The Meaning of Life for Soldiers with HIV/AIDS (Phenomenology Study) Teori Maslow in Papua

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Abstract

Background: Phenomenon that occurs in soldiers with HIV-AIDS, they have not been able to accept the condition. Still feeling shocked, rejected, sad, crying, afraid of HIV-AIDS. Aims: To explore the meaning of life the soldiers with HIV-AIDS based on Maslow's theory. Settings and Design: Case study design that examines a problem. Methods and Material: This project used qualitative research methods. There are 800 soldiers who were assigned to Papua. The blood test results showed that three people were HIV-AIDS positive as key informants, and the data was re-checked using the triangulation method. Statistical analysis used: Triangulation data analysis technique. Results: Contain four studies, such as (1) physiological needs are sleep/rest; ARV treatments functions to increase the immunity of patients with HIV-AIDS that infection opportunist chance disabled, PLWH remained alive (2) Safety Needs, called as experiencing with givenness feelings; fairness with HIV-AIDS (3) Sense of belongings, that the supported they obtained as HIV-AIDS patients; feeling confidence in prayer (with god) (4) Esteem Needs as stigma they have as HIV-AIDS patients felt unacceptable with their roles environment. (5) Self-Actualization wasn't founded. Conclusion: People living with HIV/AIDS an impact on social, economic, psychological life; this causes people living with HIV to experience depression so that the necessities of life-based on Maslow's theory are not fulfilled in a balanced or compelling way. Unmet needs can result in a low quality of life for people living with HIV/AIDS, so it is very necessary to support and motivate those closest to them and eliminate the stigma.

Keywords: HIV-AIDS, Soldiers, Maslow's Theory

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Introduction

Decreased immunity causes human productivity and can be life-threatening. The high disease transmission rate is caused by the Human Immunodeficiency Virus (HIV), which attacks white blood cells (CD4 cells). Moreover, become a world issue, not only concerning aspects of health but other aspects of life. According to the World Health Organization (WHO), HIV-AIDS prevalence continues to increase and needs serious attention and treatment. Human Immunodeficiency Virus (HIV) and AIDS in Singapore became a global health problem at the end of 2017; there were 36.9 million people with HIV-AIDS (PLWH), of which 1.8 million were new infections (HIV positive) and 940,000 died, as many as 39% reported being depressed. The number of Indonesia’s top ten people infected with AIDS as of December 2017 reported by the provinces as follows: Papua and West Papua were 21,470 people, East Java (18,243 people), DKI Jakarta (9,215 people), Central Java (8,170 people), Bali (7,441 people) people), West Java (6,502 people), North Sumatera (3,916 people), South Sulawesi (3,079 people), Banten (2,782 people) and West Kalimantan (2,600 people). Papua's statistical results are ranked first with the highest number of AIDS nationally, and Jayapura is the capital of the Papua Province.

Data from the Head of the Provincial Health Office (Dinkes) of Papua Province up to the first quarter of 2019, people with HIV-AIDS in the regions were 40,805 cases, divided into 15,935 people living with HIV and 24,870 AIDS cases. Jayapura City is the second-highest number of HIV-AIDS sufferers with 6,765 cases after Nabire district with 7,436 cases, and the third is Jayawijaya regency with 6,242 cases in Papua (Kompas.com, 2019). When someone is diagnosed with HIV-AIDS, feeling depressed, unable to accept the situation, feeling helpless, and afraid of his future is not normal. Negative stigma from the community so that people with HIV-AIDS (PLWHA) withdraw and rarely interact with others because they are considered "naughty" because HIV transmission is usually the result of free sex. This issue was explained in a preliminary study conducted by. Marthen Indy Hospital is a Level II type C Indonesian Army (TNI) Hospital that is Plenary accredited and is located in the city of Jayapura, Papua Province. One of the Voluntary Counseling and Testing (VCT) services plays an important role in detecting and controlling HIV-AIDS for the community, especially the military from outside Papua, who will serve in the Papua Province territory. The results of interview researchers at the hospital, Marthen Indey Jayapura. On September 9, 2019, with Nurse S as the VCT counselor as follows: “The number of HIV-AIDS sufferers continues to increase from year to year, obtained based on routine HIV screening conducted at the time of recruitment of candidates for the TNI, promotion or want to continue military education and also on troops serving in Papua and after finishing serving in Papua.” Patients with reactive HIV screening results mostly did not receive the results of the examination, patients were shocked, cried, blamed others, did not want to be known by their families, some were silent and some wanted to end their lives. The most pressing situations faced by people living with HIV are the forms of stigma and discrimination, such as phenomena in the unique environment of people living with HIV when they are first diagnosed with HIV. Many people with HIV feel and experience changes in their lives. According to Maslow's theory, it is known as the five levels in the pyramid of Grace et al. (2018).
Based on this, it is deemed necessary to explore descriptively qualitative phenomenology to explore and understand the phenomena in each patient (a different perspective from each informant) regarding the meaning of his life when infected with HIV-AIDS. Based on the background description, the formulation of the problem in this study is "How are Soldiers With HIV-AIDS reviewed based on Maslow's Theory?" and This study aims to explore the meaning of life of the Army with HIV-AIDS reviewed based on Maslow's Theory.

