



SELF-EFFICACY AMONG PEOPLE LIVING WITH HIV AIDS AFTER COVID-19 PANDEMIC

EFIKASI DIRI ORANG DENGAN HIV AIDS PASCA PANDEMI COVID-19

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Abstrak

Latar belakang: Pandemi COVID-19 telah berdampak pada seluruh aspek kehidupan, termasuk Orang dengan HIV dan AIDS (ODHA). Efikasi diri yang tinggi diperlukan untuk mengatasi hambatan fisik dan psikososial pada ODHA

Tujuan: Menganalisis faktor-faktor yang berhubungan dengan efikasi diri pada ODHA pasca pandemi COVID-19.

Metode: Penelitian dilakukan di Klinik Perawatan dan Dukungan Pengobatan di Kabupaten Bogor dengan desain cross-sectional. Populasi adalah ODHA. Sampel diambil secara acak sebanyak 89 ODHA. Data dikumpulkan dengan kuesioner online yang telah diuji validitasnya dan dianalisis secara multivariat dengan regresi logistik berganda

Hasil: Penelitian menunjukkan 62,9% ODHA memiliki efikasi diri tinggi, 37,1% berusia kurang dari 35 tahun, 74,1% laki-laki, 33% berpendidikan tinggi, 35,9% sudah menikah, 69,9% memiliki pengetahuan yang sangat baik mengenai HIV, 50,5% menderita HIV kurang dari 7 tahun, 58,4% mendapat dukungan keluarga yang baik, dan 50,5% memiliki dukungan yang baik dari tenaga kesehatan. Lama menderita dan dukungan petugas kesehatan secara simultan berhubungan dengan efikasi diri ODHA setelah dikontrol oleh usia dan pengetahuan (p -value = 0,0001). Faktor yang paling dominan berhubungan dengan efikasi diri ODHA adalah lama menderita (p -value=0,010; OR=4,403; 95%CI=1,434-15,518)

Kesimpulan: Lebih dari sepertiga responden masih memiliki efikasi diri yang rendah. Lama menderita HIV merupakan faktor dominan yang berhubungan dengan efikasi diri pada ODHA

Kata kunci: Efikasi Diri, Odha, Dukungan Tenaga Kesehatan, Lama Menderita

Abstract

Background: The COVID-19 pandemic has had an impact on all aspects of life, including people living with HIV and AIDS (PLWHA). A high level of self-efficacy is necessary to overcome physical and psychosocial obstacle in PLWHA

Objective: This study aims to analyze factors related to self-efficacy in PLWHA after the COVID-19 pandemic.

Method: The study was conducted at the Support and Treatment Clinic at the Public Health Center Bogor District using a cross-sectional design. The population is PLWHA at the Clinic. Samples were taken randomly as many as 89 PLWHA. Data were collected using an online questionnaire that had been tested for validity and analyzed multivariate with multiple logistic regression.

Result: The results showed that 62,9% of PLWHA had high self-efficacy, 37,1% are less than 35 years old, 74,1% were men, 33% from high education, 35,9% were married, 69,9% had very good knowledge of HIV, 50,5% suffered from HIV less than 7 years, 58,4% had good family support and, 50,5% had good support from Health Care Providers. The long-suffering and healthcare provider's support are simultaneously related to the self-efficacy of PLWHA after being controlled by age and knowledge (p -value= 0,0001). The most related factor was the long-suffering (p -value=0,010; OR=4,403; 95%CI=1,434-15,518)

Conclusion: More than one-third of the respondents still had low self-efficacy and long-suffering is the dominant factor associated with self-efficacy in PLWHA.

