



Building Hope: Program for Handling Psychosocial Problems of People Living with HIV/AIDS in Denpasar

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ABSTRACT

The research aims to describe the forms of Psychosocial Problems Experienced by People Living with HIV/AIDS (PLWHA) and the programs of the Spirit Paramacitta Foundation to overcome the psychosocial problems of PLWHA. The research location was the Spirit Paramacitta Foundation Denpasar, Bali Province. The research uses a qualitative descriptive. The data collection techniques are through observation, interviews, and documentation. Research subjects and informants were determined purposively. Data analysis techniques refer to the perspective of Miles, Huberman, and Saldana, which includes the processes: data collection, data condensation, data presentation, and conclusion and verification. The data validity techniques used are extended observations and source triangulation. The results of the research show that the psychosocial problems of PLWHA at the rejection response stage are in the form of hopelessness, suicidal ideation, and drug use, while at the self-acceptance stage, the psychosocial problems are in the form of social anxiety, feelings of inferiority, social withdrawal, social stigma, and discrimination. Meanwhile, the program for handling psychosocial problems carried out by the Spirit Paramacitta Foundation is a social support program and a social mentoring program. The social support program includes emotional, appreciation, and socialization support. In contrast, the social assistance program includes health service referrals, assistance in taking medication, and home visits. The social services provided by the Spirit Paramacitta Foundation positively impact providing life hope for PLWHA. The practical implications of this research are as a model for institutional social service practices and scientific studies in developing social support for marginalized groups.

INTRODUCTION

One of the social health problems that is still serious in Indonesia today is related to the spread of HIV/AIDS (Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome). HIV/AIDS has developed into a major and important health and social problem throughout Indonesia.¹ The issue of HIV/AIDS is a huge problem and a threat to Indonesia and various countries throughout the world. Indonesia is said to be the country with the highest rate of development of the HIV epidemic in Asia.² The HIV/AIDS case still seems to be a problem that is taking up the focus of the government and NGOs with their long-term programs.³

According to Rum and Rakhman, Indonesia still seems to face health problems with complex social consequences and cause obstacles to the development process.⁴ A health problem that is still a concern for Indonesia and various other countries in the world is the reality of the development of the HIV/AIDS epidemic). The research results Demartoto & Sudiby state that, in general, PLWHA are of productive age, male, have a heterosexual orientation, work as employees, have medical and social-cultural problems such as having opportunistic infections, side effects of ARV drugs, depression, experiencing discrimination, negative stigma, being ostracized by family and community members.⁵

Human Immunodeficiency Virus (HIV) is a type of virus that attacks (infects) white blood cells, decreasing a person's immune system. Meanwhile, Acquired Immune Deficiency Syndrome (AIDS) is a collection of symptoms that arise due to a decrease in the body's immune system caused by HIV infection.⁶

The process of HIV transmission occurs between individuals through the transfer of bodily fluids such as blood, vaginal fluids, and breast milk. An individual will get an infection or not depending on their immune condition, nutritional condition, general health condition, age, and gender, which are risk factors. An individual will have a high risk of being infected with HIV if there is an exchange of blood with someone who is infected, sharing needles, especially among drug users, and sexual intercourse.⁷

People living with HIV/AIDS (PLWHA) are a group of individuals who are seen as having problems, although sometimes some of them do not have the awareness that they have problems.⁸ The quality of life of PLWHA is also influenced by various other factors such as economic factors, health conditions, psychological and mental conditions, and the social environment of PLWHA.³

Referring to the conclusion of Diyanayati's study, the problems felt by PLWHA can be classified into three forms, namely physical, psychological, and social problems. Physical problems are closely related to the body's condition and the persistence of PLWHA in carrying out examinations and in taking ARVs (Antiretrovirals). Psychological problems, namely feelings of stress, depression, and hopelessness. Social problems felt by PLWHA are rejection from their environment, social isolation, and discriminatory treatment from their community.⁹

Based on the results of a literature review analyzed via Wordcloud using the NVivo 12 application, data was obtained related to contemporary issues regarding HIV/AIDS, as shown in Figure 1. From the Wordcloud visualization image, several contemporary issues related to HIV/AIDS studies can be seen, including issues regarding health, disease, social support, community, family, research, services, groups, and so on. Even though it is not very popular, studies related to psychosocial aspects in HIV/AIDS studies have also emerged as an issue.



