

# Application of group positive psychotherapy to improve psychological well-being for people with HIV in Papua



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## ABSTRACT

**Introduction:** Problems that arise in a person with HIV/AIDS status are related to disease conditions and psychosocial conditions that can affect psychological well-being. One form of intervention that can improve psychological well-being is Group Positive Psychotherapy. The present study aimed to investigate the effect of implementing positive group psychotherapy in improving the psychological well-being of people living with HIV/AIDS (PLWHA) in the working area of the Timika Jaya Health Center, Mimika Regency.

**Method:** This is a quasi-experimental research with the One Groups Pretest-Posttest Design technique approach. Respondents were pretested before the group positive psychotherapy treatment with counseling and education methods. Upon completing the treatment, a posttest was administered. The population of this study was the entire community of PLWHA in the working area of the Timika Jaya Public Health Center with 27 people for a total sampling technique. Data analysis used Chi-Square Test and Paired Samples T-Test. Based on the results of the analysis using paired sample t-test,  $p\text{-value} = 0.000 < \alpha$  means that there is a significant difference in psychological well-being in PLWHA before and after 1 month of positive group psychotherapy intervention.

**Result:** Furthermore, from 1 month of group positive psychotherapy intervention to the next 2 months,  $p = 0.000$ , and before the second group positive psychotherapy intervention,  $p = 0.000$ . Overall, there was a significant difference in the improvement of psychological well-being before and after the group positive psychotherapy intervention.

**Conclusion:** Group positive psychotherapy effectively improves psychological well-being for people with HIV/AIDS.

**Keywords:** AIDS, group positive psychotherapy, HIV, psychological.

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## INTRODUCTION

Indonesia ranks third in the Asia-Pacific region with 5.2 million people with HIV/AIDS. The total number of HIV/AIDS patients in Indonesia is estimated to be 620,000 million people in the Asia Pacific region.<sup>1</sup> Data from the Papua Provincial Health Office shows that the number of people with HIV/AIDS in Papua until September 30, 2018, is recorded, 38,874 people. Mimika Regency occupies the third-highest position out of 28 districts in Papua, which is 6,014 cases. The high number of cases in Mimika Regency is caused by free sex and alcohol factors.<sup>2</sup>

Mimika Regency is one of the largest mining cities in the world. This rapidly increases the population density and regional economy, resulting in many people, both from Indonesia and internationally, seeking work in

Mimika being affected by the human immunodeficiency virus (HIV). One of the major causes of HIV infection within this population is heterosexual commercial sex.<sup>3</sup> Although the use of condoms was identified as the most effective way of preventing the transmission of HIV/AIDS in Timika City, commercial sex users are not keen to use them.<sup>4</sup>

HIV/AIDS is still a social stigma and is synonymous with sexual diseases in today's society. People infected with HIV/AIDS are often kept secret by their families and are reluctant to seek help.<sup>5,6</sup> Contracting HIV can lead to various difficulties related to self-esteem, social isolation, and lack of psychological well-being.<sup>7</sup> For instance, women who are HIV/AIDS infected through their husbands tend to feel unfair and unwilling to forgive themselves.<sup>8</sup>

According to Nasronudin that the stressors faced by people living with HIV/AIDS (PLWHA) are related to physical, psychosocial, and psychological problems which affect each other and are faced every day and in life.<sup>9</sup> Physical changes due to the impact of HIV infection will be a psychological and social pressure for PLWHA. On the contrary, psychological and social stress will affect the physical, by affecting the central nervous system.<sup>10</sup> As a result, the body's immunity decreases, causing the progression of the disease toward AIDS. Decreased immunity can lead to physical health disorders. It can be the basis for knowing one's psychological well-being.<sup>11</sup>

Psychological well-being is a state where a person's psychological condition is at the stage of accepting strengths and weaknesses within themselves,

having a purpose in life, being able to develop positive relationships, being an independent person, being able to control the environment, and being able to continue to grow personally.<sup>12</sup> Forms of intervention to improve psychological well-being can be done through Cognitive Behavior Therapy<sup>13</sup>, Mindfulness-Based Distress Management (MDBM)<sup>14</sup>, and Group Positive Psychotherapy.<sup>15</sup>

