**Indonesian Journal of Global Health Research**
Volume 8 Number 6, December 2026
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

# THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND QUALITY OF LIFE AMONG PEOPLE LIVING WITH HIV/AIDS

**Yance Ronard Rainuny[1]*, Yestiani Norita Joni[1], Fenska Narli Makualaina[2], Lisma Natalia Sembiring[2], Fathia Inayati Said[2], Nasrianti[1]**
[1]Nursing Profesional Education Study Program, Faculty of Health Siences, Universitas Jayapura, Jln. Youmakhe Sentani, Jayapura, Papua 99111, Indonesia
[2]Bachelor of Nursing Program, Faculty of Health Siences, Universitas Jayapura, Jln. Youmakhe Sentani, Jayapura, Papua 99111, Indonesia
*arsrainuny@gmail.com

**ABSTRACT**
HIV/AIDS is a public health issue that affects the physical, psychological, social, and environmental conditions of sufferers. Family support plays a crucial role in enhancing the adaptability and quality of life of people living with HIV/AIDS (PLHIV). This study aims to analyze the relationship between family support and the quality of life of PLHIV at the Sentani Community Health Center. Objective to determine the relationship between family support and the quality of life of people living with HIV/AIDS at the Sentani Community Health Center. This study used a correlational design with a cross-sectional approach at Sentani Community Health Center, Jayapura Regency, from May to July 2024. The sample consisted of 69 people living with HIV (PLHIV) selected using purposive sampling. Data were collected using a family support questionnaire and the WHOQOL-HIV-BREF. The family support questionnaire was declared valid and reliable, with a Cronbach's Alpha of 0.883, while the WHOQOL-HIV-BREF consisted of 31 items and was declared valid with an r-count > r-table (0.349). Bivariate analysis was performed using the Chi-Square test with a significance level of $\alpha = 0.05$. The majority of respondents had high family support, numbering 54 individuals (78.3%), and a good quality of life, numbering 53 individuals (76.8%). Respondents with high family support and a good quality of life accounted for 51 individuals (73.9%), whereas respondents with low family support and a poor quality of life accounted for 13 individuals (18.8%). The Chi-Square test results yielded a p-value of 0.000 (< 0.05), indicating a significant relationship between family support and the quality of life of PLHIV. Family support is significantly correlated with the quality of life of PLHIV at the Sentani Community Health Center. The higher the family support received, the better the quality of life of PLHIV. Strengthening family-based interventions is necessary to sustainably improve the quality of life of PLHIV.

Keywords: family support; HIV/AIDS; PLHIV; quality of life; sentani community health center

**How to cite (in APA style)**
Rainuny, Y. R., Joni, Y. N., Makualaina, F. N., Sembiring, L. N., Said, F. I., & Nasrianti, N. (2026). The Relationship between Family Support and Quality of Life among People Living with HIV/AIDS . Indonesian Journal of Global Health Research, 8(6), 9–16. https://doi.org/10.37287/ijghr.v8i6.2537.

## INTRODUCTION

HIV/AIDS remains a global public health issue requiring serious attention (Akbar, 2024). Human Immunodeficiency Virus (HIV) infection not only impacts physical health but also affects the psychological, social, spiritual, and economic well-being of individuals living with the condition (Budiarti, n.d.). Advances in antiretroviral therapy (ART) have increased the life expectancy of people living with HIV/AIDS (PLHIV), shifting the perception of HIV to a manageable chronic disease (Indiastari et al., 2023). Nevertheless, this increased life expectancy must be accompanied by efforts to improve the quality of life of PLHIV so that they can lead productive and meaningful lives (Rahakbauw, 2016).

In Indonesia, the number of HIV/AIDS cases continues to show a significant trend, including in the Papua region, which is one of the provinces with the highest HIV burden. The high rate of HIV cases in Papua is influenced by various factors, such as risky behaviors, limited access to healthcare services, and socio-cultural factors. Jayapura Regency, particularly the working area of the Sentani Community Health Center, is one of the regions continuously striving for HIV/AIDS prevention

and control through counseling services, HIV testing, and ART therapy (Batticaca et al., n.d.). Despite the availability of health services, people living with HIV/AIDS (PLHIV) still face various challenges in maintaining their quality of life.

