

Description of the Psychological Adaptation Response of HIV/AIDS Sufferers in Accepting HIV/AIDS in the Spirit of the Pelangi Community of Nganjuk Regency

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ABSTRACT

HIV/AIDS sufferers experience changes in psychological responses including sadness, loss of hope, helplessness, loss of self-esteem and social identity, which gives rise to feelings of worthlessness. The psychological adaptive response is self-acceptance when experiencing an illness, which will generate various feelings and reactions. The aim of the research was to determine the Psychological Adaptation Response of HIV/AIDS Sufferers in Accepting HIV/AIDS in the Spirit Pelangi Community, Nganjuk Regency. This research uses Descriptive research design, the research was carried out from 10th to 17th January 2024 in the Spirit Pelangi Community, Nganjuk Regency. The population is 48 HIV/AIDS sufferers who have just been detected in the Spirit Pelangi Community, Nganjuk Regency. The sample was 39 respondents, with purposive sampling technique. The variable used is the Psychological Adaptation Response of HIV/AIDS Sufferers in Accepting HIV/AIDS. Data collection techniques using questionnaires. The results of the research showed that of the 39 respondents, the majority, namely 23 respondents (58.97%) experienced a maladaptive psychological adaptation response, and almost half, namely 16 respondents (41.03%) experienced an adaptive psychological adaptation response. Based on research, most respondents experienced maladaptive psychological adaptation responses. Factors that influence the psychological adaptation response are gender, age, education level, social problems, and family support. Some of these factors are that family support has a very important role for HIV/AIDS sufferers because good family support will increase self-confidence and change coping mechanisms to be adaptive.

Keywords: HIV/AIDS, Psychological Adaptive Response

BACKGROUND

WHO (World Health Organization) is estimated that 39.0 million people (33.1-45.7 million) people are living with HIV at the end of 2022. Data from the Ministry of Health of the Republic of Indonesia, the number of ODHA in 2020 is 543,100 people, Meanwhile, data from the Executive Report on the Development of HIV/AIDS and Sexually Transmitted Diseases (PIMS) in 2022 saw the number of ODHA found in the January-March period as many as 10,525 people, in East Java Province it was found as many as 1,704 people. Based on data from the KPAD (AIDS Prevention Commission) Nganjuk Regency, data on ODHA findings in 2020 there were findings of 182 people with a cumulative finding of 1563. In 2021 there were cumulative findings of 1712, in 2022 there were cumulative findings of 2043, while in 2023 there were the cumulative number is 2153. According to gender, the percentage of gender is that women have a higher percentage, namely 49% with a total of 1054 sufferers, men have a percentage of 48% with a total of 1036 sufferers, while the rest are gay/waria with a percentage of 3% with a total of 63 people. According to data on the percentage of ODHA based on the risk of transmission from 2020 to March 2023, sexual transmission has the highest data percentage, namely 97%. Meanwhile, 3% in perinatal cases, 0% IDU (syringe), 0% blood transfusion.

Acquired immune deficiency syndrome (AIDS) is a disease caused by a virus called HIV (Human Immune Deficiency Virus). In ODHA, changes in psychological responses include sadness, loss of hope, helplessness, loss of self-esteem and social identity, and feelings of worthlessness. Sadness is a strong emotion that is very close to losing hope. Some people can live up to 10 years and others only a few months from diagnosis, this is because ODHA tend not to care anymore about something that can make them happy, they cannot see hope and wait for death to come. The psychological adaptive

