

## **A Study On Corelation Between Peer Support Groups And Quality Of Life In People Living With HIV/AIDS In Bandung City**

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### **Abstract**

The Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system, leading to Acquired Immune Deficiency Syndrome (AIDS). AIDS emerges after the HIV virus has attacked the immune system for five to ten years or more in individuals affected by HIV. One of the factors related to HIV/AIDS is quality of life, which is essential for the well-being of People Living with HIV/AIDS (PLWHA). Peer group support is one of the factors influencing quality of life. This study aims to explore the relationship between Peer Group Support and Quality of Life among individuals with HIV/AIDS in the city of Bandung. The research was conducted in July 2023, with a sample size of 49 respondents selected using purposive sampling technique. Data was analyzed using the chi-square test, resulting in a p-value of 0.03, indicating a significant relationship between peer group support and quality of life among individuals with HIV/AIDS. Peer support groups can impact the quality of life of PLWHA, as they require external factors to enhance their quality of life, one of which is derived from peer group support. Further research is expected to analyze various variables to identify factors influencing the quality of life of individuals with HIV/AIDS.

**Keywords:** HIV/AIDS, Peer Group Support, Quality of life

### **INTRODUCTION**

The prevalence of HIV/AIDS cases in Indonesia in 2022 was reported to be 10,525 and the incidence of AIDS was 1,907. The incidence of these cases continues to increase in Indonesia. The highest incidence of HIV was in 2019 with 50,282 cases and AIDS with 12,214 cases in 2013. The five provinces with the highest number of HIV cases are West Java (1,752), East Java (1,704), DKI Jakarta (1,236), Central Java (1,227), and North Sumatra (506). Nationally, West Java is still among the top

five provinces with the highest HIV cases. (Sabang et al., 2022).

In daily life, PLHIV must be able to deal with various complex problems. The problems faced are not only in the physiological aspects due to HIV/AIDS infection, but PLWHA are also faced with stigma and discrimination that can add to the psychological burden of PLWHA themselves. The complexity of the problems that must be faced by PLWHA can certainly have an impact on the decline

in quality of life. quality of life as a person's view or feeling of their functional abilities due to being attacked by a disease (Diatmi & Fridari, 2014).

This quality of life is related to quite complex things such as physical health, psychological conditions, social relationships, and the individual's relationship with the environment. Physical health related to this quality of life is the immune system that is vulnerable to disease, problems related to psychology are irritable or upset, loss of self-confidence, showing disappointment or a little hopelessness in life, internal conflicts that arise when having to open up / convey health status to partners, family members and friends who are at risk of being ostracised, social problems that arise related to the stigma of society that considers HIV / AIDS shameful so that it often experiences treatment discrimination and decreased quality of life in PLWHA. Therefore, peer support is needed to accompany or assist PLWHA in accessing available health services (Hattu & Lahade. 2021).

Quality of life (QOL) is a term commonly used to express a general sense of well-being and includes things like general happiness and life satisfaction. The World Health Organisation has defined Quality of life as "people's perception of their position in life in relation to the culture and value system in which they live and in relation to their goals, norms, expectations

and concerns. There are six dimensions that can be used as a basis for assessing the quality of life of people living with HIV/AIDS, namely physical well-being, psychological well-being, social relationships, level of independence, environmental relationships and spiritual well-being (WHO QoL-HIV BREF, 2010).

The existence of support from fellow people with HIV/AIDS in the form of emotional support which includes expressions of empathy, concern, and attention to the person concerned, information support which provides advice, instructions, suggestions, social network support which invites PLWHA to join community organisations and NGOs usually carry out various activities such as conducting lectures, counseling on matters related to HIV/AIDS, volunteering to assist other. This can restore the confidence of PLHIV. The experience can make PLHIV realise that they still deserve to live despite suffering from HIV/AIDS so that suicidal thoughts are not in the minds of PLHIV (Koeswara, 1992; in Astuti A, 2011).

According to the results of previous research conducted by Kusuma H, 2011, PLWHA who received peer support said that the benefits of peer support groups on the quality of life of PLWHA include as a place to share feelings, as a place to gain knowledge of HIV/AIDS, as a place to maintain confidentiality, provide motivation, as a behaviour change service,

help the availability of treatment services, as a safe and comfortable second family. (Mardhiati & Handayani, 2011).

The impact that affects if PLWHA do not have support is that PLWHA feel alone and desperate so that PLWHA think of suicide because they feel they do not deserve to live with their status as HIV / AIDS.

