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**EFFECT OF SOCIAL SUPPORT, SELF-CONCEPT, STRESS, SELF
MOTIVATED TO SELF ACTUALIZATION OF HIV / AIDS
IN CITY OF MANADO**

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ABSTRACT

The objective of this research was to determine the effect of social support, self-concept, stress, self-actualization of the self-motivated people with HIV / AIDS in City of Manado. The research was conducted using survey methods with quantitative approach. The population is living with HIV / AIDS in city of Manado, the total population of 293, 193 respondents were willing to be, based on 93 respondents obtained Slovin techniques as the study sample, the sampling technique is simple random sampling. Data have been analyzed by path analysis techniques to analyze the effect of social support, self-concept, stress, self-actualization of the self-motivated people with HIV / AIDS in city of Manado. This research findings showed that (1) there is a direct positive effect of social support on self-concept, (2) there is a direct negative effect of social support on stress, (3) there is a direct positive effect of social support on self-actualization, (4) self-concept no direct effect negatively to stress, (5) there is a direct effect of self-actualization negatively to stress, (6) there is a direct positive impact on the concept of self-motivation, (7) stress in a negative direct effect on self-motivation, (8) there is a direct positive effect on the motivation of self-actualization, (9) So there is a direct positive effect of social support on self motivation. Based on these findings concluded that the self-motivated people with HIV / AIDS in the city of Manado can be increased by improving the status of social support, self-concept, stress and self-actualization.

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INTRODUCTION

Development of a nation needed main asset called resources, whether natural resources or human resources. Those resources were very important in determining the success of a development. Human development was a paradigm which placed human as focus and final target of the whole development activities, that was the governance achievement of resources in order to get income to reach proper live, improving health degree in order to be able to lengthen the live age and education degree

Management system of human resources could be seen as a process channel by the availability of human resources as the input. Human resources were the key of *Intellectual capital* of certain nation. *Intellectual capital* consisted of *Human capital*, *social capital* and *organizational capital*. The three elements must be processed with good management so that it could result good output, they are nation's prosperity and independence.

Human resources (HR) development was integral part of health development which required better quality improvement and human resources quantity, and it wished this improvement would improve qualified human resources who would stir the organization wheel into the success of nation development. The development success of a nation would be measured from the improvement of human resources quality. Then, the quality of human resources would be measured from 3 aspects, as explained, that are economic, health, and education degrees.

In this decade, in line with the advancement in any development sectors, formal or informal, so that qualified human resources were needed in order to fulfill the needs of employers all at once stir the development organizations wheels continuously which would effect to the organization productivities. Organization productivities was very determined by human resources available in that organization. In other side, human resources productivities was also determined by health condition of the applicant and employers or workers. Therefore, the health condition of applicants, employers, or worker need to be got attention in order that they were out of any ill and disease attacked, such as threat or moreover impact of HIV/AIDS infection, which at recent time, was very threaten the infestation of resources development, this meant human resources development in the world included in Indonesia.

AIDS had already become international problem because at the short time there was an increasing of sufferers and attacked violently more and more nations.

According to WHO estimation (1998), that each 1 (one) sufferer found there were 100 – 200 HIV sufferers who hadn't been known yet. In fact, the epidemic occurred was not only about the disease (AIDS), virus (HIV), but also negative reaction/impact in any fields such as health, social, economic, political, cultural, and demography. This was a challenge must be faced by developed and developing countries. The spreading of HIV/AIDS was not solely about health but it also had implications of political, economic, social, ethic, religious, and law and moreover the real impact, fast or slow, touched almost all aspects of human life. This threatened the nation's effort to increase the human resources quality. Moreover, most of them who got the infection were they at the productive ages. Age of 25-49 years old (73%), 20-24 years old (14,2%), > 50 years old (4,6%).

AIDS epidemic was one of serious social and society health challenge ever faced of the world, which did not only destruct individually but also family, society, and all social orders. They who get the bad condition were people who did not have ability to limit and restraint this disease. They did not work and needed sufficient health facilities which would make cost for the county's funding.

At the economic order, HIV and AIDS slowed up economic development by destructing number of people who had production ability (human capital). Higher and higher the level of illness and mortality in certain area, it would cause few number of worker and skilled people population. This few workers would be dominated by the young people with their limited knowledge and work experience so that the productivity would decrease. The increasing of work leave to visit the member of family who were sick would also decrease the productivity.

The increasing of mortality would also vitiate production mechanism and human resources infestation (human capital) at the society, that was caused by the losing of income and the death of older people. AIDS caused the death of adults, vitiated the population of tax payers, decrease the public fund such as education and other health facilities which were not related with AIDS. This condition gave pressure to the country's financial and slowed up economic growth. The effect of slowing up the growth of taxpayer number would be more and more felt if there was an increasing of expenditure to handle sick people, training (to substitute the sick workers), replacement of sick cost, and nursing the orphans, victims of AIDS.