response (self-acceptance) is self-acceptance when experiencing an illness, which will generate various feelings and reactions. Stress, frustration, anxiety, anger, shame, grief and uncertainty with adaptation to illness. The psychological adaptation response is broken down into 5 stages of a person's emotional reaction to illness, namely: Denial, Anger, bargaining (building a relationship with God, praying, asking and making promises to God), Depression (sadness, mourning and begin to deal with the loss constructively), Acceptance (Arti, 2016). Based on the results of interviews with 2 women who did not feel burdened and had a background as prostitutes (commercial sex workers), the first person had been suffering from HIV/AIDS for 7 months, and the second person had been suffering from HIV/AIDS for 8 months when they were first admitted. diagnosis said that they did not feel burdened because when they were diagnosed they were in good health and did not show any symptoms, they found out about the diagnosis when there was a raid and they were tested for HIV and finally they found out that they had HIV, they felt that this was a risk from what they had they have been doing all this time. Even some transvestites who suffer from HIV/AIDS some still have anal sex today but they use condoms as contraceptives. Meanwhile, 2 prostitutes who have been diagnosed with HIV are currently no longer doing their jobs because they have received skills training.

Factors that influence the psychological response of HIV/AIDS sufferers are sadness and loss of hope syndrome. HIV/AIDS positive patients often experience sadness because they have lost hope. Sadness and loss of self-esteem, causing feelings of worthlessness. Anxiety and depression disorders, due to social rejection, loss of privacy and fear due to not being exposed to information. Social stigma, discrimination against HIV positive people. The consequences of several of these factors can cause ODHA to feel helpless, lose self-control which causes depression, they become more aggressive because they feel they are not being treated politely and wisely. There is an increased risk of suicide in HIV positive people, because of the view that suicide is a way to escape pain and difficult situations, to escape shame and sadness. A long psychological response results in delays in prevention and treatment efforts, which can result in patients using illegal drugs to relieve stress. This condition can worsen the symptoms that accompany the disease (Arti, 2016).

Every person has a way of dealing with existing problems. In the end, this stressful reaction gives rise to coping strategies/patterns to protect one's integrity and adapt to the stress experienced. This mechanism is called a coping mechanism. Coping mechanisms are all efforts directed at managing stress which can be constructive or destructive. ODHA need coping strategies. Coping strategies are coping methods used by individuals consciously and purposefully to overcome the pain or stressors they face. Adapting to illness requires various strategies and the implementation of coping used depends on the patient's abilities. The coping used by ODHA in dealing with stressors due to illness varies and can be influenced by the phase they are experiencing. Based on its classification, coping mechanisms are divided into 2, namely: adaptive coping and maladaptive coping. Coping can be used to deal with difficult situations for ODHA, some of the coping that can be used are: negative coping which includes (denial, self-blame, and surrender). Seeking information, is a coping skill in searching for information which includes: collecting related information that can eliminate anxiety caused by misconceptions and uncertainty, using intellectual resources effectively (patients often feel comforted by information about the disease, treatment, and the expected course of the disease happen). Asking for emotional support, learning self-care, finding meaning in the illness (Nursalam & Dian Ninuk, 2018).

The purpose of this research was to knowing the Psychological Adaptation Response of HIV/AIDS Sufferers in Accepting HIV/AIDS in the Spirit Pelangi Community, Nganjuk Regency.

METHOD

This research uses Descriptive research design, the research was carried out from 10th to 17th January 2024 in the Spirit Pelangi Community, Nganjuk Regency. The population is 48 HIV/AIDS sufferers who have just been detected in the Spirit Pelangi Community, Nganjuk Regency. The sample was 39 respondents, with purposive sampling technique. The variable used is the Psychological Adaptation Response of HIV/AIDS Sufferers in Accepting HIV/AIDS. Data collection techniques using questionnaires.

RESULTS

1. Characteristics Respondent

Table 1. Distribution of Characteristics Respondent

Variable	F	%
Age		
16-24 Years	4	10,2
25-35 Years	15	38,5
36-45 Years	9	23,0
46-55 Years	7	17,9
>55 Years	4	10,2
Gender		
Man	24	61,5
Woman	15	38,5
Education		
No school	0	0
Elementary School	0	0
Middle School	6	15,3
High School	23	58,9
University	10	25,6
Profesion		
Student	2	5,1
Housewife	9	23,0
Private	13	33,3
Self-employed	11	28,2
Civil servants	1	2,5
Other	3	7,6
Marital status		
Marry	28	71,7
Not married yet	11	28,2
Life With		
Family	37	94,8
Alone	2	5,1
Long Suffering		
1-3 Month	4	10,2
3-6 Month	13	33,3
6-9 Month	9	23,0
9-12 Month	13	33,3
Have you ever received information?		
Once	34	87,1
No	5	12,8

