

## Spiritual Emotional Freedom Technique with Quality of life and Depression in HIV/AIDS Patients: Systematic Review

Doddy Firmansyah\*, Satriani Gultom, Artha Marisi Dame, Herlan Suherlan, Dedeh Ernawati, Sarida Surya Manurung, Abdu Rahim Kamil

*Universitas Muhammadiyah Jakarta. Indonesia*

*Corresponding author: [doddyfirmansyah87@gmail.com](mailto:doddyfirmansyah87@gmail.com)*

### ABSTRACT

**Background:** Quality of life and depression in HIV patients is an impact that will be received by HIV patients if the intervention is not carried out properly, to reduce the impact that will occur to eliminate the worst impacts, HIV patients must always be motivated and approach in the form of counseling and other approaches such as spiritual emotional freedom technique.

**Purpose:** The purpose of this study was to collect the right type of therapy or intervention to reduce depression rates due to psychological impacts on HIV patients and improve the quality of life of HIV patients.

**Methods:** The design of this study uses a systematic review approach by collecting several articles from a selected database consisting of science direct, pubmed and proquest with articles published in 2016-2021. The search for articles was conducted by entering the words "Spiritual emotional freedom technique OR SEFT OR Counseling AND Depression AND Quality of life OR QOL AND HIV OR AIDS". The search articles were limited to inclusion criteria and exclusion criteria. The inclusion criteria in this study were HIV patients with low quality of life and depression. The study design was a randomized controlled trial and a quasi-experimental study, while the exclusion criteria were HIV patients without quality of life problems and depressive disorders, cross sectional and literature review.

**Results:** The results of this study were the publication of articles, Science Direct articles 4513, proQuest 18862 article and 7350 pubmed article, 614 articles were deleted because duplicates 1560 were reviewed specifically and found 9 articles that matched the inclusion and exclusion criteria. Research that met the criteria was presented in a systematic table.

**Conclusion:** it was found that there are several appropriate interventions that can be given to HIV/AIDS patients, one of which is counseling about the disease and the provision of spiritual emotional freedom technique therapy.

**Keywords:** Spiritual Emotional Freedom Technique, Conseling, Depression, Quality of Life, HIV/AIDS.

Received October, 26, 2020; Revised December 15, 2020; Accepted February 2, 2021

DOI: <https://doi.org/10.30994/jnp.v4i2.144>



The Journal of Nursing Practice, its website, and the articles published there in are licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License.

**BACKGROUND**

HIV infection has progressed from a frightening infection to a chronic disease in countries where treatment is widely available worldwide. Despite the increase in life expectancy, the health-related quality of life (HRQoL) of HIV patients is lower than that observed in the general population (Nakagawa, 2012). HRQoL has a more restrictive meaning, when compared to the notion of quality of life (Karimi, 2016), it has been defined as the way health is thought to affect a person's quality of life, or how a person perceives his or her well-being in the domains of physical, mental and social health, and the way in which self-perception is related to or affected (Stenman, 2010). Either in illness or with therapy. Measuring HRQoL in patients on medication allows evaluation of treatment benefits and side effects. However, no agreement is expressed in the literature on the best approach to HRQoL measurement (Ebrahim, 1995). While once considered death penalty, HIV is now chronic disease that has not been managed properly (Oberjé EJM, 2015). However, despite this progress, living with HIV still presents many challenges including the problem of lifelong adherence to treatment, besides that it is a psychosocial disorder because there is still discrimination and bad stigma from the community (Gakhar, 2013). Because live longer is not always the same as "live" good" health-related quality of life (HRQOL), defined as physical perception and mental perceived health over time (Health-Related Quality of Life, 2021). Depression is a mood disorder that affects a person such as feeling, thinking, or behaving (Fitriani, 2017). 6 In 2018 the province of East Kalimantan had a prevalence of 6.2% of people experiencing depression with mental disorders weighing 1.4 million (Hasil Utama Riset Kesehatan Dasar Jakarta, 2021), and SEFT is one of the counseling techniques innovative.

**OBJECTIVES**

The purpose of this study was to see the level of effectiveness of the Spiritual emotional freedom technique (SEFT) therapy and counseling on reducing depression levels and improving the quality of life of patients with HIV/AIDS as seen from a systematic review of several studies which were then validated by existing researchers.

