Study Of Hiv/Aids Treatment Non-Compliance In The Perspective Of Family Support In Jayapura City

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ESSENCE

HIV is the number one killer infectious disease in the world . The purpose of this study was to identify the relationship between family support and non-adherence to HIV/AIDS sufferers in Abepura Hospital to ARV treatment. This study is a correlational quantitative descriptive study with a cross sectional design. The population in this study is the number of patients diagnosed with HIV/AIDS who are most likely to come to take medication at the R.VCT. Abepura Hospital as much 86 people. Data were obtained using a questionnaire and analyzed by univariate/bivariate. the frequency distribution of the characteristics of the majority of adults aged 20-59 years as many as 29 people (96.7%), sex the most women 20 people (66.7%), education at most high school as many as 14 people (46.7%), the most respondents working as many as 27 people (90.0%), and less income as many as 28 people (93.3%) . *Spearman rank* statistical test results obtained *p-value* = 0.057 < α0.05 this means that there is a relationship between Informational Support and non-adherence to taking ARV drugs but low non-compliance.

Keywords : Non-adherence to ARV therapy, HIV/IDS patients, Abepura Hospital

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PRELIMINARY

A. Background

HIV is the number one killer infectious disease in the world, According to the *World Health Organization* (WHO) in 2020 HIV continues to be a major global public health problem, so far it has claimed 36.3 million lives, more than two thirds (25.4 million) are in the African Region. In 2020, 680,000 people died from HIV-related causes and 1.5 million people contracted HIV. As many as 73% of people with HIV/AIDS received antiretroviral therapy (ART) in 2020, an increase of 11% from 2018 which was 62% (WHO, 2021).

The situation of the HIV/AIDS epidemic in Indonesia until September 2020 was still concentrated in key populations with the spread of HIV AIDS cases in 484 (90.07%) of 514 districts/cities in all provinces in Indonesia . Based on the report on the development of HIV/AIDS from the Ministry of Health until September 2020, it is known that the cumulative number of HIV cases found was 409,857 cases, while the cumulative number of AIDS cases was 127,873 people (Kemenkes RI, 2021).

Data on HIV/AIDS in Papua Until September 2020 in Papua Province, there were 44,998 cases of HIV/AIDS. Of these, 7,111 people with HIV (15.8%) adhered to ARV therapy. The number of PLWHA in Jayapura Regency is 3,624 people and 652 people are compliant with ARV therapy (18%) (Dinkes, Papua Province, 2021). The use of ARV therapy as a treatment for HIV infection has grown significantly in 1986. This therapy cannot cure HIV/AIDS, but it can

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maximize the suppression of HIV replication so as to reduce morbidity and mortality of HIV/AIDS patients and reduce perinatal transmission. Compliance with taking ARV in PLWHA undergoing ARV therapy is expected to reach 100%, meaning all. Combination ARVs must be taken at the right dose without missing anything on time in the right way. Patients who do not comply with treatment or stop taking ARVs will be able to increase resistance to ARVs, increase the risk of transmitting HIV to others, and increase the risk of death in people living with HIV (Harahap, 2016).

Treatment of HIV and AIDS is to suppress the virus so that it does not become resistance. The number of people living with HIV who are receiving treatment who are tested for VL minimum after 6 months of ARV treatment is 47,363 people, with suppressed VL results as many as 41,754 people. Therefore, it is very necessary to adhere to patient treatment. Compliance with this treatment is very important for the continuation of the lives of PLWHA. Because this therapy is able to prevent HIV replication in the body. That the HIV virus cannot be removed from the body of an infected person, but with this therapy it can help suppress the virus so that it does not become resistance. The HIV virus is always growing and increasing in number all the time so that high compliance is needed in carrying out ARV therapy. Therefore the HIV virus does not have the opportunity to grow.

