



The relationship between family acceptance and quality of life and self esteem of PLWH MSM in Medan, North Sumatera, Indonesia[☆]



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KEYWORDS

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Abstract

Objective: To identify the correlation between family acceptance and quality of life and self-esteem of People Living with HIV Men Who Have Sex With Men (PLWH MSM) in Medan.

Method: This cross-sectional study applied a purposive sampling technique and involved 175 PLWH MSM from H. Adam Malik Public Central Hospital, Medan Pringadi Hospital, Padang Bulan, and Teladan Public Health Centers. The research instruments used are the Perceived Acceptance Scale (PAS), WHOQOL-BREF, and the Rosenberg Self-Esteem Scale. This research has passed the ethical test of the Faculty of Nursing Universitas Indonesia with number 157/UN2/F12.D/HKP.02.04/2018.

Results: Bivariate analysis found that family acceptance was related to quality of life and self-esteem ($p=0.006$, $\alpha=0.05$; $p<0.001$, $\alpha=0.05$). Family acceptance has a positive relation with QOL and self-esteem. These results show that high family acceptance is associated with good QOL and high self-esteem.

Conclusions: Family acceptance is correlated with quality of life and self-esteem. If family acceptance is promoted by especially nursing, quality of life and self-esteem can play an optimum role in decreasing risky sexual behaviors.

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Introduction

Human Immunodeficiency Virus (HIV) infected more than 35 million people worldwide in 2016, and about 1 million people died because of Acquired Immunodeficiency Syndrome (AIDS).¹ The 2016 Indonesia's Ministry of Health's Progress Report on HIV-AIDS showed an increase in the amount of HIV cases in Indonesia from 30,935 in 2015 to

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41,250 in 2016.² North Sumatra is one of the top 10 provinces in Indonesia for HIV cases. It is reported that the 1491 new HIV cases reported in 2015 increased to 1891 cases in 2016.³

Men who have sex with men (MSM) is one of the groups at risk for HIV/AIDS.¹ In China, based on the United Nations Programme on HIV/AIDS (UNAIDS) data, there has been a prevalent increase in PLWH MSM, from 1.5% in 2005 to 8.0% in 2015.⁴ Data from 23 European countries shows an 86% increase in newly diagnosed cases of HIV infection among MSM between 2000 and 2006.⁵ Based on Indonesia's Ministry of Health data (2016), 4241 MSM contracted HIV in 2015, and the number has increased to 13,063 in 2016.⁶ Data from North Sumatra's Board of Health show an increased percentage of PLWH MSM, from 4% in 2012 to 10% in 2015.³

A prevalent increase in HIV cases in MSM has shown increased HIV transmission, especially through risky sexual behavior.^{7–11} Risky sexual behavior is unsafe sexual behavior that leads to HIV transmission risk.¹² Risky sexual behavior can occur because of several factors, such as poor quality of life and low self-esteem.

Self-esteem is defined as self-evaluation, both positive and negative. Self-esteem is influenced by experiences and can change with self-development. Exposure to negative stigma can lead to the low self-esteem of PLWH MSM, due to a sense of guilt and feelings of unacceptance by family, friends, and community. Low self-esteem potentially causes depression and leads to suicide.^{17–22}

Quality of life is overall, general well-being that is made of objective descriptors and subjective evaluations of physical, material, social, and emotional well-being, together with the extent of personal development and purposeful activity, all weighted by a personal set of values.^{23–25} Some studies have found that quality of life among PLWH MSM is low. Depression, due to negative stigma, is also a factor that causes the low quality of life among PLWH MSM.^{26–29}

Family acceptance is something that is needed by PLWH MSM to improve their self-esteem and quality of life. Family acceptance raises the disclosure of PLWH MSM problems facing negative stigma. Family support can reduce depression experienced by PLWH MSM, so they can make living productive by avoiding risky sexual behavior.^{30–33}

Family acceptance, quality of life, and self-esteem have been examined through a few studies but have never been examined in terms of their correlation. This study is aimed at identifying the correlation of family acceptance with the quality of life and self-esteem of PLWH MSM in Medan.

Method

The method applied was a cross-sectional study with 175 samples from H. Adam Malik Public Central Hospital, Medan Pringadi Hospital, Padang Bulan, and Teladan Public Health Centers. A purposive sampling technique was implemented in choosing the research subjects. Identification of respondents was assisted by nurses and gained from medical records before subjects were given a screening test. The inclusion criteria were age range above 18 years, able to read and write in Bahasa, have no mental disorder, be willing to be respondent in this research, and signing the consent form after being well-informed. The exclusion criterion was whether the subject was in a hospitalization period or being

Table 1 Family acceptance, QOL, and self-esteem among PLWH MSM in Medan.

Characteristic	Total (N = 175)
<i>Family acceptance</i>	
Good	94 (53.7%)
Poor	81 (46.3%)
<i>QOL</i>	
Good	94 (53.7%)
Poor	81 (46.3%)
<i>Self-esteem</i>	
High	90 (48.6%)
Low	85 (51.4%)

Table 2 Relationship between family acceptance and QOL and self-esteem among PLWH MSM in Medan.

