



The Relationship Between Social Support and Self-esteem in People with HIV/AIDS

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Article information Abstract

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Background: People with HIV/AIDS experience both physical and emotional challenges. The existence of stigma and discrimination significantly affects their self-esteem. However, limited research has explored the direct relationship between social support and self-esteem within healthcare settings, particularly in Indonesia. Understanding this relationship is crucial for developing effective psychosocial interventions. This research aims to determine the relationship between social support and self-esteem in people with HIV/AIDS at VCT Polyclinic RSUP Dr. M. Djamil Padang

Methods: This study used a cross-sectional design conducted between January and August 2024. Data collection took place from June 3 to June 26, 2024, at the VCT Polyclinic of RSUP Dr. M. Djamil Padang. The population consisted of 400 people, with 200 participants selected through an accidental sampling technique. The research instruments included the Multidimensional Scale of Perceived Social Support (MSPSS) for social support and the Rosenberg Self-Esteem Scale (RSES) for self-esteem. Ethical approval was obtained from the Health Research Ethics Committee of RSUP Dr. M. Djamil Padang. Data analysis was conducted univariately (frequency distribution tables) and bivariately using the chi-square test.

Results: The research found that 49.5% of respondents had high social support, while 87.5% had high self-esteem. A significant relationship was observed between social support and self-esteem (p -value = 0.004). Respondents with higher social support were more likely to report higher self-esteem, indicating the importance of social interactions in shaping psychological well-being.

Conclusion: These findings highlight the need for targeted psychosocial interventions to strengthen family and community-based support systems for people with HIV/AIDS. It is recommended that healthcare services actively involve families and close social networks to enhance self-esteem in affected individuals.

Keywords: people with HIV/AIDS, self-esteem, social support, psychosocial factors, mental health in HIV/AIDS

Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain among the most significant global health challenges, causing widespread physical, emotional, and social problems.^{1,2} HIV is a virus that attacks the human immune system through direct transmission.³ Meanwhile, AIDS is a syndrome caused by the progressive weakening of the immune system due to HIV infection.⁴

According to the World Health Organization (WHO), the global prevalence of people living with HIV is 38.5 million.⁵ The Joint United Nations Programme on HIV and AIDS (UNAIDS) reported that in 2018, approximately 37.9 million people were living with HIV, with over 24 million receiving antiretroviral (ARV) therapy by June 2019.⁶ In Indonesia, from January to March 2023, there were 377,650 reported cases of HIV and 145,037 cases of AIDS.⁷ In West Sumatra alone, there were 18,740 HIV cases and 171 AIDS cases, highlighting the region's growing public health concern.⁷ From January to November 2023, an additional 280 new HIV/AIDS cases were reported in Padang City, reflecting an increasing trend.⁸

People with HIV/AIDS face not only physical health challenges but also severe emotional and psychological burdens. The uncertainty of their health status and the lifelong need for treatment contribute to heightened stress and anxiety.⁹ Stigma and discrimination remain major social issues, affecting interactions with society, families, friends, and even healthcare providers.¹⁰ The perception that people with HIV/AIDS engage in high-risk behaviors often leads to rejection and exclusion, which further diminishes their quality of life and mental well-being.^{10,11} This social exclusion can contribute to low self-esteem, feelings of hopelessness, and an increased risk of psychological distress, making it difficult for individuals to adhere to treatment and maintain a positive self-concept.¹⁰

Self-esteem is a crucial psychological component in a person's self-perception and emotional resilience. It reflects an individual's confidence, sense of self-worth, and ability to cope with challenges.¹¹ For people with HIV/AIDS, maintaining positive self-esteem is essential for fostering optimism and improving overall health outcomes.¹² Research has shown that individuals with high self-esteem are better equipped to manage stress, adhere to treatment regimens, and maintain mental well-being, whereas those with low self-esteem are more likely to experience depression, anxiety, and social withdrawal.¹³ In extreme cases, low self-esteem can lead to non-adherence to treatment, ultimately worsening health outcomes.¹²

