



THE INTERVENTION PROGRAMS TO REDUCE STIGMA AND DISCRIMINATION IN PEOPLE LIVING WITH HIV/ AIDS (PLWHA)

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Abstract

The case of HIV / AIDS is still a global problem and a serious concern from all parties, especially in Central Lombok. HIV/AIDS-related stigma and discriminatory attitudes deter the effectiveness of HIV/AIDS prevention and care programs. The Intervention efforts that have been by Central Lombok for the mobile VCT program through Communication, Information and Education on PLWHA (People Living with HIV/AIDS), Static VCT Programs and Internal In House Training Programs in Praya Hospital and others. This research examines the stigma and discrimination associated with interventions made by the Central Lombok. This type of research is qualitative with a phenomenological approach design, data collection through in-depth interviews and document search. Data analysis with data reduction, data presentation, conclusion drawing and verification. The results revealed that their PLWHA had experienced stigma and discrimination, health workers and the general public had positive and negative views related to still, they discriminated who were in the community. The conclusion in this research is that stigma and discrimination against PLWHA are still prevalent in the community and intervention efforts made in providing advocacy to health workers, the general public has been endeavored to reduce these problems.

Keywords: HIV/AIDS; Stigma; Discrimination; PLWHA; Intervention

INTRODUCTION

Human Immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are still a global problem and are a serious concern of all parties both in the world and in Indonesia. Based on WHO data for 2017 the number of people living with HIV worldwide is 36.9 million, while new HIV infections worldwide have reached 1.8 million in 2017. In Indonesia, from 2005 to March 2019, the number of reported HIV cases reached 338,363 people, while the number of AIDS conditions reported since it was first discovered in 1987 until March 2019 reached 115,601 people. From January to March 2019 HIV transmission 11,081 people were reported, while AIDS cases reached 1,536 (Ditjen PP & PL Kemenkes

RI, 2014; Kemenkes RI, 2018).

NTB Province has the potential as a place of transmission of HIV-AIDS which is quite large, because it is one of the tourist destination areas and regions sending workers abroad. Based on the 2018 VCT report, that the number of cases of HIV / AIDS in 2018 found to have increased compared to 2017. The number of cases found in 2017 was 98 HIV cases, and 111 cases of AIDS, S while in 2018 there were 155 cases of HIV and 101 new cases of AIDS. The number of deaths due to AIDS in NTB Province in 2017 was 22 cases and in 2018 there were 24 deaths due to AIDS. Cases of HIV / AIDS according to districts / cities in NTB Province 2016 that Lombok is

ranked number two after West Lombok which is 21 cases with details of HIV positive cases 7 cases and AIDS positive 14 cases (Statistik, 2018).

HIV positive or AIDS cases tend to show fluctuating data based on the background above, so that with these conditions special attention is needed for all parties, given the impact on society, especially for the younger generation of the nation's next generation. The impact of discrimination can lead to loss of quality of life, physiological effects of disease, loss of social status, changes in relationship patterns (intimacy), loss of work and other economic problems, therefore to avoid these impacts, efforts need to overcome and handle HIV / AIDS in a consistent and committed manner. from decision makers, health workers, non-governmental organizations, the general public and families. The intended support is not only in the form of policies and funding, but also moral support. These prevention and response interventions can be used to reduce stigma and discrimination by the community against people with HIV / AIDS (PLWHA) (Forouzan *et al.*, 2013; Fasoulakis, 2017).

Intervention efforts that have been implemented by the Tenggah Lombok District are through the Central Lombok District Health Office and VCT at KTH (HIV / AIDS Test Clinic) Mandalika Praya Hospital. Intervention efforts from The Central Lombok District Health Office, the ABAT Program (I am proud I know), is the HIV AIDS socialization program at junior and senior high schools, training of health workers in all districts at the Puskesmas level as participants, namely Midwives, Nurses, Laboratory Staff and Administration staff, and Teacher Training in all Middle and high school in all districts. Intervention efforts from VCT in KTH (HIV / AIDS Test Clinic) Mandalika Hospital in Praya namely the mobile VCT program through IEC on PLWHA, static VCT

Program and Internal In House Training Program in Praya Hospital. Based on the background above, so researchers are interested in conducting research related to stigma and discrimination with intervention efforts carried out by Central Lombok Government.