**METHODS**

The design in this study is a literature study using the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guide as a guide to get articles to be reviewed in depth. This study uses the PIO format (Population, Intervention/Exposure, Outcome). P: The patient is diagnosed with HIV positive disease, I: Spiritual Emotional Technique freedom, self healing, holistic healing O: the quality of life is getting better and reducing the number of depression due to the illness. The databases used in this research are Google Scholar, pubmed and ProQuest. The keywords in this study were "Spiritual emotional freedom technique OR SEFT OR Counseling AND Depression AND Quality of life OR QOL AND HIV OR AIDS". The results of this study were the publication of articles, Science Direct articles 4513, proQuest 18862 article and 7350 pubmed article, 614 articles were deleted because duplicates 1560 were reviewed specifically and found 9 articles that matched the inclusion and exclusion criteria Search articles were limited to inclusion criteria and exclusion criteria. The inclusion criteria in this study were HIV patients with low quality of life and depression. The study design was a randomized controlled trial and a quasi-experimental study, while the exclusion criteria were HIV patients without problems in quality of life and depressive disorders, cross sectional and literature review. Research that meets the criteria is presented in a systematic table. The contents of the table consist of the

author's name, year, sample country, intervention, and the results obtained from the intervention that has been carried out.

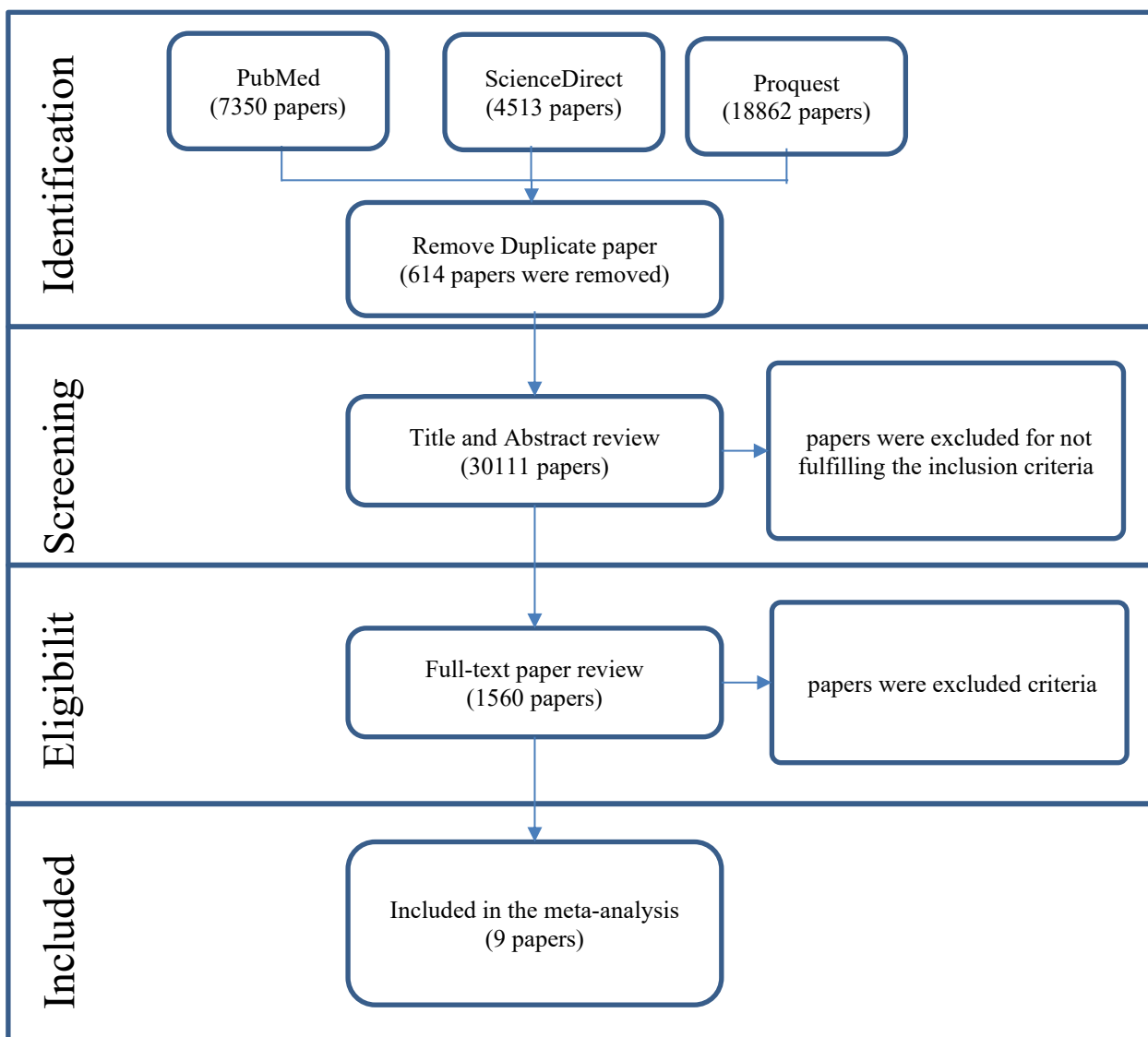


Figure 1. PRISMA Flow

**RESULTS**

Table 1. Spiritual Emotional Freedom Technique intervention with patien HIV / AIDS

Author	Title	Country	Years	Study Design	Population/ Sample Charasteristic	Intervention	Outcome		
							Quality of life	Depression	Others
Suyanti, T. S., Keliat, B. A., & Daulima, N. H. C.	Effect of logotherapy, acceptance, commitment therapy, family psychoeducati on on self-stigma, and depression on housewives living with HIV/AIDS	Indonesia	2018	quasi-experiment pretest–posttest design	The characteristic of respondent: Average of age : 32,5 years old, between 20-43 years old, average suffering HIV : 1-4 years, education: 38,3% elementary educational backgroud, 51,7% were employed and 60 ware merried.	Logotherapy and acceptance and commitment therapy (ACT)	N/A	Mean Before intervention : 42,4%, Mean after intervention : 12,2%, mean difference: 37,7%	Self stigma : Mean Before intervention : 67,3%, Mean after intervention : 38,8%, mean difference: 28,5%  Compliance : Mean Before intervention : 42,3%, Mean after intervention : 17,7%, mean difference: 24,6%  Meaning of life : Mean Before intervention : 59,8%, Mean after intervention : 82,7%, mean difference: 22,9%
