



Relationship Role Of Peer Support Group With Quality Of Life Of ODHA

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ABSTRACT

The problem of HIV-AIDS is a common problem that must be addressed not only by ODHA but also by all the people connected with ODHA. The main problem experienced by ODHA is the decline in immune system that impact on the incidence of disease and decreased quality of life of ODHA. In addition to the physical, public acceptance of the existence of ODHA is also a factor related to the quality of life socially. The role of KDS is needed to improve the quality of life of ODHA. This study aims to determine the relationship of the Peer Support Group Role with the Quality of Life of ODHA in the Family Planning Association of Indonesia in Palangka Raya city. This research is a correlational research using cross sectional approach. The sample in this study amounted to 30 people determined by purposive sampling technique. Data collection using questionnaires with Likert Scale approach for WHOQOL-BREF and WHOQOL-BREF roles that have been standardized for quality of life. Data analysis using Spearman's Rank test statistic. The results of data analysis show that not all domains of 4 domains of quality of life have a significant relationship. Significant relation is found only in environmental domain with sig α value is 0.03 <math>< 0.05</math> which means there is a significant relationship between the role of peer group and the quality of life of ODHA, in the environment domain. The conclusion of the study is that the role of KDS only relates to the quality of life of ODHA in the domain of the environment, not on the physical, psychological, and social relationships. Researchers suggest, the results of research used by PKBI to take policy in improving the quality of life of ODHA.

Keywords: ODHA; role of peer groups; quality of life

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INTRODUCTION

Human Immuno Deficiency Virus (HIV) is a virus that causes AIDS which attacks the human immune system so that it is unable to protect itself from attacks by other diseases. Meanwhile, Acquired Immuno Deficiency Syndrome (AIDS) is a collection of several disease symptoms due to a decrease in the body's immune system because it is acquired, and not inherited (Desmawati, 2013). There are several problems experienced by PLWHA covering holistic aspects, namely biological, psychological, social and spiritual. The biological problems experienced by PLWHA are a decrease in the immune system, such as weight loss and skin disorders so that the immune system will affect the lives of PLWHA. Meanwhile, psychological problems arise, namely stress, anxiety and frustration. Then there are social problems caused by stigma and discrimination from family, environment and society which makes PLWHA withdraw and do not want to socialize in activities or the environment.

This makes PLWHA feel that their lives are lacking, insufficient, or not of good quality, characterized by not feeling satisfied with life, unable to carry out daily life functions, even

unable to enjoy life to the fullest, not feeling meaningful, having difficulty concentrating, and often having negative feelings (feeling blue) such as loneliness, hopelessness or anxiety. This is where the role of Peer Support Groups is to overcome these problems. People who are HIV positive have been HIV positive all their life so treatment is carried out for life. This condition causes people with HIV and AIDS to experience problems throughout their lives. PLWHA need support in dealing with this. Support comes from what are called Peer Support Groups (KDS). This group is an organization consisting of those who are HIV positive, for the city of Palangka Raya it is managed by the Indonesian Family Planning Association (PKBI) which protects this group. Of the 149 PLWHA, not all of them wanted to join the Peer Support Group, only 120 PLWHA. The impact of Peer Support Groups can improve the quality of life which includes holistic aspects, namely, physical health, psychological well-being, level of independence, social, environmental and spiritual. So the role of KDS is very important in improving the quality of life of PLWHA.

HIV-AIDS has become a serious health problem in this century and has caused concern in various parts of the world. HIV-AIDS is the biggest health problem in the world. In 2014, the number of people in the world who were infected with the HIV virus was 36.9 million and 1.5 million died of AIDS (United Nations Program on HIV-AIDS). HIV-AIDS cases in Indonesia rank 13th in the world, and development has always increased since it was first discovered. The Indonesian Ministry of Health reported that the number of new HIV cases in Indonesia from January 1 to September 2014 was 22,869 cases, so that the cumulative number reached 150,296 cases spread across 33 provinces. The Director General of Disease Control and Environmental Health (P2PL) of the Indonesian Ministry of Health stated that from January to September 2014, the number of new AIDS sufferers reported was 1,876 cases. The most AIDS cases were reported from Papua, followed by East Java, DKI Jakarta, Bali, West Java and Central Java (Ministry of Health of the Republic of Indonesia, 2014). Based on gender, there are 23,702 men and 12,338 women, and the spread of HIV-AIDS is increasingly widespread. Based on data from the Central Kalimantan Provincial Health Service (2015), it is known that 175 people have HIV and 81 people have AIDS. Specifically for the city of Palangka Raya, based on data contained in the Indonesian Family Planning Association of Palangka Raya City, there are 149 people and they are gathered in the KDS. Of the 149 PLWHA, not all are actively joining. Only 120 people are active, 74 men and 46 women. Based on the results of a preliminary survey of 5 PLWHA in KDS in PKBI Palangka Raya city, data obtained during interviews showed that 3 (three) people felt that their lives were of quality and were able to enjoy life to the maximum. Then 2 (two) other people felt that their life was not of good quality as evidenced by the fact that they often felt blue (lonely, hopeless, anxious and depressed).

