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Public Stigma About People with HIV/AIDS in Sukoharjo District, Sukoharjo Regency

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ABSTRACT
Stigma and discrimination in the community against people with HIV/AIDS caused by lack of understanding of HIV/AIDS. HIV/AIDS prevention and control programs are hampered by the stigma and discrimination in the community against people with HIV/AIDS. This study aims to determine the effect of characteristics with community stigma about HIV/AIDS sufferers in Sukoharjo District, Sukoharjo Regency. This study is an observational analytic cross-sectional approach. The population is all visitors of the Sukoharjo Public Health Center in the amount of 250 (average per month) with a total sample of 93 people with accident sampling technique and research instrument is a questionnaire filled directly by the respondent. Bivariate statistical test uses chi square test and multivariate test uses multiple linear regression. The results of the study revealed that most of the older adults (25-64 years) amounted to 51.6%, women (68.8%), the last education was in the high category (77.4%), private employment (51.6%), and community stigma about people with HIV/AIDS is good (57%). There is a relationship between age (p value = 0.001), last education (p value = 0.003) and work (p value = 0.003) with community stigma against people with HIV/AIDS. There is no relationship between sex and community stigma against people with HIV/AIDS (p value = 0.49). The results of the multivariate test revealed factors of age, recent education and occupation jointly affecting the community's stigma against people with HIV/AIDS (p value = 0.001).
Keywords: *stigma, people, HIV/AIDS*

1. INTRODUCTION

The problem of HIV/AIDS is a health challenge in almost all over the world, including in Indonesia. Since it was first discovered until June 2018, HIV/AIDS has been reported by 433 (84.2%) of 514 districts / cities in 34 provinces in Indonesia. The cumulative number of HIV infections reported up to June 2018 was 301,959 people and was most prevalent in the 25-49 years and 20-24 years age groups. The provinces with the highest number of HIV infections were DKI Jakarta (55,099), East Java (43,399), West Java (31,293), Papua (30,699) and Central Java (24,757). The number of reported HIV cases continues to increase every year, while the number of AIDS is relatively stable. This shows the success that more and more people with HIV/AIDS are known for their status while still in the phase of being infected (HIV positive) and not yet entering the AIDS stage [1].

The HIV epidemic in syringe drug users has begun to decline while in female sex workers and customers have started to level off. But of concern is the increase in the HIV epidemic among MSM (Men Like Men) which can indicate that the highest epidemic occurs in the productive age. If the development of the epidemic in men of childbearing age continues can lead to an increase in HIV transmission to housewives. According to KPAI data (2016) it is known that from 1987 to 2015 the highest number of HIV/AIDS cases with LBT (High Risk Men) employment status with all existing professions (32,031 people). While the second position is housewife (10,626 people) and the last position is sex worker (2,578 people).

