

PROFILE OF SELF-ACCEPTANCE OF HIV/AIDS PATIENTS IN WEST JAVA INDONESIA

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Abstract: This study identifies the weak self-acceptance of people living with HIV/AIDS which results in destructive behavior that results in denial, withdrawal, fear of rejection in the environment, anxiety which adversely affects their mental health, depression, isolation and even suicidal tendencies. The quantitative research method with a cross-sectional design used a self-acceptance questionnaire sampling technique which was adapted based on the theory of Carol Ryff. Participants were one hundred from five hospitals in West Java. The results of the study show that people with HIV/AIDS can accept their condition, although in some aspects they are still in the low category.

Keywords: Cross-sectional; HIV/AIDS; PLHIV; Self acceptance

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INTRODUCTION

Self-acceptance is one of the main characteristics in the psychological condition of individuals who are mentally healthy and mature, supports the creation of well-being conditions, strengthens self-acceptance beliefs, prepares for improvement, determines their own expectations, and understands (Chaidir, 2018; Ellis, 1995; Ryff, 1995). Self-acceptance in people with HIV/AIDS is one of the important factors in mental health to achieve self and social happiness, so that it will be easy to accept others, avoid comparing themselves, and have a realistic assessment of potential in oneself accompanied by a positive assessment of value. themselves (Hurlock, 2006). However, not all HIV/AIDS sufferers can accept their situation as People with HIV/AIDS (PLHIV). Post-diagnosed with HIV/AIDS is a vulnerable period for the emergence of

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psychological effects. Nearly 99% experienced stress and depression when they found out they had AIDS. This is exacerbated by the negative stigma labeled by the community for all PLHIV, because it focuses more on people living with HIV/AIDS as being homosexual. This triggers emotional disturbances, mind control and integration, and behavior that weakens the relationship between mind and reality. The stigma dimension of HIV/AIDS has a negative impact on the elements of the sufferer, and can affect the motivation to obtain healing or even lose motivation to continue living (Novrianda et al., 2018).

People with HIV/AIDS will be rejected socially who are considered to have a deadly disease that can be inherited for life and is contagious, making it difficult to accept their condition. This condition will give rise to a feeling of shock, denial which is a protective mechanism against the psychological trauma he has suffered (Albright & Fair, 2018). Unconsciously, the psychological process will continue to develop into feelings of guilt for being infected, angry with oneself or the person who infects it, helpless, losing control and reason and fear of reality that can cause anxiety and depression. This has an impact that makes the space for PLHIV limited in carrying out daily activities, making it difficult for them to accept the situation and cover up their identity from others (Nurhayati, 2018).

Self-acceptance in PLHIV is an important thing to be instilled in PLHIV where discrimination is a factor in the difficulty of self-acceptance for PLHIV, due to the lack of knowledge in the general public about HIV and AIDS, and what is even more concerning is that discrimination is also carried out by providers of public facilities and people living with HIV. people around him such as the hospital, family or closest relatives. However, many PLHIV have accepted their situation by doing many positive activities to control their emotions and raise their spirits, such as attending seminars on HIV/AIDS and discussing with other people living with HIV/AIDS (PLHIV). People with HIV/AIDS will get psychological well-being so it will be easy to socialize with their surroundings without feeling anxious about their positive HIV status (Nam et al., 2008).

The process to achieve positive self-acceptance for people with HIV/AIDS is a winding and not easy journey, it is necessary to have self-awareness and positive thinking efforts in increasing self-acceptance because the reconstruction of happiness starts from self-acceptance. The results of research by Matthew D. Skinta, et.all (Skinta et al., 2014) that HIV-related stigma is the main driver of a poor prognosis for treatment and reducing the

spread of HIV, in which men living with HIV still experience shame and high stigma so that have low levels of self-acceptance, even in social contexts where homosexuality is readily accepted such as San Francisco. Changes in physical and psychological condition of people with HIV / AIDS have a negative impact on the psychological development such as denial (denial) to diagnosis, anger (anger), offers (bargaining) and depression, and ultimately the patient must come to the point where they have to accept (acceptance) (Burhan et al., 2014; Sarafino, 1998: in (Firmansyah et al., 2019). Based on previous studies, the researchers had the opportunity to know the how the process of self-acceptance in people with HIV / AIDS.

METHOD

Participants

A quantitative approach is used as a method with a cross-sectional research design using a retrieval technique with a self-acceptance questionnaire adapted based on the theory of Carol Ryff (1996) with 60 statements. This study uses purposive sampling in which a total of 100 HIV/AIDS sufferers from eight hospitals in West Java. The following is the data of the participants of this study.

