

Self-Esteem of Housewives with HIV/AIDS in Madiun Regency

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Abstract. Self-concept is a person's view of their condition. Self-esteem is part of the self-concept and is one of the important aspects for a housewife with HIV/AIDS. Self-esteem can affect the quality of life of housewives with HIV/AIDS. The purpose of this study was to determine aspects of self-esteem in housewives with HIV/AIDS in the Madiun Regency area. This research design is qualitative where data are analyzed descriptively. The research informants were 8 housewives who were in the Madiun Regency area using purposive sampling technique. Data collection used interviews with questionnaire guidelines and documentation. The results showed that of the 8 respondents of housewives with HIV/AIDS, some housewives who received discrimination had low or negative self-esteem compared to other housewives who did not receive discrimination. One factor in the absence of discrimination is the ignorance of the surrounding environment of their HIV status. During the research, housewives with HIV/AIDS were able to restore their self-esteem to be positive and able to mingle with the surrounding community and participate in activities in the neighborhood.

Key words: [Self-concept, Self-esteem, Housewives, HIV/AIDS]

INTRODUCTION

Human Immunodeficiency Virus (HIV) is a health problem that has not yet found a cure and always experiences an increasing number of cases every year. The issue that exists in society regarding HIV/AIDS is that it infects people who commit deviant behavior from morals such as adultery, homosexual and always associated with the morals and faith of a person. (Indriani & Fauziah, 2017). Meanwhile HIV/AIDS infection does not only occur in commercial sex workers (PSK) who have deviated from moral behavior but has spread to housewives. HIV/AIDS can also trigger health problems, one of which is social problems. Social problems that arise are related to the stigma of the community who think that HIV/AIDS is a disgrace so that they often experience discriminatory treatment. Later this can have an impact on the self-esteem of housewives with HIV/AIDS. Self-esteem is one part of a person's self-concept that can affect the quality of life of housewives with HIV/AIDS.

According to Indonesian Ministry of Health (2022), the number of new HIV infections in Indonesia in 2022 amounted to 25,166 people. Meanwhile, the number of AIDS deaths in 2022 reached 26,501 people. The estimated number of people living with HIV in 2022 is 526,841 with 429,215 people living and knowing their status. Housewives who experience HIV infection reach 5,100 people each year and there is 7,153 pregnant women are HIV positive.

Data from East Java Provincial Health in 2022, HIV case findings in East Java amounted to 9,208 people, an increase in case findings compared to 2021, namely 5,538 people. In 2023 the number of HIV / AIDS sufferers in East Java reached 43,399 people. According to data obtained from KPAD (Regional HIV/AIDS Commission) Madiun Regency, the total number of HIV/AIDS patients in Madiun Regency from 2002-2024 is 1218 cases with 924 HIV cases and 294 AIDS cases, until now the number of HIV/AIDS patients who are still alive is 613 people. In Madiun regency, the highest number of HIV/AIDS patients came from the IRT group with 238 cases with 197 people suffering from HIV and 41 people have entered the AIDS phase, until the time the data was taken the group of housewives with HIV/AIDS who were still alive was 185 people.

HIV/AIDS is still a disease that is considered taboo by the community and causes bad issues and stigma in the community and is exacerbated by the fact that HIV still has no cure so that

what is imagined when convicted as people living with HIV/AIDS (PLWHA) is death (Fathunaja et al., 2023). If stigma and discrimination continue, it will affect the self-esteem of people with HIV/AIDS to be low or decreased (Arisudhana et al., 2020). Self-esteem is an assessment of an individual's value by analyzing the conformity of behavior to the ideal self, high self-esteem is rooted in unconditional high self-acceptance, as a meaningful and important individual, even if wrong, failed, or lost, self-esteem is obtained from self-esteem and others. A person with high self-esteem is able to show their existence is needed by many people, and become a respected part of the surrounding environment (Usman, 2019). Research by Purwaningsih et al. (2019), revealed that the level of self-esteem of PLWHA has an impact on compliance with taking ARVs. Other studies have revealed that with lower self-esteem, HIV patients will experience a decrease in the immune system and vice versa (Saefulloh et al., 2017).

Based on research that reports the negative impact of low self-esteem of PLWHA, it is necessary to socialize the surrounding community about HIV/AIDS and assistance to housewives to increase the self-esteem of housewives with HIV/AIDS. This study aims to determine the self-esteem of housewives in Madiun Regency.

