

Relationship between Family Support and Spirituality of HIV Patients in Tanjung Balai

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Abstract:

Family support is a form of interaction in which there is a relationship that gives and receives real help carried out by the family. This support can be in the form of attitudes, actions, and family acceptance of sick patients. In family support, spirituality is needed, which involves an individual's relationship with others and the world. Spirituality is also often associated with self-discovery and the meaning of life. This study aimed to look at the relationship between family support and spirituality in people with HIV / AIDS in the city of Tanjung Balai. This research method is an observational correlation, with a cross-sectional approach where researchers use questionnaires to 50 respondents who got HIV, using a total sampling technique. Inclusion criteria: 1) respondents who get HIV, 2) willing to be a respondent, 3) can communicate well, 4) willing to cooperate, 5) age 20-50 years. The measurement of spirituality used of spiritual well-being questionnaire (SWBQ) and family support measurement used to measure respondents. This study showed a relationship between family support and spirituality in people with HIV / AIDS ($p < 0.05$). Family support and spirituality can be a factor that can support people with HIV / AIDS to accept the process of self-acceptance.

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INTRODUCTION

The increasing number of HIV-AIDS cases has an impact on complex psychosocial problems. Knowing for the first time that someone has HIV/AIDS is associated with fear, anger, shock, anxiety, and negative feelings. There are severe symptoms of anxiety and depression (Gustyawan et al., 2022). HIV/AIDS is a more serious problem for pregnant women because it threatens the safety of the mother's life and can be transmitted to the baby during pregnancy, childbirth, and breastfeeding (Carolin et al., 2023). Prevention is carried out to reduce the increase in HIV/AIDS cases through behavior modification factors. Behavior modification can be achieved by changing self-efficacy and the ability to take action to prevent HIV/AIDS risk behavior or by increasing self-confidence (Kurniyawan et al., 2023a). Based on the number of people living with HIV, WHO estimates that 38 million people live with HIV in 2019. The Indonesian Ministry of Health estimates the population will exceed 600,000 in 2020 (Kurniawan et al., 2022).

Family support is a form of interpersonal relationship that protects a person from the adverse effects of stress (Kaplan and Sadock, 2002). Social support from family members can provide psychological and physical assurance when a persons' experiences various psychological pressures (Kurniyawan et al., 2022a). Family is the most important source of love, appreciation, recognition, and support. The components of affective function in the family are caring for each

other, building close relationships, balancing mutual respect, attachment and identification, separation and connection, family needs and response patterns, and therapeutic roles (Kurniyawan et al., 2022b). Social and emotional support and moral and material support from relatives and friends give individuals and their families the strength to deal with everyday life (Widowati et al., 2022).

Spirituality is a way for someone to find meaning, hope, and peace. Some find it in religion, others in music, art, the universe, and others in values and principles. Physical, mental, and spiritual health are interconnected and affect one another. For example, common practices include praying, devotional and charity work, performing religious rituals, meditation, and yoga, walking in nature, reading inspirational books, and giving yourself time to meditate (Kurniyawan et al., 2023b). This study aims to know the relationship between family support and spirituality in people with HIV in Tanjung Balai City.

METHOD

This research method is an observational correlation, with a cross-sectional approach where researchers use questionnaires to 50 respondents who got HIV, using a total sampling technique. Inclusion criteria: 1) respondents who get HIV, 2) willing to be a respondent, 3) can communicate well, 4) willing to cooperate, 5) age 20-50 years. The measurement of spirituality used of spiritual well-being questionnaire (SWBQ) and family support measurement used to measure respondents with HIV.

RESULT

Table 1. Characteristics of Respondents based on Sex, Family Support, and Spirituality Level (n=50)

Variable	Frequency (f)	Percentage (%)
Sex		
Female	25	50
Male	25	50
Family Support		
Low	5	10
Moderate	30	60
High	15	30
Spirituality of Patients HIV		
Low	13	26
High	37	74

Table 1 shows that 25 respondents were male (50%) and 25 were female (50%). HIV patients in Tanjung Balai have low family support (10%), moderate family support (60%), and high family support (30%). Respondents with low spirituality are 13 respondents, and those with high spirituality are 37 respondents with high spirituality.

Table 2. Relationship between Family Support and Spirituality of HIV Patients in Tanjung Balai

Variable	p-value	r
Family support	0.000	0.642
Spirituality		

Table 2 shows that the relationship between family support and spirituality of HIV patients in Tanjung Balai has a significant correlation ($p=0.000$).

