

Self-Efficacy of Women Prisoners Who Are Infected By HIV

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Abstract

The problem is the number of cases of Prisoners/Detainees contracting/infected with HIV/AIDS in correctional institutions/detention in Indonesia and based on data on female prisoners in Semester II (June-November) in 2019, on average each month 1,112 people, of which 12% were female prisoners infected with HIV, as well as looking at the mental and psychological vulnerability of female prisoners, the authors are interested in researching about female prisoners infected with HIV. In this study, the authors examined the self-efficacy of female prisoners infected with HIV/AIDS and the role of prison officers in motivating and increasing prisoners' self-efficacy. The study was conducted using a comparative qualitative method that is conducting research at 2 (two) different loci to compare the results of each locus. The informants of the study selected 13 (thirteen) female prisoners infected with HIV, 2 (two) prison doctors and 2 (two) heads of the sub-section of Bimkemaswat. The study uses self-efficacy theory which has 4 (four) processes in the formation of self-efficacy and 4 (four) components of self-efficacy improvement. The process and components are used as a guide in interviewing informants. The results of the study, there are differences in the self-efficacy of prisoners at each locus, due to differences in treatment and social support that can increase the self-efficacy of prisoners. Based on the results of the analysis concluded that the self-efficacy of HIV-infected female prisoners in LPP Tangerang is better than female prisoners infected with HIV in LPP Jakarta.

Keywords: *Self-Efficacy, HIV/AIDS, Women's Prisoners, Penitentiary.*



A. INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is caused by the Human Immunodeficiency Virus (HIV). The HIV virus attacks white blood cells or the human immune system, so people who are stricken with HIV can no longer fight various types of diseases that attack their bodies (Katiandagho, 2017). HIV/AIDS is a disease that occurs in various countries.

The following is presented by HIV Global Data in 2018 in the following figure 1:

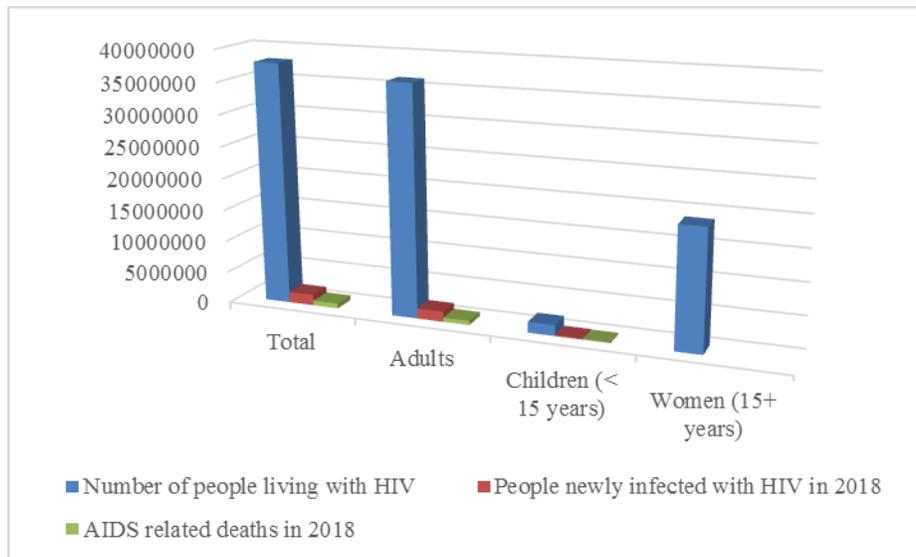


Figure 1 Global Summary of the AIDS EPIDEMIC 2018

Based on the data above, there are 37.9 million people living with HIV in the world in 2018 and there are 18.8 million women living with HIV in the world. This will tend to continue to increase and become a worrying phenomenon, given the absence of drugs that can kill the virus.

Anyone can get HIV, including prisoners in prison (Kompas, 2014). The following is data of prisoners with HIV in correctional institutions/detention throughout Indonesia.