METHOD

Research design

This type of research is qualitative design with a phenomenological approach, where researchers try to explore the phenomena that occur in people living with HIV related to stigma and discrimination experienced, and the stigma of health workers and the general public related to HIV / AIDS. Inside sample this study as many as 90 people consisting of PLWHA, Health Workers and Public. Sampling technique chosen based on certain objectives or criteria that have been set previously, namely purposive sampling. Data collection techniques with the interview method deep using a questionnaire that has been provided by researchers and has been tested for validity and reliability.

Research location and time

This research was conducted in three places, namely KTH (HIV / AIDS Clinic) Mandalika, Praya Hospital Hall and Praya Hospital patient waiting room, from January to December 2019.

Data Collection :

Identity of Respondents

Respondents' identities collected during the research are initials of name, age, religion, education, profession, collected through interviews using structured questionnaires whose validity has been tested.

Implementation

The data of the study was obtained from respondents who came to the VTH KTH Mandalika mobile location in Praya Regional Hospital, health

workers who follow *Internal House Training* Praya Hospital and general public to visit Praya Hospital. Collecting data related to intervention programs and observations related to stigma and discrimination through interviews using structured questionnaires.

Data analysis

Data analysis by adopting the model of Miles and Huberman (1992) in (Gunawan, 2016) which consists of 3 activities namely: data reduction, data presentation, drawing conclusions and verification.

RESULT AND DISCUSSION

Characteristics of Respondents

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Category	PLWHA		Health workers		Public	
		N	%	n	%	n	%
Age	20-30 Years Old	5	17	4	13	3	10
	31-40 Years Old	12	40	9	30	15	50
	41-50 Years Old	9	30	13	43	8	27
	> 50 Years Old	4	13	4	13	4	13
Gender	Male	18	60	11	37	13	43
	Female	12	40	19	63	17	57
Education	Elementary school	5	17	0	0	6	20
	Middle School	8	27	0	0	7	23
	High school	11	37	0	0	12	40
	University	6	20	30	100	5	17
Profession	Un Working	9	30	0	0	4	13
	Private Employees	20	67	0	0	13	43
	Non Government employees / Contracts employees	1	3	4	13	5	17
	Government employees	0	0	26	87	8	27

In Table 1 it can be seen that most PLWHA respondents are aged 31-40 years old (40%), most are male (60%), with high school education (37%) and most work as private employees (67%). Respondents in Health Personnel were mostly 41-50 years old (43%), most were female (63%), with the highest level of education in tertiary institutions (100%) and the

majority were Government employees (87%) and respondents from the community were mostly 31-40 years old (50%), the highest sex is female (57%), with the highest level of education being high school (40%) and most work as private employees (43%).

Stigma And Discrimination

Based on the results of in-depth interviews related to stigma and discrimination is related to the intervention efforts made by the Central Of Lombok Government:

1. PLWHA

The stigma and discrimination from the community experienced by PLWHA

The perceived stigma is like the following statement:

"I am ashamed of the current situation, surely the community considers me to be bad like this .

"I feel this is a curse and think I am a naughty woman so I contracted this disease, even though I am a housewife and can be from my husband "

Discrimination is felt as follows:

"When there are people who know about my situation, no one buys my merchandise and drives me out with my family from where I live "

"My family and I are kept away from my neighborhood "

VCT intervention efforts

"I get access to health for my illness quickly and get good service from Primary Health Care and Hospitals"

"The community where I live has begun to accept me and my family "

"I feel happy and get lots of new information so that I can protect myself more better and I can provide motivation and encouragement to new PLWHA when gathering at Praya VCT Hospital "