Quality of life is a multidimensional concept that encompasses an individual's perception of their physical, psychological, social relationships, and environmental living conditions (Kiling & Kiling-Bunga, 2019). For people living with HIV/AIDS (PLHIV), quality of life often declines due to stigma, discrimination, disease-related anxiety, treatment side effects, and limitations in daily activities. A decreased quality of life can impact treatment adherence, mental health, social relationships, and an individual's ability to fulfill their roles in society. Therefore, improving the quality of life serves as a critical indicator of successful HIV/AIDS management (Andersen et al., 2017).

One of the key factors playing a crucial role in improving the quality of life of PLHIV is family support (Saputra et al., 2023). The presence of an accepting and supportive family helps PLHIV reduce stress, boosts motivation to undergo treatment, strengthens self-confidence, and enhances their ability to adapt to the disease (Diliana et al., 2023). Conversely, a lack of family support can lead to feelings of isolation, depression, and a diminished quality of life.

Several previous studies have demonstrated a positive correlation between family support and the quality of life of PLHIV. Individuals receiving good family support tend to have more stable psychological conditions, higher treatment adherence, and better overall quality of life compared to those with limited support (Jahro & Mulyana, 2023). However, research findings may vary across different regions as they are influenced by socio-cultural characteristics, education levels, economic conditions, and access to healthcare services. To date, research examining the relationship between family support and the quality of life of PLHIV within the working area of Sentani Community Health Center remains limited.

Based on the aforementioned background, research investigating the relationship between family support and the quality of life of people living with HIV/AIDS at the Sentani Community Health Center is crucial to conduct. The findings of this study are expected to provide insights into the role of family support in the quality of life of PLHIV and serve as a basis for healthcare professionals, particularly community nurses, in designing interventions that actively involve families in the care of PLHIV. Furthermore, this study is expected to support the development of more comprehensive HIV/AIDS service programs oriented toward improving patient quality of life at the Sentani Community Health Center.

## METHOD

This study employed a correlational design with a cross-sectional approach. This design was selected because all research variables were measured or observed at a single point in time for each subject through interviews or questionnaire completion. The study was conducted at the Sentani Community Health Center, Jayapura Regency, from May to July 2024. The population of this study consisted of people living with HIV/AIDS within the working area of the Sentani Community Health Center, totaling 69 respondents. A total sampling technique was utilized, where samples were selected using purposive sampling based on specific criteria: inclusion criteria involved respondents who were willing to participate, aged > 15 years, able to read and write, and currently undergoing treatment therapy; while the exclusion criteria were PLHIV experiencing severe physical discomfort that rendered them unable to answer the researcher's questions.

The instruments used in this study included a family support questionnaire consisting of four dimensions, namely emotional support, instrumental support, informational support, and appraisal support. The results of the validity and reliability tests indicated that the family support questionnaire was valid, with a Cronbach's alpha value of 0.883, indicating that the questionnaire was reliable and suitable for use as an instrument to assess family support (Siburian, 2018). The questionnaire consisted of 20 statements using a Likert scale. Family support was categorized based on the cut-off point into high family support and low family support. To measure the quality of life variable, the WHOQOL-HIV-BREF questionnaire, consisting of 31 items, was used. The results of the validity and reliability tests showed that the questionnaire was valid, with r-count values greater than the r-table value of 0.349, indicating that the questionnaire was valid for use in this study (Prahastuti et al., 2025). Quality of life was categorized based on the cut-off point into good quality of life and poor quality of life (Pentury et al., 2024).