At the level of home life, AIDS caused the lost of income and increased the health cost. The decrease of

income caused the decrease of payment, and changed the education cost became health and buried costs. The research in Gading Beach showed that a home life with HIV/AIDS patient spent the living cost twice to the medical nursing than to the other home life's needs.

The discrimination and social stigma showed that there was no social support toward the sufferers, made it became more difficult, whereas the social support could decrease emotional problem. The research result of Kelly et al (2009) in Setyoadi, Endang (2012), stated that social support was able to decrease the emotional psychological problem, stress, and depression of the HIV sufferers.

Social punishment or stigma given by the society in any parts of the world to the AIDS sufferers occurred at any ways, such as isolation, rejection, discrimination, and avoidance of the people inferred HIV infection, gave an obligation to do HIV test without any agreement or secret protection, and quarantine implication to the people with HIV infection. Violence or fear of violence had already prevented many people to do HIV test, or try to get nursing, so that it could change a chronically ill restrained to be "death punishment" and made the HIV spreading became wider.

Psychology problem which pressure the patients were stress, depression became a person with HIV positive, or had family members with HIV/AIDS could cause stress for the sufferers of people who nursed them. In many countries where that HIV prevalence was high, it was often found more than one person with HIV/AIDS lived in one house at the similar time. Stress caused by living with person with chronically sick, although it was indirectly, aroused main psychological problem like serious depression which could cause psychosocial reaction that caused troubles and dysfunctions. The research of Miller et al (2006), stated that the decrease of live quality of HIV/AIDS sufferers causing them got depression.

Those dysfunction and stress could decrease resistance and stamina to the sick condition, and would contribute in decreasing the pursuance to get medicines. The HIV/AIDS sufferers were people who had sentiment as similar as general people in facing any social stigmas in their family or work place and in the society, which pressured their existence mainly psychologically and psychosocially pressures, whether from internal or external of their environment where they lived and did activities.

If the sufferers' physical, psychological, and social conditions were not handled totally, it would cause

problems of stress, self concept, self actualization and motivation, so that the sufferers would withdrawal their selves from their society, any daily social activities, and finally it would be influenced to the decreasing of live motivation and productivities. The research of Rachmawati (2003), said that ODHA were lack development of social correlation and spiritual life and lack of social support from their family and people around them, describing that there were still many stigma and discrimination for them.

UNAIDS (*United Nations Acquired Immune Disease Syndrome*) said that HIV/AIDS in Indonesia was one of the fastest endemic in Asia (UNAIDS, 2008). HIV/AIDS epidemic in Indonesia was going on during 15 years and assumed that it would be length because there were many factors which bridging the spreading of this disease. During next ten years, this disease might not be solved yet, so that it was still part of society health problem which had wide social-economic implication. The suffering was not only felt by the infected people but also would be felt by their family and society.

Indonesia had already entered the concentrated epidemic. Integrated surveillance HIV and Attitude (STHP, Key Population, 2007) showed the prevalence of HIV in key population: direct WPS 10,4%; indirect WPS 4,6%; transexual 24,4%; WPS customers 0,8%; male homosexual (LSL) 5,2%; users of NAPZA injection 52,4%. In Papua and West Papua Provinces, there was a movement to the generalized epidemic with HIV prevalence 2,4% at the society of 15-49 years old (STHP, Papua Society, 2007). Ministry of Health estimated that in 2014 Indonesia would have almost three times of people lived with HIV and AIDS compared with in 2008 (from 277.700 people became 813.720 people). This could be happened if there was not any meaningful efforts to overcome HIV and AIDS during that time.

In North Sulawesi, number of HIV/AIDS cases since 1997 until May 2012 were 1053 consisted of 617 men and 437 women, ages of 15-29 were 29 cases, ages of 20-29 were 470 cases, ages 30-39 were 303 cases, ages 40-49 were 132 cases and ages of 50-59 were 37 cases with number of mortality were 143 people. Based on the professions, they were house wife/IRT were 196 cases, run a private enterprise/entrepreneur were 291 cases, employees were 60 cases, PNS (official servant) were 18 cases, PSK were 85 cases, university students were 36 cases, and students were 3 cases.

HIV/AIDS sufferers in Manado were 420 cases consisted of 135 cases of HIV and 286 cases of AIDS

with mortality of 8 persons, and they who actively joined the treatment were 238 people. Most of the victims did not know or were late to know that they were infected with this deadly virus, and finally they died horribly.

Based on the final data from Health Department of Republic Indonesia, until September 2012, HIV/AIDS cases registered in North Sulawesi were 2328 cases with HIV of 1733 cases and AIDS of 595 cases and it was at 12th order from 33 provinces.

