

INTERNATIONAL SEMINAR

Global Context and Indigenous Perspective on Health Issues

Salatiga, September 21-23, 2011



Hosted by
Faculty of Health Sciences, Satya Wacana Christian University
Jl. Kartini No. 11A, Salatiga, Indonesia



SWCU
fhs

Symposium Schedule

Symposium 1		Thursday, September 22, 2011	13.45 15.45
Health, illness, wellness on global and indigenous context/ local knowledge			
Name		Title	Room : G505
S1.1	1. Teri Setiawan	Case Study Concerning Resilience Dynamics On Early Adult Women That Has Been Infected HIV/ AIDS From Their Husband In Clinic X Bandung	
S1.2	2. Robert Douglass Huntchinson	Indigenous consideration in western (European) bioethics	
S1.3	3. Vida Handayani dan Ira Adelina	Psychological well-being of HIV positive patients (age 20-34 years) in bandung	

Symposium 2		Thursday, September 22, 2011	13.45 15.45
Progress of technology , education system and government policy on health issues			
Name		Title	Room : G503
S2.1	1. Dr. Pamela Kohlbray, RN, Ph.D, CNL	Developing Global partnership in nursing education in the united states and Indonesia : exploring quality and safety education for nursing	
S2.2	2. Fransiska Maria Susila Sumartiningsih	Building Character For Nursing Students Through Value-Based Education	
S2.3	3. Sri Yulianto J.P dan Kristoko Dwi Hartomo, M.Kom	Modeling Risk Area DHF Incidence Based Indicators Of Sociodemographic Using GI* Statistic In Surakarta	

Symposium 4		Friday, September 23, 2011	12.30 14.30
Health, illness, wellness on global and indigenous context/ local knowledge			
	Name	Title	Room : G505
S4.1	1. Ira Adelina & Vida Handayani	The Influence Of Resilience In Optimizing Quality Of Life Of Indonesian People with Lupus	
S4.2	2. Cakrangadinata Robert O. Rajagukguk Aris Budiutomo	Application Of Cognitive Behavior Therapy (CBT) In Reducing Pain Intensity Of Chronic Low Back Pain (case studies of chronic low back pain patients in Bandung)	
S4.3	3. Rizki Yuliani Sianiwati Sunarto Hendy Ginting	Type D Personality Among CHD Patients : is it exist in Indonesia?	
S4.4	4. Ns. Wulaningsih, S.Kep. and Ventry N. Werinussa	Safe sleeping for babies to reducing the risk of sudden infant death syndrome	

PSYCHOLOGICAL WELL-BEING OF HIV POSITIVE PATIENTS (AGE 20-34 YEARS) IN BANDUNG

Vida Handayani

Ira Adelina

Maranatha Christian University

vidahan@gmail.com

adelina_ira@yahoo.com

Abstract

HIV-positive patients appear the same as other people. Physically they look healthy and able to do their daily routines well enough, even though their body's immunity keeps decreasing. They will lose body weight drastically and easily get sick, trivial illness will take longer time to be cured. Problems that arise in HIV-positive patients were not only physical health problems but also psychological problems. They received a variety of evaluation and negative reactions from the environment, they are still often regarded as a disgrace for the community. The presence of HIV in the body can bring the patient in an unpleasant and stressful situation, making them difficult to accept the fact that they are exposed to the virus. It can also affect the patient in carrying out their developmental tasks. The existence of various problems faced by HIV-positive patients could influence their psychological well-being. Psychological well-being entails having a rich perception of various experiences and successfully manages the challenges and difficulties that may arise (Ryff and Singer, 2003).

This research was conducted to get description of the psychological well-being in HIV-positive patients (aged 20-34 years) in Bandung. The method used in this research is descriptive method with survey techniques. The sample selection was done by using accidental sampling, with a total sample of 102 patients. Measuring instruments used in this study were psychological well-being questionnaire adapted from the scale of psychological well-being compiled by Ryff (1989), consists of 84 questions which is a self-report and objective tests to measure six dimensions of psychological well-being. The validity test obtained 69 valid items (0.300-0.760) and the reliability was 0.893.

The result showed that there were balance between HIV-positive patients with high psychological well-being (50%) and low psychological well-being (50%). Patients with high psychological well-being, in general have a high degree on 2-6 dimensions and vice versa.

