

DOI:  
10.22301/IJHMCR.2528-3189.445

Article can be accessed online on:  
<http://www.ijhmcr.com>

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**ORIGINAL ARTICLE**  
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**INTERNATIONAL JOURNAL  
OF HEALTH MEDICINE AND  
CURRENT RESEARCH**

## ***THE IMPACT OF STIGMATIZATION ON SELF-MOTIVATION OF ODHA IN POLY VCT HOSPITAL TK.III R. W MONGISIDI MANADO***

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### **ARTICLE INFO**

#### **Article History:**

Received 06th April, 2017  
Received in revised form  
07th May, 2017  
Accepted 12th June, 2017  
Published online 30th June, 2017

#### **Key words:**

*Stigmatization, Self Motivation of  
ODHA*

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### **ABSTRACT**

Indonesia faces several health problems or "emerging diseases" and one of them is the Human Immuno Deficiency Syndrome (AIDS) (Anonimus, 2016). A report from the Ministry of Health in the fourth quarter of 2015 found that the spread of HIV / AIDS in Indonesia spread over 407 (80%) from 507 Kabupaten Kota across Indonesia Province (Kemenkes RI, 2015). Currently around 170,000 to 210,000 of Indonesia's 220 million people living with HIV / AIDS. In the province of North Sulawesi, the reporter from October to December of 2015 was 979 patients with the highest attendance presentations in the 30-39 years age group group (37.3%) and rasio between men and women were 2: people. Of the 979 men infected with HIV / AIDS in North Sulawesi Province as many as 379 cases suffering from HIV and the remaining 373 People are AIDS, which is dominated by age Productive (30-39 years). 16 people registered HIV / AIDS who visited Poli VCT RS R.W Mongisidi, men numbered 10 people, women amounted to 6 people. The problem of Stigmatization still dominates the personal problems faced by ODHA who visit VCT. From 7 informants in the interview revealed that there are still many people who judge bad, bad, and disgusting even condemned of our existence, which makes us go awry and become a pressing and propulsion feel every day, which ultimately affect the various activities and interactions Social and psychosocial us as ODHA. This condition has a negative impact on the motivation, self-motivation of people living with HIV will affect the optimism of life ODHA. Motivation is the energy

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**Citation: Jean Henry Raule <sup>1</sup>, 2017 "The Impact Of Stigmatization On Self-Motivation Of Odha In Poly Vct Hospital Tk.III R. W Mongisidi Manado", International Journal of Health Medicine and Current Research, 2, (02), 445-448.**

social environment, in accordance with the roles and functions of each.

Formulation of Problems in research this "How the impact of Stigma on self-motivation of ODHA in Poly VCT Hospital TK.III R.WMongisidi Manado?"

This research method is descriptive qualitative research with data collection technique through indepth interview, to know and get impact of Stigmatization to self motivation of ODHA. The research was conducted to ODHA who visited in Poli VCT Rumkit Tkt.III Manado of North Sulawesi Province, as informant in research. Determination of informants with affordability techniques that amounted to 7 respondents ODHA. Untuk accuracy of information conducted Triangulation source that is by comparing information information (cross check) between information with one another obtained in this study. Results: Stigmatization is a personal problem that is very stressful psychosocial people living with ODHA that can decrease self-motivation of ODHA.

## INTRODUCTION

Health condition in Indonesia could be seen from the nutrient status and condition of societies' health. Health condition status usually seen from some indicators included baby fatality, death of mother natal, lack of nutrients prevalence, and spark of life rate. Except those indicators, Indonesia was also faced some health problems or "emerging diseases" and one of them was problem of Human Immune Deficiency Virus (HIV)/ *Acquired Immune Deficiency Syndrome* (AIDS) (Anonymous, 2016).

HIV/AIDS included into 12 order of death causes occurred in 2020 (Bustan, 2006). Until recent time, since the first time found in 1987 in Bali, HIV/AIDS had spread in almost all of Provinces in Indonesia. Report from Health Ministry (Kemenkes) at quarterly IV it was known that in 2015 the HIV/AIDS in Indonesia was spread in 407 (80%) of 507 Regencies/Municipalities in all Provinces in Indonesia (Health Ministry RI, 2015).

Today, it was about 170.000 to 210.000 of 220 millions of Indonesia citizens suffered HIV/AIDS. Estimation of whole prevalence was 0,1 % in all state. In North Sulawesi Province, it was reported that the AIDS infection since October until December 2015 was 979 sufferers with the highest percentage of sufferers at group 30-39 years old (37,3%) and ratio between man and women was 2: person. From 979 men with HIV/AIDS, there were 268 men identified with HIV and 711 men with AIDS. Whereas, for women, there were 672 cases, where 299 women identified with HIV and the rest were 373 women identified with AIDS. Total

number of sufferers were 567 persons with HIV and 1.084 persons with AIDS. The tendency of increasing this case because the sufferers had suffered AIDS for long time, but just checked or reported their health status and they who dominated this case were productive age (30-39 years old).

Until June 2017 at Poly VCT RS R.W Monginsidi, number of patients who visited Poly VCT RS R .W Mongisidi were 1.000 persons. Whereas, based on the previous data, number of patients who registered with positive HIV/AIDS were 16 persons, they were 10 men and 6 women. While, the number of patients who got therapy were 47 persons.

Problem of stigma still dominated the personal problem faced by ODHA who visited VCT, 6 persons who were interviewed said that there were many people who gave negative judgments toward the existence of us so it made me awry and sprang our sentiment everyday that finally it was influenced at any of our activities as ODHA. This was caused by societies' lack of knowledge about HIV/AIDS so caused stigma.

