



## The Role of Guidance and Counseling in Assisting Odhiv (People With HIV) for Disclosure to Family and Close People

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### ABSTRACT

As a counseling teacher or counselor who believes that counseling services are for all, of course as we also want to help ODHIV, or we also want to help prevent HIV transmission but just wanting is not enough we need to have the provisions or knowledge, so here the author uses the method literature review, offers a little provision that hopes to be useful for counseling teachers or counselors who have a desire to help ODHIV to disclose to family, friends, and relatives.

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## 1. INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system and can cause Acquired Immune Deficiency Syndrome (AIDS) (Alpinah, 2022). Indonesia is one of the countries with the largest number of HIV cases in Southeast Asia and the problem of HIV/AIDS has become a national health issue. HIV, including stigma, lack of social support, and lack of knowledge about counseling services. According to the UNAIDS report in 2020, it is estimated that there are around 38 million people living with HIV worldwide (Global and Statistics, 2020). In the same year, there were around 1.5 million new cases of HIV and around 690,000 AIDS-related deaths (Nazaruddin et al., 2021). In Indonesia, according to the Indonesian Ministry of Health report in 2020, there are around 680,000 people living with HIV, with 53,000 new cases in the same year. HIV prevalence in Indonesia is around 0.32%, with the highest rate in the age group 20-29 years (Ministry of Health of the Republic of Indonesia, 2020). People affected by HIV (Human Immunodeficiency Virus) face many psychological and social challenges. Some of these challenges include stigmatization, discrimination, social isolation and financial problems. When someone is diagnosed with HIV, they need strong support and assistance to help them overcome these challenges. Guidance and Counseling (services are one of the important services that can help people living with HIV (Hasibuan et al., 2019).

Counseling services can help people with HIV understand their disease, manage drug side effects, reduce stress, and rebuild their self-confidence. These services can also help people with HIV understand the risks of transmitting HIV to others and how to avoid transmission. However, there are still a number of challenges that hinder access to counseling services for people with HIV. Several factors affect the accessibility of these services including stigma, lack of knowledge about HIV and counseling services, and lack of support from family and friends. To address this problem, efforts are needed to increase awareness about counseling services and eliminate HIV-related stigma (Rueda et al., 2016). Therefore, this article will discuss more about the role of guidance and counseling in helping PLWHA to disclose their health conditions to their families and relatives. Several steps will be discussed regarding the role of counseling in assisting PLHIV in disclosing it to friends, family and relatives. Disclosing HIV status can be useful for reducing isolation of PLHIV, helping to be more self-accepting, planning to have children safely, providing a safer and healthier sex life, painting a future with a happy family, and being given ARV treatment, and of course support system that will be very helpful (Galuh and Novani, 2015).

## 2. METHODS

The writing method used is a literature review by collecting journals and articles related to counseling services for PLWHA and PLHIV, then the authors review and select those that are appropriate to the topic, so not all are selected (Mills and Gay, 2019).

Systematic Literature Review (SLR) is a research method used to identify, evaluate, and interpret all findings on a research topic, to answer predetermined research questions.

- a. Following are the stages in doing SLR:
- b. Framing the question: Formulate specific and clear research questions.
- c. Identification of relevant works: Finding sources relevant to the research topic through online databases, journals, books and articles.
- d. Assess the quality of the study: Select sources that are relevant and in accordance with the research questions, then evaluate the quality of each source.

- e. Summarize the evidence: Read and analyze the selected sources, then make a summary of each source.
- f. Interpret findings: Make a synthesis from a summary of the sources that have been read and analyzed, then draw conclusions from the synthesis.

SLR is carried out systematically by following the stages and protocols that allow the literature review process to avoid bias and subjective understanding of the researcher. The SLR method is used to synthesize research results with a quantitative approach. SLR can be carried out for various research topics, including in the field of information systems and mathematics (Triandini et al., 2019).

