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THE RELATIONSHIP BETWEEN FAMILY SOCIAL SUPPORT AND POST-TRAUMATIC GROWTH IN PEOPLE WITH HIV/AIDS (PLWHA) IN SEMARANG CITY

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Abstract

This study aims to empirically examine the relationship between family social support and post-traumatic growth in people living with HIV/AIDS (PLWHA) in the city of Semarang. The hypothesis proposed is that higher levels of family support are positively associated with greater post-traumatic growth. The participants were PLWHA aged 20-50 years who live in Semarang City (N=94). Participants completed the Post-Traumatic Growth Scale and Family Social Support Scale via Google Form using a correlational quantitative research method with purposive sampling. The data analysis using Spearman's rho correlation revealed a significant positive relationship (r_{ho} = 0.470; p=0.000 (p<0.01) between the two variables. These findings support the hyphotesis and highlight the importance of family support in enhancing psychological resilience and positive transformation among PLWHA.

Keywords: *Family Social Support, Post-Traumatic Growth (PTG), People Living with HIV/AIDS (PLWHA).*

1. Introduction

Human Immunodefiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) remain major public health concern worldwide, including in Indonesia. HIV/AIDS is categorized as a chronic diseases because the virus progresses gradually, has no cure, and requires lifelong antiretroviral therapy (Kathodia & Dewi, 2017). According to the World Health Organization (WHO), by the end of 2017, there were approximately 36.9 million people living with HIV/AIDS, with 1.8 million new infections reported that year. In Indonesia, the first recorded HIV/AIDS case was in 1987. Since then, the number of reported cases has increased annually, peaking in 2019 with 50,282 new cases. As of December 2020, the cumulative number of HIV cases in Indonesia was 419,551, with 129,740 reported AIDS cases (Pusdatin Kemenkes RI, 2020; Kemenkes RI, 2021).

Central Java is among the provinces with the highest number of HIV/AIDS cases in Indonesia. In 2020, 4,298 cases were reported in Central Java, with 280 resulting in death. In Semarang City, 127 new cases were identified on the same year (Dinkes Jateng, 2021). Notably, a significant portion of those affected falls within the productive age range of 20-49 years. The Ministry of Health reports that 69.9% of HIV cases are found in individuals aged 25-49 years old, and 15.8% on the ranged aged of 20-24 years old, indicating the critical impact of HIV/AIDS on the productive age population (Kemenkes RI, 2020).

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People with HIV/AIDS often face multidimensional challenges, including physical health deterioration, emotional distress, and psychosocial issues such as stigma and discrimination. These stressors frequently lead to social withdrawal, feelings of worthlessness, isolated from the environment, depression, and even suicidal ideation (Astuti & Budiyani, 2010; Sari & Wardani, 2017; Indriani & Fauziah, 2017). Research shows that up to 95% of PLWHA experience severe psychological stress due to social stigma and exclusion (Djoerban in Astuti & Budiyani, 2010).

Despite these hardships, some PLWHA demonstrate positive psychological change after trauma, a phenomenon known as Post-Traumatic Growth (PTG). Tedeschi and Calhoun (2004) define PTG as positive psychological transformation resulting from the struggle with traumatic or highly challenging life circumstances. These changes may include improved personal strength, enhanced relationships, new life possibilities, deeper appreciation of life, and spiritual development (Ramos & Leal, 2013).

One factor identified to facilitate PTG is social support, particularly from family. Family support can reduce psychological stress, provide emotional stability, and help individuals regain meaning and purpose in life. Studies have shown that PLWHA who receive consistent family support are more likely to experience higher psychological well-being and improved health outcomes (Raudatussalamah & Putri, 2020; Attari, 2018; Casale & Wild in Sari & Wardani, 2017).

To enrich the study, the researchers also included qualitative insights. One notable example is the experience of a 27-year-old participant identified as "DH" who was diagnosed with HIV at the age of 18. Initially overwhelmed and suicidal, DH eventually received strong support from both his family and health professionals, which became a vital role to his recovery and personal transformation. He is now actively involved in HIV/AIDS education and advocacy through Yayasan PEKA. His story illustrates the real-life potential for post-traumatic growth (PTG) when family and social support structures are in place.

However, studies specifically focusing on the relationship between family social support and PTG among PLWHA in Indonesia remain scarce. Most existing research focuses on other populations, such as cancer patients, domestic violence survivors, and natural disaster victims. Therefore, this study aims to fill that gap by empirically examining the correlation between family social support and post-traumatic growth in PLWHA in the Semarang city.

