

#1095_PEER SUPPORT AND FAMILY ACCEPTANCE

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PEER SUPPORT AND FAMILY ACCEPTANCE WITH QUALITY OF LIFE OF MSM LIVING WITH HIV AND ARV

Abstract

Man who have sex with man (MSM) is a risk population for HIV infection. Quality of Life (QOL) becomes the main goal to lengthen their life span. This study was conducted to determine the relationship between peer support and family acceptance toward quality of life of MSM living with HIV and ARV in Medan. 175 respondents were involved by cross-sectional study with purposive sampling technique. Data was collected by means of Perceived Acceptance Scale (PAS), Peer Group Caring Interaction Scale, and WHOQOL-HIV BREF. The results show peer support was significantly associated with QOL ($p=0.023$; $OR=2.070$). Family Acceptance was significantly associated with QOL ($p=0.001$; $OR=2.766$). The peer support and family acceptance become important variable affect well-being and quality of life MSM living with HIV and ARV. This finding can be used for improvement of QOL in PLWH.

Keywords: family acceptance, HIV, peer support, quality of life

Abstrak

Lelaki yang berhubungan seksual dengan Lelaki (LSL) merupakan populasi beresiko terinfeksi HIV. Kualitas hidup menjadi tujuan utama untuk memperpanjang masa hidup pasien HIV. Penelitian ini bertujuan untuk mengetahui hubungan antara dukungan sebaya dan penerimaan keluarga dengan kualitas hidup pada LSL HIV+ dan ARV di Medan, Indonesia. Sebanyak 175 responden mengikuti dan terlibat dalam penelitian dengan menggunakan purposive sampling technique. Data diambil dengan menggunakan kuesioner Perceived Acceptance Scale (PAS), Peer Group Caring Interaction Scale, dan WHOQOL-HIV BREF. Hasil menunjukkan dukungan sebaya secara signifikan memiliki hubungan dengan kualitas hidup ($p=0.023$; $OR=2.070$). ODHA LSL. Penerimaan keluarga juga secara signifikan memiliki hubungan dengan kualitas hidup ODHA LSL ($p=0.001$; $OR=2.766$). Dukungan sebaya dan penerimaan keluarga menjadi hal penting yang perlu diperhatikan dan berpengaruh pada well-being dan kualitas hidup ODHA LSL dengan ARV. Hasil penelitian ini bisa digunakan untuk mengembangkan cara meningkatkan kualitas hidup ODHA LSL dengan ARV.

Kata Kunci: HIV, dukungan sebaya, kualitas hidup, penerimaan keluarga

Introduction

Man who have sex with man (MSM) is the most risk population affected by HIV. By the data 2008-2010, Centers for Disease Control and Prevention (CDC) shows the increasing number among MSM was 12%. The factors increase the risk include the high HIV prevalence among MSM, lack of HIV status knowledge, experience of social discrimination and cultural issues, and substance abuse (Centers for Disease Control and Prevention, 2015).

Globally in 2015, new HIV infection in MSM reach 13% increased. MSM are 24 times more likely to be HIV-positive than the other population because of their risk behavior in sexual activity (UNAIDS, 2017). Data from 2012 to 2016 showed increase case of HIV positive among MSM in Indonesia by 25.8% (HIV and AIDS Data Hub for Asia-Pacific, 2018). Man who have sex with man becomes the second number with the most risk population to HIV after heterosexual (Ministry of Health Republic of Indonesia, 2016). People living with HIV/ AIDS (PLWHA) in 2016 had reach 36.7 million with new infection number 1.8 million. The number of death remains high which 1.1 million people. The new infection number increased in Indonesia by 68% and become the third rank

after India and China (UNAIDS, 2017). The number of death needs to be pressed with antiretroviral therapy to reduce it. Antiretroviral therapy (ART) is one of the most effective therapy give to HIV patients. ART can increase PLWHA's lifespan. But, the use of ART also give negative side effect for the patients (Beard, Feeley, & Rosen, 2009). The side effect also affect the quality of life people living with HIV by the opportunistic infection. Besides, the experience of social stigma, discrimination, lack of support may make their condition even worse. Quality of life needs to be supported by physical, psychological, and socioeconomic support.

3 Quality of Life (QOL) in people living with HIV/ AIDS has become one of the main treatment outcome. QOL is defined as general well-being from individuals or society to restrict negative and positive things in life. Researchers also connected QOL component of happiness and satisfaction in life (Zubaran et al., 2014). QOL in health field is applied more specifically in life and determined by health or disease called "health-related quality of life (HRQOL)". ARV treatment contributes to reduce the mortality rate and extend life span. However, People being diagnosed with HIV and the need to take ARVs give negative effect physically and emotionally which affect QOL. Stress, stigma, discrimination, and anxiety's feeling about family's reaction can affect patient's QOL (Calvert & Freemantle, 2003).