						Logotherapy and acceptance Family psychoeducatio n		Mean Before intervention : 45,1%, Mean after intervention : 15,7%, mean difference: 29,4%	Self stigma : Mean Before intervention : 64,3%, Mean after intervention : 41,9%, mean difference: 22,4%  Compliance : Mean Before intervention : 45,7%, Mean after intervention : 20,7%, mean difference: 25%  Meaning of life : Mean Before intervention : 59,8%, Mean after intervention : 80,8%, mean difference: 22,1%
Kuloor A, Kumari S, Metri K	Impact of yoga on psychopatholo	India	2018	Randomize d Controlled Study	HIV-infected people aged 30–50 years on ART were recruited in this	All subjects in the yoga group performed2 months of yoga	Yoga group (n=30, 10 pria, 20 wanita) Mean 12.39	Yoga Group (n=30, 10 pria, 20 wanita) Mean 9,16	<u>Fatigue</u> Yoga Group (n=30, 10 pria, 20 wanita) Mean 48.87

gies and QoLin persons with HIV	study. Among 88 participants, 63 were found to be eligible for the study, Of 63 potential participants, 2 declined to participate in the study. Finally, we selected 60 potential participants for the study, None of the participants had CD4 count<300 indicating AIDS	practice consisting of loosening practices, Suryanamaskara , breathing practices, Asanas, Pranayama, meditation, and relaxation techniques	SD 1.41 Kontrol Group (n=30 11 pria, 19 wanita) Mean 12.32 SD 1.17 P value 0.81	SD 2,15 Kontrol group (n=30 11 pria, 19 wanita) Mean 9.19 SD 2.04 P value 0.92	SD 4.47 Kontrol group (n=30 11 pria, 19 wanita) Mean 48.42 SD 1.18 P value 0.51 <u>Anxiety</u> Yoga group (n=30, 10 pria, 20 wanita) Mean 11,29 SD 2.15 Kontrol group (n=30, 11 pria, 19 wanita) Mean11.45 SD2.17 P value 0.71 <u>Spirituality</u> Yoga group (n=30, 10 pria, 20 wanita) Mean 11.68 SD 1.25 Kontrol group (n=3= 11 pria, 19 wanita) Mean 11.26 SD 1.12 P value 0.17			
Wahyuni S, Zulkifli A, Thamrin Y, Arsin AA	The effect of counseling on adherence arv therapy inHIV/AIDS patient in H.A. sulthan daeng radjabulukum ba regency	Indonesia 2019	Quasi-experimental method with a nonrandomized control groupprettest posttest design	The study population was all PLWHA who were recorded inthe case report in the VCT clinic at RSUD. H. Sulthan Daeng Radja District. Bulukumba The total sample was 48 people with HIV,consisting of 24	Counseling	N/A	N/A	Adherence Age <25 year Pre (-) Post 2 (8.3) 25-40 year Pre 11 (45.8) Post 20 (83.3) >41 YEAR Pre (-) Post 1 (4.2)

