



Self-Concept of People with HIV (PLHIV)

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Abstract

HIV AIDS is one of contagion that is caused by virus of HIV which no medicine or vaccination found. The amount of HIV AIDS patients in Srandakan District were 0,03% of the total population. Every year, it is always increasing 0,01%. A problem that happened to ODHA in Srandakan District an ODHA who moved were becoming trending talk. An ODHA woman with her two children that was left by her husband when she is going to give birth the second. An ODHA female who lived alone. An ODHA man who was stopped from his work with the reason that the office can't give salary. Toward the condition of ODHA caused some ODHA fell afraid interacting to society around. the aim of this research was getting figure of personal concept toward HIV AIDS in the district of Puskesmas Srandakan Bantul. This research used qualitative descriptive method. The sample in this research was six people who lived in the Puskesmas Srandakan region and have been took using sampling purposive technic. The conclusion of this research succeeded to identify the existence of personal concept problem toward six participants they felt decreasing of thinking process, easy to feel tired, worried about don't get job that causes he can't fulfill his family need. Worried that HIV status was known by family and society. Changing personal concept about personal identity i.e. ODHA felt comfortable with changing himself from male to be female, worried to find soulmate. Concept to body image that was shame with skin injury. Personal concept of role performance was more roles in-house family, self-limiting toward society. Personal concept of personal esteem is about low personal esteem.

Keywords: HIVAIDS, self-concept

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INTRODUCTION

HIV / AIDS has become a global threat because it has a "window period", has not found the cure, and there is no vaccine for prevention (1). Human Immunodeficiency Virus (HIV) is a virus that lives in the human body and attacks the body's immune system. Acquired Immune Deficiency Syndrome (AIDS) is a set of symptoms of a disease that attacks in people

who have low immune system (2). People with HIV do not necessarily have AIDS, but people with AIDS must be HIV infected. In the phase of HIV, a person has not shown symptoms (3). People living with, or affected by HIV / AIDS are called PLHA (2).

Data on the number of people living with HIV worldwide by the end of 2015 was 36.9 million people. The number of people living with

HIV in Indonesia continues to increase, people with HIV/AIDS in Indonesia 2015 showed people with HIV as many as 150,296 people, while AIDS as many as 55,799 people. In the year of 2016 showed people with HIV as much 198.219 people, while AIDS as many as 78.292 people (2). The number of cases of HIV and AIDS in the Special Region of Yogyakarta until the 1st Quarter of 2015 showed the case of HIV as many as 1875 people, AIDS as many as 1231 people. Data Quarter 1 year 2016 showed cases of HIV as many as 3343 people, AIDS as many as 1314 people (4). Prevalence of HIV/AIDS sufferers with self-concept disorder equal to 46,14% (5).

Until now, there is no drug that can cure or kill the HIV virus so that people who suffer from HIV will suffer during his life. ARV drugs that have been found can not kill the HIV virus, but only weaken the virus. People who do not want to take ARVs, then the virus will grow quickly and cause the body's immune deficiency decreased, they are not able to fight any disease that attacks his body or called opportunistic infections. This opportunistic infectious disease will precipitate death from people living with HIV (6).

HIV / AIDS disease affects the sufferers for experience in physical, psychological and social health problems. Physical health problems of emergence of opportunistic infections such as skin damage, weight loss and fatigue, so ashamed to socialize with the community as a result PLHA have low self-esteem. Psychological problems such as anxiety about the future of their lives cause PLHA to be moody and withdrawn. The form of social problems of a PLHA dismissed from the workplace on the grounds that the workplace is unable to provide a salary so as not to be able to meet the needs of life, disharmony in the household. Husband left wife when will give birth. One person living with HIV transsexual living in the house alone. Discrimination and stigmatization from the community so that PLHA will be inferior to socialize with the community (7).

HIV/AIDS can cause lost generation in due to lack of ability to produce offspring if not handled properly. The impact on families will have problems in household harmony and vulnerable to economic problems due to inability to work. Psychological reactions come out when knowing family members suffering from HIV/AIDS will panic, shock and confusion (8). The impact on the state costs a lot to finance HIV prevention and treatment programs.