Based on research it was found that more than half of people with HIV/AIDS (52%) had low levels of self-esteem, where the majority of respondents (64%) stated that they felt that they were not valuable enough.¹² Research of the majority of respondents have low levels of self-esteem where people with HIV/AIDS consider themselves to not have good capabilities and are not satisfied with their own abilities.¹⁵ Research results of was found to be inversely proportional to the two studies where the majority of respondents (77.4%) had a high level of self-esteem indicated by people with HIV/AIDS saying they felt satisfied with themselves and felt they were still valuable even though they were sick.¹⁶ Therefore, it is necessary to increase self-esteem in people with HIV/AIDS to increase the motivation of people with HIV/AIDS in the healing and care process.¹⁰

There are several factors that influence self-esteem, namely age, gender, marital status, length of time diagnosed with HIV, and social support.^{15,17,18} One factor that plays an important role in increasing self-esteem in people with HIV/AIDS is providing social support.¹⁸ The existence of social support from family, friends, society and a community can provide motivation for people with HIV/AIDS to undergo treatment and care, thereby increasing the quality of life and self-esteem of people with HIV/AIDS.¹⁷

Social support is a comfort, appreciation, attention, or help that someone feels from another person or a group. The existence of social support makes people with HIV/AIDS feel appreciated, loved, and feel like they are part of society so that people with HIV/AIDS do not feel discriminated against which will have a positive impact on their health.¹⁹

Social support has a positive effect on the mental health of people with HIV/AIDS, such as increasing self-confidence and motivating people with HIV/AIDS to become better.²⁰ Social support provided by family, friends, close friends, and the community will indirectly help people with HIV/AIDS to reduce stress levels and pressure experienced due to negative stigma from society such as feeling ostracized and discriminated against. The existence of social support makes people with HIV/AIDS enthusiastic to recover, improve the quality of life, and increase self-esteem in people with HIV/AIDS.²¹

According research of it was found that the majority of respondents had social support in the moderate category (48.84%), the poor category (37.21%), and the good category (13.95%) where the majority of respondents did not have family or close friends to share stories and feelings.¹⁹ In addition, based on research it was found that the majority of social support in people with HIV/AIDS was in the good category (77.33%) where the majority of respondents stated that they had good support from their partners, family, friends, and peer groups.²²

Based on this background, this study aims to investigate the relationship between social support and self-esteem among PLWHA at the VCT Polyclinic of RSUP Dr. M. Djamil Padang. *By focusing on a hospital-based setting, this study seeks to contribute to the development of targeted psychosocial interventions and improved counseling strategies for PLWHA.* The findings will provide valuable insights for healthcare professionals, allowing them to integrate social support mechanisms into HIV/AIDS care programs, ultimately enhancing patient well-being.

Methods

The type of research was a cross-sectional research design. The population in this study were people with HIV/AIDS who were treated at the VCT Polyclinic of Dr. M. Djamil Padang Hospital. The sample size in this study was 200 respondents. The sampling technique was accidental sampling. The inclusion criteria in this study were the research subjects willingness to be respondents by signing an informed consent and being able to read and write. The exclusion criteria were respondents with shortness of breath, respondents with dizziness, and respondents with mental disorders (seen from medical records). Data was collected on June 3-26, 2024 at VCT Polyclinic of Dr. M. Djamil Padang Hospital. This setting was chosen because it serves a high number of people living with HIV/AIDS (PLWHA) and provides comprehensive HIV-related healthcare services. This research has received ethical approval from the Health Research Ethics Committee of Dr. M. Djamil Padang Hospital with the number DP.04.03/D.XVI.XI/224/2024.

The instruments were used social support and self-esteem questionnaires. The social support questionnaire used the Multidimensional Scale of Perceived Social Support (MSPSS) questionnaire developed by Zimet et al (1988). The MSPSS questionnaire has been tested for validity and reliability with a Cronbach alpha coefficient of 0.853.²⁴ The questionnaire consists of three aspects, namely family support, friend support, and special person support. The questionnaire consists of 12 question items using a Likert scale with 1 "strongly disagree", 2 "disagree", 3 "agree", and 4 "strongly agree". The measurement result categories are low = 12 - 23, medium = 24 - 35, and high = 36 - 48.

