

The Association Between Family Support and Coping Mechanisms Among People Living with HIV at Pesantren Community Health Center I, Kediri City

ABSTRACT

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HIV/AIDS remains a serious problem in Indonesia, with cases increasing year after year. People living with HIV/AIDS (PLHIV) are potentially exposed to high levels of stress, so they must have family support and effective coping mechanisms. This study aims to determine the effect of family support on coping mechanisms among PLHIV at the Pesantren I Community Health Center in Kediri City. This study used an observational analytical design with a cross-sectional approach. A simple random sampling technique was used to obtain a sample of 200 respondents. The study consisted of two variables the independent variable of family support and the dependent variable of coping mechanisms of PLHIV. The research instrument used in this study was a questionnaire. The statistical test used was Spearman's Rho to determine the influence between variables. The study found that 94 respondents (47%) had high levels of family support and 129 respondents (65%) had good coping mechanisms. The analysis showed no significant effect between family support and coping mechanisms of PLHIV at the Pesantren I Community Health Center in Kediri City, with a p-value of $0.481 > 0.05$. Coping mechanisms can be influenced by various factors, not just family support. Further research is needed to demonstrate this using the same subjects but different variables, so that new findings can be obtained.

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INTRODUCTION

Acquired Immune Deficiency Syndrome AIDS is a collection of symptoms caused by a weakened immune system. AIDS is caused by infection with the HIV virus, which can live in four bodily fluids: blood, semen, vaginal fluid, and breast milk.(AM & Huriah, 2018).HIV (Human Immunodeficiency Virus) is a virus that can cause AIDS (Human Immunodeficiency Virus). AIDS (Acquired Immune Deficiency Syndrome) is a collection of symptoms of immune system damage. AIDS is not a congenital disease but is acquired through infection. HIV/AIDS is an international problem because the number of patients has increased in a relatively short time and is increasingly affecting many countries. To date, no vaccine or relatively effective drug has been found for AIDS, causing global unrest (WHO, 2020).

In Kediri City itself, the number of HIV/AIDS cases has not decreased. The number remains nearly constant from year to year. According to the Kediri City Communications and Information Office, through Radar Kediri, which conducted interviews with the Kediri City Health Office, 166 new

cases were discovered between the beginning of the year and September 2023. Meanwhile, throughout 2022, the number of new cases reached 275. This indicates a persistently high HIV/AIDS prevalence in Kediri City (Ismawati, 2023).

Individuals with HIV/AIDS will be more emotional due to psychological stress due to fear of being ostracized by family or society, especially families who sometimes have feelings of fear of infection, as well as stigma and discrimination in society. Attention, care, and affection from family are one of the most important supports for people with HIV/AIDS. Some argue that close relationships are the most important source, because one of the functions of the family, besides providing food, clothing, and shelter, also plays a role in care. The care function is carried out by providing care to family members, both in the form of prevention and caring for sick family members. (Sulistya et al., 2023)

HIV/AIDS is a psychosocial stressor for those living with HIV/AIDS, as it is a chronic and potentially life-threatening disease. In addition to the deteriorating physical condition of people living with HIV/AIDS, social pressures can also contribute to stress in people living with HIV/AIDS. Approximately 50% of men and women experience stigma and discrimination related to their HIV status in 35% of countries worldwide. As a result of this stigma and discrimination, people living with HIV (PLHIV) tend to be ostracized by their families, friends, and the wider community. They also experience discrimination in healthcare, education, and other rights. The PLHIV stigma index indicates that 1 in 8 people living with HIV (PLHIV) do not receive healthcare due to stigma and discrimination. Stigma and discrimination simultaneously reduce the effectiveness of efforts to control the global epidemic and create an ideal climate for its further development. Stigma and discrimination have a significant impact, so many people are reluctant to report themselves to the authorities for fear of stigma and discrimination from society. This situation worsens the situation for both the sufferer and the rest of society. (Haryani, 2023)

