



## Combination of Storytelling and Music Therapy to Reduce Stress in Children with HIV/AIDS and Discrimination in Surabaya

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### A B S T R A C T

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in Indonesia are deadly infectious diseases. This disease will always be a problem at the national and global levels. The impact that often occurs, especially in children with HIV/AIDS, is psychological changes, namely stress. Efforts to overcome its disturbance are storytelling and music therapy. This research aims to apply storytelling and music therapy to reduce stress in children with HIV/AIDS. This research method was a quasi-experiment with a research design involving 1 group (one group pre-posttest), containing 30 respondents aged 6-10 years with HIV/AIDS by purposive sampling. The independent variable was storytelling and music therapy, while the dependent variable was stress levels. The instrument used Hamilton Anxiety Questionnaire (HAM-A). The results of the study showed that 26 samples (86.7%) experienced decreased stress levels. Analysis of Wilcoxon sign rank test obtained  $\alpha=0.009$ , which means there was a difference before and after therapy. The combination of music therapy and storytelling can be a better alternative in reducing stress in children – by considering age, environment, and children's emotions to have an optimal effect).

## INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in Indonesia are infectious and deadly diseases. This disease cannot be cured and is a challenge for problems at the national and global levels. AIDS is a collection of symptoms that results in a decrease in the immune system. HIV causes a decline in the immune system, then making them susceptible to infection with various other diseases (Depkes, 2009).

East Java in 2014-2016 occupied the second position of HIV/AIDS cases, 4,508 patients in 2014, 4,155 sufferers in 2015, then increased to 6,513 sufferers in 2016. Data from East Java Kominfo, the number of children with HIV/AIDS in Surabaya in 2015 was 466 patients, 330 were 0-4 years old (Kemenkes, 2017).

Indonesian society is currently very sensitive to HIV/AIDS, which results in high stigma and discrimination in the community related to HIV / AIDS. Prejudice in society associated with HIV/AIDS is very unpleasant for people with HIV/AIDS because they feel the consequences of this discrimination directly. The response to unpleasant feelings arises due to disturbances from internal and external

environmental conditions. These changes in feelings lead to psychological and physiological changes. The main impact is stress (Nursalam, 2007). People who experience distress can cause physical illness and failure to adapt. Stress occurs anytime, anywhere, and anyone, including children (Hidayanti, 2013). Until now, parents, families, and society have not understood the stress on children. Distress in children occurs due to conflict, pressure, frustration, or social discrimination. Stress can suppress their immune system. Children with HIV/AIDS tend to get social discrimination from the environment, including from their families. Social discrimination causes Children with HIV/AIDS always to be ostracized, given negative stereotypes, and sometimes even neglected (Fog, Budtz, and Yakaboylu, 2005).

Stress in children makes them easily fearful, withdraws from social interactions, emerges negative behavior, has sleeping difficulty, etc. In general, children cannot understand and express their feeling. Therefore, we need an effort to overcome these problems. Ways to deal with it are through storytelling methods and music therapy (Amelia, 2017). Based on the research results, storytelling can distract children and reduce feelings of anxiety and hopelessness (Ulfa and Urifah, 2017). Music therapy allows children to release hidden emotions and unpleasant memories and is very useful in making the body, emotions, and soul feel relieved (Petra Kern *et al.*, 2013). The application of these two methods to Children with HIV/AIDS hopefully can reduce stress problems due to discrimination.

## METHOD

The research method used a quasi-experiment with a one-group pre-posttest design research design at the Abdi Asih NGO. The length of time for the whole study was three months. The study population was children aged 6-10 years who have HIV/AIDS in the area of the Non-Governmental Organization (NGO) Abdi Asih. The sampling technique used was purposive sampling. These study's inclusion criteria consisted of 1) Children who have been diagnosed with HIV / AIDS, 2) HIV / AIDS children aged 6-10 years, 3) HIV / AIDS children who experience stress.

In contrast, the exclusion criteria consisted of 1) HIV / AIDS children who were unwilling to be involved, 2) Children with HIV / AIDS Stage 3 and 4. The researcher conducted this study three times a week. The duration of each therapy meeting is 60 minutes. There were 20 minutes of storytelling therapy, continued with discussions, continued with 20 minutes of music therapy, and finally closed with a discussion session. Fable (animal picture book), online video, and comics were the media of storytelling. Music therapy utilized online music media from YouTube. The types of music provided consist of classical music and children's pop music. Measuring the child's stress level used the Hamilton Anxiety Questionnaire. The results were compared between pre and post-intervention and analyzed using the Wilcoxon sign rank test.

## RESULTS

### Univariate Analysis

The respondents' characteristics described age, gender, education, family status, and discrimination level of children with HIV/AIDS and discrimination levels

Table 1 Percent distribution of respondents by age, gender, education, family status, and discrimination levels

Characteristics of respondents	Quantity	Percentage (%)
<b>Age</b>		
Six years old	12	40
Seven years old	7	23
Eight years old	6	20
Nine years old	2	7
Ten years old	3	10
Total	30	100
<b>Gender</b>		
Male	21	70
Female	9	30
Total	30	100
<b>Education</b>		
School	17	56.7
Not in School	13	43.3
Total	30	100
<b>Family Status</b>		
biological	7	23.3
Step/Adopted	23	76.7
Total	30	100
<b>Discrimination levels</b>		
Mild	8	26.7
Medium	12	40
Severe	10	33.3
Total	30	100

Based on the data collection above, most children were six years old (40%), male (70%), education level at the primary school and schools with special needs (56.7%). Most of them lived with non-biological families (76.7%) consisting of stepfamilies and NGOs. Children with HIV AIDS experienced moderate (40%) and severe (33.3%) discrimination. There were still many children who experience discrimination due to the public's view of HIV (Table 1).

