

Stress Coping Strategies In ODHA In Pati Regency

Yuli Irnawati^{1*}, Ferry Rachmawatie Suryaningtyas²

STIKes Bakti Utama Pati Central Java, Indonesia

*Corresponding Author: yulirirnawati30@gmail.com

Abstract. This study was conducted to find out more about the coping of stress carried out by people with HIV/AIDS or ODHA. Information was extracted through interviews, namely about the background of the infected, stressors in ODHA, the type of coping strategies that are often carried out to reduce the pressure caused by ODHA status. This study uses a qualitative approach with a case study method to two research subjects. The characteristics of the subjects in this study are people who are really infected with HIV, male or female, the age category used is in accordance with the age that is prone to HIV/AIDS infection, namely the age of 20-30 years. The research subject is obtained personally where the researcher's relationship with the subject is close, the subject's identity such as name, place of residence, and some names of figures who are widely related to the subject's life will be disguised to maintain the subject's confidentiality. The data collection of this research was carried out using two sources of evidence, namely documents, and interviews. Research interviews, in addition to being conducted on subjects, are also conducted on other informants, namely people who know their daily lives. The data processing was carried out by content analysis. The results of the study show that ODHA has a tendency to do Emotion focus coping and Problem focus coping Emotion focus coping strategies, which include; participating in activities in NGOs to build confidence and seek support from fellow ODHA so that they can realize the reality they receive. In addition, the effort to get closer to God is a form of trying to be sincere about his condition. The second strategy used in the form of problem focus coping carried out by the subjects can be seen through the subject's efforts to seek advice and information about HIV/AIDS through joining NGOs as an effort for the subjects to know more about HIV/AIDS disease.

Key words: ODHA, stress coping, stress coping strategies, emotion focus coping, problem focus coping

INTRODUCTION

HIV/AIDS is a deadly disease and there is no definitive cure. In Indonesia itself, this problem is already a very big problem and must receive special attention from the government, because it must be addressed immediately. Based on data from the AIDS Control Commission (KPA) of Pati Regency, there are 171 people with HIV/AIDS (ODHA). Of these, 57 of them are known to have died. The data is data collected from January to October 2020. This shows that every year there are always people exposed to the HIV virus.

When we are declared infected with a disease, many things in our lives can change. Especially if the infection is long-term such as HIV. ODHA (People with HIV/AIDS) should take a stance from the beginning. ODHA is very vulnerable to the attitude of others who demean, judge, ostracize, and violate human rights. This can happen from the time of undergoing the test to the following days or even years. In their daily lives as ODHA, they become active patients, this is because there is no cure so they think of other ways to keep their minds and bodies healthy. They seek out various healthy ways of life, try to keep up with the progress of medicine, and can make their own life choices. Doctors can also lack knowledge. Doctors can feel uncertainty about how to deal with HIV/AIDS, monitor the health of the sufferer, and accompany the development of the patient so that they can live longer.

Changes in life aspects experienced by people with HIV/AIDS have an impact on the sufferer, some of the impacts caused are psychological, physical, and social impacts. They will experience stress because of various pressures about the shadow of death and the suffering that they will experience (Supit. B, 1995).

Many people with HIV/AIDS still cannot accept such a condition so they have a tendency to be stressed and act on their own, they do it because they think that their lives will not last long and they will do whatever they want. This feeling of being alone and neglected makes the sufferer feel more inferior and worthless, acceptance from the environment will also affect how the sufferer accepts him. The rejections he experienced would further strengthen his negative judgment of himself. From the pressure obtained, it can cause stress in the sufferer.

Stress is a response to the presence of an event. Everything that causes changes in our lives can be stressful. Stress is also a part of our lives that is impossible to avoid and to a certain extent is needed by humans to survive their lives (Handoyo, 2001). Stress or any condition that weighs on the mind can

disrupt the body's metabolic balance. The most frequent example is a disorder in the coordination of nerves in the digestive tract. In stressed people, the symptom is diarrhea. This happens because the bowel movements regulated by the nerves become faster than usual. As a result, symptoms such as abdominal pain or diarrhea, difficulty concentrating, loss of interest or pleasure, sadness, hopelessness, excessive feelings of guilt, or feeling useless.

According to Douglas (1991), stress occurs when a person is unable to cope with problems caused by the stress they experience. Likewise, when a person is stressed about the fact that their quality of life is threatened by the disease, they will automatically experience what is called stress. In general, the stress that occurs will worsen the body's normal metabolic processes. In the end, these metabolic disorders can become a *stressor* from within the body that can cause stress on the immune system. The declining status of immune function competence induced by stress causes us to become susceptible to infection and allows various diseases to occur (Dossier, 1989).

