Benefit of Exercise PLWHA for Side Effect ARV Medicine in the Cakap Turen Foundation, Malang Regency

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Research Article

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Abstract

HIV / AIDS is a disease caused by the Human Immunodeficiency Virus which lowers immunity by infecting and damaging the human immune system. Exercise can increase the expectation and quality of life of PLWHA. The health condition of PLWHA is influenced by exercise. The purpose of this study was to benefit that exercise for people living with HIV / AIDS (PLWHA) ARV medicine consumption. The design of this research is analytic observational with approach cross sectional. The sample used technique purposive sampling at NGO CAKAP Turen as many as 30 respondents. Retrieval of data using-based questionnaires online via google form. The statistical test is using correlations analysis. The results show that there is Chi-Square test results obtained p value (Sig) 0.0160 < α value 0.05, which means that there is a relationship between exercise of PLWHA in side effect ARV medicine. Based on these statistical results, it can be concluded that the factors that influence exercise are side effect ARV medicine.

Introduction

Human Immunodeficiency Virus (HIV) is a virus that causes decreased immunity by infecting and destroying human immunity. The World Health Organization (WHO) has defined HIV as a country epidemic in the world. Treatment using antiretroviral is required to comply and undergo treatment regularly. HIV treatment can inhibit the virus but cannot cure or eliminate the virus in the body of HIV patients. Compliance is a picture of the patient's actions in taking the drug correctly in a dose, frequency, and timing basis (Nursalam, et al., 2018)

The SDGs (Suistanable Development Goals) indicator in Indonesia in the health sector is 13 targets, including tackling the incidence of HIV-AIDS by reducing the rate of the HIV-AIDS epidemic. Until now, HIV-AIDS cases are still an international problem with the phenomenon of "icebergs" because in a short time the number of sufferers has increased and hit many countries, according to estimates by the World Health Organization (WHO) in 2014 epidemic data in the world reached 33, 4 million people incidence in adults and only 3.3 million people with HIV-AIDS (PLWHA) were detected.

Based on data from the Indonesian Ministry of Health by the Directorate General of Disease Control & Environmental Health of the Indonesian Ministry of Health in 2014 the cumulative number of people with HIV positive infection in Indonesia has reached 150,296 people and AIDS is 55,799 people. Statistics of HIV-AIDS cases in Indonesia cases in several provinces, based on cumulative HIV-AIDS cases as well as a list of the top five provinces of HIV-AIDS cases in Indonesia. East Java Province in total is in second place after DKI Jakarta province with cumulative data on HIV incidence of 19,249 people and AIDS 8,976 people. East Java Province data shows Malang Regency ranks second after Surabaya City, until March 2014 the cumulative data in Malang Regency there are 1,239 PLWHA sufferers.

Based on the research of Anis, Purwaningsih and Khoridatul in 2012 entitled Quality of Human Life, it is stated that adherence arv and exercise are the dominant factor affecting a person's quality of life. Meanwhile, at the CAKAP Foundation (Cahaya Kasih Peduli), not many PLWHA have received continuous
health services and care. This makes PLWHA feel the need for regular and routine care. So as not to depend on health services in hospitals or clinics. So there is a need for health services to improve the quality of life of PLWHA based on families, communities, and institutions (Demartoto, 2007).

Exercise for PLWHA are known as peer support groups. This group is a group that has the principle that the purpose of the group is to support or support each member of the group in their life. This moral support and enthusiasm is very much needed by PLWHA because when he finds out that he is infected with HIV, there will be a big inner turmoil in him where he will be confronted with himself which then manages various kinds of attitudes such as denial if he is infected with HIV, anger and sadness. It is this group that is expected to be able to transform these attitudes into an acceptance of attitudes so that PLWHA can stay healthy, remain productive and the most important thing is that they do not feel alone. They rarely get this kind of empathy from other people who are not infected with HIV, either their own family, friends or the wider community. Exercise for PLWHA in Peer Support Groups that play an important role.