According to research (Bachrun, 2017) that adherence determines how well antiretroviral (ARV) treatment reduces the viral load, if the therapy is not serious, the virus will become resistant. Support from family or closest people because family is the closest person who has a relationship The number of people living with HIV who are receiving treatment who is tested for VL minimum after 6 months of ARV treatment is 47,363 people, with suppressed VL results as many as 41,754 people with relatives who are expected to be able to encourage and motivate people living with HIV in taking ARV drugs. While research (Yusuf Tahir et al., 2019) explains that adherence to taking antiretroviral (ARV) drugs is an important factor to be able to suppress the virus optimally. Family support is very influential on the continuity of treatment because the family is the closest person to HIV/AIDS patients who are expected to motivate and monitor

Table 1.1. Final Results of Treatment of HIV/AIDS Patients at Abepura Hospital

No	Final Result of Treatment	2020	2021
1	Discontinue Treatment Failed	29	12
2		13	32
	Total	42	34

Source: Abepura Hospital Medical Records

At the Abepura Hospital, especially the VCT room, providing HIV testing and counseling services, from the data obtained from the VCT room at the Abepura Hospital, the cumulative number of patients who dropped out of drugs and failed HIV AIDS from 2021 - 2022 amounted to 86 cases. Based on a preliminary study in the emergency room at the Abepura General Hospital in 2021, approximately 30 patients came with complaints of liquid defecation for approximately 1 month, intermittent fever, vomiting and oral candidiasis. And the patient said he had taken ARV drugs but now the patient is no longer taking ARV drugs with the reason that the patient is feeling healthy and there are some patients who also say that taking ARV drugs experience nausea, vomiting and dizziness. This is what makes researchers interested in researching "Family Support Against Non-compliance with Treatment of HIV/AIDS Patients at Abepura Hospital. "

B. Formulation of the problem

Based on a preliminary study in the emergency room of the Abepura Hospital in 2021, approximately 30 patients came with complaints of liquid defecation for about 1 month, intermittent fever, vomiting and oral candidiasis and the patient said he had taken ARV drugs but now the patient is no longer active. taking ARV drugs again with the reason that the patient was feeling well and there were some patients who also said that taking ARV drugs experienced nausea, vomiting and dizziness. This is what makes researchers interested in researching "How is Family Support Against Non-adherence to Treatment of HIV/AIDS Patients at Abepura Hospital. "

C. Research purposes

1. Destination General

To find out Family Support for HIV/AIDS Patients in Abepura Hospital.

2. Destination Special

a. identify the characteristics of respondents of HIV/AIDS patients in Abepura Hospital
b. identify family support for HIV/AIDS patients in Abepura Hospital.
c. Knowing the Study of Medication Non-compliance in the Perspective of Family Support in Jayapura City

D. Benefits of research

The benefits of doing this research are:

1 . For patient and family

Families can provide support to patients while they are being treated and taking medication.

2. For Hospital

Improving the quality of health services, especially in the VCT Room in the assistance of taking ARV drugs.

3. For education

Provide health promotion about the importance of providing support to patients or sufferers.

4 . For Researchers

As knowledge material to gain experience and improve self-ability in the field of research as well as increase knowledge about Family Support for Compliance with Taking ARV Drugs in HIV/AIDS Patients in Abepura Hospital.

5. For Further Researchers

As a reference material for further research

RESEARCH METHODOLOGY

This research is a correlational quantitative descriptive research with a cross sectional design, which is a research method that takes a sample from a population and uses a questionnaire as a data collection tool .

The population in this study was the highest number of patients who came to take medicine in the VCT Room of Abepura Hospital as many as 86 people.

The sampling technique in this study was accidental sampling. So the number of samples in this study were 30 people.

Data were obtained using a questionnaire. The research on " The Study of Medication Non-compliance in the Perspective of Family Support at ABEPURA Hospital " has two categorical variables, so the statistical test used is the Spearman range test.

RESEARCH RESULT

1. Characteristics of Respondents

Table4.1.1 Distribution of Characteristics of Respondents including Age, Gender, Education, Employment and Income May 2022 (n = 30)

Variable	Frequency	Percentage %)
Age		
Teenagers (13-19 Years Old)	1	3.3
Adult (20-59 Years Old)	29	96.7
Gender		
Man	10	33.3
Woman	20	66.7
Education		
SD	1	3.3
JUNIOR HIGH SCHOOL	12	40.0
SENIOR HIGH SCHOOL	14	46.7
S1	3	10.0
Work		
Doesn't work	3	10.1
Working	27	90.0
Income		
Not enough	28	93.3
Enough	2	6.7
Total	30	100

Table 4.1.1 shows that the frequency distribution of the characteristics of the majority of adults aged 20-59 years is 29 people (96.7%), sex is mostly female 20 people (66.7 %), the most education is high school as many as 14 people (46.7 %), respondents worked the most as many as 27 people (90.0%), and less income as many as 28 people (93.3%).

