

Increasing Self Acceptance of Coping Strategies In People With HIV/AIDS (ODHA)

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ABSTRACT

The existence of discrimination and stigma made HIV/AIDS patients choose to avoid social environment, tend to isolated themselves and more often to be alone so that patients have not been able to accepted themselves with the latest status as HIV/AIDS patients. Low acceptance made PLWHA experience failure interacted with people and the environment so that coping strategies are needed to solve problems. This study aims to prove the relationship of coping strategies with self-acceptance in HIV/AIDS patients in the working area of the Sooko Mojokerto Health Center. This study used a correlational analytic design through a cross sectional approach obtained a sample of 42 people involved In research selected used purposive sampling technique. Data collection used the WOCQ questionnaire to measure coping strategies and IIQ to measure self acceptance. The results of this study were tested used Spearmen rho and obtained a p-value of 0.000 with $\alpha = <0.05$, which means that there is a relationship between coping strategies and self acceptance in HIV/AIDS patients in the working area of the Sooko Mojokerto Health Center. The importance of choosing the right coping strategy is problem focused coping in HIV/AIDS patients can help patients in increasing self-acceptance in themselves because HIV/AIDS patients have their own efforts in terms of solving problems.

Keywords: Coping Strategy, Self Acceptance, HIV/AIDS.

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INTRODUCTION

Human Immunodeficiency Virus (HIV) is one of the infectious diseases that is still an epidemic in the world that attacks the immune system so that the body is susceptible to various infections. The collection of symptoms due to infection is called Acquired Immuno Deficiency Syndrome (AIDS) (Bagus Andrianto et al., 2020). The existence of discrimination and stigma makes People with HIV/AIDS (ODHA) choose to avoid the environment, close themselves off and more often to be alone so that ODHA cannot accept themselves with the latest status, namely patients with HIV/AIDS diagnosis (Rakasiwi & Nurchayati, 2021).

The results of the initial study conducted in the working area of the Sooko Mojokerto Health Center obtained data on HIV/AIDS patients in 2024 as many as 86 patients and conducted interviews with 5 HIV/AIDS patients obtained by four respondents, including after hearing that the patient could not accept himself or herself so that the patient said he was stressed until he had the desire to end his life, Not wanting to interact with neighbors because they are embarrassed, blaming themselves for following the advice of friends in trying to change relationships, and even thinking that others must be the same as themselves so that they remain active in sexual intercourse by changing partners without using safeguards. One ODHA said that all actions have risks, so they tried medical treatment and alternative medicine such as consuming aloe vera juice every day but there was no result for 1 month.

ODHA often experiences psychological pressure as a result of community stigma to cause anger, frustration, anxiety, shame, denial of their illness, and grief due to their condition (Salami et al., 2021). The psychological problems experienced by ODHA constantly have an impact on their self-acceptance. Self-acceptance is a behavior that describes the feelings of a person who can accept his strengths and weaknesses (Kustanti et al., 2019). Low self-acceptance makes people with disabilities experience failure in interacting with people and the environment so that they can lower their self-confidence, always feel ashamed of their physical condition, and even blame God for giving them diseases that have no cure (Mendrofa et al., 2022). Psychological problems experienced by ODHA to be able to solve various kinds of pressure require a coping mechanism that is quite effective and adaptive (Parcesepe et al., 2023). Adaptive mechanisms are in the form of strategies (Senjaya et al., 2022). The coping strategy is Problem Focus Coping or Emotional Focus Coping which can help ODHA accept their condition (Pardede et al., 2021). Therefore, the author is interested in researching the relationship between coping strategies and self-acceptance in HIV/AIDS patients.

METHOD

This study is a quantitative research on the design of correlational analysis with a cross sectional study approach. The population of this study is all HIV/AIDS patients in 2024, namely 86 people who are undergoing routine treatment at the Sooko Mojokerto Health Center. The sample used in this study amounted to 42 respondents who were selected using the purposive sampling technique. The variables in this study are coping strategy as an independent variable and self-acceptance as a dependent variable. This research was carried out in June 2024 which is located at the HIV Poly of the Sooko Mojokerto Health Center. The data collection of this study uses the Ways Of Coping Questionnaire questionnaire to measure coping strategies and the Illnes Identity Questionnaire questionnaire to measure self-acceptance. This study was tested using the Spearmen Rank Rho statistical test and the results of this study were presented in the form of frequency distribution tables and crosstabs.