Source: Primary Data, 2022

Figure 1: Visualization of Wordcloud Analysis Results

The psychosocial concept refers to all changes in a person's life, both psychological and social, that have a negative impact as a result of social change and/or social upheaval in society, which can cause mental disorders.¹⁰ The psychosocial concept is a dynamic relationship between an individual's psychological and social factors. Psychosocial means social relationships, including psychological factors, such as thoughts, feelings, and behavior. Besides, psychosocial is also applied to describe the relationship between an individual's social conditions and emotional and mental health.¹¹

The results of Limalvin, Putri, and Sari's research provided an overview of the psychological and social impacts experienced by PLWHA.¹² In general, the psychological impact felt by PLWHA is in the form of denial or not accepting their situation, such as depression and even the desire to commit suicide.

To prevent and overcome the spread of HIV/AIDS, the government has implemented several. The activities carried out by the government in preventing and controlling HIV/AIDS are carried out through various forms of various programs.

Various programs implemented by the government to prevent and control HIV/AIDS include: the HIV Prevention Program through Sexual Transmission (HPST), the Education Information Communication Program (EIC), and the Voluntary Counseling and Testing Program (VCT).¹³

The Ministry of Health defines psychosocial problems as mental and social problems in society that have reciprocal consequences as a result of the emergence of social change and/or social unrest within the community, which can cause mental disorders. Psychosocial problems are defined as mental problems that occur as a result of a person's experiences and behavior concerning social conditions and circumstances that require problem-solving.

A Non-Governmental Organization (NGO) is an organization/institution whose members are citizens of the Republic of Indonesia who voluntarily or of their own free will initiate and carry out activities in certain areas of activity formulated by the organization/institution as a form of community participation to develop the

standard of living and welfare of the community, which focuses on self-help.¹⁴

The spread of the HIV/AIDS virus every year always shows increasing data. Referring to the results of a study conducted by the Ministry of Health of the Republic of Indonesia, for example, in 2013 it showed that HIV data was 29,037 cases and AIDS data was 12,214 cases, while in 2014 there were 32,711 HIV cases and 8,754 AIDS cases, in 2015 HIV cases totaling 30,935 and AIDS cases totaling 9,215, in 2016 there were 41,250 HIV cases and 10,146 AIDS cases, then in 2017 there were 48,300 HIV cases and 9,280 AIDS cases. The number of HIV/AIDS cases in Indonesia could be higher in reality, considering that there are still many people living with HIV who have not been recorded. It is because many PLWHA still keep to themselves and do not want to undergo health checks or seek treatment, which results in their data not being recorded by the Indonesian Ministry of Health. Based on survey data, it appears that there is a very significant development in cases of the spread of HIV/AIDS every year, where this condition is, of course, very worrying for all parties.

Referring to data from the Bali Provincial Health Service (2018), it was noted that the number of HIV/AIDS cases appears to be increasing. For example, one is in Gianyar Regency, where the data shows fluctuations. Referring to the Gianyar Regency Health Profile document (2019), HIV case data for 2018 shows 193 cases, and AIDS data shows 48 cases, as well as five deaths. The Ubud II Community Health Center appears to be one of the health centers whose position in the Gianyar Regency area has the highest number of HIV/AIDS cases. Based on the report on the Development of HIV/AIDS and Sexually Transmitted Infectious Diseases (PIMS) in Quarter IV (2017), data on visits and those taking HIV tests at the Ubud II Community Health Center was 1,732 people, of which the positive number data was 218 cases. Meanwhile, based on data from the Gianyar District Health Service (2021), the number of HIV-positive pregnant women is 2 cases, which is the highest number of cases in Gianyar District.⁶

