

Research Article

Cognitive Empowerment Model to Improve the Quality of Life of PLWHA

Tri Nurhudi Sasono^{1,2*}, Esti Yunitasari², Ninuk Dian Kurniawati², and Nursalam²

¹Sekolah Tinggi Ilmu Kesehatan Kepanjen

²Faculty of Nursing Airlangga University, Surabaya

ORCID

Tri Nurhudi Sasono: <https://orcid.org/0000-0003-4635-7147>

Abstract.

People living with HIV-AIDS (PLWHA) often experience a low quality of life (QoL). The cognitive empowerment model (CEM) of Thomas and Velthouse shows the importance of encouraging PLWHA to increase their quality of life. The main objective of this study was to implement the cognitive empowerment model in increasing the QoL of PLWHA at the CAKAP WPA Foundation Turen. The research design used was a quasi-experimental post-test with a total sample of 59 respondents. The CEM to task assessment was impact, competence, meaningfulness, and choice. Data analysis using the Wilcoxon analysis statistical test showed that there was an effect on the performance of cognitive empowerment based on results of the research getting a p-value of 0,001 there was a significant increase in the quality of life of PLWHA in the CAKAP Founder Turen district Malang Regency. The conclusion of this research is Cognitive Empowering PLWHA by involving positive activities at the CAKAP WPA Turen Foundation can improve their quality of life.

Keywords: HIV-AIDS, cognitive empowerment, QoL PLWHA

Corresponding Author: Tri Nurhudi Sasono; email: tri.nurhudi.sasono-2020@fkip.unair.ac.id

Published 8 March 2023

Publishing services provided by Knowledge E

© Tri Nurhudi Sasono et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the ICMEDH Conference Committee.

1. INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that causes decreased immunity by infecting and destroying human immunity. The World Health Organization (WHO) has defined HIV as a country epidemic in the world. Treatment using antiretroviral is required to comply and undergo treatment regularly. HIV treatment can inhibit the virus but cannot cure or eliminate the virus in the body of HIV patients. Compliance is a picture of the patient's actions in taking the drug correctly in a dose, frequency, and timing basis (1).

The SDGs (Sustainable Development Goals) indicator in Indonesia in the health sector is 13 targets, including tackling the incidence of HIV-AIDS by reducing the rate of the HIV-AIDS epidemic. Until now, HIV-AIDS cases are still an international problem with the phenomenon of "icebergs" because in a short time the number of sufferers has increased and hit many countries, according to estimates by the World Health

OPEN ACCESS

Organization (WHO) in 2014 epidemic data in the world reached 34 million people incidence in adults and only 3.3 million people with HIV-AIDS (PLWHA) were detected.

Based on data from the Indonesian Ministry of Health by the Directorate General of Disease Control & Environmental Health of the Indonesian Ministry of Health in 2014 the cumulative number of people with HIV-positive infection in Indonesia has reached 150,296 people and AIDS is 55,799 people. Statistics of HIV-AIDS cases in Indonesia cases in several provinces, based on cumulative HIV-AIDS cases as well as a list of the top five provinces of HIV-AIDS cases in Indonesia. East Java Province in total is in second place after DKI Jakarta province with cumulative data on HIV incidence of 19,249 people and AIDS 8,976 people. East Java Province data shows Malang Regency ranks second after Surabaya City, until March 2014 the cumulative data in Malang Regency there are 1,239 PLWHA sufferers.

Based on the research of Anis, Purwaningsih and Khoridatul in 2012 (1) entitled Quality of Human Life, it is stated that adherence and exercise are the dominant factor affecting a person's quality of life. Meanwhile, at the CAKAP Foundation (Cahaya Kasih Peduli), not many PLWHA have received continuous health services and care. This makes PLWHA feel the need for regular and routine care. So as not to depend on health services in hospitals or clinics. So there is a need for health services to improve the quality of life of PLWHA based on families, communities, and institutions (2).

