



MODEL-BASED FAMILY EMPOWERMENT "SILIH ASIH, SILIH ASAH DAN SILIH ASUH (MPK SILA TILU)" AND APPLICATION TO FAMILY PLWHA IN BANDUNG WEST JAVA

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Abstract, Background. HIV/AIDS is spread all over the world, including in Indonesia. HIV/AIDS in Indonesia already exists in all provinces, with numbers increasing from year to year, including in West Java. PLWHA families experience various physical and psychosocial problems that require support from multiple parties to be empowered to overcome their problems. **Purpose.** The purpose of community service is to increase family empowerment by implementing a family empowerment model based on compassion, penance, and parenting ("MPK Sila Tilu"). **Method.** The method of community service uses cadre training and family assistance by cadres. **Results.** There is an increase in the ability of cadres based on the pre-test and post-test scores, the average pre-test results are 68%, and the post-test results are an average of 79%. There was an increase in the family's ability to apply the "MPK Sila Tilu"; the results at the first visit were 66.87%, and at the third visit, 77.44%. **Conclusion.** The Sila Tilu MPK carried out by nurses together with trained cadres can improve the family's ability to 1) Identify problems and causes of problems; 2) Make a decision to use health service facilities; 3) Using health service facilities; 4) Organizing a home that supports health; 5) Provide necessary care measures at home; 6) Assess health development due to illness; 7) Share experiences with other clients/families.

Keywords: Family empowerment, Sila Tilu MPK, PLWHA

Introduction

HIV/AIDS is spread all over the world, including in Indonesia. HIV/AIDS in Indonesia already exists in all provinces, with numbers increasing from year to year, including in West Java. The number of people living with HIV/AIDS in Bandung is highest in West Java; the number of people with HIV/AIDS in Bandung increases yearly. "(Tribun Jabar, 2016)¹, which means there is an increase of 287 people in one year.

There are two ways of Type of HIV/AIDS Care: healthcare-based care and community-

based home care (*Community Home Based Care / CHBC*). The purpose of the house is to prevent infection, reduce complications, reduce pain and discomfort, increase self-acceptance to the situation, understand the development of the disease, and increase independence in achieving quality life by paying attention to religious values, culture, and societal norms (Kemenkes RI, 2013)². HIV/AIDS clients generally live in families. Providing care for people living with HIV and AIDS (PLWHA) must involve families commonly referred to as People Living with HIV and AIDS

(OHIDHA) because OHIDHA is a health supporter of PLWHA. One of the goals of family care is to empower families to build each family member to maintain optimal health (Sudiharto, 2007)³.

An empowered family is a family that can complete health care tasks optimally. The task of the family in overcoming health problems, according to Freeman (1971) in Ridwan (2016)⁴ is being able to recognize health problems, to make decisions to take appropriate action. Moreover, the family is also able to care for sick family members, maintain a home environment that supports health, and use resources in the community to maintain health. Families will also be able to carry out their duties in overcoming any health problems. Based on Freeman's thoughts on family duties, it can be a model for empowering PLWHA and OHIDHA families.

According to the view of transcultural nursing services (*Transcultural Nursing*), in line with the policy of the Indonesian Ministry of Health, that in nursing services to HIV/AIDS clients, it is necessary to pay attention to cultural, religious, cultural, political values and societal norms (Leininger, 2002)^{3,5}. Local cultural values in providing nursing care (*generic care*) when combined with professional values of nursing (*professional care*) will improve health care efforts by maintaining a culture if the client's culture does not conflict with health, cultural negotiations to help clients adapt to particular cultures that are more beneficial to the health of the client, and cultural restructuring if the client's culture is in conflict with the client's health (Leininger, 2002 5; Sudiharto, 2007³). One of the local cultures of West Java that can be adopted and adapted into nursing professional values is "*silih asih, silih asah, dan silih asuh (Sila Tilu)*." This value teaches humans to love each other, develop each other and nurture each other so that they are better than before.