## RESULT

Table.1
Respondent Characteristics (n=69)

| Characteristics | f | % |
|---|---|---|
| Age | | |
| 15 - 19 years | 21 | 30,4 |
| 20 - 24 years | 10 | 14,5 |
| 25 - 49 years | 36 | 52,2 |
| > 50 years | 2 | 2,9 |
| Gender | | |
| Male | 27 | 39,1 |
| Female | 42 | 60,9 |
| Education | | |
| Not in School | 1 | 1,4 |
| Elementary School | 1 | 1,4 |
| Junior high school graduate | 4 | 5,8 |
| Middle school graduate | 60 | 87 |
| College | 3 | 4,3 |
| Occupation | | |
| Not Working | 12 | 17,4 |
| Private Employee | 3 | 20,3 |
| Housewife | 14 | 4,3 |
| Farmer | 8 | 11,6 |
| Laborer | 0 | 0 |
| Student | 8 | 11,6 |
| PNS | 2 | 2,9 |
| TNI/Polri | 0 | 0 |
| Other | 22 | 31,9 |
| Marital Status | | |
| Married | 6 | 8.7 |
| Unmarried | 43 | 62,3 |
| Divorced | 0 | 0 |
| Widowed | 20 | 29 |
| Sexual Orientation | | |
| Homosexual | 2 | 2,9 |
| Bisexual | 0 | 0 |
| Heterosexual | 67 | 97,7 |

Table 1 shows that, regarding the characteristics of respondents by age, the majority were aged 25–49 years 36 Individuals (52.2%), while the minority were aged > 50 years 2 Individuals (2.9%). Based on gender, the majority of respondents were female 42 Individuals (60.9%), and the minority were male 27 Individuals (39.1%). In terms of education, most respondents had a senior high school education 60 Individual (87.0%), while the fewest had an elementary school education 1 Individuals (1.4%) and no formal schooling 1 Individuals, (1.4%). The majority of respondents had other occupations numbering 22 individuals (31.2%), while the fewest worked as Civil Servants (PNS), numbering 2 individuals (2.9%). Regarding marital status, the majority were

unmarried, accounting for 43 individuals (62.3%), and the fewest were married, accounting for 8 individuals (8,7%). Based on sexual orientation, the vast majority had a heterosexual orientation numbering 67 individuals (97.7%), while the minority had a homosexual orientation numbering 2 individuals (2.9%).

Table 2.
Univariate Analysis (n=69)

| Variable | f | % |
|---|---|---|
| Family Support | | |
| High Family Support | 54 | 78,3 % |
| Low Family Support | 15 | 21,7 % |
| Quality of Life | | |
| Good Quality of Life | 53 | 76,8 % |
| Poor Quality of Life | 16 | 23,2 % |

Table 2 above shows that out of the 69 respondents, the majority had high family support, numbering 54 individuals (78.3%), while 15 individuals (21.7%) had low family support. Meanwhile, 53 respondents (76.8%) had a good quality of life, and 16 respondents (23.2%) had a poor quality of life.

Table 3.
The Relationship Between Family Support and Quality of Life Among People Living with HIV/AIDS

| Family Support | Quality of Life | | | | Total | P- value |
|---|---|---|---|---|---|---|
| | Baik | | Kurang | | | |
| | f | % | f | % | | |
| High Family Support | 51 | 73,9 | 3 | 44 | 69 | 0,000 |
| Low Family Support | 2 | 2,9 | 13 | 18,8 | | |

Table 3. shows that out of the 69 respondents at the Sentani Community Health Center, the Chi-Square test yielded a *p*-value of 0.000, which is smaller than the alpha (α) 0,05 level of 0.05. This indicates a significant correlation between family support and quality of life.

## DISCUSSION

The results of the study indicate that the vast majority of respondents at the Sentani Community Health Center possessed high family support, accounting for 54 people living with HIV/AIDS (78.3%). Family support is a system of emotional, material, service, and informational support provided by family members to one another. This enables family members to establish better social relationships within the community. Consequently, the family's health and adaptability will be enhanced (Seran et al., 2023).