The Cognitive Empowerment Model (CEM) to task assesment as impact, competence, meaningfulness, and choice. CEM for PLWHA are known as self motivation. This approach is a strategy that has the principle that the purpose of the group is to support or support each member of the group in their life. This moral support and enthusiasm is very much needed by PLWHA because when someone finds out that he is infected with HIV, there will be a big inner turmoil in him where he will be confronted with himself which then manages various kinds of attitudes such as denial if he is infected with HIV, anger and sadness. It is this group that is expected to be able to transform these attitudes into an acceptance of attitudes so that PLWHA can stay healthy, remain productive and the most important thing is that they do not feel alone. They rarely get this kind of empathy from other people who are not infected with HIV, either their own family, friends or the wider community. Exercise for PLWHA in Peer Support Groups that play an important role.

Based on the theoretical basis of the quality of life problems of exercise PLWHA for ARV medicine side effects, the researchers are interested in conducting research "Cognitive Empowerment Model on Quality of life in PLWHA at the CAKAP Turen Foundation, Malang Regency".

2. MATERIALS AND METHODS

This study used a Quasi Experimental research method post test only design. The study analyzed the influence between the quality of life PLWHA post the CEM model approach. The data collection method used a questionnaire WHOQOLL. The statistical test in this study used the Wilcoxon analysis statistical test showed there was effect on the performance of cognitive empowerment.

3. RESULTS

TABLE 1: Characteristics of PLHIV who are members of the CAKAP Foundation.

No	Characteristics		F	%
1	Age	20-24 year	10	15
		25-49 year	39	70
		>50 year	10	15
2	Gender	Male	23	45
		Female	36	65
3	Profession	Government employee	7	15
		Entrepreneur	16	30
		Housewife	33	45
		Unemployment	3	10

Based on data from table 1 above, the characteristics of respondents who are members of the CAKAP Turen Foundation are mostly aged 25-49 years (40%), female gender (65%) and their occupation is self-employed (40%).

TABLE 2: Quality of Life of PLHIV at the CAKAP Foundation.

No	Quality of life	Not CEM		CEM	
		f	%	f	%
1	Very good	0	0	0	0
2	Good	0	0	54	80
3	Not Good	55	95	5	10
4	Poor	4	5	0	0
	Total	59	100	59	100

Based on the data from the data, it can be seen that of the 59 respondents it is known that almost all of them have a poor quality of life. On the other hand, a small proportion of respondents who are members CEM Models of the CAKAP Turen Foundation have a poor quality of life.

4. DISCUSSION

4.1. Quality of life for non-affiliated PLHIV

Based on the results of the study, it was found that the quality of life of PLHIV was mostly not good enough for 55 people living with HIV. From the research, it was found that PLWHA who are not included in the Cakap Foundation have a tendency to close themselves, such as when seeking health help they tend to cover up their HIV status by just submitting their complaints and they tend to look for officers they already know before and do not want to be visited. served by others for fear of their condition being discovered. In addition, when they access health services when taking ARV drugs or with other complaints, they tend to hide themselves for fear of meeting people they know. Because of this pressure they will be more depressed so that it affects their health and physical condition, these PLWHA are more likely to experience complaints and health problems, but they do not dare to tell people at home, so there are some whose physical condition has decreased, their weight tends to remain. even down, there are complaints or other opportunistic infections. Because the psychological condition is less stable, the nutritional input will also be reduced which makes it more prone to health problems.

According to Nursalam & Ninuk, 2018 the quality of life of people with HIV-AIDS has many factors that affect it, including physical exercise, psychological, social problems and treatment dependence (1). This is supported by the research of Hardiansyah et al. 2014(3) describes the quality of life of PLWHA in Makassar divided into six domains of quality of life, namely the physical domain, the psychological domain, the level of independence domain, the domain of social interaction, the environmental domain and the spiritual domain. The results showed that based on these six domains, the quality of life of PLHIV in Makassar has a good quality of life (47.6%), while the quality of life is poor (52.4%), meaning that there are still many PLHIV who need health care to improve their quality of life.

The decline in immunity is influenced by several factors. The factors that need to be considered by health workers are psychosocial stressors. The first reaction that is shown after a person is diagnosed with HIV is rejection and shock or disbelief. Patients think that HIV is hopelessly suffering throughout their life (4).