People living with HIV (PLHIV) not only experience physical problems due to impaired immune systems due to HIV, but are also susceptible to psychological problems, including anxiety, stress, and even depression. This requires them to choose appropriate coping mechanisms. However, the majority of people living with HIV still struggle with coping strategies. This is evidenced by the large number of people living with HIV/AIDS who isolate themselves from their social environment and believe they are no longer useful. This worsens their mental health if they have problems with coping mechanisms. Personal experiences with a disease require individuals to be able to cope with the various pressures that arise from it, so coping mechanisms are crucial in determining an individual's success in dealing with stress. (Salami et al., 2021)

People living with HIV (PLHIV) desperately need family support as their primary support system so they can develop effective coping responses and adapt well to the stressors associated with their illness, whether physical, psychological, or social. A good support system will improve the quality of life of people living with HIV, such as improving physical health, psychological well-being, independence, social relationships, and the individual's relationship with their environment. (Saputra et al., 2023)

The results of previous research explain that there is a significant influence between social support in the form of information support and individual coping, where social support has an influence towards the application of three of the four coping styles (emotion-focused, problem-focused, engagement-based) (Faraji et al., 2015) This is in line with research conducted by Nomiko et al. (2021), which explains that the better the family support, the better the individual's coping mechanisms in overcoming problems.

A preliminary study conducted on six HIV/AIDS patients visiting the Pesantren I Community Health Center in Kediri City revealed that all six respondents lived with their families. One of the respondents did not disclose their status to their family. This was because the patient was not yet ready to receive a response from their family. One of the six respondents stated that when their family first learned of their illness, they were indifferent and unsupportive. Three of the six respondents experienced problems caused by HIV/AIDS, including fatigue and susceptibility to illness, which triggered stress. (Nomiko et al., 2021).

METHODS

This study used an observational analytical design with a cross-sectional approach. A simple random sampling technique was used to obtain a sample of 200 respondents. The study consisted of

two variables: the independent variable of family support and the dependent variable of coping mechanisms of PLHIV. The research instrument used in this study was a questionnaire. The statistical test used was Spearman's Rho to determine the influence between variables. The study has passed ethical clearance tests with registration number 001865/EC/KEPK/I/11/2024.

RESULTS

Table 1 Frequency Distribution of Respondent Characteristics at the Pesantren I Health Center, Kediri City

Characteristics	Frequency (F)	Percentage (%)
1. Gender		
Man	157	79.0
Woman	43	22.0
2. Age		
17-25 Years Old	59	29.5
26-35 Years Old	99	49.5
36-45 Years	31	15.5
46-55 Years	6	3.0
56-65 Years	5	2.5
3. Education		
Elementary School	9	5.0
Junior High School	25	13.0
Senior High School	133	67.0
College	32	16.0
No School	1	1.0
4. Marital Status		
Marry	59	30.0
Not Married Yet	141	71.0
5. Sexual Orientation		
Heterosexual	51	26.0
Homosexual	92	46.0
Bisexual	57	29.0
6. Work		
Private	150	75.0
Housewife	25	12.5
Civil Servant	3	1.5
Self-Employed	2	1.0
Unemployed	19	9.5
Odd Jobs	1	0.5
7. Year Of Hiv Diagnosis		
2020-2024	114	57.0
2016-2019	54	27.0
2012-2015	23	11.5
2008-2011	7	3.5
< 2008	2	1.0

Source: research questionnaire, January 6-19, 2025

The results of the study showed that the majority of respondents were male. Most of the respondents were in the age range 26-35 years old. Most had completed high school. Some of the respondents in this study were married. Regarding sexual orientation, 96 individuals identified as deviant, namely homosexual or gay. The majority of respondents worked as private sector employees and were diagnosed with HIV between 2020 and 2024, meaning many respondents were recently diagnosed with HIV.

Table 2 Frequency Distribution of Family Support and Coping Mechanisms of PLHIV at Pesantren I Health Center, Kediri City

Characteristics	Frequency (f)	Percentage (%)
1. Family Support		
High	94	47
Moderate	54	27
Low	52	26
2. Coping Mechanisms		
Good	129	65
Moderate	70	35
Low	1	1

Source: research questionnaire, January 6-19, 2025

Based on Table 2, it can be seen that family support for PLHIV at the Pesantren I Health Center in Kediri City is mostly in the high category and the coping mechanisms that some of them have are in the good category.