METHODS

This research uses a qualitative approach method which was carried out from April - May 2024. This research used interview and documentation techniques. Semi-structured interviews were conducted with informants and then checked for validity using source triangulation. Determination of informants in this study using purposive sampling. The main informants amounted to 8 housewives with HIV/AIDS in the Madiun Regency area, the validity of the data using triangulation, namely family members and closest people of housewives with HIV/AIDS totaling 5 people and an officer of KPAD Madiun Regency. The tools used in this study were informed consent sheets and interview guidelines, notebooks and recording devices. In this study, data analysis was carried out by using data reduction, data display, conclusion drawing.

RESULTS AND DISCUSSION

I The main informants in this study were 8 housewives with HIV/AIDS spread across Jiwan, Wungu, Geger and Dagangan sub-districts. While the triangulation informants are 5 people consisting of 4 family members and a neighbor in the neighborhood as well as KPAD officers who know the condition of people with HIV/AIDS in Madiun regency.

Table 1. Informant Characteristics

Informan Code	Age	Time of Status
Respondent 1 (R1)	51 years old	12 years
Respondent 2 (R1)	63 years old	12 years
Respondent 3 (R1)	43 years old	11 years
Respondent 4 (R1)	42 years old	6 years
Respondent 5 (R1)	38 years old	8 years
Respondent 6 (R1)	40 years old	14 years
Respondent 7 (R7)	43 years old	5 years
Respondent 8 (R8)	32 years old	1 years
Triangulation 1 (T1)	61 years old	-
Triangulation 2 (T2)	25 years old	-
Triangulation 3 (T3)	17 years old	-
Triangulation 4 (T4)	21 years old	-
Triangulation 5 (T5)	40 years old	-
KPAD	42 years old	-

Neighborhood's Response to HIV/AIDS Status

The self-esteem and self-efficacy of housewives with HIV/AIDS depend on the surrounding environment. Housewives with HIV/AIDS are vulnerable to stigma and discrimination. This stigma and discrimination is caused by misunderstanding, excessive fear, social disgrace, and the assumption that people with HIV and AIDS violate religious and social norms (Asrina et al., 2023). The results of interviews with housewives with HIV/AIDS regarding stigma and discrimination were that some housewives with HIV/AIDS received stigma and discrimination as evidenced by the results of the interviews:

“...saya jabat tangan ngga ada yang mau... makan bareng ngga ada yang mau.. pokoknya dikucilkan lah... stigma dari kantor.. kalo dari lingkungan sini kan waktu itu tak bawa pulang meninggalnya suami.. Pokoke wes gempar ngga ada yang takziah ngga ada yang anu waktu itu... saya ngga ke kantor 3 bulan” (*I want handshake but no one want to... I want to eat together but no one want to... being excommunicated... got stigma from office... from neighborhood at that time when my husband dead I take him home... so uproar no one come to my husband's funeral at that time.. I don't go to the office for 3 month*) – (R3)

“dijauhi tetangga karena kemungkinan takut kalau terserang.. tertular” (*being excommunicated by neighbor maybe because they afraid fell ill.. infected*) – (T3)

So respondent 3 experienced stigma and exclusion by the workplace environment in the form of other people who did not want to shake hands and eat together, so at that time respondent 3 did not dare to go to the office because of this. A similar experience was also experienced by respondent 4 who said that:

“...dinyek ning ndi ndi.. pas mau pulang sempet di pukul.. di lempari batu sama sekitar... pertama kena udah didiemin kok... ngga punya tetangga ngga keluar” (*insulted everywhere.. when going home was beaten.. people around throwing stones.. the first time infected being silenced... like I don't have neighbor so I don't go out*) – (R4)

“dari desalah terutama mengucilkan.. semua awalnya mengucilkan semua mbak... ada yang bilang kayak gitu kan penyakit menular kayak gitu” (*the main one is people from the village shunned... the first time all the people shunned.. there is someone said that that things is infectious disease like that*) – (T4)

Respondent 4 experienced forms of discrimination in the form of humiliation, being shunned and even physical violence because her status. Discrimination in the form of exclusion and being shunned was also experienced by respondent 6 that:

“ya selama 2 tahun, aku kan melahirkan di Surabaya pas pulang tetangga ku kan ngga ada yang jenguk tapi kan anakku sehat” (*yes, for 2 years... I gave birth in Surabaya when I come home my neighbors didn't come to see me but my daughter was healthy*) – (R5)