Referring to data from the Bali Province AIDS Control Commission (ACC), it is stated that at

least 75 percent of people living with HIV/AIDS in the Bali region are identified as being in the productive age group (<https://kpa.baliprov.go.id/>). Based on documents from the Bali Provincial Health Service, reports from 1987 to May 2018 showed that 18,000 cases of the infectious disease HIV/AIDS occurred in nine districts and cities in Bali. 75 percent of them attack the 15–39-year age group, the productive age group. According to the document above, most cases were found in Denpasar City (37.8 percent). ACC's Bali is tackling HIV/AIDS in Bali by collaborating with relevant stakeholders, such as Kita Sayang Pemuda (Kisara) and the AIDS and Narcotics Care Student Group (ANCSG). Thus, it can be concluded that in the Bali region, teenagers are the age most vulnerable to exposure to HIV/AIDS. Therefore, understanding is needed regarding sexual behavior in adolescents because adolescence is a transition period from childhood sexual behavior to adult sexual behavior.

Considering that the spread of HIV/AIDS in Bali Province is still quite high, real participation is needed from the government as well as all elements of society and non-governmental Organizations (NGOs) in overcoming and preventing the spread of HIV/AIDS. The focus of prevention is specifically aimed at the adolescent and early adult age groups, who are seen as groups that are vulnerable to exposure to HIV/AIDS. Indicators of the government's active involvement can be seen in the decline in the number of cases of the spread of HIV/AIDS, as well as an increase in public understanding of the dangers of HIV/AIDS. Good public understanding of HIV/AIDS will have an impact on reducing discrimination against PLWHA so that PLWHA can mingle and re-socialize with their community environment. Some non-governmental organizations (NGOs) that help PLWHA in Indonesia include the Spirit Paramacitta Foundation in Denpasar City, Bali. The main focus of this Foundation's activities is to assist in overcoming the psychosocial problems of PLWHA, especially in Denpasar City, Bali.

Bali Province also has several Non-Governmental Organizations (NGOs) which function as supporting institutions for HIV/AIDS mitigation, one of which includes the Spirit Paramacitta Foundation, assisting the number of

PLWHA in 2021 as many as 7,000 people, while from Health Service data there are 21,000 people per period in 2020.

Based on the background of the problem above, the next research is aimed at finding out: the forms of psychosocial problems experienced by PLWHA in the city of Denpasar, and the forms of programs implemented by the Spirit Paramacitta Foundation to overcome psychosocial problems among PLWHA.

MATERIAL AND METHOD

The purpose of this study is to describe two things, namely: First, what forms of psychosocial problems are experienced by People Living With HIV/AIDS (PLWHA) and second, what is the form of the Spirit Paramacitta Foundation's program to help deal with the psychosocial problems of PLWHA. This research uses a qualitative approach,¹⁵ with a descriptive research type.¹⁶ The research location is at the Spirit Paramacitta Foundation Denpasar, Bali Province.

The research subjects and informants in this study used purposive techniques with the following criteria: First, the Manager of the Spirit Paramacitta Foundation, Denpasar, Bali; Second, at least five 5 years have been involved in managing the Spirit Paramacitta Foundation Denpasar Bali; Third, get involved with HIV/AIDS and get involved in implementing programs at the Spirit Paramacitta Foundation Denpasar Bali; and Fourth, have knowledge and understanding regarding the Paramacitta Spirit Foundation program so that they can provide the necessary information. The total number of research subject was 7 people. The data collection techniques used were observation, interviews, and documentation. Then, the data analysis technique refers to the perspective of Miles, Huberman, and Saldana, which includes the process of Data Collection, Data Condensation, Data Display (data presentation) and (conclusion and verification). The data validity techniques used are extended observations and source triangulation.¹⁷

This research was conducted over a period of three months from December 2021 to February 2022, with activities including: preparation and permission stage, data collection stage, data analysis stage, and report writing stage. Data

and information that are of a confidential nature regarding the subjects or clients are not displayed publicly. The researcher received permission to conduct the study from the Head of the Sirit Paramacitta Foundation in Denpasar.

RESULTS

Data were obtained from research subjects (informants) as primary data sources totaling 7 people. The characteristics of the research subjects (informants) are explained in Table 1. As stated in the methods section, there are two aspects to the aim of this research, namely: First, to describe the forms of psychosocial problems experienced by people living with HIV/AIDS (PLWHA), and second, to describe the form of the Spirit Paramacitta Foundation's program to help overcome the problems of PLWHA.