Based on the theoretical basis of the quality of life problems of exercise PLWHA for side effect ARV medicine, the researchers are interested in conducting research "Benefit of exercise PLWHA for side effect ARV medicine in the CAKAP Turen Foundation, Malang Regency".

**Research Methods**

This study used a corelation research method. The study analyzed the relationship between the independent variable (exercise) and the dependent variable (side effect ARV medicine). Data collection was carried out in which each variable was measured correlations PLWHA exercise and side effect ARV medicine. The data collection method used a questionnaire. The statistical test in this study used the Chi-Square analysis test.

**Research Result**
Table 1
Characteristics of PLHIV who are members of the CAKAP Foundation

| No | Characteristics     | F | % |
|----|---------------------|---|---|
| 1  | Age                 |   |   |
|    | 20-24 year          | 8 | 15%|
|    | 25-49 year          | 19| 70%|
|    | ≥50 year            | 8 | 15%|
| 2  | Gender              |   |   |
|    | Male                | 14| 45%|
|    | Female              | 16| 65%|
| 3  | Profession          |   |   |
|    | Government employee | 5 | 15%|
|    | Entrepreneur        | 9 | 30%|
|    | Housewife           | 13| 45%|
|    | Unemployment        | 3 | 10%|

Based on data from Table 1 above, the characteristics of respondents who are members of the CAKAP Turen Foundation are mostly aged 25-49 years (40%), female gender (65%) and their occupation is self-employed (40%).

Table 2
Characteristics of PLHIV who are not-members of the CAKAP Foundation

| No | Characteristics     | F | % |
|----|---------------------|---|---|
| 1  | Age                 |   |   |
|    | 20-24 year          | 8 | 15%|
|    | 25-49 year          | 19| 70%|
|    | ≥50 year            | 8 | 15%|
| 2  | Gender              |   |   |
|    | Male                | 14| 45%|
|    | Female              | 16| 65%|
| 3  | Profession          |   |   |
|    | Government employee | 5 | 15%|
|    | Entrepreneur        | 9 | 30%|
|    | Housewife           | 13| 45%|
|    | Unemployment        | 3 | 10%|

Based on data from Table 2 above, the characteristics of respondents living with HIV who are not joined by age are mostly 25-49 years (70%), gender is female (65%) and housewives work as much as 45%.
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Table 1
Quality of Life of PLHIV at the CAKAP Foundation

| No | Quality of life | Not exercise f | % | Exercise f | % |
|----|----------------|----------------|---|-------------|---|
| 1  | Very good      | 0              | 0%| 0           | 0%|
| 2  | Good           | 0              | 0%| 28          | 80%|
| 3  | Kurang Baik    | 29             | 95%| 2           | 10%|
| 4  | Poor           | 1              | 5%| 0           | 0%|
| Total |                 | 30            | 100%| 30          | 100%|

Based on the data from the data, it can be seen that of the 30 respondents it is known that almost all of them have a poor quality of life. On the other hand, a small proportion of respondents who are members exercise of the CAKAP Turen Foundation have a poor quality of life.

Discussion

1) Quality of life for non-affiliated PLHIV

Based on the results of the study, it was found that the quality of life of PLHIV was mostly not good enough for 29 people living with HIV. From the research, it was found that PLWHA who are not included in the Cakap Foundation have a tendency to close themselves, such as when seeking health help they tend to cover up their HIV status by just submitting their complaints and they tend to look for officers they already know before and do not want to be visited. served by others for fear of their condition being discovered. In addition, when they access health services when taking ARV drugs or with other complaints, they tend to hide themselves for fear of meeting people they know. Because of this pressure they will be more depressed so that it affects their health and physical condition, these PLWHA are more likely to experience complaints and health problems, but they do not dare to tell people at home, so there are some whose physical condition has decreased, their weight tends to remain. even down, there are complaints or other opportunistic infections. Because the psychological condition is less stable, the nutritional input will also be reduced which makes it more prone to health problems.