Stress over AIDS status will require ODHA to have the skills to process stress due to the impact caused when ODHA holds its status. To reduce the impact of *stressors* that threaten the quality of life of people with disabilities, they use *stress coping*. *Stress coping* is a way to overcome situations or problems that are considered challenging, unfair or detrimental or as a threat. *Coping* stress gives ODHA the ability to manage stress due to their status. When dealing with *life-threatening stressors*, ODHA will try to adapt. The *coping* mechanism in ODHA will begin to play a role, they will weigh and assess the severity of *the stressor* and their own abilities. *Stress coping* can be done depending on the personality strengths and learning experiences that the individual has, with which stress can be faced. If an ODHA does not have the ability to cope with stress, then the stressors that appear have a greater possibility for an ODHA to experience stress. This is because ODHA does not have a defense mechanism so that their quality of life is maintained.

Carver, Sceiser, and Weintraub (in Buari, 2000) stated that there are two types of *stress coping* strategies, namely *emotional focused coping* and *problem focused coping*. A person does *emotional focused coping* by getting closer to God, or looking for a community that is in the same place as them to seek support. In addition to *emotional focused coping*, a person also carries out *problem focused coping strategies*, such as seeking information about HIV/AIDS through non-governmental organizations and hospitals.

This is in line with the results of research by Christina (2008) on a Case Study on stress coping strategies in HIV/AIDS patients in Yogyakarta showing that ODHA has a tendency to do *Emotion focus coping* and *Problem focus coping*. *Emotion focus coping strategies* which include; participating in activities in NGOs to build confidence and seek support from fellow ODHA so that they can realize the reality he received. In addition, the effort to bring himself closer to God is a form of trying to surrender to his condition. The second strategy used in the form of *problem focus coping* carried out by the subjects can be seen through the subject's efforts to seek advice and information about HIV/AIDS through brochures or books from hospitals or NGOs as an effort for the subjects to know more about HIV/AIDS.

From the results of a preliminary study by researchers at the NGO ARI (Independent Youth Alliance) Pati, it shows that until 2021 there are 5 ODHA who are willing to be accompanied, and there are 2 ODHA who are willing to open their status to others. Of the 2 ODHA, the risk factors are homosexual and heterosexual.

METHODS

This study uses a qualitative approach with a case study method to two research subjects. The characteristics of the subjects in this study are people who are really infected with HIV, male or female, the age category used is in accordance with the age that is prone to HIV/AIDS infection, namely the age of 20-30 years. The research subject is obtained personally where the researcher's relationship with the subject is close, the subject's identity such as name, place of residence, and some names of figures who are widely related to the subject's life will be disguised to maintain the subject's confidentiality. The data collection of this research was carried out using two sources of evidence, namely documents, and interviews. Research interviews, in addition to being conducted on subjects, are also conducted on other informants, namely people who know their daily lives. The data processing was carried out by content analysis (Debus, 1995).

RESULTS AND DISCUSSION

RESULTS

a. Background of the Subject

From the results of the interview with subject 1 (AP) regarding the background, the subject is a store employee at a toy store who works every day from 07.00 WIB to 16.00 WIB. This is solely done to meet the needs of the subject and his family. The subject got married at a relatively young age, it was due to her parents' perspective that as a woman it was enough to go to school until high school and then get married. The husband of subject 1 (AP) is a trans-provincial driver who rarely goes home. The husband comes home as early as once every 2 months and at most once every 4 months. Meanwhile, subject 2 (SK) is a salon officer who works every day from 09.00 WIB to 17.00 WIB. Subject 2 (SK) is a widow with 1 child. Subject 2 (SK) decided to divorce her husband because the husband of subject 2 (SK) cheated on her friend.

b. Stressors or impacts experienced by the subject

1. How the subject felt when he or she found out that the subject was infected with HIV

From the results of interviews with subjects 1 and 2 about how the subjects felt when they found out that they were infected with HIV. All subjects conveyed the initial reaction shown by the subject when the subject received the VCT test results was characterized by a feeling of shock and fear of the results he received so that the subject felt that God placed him in an unfair position towards the subject, this was supported by a feeling of discomfort due to his status as an ODHA. Subject 2 had a plan to end his life, but immediately the subject also remembered the fate of his child.

2. How the subject perceives himself

From the results of the interview with subject 1 about how the subject views him. Subject 1 said that after knowing that he was infected with HIV, he initially felt that his future was bleak, useless, just waiting for death. However, at the same time, the subject felt that the disease she suffered was not due to her fault but from her husband's fault. Meanwhile, subject 2 considers himself the dirtiest, disgusting, sick and waiting for death.

3. Whether the test (ODHA status) he experienced brought changes to the subjects (physically, health, economically), what are those changes.