counseling intervention groups and 24 as a control group.

Male  
Pre 8 (33.3)  
Post 18 (75)  
Female  
Pre 3 (12.5)  
Post 5 (20.8)  
  
Non married  
Pre 3 (12.5)  
Post 5 (20.8)  
  
Married  
Pre 5 (20.8)  
post 11 (45.8)  
Single aprent  
Pre 3 (12.5)  
Post 5 (20.8)

Han s, hu y, lu h, zhang l, zhu z, lu j, relf mv, mulawa mi, pei y, wu b	Cognitive behavioral therapy for persons living with HIV in China	China	2020	A randomized pilot trial	participants who had been diagnosed with HIV-1 infection, participants 18 years of age or older, participants receiving ART, and, participants with a Patient Health Questionnaire-4 (PHQ-4) score $\geq 2$ .	The participants in the control group only received routine followup every 3 months in the SPHC outpatient center, which included taking routine blood and urine tests and receiving free ART medication. The participants in the intervention	N/A	T1 After the intervention Intervensi group (n=10) 11.70 (2.71) Control group (n=9) 12.33 (2.00) P value 0.374  T2 6 mounth follow up Intervensi group (n=10) 12.00 (4.42) Control group (n=8) 12.38 (2.56) P value 0.441	T1 After the intervention <u>Anxiety</u> Intervensi group (n=10) 12.60 (3.63) Control group (n=9) 14.78 (2.44) P value 0.041  <u>VAS</u> Intervensi group (n=10) 97.40 (4.20) Control group (n=9) 91.89 (12.83) P value 0.371  T2 6 mounth follow up <u>Anxiety</u> Intervensi group (n=10) 13.10 (4.25)
--	---	-------	------	--------------------------	---	--	-----	--	--

						group received a group-based tailored CBT based on routine follow-up.			Control group (n=8) 14.00 (2.07) P value 0.494  <u>VAS</u> Intervensi group (n=10) 94.90 (5.17) Control group (n=8) 89.38 (17.41) P value 0.441
Faezipour, M., Ghanbaripana, A., Seyedalina ghi, S., Hajiabdolbaghi, M., & Voltarelli, F. (2018)	Effectiveness of Acceptance and Commitment Therapy on Reducing Depression among People Living with HIV/AIDS	Iran	2018	quasi-experimental study	All participants, 16 men (67%) and 8 women (33%), were aged between 21-62 years. The mean age was 42 (standard deviation = 10) in the experimental group and 39 (standard deviation = 9) in the control group.	All participants were evaluated in the first and last session by the Bech Depression Inventory (BDI-II)	N/A	Experimental <u>Pretest</u> Max 45 Mean 28.8 SD 11.3 P value 0.007 <u>Posttest</u> Max 36 Mean 19.2 SD 11.0  Control <u>Pretest</u> Max 58 Mean 34.1 SD 14.9 P value 0.640 <u>Posttest</u> Max 58 Mean 34.5 SD 16.5	<u>N/A</u>
Ardan, M., Zulkifli, A., & Jafar, N. (2020)	Therapy SEFT for controlling the level of depression in people with	Indonesia	2019	Quasi experimental	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,	Spititual Emotional Freedom Technique	N/A	between 26 and 35 years (50%) and 25% of experience moderate depression, respondents was dominated men (62.5%) with	<u>N/A</u>