According to Health Laws Number 36 Year 2009, health was human right of every citizen of Indonesia because it was human's basic need which must absolutely be fulfilled for the viability of applicants, workers and or employees. Degree of human resources health was not one dominant aspect in guaranteeing productivity because there were other aspects such as economic and education. However, if health aspect was ignored, from the side of applicants, there were many applicants who would be eliminated because they were unhealthy. While, from the side of workers and or employees, it would increase the number of permission, work leave, and moreover resigned from an organization or industry and became unemployment.

If this condition occurred, it would be the negative impact toward the productivity of organization or human resources and would increase country's responsibility in funding the health problems and unemployment. It was because there many people were unhealthy or got certain disease that would disturb development sectors such as economic sectors and further would be influenced to the problems of social, political, and country's stability.

Preparing the quality and quantity of qualified human resources was not easy thing because it was involving many sectors and needed times. However, at least in the long term periods, was how to make preparation or anticipation in order that the supply of applicants and workers be fulfilled. While for the short term periods, it could guarantee the stability of work productivity of the employees or workers did not decrease caused by many workers/employees asked for permission, work leave, and moreover they resigned because of their sick.

Any data and facts indicated that HIV/AIDS epidemic cases were important to be restrained in order that it did not increase because its prevalence was over of 5% HIV at the key population. It meant that HIV epidemic in Manado was already at the concentrated level with alert status. Observing any phenomenon occurred, so the researcher needed to examine any factors which influenced the quality and quantity of human resources, in this context, self motivation of HIV/AIDS sufferers in Manado.

According with the problems explained, it assumed that there were many factors influencing motivation of the HIV/AIDS sufferers, as follows: social support, self concept, stress, and self actualization. The problem formulations were:

- 1) Was the social support directly influenced to the sufferers' motivation?
- 2) Was the self concept directly influenced to the sufferers' motivation?
- 3) Was stress directly influenced to the sufferers' motivation?
- 4) Was the self actualization directly influenced to the sufferers' motivation?
- 5) Was social support directly influenced to the sufferers' stress?
- 6) Was self concept directly influenced to the sufferers' stress?
- 7) Was self actualization directly influenced to the sufferers' stress?
- 8) Was the social support directly influenced to the sufferers' self concept?
- 9) Was social support directly influenced to the sufferers' self actualization?

Based on the theoretical framework and hypothesis, it was arranged model of research theory in the form of causal inter research's variables, as shown in the path diagram of constellation model of the correlation inter research's variables, as follows:

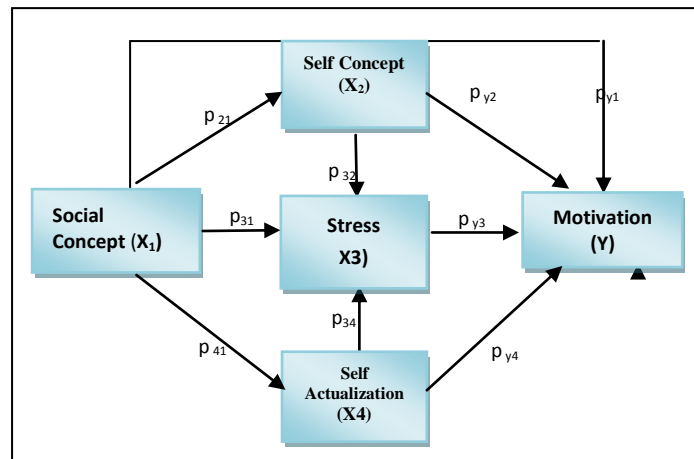


Figure 1. Constellation Model of Correlation inter Research's Variables

Reference :

X_1 = Social Support

X_2 = Self Concept

X_3 = Stress

X_4 = Self Actualization

Y = Self Motivation

P_{ij} = Coefficient of Path at the sample, x_j influenced Y_i

METHODS

The approach used in this research was quantitative approach using survey method. The population were all HIV/AIDS sufferers in Manado amount to 238 people who were actively doing a treatment, while they who were willing to be the sample only 159 people with the assumption of homogeneity sample. From 195 people, it obtained sample size, based on the Slovin formula, 132 with error tolerance = 5% = 0,05.

From the this sample plan of 132, then 30 samples/respondents determined as testing sample, and the rest of 102 samples determined as research samples. The questioner's distributions done in two stages, they are first stage for 30 testing questioners and 102 for research samples. From 102 questioners, only 93 (91,18%) returned and it all used as research's samples. The research stages done were (1) Pre-survey, (2) Instruments Testing, (3) Data collecting, (4) data analysis, and (5) dissertation writing. The research duration was 6 (six) months, August 2012 until January 2013.

