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THE DESCRIPTION OF *SELF ESTEEM* ODHA IN POLYCLINIC OF TK.III R. W MONGISIDI HOSPITAL MANADO

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ABSTRACT

The epidemic of HIV/AIDS, nowadays, was not only local, national problems but had been global problem in any countries included Indonesia. Based on the WHO report, showed the increasing number of HIV sufferers who got medical treatment. In 2012, there were 9,7 million people. This number became 300.000 more than one decade before (WHO, 2012). One of the deadly virus, at present, was HIV. HIV (*Human Immunodeficiency Virus*) was virus that could cause AIDS by attacking white blood called diseases symptom caused by the decreasing of individual's immunity caused by HIV (Mahy & van Regenmortel, 2010).

In Indonesia, since 1996, the HIV/AIDS epidemic mostly occurred at the drug users by injection. In 2010, the prevalence of panasun began decreasing meaningfully, but there the HIV cases began occurred at the housewife so that the prevention effort of spreading by Sexual Transmission (PMTS) was intensified. Those efforts were integrated in Strategy and National Action Planning 2010-2014 (integrated in RPJMN) with the key focus in 141 regencies/municipalities. In 2011, the spreading occurred at housewife there was increasing spreading from positive moms to the babies born. In 2012, it was affirmed that the overcoming of HIV/AIDS must not be separated from national priority of achieving the 6th Millennium Development Goals (MDGs-6).

There were many factor influenced the behavior of HIV/AIDS sufferers such as self esteem aspect. The research of Karnirius Harefa (2012),

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Masri Saragih (2012), and Nursamah (2012), showed that there was any influence between *self esteem* and social support toward optimism of HIV/AIDS sufferers. Self esteem was personal assessment toward the achieved result by analyzing how far the behavior influenced self ideal. *Stuart and Sundeen* (1991), self esteem was behavior of individual value in analyzing self conformity with self ideal. (Triyanto Endang, 2012), *Self Esteem* was behavior, in this context was *covert behavior*. Green 1996, someone's behavior was influenced by 3 factors *Predisposing, Enabling* and *Reinforcing*. Self esteem was the whole view from individual about himself. Often times we met the HIV/AIDS sufferers with low self esteem. This was caused by the lack of support and motivation from family or society itself. Self esteem of patient with HIV/AIDS had important role in the treatments process, as stated by Stuart and Sundeen that *self esteem* was behavior about individual value in analyzing the conformity of self ideal. The high self esteem was rooted from self acceptance without any requisite so it hoped that the patient of HIV/AIDS with high self esteem could accept their condition without any requisite.

This was qualitative research with data sampling technique by doing indept *interview*, in order to know and get description of *Self Esteem* ODHA in VCT Rumkit Tkt.III Manado, North Sulawesi. The informants in this research were ODHA who lived and worked in Manado City. The technique of determining the informants was done with scoping technique of 9 persons, and for the accuracy of information, it was done with triangulation source that was by comparing the informants' information (cross check) between one and other information found in this research.

INTRODUCTION

The epidemic of HIV/AIDS nowadays was not only local, national problem but had become global problem in any countries in the world included Indonesia. Based on the WHO report, it showed the increasing of number of HIV sufferers who got treatment. In 2012, there were 9,7 million people. This number became 300.000 more than one decade before (WHO, 2012).

One of the deadly virus, at present, was HIV. HIV (*Human Immunodeficiency Virus*) was virus that could cause AIDS by attacking white blood called diseases symptom caused by the decreasing of individual's immunity caused by HIV (Mahy & van Regenmortel, 2010).

In Indonesia, since 1996, the HIV/AIDS epidemic mostly occurred at the drug users by injection. In 2010, the prevalence of panasun began decreasing meaningfully, but there the HIV cases began occurred at the housewife so that the prevention effort of spreading by Sexual Transmission (PMTS) was intensified. Those efforts were integrated in Strategy and National Action Planning 2010-2014 (integrated in RPJMN) with the key focus in 141 regencies/municipalities. In 2011, the spreading occurred at housewife there was increasing spreading from positive moms to the babies born. In 2012, it was affirmed that the overcoming of HIV/AIDS must not be separated from national priority of achieving the 6th Millennium Development Goals (MDGs-6).