In this study using quantitative methods. According to Sugiyono (2019), quantitative research methods can be referred to as positivist-based examines that use research instruments to collect data and then analyze it quantitatively or statistically for the purpose to test pre-existing hypotheses.

### **3. RESULTS AND DISCUSSION**

Disclosure of HIV positive status to family, relatives or other close people can help prevent HIV transmission (Galuh and Novani, 2015), but that's not the only advantage those who have disclosed their positive status will gain some benefits by disclosing to family, friends and relatives (Petronio, 1999), For example, those who have disclosed their status, visit the doctor less frequently, this indicates unimpaired immune function, and indicates that people who have disclosed their positive status will be physically and mentally healthier than their counterparts who not disclosing (Pennebaker et. al, 1990) Disclosure of HIV status can be useful for reducing isolation treatments, helping to be more self-accepting, planning to have children safely, providing a safer and healthier sex life, painting a future with family who are happy, and given ARV drugs, support systems and other follow-up services (Galuh and Novani, 2015).

Disclosure of HIV positive status is indeed very important and very useful, but for people who are HIV positive or PLHIV (people living with HIV), disclosing their positive status that they are living with HIV or PLHIV is a very tough task, for fear of discrimination and bad stigma from other people. -person. The causes of people who influence the stigma and discrimination of PLHIV include fear of infection and being a burden to families who care for PLHIV. This is in accordance with research conducted by Leslie Butt, et al which states that people are afraid to reveal their status as PLHIV because they are afraid of being discriminated against (Bhushan et al., 2019). In the following, several steps can be taken by counselors or counseling teachers to help disclose HIV positive status to family, friends and relatives.

#### **3.1 Step 1: Counseling to build a good relationship between the counselor and PLHIV**

The first stage in the disclosure process can be started by building a good relationship between the counselor and the counselee. information that the researchers managed to collect Initially most counselees felt shocked and sad when they found out that they were infected with HIV AIDS, not even a few felt hopeless, because the assumption that counselees with HIV AIDS was a disgrace not only a disgrace for the person, but a disgrace for the family. HIV AIDS is also a disease that can not be cured and eventually want to commit suicide. Based on such conditions, the counselor begins the counseling process by showing a responsive attitude so that the counselee feels accepted. This attitude can build and create good communication and relationships with counselees or in terms of working relationship (Lesmana, 2021).

In the early stages the counselee and the counselor build a good relationship and create a comfortable atmosphere. The counselor takes an emotional approach and ensures confidentiality and embraces the counselee so that the counselee's trust in the counselor is built. The counselor also empathetically gives time for the counselee to convey complaints or stories that the counselee feels. In the end the counselee can be open to the counselor. On the sidelines the counselor also provides information related to HIV AIDS and knowledge and is accompanied by questions and answers on other problems related to the counselee's mental and physical health. A good relationship becomes the gate in determining smoothness in the next stage. In general, services provided to HIV AIDS patients by asking questions of mental support to the counselee. The main goal in the early stages is to build a good relationship between the counselee and the counselor so that the counselee's trust in the counselor is instilled (Sari et al., 2022).

### **3.2 Step 2: The counselor and helping the counselee make a list of people who will be purpose of disclosure**

The list should include people who are important to PLHIV, people who interact with PLHIV frequently, people who associate with PLHIV, and people they consider to be family, friends, acquaintances, associates, or neighbors. It is important to make this list complete, including people who already know the counselee's HIV positive status, those who would not understand if told such as elderly grandparents, local tradesmen, or neighbors), people with PLHIV are hesitant to tell (for example, bosses, co-workers, or parents), and the people PLHIV want to tell the most (for example, children, spouses, parents) (Serovich, 2000).

