

STIGMA OF PEOPLE LIVING WITH HIV/AIDS

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ABSTRACT

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People living with HIV have many complex problems in their lives. Internal problems concern bio-psycho-socio-spiritual, while external problems concern the views and attitudes of others towards themselves. Negative views from other people formed long ago will give a bad stigma to people with HIV. The stigma of society has a great influence, not only affecting citizens but also health workers. This study aims to review the results of research related to stigma inherent in the community, especially nurses to people with HIV. The researcher sought the results of other studies through several databases including ProQuest, Scopus, Science Direct, PubMed, Medline, Springer link and Elsevier. Keywords to search literature include "stigma", "nurse" and "people with HIV". The results obtained were as many as 14 journals. Many studies have been carried out for prevention, treatment, and support for people with HIV / AIDS. But along with advances in the field of health need to continue to do problems related to people with HIV/AIDS.

ABSTRAK

Kata Kunci:

orang dengan HIV
perawat
stigma

Orang yang hidup dengan HIV memiliki banyak masalah kompleks dalam kehidupan mereka. Masalah internal menyangkut bio-psiko-sosial-spiritual, sementara masalah eksternal menyangkut pandangan dan sikap orang lain terhadap diri mereka sendiri. Pandangan negatif dari orang lain yang terbentuk sejak lama akan memberikan stigma buruk pada orang dengan HIV. Stigma masyarakat memiliki pengaruh besar, tidak hanya mempengaruhi warga negara tetapi juga tenaga kesehatan. Penelitian ini bertujuan untuk mengkaji hasil penelitian terkait stigma yang melekat di masyarakat, terutama perawat untuk Odha. Peneliti mencari hasil penelitian lain melalui beberapa database termasuk ProQuest, Scopus, Science Direct, PubMed, Medline, Springer link dan Elsevier. Kata kunci untuk literatur pencarian termasuk "stigma", "perawat" dan "orang dengan HIV". Hasil yang diperoleh adalah sebanyak 14 jurnal. Banyak penelitian telah dilakukan untuk pencegahan, pengobatan, dan dukungan untuk orang dengan HIV/AIDS. Namun seiring dengan kemajuan di bidang kesehatan perlu untuk terus melakukan masalah yang terkait dengan orang dengan HIV/AIDS.

INTRODUCTION

Indonesia is a densely populated country, Indonesia as a developing country has many health problems and social problems. One health problem that occurs is HIV-AIDS. HIV-AIDS is a problem

that the incidence rate always increases every year, this fact shows that there is a need for serious handling of this problem (Ismawati, Ikhtiar and k Alwi, 2018).

The Director General of Disease Control of the Ministry of Health of the Republic of Indonesia

publishes reports on the progress of the first quarter of HIV-AIDS and sexually transmitted infections (PIMS) in Letter Number PM.02.02 / 3/1508/2017, recorded in 2015 a total of 30,935 cases, 2016 totaling 41,250 case, 2017 (up to March) a total of 10,376 cases (Directorate General of Disease Prevention and Control, 2017). In 2017 the incidence of HIV-AIDS in Tulungagung District alone reached 1,666 cases (Purwaningsih, Misutarno and Imamah, 2017). Based on a report from the Tulungagung District AIDS Commission, the data shows that there is an increase in the number of new ODHA each year, namely from 2015 with 257 cases, 2016 with 324 cases, 2017 with 324 cases, and 2018 (until July) with 319 cases. The male group currently dominates with 55%, and the age group 25-49 years becomes the highest age group with a total of 1,585 sufferers (DinasKesehatanTulungagung, 2018).

Many efforts have been made to solve the problem of stigma against people with HIV/AIDS, including the inclusion of HIV programs into the Puskesmas work program, in the form of socialization and counseling. However, these efforts have not been able to resolve the existing problems (RI, 2014).

Preventive efforts are very necessary because they can reduce the risk of HIV transmission. Prevention efforts are considered the most effective because they will be able to prevent someone from being exposed to the risk of transmission (Wirahayu and Satyabakti, 2014). Research on HIV treatment therapies has also been carried out, one of which is antiretroviral therapy (ART) which can increase the life expectancy of PLHIV (O'Cofaigh and Lewthwaite, 2013).

Nevertheless, the handling of HIV-AIDS problems is not enough only on the health aspect, but also needs to refer to the social aspects. This is because, HIV-AIDS sufferers not only experience health related problems, but also experience social problems. One of the social problems in question is the presence of stigma on people with HIV/AIDS and their family members. The forms can vary, including verbal statements and discrimination (Villarinho and Padilha, 2016).

