

THE RELATIONSHIP BETWEEN
FAMILY SUPPORT AND
DEPRESSION LEVEL AMONG
HIV/AIDS PATIENTS IN
PROF.DR. SOEKANDAR
GENERAL HOSPITAL
MOJOKERTO

by Tria Wahyuningrum

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THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND DEPRESSION LEVEL AMONG HIV/AIDS PATIENTS IN PROF.DR. SOEKANDAR GENERAL HOSPITAL MOJOKERTO

Indra Yulianti¹, Veryudha Eka P², Tria Wahyuningrum³, M. Haris Hadi Sururi⁴
 School of health bina sehat PPNI of Mojokerto

Email: triyuss@gmail.com

ABSTRACT	Keywords
<p>Problems that arise in people with HIV / AIDS not only from viral infections there are also social impacts experienced such as a lack of support from the family. The phenomenon that occurs in the community that shy families sometimes even ostracize people with HIV / AIDS so that when treatment is rarely delivered, isolating in the family such as placing in a separate room makes people with HIV/AIDS increasingly experiencing psychological disorders such as prolonged stress reactions, namely depression. The purpose of this study was to determine the relationship of family support with the level of depression in patients with HIV / AIDS in VCT poly RSUD Prof.Dr. Soekandar Mojokerto. The research design used is correlation analysis. The population in this study were all HIV / AIDS sufferers in the VCT Police Hospital, Prof. Dr. Soekandar, Mojokerto Regency, which consists of 50 patients. The Sampling technique uses total sampling are 50 people. Instruments used for family support using questionnaires, for the level of depression using the BDI (Back Depression Inventory) questionnaire. After the data is collected, data processing is done in editing, coding, scoring, tabulation by using the frequency distribution and followed by cross tabulation (Crosstab). The results of the study were tested by the Spearman rho test. Obtained by the results of p (0,000) and α (0,05), so that p (0,000) < α (0,05) which means that H0 is rejected and H1 is accepted which means there is a relationship between family support and depression in HIV / AIDS patients in Poly VCT Rsud Prof. Dr. Soekandar Mojokerto. Family support is needed by patients with HIV / AIDS to reduce depression by providing support, providing facilitation, and assisting patients when at home or when going to the hospital.</p>	<p>Family Support, HIV / AIDS, Depression Levels.</p>

INTRODUCTION

HIV / AIDS (Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome) is a health problem that needs serious attention. This is because the development of the case in the world continues to increase. The problem that arises in people with HIV and AIDS is not only from viral infections, there are also social impacts that occur, for example, away from friends, family, and the wider community (Yosep, 2011). Family support has a significant influence on health status, confidence in making decisions, and social isolation after being controlled by depression factors. Families have a source of natural support that is very effective in the process of caring for people with HIV / AIDS (PLWHA) (Setyoadi, 2012). Phenomena that occur in the community that shy families sometimes even isolate ODHA so that when treatment is rarely delivered, isolating in the family such as placing in a separate room makes ODHA increasingly psychologically disturbed. WHO data noted, there were around 131,000 people newly infected with HIV / AIDS in Europe and surrounding countries in 2013 (Capriotti, 2018). In 2014 there was an increase of about 8% by 29,037 people. According to the Ministry of Health of the Republic of Indonesia stated that new cases in HIV patients from 2015 were 4,155 cases, but in 2016 it rose with an increase of more than 2,000 people to 6,513 cases. (Kemenkes RI, 2016) The number of sufferers of HIV cases in the Mojokerto Regency in 2015 was 65 cases, in 2016 it increased to 79 cases, this was caused because some sufferers were detected when they were infected with AIDS (Dinkes kabupaten Mojokerto, 2017). The results of the preliminary study conducted at VCT poly at the RSUD Prof. Soekandar, Mojokerto Regency, on November 16, 2017, out of 8 HIV / AIDS sufferers got 5 (70%) people with HIV / AIDS who said they received support from families such as families providing equipment needed by clients, giving me advice on the process of healing diseases and asking about the situation sufferer. As many as 3 (30%)

people with HIV / AIDS said that there was no family support because the patients were afraid that they would be shunned by their family members if they knew of their illness (UNAIDS, 2016). Of the 8 HIV / AIDS sufferers in the VCT Police 3 people (40%) were HIV / AIDS sufferers who looked calm, had smooth and open communication to tell their illnesses and 5 people (60%), when asked about their illness feeling sad and just surrendering to their illnesses and sufferers avoid when there are community associations.

To reduce the occurrence of depression in PLWHA it is very necessary to have family support, because the support from the family is a source of support that is easily obtained and in accordance with the values and norms so that the gift can be done anytime and anywhere that can improve the quality of life for HIV / AIDS patients (Setyoadi, 2012).

