

Family Counseling and Psycho-education to Improve Social Functioning in HIV Patients through Family Support

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Abstract. HIV is still being a public concern because the healing has not yet been found. Besides, the HIV has an impact on physical and psychological conditions as well as social issues. The family as a support system plays an important role to support HIV patients in social life. This study is aimed at improving the social functioning of HIV patients through family counseling and psycho-education. This study is a pre-experimental study with the design of One Group Pre-Test and Post-Test. The instrument was the Family Support Scale based on the family support aspect proposed by House Kahn (1985), in which it measured the level of family support tested on family members. Moreover, researchers employed the Social Functioning Scale of Max Birchwood's in order to measure the social functioning tested for the HIV patients. The research participants were a family whose members suffered from HIV. The result has shown that there is a growth in the score of post-test of family support and social functioning after giving the treatment. In short, the family counseling and psycho-education can improve the social functioning for HIV patients.

Keywords: Family counseling, psycho-education, HIV, social functioning.

Introduction

HIV/AIDS is still being the distress among the public due to the fact that there is no panacea found. Nowadays, the number of HIV/AIDS patients in Indonesia are estimated nearby 690,000 people and it is quiet growing (UNAIDS). Based on the data taken from Public Health Office of Malang Regency, it is noted that there are 872 HIV/AIDS patients scattered in 32 districts. This number has been accumulated since the 1991s to 2012s (tempo, 2012). Currently, the number of HIV/AIDS in Malang regency is calculated to have 245 people. Moreover, 223 of which are struggling in existence, meanwhile 22 sufferers have met one's fate.

Departing from above data, Malang Regency is placed in second spot with the highest number of HIV sufferers in East Java afterward Surabaya. The problem faced by ODHA (People with HIV/AIDS) is not only medical or health problems, but also concerns with social, political and economic issues. Many changes occur in the individuals after being infected by HIV/AIDS. The physical changes due to symptoms of the disease caused by a decrease in the immune system of ODHA affects their personal life, social, learning, career and even family life. In addition, the issues and discrimination experienced by ODHA, both from families, fellow citizens, workplace, schools, and other members of the community may worsen their condition. Hereafter, it can be more painful than the impact of their illness. This circumstance is intensified by the assumption that HIV/AIDS is a serious incurable syndrome.

Some problems experienced by ODHA cover both physically and psychologically barriers, such as mind-

stress symptom, weight loss, anxiety, skin disorders, frustration, confusion, memory loss, decreased work enthusiasm, feelings of fear, feelings of guilt, rejection, depression and even suicide. These conditions impede the activities and development of ODHA with the purpose of the daily effective life is disrupted. Lack of family and community understanding may increase the depraved situations experienced by ODHA. Furthermore, HIV/AIDS is still considered as a frightening threat as when someone is convicted as ODHA, the only possibility is to face the passing. In the community, ODHA often receive unfair treatment or even discrimination from the family and community.

Generally, the prevalence faced by ODHA is caused by the rejection from the family. Still, it is also due to the absence of the ability to care the family members. The family's inability is not only triggered by economic factors, but also caused by inadequate knowledge about HIV and AIDS. Thus, the family members refuse to take care of ODHA. Yet, the discriminations, such as isolating, and limiting interaction with ODHA are likely. So as to interact well in social life, the support from countless parties is important, one of them is family. Ambari (2010) states that there is a solid affiliation between family social support and social functioning of schizophrenia patients. Derived from the data, it is expected that there is also a strong relationship between family support and the social functioning of ODHA. The most important support is the support of the family as the smallest unit of community life. It is expected that through family support, ODHA may acquire good social functioning.

Method

This study used Pre-Experimental Design. The design of this study was carried out without controlling the influential variables. The treatment was given without involving control group. This study employed One Group Pre-test and Post-test. One Group Pre-test and Post-test were experimental designs carried out only in one group. In the process, first measurement (*pre-test*) was given before sending the treatment. Then, giving the second measurement (*post-test*) after treatment was delivered. These processes were conducted so as to determine the effect of given treatment with the purpose of finding out the efficiency of the experiment (Arikunto, 2013).

