

The Level of Public Knowledge About HIV/AIDS With the Stigma of PLWHA: Cross Sectional Study

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ABSTRACT

Background. The Stigma that HIV/AIDS was something embarrassing and was a contagious disease, made the PLWHA unwilling to be open and ashamed if they have to go to health care to get treatment. The Stigma created often occurs because of a person's knowledge of HIV/AIDS is insufficient. The purpose of this research was to determine the relationship between the level of public knowledge about HIV/AIDS with the stigma of PLWHA in Tangerang.

Method. This research used a descriptive correlational design with a cross-sectional approach. Data was collected using a questionnaire on the variable level of community knowledge about HIV/AIDS and stigma on PLWHA. The sample in this research used total sampling with 150 respondents aged 17-60 years and reside in RW 010. The statistical test used in this study was Kendall's Tau C Test.

Result. The results of this study are known to have a good level of knowledge of 55.3%, 43.4% good enough, and 1.3% bad knowledge, in addition to the low stigma of 94.7% and high stigma of 5.3% of PLWHA. The results of the bivariate analysis showed that there was no correlation between the level of public knowledge about HIV / AIDS and the stigma of PLWHA (p-value = 0.063).

Conclusion. Hopefully, related institutions, such as health service officials and other health services, can provide encouragement or motivation to the community so that they can receive information about HIV/AIDS which can help the stigma problem in the PLWHA.

Keywords: HIV/AIDS, Knowledge, PLWHA, Stigma

I. INTRODUCTION

Human Immunodeficiency Virus, also known as HIV, is a virus that attacks the human body's immunity, especially white blood cells. When a person is exposed to HIV, they don't feel the symptoms. It takes about 5-10 years for these symptoms to appear, and the sign of these symptoms is Acquired Immune Deficiency Syndrome (AIDS).

The targets of Sustainable Development Goals (SDGs) in 2030, is to stop the HIV / AIDS epidemic in the world with action to provide social protection for PLWHA and their families require great commitment and support from various parties, related to the prevention of HIV/AIDS. The development of social protection that is sensitive to HIV/AIDS issues needs to consider various things, which is to provide public education about HIV / AIDS. This is a basic prerequisite so that the involvement and support of these various parties can be strengthened.

World Health Organization [1] has reported that people living with HIV in the world are 36.9 million people. Based on gender, as many as 18.2 million people are women, and 16.8 million people are men. However, the number of HIV infected adults was 85.1 million, and the number of HIV infected children

(<15 years) was 1.8 million. In 2017, there were 940 thousand cases of deaths due to HIV in the world, while new cases of HIV infection were 1.6 million in adults and 180 thousand in children.

In Southeast Asia, the number of HIV infected reaches 3.5 million people and is second among other regions. Particularly, Indonesia is the second-largest country in the Southeast Asia region, with 630 thousand people living with HIV [1]. There were 39 thousand cases of death with HIV in Indonesia. HIV/AIDS cases still a very sensitive case to discuss. The case is still like the iceberg phenomenon, many of which are hidden in it, but little is revealed [2].

HIV / AIDS has various responses from people, such as fear, anxiety, rejection, and discrimination. This has led to a bad stigma and prejudice in society. Harun said that there are still high stigma and discrimination against people living with HIV/AIDS (PLWHA) which is one of the problems that occur in controlling HIV/AIDS [2].

The stigma and discrimination arise because HIV/AIDS is often interpreted as a disease caused by bad behavior or habits. This is not following or against the positive norms that exist in society. The fear and no knowledge of the community about

HIV/AIDS, as well as HIV/AIDS who always lead to death, exacerbate the stigma and discrimination of people against PLHIV [3].

The stigma that is created in society such as PLWHA are an embarrassment and a contagious disease, makes PLWHA still not open and they will not go to health services to get treatment. This Stigma was created because the community did not have knowledge or did not have access to know more about HIV/AIDS. There is still lack of socialization about HIV/AIDS to the public, causing many people did not understand about HIV/AIDS.

