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THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND QUALITY OF LIFE OF PERSONS WITH DISABILITIES IN THE INDONESIAN ASSOCIATION OF PERSONS WITH DISABILITIES (PPDI) BOJONEGORO BRANCH

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Abstract
Background: People with disabilities still face various social, psychological, and health limitations that can affect their quality of life. Family support is an important factor in improving the welfare of people with disabilities. Objective: This study aims to analyze the relationship between family support and the quality of life of people with disabilities in the Indonesian Disability Association (PPDI) Bojonegoro Branch. Method: The study used a quantitative correlational design with a cross-sectional approach. The study population was 125 PPDI community members and a sample of 56 respondents was determined using the Slovin formula with a simple random sampling technique. Data collection used a family support questionnaire and WHOQOL-BREF. Data analysis was carried out univariately and bivariately using the Spearman rho test with a significance level of $p \leq 0.05$. Results: A total of 50% of respondents had good family support and 54% had a good quality of life. The results of the Spearman rho test showed a significant relationship between family support and quality of life ($p = 0.000$) with a very strong positive correlation strength ($r = 0.931$). Conclusion: The better the family support received by people with disabilities, the better their quality of life in the PPDI Community, Bojonegoro Branch.

Keywords: Disability, Family Support, Quality Of Life, Social Support, WHOQOL-BREF

INTRODUCTION

People with disabilities still face various social, psychological, and health barriers that impact their quality of life. Globally and nationally, the number of people with disabilities continues to increase, including in Indonesia, which will reach approximately 22.97 million by 2023. This situation highlights the importance of addressing the quality of life of people with disabilities, particularly through family support as the closest environment that plays a role in their physical and psychological well-being (WHO, 2022; Zanzibar & Akbar, 2023).

In Indonesia, people with disabilities still frequently experience discrimination and limited social participation. This phenomenon was also observed among members of the Indonesian Association of People with Disabilities (PPDI) Bojonegoro Branch, who experienced a lack of family attention, emotional neglect, and low social acceptance. These conditions lead some people with disabilities to choose to join communities for social and emotional support (Apsari & Raharjo, 2021; Iron Muntafiroh, 2019).

Previous research has shown that family support has a positive relationship with the quality of life of people with disabilities. Emotional support, appreciation, and attention from family can increase self-confidence, social adaptability, and psychological well-being of people with disabilities. In Quality of Life (QoL) theory, quality of life is influenced by interrelated physical, psychological, social, and environmental dimensions (Dayanti & Pribadi, 2022; WHO, 2022).

However, several studies have shown that the quality of life of people with disabilities is influenced not only by family support but also by economic factors, education, access to healthcare, and social acceptance. Furthermore, previous research has been conducted primarily in rehabilitation institutions and has not examined local community-based populations for people with disabilities, particularly in the Bojonegoro area (Larasati *et al*., 2022; Putri & Hidayati, 2021).

Given these conditions, there is still limited research on the relationship between family support and the quality of life of people with disabilities in local communities. This study was conducted to analyze the relationship between family support and the quality of life of people with disabilities in the PPDI Community, Bojonegoro Branch, using a Quality of Life (QoL) theory approach.

This research is important because it can provide theoretical and practical contributions to the development of psychiatric and community nursing. The novelty of this research lies in its focus on community-based studies with a comprehensive QoL approach. The results are expected to inform the development of social interventions and family support to improve the quality of life for people with disabilities.

METHOD

This study used a quantitative approach with a correlational and cross-sectional design to determine the relationship between family support and the quality of life of people with disabilities in the PPDI Community, Bojonegoro Branch. Data were collected once using a questionnaire, then analyzed statistically to determine the relationship between variables (Nursalam, 2017; Creswell & Creswell, 2023).

The study population consisted of 125 members of the PPDI Community, Bojonegoro Branch. The sample size of 56 respondents was determined using the Slovin formula and a probability sampling technique using simple random sampling, ensuring that each member of the population had an equal chance of becoming a respondent (Sugiyono, 2022; Sudaryono, 2021).