Finally, new penetration was introduced in the middle of 2013, named Strategic use of ARV (SUFA). It was new policy that every susceptible and risk person offered to do test. If the test result was positive, they were directly offered with Antiretroviral (ARV).

At presents, there were around 170.000 to 210.000 of 220 million of Indonesia's citizens suffered with HIV/AIDS. All of prevalence estimation was 0,1% in all countries, except Papua province, where the epidemic number estimated was 2,4%. In North Sulawesi, until October 2014, there were 1.651 people suffered with HIV/AIDS. Last month, September, numbers of sufferer were 1.641 people. It meant that there were 10 addition cases, consisted of two cases of HIV and eight cases of AIDS, and it were distributed in Minahasa were 4 cases, South Minahasa was 1 case, Manado City was 1 case, Tomohon City were 2 cases, and Bitung City were 2 cases.

From 979 men with HIV/AIDS in North Sulawesi, it was identified 268 cases were HIV and 711 cases were AIDS. From 672 women with HIV/AIDS, there were 299 women suffered with HIV and the rest of 373 women suffered with AIDS. Totally, there were 567 people suffered with HIV and 1.084 people suffered with AIDS. The increasing of this cases because the sufferers had suffered AIDS for long time but they just checked themselves up or reported their health status, and it was dominated by productive age (30-39 years old).

Based on beginning survey done on 20 September 2016 in Policlinic VCT R.W Mongisidi Hospital, the data of last 6 months, November 2015 until March 2015, the number of patients who visited to VCT R .W Mongisidi Hospital were 1.000 people. While, based on the beginning data, the number of patients who registered as suffered with HIV/AIDS were 12 persons,

consisted of 7 men and 5 women. While, the number of patients who got therapy were 47 persons.

There were many things that influenced the motivation and optimism of HIV/AIDS sufferers, such as self esteem. Self esteem was personal assessment toward the achieved result by analyzing how far the behavior influenced self ideal. Self esteem was individual's whole view about himself. Oftentimes we met the HIV/AIDS sufferers with low self esteem. This was caused by the lack of support and motivation from family or society itself. Self esteem of patient with HIV/AIDS had important role in the treatments process, as stated by Stuart and Sundeen that *self esteem* was behavior about individual value in analyzing the conformity of self ideal. The high self esteem was rooted from self acceptance without any requisite so it hoped that the patient of HIV/AIDS with high self esteem could accept their condition without any requisite. The research of Karnirius Harefa (2012), Masri Saragih (2012), and Nursamah (2012), showed that there was influence between self esteem and social support toward live optimism of HIV/AIDS sufferers.

Beside self esteem, there was factor of social support toward ODHA (Person with HIV/AIDS-Orang dengan HIV/AIDS), either support from family of society around the sufferers that were lack. This was because there was stigma in the society about the spreading of HIV/AIDS. Stigma about the spreading of HIV/AIDS influenced ODHA's self esteem became low. As stated by *Stuart and Sundeen* (1991), that self esteem was the behavior of individual assessment in analyzing the self proper with self ideal (Triyanto Endang, 2012).

The problem formulation of this research was "How was the description of Self Esteem of HIV/AIDS Sufferers in Polyclinic VCT Tk.III R.W Mongisidi Hospital Manado?"

METHODS

This was qualitative research with sampling technique by indept interview in order to know and get the description of ODHA's self esteem inManado City. The research was conducted during one month since 20 September until 20 October 2016.

Research Location

The research was conducted in VCT Tkt.III Hospital Manado, North Sulawesi province.

Informant in this research were ODHA who lived and worked in Manado City, with determining the informant by using scoping technique of 9, included the

leader of Peer Support Group (KDS-Kelompok Dukungan Sebaya), 1 counselor, and 1 health staff with criteria as follow: a. Willing to become informant, b. Able to speak Indonesia language in order to make the interview process easier so that there was no ambiguous interpretation, c. Were in the research location when the research conducted and cooperative or could be interview verbally (was not dumb and deaf).