Instruments used in data collecting in this research was using multiple choice questioners by using Likert measurement scale, with 5 measurement scales planned and developed through theoretical analysis in order to determine validity based on the underlined theory and

made synthesis in the form of indicators from variables of social support, self concept, stress, self actualization, and self motivation. Statements of the choices categories were: (1) always, (2) often, (3) sometime, (4) rare, (5) never. While, for the instrument of self concept variables had the choices of: (1) very agree, (2) agree, (3) doubt, (4) disagree, (5) very disagree.

Through five answers possibilities, it was hoped that the respondents could choose the answer which was appropriate with their real condition of HIV/AIDS sufferers themselves.

Validity test of the research instrument was using Pearson product Moment formula, while to test instrument reliability, it was using Alpha Cronvbach Technique with a help of SPSS version 17.

Data Analysis

Data analysis was done descriptively in order to gain description of the characteristic of value spreading of each variable in the data presentation, central size, and spreading size. Data presentation was using distribution list and histogram. Central size included mean, median, and modus. Spreading size included variant and standard deviation.

Data analysis with inferential statistical used to get coefficient of path in order to prove research hypothesis based on the model at the path analysis. Hypothesis presentation was using $\alpha = 0,05$. Before

hypothesis testing was done, firstly, doing normality error appraisal regression testing by using *Liliefors*. Significance and linearity of regression model testing used to know that variables formulated in the research theoretical had factual linear correlation.

The counting was done by using helper tools of computer. The program used was data analyzing program of *Microsoft Excel SPSS 17 for windows*.

RESULTS

a. Description of Research Respondents

The respondents' characteristics was divided into gender and ages as explained below:

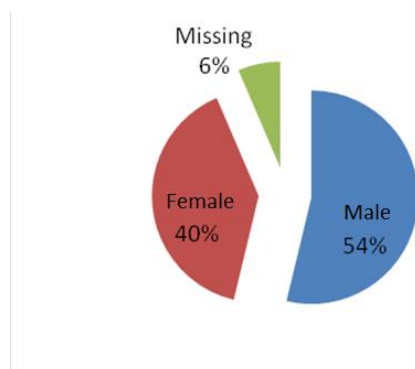


Figure 2. Respondents based on the Gender

Based on the gender, number of men sufferers were 50 people (53.8%), and women were 37 (39.8%),

while 6 people (6.5%) didn't answer the questions about gender in the questioner.

Table 1. respondents based on Ages

N	Valid	69
	Missing	24
Mean		33.2754
Median		33.0000
Mode		33.00(a)
Std. Deviation		7.84010
Variance		61.467
Minimum		20.00
Maximum		53.00

a Multiple modes exist. The smallest value is shown

Based on the ages, the average of the HIV/AIDS sufferers become the respondents were 33.27 years old, with standard deviation of 7.84. The lowest age was 20

years old and the oldest was 53 years old. There were 24 respondents refused to answer the question about ages.

Table 2. Respondents based on the profession

	Frequency	Percent
Missing	38	40.9
LABORER	1	1.1
HOUSE WIFE	10	10.8
PNS (official servant)	5	5.4
SALES	1	1.1

	Frequency	Percent
SALOON	1	1.1
PRIVATE	31	33.3
FARMER	2	2.2
ENTERPRE	4	4.3
NEUR		
Total	93	100.0

The data about jobs did not answer by 38 respondents, while the rests answered the information about their jobs. From the respondents' data, there were 31 persons identified had jobs as private employees, 10 persons as house wife (IRT), 5 persons as PNS, 4 persons as entrepreneurs, and the rests, each, as laborer, sales, and saloon worker.

b. Result of path analysis (*path analysis*) of hypothesis proof of empirical causal correlation inter variables

The inferential statistical analysis of path analysis from five research variables showed that stress variable had higher coefficient value than other variables. This evidence showed that stress negatively affected toward self motivation ($\rho_{y3} = -0.325$), wholly, model of empirical causal correlation inter variables could be seen in the Diagram of Empirical Causal Correlation (*Standardized Coefficient*) as follow:

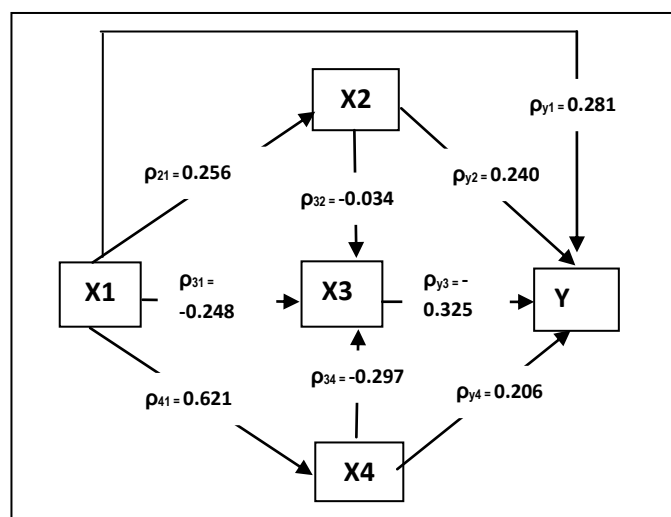


Figure 3. of Empirical Causal Correlation

(*Standardized Coefficient*)