The research instruments used two types of questionnaires: the Family Support Questionnaire and the WHOQOL-BREF. The Family Support Questionnaire consists of 12 items covering emotional, esteem, instrumental, and informational support, while the WHOQOL-BREF consists of 26 items measuring physical, psychological, social, and environmental domains. Both instruments have been declared valid and reliable for use in research (WHO, 2022; Arnoldus, 2019).

The research began with obtaining research permits from the relevant institutions and the management of the PPDI Community, Bojonegoro Branch. After sample selection, respondents were provided with an explanation of the research objectives and informed consent before completing the questionnaire. Data collection was conducted in person in February 2025, with researcher assistance throughout the questionnaire completion process (Notoatmodjo, 2021; Creswell & Creswell, 2023).

The research data were analyzed using univariate and bivariate analyses using SPSS version 25.0. Univariate analysis was used to describe the frequency distribution of each variable, while bivariate analysis used the Spearman rho test to determine the relationship between family support and the quality of life of people with disabilities. A significance value of $p \leq 0.05$ indicates a meaningful relationship between the variables (Sugiyono, 2022; Nursalam, 2017).

This study complies with ethical research principles, including informed consent, anonymity, confidentiality, and beneficence. It also obtained ethical clearance from the Health Research Ethics Committee of Rajekwesi Health College, Bojonegoro, with the number

002/KEPK/LPPM.STIKes.R/II/2025, to ensure the safety and confidentiality of respondents during the study (Nursalam, 2017).

RESULTS AND DISCUSSION

General Data

Table 1.Organoleptic Results

No.	Characteristics	Criteria	Amount	%
1.	Gender	Man	34	61%
		Woman	22	39%
	Total		56	100%
2.	Age	<20 Years	1	2%
		20 – 40 Years	20	36%
		41 – 60 Years	35	63%
		>60 Years	0	0%
	Total		56	100%
3.	Last education	Elementary School	9	16%
		JUNIOR HIGH SCHOOL	25	45%
			21	38%
		SENIOR HIGH SCHOOL	1	2%
	Total		56	100%
		Bachelor		
4.	Respondent's Occupation	Doesn't work	5	9%
		Laborer	18	32%
		Students	1	2%
		Self-employed	28	50%
		Etc	4	7%
	Total		56	100%
5.	Marital status	Married	32	57%
		Not married yet	19	34%
		Etc	5	9%
	Total		56	100%
6.	Since When Have You Had a Disability?	Since Birth	38	68%
		Accident/Disaster	13	23%
		Etc	5	9%
	Total		56	100%

Based on demographic characteristics, the majority of respondents with disabilities were male (34 people (61%), aged 41–60 years (35 people (63%), and had a minimum education of junior high school (25 people (45%). Half of the respondents worked as self-employed (28 people (50%), the majority were married (32 people (57%), and the majority had disabilities since birth (38 people (68%).

Special Data

Table 2. Frequency Distribution of Family Support

No	**Variables**	**Amount**	
	Family Support	**(N)**	**(%)**
1.	Bad	0	0%
2.	Currently	28	50%
3.	Good	28	50%
	Total	**56**	**100%**

Based on table 2, it is known that 28 respondents (50%) have good family support.

Table 3. Frequency Distribution of Quality of Life

No	Variables	Amount	
	Quality of Life	**(N)**	**(%)**
1.	Very bad	0	0%
2.	Bad	0	0%
3.	Currently	26	46%
4.	Good	30	54%
5.	Very good	0	0%
	Total	**56**	**100%**

Based on table 3, it is known that 30 respondents (54%) have a good quality of life.

Table 4. Cross-tabulation between family support and quality of life of people with disabilities in the Indonesian Disability Association (PPDI) Bojonegoro Branch

mily Support	**Quality of Life**										**Total**	
	Very bad		Bad		Currently		Good		Very Good			
	N	%	N	%	N	%	N	%	N	%	N	%
Not enough	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Currently	0	0%	0	0%	26	46%	2	4%	0	0%	28	50%
Good	0	0%	0	0%	0	0%	28	50%	0	0%	28	50%
Total	0	0%	0	0%	26	46%	30	54%	0	0%	56	100%
Spearman's Rho statistical test value p = 0.000 (α = 0.05) (r = 0.931)												

The results of the study in Table 4 show that the majority of respondents (50%) had good family support and a good quality of life. Furthermore, 46% of respondents had moderate family support and a moderate quality of life. However, 4% of respondents had moderate family support but a good quality of life. The relationship between family support and quality of life was further analyzed using the Spearman Rho statistical test, and the results are presented in the following table.

