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# An Empowerment Model of Women with HIV/AIDS Through 'Life Skill Education'

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**Abstract:** *Women with HIV/AIDS have a quite hard burden, discrimination, and the low economical status that causes them of getting down in uncertainty of life. Handling the HIV/AIDS sufferers as a result of their poverty and health status is not done yet comprehensively and significantly. Therefore, it requires certain action to solve the problem. One of the actions that can possibly be applied is an empowerment of women with HIV/AIDS through 'Life Skill Education'. This strategy has a superiority since it is able to improve the sufferers' welfare either from the economical status or the health status by utilizing some potentials they have.The objective of this research was to make an empowerment model of women with HIV/AIDS by using both quantitative and qualitative approach. The population was the society and the women with HIV/AIDS were 100 samples. The data collection was conducted by interviewing, focusing group discussion, participatory action research and independent interview with the sufferers, the society and the related departmen in Jember East Java, Indonesia. The result confirmed that 70% the women with HIV were among 20-30 years old, and 90% of them were unemployed. Besides, the result of focus of group discussion showed that the samples needed to get such activities to improve their income without burdening their physic, so the empowerment strategy applied in this research is to provide physical skills which does not require a lot of energy.The model of health and economical empowerment was able to support the women with HIV/AIDS comprehensively and significantly.*
**Keywords:** *Empowerment, HIV/AIDS, 'Life Skill Education'*

## I. Introduction

As of today's world condition, the number of HIV/AIDS sufferers has reached 39,4 million people, and the women who tends to be infected by HIV/AIDS is about 17,6 million people. The data from Indonesia itself showed the number of HIV/AIDS contagious has reached 14.000 people, and 6.000 case experienced by women (Byrom, Elizabeth, 1991) [1]. According to the data, Health Departmenet of Jember East Java set 'red status' to the spread of HIV/AIDS transmission. The status was set because it showed the increasing numbers of HIV/AIDS sufferers (Azza, 2007) [2]. The impact of HIV/AIDS infection did not only relie on health problem, but also on psychological problem that equally had big influences to the women's welfare. The women with HIV/AIDS would get some probems pysichologically, from anxiety, doubt, stress and depression. Environmental stress which tended to be discriminative, would cause the women lose recogniting themselves.

The danger caused by HIV/AIDS transmission would improve the burden of the women due to the stigma of the society that tended to brought to bay and to drive into a corner from their environment (Azza, 2009) [3]. Besides, the one which required to consider is that the economical impact of the HIV/AIDS sufferer.

Most 'People Living with HIV/AIDS (PLWHA)' or (Orang Dengan HIV/AIDS (ODHA): Bahasa Indonesia) had just known that the was powerless and unemployed. There were many reasons on why many PLWHA did not have a job which is not only because of the disscrimination, but also because of the health status of the PLWHA who significantly decreased. A woman needs to have 'self-confidence' to live her life and to reach her dreams. Thus, a support and a chance given to improve women's independence with the PLWHA required to be appreciated. Economic empowerment as an effort to help the women with HIV/AIDS must be implemented to increse the economical status and to reduce the poverty (Wulansari, Suci, 2009) [4].

**Research Objectives:**
1. To identify the health status and the sosio-economical status of the women with HIV/AIDS.
2. To analyze the potential or talent by exploring the potential or talent they had as a basic of the development of life skill education to increase their income.
3. To formulate an empowerment model of women with HIV/AIDS through 'Life Skill Education'

## II. Methodology

This research used partisipative approach either to the primary sample, (the HIV/AIDS sufferers) or to the secondary sample (the society and the policy maker of HIV/AIDS). There were two kinds of approach used by the researcher as follows:

**1. Descriptive approach**

This approach focused on how to get the prior data in developing 'life skill education' model. The researcher also made 'group discussion focus' activity in dr. Soebandi VCT Clinic, Jember. In order to streghten the findings abot the economical empowerment of the women with HIV/AIDS, the researcher also got the data from the questionnaires that was previously distributed to the sufferers.

**2. Participatory Action Research (PAR)**

The second approach is an activity to make a model of the empowerment through 'life skill education' for the women with HIV/AIDS.