Wholly, the hypothesis evidence of influence of empirical causal inter variables could be explained as follow:

- 1) The counting result of path coefficient was $\rho_{21} = 0.256$. Testing result showed $t_{\text{counting}} 2.530 > t_{\text{table}} 1.98$. Because $t_{\text{counting}} > t_{\text{table}} (\alpha = 0.05)$, so H_0 rejected, and H_1 accepted. There was positive direct effect of social support to the self concept.
- 2) The counting result of path coefficient was $\rho_{31} = -0.248$. Testing result showed $t_{\text{counting}} -2.056 < t_{\text{table}} -1.98$ ($dk = 91, \alpha = 0.05$). Because $t_{\text{counting}} < t_{\text{table}} (\alpha = 0.05)$, so H_0 rejected, and H_1 accepted. There

was negative direct effect of social support to the stress.

- 3) The counting result of path coefficient was $\rho_{41} = -0.621$. Testing result showed $t_{\text{counting}} 7.555 > t_{\text{table}} 1.98$. Because $t_{\text{counting}} > t_{\text{table}} (\alpha = 0.05)$, so H_0 rejected, and H_1 accepted. There was positive direct effect of social support to the self actualization.
- 4) The counting result of path coefficient was $\rho_{32} = -0.034$. Then, in order to know the significance level of path coefficient, testing result showed $t_{\text{counting}} -0.359 < t_{\text{table}} -1.98$. Because $t_{\text{counting}} < t_{\text{table}} (\alpha = 0.05)$, so H_0 accepted, and H_1 rejected. There was negative direct effect of self concept to the stress.

- 5) The counting result of path coefficient was $\rho_{34} = -0.297$. Then, in order to know the significance level of path coefficient, testing result showed $t_{\text{counting}} - 2.532 < t_{\text{table}} - 1.98$. Because $t_{\text{counting}} < t_{\text{table}} (\alpha = 0.05)$, so H_0 rejected, and H_1 rejected. There was negative direct effect of self actualization to the stress.
- 6) The counting result of path coefficient was $\rho_{y2} = 0.240$. Testing result showed $t_{\text{counting}} 3.279 > t_{\text{table}} 1.98$. Because $t_{\text{counting}} > t_{\text{table}} (\alpha = 0.05)$, so H_0 rejected, and H_1 accepted. There was positive direct effect of self concept to the self motivation.
- 7) The counting result of path coefficient was $\rho_{y3} = -0.325$. Testing result showed $t_{\text{counting}} -3.994 < t_{\text{table}} - 1.98$. Because $t_{\text{counting}} < t_{\text{table}} (\alpha = 0.05)$, so H_0 rejected, H_1 accepted. There was negative direct effect of stress to the self motivation.
- 8) The counting result of path coefficient was $\rho_{y4} = -0.206$. Testing result showed $t_{\text{counting}} 2.209 > t_{\text{table}} 1.98$. Because $t_{\text{counting}} > t_{\text{table}} (\alpha = 0.05)$, so H_0 rejected, and H_1 accepted. There was positive direct effect of self actualization to the self motivation.
- 9) The counting result of path coefficient was $\rho_{y1} = -0.281$. Testing result showed $t_{\text{counting}} 2.968 > t_{\text{table}} 1.98$. Because $t_{\text{counting}} > t_{\text{table}} (\alpha = 0.05)$, so H_0 rejected, and H_1 accepted. There was positive direct effect of social support to the self motivation.

In order to clarify the result of hypothesis testing in this research, it could be seen in the table of summary result of hypothesis testing as follow:

Table 3. Summary of Hypothesis Testing Result

Effect	Path Coefficient	t counting	t table	sig	Conclusion
X ₁ up			2.530		
X ₂	$\rho_{12} = 0.256$	2.530		0.001	Ho rejected
X ₁ up			-		
X ₃	$\rho_{13} = -0.248$	-2.056	2.056	0.047	Ho rejected
X ₁ up			7.555		
X ₄	$\rho_{14} = -0.621$	7.555		0.005	Ho rejected
X ₂ up			-		
X ₃	$\rho_{23} = -0.034$	-0.359	0.359	0.000	Ho accepted
X ₄ up			2.532		
X ₃	$\rho_{43} = -0.297$	-2.532		0.002	Ho rejected
X ₂ up			3.279		
Y	$\rho_{y2} = 0.240$	3.279		0.422	Ho rejected
X ₃ up			-		
Y	$\rho_{y3} = -0.325$	-3.994	3.994	0.000	Ho rejected
X ₄ up			2.209		
Y	$\rho_{y4} = -0.206$	2.209		0.043	Ho rejected
X ₁ up			2.968		
Y	$\rho_{y1} = 0.281$	2.968		0.017	Ho rejected

