



## Barriers to People with HIV in Accessing Work: Systematic Review

<sup>1\*</sup>Rio Ady Erwansyah, <sup>1</sup>Amita Audilla, <sup>1</sup>Ossi Dwi Prasetyo, <sup>2</sup>Nursalam

<sup>1</sup>STIKes Hutama Abdi Husada Tulungagung, Jawa Timur, Indonesia

<sup>2</sup> Fakultas Keperawatan, Universitas Airlangga, Surabaya

\*Corresponding Author e-mail: [rio.ady.erwansyah@stikestulungagung.ac.id](mailto:rio.ady.erwansyah@stikestulungagung.ac.id)

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### Abstract

Problems that are often experienced by PLHIV are health, social, and economic problems. In addition, in everyday life, PLHIV experience problems in caring for themselves, meeting their social, economic, and psychological needs. PLHIV in accessing work are often hampered because of the stigma and discrimination they get and because of health factors that are easily exhausted. This research aims to find out the obstacles of PLHIV in accessing work. Systematic reviews were identified in four electronic databases published from 2016 to 2021. The quality of the reviewed studies was checked using the Critical Assessment Skills Program. The data were extracted by researchers and analyzed using thematic analysis. This review includes twelve eligible studies. The review found that stigma, support, environment and empowerment were the solutions and obstacles for PLHIV in accessing work. By providing support, there is no stigma, a good environment and empowering PLHIV can improve the quality of life and meet the primary needs of PLHIV. Barriers to accessing work experienced by PLHIV can be controlled through environmental empowerment by forming a support group.

**Keywords:** Access, Barriers, HIV, Employment

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## INTRODUCTION

In Indonesia, health problems are a top priority in the development process because health problems can affect the quality of human resources. One of these health problems is HIV/AIDS. HIV/AIDS is a health problem that has long been found in Indonesia and in the world, but many are found and the number of cases every year is always increasing. HIV/AIDS cases in Indonesia were first reported in 1987 (Kartono et al., 2019). *Acquire Immune Deficiency Syndrome* (AIDS) is a collection of symptoms of the disease caused by HIV (Human Immunodeficiency Virus) (Burki, 2021). This virus can transmit to other people and can cause death for sufferers. Several other problems that are often experienced by people with HIV/AIDS are health, social, and economic problems (Ismawati et al., 2018a). Even in everyday life, PLHIV experience problems in caring for themselves, meeting their social, economic and psychological needs (Claisse et al., 2022).

According to UNAIDS data, in 2021 there will be 1.5 million people newly infected with HIV, 38.4 million will be infected with HIV and 650,000 people will die from AIDS (World Health Organization, 2021). In Indonesia in 2019, there were 50,282 people infected with HIV with a percentage of 64.5% male and 35.5% female (Infodatin Kemenkes, 2020). In Tulungagung, the number of active HIV/AIDS sufferers is 3,136 in 2022. Of the number of cases in Tulungagung, the majority of HIV/AIDS sufferers are of productive age, namely between 25-49 years old (69.5%), and based on their distribution, 97% are transmitted through

sex or free sex, 2% through perinatal, and 1% through needles (Dinas Kesehatan Jawa Timur, 2021).

Free sex in their teens and the increasing number of commercial sex workers are the biggest factors in the process of spreading the HIV virus (Pearson et al., 2022). The large number of HIV/AIDS sufferers in the productive age group makes this HIV case considered a serious problem, because the high incidence in the productive age group means that the country is facing a threat of decreased productivity (Hartog et al., 2020). The productive age group is a group that is expected to be able to provide ideas, ideas and creativity in development, but what happens is that this productive group becomes a burden because of the illness they are experiencing (Nhassengo et al., 2018). The low income of PLHIV is caused by limited access to the world of work due to weak physical conditions and stigma and discrimination (Nyblade et al., 2021; Orievulu et al., 2022). PLHIV need abilities and skills in solving the problems they face by maintaining immunity and managing treatment modalities, symptoms and HIV comorbidities (Nokes & Reyes, 2020).

