

THE EFFECTIVENESS OF INTERPERSONAL COUNSELING ON SOCIAL, EMOTIONAL AND SPIRITUAL RESPONSE IN HIV / AIDS PATIENTS

Indah Jayani

Nursing Science Program Health Science Faculty
University of Kediri
Kediri, Indonesia
indah.jayani@unik-kediri.ac.id

Fatma Sayekti Ruffaida

Nursing Science Program Health Science Faculty
University of Kediri
Kediri, Indonesia
fatma.ruffaida@unik-kediri.ac.id

Abstract— The approach to PLWHA by providing interpersonal counseling is the right thing to do to overcome psychological problems including social, emotional and spiritual aspects of PLWHA. This study aims to look at the effectiveness of interpersonal counseling on social, emotional and social responses in HIV / AIDS patients. This research design uses quasi experiment design with cross-sectional approach. The population was post-tested and tested positive for HIV in the Kediri region, 178 of them using the cluster random sampling technique. A sample of 64 people was obtained, 32 of which were the treatment group and 32 as the control group. The data collection was carried out after the respondent signed an informed consent. Data on social, emotional and spiritual responses were obtained based on the results of data recapitulation from the instrument in the form of a questionnaire. The results of the study with non-parametric Mann Whitney-U test showed that there were differences between the social responses of HIV / AIDS patients in the group that had been given interpersonal counseling and those not given counseling with p value = 0,000, there was a difference between the emotional response of HIV / AIDS patients in the group Interpersonal counseling has been given and not given counseling with p value = 0,000, and there is a difference between spiritual responses in HIV / AIDS patients who have been given interpersonal counseling and not given counseling with p value = 0,000. It can be concluded that interpersonal counseling is effective to improve social, emotional and spiritual responses of HIV / AIDS patients. It is recommended that the mentoring of HIV / AIDS patients through interpersonal counseling can continue until the patient can accept his condition indicated by positive social, emotional and spiritual responses so as to enhance positive physiological responses that will have an impact on the development of HIV / AIDS.

Keywords—interpersonal counseling; social response; emotional response; spiritual response, HIV/AIDS patient

I. INTRODUCTION

HIV / AIDS remains a global problem throughout the world including Indonesia. The incidence rate of HIV / AIDS in Indonesia continues to increase, and there is a significant increase in HIV cases in East Java, as many as 33,043 [1]. Various efforts have been made by the Government through prevention and control of HIV / AIDS cases. HIV / AIDS prevention and control efforts are a shared responsibility. The role of health workers and the community is expected to tackle complex HIV / AIDS problems. Although pharmacotherapy therapy has been proven to be able to improve the survival force of sufferers, but there are other things that need to be the main concern of management in people with HIV / AIDS (PLWHA) namely psychological and social problems.

HIV / AIDS expresses various complex problems besides physical, psychological and social problems. Social problems experienced by patients with HIV / AIDS include withdrawal, socialization disorders, role disorders, worries about

relationships with partners, lifestyle changes, loss of enthusiasm due to restrictions and feelings of isolation. People diagnosed with HIV / AIDS tend to have negative emotional, social and spiritual responses. Stages of grieving responses vary starting from Denial, Anger, Gaining, Depression and Acceptance. An approach to PLWHA needs to be done to increase the motivation of PLWHA so that they can continue their lives by improving all aspects of their physical, emotional, social and spiritual aspects. One attempt to approach PLHIV is done by providing interpersonal counseling [2].

Interpersonal counseling is communication that occurs between two people who have a clearly visible relationship between them [3]. Interpersonal counseling is a good motivational medium for PLWHA, resulting in good interactions between nurses or counselors in the process of healing disease and empowering PLWHA. Interpersonal counseling is a starting point for mutual understanding

between nurses and clients. Interpersonal Counseling is the process of sending and receiving messages between two people face to face with some effects and some instant feedback. Interpersonal counseling is counseling that is commonly used for counseling for PLWHA because PLHIV need privacy and do not want their illness to be known by people. In the implementation of counseling by using this individual counseling method has the advantage that the counselor is more easily centered on the client and the client is easier to trust the counselor [4]. Interpersonal counseling is a process of people creating and managing their relationships, carrying out mutual responsibilities in creating relationships [5] [6]. Interpersonal counseling centered on someone diagnosed with HIV is one of the most effective health interventions to prevent further transmission of HIV infection [7]. HIV / AIDS counseling is counseling that specifically pays attention to issues related to HIV / AIDS, both to people who are infected and to the affected environment. The aim of HIV / AIDS counseling is to provide social and psychological support for PLWHA and their families. In addition, there is also a change in safe behavior so that the transmission of HIV / AIDS infection decreases [8] [9].