Keywords: Self-Efficacy, Plwha, Healthcare Providers Support, Long-Suffering

INTRODUCTION

Globally, as of July 29, 2022, there have been 572.239.451 confirmed cases of Coronavirus Disease (COVID-19), including 6,390,401 deaths, reported by WHO.¹ One of the populations that are vulnerable to contracting COVID-19 is people living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (PLWHA). PLWHA has a more severe risk of getting COVID-19 and a risk of death from COVID-19 than people who do not have HIV.²

The World Health Organization (WHO) shows that nearly 350.000 patients in 38 countries indicated that PLWHA was at increased risk of developing complications and deaths from COVID-19.³ PLWHA is often faced with social factors that are detrimental to health and cause exposure to COVID-19. PLWHA has a 15% greater increase in severity due to COVID-19 and a 38% greater chance of dying in hospitals than the non-PLWHA population. The use of a low Antiretroviral (ARV) or viral load can lower the risk of severity. However, HIV infection remains a risk factor for severity and death regardless of ARV use and low viral load levels.⁴

The COVID-19 pandemic also gives many barriers to PLWHA. Any local policy of government like a local lockdown policy creates more barriers for patients with chronic diseases such as those living with HIV and interferes with the delivery of effective healthcare and access to HIV treatment.⁵ In addition, most outpatient facilities were temporarily closed and as a result, new HIV diagnoses,⁶ post-exposure prophylaxis, and pre-exposure prophylaxis fell as health resources were reallocated to combat the COVID-19 pandemic.⁷

In addition to the risks due to the COVID-19 pandemic, PLWHA is also faced with social and environmental conditions, as well as psychological problems that have an impact on the quality of life of PLWHA, such as changes in social status in the community, loss of work, and lack of psychosocial support from families.⁸

Various studies show that most PLWHA has severe levels of stress.^{9,10} Other studies show the prevalence rate of moderate depression and anxiety in PLWHA ranges from 16.9% and 23%,¹¹ even suicide attempts in PLWHA are 10.2/1000 people or 100 times the deaths from suicide in the general population.¹² This psychosocial burden can be overcome if PLWHA has good self-efficacy, especially during the COVID-19 pandemic.

Self-efficacy is defined as an individual's effort in the face of a problem or obstacle.¹³ A high perception of self-efficacy can influence individuals to survive and accept their condition, especially PLWHA. A study showed that PLWHA tends to have low self-efficacy.¹⁴ Higher self-efficacy is associated with better emotional management and achieving better performance, and vice versa.¹⁵

In PLWHA life, high self-efficacy will be able to increase PLWHA awareness of healthy behaviors and adherence to Antiretroviral therapy (ART) and social resilience, which will have an impact on the quality of life of PLWHA.¹⁶ Another study showed that self-efficacy was associated with the quality of life of PLWHA.¹⁶⁻¹⁸ This study aims to analyze factors related to self-efficacy in PLWHA after the COVID-19 pandemic.

METHODS

The study used a quantitative approach with a cross-sectional design. The variables to be studied are age, sex, education, marital status, knowledge, length of suffering, family support, and health care providers' support for the self-efficacy of PLWHA. The research was carried out in June 2022 at the Support and Treatment Clinic (PDP) at the Public Health Centre (PHC), Central Bogor District. The selection of locations in Bogor City is based on considerations, Bogor City is one of the cities with the 2nd highest number of HIV cases in West Java Province.

The population is PLWHA in the PDP at PHC, Central Bogor District, with as many as 112. The sample in this study was calculated based on the rule of thumb (Rule of Thumb) from Roscoe (1975), which was 10 per variable, so in this study we have 8 independent variables multiplied by 10 so that the minimum sample size is 80 and we add 10% to anticipate

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incomplete answers, so that we get 89 samples taken randomly.

Data were collected using an online questionnaire. We used a Google form that we gave to the person in charge of the HIV program at PHC. The use of online questionnaires is considered effective for targeting the population of PLWHA.

Age was classified based on median values 35; sex was classified as men and women; education was classified as high (Colledge) and low (pre elementary until high school); marital status was classified as married, and unmarried; long-suffering is classified based on median values 7 years, knowledge, family support, and healthcare providers support were classified as good and poor; self-efficacy was classified as high and low, based on the cut-off points of the average value of each variable.

