



ORIGINAL RESEARCH

SOCIAL SUPPORT RELATIONSHIP WITH SELF CONCEPT IN HIV / AIDS PATIENTS

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ABSTRACT

Keywords

A positive self-concept in people with HIV / AIDS is needed. This is because the various problems that occur in people with HIV / AIDS both physical and psychological problems. The concept of self-has the role of helping the sufferer achieve his life goal, one way that can be used is through social support from. The purpose of this research is to know the relationship of social support with the self-concept of HIV / AIDS patient. The design of the study used correlation analytic design with a cross-sectional design. Independent variable is social support and the dependent variable that is the self-concept. The sample is 26 respondents. The sampling technique uses nonprobability sampling type consecutive sampling. The instrument uses a questionnaire consisting of a questionnaire to measure social support and to measure self-concept. The Statistic Test uses the Fisher's Exact Test. The result of research got most respondents have social support that is 15 respondent (57,7%), most of the respondent have the positive self-concept that is 16 respondent (61,5%). The result p (0,032) and α (0,05) which means there is the relationship of social support with a self-concept in the patient of HIV / AIDS. The higher the social support, the more positive the self-concept, the lower the social support will produce negative self-concept. Counseling for families about social support for people with HIV / AIDS will increase family knowledge, so it is expected to develop a patient self-concept.

Social Support,
Self Concept,
HIV / AIDS

INTRODUCTION

HIV / AIDS (Human Immuno Deficiency Virus or Acquired Immuno Deficiency Syndrome) is a health problem that threatens both in Indonesia and in various countries in the world. HIV is a virus that attacks the human immune system that causes a person immune decreased, so it is very susceptible to various infectious diseases (opportunistic infections) are often fatal (Zein, 2006).

Problems arising in people with HIV and AIDS are not just from viral infections, there are also social effects that occur such as shunned friends, family, or from the broader community. What is needed by HIV / AIDS patients is social support, a source of social support can come from family, friends, and health workers. Social support provided can include emotional support, awards, instrumental, information, and social networks. The support provided is expected to improve the quality of life of HIV / AIDS patients to be better (Setyoadi, 2012).

WHO data noted, There are approximately 131,000 people newly infected with HIV / AIDS in Europe and surrounding countries by 2013. An increase of 8% from the previous year of 2014 to 29,037 is worrying, given the declining trend of AIDS cases in the World lately.

The number of new AIDS cases in Indonesia has decreased from 2013 to 2015. In 2013 there were 11,493 cases, in 2014 7,875 cases and 2015 cases of 6,081 cases. The number of new cases of HIV in Indonesia in the year 2013 as many as 29,037 cases and increased in 2014 as many as 32,711 cases. In 2015 decreased by 30,935 cases (Kemenkes RI, 2016). The number of cases reported in East Java by December 2015 was 14,498 for AIDS cases and 32,646 HIV cases. (Dinkes

Propinsi, 2016). The number of cases of HIV / AIDS in Mojokerto regency has decreased from 2013 until 2015, namely in 2013 as 127 cases, 2014 to 116 cases and in 2015 as many as 69 cases (Dinkes Kabupaten Mojokerto, 2016).

Preliminary study results conducted at Poly VCT in RSUD Prof. Dr. Soekandar Mojosari Mojokerto on January 24, 2017, by conducting interviews on 8 HIV / AIDS patients found five patients HIV / AIDS said to get support from family, and friends. A form of support that has been given such as to lead to control to poly, to take drugs in poly as well as reminiscent of taking medicine while at home. The HIV / AIDS patient is very open in telling about his illness, and three other HIV / AIDS patients are still shy when telling things about him and his illness and saying that the people around him are still unable to accept the situation and the pain he suffered currently

Patients are with HIV / AIDS experience various changes both from within themselves and outside themselves. These changes make them have negative perceptions about themselves which will affect their self-concept. People with HIV have tried to improve themselves by being good in the community, but the negative attitudes and attitudes of the community seem to have cornered them so much as to influence their self-concept (Sunaryo, 2002).

Neighbors, close friends, groups, health workers, and counselors are forms of social support from the community environment received by patients. The form of support received by the patient can be the acceptance of society and friends, health services, and motivation. The results of this study indicate that the increasing skills and sources of HIV / AIDS patient's coping are

due to social support from family, friends, and professionals (Goldsmid et al., 2010). Material or instrumental support, emotional or psychological support, social group support, awards, and information support are forms of social support that can be provided to HIV / AIDS patients (Setyoadi, 2012).