Table 5. Correlation Strength Level Criteria

Coefficient	The Power of Relationships
0.00 – 0.25	Very Weak Relationship
0.26 – 0.50	Enough Relationship
0.51 – 0.75	Strong Relationship
0.76 – 01.00	Very Strong Relationship

The Spearman Rho statistical test results showed a significance value of p = 0.000 (p < 0.05), so H0 was rejected and H1 was accepted. This means there is a relationship between family support and the quality of life of people with disabilities in the PPDI Community, Bojonegoro Branch. The positive correlation coefficient (r) value indicates a very strong relationship, so the better the family support provided, the better the quality of life of people with disabilities.

Discussion

This study was designed to determine the relationship between family support and the quality of life of people with disabilities in the Bojonegoro branch of the Indonesian Association of People with Disabilities (PPDI). Based on this research objective, the following are discussed:

Support for Families of Persons with Disabilities

Based on Table 2, it is known that 28 people (50%) received moderate family support for people with disabilities in the PPDI Community, while 28 people (50%) received good family support. The results of this research analysis are supported by research(Husna *et al*., 2024), entitled The Influence of Family and Social Support on the Social Functioning of People with Psychosocial Disabilities in North Aceh and Pidie. The results of the study showed that 10 people (50%) received moderate family support and 5 people (25%) received good family support. The extent of family support for people with disabilities includes informational, assessment, instrumental, and emotional support.

Family support is providing support to members through informational, appraisal, instrumental, and emotional support. Thus, family support is an interpersonal relationship that includes attitudes, actions, and acceptance of family members so that family members feel that someone cares about them. According to Friedman (2010) in(Sutini, 2019).

Family support is defined as advice, verbal information, non-verbal information, real assistance, or behavior provided by people who are familiar with the subject in their environment, or in the form of presence and things that can provide emotional benefits and influence the recipient's behavior (Smet, 1994 in Christine, 2010) in(Jayanti, 2022). According to Rahayu (2008) in(Sutini, 2019), factors that significantly influence family support are internal and external factors. Internal factors include age, education, emotional factors, and spirituality. External factors include family practices, socio-economic factors, and cultural background. The results of identifying family support for members of the PPDI Community, Bojonegoro Branch, indicate that people with disabilities have relatively good family support. The most dominant form of family support provided to respondents is appraisal support. Appraisal support takes the form of expressions of respect or positive appreciation for respondents. Support can take the form of encouragement, agreement with respondents' opinions, positive appreciation, and positive comparisons with others. This form of support can help build self-confidence and competence for people with disabilities. In this study, more than half of the respondents were aged 41-60 years (63%). Developmental stage (age) significantly influences family support, as each age range (from infants to the elderly) has a different understanding and response to health changes. Meanwhile, regarding education, this study found that most of the respondents had a junior high school education (SMP) (45%). This can influence people with disabilities' confidence in the existence of support. Cognitive abilities will influence the way people with disabilities think, such as the ability to understand factors related to disease and use their knowledge about health to maintain their own health.

This study found that the respondents' families provided support, with the most dominant form being appraisal support rather than informational support. Appraisal support takes the form of expressions of respect or positive appreciation for the respondents. This support can take the form of encouragement, agreement with the respondents' opinions, positive appreciation, and positive comparisons with others. This form of support can help build the self-confidence and competence of people with disabilities.(Maria, 2021)Appraisal support refers to the emotional support and positive recognition received from family. Praise and appreciation from family have a significant impact on the psychological well-being of people with disabilities, especially when facing difficult times. Sincere praise from family can boost the self-esteem and confidence of people with disabilities. Appraisal support includes providing attention to people with disabilities. Attention from family shows that people with disabilities feel valued and motivated to continue trying. This attention can take various forms, such as: regularly asking how they are and how they are feeling, taking the time to listen to the person's concerns, helping people with disabilities with daily activities if they are experiencing difficulties, and providing moral support and encouragement.(Lubis *et al*., 2024). Assessment support also includes acceptance and understanding of the condition of people with disabilities. Families accept that the illness experienced by people with disabilities is an unwanted event

and beyond their control. This understanding is very important because it can reduce the emotional burden and guilt that people with disabilities may feel. This understanding can also help people with disabilities become calmer and more peaceful, reduce shame due to illness, increase self-acceptance of their health condition, gain strong emotional support from the family, and focus on recovery or managing the health condition of the person with disabilities without stress or stigma.(Lubis *et al*., 2024).