In this study, researchers gave a treatment that later would be seen the effects occurred as a result of the given treatment. The implementation stages were explained as follows: (1) Pre-test, the purpose of the pre-test was to determine the level of family support to the family of ODHA and to define the level of social functioning of ODHA. The scale was the family support scale based on the aspects of family support from House Kahn (1985) and Indonesian translated version of Max Birchwood social functioning scale. (2) Treatment, the aim of the treatment was to improve the social functioning of ODHA by using family counseling and psycho-education. (3) Post-test, the purpose of the post test was to determine the level of family support for families of ODHA and to find out the level of social functioning after the treatment of family counseling and psycho-education were given.

The research participant was a family whose members suffered from HIV/AIDS. In this case, the subjects were a 17-year-old woman who carried HIV, her brother and her mother. Other HIV patients and their families were also recruited as the participants for psycho-education activity. The researchers played a role as counselors in family counseling activity. Meanwhile, in psycho-education activity, the researchers were assisted by the health practitioners so as to provide an understanding of HIV in the family.

Results

The activities carried out in session 1 cover the introduction and delivery of agreements. All the counsees reach a decision to a joint agreement. Additionally, the counsees convey the purpose of participating in this counseling. The counsees explain that they want to be comfortable in socializing with other people, chiefly their family. The counsees are willing to acquire the results even though they carry HIV which do not prevent their intention to act as usual. Then, according to the Y's family, the mother says that she wants to be comfortable in her family and she does not feel afraid to deal with her child, as well as the brother of Y.

Furthermore, the conducted activity is to give a pre-test to Y and the family. Y is given a questionnaire on

social functioning, while the mother and the subject are given a family support scale. Based on the pre-test results, it is obtained that the social functioning of Y is near to the ground (with a score of 45), mother's family support of Y is average (with a score of 32), and the support of Y's brother is near to the ground (with a score of 22).

The session 2 is a transitional session. It is held on the same day as the session 1, precisely after the pre-test. At this stage, the counselors repeat the purpose and observe whether or not there are counsees who seem to be still hesitant to expose. During the counseling, it is found that the subject's mother is somewhat hesitant to continue the counseling session because she is afraid of the identity of her child will be spread. However, after giving understanding of the confidentiality of the study, the mother finally trusts the counselors and wants to continue the counseling session.

The session 3 is a working stage where the counselors and counsees begin to enter the core activities. The activity is carried out at Y's house on Sunday, 10th of December 2017 attended by Y, her mother, and her brother. The first thing done by counselors is to deliver the mutual agreement. After that, counselors invite the counsees one by one to describe the problem they face up.

It is started from Y's brother. According to him, he feels sorry for his sister who currently carries HIV. On the other hand, he is scared and uncomfortable at any time that his sister's illness can be transmitted to him. Then, according to Y's mother, she is confused because she is in a wrong position. She also feels sorry for her daughter even though there is regret why her child can get infected with the HIV. However, she is afraid that other family members can experience the same disease. She says that a mother's instinct is to protect her family. The last is the explanation from Y. she feels that since becoming a person with HIV, her family has changed and she is reluctant to socialize with family and someone else. It makes her even more insignificant because all she does is staying in the bedroom without doing anything. Sometimes, her family also distinguishes her from other family members in the daily life.

After listening to the story of each counselee, the counselors together with the counsees decide whose problems that will be discussed first. It is started from Y's mother, brother, and finally Y as order. Based on the conversations facilitated by the counselors, It can be obtained that actually her mother is very guilty of doing so as well as her brother, but they have no other choices. Y does not stop crying and he is still insisted that her family should not treat her in that way. The session 3 is then arranged to continue next week, and the counselors explain that psycho-education will be conducted.

The session 4 is a psycho-education activity. The activity is held in the hall on the 2nd floor of the Community Health Center (*Puskesmas*) in Turen. It is

held on Saturday, December 16 2017. The psycho-education activity is attended by the head of Community Health Center (*Puskesmas*) and also the head of non-governmental organization (*LSM*). The participants include Y, her mother, her brother and other HIV patients under the patronages of *LSMs* and their families. The material is conducted in 2 sessions, the first session is delivered by the head of the *LSM* and the second is given by the counselors.