Psychosocial Problems Experienced by PLWHA

Data shows that the total development of HIV/AIDS cases in the city of Denpasar is one of the highest, especially in Bali Province. Denpasar is an area that is at high risk of HIV/AIDS transmission because many nightlife locations are prone to transactional commercial sex workers, places of prostitution, and a large number of migrant workers.

"...Yes, it seems that the development and spread of HIV/AIDS in Bali shows an increasing trend, especially in the Denpasar City area. As we know, Denpasar is a place that provides many entertainment facilities so it is prone to being a place for sexual transactions..." (PAUD)

The majority of PLWHA sufferers will experience several things that refer to psychological aspects. The psychosocial problems experienced by PLWHA can be mapped into two stages, they are as follows:

First is the form of psychosocial problems at the rejection response stage. At this stage, PLWHA cannot accept (deny) the verdict when they are declared positive for HIV/AIDS. Psychosocial problems at the rejection response stage when declared positive for HIV/AIDS infection are feelings of despair, desire to commit suicide, feelings of shock, and drug use. Despair: based on the results of an interview

with the Chair of the Paramacitta Spirit Foundation, when infected with HIV, their spirits sometimes decrease, and there is despair when they are not strong enough to know their status after the VCT (Voluntary Counseling and Testing) test and what will happen if their parents find out. They might want to commit suicide. Based on the results of an interview with the Chairman of the Spirit Paramacitta Foundation, those who have HIV/AIDS also have the desire to commit suicide because when they are infected with HIV, they are sad and afraid of their status. Some were shocked and unable to reveal the results of the CVT (Voluntary Counseling and Testing). PLWHA who are in the depression stage sometimes often show withdrawal, not wanting to talk, lack of interest and motivation, despair, and crying.

Drug use increases based on the results of an interview with the Chairman of the Spirit Paramacitta Foundation. He said that despair can arise when faced with changing life cycles and social and historical conditions. An individual sometimes experiences feelings about his life no longer having meaning. The impact of the illness he suffered caused emotional disturbances related to neurosis, namely the emergence of emotional maladjustments due to unconscious conflicts that could not be resolved properly.

Second is the form of psychosocial problems at the self-acceptance stage. At this stage, PLWHA are aware and accept the verdict that they have HIV/AIDS. The ability to accept oneself as a PLWHA is fundamental to adapt to one's environment and have personal benefits in thinking positively about one's condition, other parties, and one's environment.

Table 1. Overview of Research Subjects

Subject Name (Initials)	Gender	Status
PAUD	Female	Staff
PGB	Male	Staff
NMM	Female	Staff
TRIK	Female	Family
TH	Female	Staff
SGT	Female	Staff
IKEAS	Male	Staff

Source: Primary Data, 2022

PLWHA will be able to accept the situation after a lot of support and love from the people closest to them, and they will be able to accept this status. Some realize that this is their fault, so they accept the consequences. Some initially were confused about telling their family, but after the family accepted, they could accept and provide support.

There are various forms of psychosocial problems experienced by PLWHA at this stage of self-acceptance. Some forms of problems of PLWHA include social anxiety, feelings of inferiority, social withdrawal (social exclusion), social stigma, and discrimination from the surrounding community.

The Programs Run by the Spirit Paramacitta Foundation in Handling Psychosocial Problems of PLWHA

The Spirit Paramacitta Foundation, Denpasar, Bali Province, has several programs to help deal with psychosocial problems faced by PLWHA.

"...Our vision is to empower PLHIV so that they are able to be independent in realizing a life that is in accordance with the organization's vision. Therefore, we have several programs in an effort to help overcome the problems of PLWHA..."
(PAUD)

In general, the form of program for handling the psychosocial problems of PLWHA includes social support and social assistance programs. Social support is a feeling that includes attention, motivation, and affection. Social support is intended as a condition of feeling comfortable, caring (feeling cared for), appreciated, or helped that a person feels from other people or other groups.