Table 3. Cross Tabulation of Family Support Variables with Coping Mechanisms

Family Support Criteria			Coping Mechanism Criteria			Total
			Good	Moderate	Low	
High	Frequency		77	29	1	107
	%		38.5%	14.5%	0.5%	53.5%
Moderate	Frequency		20	32	0	52
	%		10.0%	16.0%	.0%	26.0%
Low	Frequency		32	9	0	41
	%		16.0%	4.5%	.0%	20.5
Total	Frequency		129	70	1	200
	%		64.5%	35.0%	0.5%	100.0%

Source: research questionnaire, January 6-19, 2025

Based on Table 3 above, it is known that 77 respondents (38.5%) have high family support and good coping mechanisms.

Table 4. Analysis of Research Statistical Test Results

	Value	Approx. Sig.
Ordinal by Ordinal	<i>Contingency Coefficient</i>	.050
N of Valid Cases		200

The results of the research analysis on the influence of family support on the coping mechanisms of PLHIV using the Spearman's Rho test obtained the result $p = 0.481 > 0.05$, so H1 was rejected and H0 was accepted, which means there was no influence of family support on the coping mechanisms of PLHIV at the Pesantren I Health Center in Kediri City. With a correlation coefficient value of 0.050, which means that the level of relationship is in the weak relationship category (Sugiyono, 2010).

DISCUSSION

Identifying Family Support, Based on the research conducted, it can be seen that family support for PLHIV mostly falls into the high criteria, namely 47% or 94 out of 200 respondents. In general, family support is very necessary for PLHIV in coping with their illness, because the family is the main support system for PLHIV to develop their response to existing stressors. Considering the fact that PLHIV not only experience physical problems but also psychosocial ones, this is because the negative stigma about PLHIV still lingers in society, making PLHIV vulnerable to high stressors and experiencing psychosocial problems.

This study identified that family support was in the good category, dominated by respondents aged 26-35, amounting to 38 respondents (16.5%). This age group falls within the early adulthood

category, where family support is essential to maintaining the patient's quality of life, both physically and psychologically. At this age, many individuals begin to settle down and focus on living happily. Given the conditions experienced by people living with HIV/AIDS (PLHIV), support from those closest to them, namely family, in this case represented by their partner, is essential.

Family support consists of four types: informational support, instrumental support, emotional support, and esteem support. Each of these four types of support has different statement models according to its type. In this study, many respondents scored low on informational support and instrumental support, which were dominated by statements related to how the family provided support by providing information about the patient's illness and statements about how the family provided material support and assistance to the patient. In this study, esteem support dominated, with the highest scores. This type of statement relates to the family's attitude towards involving PLHIV in family decision-making and involvement in community social activities.

Identify Coping Mechanisms, In this study, it can be seen that the coping mechanisms of most respondents are in the good category, namely 129 (65%) respondents. This indicates that PLHIV have been able to adapt to the changes that have occurred to themselves and their environment after being officially diagnosed with HIV/AIDS.

Rahmawati PM et al. (2021) in RH Pratiwi (2023) stated that coping mechanisms are a series of techniques used by individuals to manage stress, pressure, or difficult situations in their lives. However, not all coping mechanisms are positive. The coping strategies that emerge depend on an individual's attitude in facing a problem or burden in their life. Each individual has different coping mechanisms. This is also determined, among other factors, by gender. According to Hidayanti (2023), the majority of women tend to use emotional-focused coping strategies because women tend to rely more on emotions than logic. (RH Pratiwi, 2023)

Based on research results, the majority of PLHIV have good coping mechanisms, meaning they are able to recognize and control their own stressors. This is in line with a study conducted by Hidayanti (2013) in (ME Pratiwi et al., 2022), most PLHIV who are able to develop positive coping strategies can continue to survive with the disease and all the consequences of life they live, while PLHIV who develop negative coping strategies tend to sink into a burden that increasingly worsens their disease and ultimately is unable to survive any longer.

