship between family support and adherence to taking antiretroviral medication ($p = 0.001$).

DISCUSSION

Support for families of PLWHA taking antiretroviral drugs at the HKBP AIDS Ministry

Based on the results of a study of 121 respondents, data was obtained that the majority of respondents were male, 93 people (76.9%), in line with data (RI, 2019) The number of HIV and AIDS cases is higher in men, HIV cases in men 64.50% for men and 68.60% for AIDS cases for men. According to M. Subuh, the representative for the Director General of communicable diseases stated that the majority of people affected by HIV are heterosexual groups caused by risky sexual behavior compared to drug use (Jaemi et al., 2019). The high percentage of men with HIV/AIDS is due to the risk factors for contracting HIV that are mostly carried out by men, in a survey conducted by the BKKBN stated that a female sex worker who is positive for HIV can transmit it to at least 6 men who have sex with her (Nurihwani, 2017).

The results showed that the majority of respondents had married status as many as 65 people (53.7%) in line with the results of the study (Hastuti, 2017) which stated that 63.3% of PLWHA were married. Married status indicates that a person has active sexual relations if one of the partners is dissatisfied with their partner, it will trigger the person to look for another ideal woman or another ideal man, this can be a risk factor for HIV transmission (Widiyanti et al., 2019).

The educational background of the majority in this study was SMA/SMK as many as 87 people (71.9%). Education plays a role in shaping one's experience and knowledge. Higher education

supports a person to have better knowledge regarding health or the impact of the disease experienced (Fatihatunnida & Nurfitra, 2018).

Family support obtained from this study shows that the average score of family support is 45.00 from 121 respondents with a standard deviation of 10.220. The lowest family support score was 27 and the highest score was 64. The interval estimation results (95% CI) showed that the range of family support for PLWHA was 43.26-46.68. The majority family support is good as much as 55% with influencing factors being socioeconomic status and knowledge about HIV/AIDS (Junaidin, 2019), and middle to high socioeconomic status and having high knowledge about HIV/AIDS on the other hand in families who have social status economy and low knowledge of support for PLWHA is felt to be lacking (Izzati & Vahana, 2014). There are also other factors, namely good assistance to PLHIV (59.4%) in terms of treatment, attention, seeking information and giving advice (Novrianda et al., 2018), and vice versa, there are PLWHA who do not or do not receive enough support from their families. (55.4%) this was caused by the high stigma against HIV/AIDS so that people infected with HIV were considered to have violated family norms so that PLWHA were ostracized and isolated from the social environment (Kusuma, 2011).

PLWHA really need family support, especially from parents, children and partners. Family is a real source of support in the process of caring for PLWHA, real family support has a positive effect on individuals (Sukismanto et al., 2017). Good family support can have an impact on patient care, especially in treatment because the family is the closest component to the patient so that a relationship of mutual trust will occur and attitudes towards treatment can be changed or influenced. Family support consists of informational, emotional, appraisal/appreciation, and instrumental support (Ngara, 2019).

Family support can be obtained well if the PLWHA also wants to be open about the conditions they are experiencing because with this openness it can help families understand, understand, and even make the best decisions for PLWHA because then the family will be quicker in providing solutions in the form of treatment and even working with health authorities for treatment, counseling and improving prevention so as not to increase the frequency of events.

Compliance with taking antiretroviral drugs at the HKBP AIDS Ministry in 2022

Adherence to taking antiretroviral drugs obtained from this study showed that the mean score of adherence to taking antiretroviral drugs was 26.23 out of 121 respondents with a standard deviation of 2.155. The lowest score for adherence to taking antiretroviral medication was 19 and the highest score was 28. The interval estimation results (95% CI) showed that the range of support for PLWHA families was 25.85-26.60. The majority adherence to taking antiretroviral drugs is 67.7% (Indriani et al., 2020) with factors that influence are education level, motivation for antiretroviral therapy, side effects, benefits of antiretroviral therapy, knowledge (Hidayat, 2016), and encouragement, guidance, consultations provided by health workers (Rahmadani et al., 2016), and vice versa there are PLWHA who do not adhere to taking antiretroviral drugs (71.9%) this is due to the length of treatment, lack of knowledge, and side effects of antiretroviral therapy (Herbawani & Erwandi, 2020).

Compliance with taking antiretroviral drugs is necessary to stop the replication of the HIV virus in the body and prevent the virus from becoming resistant. Factors that influence adherence to taking antiretroviral drugs are the belief that PLWHA have to recover or survive, have awareness of the functions and benefits of antiretrovirals (Suryanto & Nurjanah, 2021). Compliance with taking antiretroviral drugs occurs if the rules for using drugs that have been prescribed by a doctor and their administration are followed correctly (Situmorang, 2019).

Compliance occurs when there is a strong will from within oneself, support from the closest people and the surrounding environment, so that the person has a strong hope of healing. Adherence was also influenced by the level of knowledge about the importance of taking medications such as antiretroviral drugs, previous experience of antiretroviral therapy failure, and perceived antiretrovirals as a support for survival.

The relationship between PLWHA family support and adherence to taking antiretroviral medication at the HKBP AIDS Ministry in 2022

Based on the results of the correlation analysis, the values of $r = 0.319$ and $p = 0.001$ were obtained. In conclusion, the relationship between family support and adherence to taking antiretroviral medication shows a moderate relationship and has a positive pattern, meaning that the more family support increases, the more adherence to taking antiretroviral medication. The statistical test results showed that there was a significant relationship between family support and adherence to taking antiretroviral medication ($p = 0.001$). This is in line with research (Yusuf Tahir et al., 2019) which concluded that there was a relationship between family support and adherence to taking antiretroviral medication. Patients who get family support are more likely to adhere to taking antiretrovirals (Hastuti, 2017). In contrast to research (Fatihatunnida & Nurfiti, 2018) data obtained that there was no relationship between family support and adherence to antiretroviral treatment. This is caused by patients having their own income, ARV treatment being covered by BPJS, getting information and motivation from peer support (Nurihwani, 2017).

Whether the treatment is successful or not, it needs family support because it can foster a desire to heal yourself because the will in PLWHA is lacking. Family support provided is emotional support, appreciation support, material support, and information support. Family support is very important in the continuation of therapy because the family is the closest person to the patient who can always monitor and supervise the patient. Good family support is influenced by the closeness that exists between the patient and the family and vice versa, poor family support is caused by a lack of patient contact time with the family (Runiari et al., 2018). The support provided by the family can reduce feelings of anxiety, depression and negative thoughts about the treatment being undertaken and openness of PLWHA with the family is also needed so that the family understands the patient's needs (Bachrun, 2017).

Family support can help someone in undergoing a treatment so that the person concerned has the fighting spirit to continue to follow the recommendations of doctors and other health teams in the recovery process or it can be said that PLWHA are increasingly optimistic in undergoing treatment or treatment (antiretroviral therapy) even in the long term. affect adherence to antiretroviral medication.

4. CONCLUSION

Based on the results of a study with a sample of 121 people concerning the relationship between family support for PLWHA and adherence to taking antiretroviral medication at the HKBP AIDS Ministry, it can be concluded that from 121 respondents the mean family support was 45.00 with a standard deviation of 10.220 with a score of 27-64 with an estimated interval of 43, 26-46,68. From 121 respondents, the mean adherence to taking ARV medication was 26.23 with a standard deviation of 2.155 with a score of 19-28 with an estimated interval of 25.85-26.60. Based on the results of statistical tests, it was found that there was a significant relationship between family support and adherence to taking antiretroviral medication at the HKBP AIDS Ministry ($p = 0.001$).

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