### **3.3 Step 3: The counselor helps PLHIV to assess the conditions and circumstances of the list of people who will be purpose of disclosure**

The next step is to assess circumstances and conditions that might hinder disclosure, such as the recipient's mental, physical health, age, or or the person is currently experiencing personal problems. Including the location of the recipient (eg, prison), for some people, this is certainly a barrier. At this stage, next to the name of the list of people who are written as the person who will be the purpose of the disclosure, a special condition mark is given, such as if the conditions and circumstances support it, then it is included in category 1, namely "notified as soon as possible", if indeed the recipient of the information is in a condition and condition that has not yet been possible. such as maybe being sick, having personal problems or maybe being in prison, given category 2, namely "notified later", and category 3, namely the category of the name on the list crossed out from the list of recipients of disclosure information because this is the category "not being notified". Such a person can indeed be called an enemy to the counselee, which, if notified, will only add to new problems (Serovich, 2000).

### **3.4 Step 4: The counselor helps the counselee assess the knowledge of the person on the list about HIV and what reactions can be anticipated**

Individuals who are knowledgeable about HIV or who know someone with HIV may be more receptive; therefore, it may be helpful for the client to consider the level of HIV knowledge or attitudes of others. First, does the potential recipient know of other people who have been infected? If so, how did they react? What is that relationship like now? How did the person react to news broadcasts or medical updates about HIV/AIDS? If it is not clear whether they know other HIV positive people, then how will they react to bad news or other difficult information? In addition, what do they think about issues related to sexual orientation, sex, drugs, race, gender, and ethnicity? Does the client perceive the potential recipient to suspect the diagnosis? Researchers have found that reactions to HIV disclosure are less strong if family members already suspect the individual is HIV positive because they

have had time to adjust even without direct knowledge (Serovich, 1998). All of this needs to be written down and answered as well and then written back on paper the list of people who will be the purpose of the disclosure so that the counselee can prepare anticipated responses from the people on the list. because Disclosing one's HIV status to family members is a difficult process, especially if the anticipated reaction of the recipient is negative.

### **3.5 Step 5: The counselor guides the counselee for disclosure to the people who have been written on the list**

Reciprocal relationships that contain counselor relationships mutually influence the counselee. The counselor acts as an individual who will guide the counselee to achieve the disclosure goals. To play this role effectively, the counselor must always be there for the counselee (Fuad, 2009). Useful questions for clients considering disclosure include, "If you had a choice of where to tell this person, where would both of you feel most comfortable? When would be a good time?" It's not surprising that many situations are not conducive to disclosure, such as being out in a public place, in a crowded bar or restaurant, or under the influence of alcohol or drugs. A relaxed atmosphere with minimal distractions is optimal. For example, someone might choose to tell their partner after going out to lunch or on a walk together. Next, clients must decide how much information they will share about the activity that led to the infection. In one study, Kimberly et al. (1995) found that family members typically reacted to HIV disclosure with questions such as, "how did you become infected?" "How long have you been infected?" and "do you have HIV or AIDS?" Therefore, the client must be prepared for such questions. Obviously, this information, although it may be requested, does not have to be part of the disclosure (Kimberly et al., 1995).

A simple sentence, "I prefer not to talk about it right now," or "I'm not comfortable talking about it right now" will suffice. Whether or not more information is shared is the choice of the person disclosing it, but this should be decided beforehand to help ease his anxiety. Clients should be encouraged to put these disclosures into practice. The therapist can help by introducing role-play scenarios. Enforcement can be a very helpful exercise in a support group setting. Exercise can also be done with a therapist, supportive friend, other family members, or alone (Serovich, 2000).

### **3.6 Counselor steps during or after Disclosure**

#### *Counselors Provide Counseling on Reproductive Health to Create Healthy Sexual Behavior*

The tendency of risky sexual behavior in some adolescents. These risky sexual behaviors include: incomplete understanding of human sexuality, permissive attitude towards free sex and low assertive behavior towards negative invitations. Topics that need to be discussed in counseling are: (1) Human reproductive systems and processes; (2) The process, root causes and risks of abortion; (3) sexually transmitted diseases, HIV/AIDS; (4) Be an assertive teenager; (5) It's fun to be friends with parents and counselors; (6) Pornography damages the brain more than drugs; (7) Let everything be beautiful in its time and (8) Become a smart, accomplished and successful teenager in life.