This research was conducted in dr. Soebandi VCT clinic and Puger VCT clinic. The data was got from self assesment and potential exploring for the women with HIV/AIDS by using questionnaires, exploring society's responses through group discussion focus to the petential they had. The researchers also assessed the policy applied by local government about the health and economical empowerment to the women with HIV/AIDS in Jember. The number of samples was 50 women of HIV/AIDS sufferers and the sorrounded society by using purposive sampling of 50 people.

The data was collected by using qustionnaires, observation, field interview, and group discussion focus. The observation was conducted to the sufferers to find out the women health condition of 'People Living with HIV/AIDS nowadays.

The data processing was analyzed by using qualitative method, so it was able to give the situation of the women with HIV/AIDS condition nowadays. Moreover, the qualitative descripsion was completed by the data got in the form of numbers (quantitative). The presentation of the quantitative data was provided in the form of presentage, frequency tabulation, and cross tabulation.

**Health and Economical Empowerment Conceptual Map**

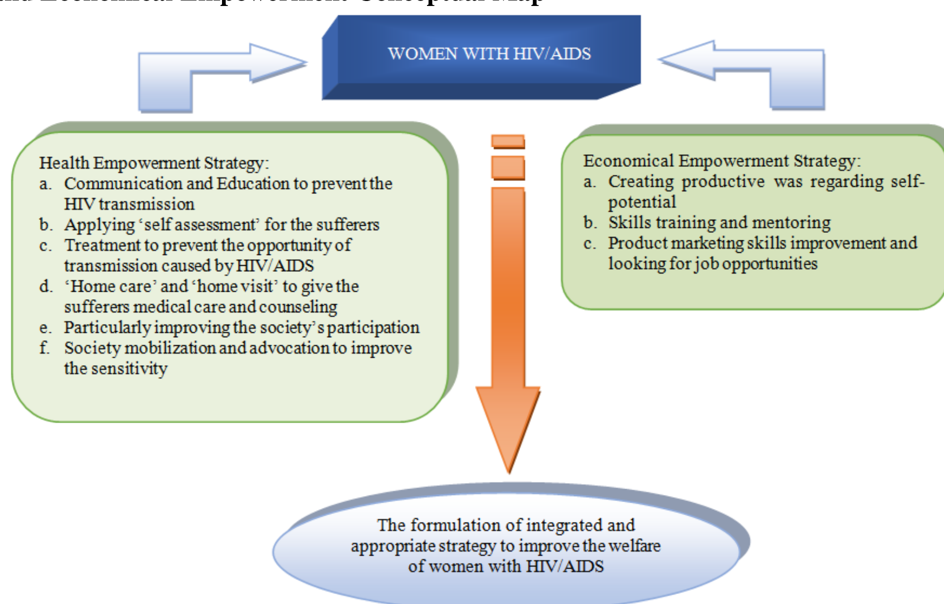


**Figure 1: Health and Economical Empowerment Map**

## III. Result

**1. The characteristics of women with HIV/AIDS**

Data analysis of 50 respondents of women with HIV/AIDS in Sumbersari and Puger.

Table 1. The characteristics of women with HIV/AIDS in Sumbersari and Puger

| Age | Frequency (n=50) | Persent (%) |
|---|---|---|
| 10-20 years old | 9 | 18% |
| 21-30 years old | 35 | 70% |
| 31-40 years old | 6 | 12% |
| Total | 50 | 100% |
| **Profession** | **Frequency (n=50)** | **Persent (%)** |
| Formal job | 1 | 2% |
| Informal job/businessman | 4 | 8% |

| Unemployed/jobless | 45 | 90% |
|---|---|---|
| Total | 50 | 100% |
| **Business skills desired** | **Frequency (n=50)** | **Persent (%)** |
| Tailoring | 29 | 58% |
| Business of pastry | 12 | 24% |
| Business of making Batik | 9 | 18% |
| Total | 50 | 100% |

The above table showed that the average number of HIV/AIDS sufferers were between 20-40 years old that was considered as quite productive age. They were also diagnosed HIV/AIDS stage I, the sufferers who had been infected by HIV, but they were still 'asymptomic' (without any symptoms). In this stage, those who had been infected still felt fresh and healthy, without occuring any symptoms that they had been infected. It could support the development of an empowerment model of economic and health to help the women with HIV/AIDS in improving their quality of lives. A woman was a great potential building if it was developed well, so that they could be an agent of development. The researcg data found that 90% samples were unemplyed or jobless, of course, it became a burden for their families. Besides, the samples wanted to get the help in the form of skill education so that they were able to live independently in society. The data also showed that 58% samples wanted to get the help to become a tailor, so they were able to earn money and they did not depend on other people.