FINDING AND DISCUSSION
RESEARCH RESULT

1. Characteristics of Respondents

The results of the characteristics of the respondents based on gender, age, education, length of HIV diagnosis, HIV-related information, coping strategies, and self-acceptance in the work area of the Sooko Mojokerto Health Center are presented in the following table 1

Table 1. Characteristics of Respondents

No	Characteristics of Respondents	f	%
1.	Gender		
	- Male	31	73,8
	- Female	11	26,2
2.	Age		
	- 18 – 24 year	14	33,3
	- 25 – 49 year	24	57,1
	- 50 – 59 year	4	9,5
3.	Education		
	- Elementary – Junior High School	9	21,4
	- High School–College	33	78,6
4.	Long Illness with HIV		
	- 0 – 6 months	26	61,9
	- 6 – 12 months	16	38,1
5.	HIV-related information		
	- Ever	37	88,1
	- Never	5	11,9
6.	Coping Strategy		
	- <i>Problem Focused Coping</i>	29	69,0
	- <i>Emotional Focused Coping</i>	13	31,0
7.	<i>Self Acceptance</i>		
	- High	16	38,1
	- Low	26	61,9
Total		42	100.0

Source : Primary data, 2024

Table 1 above shows that most of the respondents are male, namely 31 respondents (73.8%). The age of the respondents showed that more than half of the respondents were 25-49 years old, which was 24 respondents (57.1%). The education level of the respondents showed that most of the respondents had higher education from the high school – university level as many as 33 respondents (78.6%). The respondents' HIV sickness duration showed that more than half of the respondents had been HIV sick for 0-6 months, there were 26 respondents (61.9%).

Information related to HIV of respondents showed that most of the respondents had received information related to HIV as many as 37 people (88.1%). The coping strategies used by the respondents showed that more than half of the respondents used problem-focused coping strategies, which were 29 respondents (69.0%). Self-acceptance by respondents showed that more than half of the respondents had low self-acceptance, namely 26 respondents (61.9%).

2. The Relationship between Coping Strategies and Self-Acceptance of HIV Patients

Table 2. The Relationship between Coping Strategies and Self-Acceptance of HIV Patients

Coping Strategy	Self-Acceptance				Total	
	Tinggi		Rendah		F	%
	F	%	F	%		
PFC	16	55,2	13	44,8	29	100
EFC	0	0,0	13	100,0	13	100
Total	16	38,1	26	61,9	42	100

$p\text{-value} = 0,000 \quad \alpha = <0,05 \quad r = 0,525$

Source : Primary data, 2024

The results from table 1 show that of the 29 HIV respondents who used coping strategies with problem-focused coping, there were 55.2% and had high self-acceptance. Meanwhile, 44.8% of HIV respondents have low self-acceptance. In addition, there were no respondents who used coping strategies with emotional focused coping who had high self-acceptance and 13 respondents who had low self-acceptance.

Based on the results of the Spearman Rho statistical test, a p -value of 0.000 was obtained less than the value of $\alpha = <0.05$ or (0.000 <0.05). Thus, it can be statistically concluded that with a 95% degree of confidence, it is believed that there is a relationship between coping strategies and self-acceptance in HIV patients. The correlation coefficient value level is 0.525 which indicates a relationship in the same direction as the positive value and has a moderate correlation level.