2. Informational Support

Table 4.1.2 Distribution of Informational support frequency, May 2022 (n = 30)

Informational Support	Frequency	Percentage (%)
Support	25	83.3
Does not support	5	16.7
Total	30	100

Table 4.1.2 shows that the distribution of the frequency of informational support mostly supports as many as 25 people (83.3%) and does not support as many as 5 people (16.7%).

3. Rating support

Table 4.1.3 Distribution of Assessment support frequency, May 2022 (n = 30)

Informational Support	Frequency	Percentage (%)
Support	17	56.7
Does not support	13	43.3
Total	30	100

Table 4.1.3 shows that the frequency distribution of assessment support is mostly in favor of 18 people (60.0%) and not supporting as many as 12 people (40.0%).

4. Instrumental Support

Table 4.1.4 Instrumental support frequency distribution, May 2022(n = 30)

Informational Support	Frequency	Percentage (%)
Support	17	56.7
Does not support	13	43.3
Total	30	100

Table 4.1.4 shows that the distribution of the frequency of instrumental support mostly supports 17 people (56.7%) and does not support as many as 13 people (43.3%).

5. Emotional Support

Table 4.1.5 Distribution of Emotional support frequency, May 2022 (n = 30)

Informational Support	Frequency	Percentage (%)
Support	19	63.3
Does not support	11	36.7
Total	30	100

Table 4.1.5 shows that the distribution of the highest emotional support frequency supports 19 people (63.3%) and does not support 11 people (36.7%).

6. Disobedient

Table 4.1.6 Frequency distribution of respondents' ARV treatment non-adherence, May 2022 (n = 30)

Informational Support	Frequency	Percentage (%)
High non-compliance	26	86.7
Low non-compliance	4	13.3
Total	30	100

Table 4.1.6 Shows that the frequency distribution of non-compliance with ARV treatment is high non-compliance 26 people (86.7%) and low non-compliance as many as 4 people (13.3%).

7. The influence of age on non-adherence to ARV treatment

Table 4.2.1 Influence of age with non-compliance with ARV treatment May 2022 (n = 30)

Age	Non-compliance				Amount		p-value	R
	Low		Height					
	N	%	N	%	N	%		
Teenagers	0	0	1	3.3	1	3.33		
Adults	4	13.3	25	83.3	29	96.7	0.702	0.073
Amount	4	13.3	26	86.7	30	100		

Table 4.2.1 The relationship between the respondent's age characteristics and non-adherence to ARV therapy is mostly found in Adults as many as 4 people (13.3%) and high non-adherence is mostly found in adults as much as 25 people (83.3%) and high non-adherence that few are found in teenagers as much as 1 person (3.3%). The results of the *spearman rank* statistical test obtained *p-value* = 0.702 > α0.05 This means that there is no relationship between age and Non-adherence to taking ARV drugs. OR=0,073 there is no influence of age with non-adherence to ARV therapy.

8. The influence of gender on non-adherence to ARV treatment

Table 4.2.2 Influence of gender on ARV treatment non-compliance May 2022 (n = 30)

Gender	Non-compliance				Amount		p-value	R
	Low		Height					
	N	%	N	%	N	%		
Men	1	3,3	9	30.0	10	33,3		
Female	3	10.0	17	56,7	20	66,7	0.716	0.069
Amount	4	13,3	26	86,7	30	100		

Table 4.2.2 The relationship between respondents' gender characteristics with low non-adherence to ARV therapy was mostly in women as many as 3 people (10.0%) while in men as many as 1 person (3.3%). The highest non-compliance was in the female sex as many as 17 people (56.7%) and the highest high non-compliance was in the male sex as many as 9 people (30.0%). The results of the *Spearman rank* statistical test obtained *p-value* = 0.716 > α0.05, this means that there is no relationship between sex and non-adherence to taking ARV drugs. OR = 0.069 there was no effect of gender with non-adherence to ARV therapy.