Key words: HIV-positive patients, psychological well-being, survey

Introduction

Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system. After five to ten years, HIV can turn into Acquired Immunodeficiency Syndrome

(AIDS) (Murni, 2003). Patients infected with HIV-positive means HIV existed in the body, but not yet showing symptoms of AIDS. Experts estimated that 50% of patients who are HIV positive will show symptoms of AIDS within 10 years, and sooner or later almost all people that were infected with HIV will develop AIDS and die because of it. HIV patients is usually feel well and appeared to be healthy like people in general, but can pass it to other people (Djoeran, 2004).

HIV-positive patients can do their daily routines well enough. However, their body's immunity keeps decreasing, so patients become more susceptible to disease. Trivial illness will take longer time to be cured. Because of these, HIV-positive patients is expected to be more vigilant in living their life. Patients can also experience discrimination from the neighborhood who still think negatively about the virus in their body, they are still often regarded as a disgrace to society. Society considers that HIV transmission associated with same-sex sexual relations, used of illicit drugs using a syringe, free sex, and other deviant behavior, so that those who are HIV positive are considered deserve being punished. Their health condition and various judgement from the environment will be a challenge for HIV-positive patients, these things can affect how they optimize various aspects of life.

Evaluation of a person against himself which is the result of evaluating the experiences of his life are known as psychological well-being. These evaluation may include the acceptance and recognition of their situation, relationships and life goals that are owned, the ability to become independent individuals, and self-development. Patients with high psychological well-being would be able to live their lives optimally. They can accept and recognize their circumstances and status. They also have a warm relationship with others, trying to maintain their health, have a purpose in life, and be able to decide something

important related to themselves, and seeks to develop their potentials. Conversely, patients with low psychological well-being will feel dissatisfied with their life. They cannot accept their state of self- that were contracted with HIV and the existing shortcomings in themselves and less able to establish warm relationships with others. They live their lives with less optimal than others, do not even have or lose their life goal. Such situation is not expected, since this state makes the patient feel uncomfortable and can bring the patient into a state that is unpleasant. According to Drs. Nursalam, unpleasant feelings can accelerate the onset of AIDS, and even increase mortality (Nursing Care In Patients Infected with HIV / AIDS, 2007). Therefore, this study made to find out how the psychological well-being in HIV-positive patients in Bandung.

Conceptual Framework

Psychological well-being are not limited to feeling happy, satisfied with life lived or absence of negative feelings, unpleasant experience that were used to describe a life that were well lived. According to Ryff and Singer (2003) psychological well-being formed from a variety of perceptions of various experiences and the success of overcoming various challenges and difficulties that arise in life. Psychological well-being consists of six dimensions, namely: self-acceptance, positive relations with others, environmental mastery, personal growth, purpose of life, and autonomy.

Self-acceptance is considered as an important part of well-being and positively related to one's own opinion of themselves, referring to the formation of self-regard, which include both positive and negative aspects (Ryff and Singer, 2003 in Hidalgo, J. L. T., Bravo, B. N., Martinez, I. P., Pretel, F. A., Postigo, J. M. L., & Rabadan, F. E., 2010). Acceptance of self is

formed by honest self-assessment. Individuals are aware of their weaknesses and limitations, but still has willingness to acknowledge and accept “myself” as is.

Positive relations with others is an individual assessment of the ability to strengthen relationship and the existence of relationships with others that are warm, trusting, and intimate. Positive relations with others including endurance, individual pleasure and satisfaction that comes from closeness (intimacy) and the love they have. Various theories about the stages in adult development also emphasize the close relationships with others (intimacy), direction and attention from others (generativity).

Autonomy involves the ability to withstand the social pressures, that individuals can think and act according to standards and values are that were internalized (Ryff, 1989a). This dimension also refers to the ability to drive them to achieve what is desired and believed, even when it is contrary to the views or customs in society.

Environmental mastery, include the challenges faced by individuals to master the environment, as well as the circumstances in which individuals recognize their personal needs and desires, and feel able to take an active role in getting what they need from the environment. This dimension is also regarded as an important factor in well-being. This ability requires the skills to create and maintain an environment which is considered beneficial for the individual. The ability to choose or create a suitable environment for their mental condition defined as a mental health characteristics. For an individual, to be able to adequately control its environment, will requires the ability to regulate and control the complex environment around them, the need to move forward, change the world creatively with various mental or physical activities (Ryff and Singer, 1996 in Hidalgo et al., 2010).