MATERIALS AND METHODS

The research design used was correlational analytic research with the entire population of people with HIV / AIDS in the VCT Police Hospital, Prof. Dr. Soekandar, Mojokerto Regency, which consists of 51 patients. The sampling technique used is a nonprobability sampling type of consecutive sampling. The sample in this study were some HIV / AIDS patients who visited the VCT Police Hospital, Prof. Dr. Soekandar, Mojokerto Regency, which fulfills 50 criteria for research criteria. The independent variable in this study is family support while the dependent variable in this study is the level of depression. Instruments used for family support using questionnaires, for the level of depression using the BDI (Back Depression Inventory) questionnaire. After the data is collected, data processing is done in editing, coding, scoring, tabulation by using the frequency distribution and followed by cross tabulation (Crosstab). The results of the study were tested by the Spearman rho test. The study was conducted at the VCT Police Hospital, Prof. Dr. Soekandar, Mojokerto Regency in April-May 2018.

RESULTS

Table 1: Frequency distribution of respondents based on family support in VCT poly RSUD Prof. Dr. Soekandar Mojosari Mojokerto On April 1 to April 30, 2018

N	Family support	Frequency (f)	Percentage (%)
1	Good	26	52,0
2	Enough	16	32,0
3	Less	8	16,0
Total		50	100

Source Questionnaire data 2018

Based on table 1, it is known that the majority of the percentage of family support respondents is good family support as many as 26 respondents (52.0%).

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Table 2 : Frequency distribution of respondents based on the level of depression in VCT poly RSUD Prof. Dr. Soekandar Mojosari Mojokerto On April 1 to April 30, 2018

N	level of depression	Frequency (f)	Percentage (%)
1	Light	25	50,0
2	Medium	14	28,0
3	Severe	11	22,0
Total		50	100

Source Questionnaire data 2018

Based on table 2 it is known that half the percentage of respondents with a level of depression is a minimum depression level of 25 respondents (50.0%)

Table 3 : Cross Tabulation Relationship between Family Support and Depression Levels in HIV / AIDS Patients in VCT Poly RSUD Prof. Dr. Soekandar Mojosari Mojokerto On April 1 to April 30, 2018

Family Support	Depression Levels				Total	
	Minimum	Light	Medium	Severe	F	T
	f	%	f	%	F	%
Good	25	96,	13,	0	38	76
Enough	4	10,	7,	2,	13	26
Less	0	0,	0	8,	8	16
Total	29	72,	20	50,	49	98

p CC

$0,000 < 0,05$ $0,938$

Source Questionnaire data 2018

Based on table 3 above, it can be seen that 26 people (52%) got good family support with

Based on the results of the Sperm test rho performed using SPSS (statistical package for social sciences) results were obtained ($p = 0,000 < \alpha = 0.05$) then H_0 was rejected and H_1 was accepted which means that there is a relationship between family support and depression in HIV patients / AIDS in the VCT poly room at Prof. Dr. Soekandar Hospital in Mojokerto Regency and the value of Correlation Coefficient with a value ($cc = 0.938$) which means it has a very strong relationship between two variables.

DISCUSSION

Based on the results of the study, it can be seen that of the 26 respondents getting good support from the family and half the respondents as many as 25 respondents had a minimal level of depression (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2014). Family support has a significant influence on health status, confidence in making decisions, and social isolation after being controlled by depression factors. Families have a natural source of support that is very effective in the process of care for PLWHA (Setyoadi, 2012). With the results of the above research that families can obtain factors that are very influential in the health of patients with HIV / AIDS the source of support provided by the family can be felt by patients so as to increase the level of their quality of life (CDC, 2018). Family support can be in the form of families providing facilities for transportation treatment, taking medicine, family self-care giving all forms of information about patients, treatment schedules, explaining about diseases that have not been understood, giving family advice giving praise and gifts when patients do positive things for health and for those around them give love and sincere love to increase the spirit of life in patients (Surveillance, 2014). So that respondents avoid stressors that aggravate the situation and can solve the problem without any disruption of negative

thinking / protracted anxiety because respondents do not feel alone to face a problem. (Taylor, Peplau, 2009)

CONCLUSION

There is a significant relationship between family support and the level of depression in HIV / AIDS patients at the VCT Police Hospital Prof. Dr. Soekandar Mojokerto with a value ($p = 0,000$) and Correlation Coefficient value with a value ($cc = 0,938$) which means it has a very strong relationship between two variables. The limitation of this study is uncomfortable from respondent.

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