The value of knowledge was quite homogeneous, with the lowest score being 82 and the highest being 100, so we classified it based on the mean value into good and very good. We cannot categorize it as poor, because the score is indeed good.

The self-efficacy questionnaire was developed in three domains: self-efficacy for managing stress, managing and adhering to medications, and communicating with healthcare providers. This questionnaire uses the Likert scale (1=very unsure, 2=unsure, 3=sure, 4=very sure).

Validity testing in this study used content validity and construct validity. Content validity testing is done by asking for experts' opinions through professional judgment. The validity construct testing was carried out by factor analysis. This self-efficacy questionnaire was valid and reliable to measure self-efficacy in PLWHA with Cronbach's alpha 0.747.

Data were analyzed multivariate with multiple logistic regression. Multivariate analysis was conducted to see the most dominant factors related to the self-efficacy of PLWHA. Prior to multivariate modeling, a p-value <0.25 was screened on the results of the bivariate analysis as a multivariate candidate. This research has passed the ethical review of the Health Research Ethics Commission (HREC) FKM UMJ with number No. 10.551.B/KEPK-FKMUMJ/VI/2022.

RESULT

The results showed that 62.9% of PLWHA had high self-efficacy, 37.1% are less than 35 years old, 74.1% were men, 33% from high education, 35.9% were married, 69.9% had very good knowledge of HIV, 50.5% suffered from HIV less than 7 years, 58.4% had good family support and, 50.5% had good support from healthcare providers.

The distribution of respondents' characteristics and research variables can be seen in Table 1.

Table 1. Distribution of Characteristics of Respondents and Research Variables

Variable	Frequency	Percentages (%)
Age:		
≤ 35 years	33	37.1
> 35 years	56	62.9
Sex:		
Men	66	74.1
Women	23	25.9
Education:		
High	30	33.7
Low	59	66.3
Marital status:		
Married	32	35.9
Unmarried	57	64.1
Knowledge:		
Very Good	62	69.6
Good	27	30.4
Long-suffering:		
≤ 7 years	45	50.5
> 7 years	44	49.5

Table 1. Distribution of Characteristics... (Continuous)

Variable	Frequency	Percentages (%)
Family support:		
Good	52	58.4
Poor	37	41.6
Healthcare providers support:		
Good	45	50.5
Poor	44	49.5
Self-efficacy:		
High	56	62.9
Low	33	37.1

Table 2 shows the distribution of respondents' self-efficacy, although it is known that more than half of respondents (62.9%) have high self-efficacy, the percentage of respondents who have low efficacy is still large (37.1%).

Self-efficacy of respondents can be seen from the respondents' beliefs (categories sure and very sure) in their own efforts in treatment (100%), belief in being able to live a normal life

(96.6%), confidence in maintaining health to reduce risk and follow doctor's recommendations (96.6%). However, there are still respondents who are unsure, especially in managing emotions, such as feeling sad when facing problems (57.3%), feeling emotional pressure from the people around (78.7%), belief that cannot reduce the side effects of HIV (86.5%), and insecurity to continue taking ARV (74.1%).

Table 2. Distribution of PLWHA Self-Efficacy

Statement	Very unsure (%)	Unsure (%)	Sure (%)	Very Sure (%)
I rarely grieve, when faced with problems	3.4	53.9	22.5	20.2
I do something fun and make myself happy when I'm sad	1.1	9	32.6	57.3
I feel emotional pressure from the people around me, related to the problems I'm facing	11.2	10.01	47.2	31.5
I am able to overcome regrets and disappointments, which I experience with people's perceptions of me	5.6	20.2	33.7	40.4
I followed the instructions in my medication regarding both the time and the recommended dosage	1.1	2.2	27	69.7
I feel able and excited to follow all the doctor's recommendations in my treatment	0	3.4	29.2	67.4
I think that in carrying out the treatment process, it must be on my own consciousness	0	0	14.6	85.4
I feel that by taking care of my health, I will reduce the risk of infection that I will get	0	2.2	22.5	75.3
I feel I can't reduce the side effects of HIV, and it really bothers me	2.2	11.2	40.4	46.1
I feel like I want to stop taking ARVs	16.9	9.0	15.7	58.4
I think by asking to the healthcare providers about all the information regarding my illness, I feel I understand	3.4	9	27	60.7
I feel I can live like any normal person	0	3.4	15.7	80.9