The purpose of this research is to know the relationship of social support with the self-concept of HIV / AIDS patient.

MATERIALS AND METHODS

Design The research used was an analytic correlation with cross-sectional study design. Population in this research is all patient with HIV / AIDS in Poly VCT RSUD Prof. Dr. Soekandar Kabupaten Mojokerto. Average Patients who undergo medication as much as 78 people per month. Sampling technique used in this research is nonprobability sampling type Consecutive Sampling. The sample in this study were HIV / AIDS patients who visited in Poly VCT RSUD Prof. Dr. Soekandar Kabupaten Mojokerto which amounted to 26 respondents. The independent variables in this study are social support and self-dependent self-concept variables.

The data collection used a questionnaire consisting of questionnaires to measure social support and questionnaires to measure self-concept. The study was conducted on May 16-18, 2017. This study used Fisher's Exact Test

RESULTS

General data

The general data of this study is data on the characteristics of respondents by age, sex, education level, occupation, income, companion, accompanying income which can be seen in detail in the table below.

1. Age

Table 1 Distribution of frequency of respondents by the age of respondents in poly VCT RSUD Prof. Dr. Soekandar Mojokerto On May 16 and May 18, 2017

No	Age	f	%
1	15-19 years	0	0
2	20-24 years	4	15,4
3	25-49 years	22	4,6
Total		26	100

Tabel 1 above shows that almost all respondents aged 25-49 years as many as 22 respondents (84.6%).

2. Gender

Table 2 Frequency distribution of respondents by sex in poly VCT RSUD Prof. Dr. Soekandar Mojokerto On May 16 and May 18, 2017

No	Gender	f	%
1	Man	12	46.2
2	Woman	14	53,8
Total		26	100

Table 2 above shows that the majority of female respondents are 14 respondents (53.8%)

3. Level of education

Table 3 Distribution of frequency of respondents by Education in poly VCT RSUD Prof. Dr. Soekandar Mojokerto On May 16th and May 18, 2017

No	Level of education	f	%
1	Not school	0	0
2	Elementry	3	11,5
3	Junior high school	8	30,8
	Four high school	13	50,0

5	University	2	7,7
Total		26	100

Table 3 above shows that most respondents have high school education as many as 13 respondents (50.0%) and none of the respondents who did not go to school as much.

4. Work

Table 4 Distribution of frequency of respondents by Work in the VCT of RSUD Prof. Dr. Soekandar Mojosari Mojokerto On May 16 and May 18, 2017

No	Work	f	%
1	Yes	23	88,5
2	No	3	11,5
Total		26	100

Table 4 above shows almost all respondents work as many as 23 respondents (88.5%).

5. Income

Table 5 Distribution of frequency of respondents based on the producer of poly VCT RSUD Prof. Dr. Soekandar Mojosari Mojokerto On May 16 and May 18, 2017

No	Income	f	%
1	Not income	3	11,5
2	>UMR	6	23,1
3	<UMR	17	65,4
Total		26	100

Table 5 shows that most of the respondents with less income from UMR are 17 respondents (65.4%) and a small number of respondents did not earn three respondents (11.5%).

Special Data

1. Social Support

Table 6 Distribution of frequency of respondents based on social support in the

VCT Hospital of RSUD Prof. Dr. Soekandar Mojosari Mojokerto On May 16 and May 18, 2017

No	Social support	f	%
1.	there is	15	57,7
2.	social support	11	42,3
Total		26	100

Based on table 6 it is known that most respondents have social support that is as much as 15 respondents (57.7%).

2. Self Concept

Table 7 Distribution of frequency of respondents based on self-concept in the VCT of RSCT Prof. Dr. Soekandar Mojosari Mojokerto On May 16 and May 18, 2017

No	Self Concept	f	%
1.	Negatif	10	38,5
2.	Positif	16	61,5
Total		26	100

Based on table 7 it is known that most respondents have positive self-concept by 16 respondents (61,5%).

