

The Efficacy of Mindfulness Therapy with Family Centered Care Approach on Mental Recovery of People Living with HIV/AIDS (PLWHA) in Sorong City

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ABSTRACT

HIV / AIDS and mental disorders are very closely related, the prevalence of mental disorders in people living with HIV / AIDS during hospitalization and outpatient care has been reported to between 5% and 32%. West Papua is one of the provinces where the incidents of HIV / AIDS are quite high, 7,324 infected with 838 mortality cases. Sorong City, in particular, there are in total 1.833 HIV / AIDS cases, consist of 1.783 HIV cases and 583 AIDS cases, with 261 mortality cases. The purpose of this research was to determine the efficacy of Mindfulness Therapy with the Family-Centered Care Approach on Mental Recovery of People Living with HIV / AIDS (PLWHA) in Sorong City. The type of this research was quasi-experimental, in which as many as 30 respondents were taken as samples. The data were analyzed with the dependent-T Sample test. The results showed that Mindfulness Therapy with the Family-Centered Care Approach is effective in the Mental Recovery of People with HIV / AIDS (PLWHA) in Sorong City with a significant value of 0.00 <0.005. This research suggests that mental care is needed to improve the quality of life for PLWHA.

Keywords: PLWHA, Mindfulness Therapy and Family-Centered Care

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INTRODUCTION

HIV/AIDS is a significant cause of death and disability, especially in low- and middle-income countries. In 2016, the global there are 36.7 million PLWHA (People living with HIV/AIDS), and the number continues to increase until now. West Papua is among the largest number of HIV sufferers based on provinces in Indonesia, as reported by the Ministry of Health in 2017⁽¹⁾. West Papua is one of the provinces with a high incidence of HIV/AIDS which affected 7,324 people and 838 mortality cases. Especially in Sorong city the total number of HIV/AIDS incidences is 1,833, consists of 1783 cases of HIV and 583 cases of AIDS, and 261 mortality cases⁽²⁾.

People with HIV experience physical and psychological burdens with a fairly high prevalence. This has implications for the public and clinical health sectors⁽³⁾.

HIV/AIDS and Mental disorders are very closely related. The prevalence of mental disorders in hospitalized people with HIV/AIDS and outpatient has been reported to between 5 % and 32%. Some studies have reported risk factors for HIV transmission behavior ranging between 30% and 60% of people with severe mental illness⁽⁴⁾.

A study that conducted screening about symptoms of mental disorders and referrals to mental health services was associated with a decrease in depressive symptoms among people living with HIV/AIDS (PLWHA) in Vietnam. Of the four hundred PLWHA, 63.5% were male, an average age of 34.8 at two outpatient clinics in Ho Chi Minh City interviewed by psychiatrists using the Depression scale (CES-D). A total of 174 (43.5%) identified with symptoms of various mental illnesses, including depression, anxiety, alcohol use disorders, drug use disorders, and HIV-related dementia, and were referred to mental health services⁽⁵⁾.

According to Green, HIV/AIDS can result in death and psychological problems such as fear, pessimism, negative thinking, and being secluded from society. These psychological problems could lead to psychological fear.

Frequent psychological distress is depression, grieving, despair, helplessness, low self-esteem, feelings of guilt, feeling worthless, wanting to end life, psychosocial, pessimistic about life, sleep disorders, and absence of appetite⁽⁴⁾.

From research conducted by Chandra and a team from the National Institute of Mental Health & Neurosciences, India suggested that the HIV that attacks parts of the brain will cause symptoms of certain mental disorders. Examples include mood disorders, personality disorders, and anxiety disorders. WHO explained that the issue of HIV/AIDS and mental health are two inseparable things. Mental problems can lead to HIV, and vice versa. HIV can cause psychiatric problems⁽⁴⁾.

Kalichman in Hutapea suggested that for people with HIV/AIDS aged 45 and over, one in four of them have thoughts to end their lives due to the disease. This is due to depression due to the stigma and discrimination faced by PLWHA, and both are known to negatively affect the quality of life and treatment outcomes⁽⁶⁾. People with HIV/AIDS feel that death is very close, feel guilty for the behavior that causes being infected, and feel ostracized from their environment.

Depression can also make PLWHA (People With HIV/AIDS) in worse condition because they do not take medication, do not conform to drug doses, poor diet, unhealthy foods, misuse of drugs, alcoholism, and psychosocial experience. So, people with HIV/AIDS need physical and mental care⁽⁷⁾.

One type of therapy given to people with mental disorders is Mindfulness Therapy. Mindfulness Therapy can decrease stress and anxiety, due to the condition of the individual who consciously brings his experience to the current condition with a full sense of openness and a sense of acceptance⁽⁷⁾.