Compassion, penance, and penance, based on the opinion of Suryalaga (2010) in Yulia (2011)⁶, is a concept of Sundanese people's life full of local wisdom and universal values. "*Asih*" will associate with as 1) readiness to work, both physical and non-physical work; 2) devotion or sacrifice; 3) obedience, loyalty, and the ability to limit oneself; 4) awareness of rights and obligations, as the implementation of compassion; 5) patience to face two different characters in equalizing perception; 6) measuring

the quality of human values and relationships with the Creator; 7) the ability to sacrifice individual interests for the interests of their loved ones properly, both morally and materially; 8) one way to reveal the reality of life; 9) willingness to accept loved ones as they are; and 10) the ability to sacrifice individual interests for the interests of their loved ones properly, both morally and materially. Sharpening is an effort made by two or more people to educate each other, adding to each other's knowledge, broadening insight and inner and outer experiences. So there is an increase in the quality of humanity in all its aspects, both at the cognitive, affective, spiritual, and psychomotor levels; The essence of penance sharpening is the awareness to sharpen one another's minds and deepen various scientific aspects. Parenting is an effort made by two or more people to guide each other, take care of each other, protect each other, pay attention to each other, carefully foster each other with the hope that they are safe and sound and happy hereafter. Parenting is done by remaining aware of their respective personal positions, carried out according to their respective professions and proportions or according to their respective abilities and positions. The local cultural values of "*Sila Tilu*" need to be maintained, adopted, and adapted into family empowerment efforts, including providing nursing care to HIV/AIDS clients.

According to a preliminary study conducted in 2015 at the Mawar Clinic in Bandung, several issues confronted HIV/AIDS families (OHIDHA). Families, for example, were perplexed because their child was not improving. Furthermore, they are tired of taking medicine, finding it difficult to eat, and losing weight. Their parents are also unaware of the importance of home care.

Based on the above description and problems, the researchers conducted a study to develop a family empowerment model known as the Family Empowerment Model Based on "*Silih Asih, Silih Asah, and Silih Asuh (MPK Sila Tilu)*." In subsequent research, they used the model to determine its effectiveness in increasing support—family and adherence to medication for PLWHA.

"*MPK Sila Tilu*" is the result of the latest development. After several improvements and consultations with a team of experts, there are seven steps: 1) Families can recognize problems and causes of health problems. 2) Families can

make decisions to get health services. 3) Families can use health service facilities to obtain health services and care; 4) Families can arrange home facilities that support treatment actions; 5) the family can provide care at home; 6) the family can

assess the results of treatment and can follow up. 7) the family is willing to share their experiences of family/community regarding health care efforts, as shown in Figure 1 below. (7)

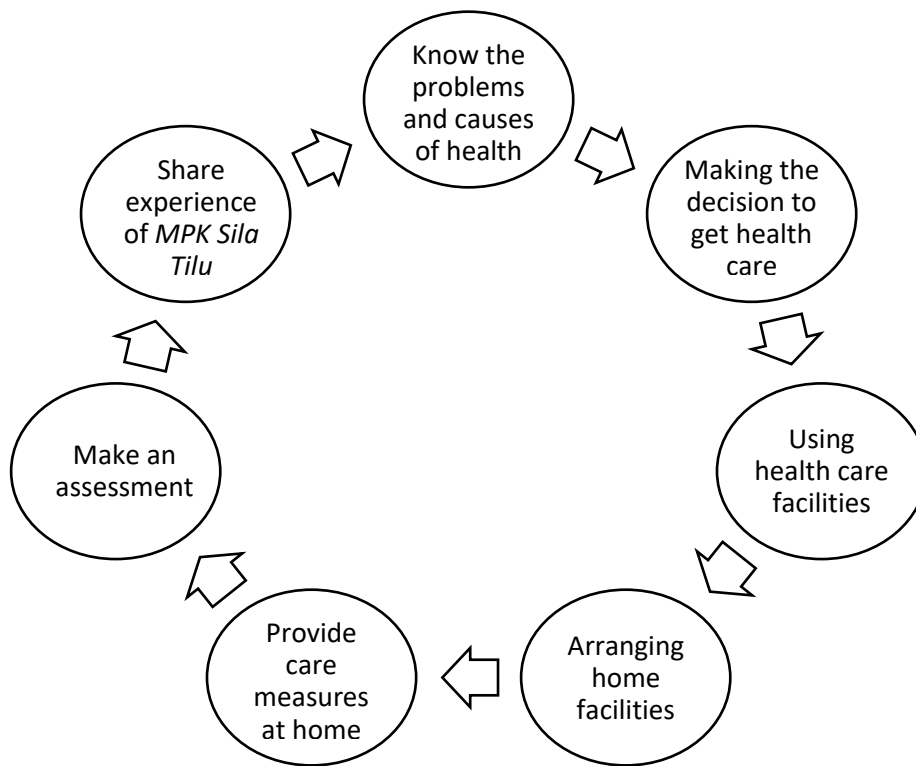


Figure 1: The Cycle of the "Sila Tilu"

Sila Tilu with the MPK, The MPK following the rules of family empowerment, is carried out by a team consisting of nurses, cadres, and family, as shown below.