The self-esteem questionnaire used the Rosenberg Self-esteem Scale (RSES) questionnaire. This instrument consists of 10 question items using a Likert scale with four answer choices, namely strongly agree, agree, disagree, and strongly disagree with a score range of 0 - 3. The Rosenberg Self-esteem Scale (RSES) questionnaire has been tested for validity and reliability. The validity test uses construct-identification procedures with internal consistency techniques. The RSES measuring instrument has been proven valid in measuring self-esteem with a correlation coefficient of 0.422 to 0.635. Based on the results of Cronbach's alpha, it was obtained at 0.7 which means reliable.²⁵ Interpretation of the Rosenberg Self-esteem Scale (RSES) questionnaire is divided into two categories, namely high self-esteem with a total score of 16-30 and low self-esteem with a total score ≤ 15 .²⁵

Data analysis in this study used univariate and bivariate analysis. Univariate analysis of this study found out the frequency distribution of respondent characteristics, frequency distribution of social support in people with HIV/AIDS and frequency distribution of self-esteem in people with HIV/AIDS. Bivariate analysis using the chi square test found that there was a relationship between social support and self-esteem in people with HIV/AIDS at the VCT Polyclinic of Dr. M. Djamil Padang Hospital with a p-value 0.004.

Results

The frequency distribution of social support for people with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang is described in Table 1.

Table 1. Frequency Distribution of Social Support in People with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang (n=200)

Social Support	Frequency (f)	Percentage (%)
Low	8	4
Medium	83	46.5
High	99	49.5

Based on Table 1, it was found that less than half (49.5%) of respondents had high social support at the VCT Polyclinic of RSUP Dr. M. Djamil Padang.

The frequency distribution of self-esteem for people with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang is described in Tabel 2.

Tabel 2. Frequency Distribution of Self-esteem in People with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang (n=200)

Self-esteem	Frequency (f)	Percentage (%)
High	175	87.5
Low	25	12.5

Based on table 5.2. above, it was found that the majority (87.5%) of respondents at the VCT Polyclinic of RSUP Dr. M. Djamil Padang had high self-esteem.

The results of the bivariate analysis to see the relationship between social support and self-esteem in people with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang are explained in Table 3.

Tabel 3. The Relationship Between Social Support and Self-esteem in People with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang

Social Support	Self-esteem						P-value
	High		Low		Total		
	f	%	f	%	f	%	
Low	4	50	4	50	8	100	0.004
Medium	82	81.4	11	11.6	93	100	
High	89	86.6	10	12.4	99	100	
Total	175	87.5	25	12.5	200	100	

Based on table 3. it was found that out of 99 respondents with high social support, 89 respondents (86.6%) had high self-esteem compared to having low self-esteem of 10 respondents (12.4%) at the VCT Polyclinic of RSUP Dr. M. Djamil Padang. Of the 93 respondents with moderate social support, 82 respondents (81.4%) had high self-esteem compared to having low self-esteem of 11 respondents (11.6%). In addition, out of 8 respondents with low social support, 8 respondents, some respondents (50%) had high self-esteem and some (50%) had low self-esteem.

After conducting a test using the chi square statistical test, a p-value 0.004 where there was a relationship between social support and self-esteem in people with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang.

Discussions

Based on the research results, it was found that there is a relationship between social support and self-esteem in people with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang with a p-value = 0.004. These results are in line with research where there is a relationship between social support and self-esteem in people with HIV/AIDS with a p-value 0.000.¹⁰ As well as research which states that there is a relationship between social support and self-esteem in people with HIV/AIDS with a p-value 0.000.²⁶ However, after reviewing the available literature, researchers have not found any journals that explicitly state that there is no relationship between social support and self-esteem in people with HIV/AIDS.

Self-esteem is an important component in a person's self-concept, especially people with HIV/AIDS. Self-esteem plays an important role in increasing and maintaining an individual's hope regarding their health condition.¹² A person who has high self-esteem can prevent worry, stress and uncertainty in dealing with physical illness, depression and other mental disorders experienced by people with HIV/AIDS.¹³

One factor that plays an important role in increasing self-esteem in people with HIV/AIDS is providing social support.¹⁸ The existence of social support from family, friends, society and a community can provide motivation for people with HIV/AIDS to undergo treatment and care, thereby increasing the quality of life and self-esteem of people with HIV/AIDS.¹⁷