Another study regarding family support found that 19 out of 44 respondents, or 43.2%, had good family support, while 25 respondents, or 56.8%, had poor family support (Meidikayanti & Wahyuni, 2017). Family support plays a significant role in improving the quality of life of PLHIV. Providing motivation from children, spouses, parents, or siblings to PLHIV is crucial. Family support plays an essential role in enhancing an individual's coping adaptation to stressful situations, reducing morbidity, fostering treatment discipline for clients, and indirectly supporting family backing to improve the physical health of PLHIV (Saputra et al., 2023).

The results of the study indicate that out of 69 respondents (100%), the majority of people living with HIV/AIDS had a good quality of life, accounting for 53 respondents (76.8%), while respondents with a poor quality of life numbered 16 respondents (23,2%)*. These findings indicate that the majority of PLHIV within the working area of the Sentani Community Health Center are able to maintain relatively good physical, psychological, social, and environmental conditions in their daily lives. The high proportion of good quality of life can serve as an indicator that healthcare services, antiretroviral (ART) treatment, and social support received by respondents have positively impacted their everyday lives.

A good quality of life among the majority of respondents can be influenced by adherence to antiretroviral therapy (Manopo et al., 2025). Regular use of antiretrovirals (ART) has been proven to suppress viral load in the body, boost the immune system, reduce the incidence of opportunistic infections, and improve overall health conditions (Oktavia et al., 2025). With a more stable health condition, PLHIV have a greater opportunity to remain actively employed, engage in social interactions, and carry out daily activities, thereby fostering a more positive perception of their quality of life. Furthermore, access to healthcare services at the Sentani Community Health Center likely contributes to supporting the continuity of therapy and health monitoring among respondents.

Nevertheless, there are still 16 respondents (23.2%) who experienced a poor quality of life. This condition warrants attention because a low quality of life among PLHIV can be associated with various factors, such as stigma and discrimination, lack of family support, economic issues, disease-related anxiety, depression, and treatment side effects (Kiling & Kiling-Bunga, 2019). Respondents with a poor quality of life may encounter barriers in fulfilling their physical and psychosocial needs, thereby affecting their ability to adapt to HIV/AIDS. Therefore, healthcare service approaches should not only focus on medical aspects but also pay close attention to psychological and social dimensions.

The results of this study underscore the importance of efforts to improve the quality of life of PLHIV through comprehensive and sustainable services. Healthcare professionals, particularly nurses at the Sentani Community Health Center, must continuously provide education, counseling, mentorship, and actively involve families in the patient care process. Family support and a positive social environment can help PLHIV boost their self-confidence, motivation to undergo treatment, and ability to cope with various challenges arising from their condition. Consequently, interventions integrating medical, psychological, social, and familial aspects are expected to increase the proportion of PLHIV with a good quality of life and reduce the number of those with a poor quality of life.

The statistical test conducted by the researcher showed that out of the 69 respondents at the Sentani Community Health Center, the Chi-Square test yielded a $p$-value of 0.000, which is smaller than the alpha (α)level of 0.05. This indicates a significant correlation between family support and the quality of life among people living with HIV/AIDS, demonstrating a meaningful relationship between family support and quality of life. Accordingly, the research hypothesis is accepted, indicating that the better the family support received by PLHIV, the better their quality of life. This finding indicates that families play a crucial role in helping PLHIV cope with various physical, psychological, social, and spiritual changes resulting from HIV/AIDS infection.

Family support is one of the closest forms of social support that can influence an individual's health condition. Such support may take the form of emotional, appraisal, informational, and instrumental support. For people living with HIV/AIDS (PLHIV), emotional support—such as family acceptance, affection, and attention—can help reduce anxiety, stress, and fear associated with their illness (Pribadi, 2023). Furthermore, instrumental support, such as assistance in accessing healthcare services and reminding them to take medication, can enhance adherence to antiretroviral therapy (ART). A more stable psychological condition and good treatment adherence will positively impact the quality of life of PLHIV.

The results of this study are consistent with research by Fauk et al. (2021), which found that family support and social support are significantly associated with the quality of life of PLHIV. Their study demonstrated that PLHIV who receive good family support possess a better ability to adapt to their illness and tend to have a higher quality of life compared to those with limited family support. Family support also helps PLHIV maintain social relationships and boosts their self-confidence in

navigating daily life.

