



Prosocial Behavior of Peer Support Groups in Overcoming Problems of People Living With HIV/AIDS in Malang Raya

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ABSTRACT

The main problem that is always faced by people living with HIV/AIDS (PLWHA) is physical problems, and social problems in the form of stigma and discrimination, which causes PLWHA to lose social support from family and friends, be isolated, and hidden, and be powerless. This study aims to analyze the emergence of volunteers from Peer Support Groups (PSG) who help PLWHA a lot by providing social support in the form of love, educational information, care, instrumental support to spiritual support, in full without asking for compensation. This study uses a qualitative approach with a descriptive narrative type. This study found that prosocial behavior is formed by understanding the events of self and others who are infected with HIV. The existence of subjective understanding encourages various forms of social behavior of PSG members to be carried out voluntarily without compensation. Several forms of social behavior shown by PSG include; providing shelter, providing education, sacrificing time, energy, and money, providing counseling and motivation, patient care, corpse care, advocacy, and providing care for orphans of PLWHA. Several forms of social behavior shown by PSG include; providing shelter, providing education, sacrificing time, energy, and money, providing counseling and motivation, patient care, corpse care, advocacy, and providing care for orphans of PLWHA. Several forms of social behavior shown by PSG include; providing shelter, providing education, sacrificing time, energy, and money, providing counseling and motivation, patient care, corpse care, advocacy, and providing care for orphans of PLWHA.

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INTRODUCTION

Data on HIV AIDS cases in Indonesia increases from year to year. East Java Province is the area that has the highest number of HIV cases in Indonesia, namely 8935, followed by DKI Jakarta 6701, West Java 6066, Central Java 5630, and Papua 3753.

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Meanwhile, the province with the number of AIDS cases in East Java is in third place after Central Java and Papua. . The number of AIDS in Central Java is 1613, Papua 1061, East Java 958, DKI Jakarta 585, and Riau Islands 411 ([Ministry of Health RI, 2020](#)). Meanwhile, the cumulative number of AIDS in Greater Malang is Malang Regency 1796, Malang City 749, and Batu City 153. In total, the entire Malang Raya is 2698. It is a relatively high number ([BPS, 2021](#)).

Kartono's research results show that someone infected with HIV/AIDS can experience physical, psychological, economic, and political powerlessness. This powerlessness is triggered by very complex factors: low literacy and erroneous knowledge about HIV/AIDS, opportunistic infections, the influence of drugs, stigma, discrimination, loss of social support, unjust treatment, and the reach of health services. The condition of powerlessness will have a more complex and widespread effect, starting with the spread of the HIV/AIDS virus, rapid death, and becoming a social burden for families, communities, and countries ([Kartono, 2011](#)).

One of the biggest social problems is stigma and discrimination. The results of the research on the Stigma Index in Indonesia revealed the fact that groups of people living with HIV, female sex workers, injection drug users, transgender women, women, and specific young individuals who were newly infected faced a lot of stigma and discrimination ([Spiria Foundation, 2020](#)). PLWHA often experiences stigma such as gossip, verbal insults, physical attacks. recognized as a significant obstacle to successfully controlling the spread of this disease ([Jacobi et al., 2020](#)). The presence of negative gossip can reduce feelings of social inclusion in the group and thereby undermine prosocial behavior ([Nieper et al., 2022](#)). Even stigma influences the decision to disclose one's HIV status because it considers the perceived risk ([Spiria Foundation, 2020](#)). The level of disclosure of HIV serostatus to sexual partners is relatively low, leading to a high risk of transmission ([Mckay & Mutchler, 2011](#)).

Stigma can be a source of discrimination that impacts the suffering, marginalization, isolation of PLWHA. Besides, it also damages their social relationships, self-esteem, and self-confidence ([Boushab et al., 2017](#)) and loss of social support ([Mchenry et al., 2017](#)). The loss of support starts from family or partners, colleagues, work friends, school friends, and others. Loss of support means loss of protection, affection, reduced fulfillment of basic needs, and others ([Fekete et al., 2018](#)).

Stigma and discrimination occur at various levels, from the family and community to public services. They are rejected, ostracized, and discriminated against at the family level in using the family property. They are rejected and ostracized at the community level, getting verbal violence to physical violence. PLWHA does not get adequate services at the level of social services, such as being rejected at school, at work, and not getting adequate health services ([Mchenry et al., 2017](#)). Nurses and doctors are the primary sources of stigmatization and discrimination of PLWHA ([Ornek et al., 2020](#)).