9. Effect of education with non-adherence to ARV treatment

Table 4.2.3 The influence of education on ARV treatment non-compliance, May 2022 (n = 30)

Education	Non-compliance				Amount		*p-value*	*R*
	Low		Height					
	N	%	N	%	N	%		
SD	1	3,3	0	1	1	3,3		
middle school	12	40.0	0	0	12	40.0		
SENIOR HIGH SCHOOL	13	43.3	1	3.3	14	46.7	0,000	0.620
COLLEGE	0	0	3	10.0	3	10.0		
Amount	26	86.7	26	13.3	30	100		

Table 4.2.3 The relationship between respondents' educational characteristics and the lowest non-adherence to ARV therapy was

in high school as many as 13 people (43.3%). The highest non-compliance in universities was 3 people (10,0). *Spearman rank* statistical test results obtained *p-value* = 0.000 < α0.05 this means that there is a relationship between education level and non-adherence to taking ARV drugs. OR = 0.620 there is a strong influence of education with non-adherence to ARV treatment.

10.Effect of work with non-adherence to ARV treatment

Table 4.2.4 Effect of work on non-adherence to ARV treatment, May 2022 (n = 30)

Work	Disobedient				Amount		*p-value*	*R*
	Low		Tall					
	N	%	N	%	N	%		
Doesn't work	1	3.3	2	6.7	3	10.0		
Working	3	10.0	24	80.0	27	90.0	0.000	-0.850
Amount	4	13.3	26	86.7	30	100		

Table 4.2.4 The relationship between the job characteristics of the respondents and the lowest non-compliance with ARV therapy was 3 people (10.0%) and the highest non-compliance was 24 people (80.0%). *Spearman rank* statistical test results obtained *p-value* = 0.000 < α0.05, this means that there is a work relationship with non-adherence to taking ARV drugs. OR = 0.850 there is an effect of work with non-adherence to ARV treatment, the effect is very strong.

11.Effect of Income with Adherence to ARV Treatment

Table 4.2.5 Effect of income on non-adherence to ARV treatment, May 2022(n = 30)

Income	Disobedient				Amount		p-value	R
	Low		Tall					
	N	%	N	%	N	%		
Not enough	3	10.0	25	83.3	28	93.3		
Well	1	3.3	1	3.3	2	6.7	0.000	0.681
Amount	4	13.3	26	86.7	30	100		

Table 4.2.5 The relationship between the income characteristics of respondents and non-adherence to ARV therapy shows that the lowest non-compliance is with less income as many as 3 people (10.0%) and the highest non-compliance is with low income as many as 25 people (83.3%). *Spearman rank* statistical test results obtained *p-value* = 0.000 < α0.05 this means that there is a relationship between income and non-adherence to taking ARV drugs. OR = 0.681 there is an effect of income with non-adherence to ARV treatment, the effect is strong.

12.Effect of Informational Support with ARV treatment non-adherence

Table 4.2.7 Effect of informational support on non-adherence to ARV treatment, May 2022 (n = 30)

Informational support	Disobedient				Amount		p-value	R
	Low		Tall					
	N	%	N	%	N	%		
Support	3	10.0	22	83.3	25	83.3		
Does not support	1	3.3	4	3.3	5	16.7	0.057	0.351
Amount	4	13.3	26	86.7	30	100		

Table 4.2.7 The relationship between the characteristics of support (informational) respondents and non-adherence to ARV therapy shows that the lowest non-compliance is in supporting 3 people (10.0%) and the highest non-adherence is supporting as many as 22 people (83.3%). *Spearman rank* statistical test results obtained *p-value* = 0.057 < α0.05; r = 0.351, this means that there is a relationship between Informational Support and non-adherence to taking ARV drugs.

13.Effect of assessment support on ARV treatment nonadherence

Table 4.2.8 Effect of assessment support on non-adherence to ARV treatment, May 2022 (n = 30)

Rating support	Disobedient				Amount		p-value	R
	Low		Tall					
	N	%	N	%	N	%		
Support	2	6.7	16	53.3	18	60.0		
Not support	2	6.7	10	33.3	12	40, 0	0.674	0.080
Amount	4	13.3	26	86.7	30	100		

Table 4.2.8 Relationship of family support (assessment) of respondents with non-adherence to income ARV therapy Shows that the most low non-compliance is in supporting 16 people (53.3%) and the highest non-compliance is supporting 2 people (6.7). The results of the *Spearman rank* statistical test obtained *p-value* = 0.674 > α0.05, this means that there is no relationship between assessment support and non-adherence to taking ARV drugs. OR = 0.073 there was no effect of assessment support with non-adherence to ARV therapy.

