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Original Research

Determinants of Stigma Toward People Living With HIV/AIDS: A Cross-Sectional Study

Hidayatul Rahmi^{1*}, Rebbi Permata Sari²

^{1,2} Alifah Padang Health Science Collage, Indonesia

*Email the corresponding author: hidayatulahmi059@gmail.com

Abstract

HIV/AIDS stigma is a major issue for people living with HIV/AIDS (PLWHA) around the world. It is the most significant obstacle to HIV prevention, treatment, care, and support. This study aims to determine the determinants of stigma toward PLHA at the Kuranji Health Center, Padang, Indonesia. A cross-sectional study was conducted from November 2022 to February 2023. The respondents of the study were people who were domiciled in the working area of the Kuranji Health Center, aged 15–60 years, and were willing to sign an informed consent. We used purposive sampling techniques and questionnaires to collect data. The data were analyzed using descriptive analysis and the chi-square test. Overall, the prevalence of negative stigma was found to be 85.6%. Bivariate analysis showed a significant correlation between knowledge ($p = 0.020$), perception ($p = 0.000$), attitude ($p = 0.000$), and stigma among PLHA. Our findings suggested that providing culturally congruent education and training about HIV and care and promoting policies protecting PLWHA may massively reduce HIV-related stigma toward PLWHA.

Keywords: Stigma, HIV/AIDS, Knowledge, Perception, Attitude

INTRODUCTION

Human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) have been identified as significant public health issues for decades, with an estimated 38 million people worldwide infected (UNAIDS, 2020). Estimates for the number of HIV-positive individuals worldwide in 2020 ranged from 30,2 to 45,1 million. There were 3.7 million people living with HIV, 71,000 to 131,000 people newly infected with HIV, and 55,000 to 130,000 individuals dying from HIV-related causes in Southeast Asia (WHO, 2020).

The number of HIV/AIDS cases in Indonesia continues to rise from year to year. In 2019, the number of HIV cases in Indonesia reached its highest point in the past 11 years (50,282 cases) (Ministry of Health, 2020). The age group of 25 to 49 years old reported the highest proportion of HIV cases (70 percent), followed by the age group of 20 to 24 years old (14.9 percent), and the age group of over 50 years old (10.2 percent). The percentage of HIV cases was 67.6% among men and 32.4% among women, with a 2:1 ratio of men to women (Directorate General of Diseases Prevention and Control, 2020). The case of HIV/AIDS keeps growing annually in West Sumatera. Approximately 2.704 cases were reported until October 2021. That puts West Sumatra in the 15th or 20th position with the most HIV/AIDS sufferers in Indonesia (www.merdeka.com, 2021). 186 of the death cases that occurred in West Sumatera between 2015 and 2020 were predominantly male (76.34 percent), with an average age of 31 years, were infected through heterosexual relationships (29.03 percent), according to a retrospective cohort study (Ilmaskal et al., 2020).

A lack of knowledge about HIV/AIDS is one of the primary causes of the increase in new HIV infections. It is frequently a contributor to the fear of the disease and rejection of people living with HIV/AIDS (PLWHA), as well as a perceived facilitator of stigma toward PLWHA (Suantari, 2021). Lack of understanding of HIV/AIDS knowledge is the main cause of this stigma in society. HIV/AIDS knowledge is considered important in the formation of stigma because it plays a role in clarifying the wrong perceptions circulating in the community, including information on people at high risk of contracting HIV/AIDS, prevention of HIV/AIDS transmission, transmission mechanisms, and intermediaries that can transmit HIV/AIDS (Shaluhiah, Musthofa, & Widjanarko, 2019). Knowledge about HIV/AIDS can be improved through information sources such as the role of health workers, the role of school education, and the role of information media. Education about HIV/AIDS among the community is one of the important efforts in the formation of knowledge of sexually transmitted diseases in society and reproduction (Miswanto, 2014).

In Indonesia, 8 out of 10 married women and men discriminate against PLWHA. This prejudice against PLWHA is most likely a result of ignorance regarding the mechanisms of HIV transmission (National Population and Family Planning Board (BKKBN) et al., 2018). The negative effects of stigma on the lives of individuals living with HIV are well-documented social phenomena (Armoon et al., 2021)(Mahajan et al., 2008). According to studies, discrimination against people living with HIV in health care facilities or the community manifests as denial of care, breaches of confidentiality, and humiliating attitudes (Chambers et al., 2015; Turan et al., 2017)

A study by Suantari (2021) in Indonesia showed that There was a significant correlation between wealth index quintile, education level, and HIV transmission

misconceptions. A higher proportion of respondents with lower levels of education held misconceptions regarding HIV transmission. Contrary to the richest quintile, respondents in the poorest, poorer, middle, and richer quintiles of the wealth index were more likely to hold HIV transmission misconceptions. A study found approximately 78.87 percent of respondents exhibited discriminatory behavior toward PLWHA, according to the findings. Respondents with greater HIV knowledge [RR: 25.35; CI: 2.85, 225.18] and income [RR: 2.15; CI: 1.85, 3.92] were more likely to engage in discriminatory behavior than those with less knowledge. Rural residents were less likely than urban residents to engage in discriminatory behavior against PLWHA [RR: 0.51; CI: 0.29, 0.91]. (Nursalam et al., 2021).

