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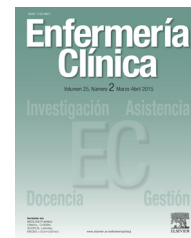
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Therapy SEFT for controlling the level of depression in people with HIV and AIDS[☆]



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Abstract

Objective: This study aims to assess the effect of SEFT combination therapy on controlling depression levels in PLWHA.

Methods: The design of this study used a quasi-experimental method with a nonrandomized one group pretest posttest design. Samples taken by purposive sampling were 16 ODHA and analyzed dependent *t*-test.

Results: Respondents' characteristics of the two research groups with male sex were 62.5%, female 37.5%, average age 26–35 years 50.0% and education level of high school graduates. There was a decrease in the average score of depression before and after the SEFT intervention with the value of each $p=0.001$, $p=0.000$ and $p=0.000$.

Conclusion: Peer Damping groups are expected to provide support, motivation and assistance as well as being able to actively provide SEFT therapy to be able to control the level of depression in PLWHA as a non-pharmacological therapy effort.

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Introduction

Acquired Immune Deficiency Syndrome (AIDS) is one of the most frightening diseases in the world, caused Human

Immunodeficiency Virus (HIV). As long as this virus enters the body, it continues to develop with various processes. Indonesia has not been indicated in stopping the rate of spread of HIV and AIDS, January–June 2018 there were 21,336 HIV infections and AIDS were 6162 cases.¹ The government, researcher and all stakeholder should pay attention on this large number of cases.

Samarinda City is city with highest cumulative HIV and AIDS cases in East Kalimantan. Every year HIV and AIDS cases tends to increase.² Other than that stigma of HIV and AIDS is psychosocial problem that affects many aspects of the lives of sufferers. The higher stigma received, the lower quality

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of life.^{3,4} Family attitudes and respondents' perceptions of PLWHA are factors that influence interaction stigma against PLWHA.⁵

Depression is a mood disorder that affects the way a person feels, thinks, or behave.⁶ in 2018 province of East Kalimantan prevalence population experiencing depression around 6.2% people with mental disorders weighing 1.4 million.⁷ And SEFT is one of the innovative counseling techniques. Purpose of this study was to determine whether there was an effect of Spiritual and Emotional Freedom Technique on controlling depression levels in PLWHA in Samarinda.

Methods

Location and design of research

The study was conducted in Samarinda City, East Kalimantan Province. This study used a quasi experimental design with a nonrandomized one group pretest posttest design.

Population and samples

The population were all PLWHA in the city of Samarinda. Sample of 16 PLWHA was selected by purposive sampling who had met the inclusion criteria, PLHIV who were of productive age (18–45 years), diagnosed HIV positive < 5 years, were taking antiretroviral drugs (ARV), were able to communicate well, had no visual impairments and hearing loss, registering in the city of Samarinda, experiencing depression, and willing to sign an informed consent issued by the Ethics Committee of the Hasanuddin University Faculty of Public Health.

Screening is carried out by trained field officers and using a pre-tested questionnaire. Data on host factors (age, sex, education, alcohol consumption habits, drug consumption habits), agent factor (CD4 count), psychosocial factor (loss of social role in the community, loss of friends or relatives), psychological factor (family environment, place of residence), psychodynamic factor (guilt), physical factor (decreased health), depression level measured by the Beck Depression Inventory questionnaire.

Spiritual and Emotional Freedom Technique interventions are carried out 3 times with a span of 5–7 days then first posttest after 1 intervention, second posttest after 3 interventions and 1 follow-up week after the third intervention. Data is processed using SPSS 24.0 to assess effect of SEFT interventions on controlling depression levels in PLWHA (paired *t*-tests).

Results

Data showed that the most PLHIV are between 26 and 35 years (50%) and 25% of experience moderate depression, respondents was dominated men (62.5%) with moderate depression (31.3%) while women (37.5%) with borderline depression limits 18.8%. The length of time diagnosed with HIV is 56.3% is <35 months including moderate depression 25%. The number of CD4 cells in PLWHA was mostly > 600 cells/MCL (43.8%), which meant that the

respondent's immune system was still good but there were 25% of respondents who had CD4 cells < 200 cells/MCL (Table 1).