DISCUSSION

Based on the result of hypothesis analysis and testing, it showed that eight of nine hypothesis proposed in this research, generally proved that social support, self concept, stress, and self actualization affected to the self of HIV/AIDS sufferers in Manado.

Specifically, the discussion of hypothesis analysis and testing results were explained as follow:

First, based on the hypothesis testing result, proved that social support was positively directly affected to self motivation, meaning that positive

motivation influenced by social support. The higher of social support, so that the self motivation of HIV/AIDS sufferers in Manado was more maximum.

Motivation was an encouragement from the inner of anyone which caused they could do something to achieve the goals. According to Wahyu (2010), motivation derived from motive, meant someone's support of cause or reason to do something or the support from inner of human being emerging because there were stimulus from their environment so that running someone's strong willing to do certain action to achieve the goals hoped.

Next, Hamzah Uno said motivation emerged because there were any encouragement both from outer or inner so that someone was willing to change their attitude. It was clear that motivation born from individual herself who running that individual.

The essential of those any statements showed that self motivation consisted of energy, support or movement, someone's willing to fulfill any needs based on her physical or psychological condition. As social creatures, certainly, the HIV/AIDS sufferers were not separated from the community of other human being in any activities, whether physically, psychologically, and socially. Those were activities which triggered needs and became motivation to act to fulfil their needs.

Motive and motivation were indivisible two things. Motive was need and motivation was willing so that need would emerge willing of the sufferers to fulfill their needs whether physical or psychological needs. The fulfillment of those needs would make the sufferers got pleasures both their physical or psychological.

In order to achieve the fulfillment of pleasure, so in this condition, the sufferers needed others' involvement especially family or closest people as the stimulus or social support. Social the existence of social support caused the motivation of HIV/AIDS sufferers was increasing. According to Baron & Byrne (2000), social support was physical and psychological pleasure given by friends or family of those individual. The essential of those explanations, that by the existence of social support so that the motivation would be increasing.

Based on the result found, all dimensions of social support, showed that emotional support was dominant support with correlation of 0,546, followed by appreciation support 0,490, and informative support 0,479, while instrumental support, proved, did not have significant correlation with motivation. Observing this finding, it could be stated that emotional support indicator was the most dominant indicator of social support dimension in increasing the self motivation of HIV/AIDS sufferers in Manado.

Research finding showed that social support was very important for them who living with HIV/AIDS. However, social function and living quality in the middle of live stigmatization and discrimination with HIV in the society must be highlighted and needed continued investigation.

Second, based on the hypothesis testing, it proved that self concept was positively directly affected to the self motivation. Meant that self concept had positive effect to the self motivation, while the rests was

influenced by other variables such as social support, stress, and self actualization. The higher of self concept, so it would be implicated to the higher motivation of HIV/AIDS sufferers.

In line with the finding of Skaalvik and Valas (1999), there were any influences of self concept to appreciation motivation (*achievement*); according to Jens Möller, *et.al.*, (2009), there was influence of self concept to achievement motivation in the context of students in the education environment; Thomas, *et.al.*, (2009) proved the correlation of self concept (*self – efficacy*) with motivation, and the research of Narayan and Johnson, (2012) also found the relevance between self concept and intrinsic motivation.

Based on the analysis of four indicators of self concept dimension, it found that role dimension indicator got correlation value of 4,32, then self esteem 4,25, identity 4,19 and the last body image 3,53. It meant that self esteem dimension indicator was the most dominant indicator related to motivation. While, body image dimension indicated lees or nearly did not have significant correlation with motivation.

Therefore, in order to increase motivation of HIV/AIDS through self concept, could be done by increasing self esteem (*self-efficacy*), role, and identity. While, body image was nor proved correlated with motivation so that it was not recommended to be followed up.

Third, based on the result of hypothesis testing it proved that stress was directly negatively affected to self motivation. It meant that the lower stress would stimulate the increase of motivation of HIV/AIDS sufferers.

This research result showed that HIV/AIDS sufferers had certainly got psychological and social pressure which made them became or got stress, and then stimulated the motivation decrease. This was the condition that stress must be solved or minimized immediately in order to restore the quality of self motivation of the sufferers. This was important to be done because self motivation was energy, stimulation or movement of someone's willing which aimed to fulfill any needs based on their physical and psychological condition.