The results of implementing group counseling based on reproductive health are effective for developing psychological and social aspects, while the physical aspects are not effective (Santosa and Nugraha, 2022). The results of this service were positive, such as Bagus Saputra also expressed his opinion regarding the results of the information service: "Yes, I also understand more about what reproductive health is, know how to care for the reproductive organs, and also know various sexually transmitted diseases because before I didn't know only I've just heard about HIV but it's not clear what it means but now I know (Izzah, 2022).

### 3.7 REBT counseling to increase hardiness in PLHIV

Nelson et al. (2001) said that REBT counseling is a counseling technique that combines two approaches, namely cognitive and behavioral (Pequeno et al., 2013). REBT is a counseling technique that helps counselees, not only change irrational views and beliefs to become more rational, but also touch the emotional side and lead to changes in client behavior. REBT counseling has the goal of helping clients to obtain or acquire a more realistic philosophy of life, eliminate destructive emotional disturbances, and reduce irrational thoughts and replace them with more rational ones (Bastomi and Aji, 2018). Therefore, in the article Afridah et al., (2022). Entitled "Application of Rebt Counseling to Increase the Hardiness of Hiv/Aids Survivors". Researchers are trying to apply REBT counseling interventions to improve the hardiness of survivors (ODHA). There were several fundamental changes before and after the intervention. Prior to the intervention there was less than optimal control, commitment, and reaction to challenges, both in the cognitive, emotional, and behavioral domains. However, after the intervention, there was an increase in terms of control, commitment, and reactions to challenges both in the cognitive, emotional, and behavioral domains of HIV/AIDS survivors. There are also factors that can increase hardiness, where in these two cases the most dominant are spirituality and social support, to be precise the support of fellow survivors. Spirituality in survivors is related to the relationship of surrender to God and good prejudice against God's decree. In general, the factors that affect hardiness in this case include social support, spirituality, self-love, and information support (Afridah et al., 2022).

In REBT Counseling it is also necessary to rationalize that actually being exposed to HIV is not the end of everything and disclosure must continue.

## 4. CONCLUSION AND RECOMMENDATION

Assisting disclosure of an HIV-positive diagnosis can be difficult and anxiety-inducing. The individual fears a negative response in the form of rejection, exclusion, abandonment, or perhaps the person being told will be frightened. However, because disclosure is important for the acquisition of support services for PLWHA and PLHIV, it is almost inevitable. The steps and exercises presented here are designed to help HIV positive people make informed choices around disclosure so that it can be a positive and rewarding experience to implement.

The author also concludes that there are many guidance and counseling services that can help PLWHA to survive as they should because HIV and AIDS are very taboo things to talk about in some parts of our society. The emergence of negative stigmas such as "ODHIV and PLWHA certainly often change partners" or "HIV is a disease for people who are drug addicts. This negative stigma often makes HIV survivors experience psychological problems and of course they really need help from guidance and counseling services.

Finally, the author would like to convey that PLWHA are not humans who need to be shunned, discriminated against, or ostracized because PLWHA are also humans, PLWHA are normal humans who are sick. We must not regard him as a person subject to divine punishment. In the process of literature review and observation the authors found cases of PLHIV that were caused or even without a clear cause, then were the people in these cases punished by God? punished for what sin? Hasn't this person ever had sex? Isn't that person not a drug addict? then on what basis do some people hate PLHIV and PLHA.