Stigma and discrimination against people living with HIV/AIDS (PLWHA) harm their well-being and poor psychosocial conditions such as stress, depression, paranoia, and loss of hope, which worsen the quality of their health ([Chen, 2018](#)). For example, people living with HIV who are stigmatized as HIV-related may experience greater feelings of loneliness, increased symptoms of depression, and poorer sleep quality ([Mchenry et al., 2017](#)).

This fact has inspired some PLWHA who are empowered to collaborate and organize their abilities through social support groups (PSG) to take prosocial actions. Prosocial is prosocial behavior from a theoretical perspective that can be explained starting from the principles of the evolution of altruism (Azizi, 2017) influenced by considerations of human relations, social norms, and values (Eysenck, 2018; Padilla-Walker et al., 2018; Auyeung & Alden, 2020; Kearns et al., 2021; Jennings & Dawson, 2015). Prosocial behavior is any action that benefits others and does not ask for anything in return because it emphasizes empathy (Lamm et al., 2019; Sinclair et al., 2017; Kearns et al., 2021). Prosocial also includes sympathy that will make someone avoid themselves when a friend or relative is infected with HIV positive. The role of religion also plays a crucial role in cultivating promoting prosocial norms and values that motivate a person to help others (Bennett & Einolf, 2017; Vasiliauskas & McMinn, 2013; Jamal et al., 2019). However, on the other hand, education and awareness can also increase a person's intention to behave prosocially towards PLWHA.

PSG is a group that grew from and by PLWHA, which aims to provide a forum for various information, mutual support, and motivation. Meanwhile, the strategies used to provide social support include recruitment strategies, socialization strategies, creating a sense of security and security, funding strategies plans to build cooperative networks, approaches strategies both through information technology and conventional. Meanwhile, social support for overcoming helplessness includes educational, emotional, spiritual, and instrumental support (Kartono, 2017).

PSG is one of the best interventions available to reduce stigma and discrimination. PSG offers the most basic HIV/AIDS services, advocating for effective and beneficial intervention (Paudel & Baral, 2015). In addition, the role of PSG can increase motivation in PLWHA to become a driver and facilitator of counseling for health workers in health services (Nursalam et al., 2020).

In his research on prosocial behavior in black PLWHA, Stockman et al., that the prosocial behavior of peer groups include providing skills development facilities to overcome barriers and treatments, creating social networking platforms for peer support; education and self-care tips; resourcing strategies for HIV care and support service agencies; and a monitoring/reminder system for taking the medication (Stockman et al., 2021). Prosocial behavior by peers also voluntarily facilitates disclosing their HIV status, increases support networks, and sets an example. Besides that, infant feeding, ART adherence, symptom monitoring, and stimulation of early childhood development. The benefits of prosocial behavior carried out by peers are increasing knowledge acquisition, behavior change, and peer support (Duvivier et al., 2020). PSG prosocial behavior can also increase self-acceptance and adherence for PLWHA in three domains: (1) as a motivation for families and adolescents, (2) to increase adolescent independence and maturity, and (3) to help adolescents accept their HIV status and live successfully. with HIV (Rencken et al., 2021).

Based on the description above, this research aims; 1) describe the meaning and background of PSG's prosocial behavior. Against PLWHA.; 2) 2. Describe the forms of prosocial behavior of PSG in overcoming the problem of PLWHA.

Several researchers with different focuses conducted several types of research on prosocial in Indonesia (Istiana, 2016). in his study of the volunteers of KSR PMI Medan,

he found that empathy and sympathy were the primary keys in mobilizing the prosocial behavior of the volunteers. The same finding also comes from (Hidayatullah et al., 2021). (Andari Nur Rahmawati & Fithri, 2020) Found a close relationship between high religious attitude and motivation for prosocial behavior at KSR PMI Surabaya City. The same can be seen in research (Sukamti et al., 2019) at the Anglican Community Center Batam and (Bariyyah et al., 2018) as well as (Arvianna et al., 2020) in housing in the Patria Jaya Housing. (Bella et al., 2020) in his research showed a positive and significant relationship between internal locus of control and prosocial behavior in MRI volunteers in Surabaya. (Nurhafiza, 2019) , looking at the magnitude of the positive and significant influence between peer conformity and student attitudes towards prosocial behavior. (Saputri & Ayriza, 2021) shows a strong relationship between prosocial behavior and perceptions of peer acceptance in early teens at SMP N 1 Ngawen, Gunungkidul. Finally, (Elistantia et al., 2018) found a positive relationship between parental social support and prosocial behavior of class X students of SMA 1 Seputih Raman for the 2017/2018 academic year. Various studies above have never been any research on prosocial behavior in PLWHA, which has contributed to the novelty of this research

METHOD

The research method used is a qualitative approach with a descriptive-narrative research type (Cresswell, John W.; Poth, 2016) to study the prosocial behavior of PSG members through their collection of stories, reporting their experiences, and chronologically ordering the meaning of those experiences. The sampling technique used in this research is purposive. (Matthew B. Miles, A. Michael Huberman, 2014) The subjects in this study were five PLWHA who became administrators and implementers of peer support groups in Malang Raya, who had prosocial behavior in helping PLWHA in Malang Raya.

