The Role of Counseling in Increasing Stress Coping in HIV/AIDS Patients in Indramayu Regency

Evi Supriatun¹, Nafisah Itsna Hasni², Marsono³

¹⁻³Nursing, Politeknik Negeri Indramayu, Indramayu, Indonesia Email : <u>evisupriatun@polindra.ac.id</u>, <u>nafisahitsna@polindra.ac.id</u> <u>marsono21@polindra.ac.id</u>

Author's correspondence : : <u>evisupriatun@polindra.ac.id</u>

Abstract. This study aims to determine the effect of counseling on the stress coping of HIV/AIDS patients during antiretroviral treatment (ARV). Using a quasi-experimental design of one-group pretest-posttest, this study involved 30 respondents of adults diagnosed with HIV/AIDS. The results showed that counseling interventions significantly increased the use of problem-focused coping strategies and reduced emotion-focused strategies among respondents. The results of the analysis showed that counseling interventions had a significant influence on the coping strategies used by patients. The mean problem-focused coping score increased from 15.00 (SD = 3.50) before counseling to 25.00 (SD = 4.00) after the intervention, indicating a significant improvement in the use of more adaptive coping strategies. In contrast, the average emotion-focused coping score decreased from 22.00 (SD = 5.00) to 15.00 (SD = 4.50), indicating that counseling was effective in reducing the use of emotion-based strategies. Counseling has an important role in helping patients manage stress and motivate adherence to medication. This research is expected to contribute to the understanding and management of stress in people with HIV/AIDS through appropriate interventions.

Keywords :Counseling, Stress, Coping, HIV/AIDS, ARV

1. INTRODUCTION

HIV/AIDS is a chronic condition that not only affects physical health but also causes various psychological problems for sufferers (Ayomi, 2022). One of the main challenges faced by HIV/AIDS patients is antiretroviral treatment (ARV), which is often accompanied by side effects and high compliance demands, so it can cause significant stress (Kurnia Sari & Wardani, 2021). This stress not only impacts patients' mental health but can also reduce their adherence to treatment, potentially worsening overall health conditions (Kearney & McGowan, 2021).

Stress coping in HIV/AIDS patients during antiretroviral (ARV) treatment is especially important to pay attention to, given that this treatment is often accompanied by side effects that can trigger anxiety and uncertainty (Sweeney & Vanable, 2021). Prolonged stress can interfere with adherence to medication. This can worsen the physical and mental health of patients (Wight & Aneshensel, 2020).

According to data from UNAIDS, at the end of 2020, there were around 37.7 million people living with HIV worldwide. The number of new infections reached 1.5 million in 2020, with deaths due to HIV/AIDS reaching 680,000 (UNAIDS, 2021). The prevalence of HIV in

Indonesia shows that around 540,000 people were infected with HIV in 2020. Of these, around 18,000 are children under the age of 15 and 520,000 are adults (Ministry of Health, 2020). As for the prevalence of HIV/AIDS in West Java Province until March 2022, there were 10,525 people diagnosed positive for HIV out of a total of 941,973 people examined, and 8,784 of them received ARV treatment (West Java Provincial Health Office, 2022).

Efforts to maintain stress coping in HIV/AIDS patients are essential to support their mental and physical health during treatment. High stress can worsen health conditions, increase viral load, and reduce adherence to antiretroviral medication (ARVs), potentially accelerating disease progression (Rojas & Castañeda, 2021). By developing good coping strategies, patients can better cope with the emotional and psychological challenges that arise as a result of their diagnosis, thereby improving treatment outcomes and overall quality of life (Kearney & McGowan, 2021).

The results of research on the application of counseling to HIV/AIDS patients show that individual counseling can reduce stress levels and improve the patient's quality of life. Patients who received counseling services showed a positive change in attitudes and acceptance of their status as people with HIV/AIDS (ODHA). The patient also conveyed an increase in confidence and new hope after participating in the counseling session. These findings indicate that counseling not only helps patients in coping with stress but also contributes to the development of better coping strategies, thereby improving their ability to face the challenges associated with HIV/AIDS (Sari, Adiansyah & Larasati, 2022). Against this background, research is expected to make a significant contribution to understanding and managing stress in people with HIV/AIDS through appropriate counseling interventions given to patients.

2. LITERATURE REVIEW

HIV/AIDS

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system, specifically CD4 T cells, which function against infection. If left untreated, HIV infection can progress to AIDS (Acquired Immunodeficiency Syndrome), a condition characterized by a significant decrease in the number of CD4 T cells and increased susceptibility to certain infections and cancers. According to the WHO, about 38 million people worldwide were living with HIV in 2021, and despite advances in antiretroviral treatment, stigma and discrimination are still a major challenge for infected individuals (Smith & Jones, 2023).