People with HIV (ODHIV) tend to experience many problems in the treatment process, economic and social problems. This is exacerbated by the misunderstanding in society about how HIV is transmitted (Kartono et al., 2019). Society's bad perception of PLHIV also causes PLHIV to have difficulty getting a job because they tend to be shunned by their surroundings (Maitsa et al., 2021). *The World Health Organization (WHO)* reports that the unemployment rate for PLHIV is higher than the average national unemployment rate (World Health Organization, 2021). This certainly has an impact on the vulnerability of the health and economic conditions of PLHIV. Another problem that needs immediate treatment is self-care for PLHIV, who are initially reluctant to seek treatment at health care facilities. PLHIV only seek treatment at health facilities after their body condition deteriorates or after being examined it turns out that the person has HIV (Cattaneo et al., 2022). The PLHIV are reluctant to seek treatment at health facilities because they are afraid of their condition, they are afraid that their status will be known by the community, and they are also afraid of losing their jobs (Nwimo et al., 2020; Petesque et al., 2020). The stigma and discrimination that PLHIV get is higher than people with infections or other health conditions.

There is an assumption that HIV/AIDS occurs due to things that violate norms such as having risky sexual intercourse, being a sex worker, being homosexual, and using narcotics (Yang et al., 2023). This stigma causes PLHIV to be reluctant to seek health services and social support that they should be able to receive (Demirel et al., 2018). Forms of stigma that often occur are reluctance to interact with PLHIV, making PLHIV the subject of gossip, and refusal of health services (Wu et al., 2015). Stigma and discrimination against PLHIV can create various obstacles for PLHIV such as experiencing resistance in accessing health care, employment and education for children with HIV. This is what makes the PLHIV problem until now still unresolved. Various efforts have been made by the government to deal with the obstacles experienced by PLHIV, but HIV stigma and discrimination are still an issue in the expansion of the programs being carried out. Based on the author's review of the literature, studies on the barriers to people living with HIV in accessing work are not yet available. This research aims to find out the obstacles of PLHIV in accessing work. What are the steps for PLHIV to access work and what the activities will conduct in community empowerment.

## METHOD

### Design Studies

This study uses a systematic review to answer questions related to the barriers faced by PLHIV in accessing work. Accordingly, a review was conducted on the data collection sources ProQuest, ScienceDirect, PubMed, and SAGE. qualitative study following *The Enhancing Transparency in Reporting the Synthesis of Qualitative Research* developed by Tong (2012) (Jaure et al., 2012) used to conduct research. The process of selecting articles for this systematic

review was carried out according to Nelwati, Abdullah (Nelwati et al., 2018) through three stages: (1) developing an analysis strategy through inclusion and exclusion criteria and selecting articles, (2) conducting critical and quality assessments as well as data extraction, and (3) carrying out data processing and synthesis of findings obtained in the articles.

### Search Strategy

The article search process is carried out by the author independently using medical subject headings (MeSH) to identify keywords, namely Barriers OR social isolation AND HIV OR AIDS OR Human Immunodeficiency Virus OR Acquire Immune Deficiency Syndrome AND accessing AND Work OR Right to Work (Lucas et al., 2019). Four electronic databases were available in English from 2016 to 2022, namely ProQuest, ScienceDirect, PubMed, and SAGE with values n 200, 162, 449, and 146. After duplicates were removed, 562 articles remained, with titles and abstracts then filtered by two reviewers to assess eligibility based on the inclusion and exclusion criteria that have been determined by the researcher.

### Inclusion and Exclusion Criteria

The inclusion criteria of the articles reviewed were qualitative studies with full text in English and published between 2017 and 2022. The studies reviewed also had to describe the barriers that PLHIV experience in accessing work. Whereas the exclusion criteria include data published in abstract form, not in English and editorials and articles that do not include those experienced by PLHIV.