Data collection was carried out through in-depth interview techniques and participants as an observer, where the researcher participated in PSG activities in carrying out prosocial actions. Data analysis was carried out through an interactive model starting from data collection, data condensation, data display, and conclusion (Matthew B. Miles, A. Michael Huberman, 2014). Validity check using test, credibility, through; extension of observations, increase accuracy in the research, analysis of negative cases, and member checks (Cresswell, John W.; Poth, 2016).

RESULTS AND DISCUSSION

Meaning and Background that Shape PSG's Prosocial Behavior

Prosocial behavior carried out by research subjects is considered a way to atone for sins. The confession of a research subject named HS stated that his past life liked to use drugs and had multiple sexual partners. After being infected with HIV/AIDS, he realized death was near. However, he felt full of sin. So to atone for his sin, he confessed to repenting and doing good by doing charity and helping PLWHA as a way that is believed to be able to atone for his sins.

Prosocial behavior as a way to atone for sins is also carried out by a female member of PSG named MR. The HIV/AIDS that infected him realized that God's warning was to stop being a commercial sex worker. When she became a prostitute, she did

anything without fear of sin, including drinking and drugs and fighting with others without feeling guilty. In his journey as a person with HIV/AIDS, he began to reflect on the meaning of HIV/AIDS with death, sin, and hell. According to his confession, he eventually joined PSG and helped fellow PLWHA who needed his help.

In various beliefs of research subjects such as HS, MR, RH, and ALX, a good death is a death whose "spirit" is accepted by God is in a beautiful place called "heaven." The way to get to heaven is to practice worship according to the religion he adheres. Therefore, the act of charity by helping PLWHA is a symbolic effort to ask forgiveness for all their sins, be free from the torments of the grave and hell, and instead get "heaven" (Krafess, 2005; Amos, 1982; Jamal et al., 2019). The author borrows an explanation from Berger and Luckman about the anticipation of death, the experience of another person's death, and then the anticipation of one's death. Such legitimacy gives the individual a prescription to "die the right way." (Berger & Luckmann, 2017).

Religious values that have become knowledge reserves have become the basis for prosocial behavior among PSG members. A deeper understanding of religion raises awareness, more intense worship, and more intentional charity. So for PSG, prosocial behavior is a form of God's command to do charity or do good to others. It shows that religion plays a crucial role in growing PLWHA members of peer support groups to give charity to others (Bennett & Einolf, 2017; Vasiliauskas & McMinn, 2013).

Prosocial behavior is closely related to religious orders. Because religion teaches to help others who need it (Greenway et al., 2018). The emergence of such behavior cannot be separated from the socialization of religious leaders to their people. It is like the MKO story, which received much advice from an Ulama. The cleric who became his role model always taught and encouraged good deeds to others. This advice made him realize that many PLWHA friends need help. He then formed a virtual world PSG to educate. ALX also experienced the urge to behave prosocially because of religious values. After being infected with HIV/AIDS and followed by his mother's death, he spent his life learning the Koran from an *ustadz*. From the Koran, he repented. He has not only stopped using drugs but has made himself aware to help others, especially PLWHA. What did MKO and ALX do, in line with research results (Balthip et al., 2017). About the influence of spirituality The responsibility of adolescents infected with HIV/AIDS on others?

Empathy is an adequate response as an emotional resonance to understanding the suffering of others. Compassion is a crucial aspect of empathy. Besides being motivated by love, the role is altruistic (Sinclair et al., 2017). There is evidence that empathy is associated with prosocial behavior and influences attitudes toward stigmatized groups (Jeklin, 2016). The findings of research conducted by Sinclair et al. and Jeklin also seem to occur in the subjects of this study. Research subjects such as HS, RH, and BB mention three things that make empathy for prosocial behavior. First is the suffering experienced in the early days of being PLWHA. The second sees the suffering of other PLWHA. The suffering that PLWHA always experiences is physical, namely a decrease in their health status, marked by a decrease in CD4 cells and the emergence of infection opportunities. Psychological suffering in the form of stress, depression, and paranoia. The most severe suffering is a stigma because stigma can have a complex impact. Stigma leads to discrimination. Apart from experiencing it themselves, PSG members also saw many other PLWHA getting the same thing. According to research results, this condition makes their PLWHA end up powerless both physically,

psychologically, and even death (Kartono, 2011). Thus the sense of empathy is a multi-faceted construct with important implications for prosocial behavior (Lamm et al., 2019).