HIV and AIDS					PLHIV who were of pro-ductive age (18-45 years), diagnosed HIV positive < 5 years, were taking antiretroviral drugs (ARV), were able to com-municate well, had no visual impairments and hearing loss, registering in the city of Samarinda, experiencing depres-sion, and willing to sign an informed consent issued by the Ethics					moderatedepression (31.3%) while women (37.5%) with borderlinedepression limits 18.8%. The length of time diagnosedwith HIV is 56.3% is <35 months including moderatedepression 25%. The number of CD4 cells in PLWHAwas mostly > 600 cells/MCL (43.8%)
Dutra BS, Lédo AP, Lins-Kusterer L, Luz E, Prieto IR, Brites C	Changes health-related quality of life in HIV-infected patients following initiation of antiretroviral therapy: a longitudinal study	Brazil	2019	Study kohort prospektif	HIV patients before starting ART and one year after	36-item Short Form Health Survey (SF-36) and HIV/AIDS Targeted Quality of Life (HAT-QoL). Both questionnaires were administered before starting ART and after one year of treatment	Patients were predominantly male (78.0%), mean age 35.3 ± 10.7 years, with no stablerelationship (80.2%), and no comorbidities (73.6%)	N/A	N/A	
Liu WD, Tsai WC, Hsu WT, Shih MC, Chen MY, Sun HY, Hsieh SM,	Impact of initiation of combination antiretroviral therapy according to the WHO	Taiwan	2019	Study population and setting	Antiretroviral-naïve patients who were aged 15 years or older and received a confirmed diagnosis of HIV infection at	Early initiation of antiretroviral therapy (ART)	N/A	N/A		Of the 2022 patients included, the mortality rates were 18.28, 14.01, and 9.10 deaths per year 1000 person-years of follow-up (PYFU) in



Sheng WH, Chuang YC, Cheng A, Lin KY, Huang YS, Huang SH, Huang YC, Chen GJ, Wu PY, Hung CC, Chang SC	recommendations on the survival of HIV-positive patients in Taiwan				the National Taiwan University Hospital between 2004 and 2015 were included, and those without data of plasma HIV				Groups 1, 2, and 3, respectively. In multivariable Cox regression analysis, the factor associated with death was age (per 1 year increment, adjusted hazard ratio [AHR], 1.06; 95% CI, 1.05e1.08), presence of AIDS-defining disease in Diagnosis of HIV (AHR, 4.81; 95% CI, 2.99), solid organ malignancy (AHR, 3.10; 95% CI, 1.86), and ART initiation (AHR, 0.09; 95% CI, 0.05). By competing risk regression risk model for non-AIDS-related deaths, the AHR for Group 3 versus Group 1 was 0.27 (95% CI, 0.09).
Ghayomzadeh M, Etesami MS, Earnest CP, Rezaei S, Navalta JW, Taj L, SeyedAlinaghi S, Mohraz M,	Effect of a short-term lifestyle modification program on quality of life, anthropometric characteristics and CD4CT	Iran	2019	A Randomized Controlled Trial	A total of 48 participants volunteered for the study, with 30 participants (11 women (37%) and 19 men (63%) determined eligible for study enrollment via double blind, computer-generated	Participants in the intervention group came to the Tehran Positive Club twice per week for 75 minutes and participated in fun-based recreational sport activities,	. Total adherence rate among the participants in LMP group was 84%, and only participants who had an adherence rate higher than 80% were included in the final analysis. During the	N/A	N/A

---

Gharakhanlou R, Voltarelli FA	cell count of HIV infected Patients in Tehran/Iran: A Randomized Controlled Trial	block randomization treatment assignment to a standard care control group (n=15) or LMP group (n=15)	such as table tennis and badminton, as well as mental and cognitive activities like throwing darts, playing chess and backgammon.	course of the study, three patients (1 CON and 2 LMP) dropped out due to transportation difficulties (n=1), relocating to a different town (n=1) or having an adherence rate lower than 80% (n=1), leaving 13 patients in the LMP group and 14 in the CON group to complete the study. There was no difference between the groups regarding age, years of infection, CD4+T cell count, and anthropometric characteristics at baseline
-------------------------------	---	--	---	---

