

Pengaruh Model Intervensi Spiritual Berbasis Budaya Karo untuk Mengurangi Stigma HIV dan AIDS = The Influence of Karo Cultured-Based Spiritual Intervention Model to Reduce the Stigma of HIV and AIDS

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Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20519431&lokasi=lokal>

Abstrak

Latar belakang: Orang dengan HIV/AIDS (ODHA) mengalami berbagai masalah setelah terdiagnosa HIV baik secara fisik maupun psikososial. Hal ini menyebabkan ODHA menutup diri agar mereka tak diketahui orang lain karena merasa terstigma. Masalah ini dapat berlanjut ODHA menstigma dirinya dan dapat menularkan HIV lagi bagi pasangannya atau orang lain. Tujuan penelitian ini untuk memperoleh model intervensi spiritual peka budaya Karo dan menguji model tersebut. Metode penelitian: Tahap I: penelitian ini menggunakan desain penelitian kualitatif dan kuantitatif. Selanjutnya dikembangkan model intervensi spiritual peka budaya Karo. Mengembangkan intervensi menggunakan metode PATH (Problem – Analysis – Test – Help) yang diusulkan oleh Buunk dan Vugt (2008). Tahap II: uji coba model dengan quasi experiment with control group design. Jumlah sampel kelompok intervensi 60 orang dan 60 orang kelompok kontrol. Hasil: hasil penelitian tahap I di penelitian kualitatif dihasilkan 14 thema, dan hasil kualitatif didapatkan Odds Ratio (OR) dari variable Religiusitas adalah 3,5 (5%CI: 2,324-5,329), artinya warga jemaat GBKP yang religiusitas nya kuat akan mempunyai odds (berisiko) mencegah perilaku penularan HIV sebesar 3,5 kali lebih tinggi dibandingkan warga jemaat GBKP yang tidak memiliki Religiusitas kuat di Kabupaten Karo. Lalu model ini dikembangkan berdasarkan teori cultural care dan masukan dari para pakar. Hasil tahap II: Uji korelasi kanonikal secara kolektif fungsi kanonikal signifikan dengan nilai $p = 0,0001$ di fungsi 1 dan $0,003$ di fungsi 2. Kesimpulan: ada hubungan yang kuat antara intervensi spiritual peka budaya Karo terhadap stres dan stigma. Artinya pemberian intervensi model spiritual peka budaya Karo dengan menambah pengetahuan, dukungan sosial dan dukungan keluarga dapat mengurangi stres dan stigma sebesar nilai korelasinya. Rekomendasi: akan dilakukan studi lanjutan tanggapan perawat untuk perspektif ke ODHA.

.....Introduction: People living with HIV/AIDS (PLWHA) experience various problems after being diagnosed with HIV, both physically and psychosocially. These problems cause PLWHA to close themselves so that they are not known to others because they feel stigmatised. This problem can cause PLWHA to continue stigmatising themselves and transmit HIV again to their partners or other people. This study aimed to develop a Karo culture-sensitive spiritual intervention model to prevent HIV stigma. Methods: Phase I: this study uses qualitative and quantitative research design. Furthermore, a model of spiritual intervention sensitive to Karo culture was developed. Develop interventions using the PATH (Problem – Analysis – Test – Help) method proposed by Buunk and Vugt (2008). Phase II: model trials with quasi-experiment with control group design. The total sample of the intervention group was 60 people and 60 people of the control group. Result: the results of the phase I study in the qualitative study produced 14 thema, and the qualitative results obtained the Odds Ratio (OR) of the Religiosity variable was 3.5 (5%CI: 2,324-5,329), meaning that GBKP congregation residents whose religiosity is strong will have odds (risk) of preventing HIV transmission behavior by 3.5 times higher than GBKP congregation residents who do not

have strong religiosity in Karo Regency. Then this model was developed based on the theory of cultural care and input from experts. Phase II results: Test the canonical correlation collectively of significant canonical functions with p values = 0.0001 in function 1 and 0.003 in function 2. Conclusion: there is a strong link between Karo culture's sensitive spiritual interventions to stress and stigma. This means that the intervention of the Karo culturally sensitive spiritual model by increasing knowledge, social support and family support can reduce stress and stigma by the correlation value. Recommendation: a follow-up study of nurse responses to effectiveness to PLHIV will be carried out.