Prosocial behavior is also inseparable from social solidarity. In terminology, solidarity is a moral practice fundamental to the social and cultural structure of the relationship of mutuality, interdependence, and concern for others (Jennings & Dawson, 2015). PSG's prosocial behavior towards PLWHA is interpreted as part of social solidarity. This meaning reflects that all PLWHA have the same fate as the research subjects. RH admits that many PLWHA do not know anything about HIV/AIDS and its treatment, worsening their health condition. Knowing MR, NN, and HS subjects, he and other PLWHA received a lot of stigma and discrimination until their death. The community and their own families are ostracized and even lose their jobs and income. In short, a PLWHA can lose hope lose support from his family, friends, and neighbors. According to HS Confession, since he was infected in 1992, very few people have cared about the plight of PLWHA. Most people are afraid of being infected, embarrassed, and disgusted by having a relationship with PLWHA. The experience of both sufferings encourages coalitions to build solidarity for the fate of PLWHA who are suffering (Craig & Richeson, 2016).

The prosocial behavior of members of the research subjects is also inseparable from knowledge. Knowledge can be obtained from the experience of experiencing suffering and the experience of getting out of suffering, and the socio-psychological implications caused by HIV/AIDS. According to RH, he can help overcome the problem of PLWHA, not apart from this. He admits that he has experienced physical suffering, such as declining CD4 cells and the emergence of opportunistic infections. He also suffered from psychological, such as stress, depression, and paranoia. According to him, the most severe problem is getting stigmatized. As a result of the stigma, he received discriminatory treatment from his family neighbors. He was even refused when he wanted to get dental treatment because he opened his status to a dentist. Even RH was expelled from his workplace because PLWHA was discovered. Such experiences become the capital to provide information and education to other PLWHA. However, in various ways, he can overcome the problem. RH also admits that to be a volunteer experience alone is not enough. He often attends seminars and training on HIV/AIDS prevention.

Meanwhile, according to HS's admission, the experience and knowledge from seminars and training are not enough capital to help PLWHA. According to his confession, establishing PSG and providing social support to PLWHA is to learn directly from mentors, namely to established PSG administrators, such as PSG Spiritia. When infected with HIV/AIDS, BB also carries out experiences that encourage prosocial behavior through the mentoring process. According to his confession, he has dedicated his entire life to helping PLWHA in need after almost two years as a volunteer at PSG. During his time as a BB volunteer, he learned and imitated the PSG management as a volunteer who helped overcome the problems experienced by PLWHA. These findings support the results of several empirical studies that prosocial behavior is inspired by exposure to prosocial models (Greitemeyer, 2022; Guan et al., 2019; Mazonson et al., 2021). Senior PLWHA members of PSG have always been a model for the more junior PLWHA to behave in a more prosocial and more religious manner (Kartono, 2019).

Some PSG members understand prosocial behavior as a form of social responsibility. The research subject named NN, for example, thinks that she was infected

with HIV/AIDS from her husband, as a form of lack of social responsibility from people who were previously infected with HIV/AIDS. It may be an accidental transmission, but everyone positive for HIV/AIDS must know the information and not infect others. The number of HIV/AIDS in Indonesia continues to increase. Therefore, MR voluntarily educates PLWHA, even to injection drug users and sex workers groups, as a form of social responsibility. The goal is for the transmission of HIV/AIDS to be more massive, especially to people who do not behave at risk like themselves, who are only housewives.

Meanwhile, for RH, he must have social responsibility. The goal is for people to understand correctly about HIV/AIDS. So he also often gives testimony in several discussions seminars on HIV/AIDS. In addition, even though he was only a high school graduate, he was used as a guest lecturer at a university. It is solely done so that people understand correctly about HIV/AIDS; people can treat PLWHA humanely without stigmatizing or discriminating, and so on.

HS also carries out social care and social responsibility to others. The doctor's verdict stating that he was infected with HIV/AIDS was used to correct all his bad behavior and the harmful consequences it caused. As a result, HS improves himself and wants to change himself into someone who cares for others, especially fellow PLWHA.