Providing social support involves the family as the party closest to the PLWHA. The forms of support provided include:

First, emotional support is an effort that is realized in the form of expressing affection for someone when they are in an unstable condition. Second, a form of appreciation support. The role of the family in providing care and acceptance for PLWHA is important in growing PLWHA's motivation to live their lives. The process of acceptance from the family significantly influences the healing and treatment efforts carried out by PLWHA. Third, a form of socialization support. After the process of

collecting data and information and getting input from several parties, the family made efforts to involve themselves in various institutions that provide services for People Living with HIV/AIDS (PLWHA), namely through various support groups. The efforts carried out by the family are seen as a way to help people living with HIV/AIDS (PLWHA) so as not to feel alienated (isolated) from the surrounding social environment.

Furthermore, the Spirit Paramacitta Foundation also undertakes psychosocial support efforts for people living with HIV/AIDS (PLWHA), as stated by informant, as follows:

"...Yes, we provide psychosocial support services for PLWHA to offer reinforcement and motivation so that they can rise up. The forms of psychosocial support we provide include mentoring and so on"
(PGB)

The Paramacitta Spirit Foundation is working with several psychosocial support programs aimed at improving the quality of life of PLWHA, including:

First is the PLWHA mentoring program by the Spirit Paramacitta Foundation. This program is a form of effort made by the Spirit Paramacitta Foundation to provide moral support and assistance to PLWHA in Bali, especially in the Denpasar area, in monitoring compliance with medication and ARV (Antiretroviral) therapy. As is known, ARVs (Antiretrovirals) are one form of effort to treat HIV and AIDS in order to reduce the risk of spreading HIV, slow the worsening of opportunistic infections, improve the quality of life of people living with HIV, and reduce the amount of virus (viral load) in the blood until it is undetectable.

Apart from that, this program also includes guidance for PLWHA who have just been diagnosed as HIV positive so that they can immediately initiate ARV (Antiretroviral) therapy to reduce the risk of complications due to the spread of the AIDS virus in the bodies of PLWHA.

Second, training for supporting staff for PLWHA to increase knowledge regarding ARVs and communication. One of the programs carried out in the context of dealing with HIV/AIDS and PLWHA carried out by the Spirit Paramacitta Foundation is Mentoring for PLWHA. This program consists of several

aspects and collaborates with various health services in Denpasar to help PLWHA improve their quality of life. This program includes providing information regarding basic knowledge of HIV and AIDS. Steps were taken so that PLWHA can reveal their health status to others, then ARV treatment schemes and the development of other knowledge that supports improving the quality of life of PLWHA. There is emotional support, health services, and assistance for PLWHA patients with health problems.

The mentoring program is implemented in three types: referrals for health services, mentoring in taking medication, and visiting the homes of PLWHA sufferers (home visits).

First, health service referrals include education regarding the flow of health services PLWHA patients must take either at home or at a health service. In addition, PLWHA is given information regarding referrals to this health service, for example, providing references to PLWHA regarding institutions or hospitals that can provide services for PLWHA. Apart from providing referrals, these companions sometimes accompany PLWHA when examined at health services. Assistance in the form of referrals is also prioritized for PLWHA who have just been diagnosed as HIV positive.

Second, Medication Reminder Program (MRP). The next form of assistance is to provide reminders to PLWHA who are consulted to regularly take ARV (Antiretroviral) medication and maintain a balanced lifestyle. The MRP is not always conducted face-to-face. Especially in the current pandemic conditions, officers from the Foundation can send a message via SMS, WhatsApp or call to remind them. This support is provided to encourage PLWHA to be patient in regularly consuming ARV drugs and to be able to monitor the side effects of consuming these drugs. This is because there are concerns regarding the side effects given to each person due to the consumption of ARV drugs, which can cause different reactions.

Third, home visit activities at PLWHA residences. The third form of the mentoring program by the Spirit Paramacita Foundation is a home visit; that is, the mentoring must be carried out at the PLWHA's home. This assis-

tance is a tough program because sometimes officers have to travel long distances to assistance locations that are far from the city. Officers must not reach PLWHA in villages such as Buleleng and Jembranaa infrequently. This home visit activity occurs when PLWHA are sick and only treated at home. Apart from providing psychological support and bringing ARV medication, the buddy also observes the place where the PLWHA in question is being treated. The reason is that sometimes, the environmental conditions for caring for PLWHA at home seem unsupportive. This often makes the illnesses suffered by PLWHA worse.