According to the results of previous research conducted by Kusuma H, 2011, PLWHA who received peer support said that the benefits of peer support groups on the quality of life of PLWHA include a place to share feelings, as a place to gain knowledge of HIV / AIDS, as a place to maintain confidentiality, provide motivation, as a behaviour change service, help the availability of treatment services, as a safe and comfortable second family. (Mardhiati & Handayani, 2011). In addition, respondent characteristics such as gender, education, occupation, income, and length of infection can affect the quality of life of PLWHA (Kusuma, H, 2011).

Based on the above description, the researcher is interested in examining the relationship between peer support groups and quality of life in people with HIV/AIDS (PLWHA) in Bandung city.

## **RESEARCH METHOD**

This type of research uses quantitative research methods with a research design using descriptive correlation, which is

research directed at explaining the relationship between two independent variables with the dependent variable with a cross-sectional approach, where data concerning the independent and dependent variables are collected at the same time (Notoatmodjo, 2018). This study aims to determine the relationship of peer support groups with quality of life in people with HIV/AIDS (PLWHA) in Bandung City.

The variables used in this study are independent variables used in this study are peer support groups. The dependent variable in this study was quality of life. The quality of life was measured using a standardised questionnaire in which there are six dimensions that can be used as a basis for assessing the quality of life of people living with HIV/AIDS, namely physical well-being, psychological well-being, social relationships, level of independence, environmental relationships and spiritual well-being (WHO QoL-HIV BREF, 2010).

The population of this study was PLWHA at the Puzzle Club NGO, totalling 100. Data were obtained from the head of the NGO Puzzle Club Association in Bandung. The sample in this study was taken based on the Lameshow formula, which obtained a research sample of 49. In conducting research, especially when the research subject is human, researchers must understand human rights. Ethical issues of health research are very important issues in

research, considering that health research is directly related to humans, namely considerations from a research ethics perspective, ethical issues that need to be considered.

The questionnaire used in this study consists of 3 parts, namely a characteristic questionnaire (part A) to determine the characteristics of respondents including, gender, age, religion, education, occupation, income, length of infection. This research was conducted at KDS Puzzle Club in Bandung City. The research time conducted by researchers began in November - August 2023.

The peer support questionnaire (part B) used to assess peer support, this questionnaire was taken from a previous researcher's questionnaire Samloy Karolina (2013), which has a validity test value with validity results  $\geq 0.3$  ( $r = 0.375-0.720$ ), and a Cronbach alpha reliability test value of 0.883 ( $\geq 0.7$ ). These results show the instrument is valid and reliable to use. This questionnaire uses a Likert scale, consisting of 20 favourable statements, including emotional support 8 statements (1-8), information support 8 statements (9-16) and social network support 4 statements (17-20). From each statement there are five answer choices, namely never, rarely, sometimes, often, always, each answer will be given a score of 1, 2, 3, 4, and 5 for each question. The total score was between 20-100 which was categorised based on

Arikunto's 2002 formula, namely a cut of point of 75% of the total score (100) with the result of  $\geq 75$  getting positive support and  $< 75$  getting negative support.

The questionnaire (part C) used to assess the quality of life of PLWHA was taken from Kusuma Heni's (2011) previous research questionnaire with a validity coefficient value of  $\geq 0.3$  ( $r = 0.302-0.811$ ) and a reliable instrument with a Cronbach alpha reliability coefficient value of 0.893 ( $\geq 0.7$ ). These results show that the instrument is valid and reliable to use. This questionnaire consists of 20 statements with five answers, namely, Never (TP), Rarely (J), Sometimes (KK), Often (SR), Always (S). Each answer will be scored 1, 2, 3, 4, and 5 for items that describe favourable quality of life and 5, 4, 3, 2, and 1 for items that describe unfavourable quality of life. The total score is between 20-100 which is categorised based on Arikunto's 2002 formula, which is a cut of point of 75% of the total score (100) into  $\geq 75 =$  good and  $< 75 =$  less good.

## **RESEARCH RESULT AND DISCUSSION**

### **RESULT**

#### **1. Overview of peer support groups for people living with HIV/AIDS (PLWHA) in Bandung City.**

##### **Table 1 Overview of peer support groups for people living with HIV/AIDS (PLWHA) in Bandung City**

Quality of Life	Frequency	Percentage
	(f)	(%)
Positive Support	6	12,2
Negative Support	43	87,8
Total	49	100

Based on Table 1, it was found that almost all of the 43 (87.8%) respondents had negative support for their peer group support.

**Table 2. Overview of Quality of Life in Peer Support Groups in people with HIV/AIDS (PLWHA) in Bandung City**

Variabel	Frequency	Percentage
	(f)	(%)
Good	3	6,1
Less good	46	93,9
Total	49	100

Based on Table 2, it was found that almost all 46 (93.9%) respondents had a poor quality of life in people with HIV/AIDS in Bandung City.