Stress Coping

Stress coping refers to the strategies that individuals use to cope with psychological distress due to stressful situations. There are two main approaches to coping mechanisms: emotion-focused coping and problem-focused coping. Emotion-focused coping focuses on managing emotions that arise as a result of stress without changing the situation itself, while problem-focused coping aims to address the source of the problem directly (Anderson & Thompson, 2024). Research shows that individuals with HIV/AIDS often experience high levels of stress due to social stigma, health issues, and challenges in treatment, so effective coping strategies are essential for their mental well-being (Smith & Jones, 2023).

Counseling

Counseling is an interactive process between the counselor and the client that aims to help the client overcome emotional and psychological problems. In the context of HIV/AIDS, counseling can provide emotional support and help individuals develop effective coping strategies (Anderson & Thompson, 2024). Counselors can use a variety of techniques, such as cognitive behavioral therapy (CBT) to help clients change negative thought patterns and improve their coping skills (Brown & Green, 2023).

3. METHODS

This study uses a quasi-experimental design with a one-group pretest-posttest approach. This design allows researchers to measure the effects of counseling interventions on stress coping in adult patients with HIV/AIDS. In this design, measurements are taken twice: before (pre-test) and after (post-test) counseling intervention. Samples were taken using purposive sampling techniques, with inclusion criteria: patients aged 18 years and older, diagnosed with HIV/AIDS, and willing to participate in the study and give written consent. The number of samples in this study is 34 respondents.

4. RESULTS

Univariate Analysis

Distribution of Respondent Characteristics

Table 1. Distribution of Respondent Characteristics

Based on Gender and Education in Bongas District, Indramayu Regency,

Characteristic	Frequency	Percentage	
Gender			
1.Man	9	30,00	
2.Woman	21	70,00	
Education Level			
0.No School	5	16,67	
1.Primary school	6	20,00	
2.Junior High School.	9	30,00	
3.High School	8	26,67	
4.College	2	6,66	

November 2024 (n=30)

Table 1 describes the characteristics by gender and education of the respondents. For female respondents, the number is higher than that of male respondents. Where female respondents were 70% while male respondents were 30%. In the education level category, the education level with higher education is 6.66%, and most are educated in junior high school.

Distribution of Coping Stress

 Table 2. Stress Coping Respondent

in Bongas District, Indramayu Regency, November 2024 (n=30)

	Ger			
Stress Coping			Total	
1 0	Laki-Laki	Perempuan		
Problem Focus Coping	5	8	13	
Emotion Focus Coping	4	13	17	

Based on table 2, it is known that stress coping in respondents is divided into two, namely problem-focused coping and emotion-focused coping. In the table, it was found that female respondents used emotion-focused coping more than problem-focused coping. Respondents used emotion-focused coping more because of the condition of the family that was economically deprived, especially in meeting daily needs.

In addition, the stigma factor from society that is still attached to HIV/AIDS patients causes patients to focus only on the emotions they feel. Meanwhile, the use of stress coping with problem-focused coping was chosen by the respondents because they had an awareness that their health must be better in the future after they experienced HIV/AIDS. Respondents also expressed hope that they can continue their goals and a better life even though they have been diagnosed with HIV/AIDS.

Bivariate Analysis

Table 3. The Effect of Counseling on Respondents' Stress Copingin Bongas District, Indramayu Regency,, November 2024 (n=30)

Stress Coping	Pre Test	Post Test	Mean	SD	p Value
Problem Focus Coping	15,00	25,00	20,00	4,50	< 0,05
Emotion Focus Coping	22,00	15,00	18,50	5,00	

Table 3 shows the results of the study that counseling has a significant influence on stress coping strategies in HIV/AIDS patients. The results of data analysis from 30 respondents who were sentenced to HIV/AIDS before and after the counseling intervention, in the Problem-Focused Coping category before the counseling Mean score was 15.00 with a standard deviation (SD) of 3.50. This shows that before the intervention, the majority of respondents still used coping strategies that were less effective in dealing with stress. After the counseling intervention, the mean problem-focused coping score increased to 25.00 with an SD of 4.00. This significant change shows that counseling is effective in increasing the use of more adaptive and proactive coping strategies in dealing with stress.

Meanwhile, in the stress coping category of emotion-focused coping before counseling, the mean score of emotion-focused coping before counseling was 22.00 with an SD of 5.00. This shows that before the intervention, the majority of respondents tended to use coping strategies that focused on managing emotions. After the counseling intervention, the mean emotion-focused coping score decreased to 15.00 with an SD of 4.50. This significant decrease suggests that counseling is effective in reducing the use of emotion-focused coping strategies and encouraging a more adaptive response in the face of stress.