Another study by Asti, Nurachmah, and Gayatri (2016) in Indonesia also reported a significant relationship between family support and the quality of life of PLHIV. Respondents who received high family support demonstrated better quality of life scores across physical, psychological, social relationship, and environmental domains. Their study confirms that family involvement in the care of PLHIV is a protective factor that can enhance patients' overall well-being. These findings reinforce the results of this study at the Sentani Community Health Center, highlighting family support as a crucial determinant of the quality of life of PLHIV.

Theoretically, the findings of this study can be explained through social support theory, which posits that individuals receiving support from their immediate social environment possess more adaptive coping mechanisms in dealing with stress. For people living with HIV/AIDS (PLHIV), the presence of a family that accepts the patient's condition can reduce internal stigma, enhance motivation to undergo treatment, and help patients maintain their social roles within society (Noya, 2022). Conversely, a lack of family support can lead to social isolation, depression, decreased treatment adherence, and ultimately a diminished quality of life. Therefore, the quality of family relationships constitutes a vital aspect of the long-term management of HIV/AIDS.

The implication of this study's findings is the necessity of strengthening family-based interventions in HIV/AIDS services at the Sentani Community Health Center. Healthcare professionals, particularly community nurses, need to provide education to families regarding HIV/AIDS, the importance of emotional and instrumental support, and methods for supporting family members living with HIV/AIDS. Family counseling programs, peer support groups, and home visits can be developed to enhance family involvement in patient care. With increased family support, it is expected that the quality of life of PLHIV can be continuously improved, enabling them to live healthier, more productive, and meaningful lives within society.

## CONCLUSION

Based on the results and discussion, it can be concluded that the majority of people living with HIV/AIDS (PLHIV) at the Sentani Community Health Center have high family support (78.3%) and a good quality of life (76.8%). The Chi-Square test results indicate a p-value of 0.000 (< 0.05), demonstrating a significant relationship between family support and the quality of life of PLHIV. The higher the family support received—in the form of emotional, appraisal, informational, or instrumental support—the better the quality of life experienced by PLHIV across physical, psychological, social, and environmental domains. Family support plays a crucial role in enhancing motivation, adherence to antiretroviral (ART) therapy, coping mechanisms, and disease adaptation, thereby helping PLHIV lead healthier and more productive lives.

## REFERENCES

Akbar, M. A. (2024). Strategi Penanganan Stigma dan Diskriminasi Orang Dengan HIV/AIDS Melalui Community System Strengthening Strategies to Address Stigma and Discrimination of People with HIV/AIDS through Community System Strengthening Abstrak. *Indonesian Journal of Health Services*, *1*(1), 25–29.

Andersen, K., Pramudo, S. G., & Sofro, M. A. U. (2017). *Hubungan status gizi dengan kualitas hidup orang dengan HIV/AIDS di Semarang*. Faculty of Medicine.

Batticaca, F. B., Wardhani, I., & Papua, J. R. S. A. J. (n.d.). *Identifikasi Masalah Kesehatan Penduduk Rukun Wilayah 01 Kelurahan Abepantai Abepura Kota Jayapura (Identify Health Problem Of Population Rukun Wilayah 01 Sub Distric Abepantai Abepura Jayapura City)*.

Budiarti, T. N. (n.d.). *Quality of Life pada Perempuan dengan Pasangan Terinfeksi Human Immunodeficiency Virus: Tinjauan Dari Aspek Sosial*.

Diliana, D., Farich, A., Sary, L., Amirus, K., & Setiawati, O. R. (2023). Analisis bentuk dukungan keluarga terhadap konsep diri orang dengan HIV. *Jurnal Ilkes (Jurnal Ilmu Kesehatan)*, *14*(1), 62–73.

Indiastari, D., Rosandy, K. O., Fajar, J. K., Rosandy, M. G., Sutanto, H., Candradikusuma, D., & Budiarti, N. (2023). *Serba-serbi Terapi Anti Retroviral*. Universitas Brawijaya Press.

