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Self-Acceptance in Early Adult Women Who Suffer Diabetes Mellitus Type II

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ABSTRACT

Early adulthood is a process of physical change and the onset of diabetes. Physical and psychological changes have an impact on the sufferer, which consists of frequent urination, easy to feel hungry, feeling thirsty, cold sweating, difficult to heal wounds, trembling and dizziness, causing a sense of fear and stress. Women are more at risk of developing diabetes, because women are physically more likely to have a greater increase in body mass index. Acceptance of a good individual will tolerate and accept his illness. However, diabetes can also give a psychological burden. Negative emotional responses to the disease can be either rejection or not recognizing the reality. The purpose of this study would like to look at the literature review on self-acceptance images in early adult women who suffer from type II diabetes mellitus. This study uses a literature study with the subject of an early adult woman suffering from type II diabetes mellitus. Based on the results of the study it can be concluded that women are more susceptible to the risk of developing diabetes mellitus and indeed it is very important that a woman has a strong self-acceptance in order to be able to adjust to a healthy pattern and lifestyle and can take lessons.

Keywords: self-acceptance, women, type II diabetes mellitus

INTRODUCTION

Women are one of two types of humans who are created, and as humans, women are also expected to be able to carry out all the rights and obligations that are abundant to him (Shaqr, 2006). Women are more at risk of developing diabetes because physically women have a greater chance of increasing body mass index (fertility or obesity).

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According to the WHO survey (2003) the number of people with diabetes mellitus in Indonesia or in other countries is increasing. Based on data from the World Health Organization (WHO) diabetes has become an epidemic disease in the world. Globally, the number of diabetics reaches 120 to 140 million people. Probably by 2025, this number will double to 300 million sufferers. This increase is more due to unhealthy eating patterns and lack of physical activity. In 2015 Indonesia was the seventh country in the world with the highest prevalence of diabetes under China, India, America, Brazil, Russia and Mexico (Rachamaningtyas, 2013).

Results of Basic Health Research in 2008, showed the prevalence of type 2 diabetes mellitus caused by risk factors that could not change as long as gender, age, second genetic factors were risk factors that could be changed for example smoking, education, employment, physical activity, habits smoking, alcohol consumption, body mass index, waist circumference and age. Type 2 diabetes in women is higher than men. Women are more at risk for diabetes because physically women have a greater chance of increasing body mass index. The prevalence of diabetes mellitus in Indonesia is up to 57%, in 2012 the incidence of diabetes mellitus in the world is 371 million, where the proportion of type 2 diabetes mellitus is 95% of the world's population suffering from diabetes mellitus and only 5% of these suffer from diabetes type 1 mellitus (Anonim, 2010).

Many psychological changes that occur in diabetics include behavioral changes in patients who become emotional and unable to control themselves well. Maintain diet, maintain a diet, exercise regularly, and check blood sugar regularly (Tjokoprawiro, 1999). Physical and psychological conditions have an impact on its development. Patients who cannot accept themselves will feel themselves meaningless, useless, so they will feel alienated and isolated from their environment (Monty, P and Satiadarma, A, 2003).

Diabetes mellitus patients need good self-acceptance in order to live a normal life. Based on Yani's (2012) study of self-acceptance and stress in patients with diabetes melittus 2, it was found that poor self-acceptance in diabetes mellitus causes stress sufferers. Acceptance of Diabetes Mellitus patients to their condition to help people with DM (Diabetes mellitus) is more positive in looking at themselves. Self-acceptance as a condition where a person has a positive attitude towards themselves, recognizes and accepts various aspects of themselves including good and bad qualities that are in themselves and look positively towards the life that has been lived (Ryff, in Rizkiana and Retnaningsih, 2009).

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Based on the description above, self-acceptance in patients with diabetes mellitus is having a positive assessment of the disease, and is able to accept all the rules and consequences of diabetes mellitus.

RESEARCH METHODS

This research uses literature study method, which aims to get a comprehensive picture of what the previous researcher has done and how the research was conducted. This research was conducted by looking for literature reviews from various sources, including; journals, research results, articles and textbooks.

The technique carried out in this literature study was carried out with several techniques including: A. Compare, B. Contrast, C. Critize, D. Synthesize, E. Summarize.

RESULTS AND DISCUSSION

Diabetes Mellitus (DM) Type II is a biperglycemic disease due to cell insensitivity to insulin. Insulin levels may slightly decrease or be in the normal range. Because insulin is still produced by pancreatic beta cells, type II diabetes mellitus is considered non-insulin Dependent Diabetes Mellitus (NIDDM) (Corwin, 2001). Women are more at risk for diabetes because physically women have a greater chance of increasing body mass index.

Problem that is often faced in early adulthood is the onset of diabetes. According to Taylor (1995) diabetes mellitus is a chronic disorder where the body cannot make or use insulin properly. Diabetes Mellitus (DM) Type II is a biperglycemic disease due to cell insensitivity to insulin. Insulin levels may slightly decrease or be in the normal range. Because insulin is still produced by pancreatic beta cells, type II diabetes mellitus is considered non-insulin Dependent Diabetes Mellitus (NIDDM) (Corwin, 2001).

Someone suffering from type II diabetes usually experiences an increase in the frequency of urination (polyuri), hunger (polyphagia), thirst (polydipsi), fatigue, loss of energy, and feeling not fit, prolonged fatigue and no cause, prolonged pain easily , usually occurs over the age of 30 years.

Results of Basic Health Research in 2008, showed the prevalence of type 2 diabetes mellitus caused by risk factors that could not change such as gender, age, second genetic

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factors were risk factors that could be changed such as smoking, education level, occupation, physical activity, habits smoking, alcohol consumption, body mass index, waist circumference and age (Anonim, 2010).