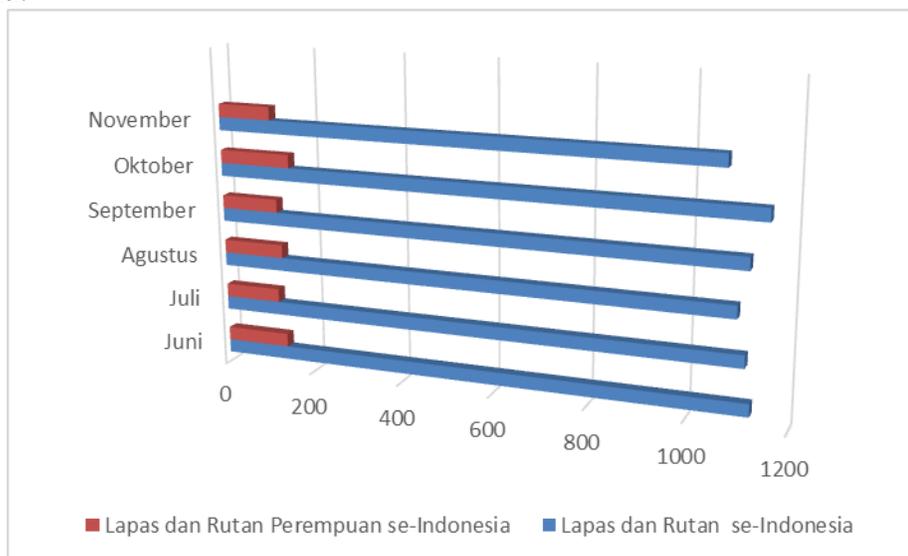


Figure 2 Number of Prisoners Infected with HIV in 2019

It is undeniable that when someone is sentenced to undergo a criminal period in correctional institutions, they must experience a deep psychological burden, plus they must realize that they are infected with HIV, both before entering prison and while in prison (Hayati, 2015). In addition, a negative social response when others find out that

the prisoner has HIV becomes an additional burden on his psychology. Likewise, female prisoners are included in vulnerable groups. In the Elucidation of Article 5 paragraph (3) of the Republic of Indonesia Law Number 39 of 1999 concerning Human Rights, it is stated that what is meant by vulnerable groups of people is the elderly, children, the poor, pregnant women and people with disabilities, so that according to the law only pregnant women are included in vulnerable groups but women who are not pregnant are not included in vulnerable groups. Meanwhile, according to the Human Rights Reference, it is stated that those belonging to the Vulnerable Group are: a. Refugees, b. Internally Displaced Persons (IDPs); c. National Minorities, d. Migrant Workers; e. Indigenous Peoples, f. Children; and g. Women.

Women are included in vulnerable groups because of the psychological conditions of female prisoners who are more vulnerable than male prisoners (Windistiar, 2016). So in the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The Bangkok Rules) in Rule 14 states that in developing responses to HIV/AIDS in prisons, programs and services must be responsive to the specific needs of women, including prevention of transmission from mother to child. In this context, Penitentiary authorities must encourage and support the development of initiatives on HIV prevention, treatment, and care, such as peer-based education, this needs to be done to increase the confidence of every female prisoner infected with HIV.

Female prisoners affected by HIV/AIDS psychologically will experience various problems, ranging from anxiety, doubt, stress, and depression. Environmental pressures that tend to be discriminatory will make women lose respect for themselves (Azza, et al., 2010). The danger posed by HIV/AIDS will add to the heavy burden of female prisoners due to community stigma which tends to discredit and isolate it from the environment. Stigma in women with HIV/AIDS is always associated with marginal behavior such as the behavior of sex workers and drug users. Women who are infected with HIV are faced with the fact that their offspring are also HIV positive, this can be the next burden that must be borne by female prisoners (Azza, et al., 2010). Not infrequently the condition of female prisoners is getting worse with the disease so that the self-efficacy of these prisoners is low.

According to Bandura (1997), Self-efficacy is a person's belief in his ability to exercise some form of control over one's own functions and events in the environment. Bandura also describes Self Efficacy as a determinant of how the person feels, thinks, motivates themselves, and behaves. Someone who is infected with HIV has psychological problems such as fear, hopelessness, depression, and discrimination so that their bodies cannot carry out productive activities (Kustanti, 2017). To avoid these HIV-infected prisoners experiencing psychological problems, penitentiary officers make special activities given to prisoners.

Researchers conducted research at two loci, namely the Jakarta Women's Class II A Penitentiary (LPP Jakarta) and the Tangerang Class II A Women's Penitentiary (LPP Tangerang). This is done to see the comparison of the self-efficacy of female HIV-infected prisoners in each of their loci.

The following is data on female prisoners who were infected with HIV in the two penitentiaries:

Table 1 Number of Prisoners Infected with HIV in 2019

Name of Penitentiary	Month					
	July	August	September	October	November	December
Women's Penitentiary Class II A Jakarta	13	13	12	13	14	14
Women's Penitentiary Class II A Tangerang	0	0	0	0	1	3

Source: *smslap.ditjenpas.go.id*

Seeing the psychological vulnerability of female prisoners infected with HIV and will have an impact on the self-efficacy of female prisoners, with the peer support group (KDS), the authors are interested in conducting a study entitled Self-Efficacy of HIV Infected Female Prisoners.