Jahro, U. U., & Mulyana, D. S. (2023). Analisis Faktor yang Mempengaruhi Kualitas Hidup Orang dengan HIV/AIDS (ODHA) di Puskesmas Serang Kota: Analysis of Factors Affecting The Quality of Life of People Living With HIV/AIDS (PLHIV) at The Serang Kota Health Center. *Jurnal Ilmiah Keperawatan (Scientific Journal of Nursing)*, *9*(Supp-1), 137–148.

Jamil, B., Uly, N., & Alim, A. (2025). Stigma, Layanan, Dan Intervensi HIV: Kajian Literature Review Terhadap Tantangan Dan Strategi Global. *Borneo Nursing Journal (BNJ)*, *7*(2), 317–327.

Kiling, I. Y., & Kiling-Bunga, B. N. (2019). Pengukuran dan faktor kualitas hidup pada orang usia lanjut. *Journal of Health and Behavioral Science*, *1*(3), 149–165.

Manopo, N. A., Pakaya, N., & Rahim, N. K. (2025). Hubungan Kepatuhan Minum Obat ARV dengan Kualitas Hidup Penderita HIV/AIDS. *Jurnal Kolaboratif Sains*, *8*(8), 5504–5512.

Meidikayanti, W., & Wahyuni, C. U. (2017). Hubungan dukungan keluarga dengan kualitas hidup Diabetes melitus tipe 2 di puskesmas pademawu. *Jurnal Berkala Epidemiologi*, *5*(2), 240–252.

Noya, A. (2022). *Melawan stigma*. Penerbit Adab.

Oktavia, N., Rengga, M. P. E., & Aurelia Da Silva, S. F. (2025). *Terapi Antiretroviral dan Penanganan Infeksi Oportunistik pada ODHIV*. Deepublish.

Pentury, P. A. M., Santoso, I. A., Lesmana, D., Utami, N. I., Ma'rup, F. M., Gempita, E. D., & Pradana, T. (2024). Penilaian kualitas hidup pasien abses periapikal studi menggunakan WHOQOL-BREF: observasional deskriptif. *Jurnal Kedokteran Gigi Universitas Padjadjaran*, *36*(2), 195–204.

Prahastuti, B. S., Endarti, A. T., & Solikhin, M. H. (2025). Validity and reliability test of the WHOQOL-HIV BREF Instrument on PLHIV in Bandar Lampung City in 2025. *Jurnal Kesehatan Masyarakat Perkotaan*, *5*(2), 556–564.

Pribadi, A. P. (2023). *Dukungan Sosial Keluarga pada Pasien HIV/AIDS (ODHA) Dalam Masa Terapi ARV (Anti Retroviral) Di Poli VCT (Voluntary Counseling and Testing) RSD Kertosono*. IAIN Kediri.

Rahakbauw, N. (2016). Dukungan keluarga terhadap kelangsungan hidup ODHA (Orang Dengan HIV/AIDS). *Insani Jurnal*, *3*(2).

Saputra, M. H., Mochartini, T., Pertiwi, I., Rusli, A., & Murtiani, F. (2023). Pengaruh Infeksi Oportunistik, Kepatuhan ARV dan Dukungan Keluarga Terhadap Kualitas Hidup ODHA. *The Indonesian Journal of Infectious Diseases*, *9*(1), 13–22.

Seran, B., Anderson, E., & Manoppo, A. (2023). Dukungan Keluarga Dengan Kualitas Hidup. *Mahesa: Malahayati Health Student Journal*, *3*, 1910–1919.

Siburian, I. (2018). Hubungan Dukungan Keluarga Dengan Kualitas Hidup Anggota Keluarga Penderita Hiv/Aids Di Rsup Haji Adam Malik Medan. *Repository. Stikeselisabethmedan. Ac*.

Subardjo, R. Y. S., & Nurmaguphita, D. (2021). *Dukungan keluarga dalam penanganan ODGJ*. Universitas Ahmad Dahlan.