Resources		
Health workers	15	38,4
Social media	18	46,1
Newspaper	1	2,5
Socialize outside the home		
Yes	11	28,2
No	28	71,7

Based on Table 1. It is known that almost all of them, namely 37 respondents (94,8%) living with family, namely 34 respondents (87,1%) once received information. Most of the respondents namely 24 respondents (61,5%) man, namely 23 respondent (58,9%) high school, namely 28 respondents (71,7%) no socialize outside the home.

2. Psychological Adaptation Response of HIV/AIDS Sufferers in Accepting HIV/AIDS in the Spirit Pelangi Community, Nganjuk Regency.

Tabel 2 Frequency Distribution of Psychological Adaptation Responses of HIV/AIDS Sufferers in Acceptance of HIV/AIDS in the Spirit Pelangi Community, Nganjuk Regency

No.	Adaptation Response	f	%
1	Adaptive	16	41,03
2	Maladaptive	23	58,97
Amount		39	100,00

Based on table 2, it shows that of the 39 respondents, the majority, namely 23 respondents (58.97%), experienced maladaptive psychological adaptation responses.

DISCUSSION

Based on the research results, it can be seen that of the 39 respondents, the majority, namely 23 respondents, experienced maladaptive psychological adaptation responses (58.97%). This is supported by 23 respondents who experienced maladaptive psychological adaptation responses, most of whom were male, 14 respondents (60.8%), almost half of them aged 25-35 years, 9 respondents (39.1%), most of whom were 15 respondents (58.9%) had SMA/SMK education, almost all of them lived with their families, 22 respondents (95.6%), most of them did not socialize outside the home, 14 respondents (60.8%).

Factors that influence the psychological response of ODHA are stress due to the stigma given by society, as well as discrimination that is then experienced which also has a significant impact on reducing mental health. For those who have just received HIV test results confirming reactive status, of course they are faced with new situations and experiences. People with HIV/AIDS are vulnerable to mental health problems including: depression and anxiety, trauma and other mental health conditions that impact the health of people living with HIV (Danny, 2022). Patients need adaptive coping mechanisms in managing the problems they face, so that if these problems are overcome they can increase their psychological adaptation response. Adaptive coping mechanisms are constructive which encourage a person to immediately resolve the problem, while mal-adaptive coping mechanisms are destructive which cause a person to be unable to cope. resolving conflicts and avoiding resolution (Nur, 2021). Various factors can influence the quality of life of HIV/AIDS patients, including gender, age, education level, social problems, and family support (Henni, 2016).

Based on research conducted by (Kusuma, 2023) the psychological impact produces several categories, such as panic, depression, confusion, shame, fear, shock, anxiety, disappointment and self-pity. This response takes the form of a maladaptive response in the form of feelings of guilt and blaming

oneself and others, panic, resignation, feeling helpless, feeling isolated from family and friends, and hiding problems from the family.

The research results are not in line with research conducted by (Henni, 2016) which states that factors that can influence the quality of life of HIV/AIDS patients include gender, age, level of education, social problems and family support. Research (Purnamawati, 2022) states that related to their disease conditions, some men have negative self-confidence, including their ability to find love and a purpose in life. Research (Mutia, 2022) states that men have the largest number, namely 43 people, because when their physical condition declines, it will affect their mood and other activities which will be disrupted. This research is in line with research conducted by (Sari, 2020) which states that the male gender is most likely to experience HIV/AIDS because according to the proportion of ODHA in the research location, the male population is greater than the female population.

From the age group, this is in line with research conducted by (Hidayati, 2014) that the majority of respondents are an average of 33 years old which is included in middle adulthood, age influences the individual's perspective in solving problems, psychological changes in middle adulthood can include unexpected events where these changes can result in stress and affect all levels of health. HIV/AIDS is a chronic disease that can affect the roles and responsibilities assumed by middle adults, which will result in the client's inability and perception of the disease as well as the inability to determine to what extent lifestyle changes will occur.