## 2. An action to maintain health status

The result of interview and indepth interview showed that the sufferers had been brought to bay by society, many of them were being stayed away due to the transmission. There were many HIV sufferers who tended to pull themselves from the society that brought them to bay in such conditions. It highly influenced clients' ability to develop their potencials. The clients felt useless and even tended to felt down, so they often pulled themselves from the society. Moreover, it occured with the policy related to the HIV sufferers protection, even so, socially they really needed friends and people with the same condition to have a discussion about their same condition. The sufferers also stated that they wanted to have an association of HIV, so they could interact and share to reduce sort of depression related to their health condition.

Another finding of this research also showed that people's stigma and descrimination caused the women with HIV were not only difficult to get a job, but also lost their job and home. Besides, they had to face various mock and inhumane action. As productive creatures, this resulted in women inability to earn money for their families..

## 3. Society's condition in the area of HIV/AIDS sufferers

Table 2: The characteristics of society in the area of HIV/AIDS sufferers

| **Society's perception about HIV/AIDS** | **Frequency (n=50)** | **Persent (%)** |
|---|---|---|
| Dangerous and contagious disease | 35 | 70,0 |
| The disease that can be cure by regular treatment | 15 | 30,0 |
| Total | 50 | 100,0 |
| **Society act toward HIV/AIDS** | **Frequency (n=50)** | **Persent (%)** |
| Should be stayed away | 39 | 78,0 |
| Acceptable in society | 11 | 22,0 |
| Total | 50 | 100,0 |
| **Society act toward the HIV/AIDS sufferers' business** | **Frequency (n=50)** | **Persent (%)** |
| Acceptable in society | 23 | 46,0 |
| Unacceptable in society | 27 | 54,0 |
| Total | 50 | 100,0 |

The data on the table above confirmed that society's perception about HIV/AIDS was a dangerous and contiagious disease. It was presented to the 70% respondents, so the society also showed their response and act to stay away from the HIV/AIDS sufferers was 58% respondents. Whereas the society's act and perception toward the acceptance of the sufferers' skills was 54% who still could not accept them.

**4. An empowerment model through 'life skill education'**

Table 3: The correlation of life motivation of the women with HIV/AIDS through 'life skill education'

| | | | Before 'life skill education' | After 'life skill educatin' |
|---|---|---|---|---|
| Spearman's Rho | Before 'life skill education' | Correlation Coefficient | 1,000 | ,289(*) |
| | | Sig. (2-tailed) | . | ,042 |
| | | N | 50 | 50 |
| | After 'life skill education' | Correlation Coefficient | ,289(*) | 1,000 |
| | | Sig. (2-tailed) | ,042 | . |
| | | N | 50 | 50 |

* Correlation is significant at the 0.05 level (2-tailed).

The analysis that used spearman Rho on the above table showed that there was an increasing motivation of the women with HIV/AIDS after getting self training and development through 'life skill educatin'. The result was showed by P value: 0.042 smaller than 0,05 alpha, so it could be concluded that there was significant correlation between an empowerment through 'life skill education' and life motivation of the women with HIV/AIDS.