Data from the South Tangerang Health Service [4] noted that in 2011-2018 the number of HIV

infected in several sub-districts in South Tangerang was 973 people, with details of 17 people in North Serpong District, 50 people in Serpong District, 87 people in Kecamatan East Ciputat, 96 people in Setu District, 117 people in Pondok Aren District, 131 people outside the district area, 192 people in Pamulang District, and 283 people in Ciputat District. Of the 973 people who suffer from HIV, only 759 people who want to follow treatment, although the role of nurses such as accompanying and maintaining relationships with PLWHA so as not to feel alone or lonely has been done in society, it is still the main obstacle for someone with HIV/AIDS to get access to health services, because of the fear and shame that they are known to be PLWHA.

Research [2] entitled *The Relationship between Community Knowledge about HIV AIDS and the Stigma of PLWHA (People with HIV AIDS) in Sinduadi Mlati Sleman Yogyakarta*, it can be concluded that for the community, knowledge about HIV / AIDS the majority of people have sufficient knowledge of 16 respondents (48,5%). For the stigma of PLWHA, the majority of people have a moderate

stigma was 30 respondents (90.9%). Also besides, the magnitude of the correlation coefficient between knowledge and stigma in PLWHA is 0.364 with a significance of $0.031 < 0.05$, which means that there is a significant relationship between knowledge variables about HIV / AIDS and stigma in PLWHA in Sinduadi Mlati Sleman Yogyakarta.

Research stated that the result of the study is that most respondents have less knowledge about HIV/AIDS as much as 59.1%. There is a relationship between knowledge and the stigma of religious leaders against PLWHA with a p-value of 0.000, giving the conclusion that there is a relationship between knowledge and the stigma of religious leaders towards PLWHA [5].

From the study, there is a relationship between knowledge and stigma in PLWHA, as well as a statement from the South Tangerang Health Office

III. RESULTS

Table 1, the majority of respondents were in an age range 17-27 years old (62.7%). Based on gender, there

that, although the role of nurses in accompanying and maintaining relationships with PLWHA so as not to feel alone or lonely has been carried out, PLWHA still feel get a stigma such as being excluded or not accepted in the neighborhood where they live. Then the researchers saw that in South Tangerang, there was still a stigma from the community who thought that HIV/AIDS transmission could occur when they came into contact with them and they were afraid if they were close to sufferers. The goal of this study was to describe about the relationship between the level of public knowledge about HIV / AIDS and the stigma about PLWHA in Tangerang.

II. METHODS

Method

A cross-sectional study was conducted between March–May 2020 in the community are in Tangerang. There were 170 families, with the number of houses 20 families are not occupied or empty, so the total population used is 150 families. This study used family leader aged 17 to 60 years to fill out the questionnaire. The number of families was taken based on the results of the number recorded in the 2019 election. In this study, the sampling technique used by the researcher was total sampling, where each respondent who was included in the inclusion criteria would be the sample in this study.

Ethical consideration

The study was approved by Ethics Review Board Committee for Research STIK Sint Carolus with No. 004/KEPPKSTIKSC/1/2020.

Measurements

Questionnaires that were used in this study were

composed of demographic information, knowledge about HIV/AIDS, and stigma against PLWHA. In this study, researchers used a questionnaire knowledge about HIV/AIDS from Aprianingsih [6] and a stigma questionnaire from Siregar [7]. All questions from the knowledge level questionnaire were valid (32 questions) with an alpha value > 0.991 and all questions from the stigma questionnaire were valid (28 questions) with a value of $r > 0.361$.

Data Analysis

Data were analyzed using SPSS. Descriptive statistics were analyzed to describe the characteristics of respondents. The bivariate analysis was used to find the relationship between HIV/AIDS knowledge and stigma by using Kendall's Tau C.

were 77 respondents (51.3%) who were male and 73 respondents (48.7%) were women. Characteristics of individual respondents based on education majority were 68.7% bachelor. Furthermore, all of respondents had received information about HIV/AIDS.