### Data Extraction and Critical Assessment

All articles included in the study were assessed for their quality by the Critical Appraisal Skills Program (CASP) (Ford-Jones & Chaufan, 2017). CASP is one of the most frequently used quality assessment tools in qualitative research (Jaure et al., 2012). There are 10 questions in this CASP, among the 10 questions there are two short questions that can be answered quickly, and the next eight questions contain research design, sampling, research problems, code of ethics, data analysis, results, and the value of research data. The answer choices for each question were: yes, no, and don't know (Ford-Jones & Chaufan, 2017). Complete answers for each article indicate the quality of the writing which is divided into three levels, namely high (8–10), medium (5–7), and low (1–4) (Butler et al., 2016).

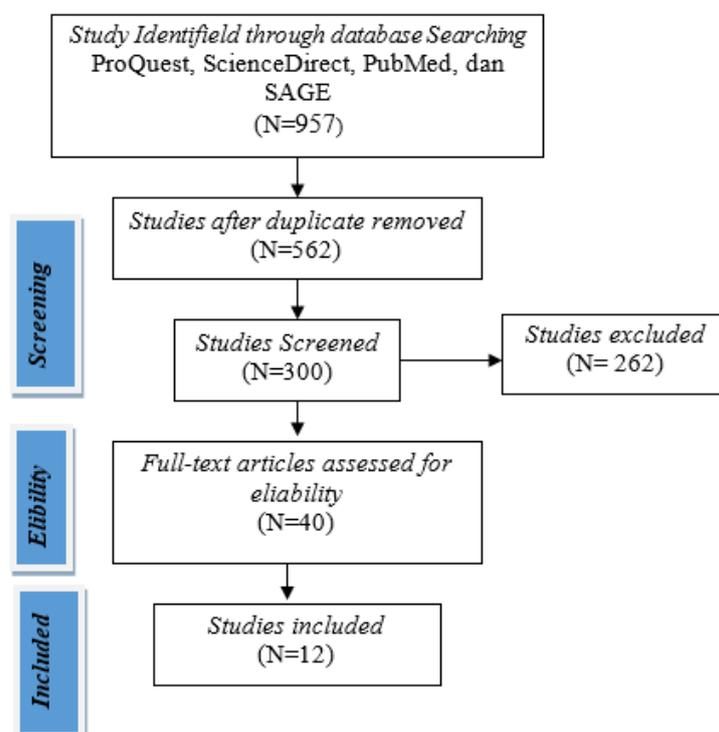


Figure 1. Research flow

**Table 1.** Summary of the Studies Reviewed

NO	Author, Year and Country	Design	Sample	Data Collection	Research Findings		Conclusion
					Support Sources	Main Results/Theme	
1	(Chime et al., 2019), Nigeria	Qualitative	808 Respondents	Structured interviewer-administered questionnaires	Peer support and non peer support	Sociodemographics, stigma from peer support and non peer support, respondent's disclosures from peer support and non peer, stigma factors from peer support and non peer.	Disclosure of HIV status helps eliminate self-stigma. Most of the participants thought that being economically empowered could reduce self-stigma. FGD participants reported that economic and media empowerment had helped reduce the self-stigma of PLWHA.
2	(Kellett & Gnauck, 2016), Uganda	Qualitative	54 Respondents	Semi-structured interviews	Peer support, Economic Empowerment	ART therapy, peer support group programs, economic empowerment reduce the perception of stigma against PLHIV	access to ART, peer support groups, and economic empowerment programs helped reduce participants' deep perceptions of HIV stigma. Expressions of usefulness, hope, and psychological well-being were mostly felt by participants who had increased their participation in economic empowerment programs.
3	(Burke et al., 2019), Mozambique	Longitudinal qualitative assessment (2 cycles)	121 Respondents	qualitative assessment	Economic Empowerment and a combination of social economy	(1) giving girls access to financial resources and thereby reducing girls' involvement in sexual behavior that puts them at risk of HIV, and (2) changing households. and societal norms regarding how they	Earning money allows girls to potentially reduce their vulnerability to HIV. This research offers recommendations for multi-sectoral interventions for the future, including the need to address potential hazards