---

**DISCUSSION**

From the results of the search for articles conducted, it was found that according to research conducted by [Suyanti, T \(2018\)](#) with the quasi-experiment pretest-posttest design method, the results of patient characteristics were Average of age: 32.5 years old, between 20-43 years old, average suffering HIV: 1-4 years, education: 38.3% elementary educational background, 51.7% were employed and 60 were married. with a diagnosis of HIV/AIDS who experience depression at the level of depression. The results of the research conducted with Logotherapy and acceptance and commitment therapy (ACT) found that Mean Before intervention: 42.4%, Mean after intervention: 12.2%, mean difference: 37.7%, while Logotherapy and acceptance of Family psychoeducation showed results Mean Before intervention: 45.1%, Mean after intervention: 15.7%, mean difference: 29.4% ([Suyanti, 2018](#)). Meanwhile, according to Kuloor A 2018, the Randomized Controlled Study method with the characteristics of patients with HIV-infected people aged 30–50 years on ART were recruited in this study. Among 88 participants, 63 were found to be eligible for the study, Of 63 potential participants, 2 declined to participate in the study. Finally, we selected 60 potential participants for the study, None of the participants had CD4 count<300 indicating AIDS the results obtained on the outcome quality of life Yoga group (n=30, 10 men, 20 women) 12.39 SD 1.41, Group Control (n=30 11 males, 19 females) 12.32 SD 1.17, P value 0.81. As for the level of depression, Yoga Group (n=30, 10 men, 20 women) 9.16 SD 2.15, Control group (n=30 11 males, 19 females) 9.19 SD 2.04, P value 0.92 ([Kuloor, 2019](#)). Meanwhile, according to [Wahyuni \(2019\)](#) using the Quasi-experimental method with a nonrandomized control group pretest posttest design, The study population was all PLWHA who were recorded in the case report in the VCT clinic at RSUD. H. Sulthan Daeng Radja District. Bulukumba The total sample was 48 people with HIV, consisting of 24 counseling intervention groups and 24 as a control group, with Adherence results Age <25 years Pre (-), Post 2 (8.3) 25-40 year Pre 11 (45.8), Post 20 (83.3), >41 YEAR Pre (-), Post 1 (4.2), Male Pre 8 (33.3), Post 18 (75), Female Pre 3 (12.5) Post 5 (20.8). Non married Pre 3 (12.5), Post 5 (20.8). Married Pre 5 (20.8) post 11 (45.8), Single parent Pre 3 (12.5) Post 5 (20.8) ([Wahyuni \(2019\)](#)). From a study conducted by Ardan who examined SEFT with depression levels between 26 and 35 years (50%) and 25% had moderate depression, respondents were dominated by men (62.5%) with moderate depression (31.3%) while women (37.5%) with a depression limit of 18.8%. Duration of HIV diagnosis 56.3% was <35 months including 25% moderate depression. The number of CD4 cells in PLWHA is mostly > 600 cells/MCL (43.8%) ([Ardan, 2020](#)). SEFT therapy is a highly recommended therapy, one of the complementary therapies, especially in providing nursing care to people living with HIV who are depressed. In addition, another study according to Bakara stated that religious behavior had an effect on reducing anxiety about death in PLWHA, while other studies such as Halm stated that there was a significant difference before and after the SEFT intervention ([Marsinova Bakara, 2013](#)). From the results of this review, the authors can conclude that religious therapy, self-healing, greatly affects the level of quality of life ([Purnama, 2020](#)) and depression in patients infected with the HIV virus.

**CONCLUSION**

It was found that there are several appropriate interventions that can be given to HIV/AIDS patients, one of which is counseling about the disease and the provision of spiritual emotional freedom technique therapy, as for the intervention method by classifying the treatment group and the control group, then the final results are evaluated, but there are also interventions using observation and filling out questionnaire sheets related to research problems according to the studies that have been obtained from the results.