Subjects and Methods

Researchers use descriptive research in the form of natural and following reality. This study uses a qualitative method with a case study design that examines a problem by gathering information by exploring existing events to explore the meaning of life of soldiers with HIV-AIDS based on Maslow's theory (Pongtiku and Kayame. 2019). The study was conducted at the hospital. Marthen Indey Jayapura, Papua Province. Data collection was carried out in January – February 2020. The recommended number of samples in phenomenology research was three (3) to 10 people. The informants in this study were soldiers who were diagnosed with HIV-AIDS by examining the results of reactive HIV blood samples. Retrieval of informants in this study using key informants (key informants). Data collection is done through interviews, observations, and audio recordings, and then the coding is analyzed quality. The tool used to analyze data and informants is the triangulation data analysis technique.

Results

The results of the study were based on Maslow's theory at the hospital. MarthenIndey Jayapura conducted semi-structured in-depth interviews with three informants (PLWH) and one counselor, and one informant friend.

Thematic Analysis

1. Physiological Needs

A friend of the informant revealed that the informant could not sleep since he was told the results of blood tests and triangulation with the counselor obtained two of the informants had trouble sleeping. The informant revealed that he still thought he did not think he was infected and did not want HIV-AIDS. Following are the statements of two informants

(Friends / guards I1 and I2) "If Brotha I2 cried all night ... no one slept from that night ... yes, brotha (I2) cried until the eyes were swollen."

(Counselor) "... (I1 and I2) ... neither of them slept ... he said he couldn't sleep since he got the blood results yesterday... (I2) cried continuously... embarrassed he said, ... he's heterosexual too ..
The three informants revealed that confidence in treatment. The treatment given to people with HIV-AIDS is ARVs taken routinely. The following is the statement of the informant.

(I1) “But where do you get the drug problem from? ... is there ... Hospital in Jakarta ... yes”
(I2) “I want to seek treatment here, ... later I will get medicine ... I'll drink
   I will take medicine. ”

2. Safety needs

In this need there are two thematic namely the process of grieving and fear of transmission. The informant revealed that he experienced a process of denial, sadness and acceptance.

a. Denial reaction.

Two informants experienced a grieving process characterized by a denial (denial) reaction. The informant revealed the denial (denial) that occurred was that until now, he still thought he did not know he was infected with HIV-AIDS. The following are the statements of the two informants.

(I1) “Wooh ... I didn't expect ..., no ... no ...” (sobbing, sobbing as he wiped the tears with his hands)
(I2) “That means ... can ... check the blood ... the result ... nothing ... but here, how come it was immediately hit ... your doctor was convicted of HIV ... that's what for me sis I don't believe it "(voice stammered and cried ) “ I can accept ... but still half as much as I want to ask actually .......... how come I got sick like this . "

b. Sadness

Two informants who experienced a grieving process that was marked by sadness was recorded. The feeling of sorrow expressed by the informant was feeling sad about why he could get HIV-AIDS.

The following are statements from two informants:

(I1) “ I'm a long monitor there ... right ... if there's anything ... sometimes .... we'll help too, right ... because after I asked that, ... because I'm not an easy person, I'm happy with this straight "hkeee", those people ... yes ... ( looks confused which woman transmits HIV ) that's why .... after this ... no ma'am ... .... I used to help people like this, now I'm like this .... that .... I used to be like my mother if someone got hit by it, I gave a model ... eeem .... "(crying-...)
(I2 ) ".... makes me drop ... hear- sound.... doctor ... about ... mean ... like ... go in .... sit .... directly said ... immediately convicted ... you have been exposed to HIV disease for a long time, ... immediately shocked ... the point is ... confused ... immediately shocked ... that means ... can you ... . blood check ... result ... nothing ... but here how come you immediately hit ... your doctor convicted HIV ... that's what made me miss ... how come .... ... (stammering and crying voice )

b. Acceptance

One informant who experiences a grieving process characterized by a reaction to receive was explained. The informant revealed that the informant knew he was infected with HIV-AIDS and was convinced that God had given medicine and away. The following are statements from one of the three informants:

(I3) “I think it's a bit ... rather ... thought, this is my fault ma'am .... because when I was very sure, I was sure that the Lord Jesus gave me medicine, because everything must have a cure. ..
yesterday, actually I already know, I told you there ... because when I was called I wasn't surprised either, because I've been ... it's been a long time

All three informants were afraid of HIV-AIDS, which they experienced was marked by the fear of transmitting to children and their wives and the fear of sharing it with their families (younger siblings). AIDS. The following is the statement of the three informants:

(I1) "that's why ... then what I'm asking ... (in a slightly sad voice) ... does it affect the children? ... no ... three months and a half ... yes .. Yes (in a sad voice, tears are dripping) that is my duty ... ( in a trembling voice) ee ... yes ... eem ... (tears come out, face looks sad while looking at the cellphone staring at a photo of her child) (crying .... sad while wiping tears ) I know I am like this, I ... right ... with my wife I wouldn't want me ... eem ...

... eemmm ... yes ... what to do ... have to bring ... oooo yeah ... eem ... (shed tears)

(1 2) "can really get hurt like this ... I had asked Ms. kek ... wife maternity ... there must be ... right procedure, the baby was two months .... ach .. ( sigh in) later my child will also ask for a check"

(I3) "... yes, I was also the consul during my first pregnancy, I went to the doctor, I brought my wife, she was tested there ... I'm not ready to open ... while not yet (check for HIV in children ) ... not yet ... but ... there must be a time for me to check the book ... yes ... there must be a way"

Afraid of passing on to the family (younger siblings), two informants experience a grieving process marked by sadness. The feeling of sorrow expressed by the informant was feeling sad about why he could get HIV-AIDS. The following are statements from two informant.:

(I2) "How come you got sick like this, ... I asked you ... my wife gave birth, ... the procedure must be there ... when I took care of the baby, when I gave birth ... I'm a midwife ... right my younger brother, ... there's no HIV test or no examination? ... Please call my sister ... my sister is a midwife in Bali, I'm afraid my sister will be hit ... (while give her sister's phone number) But I'm still afraid of my brother, yesterday the one who helped my baby was born (shed tears), my baby is still two months old .... ach .. (take a deep breath) later my sister and my child will also ask to check.”

3. Belongingness Needs

The informant revealed the health workers and his friends' support into two categories detected by HIV-AIDS, namely forms of support from health workers and social support. One informant received support from colleagues and two more support from health workers. The informant friend gave motivation, enthusiasm, prayed, transferred from the battalion, and thanked the health workers for the information/explanation about HIV-AIDS.

1. Support of health workers

The three informants stated that health workers' support marked the support they received when they were diagnosed with HIV-AIDS. The following is the statement of the informant:

(I2) " Thank you mom for helping me here, ... when I was diagnosed with HIV yesterday, you gave me a lot of explanations ... But I was still afraid of my brother, yesterday the one who helped my baby was born , my baby was still two months old .... ach .. (take a deep breath) " maybe he's the one who made me strong ma'am, yeah, right, yeah. "

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a. **Social Support**

In-depth interviews of two informants who received support made him strong, and friends of the informants provided motivation, enthusiasm, praying, and were moved to the Battalion so that their work would not be too heavy to pray with family when diagnosed with HIV-AIDS, which was experienced by social support. The following are the statements of two informants:

(I1) “maybe her made me strong, Mom, ....yes, Mom... right. “

(I3) “If it's about my friends, don't they ... they give me motivation, enthusiasm, pray ... My boss ... this is still a new change, .. I don't know, ... it's been the old one. Mom, he just called me to be transferred from the battalion. I ask, believe, ask for healing ... that's all the request ... we pray together, Mom”

4. **Esteem Needs**

Keep status a secret of being shunned by the family, social, and community environment. The results of in-depth interviews conducted with triangulation to one informant, a friend/guard informant, and counselor obtained by one informant revealed that when he was told the results of a positive HIV-AIDS blood test, many of his friends saw and the informant became ashamed; also the informant guard said it was a curse. The following is the statement of the informant:

I2) “... and the story yesterday ... a lot of people saw it made me ... feel insecure ...” (K) ” Afraid ... my friends will find out, he said he 'Il stay away later ... and he's afraid his father knows he has HIV ”

Curse disease is bright to many people.