NO	Author, Year and Country	Design	Sample	Data Collection	Research Findings		Conclusion
					Support Sources	Main Results/Theme	
						perceive and treat girls	in programs serving vulnerable young girls
4	(Leddy et al., 2019), Tanzania	Qualitative	36 Respondents	Semi-structured interviews	community empowerment	sex workers mobilize their collective agency to access their health and human rights including HIV prevention, care and treatment.	Reveals that the community empowerment process is facilitated by the involvement of sex workers in program development, encourages ownership of the program, provides opportunities for solidarity and capacity building, and forms partnerships with key stakeholders
5	(Kellett & Gnauck, 2017), Uganda	Qualitative	54 Respondents	The focus group and interviews	1. Stigma 2. Economic empowerment 3. Practices of marriage and offspring	economic empowerment programs actively address women's vulnerabilities by directly dealing with the mutual influence of the axis of inequality embedded in women. As a result, HIV-positive women can (again) gain a sense of legitimacy in their household and community, which in turn reduces their experience with AIDS-related stigma	HIV/AIDS is interrelated with certain practices of marriage and heredity, thus further marginalizing women. Economic empowerment programs actively combat women's vulnerabilities by directly addressing the reciprocal effects of inequality on women.
6	(Weiser et al., 2017), Kenya	Qualitatif longitudinal, randomized controlled trial	117 Respondents	In-depth interviews	Livelihood interventions affect health	Interventions include microfinance loans, agricultural and finance training, and human-powered water pumps.	Livelihood interventions can improve health by influencing determinants of health behavior including food security and poverty
7	(Zakaras et al., 2017), Kenya	Qualitative	54 Respondents	in-depth interviews	livelihood interventions on HIV risk behavior	Reduction of risky sexual behavior, improvement of gender-related power dynamics,	multisectoral agricultural interventions can affect unequal gender relations

NO	Author, Year and Country	Design	Sample	Data Collection	Research Findings		Conclusion
					Support Sources	Main Results/Theme	
						and improving the quality of intimate relationships	and the risk of secondary transmission in PLHIV in Kenya
8	(Hatcher et al., 2020), Kenya	Qualitative	45 Respondents	in-depth interviews	livelihood intervention	Improvements in mental health appear to occur through several mechanisms including: 1) better food and income security; 2) increased physical activity and the ability to create useful routines around agricultural work; and, 3) increasing the sense of self as an active member of society	Livelihood interventions can improve mental health in a number of ways, and help PLHIV integrate better into their communities
9	(Rahman et al., 2019), Indonesia	Qualitative	19 Respondents	in-dept interview, and focus group discussion	Empowerment	Findings of a new empowerment model involving PLHIV	the model for empowering PLWHA is as follows: 1) Community AIDS Volunteers provide individual guidance for key populations for change; 2) The AIDS Control Commission and local offices offer participatory action training; and 3) Peer Support Groups carry out the care and treatment of PLHIV groups
10	(Bisnauth et al., 2022), Afrika Utara	Qualitative	135 Respondents	Semi-structured interviews	Health Officer Support	Support Health Officers in providing services	The Welcome Back approach supports health care workers to improve service delivery for patients who restart antiretroviral therapy but the workload can affect health care workers in providing services in the form of stigma and