Forms of Prosocial Behavior

As the findings described above, prosocial behavior is influenced by factors: atone for sins, awareness to carry out the obligations of human values in religion, empathy, social solidarity, knowledge, and social responsibility. However, the emergence of social behavior is not spontaneous but through a process. Prosocial behavior from a theoretical perspective can be explained from the most general principles of evolution to more specific explanations, such as moods, personality characteristics, and altruism. Besides that, it is also influenced by considerations of human relations, social norms, and values (Eysenck, 2018). Research subjects such as NN, RH, ALX, HS, and MR, said that volunteering at PSG is a long process. HS calls it if it used to be in the black valley; now it is in the holy valley. To become a prosocial person for him is through a process of contemplation about his lousy past behavior, causing his life to suffer because of being infected with HIV/AIDS. In the contemplation process, the subjects evaluate their lousy behavior and reflect on the meaning of HIV/AIDS and how to improve themselves for life in the future until the "right death" (Berger & Luckmann, 2017) and get "Heaven" (Krafess, 2005; Amos, 1982; Jamal et al., 2019).

In terms of Blumer's symbolic interactionist theory, the process of becoming a prosocial person is referred to as self-indication, namely an ongoing communication process in which individuals always judge, give meaning, and decide to act on that meaning. There are two premises in the process of meaning; First, humans work toward people or things based on the importance they assign to those people or things. Second, the individual's interpretation of symbols is modified by their thought process. (Ritzer, 2011) The self-indication process shows that the experience of social exclusion, understood positively, not with revenge, thus affects how individuals empathize with others (Auyeung & Alden, 2020). Adverse experiences have resulted in exclusive prosocial behavior (Coats, 2021).

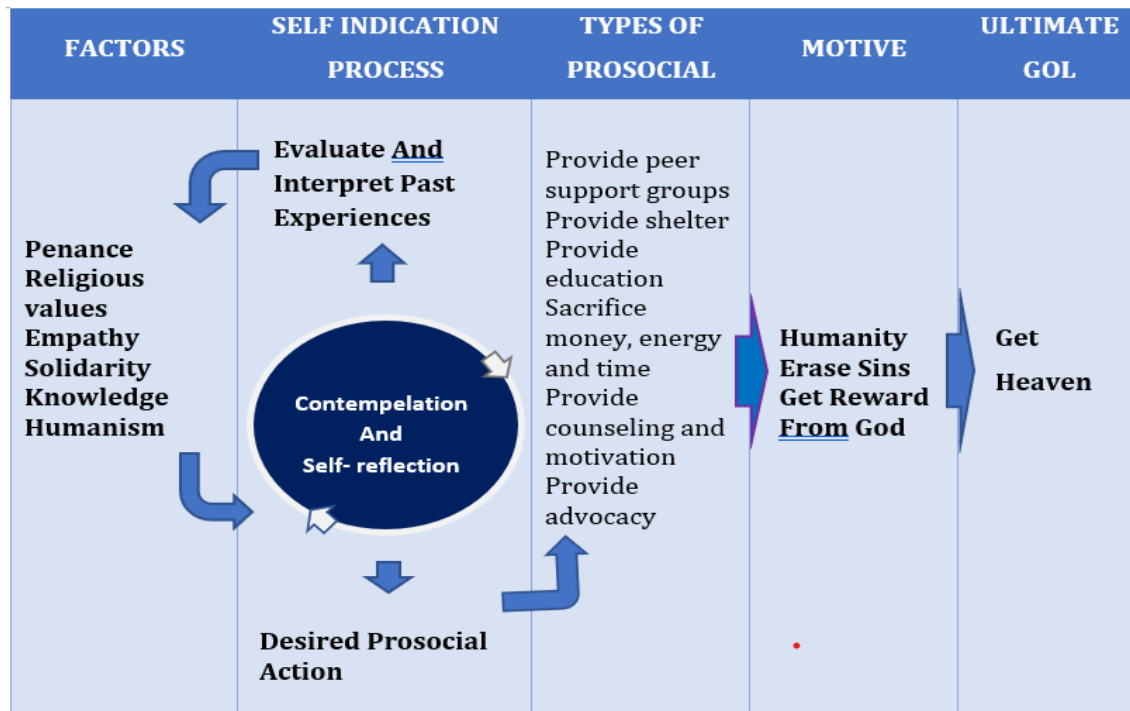


Figure 1. Prosocial Behavior Self-Indication Process Model

The result of the contemplation process is that the research subject reconstructs himself into someone who behaves prosocially. One form of prosocial behavior is establishing PSG. According to HS, PSG is a group that grew from and by PLWHA. Peer support groups are established to share, support each other, provide a sense of comfort and security. Sharing is sharing experiences, knowledge, and information. So that PLWHA who are within reach of PSG can build their capacity for self-care and educate the people around them. In PSG, PLWHA will get much information, consultation, counseling about disease problems, drug problems, safe sex problems, and even mate problems. People living with HIV often experience hopelessness because they lose support from their families or close people as a place to support each other. The presence of PSG is a place to find new friends and new families who support and love each other. PSG is a safe and comfortable place because shelter is provided for temporary residents to prepare to face people who stigmatize or discriminate mentally. This fact is in line with the results of research conducted by (Kartono, (2017).