According to research findings, informational support is the smallest or lowest level of family support among the four domains of family support. This low level of support stems from a lack of information received from family members regarding the health of people with disabilities, such as information about examination results and treatment from doctors, reminders about check-ups, medication, exercise, and eating. Families also fail to remind people with disabilities about behaviors that worsen their illness and fail to provide explanations when they ask about unclear issues. According to(Bagus Virgiana *et al*., 2024)Providing adequate informational support for people with disabilities can further increase their knowledge and awareness. Informational support helps families and people with disabilities better understand their conditions. Families can also inform and make decisions regarding their health care. This information helps plan the steps needed to support people with disabilities.

This means that family support for people with disabilities is essential for those experiencing physical and mental limitations. Therefore, families play a crucial role in assisting people with disabilities in carrying out daily activities and building their self-confidence.

Quality of Life for Persons with Disabilities

Based on Table 1, it can be seen that more than half of the 56 respondents, namely 30 people (54%), of the disabled in the PPDI Community, Bojonegoro Branch, achieved a high quality of life. Furthermore, 26 people (46%) of the 56 respondents achieved a moderate quality of life. These analysis results are supported by research.(Alfendra, 2022), entitled The Relationship Between Social and Spiritual Support and Quality of Life in Deaf-Mute People in the Surakarta Residency. The results of the study showed that the quality of life of deaf-mute people in the Surakarta Residency was good, namely (75.8%). The high quality of life in people with disabilities covers 4 domains: physical health, psychological domain, social relationships domain, and environmental domain.

Quality of life is a person's perception of their position in life within the context of their culture, value system, and its relationship to life goals, expectations, standards, and other elements. Quality of life consists of many different and complex things, including physical health, psychological status, level of freedom, social relationships, and the environment (World Health Organization, 2021).(Jayanti, 2022). According to (Handini, 2011) in(Jayanti, 2022)Quality of life is a level that describes a person's excellence that can be measured from their life. This excellence is usually measured by their life goals, personal control, relationships with others, personal progress, intellectual, and material conditions. Factors that influence quality of life are age, education, marital status, family, employment, and relationships with others. In this study, data obtained from the employment status of community members showed that most were self-employed (50%). This significantly influences their quality of life because there are differences in quality of life between students, those who work, those who are unemployed (or looking for work), and those who are unable to work (or have certain problems). People who work will certainly have a good quality of life, because they can be independent in meeting their needs and not bother others. This study also found that the majority of community members who have a good quality of life are married (57%). This is because marital status can also influence a person's quality of life. The quality of life of married people is better than that of unmarried people because married couples make them happier with a partner who always accompanies them. Another factor that can influence the quality of life of people with disabilities is family (28%). Family is a factor that influences quality of life. An intact and harmonious

family will have a better quality of life because it can provide support and affection to improve quality of life. The results of this study also show that more than half of the respondents have had disabilities since birth (68%). People with disabilities who have had limitations since birth will be able to accept themselves more easily. Positive self-acceptance contributes significantly to the meaningfulness of life for people with disabilities. The better individuals accept themselves, the higher the quality of life they will achieve.

The research found that people with disabilities were satisfied with the facilities and infrastructure provided by their families. A comfortable environment makes people with disabilities feel safe when they are with their families. Family has a significant influence on the quality of life of people with disabilities. These factors include physical and health conditions, psychological aspects, and independence.