HIV is a virus that weakens the human immune system, it is the virus that causes AIDS. Meanwhile, AIDS is a collection of symptoms of a weakening of the human immune system that is acquired and not inherited. The virus is transmitted through various sources such as blood, sperm fluid, vaginal fluid, and breast milk (ASI) and is transmitted through various ways, namely, casual sex with multiple partners without a condom, piercing/tattoo needles which is used interchangeably between people, blood transfusions containing HIV, and from mother to child during pregnancy, childbirth and breastfeeding (TB-HIV Collaboration Module, 2016: 10). When someone is infected with HIV and reaches the phase where symptoms appear, people with HIV or AIDS experience various problems such as routine check-ups every 3-6 months, medication that must be adhered to, stigma of discrimination, and lack of confidence in life expectancy. These conditions mean that PLWHA have to look

for ways, one of which is by finding friends who are able to share and support them in the various activities they undertake.

In Indonesia, the most effective approach is through Peer Support Groups. Fellow HIV sufferers can share examples and stories of success which will hopefully be able to increase enthusiasm for life, reduce loneliness, increase self-confidence, and accept themselves as they are, so that they are able to live normally and carry out activities like other people in general. This is what is called quality of life, namely the functioning of PLWHA physically, spiritually, psychologically and socially so that they can carry out daily activities more optimally to achieve an ideal life. From WHOQOL-BREF quality of life is measured in 4 (four) dimensions, namely physical health, psychological well-being, social relationships and relationships with the environment.

PLWHA is a condition that is not easy for those who are infected. Exclusion from society and bad labels make PLWHA feel depressed, hopeless, lonely, unsure of survival, making PLWHA have to be helped and supported to get through this. PLWHA need people who are able to give advice, understand their condition, and make themselves feel needed and valuable to other people. This group is a collection of people infected with HIV and some of whom have experienced AIDS, they gather in a forum, namely, the Peer Support Group (KDS). This KDS will be able to return PLWHA to people who have a quality of life. The nurse's role is to explain what risky behavior there is, including how to transmit it, then those who feel they have carried out risky behavior are advised to carry out an HIV test. After being diagnosed as HIV positive, it is recommended that you undergo lifelong treatment therapy and explain the side effects that will arise.

METHOD

The design of this research is to use a correlational design. The sample in this research uses nonprobability sampling, namely Purposive Sampling, where the sample is selected by determining subjects who meet the research criteria to be included in the research for a specific purpose. Sample of 30 PLWHA in KDS at PKBI Palangka Raya City. Research time is the time period required to obtain research data which was carried out from 10 to 15 July 2017. This research instrument uses a questionnaire using a Likert scale for the role of the Peer Support Group which contains 20 statements, 10 positive statements and 10 negative statements. Meanwhile, the instrument for measuring quality of life uses a questionnaire adopted from the World Health Organization Quality of Life (WHOQOL-BREF). This questionnaire uses 26 question items, where this measuring tool uses four dimensions, namely physical, psychological, social relationships and environment. Validity and reliability tests were carried out on PLWHA to measure the KDS Role questionnaire which was carried out at the RSUD VCT clinic. Dr. Doris Slyvanus Palangka Raya. Based on the results of tests carried out on 15 PLWHA on 6 July 2017, it proves that the KDS role instrument is a valid and reliable instrument with an alpha value of 0.9922, so according to the table above this value is very reliable and suitable for distribution to respondents.

Data analysis used in this research was univariate analysis and bivariate analysis. Univariate analysis was carried out on respondent characteristics consisting of age, gender, education level, occupation and marital status. Bivariate analysis was carried out to see the relationship between two dependent and independent variables, the relationship is meaningful if the p value (value) < level of significance (< 0.05). Data analysis determines the relationship between two variables using the Spearman's Rank statistical test. Research ethical principles are still implemented to protect research subjects.