Group Positive Psychotherapy is an intervention based on positive psychology that can overcome psychological problems. The important role of positive psychotherapy described by the previous study that a method of psychotherapy to minimize the occurrence of psychopathological disorders by building positive emotions, strength, and meaning in life in individuals to achieve happiness through optimism, hope, humor, and resilience.<sup>16</sup>

To implement group positive psychotherapy, cooperation with related parties is required. Puskesmas Timika Jaya is one of the public health centers for HIV/AIDS services and treatment with a large number of visitors. People with HIV/AIDS are particularly susceptible to psychological problems.<sup>17</sup> Handling PLWHA has focused only on negative things not accompanied by positive functions. Therefore, researchers want to see one of the alternative treatments that focus on positive things, namely group positive psychotherapy to improve psychological well-being in PLWHA in the working area of Puskesmas Timika Jaya Mimika Regency.<sup>18</sup> The purpose of this study is to find out the effectiveness of the application of group positive psychotherapy to improve psychological well-being in people with HIV/AIDS (PLWHA) in the working area of Puskesmas Timika Jaya Mimika Regency.

## METHODS

This research is a quasi-experimental study with an approach using one group pretest-posttest design technique that only uses one group or without a control group (comparison). Before starting the treatment, the experimental group was given a pretest, then implemented a group positive psychotherapy with counseling and education methods, and after that

given post-test. The research population is the entire community of people with HIV/AIDS in the working area of Timika Jaya Mimika health center district 25 people. The sampling technique is the total sampling of people with HIV/AIDS in the working area of the community health center in Timika Jaya Mimika district who are willing to follow the group positive psychotherapy for 3 meetings with 25 people. Instruments used in this study include a modified psychological wellbeing questionnaire from Ryff's Scale of Psychological Well Being.<sup>19</sup> This questionnaire uses 35 question items with a Likert scale of 1 to 4. The score was 35 to 140. Evaluation sheet of "group positive psychotherapy" given to respondents when receiving treatment. The primary data collection procedure was obtained directly from the study subjects using questionnaires. Psychological wellbeing questionnaires were distributed to each respondent before being treated. After that, the questionnaire is collected and processed then gives the treatment of "group positive psychotherapy" to PLWHA. After one month of treatment, the researchers re-shared the questionnaire with respondents and then processed it.

The data obtained is conducted bivariate data analysis using Chi-Square Test and parametric statistical test, namely Paired Samples T-Test test when the data is normally distributed. Data from the group analyzed its normality with the Kolmogorov-Smirnov test. Conversely, if the data is not normally distributed and not homogeneous, use a non-parametric test which is the Wilcoxon Signed Rank Test with the help of SPSS (Software Product and Service Solution) software V.20.0 for Windows. Decision making on Paired Samples T-Test is that if  $p\text{-value} < \alpha$  (0.05) then there is an influence on the application of group positive psychotherapy to improve psychological well-being in people with HIV/AIDS (PLWHA). The ethical feasibility of the present study was issued by the Ethics Committee in Timika Jaya Mimika with the number 0246/KEP-K/IT/2020.

## RESULT

Table 1 shows that for people with HIV/AIDS (PLWHA) for the distribution

of respondents by gender the highest percentage is in the female gender of 88.0%, and the male gender is 12.0%. Distribution of respondents by age, the highest percentage in the age group >30 years as much as 84.0%, and in the age group <30 Years is 16.0%. The distribution of respondents based on education with the highest percentage is in elementary school, which is as much as 40%, and undergraduate education (PT) as much as 4%. The distribution of respondents was based on marital status with the highest percentage of widow status 72%, and for the status of still married with 3 people (12%). Characteristic relationship with psychological well-being in people with HIV/AIDS (PLWHA) before positive psychotherapy is applied as presented in Table 2.

Table 2 showed that out of 25 respondents (PLWHA) most of the female gender had less psychological well-being before the group positive psychotherapy applied, as much as 86.4%. Based on the age group, most of the > 30 years old who had less psychological well-being before positive psychotherapy was 85.7%. Based on the education of respondents (PLWHA) who were educated in elementary school had less psychological well-being before the group applied positive psychotherapy, as much as 80%. Based on marital status most have marital status Janda with less psychological well-being before the group applied positive psychotherapy is 15 people (83.8%).