Self-concept is all ideas, thoughts, beliefs and beliefs that individuals know about themselves and influence individuals in relation to others (9). Self-concept is the way the individual sees himself as a whole: physical, emotional, intellectual, social and spiritual (10). Self-concept is a complex idea that affects the way individuals think, speak, and act. Affects individuals to look at and treat others. Affects the ability to give and receive love (11). Self-concept can be formed because of a person's perceptions and attitudes toward him (12). So self-concept is an idea, idea, belief that affects the ability of individuals in responding intrapersonal and interpersonal environment so that there is a change in attitude, speech and behavior.

The first self concept composer is Body Image. Body image or self-image is the attitude or way a person's view of his body consciously and unconsciously. This attitude includes perceptions and feelings about the current size and shape, function, appearance and potential of the body and the continuous past in modification with each individual's new experience (9). Body image is an individual way of perceiving the size, appearance and function of the body and its parts (11). Self-image must be realistic because the individual who receives his or her body will be safer, free of anxiety, especially in adolescent body shape, height, weight, secondary sex growth is very influential on adolescent self-image (10).

Signs and symptoms of a self-image disorder (body image) are: refuse to see and

touch the changed body parts, Does not accept the body changes that have occurred or will occur, Refused the body changes, Negative perception of his body, expressing despair and fear (10).

The second component of self-concept is self-esteem. Self-esteem is the individual's judgment of personal value obtained by analyzing how well one's behavior corresponds to the ideal of self. High self-esteem is a feeling that is rooted in self-acceptance unconditionally, while making mistakes, defeats, and failures, still feel as an important and valuable (9). Low self-esteem will lead to depression, depression may decrease immune function, Killer's natural cell function and Lymphocyte reaction thus contributing to a decrease in CD4 + count so that the possibility of a higher incidence of opportunistic infection (13).

The third component of self-concept is Perfoma Role. Roles are a set of behavior patterns expected by the social environment to relate to the function of individuals in different social groups. The role set is the role where a person has no choice. The role received is the role chosen or chosen by the individual (9). High self-esteem is the result of a role that meets the needs and fits with the ideal of self. Position in the community can be a stressor to the role because of the social structure that creates difficulties, demands and positions that are impossible to implement (10). Stress role consists of role conflict when the role demands contrary to the individual system or two roles that cause conflict between the two such as unclear role, inappropriate role, excessive role.

Factors that influence in adjusting to the role performed are: Clarity of behavior and knowledge in accordance with the role. Consistency of a meaningful person's response to the role being undertaken. Conformity and balance between roles in the pool. Individual harmony and expectations of role behavior. Separation

of situations that will create a mismatch of role behaviors (10).

The fourth component of self-concept is Self Identity. Identity is the organizing principle of personality responsible for the unity, continuity, consistency, and uniqueness of the individual (10). Personal or personal identity is a sensation of individuality that is realized continuously throughout life (11). Identity includes beliefs and values, personalities, and characters such as name, gender, age, culture, occupation, marital status and education. Establishing identity begins in infancy and beyond lasts throughout life but is a major task in adolescence.

Individuals who have a strong sense of identity will see themselves as different from others, unique and second to none (10). Identity develops from childhood along with the development of self-concept. An important thing in self-identity is the gender that develops since the baby gradually starts from the concept of men and women who are much influenced by the views and treatment of society against each type. The six characteristics of self-identity are to know oneself as a whole organism and separate from others. Acknowledge the sex of oneself. Look at various aspects of her as something of harmony. Assess yourself according to the community's judgment. Be aware of past, present and future relationships. Have a valuable goal that can be realized (10).