DISCUSSION

1. Characteristics of Respondents

Based on the results of research that has been conducted on HIV patients in the working area of the Sooko Mojokerto Health Center, as seen from table 1 above, most of the respondents are male, namely 31 people (73.8%) and only 11 women (26.2%). According to the theory from Bem, Spence, and Helmreich (1990) argues that men tend to react faster and more demanding in terms of problem-solving compared to women who tend to express their emotional feelings (Syam, 2017). Meanwhile, the results of the study, if reviewed in table 1, most of the respondents were in the productive age, namely 25 – 49 years old, as many as 24 respondents (57.1%). Research conducted (Nuraini & Tobing, 2022) shows that most adaptive coupling is

found in respondents aged 35 – 45 years. This happens because individuals of productive age are better able to process and control the stress that is the source of stress so that at this productive age it will become more constructive in determining the chosen coping strategy to adjust to the problems faced. Another factor that can affect a person's coping strategy is the level of education. The results from table 1 show that most of the respondents are highly educated, namely from the high school and university levels, which is 33 people (78.6%). Referring to the results of research from (Sukmawati, 2018), (2018) revealed that the level of education is very influential in the selection of strategies used by a person because the higher a person's education, the higher the level of self-acceptance.

Factors that affect the self-acceptance of HIV patients are the duration of the disease and also the lack of information about the disease they suffer. Based on the results of the study when viewed from table 1 above, it shows that most of the respondents have been diagnosed with HIV for a period of 0 – 6 months, there are as many as 26 respondents (61.9%). This is reinforced by the theory of Rando (1993) who argues that individuals have a reaction time in grief and will be replaced by high self-acceptance so that it can fade within 6 months (Martin, 2019). In addition, factors that affect a person's self-acceptance are related to information. Judging from the results of the research in table 1 above, it also shows that most of the respondents have received information related to HIV as many as 33 people (78.6%). According to the results of research from (Kuwa et al., 2022) states that the importance of information and knowledge will also increase understanding of problems related to the disease so that a person can accept himself better.

2. Coping Strategy

Based on the results of the research conducted at the HIV poly of the Sooko Mojokerto Health Center, if viewed from table 1 above, it was found that most of the respondents used a problem-focused coping strategy, which was 29 people (69.0%) compared to the use of emotional focused coping strategies which were only 13 people (31.0%).

The results of this study are supported by research from (Wahyudhi et al., 2019) which states that problem focused coping is effectively used to reduce stress when compared to the use of emotional focused coping strategies. Another study from (Priharwanti & Raharjo, 2018) revealed that the use of problem-focused coping strategies in HIV+ patients can improve the quality of life of HIV patients. The stigma problem is obtained in society because of trying to solve the problem with problem focused coping, especially the use of confrontative coping, seeking social support, and planful problem solving rather than the use of emotional focused coping which tends to only channel emotions for a moment without changing or solving any problems. According to Lazarus & Folkman (1984), coping strategies are an effort by individuals to change cognitive and behavioral aspects in managing various demands sourced from external and internal sources to overcome conditions considered stressors (Mahardhani et al., 2020). Problem-focused coping is one of the selection of coping

strategies because it focuses on solving problems and can help individuals overcome the pressure they face (Tuasikal & Retnowati, 2019).

Researchers assume that the most widely used coping strategy in HIV patients is problem focused coping. This is due to the large number of respondents who are male and of productive age, namely 25-49 years old and highly educated from high school to university. So that respondents use problem-focused coping which is considered to be able to solve problems. In addition, respondents who used emotional focused coping due to female gender factors and age as well as the last education were still in junior high school. Thus, respondents tend to use emotional focused coping which can help HIV patients in expressing emotional feelings.

3. Self Acceptance

Based on the results of table 1 above, it shows that most of the respondents have low self-acceptance, which is 26 people (61.9%) than the respondents who have high self-acceptance, namely 16 people (38.1%).

According to Chaplin and Kartono 1989, self-acceptance is an attitude of being satisfied with the qualities and talents that exist in oneself and acknowledging one's limitations (Oktaviani, 2019). According to Schultz 1991, self-acceptance is an individual's positive thinking in appreciating himself, starting from knowing his weaknesses and shortcomings and not blaming himself constantly so that he wants to try to change to be the best he can be from before (Rahmah, 2020).