14. Effect of instrumental support on ARV treatment nonadherence

Table 4.2.9 Effect of instrumental support on non-adherence to ARV treatment, May 2022 (n = 30)

Rating support	Disobedient				Amount		p-value	R
	Low		Tall					
	N	%	N	%	N	%		
Support	2	6.7	15	50.0	17	56.7		
Does not support	2	6.7	11	36.7	13	43.3	0.786	0.053
Amount	4	13.3	26	86.7	30	100		

Table 4.2.9 The relationship between family support (instrumental) of respondents with non-adherence to ARV therapy shows that the lowest non-compliance is in supporting 2 people (6.7%) and the highest non-compliance is in supporting 15 people (50.0%). *Spearman rank* statistical test results obtained *p-value* = 0.786 > α0.05; r=0.053. This means that there is no relationship between instrumental support and non-adherence to taking ARV drugs. OR = 0.053 there is no effect of instrumental support with non-adherence to ARV therapy.

15.Effect of emotional support on ARV treatment nonadherence

Table 4.2.10 Effect of emotional support on non-adherence to ARV treatment, May 2022 (n = 30)

Emotional support	Disobedient				Amount		p-value	R
	Low		Tall					
	N	%	N	%	N	%		
Support	3	10.0	16	53.3	19	63.3		
Does not support	1	3.3	10	33.3	11	36.7	0.568	0.109
Amount	4	13.3	26	86.7	30	100		

Table 4.2.10 The relationship between family support (emotional) of respondents and non-adherence to ARV therapy shows that the lowest non-compliance is in supporting 3 people (10.0%) and the highest non-compliance is in supporting 16 people (53.3%). *Spearman rank* statistical test results obtained *p-value* = 0.568> α0.05 this means that there is no relationship between emotional support and non-adherence to taking ARV drugs. OR = 0.109 there is no effect of emotional support with non-adherence to ARV therapy.

DISCUSSION

1. Age

Table 4.1.1 shows that the frequency distribution of the characteristics of the majority of adults aged 20-59 years is 29 people (96.7%). Age as one of the characteristics of people is quite important because many diseases are found with various variations in frequency caused by age (Kemenkes RI, 2015). This study is in line with research conducted by Jaemi (2019) at Gatot Soebroto Army Hospital that most of the age of HIV/AIDS patients are in early adulthood due to the long incubation period so that patients are found in early adulthood. Research in line with that conducted by Nyoko (2016) found the same thing that most HIV/AIDS patients were aged 26-35 years. Based on the researcher's assumptions, patients diagnosed with HIV/AIDS in adulthood means that they have been exposed to the HIV virus at a young age . the process takes 8-10 years to show clinical symptoms since the first infection means HIV occur on moment age teenager because teenager still think abstractly, can't be selective in choosing peers, don't have an understanding and an indecisive personality so it's easy to fall into sex free.

2. Gender

Table 4.1.1 shows that the frequency distribution of gender characteristics is mostly female, 20 people (66.7 %). Gender is wrong one descriptive variable that can give a difference in the number/rate incident in men and women. Differences in disease incidence by sex could arise because of form anatomical, physiological and system hormones (Ministry of Health RI, 2014). The results of this study are in line with research conducted by Ubra (2012) in the mountainous region of Papua, the number of HIV/AIDS patients is more women.
Based on the researcher's assumption that most women affected by HIV are housewives because of exposure from her partner/husband.

3. Education

Table 4.1.1 shows that the distribution of the frequency of education characteristics is at most SMA as many as 14 people (46.7%). Education means the guidance given by one person to another so that could understand something Thing. The more tall education somebody, the easier it is for them to receive information, and in the end they will have more knowledge. On the other hand, if a person has a low level of education, it will hinder the development of that person's attitude towards receiving information and newly introduced values (Mubarak, 2008). 2011) . The results of this study are in line with Butarbutar .'s research (2015) which find education patient HIV/AIDS most much educated SENIOR HIGH SCHOOL.
Based on the researcher's assumption that higher education is more suffer HIV/AIDS because education consist from process study teaching that can change individuals from not

knowing to knowing. Thus education can affect changes in individual behavior. A person's education level affects the ability to absorb and receive health information. In addition, education also affects better behavior. Someone who has a level of education will have broad insight so that he can become a example.