Another factor that influences the perception of stigma is the characteristics of the individual society itself. Age of the respondent is the age of the individual which is between 26 and 65 years. This age is included in the adult stage. Adulthood is the

stage when a person reaches physical and psychosocial maturity and cognitive. Adult individuals feel comfortable with their perceptions and knowledge, are open to receiving suggestions and criticism, trying to solve problems, and are willing to make decisions about the problems at hand (5).

The existence of stigma and discrimination against PLWHA causes not all PLWHA to open up about it status, so that there is limited movement for participants in carrying out their activities in terms of work, or seeking medical assistance. When they are sick, PLWHA feels awkward to disclose their status to health workers for fear of being rejected so that the health services they receive are also not optimal, according to the actual conditions.

4.2. Quality of Life for PLHIV who are CEM approach of the CAKAP Foundation

Based on the research data conducted at the CAKAP Turen Foundation, it was found that most of them had a good quality of life as many as 54 respondents. From the research results, it was found that PLWHA who are approaching the Cognitive Empowerment Model (CEM) to task assessment as impact, competent, meaningfulness, and choice members of the CAKAP Turen Foundation, they tend to have a more stable health condition, because with the activities at the CAKAP Foundation they can share with each other about the conditions and health problems they face. Besides that, there are also other activities that can increase their sense of self-worth so that they feel useful and beneficial to others. Such as gym activities, jogging and other activity, as well as dance and ludruk.

With these activities, it can increase the self-esteem of PLWHA, so that they are more physically awake, because they remind each other if there are problems related to health and social problems or relationships with their environment.

WHO defines quality of life as an individual's perception of life in accordance with the cultural system and values in which they live in relation to interests, life goals, expectations and standards of possibility in life that they want to achieve (2). There are four factors that affect the quality of life, namely physical health factors, psychological health, social relationships, and environmental factors (7). This is in accordance with who states that welfare is one of the parameters for the high quality of life so that they can enjoy life even though their bodies have the HIV virus. According to WHOQOL Group, quality of life is influenced by physical health, psychological health, social relationships, and environmental aspects (8). The four domains of quality of life were identified as a

behavior, presence status, potential capacity, and subjective perception or experience (WHOQOL Group, 1994). If these needs are not met, problems will arise in PLWHA's life which will reduce their quality of life (9). In the CEM, PLWHA feel they have friends who can be invited to share about their condition, remind each other and encourage each other in the therapy process they are going through.

4.3. Differences in the Quality of Life of PLWHA

Based on the results of the research that has been conducted, there are differences in the quality of life that occur between PLHIV who are CEM and before CEM at the CAKAP Turen Foundation due to the lack of support received by PLHIV who are before CEM of the CAKAP Foundation Turen. Because they tend to close themselves and keep the problems they face without other people and even their families to know about it, so that when there is a problem they will try to solve it themselves and feel pressured for fear of other people knowing their condition and status.

According to Widiastuti, Heni (2018) the difference join and non joined member of the CAKAP Turen Foundation for AIDS Care Citizens has a significant impact on the quality of life of PLWHA. Nursing care services provided to patients at the Foundation to heal, maintain, maintain and improve physical health, restore health or maximize independence and minimize disability due to illness, mental / emotional patients. Meanwhile, improving the quality of life of PLWHA is needed so that PLWHA whose physical condition is getting weaker, with poor personal relationships, and the absence of opportunities to obtain information can be fulfilled by optimizing ART drug adherence and involving PLWHA in empowerment programs at the CAKAP Turen Foundation (2).

Based on research conducted by Anis et al (2012), there is the theory of Felce and Perry (1996) which states that psychological well-being includes influence, fulfillment, stress and mental state, self-esteem, status and respect, religious beliefs, and sexuality (10). In people with terminal illness, including people with HIV-AIDS, a person will experience changes in physical, cognitive, and psychosocial life. The stability of psychological well-being is one of the factors that play a role in improving psychological well-being (11). Psychological health refers to positive effects, spirituality, thinking, learning, memory and concentration, self-image and appearance, self-esteem, and negative effects (12).