DISCUSSION

Indicators of the success of the Mentoring program by the Paramacitta Denpasar Foundation, Bali Province, can be analyzed. They were first related to the Psychosocial problem-handling program. The need for psychosocial assistance for PLWHA is characterized by the need to obtain positive verbal and non-verbal interactions, build relationships with other individuals, and obtain social support through emotional support, information, and social group support. So, the Paramacitta Foundation, through the several mentoring programs outlined above, can help PLWHA struggle to improve its quality of life without fear of feeling discriminated.

Second, the on Antiretroviral (ARV) and initiation programs. According to an interview with the Chair of the Spirit Paramacitta Foundation, preventing HIV/AIDS is one of the government's targets contained in the Ministry of Health Regulations. Where this regulation explains that the government has decided to achieve the Three Zero target by 2030 to control the HIV/AIDS epidemic in Indonesia, in the form of zero new HIV infections, zero deaths due to AIDS among people living with HIV/AIDS (PLWHA), and zero discrimination.

The Paramacitta Spirit Foundation, as of December 2021, has supported 8,900 PLWHA with HIV in the province of Bali. Furthermore, monitoring was carried out regarding compliance with ARV therapy for 8,007 PLWHA and carried out outreach so that partners could carry out HIV tests to prevent transmission for as many as 300 couples.

Third, related to the condition and situation of lost to follow up. Lost to follow-up condition in HIV/AIDS patients is a condition where they stop therapy and can increase the potential risk of death. The loss to follow-up condition can be influenced by several types of factors, including patient characteristics, level of understanding (knowledge), patient perception, social support, affordability of VCT (Antiretroviral) clinics, VCT (Antiretroviral) clinic services, level of adherence to therapy and availability of There are various other reasons that result in lost to follow-up conditions appearing in HIV/AIDS patients. Based on this, the Paramacitta Foundation provides access to assistance so that PLWHA remains compliant and routinely carries out ARV therapy. The assistance activities provided include health service referrals, reminders to take medication, and home visits to PLWHA's residences.

Referring to Diyanayati, the social service process is an activity carried out directly and organized that specifically aims to assist a person, group, and their social environment in the context of interrelated adaptation.⁹ When viewed from the aspect of implementation intent, social services have various types.

First, social services aim to assist someone who can achieve or utilize the various social services provided. This type of service is known as a type of social service called access services, which includes information, referral, advocacy, and participation services.

Second, social services help and carry out rehabilitation. It is also known as a type of therapy services, which include social protection and care, namely services provided by social service institutions that provide counseling, child welfare services, social worker and school services, correctional programs, treatment programs for elderly individuals, etc.

Third, social services for development purposes. It is known as introduction and improvement services, for example, baby (child) care, family planning, family education, recreational services for young people, community activity centers, etc.

According to Adhiputra et al., the main purpose of efforts to overcome HIV/Aids is to prepare and disseminate information, as well as create a supportive situation in efforts to overcome HIV/AIDS by focusing on individuals

who have a high risk of infection of HIV/AIDS. Efforts to tackle HIV/AIDS should use religious values, culture, and norms existing in society where activities are oriented towards maintaining and strengthening the resilience and prosperity of the family. The family is seen as the smallest unit of society, which has a very urgent and noble role as the main foundation for aspects of preventing and overcoming HIV/ AIDS. Realizing family resilience in the true sense must continue to be worked on and developed. Apart from that, families are also seen as having the ability to create a supportive environment for PLWHA by providing attention and empathy and avoiding discriminatory attitudes towards them. Likewise, it is hoped that the community will play a role in helping to make efforts to prevent and overcome HIV/AIDS in their respective environments by providing convenience and creating a conducive environment.¹⁹

Institution-based social services and social protection for PLWHA are very important to ensure their welfare and rights are fulfilled.²⁰ These services not only provide access to adequate health care, but also support social and psychological aspects, such as reducing stigma and discrimination. With an institution that focuses on PLWHA, they can get accurate information, education about health management, and support from a community that understands their experiences. Apart from that, social protection also helps PLWHA access economic resources, so that they can live more independently and productively. Overall, these services contribute to the integration of PLWHA into society, improving their quality of life, and creating a more inclusive and just environment.