**Table 3. Relationship of Peer Support Groups with Quality of Life in people with HIV/AIDS (PLWHA) in Bandung City.**

Peer Support	Quality of Life		Total	p-value
	Good	Less		
Positive Support	13	34	47	0,03
Negative Support	0	2	2	
Total	13	36	49	

## DISCUSSION

The results showed that out of 49 respondents 6 (12.2%) respondents had positive support while 43 (87.8%) respondents had negative support. This is in line with research conducted by

Khairunnisa (2022) which states that 37 respondents or as many as 92.5% of respondents have negative support and 3 respondents or as many as 7.5% of respondents have positive support. 6 respondents said that they still had peer support from their family and close friends in the community. While the other 37 respondents said that they still felt negative support because the respondents felt alienated in the family, in the peer environment, the respondents said that they were still unable to fully open up because they were worried about the negative stigma of the peer group.

The form of stigma is a lack of support for PLWHA, for example, avoiding PLWHA, not socialising well, resulting in poor social welfare. With the negative stigma in the community, PLWHA still assume that the peer group will also provide the same thing, so the results of peer group support are still in the negative support category.

The researcher's assumption in this study is that the negative support comes from the lack of openness between members of the peer group in supporting the PLWHA group. While positive assumptions will occur if the mental support provided by PLHIV to other PLHIV is well established, especially PLHIV who have just found out their HIV status (spiritia foundation guidelines). Peer support is the activity of providing mutual support for and

by people in the same situation. This situation can be a situation of facing the same disease problem for the first time with someone who has been able to manage it (March, 2012). In addition to this, the length of time PLWHA joined the peer group also affected peer group support because some respondents said that they were still awkward with the peer support group because they had not been in the group for long.

The results showed that 3 (6.1%) respondents had a quality of life in the Good category and 46 (93.9%) respondents had a quality of life in the Poor category. This is in line with research conducted by Deborah (2019) which states that 78.2% of respondents experience a poor quality of life and 21.8% of respondents have a quality of life in the Good category.

In line with research conducted by Amaliah (2019), it is stated that the number of PLWHA who describe being in the Poor category is the number of statements that do not support or do not favour the object of the respondent so that they describe a poor quality of life in PLWHA. When conducting research, respondents mentioned that people with HIV / AIDS have a stigma that their quality of life is poor. Quality is based on the WHO definition of health which contains dimensions of physical, mental, and social health which in each person is different, because it is influenced by one's experience,

beliefs and desires. Quality is an individual's assessment of their portion of life in the context of the culture and value system in which they live and live in relation to their life goals, standard expectations and life focus (WHO, 2010; in Rahmawati S, 2012).

The researcher's assumption is that 93.9% of PLWHA describe their quality of life in the Poor category due to the lack of strong peer group support in the community. Because, in PLWHA not only internal support itself can improve the quality of life in PLWHA, family support and peer group support also greatly affect the quality of life of PLWHA. Family support is needed by PLWHA as the main support system so that they can develop effective responses or coping to adapt well in dealing with stressors related to their illness, both physical, psychological, and social. A good support system will improve the quality of life of PLWHA such as improving physical health, psychological condition, level of independence, social relationships, and the individual's relationship with the environment.

The results of the study obtained a p-value  $<0.05$  (0.03) which means that there is a relationship between Peer Support Groups with Quality of Life in PLWHA in Bandung City, this is in line with research conducted by Mufarika (2018) which states that there is a relationship between the role of peer support groups with quality of life in

HIV / AIDS people. Peer support groups have a role in the quality of life of PLWHA. Lack of peer support can make PLWHA not want to interact socially, feel less valued by their environment, this will indirectly make PLWHA fall into a stressful condition and will have an impact on reducing their quality of life. Stigma in HIV AIDS patients is considered a persistent problem and cornered in the group of HIV AIDS patients so that it is necessary with the role of peer support groups that will sufficiently support the quality of life of PLWHA, especially in the physical domain because by joining PLWHA with KDS PLWHA know more about the nutritional needs that are good for themselves so that PLWHA are kept away from comorbidities that will aggravate their sick condition, different things in the domain of environment and social relations even though they have joined KDS PLWHA do not want to communicate with new people because they are worried that their HIV status is known to many people, so the support in KDS is still lacking.

## CONCLUSION

The results of this study found that there is a relationship between peer support groups and quality of life in people living with hiv/aids in bandung city. based on the analysis of the relationship between peer support groups and quality of life in people living with hiv/aids in bandung city, it is significantly related.

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