### Bivariate Analysis

The bivariate analysis examined the effectiveness of music therapy and storytelling in reducing stress in respondents.

Table 2 The Wilcoxon test results on stress levels before and after an intervention

Data Category	Pre		Post	
	Quantity	Percentage (%)	Quantity	Percentage (%)
Mild Stress	4	13.3	15	50
Medium Stress	14	46.7	11	36.7
Severe Stress	12	40	4	13.3
Total	30	100	30	100
Negative Rank			26	
Ties			3	
Positif Rank			1	
Sign 2 Tail			0,009	

The changes in stress levels based on the Wilcoxon test results showed a significance  $p < 0.05$ , which means there were changes in stress levels before and after treatment. There were decreased stress levels in respondents after music therapy and storytelling – the difference is negative as many as 23 samples. However, one child had a positive value because of a lack of ability and desire during an intervention, so the process did not run optimally.

## DISCUSSION

### Description of Stress Levels in Children with HIV AIDS before the combination therapy of storytelling and music therapy

The initial data collection of 30 samples showed a high level of stress experienced by children. Before therapy, the majority were at a high-stress level. According to research by (Hidayanti, 2013), people with HIV/AIDS during the first six months to two years showed the most severe problem. The main problem was prolonged stress to depression. Pressure in people with HIV occurs due to various factors, in this case, due to the stigma of society, which creates discrimination. People living with HIV feel more difficult to accept their health conditions. Besides, HIV affects their daily social activities due to psychological, physical, and social pressure. Individuals with HIV must minimize their stress as much as possible to do their activities properly.

Based on preliminary data collection, most children with stress are at the age of 6 years. According to research by (Kosegeran, 2013), the age of six (early school years) was an essential phase for children to socialize with their social environment. At this age, a child wants to be liked by his peers. Children begin to try to get to know each other and learn from each other. Wulandari (2011) believes that aged 6-12 years is a sensitive phase for understanding their social environment. At this stage, the child finds out comprehensively whatever he wants to know about his social environment. Children in this phase easily withdraw when something goes wrong when introducing themselves in their social environment. This phase is the initial learning phase of a child's social learning. When this phase is disturbed, it will have an impact on children's development from social aspects (withdrawn, shy, difficult to interact with other people, do not want to talk, and are less able to work in groups), intellectual aspects (have low grades in lessons, are less able to answer when asked) and cognitive (lack of ability to read, count, and recognize

simple logic) (Setyowati, 2017). So the stress that appears in children aged 6-10 years should not occur because they are vulnerable and effortless to withdraw from their environment, which results in low development of children's thinking, emotions, and social skills.

### **Description of Stress Levels in Children with HIV AIDS after the combination of storytelling and music therapy**

Based on the results, after the combination of storytelling and music therapy, stress had decreased significantly. Stress reduction occurred in 26 respondents. After treatment, children who were initially tricky to socialize with, withdraw from the environment, and afraid to meet other people turned into children who were easy to communicate and socialize with people. According to research by Wulandari (2011), The music applied to elementary school children could vary; some examples classical, traditional music, etc. It could help children increase their feelings of pleasure and distract children from all the problems they faced, such as learning, doing assignments, or other trigger factors. In principle, the music can help the children get distracted by negative emotions (Solli, Rolvsjord and Borg, 2013).

Research conducted by Padila (2019) explained that storytelling is a type of therapy that can be given to children to improve their ability to interact with someone. Storytelling could provide a slow approach to provoke their interactions with someone. This therapy can facilitate and stimulate children indirectly to interact with other people (Harsismanto, 2019). Research results by Susanti (2011) showed that age and attitude determined the method and type of storytelling in children. A therapist must understand various storytelling methods so that children want to interact and start therapy. A therapist cannot provide the same storytelling model.

Based on the data, there was a failure of therapy on one sample, while three respondents experienced a constant stress level. This failure is due to difficulty adjusting music or storytelling based on the child's age and personality, so children are less interested and focus during an intervention.

A study conducted by Siboro (2018) explained that there was a changeable personality in children. New things attract school-age children because of their curiosity. This curiosity disappears overtime when the child feels bored. The implementation of music therapy and storytelling in children needs to pay attention to other factors that trigger therapy's failure, such as the child's culture of life, children's personality, and children's emotions (Elefant *et al.*, 2012). A different family environment influences how to treat them, so it is necessary to pay close attention to their developmental age and background. When their social environment likes *dangdut*, it will be easier to do music therapy by listening to *dangdut* than other music types. Storytelling therapy using videos is more suitable for children who enjoy playing with cellphones than reading or listening to stories (Ayun, 2017).

The combination of music and storytelling shows a higher success rate than music therapy or storytelling alone, namely 86.7%. According to Wulandari's study (2011), music therapy was 72.5% effective in

reducing stress. In comparison, a previous study reported that storytelling by watching cartoons was 80% effective in decreasing distress (Padila, 2019). The advantage when combine storytelling and music therapy is that the interventions are more varied. This variation increases the child's willingness during treatment. The combination of storytelling with music complements each other. Music makes storytelling less tedious and more interactive because when listening to music, the child's feelings get better. Besides, music helps melt the atmosphere amidst the boredom of listening to stories. As a result, the combination of music therapy and storytelling can reduce stress in children.

## CONCLUSIONS

The combination of music therapy and storytelling can be a better alternative in reducing stress in children. Storytelling helps hone children's abilities and willingness to interact with other people, while music therapy helps increase children's feelings of comfort and happiness. This combination provides more varied interventions, impacting the better child's willingness and ability during the intervention sessions. It also needs to consider age, environment, and children's emotions to have an optimal effect. The combination of music therapy and storytelling requires parents' involvement as an environmental factor that helps children be more confident during the process.

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