3. The relationship of social support with self-concept

Table 8 Cross-tabulation of social support relationships with self-concept of HIV / AIDS patients in the VCT clinic of RSUD Prof. Dr. Soekandar Mojosari Mojokerto On May 16 and May 18, 2017

Social support	Self concept		Total	
	Positif	Negatif		
	f	%	f	%

there is social support	12	80	3	20	15	100
Not Social support	4	36,4	7	63,4	11	100
Total	16	61.5	10	38.5	26	100

Based on table 8 shows that most of the respondents who have social support have a positive self-concept that is as much as 12 respondents (80%). A small percentage of respondents with no social support had a positive self-concept of 4 respondents (36.4%). Based on the results of Fisher's Exact Test test results obtained $p = 0.032 < \alpha = 0.05$ then H_0 rejected and H_1 accepted which means that there is a relationship of social support with self-concept in people with HIV / AIDS.

DISCUSSION

Most respondents with HIV / AIDS have social support that is as much as 57.7%. Social support is a useful state for individuals who are obtained from others who can be trusted. Individuals know the other person is very concerned, appreciate and love himself, and himself need support especially from the people - the people closest (Sarason, Sarasom & Shaerin, 1986). Social support becomes a helpful social form by involving aspects, emotional aspects, instrument aid and assessment information (House & Khan, 1985). The diagnosis of AIDS raises the stigma that people away from AIDS sufferers (Laune & Ladner, 2002). Families and communities who lack understanding of the existence of HIV / AIDS sufferers will add to the situation experienced by the sufferer. Families and communities still think that HIV / AIDS is a creepy disease. HIV / AIDS sufferers often receive unjust treatment and even get discrimination from the

environment and society. Discrimination experienced by people with HIV / AIDS makes them withdraw from the surrounding environment (Aritonang et al., 2014).

In this study, most of the respondents have social support. This is because the respondent knows the disease is very important to be handled and if not handled then his life will be threatened, The existence of such conditions cause respondents have the courage to reveal the illness he experienced to the family in order to get social support and acceptance in the environment so that respondents can find a solution in undergoing the illness experienced and when respondents got problem respondents can solve the problem. A form of support received by respondents in the form of instrumental support, information support, emotional support, support for self-esteem and support from social groups. Respondents with no social support were caused because the respondent still did not believe that he/she was HIV / AIDS and there was a feeling of shame to tell the nature of the disease to the family. Less open respondents to the circumstances in the family or people around him caused because of fear of stigma and discrimination from family members or others around him . It resulted in ignorance of families and people around him to the condition of respondents and HIV / AIDS diseases experienced by respondents at the time this, so that respondents do not get social support from families and people around him in the face of illness and problems that exist in self-respondents.

The concept of one's self is expressed through his attitude which is the actualization of the person. Man as an organism that has the urge to develop that ultimately causes him to be aware of his

existence. People tend to resist change and misunderstand or attempt to align information that is inconsistent with their self-concept (Perry & Potter, 2005).

Self-concept greatly affects various aspects of human life including social relationships, functional abilities, and one's health status. Regarding self-concept, there are no two individuals who have an identical self-concept. Each has a dynamic positive and negative self-concept from time to time that is tailored to the environmental conditions. Self-concept is also influenced by a person's level of development that is seen from the age (Laune & Ladner, 2002). The older the person's age, the more constructive in the formation of self-concept to the problems encountered (Stuart and Sundeen, 2007).

Young adult age is a period to choose, is a period to set responsibilities, achieve stability in the work, begin to make close relationships. Self-concept and body image became relatively stable in this period. The concept of the self is constantly evolving and can be identified in values, attitudes, and feelings about self (Kozier, 2016).

In this study, most of the respondents have an adult age, where at this age of respondents already have a maturity both physical and mental and more experience in solving problems to face problems that are faced and generate positive self-concept. The results also showed that respondents who have negative self-concept have not been able to control themselves well. Respondents were often seen daydreaming and aloof and fearful that their illness would spread to their families and people.

Based on the results of the research the greater the social support given the HIV / AIDS patients will have a positive self-concept. Social support from family, friends,

peer groups, and health professionals can improve the skills and positive self-concept as well as coping resources for people living with HIV / AIDS (Goldsmith et al. 2010, Setyoadi, 2012). Social support obtained by respondents which one of them get support information about the problem of HIV / AIDS disease experienced can build a positive self-concept so that respondents able to handle the problems that occur, able to suppress the negative thoughts on himself and able to build a positive self-concept.

CONCLUSIONS

The greater social support received by people with HIV / AIDS will result in a positive self-concept.

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