B. METHOD

The study used a comparative qualitative method by comparing female prisoners in the Jakarta LPP and the Tangerang LPP. Comparative research is research that compares the existence of one or more variables in 2 (two) or more different samples (Sugiyono, 2012). While data collection tools in research are used in 3 (three) types of data collection tools, namely study of documents or library materials, observation or observation, and interviews or interviews, the three tools can be used individually or together (Soekanto, 2015). The informants of the study were selected 13 (thirteen) female prisoners infected with HIV, 2 (two) prison doctors, and 2 (two) heads of the Community Guidance and Care Sub-Section.

C. RESULT AND DISCUSSION

1. Self-efficacy of Female Prisoners who are Infected with HIV

Based on observations and results of interviews conducted by the author, that the self-efficacy of Prisoners at the Jakarta Women's Penitentiary Institution (LPP Jakarta) is not the same as Prisoners at the Tangerang Women's Penitentiary Institution (LPP Tangerang). It can be seen that the prisoners' self-efficacy in LPP Tangerang is better compared to Prisoners in LPP Jakarta. The author evaluates this matter based on the results

of the interview and observing his attitude at the time of the interview.

Based on the theory of self-efficacy from Bandura (1997), there are 4 (four) processes in the evaluation of self-efficacy, these processes namely:

a. Cognitive Process

Bandura (1997) explains that the series of actions that humans do are initially constructed in their minds. This thought then provides direction for actions taken by humans. So in the initial stages, the writer wants to explore their thoughts about the goals they want to achieve in their lives. The first process is a cognitive process that explains that the stronger the perceived self-efficacy, the higher the goals set for themselves and the stronger their commitment to that goal. In the interview conducted, the writer asked the purpose of life which was owned by a female prisoner infected with HIV, and the author also observed the way the prisoner answered the question, it appeared that the prisoner had a high commitment or not in achieving that goal. During interviews in both LPPs, the authors asked about the life goals that each HIV-infected Prisoner wishes to achieve, and to obtain supporting data on how committed they are to these goals, the writer also observes the attitudes of Prisoners when answering questions, and the results each Prisoner has goals that the same, namely returning the responsibilities of those who have been lost, as a woman, as a mother, and as a good child. However, when observing the attitude in answering the question, in LPP Jakarta there were still many who were doubtful, as there was no preparation to answer the question. So the authors assess the cognitive process, the self-efficacy of prisoners in LPP Jakarta is still not good. On the other hand, the LPP Tangerang Prisoners answered the questions very openly and confidently, so the writer assessed that the Prisoners' self-efficacy was good.

b. Motivation Process

Mulyasa (2003) said that motivation is the driving force or puller that causes behavior towards a certain goal. In the process of self-efficacy, motivation is associated with cognitive, through cognitive someone motivates himself and directs his actions based on information previously owned. To see one's self-efficacy through motivation, Bandura describes how a person interprets the failure that they feel. In the process of motivation people who have high efficacy connect their failures with an insufficient effort which means they have the motivation to try harder to meet their business in order to achieve the goals set. Conversely, people who consider themselves to have low efficacy associate their failures with the low ability or have low motivation to achieve a goal. In LPP Jakarta most Prisoners interpret failure as their inability to carry out a task, for example, they are unable to carry out their duties as a good mother to their children because they commit a crime that is not exemplary by their children. In addition, there are also Prisoners who say that they feel failed in boasting of their parents be-

cause many of them dropped out of school due to sexual promiscuity so they plunged into drugs and promiscuity. Based on the results of interviews conducted and based on the theories that have been mentioned that they feel "unable" to carry out their duties mean that prisoners at LPP Jakarta have low self-efficacy. It is different only from Prisoners in Tangerang LPP who interpret failure as a foundation for them to get back up, and always look positively from every failure. This is based on theory, the prisoner has high self-efficacy.

c. Affective Processes

Affective processes, people's beliefs in the ability to overcome problems, and how they can influence themselves to be able to solve these problems, and how much and depression they experience in a threatening or difficult situation (Bandura, 1997). Based on the results of interviews with LPP Jakarta it was concluded that each Prisoner who was asked how they solved a problem (the authors analogize it if they have a problem with a roommate), they answered that they could only be silent and no action was taken. The prisoners did not want to add any other problems, so they thought it would be better if they were quiet. It can be concluded that their self-efficacy has not been good, because they do not want to take any action that can solve the problem and appear to let the problem drag on without any resolution. With their inmates at LPP Tangerang, they proved that it was not appropriate to be treated as such. Even though there are people living with HIV, they prove that they look healthier compared to other prisoners who do not have HIV, other than that prisoners look positively at each problem they experience. It means that they are confident in their ability to solve the problems they are experiencing, so they are judged that their self-efficacy is better.