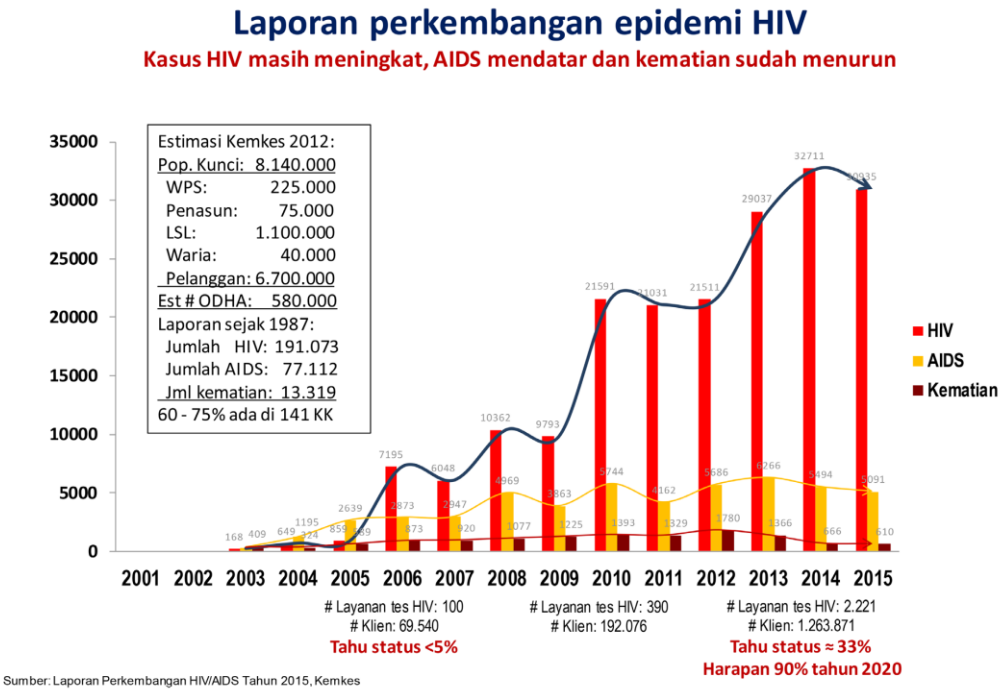

Figure 1. Report On The Progress Of The HIV Epidemic In Indonesia

The results of the UNAIDS study (2004) showed that women and young women were more vulnerable to HIV/AIDS transmission by 2.5 times compared to men and young men. The vulnerability of women and young women to HIV is mainly due to gender inequality which results in the inability of women to control the sexual behavior of their husband or permanent partner and lack of knowledge and access to information and HIV/AIDS treatment services that are still lacking.

Lack of knowledge about HIV/AIDS in the community is one of the causes of the development of negative stigma against people with HIV/AIDS. The existence of false myths about HIV/AIDS further aggravates the development of bad stigma about people with HIV/AIDS. There is a stigma in the community that HIV/AIDS is only experienced by women sex workers and the transmission of HIV/AIDS also by women women sex workers. Yet in reality now many women with the status of Housewives who suffer from HIV/AIDS so that the community considers that they have bad sex behavior that is not known by the community. Public stigma which considers that HIV/AIDS is a disease curse of God because it originates and transmission from female sex workers.

Stigma and discrimination against HIV/AIDS patients in Indonesia is still high so that it becomes one of the biggest obstacles in the prevention and control of HIV/AIDS. The community still considers that HIV/AIDS patients are responsible for HIV/AIDS transmission. Stigma arises because of people's ignorance of true and complete HIV information.

According to the Sukoharjo Regency KPA data in 2019, cumulative cases of HIV/AIDS during the period 2008 to February 2019 in Sukoharjo Regency were known to be 529 cases with 339 male sex cases and 190 female cases. Based on the work, it is known that the highest positions are employees (30.2%), second others (22.3%), third are entrepreneurs (18.9%), and fourth are IRT (11.7%).

The increasing number of cases of HIV/AIDS in Sukoharjo Regency both from the age of 0 years to more than 50 years and with varying occupations has become a concern related to community acceptance of HIV/AIDS sufferers. Sources of public stigma about HIV/AIDS include fear of disease, fear of transmission, and fear of death. Stigma is not only carried out by ordinary people but institutions of work and even health workers also do the same thing. As a result of the stigma given by the community can affect people with HIV/AIDS. This is compounded by the stigma of the community felt by PLWHA. Haryanti's research results (2019) revealed that the majority of PLWHA had a negative perception of the public stigma about HIV/AIDS (67.9%)[2].

Based on the number of HIV/AIDS cases, Sukoharjo District occupies the fifth position among 12 sub-districts in Sukoharjo Regency. Although it is in the fifth position, Sukoharjo District is a regency city and is an urban area and is the center of government in Sukoharjo Regency. Therefore it is important to get information related to public stigma against people with HIV/AIDS in Sukoharjo District, Sukoharjo Regency. This study aims to determine the effect of characteristics with public stigma on people with HIV/AIDS in Sukoharjo District Sukoharjo District.

2. METHOD

This research was an observational analytic study with a cross sectional design research approach. The population in this study were all patients who visited the Sukoharjo Public Health Center in Sukoharjo Regency, which were 250 (on average every 2018). By using the sample size formula as follows:

$$n = \frac{Z^2_{1-\propto/2} p(1-q)N}{d^2(N-1) + Z^2_{1-\propto/2} p(1-q)}$$

with N = 250, p value = 0.373[3] and d = 0.05, the sample size in this study were 93 people taken by accidental sampling, which is a sampling technique based on respondents found at the research site, willing to be respondents and can represent the entire population to be studied [4].