The information obtained from the Srandakan Community Health Center staff during the preliminary study said the number of people living with HIV in the Srandakan Community Health Center was nine people, consisting of four women and five men, the status of the nine had already entered the AIDS phase. The problems faced by PLHIV in Srandakan sub-district are one pair of ODHA's husband who moved house because they always become gossip. One woman with HIV and her husband left her husband. A woman living with HIV / AIDS stopped

working because of taking care of a child after her husband died of HIV, an PLHA was stopped from work because of unemployment reasons, a husband and wife are afraid to get pregnant again because both children died of HIV. Two people living with HIV transgender status, With the status of people living with HIV as above will certainly make an impact on the psychological condition of PLHA including the concept itself.

The purpose of the study was to conduct further analysis of how the self-concept of people living with HIV in the District of Srandakan.

MATERIALS AND METHODS

The research design used was descriptive qualitative. The place of research was in the working area of Puskesmas Srandakan Bantul Yogyakarta. The research interview was conducted at the participant's house or at the Srandakan Community Health Center who had previously contracted the time and place of interview with the participants. The study was conducted in November and December 2016. Data collection, data analysis, interpretation of results and preparation of research reports were done from January to February 2017.

The population in this study were all HIV AIDS patients in the working area of Puskesmas Srandakan Bantul Yogyakarta as many as nine people consisting of four women, three men, two transvestites. Sample in this research was patient of ODHA that exist in working area of Puskesmas Srandakan which willing to be interviewed. The Sampling used purposive sampling method. The sample criteria were people who tested positive for HIV, living in the assisted areas of Srandakan Community Health Center (Puskesmas Srandakan), male and female. The number of incoming sample criteria was six people, three people were not included in the sample criteria because two people refused to be interviewed and one person was living outside the city of Yogyakarta.

The qualitative research instrument was the researcher itself (14). Intake of data by way of structured in-depth interviews. The data collection tools in this study were voice recorder, interview guide, and field notes. Interviews were conducted according to the agreed time. Contract duration of the interview is conducted approximately 30-60 minutes and make the next time contract for clarification or validation of data. After the interview has completed, the researcher gave a positive reinforcement and thanks the participants' help in the research.

Data analysis was the process that brings about how data is organized, organizing what exists in a pattern, category, data description unit. In general, the steps in qualitative data analysis were data collection, data reduction, data presentation and conclusion (verification). The process of data analysis is not the end of data collection because at the time of analysis there were a possibility still require validation to the respondent, so that when the validation found new data.

RESULTS AND DISCUSSION

Characteristics of Participants

Characteristics of all participants of people with HIV / AIDS (PLWHA) in the Working Areas of Puskesmas Srandakan Bantul are presented in **Table 1**.

The number of participants in this study was six people, the age of participants between 25-45 years, the lowest primary school education and the highest was high school, long suffering from HIV AIDS between 2-6 years.

Thematic Analysis

The themes identified in this data analysis consisted of four themes. Themes included: the identity of the sub-theme is the sex, work, marriage, body image / body image sub-theme is the physical condition and function, sub-role role is role in household, role in society

Table 1. Characteristics of Participants of People with HIV / AIDS (PLWHA) in the area of Puskesmas Srandakan Bantul Year 2017

Code	Age (year)	Work	Level of education	Status of PLWHA (year)
P1	34	Entrepreneur	SD	3
P2	44	Entrepreneur	SD	6
P3	25	Private Employees	SMU	2
P4	45	Entrepreneur	SD	6
P5	27	Private Employees	SLTA	5
P6	30	Private Employees	SLTP	3

and role in job, sub tenya is low self esteem (11). The themes were discussed separately to reveal the meaning of the various particulars of the participants.

Personal identity

Identity is the organizing principle of personality responsible for the unity, continuity, consistency, and uniqueness of the individual (10). Personal or personal identity is a sensation of individuality that is realized continuously throughout life (11). Self identity includes beliefs and values, personalities, and characters such as gender, occupation and marital status. The six characteristics of self-identity are to know oneself as a whole organism and separate from others. Acknowledge the sex of oneself. Look at various aspects of her as something of harmony. Assess yourself according to the community's judgment. Be aware of past, present and future relationships. Have a valuable goal that can be realized (10). Establishing identity begins in infancy and beyond lasts throughout life but is a major task in adolescence. Individuals who have a strong sense of identity will see themselves as different from others, unique and second to none (10). Identity develops from childhood along with the development of self-concept. The important thing in self-identity is the gender that develops since the baby gradually in the start of the concept of men and women are heavily influenced by the views and treatment of society against each type.