The approach to PLWHA by providing interpersonal counseling is the right thing to do to overcome psychological problems including social, emotional and spiritual aspects of PLWHA. Interpersonal counseling is communication that occurs between two people who have a clearly visible relationship between them, in this case the counselor and

patient involved. Interpersonal counseling is the process through which people create and manage their relationships, carrying out mutual responsibilities in creating meaning [5]. The psychological response of PLWHA includes; worry, frustration, sadness, grieving, fear of family members becoming infected, feelings of anger and depression and fear of death [10] [11]. The response will arise after a person or group of people first feels the presence of an object and is carried out, then interprets the object that was felt earlier. Means in this case the response is basically the process of understanding what happens in the environment with humans and their behavior, is a reciprocal relationship, interrelated and influence each other [12].

Expected feed back with an approach through interpersonal counseling to receive ODHA will be better so that emotional, social and spiritual responses increase in a positive direction. With positive emotional, social and spiritual responses, it is expected that the acceptance of ODHA towards him will be better so that a strong motivation arises to sustain life by improving the quality of his life. Various approaches are used by counselors in providing education and prevention counseling to people who are at risk and also people who have been infected with the virus and there is no one method that is superior to others and some of the techniques practiced by HIV / AIDS counselors [13]. The urgency of the problem above is the basis of researchers to conduct research on the effectiveness of interpersonal counseling on social, emotional, spiritual responses in HIV / AIDS patients.

II. METHOD

This study uses a quasy experiment design with a cross-sectional approach. The population is post-tested people and tested positive for HIV, as many as 178 people with cluster random sampling technique obtained a sample of 64 people where 32 as the treatment group and 32 as the control group. Data collection was carried out after the respondent signed an informed consent. The counseling process is done in privacy in one room. counseling is done once, namely post HIV / AIDS tests that have been stated positive. The counseling is

held for 30-60 minutes. Data on social, emotional and spiritual responses were obtained based on the results of data recapitulation from the instrument in the form of a questionnaire. Data analysis was performed using Mann Whitney-U non parametric test because the data distribution was not normal. This research has carried out ethical tests from the Ethics Committee of the Kadiri University of Health Sciences.

III. DISCUSSION

The results of the study based on the characteristics of respondents for the sex in the treatment group showed that most (62.5%) were women as well as in the control group the majority (75%) were women. Age in the treatment group was highest in the age range of 19-30 years (59.3%) as well as in the control group (59.3%). For the characteristics of respondents based on marital status, most were married both in the treatment group (71.9%) and in the control group almost all married (78.1). In the characteristics of education in the treatment group almost all (78.1%) had a history of secondary education as well as in the control group (84.4%). For the characteristics of respondents based on work most respondents

(53.1%) have jobs as commercial sex workers both active and former commercial sex workers as well as in the control group most (75%) are having commercial sex work jobs both active and ex-commercial sex workers. Based on the length of HIV infection in the treatment group the majority (53.1%) were 6-12 months, as well as the control group (50%). Knowledge and understanding of people living with HIV / AIDS (PLWHA) who have very little influence on their health conditions [14]. Characteristics of respondents by sex, age, marital status, education, occupation and duration of HIV infection can be seen in table 1.

Table 1. Characteristics of Respondents by Sex, Age, Marital Status, Education, Occupation and Duration of HIV Infection

Variable	Treatment		Control	
	Amount	%	Amount	%
Sex				
Male	12	37,5	8	25,0
Female	20	62,5	24	75,0
Age				
12-18 years old	3	9,4	1	3,1
19-30 years old	19	59,4	19	59,4
31-55 years old	10	31,2	8	25,0
>55 years old	0	0	4	12,5
Marital Status				
Single	4	12,5	2	6,3
Married	23	71,9	25	78,1
Divorced	5	15,6	5	15,6
Education				
Primary	3	9,4	5	15,6
Intermediate	25	78,1	27	84,4
Advanced	4	12,5	0	0
Occupation				
House-wive	1	3,1	1	3,1
Private	10	31,3	4	12,5
Civil servants	4	12,5	0	0
Active Commercial Sex Workers	8	25,0	3	9,4
Ex Commercial Sex Workers	9	28,1	21	65,6
Others	0	0	3	9,4
HIV Infected Period				
<6 months	8	25,0	7	21,9
6-12 months	17	53,1	16	50,0
>12 months	7	21,9	9	28,1

A. Social Response

Based on the results of the study in table 2. it can be seen that the social response in the treatment group obtained an average of 45.05 while in the control group with an average number of 19.95. In the Mann Whitney Test, a p value of 0.00 is obtained therefore it can be concluded that there are differences in social responses in PLWHA who have been given interpersonal counseling and PLWHA who do not get interpersonal counseling. Many of the infected HIV / AIDS patients are being discreet in the sense that they do not want to tell their friends, family or coordinators of HIV / AIDS patients that they are infected. Humans as social creatures, are unable to meet their needs without any relationship with their social environment. Relationships with other people and their social environment lead to social responses in individuals. The range of individual social responses is in the adaptive range to maladaptive [15].