	QOL (%)		Self esteem	
	Poor	Good	Low	High
<i>Family acceptance</i>				
Poor	58.0	42.0	69.1	30.9
Good	36.2	63.8	30.9	69.1
<i>p-Value</i>	0.006		<0.001	
<i>OR (95%CI)</i>	2.439 (1.326–4.488)		5.021 (2.639–9.553)	

**p-Value* < 0.05.

recommended for hospitalization. This study was conducted from January to June 2018.

The research instruments used were the Perceived Acceptance Scale (PAS), WHOQOL-BREF, and the Rosenberg Self-Esteem Scale. The PAS and Rosenberg Self-Esteem Scale was adjusted accordingly. Validity and reliability tests were performed on these instruments, with a correlation coefficient of 0.365–0.820 and Cronbach's alpha of 0.931 and 0.770, respectively. WHOQOL-BREF was already in Indonesian form, with a correlation coefficient of 0.60–0.79 and Cronbach's alpha of 0.798.

Data collection was conducted from April 24th to May 21st, 2018, which had previously passed the ethical test in the Faculty of Nursing, Universitas Indonesia, number 157/UN2/F12.D/HKP.02.04/2018. The process of filling out the questionnaire had been approved by respondents. It was carried out in a specific room prepared by researchers and nurses and designed to maintain respondents' privacy.

Results

The results of this study are shown in Table 1, for family acceptance, quality of life, and self-esteem of PLWH MSM in Medan, and Table 2 for the relationship of family acceptance with the quality of life and self-esteem. In the demographic characteristics, it was found that the age of the respondents was mostly in the young adult range or ≤40 years old (93.7%), with a high education level (95.4%). In the study, 92% of respondents work and have an income less than the provincial minimum salary (50.9%). Most are unmarried (90.6%),

and 61.1% have been diagnosed with HIV within the last 18 months.

Table 1 shows that most respondents have good family acceptance (53.7%). Most respondents had good QOL (53.7%) and high self-esteem (51.4%). In bivariate analysis, it was found that family acceptance was positively related to QOL and self-esteem ($p = 0.006$, $p < 0.001$ respectively with $\alpha = 0.05$). These results show that good family acceptance is associated with good QOL and high self-esteem.

Discussion

The incidence of HIV in MSM continues to increase, and one of the primary reasons is risky sexual behavior. Quality of life and self-esteem are factors that influence risky sexual behavior. According to the WHO, quality of life is general welfare, consisting of objective descriptors and subjective evaluations of physical, material, social, and emotional well-being that, together with the level of personal development and targeted activities, are in a series of personal values,^{23–25} while self-esteem is an evaluation of both a positive and negative sense of oneself.^{13–16}

Overall, the quality of life of PLWH MSM in Medan is good. Similar results also occur, in that the majority of PLWH MSM in Medan have high self-esteem. This is in line with good family acceptance of PLWH MSM. In the analysis, it was found that family income has a positive relationship with the quality of life and self-esteem of PLWH MSM in Medan.

PLWH MSM faces a negative stigma in their social life. This negative stigma arises because same-sex sexual orientation has not been accepted in society. In addition, someone who has HIV will be seen as negative as a result of bad deeds. PLWH MSM will try to hide their identity from their family, spouse, and other people. The closed attitude toward PLWH MSM can affect their quality of life, especially mental health, which can cause stress and depression.^{26–29} To avoid negative stigma, PLWH MSM will find an excuse to not make a routine control (medical examination) appointment to health services. They will also marry women, hide their consumption of Anti Retroviral (ARV) drugs, which is supposed to be routine, and even avoid socialization with other people.

Negative stigma can also affect the self-esteem of PLWH MSM. The internal self-blame can lead to low self-esteem, which causes depression in PLWH MSM. This can lead PLWH MSM to avoid social life and engage in destructive behaviors such as risky sexual behavior, which has an impact on their vulnerability to contracting HIV.^{17–22}

Good family acceptance is one of the factors that can improve the quality of life and self-esteem of PLWH MSM. Family acceptance can increase the openness of PLWH MSM, without them having to hide the problems they face. Openness makes PLWH MSM able to live their lives productively, without being burdened by fear of negative stigma.

Family support is very necessary for PLWH MSM. Support can be in the form of financial help, daily activities, medication, and psychology. Without good family acceptance and support, all self-improvement efforts made by PLWH MSM may be in vain. The existence of good acceptance can reduce depression experienced by PLWH MSM and improve their quality of life and self-esteem.^{30–33}

The limitations of this study include that it was limited to Medan City, so the results of the study describe only one area. In addition, the initial planning of this research was done using a simple random sampling technique. However, due to the limited time to implement it, the researcher then used a purposive sampling technique. The impact of using purposive sampling is that the result cannot be generalized to the target population. However, this study also has an advantage in that the sample size of 175 respondents is quite representative of the affordable/applicable population.

Family acceptance is correlated with quality of life and self-esteem. Good family acceptance provides positive support for PLWH MSM to avoid negative effects, especially depression that leads to risky sexual behaviors. With decreasing depression levels, the family can increase the quality of life and self-esteem among PLWH MSM. If family acceptance is promoted by especially nursing, quality of life and self-esteem can play an optimum role in decreasing risky sexual behaviors.

Conflict of interests

The authors declare no conflict of interest.

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