From the results of interviews with subjects 1 and 2 regarding how the subjects changed physically, healthily and economically to the status of ODHA. All subjects stated that *the stressors* or impacts experienced by the subjects were related to health changes characterized by a decrease in immunity, especially if the subjects were experiencing problems so that the subjects often contracted diseases which made the subjects' finances run out for medical expenses and often troubled their mothers to pay for their treatment. This is because the subject's financial condition is used up to meet the needs of his family.

c. Stress Coping Strategies

1. How did you cope with the stress of first receiving a positive HIV test result?

From the results of interviews with subject 1 about how to cope with stress when first receiving a positive HIV test result. In subject 1 To overcome the stress that arises, the subject chooses to do *Emotion Focused Problem Behavioral Discussion* as a form of escape from the problem by channeling her feelings of anger towards her husband. In subject 2, to overcome stress when the subject first received a positive HIV blood test result, the subject tended to carry out *coping* strategies in several ways, namely doing *Emotion Focused Problem Behavioral Discussion* as a form of escaping the subject from the problem by spending part of his time getting drunk with his colleagues. In this case, the subject is afraid to face his family.

2. How do you overcome your fear of yourself after knowing your HIV positive test result?

From the results of interviews with subjects 1 and 2 about how to overcome fear. All subjects coped *Seeking social for emotional reason* by participating in activities in NGOs, which was used as one of their efforts to realize the reality they received as ODHA. This was done by gathering together with friends in NGOs. The effort was made to share their experience as ODHA and their efforts to accept their current situation. Subject 1 also coped *Turning to Religion* by surrendering to God for what the subject had experienced. He made this effort

because the subject felt that his life was just a short time away. Meanwhile, subject 2 also coped *mental Disengagement* which is the subject's effort to distract attention by doing activities such as watching TikTok.

DISCUSSION

A person infected with HIV/AIDS is a person who has an immune deficiency due to a disease acquired in the course of the patient's life. When a person finds out that they are infected with HIV, they experience various kinds of emotions and pressures so that their status as ODHA has a psychological and physical impact which makes ODHA carry out a number of reactions to overcome the changes caused by their status as ODHA.

The causes of being infected with HIV/AIDS are sexual transmission such as sexual intercourse carried out by people with HIV who infect their partners, and non-sexually, namely transmission through blood or blood products contaminated with HIV and transplacental transmission, namely transmission from pregnant women with HIV to their unborn babies. The baby is in pain while still in the womb or while being born. There is also a certain risk of transmission through breastfeeding. This was experienced by subject 1 where she was infected with HIV/AIDS from her HIV-positive husband as a result of having sex with a prostitute (Commercial Sex Worker). Meanwhile, subject 2 was infected with HIV/AIDS from the results of providing sexual services to salon customers who were partially infected with HIV/AIDS.

The first time a person finds out that he has HIV/AIDS, there will be chaos in all aspects of his life. *The stressors* or impacts experienced by the subjects can be described through the changes that the subjects experience after they have HIV status. The reaction that arises in a person who knows that he or she is HIV positive is greatly influenced by an awareness of the changes that may occur in his or her life and not only in the death that will be faced. In general, it is known that the sources of stress in ODHA are; discriminatory attitudes from society, expensive drug prices, comments from the environment that ignore her feelings, and physical changes (Aishah, Journal of Psychology 16:75)

Changes in their declining health make their immunity vulnerable to all forms of psychological stress that can eventually eat away at their immunity. In economic factors, it is also affected by the costs that must be incurred to finance the treatment of subject 1 so that this condition makes it difficult for 1 to meet the needs of his own family. Although they were not discriminated against by the people closest to them, they had received a change in treatment from the environment like the one experienced by subject 1 when he received a change in attitude from his mother. Likewise, subject 2 received bad treatment from hospital nurses.

Psychologically, stigma and discrimination have a huge effect on people with HIV/AIDS, especially how they see and judge themselves. And in addition, the bad prejudice that arises from their environment makes them feel depressed because until now people still consider this disease to be a negative disease because it has violated rules, morals, religion and society, and views this disease as deformed, contagious, deadly and degraded by society (Aishah, psychology journal 16:75).

The initial reaction in both subjects can be shown by the response when they know that they have HIV/AIDS such as having a fear of the image of death, this situation is then gradually followed by feelings of guilt towards the family, especially the mother. This is in line with Richardson's (2002) opinion that when a person is told that their HIV test result is positive, they are confronted with the fact that they are dealing with a terminal condition. This reality will give rise to feelings of shock, denial, disbelief, depression, loneliness, hopelessness, grief, anger, and fear of the shadow of death.

Psychologically, they experience an initial reaction that manifests in various forms such as crying or feeling angry at their husband for having HIV/AIDS. In this case, subject 1 felt that the anger occurred because she felt that her ignorance of the risk of having sex with her husband who had been infected allowed her to have an HIV positive status so that her status as an ODHA made the subject unenthusiastic to continue her life and felt that she had no future. Even though there are differences in reaction to the phenomenon of HIV/AIDS, people who know or are told that the disease cannot be cured will experience phases of emotional development such as the denial or rejection phase, the anger phase, the bargaining phase, the depression phase, and the acceptance phase (Rachimhadhi, 1996).