In line with Barney, Steven M. Elias, (2010) found that there was correlation between stress and motivation; Goeders, (2004), said that there was correlation between stress and motivation to get medical treatment at the addicted patients. The essence of this finding, it was needed stress management at the

HIV/AIDS sufferers in order to increase their live motivation.

The finding of Israelski, *et.al.*, (2007), found that HIV/AIDS sufferers who got public health service tended to have problem of post acute traumatic stress and depression. Gore-Felton (2005) in his research proposed to use adaptive coping strategy in order to face live stress of HIV/AIDS sufferers. The essence of that opinion, in order to check the health mental of HIV/AIDS sufferers, it must pay attention to the coping condition of the sufferers and must used appropriate tools and procedures in order to be able to explore and reduce stress condition as minimum as possible to stimulate the increase of self motivation.

Fourth. Based on the hypothesis testing, it proved that self actualization was positively directly affected to self motivation. It meant that the better of self actualization, so that would more stimulate the increase of HIV/AIDS sufferers' motivation. This research was relevant with Maslow's motivation theory which placed self actualization at the highest level, that needs fulfillment of individual's self actualization could motivate someone.

According to Wibowo, motivation was an encouragement toward a range of human's attitudes at the goals achievement. The similar opinion given by Komang Ardana, motivation was certain need which support someone to do something. The existence of this need caused someone comport in his effort to achieve the goals. It meant that the existence of need inner the sufferers would become the stimulant of self motivation inner the HIV/AIDS sufferers where finally those sufferers were able to actualize themselves.

According to Michael Hall in Akbar, self actualization was person who found and developed 'the real' of themselves, listened to his hearth, released his best potential, and made someone with 'the best version of himself.' Self actualization was ability to find self, developing self, and managing self according to his own version, without any pressures from any body. Needs of self actualization, in a hierarchy manner, was at the highest position if it was seen from all needs hierarchies. It meant that in order to achieve that need so that all needs under that level must be fulfilled.

According to Maslow & Slavin, in Zam, Wahyuni, actualization was the highest degree and achievement attainment of needs after other needs such as physical needs, safety, affection, and self esteem were fulfilled.

From five indicators of self actualization dimension, it was found three dimension indicators which related with self motivation and two other

dimensions that are openness and independence, proved did not have significant correlation with motivation.

This research result showed that effort to increase self motivation could be prioritized through improving the correlation, acceptance, and creativity. The higher of this dimension, so that would more maximum the self motivation of someone. Whereas, the openness and independence dimensions did not explain enough of motivation so that needed continued research in order to prove the relevance of those both dimensions with motivation.

Fifth. Based on the hypothesis testing, it proved that social support was negatively directly affected to stress. It meant that the improvement of social support would decrease stress.

As the HIV/AIDS sufferers, they must be got stress because faced the verdict as people infected with deadly disease. In this condition, they needed spirit, guidance, and protection so that social support in the context of family or closest people support was very decisive in helping them to face the problem. It meant that the higher of social support, so that the lower stress felt by the HIV/AIDS sufferers in Manado.

According to Hidayat, stress was physical and psychological reactions toward certain demand which caused tension and disturbed daily live stability. Wibowo stated that stress was every influences that disturbed someone's mental and physical health. So that, stress was a trouble at someone which emphasized to physical and mental problems that implicated at daily activities stability caused inconvenience. By the existence of social support, the sufferers would have self confidence which could decrease stress and then they could do activities in their daily life.

In line with Strogatz, dkk (1997); Lincoln, *et.al.*, (2005), stated that social support decreased depression indication, Sai Wong, *et.al.*, (2005), said that social support could decrease stressor influence (stress cause) toward stress happened, Kricker, *et.al.*, (2005), stated that social support could decrease stress effect at the cancer sufferers in Australia.

The next, through correlation analysis it was known that indicator of emotional support had the most dominant correlation with stress decrease with correlation of -0.410, followed by appreciation support -0.352 and informative support -0.340, whereas instrumental support did not have significant correlation with stress felt by the HIV/AIDS sufferers.

The next, based on the stress rank, it showed that 18 persons (19.4%) had identified in low stress level, 62 persons (66.7%) had identified in middle stress level, and 13 persons (14%) had identified in high stress

level. This description showed that majority of the respondents had stress in the relatively middle level and only 14% who had stress level in high category. This condition was inferred caused by the height of social support so that could decrease stress level felt by the HIV/AIDS sufferers.