The results of the study showed that the stigma experienced by PLWHA was to think badly of their condition, to be ashamed and to consider their illness

as a curse. According to Nursalam and Kurniawati's (2007) statement that the experience of experiencing an illness can result in a variety of feelings and reactions to stress, frustration, anxiety, denial, anger, shame, grief, and doubt about adaptation to the disease(Nursalam et al., 2014). HIV / AIDS sufferers and their families often feel stigmatic, hingga currently the attitudes and views of the community towards PLWHA are so bad that it creates problems and actions that injure both physically and mentally to PLHIV including family and those closest to them.(Neferi, 2016). Stigma and discrimination will also lead to isolated or marginalized communities. Various studies have shown that the level of knowledge of PLHIV is closely related to the development of the PLWHA stigma. As for ignorance about the mechanism of transmission, over estimation of the risk of transmission, and negative attitudes towards PLWHA that should not be related to the development of the stigma of PLWHA. In other words, the lower the level of knowledge about HIV and AIDS, the more likely it is to develop a stigma between them.

The results showed that discrimination experienced by PLWHA was shunned until they were evicted from their neighborhood, so they felt reluctant to leave the house to check the situation. This is in accordance with Herani's statement (2012) that discrimination against PLWHA has an impact on the spread of AIDS. This is because stigma and discrimination will discourage people from daring to carry out tests and will even make people feel reluctant to seek information and ways to protect against AIDS. Discrimination will cause PLWHA to feel that their human rights have been violated, especially in the right to freedom from discrimination. The stigma of PLWHA will have an impact on people's unwillingness to show their status as sufferers

of HIV and AIDS. PLHIV have negative views about themselves and feel rejected by the surrounding environment because of the pain they suffer so PLHIV have negative thoughts, despair, depression, feelings of depression and the desire to end life. Negative labels and discrimination received make PLWHA tend to have a negative self concept (feeling worthless, useless, helpless, decreased motivation to live and withdraw from the environment). Based on Anand.T's research, et al (2017) revealed that discrimination can hamper treatment and result in loss of compliance in taking antiretrovirals, so that it can worsen the situation of people living with HIV and affect their quality of life feeling depressed and wanting to end life. Negative labels and discrimination received make PLWHA tend to have a negative self concept (feeling worthless, useless, helpless, decreased motivation to live and withdraw from the environment). Based on Anand.T's research, et al (2017) revealed that discrimination can hamper treatment and result in loss of compliance in taking antiretrovirals, so that it can worsen the situation of people living with HIV and affect their quality of life feeling depressed and wanting to end life. Negative labels and discrimination received make PLWHA tend to have a negative self concept (feeling worthless, useless, helpless, decreased motivation to live and withdraw from the environment). Based on Anand.T's research, et al (2017) revealed that discrimination can hamper treatment and result in loss of compliance in taking antiretrovirals, so that it can worsen the situation of people living with HIV and affect their quality of life feeling depressed and wanting to end life. Negative labels and discrimination received make PLWHA tend to have a negative self concept (feeling worthless, useless, helpless, decreased motivation to live and withdraw from the environment). Based on Anand.T's research, et al (2017) revealed that discrimination can hamper treatment and result in loss of compliance in taking antiretrovirals, so that it can worsen the situation of people living with HIV and affect their quality of life (Rabkin, 2004; Sarikusuma, 2012; Anand *et al.*, 2017; Nurma, 2018; Desai *et al.*, 2020; Shey *et al.*, 2020)

2. Health workers

The stigma and discrimination from Health Workers towards PLWHA.

The perceived stigma is like the following statement:

"I feel that PLWHA patients are dangerous patients, so I am afraid to be near them and I still think that PLWHA patients are poor patients. "

"I feel that what experienced PLHIV patients is a curse from God "

Discrimination is felt as follows:

"It is better for me not to do a blood test on PLWHA patients for fear of being exposed "

"When I find out that the patient is ODHA, I will still find out about it "

"I would be more protective in dealing with PLWHA patients, if we use a tool such as surgery after using it we immediately discard it to avoid transmission "

Intervention efforts through in-house training

"I just found out that there is no need to dispose of medical devices used to treat PLHIV patients but sterilization can eliminate the virus "

"No need to be afraid of PLWHA anymore because basically they have suffered greatly with the disease and I have become more empathetic and away from discriminatory attitudes "

"I feel the benefit of this training is to know more about basic knowledge about HIV / AIDS, techniques to provide appropriate counseling to PLWHA patients "