4. Work

Table 4.1.1 shows that the frequency distribution of the job characteristics of the respondents working the most is 27 people (90.0%). Work is something that is done to earn a living, livelihood (Prayoto, 2014). This research is in line with Syahreza's research (2016) at Haji Adam Malik Hospital, it was found that the highest proportion of HIV/AIDS patients by occupation were private employees (52%). The results of this work can earn wages that are used in meeting daily needs, so that they can support transportation costs in taking ARV drugs.

Based on the researcher's assumption that HIV/AIDS patients occur in respondents which work because in City Jayapura more many on productive age group working with certain conditions and an environment that provides opportunities for sexual contact with sex workers commercial.

5. Income

Table 4.1.1 Shows that distribution frequency characteristics income not enough as many as 28 people (93.3%). Cost treatment is big n yes expenses incurred _ by somebody for To do treatment the disease he is suffering from . A person's ability to pay for medical treatment vary. Thing this could influenced by ability family economic income. If the family's economy is sufficient, then he or she can pay for medical expenses, which is different from the economic situation of the family who lacks this condition, it will be related to the treatment program being undertaken (Nursalam, 2008). 2017).

This research is in line with the research conducted by Tasa (2016). The results show that: most of the respondents have income low family. The family income low causes difficulty accessing information about HIV/AIDS. The results of the study show family income relationship with the use of medical facilities. Anderson's theory stated that the family factor affect service utilization health. Green's theory suggests that Enabling factor is one of the factors that influence human behavior. Family income is a factor that importantasan enabling factor for utilizing health service facilities. This is in line with the research of Elisa (2012), where is family financial support for patients who are detected with HIV/AIDS during treatment. The higher the family income respondents, the utilization of health facilities is becoming more good. On the other hand, respondents with income low-income families use less health facilities compared to respondents with high family income.

The researcher's assumption is that the economic level of HIV/AIDS patients occurs at the economic level of < Rp. 3.100.000 indicates that the majority of respondents still indicate that they have not received the minimum wage that should have been obtained. This condition causes respondents to try to manage family expenses so that they can be fulfilled even with less income.

6. Family support

The distribution of the frequency of informational support is most supportive of 28 people (93.3%) and not supporting as many as 5 people (16.7%), the most assessment support supports 18 people (60.0%) and does not support as many as 12 people (40, 0%), the most instrumental support supports 17 people (56.7%) and does not support as many as 13 people (43.3%), the most emotional support supports as many as 19 people (63.3%) and does not support as many as 11 people (36.7%).

Family support according to Friedman (2013) is an attitude, an act of family acceptance of his family members, in the form of informational support, assessment support, instrumental support and emotional support. So family support is a form of interpersonal relationship that includes attitudes, actions and acceptance of family members, so that family members feel that someone is paying attention.

Kyngas (2010) stated that the role of the family is a factor associated with adherence to ARV treatment. The role of the family is still lacking

or good because the sufferer does not understand the importance of regular treatment.

7. Disobedient

Table 4.1.6 shows that the distribution of the frequency of non-adherence to ARV treatment is mostly 26 people (86.7%) and low non-adherence as many as 4 people (13.3%). Treatment using ARV therapy is carried out for life, because: that needed level obedience which tall in Thing consume drugs (>95%). Adherence to *antiretroviral therapy* (ART) is the key to suppress the development of HIV disease, reduce the risk of drug resistance, improve overall health, improve quality and survival and reduce the risk of transmission of HIV disease (Kemenkes RI, 2015). Adherence in treatment is needed to reduce viral replication and improve clinical and immunological conditions, reduce the incidence of ARV resistance. 2014). Treatment of PLWHA by giving ARV must be followed by drinking compliance drug, for that before start therapy will conducted activity compliance counseling. The provision of HIV information is one of the activities carried out in counseling activities that allow PLWHA to form compliance (Kemenkes RI, 2017).

Based on the researcher's assumption, non-adherence to ARV therapy in HIV/AIDS patients can increase the risk of HIV transmission from patients to others, this is due to support from family. On R.VCT RSUD Abepura provides opportunities for HIV/AIDS patients to take drug in 1 month very. Besides that a number of sufferer come to take medication every month, adjusted to the needs and conditions of the patient.