In-depth interviews with friends/guards of informants revealed fear of contracting HIV disease because of curses. The following is the statement of the informant:

( T. I1 and I2)) "We are also afraid of not ... God forbid ... don't get sick on this one... this pain , it hurts the curse people say"

5. **Thematic mapping of the meaning of life of HIV-AIDS patients with Maslow’s theory**

Thematic mapping of the meaning of life of HIV-AIDS patients with Maslow's perspective can be formulated by beginning fulfilling physiological needs. In the above thematic, antiretroviral drugs and sleep/rest are the main needs. Called the main requirement because ARVs can increase endurance so that other diseases (opportunities) do not occur. After the main markets are met, it continues to fulfill the second need, namely safety needs. The need is carried out by observing People living with HIV-AIDS patients, seeing frightening situations, the process of feeling grieved because of a new problem after being declared infected with HIV-AIDS. Cases where people living with HIV cannot cover their discomfort feel sad, feel rejected by people around them, and sometimes deal with anxiety with family involvement. If the situation can be overcome, there will be another need. Security and safety needs are met, then the belongingness needs or feelings of love, affection, fear are gone. This feeling comes from the attention of family, friends, wife/husband/children that can affect emotions. Beliefs also greatly affect belongingness needs such as praying, reading scriptures that give rise to thoughts for survival, and meeting those needs. The next requirement is that esteem needs will arise because they are very important in social life where social relations can accept PLWHA without discrimination and stigma. After these
needs are met, self-actualization appears, these needs arise following the potential within. If these needs have not been met, self-understanding and commitment must be explored. When it is fulfilled, a feeling of satisfaction (satisfaction) will appear that is expected. In every fulfillment of needs, there must be support from the family.