This study uses interview guidelines that are used to measure respondents' characteristics and stigma about people with HIV/AIDS. In collecting the data the researcher was assisted by 2 FKM students at the Veterans University of Bangun Nusantara Sukoharjo who had previously been given an explanation and similarity of perception related to the questionnaire used.

The research variable is the stigma about people with HIV/AIDS. Data analysis was performed by means of descriptive analysis to find out the characteristics and stigma of HIV/AIDS sufferers. Bivariate analysis used chi square test to find out whether there was a relationship between variables. The multivariate test used is multiple linear regression to determine whether there is an effect of the variable under study.

3. RESULTS AND DISCUSSION

Most of the respondents aged old adults (25-64 years) amounted to 51.6%, with female sex (68.8%), last education in the high category (77.4%), private employment (51.6%), and public stigma about people with HIV/AIDS is good (57%).

Table 1. Characteristics And Public Stigma About People With HIV/AIDSs

Variable	f (n=93)	%
Age		
Young adults (18-24 years)	34	36,6
Older adults (25-64 years)	48	51,6
Seniors (≥ 65 years)	11	11,8
Gender		
Male	29	31,2
Female	64	68,8
Education		
Low education	21	22,6
Higher education	72	77,4
Occupation		
Does not work	41	44,1
Civil Servants / Armed Forces	4	4,3
Private	48	51,6
Public stigma about people with HIV/AIDS		
Bad	40	43
Good	53	57

Of the respondents who were young adults (18-24 years) most of them had a stigma about people with poor HIV/AIDS (58.8%), respondents with old adulthood (25-64 years) mostly had a stigma about people with HIV/AIDS either (75%) and the age of the elderly respondents (≥ 65 years) have a stigma about people with poor HIV/AIDS (72.7%). Statistical test results revealed that p value 0.001 means that there is a relationship between the age of the respondent and the community's stigma about HIV/AIDS sufferers.

Respondents both male (51.7%) and female (59.4%) mostly had a stigma against HIV/AIDS sufferers with a p value of 0.49 meaning that there was no relationship between gender and community stigma about HIV sufferers. / AIDS. While respondents with low education mostly have a stigma against people with HIV/AIDS bad (71.4%) and those with high education mostly have a stigma against people with HIV/AIDS good (65.3%). The statistical test results are known that p value 0.003 means that there is a relationship between the last education of the respondent and the community's stigma towards people with HIV/AIDS.

Respondents who did not work mostly had a stigma against people with HIV/AIDS worse (54.7%), respondents who worked as civil servants / ABRI (87.5%) and private sector (81%) mostly had a stigma against people with HIV/AIDS both . The statistical test shows that p value 0.003 means that there is a relationship between the work of the respondent and the stigma of people living with HIV/AIDS.

Table 2. The Relationship Between Characteristics And Public Stigma About People With HIV/ AIDS

Variable	Public Stigma About People With HIV/AIDS				p value
	Bad		Good		
	f	%	f	%	
Age					
Young adults (18-24 years)	20	58,8	14	41,2	0,001
Older adults (25-64 years)	12	25	36	75	
Seniors (≥ 65 years)	8	72,7	3	27,3	
Gender					
Male	14	48,3	15	51,7	0,49
Female	26	40,6	38	59,4	
Education					
Low education	15	71,4	6	28,6	0,003
Higher education	25	34,7	47	65,3	
Occupation					
Does not work	35	54,7	29	45,3	0,003
Civil Servants / Armed Forces	1	12,5	7	87,5	
Private	4	19	17	81	

From multivariate statistical tests using multiple linear regression, it is known that the adjusted R square value of 0.152 means that the age, education and occupation variables of 15.2% affect the public stigma against people with HIV/AIDS. While the accurate model is 99.5%.

Table 3. Model Summary

Model	R	R Square	Adjusted R Square	Standar Error of the Estimate
1	0,424[a]	0,180	0,152	0,458

a. Predictor: (Constant), Respondent's Work, Respondent's Last Education, Respondent Age

From the test results in table 4 it is also known that age, last education and work of respondents together influence the community's stigma about people with HIV/AIDS (p value 0.001).