Peer group give healthy vibes in the social relation and strengthens people with the same sexual behavior or people with the same status of HIV+ to understand the condition and other information regarding their health. Peer group support also can help each other to seek health care services, remember the treatment schedule, develop network to reach another people like them, and support them that they are not alone (Monroe et al., 2017; Edianto et al., 2019). Peer group can avoids isolation, low self-esteem and feel being not needed. Peer group activity also important to share information and knowledge about HIV transmission, treatment, and how to do behavior changes (Febres-Cordero et al., 2018; Prestage, Brown, Allan, Ellard, & Down 2016; Edianto et al., 2019).

Lack of family acceptance can cause stress, anxiety, depression due to family rejection. They afraid being rejected of their risk sexual behavior and afraid of being known HIV+. The society and family often rejected because of the culture and social norms. Family with close minded type will have difficulty to accept sincerely. The stress of all that pressure can lead to worsening health condition (Carter, 2013; Edianto et al., 2019). In case of refusal from the family, it can leads to higher risk sexual behavior, alcohol, transmission of HIV, and drug abuse (Katz-Wise, Rosario, & Tsappis, 2016; Edianto et al., 2019).

The disclosure of HIV status by MSM to their partner of family becomes so important. It means the support they will achieved can improve HIV treatment and care (Przybyla et al., 2013; Bhagwanjee, Petersen, Akintola, & George, 2008; Kroeger et al., 2011; Xu et al., 2017). This becomes the strategies to reach patients to public healthcare and start to initiate the testing and treatment. Lack of support from peers and family acceptance become the main concern toward improvement of quality of life. Lack of support has an impact on the irregularity of ARV's taking, low self-esteem, worsening condition, and worsening social relations. Therefore, the peer support and family acceptance may have relation in make good quality of life in patients with HIV/ AIDS.

Methods

Setting and study design

This study was conducted in two hospital and two public health center: H. Adam Malik Central General Hospital, Pirngadi Hospital, Teladan Public Health Center, and Padang Bulan Public Health Center in Medan, Indonesia. The health facilities needs to have counseling and testing services to be able to get more respondents. The study used cross-sectional method with criteria inclusion, such as people with HIV+, MSM, age above 18, and using ART. MSM living with HIV and ART were eligible to participate in this study. The selected patients were given inform consent's form if they agree to join this study. Total of 175 respondents participated in this study.

Data Collection

The instruments used in this study were Perceived Acceptance Scale (PAS) to assess family acceptance, Peer Group Coping Interaction Scale to assess peer support, and WHOQOL-HIV BREF to assess quality of life. The validity and reliability of all questionnaires are declared valid and reliable, with the value of each family acceptance questionnaire being 0.8, each peer group support questionnaire being 0.9, and quality of life being 0.6. The questionnaire were translated to Bahasa with back translation method by expert. Analysis of the relationship of family acceptance variables and peer group support with quality of life used a chi-squared test.

Ethical Consideration

Ethical approval was obtained from the ethics committee of the Faculty of Nursing Universitas Indonesia with the approval number 156/UN2.F12.D/HKP.02.04/2018. Respondents were asked to filled out the questionnaires after agree in the inform consent's form given. Respondents also filled the questionnaire in a private room to safeguard their privacy.

Results

Respondents' Characteristics

Table 1 shows the characteristics of the respondents. The average age of the PLWH MSM in the study was 29.39 years. This age was an active period of sexual activity with their partners in MSM population. The risk of sexual activity is likely increase the level of HIV transmission. The majority of the respondents were found 19.10 months bein diagnosis HIV+ and the duration using ART is 17.99 months. The majority were employed 92%. However, respondents who have a job were found to have a low income based on North Sumatra's Provincial Minimum Wage (PMW).

Table 1: Characteristics of the respondents

Variable	Mean	SD
Age	29.39	6.459
Length of diagnosis	19.10	15.923
Duration of ART	17.99	15.897
	n	%
Education		
Elementary	2	1.1
Junior high	6	3.4
Senior high	103	58.9
College	64	36.6
Occupation		
Unemployed	14	8
Employed	161	92
Income (acc. to PMW North Sumatera)		
Low	89	50.9
High	86	49.1
Quality of Life (QOL)		

	High	85	48.6
	Low	90	51.4
Peer Support			
	High	93	53.1
	Low	82	46.9
Family Acceptance			
	High	93	53.1
	Low	82	46.9

Factors Associated with Quality of Life

Peer support was significantly associate with quality of life (P value= 0.001; α = 0.05; OR: 2.070; CI: 1.131 – 3.789) and family acceptance were significantly associate with quality of life (P value= 0.023; α = 0.05; OR: 2.766; CI: 1.497 – 5.113). People with higher peer support were 2.070 times more likely to have higher quality of life. People with higher family acceptance were 2.766 times more likely to have higher quality of life (table 2).