Discussion

Physiological needs, namely the basic needs that must be met to help increase immunity, play an important role in breaking the transmission of HIV-AIDS. Among them, like not being able to rest and sleep since being told the results of positive HIV-AIDS tests. The informant cried and could not sleep. This study's results are also supported by research Carter (2002), which states that depression and anxiety experienced by some people and a very large experienced in people with HIV-AIDS. Physiological needs only have a small role in patients with HIV-AIDS (PLWHA) because newly infected can still do their needs independently, such as eating, drinking, self-care, or personal hygiene and sexual needs. The three informants regarding sexual needs have not been identified in depth because the informants were assigning security to Papua. Two informants are confident about ARV drugs. The informant asked about ARV drugs that will be given to health workers. Antiretroviral (ARV) is the best medicine for patients infected with HIV, which is useful to reduce the amount of virus (viral load) to increase immunity to reduce deaths from opportunistic infections. Based on the research results above, it is supported that ARV drugs are physiological needs because by consuming ARV regularly, ARV needs are met so that immunity increases and opportunities do not occur. So that people with HIV-HIDS can survive and extend their life to meet other needs. Based on the information that researchers got while researching the three informants, it was found that PLWHA still needs information about ARV treatment because two of them are HIV-AIDS new cases so that the spirit of taking ARV treatment. There is also an informant who is lazy to take ARV treatment because there are side effects of drugs such as red skin, itching, and should be taken for life. The lack of knowledge possessed by one of the informants supported the withdrawal of ARV drugs; PLWHA decided not to take ARV drugs because of the lack of support from the family as well as the support of health workers at the time of control and listening to patient complaints when coming in control. On the needs of safety and security (safety needs) found two themes, namely experiencing the grieving process when first diagnosed with HIV-AIDS consisting of three categories, namely the reaction of rejection (detail), sad and accepting (acceptance). The informant stated that the rejection reaction (denial) that occurred until now still thought that not believing or denying himself could be infected with HIV-AIDS—even crying because they did not believe the results of blood tests and verdicts doctors that HIV-AIDS informants were positive. Another form of informant response that experiences grieving with the sad category are when sentenced to be sick with HIV and immediately shocked. The response that occurred in this study is in line with research that the response that was first raised by patients with HIV-AIDS was to reject, sad and angry. This is a manifestation of his feelings with sadness. One in three informants experienced a grieving process by accepting, and the informant claimed to be infected with HIV was his fault and was not surprised because he had long known that he was infected with HIV. In male informants' research, so researchers argue that a person's sex can
influence the stage of depression. The researcher's opinion is strengthened by Aphroditi (2011) in Sugiyanto (2018), which states that gender can determine different exposures for certain risks, including depression. The theme of safety and security was also found to be a fear of HIV-AIDS. The informant revealed this because the informant was afraid of transmitting it to her toddler child and her sister, who helped with her wife's birth two months ago. The problem of HIV-AIDS from the psychological aspect is reflected in fear, anxiety, sadness, confusion, anger, and loss of self-confidence and despair when knowing that he is infected with HIV and affects the recovery process. All of this can occur because of the problem at hand. This research explains that people who have enough knowledge about risk factors, transmission, prevention, and HIV-AIDS treatment tend not to be afraid of people with HIV-AIDS. The level of one's understanding of something is determined by the knowledge they obtain and their cognitive abilities. HIV-AIDS transmission is still very frightening because infection caused by HIV can threaten the lives of sufferers that cause people to be afraid of contracting it. According to researchers to overcome the fear of transmission to the family both children, wives or other families the main action we do is HIV testing as early as possible. If the results are positive, take care of the child / wife / family. Knowledge and understanding have a profound effect on caring for HIV-AIDS positive families in order to get proper, comfortable care, children / wife / family are healthy, feel accepted and most importantly feel accepted as a whole in the family. Social needs (belongingness needs) is a form of support obtained when diagnosed with HIV-AIDS. The informant said the forms of support received were information, emotions and social. Sources of support obtained from health and social workers (friends). Social support is very important for HIV-AIDS patients because the stigma and also pressure from the community can cause PLWHA to withdraw. Social support can reduce fellow PLWHA and increase a sense of togetherness, so PLWHA have a better quality of life. Someone who is dealing with stressful situations needs a form of social support from the surroundings. The form of social support and who needs it also varies. There are five forms of social support given and received, namely: emotional support includes the expression of empathy, attention and care that causes a person to be comfortable, peaceful, owned and loved. Appreciation support that influences self-esteem and feeling of competence, positive assessment among others. Material support is the provision of support that involves direct assistance such as financial or doing daily chores. This support is relevant in dealing with stressful situations that can be controlled, can ease the burden. Information support is support given in the form of suggestions, directions, and feedback on how to deal with / solve existing problems. Social network support is support that is given together so that someone feels part of an existing community group. This support can help ODHA stay afloat and feel loved, cared for, feel safe and comfortable. (Yasmin, 2017). In research In the study found that there are two supports provided by health workers and social / friends. The statement from the informant thanked the health workers for providing an explanation of HIV-AIDS and social support. The informant came from a friend of the informant who provided motivation, enthusiasm and prayer so that he felt no loneliness. Encouraging to undergo treatment even though far from family (children and wife). According to researchers, the support of health workers and social support / friends is very important for PLWHA to increase their knowledge, understanding and enthusiasm in undergoing treatment. Provide support to PLWHA living a positive
and meaningful and useful life. HIV-AIDS service institutions as the frontline in providing assistance to the community, especially PLWHA. Treat PLWHA without differentiating with others, holding regular meetings in activities that support the social life of PLWHA. One informant revealed about being confident in prayer and God. The informant said that the belief in the Lord Jesus was a cure like a potion because of all the diseases. Accept sickness sincerely, get closer to God by worshiping because God is the source of strength and regulators of all things, having good hopes for God's existence to be healthy. Someone who believes that his life is meaningful will have a clear purpose if PLWHA believes that everything he does in his life is only to get blessings from God consciously or unconsciously, PLWHA has gained meaning from their lives. Prayer is a way to relax, reduce fear and anxiety. Prayers can be used as a complementary health education method and can be applied to People with HIV-AIDS to encourage them in their therapy.

Needs (Esteem Needs) The need for appreciation is the stigma that occurs against people with HIV-AIDS. The informant said that many people who saw made the informants feel inferior and afraid of friends if they knew they would stay away. The informant's friend said he was afraid, and people said that HIV-AIDS was a curse. Stigma can be measured based on four dimensions: blaming (judgment), shame, fear of contracting to others, and disclosure of health status. Stigma or discrimination can be obtained from families, workplaces, health services, and the community. This study is in line with the results of research obtained by researchers where informant friends are afraid of informant's disease; informants feel inferior and afraid of being shunned by their friends. People with HIV-AIDS get pressure from friends around them, causing moodiness and stay away from people around them. If PLWHA gets social support and can suppress their emotions, it can improve their quality of life. Stigma against PLWHA can also be an obstacle in HIV-AIDS testing and treatment. HIV-related stigma can manifest in forms that can be felt, anticipated, or believed to be true by a person or the community. We can make a stigma reduction in society through education, empowerment, and research. Stigma on PLWHA becomes an obstacle in conducting tests, HIV testing, and HIV treatment. The stigma associated with HIV can be manifested in various forms, can be felt as anticipated or believed by someone, and detached from the HIV status they experience. One way to help eliminate HIV stigma is to carry out routine HIV examinations.

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