RESULTS

From the results of statistical tests using Spearman's rank (ρ) on the role of KDS and Quality of Life which consists of 4 domains, a significant relationship was obtained only between the role of KDS and the environmental domain. Based on the sig value, it is less than Alpha for the environmental domain, namely $0.03 < 0.05$, which means The p value is smaller than the $\alpha = 0.05$ value, so it can be said that H1 is accepted, namely that there is a relationship between the role of Peer Support Groups (KDS) and the quality of life of PLWHA, especially in the environmental domain. Meanwhile, the physical, psychological and social relationship domains do not have a significant relationship to Quality of Life PLWHA by looking at the results with a value of more than 0.05, with a sig value from domain 1 (Physical) 0.764, domain 2 (Psychology) 0.941, domain 3 (Social relationships) 0.587.

Table 1.
Crosstabulation Results of the Relationship Between the Role of KDS and the Quality of Life of PLWHA in PKBI Palangka Raya City

Role of KDS	QOL									
	Very Poor	%	Poor	%	Fair	%	Good	%	Very Good	%
Very strong	0	0%	0	0%	0	0%	2	6,6%	0	0%
strong	0	0%	5	16.6%	8	26.6%	8	26,6%	1	3.3%
Stong enough	0	0%	1	3.3%	5	16.6%	0	0%	0	0%
Weak	0	0%	0	0%	0	0%	0	0%	0	0%
Very weak	0	0%	0	0%	0	0%	0	0%	0	0%
										Total
										22 (73.4%)
										6 (20%)
										0%
										0%

Based on the table above, it can be concluded from the cross tabulation results of 30 respondents that the role of KDS in the quality of life of PLWHA seen from the social relations domain of respondents who stated that the role of KDS was very strong was only stated by 2 respondents (6.6%) who had a good quality of life. Then, PLWHA who stated that the role of KDS was strong were 22 respondents (73.4%), namely 5 respondents (16.6%) who stated that the role of KDS was strong but their quality of life was poor, 8 respondents (26.6%) who had a moderate quality of life, 8 respondents (26.6%) who had a good quality of life, and 1 respondent (3.3) who stated that the quality of life was very good. Respondents who stated that the role of KDS was quite strong were 6 respondents (20%), namely 1 respondent (3.3%) who had a poor quality of life, while 5 respondents (16.6%) were in the medium category but stated that the role of KDS was quite strong.

DISCUSSION

Based on data obtained from PKBI Palangka Raya City regarding the Quality of Life of PLWHA, generally the quality of life seen from the physical domain is in the medium category, out of 30 respondents there were 18 respondents (60%). Meanwhile, 8 respondents (27%) stated that their physical health was in the good category, 3 respondents (10%) were in the bad category, and only 3% or 1 respondent were in the very bad category. Quality of life seen from the psychology domain, 14 respondents (47%) were in the good category, 11 respondents (36%) were in the moderate category, 3 respondents (10%) were in the very bad category, 2 respondents (7%) were in the very bad category. were in the poor category, and no respondents were in the very good category. Quality of life is seen from the social relations domain of 30 respondents, 14 respondents (47%) are in the medium category, 10 respondents (33%) are in the good category, 3 respondents (10%) are in the bad category, 2 respondents

(7%) is in the very good category, and only 1 respondent (3%) is in the very bad category and the quality of life seen from the environmental health domain of the 30 respondents is 14 respondents (47%) is in the medium category, amounting to 8 respondents (27%) were in the good category, 6 respondents (20%) were in the bad category, 1 respondent (3%) was very good and only 1 respondent (3%) was in the very bad category. Based on the sig value less than Alpha for the environmental domain, namely $0.03 < 0.05$, which means the p value is smaller than the value $\alpha = 0.05$, thus it can be said that H1 is accepted, namely that there is a relationship between the role of Peer Support Groups (KDS) and the quality of life of PLWHA, especially in the environmental domain. Meanwhile, the physical, psychological and social relations domains do not have a significant relationship with the quality of life of PLWHA by looking at the results with a value of more than 0.05, with a sig value from domain 1 (Physical) 0.764, domain 2 (Psychology) 0.941, domain 3 (Social relations) 0.587.

According to Cohen and Lazarus in (Larasati, 2012) quality of life is a level that describes the excellence of an individual which can be assessed from their life. The individual's quality of life can usually be assessed from their life. The individual's quality of life can usually be assessed from their physical, psychological, social relationships and environmental conditions (WHOQOL Group, 1998) in (Larasati, 2012). Physical conditions include physical health, psychological conditions, describe how oneself feels, think, memory, concentration, social relationships include personal relationships, social support and social activities, while the environment describes the state of residence, financial situation, security, health services and social protection.