The results of the Chi-Square Test analysis to look at the relationship between psychological welfare variables in PLWHA and gender variables obtained insignificant results ( $p = 1.000$ ), age group ( $p = 1.000$ ), education ( $p = 0.518$ ), marital status ( $p = 0.515$ ). Characteristic relationship with psychological well-being in people with HIV/AIDS (PLWHA) After group positive psychotherapy is applied as illustrated in Table 3.

Table 3 indicates that out of 25 respondents (PLWHA) the majority of the female gender have good psychological well-being and were unbalanced after being applied to group positive psychotherapy as much as 50%. Based on the age group was in the age group > 30 years who had less psychological well-being after being applied group

positive psychotherapy as much as 52.4%, while those who had good psychological well-being as much as 47.6%. Based on education shows that elementary school

educators who have psychological well-being balanced between good and less after applying group positive psychotherapy as much as 50%. Based on marital status

most have the status of widow marriage with psychological well-being balanced between good and less after applying group positive psychotherapy as much as 50%.

The results of the Chi-Square Test analysis to look at the relationship between psychological well-being variables in people with HIV/AIDS (PLWHA) and gender variables obtained insignificant results ( $p = 1.000$ ), age group ( $p = 1.000$ ), education ( $p = 0.736$ ), marital status ( $p = 0.863$ ). Differences in psychological well-being in people with HIV/AIDS before joining group positive psychotherapy and after following group positive psychotherapy as shown in Table 4.

Table 4 analysis of t-test paired samples showed that for psychological well-being in people with HIV/AIDS (PLWHA) before and after 1-month intervention followed group positive psychotherapy ( $p=0.000$ ). Furthermore, from 1 month of a group positive psychotherapy intervention to the next two 2 months obtained ( $p 0.000$ ) and before the intervention of group positive psychotherapy to the next two months obtained ( $p 0.000$ ). This result shows a relationship of differences in psychological well-being in people with HIV/AIDS before and after joining the group positive psychotherapy in the working area of Timika Jaya Mimika Health Center in 2020.

## DISCUSSION

### Analysis of Characteristic Factors of Respondents That Affect Psychological Well-Being

This study showed that age factors do not affect the psychological well-being of (PLWHA) in the community health center Timika Jaya Mimika district. The average age of respondents in this study ranged from 23 years old to 54 years old. This is not in line with research conducted by the other study in April 2015<sup>12</sup>, which said that age differences could affect different dimensions of psychological well-being. His research also found that the dimension of environmental mastery and autonomy increased with age, especially from young adults to municipalities. The dimensions of positive relationships with others also increase with age.<sup>20</sup> According to the World Health Organization<sup>21</sup>, an

**Table 1. Characteristics of Respondents in the working area of Puskesmas Timika Jaya Mimika Regency in 2020.**

Characteristics of Respondents	n	%
Gender		
Man	3	12.0
Woman	22	88.0
Age Group		
< 30 Years	4	16.0
> 30 Years	21	84.0
Education Level		
Primary school (SD)	10	40.0
Junior high school (SMP)	5	20.0
High school (SMA)	9	36.0
Bachelor (PT)	1	4.0
Marital Status		
Married	3	12.0
Unmarried	4	16.0
Widow	18	72.0
Amount	25	100

**Table 2. Characteristic relationship of respondents with psychological well-being in people with HIV/AIDS (PLWHA) before group positive psychotherapy is applied in the working area of Community health center Timika Jaya Mimika Regency in 2020.**