Mindfulness Therapy can help raise individual awareness. The results of the study related to mindfulness showed a decrease in anxiety in earthquake survivors. Besides, research conducted by Triman (2017) shows that mindful

breathing can effectively decrease the experience of angry emotions in adolescents⁽⁸⁾.

HIV/AIDS affects not only the sufferer but also their entire family⁽⁹⁾. Many PLWHA do not want to be accepted by the family, they are ashamed to have family members who have HIV/AIDS. While on the other hand the family desperately needed its role in the process of mentalization.

Family support is needed by PLWHA to recover mentally. PLWHA, which has the support of the family, can recover and interact socially in its environment.

Many PLWHA prefers to be treated at home rather than in the hospital because home treatment can reduce the medical expenses of this disease. The patients will also feel more comfortable being near their families. The family is the person closest to the patient and is considered to know the most about what the patient is experiencing and is considered the most influential to the patient. So, the family is very important in the treatment and healing⁽⁸⁾.

Family-Centered Care is a treatment that focuses on providing the role or involvement of the family, the role of the family will give the power to create alternatives or other solutions in care, and improve the normal order in the daily life of PLWHA⁽¹⁰⁾.

According to Siboro (2013)¹¹ in his research, PLWHA received support from the family has a strong positive relationship to its social function with a spearman rank correlation value of 0.67. This means that the family has an important role in the mental recovery of ODHA to be able to re-socialize in society.

METHOD

This research is using the quasi-experimental method, using one group pre-test-posttest design, pre-test conducted before the intervention is given, and post-test conducted after the intervention. Research is carried out after obtaining ethics approval. The research

was held in Sorong City from October to November 2018. The sample number of 30 people, with inclusion criteria.

- 1) PLWHA that has psychosocial problems that are related to individual, family, group, or society.
- 2) Minimum has a high school education
- 3) Domiciled in Sorong City
- 4) Willing to participate in research. The research procedures are as follows:

a. Pre-test:

- 1) Researchers apply for research permits to the City Health Office.
- 2) The researcher provides a research explanation sheet or explains the research to PLWHA for research purposes, and if willing to participate then the respondent signs informed consent.
- 3) PLWHA is given a questionnaire sheet to be filled in according to the reference stated on the questionnaire.
- 4) Researchers collect the questionnaire that has been filled out by PLWHA then check the entire contents of the questionnaire, for further data processing. The data analysis results are assisted by psychologists.
- 5) PLWHA identity is not listed, confidentiality is maintained, and is only given a specific code.

b. Intervention

Before intervening, researchers taught how to administer Mindfulness Therapy to the respondent's family and provided a guidebook for the implementation of therapy to study. After the respondent's family understood and they know how to do it, the researchers

and the respondents intervened with PLWHA in 8 meetings, 6 therapeutic interventions, and 2 tests for measurement (Pre-Test and Post Test). The intervention was given 3 times by researchers and 3 times given by the PLWHA's family.

c. Post-tests

- 1) PLWHA is given a questionnaire to be filled out according to the instructions stated on the questionnaire.
- 2) Researchers collect the questionnaire that has been returned by PLWHA then check the entire contents of the questionnaire for further data processing. The data analysis results are assisted by psychologists.
- 3) PLWHA identity is not listed, confidentiality is maintained and only given a specific code.
- 4) The data is analyzed using the T-Test dependent test (Paired Sample T-Test).

RESULTS

1. Univariate Analysis

Table 1. Frequency Distribution based on PLWHA Age in Sorong City

NO	AGE	SUM	
		n	%
1.	17-25	7	23,3
2.	26-35	11	36,7
3.	36-45	11	36,7
4.	46-65	1	3,3
SUM		30	100

Based on table 1, of the 30 respondents, the highest age group was aged 26-35 years and 36-45 years were 11 (36.7%).

Table 2. Frequency Distribution by Gender PLWHA in Sorong City

NO	GENDER	SUM	
		n	%
1	Male	1	3,3
2	Female	29	96,7
SUM		30	100

Based on table 2, of the 30 respondents 1 (3.3 %) male and 29 (96.7) females.

Table 3. Frequency Distribution Based on PLWHA Education in Sorong City

NO	Education	SUM	
		n	%
1	Senior High School / Equivalent	24	80,0
2	Junior High School	3	10,0
3	Elementary School	3	10,0
Sum		30	100

Based on table 3, out of 30 respondents, the highest education is Senior High School /Equivalent which is 24 (80%).

2. Normality Test of the data is presented in the following table:

Table 4. Kolmogorov-Smirnov Test One-Sample Data Normality Test

		PRETEST	POSTEST
N		30	30
Normal Parameters	Mean	83.47	160.03
	Std. Deviation	25.071	28.371
Most Extreme Differences	Absolute	.204	.211
	Positive	.204	.088
	Negative	-.131	-.211
Kolmogorov-Smirnov Z		1.120	1.153
Asymp. Sig. (2-tailed)		.163	.140

Based on the table above, the significant pre-test value is 0.163 > 0.005 and the significant post-test value is 0.140 > 0.005. This indicates that the pre-test and post-test data is

distributed normally, then tested using the parametric statistic that is Dependent T-Test.