Table 3. Relationship of Age, Sex, Education, Marital Status, Knowledge, Long-suffering, Family Support, and HCP Support with Self-Efficacy in PLWHA

Variable	Category	Self Efficacy		Total n (%)	p-value	OR (95% CI)
		High	Low			
		n (%)	n (%)			
Age	≤35 years	42 (73.7)	15 (26.3)	57 (100.0)	0.044	2.800 (1.12-6.95)
	> 35 years	16 (50.0)	16 (50.0)	32 (100.0)		
Sex	Men	45 (68.2)	21 (31.8)	66 (100.0)	0.449	1.648 (0.62-4.36)
	Women	13 (56.5)	10 (43.5)	23 (100.0)		
Education	High	19 (63.3)	11 (36.7)	30 (100.0)	0.981	0.886 (0.35-2.21)
	Low	39 (66.1)	20 (33.9)	59 (100.0)		
Marital status	Married	17 (53.1)	15 (46.9)	32 (100.0)	0.823	1.094 (0.6-1.8)
	Unmarried	41 (71.9)	16 (28.1)	57 (100.0)		
Knowledge	Very good	37 (59.7)	25 (40.3)	62 (100.0)	0.160	0.423 (0.15-1.19)
	Good	21 (77.8)	6 (22.2)	27 (100.0)		
Long-suffering	≤7 years	41 (83.7)	8 (16.3)	49 (100.0)	0.0001	6.934 (2.59-18.53)
	>7 years	17 (42.5)	23 (57.5)	40 (100.0)		
Family support	Good	34 (65.4)	18 (34.6)	52 (100.0)	1.000	1.023 (0.42-2.47)
	Poor	24 (64.9)	13 (35.1)	37 (100.0)		
Healthcare providers support	Good	36 (80.0)	9 (20.0)	45 (100.0)	0.006	4.0 (1.56-10.23)
	Poor	22 (50.0)	22 (50.0)	44 (100.0)		

Table 3 shows that there is no relationship between sex, education, marital status, knowledge, and family support with self-efficacy in PLWHA (p -value > 0.05) and there is a relationship between age, long-suffering and healthcare provider's support with self-efficacy in PLWHA (p -value ≤ 0.05). Further modeling with multivariate analysis by including variables that have a p -value < 0.25 (age, knowledge, long-suffering, and health

care providers support) shows that long-suffering and healthcare providers support are simultaneously related to self-efficacy in PLWHA after being controlled by the age and knowledge variable (p -value=0.0001). The long-suffering is the most related (dominant) factor with self-efficacy in PLWHA (p -value=0.010; OR=4.403; 95%CI=1.434-15.518). The results of multivariate modeling can be seen in Table 4.

Table 4. Multivariate Modeling of Self-Efficacy of PLWHA Post-COVID-19 Pandemic

Variable	S.E.	Wald	P-value	OR	95% C.I. for EXP(B)	
					Lower	Upper
Long-suffering	0.572	6.706	0.010	4.403	1.434	15.518
HCP support	0.528	4.122	0.042	2.918	1.038	8.207
Age*	0.562	0.631	0.443	1.562	0.520	4.698
Knowledge*	0.591	0.588	0.427	0.636	0.198	2.024

*confounding

p-value=0.0001

DISCUSSION

HIV is a chronic disease that gradually destroys the immune system and eventually causes acquired immunodeficiency syndrome (AIDS). The duration of HIV infection is closely related to the course of the disease and its stages of

progression as well as the risk of possible opportunistic infections, such as tuberculosis, pneumonia, and candidiasis. Opportunistic infections (OIs) are infections that occur more frequently or are more severe in PLWHA, which can cause significant health problems

and further reduce the quality of life of PLWHA.¹⁹

PLWHA often face challenges both from within themselves and from their surrounding environment,²⁰ which can pose various physical, emotional, and social challenges.²¹ The chronic nature of the disease, along with the possible risk of health complications and societal stigma, can lead to anxiety, and feelings of helplessness, which can erode their self-efficacy.^{22,23}