Sixth. Based on the hypothesis testing, it was not succeed to prove the negative direct effect of self concept to stress. This research did not support stress model developed by Ivancevich, *et.al.*, (1982) which using self concept in the context of self esteem as factor which could decrease stressor effect to stress, and the research of Schaver, *et.al.*, (1996) which found correlation between self concept with stress and happiness. Remien, *et.al.*, (2006) found that self efficacy could decrease stress in the life of women with positive HIV so that could help to reduce negative effect of HIV disease in the mood.

From four indicators of self concept dimension, role dimension indicator had correlation value of 4,32, followed by self esteem 4,25, identity 4,19 and the last was body image 3,53. This fact had clearly explained that, generally, self concept was high enough, but in fact, in the context of all variables, self concept was not able to decrease stress felt by HIV/AIDS sufferers.

Based on four indicators of dimension used to measure self concept,, two indicators identified did not have significant correlation with stress, they are body image with positive correlation of 0,196 and identity with positive correlation of -0,181. Whereas, two other dimensions, they are self esteem had negative correlation of -0,299 and role had negative correlation of -0,232.

This inconsistency correlation between self concept with stress was ta the body image dimension which had positive correlation, whereas other dimensions had negative correlation. This condition caused by the variety of condition or psychological and social responses of HIV/AIDS sufferers in accepting the reality of live because some of them had already got counseling or guidance, or social support, while other sufferers just began their medical treatment, counseling, guidance so that they had not been able to accept the verdict of their ill. Those was inferred as the cause of insignificance of self concept effect to the stress of HIV/AIDS sufferers so that self concept in this research was not succeed to be predictor to reduce stress felt by the HIV/AIDS sufferers in Manado.

Beside the sufferer factor, caused self concept was not succeed to be the predictor in this research, there were other technical factors out of this context, they are number of sample and psychological condition of the

sufferers, in order to explore deeper information about the relevance between self concept and stress, especially at the HIV/AIDS sufferers.

Seventh. Based on the hypothesis testing, it proved that self actualization was negatively directly affected to stress. It meant that the lower stress would stimulate the higher of self actualization of HIV/AIDS sufferers.

CONCLUSION

1. Social support directly influenced positively to the motivation. Means: If we wanted to improve the self motivation of HIV/AIDS sufferers in Manado, so that the social support especially advice, information, attention, love and affection, financial helping, medical and nursing service from the family and closed people must be given to the sufferers maximally.
2. Self-concept directly influenced positively to the self motivation. Means: If we wanted to improve self motivation of HIV/AIDS sufferers in Manado, so that the self concept of the sufferers must be improve by giving counseling service which was appropriate with their self existence and the diseases they got.
3. Stress directly influenced negatively to the self motivation. Means: If we wanted to improve self motivation of HIV/AIDS sufferers in Manado, so that stress condition, especially their psychology stress, must be minimized by giving counseling, guidance, helping, which was appropriate with the sufferers' needs.
4. Self actualization directly influenced positively to the self motivation. Means: If we wanted to improve self motivation of HIV/AIDS sufferers in Manado, so that the self actualization of the sufferers must be maximized by growing and giving belief to the sufferers about their self potential.
5. Social support directly influenced negatively to the stress. Means: If we wanted to decrease the stress of HIV/AIDS sufferers in Manado, so that the social support especially from the family and closed people must be given to the sufferers maximally in line with the sufferers' needs.
6. Self actualization directly influenced negatively to the stress. Means: If we wanted to decrease the stress of HIV/AIDS sufferers in Manado, so that the similar opportunity must be given to the sufferers in order to be able to actualize

themselves, in the form of participation at any activities appropriate with their health condition.

7. Social support directly influenced positively to the self concept. Means: If we wanted to improve self concept of HIV/AIDS sufferers in Manado, so that the social support to the sufferers must be maximized especially from the family and closed people in line with the sufferers' needs.
8. Social support directly influenced positively to the self actualization. Means: If we wanted to improve self actualization of HIV/AIDS sufferers in Manado, so that social support especially from the family and closed people must be increased.

The improvement and increase of social support would cause the increase of self actualization of HIV/AIDS sufferers in Manado. Social support was help or support of physical and psychological pleasure given by the family of closest people. Self actualization was the ability to be someone or something in line with their ambitions including development, potential attainment, and fulfillment of self need (*fulfill need*) or encouragement to be what they were able to be someone. Thereby, if individuals had ability to realize their ambitions, so that support needed to be given to encourage the realization of self actualization. In other words, self actualization could be improved by increasing social support of HIV/AIDS sufferers in Manado.

The constraint of this research, mainly, hadn't been able to reveal more information about the variables examined except the samples research. Else, limited time, cost, and energy, and the other important reason, almost HIV/AIDS sufferers were closed about their family biography, married status, job, sexual and health attitudes, because there was social stigma referred to them, which effected to the lack of their willing to be the respondents in this research.

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