A good self-identity is that people can accept the circumstances of their life. The self-

identity picture that can be found in the first person with HIV AIDS (PLWHA) is the presence of sex disorders. Of the six participants, who experienced sexual identity disorder were two. the disturbance that occurs was from male to female. The disruption presented can be seen in the following expression:

".....I used to be a boy, since childhood when I was in school I was often distinguished by my teacher, often called by the name of ki arjo samino, because my mother name is arjo samino and often distinguished because I walk with a graceful, and my friend is mostly female....."(P2)

".....I wear women's clothes, so uncomfortable with other people, and ladies do not want to shake with me, I feel hurt..."(P2)

".....when I was in elementary school, I did not sleep indoors but outside the house and made such houses the same as girls...."(P4)

In addition to the expression of the participants, researchers also saw the interference from the physical facet of both participants speech participants such as women, with hair on let lengthwise, using hair tie straps.

The self-identity picture that can be found in the second person with HIV AIDS (PLWHA) was the existence of marriage failure. The failure form of marriage was the occurrence of divorce or inability to carry out the marriage. This is closely related to one of the characteristics of self-identity that was aware of the current relationship that is suffering from HIV AIDS with

the future of his marriage. Of the six participants, who experienced failure in marriage were four, one for divorce alive, one for divorce to death, one fear of marriage, one with no intention of marriage, as revealed below:

*".....I live with my parents and children, my first husband is divorced by leaving a child 1. Then I know other men without marriage and I have another child. The sleman's first husband is no longer in contact. With this second man I am not a house....."
(P1)*

*".....want to marry, but seeing my condition like this is pity with my future wife...."
(P3)*

*".....To get married, for me personally in terms of material I can afford, but in terms of my biological living needs obviously can not....."
(P4)*

*".....My husband has died of HIV illness....."
(P5)*

The self-identity picture that can be found in the third person with HIV AIDS (PLWHA) was a failure in work. This was related to one of the characteristics of self identity that was the inability to realize from purpose or value in life. Of the six participants who experienced failure in one person's work, as revealed by the following participants:

*".....because my husband got HIV, I also positively got HIV...."
(P5)*

*".....My husband has died of HIV illness....."
(P5)*

*" starting this month I quit working for a while because I have to take care of my husband's son and family in the Gunung kidul,"
(P5) .*

The image of self-identity obtained from six participants, there were two people experiencing disruption in the oration of the sex of changing behavior and appearance from men to women. The impact of the behavior of people living with HIV who engage in risky sex behaviors causes HIV transmission. Sex behavior who was done

by transvestites was by two ways of oral sex and anal sex. Both of these sex behaviors are at risk of injury due to limited anal elasticity resulting in easy injury. Oral sex behavior is also easy to cause injury because there is a hard tooth structure and sometimes there are caries or tooth perforated so that it becomes injured and becomes the entrance of the HIV virus (15).

HIV AIDS can also create a disturbance in identity in marriage. Disturbance of orientation in marriage in this study is found in four people living with HIV. The closed nature of a person will cause disbelief between the individual including between husband and wife. HIV status by some people was still considered taboo so people will tend to cover up. Once the HIV status was open to others including to the husband or wife, it will cause turmoil in the household, such as not accepting a spouse even happened expulsion or divorce.