HIV status affects envy towards others who have the opportunity to enjoy life. This is experienced by subject 1 where the subject thinks God is unfair in placing his position so that the subject is prejudiced against others and is inferior when meeting others. This is supported by the

opinion of Rachimhadhi, (1996) that this condition causes various unexpected feelings and behaviors when they find out that they are infected with HIV so that they begin to feel very deep sadness, reality and reality are no longer changeable and changeable.

As it is known that HIV/AIDS has not been prevented and there is no cure yet, besides that HIV/AIDS in the eyes of the public has a moral content, where the general public still views that AIDS is a disease suffered by prostitutes, homosexuals or dirty people, making it difficult for those who live with HIV status.

The *coping* strategies used by the subjects refer to various efforts, both mental and behavioral, to master, reduce, or minimize a stressful situation or event. This strategy is a process in which individuals try to cope with and master stressful situations that are stressful as a result of problems that arise due to the status held by the subject as ODHA by making cognitive changes and efforts to gain a sense of security in themselves.

In facing or overcoming problems that arise when they hold the status of ODHA, the subjects use both *Emotional Focused Coping* and *Problem Focused Coping*. The first type of coping used is *Emotional Focused Coping* or commonly called a strategy where individuals involve efforts to regulate their emotions in order to adjust to the impact that will be caused by a stressful condition or situation. The changes caused by HIV status led subjects 1 and 2 to try to seek support from people who had the same experience by visiting NGOs so that they had a new view of the motivation to survive and try to accept the fact that they were infected with HIV/AIDS. They also develop religiosity such as getting closer to God to overcome their feelings of guilt towards their family, Subject 2 tries to overcome his feelings by spending his time drunk with his friends and Subject 2 spends time watching TikTok when he doesn't want to be bothered by anyone.

The above actions are supported by the efforts of subjects 1 and 2 to overcome problems that often arise by seeking information or advice about HIV through certain media such as books, brochures and joining NGOs. It is commonly called *Problem Focused Coping*, which is also interpreted as a strategy that tries to face and deal directly with the demands of the situation or an attempt to change the situation.

The efforts that have been made have an impact on the subject. So they learn to live with the virus in their bodies. They seek out various healthy ways of life, try to keep up with the progress of medicine, and can make their own life choices. The *coping* strategy that they have carried out has brought changes to the subject in terms of acceptance of his condition so far. In addition, they choose *the coping* strategy above so that they can be more resigned to God and try to give up their lives to help them overcome the problems they will face, both from within themselves, their families, and society (Rachimhadhi, 1996).

According to Lazarus, when faced with stressful situations, individuals will try to adapt, coping mechanisms in the individual will begin to play a role. At this stage, they feel that factors affect the *coping* strategies they carry out to overcome problems that often arise due to their status. This factor is felt by subject 1 in determining the success of handling the problems that arise, namely the support of the people closest to the subject makes the subject motivated to live longer. However, the subject is hit by limited cost and time. In contrast to subject 2 where he lacks support from those closest to him because the subject does not want the environment

So that subject 2 prefers not to convey his HIV status to others, even to his mother. The experience of people with HIV/AIDS will see several possibilities of progress obtained by making various efforts to reduce stress which will produce an optimistic attitude and hope for life in ODHA (Rachimhadhi, 1996).

This is in line with the results of research conducted by Christina (2008) on a Case Study on Stress Coping Strategies in HIV/AIDS Patients in Yogyakarta showing that ODHA has a tendency to do *Emotion focus coping* and *Problem focus coping*. *Emotion focus coping* strategies which include; participating in activities in NGOs to build confidence and seek support from fellow ODHA so that they can realize the reality they receive. In addition, the effort to bring himself closer to God is a form of trying to surrender to his condition. The second strategy used in the form of *problem focus coping* carried out by the subjects can be seen through the subject's efforts to seek advice and information about HIV/AIDS through brochures or books from hospitals or NGOs as an effort for the subjects to know more about HIV/AIDS.

CONCLUSION

From the results of the research of the participants, the risk is that an ODHA person tries to reduce *stressors* or the impact caused by the subject's status as ODHA by using the *coping strategies of Problem Focused Coping and Emotional Focused Coping*.

ODHA uses *coping strategies*, the first of which is *in the form of Emotional focused Coping* which includes; they participate in activities in NGOs to build confidence and seek support from fellow ODHA so that they can realize the reality they receive. In addition, they try to get closer to God and try to be sincere about his condition.

The second strategy used by the subjects was *Problem Focused Coping* which included seeking advice and information about HIV/AIDS through joining NGOs as their efforts to learn more about HIV/AIDS and get support.

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