d. Selection Process

Self-efficacy beliefs can shape the way of life taken by influencing the chosen activities and environment. People avoid activities and situations that they believe to be beyond their coping abilities. But they easily carry out challenging activities and choose situations that they think they can handle. With the choices they make, people foster various competencies, interests, and social networks that determine life programs. In LPP Jakarta most of them have problems in choosing such as choosing between parents or spouse, this choice is very difficult because they have children who need the love of both parents, but if they choose a partner, their lives will always be in the problems they feel to date the result. However, in the end, they felt that they made the wrong choice, and returned to their parents or family, and of course, their children who are now taking care of their parents are not their spouses. Not much different from Prisoners at LPP Tangerang, who also have problems with choices. They must choose between their partners, family or work, and they admit that they made the wrong choice. Because of their choices in the past that put them in trouble now. So that prisoners

evaluate themselves, which way will be chosen now to improve their lives into the future.

e. Success

Until now Prisoners still think that the success that ever achieved is to survive at a very difficult time. When one of the prisoners hears the sentence handed down to him, which is life imprisonment, he feels that his life is no longer meaningful, always overshadowed by problems during his life, coupled with doctor's notification that he has HIV. This makes the prisoners stressed, and always confines themselves in the dwelling room. However, inmates rose with the support of parents, family, and also close friends who always helped him in life. Prisoners admit that the first 3 years at the Penitentiary are very difficult and are years of learning to be more grateful for the life they are given. Other inmates interviewed by the authors also claimed to have felt successful in their lives, when the prisoner successfully fought an illness that had reached the AIDS phase, and he still survived to this day, the prisoner also felt successful seeing his child independent and successfully achieving his goals, this is a view of the success of the two inmates interviewed at LPP Tangerang.

f. Role Model

When the authors ask about role models, prisoners at LPP Tangerang, answer that they do not have role models, if possible they are the role models for other prisoners or people with HIV aids (PLWHA). They want to share the experiences they have with other PLHIV to be able to encourage and help each other PLHIV. Unlike the case with Prisoners at LPP Jakarta who mostly wants to be like the person, they admire, namely their mother, because she is a figure they should follow. However, there are those who still want to be like themselves, because according to him there is no other role model in his life.

2. The Role of Penitentiary Officers in Improving the Self-Efficacy of HIV-Infected Female Prisoners

The role of prison staff in increasing the self-efficacy of female prisoners who are infected with HIV is as follows:

a. HIV Screening and Cluster of Differentiation Check 4 (CD-4).

HIV screening is the first step taken by officers to find out whether or not a prisoner is infected with HIV. This is done to facilitate the officers in the initial handling of the disease. Officers are also conducted to avoid Prisoners who already know they are infected with HIV but do not want to be open (open status) to the doctor, which is likely to transmit to other Prisoners. HIV screening makes it easier for officers to counsel HIV-infected inmates. CD-4 checking is used to see how much CD-4 is in the blood. Both Penitentiaries carry out HIV screening and CD-4 checks as a benchmark for treatment commonly used for HIV sufferers.

b. Antiretroviral Therapy (ARV)

ARV therapy is usually carried out by Penitentiaries / Detention Centers where prisoners are HIV positive. Therapy is done by giving ARV drugs that are compulsory for Prisoners (ODHA) to be taken every day. Doctors monitor prisoners' routine in taking ARVs, this is done to maintain the condition of prisoners to stay healthy. Prisoners usually take ARVs at night before going to bed, because the side effects of ARVs are feeling tired, nausea, lack of appetite, and others. To avoid these effects it is advisable for HIV-infected prisoners to take ARVs before going to bed so that the side effects are felt not to interfere with activities during the day. For Jakarta LPP, get ARV from Jakarta Hospital Care Rumas, while Tangerang LPP gets ARV from Tangerang Banten District General Hospital.

c. Counseling Service

Counseling is a service from prison staff who are also given to prisoners who have HIV. Counseling is not scheduled in its implementation, but if the prisoner wants to pour out his heart, or want to tell the problem at hand, the doctor, nurse, or another counseling officer, is willing to listen. Counseling is not only done by Penitentiary officers, but it is usually also carried out by regional counselors, such as in social rehabilitation activities held at LPP Tangerang.