Body Image / Body Image

Body image or self-image is a person's attitude or way of looking at his body. This attitude includes perceptions and feelings about the current size and shape, function, appearance and potential of the body and the continuous past in modification with each individual's new experience (9). A decrease in body immunity leads to attacks of various diseases that cause organ damage. Picture of body image in this research is to see how seDang evaluate to the physical condition and function of body organ. The image of body image that can be found in the first person with HIV AIDS (PLWHA) was the existence of a physical self-defect disorder. Of the six participants who experienced physical disorders, there were two people. As revealed by the following participants:

*".....my skin turned slightly blackish so i was a bit embarrassed so i used a rather thick makeup....."
(P3)*

".....I often wear kebaya or long

sleeve shirt so the scar on hand is not visible.....”(P2)

The image of body image that can be found in the second person with HIV AIDS (ODHA) was the existence of self-assessment disorder of organ function. There were two people Of the six participants who experienced organ function disorder. As revealed by the following participants:

“.....sometimes feel sore when riding a motorcycle a bit away, felt tingling....”(P4)

“.....I find it difficult to think, sometimes so confused.....”(P3)

Body image in this study were two sub themes that was in terms of physical and facet of body functions, there were three sub themes of skin disorders, limbs and body function. Researchers got three people who had impaired self-concept body image.

The outer body's defense skin inside the human body. In people with HIV AIDS (ODHA), the immune system will decrease so that the ability to fight the seeds of the disease will be reduced. If there is a little infection, it will quickly develop and long heal.

The skin is also an identity for a person. Clean and healthy skin leads people to be more confident, otherwise unhealthy skin moreover, There are many injuries that be experience to believe from the less even cause low self esteem, so tend to people living with HIV the skin will hide it by covering it with tight clothes and avoiding meeting people. In addition, they experience weight loss without undergoing a diet, as well as attacked by some opportunistic diseases (16). Body image should also be viewed in terms of function of the organ body. In this study of six participants who experienced interference, body function was two people.

People who are in the AIDS stadium are susceptible to various kinds of infections of

various diseases, and attack various organs of the body including attacking the brain, and affect the body's metabolism so that people with HIV AIDS will experience the melt, especially muscle muscle in the limb so that people living with HIV will experience weakness of thinking, resulting in paralysis of the limbs, and muscle weakness making it difficult to walk (15).

Role Performance

Role performances a set of behavior patterns expected by the social environment associated with the function of individuals in various social groups, for example role in the household, role in work and role in society. A person suffering from HIV AIDS will experience various health problems both physical and psychological, so that sometimes can not carry out roles in the household, in work or in the community well. For example, a husband can be depressed because he can not work and sufficient household needs.

Theme role performance in this research consists of three sub themes, namely the role of the household, the role in the work, and the role in the community. The description of the role played by the data analysis in People with HIV AIDS (ODHA) household and role in community activities. While the role in the work, there was no problem. There were four people of the six participants who experienced a role disorder in the household. As revealed by the following participants:

“.....I feel too heavy because I have to be the parents of my two children, let alone have to pay for school children.....”(P1)

“.....all I decided on my own and do it myself.....”(P2)

“.....Yes, the cooking is me, who accompanied his son yes me, my sister work morning came home late afternoon, night sometimes there tahlilan activities, yes I have to keep my nephew.....”(P4)

".....I feel heavy because there is no husband, but I get support from family....."(P5)

The description of the role performance that can be found in the second person with HIV AIDS (PLWHA) was the role in the community. There was one person of the six participants who experienced conflict-related role disorders in the community. As revealed by the following participants:

".....I am ashamed and afraid to participate in activities such as dasawisma arisan but now I start dare to come, yes sometimes I feel to be the material gossip from them....(P1)

All PLHA in this study revealed that the role in the work was no obstacle or was called the appropriate role. The role of work in PLWHA was caused by many factors of stigma and discrimination. People who get stigma and discrimination in the work environment will experience a low sense of self-esteem that will reduce the spirit to work. It also because the knowledge about HIV for entrepreneurs is still limited that treats employees not according to their ability (17).

Performance role in the community in this study of six participants, five of them said that the role was appropriate. Role in the community who have an inappropriate role was one PLWHA. Roles in society were also due to stigma and discrimination. So that who experience stigma and discrimination will experience obstacles in the association with the community because of shame, afraid to meet with others. While people living with HIV who do not get stigma and discrimination feel comfortable to socialize with the surrounding community (17). The role in life greatly influences the change of self-concept (18).