The quality of life of PLWHA can be seen from four things in their daily lives, such as physical health, psychological health, social relationships and the environment. Based on the facts, PLWHA generally have a fairly good quality of life, according to the author, this is because they feel that physical pain does not prevent their daily activities, they do not receive medical therapy very often, and they feel they have sufficient vitality for their daily activities. In the psychological domain, they can still enjoy life, life still feels meaningful, and some of them are still able to concentrate well. For the social relations domain, they still feel satisfied with their social life, they still feel satisfied with their sexual life, and they still feel satisfied with the support they receive from peers. As for the environment, they still feel safe, the facilities and infrastructure they obtain are still adequate, and they still feel they have enough money to live on. However, a small number of PLWHA still feel that their quality of life is very poor and poor because in terms of their environment, the facilities they have are still inadequate and they have economic difficulties.

CONCLUSION

Based on the results of statistical tests, not all domains have a significant relationship. The domain that has a significant relationship is only in the environmental domain. Based on the sig value less than Alpha for the environmental domain, namely $0.03 < 0.05$, which means the value of p is smaller than the value of $\alpha = 0.05$, thus it can be said that H1 is accepted, namely that there is a role relationship Peer Support Groups (KDS) with the quality of life of PLWHA, especially in the environmental domain.

REFERENCES

- Bauer, Jeffrey C. (2003). Role Ambiguity and Role Clarity: A Comparison of Attitudes in Germany and the United States. Dissertation, University of Cincinnati-Clermont
- Cipto, Susilo. (2006). Pengaruh Penyuluhan terhadap Penurunan Stigma Masyarakat Tentang HIV dan AIDS. Skripsi PSIK FK UNAIR

- Depkes RI. (2003). Modul Pelatihan dan Konseling Tes Sukarela HIV (Voluntary Conseling and Testing = VCT). Jakarta: Direktorat Jendral Pelayanan Medik
- Desmawati. (2013). Sistem Hematologi & Imunologi (Asuhan Keperawatan Umum dan Maternitas Dilengkapi Dengan Latihan Soal-Soal). Jakarta. In Media
- Gibson. (2010). Teori, Perilaku, dan Budaya Organisasi. Bandung: Refika Aditama
- KPA. (2008). Strategi Komunikasi Penanggulangan HIV dan AIDS di Indonesia. Jakarta: KPA
- KPAN. (2015). Strategi dan Rencana Aksi Nasional Penanggulangan HIV dan AIDS Tahun 2015-2019.
- Kemenkes RI. (2011). Laporan Situasi Perkembangan HIV-AIDS Di Indonesia. Jakarta: Kemenkes RI
- Kemenkes RI. (2014). Pusat Data dan Informasi. Jakarta: Kemenkes RI
- Kemenkes RI. (2016). Modul Kolaborasi TB-HIV. Jakarta: Kemenkes RI
- Larasati. (2012). Kualitas Hidup pada Wanita yang Sudah Memasuki Masa Menopause. Jakarta: Universitas Gunadharma
- Martonah & Tarwoto. (2010). Kebutuhan Dasar Manusia dan Proses Keperawatan. Jakarta: Salemba Medika Modul Kolaborasi TB HIV.2016
- Notoatmodjo, Soekidjo. (2005). Pendidikan dan Perilaku Kesehatan. Jakarta : PT. Rineka Cipta
- Oktavia N. (2012). Faktor-faktor yang Mempengaruhi Kualitas Hidup Penderita HIV/AIDS di Kabupaten Boyolali dan Kota Surakarta (Solo) Provinsi Jawa Tengah. Akademi Kesehatan Sapta Bakti.
- Sekarwiri. (2008). Hubungan Antara Kualitas Hidup dengan Sense of Community pada Warga DKI Jakarta yang Tinggal di Daerah Rawan Banjir. Diunduh pada 02 Januari 2017 dari <http://www.lontar.ui.ac.id>
- Smetzer & Bare. (2003). Buku Ajar Keperawatan Medical Bedah. Jakarta: Buku Kedokteran EDC
- Soekanto, Soerjono. (2009). Sosiologi Suatu Pengantar. Jakarta: Raja Grafindo
- Sulaiman, Wahid. (2005). Statistik Non-Parametrik Contoh Kasus dan Pemecahannya dengan SPSS. Andi, Yogyakarta
- Ventegodt, Merrick., Anderson. (2003). Quality Of Life Theory I. The Iqol Theory: An Integrative Theory Of The Global Quality Of Life Concept. The Scientific Word Jurnal.
- Yayasan Spiritia. (2010). Lembaran Informasi tentang HIV/AIDS untuk Orang yang Hidup dengan HIV/AIDS (ODHA). Jakarta. Yayasan Spiritia.