The level of education is not in line with research conducted by (Sari, 2020) which states that the level of education will influence the ability to absorb and receive information related to health, which also influences individual behavior. Education influences the learning process, the higher a person's education, the easier it is for that person to receive information, knowledge is closely related to education, where it is hoped that someone with higher education will have more extensive knowledge. However, it needs to be emphasized that someone with low education does not mean absolutely low knowledge. Increased knowledge is not absolutely obtained in formal education, but can also be obtained in non-formal education. A person's knowledge about an object also contains two aspects, namely positive and negative aspects, these two aspects will ultimately determine a person's attitude towards something (Redmon, 2019).

In terms of family support, this research is not in line with research conducted by (Henni, 2016) that non-supportive family support is at risk for ODHA to have poor coping. With adequate family support, HIV/AIDS patients can also maintain their level of well-being. health, so it can be seen that family support can have a positive impact on improving the patient's quality of life, but often there are families who actually choose avoidance coping or isolate the family because they feel ashamed of having a family member infected with HIV, there are even families who actually abandon the patient because they are considered to have violated family norms. This research is in line with research (Esti, 2022) which states that families first react differently when a family member is infected with HIV/AIDS. The reaction of denial in families of ODHA who are diagnosed with HIV/AIDS for the first time is shock, no matter how much one prepares oneself, it turns out to be a very surprising phenomenon to accept the fact that one's family has been infected with HIV/AIDS, apart from denying the family also feels disbelief. This role is very influential on physical and psychological conditions.

In terms of the ability to carry out social relationships, this research is also in line with research conducted by (Safitri, 2014) that the stress reaction experienced requires time to grow a sense of trust in other people because within oneself there is concern about whether other people can be given trust or not, the reaction Stress causes lack of enthusiasm and loss of confidence in carrying out activities.

Gender and age influence the psychological response because both women and men have the same psychological response because when physical condition declines it will affect mood and other activities, while age can influence the individual's perspective in solving problems. The level of education is not always in line with the thinking process because if the person has a way of thinking and a perspective when receiving negative information, it will also give rise to negative perceptions which will make the person's response maladaptive. Family support is also very influential because with adequate family support, patients can improve their level of health and feel they have support from their family which will influence their psychological response. With good family support, a person will feel they have good support which can change a person's behavior. be adaptive. Socializing relationships

with other people can influence the psychological response of HIV/AIDS patients because by socializing with other people the patient can tell stories, and build relationships of mutual trust with other people, besides that, patients also get support from other people who will give them encouragement. to carry out positive activities so that the adaptive response becomes adaptive. Nurses have a very important role in efforts to overcome HIV/AIDS, including providing education, conducting HIV screening and testing, providing holistic health care, reducing stigma, and providing emotional support for individuals living with HIV/AIDS, apart from that nurses can also role in advocating for better access to health services and support for individuals affected by HIV/AIDS. In care planning, nurses together with other health care teams plan care according to the client's needs.

CONCLUSION

Psychological Adaptation Response of HIV/AIDS Sufferers in Accepting HIV/AIDS in the Spirit Pelangi Community, Nganjuk Regency, it can be seen that of the 39 respondents, the majority, namely 23 respondents (58.97%) experienced a maladaptive psychological adaptation response. It is hoped that HIV/AIDS sufferers can do positive things such as: socializing with other people, thinking positively, doing hobbies they like, exercising, doing religious activities and praying and being optimistic.

Health workers are expected to increase health promotion efforts to reduce the isolation, self-esteem and fear of HIV/AIDS sufferers in the form of stigma and discrimination felt by HIV/AIDS sufferers. There is a need for a nurse approach to religious and community leaders in carrying out health promotions about HIV/AIDS. Nurses can provide support in the form of physical and mental support for ODHA to live with their HIV status.

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