Table 1. Characteristic (n=150)

Characteristics	n	%	
Age (years)	17 – 27	94	62.7
	28 – 38	22	14.7
	39 – 49	20	13.3
	50 – 60	14	9.3
Gender	Male	77	51.3
	Female	73	48.7
Education Level	Elementary school	1	0.7
	Junior High school	1	0.7
	Senior High school	34	22.7
	Diploma	11	7.3
	Bachelor	103	68.7
Get Information	Well informed	150	100
	Not informed	0	0
Total	150	100	

Table 2. HIV/AIDS Knowledge Level (n=150)

Variables	Frequency (n)	Percentage (%)
Good Knowledge	83	55.3
Enough Knowledge	65	43.4
Bad Knowledge	2	1.3
Total	150	100.0

Based on table 2, the majority respondents had a good level of knowledge about HIV/AIDS 55.3%) and enough knowledge (43.4%) about HIV / AIDS. Simanjuntak (8) stated that education affects a person's knowledge, because the higher a person's education, the easier for the person to receive information so that more knowledge is gained. In this

study, respondents had a high level of education, namely undergraduate (68.7%) and all respondents (100%) had received information about HIV / AIDS from various media such as news on TV or newspapers, the internet, school education, health workers, seminars, etc. so that this can increase respondents' knowledge about HIV/AIDS.

Table 3. Stigma Level (n=150)

Variables	Frequency (n)	Percentage (%)
Low Stigma Level	142	94.7
High Stigma Level	8	5.3
Total	150	100.0

Based on table 2, the majority of respondents (94.7%) had a low stigma level, but 5.3% of respondents had a high stigma level against PLWHA. This is supported by the statement from respondents (90%) that they do not agree that PLWHA should not live in the community because they have bad behavior.

Stigma is a negative image or behavior towards someone that can be influenced by several factors. This stigma and discrimination arise because HIV/ AIDS is often interpreted as a disease caused by bad behavior or habits. This is not following or against the positive norms that exist in society. The fear and ignorance of the community about HIV/AIDS, who always lead to death, exacerbate the stigma and discrimination of people against PLHIV [9]. Mudrikatin [10], in his research, discusses that three factors influence a person's behavior, namely factors

that make it easier (knowledge, attitudes, beliefs, values, and perceptions related to the motivation of a person or group to act), enabling factors (availability/affordability), resources or facilities needed to do something), and reinforcing factors (factors that reinforce a person's behavior change).

In addition, a high stigma level called if respondent answers lead to excessive rejection of PLWHA, this can be seen from the questionnaire, which states "PLWHA cannot live near or at home with other people because they suffer from a disgusting disease". Respondents (5.3%) answered agree that they do not want to be neighbors with PLWHA. Simorangkir's (11) explained that as many as 7 respondents (7.5%) refuse to live next door to PLWHA, with the result that 49 respondents (52.7%) have a high stigma.

Tabel 4. The Relationship between knowledge and stigma (n=150)

Variables Knowledge about HIV/AIDS	Stigma						P-value
	Low (≥ 56)		High (< 56)		Total		
	n	%	n	%	n	%	
Good Knowledge	81	97.6	2	2.4	83	100	0.063
Enough Knowledge	59	90.8	6	9.2	65	100	
Bad Knowledge	2	100	0	0	2	100	
Total	142	94.7	8	5.3	150	100	

IV. DISCUSSION

Knowledge about HIV/AIDS is important for society. From this study, researcher found that the number of respondents who answered the questions correctly was more than those who answered the questions incorrectly, as many as 146 respondents (97.3%) know that HIV/AIDS is a sexually transmitted infection. This could happen because the respondent has received information or could understand the information that has been given. Aprianingsih [6] confirmed that out of 160 respondents, 53,1% have good knowledge and 98,8% have been exposed to information about HIV/AIDS. This is not in accordance with Sofia [12] which stated that most of health workers at Primary Health Care (72%) have a low level of knowledge about HIV/AIDS.