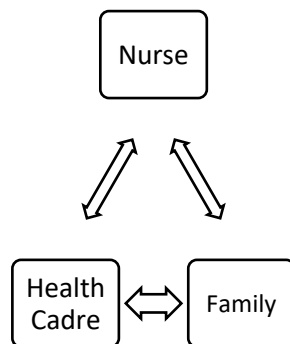


Figure 2: Implementation of the "Sila Tilu MPK Tilu"

Based on the seven steps of the "*MPK Sila Tilu*," there are 25 activity indicators as follows:

Table 1. "*MPK Sila Tilu*" and Family Activity Indicators

Sila Tilu MPK		Family Activities	
1.	Recognizing the problems and causes of health problems	1)	Identifying behaviors that are at risk of HIV and AIDS transmission
		2)	Recognizing signs and symptoms of HIV and AIDS experienced.
		3)	Listen to the expressions of family members who experience signs and symptoms of HIV and AIDS.
		4)	Identify the cause of the problem
		5)	Determine the cause of the problem
2.	Decide to get health service	6)	Decide to get health service
		7)	Seek/give first aid assistance before arriving at the health care
3.	Use the health service facility to get health care and treatment	8)	Use the service facility to get an education, care, and treatment for HIV/AIDS.
		9)	Support PLWHA to take diagnostic tests
4.	Arrange home facilities that support treatment actions;	10)	Organizing bedrooms that support the healing of PLWHA
		11)	Provide facilities for washing hands before activities.
		12)	Organize safe and non-diseased waste disposal
5.	Provide home care measures;	13)	Prevent infection,
		13)	reduce complications,
		14)	reduce pain/discomfort,
		15)	increase acceptance to the situation,
		16)	understand diagnosis, prognosis, and treatment,
		17)	self-increase independence to achieve a quality life,
		18)	remind people living with HIV to worship
6.	, assess treatment outcomes and can follow up,	19)	Observing the health development of PLWHA
		20)	Supervise taking medication
		21)	Remind PLWHA for timely control
		22)	Remind PLWHA to maintain and improve health.
7.	Sharing experiences silatilu MPK to family/community	23)	Wants to visit other families with PLWHA
		24)	to share experiences on MPK Sila Tilu
		25)	share experiences with family/community about the efforts of PLHA.

Methods

method of community service with two events, namely Health Cadre training and family assistance. Family assistance was

provided for four months, with four home family visits. Schematically, the flow of community service for the "MPK Sila Tilu" application at the Mawar and Female Plus Clinics in Bandung is as follows:

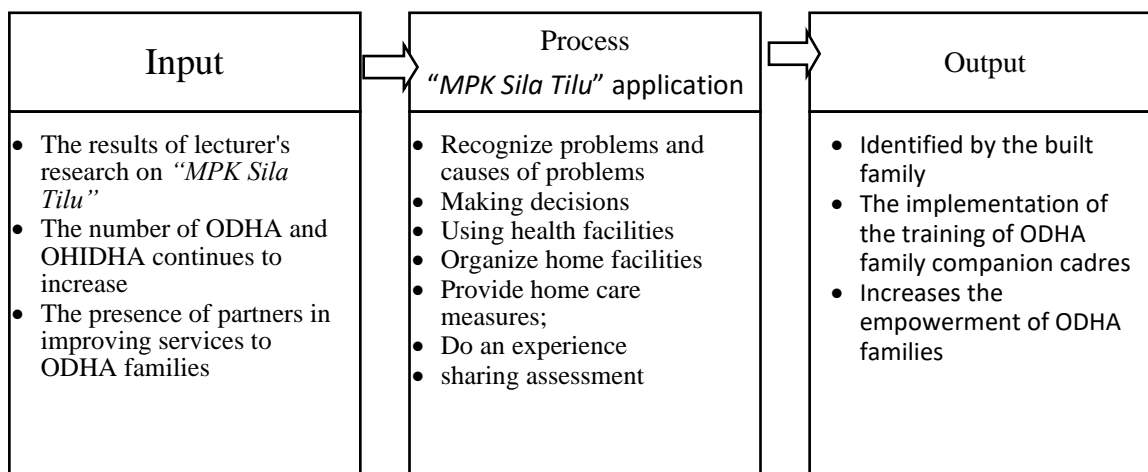


Figure 3. Input, process, and output of community service

Results & Discussion

The following are some of the outcomes of community service activities:

