

The Relationship Between Family Support And Compliance Of Plha With Antiretroviral At RSU HKBP Balige

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Abstract

The purpose of this study was to find out the relationship between family support and compliance with PLWHA taking antiretrovirals at HKBP Balige General Hospital. The research design used a correlative descriptive study using a cross sectional design. This research was conducted at RSU HKBP Balige, the study population was all ODHA families who were treated at the outpatient polyclinic at RSU HKBP Balige, 32 people. The sample selection method uses the n total sampling method, which is a sampling technique where the number of samples is equal to the population. The analysis used was univariate and bivariate tests. Based on the results of the analysis using the Chi Square statistical test with the SPSS version 16.0 program, it was found that p value = $0.016 < \alpha = 0.05$, meaning that H_0 was rejected and H_1 was accepted

Keywords: Family Support, Compliance, Plhiv, Anti Retroviral

INTRODUCTION

AIDS or Acquired Immune Deficiency Syndrome is a collection of disease symptoms that arise due to decreased immunity caused by HIV infection. Human Immunodeficiency Virus (HIV) is a type of virus that attacks or infects white blood cells which causes a decrease in human immunity. Decreased immunity makes the person very susceptible to various infectious diseases (opportunistic infections) which are often fatal (Ministry of Health RI, 2014).

For PLWHA who had previously received ARVs (old patients) were further divided into five categories, namely 14,547 (17.31%) had died, 45,631 (54.30%) were still receiving ARVs, 15,046 (17.91%) Lost Follow Up (LFU), 6,839 (8.14%) referred out and 1,967 (2.34%) stopped. From the data obtained, it can be concluded that the Lost Follow Up and Stop rates have a fairly high percentage in efforts to treat HIV with ARV therapy in Indonesia (RI Ministry of Health, 2014).

Family support plays a major role in the adherence of PLWHA to taking ARV drugs in undergoing treatment. With good family support, it will influence PLWHA to adhere to taking ARV medication, so respondents will feel that the family always supports respondents to carry out their treatment so that it can reduce viral load in PLWHA (Bachrun, 2017)

Family support received by PLWHA is still lacking, especially in terms of reminding PLHA to take antiretroviral drugs and obeying doctors and nurses' recommendations, rarely accompanying PLHA during treatment and care, and rarely encouraging PLHA for their health problems. Meanwhile, 2 other people said that their families still want to remind them to take antiretroviral drugs and always motivate PLHIV patients.

Independent Variable Dependent Variable



Figure 1. Research Concept Framework

RESEARCH METHODS

This research is a correlative descriptive study using a cross sectional design. Cross Sectional design is a type of research that emphasizes the time of measurement or observation of independent and dependent variable data only once at a time (Nursalam, 2014). The design of this study was to identify the relationship between family support and adherence of PLHIV taking antiretrovirals at HKBP Balige General Hospital. The research entitled The Relationship between Family Support and Compliance with PLHIV Consuming Antiretrovirals at HKBP Balige General Hospital which will be carried out in December 2022 - February 2023. The population is a generalized area consisting of: objects/subjects that have certain qualities and characteristics that are applied by researchers to be studied and then conclusions are drawn (Sugiyono, 2011). The population in this study were all ODHA families who were treated at the outpatient polyclinic at RSU HKBP Balige with 32 people. A research variable is an attribute or value of a person, object, or activity that has certain variations determined by the researcher to be studied and then drawn conclusions (Sugiono, 2015). In this study there are two variables, namely the independent variable and the dependent variable. In this study consists of independent variables and dependent variables.