According to the researchers' assumptions, a person's social response to HIV / AIDS varies greatly, depending on several factors including knowledge, education, marital status and duration of HIV infection. It was found in this study that

the respondents' education in the treatment group was almost entirely intermediate (78.1%) as well as in the control group almost all (84.4%) were, thus it was possible that the respondents' knowledge about illness and management were insufficient due to the lack of information absorption process. In addition, family factors can be one of the strongest influence in the lives of PLWHA. The study results found the characteristics of respondents in the treatment group based on marital status (28.1%) and in the control group (21.9%). Marital status illustrates that respondents who are not married and with the status of a widower / widow do not have a partner as the next of kin, including long-timed decision making infected with HIV which affects the social response of HIV / AIDS patients. A relatively long time affects the response of people diagnosed with HIV / AIDS. Stages of patient acceptance responses vary starting from Denial, Anger, Gaining, Depression and Acceptance. Patients diagnosed less than 6 months tend to have quiet and withdrawn behavior. The acceptance process duration regarding their situation is related to the coping mechanism of each individual.

Table 1.2 Characteristics of Social, Emotional and Spiritual Response of HIV / AIDS Patients

	Respondent	N	Mean Rank	Sum of Rank
Social Response	Treatment	32	45,05	1441,50
	Control	32	19,95	638,50
	Total	64		
Emotional Response	Treatment	32	46,70	1494,50
	Control	32	18,30	585,50
	Total	64		
Spiritual Response	Treatment	32	43,41	1389,00
	Control	32	21,59	691,00
	Total	64		

Table 1.3 Mann Whitney U Statistical Test Treatment Group and Control Group

	Social Response	Emotional Response	Spiritual Response
Mann-Whitney U	110,500	57,500	163,000
Wilcoxon W	638,500	585,500	691,000
Z	-6,044	-6,664	-5,178
Asymp. Sig. (2-tailed)	,000	,000	,000

B. Emotional Response

The results showed that respondents in the treatment group had emotional responses with a mean of 46.70 while those in the control group had a mean of 18.30. Data analysis using Mann Whitney-U obtained p value = 0,000 therefore it can be concluded that there is a difference between emotional responses in the treatment group with the control group. In psychology, emotions are often defined as complex feeling states that produce physical and psychological changes that affect thinking and behavior. Emotionality is associated with a series of psychological phenomena, including temperament, personality, mood, and motivation. Physiological theory shows that the response in the body is responsible for emotions. Neurological theory proposes that activity in the brain leads to emotional responses. Cognitive theory holds that mind and other mental activities play an important role in forming emotions [18]. Individuals who are diagnosed with HIV / AIDS will experience emotional distress and psychological stress, afraid of being ostracized by their families and communities, especially families afraid of being infected, as well as social stigma and discrimination in society [19]. For this reason HIV / AIDS patients have to be able to accept the given situation with big hearts and lively spirits so that they can still be productive. The inability to accept the reality of life often happen especially with patients who are weak mentally [20]. Psychosocial-spiritual stress of patients infected with HIV will continue to aggravate AIDS

C. Spiritual Response

The one form of human self defense/coping mechanism is a religious coping strategy that involves increasing religious

complications and the emergence of various opportunistic infections and accelerate death. Depending on the state of stress that reaches the exhausted stage, it can cause a malfunction of the immune system, which worsens the patient's condition [21]. Based on the concept of psychoneuroimmunology, through astrocyte cells in the cortical and amygdala in the limbic system, all have an effect on the hypothalamus. Then the pituitary will produce CRF, which is in the basophytic cell. These basofi cells will express ACTH (adrenal cortico tropic hormone) which can ultimately affect the adrenal cortex glands in the fascicular zone cells, causing this gland to produce cortisol which is immunosuppressive. If the stress experienced by the patient is very high, the adrenal glands will produce cortisol in large quantities in order to suppress the immune system, which includes the activity of APC (macrophages); Th-1 (CD4); and plasma cells: IFN γ ; IL-2; IgM - IgG and Antibody-HIV [22]. Emotional response improvement efforts by providing counseling is proved effective because the process emphasizes the importance of establishing relationships, client acceptance, exploration, identification, providing information, planning activities, making decisions, to building client readiness, making plans, providing explanations and providing support, enthusiasm, and motivation so that the patient's confidence increases and is optimistic in living life.