Table 4. Anova[a]

Model		Sum of Squares	df	Mean Square	F	Sig
1	Regression	4,097	3	1,366	6,499	0,001[b]
	Residual	18,699	89	0,210		
	Summarize	22,796	92			

a. Dependent variabel: community's stigma about people with HIV/AIDS
b. Predictor: (Constant), Respondent's Work, Respondent's Last Education, Respondent Age

DISCUSSION

Stigma can be in the form of perceptions of community norms, stigma conditions and stigma actions. Stigma in the form of perceptions of community norms and community conditions is referred to as felt stigma and stigma in the form of stigma is referred to as enactic stigma. Most of the public stigma about people living with HIV/AIDS in Sukoharjo Subdistrict, Sukoharjo Regency is already mostly good. This proves that public knowledge about HIV/AIDS has increased. People already know about HIV/AIDS, how it is transmitted, how to prevent it and how they treat people with HIV/AIDS (butt, 2010). Knowledge is a very important factor in shaping one's stigma. Knowledge is the result of knowing after someone senses a certain object. Stigma will last if it is based on good knowledge[5]. Better knowledge can be seen from the level of education. Most respondents have a high level of education in the high category, namely high school, D3 or undergraduate. Education aims to fight ignorance and can affect the ability to work or work to increase income. Furthermore, it will increase the ability to prevent disease, increase the ability to maintain and improve their health [5]. The lower the level of someone's education, the higher the chance to give a stigma to PLWHA, and conversely the higher the level of one's education, the greater the chance not to give a stigma to PLWHA [3]. Tri Paryanti et al (2012) states that the level of education of health workers influences the provision of stigma and discrimination in people living with HIV [6].

A person's health behavior is influenced by 3 categories namely, predisposing factors, enabling factors and reinforcing factors. Predisposing factors include age, gender, level of education, knowledge, occupation, attitudes, beliefs, values, and other traffic. Predisposing factors are factors that facilitate and underlie the occurrence of certain behaviors. The higher a person's age, the better

the stigma. This is in line with Puspita Sari & Yovsah (2014) who said that the relationship between age and stigma against PLWHA among respondents who were less than 30 years old were more at risk of stigmatizing PLWHA. This illustrates that a person's level of maturity is influenced by the age factor where people who have an older age have a tendency to see the problem both from the positive and negative sides. Older age has more experience in life than younger age [3]. Tri Paryanti et al (2012) in their research concluded that stigma and discrimination against PLWHA can occur because it is influenced by age factors in health workers [6].

Stigma and discrimination that occur in various aspects can have a wider effect when compared to the spread of the HIV virus itself. Stigma and discrimination arise because people do not know about true and complete HIV information, especially in the mechanism of HIV transmission, groups of people who are at risk of contracting HIV and how to prevent it including the use of condoms [7]. Oktarini et al (2012) states that there is a relationship between sex and knowledge about HIV/AIDS [8]. This illustrates that women are less informed about HIV/AIDS compared to men. This can result in differences between the sexes in giving stigma to people with HIV/AIDS. Women who have less knowledge about HIV/AIDS are more likely to give a worse stigma to sufferers of HIV/AIDS than men. In addition, this study also states that there is a relationship between work and knowledge about HIV/AIDS. This shows that people who work outside the home are easier to obtain information about HIV/AIDS than those who do not work (at home). It can be concluded that people who work are more likely to give a good stigma to people with HIV/AIDS compared to those who do not work.

Stigma on people with HIV/AIDS that causes people who have coverage or problems with HIV are reluctant to do tests to find out HIV status. HIV/AIDS holders' programs have carried out information on HIV/AIDS, but the community has still not been approved and is open to HIV/AIDS sufferers. Stigma against people with HIV/AIDS that causes people who experience HIV coverage are reluctant to do tests to find out HIV status [9].

4. CONCLUSION

The community stigma in Sukoharjo Subdistrict, Sukoharjo Regency regarding HIV/AIDS sufferers is influenced by age, education level and occupation. The level of maturity of a person is influenced by the age factor where people who have an older age have a tendency to see problems from both positive and negative sides. The lower the level of someone's education, the higher the chance to give a stigma against PLWHA, and vice versa the higher the level of one's education, the greater the pelaung not to give a stigma against PLWHA. The need for support from all parties is not only personal but also the community and all institutions in reducing the community's stigma about people with HIV/AIDS.

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