Table 1
Participants

West Java	Male	Female	Total
Cibiru Health Center	18	2	20
Garuda Health Center	15	5	20
Pasundan Health Center	17	3	20
Sumedang Hospital	28	12	40
Total	78	22	100

Instrument

Self-Acceptance in Subjective Well-being from Carol Ryff's theory (1996). Ryff's theory reveals three aspects of self-acceptance, then developed into 10 indicators with 60 statement items. The questionnaire in this study contains statements that reveal aspects of self-acceptance in HIV/AIDS sufferers using a Likert scale. The Likert measurement scale used in this study was to measure attitudes, opinions and perceptions of HIV/AIDS sufferers related to self-acceptance. Items in the study there are types of items that are favorable, namely items that show self-acceptance and unfavorable items that have not shown self-acceptance. Alternative answers to each favorable item were scored as follows: Strongly agree (5), agree (4), undecided (3), disagree (2), and strongly disagree (1). Meanwhile, alternative answers for

each unfavorable item were scored as follows: Strongly agree (1), agree (2), undecided (3), disagree (4), and strongly disagree (5).

Procedure and Analysis Data

Collecting data using a questionnaire distributed to people living with HIV/AIDS with the permission of the hospital concerned, which will be distributed via gform . Questionnaires in the form of checklists were given to respondents to produce the data needed to describe self-acceptance in people with HIV/AIDS. Data analysis using the application of the Rasch model with Winstep.

FINDINGS AND DISCUSSIONS

The results of research related to self-acceptance of HIV/AIDS sufferers, that living with ODHIV status can live it by always being grateful and not caring about people's comments. People living with HIV have their own way of dealing with stress, even though they have to take medicine every day.

Table 2

Category of Participants	
Category	Amount
Low	14
Currently	76
Tall	10

When you first know your status as an ODHIV, you will definitely feel very stressed and afraid to die, but over time you have accepted yourself as someone who is infected with HIV/AIDS. After being infected with HIV/AIDS, the life he lived was rejected by the environment, because he was able to carry out his social role well, the people around him began to accept him. Problems regarding belief (religion) can also be experienced by HIV/AIDS patients, namely blaming God for what happens in their lives and never doing worship such as praying and worshipping according to religious teachings because people living with HIV have not been able to accept themselves as someone infected with HIV/AIDS so disturbed spiritual state. However, it turns out that there are some respondents whose spiritual life is not disturbed and thinks that to get strength it all comes from God so that they are always close to God and carry out worship and prayer activities because it is a way to stay close to God and be given a long life. The results of the study show that self-acceptance is gratitude because you are still given the opportunity to breathe even with the illness you

are suffering from and getting the greatest support from your family is very important to stay passionate about life and don't care about other people's comments.

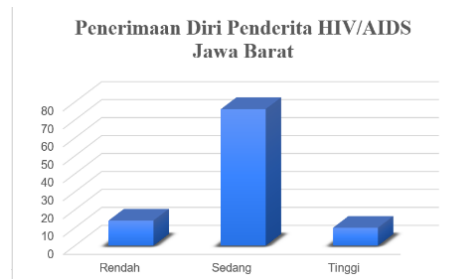


Figure 1. Self-Acceptance Categorization Diagram

The physical pain you suffer does not prevent you from doing a job, because every job you do is always resolved without any obstacles, you just feel tired quickly. For appearance, people living with HIV feel comfortable with their appearance because they think that they are the same as other people who are not infected. Families and the environment in which they live before and after being infected with HIV/AIDS have good relationships such as communicating with each other, helping each other, giving each other support in the form of motivation because support is one of the factors of enthusiasm for facing life and getting support from their family and the environment in which they live. from friends so that they are satisfied with the support they get, the support they get such as providing support and motivation to stay motivated and stay strong in life.

Discussion

Self-acceptance is a condition in which a person has a positive attitude towards himself, acknowledges and accepts the various shortcomings and advantages he has and is able to think positively about the life he is living. The results of this study indicate that all participants have been able to accept themselves as someone who is infected with HIV/AIDS even though they take medicine every day and take medication, but people living with HIV always try to keep the spirit of living life in a grateful way, and always consider themselves the same as others and do not care about what people say and always positive thinking so that they can accept criticism and have forgiven themselves and those who infect people related to mistakes that result in being infected with HIV/AIDS. People living with HIV have accepted themselves as individuals who have strengths and weaknesses. People living with HIV also try to stay

active in community activities, for example in NGOs, community service and so on. In addition, considering that the status as a person living with HIV turns out to have a big influence on the work, which is still trying to make life worthwhile even though it has many shortcomings.