The data collection technique used is the method of filling out a questionnaire which includes written questions used to obtain information, as well as additional data taken not from a questionnaire. To find out the relationship between family support and compliance with PLWHA taking antiretrovirals at HKBP Balige General Hospital, the researchers used measurements: 3.6.1 Aspects of measuring family support The instrument used in this study was a modified questionnaire from the previous research questionnaire by Erika Emnina (2015). Of the 16 statements, statements 1-4 regarding informational support, 5-7 regarding appraisal support, 8-11 regarding instrumental support and 12-16 regarding emotional support. Each of these statements has 4 alternative answers, which are always worth 4, often have a value of 3, sometimes have a value of 2, and never have a value of 1. Statements that have a negative value are found in numbers 2, 9, 11, 14 with the answer choices always having a value of 1, often a value of 2, sometimes a value of 3, Where $P =$ class length, equal to 16 (difference between the highest and lowest scores) and the number of classes as many as 3 classes (family support: insufficient, sufficient, good) obtained a class length of 16. By using $P = 16$, the results obtained from research on support families are as follows with categories: Poor = 16-31 Enough = 32-47 Good = 48-64 3.6.2 Aspects of measuring compliance with PLWHA taking Antiretrovirals The instrument used in this study was a modified questionnaire from Nurihwani's questionnaire (2017). Consists of 14 statements using likert scale. The answer choices are yes with a value of 2 and no value.

Formula: Questionnaire

Compliance with taking ARVs $P = \text{rentang kelas banyak kelas} = \text{nilai } t \text{ ertinggi-nilaiterndah banyak kelas} = 28-14 \div 2 = 7$ Where $P =$ class length, with a range of 7 (difference between the highest and lowest scores) and 2 classes (obedient, not obedient) obtained a class length of 7.

Using $P = 7$, the research results obtained from adherence to taking ARVs are as follows with the following categories: Non-adherent = 14-20 Compliant = 21-28

Tabel 1. Operational Definitions

| No | Variable | Definition operational | Method | Measurement results | skstyle |
|----|---|--|----------------|--|---------|
| 1 | Variable Independent Dsupport Exfamily | Dsupport family merua feed encouragement that family maket member family feel accepted, noticed, loved and valued | Kquestionnaire | Kmoney = 16-31 Enough = 32-47 Baik = 48-64 | Ordinal |
| 2 | Variable dependent Toobedience ODHA mengconsumptio Aantiretrovirl | Toobedience mengconsumption medicine is patient compliance and instructions yesg recommended by yesg is related to time, dose, frequency and treatment | Kquestionnaire | Nok Obey =14-20 Patuh = 21-28 | namebad |

RESULTS AND DISCUSSION

To find out the relationship between family support and compliance with PLWHA taking antiretrovirals at HKBP Balige General Hospital, the researchers used measurements: 3.6.1 Aspects of measuring family support The instrument used in this study was a modified questionnaire from the previous research questionnaire by Erika Emnina (2015). Of the 16 statements, statements 1-4 regarding informational support, 5-7 regarding appraisal support, 8-11 regarding instrumental support and 12-16 regarding emotional support. Each of these statements has 4 alternative answers, which are always worth 4, often have a value of 3, sometimes have a value of 2, and never have a value of 1 Statements that have a negative value are found in numbers 2, 9, 11, 14 with the answer choices always having a value of 1 , often a value of 2, sometimes a value of 3, In this study to find class intervals on the family support questionnaire using the statistical formula Sudjana (2018): Formula: $P = \frac{\text{rentang kelas}}{\text{banyak kelas}} = \frac{64-16}{3} = 16$ Where P = class length, equal to 16 (difference between the highest and lowest scores) and the number of classes as many as 3 classes (family support: insufficient, sufficient, good) obtained a class length of 16. By using P = 16, the results obtained from research on support family is as follows by category: Poor = 16-31 Enough = 32-47 Good = 48-64 .

Aspects of measuring compliance with PLWHA taking antiretrovirals. The instrument used in this study was a modified questionnaire from Nurihwani's questionnaire (2017). It consists of 14 statements using a Likert scale. The answer choices are yes worth 2 and no value 1. Formula: $P = \frac{\text{rentang kelas}}{\text{banyak kelas}} = \frac{28-14}{2} = 7$ Where P = class length, with a range of 7 (difference in scores highest and lowest score) and the number of classes as many as 2 classes (obedient, disobedient) obtained a class length of 7. Using P = 7, the research results obtained from

adherence to taking ARVs were as follows with the categories: Non-adherent = 14-20 Compliant = 21- 28 3.7. Data Processing and Data Analysis 3.7.