ritin hope to reduce the pressure or stressors experienced. The results showed the mean value of spiritual responses in

PLWHA was 43.41 while in the control group was 21.59. Data analysis was performed with the Mann Whitney-U test, the results obtained p value = 0,000 hence it can be concluded that there are spiritual response differences in the treatment and control groups. According to the researchers' assumptions, respondents in the treatment group had received interpersonal counseling in the form of in-depth knowledge information about disease understanding, prognosis and spiritual strengthening so that respondents' spirituality improved. Respondents began to understand about the disease, what the prognosis was, what efforts could be made to prevent complications such as opportunistic infections and death. In palliative care patients must combine physical, social, emotional and spiritual aspects. Extensive spiritual discourse can include relationships, meaning and purpose, compassion, hope, and forgiveness [23]. The results of this study are in line with previous studies which said 45% of respondents experienced positive spirituality that increased after an HIV

IV. CONCLUSION

Finally, it may be concluded from the results of this study that effective interpersonal counseling can improve social, emotional and spiritual responses of HIV / AIDS patients. The Mann Whitney U statistical test shows that there are differences between the social responses of HIV / AIDS patients in the group that has been given interpersonal counseling and those who have not been given counseling with p value = 0,000, there is a difference between the emotional response of HIV / AIDS patients in the group that has been given interpersonal counseling and counseling is

ACKNOWLEDGMENT

This work was supported by Ristek Dikti and especially Kadiri University for giving the chance for doing the research and composing the report.

REFERENCES

- [1] Kementerian Kesehatan Republik Indonesia Direktorat Jendral Pencegahan dan Pengendalian Penyakit, *Laporan Perkembangan HIV-AIDS & Infeksi Menular Seksual (IMS) Triwulan IV Tahun 2017*. 2017.
- [2] USAID, *Psychosocial Care and Counseling for HIV-Infected Children and Adolescents*, Revised Ed. Baltimore: Catholic Relief Service, 2009.
- [3] & P. Wijayanti, W., Isro'in, L. and L.E., "Analisis perilaku pasien hemodialisis dalam pengontrolan cairan tubuh," *J. Heal. Sci.*, vol. 1, no. 1, pp. 10–16, 2017.
- [4] Diah Astuti Saputri Retnaningsih, "Voluntary Counseling and Testing untuk Orang Berisiko HIV/AIDS," *J. Dakwah dan Komun.*, 2016.
- [5] Verderber. Kathleen S. et al, *Inter-Act: Interpersonal Communication Concept, Skill and Context.*, 11th editi. 2007.
- [6] Y. Yenni. H.M. Risna, *PEGANGAN INSTRUKTUR*

diagnosis. Increased positive spiritual responses of patients with HIV can increase physiological responses in HIV patients, compared to patients whose spirituality decreased after HIV diagnosis [24] [25]. Other studies also mention the same thing that someone with a medical diagnosis of a terminal disease such as cancer, congestive heart failure, obstructive pulmonary disease has more spirituality (OR = 1.61; 95% CI = 1.03, 2.52). The aspect of spirituality is very important to note seeing that with the increase one's spirituality, it will tend to be more able to adapt and accept the conditions. The tendency for negative spiritual responses such as spiritual struggle, anger at God, or viewing HIV as a sin is associated with poor medical adherence [26], and faster disease progression [25] [27]. Therefore, types of spiritual beliefs and practices will help determine whether spirituality will be a protective factor or a risk for the development of HIV disease.

not given with p value = 0,000, and there is a difference between spiritual responses in HIV / AIDS patients who have been given interpersonal counseling and not given counseling with p value = 0,000. That being the case it is recommended that the mentoring of HIV / AIDS patients through interpersonal counseling continue until the patient can accept his condition which indicated by positive social, emotional and spiritual responses so as to enhance positive physiological responses that will have an impact on the development of HIV / AIDS.

MANUAL KETERAMPILAN KLINIK KEDOKTERAN TROPIS; KONSELING HIV.