Stigma hinders the socialization and treatment of PLWHA because it makes them feel isolated and even as though they are ashamed of their status as PLWHA. The stigma associated with HIV and AIDS in the community is a barrier to predicting the widespread spread of this disease. Stigma discourages PLWHA from consulting, prevents them from receiving health care, and makes them afraid to disclose their status (Maharani, 2017).

A person infected with HIV can transmit the virus to others and cause death, so there is a negative stigma in the community against HIV/AIDS. Stigma is a bad judgment given by society to a particular group that they consider a disgrace. Stigma is a form of deviation in the assessment of a community group against individuals who are wrong in social interactions (Brown, 2018). The negative stigma against PLWHA is based on the community's understanding that HIV/AIDS is a deadly and contagious disease. So that this understanding triggers a negative perception of the community that considers PLWHA to be responsible if there are other individuals who are infected. Moreover, the individual's view regarding the cause of HIV/AIDS is due to immoral acts (Asriwati & Irawati, 2019). Thus, this study aimed to identify the factors related to the stigma against PLWHA in the Kuranji Padang Health Center Working Area, Indonesia.

METHODS

This study used a cross-sectional approach. It was conducted at Kuranji Health Center from November 2022 to February 2023. A total of 90 general individuals aged 15-69 years were drawn using purposive sampling. The instrument used in this study was the Berger HIV Stigma Scale questionnaire developed by Berger, Ferrans, & Lashley (2001). This measurement tool consists of 40 questions divided into four subscales, namely personalized stigma, disclosure concerns, negative self-image, and concerns with public attitudes towards PLWHA. It has been translated into Indonesian. A Cronbach's alpha coefficient of 0.94 for a total score of 40 items and 0.81 to 0.92 for sub-scales indicates that the instrument has strong validity and reliability. The data were analysed using descriptive analysis and the chi-square test.

RESULTS

A. Univariate Analysis

Table 1 displays the socio-demography of 90 respondents who expressed stigma toward PLWHA at Kuranji Health Center.

Table 1. Socio-demographic of respondent (N=90)

Characteristics	Frequency	Percentage (%)
Age group (years)		
18-30	26	28.9
31-40	39	43.3
41-50	20	22.2
51-61	5	5.6
Gender		
Male	31	34.4
Female	59	65.6
Education Level		
Elementary school	12	13.3
Junior school	14	15.6
Senior high school	54	60.0
University	10	11.1
Occupational		
House wife	31	34.4
Private employee	48	53.3
Government employee	11	12.2

Based on Table 1, it can be seen that almost half (43.3%) of the respondents were aged in the range of 31-40 years, more than half were female (65.6%), and more than half (60.0%) were senior high school educated and worked as a private employee (53.3%).

Frequency Distribution Based on Stigma, Knowledge, Attitude, and Perception in the Kuranji Padang Health Center Working Area in 2023 can be seen at Table 2 below.

Table 2. Frequency Distribution Based on Stigma, Knowledge, Perception and Attitude among PLWHA (N=90)

Variables	Freq	%
Stigma		
Negative	77	85.6
Positive	13	14.4
Knowledge		
High	42	46.7
Low	48	53.3
Perception		
Negative	39	43.3
Positive	51	56.7
Attitude		
Negative	62	68.9
Positive	28	31.1

Based on Table 2, it can be seen that the majority of the respondents (85.6%) have negative stigma, more than half (61.1%) have low knowledge, about 56.6% have negative attitudes, and 65.6% have a negative perception among people with HIV/AIDS.

B. Bivariate Analysis

Table 3. Correlation between Knowledge, Perception, Attitude and Stigma Among PLWHA (N=90)

Variables	Stigma		N	p-value
	Negative f (%)	Positive f (%)		
Knowledge				
Low	27 (64.3)	15 (35.7)	42	0.020
High	18 (37.5)	30 (62.5)	48	
Perception				
Negative	33 (84.6)	6 (15.04)	39	0.000
Positive	12 (23.5)	39 (76.51)	51	
Attitude				
Negative	41 (66.1)	21 (33.9)	62	0.000
Positive	4 (14.3)	24 (85.7)	28	

Table 3 shows that the results of the chi-square test were a p-value of 0.020 (<0.05), which means that statistically, there is a significant relationship between knowledge and stigma. More than half (64.3%) respondents have low knowledge and negative stigma toward PLWHA. The majority (84.6%) of respondents have negative perceptions and negative stigmas toward PLWA, with a p-value of 0.000 (<0.05), which means that statistically there is a significant relationship between perception and stigma. Likewise, the variable attitude p-value = 0.000 (< 0.05) means that statistically, there is a significant relationship between attitude and stigma towards PLWHA.