Respondent 6 stated that she experienced discrimination for 2 years and when she gave birth no one wanted to see or visit the child she gave birth to. The existence of this stigma was confirmed by the head of the KPAD who revealed that:

“kalau untuk di Kabupaten Madiun masih tinggi.... Kita masih mencari cara dan pola yang tepat bagaimana bisa menahan stigma itu karena... eee sebenarnya kita sudah sosialisasi dengan teman-teman puskesmas tapi intinya masyarakat yang ditakutkan itu tidak ada obatnya sampai saat ini.. itu yang membuat stigmanya masih tinggi..” (*the stigma in Madiun Regency is still high... we still search the method and the right pattern of how to resist the stigma because ... eee actually we have socialized with friends of the puskesmas but the point is that the feared community has no cure until now... that is what makes the stigma still high*)
 – (KPAD)

Discrimination still occurs in the madiun district area because people are afraid that until now HIV / AIDS infection still has no cure until it is cured, causing the stigma to remain high. Even though the KPAD and local health centers have conducted socialization on this matter.

However, there are also housewives with HIV/AIDS who claim not to be stigmatized by their social environment through the statement below :

“ngga.. ngga pernah” (*No... never*) – (R1)
 “ngga pernah...” (*never*) – (T1)

“mboten enten mbak” (*none*) – (R2)
 “engga...” (*no...*) – (T2)

“alhamdulillah ngga ada... dari masyarakat ngga ada... dari keluarga ngga ada... ngga ada yang menjauhi ngga ada” (*alhamdulillah no one... none from community... none form the family... no one stay away*) – (R5)
 “emm engga engga...” (*emmm... nope*) – (T5)

While the other 2 respondents, namely respondents 7 and 8, still hide their status from the surrounding environment so that there is no stigma and discrimination. Based on the results of the interviews, it can be seen that there are housewives who experience discrimination and stigma, some do not get discriminated against by the surrounding environment and some do not reveal their status. Discrimination that occurs in the form of being shunned by the surrounding environment, insults and even physical violence in the form of stoning. This is also supported by the Madiun Regency HIV/AIDS Commission that discrimination still occurs in the community due to the fear that the cure for HIV/AIDS infection has not yet been found.

According to Theodorson & Theodorson in Fulthoni et al. (2009), discrimination is the unequal treatment of individuals, or groups, based on something, usually categorical, or distinctive attributes, such as race, nationality, religion, or membership of social classes. Stigma is a negative characteristic attached to a person due to the influence of his or her environment (KBBI, 2024). In this study, some housewives with HIV / AIDS felt discriminated against and stigmatized because of their HIV status. According to Savitri & Purwaningtyastuti (2019), the impact of social stigma and discrimination experienced by PLWHA is in the form of ostracism, expulsion, termination of employment, violence, loss of opportunity to access health services, and reduced social support. The impact of discrimination in the form of ostracism, humiliation and physical violence such as being beaten and stoned is experienced by housewives with HIV/AIDS which causes them to be unable to carry out activities and confine themselves. Stigma and discrimination are caused by the fear that until now HIV is still incurable. This is

in line with the statement that stigma related to HIV and AIDS occurs because of fear, everyone knows HIV and AIDS are infectious diseases that have no cure (Aris Tristante et al., 2022).

As a result of stigma and discrimination against PLWHA, not all PLWHA are willing to disclose their status to others. In this study there were also housewives with HIV/AIDS who did not experience discrimination by their surrounding environment such as R1, R2 and R5. Informants R1 and R2 did not experience discrimination because this happened because the neighborhood where they lived was a social cottage neighborhood area (Liposos) in which there were people with similar risk groups and tended not to interfere with each other. Informants R7 and R8 did not experience discrimination due to the ignorance of the surrounding environment about their status. Based on Ma'arif (2020), PLWHA who do not experience discrimination are due to their closed nature regarding their HIV status, so that no one knows that PLWHA also have no factors that cause discrimination.

Discrimination and stigma can affect self-esteem in housewives with HIV/AIDS. The stigma experienced will affect their self-esteem, disrupt family relationships, and limit their ability to socialize and self-actualize, which is part of the psychosocial impact of stigma (Fospawati et al., 2023). Housewives who experience stigma and discrimination will close themselves off temporarily. Novaldi et al. (2021) said that Negative opinions about PLWHA make PLWHA tend to close themselves off from the environment. Such action is a behavior of low self-esteem. Low self-esteem can have a negative impact on PLWHA. Low self-esteem may prevent PLWHA from making treatment efforts, thus shortening the life span of PLWHA (Arisudhana et al., 2020). However, the self-esteem of housewives with HIV/AIDS can increase over time because community discrimination begins to decrease and people begin to get used to the status that housewives with HIV/AIDS have.