Stigma in this study showed about stigma among PLHIV that the number of respondents who answered questions that led to a mild stigma was more than those who answered questions with severe stigma. Respondents stated that they did not agree to allow their family members to play with PLWHA and did not agree to eat together at parties with PLWHA. Researcher assumed that stigma in society was created due to various factors, including age, education, knowledge and perceptions that exist in each individual.

The number of households with a good level of knowledge about HIV/AIDS was 81 families (97.6%) with a low stigma on PLWHA. Second, the number of households with enough knowledge about HIV/AIDS, there were 59 families (90.8%) with a low stigma for PLWHA. It means that none of them had a high stigma with poor knowledge about HIV / AIDS. The analysis obtained using Kendall's Tau C test with p-value = 0.063. This suggests that there is no significant relationship between the level of knowledge about HIV/AIDS and the stigma of PLWHA. The results of this study are in line with Finnajakh [13] showed that there was no relationship between the level of knowledge and the stigma of society towards PLWHA with p-value = 0.684. This is strengthened by research from Ni'mal [3] by taking a sample of 247 respondents aged 15-24 years. The results showed that the factors that were significant

predictors of stigma and discrimination against PLHIV were age and gender. However, the results of this study are not in line with research from Harun [2] and Retnowati [14] that there is a significant relationship between knowledge about HIV/AIDS and stigma in PLWHA.

The level of knowledge is not a major factor, but there are other factors such as perceptions, and experiences of a person that can affect the stigma [14; 15; 16]. Factors that meet predictors of stigma and discrimination against PLWHA are age and gender [3]. Paryati [17] stated that knowledge [18], perceptions, education level, age, gender, and adherence to religion are factors that influence stigma and discrimination against PLWHA. Based on table 2, most of the respondents' knowledge is in good and enough knowledge. Based on information from the questionnaire, respondents have been exposed to information about HIV/AIDS through various media such as the internet, news on TV or newspapers, seminars, school education, health workers, and others. In this study, it is known that there are respondents with high stigma who are well-informed and quite good, and there are respondents with low stigma who have bad knowledge. Researchers assume this can occur because the respondents have different perceptions or experiences, and this can support respondents to give stigma to PLWHA.

V. CONCLUSION

This study explained the level of knowledge about HIV / AIDS was good at 55.3%, with a low stigma category of 94.7% and there was no significant relationship between the level of knowledge about HIV / AIDS and stigma among people living with HIV (p-value <0.05) with the result p-value = 0.063. The education of the majority of bachelor respondent can influence the perception of the respondent, where the perception is the result of processing information received by the respondent, in other words, the higher the level of education of the respondent, the higher the perception that can be formed on the respondent.

REFERENCES

[1] World Health Organization [WHO], Number of deaths due to HIV/AIDS Estimates by country, 2018

[2] Harun, Rezky Haryati, Hubungan Pengetahuan Masyarakat Tentang HIV/AIDS Dengan Stigma Pada ODHA (Orang Dengan HIV/AIDS) Di Sinduadi Mlati Sleman