A type II diabetes mellitus (DM) sufferer will definitely experience changes both physiologically and psychologically. Physiologically, patients with type II diabetes will experience physical changes which consist of frequent urination, feeling hungry, feeling thirsty, cold sweating, long healed wounds, trembling and dizziness, causing fear or stress (Nadesul, 2002). While changes in psychological can provide psychological burden for pendeita and family members. Negative emotional response to the diagnosis that a person has type II diabetes mellitus can be either refusal or unwilling to acknowledge the reality, anxiety, anger, feeling guilty and depressed (Darmono, 2007). This change will indirectly change the concept of self-acceptance of type II DM sufferers. Self-acceptance is an attitude that is basically satisfied with oneself, qualities and talents themselves, and recognition of their own limitations (Chaplin, 2009).

The results of Permatasari's research (2010), self-acceptance dynamics in elderly patients with type II diabetes mellitus showed that each of these subjects could be strengthened by the subject's understanding of the history of the history of the history of the disease under each subject. So that the subject can be aware of and know the things that are a factor causing the type II diabetes mellitus suffered by the subject. Understanding and awareness, the subject will try to seek various things that can support his health.

Not all people with diabetes mellitus can receive the situation well, this is explained in a study conducted by Rahayuningsih and Mulyati (2004) saying that diabetics experience changes experienced by the body that cause individual activities to be limited, namely respondents often complain of pain and fatigue, so making their activities limited. In addition there are differences in self-acceptance between men and women. Men still want themselves to be people who are useful to others. This motivates men to try to recover. The effort is to drinkmedicine regularly and regulate diet. Women consider family to be the most important thing in their lives. Women are able to adjust themselves to life patterns, want to take medicine, regulate eating and exercise, and women can take lessons from diabetes mellitus suffered, the subject becomes healthier with a new lifestyle.

CONCLUSION

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In early adulthood there is an individual physical change to the disease. Individuals tend to blame others around them or regret their fate to experience illness and feel guilty about themselves. Another problem faced in early adulthood is the onset of diabetes. Diabetes mellitus is a chronic disorder where the body cannot make or use insulin properly. Changes experienced by people with diabetes mellitus consist of frequent urination, easy hunger, feeling thirsty, cold sweating, difficult to heal wounds, trembling and dizziness, causing fear and stress.

Many psychological changes that occur in people with diabetes include changes in behavior in patients who become emotional and not able to control themselves well. Physical and psychological conditions have an impact on its development. Patients who cannot accept themselves will feel alienated and isolated from their environment. Acceptance of good individuals, they will be able to tolerate deficiencies with feelings that accept the disease. Living with diabetes can also provide psychological burdens for sufferers and their family members. Negative emotional response to the diagnosis that someone who has the disease can be a rejection, not willing to admit the reality, anxious, angry, feeling guilty and depressed.

BIBLIOGRAPHY

Anonim. (2010). Laporan hasil riset kesehatan dasar nasional Jakarta ; Badan Penelitian dan Pengembangan Kesehatan.

Chaplin, J. P. (2009). Kamus lengkap psikologi. Penerjemah : Kartini Kartono. Jakarta : PT. Raja Grafindo Persada.

Corwin, E. J. (2001).*Patofisiologi.* Jakarta : EGC.

Darmono, (2007). Pola hidup sehat penderita diabetes melitus. Dalam : naskah lengkap diabetes melitus ditinjau dari berbagai aspek penyakit dalam. Semarang : badan penerbit Universitas Diponegoro; 2007.

Monty, P., Satiadarm, A. (2003). Hubungan antara penerimaan diri dengan kesepian. Suatu studi pada penderita stroke berat. Abstrak penelitian. Fakultas Psikologi Universitas Tarumanegara.

Nadesul, Hendrawan.(2002).428 jawaban untuk 25 penyakit manajer dan keluhan-keluhan orang mapan. Kompas.

ISSN: 2455-3220
Volume 04 Issue 09
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Rachmaningtyas, A. (2013). Data SDKI 2012 Angka kematian ibu melonjak. Diakses: tanggal 02 april2015.Http://nasional.sindonews.com/read/2013/09/25/15/787480/data-sdki-2012 angka-kematian-ibu-melonjak.

Rizkiana, U., Retnaningsih. (2009). Penerimaan Diri Pada Remaja Penderita Leukimia.*Jurnal Psikologi.* Volume 2, No. 2, Juni 2009.

Ryff, C.D. (1996). *Psychological well being*: *encyclopedia of gerontology (vol.2).* medison : Academic Press, Inc.

Shaqr. (2006) Wanita-wanita pilihan. Jakarta :Qisthi Press.

Taylor, S.E. (1995). *Health psychology.3rd edition.* London: McGraw-Hill, inc.

Tjokoprawiro, A. (1999). *Diabetes mellitus :*klasifikasi, diagnosis dan terapi, edisi ketiga, PT Gramedia Pustaka Utama, Jakarta.

Permatasari. R. F. (2010). Dinamika penerimaan diri pada lansia penderita diabetes mellitus tipe II. *Skripsi*. Yogyakarta : Universitas Islam Negeri Sunan Kalijaga.

World Health Organitation. (2003). *Management of diabetes mellitus standart of care and clinical practice guideline*, (Online). Diunduh pada 07 april 2015 dari http://www.emro.who.int/dsaf/dsa509.pdf.

Yani. (2012). Pola dan gaya hidup sehat penderita diabetes. Diperoleh pada tangal 04 april 2015 dari http://www.anneahira.com/penderita-diabetes.html .