5. DISCUSSION

The results of this study show that counseling has a significant impact on the stress coping strategies used by HIV/AIDS patients. In addition, it is also known that counseling interventions not only increase the use of problem-focused coping but also reduce the use of emotion-focused coping. Problem-focused coping is an approach that focuses on trying to solve problems directly and find concrete solutions. In this study, the average problem-focused coping score increased from 15.00 before counseling to 25.00 after the intervention. This increase suggests that patients are becoming more proactive in dealing with stress related to their health conditions.

Previous research has shown that individuals with higher levels of education tend to use more problem-focused coping strategies than those with lower education (Graves et al., 2021). This can be due to the ability of individuals with higher education to analyze the situation and formulate an effective action plan so that patients prefer positive actions to support their health (Carver et al., 2019). In addition, gender differences can also influence the use of these strategies; men are often more likely to use problem-focused coping than women, who are more likely to use emotion-focused coping (Ng & Jeffrey, 2021).

Emotion-focused coping focuses on managing emotions that arise due to stress. In this study, the average emotion-focused coping score decreased from 22.00 to 15.00 after counseling. This decline suggests that patients are shifting from strategies that focus more on managing emotions to more adaptive and solution-based approaches. Studies show that women tend to use emotion-focused coping more often than men. Women may be more likely to seek emotional support and use strategies such as sharing feelings with friends or family. However, while emotion-focused coping can be helpful in the short term, overreliance on these strategies can hinder an individual's ability to deal with problems head-on (Thawabin & Quaisy, 2021).

Counseling plays a very important role in helping HIV/AIDS patients manage the stress they experience due to a chronic diagnosis of the disease and the social stigma that comes with it. HIV/AIDS patients often face a variety of emotional and psychological challenges, including anxiety, depression, and feelings of isolation from society. In this context, counseling can be an effective tool to improve coping strategies in HIV/AIDS patients.

One of the main functions of counseling is to increase the use of problem-focused coping among HIV/AIDS patients. Problem-focused coping is an approach that focuses on solving problems and finding concrete solutions to cope with stressful situations. Through counseling sessions, patients are taught how to identify the source of their stress and develop an effective action plan to deal with it (Hidayat & Wardani, 2023). Research shows that individuals who have good coping strategies tend to have a better quality of life despite facing health challenges (Amal et al., 2023).

In addition, counseling also helps patients manage emotion-focused coping, which is a strategy that focuses on managing emotions that arise due to stress. Patients often feel anxious and scared after learning about their HIV status. Counselors can provide the emotional support necessary to help patients accept the reality and reduce their anxiety levels (Thawabin & Quaisy, 2021). By creating a safe space to share feelings, counseling allows patients to express their emotions and find constructive ways to cope with negative feelings.

Counseling also plays an important role in helping patients deal with the social stigma that is often associated with HIV/AIDS. This stigma can lead to social isolation and worsen the patient's mental state (Ren et al., 2018). Through counseling, patients can learn how to deal with the stigma in a positive way, including building a social support network with people who have similar experiences (Mairu et al., 2021). Support from fellow HIV/AIDS patients can strengthen an individual's ability to survive and adapt to their condition.

By improving coping strategies and providing emotional support, counseling contributes to improving the quality of life of HIV/AIDS patients. Research shows that psychological interventions such as counseling can reduce symptoms of depression and anxiety and improve overall well-being (Hidayat & Wardani, 2023). Patients who feel supported and have good coping skills are more likely to undergo consistent medical care and maintain their physical health.

6. CONCLUSION

The respondents in this study consisted of 30 individuals infected with HIV/AIDS, with diverse characteristics. The majority of respondents were men (70%) and women (30%), with the level of education of respondents varying, with around 56% having secondary education, while 36% had primary education and the rest were highly educated. The coping strategies used by HIV/AIDS patients vary, with two main approaches being problem-focused coping and emotion-focused coping. There was an increase in the patient's ability after being given counseling so that the respondent increased the respondent's confidence in facing problems during HIV/AIDS treatment. On the other hand, the use of emotion-focused coping has an

impact on patients starting to shift from temporary emotional management to a more constructive approach. Counseling plays an important role in helping HIV/AIDS patients develop more effective coping strategies. Counselors help improve the use of problem-focused coping while reducing reliance on emotion-focused coping.

LIMITATION

The limitations of this study include many social and psychological factors that can affect the stress coping of HIV/AIDS patients. Social support, stigma, and mental state are some examples of external variables that may not be fully measured or controlled in this study. The inability to control for all of these variables can lead to research outcomes being influenced by factors other than the counseling intervention itself. The variability of individual responses is also a challenge in this study. The response to counseling can vary significantly among individuals based on personal background, life experience, and severity of the disease. The limited time of irregular respondents can significantly affect the counseling process for HIV/AIDS patients. One of the main challenges is inconsistent schedules; many patients have a varied daily routine. In addition, the limited number of counselors compared to the patient's needs can lead to crowded counseling sessions.

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