HIV patients who have low self-acceptance can be caused by psychological pressures that affect HIV patients such as fear of death, diseases for which there is no cure, anxiety because they are shunned by friends, stress, depression and bad social stigma against them. Negative thoughts of HIV patients often lower their self-esteem so that they tend to be insecure and introverted (Liyanovitasari, 2021). In addition, other factors that affect the self-acceptance of HIV patients are the duration of their illness and also the lack of information about the disease they suffer.

Researchers assume that a person's inability as a result of the new status accepted as an HIV patient causes individuals to have difficulty accepting themselves so that it is not uncommon for HIV patients to become introverted individuals, desperate for their lives and always keep their illness a secret from others. HIV patients tend not to realize that each individual has weaknesses and strengths in him. Low self-acceptance in HIV patients is caused because it depends on the length of time they are diagnosed with HIV, especially in the first 6 months who are still unable to accept the latest condition as an HIV patient. Because the longer the patient is diagnosed with HIV, the higher the self-acceptance.

4. The Relationship between Coping Strategies and Self-Acceptance in Individuals with HIV/AIDS Diagnosis

The results of table 2 above show that of the 29 HIV respondents who used coping strategies with problem-focused coping, 55.2% had high self-acceptance. Meanwhile, 44.8% of HIV respondents have low self-acceptance. In addition, there were no respondents who used coping strategies with emotional focused coping who

had high self-acceptance and 13 respondents who had low self-acceptance. Based on the results of the Spearman Rho statistical test, a result with a p-value of 0.000 with a value of $\alpha = <0.05$ was obtained. This means that with a 95% degree of trust, it is believed that there is a relationship between coping strategies and self-acceptance in HIV/AIDS patients in the working area of the Sooko Mojokerto health center.

This research is in line with research from (Kustanti et al., 2019) which stated that there was a relationship between coping strategies and self-acceptance of ODHA in Yogyakarta NGO Fostered with a p-value of $0.001 < \alpha$. Research from Soliha it also proved that this study had a relationship between the family coping mechanism and the self-acceptance of the family of HIV/AIDS patients with a p-value of $0.002 \alpha = <0.5$ (Soliha & Masfi, 2020). Low self-acceptance often makes a person experience failure in interacting with people and the environment, decreased self-confidence because they think that they have shortcomings and do not believe in their abilities (Mendrofa et al., 2022). In increasing a person's self-acceptance, efforts are needed in responding to sources of stress to overcome the problems faced by the individual (Parcesepe et al., 2023). According to research from Nursalam, a person's psychological response seen from acceptance, anger, bargaining is influenced by the use of coping mechanisms (Nursalam, 2011). According to Friedemann 1989, Coping strategies are defined as a form of individual response in overcoming problems or minimizing stress due to certain events (Irzalinda & Sofia, 2019). The selection of the right coping strategy for individuals will have an impact on their acceptance because each individual has his own efforts in terms of solving problems so that he can accept his condition which is also directly related to the emotional defense response in each individual (Ramadani, 2021).

The researcher argues that looking at the results of the above study, the use of problem-focused coping in patients is due to the fact that most of the respondents are male and of productive age, most of whom tend to choose to solve problems and find solutions rather than just expressing emotional feelings that do not change any situation. Meanwhile, low self-acceptance in patients is due to the influence of the length of time the patient has been diagnosed with HIV so that the patient has not been able to accept himself or herself with his or her latest status. The longer a patient is diagnosed with HIV, the more able the patient will be able to receive his or her updated status as an HIV patient. So that one way to increase low self-acceptance in HIV patients is to carry out coping strategies.

CONCLUSION

Based on the results of the Spearman Rho statistical test, a p-value of 0.000 was obtained less than the value of $\alpha = <0.05$ or ($0.000 < 0.05$). Thus, it can be statistically concluded that with a 95% degree of confidence, it is believed that there is a relationship between coping strategies and self-acceptance in HIV patients in the working area of the Sooko Mojokerto Health Center. The correlation coefficient value level is 0.525 which indicates a relationship in the same direction as the positive value and has a moderate

correlation level. This can be interpreted that the more you use a coping strategy with problem-focused coping in carrying out problem-solving mechanisms, the higher your self-acceptance.

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