Establishing PSG and shelters as a form of social care for PLWHA was also confirmed by ALX. In 2011 ALX established PSG to accommodate PLWHA in the southern and eastern Malang areas. At that time, the researchers followed the processes of forming PSG, which was much facilitated by PSG "UNQ." The formation of PSG was motivated by AE's concern for the problems of PLWHA who live in the southern Malang area, which is far from health services and far from the reach of peer support groups (PSG). All the problems faced by PLWHA, there is no suitable person to share with or share their hearts with (vent), there is no one to give each other support and motivation. As a result, they do not know or have difficulty accessing health services, lack of information, poor health

conditions, problems, discriminatory treatment, and the fear that always surrounds the minds of PLWHA. Therefore PSG is one of the best interventions to provide the most basic HIV/AIDS services (Paudel & Baral, 2015).

Meanwhile, from a search on the benefits of the PSG founded by HS and RH, it turns out that many PLWHA feels the benefits of the PSG founded by the two PLWHA figures. For example, after joining PSG, one of the women living with HIV just called her name; MY stated that she became aware of HIV/AIDS how to care for it. In addition, PSG has provided benefits as a comfortable place to share life's problems, support each other, strengthen each other.

In addition to establishing PSG and providing shelter, research subjects also provide education. In his research on black PLWHA, Stockman et al. (2021). This study also found that prosocial actions in providing education were carried out in a hybrid way by combining face-to-face meetings offline and online through internet social media. Offline prosocial activities are carried out face-to-face while online by creating blogs in cyberspace, WA, and Instagram. Through a blog that is given a "PH," he can provide information about HIV/AIDS, healthy living, treatment, or giving each other motivation or support and as a place to pour out the hearts of fellow PLWHA. This PH blog is for a limited group, namely PLWHA only.

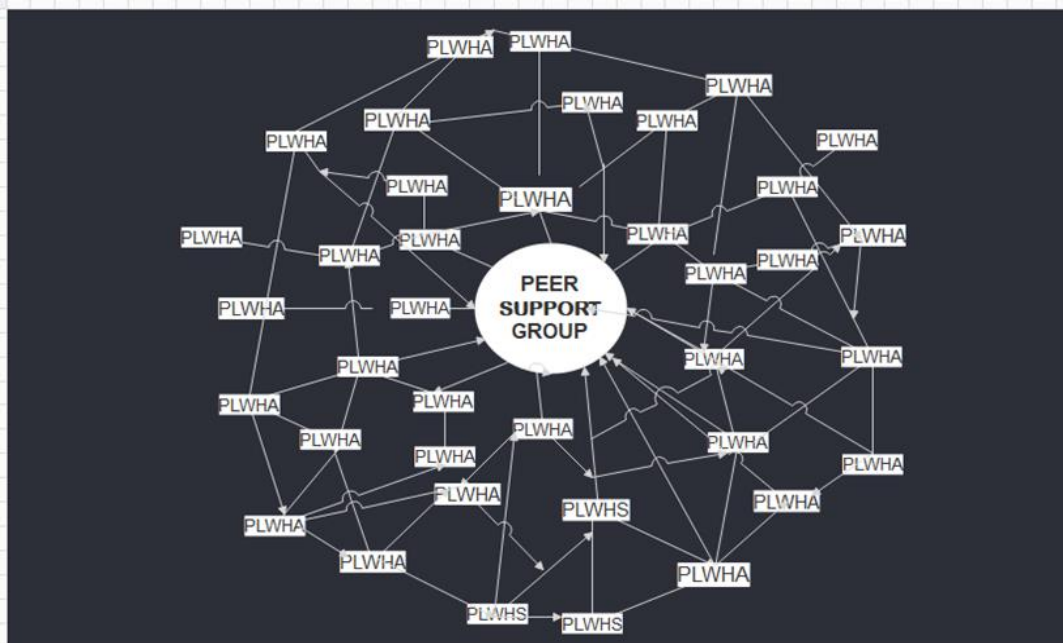


Figure 2. Relationship Network Model between PSG and PLWHA

Peer group prosocial behavior includes the development of barriers and treatment skills, educational and self-care tips; resourcing strategies for HIV care and support service agencies; and a medication reminder system. (Stockman et al., 2021), set an example, and increase knowledge, change (Duvivier et al., 2020) as educators and trainers (Kartono, 2019). Prosocial action in the form of education according to the research subject named NN was given knowledge of PLWHA about healthy living, how drugs function, how drugs work and their side effects, how to have safe sex, and do harm

reduction prevention for injection needle users. Provide tips on dealing with stigma and discrimination and how to access health services. Education is also provided to increase knowledge and change behavior (Duvivier et al., 2020). According to ALX research subjects, the education provided is so that PLWHA can take lessons from their illness and then change their bad behavior into good ones. According to HS, Providing education to PLWHA is also concerned with providing knowledge and skills in caring for corpses. It is done because people often find that people are reluctant to take care of the bodies and bury them.