**REFERENCES**

- Ardan M, Zulkifli A, clinica NJ-E. (2020). Therapy SEFT for controlling the level of depression in people with HIV and AIDS. *Enfermería Clínica*. 30(4). 444-447. <https://doi.org/10.1016/j.enfcli.2019.10.119>
- Fitriani A. (2017). COGNITIVE BEHAVIOR RELIGIOUS THERAPY UNTUK MENURUNKAN TINGKAT EPISODE DEPRESI PADA PASIEN DEPRESI DENGAN GEJALA PSIKOTIK. *Proyeksi: Jurnal Psikologi*. 12(1). 77-87. <http://jurnal.unissula.ac.id/index.php/proyeksi/article/view/2851>
- Gakhar, H., Kamali, A., & Holodniy, M. (2013). Health-related quality of life assessment after antiretroviral therapy: a review of the literature. *Drugs*, 73(7), 651-672. <https://doi.org/10.1007/s40265-013-0040-4>
- Hasil Utama Riset Kesehatan Dasar Jakarta - Google Cendekia [Internet]. [cited 2021 Jun 21]. Available from: [https://scholar.google.com/scholar?hl=id&as\\_sdt=0%2C5&q=Hasil+Utama+Riset+Kesehatan+Dasar+Jakarta&btnG=](https://scholar.google.com/scholar?hl=id&as_sdt=0%2C5&q=Hasil+Utama+Riset+Kesehatan+Dasar+Jakarta&btnG=)
- Health-Related Quality of Life (HRQOL) | CDC [Internet]. [cited 2021 Jun 21]. Available from: <https://www.cdc.gov/hrqol/>
- Purnama, .... (2020). Edukasi Dapat Meningkatkan Kualitas Hidup Pasien Yang Terdiagnosa Penyakit Jantung Koroner. *Jurnal Kesehatan Indonesia*, 10(2), 66-71. <http://www.journal.stikeshb.ac.id/index.php/jurkessia/article/view/251>
- Karimi, M., & Brazier, J. (2016). Health, health-related quality of life, and quality of life: what is the difference?. *Pharmacoeconomics*, 34(7), 645-649. <https://doi.org/10.1007/s40273-016-0389-9>
- Bakara, D. M., Ibrahim, K., & Sriati, A. (2013). Efek Spiritual Emotional Freedom Techniqueterhadap Cemas dan Depresi, Sindrom Koroner Akut. *Jurnal Keperawatan Padjadjaran*, 1(1). <http://jkip.fkep.unpad.ac.id/index.php/jkip/article/download/51/48>
- Ebrahim, S. (1995). Clinical and public health perspectives and applications of health-related quality of life measurement. *Social science & medicine*, 41(10), 1383-1394. [https://doi.org/10.1016/0277-9536\(95\)00116-O](https://doi.org/10.1016/0277-9536(95)00116-O)
- Kuloor, A., Kumari, S., & Metri, K. (2019). Impact of yoga on psychopathologies and quality of life in persons with HIV: a randomized controlled study. *Journal of bodywork and movement therapies*, 23(2), 278-283. <https://doi.org/10.1016/j.jbmt.2018.10.005>
- Nakagawa F, Lodwick R, Smith C, Aids RS-, (2012). Projected life expectancy of people with HIV according to timing of diagnosis. *journals.lww.com* [Internet]. [cited 2021 Jun 21]; Available from: [https://journals.lww.com/aidsonline/Fulltext/2012/01280/Projected\\_life\\_expectancy\\_of\\_people\\_with\\_HIV.9.aspx](https://journals.lww.com/aidsonline/Fulltext/2012/01280/Projected_life_expectancy_of_people_with_HIV.9.aspx)
- Oberjé, E. J., Dima, A. L., Van Hulzen, A. G., Prins, J. M., & De Bruin, M. (2015). Looking beyond health-related quality of life: predictors of subjective well-being among people living with HIV in the Netherlands. *AIDS and Behavior*, 19(8), 1398-1407. <https://doi.org/10.1007/s10461-014-0880-2>
- Stenman U, Hakama M, ... PK-ED, (2010). UCLA UCLA Previously Published Works Title Measurement and modeling of health-related quality of life Publication Date. *books.google.com* [Internet]. 2008 [cited 2021 Jun 21]; Available from: <https://escholarship.org/uc/item/70x7m955>

- Suyanti, T. S., Keliat, B. A., & Daulima, N. H. C. (2018). Effect of logo-therapy, acceptance, commitment therapy, family psychoeducation on self-stigma, and depression on housewives living with HIV/AIDS. *Enfermeria clinica*, 28, 98-101. [https://doi.org/10.1016/S1130-8621\(18\)30046-9](https://doi.org/10.1016/S1130-8621(18)30046-9)
- Wahyuni Wahyuni, S., Zulkifli, A., Thamrin, Y., & Arsin, A. A. (2020). The effect of counseling on adherence arv therapy in HIV/AIDS patient in HA sulthan daeng radja bulukumba regency. *Enfermeria clinica*, 30, 362-366. <https://doi.org/10.1016/j.enfcli.2019.10.101>