Self-esteem

Self-esteem is the individual's judgment of personal value obtained by analyzing how

well one's behavior corresponds to the ideal of self (9). Impaired self-esteem or low self-esteem is a negative feeling towards yourself, failing to achieve goals or desires and lost trust. High self-esteem is a feeling that is rooted in self-acceptance unconditionally, while making mistakes, defeats, and failures, still feel as an important and valuable (10).

The self-esteem picture that can be found in this study is low self-esteem. There were three people of the six participants who experienced low self-esteem. As revealed by the following participants:

".....I am sad, more or less for two months I rarely leave the house, I am so embarrassed and afraid, I used to dare to play to the neighbors, now not brave....."(P1)

".....very sad and discouraged, lazy out of the house sometimes have feelings like not confident, or shy....."(P3)

".....sometimes there is fear, not confidence, lack of confidence, my mind is fear when I infect them....."(P5)

The self-esteem picture that can be found in the second person with HIV AIDS (ODHA) was a high self-esteem. There were two people of the six participants who have high self-esteem. As revealed by the following participants:

".....I do not feel anything, I am ordinary. I resigned to the god who created me, I resigned when god called me at any time, I stay here and work as usual. I do not feel sad not to feel hard and not feel ashamed....."(P2)

".....baseball sad, not hard, it's for my example in my friends maybe I'm just waiting for the turn....."(P4)

The theme of self-esteem in this study consisted of two sub themes namely low self-esteem and self-esteem high. Low self-esteem found in three people of ODHA. High self-esteem high was in two people. Low self-esteem comes

from the inability to maintain balance, failure in achieving the desire or aspirations, self-esteem that were influenced by the interaction with the social environment (11). Low self-esteem is an accumulation of disturbances in self-identity, body image and role performance (10). Low self-esteem will trigger the emergence of depression that will reduce the function of the immune system (13). With a progressive immune system deteriorating the body is susceptible to opportunistic infections (19).

This study has several limitations related to the research methodology that is not yet able to reach all nine populations. This study only got six samples because there are samples outside the city of Bantul, so that researchers could not interview him, there were also samples that refuse to be interviewed. Saturation data can not be maximal because there were samples that can be interviewed only during break work time so that the time in use for the interview is not maximal, in addition to the place used for the interview is at work so sometimes disturbed by friends in work.

The results of this study illustrated how the self-concept of people with HIV AIDS so that it could improve nursing knowledge about nursing care in people living with HIV who have self-concept maladatif and equip students to be able to participate in tackling HIV AIDS. Counter measures covered several aspects, including physical, psychological, and social. People with HIV had a severe psychological burden that requires a therapy. Manual therapy is one of the interventions for patients with psychological problems (20). Manualization methods include counseling, personal focus pseudoeducation, group awareness raising, good social environment, emotional control, skill support to health (21).

CONCLUSIONS AND SUGGESTIONS

The concept of self-concept People with HIV AIDS in the area of Puskesmas Srandakan

Bantul could be concluded that all participants experiencing maladatif self-concept was a situation where a person experiencing negative responses such as self-image / negative body image, low self-esteem, performance performa disorder, self-identity disorder. For people with self-impaired ODHA must get a strengthening of adaptive coping mechanism. The first step was to identify some personal advantages as well as to increase the ego's defenses to protect itself in the face of negative perceptions about itself.

People with HIV AIDS (PLWHA), can contact the PLHIV companion from an NGO or HIV prevention coordinator at the Srandakan Community Health Center for consoltation about their self-conceptual disorder. For healthcare providers it is advisable to make a plan of assistance activities to people living with HIV who experience self-concept disorder. For nursing education institutions, self-concept of ODHA maybe included in the course of psychiatric nursing. For further researcher then can do research that is related to self-concept of ODHA for example about handling self-concept problem of people living with HIV.

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