3. Paired T-Test Sample

Table 5. Effectiveness of Mindfulness Therapy with Family-Centered Care Approach to Mental Recovery of People With HIV/AIDS (PLWHA) in Sorong City

		Paired Differences				t	df	Sig. (2-tailed)	
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower				Upper
Pair 1	PRETEST - POSTEST	-76.567	22.232	4.059	-84.868	-68.265	-18.864	29	.000

Based on the table above, after being analyzed using the statistic of the Test Paired Sample Test (dependent t-test), the data above obtained a significant value of 0.00 < 0.05. This shows that Mindfulness Therapy with a Family-Centered Care Approach is effective towards the Mental Recovery of People With HIV/AIDS (PLWHA) in Sorong City.

DISCUSSION

A healthy person can maintain his/herself balance and environment, and vice versa, if he/she is unable to defend himself/herself and his/her environment, he/she will experience pain or other health problems. There is an inseparable link between physical and mental health. Mental problems affect physical health, diseases can attack the brain and body, and physical illness affects the mental, mental disorders can affect the course of physical illness⁽¹²⁾, Any change in life will have a reciprocal effect, as a result of social changes or social pressures that can lead to psychosocial problems such as secluding themselves from any social environment. As well as PLWHA, HIV/AIDS positive status causes a variety of problems, both with acceptance of self-status and acceptance of

people closest to the person with HIV positive status. The most difficult aspect of dealing with an HIV-positive diagnosis is feeling threatened and unable to deal with the situation at the same time and having to do a lot of changes in lifestyle and behavior in order to protect themselves and others⁽¹³⁾. PLWHA often feels unwanted by families and communities, they are seen as a dangerous group that can transmit diseases, conditions like this will lead to unstable emotional situations such as PLWHA secluding themselves, not be able to express their feelings, and being socially isolated from nearby families and people⁽¹³⁾. A study shows the importance of mental health services in the treatment of people living with HIV/AIDS⁽¹⁴⁾. To improve and restore PLWHA's mental state, which can be done with mindfulness therapy, research from Oxford University found that 38% of patients who received cognitive mindfulness therapy did not relapse easily within 60 months compared to patients who did not receive this therapy⁽¹⁵⁾. Based on the results of the study found that Mindfulness Therapy with An Effective Family-Centered

Care Approach to The Mental Recovery of People With HIV /AIDS (PLWHA) in Sorong City with a significant value of $0.00 < 0.005$, because mindfulness therapy can reduce stress and anxiety after a stressor occurs in PLWHA. PLWHA's condition consciously brings his/her experience to his/her current state with a sense of openness and accepting what is happening today. It is also influenced by the family's acceptance of the condition experienced by PLWHA by being involved in the therapy, so that PLWHA doesn't feel lonely in the time of bearing the burden of the disease, no longer feeling judged and isolated from their families and social environment.

Family plays an important role not only in the recovery of the patient's condition but also to develop and improve the family's ability to overcome health problems in the family especially the mental and personality problems of family members ⁽¹⁶⁾.

The success of this therapy is also influenced by the maturity of PLWHA in dealing with the disease, a person's maturity can be influenced by age. The average age of PLWHA in this study was between 17-51 years (Table 5.1), Gender is also the thing that can make a difference to behavior, as women are more diligent than men in dealing with their pain. Men and women respond to pain in different ways. A study showed that women express their pain more quickly and quickly seek treatment than men ⁽¹⁷⁾. This is in line with the results of the study that 96.7 % are women (Table 5.2). Education also contributes to 80% of PLWA in high school education (Table 5.3), at this level of education has been able to conduct knowledge analysis so that therapy can be carried out properly.

This research is in line with research conducted by Triman ⁽⁷⁾ showing that mindful breathing can decrease emotions significantly statistically ($t(21)=8,763$, $p<0.01$). These results suggest that mindfulness techniques can significantly decrease the experience of angry emotions after the emotional induction process. Other studies have suggested mindfulness therapy for two weeks can improve cognitive function, one of which is to reduce cognitive distortions associated with feelings of loneliness ⁽¹⁸⁻³¹⁾. The importance of providing interventions on PLWHA mental health assessment was demonstrated in the study conducted by Mostafa ⁽¹⁹⁾ after the intervention has done, a significant increase in all subscale including anxiety disorders, social function, and depression with the total mental health score observed in the exercise was $P < 0.001$.

CONCLUSION

Intelligence Therapy with Family-Centered Care Decisions is effective against the Mental Recovery of People with HIV / AIDS (PLWHA) in Sorong City.

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