NO	Author, Year and Country	Design	Sample	Data Collection	Research Findings		Conclusion
					Support Sources	Main Results/Theme	
							discrimination or emotional instability.
11	(Jones et al., 2022), Atlanta	Qualitative	19 Responden	Qualitative interviews	(-) Stigma and discrimination, socioeconomic status, and health	(1) Sharing experience and growth; (2) Work-related stressors; (3) Worker saturation; and (4) Commitment to continue working in the field of HIV.	People with HIV derive meaning from their work in the HIV field and are affirmed by professional interactions with other Black GBMSM. At the same time, they also face work-related and other psychosocial stress that tends to make them frustrated and burnt out.
12	(Wang et al., 2021), China	A cross-sectional	354 Respondents	Short Form Health Survey (SF-12) and EuroQol Five Dimensions Questionnaire (EQ-5D-5L)	(-) Stigma, social economy, social support, depression and anxiety	Stigma, social support, anxiety, depression, and socioeconomic status are determinants in improving PLHIV HRQoL	Stigma, social support, anxiety, depression, and socioeconomic status are individual level determinants of HRQoL. This can be a valuable resource for evaluating the overall health of an area and helping improve local decision making.

The quality assessment of the articles selected for this systematic review indicated that twelve studies were of high quality (Table 2).

**Table 2.** Critical appraisal skills program (CASP) of reviewed articles

CASP Item	A1	A2	A3	A4	A5	A6	A7	A8	A9	A11	A12
Is there a clear statement of the purpose of the research?	√	√	√	√	√	√	√	√	√	√	√
Is a qualitative methodology appropriate?	√	√	√	√	√	√	√	√	√	√	?
Is the research design in accordance with the research objectives?	√	√	√	√	√	√	√	-	√	√	√
Does the recruitment	√	√	√	√	√	√	?	√	√	?	√

CASP Item	A1	A2	A3	A4	A5	A6	A7	A8	A9	A11	A12
strategy match the research objectives?											
Was the data collected in a way that addressed the research problem	√	√	√	√	√	√	√	√	√	√	√
Has the relationship between researcher and participant been considered adequately?	?	?	?	?	-	?	?	-	?	?	-
Have ethical issues been considered?	√	-	√	√	√	√	√	√	?	√	√
Is data analysis rigorous enough?	√	√	√	√	√	√	√	√	√	√	√
Is there a clear statement of discovery?	√	√	√	√	√	√	√	√	√	√	√
How valuable is the research?	√	√	√	√	√	√	√	√	√	√	√
Score /10	9	8	9	9	9	9	8	8	8	9	8

The quality assessment of the articles used in the systematic review was carried out thematically by the first author and confirmed by the second and third authors to obtain agreement. If in the assessment there are differences of opinion or judgment, the results will be decided through open discussion between the three authors. All reviewed articles were then grouped for data extraction according to several research characteristics reviewed, such as the author or year of publication of the article, country of origin, qualitative design and cross-sectional.

## RESULTS AND DISCUSSIONS

### *Community Empowerment*

Empowerment programs have been proven to improve the quality of self-care and fulfillment of the primary needs of plhiv. plhiv who are currently undergoing arv treatment, through an empowerment program, can improve their quality of life. The development of a community empowerment-based PLHIV empowerment model for improving self-care abilities and fulfilling primary needs is considered important to solve existing problems by using existing theoretical concepts so that PLHIV can live a healthy productive life and earn an income.

### **Types of research**

Out of a total of 957 articles, 8 were duplicated to produce 562 eligible articles. Next, checking the titles and abstracts of the articles that have been obtained, 550 articles were excluded, and after a full review of the remaining 12 articles, all the remaining articles were

considered feasible and could be used as a systematic review by the objectives of the research to be carried out. The remaining 12 articles are determined by mutual agreement of the three authors. The remaining 12 articles consist of 11 articles with qualitative study and 1 article with cross-sectional.