Stigma and discrimination are not only done by ordinary people who do not have enough knowledge about HIV and AIDS, but can also be done by health workers. This is consistent with the results of research conducted by Andrewin et. al (2008) in Belize, it is known that health workers (doctors and nurses) have a stigma and discriminate against PLWHA. Chen's (2004) results showed that 64.1% of nurses had sympathy for HIV positive patients. The study also

said that more than 50% of nurses who had this sympathy, claimed to avoid contacting or connecting with these patients, and in general health workers were less supportive of PLWHA and stigmatized groups (Chen *et al.*, 2007; Andrewin dan Chien, 2008)

3. Public

The perceived stigma is like the following statement:

"I perceive what happened to PLHIV patients because of their poor behavior in free sex "

" I consider PLHIV patients scary "

Discrimination is felt as follows:

"If I find out that the patient is ODHA I will ask to move from our neighborhood "

"If I knew that the patient was ODHA, I would not get along with him, including asking my family, especially to stay away from him "

Efforts to intervene from VCT through education to the public about HIV / AIDS

"I just found out that shaking hands with PLWHA is not contagious and there is nothing to be afraid of "

"Poor people with HIV / AIDS because it turns out that not all because of their own mistakes affected by the disease "

"I just found out that even swimming with PLWHA is not contagious let alone just talking to him "

The results showed that PLWHA still received stigma and discrimination by the community. In Indonesia, HIV and AIDS is considered a disgrace, therefore it causes psychological pressure especially on the sufferer as well as on the family and the environment around the sufferer (Nursalam *et al.*, 2014).

The results showed that the stigma circulating in the community still showed negative things. This is in accordance with Green's statement in Cholil (1997) that stigma is a negative trait attached to a person because of the influence of its environment, the stigma in question is the stigma given by the public to sufferers of HIV and AIDS (Cholil, 1997), Sosodorol et al (2009) research shows that HIV and AIDS is not only a biological or medical phenomenon, but also a social phenomenon in society(Dejman *et al.*, 2015).

The stigma in the community is that PLWHA patients are frightening and the form of community discrimination is knowing, exclusion and the extreme demand that PLWHA move from their environment. This is in accordance with research from Herani et. al (2012), that the forms of discrimination received by PLWHA from their environment are the rejection of the family (shunned by the family), exclusion, separation of eating utensils, and rejection from the surrounding environment. This discrimination occurs because of environmental fears of contracting HIV and AIDS and this causes PLHIV to withdraw from the environment (Grossman dan Stangl, 2013; Neferi, 2016).

Efforts On Intervention

Stigma and discrimination related to HIV and AIDS can be reduced through interventions. Globally, intervening efforts have been useful to shift the existing stigma domain, assess the stigma domain consistently and link stigma and reduce discrimination through HIV prevention, care and treatment (Antiretroviral absorption, compliance and retention). Indonesia has worked hard to tackle HIV and AIDS but the results have not been satisfactory. A Riskesdas and Susesnas 2007 survey was conducted which in this study collected data related to knowledge and attitudes about HIV and AIDS. Judging from the program, the government itself has made policies for

people with HIV and AIDS. One of them is by changing the designation of people with HIV and AIDS as people with HIV and AIDS (PLWHA). This includes efforts to reward PLWHA. In addition, efforts to intensify the reduction in cases of HIV and AIDS were also carried out with the birth of Perpers No. 75 of 2006 concerning the National AIDS response (S Sudikno, 2011; Grossman dan Stangl, 2013)

Intervention efforts carried out in the central Lombok region are through VCT mobile program through give some information to PLWHA, static VCT program, Internal Hospital In House Training Program and the role of primary Health Care in educating the public through counseling in every school, counseling every implementation of examinations and providing training for health workers in its development area. The results of evaluations that have been carried out for one year have shown significant changes related to the stigma and discrimination experienced by PLWHA, both from the community and health workers, who can gradually begin to accept the existence of PLWHA.

CONCLUSION

Intervention efforts that have been carried out by Central Lombok Government are through pVCT mobile program with give some information to PLWHA, static VCT program and the Internal In-House Training Program of Praya Hospital, the effort was implemented to provide a reduction in stigma and discrimination against PLWHA.

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