The results showed that the response of the participants when they first found out that they were diagnosed with HIV/AIDS was feeling stressed, afraid, disappointed, depressed, afraid to face death, this is in line with the results of the study (Putu et al., n.d.) namely the reaction of participants when they found out they were infected with HIV. AIDS for the first time, causing stress, frustration, anxiety, anger, denial, shame, and grief. Rejection and neglect by others, especially by the family will add to the depression he experiences. The results showed that there were participants who were discriminated against by their own families, and also participants who were afraid to open up to their families for fear of not understanding properly about this disease so they had the desire to take action to end their lives. This is supported by the results of research conducted by Devina et al (2013) showing that the higher the family's coping mechanism, the higher the self-acceptance of patients with HIV/AIDS to their disease and vice versa, the lower the coping mechanism, the lower the self-acceptance of patients with HIV/AIDS. HIV/AIDS.

The severity of the problems experienced by HIV/AIDS patients affects the psychological, social, and spiritual aspects. Problems spiritual can also be experienced by patients with HIV / AIDS, among others blame God, refusing to worship, and away from God, according to the theory of loss, one stage of the stage the rejection saying that the rejection experienced by individuals is a defense mechanism that is natural, so naturally happened (Kubler-Ross, 2009). Some participants experienced a disturbed spiritual condition such as blaming God and staying away from God until they did not want to worship and pray. However, because there is a lot of motivation and support from the closest people who give encouragement so that they are starting to realize that they must still be close to God and carry out worship according to religious teachings. Some participants felt that after praying or participating in life activities they were still blessed so that it became strengthening and made them calm, in the end their spiritual condition was not disturbed.

People living with HIV have reached a commitment to be able to accept the status of someone infected with HIV/AIDS, so that at this stage they will accept the status of HIV/AIDS as a reality that must be faced. This commitment is marked by a change in mindset in viewing the condition of HIV/AIDS and

changes in activities. This is in line with the opinion of Kubler-Ross (2009) that in the acceptance stage, individuals are able to face reality actively rather than just giving up. The self-acceptance of each participant is the main point, namely being grateful because even though you are sick, you are still given a long life and good health, besides that you also get support in the form of motivation from your family, such as being reminded not to forget to take your medicine and go to the doctor to control your health. also the main form of acceptance is to act as a housewife by carrying out household chores such as cooking, cleaning the house and caring for children as well as being the head of a family whose job is to earn a living for survival because self-acceptance is influenced by the presence of children which is the biggest motivation for stay excited and strong to stay alive. (Sandelowski & Barroso, 2006) found that children are the main motivation for a housewife with HIV positive status to stay alive. People living with HIV do not care about comments from people around who have bad assumptions about their illness.

Physical health is related to changes experienced by people living with HIV, some participants experience drastic weight loss and often feel dizzy and feel tired quickly, this can cause a decrease in the ability of people living with HIV to carry out daily activities. Based on the results of the study, people living with HIV thought that physical pain did not prevent them from doing a job, while for physical appearance some participants were confident in their appearance because they thought that they were the same as other people who were not infected who could still do work related to the physical and could still care about the way they work. appearance. The relationship between the environment in which people living with HIV/AIDS live has increased which is getting better day by day.

At first, people living with HIV themselves were under pressure because they were not accepted in their environment and some were even discriminated against, but suddenly the thoughts and attitudes of the surrounding environment turned around to accept the situation of people living with HIV themselves, due to the development of people living with HIV which was getting better day by day and did not bring any negative impacts. can harm people in the environment. This is related to the theory (Desmita, 2011; Reveich & Shatte, 2002) namely the ability to survive and adapt when faced with problems. Respondents received support from their family and those closest to them because they considered that their greatest support was from their own family. Support from their families, such as being reminded not to forget to take medication, taking

care of people living with HIV when they are sick and helping the needs of people living with HIV such as providing additional costs for treatment. People living with HIV actually need support, not being ostracized so that the life expectancy of people living with HIV becomes longer. With social support, a conducive environment will be created that can provide motivation and provide new insights for people living with HIV (Sarafino & Smith, 2011).

CONCLUSION AND RECOMMENDATION

Based on the results of the study showed that there were 14 in the low category, 76 in the medium category, 10 in the high category. So people living with HIV/AIDS are able to accept themselves as people living with HIV and are able to improve their quality of life. Participants also found the right way for themselves when they were in a slump, getting closer to God because there is always a way of truth. The enthusiasm and encouragement from family, friends, relatives and the surrounding environment make them confident and confident to carry out activities.

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