### **Study characteristics**

The twelve studies reviewed represent five countries, namely Kenya, China, Indonesia, Uganda, Mozambique, Nigeria, Tanzania, Georgia, and North Africa. The research was conducted qualitatively with a descriptive, explorative, interpretive, and grounded theory research design. The number of research samples was 19–808 participants who were PLHIV aged 15–45 years. Qualitative data were collected through focus group discussions, semi-structured interviews, and in-depth interviews while cross-sectional data was collected through the Short Form Health Survey (SF-12) and the Five Dimensional EuroQol Questionnaire (EQ-5D-5L). Factors that support inhibition are Stigma and discrimination, Personality, Health services, and Anxiety. Success in overcoming work obstacles is demonstrated by increased performance, courage in expressing their status, the empowerment that has been carried out, and the support that PLHIV has received (Table 1).

### **Methodological quality**

The results of the analysis of the quality of the methodology using CASP show that all studies have clear research objectives and accurate qualitative methodologies. The qualitative research design was chosen according to the research objectives, but there was one study that did not use a qualitative design but the results were to the research objectives. The research objectives set in each study reviewed indicate what strategy was used to select research participants. All research articles that have been selected and included explain that before conducting research they have conducted ethical tests and provided informed consent to participants before data collection, but the articles do not explain the role of each researcher and participant in detail. The qualitative data found in the study were analyzed systematically to develop research findings so that they fit the research objectives. Almost all studies describe the importance of the results of the research they do. The qualitative data generated from the review articles are integrated and synthesized relating to job barriers related to stigma, social support, environment, and empowerment.

### **Stigma**

The three studies reviewed show that stigma is closely related to the economic problems experienced by PLHIV. Stigma comes from within and from the environment. According to Ardani & Handayani (2017). argues that stigma comes from any circle. Negative assessment of a person or group of people in society in the form of behavior by discriminating between goals to achieve a meaning so as to form certain patterns and thoughts (DEVI MEIDAYANTI, 2021). Negative thoughts that are experienced will result in a downturn in living his life. Efforts to improve the welfare of sufferers through their health status and economic capacity by utilizing their potential, even with their limited health (Awatiful Azza , Trias Setyowati, 2018). Stigma can have an impact on the psychology of PLHIV. Several studies have stated that people with HIV who are stigmatized have a higher risk of experiencing depression (Demirel et al., 2018)

### **Support**

The four studies reviewed show that providing support is an effort that can be made in experiencing economic disparities for PLHIV. Aspects of support that can be provided through the emotional, informational, instrumental and assessment support domains (Cabral et al., 2018). Emotional support can be provided in the form of attention, empathy and affection for fellow PLHIV (Kartono, 2017). In addition to emotional support, appreciation for PLHIV is needed to provide motivation for each other to have a positive effect on the lives of PLHIV (Suyanto & Pandin, 2021). Within each support role there are also defined tasks performed by

colleagues which may include education about HIV, the viral life cycle, and HIV care and treatment; navigate service systems to obtain necessary medical and supportive care; and emotional support as well as coaching/assistance to manage living with HIV the effects of the economic downturn (Cabral et al., 2018). The economic problems faced by PLHIV can affect psychology which leads to anxiety which can interfere with life processes. Social support is comfort, attention, appreciation, or assistance in other forms that individuals receive from other people or from groups (Mantali et al., 2019). Support can have a positive effect on survival. Social support is the presence of certain people who personally provide advice, motivation, direction and show a way out when individuals experience problems and when they experience obstacles in carrying out activities in a directed manner to achieve goals. Support can come from spouses, family, closest people, friends and the community (Sari et al., 2016). Social support has a very important meaning for PLWHA to maintain their self-confidence, not to feel ashamed of their surroundings, and not to feel alienated from their environment (Arya et al., 2022).