8. Information Support

Table 4.2.7 The relationship between family support (information) of respondents and non-adherence to ARV therapy shows that the highest non-compliance is in supporting as many as 22 people (83.3%). *Spearman rank* statistical test results obtained *p-value* = 0.057 < α0.05; r=0.351 this means that there is a relationship between Informational Support and non-adherence to taking ARV drugs. OR = 0.351 there is an effect of Informational support with non-adherence to ARV treatment, the effect is low. Friedman (2013) Informational support is that the family functions as a provider of information, where the family explains about giving advice, suggestions, information that can be used to reveal a problem. Aspects in this support are advice, suggestions, suggestions, instructions and providing information. Information support from the family for the respondent can be in the form of guidance, advice, or useful information, especially related to the health condition that the respondent is currently experiencing. The forms of information support include providing information on the best place for respondents to undergo treatment, reminding respondents about the treatment being undertaken, especially when respondents start to feel bored. Through brief interviews, respondents received informational support, because they prefer to seek information about their illness to their family and through social media, especially the internet or ask close friends. Most of the respondents stated that another reason that the family understood the disease and treatment was good for the respondent was because of the background in which they lived in the city.

9. Instrumental Support

Table 4.2.1 The relationship between family support (instrumental) of respondents with non-adherence to ARV therapy shows that the highest non-adherence to support is 15 people (50.0%). *Spearman rank* statistical test results obtained *p-value* = 0.782 > α0.05; r=0.053. This means that there is no relationship between instrumental support and non-adherence to taking ARV drugs. OR = 0.053 there is no effect of instrumental support with non-adherence to ARV therapy. Friedman (2013) Instrumental support is that the family is a source of practical and concrete help, including in terms of financial needs, eating, drinking, and resting. Instrumental/material family support, it was found that most of the respondents answered that they never did not receive material support from their families in the form of funding and their families never took or accompanied them for treatment to health services. Confirmation of the answers revealed in short interviews with respondents, that they still get free treatment, they also have their own income, and

do not want to burden the family financially.

10. Emotional Support

Table 4.2.10 The relationship between family support (emotional) of respondents and non-adherence to ARV therapy shows that the highest non-adherence to support is 16 people (53.3%). *Spearman rank* statistical test results obtained *p-value* = 0.568> α0.05 this means that there is no relationship between emotional support and non-adherence to taking ARV drugs. OR = 0.109 there is no effect of emotional support with non-adherence to ARV therapy. Friedman (2013) Emotional support is the family as a safe and peaceful place for rest and recovery and helps mastery of emotions. Aspects of emotional support include support that is manifested in the form of affection, trust, attention, listening and being heard. Emotional support involves expressions of empathy, concern, encouragement, personal warmth, love, or emotional support. With all behaviors that encourage feelings of comfort and lead the individual to believe that he is praised, respected, and loved, and that others are willing to give attention (Sarafino, & Smith 2011)

Emotional family support is support in the form of feelings of empathy and sympathy, attention, greetings, feelings of being loved, and trust that lead to feelings of self-acceptance and increasingly motivated to strive for the best for the respondent. On family emotional support, such as being comforted when experiencing sadness in the face of illness, worrying about the respondent's condition with the health condition being experienced. Respondents who feel emotional family support can also be in the form of a willingness to maintain the confidentiality of the respondent's illness, the family never tells of their illness to other people (neighbors or other relatives), while never in the family statement does not let the respondent dissolve in sadness because of his illness. because they do not complain about their situation to their families and prefer to tell their friends what is going on.

11. Rating Support

Table 4.2.8 The relationship between family support (assessment) of respondents with non-adherence to ARV therapy shows that the lowest non-adherence to support is 16 people (53.3%). The results of the *Spearman rank* statistical test obtained *p-value* = 0.674 > α0.05, this means that there is no relationship between assessment support and non-adherence to taking ARV drugs. OR = 0.080 there is no effect of assessment support with non-adherence to ARV therapy. Friedman (2013) Appreciation support or assessment is that the family acts to guide and mediate problem solving, as a source and validator of the identity of family members including providing support, appreciation, and attention. Regarding family support related to the assessment, respondents felt supported by the appreciation given by their families when respondents were willing to undergo ARV treatment and their families were the first to be notified when they were diagnosed with HIV/AIDS. Family support in the form of appreciation is 100% of respondents stated this. Meanwhile, family assessment support continues to expect respondents to stay healthy, carry out positive activities such as their hobbies and give respondents the freedom to interact with other people. Family assessment support is support in the form of being listened to, encouraged, approval of ideas or feelings and positive comparisons of one person with another. Family support can improve a person's coping strategies that are better and more positive.