The results of research on social service and social protection programs for PLWHA based on social service institutions show a significant positive impact in improving their quality of life.²¹ This research identified that integrated programs, which include health services, psychosocial support, and education, are able to reduce stigma and increase PLWHA's access to needed care. These results confirm that an institution-based approach not only meets health needs, but also empowers PLWHA to live more productive and integrated lives in society.

Conducting research on institutional-based social services and social protection for PLWHA has many significant benefits. First, this research

can identify strengths and weaknesses in existing programs, thereby enabling continuous improvement in the services provided. By understanding the specific needs of PLWHA, institutions can design interventions that are more effective and responsive to the challenges they face. In addition, research results can be used to increase public awareness and reduce stigma, by providing data that supports the importance of support for PLWHA. Research can also contribute to the development of better policies, ensuring that resources are allocated effectively to meet the needs of PLWHA. Overall, this research plays an important role in creating a more inclusive and sustainable social protection system, thereby improving the quality of life of PLWHA in the long term.

The future direction and focus of research on social services and institution-based social protection for PLWHA must be oriented towards strengthening service integration and increasing accessibility. Research needs to identify the most effective service models, including collaboration between government and non-government institutions, as well as utilizing information technology to reach PLWHA in remote areas. Additionally, it is important to explore the impact of existing social policies on PLWHA, including how they can be adapted to be more responsive to their needs. Research should also focus on participatory aspects, involving PLWHA in the service design and evaluation process, to ensure that their voices are heard and accommodated. With this comprehensive approach, research can contribute to the development of more effective and sustainable strategies to support PLWHA, while reducing stigma and discrimination in society.

CONCLUSION AND RECOMMENDATION

Based on the results of qualitative research using data collection techniques through observation, interviews, and documentation carried out at the Spirit Paramacitta Foundation Denpasar Bali regarding how to deal with the psychosocial problems of PLWHA. The conclusions of the research results are explained as follows:

Regarding the types of psychosocial problems experienced by PLWHA, in general, they will experience several things that refer to psychological aspects; there are several stages,

including the first stage, reaction (response) when diagnosed as positive for HIV/AIDS infection, several reactions appear including is a feeling of wanting to commit suicide, feelings of sadness, awareness of accepting the situation and increased reactions to drug use; and the second stage, the importance of accepting one's situation in order to be able to adapt oneself to one's environment, it is beneficial for oneself to think positively about one's condition, other people and the surrounding community.

Whereas, the form of the Spirit Paramacitta Foundation program in dealing with the psychosocial problems of PLWHA. The Foundation seeks to improve the quality of life of PLWHA with several programs, including: First, Assistance for PLWHA, where this program is a form of effort made by the Spirit Paramacitta Foundation in providing moral support and assistance to PLWHA in Bali, especially in the Denpasar area. Monitor compliance with medication and ARV therapy. There are three mentoring programs: referrals for health services, guidance (assistance) in taking medication and conducting home visits to PLWHA patients' residences.

Based on the findings of this research, several suggestions and recommendations are presented as follows: For PLWHA to maintain self-awareness to continue to make consistent efforts in carrying out therapy (treatment) so that their physical, psychological, and social conditions are maintained; Next, for social service institutions should continuously implement mentoring programs for PLWHA and continue to carry out campaigns to prevent the spread of HIV/AIDS. While, for the Government should create policies (regulations) for HIV/ AIDS prevention programs in collaboration with various stakeholders, including social service institutions; Lastly for the community should support PLWHA by providing social acceptance and not giving a negative stigma to PLWHA.

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The contribution of each author can be explained as follows: Conceptualization: OS, FK,

Data curation and Collection: FK. Formal analysis: OS, ZA, JA. Methodology: OS, JA. Writing – original draft: FK, OS. Writing – review & editing: OS, ZA, JA. OS = Oman Sukmana; FK = Fitasya Khairunnisa; ZA = Zaenal Abidin; JA = Juli Astutik.

CONFLICTS OF INTEREST

The authors have no conflicts of interest associated with the material presented in this paper.

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