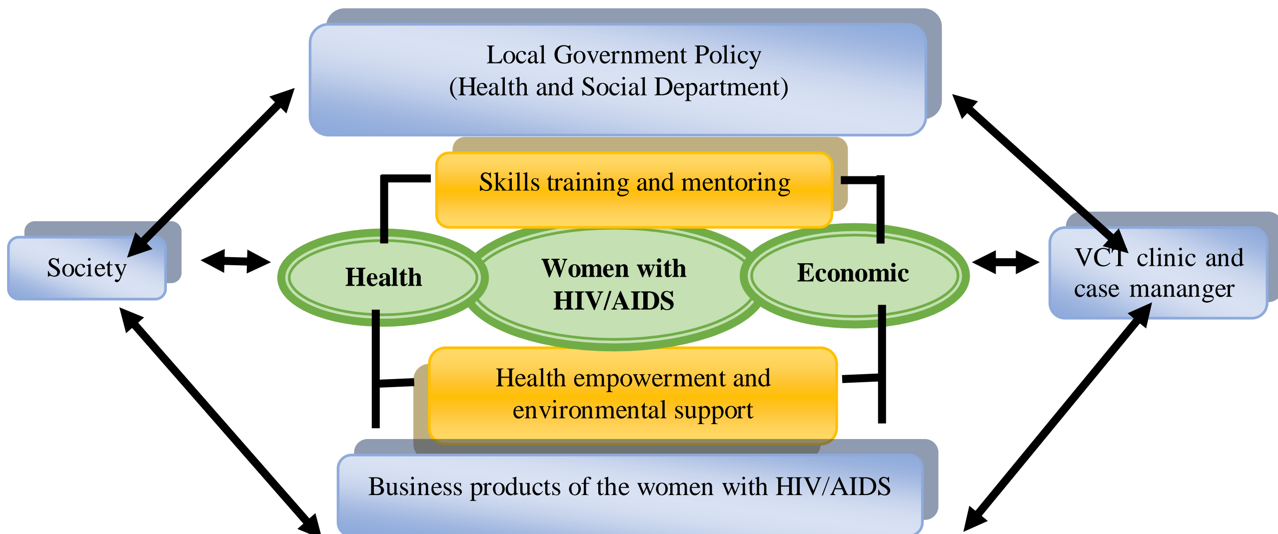


**Figure 2: An empowerment model of women with HIV/AIDS through 'life skill education'**

## IV. Discussion

Physical appearence changes of the sufferers caused the worst condition. The decrease of endurance made them vulnarable to related diseases. It caused a sufferer get some clinical disorder like wasting syndrom HIV. The weight also decreased for more than 10%, chronical diarrhea and fever for more than one month which were not caused by other diseases. Another disorder that could possibly occur was Ensepalopati HIV, cognitive disorder or motoric disfunction that disturbed daily activities and was getting worse in several weeks that is not accompanied by concomitant diseases other than HIV (Nursalam & Kurniawati, 2007) [5].

Physical appearence changes of the women with HIV/AIDS absolutely influenced their ability to survive their quality of lives (Dawn Wilcock & Rachel Lennon, 2009) [6]. The result showed that around 70% women with HIV/AIDS (become the samples) had productive age between 21-30 years old and 90% of them were unemployed or jobless. It required a clear way out or problem solving to reduce economical dependence both on families and country.

Another problem experienced by the women was a stigma that tended to drive them into corner. The result of the interview and indepth interview on the samples moslty showed that the women got such a discrimination from their environment, and 78% of them were stayed away by their neighbours and even most of them were fired from their job after positively being diagnosed as HIV/AIDS sufferers. The society claimed that HIV/AIDS was considered as a diseased experienced by people who broke the rules, prostitute women, religious disobedient, God 's condemned people, and other assumptions which was relatively difficult to be relied upon scientifically, but it was not always like that in fact. It was suitable with the result that 70% of the society said that HIV/AIDS was a dangerous and contagious disease. This resulted in great psychological conseqences for the women with HIV/AIDS to get to see themselves and their children, which then it would

drive them in various depression condition, lack of self confidence, and desperate (Antoni B., 2009) [7]. The given stigma and discrimination by society, would also break women's rights as stated in Constitution of the Republic of Indonesia number 39 in year of 1999 regarding human rights, particularly in article number 3 and 4, and Constitution of the Republic of Indonesia no. 24 regarding health and women, article number 12 that contained the convention of the removal of all forms of discrimination to the women (Convention Watch, 2007) [8].

Beside the stigma and discrimination by society, the women were also faced by the truth that ther babies would be risky to the HIV/AIDS onset, and then it would be a burden for them to run their daily lives.

The HIV/AIDS problems was totally different from other diseases. The impact of HIV/AIDS did not only relie on health problems, but also related with psychosocial, religion, economical, and cultural problems. By giving particular stigma to the sufferers, it could make them lost their rights to be accaptable in society. Their productivities were also decreased due to job refusal, which then it would drive them on certain depression and lack of self confidence (Kippax, S. et al, 2007) [9].