Most PLWHA graduated from high school (75%), while marital status of married PLWHA tend to experience borderline depression levels and unmarried PLWHA tend to experience depression each 25%. About 75% of PLWHA live with family but have a tendency for depression ranging from mild mood disorders to moderate depression (Table 1).

After SEFT first intervention 1 in the moderate depression category decreased to 12.4% while the borderline border category and mild mood disorders increased to 43.8%. Then after 3 interventions, it was found that there were no people living with HIV who were depressed in the category of moderate borderline and depression, but PLWHA who experienced mild mood disorders increased to 68.8% and the normal category increased to 31.2%. One week after the third intervention was carried out posttest follow-up, it was found that PLWHA who experienced mood disorders were 25% and normal as much as 75% (Fig. 1).

Analysis for first posttest, the second posttest and follow-up posttest did not find respondents who experienced an increase in depression scores (Fig. 2).

Average score difference and standard deviation before SEFT intervention (19.5 ± 3.5) and after the first intervention (17.7 ± 3.8) with a change of (1.81 ± 1.68) then after intervention to three (11.3 ± 2.7) with change of (8.18 ± 3.58) and when followed up (9.5 ± 2.6) with a change of (10.06 ± 3.73). The results of the statistical tests were obtained at the first posttest ($p = 0.001$), the second posttest and the follow-up respectively ($p = 0.000$) (Table 2).

Discussion

It appears that there is an influence of spiritual therapy and emotional freedom techniques on controlling the level of depression in people with HIV and AIDS. In line with this study Astuti stated that there was a significant difference in the rate of depression of housewives with HIV after SEFT interventions.⁸ Kasih showed there is an effect of SEFT therapy on changes in depression scores in PLWHA at Sungai Bangkong Mental Hospital.⁹ The decrease in cortisol levels in the EFT group reflects the observed increase in psychological stress.¹⁰ Sulistyariniand Sunardi stated that SEFT therapy had an effect on systolic blood pressure in patients with hypertension.^{11,12} So that SEFT Therapy can be recommended, one of the complementary therapies in providing nursing care to PLWHA who are depressed. In addition, Bakara¹³ stated that cognitive behaviors of religious behavior have an effect in reducing anxiety about death in people with HIV and AIDS, while Halm states that there are significant differences before and after SEFT intervention.¹⁴

Religion can have a significant impact on human life.¹⁵ Compliance with the religious values of health workers and religious leaders has a role in preventing and reducing HIV transmission. Practice religious teachings, besides being able to provide therapeutic nature curative, he also has preventive aspects of mental or mental disorders.¹⁶

In line with the research stating that intervention ability cognitive behavior therapy to produce a good effect in adult patients further giving rise some optimism is related to psy-

Table 1 Average differences in depression of PLWHA before and after in the SEFT intervention group and control in Samarinda City PLWHA.

Characteristics of respondents	Depression level (n = 16)			Total n (%)
	Light mood disorders n (%)	Borderline depression limits n (%)	Moderate depression n (%)	
<i>Age (years)</i>				
17–25	1 (6.3%)	1 (6.3%)	1 (6.3%)	3 (18.8%)
26–35	1 (6.3%)	3 (18.8%)	4 (25%)	8 (50%)
36–45	2 (12.5%)	2 (12.5%)	1 (6.3%)	5 (31.2%)
<i>Gender</i>				
Male	2 (12.5%)	3 (18.8%)	5 (31.3%)	10 (62.5%)
Female	2 (12.5%)	3 (18.8%)	1 (6.3%)	6 (37.5%)
<i>Long-term HIV</i>				
≤35 Month	2 (12.5%)	3 (18.8%)	4 (25%)	8 (56.3%)
36–60 Month	2 (12.5%)	3 (18.8%)	2(12.5%)	7 (43.8%)
<i>CD4 count</i>				
≥600 cell/MCL	2 (12.5%)	2 (12.5%)	3 (18.8%)	7 (43.8%)
350–599 cell/MCL	1 (6.3%)	2 (12.5%)	0 (0%)	3 (18.8%)
200–349 cell/MCL	0 (0%)	0 (0%)	2 (12.5%)	2 (12.4%)
<200 cell/MCL	1 (6.3%)	2 (12.5%)	1 (6.3%)	4 (25%)
<i>Level of education</i>				
Junior high school	0 (0%)	3 (18.8%)	1 (6.3%)	4 (25%)
High school	4 (25%)	2 (12.5%)	2 (12.5%)	8 (50%)
College	0 (0%)	1 (6.3%)	3 (18.8%)	4 (25%)
<i>Marital status</i>				
Single	2 (12.5%)	2 (12.5%)	4 (25%)	8 (50%)
Married	2 (12.5%)	4 (25%)	2 (12.5%)	8 (50%)
<i>Status of residence</i>				
Family	4 (25%)	5 (31.3%)	3 (18.8%)	12 (75%)
Yourself or someone else	0 (0%)	1 (6.3%)	3 (18.8%)	3 (25%)