Characteristics of Respondents	Psychological well-being in PLWHA				n	%	p-value
	Good		Less				
	n	%	n	%			
Gender							
Man	0	0	3	100	3	100	1.000
Woman	3	13.6	19	86.4	22	100	
Age Group							
< 30 Years	0	0	4	100	4	100	1.000
> 30 Years	3	14.3	18	85.7	21	100	
Education Level							
Primary school (SD)	2	20	8	80	10	100	0.518
Junior high school (SMP)	1	20	4	80	5	100	
High school (SMA)	0	0	9	100	9	100	
Bachelor (PT)	00	0	1	100	1	100	
Marital Status							
Married	0	0	3	100	3	100	0.515
Unmarried	0	0	4	100	4	100	
Widow	3	16.7	15	83.8	18	100	
Amount	3	12.0	22	88.0	25	100	

estimated 0.8% of adults aged 15 to 49 years around the world live with HIV. Cases of HIV infection in Indonesia are reported to be the highest in the age group of 25 to 49 years.<sup>22</sup> In people with HIV/AIDS psychological well-being is not affected by age. This is because HIV diagnosis itself has become a stressor that affects all aspects of the patient's life at all ages. So poor psychological well-being is not limited to older age but also younger age.<sup>23</sup>

Based on the gender distribution, most respondents in this study were respondents with female gender of 88%. According to previous research PLWHA still tends to be dominated by men, namely 53.2% and women 46.8%. The previous study showed

no association between gender and the psychological well-being of PLWHA.<sup>24</sup> Fluctuations in estrogen levels are found in various stages related to reproductive life in women, and periods of low estrogen are reassociated with mood disorders, including depression in many women.<sup>25</sup> Gender differences do not affect a person's quality of life, especially those with HIV/AIDS. Feelings of sadness, and despair are not pathological processes but are adaptive responses to real stressors. The absence of responses such as fear, grief, sadness, and anxiety in the face of stressors shows a maladaptive response. In the adaptive range, there is an emotional response. This involves stressed people showing openness and emotional awareness and can provide

a valuable learning experience.<sup>26</sup>

This study indicates that the majority of respondents had elementary education 40%. Education is a factor that can influence patients in determining treatment options. No relationship was found between the respondents' education and psychological well-being in people with HIV/AIDS (PLWHA) before and after group positive psychotherapy. This is possibly due to monthly meetings of PLWHA and their friends to provide education related to HIV/AIDS. However, respondents have a level of primary education and have balanced psychological well-being between good and less after being applied to group positive psychotherapy.

Based on the study's results, marital status showed no relationship of respondent's marital status with psychological well-being in people with HIV/AIDS (PLWHA) before and after the group positive psychotherapy was applied. This is because the PLWHA always gets support from localization parties and NGOs involved in mentoring and friends who both suffer from HIV/AIDS to still be able to live better. In this study, some PLWHA had widow marital status. Although they do not have a life partner, they still have family, peers, and support from NGOs who are always there to provide support. The PLWHA also actively participates in NGO activities, always consulting on the circumstances and problems faced so that PLWHA can find the meaning of life that can improve psychological well-being so that ODH avoids mental health problems even though the marital status is widowed.

#### Effectiveness of group positive psychotherapy on psychological well-being

According to Rashid<sup>27</sup>, group positive psychotherapy consists of two

**Table 3. Characteristic relationship of respondents with psychological well-being in people with HIV/AIDS (PLWHA) after group positive psychotherapy is applied in the working area of community health center Timika Jaya Mimika Regency in 2020.**

Characteristics of Respondents	Psychological well-being in PLWHA				n	%	p-value
	Good		Less				
	n	%	n	%			
Gender							
Man	1	33.3	2	66.7	3	100	1.000
Woman	11	50.0	11	50.0	22	100	
Age Group							
< 30 Years	2	50	2	50	4	100	1.000
> 30 Years	10	47.6	13	52.4	21	100	
Education Level							
Primary school (SD)	5	50	5	50	10	100	0.736
Junior high school (SMP)	2	40	3	60	5	100	
High school (SMA)	5	55.6	4	44.4	9	100	
Bachelor (PT)	0	0	1	100	1	100	
Marital Status							
Married	1	33.3	2	66.7	3	100	0.863
Unmarried	2	50	2	50	4	100	
Widow	9	50	9	50	18	100	
Amount	12	48.0	13	52.0	25	100	

**Table 4. Differences in psychological well-being in people with HIV/AIDS before and after joining the group positive psychotherapy in the working area of Community health center Timika Jaya Mimika Regency in 2020.**