The prosocial form carried out by PSG members is willing to sacrifice time, money, and energy to help PLWHA. The NN subject sincerely donated money and energy without expecting anything in return. Even when they are involved, they do not know the time when it comes to helping the problems faced by PLWHA. In several observations, by following the activities carried out by NN, the researchers found the fact that NN was indeed active in helping the difficulties of fellow PLWHA, for example, giving temporary accommodation to a PLWHA from Blitar city named KYT, who is undergoing outpatient treatment at Malang General Hospital. KYT is PLWHA who come from underprivileged families. For NN, she can ease the financial and physical burden KYT is experiencing by giving her temporary accommodation.

HS also experienced the sacrifice of money, energy, and time. He came to the hospital almost every day. What HS does, means he does not work and earns certain days. Everything is done sincerely to help look after someone sick and to accompany those who have just been declared HIV/AIDS positive by doctors. If positive ones do not require treatment, they are usually invited to the shelter first. The sacrifice of money, time, and energy is necessary for research subjects as members of PSG. The sacrificed money is used to rent shelters, pay for electricity and water, ATK fees to provide for the needs of PLWHA who live temporarily in the shelter. The sacrifice of energy and time is also carried out when conducting home visits with PLWHA, caring for corpses,

The sacrifice of time, energy, and even the victim loses income when helping to care for patients and PLWHA who died. The ability to perform care is from education, training, and mentoring. This ability is then used by managing by giving the health iteration includes prevention, treatment of patient care, and care for the bodies of PLWHA has increased the capacity and skills of PLWHA in self-care and can take care of corpses and burials if PLWHA dies (Kartono et al., 2019).

According to MR and NN, the research results concerning caring for care were carried out from the time PLWHA underwent treatment at the hospital to treatment at home. At VCT, assistance is provided if the doctor is later positive for HIV/AIDS. If they are positive, they will usually undergo treatment. They typically experience stress and usually feel alone or lonely. According to NN, most of them have no family. They were accompanying them during treatment. Moments like this require high concern from PSG members to be willing to take care of. PSG members will usually maintain a shift during treatment. Not only that, sometimes they have to help feed, bathe and even defecate. After treatment at the hospital, many PLWHA patients need help to stay in a shelter owned by PSG.

The willingness to carry out treatment was also carried out for the bodies of people living with HIV who died. According to research subjects RH, HS, and ALX, he was often willing to care for the bodies from bathing, shrouding, and burying them. They have to

help take care of the bodies because the family and the community are usually afraid of getting infected. Nevertheless, according to RH, sometimes health workers do not want to do it. The sacrifices made by the research subjects mentioned above, that prosocial behavior is all actions that benefit others do not ask for a reward and may even contain certain risks. They sacrifice their soul, body, and property for the sake of each other and only want an incentive called altruism (Azizi, 2017).

PSG's procedural actions were also carried out in a counseling and motivational program. According to MR, PLWHA needs counseling and motivation. It is because stress, depression, and hopelessness are always experienced by PLWHA, especially in the early phase of getting HIV/AIDS positive. According to MR, after they leave the hospital, they need counseling to gradually accept their illness and reduce stress, depression, and hopelessness. Some PLWHA even hurt themselves and wanted to commit suicide.

For this reason, PSG is always looking for psychology alumni volunteers who are willing to help the PSG program. Counseling is carried out on how PLWHA can learn from the disease that infects them. They are also encouraged to commit not to engage in risky behavior that can transmit the disease to others. It means counseling to PLWHA uses an approach that focuses on self-existence, better known as existentialism, which can help individuals return to their function, meaning, and awareness (Alma Yulianti, 2020).

Providing counseling to PLWHA is also concerned with increasing motivation never to give up facing illness and its effects. According to MR, he has also experienced the significant influence of counseling on his spirit of life. Therefore, the counseling program is also used to motivate PLWHA who face frustration, hopelessness, and helplessness. Then according to Nursalam et al (2020), the role of PSG can provide counseling to increase motivation in PLWHA.