According to Nursalam & Ninuk, 2013 the quality of life of people with HIV-AIDS has many factors that affect it, including physical exercise, psychological, social problems and treatment dependence. This is supported by the research of Hardiansyah et al. 2014 describes the quality of life of PLWHA in Makassar divided into six domains of quality of life, namely the physical domain, the psychological domain, the level of independence domain, the domain of social interaction, the environmental domain and the
spiritual domain. The results showed that based on these six domains, the quality of life of PLHIV in Makassar has a good quality of life (47.6%), while the quality of life is poor (52.4%), meaning that there are still many PLHIV who need health care to improve their quality of life.

The decline in immunity is influenced by several factors. The factors that need to be considered by health workers are psychosocial stressors. The first reaction that is shown after a person is diagnosed with HIV is rejection and shock / shock or disbelief. Patients think that HIV is hopelessly suffering throughout their life (Nursalam & Ninuk, 2013).

Another factor that influences the perception of stigma is the characteristics of the individual society itself. Age of the respondent is the age of the individual which is between 26 and 65 years. This age is included in the adult stage. Adulthood is the stage when a person reaches physical and psychosocial maturity and cognitive. Adult individuals feel comfortable with their perceptions and knowledge, are open to receiving suggestions and criticism, trying to solve problems, and are willing to make decisions about the problems at hand (Potter and Perry, 2005).

The existence of stigma and discrimination against PLWHA causes not all PLWHA to open up about it status, so that there is limited movement for participants in carrying out their activities in terms of work, or seeking medical assistance. When they are sick, PLWHA feels awkward to disclose their status to health workers for fear of being rejected so that the health services they receive are also not optimal, according to the actual conditions.

2) Quality of Life for PLHIV who are exercise members of the CAKAP Foundation

Based on the research data conducted at the CAKAP Turen Foundation, it was found that most of them had a good quality of life as many as 28 respondents. From the research results, it was found that PLWHA who are members of the CAKAP Turen Foundation, they tend to have a more stable health condition, because with the activities at the CAKAP Foundation they can share with each other about the conditions and health problems they face. Besides that, there are also other activities that can increase their sense of self-worth so that they feel useful and beneficial to others. Such as gym activities, jogging and other activity, as well as dance and ludruk.

With these activities, it can increase the self-esteem of PLWHA, so that they are more physically awake, because they remind each other if there are problems related to health and social problems or relationships with their environment.

WHO defines quality of life as an individual's perception of life in accordance with the cultural system and values in which they live in relation to interests, life goals, expectations and standards of possibility in life that they want to achieve (WHO, 1996). There are four factors that affect the quality of life, namely physical health factors, psychological health, social relationships, and environmental factors (Rapley, 2003).
This is in accordance with Hardiwinoto (2005; Risdianto, 2009) who states that welfare is one of the parameters for the high quality of life so that they can enjoy life even though their bodies have the HIV virus. According to WHOQOL Group (1994; Ayu Prawesti, et al, 2007) states that quality of life is influenced by physical health, psychological health, social relationships, and environmental aspects. The four domains of quality of life were identified as a behavior, presence status, potential capacity, and subjective perception or experience (WHOQOL Group, 1994). If these needs are not met, problems will arise in PLWHA's life which will reduce their quality of life (Ratna, 2008).

In the Peer Support Group, PLWHA feel they have friends who can be invited to share about their condition, remind each other and encourage each other in the therapy process they are going through.

2) Differences in the Quality of Life of PLWHA

Based on the results of the research that has been conducted, there are differences in the quality of life that occur between PLHIV who are members and who are not at the CAKAP Turen Foundation due to the lack of support received by PLHIV who are not members of the CAKAP Foundation Turen. Because they tend to close themselves and keep the problems they face without other people and even their families to know about it, so that when there is a problem they will try to solve it themselves and feel pressured for fear of other people knowing their condition and status.