The long-suffering of PLWHA can have a significant impact on their self-efficacy. Self-efficacy is articulated as beliefs about one's ability to organize and execute the actions necessary to manage upcoming situations.²⁴ Self-efficacy is a motivating factor for taking action and one of the four key determinants of health promotion.^{13,25} People with higher self-efficacy are more likely to engage in health promotion behaviors, including PLWHA. Self-efficacy refers to a person's belief in their ability to successfully accomplish tasks, cope with challenges, and achieve desired outcomes.²⁶ In the context of HIV/AIDS, self-efficacy plays a crucial role in how individuals manage their condition, adhere to treatment, and maintain their overall well-being.^{27,28}

In this study, we found that the percentage of respondents who have low efficacy is more than one-third. Even though the respondent is sure will follow the doctor's advice, the respondent is not sure whether to continue taking an ART. Self-efficacy is an important factor influencing disease management.¹⁸

There are four factors that affect self-efficacy,¹³ including 1) Mastery experience (experience in solving problems), associated with stigma and discrimination. This experience seems to increase with age;²⁹ 2) Social modeling, through observation of success in peer groups; 3) Verbal persuasions, such as support from peers, family, and health workers. The role of peer supporters is felt in terms of several aspects including information provision, social support, and treatment;³⁰ and 4) Physical and emotional conditions, including length of illness.³¹

The support provided by healthcare providers can have a significant impact on the self-efficacy of PLWHA. Healthcare providers play a crucial role in providing PLWHA with

accurate and comprehensive information about their condition, treatment options, and self-care strategies to improve medication adherence. Support from healthcare providers in promoting and assisting with treatment adherence has been linked to higher self-efficacy among PLWHA. When providers offer guidance, reminders, and practical strategies to support medication adherence, patients may feel more confident in their ability to follow their treatment.^{32,33}

In addition to the duration of HIV infection and support from healthcare providers, age and knowledge should also be considered in improving PLWHA's self-efficacy and this should be addressed in intervention efforts.

Age is related to the self-efficacy of PLHIV, as age is associated with different life experiences and maturity levels. middle-aged to older adults seem to be more aware of their disease condition, which affects self-efficacy. Older PLHIV may have accumulated more knowledge and experience over time, which may contribute to higher levels of self-efficacy.³⁴ Although in this study found that age was a confounding factor, and younger people were more likely to have higher self-efficacy, it is important to note that self-efficacy may vary among individuals of different ages, and factors such as health status and the health care system also play an important role.

The same is true for knowledge. Knowledge about HIV/AIDS can affect self-efficacy in PLWHA. Accurate information about their condition and treatment options, will increase their confidence, so they are able to manage their health.

However, this study has limitations in sample size and the possibility of information bias, as data collection using an online questionnaire. In addition, the respondents' knowledge data was also homogeneous with good and very good categories. Nevertheless, the random sampling process and multivariate analysis used are expected to minimize the limitations of this study.

CONCLUSION

Self-efficacy plays a crucial role in how PLWHA navigate their condition, make health-related decisions, and maintain their well-being. However, more than one-third of the respondents still had low self-efficacy.

PLWHA with long-suffering of less than seven years and good support from health care providers more likely had greater self-efficacy. In other words, PLWHA with long-suffering for more than seven years and low support from health care providers, has a greater risk of having low self-efficacy, especially if they are more than 35 years old and lack knowledge about HIV.

RECOMMENDATION

Psychosocial interventions from health care providers which can improve self-efficacy are needed, especially for PLWHA who have suffered more than seven years, taking into account the age and knowledge of PLWHA.

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