- Yogyakarta.
<http://digilib.unisayogya.ac.id/2841/>, 2017.
- [3] Ni'mal, Baroya, Prediktor Sikap Stigma Dan Diskriminasi Terhadap Orang Dengan HIV Dan AIDS (ODHA) Di Kabupaten Jembe, *Jurnal IKESMA*, Vol. 13, No. 2 September 2017.
- [4] Dinas Kesehatan Tangerang Selatan, *Grafik Penderita HIV/AIDS di Tangerang Selatan*. Dinkes Tangerang Selatan, 2018.
- [5] Febrianti, Faktor-Faktor Yang Berhubungan Dengan Stigma Terhadap Orang Dengan HIV Dan AIDS (ODHA), *Journal Endurance* 2(2) June 2017 (158-167).
- [6] Aprianingsih, Yana dan Sondang R. Sianturi, *Hubungan Karakteristik Individu Dengan Tingkat Pengetahuan Masyarakat Tentang Penyakit HIV/AIDS Di RW 07 Desa Setia Asih*, 2018
- [7] Siregar, N, *Pengaruh Stigma Orang Dengan HIV/AIDS (ODHA) Terhadap Penerimaan Masyarakat Desa Buntu Bedimbar Di Kecamatan Tanjung Morawa Kabupaten Deli Serdang*, 2012.
- [8] Simanjuntak, Novita Hasiani, *Hubungan Tingkat Pengetahuan Tentang Penularan HIV/AIDS Dengan Stigma Terhadap ODHA Di Kalangan Akademisi Universitas HKBP Nommensen Medan Tahun 2018*, *Jurnal Kedokteran Methodist*. Vol. 2, No. 2 Desember 2018.
- [9] Kementerian Kesehatan Republik Indonesia, *Data dan Informasi Profil Kesehatan Indonesia 2017*. http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Data-dan-Informasi_Profil-Kesehatan-Indonesia-2017.pdf.
- [10] Mudrikatin, Siti, *Analisis Faktor-Faktor Yang Mempengaruhi Perilaku Masyarakat Menghadapi Penderita HIV/AIDS Di Desa Jabon Kecamatan Jombang Kabupaten Jombang*, *Jurnal Sain Med*. Vol. 11, No. 1 Juni 2019, Hal. 1-4.
- [11] Simorangkir, Takur Lemunson dan Sondang Sianturi, *Hubungan Antara Karakteristik, Tingkat Pengetahuan Dan Stigma Pada Penderita HIV/AIDS*, 2019
- [12] Sofia, Rizka, *Stigma Dan Diskriminasi Terhadap ODHA (Studi Pada Tenaga Kesehatan di Puskesmas Tanah Pasir Aceh Utara)*.
<https://ojs.unimal.ac.id/index.php/averrous/article/view/423>, 2016
- [13] Finnajakh, Aunan, Niken Meilani, dan Nanik Setiyawati, *Hubungan Tingkat Pengetahuan Dan Persepsi Dengan Stigma Masyarakat Terhadap ODHA Di Desa Pandowoharjo, Kecamatan Sleman, Kabupaten Sleman*.
<http://eprints.poltekkesjogja.ac.id/2279/>, 2019.
- [14] Retnowati, Misrina, *Hubungan Pengetahuan Dengan Stigma Tokoh Agama Terhadap Orang Dengan HIV/AIDS di Kabupaten Banyumas*, *Jurnal Publikasi Kebidanan AKBID YLPP Purwokerto*. Vol. 8, No. 1, 2017.
- [15] Ardani, Irfan dan Sri Handayani, *Stigma Terhadap Orang Dengan HIV/AIDS (ODHA) Sebagai Hambatan Pencarian Pengobatan: Studi Kasus Pada Pecandu Narkoba Suntik di Jakarta*. <http://ejournal.litbang.depkes.go.id/index.php/BPK/article/view/6042>, 2017.
- [16] Paryati, Tri, Ardini S. Raksanagara, Irvan Afriandi, *Faktor-Faktor Yang Mempengaruhi Stigma Dan Diskriminasi Kepada ODHA (Orang Dengan HIV/AIDS) Oleh Petugas Kesehatan : Kajian Literatur*, 2012.
- [17] Prastiwi, Rena N. Wahyu, *Hubungan Pengetahuan, Sikap, Dan Persepsi Anggota WPA Tentang HIV/AIDS Dengan Stigma Pada ODHA Di Surakarta*, 2019.
- [18] Situmeang, Berliana, Syahrizal Syarif, dan Renti Mahkota, *Hubungan Pengetahuan HIV/AIDS Dengan Stigma Terhadap Orang Dengan HIV/AIDS di Kalangan Remaja 15-19 Tahun di Indonesia (Analsis Data SDKI Tahun 2012)*, *Jurnal Epidemiologi Kesehatan Indonesia*, Vol. 1, Juli 2017, No. 2.