2. Method

The method used in this study is a correlational quantitative research method that aims to determine the relationship between family social support and post-traumatic growth in people with HIV/AIDS (PLWHA) in Semarang. The research involved 94 participants, all of whom were individuals diagnosed with HIV/AIDS, aged between 20-50 years old, and domiciled in Semarang City. Participants were selected using purposive sampling, focusing on those affiliated with local HIV/AIDS peer support organization such as Yayasan Sehat Peduli Kasih (PEKA) and Kelompok Dukungan Sebaya (KDS) Arjuna. The majority of participants were male (66%), and the largest age group represented in the sample was 36-45 years old (41.5%). Most participants had completed high school education (70.2%), and the most common years of HIV diagnosis were 2014 and 2018, each representing 14.9% of the sample.

Data were collected using two instruments: the Post-Traumatic Growth Scale, adapted from Tedeschi and Calhoun (1996), and the Family Social Support Scale, developed by the researcher based on the dimensions proposed by House (1985). The PTG Scale consisted of 21 favorable items measuring five key dimensions: appreciation of life, relating to others, personal strength, new possibilities, and spiritual change. Meanwhile, the Family Social Support Scale comprised 13 items, both favorable and unfavorable, which assessed emotional support, appraisal support, instrumental support, and informational support. Both instruments utilized a 4-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree". The survey was distributed digitally via Google Forms between September 7 and September 20th, 2022, through the support of peer networks and field facilitators. Prior to participation, all respondents were informed of the study's purpose and provided consent through an online informed consent form. The collected data were analyzed using Spearman's rho correlation through IBM SPSS Statistics version 25, and the validity and reliability of the instruments were tested prior to hypothesis testing.

3. Result and Discussion

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Result

The study collected data from 94 participants, with a gender distribution of 66% male (n=62) and 34% female (n=32). The largest age category was 36–45 years (41.5%), followed by 26–35 years (37.2%). In terms of education, 70.2% (n=66) of the participants were high school graduates, with the remainder holding diploma or undergraduate degrees. The years of HIV diagnosis showed the highest number in 2014 and 2018, each reported by 14 respondents (14.9%).

Validity and reliability testing confirmed that both measurement instruments met acceptable standards. All items had corrected item-total correlations exceeding 0.30, and the Cronbach's Alpha coefficients were greater than 0.70, indicating strong internal consistency (Azwar, 2012).

The hypothesis testing was conducted using Spearman's rho correlation to determine the relationship between family social support and post-traumatic growth. The result showed a correlation coefficient of $r = 0.470$ with a significance level of $p = 0.000$ ($p < 0.01$). This finding indicates a significant positive correlation between the two variables, confirming the hypothesis that higher levels of perceived family social support are associated with greater post-traumatic growth among PLWHA in Semarang.

Discussion

This result supports the reseach of Raudatussalamah and Putri (2020), who concluded that family support contributes significantly to psychological recovery and growth in individuals who experience traumatic events. Furthermore, Casale & Wild (in Sari & Wardani, 2017) noted that social support has a direct positive impact on the mental health of PLWHA. The present study adds to this body of research by emphasizing the crucial role of emotional, instrumental, informational, and appraisal support from close family members.

4. Conclusion and Suggestion

Conclusion

The results of this study confirm that there is a significant positive relationship between family social support and post-traumatic growth in people living with HIV/AIDS in Semarang. Higher levels of perceived emotional, instrumental, informational, and appraisal support from family are associated with a greater likelihood of experiencing personal growth after trauma. This aligns with previous studies (e.g., Raudatussalamah & Putri, 2020; Casale & Wild in Sari & Wardani, 2017), which indicate that social support, especially from family, plays a vital role in shaping the psychological resilience and transformation of PLWHA as they navigate the challenges of their diagnosis and treatment journey.

Suggestion

Based on this research, several suggestions are proposed. First, healthcare providers and policymakers should develop and integrate family-focused counseling and education programs in HIV/AIDS interventions, as family dynamics significantly influence recovery and personal development. Second, families of PLWHA should be encouraged to participate actively in support roles, including providing emotional encouragement, helping with daily needs, and accompanying their relatives during medical or psychological treatment. Third, community-based organizations such as Yayasan PEKA and KDS Arjuna should be further supported by government or NGOs, as their peer mentorship models serve as an effective complement to family support in promoting resilience and growth. Lastly, future research should consider a longitudinal approach to examine how sustained family support contributes to long-term post-traumatic growth and explore the role of other social systems (e.g., peers, healthcare providers, spiritual leaders) in supporting PLWHA.

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