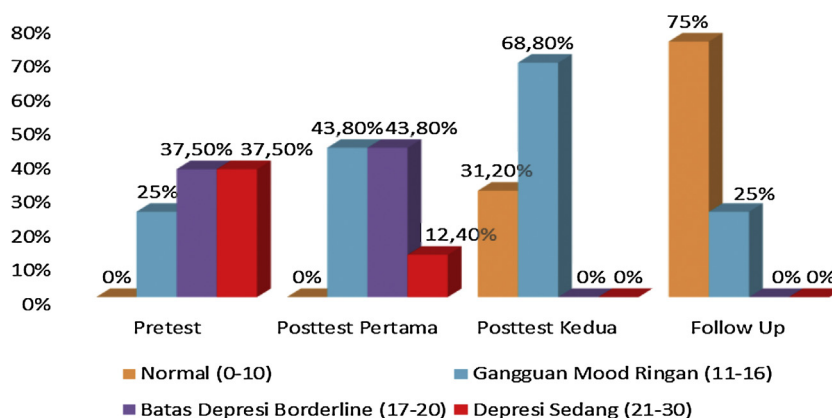


Figure 1 Characteristics of respondents based on depression levels of PLWHA.

Table 2 Effect of SEFT interventions on the average score of depression of PLWHA.

Statistical results	Pretest	Posttest	Δ Mean + SD	p-Value
Pretest – Post 1	19.5 ± 3.5	17.7 ± 3.8	1.81 ± 1.68	0.001
Pretest – Post 2	19.5 ± 3.5	11.3 ± 2.7	8.18 ± 3.58	0.000
Pretest – Post 3	19.5 ± 3.5	9.5 ± 2.6	10.06 ± 3.73	0.000

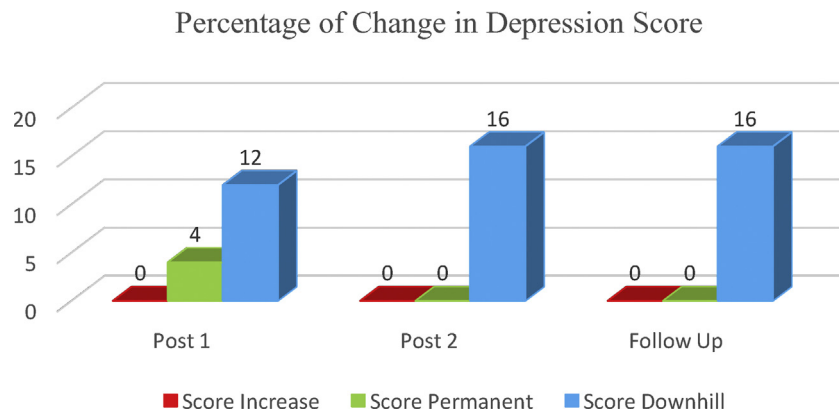


Figure 2 Characteristics of respondents by percentage of scores of depressions of PLWHA.

chological treatment to deal with anxiety disorder.^{17,18} This SEFT combination therapy process effectively stimulates PLWHA to be relaxed and self-reliant to control themselves.

Conclusions

It can be concluded that spiritual therapy and emotional freedom technique can control the level of depression in PLWHA, accompanied by that, continuous and consistent administration of SEFT therapy can reduce depression levels which are getting better. Health workers and facilitators of HIV and AIDS are advised implement SEFT therapy in an effort to increase the confidence and enthusiasm of PLWHA with non-pharmacological therapy.

Conflict of interest

The authors declare no conflict of interest.

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