1. Coordinate with both partners: Mawar Clinic and Female Plus, regarding community service activity plans. Both partners agreed to implement the "MPK Sila Tilu" in assisting PLWHA families. Partner Management supports the implementation of the "MPK Sila Tilu" and is willing to be involved in the activities to be carried out. There are 23 families identified for community service activities.
2. Conducting Cadre Refresher Training

Before assisting PLWHA families, cadres (facilitators) were refreshed regarding the PMK Sila Tilu with 26 participants, consisting of the Mawar Clinic 16 people and from Female Plus 10 people. The refresher materials were: treatment of skin disorders in PLWHA, treatment of pulmonary tuberculosis, prevention and treatment of diarrhea, clean and healthy living behavior (PHBS), counseling techniques and implementation, and the "MPK Sila Tilu". Wednesday, August 1, 2018, The training took place on the Nursing Department Campus., Poltekkes, Ministry of Health, Bandung. The training results can be seen from the results of the pre and post-tests as follows.

Table2. Result of Pre and Post Test of Cadre Training

No.	Activity	Lowest	score Highest	Average
1.	Pre test	27	87	68
2.	Post test	48	94	79

3. Carry out mentoring for PLWHA and OHIDHA

Mentoring was carried out in 28 families (Rose Clinic 20 families and Female Plus 8 families). Mentoring is carried out for three months and three home visits. It is possible to describe the outcomes of family assistance in the following table.

Table 3. Results of Home Visits Assessment on the "*MPK Sila Tilu*" Application

No	Family Ability	Average Assessment Results (%)	
		First visit	Third visit
1.	Identifying problems and causes of problems	77.20	86.35
2.	decisions to use health care facilities	64.60	72.60
3.	Using health care facilities	84.30	93.50
4.	Organizing a home that supports health:	60.50	70.70
5.	Providing necessary care at home	65.90	76.8
6.	Assessing signs of declining health due to illness	62.30	74.8
7.	sharing experiences to clients/families	53.30	67.35
	average	77.44	66.87

Health cadres who have received training have a significant role in empowering people living with HIV families. The role of cadres as companions for PLWHA is very strategic to restore the situation and condition of PLWHA to be better than before. Social workers can take on five additional roles. or health cadres in assisting PLWHA, namely: 1) as facilitators, cadres play a role in facilitating PLWHA to be able to handle psychological and social pressures they experience; 2) as brokers, cadres play a role in connecting the needs of PLWHA with the surrounding resources; 3) as mediators, cadres act as mediators for PLWHA with environmental systems that hinder them; 4) as defenders, cadres play a role in defending the rights of PLWHA in meeting their needs, and 5) as protectors, cadres play a role in protecting PLWHA from situations that are vulnerable and unfavorable to PLWHA (Latifah, Zainudin, and Mulyana, 2014)

Based on the table above, It can be seen that after three home visits by cadres, there was an increase in the family's ability to implement the "*MPK Sila Tilu*". Based on the results of research by Sasmita, Waluya, Sansri, and Ema (2017), it is proven that there is an influence of the "*MPK Sila Tilu*" on the family's ability to 1) Recognize problems and causes of problems; 2) Make a decision to use health service facilities; 3) Using

health service facilities; 4) Organizing a home that supports health; 5) Provide necessary care measures at home; 6) Assess health development due to illness; 7) Share experiences with other clients/families. In addition, "*MPK Sila Tilu*" also reduces family anxiety, increases adherence to PLWHA in taking medication, and increases family support for PLWHA. Efforts to empower families of PLWHA can increase the independence of PLWHA and can prevent the spread of HIV/AIDS cases and can improve the quality of life of children (Nursalam, Yusuf, Widyawati, Asmoro (2015), Dwiyantari (2013), Muhaimin (2010). in a programmed manner to achieve the goal of family empowerment

Conclusion The

"*MPK Sila Tilu*" carried out by nurses together with trained cadres can improve the family's ability to 1) Identify problems and causes of problems; 2) Decide to use health service facilities; 3) Using health service facilities; 4) Organizing a home that supports health; 5) Provide necessary care measures at home; 6) Assess health development due to illness; 7) Share experiences with other clients/families.

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