### **Environment**

The AIDS prevention program in Indonesia has 4 pillars, namely prevention, care, support, and treatment (PDP), impact mitigation in the form of psychosocial economic support, and creating an enabling environment (Kementerian Kesehatan Republik Indonesia, 2015). A person's environment can influence behavioral processes in prevention and treatment. Care and support programs for PLHIV by services must be supported by awareness efforts for care and support from PLHIV themselves independently in accordance with the goals of empowering PLHIV independently, both physical and psychosocial health. The weak immune system of PLHIV is a warning for PLHIV to be better able to maintain their health through periodic diagnostic examinations (Handayani et al., 2015). The physical health of PLHIV is an obstacle in sustaining a decent and prosperous life.

### **Empowerment**

The PLHIV environment can have both positive and negative effects. Various discriminations were encountered in the field that befell PLHIV, discrimination in health services, discrimination in the workplace, discrimination in education and the environment (Kartono, 2017). Stigma and discrimination obtained from the environment can affect limitations in social interaction. Powerlessness is an idea or thought that arises from a negative judgment built on marginalization and lack of respect for the group. Powerlessness does not mean that there is no potential and power possessed by a person but rather obstacles that hinder the development of the potential and strength of the individual concerned or what we call a power block (Kartono, 2017). Every PLHIV has the ability to create a work and self-quality to explore various aspects they have. The economy by exploring various resources and potentials owned to support economic welfare. Economic empowerment programs help reduce perceptions of deep HIV stigma for PLHIV (Kellett & Gnauck, 2016). This PLHIV empowerment can be formed through social support from peer support groups (KDS). PLHIV really need support and empathy, in lightening their burden. Support from the people around them is needed, because then PLHIV will get a conducive environment so they can live a healthy, quality and prosperous life (Aswar et al., 2020). Quality of life focuses on the domains or areas of life that make life most enjoyable, happy, and rewarding, such as the meaningfulness of work, self-realization (as in the full development of talents and abilities), and a good standard of living. Apart from the lack of social support received, it will affect psychologically, such as feeling empty, having no purpose in life. Peer support groups also have a role in efforts to prevent the spread of HIV/AIDS and include undergoing treatment. KDS has relationship characteristics including patient satisfaction and trust in their own PLHIV friends, patient views of peer support competition, communication that involves the patient in the decision-making process, the affective tone of the relationship and suitability of abilities and the capacity of the

service site will reach almost three times that of people who live cooperatively towards care and treatment programs (Anok et al., 2018).

## Discussion

Barriers to PLHIV in getting a job can be influenced by various factors such as the presence of stigma. Stigma comes from self stigma and environmental stigma. The existence of stigma can affect psychologically which results in anxiety and even depression. According to Goffman (2018) Stigma related to AIDS is all suspicion, humiliation and discrimination aimed at PLHIV and individuals, groups or communities related to PLWHA (Eka et al., 2012). Support groups have the following functions, 1) Providing a relaxed and informal place for PLWHA to share experiences and build new friendships; 2) Provide opportunities for partners (at least one of them is HIV-positive) to discuss relationships, legal, health, and other issues related to them; 3) Provide a special group to discuss their life experiences with HIV/AIDS (Cabral et al., 2018).

The important role of peer support in maintaining emotional stability will have an impact on the social interactions of PLHIV. In a study (Eka et al., 2012) found that information support containing encouraging news about PLHIV can make PLHIV get support back from their families. The support obtained makes PLHIV more enthusiastic so that their life expectancy is longer. Social support received from family, the surrounding environment, colleagues, friends and so on is a source of increasing a good quality of life. Social support refers to the relationship between a person and other people. This support involves emotional aspects and provides information or material support that aims to reduce stress in life, such as minimizing anxiety, as well as a means of releasing emotions (Anok et al., 2018).