According to Widiastuti, Heni (2018) the difference join and non joined of the CAKAP Turen Foundation for AIDS Care Citizens has a significant impact on the quality of life of PLWHA. Nursing care services provided to patients at the Foundation to heal, maintain, maintain and improve physical health, restore health or maximize independence and minimize disability due to illness, mental / emotional patients. Meanwhile, improving the quality of life of PLWHA is needed so that PLWHA whose physical condition is getting weaker, with poor personal relationships, and the absence of opportunities to obtain information can be fulfilled by optimizing ART drug adherence and involving PLWHA in empowerment programs at the CAKAP Turen Foundation.

Based on research conducted by Anis et al (2012), there is the theory of Felce and Perry (1996) which states that psychological well-being includes influence, fulfillment, stress and mental state, self-esteem, status and respect, religious beliefs, and sexuality. In people with terminal illness, including people with HIV-AIDS, a person will experience changes in physical, cognitive, and psychosocial life (Papalia, Olds, & Feldman, 2001; Ariyanti, 2009). The stability of psychological well-being is one of the factors that play a role in improving psychological well-being (Renwick & Brown, 1996). Psychological health refers to positive effects, spirituality, thinking, learning, memory and concentration, self-image and appearance, self-esteem, and negative effects (WHO, 1996; Rapley, 2003).

The conclusion that can be drawn from the explanation above is the results of research that support that PLWHA who are members of the CAKAP Turen Foundation need to be improved and consistently program activities are carried out regularly in order to improve the quality of life of PLHIV in the Foundation.
Conclusions And Suggestions

1) Conclusion

Based on the results of research on the differences in the quality of life of PLWHA between those who are members and not in the CAKAP Turen Foundation, Malang Regency, on 20 ODHA respondents. It was concluded that the quality of life for PLHIV who are members of the Turen Foundation is better than the quality of life for PLHIV who are not affiliated.

1. Almost all PLHIVs who are not part of the CAKAP Turen Foundation have a poor quality of life. This is because there are still many PLWHA who do not want to disclose their status so that they limit their movement in their daily activities and even in seeking medical assistance.

2. The quality of life of PLHIV who are members of the CAKAP Turen Foundation mostly has a good quality of life. The existence of activities that are carried out regularly can help PLWHA in helping to solve PLWHA problems by exchanging opinions and experiences, reminding and strengthening each other so that it feels lighter for them. The existence of activities in the Peer Support Group is also very helpful, such as batik activities, making ornaments on the headscarf, screen printing so that not only meetings are held.

3. The conclusion is that there is a difference in the quality of life between groups who are joined and not in the CAKAP Turen Foundation, the Working Area of the Turen Health Center, Turen District, Malang Regency

2) Suggestions

From the conclusion of the research results above, some suggestions can be made as follows:

1. For respondents

Can be used as a role model to provide regular care services to new PLHIV and their families in providing assistance during ART treatment and always providing health information. And it can further increase cooperation between peer group members.

2. Divide the research area

It is hoped that health counseling can be carried out more actively by all health workers to people who have ODHA families, because it can help PLWHA to improve their quality of life even better. There is no stigma and discrimination in health services so that PLWHA feel safe and comfortable in seeking help to get health services.

3. For nursing institutions
It is hoped that it can become a reference in research related to HIV-AIDS nursing which can be used as a basis for community health to improve the optimal quality of life for PLWHA.

4. Share further research

It is hoped that the next researchers will dig deeper into other factors and activities that can improve the quality of life of PLWHA.

Declarations

CONFLICT OF INTEREST No conflict of interest was declared by the authors.

ETHICAL CONSIDERATIONS

Written consent was obtained from the STIKes Kepanjen ethics (272/S.Ket/KEPK/STIKesKPJ/VI/2021) and written consent was obtained for patient.

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