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## 7. REFERENCES

- Afridah, M., Riady, D. H., Fikri, M., and Suryaningrat, N. (2022). Penerapan konseling rebt untuk meningkatkan hardiness penyintas hiv/aids. *Equalita: Jurnal Studi Gender dan Anak*, 4(2), 245-257.
- Alpinah, P. (2022). *Pengaruh layanan informasi untuk meningkatkan pemahaman remaja tentang seks bebas (studi di Lembaga Kesejahteraan Sosial Anak "Yakenas Madani" Kota Serang)* (Doctoral dissertation, UIN Sultan Maulana Hasanuddin Banten).
- Bastomi, H., and Aji, M. A. S. (2018). Konseling rasional emotif behaviour therapy (rebt)-islami (sebuah pendekatan integrasi keilmuan). *KONSELING EDUKASI: Journal Of Guidance And Counseling*, 2(2), 25–45.
- Fuad, M. (2009). Kualitas pribadi konselor: urgensi dan pengembangannya. *KOMUNIKA: Jurnal Dakwah dan Komunikasi*, 3(2), 247–254.
- Galuh, Mutia, and Novani, Deny. (2015). Pentingnya pengungkapan status HIV/AIDS ODHA pada orang terdekat. *Jurnal Berkala Kesehatan*, 1(1).
- Hasibuan, E. K., Aryani, N., and Simanjuntak, G. V. (2019). Stigma dan diskriminasi serta strategi koping pada orang dengan HIV dan AIDS (ODHA) di Kota Medan, Sumatera Utara. *Holistik Jurnal Kesehatan*, 13(4), 396-401.
- Izzah, H. R. (2022). *Implementasi layanan informasi bimbingan konseling tentang kesehatan reproduksi remaja pada SMAN 1 Mayong*. Retrieved from <http://repository.iainkudus.ac.id/6952/>
- Kementerian Kesehatan Republik Indonesia. (2020). *Laporan situasi perkembangan HIV/AIDS di Indonesia, Januari-Desember 2020*.
- Kimberly, J. A., Serovich, J. M., and Greene, K. (1995). Disclosure of HIV-positive status: Five women's stories. *Family Relations*, 316-322.
- Mills, G. E., and Gay, L. R. (2016). *Educational research: Competencies for analysis and applications*. Pearson.
- Nazaruddin, S. K. M. B., Siregar, Kemal N., SKM, M. A., Thabrany, Hasbullah, and Wahyuniar, Ir Lely. (2021). *Pedoman dan instrumen penilaian kolaborasi lintas sektor pencegahan dan penanggulangan HIV-AIDS*. Deepublish.
- Pennebaker, J. W., Colder, M., and Sharp, L. K. (1990). Accelerating the coping process. *Journal of personality and social psychology*, 58(3), 528.
- Petronio, S. (1999). Susanne M. Jones. *Balancing the Secrets of Private Disclosures*, 301.

- Rueda, S., Mitra, S., Chen, S., Gogolishvili, D., Globerman, J., Chambers, L., ... and Rourke, S. B. (2016). Examining the associations between HIV-related stigma and health outcomes in people living with HIV/AIDS: a series of meta-analyses. *BMJ open*, 6(7), e011453.
- Santosa, H., and Nugraha, A. (2022). Implementasi layanan bimbingan kelompok berbasis kesehatan reproduksi untuk mengembangkan perilaku seksual sehat remaja. *JBKI (Jurnal Bimbingan Konseling Indonesia)*, 7(3), 130-142.
- Serovich, J. M. (2000). Helping hiv-positive persons to negotiate the disclosure process to partners, family members, and friends. *Journal of marital and family therapy*, 26(3), 365-372.
- Serovich, J. M., Kimberly, J. A., and Greene, K. (1998). Perceived family member reaction to women's disclosure of HIV-positive information. *Family relations*, 15-22.
- Triandini, E., Jayanatha, S., Indrawan, A., Putra, G. W., and Iswara, B. (2019). Systematic Literature Review Method for Identifying Platforms and Methods for Information System Development in Indonesia. *Indonesian Journal of Information Systems*, 1(2), 63.