- [7] Fakultas Kedokteran Universitas Hasanudin, 2016. MW MYRNA . H. SIDNEY. MD. HANKERSON. S. PAMELA. O. MARK. V. HELENA. S. STEVE. MD. SHEA. L. RAFAEL. W. MILTON. MW, "Interpersonal Counseling (IPC) for Depression in Primary Care," *HHS Public Acces*, vol. 68, no. 4, pp. 359–383, 2014.
- [8] PERATURAN MENTERI KESEHATAN NOMOR 74, *PEDOMAN PELAKSANAAN KONSELING DAN TES HIV*. Menteri Kesehatan Republik Indonesia, 2014.
- [9] Kurniawan Rachmadi, *Supevisor Pendidikan, Pelatihan, dan Penelitian UPT HIV RSCM*. HALLO CIPTO, 2010.
- [10] WHO, *GUIDANCE ON PROVIDER-INITIATED HIV TESTING AND COUNSELLING IN HEALTH FACILITIES*. UNAIDS, 2007.
- [11] Suzanne C. O'Connell Smeltzer. Brenda G. Bare. Janice L.Hinkle, *Brunner & Suddarth's Text Book of Canadian Medical -Surgical*. 2010.
- [12] B. Zani. E.D Pienaar. Oliver J. .Siegfried N., "Randomized controlled trials of HIV/AIDS

- prevention and treatment in Africa: results from the Cochrane HIV/AIDS Specialized Register.”
- [13] S.K Amar, “HIV/AIDS Counseling Skills and Strategies: Can Testing and Counseling Curb the Epidemic,” *Int. J. Prev. Med.*, vol. 2, no. 1, pp. 10–14, 2011.
- [14] R. Nancy, “DUKUNGAN KELUARGA TERHADAP KELANGSUNGAN HIDUP ODHA (ORANG DENGAN HIV/AIDS),” *INSANI*, vol. 3, no. 2, 2016.
- [15] Stuart Gail W, *Buku Saku Keperawatan Kesehatan Jiwa*. Jakarta: EGC, 2007.
- [16] W.Surahma. Taufik AsmidirIlyas, “KONSEP DIRI DAN MASALAH YANG DIALAMI ORANG TERINFEKSI HIV/AIDS,” *J. Ilm. Konseling*, vol. 1, no. 1, pp. 1–12, 2012.
- [17] H Ema., “DIMENSI PSIKO-SPIRITUAL DALAM PRAKTIK KONSELING BAGI PENDERITA HIV/AIDS DI KLINIK VOLUNTARY COUNSELLING TEST (VCT) RUMAH SAKIT PANTI WILOSO CITARUM SEMARANG,” *IAIN WALISONGO SEMARANG*, 2012.
- [18] K. Cherry, “William James Biography (1842-1910) Father of American Psychology : Psychology Theory,” 2019.
- [19] Green. W. Chris & Hertin. Setyowati., *Lembaran Informasi tentang HIV/ AIDS untuk Orang dengan HIV/ AIDS (ODHA)*. 2009.
- [20] Yvonne S., “Influence of Depression to Quality of Life People Living with HIV/AIDS after Antiretroviral Treatment.,” vol. 02, no. XL, pp. 96–101, 2016.
- [21] W. F. Maramis, *Catatan Ilmu Kedokteran Jiwa*. Surabaya: Airlangga University Press., 2003.
- [22] Nursalam, “Nursing Care Approach Model (NCAM-PAKAR) on the Increasing of Cognitif and Biological Adaptation Responses Patient with HIV Infection,” *J. Ners*, vol. 6, no. 2, pp. 113–125, 2011.
- [23] Julie Fletcher, “Spiritual Screening in Community-Based Palliative Care by the Multidisciplinary Team,” *J. Relig. Health*, vol. 58, no. 243, pp. 229–241, 2016.
- [24] Joni L. Utley. M.A & Amy Wachholtz, “Spirituality in HIV+ Patient Care,” *Univ. Massachusett Med. Sch.*, vol. 8, no. 3, 2011.
- [25] Trevino, K.M., Pargament, K.I., Cotton, S., Leonard, “Religious coping and physiological, psychological, social, and spiritual outcomes in patients with HIV/AIDS: Cross-sectional and longitudinal findings.,” *AIDS Behav.*, vol. 14, pp. 379–389, 2010.
- [26] Sharon K. Parsons. Peter L. Cruise. Walisa M. Davenport. Vanessa Jones, “Religious Beliefs, Practices and Treatment Adherence Among Individuals with HIV in the Southern United States,” *AIDS Patients Care STDs*, vol. 20, no. 2, 2006.
- [27] Gail Ironson. Rick Stuetzle. Mary Ann Fletcher, “An Increase in religiousness/spirituality occurs after HIV diagnosis and predicts slower disease progression over 4 years in people with HIV,” *J. Gen. Intern. Med.*, vol. 21, no. S62, 2006.