Variable	Mean Paired Differences	Sig. Correlation	T Count	T Table	p-value
Psychological well-being in people with HIV/AIDS					
Pre Test - Post Test 1	-14.120	.000	-10.826	2.06390	0.000
Post Test 1-Post Test 2	-63.160	.871	-25.307	2.06390	0.000
Pre Test - Post Test 2	-77.280	.477	-26.004	2.06390	0.000



assumptions: 1) everyone is susceptible to mental illness and also has a capacity that requires happiness, and that pathology develops based on one's interaction with the environment. Therefore, a positive psychotherapist sees the client as a figure with an autonomous and growth orientation.<sup>28</sup> 2) client strength can have both positive and negative emotional impacts.<sup>29</sup> This study uses the group positive psychotherapy method developed by Parks-Sheiner with techniques: the use of your strength, three good things, thank you visits, active/ constructive response, savoring (enjoying), and the latter is a summary of life.<sup>30</sup>

The analysis using t-test pairs of samples showed a significant difference in psychological well-being improvement from before the intervention and after 1 month and 2 months of intervention. Rashid's research<sup>31</sup> stated that group positive psychotherapy is one of the methods to process positive emotions through discussions between therapists and clients (HIV/AIDS sufferers) involving discourse related to client problems to integrate positive and negative together. This positive psychotherapy is formed in a group consisting of people with HIV/AIDS (PLWHA). The occurrence of improved psychological well-being in PLWHA who follow the group positive psychotherapy because they are given psychotherapy techniques such as at the beginning of the intervention, the average PLWHA understands its strength. Still, they are less capable of optimizing their strength, given the disease it suffers from. At first, some PLWHA underestimated the good things they have but from the evaluation in this session is that PLWHA is always motivated to do good in their daily lives. They feel life is more precious and meaningful.

Intervention through group positive psychotherapy trains PLWHA to establish good and positive social relationships with positive communication techniques.<sup>32</sup> To optimize its capacity, PLWHA is given a life summary technique, namely: a technique that trains respondents to design life goals. The last technique is Commitment, through this technique PLWHA is directed to be committed to applying knowledge in its experience after following a series of group positive psychotherapy that have been given for 2 months PLWHA looks

spirited, optimistic, active in positive activities, and more meaningful life.

Taylor and Sherman's research, that the habit of maintaining positive health while having the disease can strengthen individual optimism, thus creating positive feedback.<sup>33</sup> Changes in psychological well-being levels are also influenced by personality, demographic, socio-economic, and other factors (such as behavior, cognition, and motivation). The average person with HIV/AIDS has a low self-acceptance rate. Individuals who get HIV status due to their partner's transmission tend to be longer in recovery compared to individuals who get HIV status due to their deviant behavior.<sup>34</sup>

Changes in the level of psychological well-being in people with HIV/AIDS show that group positive psychotherapy is proven to train people with HIV/AIDS can manage themselves in thinking, behaving, communicating, and contributing socially to be more positive.

## CONCLUSION

There was no relation between respondents' characteristics and psychological well-being in people with HIV/AIDS before and after positive psychotherapy. This means that people with HIV/AIDS are more focused on the stigma associated with stress on psychological well-being ranging from depression, anxiety, low self-esteem, concerns with public attitudes, negative self-image issue, and disclosure at the beginning they know they are infected which affects the answer score, thus the characteristics of age, gender, education, and marital status do not indicate any relationship. There are differences in psychological well-being for people with HIV/AIDS before joining a group positive psychotherapy and after it in the working area of community health center Timika Jaya. This means that group positive psychotherapy is proven to assist people with HIV/AIDS to be able to manage themselves in thinking, behaving, communicating, and contributing socially to be more positive.

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## CONFLICT OF INTEREST

The author reports no conflicts of interest in this work. The authors declare that (s) he has no relevant or material financial interests that relate to the research described in this paper. The authors declare no conflict of interest.

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## AUTHOR CONTRIBUTION

All authors similarly contribute to the think about from the investigate concepts, information acquisitions, information investigation, factual investigations, changing the paper, until detailing the consider comes about through publication.

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