Aktivitas Sosial Ibu Rumah Tangga dengan HIV/AIDS

Self-confidence is part of self-esteem. A person with high self-confidence will be able to interact with the surrounding environment. The social interaction experienced by PLWHA is related to the level of self-esteem. A poor form of interaction is the absence of participation in community activities (Aulia et al., 2014). Based on the interviews that have been conducted, all housewives with HIV/AIDS have been able to carry out their activities and mingle with the surrounding community. This is evidenced by the statement :

“bisa” (*I can*) – (R1,R5)

“kumpul... kerja bhakti arisan ikut” (*gather.. community service and social gathering I participate*)– (R2)

“sudah bisa, pertemuan opo opo wes biasa” (*already can, all meeting already like usual*) – (R3)

“udah bisa... ya ikut pengajian ikut anu” (*already can, I participate in communal recitation*) –(R4)

“pas pertama kali baru kena ya sempet minder... nek saiki ikut wes biasa” (*the first time infected felt inferior... right now just participate like usual*) - (R6)

“percaya diri ikut sing penting kita bisa jaga.. yang penting kita jangan sampe menularkan dengan orang lain gitu aja” (*feel confident participate the important is we can keep.. the important we shouldn't transmit to other people*) –(R7)

“ikut.. ikut.. nek arisan.. nek rewang rewang ikut tetep melu.. nek kegiatan ngno wi tetep

All respondents stated that they are now able to mingle and participate in activities in the neighborhood. Although there are housewives with HIV/AIDS who do not feel confident at first and there are still housewives with HIV/AIDS who are awkward to participate in activities. However, in general, housewives with HIV/AIDS have been able to mingle and participate in activities with the surrounding environment. The activities followed are activities that are generally carried out by housewives in the neighborhood such as arisan activities, recitation, family empowerment and welfare (PKK), community service and mutual cooperation when other residents have interests.

This shows that the self-esteem of housewives with HIV/AIDS has increased and is able to carry out life as usual. In accordance with the statement Usman (2019) that A person has a good self-concept related to self-esteem if they are able to show their existence is needed by many people, and become a respected part of the surrounding environment. If housewives have high self-esteem then their self-concept will also be good, if the self-concept is good then the quality of life of PLWHA will be better. In line with Ayu & Prayitno (2018) who said that Self-concept and self-esteem are a very important unity in a person, if the self-concept is good then self-esteem is also good, and vice versa. If the self-concept is good, it will be able to improve the quality of life of housewives with HIV / AIDS.

CONCLUSION

Based on interviews conducted to 8 respondents of housewives with HIV/AIDS, it was concluded that some housewives received discrimination while others did not receive discrimination. The absence of discrimination is influenced by the environment in which the respondents live, one of which is due to the ignorance of the surrounding environment of their status. Housewives with HIV/AIDS experienced low self-esteem at the time of discrimination. But now all housewives have been able to do activities and mingle with the surrounding environment through community activities in the neighborhood.

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Protokol penelitian yang diusulkan oleh :
Peneliti Utama : Novelia Eka Pri Wardani
Instansi : STIKES Bhakti Husada Mulia
Judul :

**Konsep Diri Ibu Rumah Tangga (IRT) dengan
HIV/AIDS di Kabupaten Madiun**

Dinyatakan **Layak Etik** sesuai 7 Standart WHO 2011. Yaitu, 1) Nilai Sosial, 2) Nilai Ilmiah, 3) Pemerataan Beban Manfaat, 4) Resiko, 5) Bujukan, 6) Kerahasiaan atau *Privacy*, 7) Persetujuan Setelah Penjelasan, yang merujuk pada pedoman CIOM 2016. Hal ini seperti yang ditunjukkan oleh terpenuhinya indikator setiap standart.

Pernyataan Layak Etik ini berlaku selama kurun waktu 25 April 2024 sampai dengan 25 April 2025.

Madiun, 25 April 2024
Ketua KEPK STIKES Bhakti Husada Mulia

Cintika Yordina S., S.ST., M.Kes