Efforts to meet primary needs and self-care, namely in terms of prevention and treatment of PLHIV are also influenced by the PLHIV environment. Care and support programs for PLHIV by services must be supported by awareness efforts of care and support from PLHIV themselves independently in accordance with the goals of empowering PLHIV independently, both physical and psychosocial health. The work environment for PLHIV also influences self-care. PLHIV also face work-related and other psychosocial stress which tends to make them frustrated and exhausted (Jones et al., 2022). This also becomes a barrier for them to get a job. And with an economy that is less able to influence PLHIV in meeting their primary needs and taking care of themselves, none other than health. Apart from being a barrier to getting a job, PLHIV with weak immune systems is a warning for them to be better able to maintain their health through periodic diagnostic examinations (Handayani et al., 2015). Physical health, namely those who tire easily in PLHIV, is an obstacle in maintaining a decent and prosperous life.

This review also highlights that good empowerment can be used as a form of support for PLHIV (Ismawati et al., 2018b). Someone who has been diagnosed with HIV after undergoing a test will experience many problems within themselves (Wang et al., 2021). Empowerment efforts that have been carried out by involving KDS have had quite an impact on self-care and fulfillment of the primary needs of PLHIV (Jones et al., 2022). Characteristics of support by involving KDS, can provide patient satisfaction and trust in their own PLHIV friends. In addition, with communication that involves patients in the decision-making process, the affective tone of the relationship and the suitability of capabilities and capacity of the service area will reach almost three times that of people who live cooperatively towards care and treatment programs (Anok et al., 2018).

Many interventions have been carried out to overcome obstacles to PLHIV in carrying out work, but there are still obstacles in the form of stigma and the physical condition of PLHIV that requires further research. PLHIV who experience stigma and discrimination when they are diagnosed are more likely to be frustrated (Bisnauth et al., 2022). So that this requires treatment, because the number of PLHIV is still increasing and the most number of PLHIV are at a productive age, namely at a young age. This review also found that work interventions for

PLHIV with the help of KDS can improve the mental health of PLHIV. With good interventions and mental health for PLHIV, PLHIV can gain benefits, namely: 1) food security and better income; 2) increased physical activity and the ability to create useful routines around agricultural work; and, 3) increasing the sense of self as an active member of society.

The process of providing support and empowerment to PLHIV can be used as a form of intervention in terms of improving the quality of life of PLHIV. The form of the quality of life for PLHIV can be in the form of fulfilling their primary needs and self-care. PLHIV who just know their status can cause mental pressure. As a result of this, PLHIV can be stressed and frustrated so that their health decreases and their primary needs are not met. This statement is in line with the results of research conducted (Demirel et al., 2018) which in several studies stated that people with HIV who are stigmatized have a higher risk of experiencing depression. However, PLHIV who have the courage to disclose their status can reduce the stigma they get even though there are still many PLHIV who are afraid to reveal their status. In this systematic review, studies were carried out in various lower-middle-income countries, friends, family and stakeholders have a considerable influence in providing support to PLHIV. Therefore, it should be noted that with the support that has been given and the empowerment efforts that have been carried out, the obstacles that have been obtained by PLHIV can be overcome. So that efforts are needed by all parties to overcome this.

## CONCLUSION

Barriers to accessing work experienced by PLHIV can be controlled through environmental empowerment by forming a support group. Support groups can provide a sense of comfort and trust and can provide various motivations and encouragement to provide better insight. Appreciative support for each PLHIV is very important to provide self-awareness to PLHIV in improving themselves and the life they live. Self-awareness is an individual's ability to be able to identify and understand himself as a whole, both in terms of nature, character, emotions, feelings, thoughts and how to adapt to the environment.

## RECOMMENDATION

This systematic review has several limitations, one of which is the number of articles found and reviewed. Few articles that discussed the types of barriers to accessing work for PLHIV were found by the reviewers. But in the search process still found the appropriate article. Although there are articles available that are in accordance with the research objectives, there are still few that discuss in depth the forms of barriers to PLHIV accessing work and the efforts that have been made to overcome these barriers. Most of the findings indicate the support and role of peer support groups (KDS), but it is not explained in more detail what kind of support and role of KDS is needed by PLHIV. Therefore, for further research, it can be done using different methods.

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