Discussion

Family Support Based on the results of the study, a general description of Family Support was obtained. The data illustrates that 3 people (9.4%) have poor family support, 18 people have quite good family support. 3.1 18 56.2 Good 7 21.9 4 12.5 11 34.4 Total 25 78.1 7 21.9 32 100 $\alpha = 0,05$ ρ value = 0.016 (56.2%), and good family support as many as 11 people (34.4%). This is in line with the results of Situmorang Agus's research (2019) concerning the Relationship between Family Support and Compliance with PLHIV Taking Antiretrovirals at the VCT Clinic at H.Adam Malik Hospital in Medan, where the majority of respondents received fairly good family support, as many as 50 people (72.5%). This is because the family provides support to PLWHA in the form of informational support such as the family asking the nurse about the patient's health progress, assessment support such as the family being responsive to every problem experienced by the patient and providing motivation, family instrumental support providing the necessary funds for treatment and care costs and reducing discomfort with massage or touch as well as the emotional support of the family, listening attentively to patient complaints and providing encouragement. Family support is the attitude, action and acceptance of the family towards its members. Family members view that people who are supportive are ready to provide help and assistance if needed (Friedman, 1998). The family is the smallest part of society that plays a very important role in providing support for sick family members. The family plays an active role in providing positive support, providing assistance when experiencing difficulties and as a guide Family members view that people who are supportive are ready to provide help and assistance if needed (Friedman, 1998). The family is the smallest part of society that plays a very important role in providing support for sick family members. The family plays an active role in providing positive support, providing assistance when experiencing difficulties and as a guide Family members view that people who are supportive are ready to provide help and assistance if needed (Friedman, 1998). The family is the smallest part of society that plays a very important role in providing support for sick family members. The family plays an active role in providing positive support, providing assistance when experiencing difficulties and as a guide in the recovery process, act as feedback, and as a mediator in a problem (Izzati, 2014).

The results of this study were also supported by Setyoadi (2018) in "The Relationship between Family Support and the Self-Esteem Level of People with HIV/AIDS at the Sadar Hati Malang Foundation" revealed that the majority of PLWHA sufferers received quite good family support, as many as 26 people (59.09%). Bachrun (2017) said that family support is given to patients in the form of affection, information, motivation, and comfort.

Family support from a physical and mental perspective is very much needed by PLWHA where this can be beneficial for PLWHA so that it reduces feelings of anxiety, depression and negative thoughts about the ARV treatment they are undergoing and there must also be openness of respondents with families so that families understand the needs of patients. The family plays an important role in the concept of health and illness for family members, where the family is a support system that provides direct care for sick family members, because good family support turns out to show a better adjustment to the conditions of family members. With family support, it can help PLWHA patients to increase their confidence in dealing with problems and differences in stigma that exist in the community.

A general description of PLHIV adherence was obtained. The data illustrates that 25 people (78.1%) comply with PLHIV compliance, and 7 people (21.9%) do not comply with PLHIV compliance. This is in line with the results of Situmorang Agus's research (2019) concerning the Relationship between Family Support and Compliance with PLHIV Taking Antiretrovirals at the VCT Clinic at H.Adam Malik Hospital in Medan, where the majority of respondents (as many as 62 people (89.9%) adhered to taking Antiretrovirals.

CONCLUSION

Based on the results of the study, Family Support Consuming Antiretrovirals at HKBP Balige General Hospital was quite good, as many as 18 people (56.2%). b. Based on the results of the study, the compliance of PLWHA taking antiretrovirals at HKBP Balige General Hospital was in the compliant category of 25 people (78.1%). c. Based on the results of the study, there was a relationship between family support and compliance with PLWHA taking antiretrovirals at HKBP Balige General Hospital, so that H_a was accepted and H_0 was rejected.

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