DISCUSSION

HIV/AIDS now causes more deaths than other infectious diseases, overtaking malaria and tuberculosis. It is the fourth biggest killer in the world after heart disease, stroke, and respiratory diseases. HIV/AIDS and the inaccessibility of available means to prevent and treat it (especially in developing countries, where 90% of the infected people are concentrated) is a demonstration of the disastrous human consequences of a world characterized by an unequal and unfair distribution of resources pointed out that most of the people affected by HIV are men and women in their most productive and reproductive years. In this research, we found that respondents with HIV have a high spirituality (37%), but they have moderate family support (30%). Attempting to define the 'family' in HIV research places one in double jeopardy. On the one hand, some traditional definitions tend to be narrow as they focus either on blood relationships or the idea of a common household; other definitions emphasize the social network, which may include any provider of social support. There are, in addition, both legal and sociological definitions of 'the family'. There is neither consensus as to what constitutes the family nor a concept of a 'traditional' family. The fact that HIV affects social networks beyond the 'nuclear family' (comprising two parents and children living in the same household) has meant that researchers have had to re-examine definitions of the family. The social networks of Tanjung Balai families and gay men are particularly relevant in this instance as the devastating impact of HIV disease on these two groups has been the subject of considerable research.

The Family Stress Model identifies the psychological and behavioral processes underpinning these effects. The factors that predict feelings of economic stress: reduced income, high debt-to-asset ratio, unstable work, and inability to pay bills all contribute to feelings of 'economic pressure'. This subjective feeling of economic pressure mediates economic hardship's impact on family well-being, specifically through its effects on members' mental health. Depressed mood and emotional distress lead to more negative interactions between partners, which can be further exacerbated by disagreements over financial issues, resulting in relationship quality decline, thereby increasing the likelihood of relationship breakdown. In effect, the FSM specifies that the psychological mediators of the experience of economic stress and its emotional consequences are responsible for the negative interactional consequences in family life.

As stated, the FSM is typically conceptualized as unidirectional, with exogenous financial factors impacting upon psychological and behavioral processes. However, as the authors themselves cede, relations within the model are likely to be reciprocal over time, such that negative impacts of economic stress on families are likely to have consequences for members' future economic activities. Conversely, family emotional support, instrumental assistance and collective problem-solving soothe the negative effects of economic pressure on mood and partners who support one another in times of economic hardship are less susceptible to its effects. Similarly, alternative 'strength-based approaches' (Benzies & Mychasiuk, 2009), show that while financial

stress disrupts family functioning, protective factors and coping strategies can strengthen the family's resilience to future challenges.

Moreover, the FSM is strangely individualistic in its focus. While it considers spousal and parenting interactions, its focus is on the individual family member's psychological characteristics and experiences, as well as the actions of everyone towards other family members. What is lacking is an appreciation of the extent to which individuals feel themselves to be part of their family; how this provides access to shared emotional, practical, and informational resources; and how these collective dynamic factors allow (or fail to allow) the individual to cope with financial stress. Next, we consider the role of these group processes in helping family members cope with stress.

Spirituality is a broad and complex concept that varies its understanding according to different cultural, religious, and academic backgrounds (i.e., religious persons, scientists, or lay persons; Koenig, 2001; la Cour and Götke, 2012). There is a remarkable debate regarding the most accurate meaning and the possibility of having a single universal consensual definition for this concept (Peng-Keller, 2019). Some issues arise since spirituality is often linked and overlaps another important concept, such as religion/religiosity and well-being/positive emotions (Hill et al., 2000).

People with HIV/AIDS incorporate spirituality as a way to cope, help reframe their lives, and bring meaning and purpose to their lives in the face of an often-devastating situation (Siegel K, Schrimshaw EW, 2002). In people with HIV/AIDS, higher levels of spirituality have been associated with improvements in life satisfaction, functional health status, health-related quality of life (HRQoL), and overall well-being, even when controlling for other salient factors such as age, HIV symptom (Somlai AM, Heckman TG 2020). The role of spirituality/religion in HIV is multifaceted. Some new psychosocial aspects of this relationship are now gaining attention. One study has considered spirituality as one "other identity" that changes after HIV diagnosis. Less than half of the study participants experienced increased salience of the spiritual identity. Quantitative studies previously reported either similar levels of spirituality between HIV-positive and HIV-negative individuals (Cuevas et al., 2010) or increases in spirituality/religiosity after HIV diagnosis (Cotton et al, 2006). The evidence suggests that spiritual/religious responses to HIV vary. A smaller body of evidence points to the potentially harmful effects of spirituality/religion for persons with HIV/AIDS who may have been ostracized from their religious institutions or communities of faith due to lifestyle issues or the stigma/prejudice associated with HIV-positive.

CONCLUSION

Faith can provide people with a sense of purpose and guidelines for living. When families face tough situations, including health problems, their religious beliefs and practices can help them fight feelings of helplessness, restore meaning and order to life situations, and promote regaining a sense of control. Family Support and Spiritual care has positive effects on individuals' stress responses, spiritual well-being (ie, the balance between physical, psychosocial, and spiritual aspects of self), sense of integrity and excellence, and interpersonal relationships.

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CONFLICT OF INTEREST

This research has no conflict of interest with any party.

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