Purpose in life is one of dimension of psychological well-being, which is the way someone looked at their lives; including the purpose of life and appreciation that life has direction. The definition of maturity is also clearly emphasizes the sense of purpose in life and the sense of direction and intention. Individuals with positive function have target in their life, a clear intention and direction, all of this will give meaning to life (Ryff and Singer, 1966 in Hidalgo et al., 2010).

A final dimension of psychological well-being is personal growth, namely the assessment of one's ongoing efforts to develop the skills and talents (Ryff, 1989a). This dimension relates to an individual's ability to realize the potential and talent he possesses to develop a variety of new things. Often this is also related to how individuals face many difficulties which required him to find strength from within themselves to overcome it (Ryff and Singer, 2003 in Hidalgo et al., 2010). It is also associated with openness to new experiences which are key characteristics of the individuals who serve in their entirety.

Methods

The method used in this research is descriptive method with survey techniques. The sample selection was done by using accidental sampling, with a total sample of 102 patients. Measuring instruments used in this study were psychological well-being questionnaire adapted from the scale of psychological well-being compiled by Ryff (1989), consists of 84 questions which is a self-report and objective tests to measure six dimensions of psychological well-being. The validity test obtained 69 valid items (0.300-0.760) and the reliability was 0.893.

An analytical technique used in this study is frequency distribution. Calculate the percentage by dividing the frequency of respondent's answers with the number of respondents multiplied by 100%. The results obtained from these calculations, then presented descriptively. These results are used to draw conclusions and advice in accordance with the usefulness of research

Results

The study subjects consisted of 81 (79.4%) men and 21 (20.6%) women, 66 patients (64.7%) aged between 22-29 years and 36 patients (25.3%) aged between 30-34 years.

table 1. psychological well-being of hiv positive patients in Bandung

	High		Low		Total	
	patient	percentage	patient	percentage		percentage
Psychological well-being	51	50%	51	50%	102	100%

The table above shows that of 102 patients, 51 patients (50%) had high psychological well-being, and 51 people (50%) others had lower psychological well-being.

Table 2. Dimensions of *psychological well-being*

Dimensions	High		Low	
	patient	percentage	patient	Percentage
<i>Self-acceptance</i>	50	49.0 %	52	51.0 %
<i>Positive relation with other</i>	41	40.2 %	61	59.8 %
<i>Personal growth</i>	59	57.8 %	43	42.2 %
<i>Purpose in life</i>	44	43.1 %	58	56.9 %
<i>Environmental mastery</i>	44	43.1 %	58	56.9 %
<i>Autonomy</i>	44	43.1 %	58	56.9 %

Based on the above table, it is known that 41 patients (40.2%) had low on positive relations with other and 61 (59.8%) had high positive relations with other. A total of 43 patients (42.2%) had a high degree of personal growth and 59 patients (57.8%) had a low degree of personal growth. A total of 44 patients (43.1%) had low degree of purpose in life, environmental mastery, and autonomy and 58 patients (56.9%) had a degree of purpose in life, environmental mastery, and high autonomy. A total of 50 people (49%) had a low degree of self-acceptance and 52 patients (51.0%) had a high degree of self-acceptance

Table 3. *Psychological well-being and self-acceptance*

Dimensions		<i>PWB</i>			
		<i>Low</i>		<i>High</i>	
<i>self-acceptance</i>	<i>low</i>	41	80.4%	9	17.6%
	<i>high</i>	10	19.6%	42	82.4%
<i>Total</i>		51	100%	51	100%

The table above shows, that in patients with low psychological well-being, 80.4% have low self-acceptance, and only 17.6% had high self-acceptance. Conversely,

patients with high psychological well-being, 82.4% had high self-acceptance, and only 19.6% had low self-acceptance.

Table 4. *Psychological well-being and positive relation with other*

Dimensions		PWB			
		Low		High	
<i>positive relation with other</i>	<i>Low</i>	38	74.5%	3	5.9%
	<i>High</i>	13	25.5%	48	94.1%
<i>Total</i>		51	100%	51	100%

The table above shows, that 74.5% patients with low psychological well-being also have low positive relations with other and only 25.5% have high positive relations with other. Conversely, in patients with high psychological well-being, 94.1% have high positive relations with other and only 5.9% have low positive relations with other

Table 5. *Psychological well-being and personal growth*

Dimensions		PWB			
		Low		High	
<i>personal growth</i>	<i>Low</i>	39	76.5%	20	39.2%
	<i>High</i>	12	23.5%	31	60.8%
<i>Total</i>		51	100%	51	100%

The table above shows, that in patients with low psychological well-being, 76.5% have low personal growth and only 23.5% who have high personal growth. Conversely, in patients with high psychological well-being, 60.8% have high personal growth and only 39.2% have low personal growth.