The conclusion that can be drawn from the explanation above is the results of research that support that PLWHA who are CEM of the CAKAP Turen Foundation need to be improved and consistently program activities are carried out regularly in order to improve the quality of life of PLHIV in the Foundation.

5. CONCLUSION

Based on the results of research on the differences in the quality of life of PLWHA between those who are CEM and before CEM in the CAKAP Turen Foundation, Malang Regency, on 59 ODHA respondents. It was concluded that the quality of life for PLHIV who are CEM of the Turen Foundation is better than the quality of life for PLHIV who are not affiliated.

1. Almost all PLHIVs who are not part of the CAKAP Turen Foundation have a poor quality of life. This is because there are still many PLWHA who do not want to disclose their status so that they limit their movement in their daily activities and even in seeking medical assistance.
2. The quality of life of PLHIV who are CEM of the CAKAP Turen Foundation mostly has a good quality of life. The existence of activities that are carried out regularly can help PLWHA in helping to solve PLWHA problems by exchanging opinions and experiences, reminding and strengthening each other so that it feels lighter for them. The existence of activities in the empowerment is also very helpful, such as self motivation, distraction activities as batik, making ornaments on the headscarf, screen printing so that not only meetings are held.
3. The conclusion is that there is a difference in the quality of life between groups CEM and before in the CAKAP Turen Foundation, the Working Area of the Turen Health Center, Turen District, Malang Regency

References

- [1] Rohmah, Anis Ika Nur P, Bariyah K. KUALITAS HIDUP LANJUT USIA. J KEPETRAWATAN. 2012;3(22).
- [2] Adita K, Demartoto A, Pamungkasari EP. Argyo Demartoto EPP. Path Analysis on the Factors Affecting People's Behavior in HIV/AIDS Countermeasure on People Living with HIV/AIDS (PLWHA) in Solo Plus Peer Support Group, Surakarta. J Heal Promot Behav. 2017;2(1):41–54.
- [3] Hardiansyah, Ridwan Amiruddin DSA. KUALITAS HIDUP ORANG DENGAN HIV DAN AIDS DI KOTA MAKASSAR. Online Public Access Cat Perpust Univ HASANUDDIN. 2014;1–11.
- [4] Nursalam, Kurniawati ND, Misutarno, Solikhah FK. Asuhan Keperawatan pada Pasien Terinfeksi. Jakarta: Salemba Medika; 2014.

- [5] Perry P&. *Fundamental of nursing*. Missouri Elsevier mosby. 2005;1.
- [6] WHO. *The World Health Organization Quality of Life (WHOQOL)*. Vol. 9, Who. 2012. p. 123–31. Available from: <https://www.who.int/publications/i/item/WHO-HIS-HSI-Rev.2012.03>
- [7] Rapley M. *Quality of Life Research: A Critical Introduction*. 1st ed. 2003. <https://doi.org/10.4135/9781849209748>.
- [8] Kusman Ibrahim, Ayu Prawesti Priambodo, Aan Nur'aeni SH. *Quality of Life and Characteristics of Colostomy Patients*. *J ners*. 2017;12(2):239–46.
- [9] Ratna. *Pengaruh Faktor-Faktor Kesehatan, Ekonomi, dan Hubungan Sosial Terhadap Kemandirian Orang Lanjut Usia*. ratna suhartini unair bab1. 2008
- [10] Anis, A. H., Nosyk, B., Sun, H., Guh, D. P., Bansback, N., Li, X, et al. *Quality of life of patients with advanced HIV/AIDS: measuring the impact of both AIDS-defining events and nonAIDS serious adverse events*. *JAIDS J Acquir Immune Defic Syndr*. 2009;51(5):631–9.
- [11] Mawn B. *Raising a child with HIV: An emerging phenomenon*. *J TOC*; 1999.
- [12] Mardia, Andono R, Riyanto BS. *Kualitas Hidup ODHA di Kota Surakarta Quality of Life of People Living with HIV in Surakarta City*. *Ber Kedokt Masy*. 2017;33(1).