The impact of HIV/AIDS for the women could be directly influenced by culture and could socially be formed by their role is society. Patriarchy culture positioned the women as secondary class of society, especially for the women with HIV/AIDS. The women was positioned in a poor condition, even they often were exploited by certain media.

The condition of income deficiency, power and health, had made them not try to prevent themselves from the danger of HIV/AIDS. A feeling of inferiority of the women made them: (1) feel difficult to see some positive activities they did, (2) fear of life, and they did not to take the risk, (3) they tended to get a complement for their success, (4) they thought that failure was their responsibility, and an evidance they could not do well, (5) they felt that they were lower than others, (6) they were not motivated to improve the quality of their lives, but rather survived and against the failure of their acts. (7) They were definitely not happy and were not enough with themselves, and they did not adjuct well, (8) they got pressure, desperation, and commited suicide (Whetten, K. et al, 2008) [10].

The women with HIV/AIDS required to get certain help in order to improve their abilities to maintain their income. The result showed that 58 patients needed a tailoring training to reduce their economical dependence. Empowerment approach through the 'life skill education' was basically orianted on an effort to give the women with HIV/AIDS various skills or expertise which could be used as a source of life. Some method which could be developed here were by exploring the women's abilities, potentials and available sources in society by giving them various skills, mentoring, and social counseling. Besides, the development of productive economical business and social welfare were also required to develop.

The worst health condition of the women made them to had to always be noticed from various aspects so that they were able to live well. The empowerment strategy of health and economical could be an alternative way to help the sufferers in improving their quality of lives. Based on the abilities and experiences of the sufferes in suffering from HIV/AIDS, the researcher then developed an empowerment model of health in this research and it was conducted by using several approach as follows:

1) Education and communication to prevent further HIV infection and to prevent the transmission to other families.
2) Applying self assessment for the sufferers so that they were able to make some plans to overcome the problems.
3) A treatment to prevent the opportunity of transmission caused by HIV/AIDS through a counseling about clean and health life.
4) Overcoming the impact of HIV/AIDS through: sufferers' treatment based on community by incuding their families, environment and community figures as the supporters of giving treatment in clinic.
5) Home care and home visit to give them medical treatment and counseling for the sufferers with worst condition in their home.
6) Improving society participation, especially by using bottom-up method in planning HIV/AIDS handling activities.
7) Society mobilization and advocation to improve the sensitivity and to influence their act in order to be more responsible to help the sufferers.

Besides, in order to reduce the impact of economical for the sufferers, the development of economical empowerment program required to be applied properly (Hikmat, Harry, 2010) [11]. It was in accordence with the economical empowerment which then it would be applied by concerning the sufferers' potentials without refusing the sufferers' recent health status (Suranto and Riza, 2005) [12]. Some actovities would be applied to make an economical strategy for the sufferers, including: 1) Making a productive business based on self potentials, 2) Entrepenurship training and mentoring, 3) Skills of business opportunities improvement (Gerritzen, B., 2012) [13].

This research was conducted to improve the ability of product marketing of the women of HIV/AIDS by providing a training of marketing strategy. Despite improving the ability of product marketing, this research was also to help them to make business opportunities.

## V. Conclusion

1. Based on the findings of this research, the samples of the women with HIV/AIDS who were at productive age (21-30 years old) is 70%, and 70% of them are employed or jobless.
2. On the analysis of petntials or talents by exploring their potentials or talents, they stated that they really needed to have a job to fulfill their daily needs, 58% of them needed tailoring skills training.
3. There are correlations between an empowerment through 'life skill education and their life motivation.

## VI. Recommendations

1. The Health Department and health workers need to make a mentoring and observation strictly regarding the sufferers' health status because they were very vurnarable from the opportunity of some diseases.
2. The local government, especially Health Department should be able to provide counseling facilities for the families and sorrounding society to reduce the discrimination.
3. An Empowerment Model of the Women with HIV/AIDS through 'Life Skill Education' should be implemented by including all components such as the patients, society, health workers, and local government so that this activity does not result in negative impact for the sufferers.

## Acknowledgement

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