Research on family support has also conducted by Sri Budiarti (2016), namely emotional family support, which consists of feelings of sympathy, concern, feelings of being loved and trust as a family always discusses the development of the patient's illness while being treated at home through acceptance, a gentle attitude, as well as providing religious support for closer to God and always hope for healing. The results of this study, respondents who received sufficient emotional support were 29 people (65.9%), and 20.5% with good support. Appreciation support is in the form of positive expressions of appreciation for PLWHA, with a good comparison to increase their self-esteem. The study obtained results of 70% of respondents receiving sufficient appreciation support and a good category of 15.9%. financial means for treatment. Respondents who received sufficient instrumental support were 72.9%, in the good

category at 15.9%. While the fourth is informative support in the form of providing information and advice to PLWHA that can be used to express a problem, it can also be in the form of suggestions or instructions that help PLWHA to motivate themselves to be better. In this study, informative support was obtained in the good category by 18.2%, informative support in the sufficient category by 70.5%, for less informative support by 11.4%. (Budiarti, 2016).

Research conducted by Alfiqiyah (2019) says that there is a relationship between social support and adherence to ARV therapy where support from family members and closest friends is one of the indispensable supports for the implementation of ARV therapy and has a major impact on PLWHA to spur their enthusiasm for life. Effect of family support on non-adherence to taking ARV drugs in HIV/AIDS patients at R.VCT RSUD Abepura This is due to the boredom of taking ARV drugs experienced by PLWHA in this study. This happens because PLWHA must take medication for the rest of their life every day and should not be missed. Therefore support is needed from family so that PLWHA no break hope. Low Support families cannot increase the morale of HIV/AIDS patients, so patients HIV/AIDS is increasing break hope to problem health which he faced. On the contrary HIV/AIDS patients who receive family support have a positive effect in living their lives, giving rise to a strong desire to comply with taking medication in living the rest of their lives that are not too bad. long.

Conclusion

Based on the results of research and discussion, it can be concluded as follows:

1. The distribution of high frequency of non-adherence to ARV therapy was 26 people.
2. The frequency distribution of the characteristics of respondents who do not comply with taking medication is mostly in adults as many as 29 people
3. Female gender as many as 20 people
4. Respondents who are in high school are 14 people
5. Respondent which work as many as 27 people
6. Level economy < Rp. 3,100,000 as many as 28 people
7. The relationship between Respondents' Characteristics and non-adherence to taking ARV therapy by gender, the highest non-compliance is in women as many as 17 people
8. There is a relationship between Informational Support and non-adherence to taking ARV drugs
9. There is no relationship between instrumental support and non-adherence to taking ARV drugs
10. There is no relationship between emotional support and non-adherence to taking ARV drugs
11. There is no relationship between assessment support and non-adherence to taking ARV drugs

Suggestion

1. For the Abepura Hospital Service

a. To further improve health services in providing health education about the adverse effects of HIV/AIDS sufferers in non-adherent treatment.

b. More many stage counseling and counseling integrated about dangers of non-adherence to taking medication ARVs.

c. For nurse Give counseling and motivator for patient and family as Drug Taking Supervisor (PMO) in improving medication adherence for HIV/AIDS patients

2. For Institutions Education providing information and developing knowledge in the health sector in increasing adherence to ARV medication.
3. For Patients and Family

a. Patients should remain obedient to taking medication and doing behavior health that can prevent disease from getting worse, so that it can suppress transmission HIV/AIDS.

b. Families should continue to provide support to patients by always reminding and motivating patients to take medication regularly and taking the time to take patients for treatment when the patient needs it. help.

4. For Researchers Next

It is hoped that further research on the factors that influence the level of adherence to taking medication for HIV/AIDS patients will be able to conduct research qualitative about experience participant which no obey drink drug.

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