Table 2. Variables associated with quality of life

Variable	Quality of Life				X ²	P value	OR (Odd Ratio)
	High		Low				
	n	%	n	%			
Peer Support							
High	53	57.0	40	43.0	5.630	0.023*	2.070
Low	32	39.0	50	61.0			
Family Acceptance							
High	56	60.2	37	39.8	10.772	0.001*	2.766
Low	29	35.4	53	64.6			

Discussions

Most of the respondents in this study have high peer support (53.1%) with significant relationship with quality of life (p = 0.023; α = 0.05). Peer support group gives their own peer education, change knowledge, influencing positive motivation, how to stop the risk behavior. But the level of risk HIV transmission shows contrary results. The important of peer is to reach people with the same status to know how patients can access the peer group support, how to provide opportunities to be involved in clinical setting, and how to increase openness to seek support and information. The higher peer support can reduce HIV transmission after diagnosis (Prestage et al., 2016; Peterson, Rintamaki, Brashers, Goldsmith, & Neidig, 2012).

MSM are at higher risk of HIV infection because of their sexual behavior. Various HIV prevention have attempted to reach all segments of the society, including MSM community. Peer support have been identified as important element to mediate stigma and discrimination in the social relationship. Peer support can helps and increase knowledge and acceptance from the same perspective in the same community to improve their psychosocial well- being (Tomori et al., 2016). Quality of life can improves with the help of physical touch and support from people in the same community as them and change the risk behavior (Demartoto, Soemanto, & Zunariyah, 2016). Other previous study also shows that peer group support are effectively reduce of negative behavior such as drug use, stigma, and depression. It also helps improve adherence to ART, adherence to visit health care, creates

positive mind and attitudes about HIV/ AIDS's risk. MSM who have support from their peer are 36 times greater in prevention of HIV transmission (Scott et al., 2014; Norr et al., 2012; Sukatendel, Napitupulu, Andayani, & Yustina, 2016).

¹ Most of the respondents in this study (53.1%) have high family acceptance, with a significant relationship with quality of life ($p = 0.01$; $\alpha = 0.05$). This results shows similar results as the previous study, from 247 respondents there are 81 respondents receive low family acceptance, 81 respondents received high family acceptance and 83 respondents receive regular family acceptance (Bidaki, Rajabi, Rezaeian, Ghannad, & Shahrabaki, 2017; Ryan et al., 2010). In another previous study, 90.4% patients had receiver family support and mostly they were satisfied with disclosed their HIV status (Xu et al., 2017). MSM who have higher family acceptance can demonstrate better emotional response but doesn't significant affect the risk sexual behavior (Bidaki et al., 2017; Mitrani et al., 2017). Man who have sex with man who received high family acceptance is associated with increased of self-esteem, good health condition, and good social interaction. People who have rejection from their family more likely have mental health, suicide tendency, depression, and higher sexual risk behavior (Katz-Wise et al., 2016; Ryan, C et al., 2010; Woodward & Pantalone, 2016; Bidaki et al., 2017).

Mostly of the respondents in this study are employed (92%) but mostly of them have low income based from PMW North Sumatera (50.9%). Economic and financial issues are factors that really important to support people with health problem. A study assessed a relationship between socioeconomic condition and quality of life. Family support becomes important and associated to family acceptance and social support. People with higher family acceptance may lead to higher lever of positive vibes like having more love and care. Such a condition would make a better mental health's status of the patients (Nascimento et al., 2016).

³ These results showed that to improve quality of life in people living with HIV/ AIDS and ART in MSM, health practitioners need to provide counseling to encourage them disclose their HIV status to close peer and families. Disclosure to family member is the strategies to encourage and give support people infected with HIV to care about their health condition (Paxton, Gonzales, Uppakaew, & Abraham, 2005; Zhou & Ki, 2011; Yang et al., 2005). Health practitioner also need to provide education and understanding the families about the condition and how is the way to give the best support as family.

MSM infected HIV have unique characteristic compared the other population type. This study also has limitations. The respondents only they who came to the health services. Simple random sampling might be a better technique to get sample from many kind of specific criteria. The study was conducted in Ramadhan's month, so many of them were not come to visit health services. The asked their peer to take their medicine and bring it to their home which far away from the center of the city. Many respondents also did not visit health services because they were already take the ARV for two months ahead because of the great distance.

Conclusions

Peer Support and Family Acceptance were significantly have relation with quality of life of MSM living with HIV and ART. It means any intervention to support this social relation is needed. The treatment management need to mix the medical treatment such as ARV and social relation to increase

quality of life in HIV+ MSM. Peer support and family acceptance can decrease stress and give support to any treatment, so the concept of well-being can be achieved by the patients.

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