From the research results, the coping mechanisms of PLHIV in the Pesantren I Health Center in Kediri City are mostly in the good category, namely 129 respondents (65%), the remaining 70 respondents (35%) are in the moderate category and only 1 respondent has a low coping mechanism. According to the researcher's assumption in this case, a good coping mechanism plays an important role for PLHIV, considering that the stressors experienced by PLHIV are still very high from various things including the negative stigma that is still attached to the community. A good coping mechanism can support the physical and mental condition of PLHIV patients to remain stable in living their daily lives as an inclusive group. The coping mechanisms used by PLHIV are often influenced by various factors so that each individual has their own strategy. In this study, the majority of PLHIV with good coping mechanisms are PLHIV who have deviant sexual orientation. The researcher assumes that this deviation provides its own satisfaction to PLHIV so that PLHIV can apply good coping mechanisms to deal with the disease they suffer from.

Analysis of the Influence of Family Support on Coping Mechanisms of PLHIV at the Pesantren I Health Center in Kediri City

The results of the study showed that there was no significant influence between family support and coping mechanisms in people living with HIV/AIDS (PLHIV), with a Spearman rho value of $p = 0.408$ ($p > 0.05$). This finding indicates that the coping mechanisms used by PLHIV in this study were not directly influenced by the level of family support they received.

Theoretically, these findings differ from the concept proposed by Richard Lazarus and Susan Folkman's stress and coping theory, which explains that social support, including family support, is a crucial resource that can help individuals develop more adaptive coping strategies in the face of stress caused by chronic illness. Previous studies have also reported a positive relationship between family support and psychological adaptability in people living with HIV (Derlega, 2003).

However, the lack of a relationship in this study does not mean that family support is unimportant for people living with HIV/AIDS. This finding actually indicates that people living with HIV/AIDS'

coping mechanisms are likely influenced by other factors that contribute more than family support. Some of these factors include self-acceptance (self-acceptance), resilience, spirituality, length of time living with HIV, experience of living with HIV, access to peer groups (peer support), adherence to antiretroviral (ARV) therapy, level of education, and individual ability to regulate emotions (Ibrahim, 2021).

In the era of modern ARV therapy, many people living with HIV have developed independent coping mechanisms through long-term experience with their illness. Individuals who have been on treatment for a long time often develop coping skills that stem from learning, experiencing stigma, and interacting with the community of people living with HIV. In these circumstances, family support may no longer be the dominant factor determining an individual's coping mechanisms (Rzeszutek, 2017). Furthermore, the quality of family support does not always equate to the perceived support experienced by people living with HIV. A person may objectively receive support from family, but this may not necessarily be a source of psychological strength. Conversely, some people living with HIV receive greater emotional support from their peer groups or HIV support communities than from their family members. Therefore, coping mechanisms can be developed through sources of support other than the family (Derlega, 20023).

Methodological factors may also explain the results of this study. The cross-sectional research design (cross-sectional) only measures the condition of respondents at a specific point in time and therefore cannot describe the dynamics of the relationship between family support and coping mechanisms, which are complex and can change throughout the course of HIV disease. Furthermore, the relatively limited sample size, homogeneity of respondent characteristics, or the high proportion of respondents who already have adaptive coping can cause statistically insignificant relationships even though they are still clinically meaningful. This is known as the phenomenon of "restricted variability" in health behavior research.

Thus, the results of this study indicate that coping mechanisms in people living with HIV/AIDS (PLHIV) are a multidimensional phenomenon that is not solely determined by family support. Family support remains a crucial component of HIV/AIDS care, but its effectiveness in developing coping mechanisms is likely influenced by other factors that were more dominant in this study population, such as individual resilience, peer support, experience living with HIV, spirituality, and psychological adaptability.

CONCLUSION

Family support for PLHIV at the Pesantren I Health Center in Kediri City, the majority have high family support, namely 109 (55%) respondents; The Coping Mechanisms of PLHIV at the Pesantren I Health Center in Kediri City were mostly in the category, namely 129 (65%) respondents had good coping mechanisms; The results of statistical tests using Spearman's Rho can be concluded that there is no significant influence between family support and the coping mechanisms of PLHIV at the Pesantren I Health Center in Kediri City. The test results show that $p = 0.315 > 0.05$ and correlation coefficient 0.071 which means the correlation is very weak; Strengthening peer support groups is essential to support people living with HIV/AIDS (PLHIV) in choosing appropriate coping strategies, as well as improving the quality of counseling in PLHIV-friendly health facilities.

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