Table 6. *Psychological well-being and purpose in life*

Dimensions		PWB			
		Low		High	
<i>purpose in life</i>	<i>Low</i>	34	66.7%	10	19.6%
	<i>High</i>	17	33.3%	41	80.4%
<i>Total</i>		51	100%	51	100%

The table above shows, that in patients with low psychological well-being, 66.7% have low purpose in life and only 33.3% is high in purpose in life. Conversely, patients with high psychological well-being, 80.4% high in purpose in life and only 19.6% have low purpose in life is.

Table 7. *Psychological well-being and environmental mastery*

Dimensions		PWB			
		Low		High	
<i>environmental mastery</i>	<i>Low</i>	33	64.7%	11	21.6%
	<i>High</i>	18	35.3%	40	78.4%
<i>Total</i>		51	100%	51	100%

The table above shows, that patients with low psychological well-being, 64.7% have low environmental mastery, and only 35.3% have high environmental mastery. Conversely, in patients with high psychological well-being, 78.4% having high environmental mastery, and only 21.6% have a low environmental mastery.

Table 8. *Psychological well-being and autonomy*

Dimensions		PWB			
		Low		High	
<i>autonomy</i>	<i>Low</i>	34	66.7%	10	19.6%
	<i>High</i>	17	33.3%	41	80.4%
<i>Total</i>		51	100%	51	100%

The table above shows, that patients with low psychological well-being, 66.7% have low autonomy and only 33.3% have high autonomy. Conversely, in patients with high psychological well-being, 80.4% have high autonomy and only 19.6% who have low autonomy.

Discussion

HIV-positive patients in Bandung has a balance degree of psychological well-being. Of the 102 respondents, as many as 51 patients (50%) had a high degree of psychological well-being. This means that 51 patients (50%) patients had a positive assessment of the experiences of his life (Ryff and Singer, 1996). They accepted their situation, has warm relationships with family or their friends, was able to set the state of the surrounding environment, trying to develop itself, life has meaning and purpose in life, and live independently in accordance with the principles they have. In contrast, 51 people (50%) had low psychological well-being.

On self-acceptance, from 51% who have high self-acceptance, as many as 82.4% have a high psychological well-being. While 49% of patients who have low self-acceptance, as many as 80.4% had lower psychological well-being (Table 3). Self-acceptance is high can

be seen from the attitude of patients who can receive the advantages and disadvantages it has, including accepting the fact that they are HIV positive and not blame others. These patients did not regret his past, but they can take the meaning of every incident in their past. They are able to see the errors and failures in his life as a learning process. And vice versa of patients who have low self-acceptance.

On the positive relations with other, of which 59.8% had high positive relations with other, as much as 91.4% have a high psychological well-being (Table 4). This means that the patient judged that they had a warm relationship, mutual trust. They care about the positions of others, being open, and accepting of others, whether family, physician, or other related parties, for example through peer support groups that exist in various social institutions. There they can support each other and share with friends. While 40.2% of patients who had low positive relations with other, as many as 74.5% had low psychological well-being (Table 4). This means that the patient thinks of himself difficult to build a close relationship and trust in others. They are hard to be a warm, open, and caring of others. They can feel isolated and frustrated in interpersonal relationships with others.

In personal growth, from 42.2% who had high personal growth, there are 60.8% who had high psychological well-being. While 57.8% of patients have low personal growth, as much as 76.5% had low psychological well-being (Table 5). This means that the patient thinks of himself less able to develop attitudes and new behavior, has the ability tends to remain, less interested in life. Patients with high personal growth indicate an attempt to develop themselves according to their talents and interests through various means such as seminars or training both in the field of HIV, employment, or other. This can increase patients' knowledge about their situation so that they can develop themselves while

maintaining their health. Conversely, if patients have less opportunity to participate in activities that can develop themselves, so they tend to have low personal growth.