If it was investigated deeply, this it wasn't impossible that this condition directly influenced the motivation of ODHA. If this condition was allowed, it would cause negative impact toward motivation, as known that motivation was spirit incentive of every human's activities to be exist at the social environment, as appropriate with each role and function, so this caused low motivation for ODHA which influenced live motivation and optimism.

The problem formulation of this research was "How was the impact of stigma toward self motivation of ODHA at Poly Poli VCT Hospital Tk.III R.W Mongisidi Manado ?"

## METHODS

This research was descriptive qualitative research with data collecting technique by doing in depth interview in order to know and get information about the impact of stigma toward self motivation of ODHA.

The research was conducted toward ODHA who visited at Poly VCT Hospital Tkt.III Manado North Sulawesi Province, and they were also functioned as informants in this research. Selection of informant done by achievable technique with number of informants were 9 persons, included Leader of Peer Support Group (KDS), 1 counselor, and 1 healt staff, with criteria as follow: a. Available to be informants, b. Able to speak Indonesian Language in order to make easy the

interview process so that there was no bias interpretation at the informants' explanation, c. They were at the location of research when the research conducted and cooperative or could be interviewed verbally (wasn't deaf and mute).

Data collecting was done by doing in depth interview with the informants used interview guide, while the audio and visual recording wasn't done because it wasn't allowed by the informants. In order to examine the data credibility, it was done by checking the data acquired through source Triangulation by comparing informants' information (*cross check*) between one information and others.

#### Data tabulation and analysis

According to Miles and Huberman (quoted at Sugiyono, 2010), stated that analysis of qualitative data was done interactively and continuously going on until complete. Activities of data analysis were *data reduction*, *data display*, and *conclusion drawing/verification*.

##### 1. *Data reduction*

Reduced the data meant resumed, selected main things, focused on important things, found the theme and pattern. The reduced data would give clearer description and made the researcher was easier to do next data collecting.

##### 2. *Data display*

According to Miles and Huberman (quoted at Sugiyono, 2008) stated that the most often used in displaying the data of qualitative research was narrative text.

##### 3. *Conclusion drawing/verification*

The next step was withdrawing the conclusion and verification. The beginning conclusion proposed was temporary. If the beginning conclusion was supported with valid and consistent evidences when the researcher collected the data, so the conclusion proposed was credible conclusion (Sugiyono, 2008).

## RESULTS

From 9 respondents of ODHA who were planned became informants of the research, there only 7 (77.7%) informants who were achieved, with each statements, but substantially it had similarity as follow: "...that there were many people who judged poor, bad, and nauseating and even cursed toward our existence, that made me became awry and this pressured and sprang our mind every day, and much disturbed our

activities and social interaction and psychosocial as ODHA.

## DISCUSSION

HIV/AIDS wasn't only impacted at sufferers' physic but also psychology and social especially because of the stigma they experienced. At that condition, a sufferer would be susceptible and much promising of his bio, psycho, social and spiritual stabilities. In this context, one psychology aspect was the problem of self motivation decreasing at ODHA.

Motivation was supporting power that stirred us to certain behavior ((Elder et.al 1998). Self motivation was stimulation of someone's spirit and hope. Motivation included purpose that gave support and direction toward action. Motivation also needed physical or mental activities. Mental activities needed effort, persistence and other real activities (Robbins 2006).

Self motivation was someone's "drive" or support, stir in order to try to do something especially to fulfill needs of live. Needs was imbalance that experienced by human being, because basically human being didn't like imbalance, so they would try to fulfill their needs in order to make balance (Notoatmodjo,2005). Needs of live was certain thing that was very basic at someone's live continuance. Both of them were imparted things one and another Sardiman (2011): Human's needs would be always changed, and also motivation that was always related with needs, so that would be changed and dynamic, accord with human's wants and attention.

For the achievement of someone's accomplishment of needs at this context was ODHA, so they must do interaction or social activities. However, in accomplishing this social activity, they often got social discrimination because stigma given by the society every time toward their live existence. In this condition, ODHA felt that their needs of social activities became limited, and made them began to bound their selves, crawl fish from social interaction, as the result their needs accomplishment was disturbed and finally it wasn't satisfied.

If this psychosocial condition was going on through and through so it would become a chronically problem that would influence quality of their self motivation (ODHA). Thereby, so the stigmatization toward ODHA must be reduced by giving explanation through promotion and preventive activities toward all society segments both at the city or villages about

explanation, spreading, prevention and treatments HIV/AIDS disease.

Other effort that must be done by the policy holder in order to reduce societies' stigmatization toward ODHA rapidly was changing societies mindset through health promotion and education in order to be able to increase societies knowledge and attitude that finally would change societies mindset about the existence of ODHA, wherever they were so that it the conducive social environment could assure the accomplishment of ODHA's psychosocial.

## REFERENCES

1. Arikunto, S. *Research Management*. Jakarta: Rineka Cipta; 2014.

2. Ghufron, M. N. *Theories of Psychology*. Jakarta: Ar-Ruaa Media; 2010.
3. Ninuk Dian Kurniawati, S. N. *Education Nursing at Patients with HIV/AIDS*. Jakarta: Salemba Medika; 2008.
4. Santrock, J. W. Self Esteem In J. W. Santrock, *Education Psychology* Jakarta: Kencana; 2010.
5. Suyanto. *Methodology and Application of Nursing Research*. Nuha Media. 2011.
6. Triyanto Endang, S. *Strategy of Nursing Service for AIDS Sufferers*. Yogyakarta: Graha Ilmu; 2012.
7. Notoatmodjo, health Promotion: Theory and Practice. Jakarta : Rineka Cipta; 2005.

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