d. Guidance

Guidance is usually done by a doctor when a new convict enters the Penitentiary for the first time. Guidance is also done at the initial screening. When inmates were proven to have HIV. Doctors usually provide guidance about healthy lifestyles, HIV/AIDS, hepatitis, and other knowledge about health.

e. Peer Support Groups (KDS)

Peer Support Groups (KDS) at the Jakarta LPP and Tangerang LPP are activities for Prisoners with HIV. Peer group activities usually work together with foundations or NGOs concerned with HIV/AIDS or PLWHA who are located near Correctional Institutions. The peer support group activities carried out at LPP Jakarta are a collaboration of the Penitentiary with the Kharisma Foundation, but the peer support group has not been running for nearly a year. The inmates interviewed by the authors regretted the cessation of peer support groups because for prisoners it was only in peer-group activities that they could motivate one another, and not be ashamed to express the problems they experienced while in the Penitentiary. The peer support group activities at the Tangerang LPP are collaborating with Perwata NGOs and the same as only the Jakarta LPP activities. However, in the peer support group activities carried out in Tangerang LPP the head of the peer group was chosen from the prisoners, so that even though the peer support group outside the Correctional Institution was no longer running because the head of peer groups from prisoners still cared about other friends who were PLWHA. KDS activities have activities such as Close Meeting, Open Meet-

ing, Creativity Improvement, and Recreation. These four activities are as a supporting factor for the prisoners' self-efficacy. The close meeting is a place for Prisoners who have HIV to carry out activities together with Prisoners who have HIV. Close meeting is an intimate activity that is carried out specifically for PLWHA. They can do sharing or consultation to be able to motivate each other. The open meeting activity is an activity that has the same concept as a close meeting, which is sharing and consultation, what is different is the participants from the open meeting not only from prisoners who have HIV, but other prisoners or their families have HIV. Then the Creativity Improvement activity, which has aim to prove that HIV / AIDS does not hinder the creativity of a prisoner who has HIV. Finally, recreational activities, which are mild sports activities for prisoners who have HIV so that the body remains in shape, even though the body is infected with HIV.

3. Factors Affecting the Self-Efficacy of Female Prisoners Infected with HIV

The factors that can affect the self-efficacy of female prisoners who are infected with HIV are as follows:

- a. Involve HIV-infected prisoners in every activity.

This is done to foster the confidence of inmates.

- b. Support from other prisoners.

Other prisoners, in particular a room with HIV-infected prisoners, are close people who are always together and meet while they are in the Penitentiary. It is very important to get support from other prisoners. For example, Prisoners who are often ostracized are usually more closed than Prisoners supported by other Prisoners.

- c. Support from Penitentiary Officers.

Penitentiary Officers especially Doctors are people who often meet with prisoners infected with HIV. Support from doctors and other prison staff is also very useful to improve the self-efficacy of HIV-infected prisoners. Penitentiary Officers are a place to vent their complaints. Because during their crimes and being in the Correctional Institution, it is the officers who take care of and care for them.

- d. Support from family.

A family is a place where inmates will return after completing their criminal period, so it is very important that their family support it. There are still Prisoners who do not want to open their family status regarding their HIV disease, for fear that the family will not accept him.

- e. Role Model from PLWHA or other HIV prisoners.

Another factor is HIV-infected prisoners who successfully manage their lives so that they can become successful examples, and make other HIV prisoners motivated to be successful.

f. Confidence from within.

Confidence from within itself is what determines whether he can succeed or not, whether he is capable or not.

D. CONCLUSION

HIV-infected prisoners in LPP Tangerang have better self-efficacy, this can be seen based on 1). Overall HIV-infected prisoners in LPP Tangerang prefer open status, in how to set goals, follow programs, how to deal with emotions, and how to choose, 2). The majority of HIV-infected prisoners in PPP PPP Jakarta cover their status and do not want to know the condition of their illness (HIV) because they feel that the people around them (other detainees) know that they will be ostracized.

Factors affecting the efficacy of detainees infected with HIV are 1). The involvement of HIV-infected prisoners in every activity, 2). There is support from other prisoners, 3). There is support from Lembaga Pemasyarakatan Officers, Doctors, Counseling Teams, and others, 4). Support from Detainee Families, 5). Role Models of PLWHA or HIV-Infected Prisoners, and 6). Convict conviction infected with HIV. The role of prison officers in providing care and services to female prisoners with HIV is to carry out programs: HIV Examination and CD-4 Examination; ARV therapy; Counseling; Counseling; and Peer Support Groups (KDS).

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