Counseling and motivation can also be used to maintain consistency in adherence to anti-retroviral viruses (ARVs), which are drugs that can control the development of viruses. According to NN, ARV drugs taste bitter and must be taken for life. Twice a day at the same time forever. Taking ARVs often makes people living with HIV feel bored, bored and eventually drop out of drugs. If they are not counseled and motivated continuously, PLWHA can fall out of medication, which ultimately decreases their CD4 cell count; the virus will replicate and multiply, eventually leading to opportunistic infections and threatening their lives of them PLWHA. Research results show that counseling with self-management techniques (Dalinur. M. Nur; Lena Mariani, 2021) and spiritual motivation can increase adherence to taking medication for people living with HIV/AIDS (Umah & Irawanto, 2019).

PSG is one of the best interventions available to reduce stigma and discrimination. PSG's prosocial actions are also in the form of advocacy for PLWHA. Advocacy is a basic service as an effective and useful intervention (Paudel & Baral, 2015; Kartono, 2019). Volunteering advocacy against PLWHA who experience stigma and discrimination is an effort to effectively negotiate or assert the interests, needs, and rights of oneself or others. (Kasana, 2017) Advocating for HIV treatment at the individual level, PLWHA must have self-advocacy and self-efficacy skills to comply with treatment more effectively through intensive referral services and improve social relationships and mental resilience (Bogart et al., 2012).

In line with ([Kartono 2019](#); [Kasana 2017](#); [Bogart et al.2012](#)) , the advocacy carried out by research subjects is related to fighting for the rights of PLWHA. According to HS, PSG's concern is to remove the stigma and discrimination in PLWHA. Discrimination can be at the family and community levels, such as being denied existence, ridiculed, and others. Discrimination in public services, such as not getting access to social services in the field of education administration of benefits, such cases require the presence of PSG to provide advocacy. One of the cases that PSG has advocated is the story of a housewife who becomes a migrant worker in Singapore who is infected with HIV/AIDS. HS must advocate because he is stigmatized and discriminated against. He became the subject of gossip and did not have access to clean water and public services in their village. Village officials refused to provide a certificate of incapacity (SKTM) as a condition for obtaining access to health services for the poor.

MR has also carried out prosocial behavior by advocating. The case started with 75 people living with HIV in the tourist city of BT, and the mayor recognized only three people with HIV. Then, only three people living with HIV were reported to the Ministry of Health. Moreover, finally, only three PLWHA got the program. The head of the health office also summoned MR and the mayor's wife not to reveal the actual number of PLWHA. Because it is considered that it will damage the image of a tourist city and reduce tourists, feeling that the policy was very discriminatory, MR and his friends living with HIV and in alliance with Non-Governmental Organizations went to the House of Representatives building to convey their aspirations. As a result of the dialogue, the Regional House of Representatives of City B of BT City accepted MR and his friends' aspirations to be conveyed by the mayor to avoid discriminatory treatment.

NN has also conducted advocacy for PLWHA. This time it was carried out for PLWHA students whose schools were expelled because their status as PLWHA was discovered. The teachers and friends did not want to accept it. Even the parents of students also protested to the school to expel the PLWHA students. ALX also conducted advocacy for elementary school students. According to ALX, he must fight for children's rights to access education. The cases handled were those of students who were forced out of school because they were HIV positive. ALX must fight by lobbying the head of the Education Office and the AIDS response commission to prohibit the school principal from dismissing the student.

CONCLUSION

From the data presentation and analysis results, it can be concluded that social behavior is formed by understanding the events of self and others infected with HIV. This understanding eventually gave birth to subjective reasons for social behavior to other PLWHA. There is a personal understanding, encouraging PLWHA to behave prosocially against other PLHAs. Understanding experiences, social situations regarding HIV/AIDS issues, and reserves of social knowledge possessed and encouragement of social behavior does not occur mechanistically but through a self-indication process. This study also explains that prosocial behavior is not complete without expecting a reward, as the previous literature explains. The expected rewards from the behavior of PLWHA are related to rewards that have a religious dimension; namely, God erases their sins and gives them heaven.

Social support groups were born from PLWHA and grew up for PLWHA. This group is very knowledgeable about the issue of PLWHA and knows how to help tackle HIV/AIDS. With their knowledge and experience, this group has become an expert patient trainer (EPT). So it can be said that PSG is an alternative healing place for community-based HIV/AIDS patients. Furthermore, the government needs to involve PSG, to solve the rapid development of HIV/AIDS. The limitation of this research is that it was conducted in a limited scope, so there is a need for further studies through a positivistic approach to examine the effect of subjective understanding and changes in prosocial behavior.

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