The session 5 is continued by the counseling. It is held at Y's house on Saturday, December 16 after the psycho-education activity. In this session, the counselors see whether or not there are differences from before and after psycho-education is given. Based on the counselees' narration, it is found that the mother and brother understand several things Y has not known after the socialization and psycho-education. Y's mother explains that she becomes more confident after getting an explanation and listens to questions and answers with the other families who have family members with HIV, as well as the subject's brother. Y's brother feels guiltier after knowing that HIV will not be transmitted as tranquil as he thinks.

The session 6 is an evaluation and closing session. The activities at session 6 are aimed to discuss the counseling activities that have been carried out. In addition, the counselors also give a post test. The counselors also ask whether or not there is a change in behavior in Y's family after giving psycho-education and counseling. After that, Y says that her family is still careful but not as extreme as before. Moreover, the counselors also provide feedback related to the counseling activities, namely the importance of family support for people with HIV. It is for the reason that a comfortable family atmosphere will make Y adaptive to her environment. Y also explains if her mother and brother do not distinguish her anymore, and she becomes more confident. Furthermore, the statement is responded by Y's brother and mother. They say that they will try their best not to discriminate against Y, but Y's brother says that Y must also understand if her family is a little careful about the fact that HIV is a very dangerous disease.

The results of pre-test and post-test are explained below.

Table 1. The Table of Pre-Test and Post-Test Scores

Counselee	Pre-Testscore	Post-TestScore
Y	45 (low)	85 (high)
BS (brother)	22 (low)	45 (medium)
PN (mother)	32 (medium)	56 (high)

The scores of pre-test for all counselees go up in the post-test. It shows that the family counseling and psycho-education are the right interventions to improve family support for HIV patients. Y feels comfortable and she can show adaptive behavior to socialize with others through the family support.

Discussion

Family becomes a shelter in order to get care, and love for other family members, precisely those with HIV patients (Wellan, 2014). The care of ODHA at home is more effective and efficient, and it is also created a more intense atmosphere so that ODHA will be able to manage their lives. Therefore, it cannot be denied that the presence of family support can be a benchmark for social functioning or empowerment of ODHA. Moreover, family plays an important role as the smallest unit of social life, because in the family there are aspects that can be provisions in social life, such as A). The emotional support is the form or type of support provided by the family in the form of giving attention, affection, and empathy. The emotional support is a family affective function that must be applied to all family members. The affective functions are related to the internal functioning of the family in providing the protection and psychosocial support for family members. Loveland & Cherry (Tahun berapa) mention that affection among family members produce emotional parenting that influences the growth and development positively (Friedman, 2010). B) The information support. The family is one of the information centers. The benefit of this support is it can minimize the emergence of pressure on individuals due to demands in the community, such as giving advice, suggestions, instructions, and providing information needed by other family members (Friedman 2010). C) The instrumental support, Friedman explained that family instrumental support is a full support or assistance from the family in the form of providing assistance to workers, funds, and taking the time to serve and listen to family members in delivering their messages. D) The assessment support. The family acts as the feedback provider to guide and to mediate problem solving, such as providing support, appreciation, and attention. The assessment support is a care from the family in the form of giving feedback and appreciation to family members, showing a positive response that covers encouragement or approval of ideas, as well as one's feelings. According to Friedman (Tahun berapa), the family assessment support is a form of family affective function towards family members that can improve their health status.

As stated by Smet (2001), optimism may affect the health so as to give a support for HIV patients in all aspects of instrumental support, emotional support, information support, and assessment support. These examples will create a comfortable atmosphere and will improve the social function of the patients as there is optimism discovered in ODHA.

Final Consideration

The family support is a very important part required by ODHA in its recovery process. The big or small size of family support can inspire the HIV patients to be healthy even for life. Through family support, it will

generate the enthusiasm and optimism in ODHA so that they can live their lives as usual (functioning socially well). Based on the results, there are plenty families who do not understand well about HIV. Hence, it is important to find an approach in order to tackle the HIV through dissemination and workshop. Henceforth, the needs for health practitioners who are expert in the sphere of HIV are also important to provide an understanding of the importance of regular treatment.

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