Stigma is one of the problems in efforts to deal with HIV-AIDS in the community. This is due to the fear of contracting and low knowledge of HIV-AIDS. The impact, not only the community, but health workers provide unfair treatment (discrimination). Stigmatization can be done intentionally or unintentionally (Paryati, Raksanagara and Afriandi, 2012). The stigma received by people with HIV/AIDS in Tulungagung Regency is likely to occur because of

the ongoing stereotypes, because people already know the status of those people with HIV/AIDS. The stigma that occurs can affect other groups to intervene with people with HIV/AIDS, so that people with HIV/AIDS consider all of them to be their identity which results in disruption of social interaction and self-development, which in turn makes ODHA experience social isolation and discrimination (Servais et al., 2007).

The stigma against people with HIV/AIDS also often occurs in women, especially in housewives with HIV-AIDS. Women become victims of the stigma of having sex with an opposite sex who is suspected of having HIV. Stigma can arise through harsh words, gossip, and away from or discriminate against housewives with HIV-AIDS. Based on gender, women are the group that receives the most stigma, this is because women have low social capital, so women tend to be more difficult to get out of depressed conditions. This will worsen without the support of people around and nearby families (Xiaowen et al., 2018).

Stigma occurs not only from people in the surrounding environment, but also often carried out by health workers, who have an important role in advancing in the field of health services. Health workers should provide services to all people in need without distinguishing health and social status. Especially nurses must also have value and self-confidence to provide services without exception to people with HIV/AIDS. Anxieties and concerns that the nurse has can stigmatize without the nurse noticing (Msn and Dsn, 2008).

The stigma can have an impact on many things, starting from the onset of depression, psychological distress, and anxiety which in the end will cause ODHA unable to reach their independence. Other research shows that people with HIV/AIDS are reluctant to open identities because they cannot be accepted by their environment, so most people with HIV/AIDS experience disruption of social interaction with surrounding communities (Pereira, Caldeira and Monteiro, 2017). Disparities occur in several places that make PLHIV worse off with their health status. This is reflected in the treatment received by people with HIV/AIDS in the work environment and living environment (Rice et al., 2018).

Data from the Ministry of Health states that housewives rank the largest number of people with HIV / AIDS ODHA, according to their livelihood groups, as many as 9,096. While the second rank is 8,287 employees, while the unknown profession reaches 21,434 people. This figure was revealed in

the report of cumulative HIV-AIDS data from 1987 to September 2015 (Anugerah, 2015).

The story of Ni Putu Kesiut, another housewife who contracted HIV from her husband. As people with HIV/AIDS living in rural Tabanan Regency, he not only faces stigma and discrimination but also has difficulty accessing health services. Once a month, Kesiut must travel 5 km of damaged roads in his village to the Pelangi Clinic at Tabanan Hospital, which is about 10 km from his home. Being HIV positive women, they must face a dual stigma. Now he feels rejected by his late husband's family because of this status. He also faced a slanted look from the neighbors, including his son (Muhajir, 2016).

METHODS

This study was used systematic review method. Source of research data is derived from the literature from internet especially scientific articles published in national and international journals. Topic selection and determination of keyword performed

before researcher search online scientific articles. Determination of keywords is based on PICOT framework (P: nurse, I: -, C: -, O: medication errors, T: 2010-2016). The database used in this study was Google Scholar, ProQuest, Scopus, Science Direct, PubMed, Medline, Springerlink and Elsevier. Keywords to search literature included "stigma", "nurse" and "people with hiv". Then, scope of the article searches narrowed based on inclusion criteria, that is research about Stigmatization of people living with HIV and research that using primary data, so that researcher got 14 articles that will be used as a reference. These 14 articles are included within journal of application.