Social support comes from someone close to the individual such as family, friends, neighbors, and the environment. Social support will make individuals feel valued, cared for, and loved.²⁷ Social support as social support behavior that individuals receive from other individuals and social networks.²⁸ Social support is one of the elements that plays an important role in the quality of life and self-esteem of people with HIV/AIDS. Social support is characterized as a form of attention, comfort, appreciation, and assistance given by others. The existence of social support makes individuals not feel abandoned, feel cared for, loved, and cared for.²⁰ The existence of social support makes people with HIV/AIDS enthusiastic to recover, improve their quality of life, and increase self-esteem in people with HIV/AIDS.²¹

Based on the researcher's analysis of the research results, there is a relationship between social support and self-esteem in people with HIV/AIDS at the VCT Polyclinic of RSUP Dr. M. Djamil Padang. This is proven in the questionnaire that their family and closest people always try to help them (94%), respondents stated that they always get emotional help and support from family and closest people (92%), and respondents stated that their family and closest people always help respondents in making decisions (81%).

The existence of high social support in respondents causes respondents to be more enthusiastic in undergoing their treatment, feel satisfied with themselves, feel valuable, always optimistic in living life, and increase self-esteem. This is proven in the questionnaire that respondents stated that they feel they still have some good qualities (92%), respondents stated that they are able to do a job as well as others (91.5%), and respondents stated that they agree that they can respect themselves more (92%).

In addition, in the results of the study, there were 10 respondents (12.4%) with high social support who had low self-esteem. This was proven in the questionnaire where respondents stated that they strongly agreed that there was not much to be proud of about themselves (8.5%), respondents stated that they strongly disagreed with being satisfied with themselves (7.5%), and respondents stated that they strongly agreed that they tended to see themselves as people who failed in many ways (7.5%). In addition, low self-esteem can be influenced by age, gender, marital status, and length of time diagnosed with HIV.

The results of the researcher's analysis indicate that social support is closely related to improved self-esteem in people living with HIV/AIDS. One of the strengths of this study lies in its research design, which adopts a cross-sectional approach. The design enables the identification of a relationship between social support and self-esteem, providing valuable insights for health workers to enhance and develop intervention aimed at increasing social support for people living with HIV/AIDS. Additionally, the large sample size of this study enhances the generalizability of the findings to a broader population. However, this study also has its limitations. Being a cross-sectional study, it does not allow for the evaluation of complementary therapies to enhance self-esteem in people living with HIV/AIDS. The implication of this study is that health workers are encouraged to educate families and close contacts of people living with HIV/AIDS to promote social support and consequently improve their self-esteem.

Conclusions

This study examined the relationship between social support and self-esteem in people living with HIV/AIDS (PLWHA) at the VCT Polyclinic of RSUP Dr. M. Djamil Padang. The findings indicate a significant association between higher levels of social support and increased self-esteem among PLWHA ($p = 0.004$). These results highlight the crucial role of emotional, informational, and instrumental support in enhancing psychological well-being and overall quality of life in individuals diagnosed with HIV/AIDS.

This study contributes to the existing literature by exploring the psychosocial aspects of HIV/AIDS care in a hospital-based setting, particularly in Indonesia.^{27,28} Unlike previous studies that primarily focused on treatment adherence, this research emphasizes the importance of social relationships in fostering positive self-worth and

emotional resilience in PLWHA. The findings suggest that integrating structured social support interventions into HIV/AIDS care could improve mental health outcomes and promote better treatment engagement.^{29,30}

Based on these findings, it is recommended that healthcare providers implement targeted interventions to strengthen social support networks for PLWHA.^{10,15} VCT clinics should incorporate peer support programs, family counseling sessions, and community-based initiatives to enhance the support systems surrounding PLWHA. Additionally, healthcare professionals should receive training on psychosocial support strategies to help reduce stigma and improve patient well-being.^{29,30}

Despite its contributions, this study has some limitations. The cross-sectional design prevents the establishment of causality between social support and self-esteem, and the use of accidental sampling may limit generalizability. Future research should consider longitudinal studies to assess the long-term impact of social support on self-esteem and explore additional psychological variables such as coping mechanisms and stigma perception.

In conclusion, strengthening social support systems should be a key component of HIV/AIDS care to enhance the psychological resilience of PLWHA. By fostering inclusive and supportive environments, healthcare providers can play a critical role in improving the mental health and overall well-being of individuals affected by HIV/AIDS.

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Declarations of competing interest

No potential competing interest was reported by the authors.

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