The Relationship Between Family Support and Quality of Life of People with Disabilities

The Spearman Rho correlation test results show a significance value of p = 0.000. This indicates that p <0.05 so it can be concluded that H0 is rejected and H1 is accepted which means there is a relationship between family support and the quality of life of people with disabilities in the Indonesian Disability Association (PPDI) Bojonegoro Branch. Based on the correlation coefficient value (r = 0.931), it shows a very strong relationship with a positive correlation direction which means the better the family support, the better the quality of life of people with disabilities. From the results of the study, a significant relationship was obtained between family support and the quality of life of people with disabilities with a value of 0.931 which means the level of relationship is very strong. Seen from the results of the questionnaire that the family always accompanies people with disabilities in carrying out activities, the family also has a very important role for people with disabilities, especially in terms of health. Therefore, strong family support can improve the quality of life of people with disabilities because they will be more confident and feel safe when with their families.

Based on the research results, 30 people with disabilities (54%) also experienced a good quality of life. Family support was found to be significantly related to their quality of life, as the number of people with disabilities experiencing a good quality of life was greater than those experiencing a poor quality of life.

The family plays a supportive role for other family members, always ready to provide assistance when needed. Family support is a process that occurs throughout life. The results of this study are consistent with research conducted by Ade Jayanti Nasution, which showed that of the 60 respondents studied, a correlation value of 0.595 was found between family support and quality of life. The difference between the results of this study is the correlation value, where the correlation value in the study conducted by Ade Jayanti Nasution had a strong correlation value, while this study has a very strong correlation value. This is because in this study, respondents found that they have families who are always supportive and always present in every activity. Seen from every activity that is always accompanied by family.

According to Friedman (2003) in(Islamiati, 2021), stated that the most effective preventive intervention approach is family support, which allows members to obtain social support that people with disabilities have not used before and makes people with disabilities believe that the people who support them are always ready to help if people with disabilities need help.

As a process of family relationships with its social environment, family support has four dimensions of interaction, namely: reciprocity (mutuality), feedback (quality of communication), and emotional involvement (depth of intimacy and trust) in social relationships. The nuclear family and extended family act as a support system for family members and are active actors in modifying and adapting the community of personal relationships to achieve a state of change (Friedman, 2003) in(Islamiati, 2021).

The results of this study revealed two respondents with moderate family support but a good quality of life. This is because the family support questionnaire showed that these respondents received insufficient

information from their families regarding their health after their examinations. Their families provided respondents with little information regarding their examination results. However, they nevertheless had a good quality of life. One factor influencing the quality of life of people with disabilities is relationships with others. This is consistent with the perceptions of respondents with moderate family support but a good quality of life. They have a good quality of life because they participate in the PPDI community, which receives a lot of support from friends. The above description is supported by research.(Subekti & Dewi, 2022), which shows that even with moderate levels of family support, individuals can still achieve a good quality of life that supports the well-being of people with disabilities. Other factors that can influence the quality of life of people with disabilities include individual factors, other sources of support, social support, individual well-being, and environmental conditions. This suggests that quality of life is the result of the interaction of various elements, not just dependent on a single source, namely family support.

CONCLUSION

This study shows a significant relationship between family support and the quality of life of people with disabilities in the Indonesian Disability Association (PPDI) Bojonegoro Branch. The Spearman Rho test results obtained a p value = 0.000 with a correlation coefficient of r = 0.931, indicating a very strong and positive relationship. This finding indicates that the better the family support received by people with disabilities, the better their quality of life, both in physical, psychological, social, and environmental aspects. Family support, predominantly in the form of assessment and emotional support, has been shown to help increase the self-confidence, comfort, and social adaptation abilities of people with disabilities in daily life. In addition, the existence of the PPDI community also provides additional social support that contributes to the respondents' quality of life.

However, this study has several limitations, including the relatively small sample size and the limited scope of the study, which was conducted in only one community, making the results difficult to generalize widely. The study also used a cross-sectional design, which only describes the relationship between variables at a single point in time and is unable to fully explain causal relationships. Therefore, further research is recommended using a larger sample size, involving various communities of people with disabilities, and using a longitudinal or mixed methods approach to obtain a more comprehensive picture. Practically, the results of this study are expected to serve as a basis for health workers, families, and the government in developing mentoring programs, family education, and community-based interventions to improve the quality of life of people with disabilities in a sustainable manner.

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