



Effect of logo-therapy, acceptance, commitment therapy, family psychoeducation on self-stigma, and depression on housewives living with HIV/AIDS

Titi Sri Suyanti, Budi Anna Keliat* and Novy Helena Catharina Daulima

Faculty of Nursing, Universitas Indonesia, Depok, Jawa Barat, Indonesia

KEYWORDS

Self-stigma;
Logo therapy;
Acceptance and
commitment
therapy;
Family
psychoeducation;
HIV/AIDS

Abstract

Objective: Self-stigma in people living with HIV/AIDS is a survival mechanism to protect themselves from external stigma. Stigma and discrimination in people living with HIV/AIDS can lead to inequality in social life. This inequality can cause inferiority complex, preoccupation, and denial of diagnosis, which correlates with the onset of depression. This study aims to determine the effect of logotherapy, commitment acceptance therapy, and family psychoeducation on self-stigma and depression on housewives living with HIV/AIDS.

Method: This study used the quasi-experiment pretest-posttest design. The respondents were selected using the purposive sampling technique. The subjects were 60 housewives living with HIV/AIDS. Data were collected using Internalizes Stigma of AIDS Tools and analyzed using univariate and bivariate analyses. Equality analysis was conducted using the chi-square test and independent t test, and the effects were analyzed using paired t test.

Results: The result showed a significant decrease in self-stigma and depression (p value < 0.05) in patients receiving logotherapy, commitment acceptance therapy, and family psychoeducation.

Conclusions: A combination of logotherapy, commitment acceptance therapy, and family psychoeducation is recommended as a therapy package to overcome self-stigma and depression for people living with HIV/AIDS.

© 2018 Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

HIV/AIDS is among the leading causes of morbidity and mortality in world¹. It has become an epidemic in many countries because of its prevalence, and it is expected to increase in accordance with the increasing challenges faced by people living with HIV/AIDS.

The stigma that occurs in people living with HIV refers to the situation in which people living with HIV have a negative

attitude against themselves and experience discriminatory actions from family, friends, and health services that lead to their embarrassment and negative self-image. Stigma and discrimination against people living with HIV can lead to inequalities in social life, thus making them unwilling to open themselves and socialize with the environment. This inequality increasingly inhibits HIV-positive people from functioning in their social environment^{2,3}. Previous research suggested that the strong metamorphosis of HIV/AIDS has caused feel-

*Corresponding author.

Email: budianna_keliat@yahoo.com (B.A. Keliat).

ings of guilt and punishment for people with HIV/AIDS, especially for women. A woman is more likely to be blamed and considered as the source of infection than the husband even when the source of the infection is, in fact, her husband.

Depression is a common reaction that cannot be avoided, and it is the most frequent cause of psychiatric disorder in people living with HIV⁴. Research has shown that people living with HIV/AIDS are 20%-40% more likely to experience depression than the general population. Another study conducted in Nigeria on 122 people with HIV/AIDS showed that 21.3% of them experienced depression and 21.3% experienced depression limits⁵.

Treatment of HIV/AIDS does not focus only on the medical or physical aspect only but also on the psychosocial aspect, so that people living with HIV can adapt to grief, anxiety, and depression⁶. In addition to family, a support system or a main support system is also needed to enable people living with HIV to develop effective coping or responses. Accordingly, they will be able to adapt in handling the stressors related to their illness physically, psychologically, and socially and make them achieve psychological well-being.

Psychological well-being should receive special attention from people living with HIV (PLHIV) because if psychological well-being is not met, it will cause problems, such as social isolation, lack of social support, high level of stress, despair, and even self-injuring behavior^{7,8}. Research has shown that the psychological welfare of people living with HIV can be improved through social support.