In dimension purpose in life, of which 56.9% had high purpose in life, there are 80.4% who had high psychological well-being (Table 6). While 43.1% of patients who have low purpose in life, as many as 34 patients, 66.7% had low psychological well-being. This means that the patient thinks of himself lacks the meaning of life, not have the goals and expectations, lack of direction, lack of seeing the goals of past experience, and lacking in vision or belief that gives meaning to life. Higher purpose in life may occur because of the patient's purpose in life. In general, patients who are in early adulthood, begin to develop their careers and start thinking about family life. In addition, the success and positive meaning that patients have towards their experience also can influence their degree of purpose in life. On the dimension of purpose in life, the higher education level of the patient, the higher the degree of his purpose in life.

On the dimension of environmental mastery, of which 56.9% have a higher environmental mastery, there are 78.4% who had high psychological well-being (Table 7). While 43.1% of patients who have low environmental mastery, as many as 64.7% had low psychological well-being. Patients who have a high environmental mastery can manage time, activities and responsibilities they have. It can also be seen from the discipline of the patients in taking medication and still be able to perform daily activities in accordance with what they need. Vice versa in patients who have low environmental mastery.

On the dimensions of autonomy, of which 56.9% have high autonomy, as much as 80.4% have a high psychological well-being. While 43.1% of patients who had low autonomy, as much as 66.7% had psychological well-being of low (Table 8). The high

dimension of autonomy because the patient demanded to be independent, both in deciding something or doing something, this is in line during early adult development (Santrock, 2002). They should be able to take decisions based on the principles and standards, rather than follow the wishes of others. Patients do things on their own, not because of the wishes of others. Vice versa in patients who have a low degree of autonomy.

Conclusion

- HIV-positive patients in Bandung has a degree of psychological well-being that spread evenly, that is 50% of patients had high psychological well-being and 50% of patients had lower psychological well-being.
- Patients who have a high psychological well-being, generally has a high degree on 2-6 dimensions. While patients who have a degree of psychological well-being of low, generally have a low degree on 2-6 dimensions

References

- Djoeran, Z., dkk. 2004. *Perawatan dan Dukungan Untuk Orang Dengan HIV/ AIDS di Masyarakat*. Jakarta : Yayasan Pelita Ilmu & The Ford Foundation.
- Gulo, W. 2002. *Metodologi Penelitian*. Jakarta : PT Grasindo.
- Halim, M. & Atmoko, W. D. 2005. Hubungan antara Kecemasan akan HIV/ AIDS dan Psychological Well-Being pada Waria yang Menjadi Pekerja Seks Komersial. "*Jurnal Psikologi*". Vol. 15 : 17-31.

Hidalgo, J. L. T., Bravo, B. N., Martinez, I. P., Pretel, F. A., Postigo, J. M. L., & Rabadan, F. E. (2010). Psychological Well-Being, Assessment Tools and Related Factors. Dalam Wells, I. E. (ed). *Psychological Well-Being*. New York: Nova Science Publishers, Inc.

Keyes. The Measurement and Utility of Adult Subjective Well Being. In Lopez, Shane J, & Snyder, C.R (ed). 2003. *Positive Psychological Assessment; A Handbook of Models and Measures*. Washington DC: American Psychological Association.

Nursalam & Kumiawati, D., Ninuk. 2007. *Asuhan Keperawatan Pada Pasien Terinfeksi HIV/ AIDS*. Jakarta : Salemba Medika.

Mahlar, H. 1999. *AIDS Tengah Mengetuk Pintu Asia*. Jakarta : Gunung Mulia.

Murni, S. 2003. *Hidup dengan HIV/ AIDS*. Jakarta : Yayasan Spiritia.

Nazir, Moh. 2005. *Metode Penelitian*. Jakarta : Ghalia Indonesia.

Ryff, C. D. 1989. Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well Being. "*Journal of Personality and Social Psychology*". Vol. 57 : 1069-1081.

Ryff, C. D. 1994. *Psychological Well-Being in Adult Life*. "Current Directions in Psychological Science".

Ryff, C. D. & Keyes. 1995. The Structure of Psychological Well-Being Revisited. "*Journal of Personality and Social Psychology*". Vol. 69 : 719-727.

Ryff, C. D. 2002. Optimizing Well Being : the Empirical Encounter of Two Traditions. "*Journal of Personality and Social Psychology*". Vol. 82 : 1007-1022.

Ryff, C. D. & Singer. 2006. Know Thyself and Become What You Are : A Eudaimonic Approach Psychological Well-Being. "*Journal of Happiness Studies*".

Santrock, John W. 2002. *Life-Span development : Perkembangan Masa hidup*. Edisi kelima. Jakarta : Erlangga.