DISCUSSIONS

We found a significant association between knowledge, perception, and attitude. Stigma is defined as an attribute that discredits a person with bad characteristics, so that it can reduce a person's status in the eyes of society (Odimegwu, Adedini, & Ononokpono, 2018). According to Elliot, the definition of stigma is a form of deviation in the assessment of a community group towards individuals who are wrong in social interactions (Brohan et al., 2010).

There are many factors that influence stigma, such as knowledge, perception, education level, age, and gender (Kemenkes, 2012). Stigma is formed due to ignorance, lack of knowledge, and lack of understanding about the transmission of a disease. Lack of knowledge and lack of understanding about the transmission of a disease make people have negative thoughts that are basically not in accordance with the correct HIV/AIDS information (Liamputtong, 2013).

We found more than half of respondents (64.3%) have low knowledge and negative stigma towards PLWHA, and there was a significant correlation between knowledge and stigma (p=0.020). This finding is linked to a study in Botswana that states HIV/AIDS knowledge score and stigma towards PLWHA score were strongly positively correlated (r=4,4045, p < 0.001) (Letshwenyo-Maruatona et al., 2019). There is incorrect information among the community related to HIV/AIDS, including that this disease can be transmitted

through physical contact with sufferers, either by shaking hands or eating together. Even some people think HIV/AIDS can be transmitted through the air. This information will affect people's knowledge. Someone who has high knowledge can have a low fear of disease transmission and a positive attitude. This incorrect assumption has an impact on the emergence of negative stigma in PLWHA (Erkki, Linn, & Johanna, 2013). The results of the relationship analysis show that respondents who have high knowledge still have a negative stigma about PLWHA. This is because there are still people who have a bad view of HIV/AIDS disease; they feel afraid to shake hands or come into contact with people with HIV/AIDS, even though they already know about HIV/AIDS disease. The results of this study are in line with the results of research by (Nurma, Ichwansyah, Anwar, & Mari, 2018) which states that there is a relationship between knowledge and stigma in people with HIV/AIDS. This study states that low individual knowledge leads to high negative stigma towards people with HIV/AIDS. This lack of knowledge about HIV/AIDS causes people to have some misconceptions about HIV/AIDS. This misunderstanding causes the stigmatization of PLWHA (Arsito, 2016).

The results of this study also showed that community perceptions of people with HIV/AIDS, namely 84.6% of respondents with negative perceptions, had a negative stigma of with chi-square results $p\text{-value} = 0.000$ means $p < \alpha = 0.05$ (H_0 rejected), it can be concluded that there is a significant relationship between perception and stigma towards HIV/AIDS patients. The results of this study show that respondents with negative perceptions tend to give negative stigma to people with HIV/AIDS and vice versa. The results of this study are in line with the theory that the emergence of stigma is influenced by people's perceptions of HIV/AIDS. The community perceives that HIV/AIDS is a shameful thing and considers the sufferer wrong, because the public view of HIV/AIDS is someone who often has free sex, drug addicts, commercial sex workers, etc. (Paryati, 2012). Stigma can be defined as a dynamic process that is built from the perspective of an individual or community formed from a pre-existing perception that causes a violation of attitudes, beliefs, and values, so that it can cause prejudice of thought, behavior, or action for the government, society, health services, employers, and even one's own family. Perceptions of a person that vary from person to person can influence behavior and attitudes towards that person. That stigma can be related to perceptions such as shame and blaming people who have diseases (Paryati, 2012).

The results of this study also illustrate respondents' attitudes towards the stigma of people with HIV/AIDS. Most respondents with a positive attitude had a positive stigma of 85.7% with chi-square results $p\text{-value} = 0.000$ means $p < \alpha = 0.05$ (H_0 rejected), it can be concluded that there is a relationship between attitude and stigma towards HIV/AIDS patients. Negative attitudes indicate or show rejection, contempt, and discrimination against individuals or groups related to PLWHA. The attitude of surrounding people can also contribute to community stigma towards PLWHA. A high attitude of surrounding people allows respondents to still stigmatize PLWHA, namely the attitude of friends, the attitude of work colleagues, the attitude of neighbours, and the attitude of family. Information obtained from both formal and non-formal education can provide short-term influence (immediate impact) so that it can produce changes or increases in knowledge and attitudes so that it can produce changes or increases in knowledge. Therefore, the community must be more careful in

obtaining information about HIV/AIDS through various sources so as to reduce prevention and stigma against PLWHA.

CONCLUSIONS

Knowledge, attitude, and perception are associated with stigma towards people with HIV/AIDS. Health workers should provide culturally congruent education and training about HIV and care and then promote policies protecting PLWHA, which may massively reduce HIV-related stigma toward PLWHA.

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