Family psychoeducation (FPE) is a mental health program that involves the participation of the family as a support system for the clients through the implementation of information and education using therapeutic communication. The purpose of this therapy is to improve the family's knowledge about the disease, identify the family problems associated with the treatment and care of family members suffering from HIV, and explore the potential strengths of the family in taking care of the sick family member. A study⁹ shows a decline in depression by 8.46% after being given acceptance and commitment therapy (ACT) and FPE. The introduction of psychoeducation to a family whose member has HIV/AIDS can inform the family about the condition and symptoms, emotional state, treatment programs, medical aid, and steps to be taken to help people living with HIV face difficulties. Accordingly, PLHIV and families can respond positively in dealing with the problems they experience. A research conducted⁹ in Ciptomangunkusumo Hospital showed that conducting ACT and FPE on clients with HIV/AIDS could reduce depression by 8.46%.

According to Vilardaga et al¹⁰, ACT is the behavioral therapy that can be used to treat complex clinical problems, such as depression and personality disorders. ACT uses several techniques that aim to teach positive psychological skills to the client. Logotherapy can be used by nurses to overcome the problem of negative perceptions about the effects of the disease and treatment. Logotherapy is existential psychotherapy that focuses on the awareness of the meaning of one's life as a way to achieve mental health. A research conducted by Widiarti et al¹¹ (2011) on adolescents who lived in the House of Detention and Prisons about the effect of logotherapy and supportive therapy showed a significant decrease in the level of anxiety and depression. Another study conducted on women with HIV/AIDS in India

found that the use of logotherapy in the experimental group could significantly increase the life expectancy and that in the control increased thoughts of suicide.

The effect of self-stigma and depression on people with HIV/AIDS can make these people not adhere to the treatment program, thus lowering their quality of life. Moreover, it causes the non-optimal handling of stigma and depression in people living with HIV in Cirebon. Thus, this study examined the effect of logotherapy, ACT, and FPE on self-stigma and depression on housewives with HIV/AIDS.

Method

This study used a quasi-experimental pretest-posttest design to determine the effect of an intervention, which is logotherapy, ACT, and FPE, on self-stigma and depression in housewives with HIV/AIDS. The research was conducted in the work area of Cirebon Regency's Health Agency and therefore the population in this study comprised housewives with HIV/AIDS. Sixty respondents were obtained using purpose sampling with some inclusion criteria and divided randomly into two groups (logotherapy group and ACT group). The instrument used in this study was Internalizes Stigma of AIDS Tools which included the characteristics of the respondents and items on depression, self-stigma, treatment compliance, and meaning of life. The data analyzed using paired t-test. Data collection was performed after the researchers explained in detail the procedures and processes to prospective respondents. The data collection was conducted after the respondents agreed and filled out the information consent form.

Results

The results revealed the characteristics of the respondents, their self-stigma, depression, treatment compliance, and meaning of life before therapy. Moreover, their self-stigma, depression, treatment compliance, and meaning of life were determined after logotherapy and then a combination of logotherapy, ACT, and FPE were given.

The characteristics of the respondents were as follows: average age was 32.5 years old, with the youngest at 20 and the oldest at 43; average length of time suffering from HIV was 1.99 years, with a range of 1-4 years; 38.3% of the respondents had an elementary educational background; 51.7% were employed; and 60% were married. Test results showed a p value > 0.05 . Thus, the characteristics of the respondents were similar or homogeneous, as shown in Table 1.

Table 1 presents the analysis result of homogeneity of variance. The mean (p value) > 0.05 was considered significant. Thus, self-stigma, depression, treatment compliance, and meaning of life before intervention were equal or homogeneous.

The changes in self-stigma, depression, treatment compliance, and meaning of life after logotherapy are shown in Table 2. In group intervention 1, a significant decrease in self-stigma at 18%, depression at 19.8%, and treatment compliance at 15.4% and an increase in meaning of life at 17% were observed after logotherapy.

In group intervention 2, a significant decrease in self-stigma at 18.1%, depression at 22.5%, and treatment compli-

Download English Version:

<https://daneshyari.com/en/article/8568901>

Download Persian Version:

<https://daneshyari.com/article/8568901>

[Daneshyari.com](https://daneshyari.com)