The data collecting was done by in-depth interview with the informants used the interview guide. While, if it was permitted by the informants, the audio and visual data were recorded by using *recorder* and *photo camera foto*. In order to check the data credibility, it was done by using source Triangulation that was by comparing the informants' information (*cross check*) among one information and others. In viewing the information accuracy of this research, the source was not only from transsexual, but also from them who played role as *bocah* and the choosing of health staff related to drug abuse.

According to Miles dan Huberman (quoted in Sugiyono, 2010), said that the analysis of qualitative data was done interactively and continually till complete. The activities in data analysis were *data reduction*, *data display*, and *conclusion drawing/verification*.

1. *Data reduction*

Reduced the data meant summarized, choose the main case, focused on important case, found the theme and pattern. The reduced data would give clearer description and made the researcher easier in doing the next data collecting.

2. *Data display*

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

3. *Conclusion drawing/verification*

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

RESULTS

Respondents in this research were patients who did visitation, who could be reached during the research, they were 5 respondents as follow:

a). *Predisposing Factor:*

Showed 5 (100%) respondents were less confident, b). *Enabling Factor* : Showed 4 (90%) respondents were not conducive and 1 (10%) was conducive with physical environment, c). *Reinforcing Factor*: Showed 5 (100%) respondents were lack of social support from family and people around them.

DISCUSSION

HIV (*Human Immunodeficiency Virus*) was virus that caused AIDS by attacking white blood cell which named CD4 cell so that could damage the immunity system of human body, while AIDS (*Acquired Immunodeficiency Syndrome*) or was group of any diseases symptom caused by the decreasing of individual's immunity effect of HIV. In this condition, a sufferer would be susceptible and had high tendency to get disturb of his bio, psycho, social, and spiritual. At the psychological aspect, it was included self esteem.

Self esteem was individual assessment toward the result achieved by analyzing how far the behavior influenced self ideal. Self esteem was the whole view of individual about himself. Green stated that healthy behavior was formed or influenced by 3 factors: *Predisposing factor*, *Enabling Factor* and *Reinforcing factor*. *Self Esteem* was range of human behavior which was still covered (*covert behavior*).

Often times we met the HIV/AIDS sufferers with low self esteem. This was caused by the lack of norm, value, belief, trust, knowledge about HIV/AIDS and lack of tools and infrastructures, and also lack of motivation from family and society figures. *Self Esteem* at HIV/AIDS sufferers had important role in the process of treatment and therapy. According to Stuart and Sundeen, *self esteem* was behavior about individual value by analyzing the behavior properness and self ideal. High self esteem was rooted from self acceptance without requisite so that hoped the HIV/AIDS sufferers with high self esteem could influenced to the acceptance of themselves without requisite as follow:

a. *Predisposing Factor*

The realization of someone's health behavior, in this context were HIV/AIDS sufferers, very influenced by the values of belief, trust, and knowledge that were as *Predisposing Factors* inside the HIV/AIDS sufferers as the main stimulant that could encourage or motivate positive attitude inside the sufferers that could increase self confident or belief as a HIV/AIDS sufferer.

b. *Enabling Factor*

The availability of tolls and infrastructures and environment were *Enabling Factor* in supporting all process in the effort of therapy for the HIV/ODHA sufferers. Beside the availability of tools, health staffs such as doctor, nurse, and counselor and also skill instructor, it was also needed the place of health service which could be reached by the sufferers and other people, that could support the realization of health attitude to find treatment for the HIV/AIDS sufferers and other people in the effort to keep and protect the health.

c. *Reinforcing Factor*

How a family responded each grievance of sufferer's need was critical to success in returning the self confidence of HIV/AIDS sufferer in the form of any social supports. Social support was support of help from person who has close social relationship with individual who got the support. The support from family or society around the HIV/AIDS sufferer was very influenced for the sufferer to increase self esteem and increase his optimism. In this case, the role of family was very important for the HIV/AIDS sufferer. Natural supporting source, mainly from family, had the best influence toward individual because this supporting source was natural, without any scenario, and had the norm about when something should be given. Endwars and Warinta (2006) said that family and child support could increase ODHA's pursuance to get the therapy, made networking that could build closeness between the subject and other members. Beside it, the most needed of support were emotional, instrumental, appreciation, and informational supports. (Setyoadi & Endang Triyanto, 2012).

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