RESULTS

Based on the univariate analysis results in article literature, it is known that the research about stigma of clinical nurses towards mothers with HIV/AIDS is commonly investigated by researchers outside of Indonesia. The literature used in several sci-

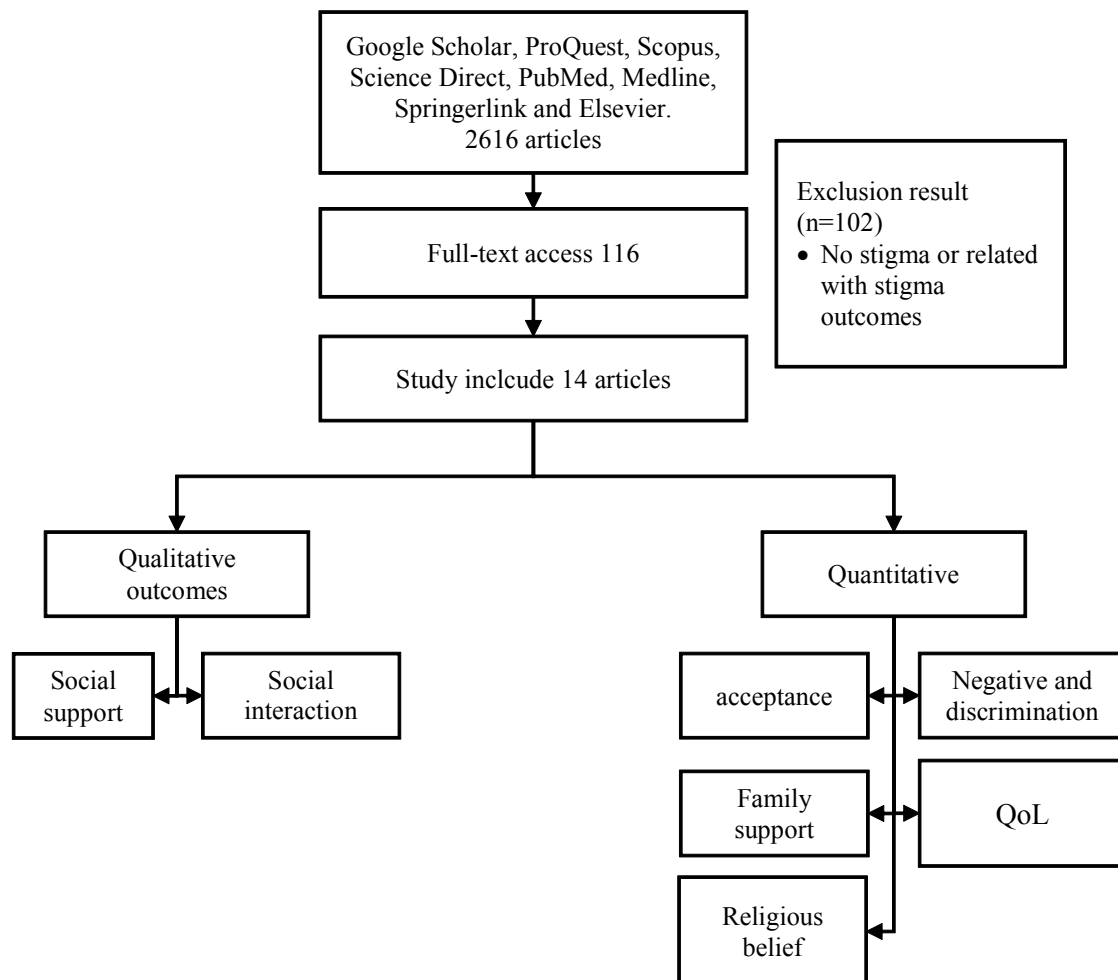


Fig 1. Study Framework

Table 1. Result

No.	Title	Population	Design	Outcome
1	Model to Reduce HIV Related Stigma among Indonesian Nurses	77 respondents	Observational	The nurse shows stigmatization when doing care for patients with HIV and AIDS. Stigmatization is the biggest in label stigma and stereotypes
2	HIV-related stigmatized attitudes among health care providers in Aceh, Indonesia: The findings from a very low HIV case-load region (Harapan <i>et al.</i> , 2015)	589 records collected from (doctors, nurses, midwives) and support staff) in the Aceh region	cross-sectional	Stigma from health workers towards people with HIV/AIDS is still relatively high, this is due to location, experience of direct contact with people with HIV/AIDS, knowledge about HIV transmission and prevention
3	Association between stigma, depression and quality of life of people living with HIV / AIDS (PLHA) in South India - A community based cross sectional study (Charles <i>et al.</i> , 2012)	400 respondents	cross sectional	Twenty-seven percent of people with HIV/AIDS have experienced severe stigma. This is a form of personal stigma that is severe (28.8%), negative self-image (30.3%), perception of public attitudes (18.2%) and disclosure concerns (26%). people with HIV/AIDS who experience severe depression are 12% and those who experience poor quality of life are 34%. Poor QOL reported in the physical, psychological, social, and environmental domains were 42.5%, 40%, 51.2%, and 34% respectively. people with HIV/AIDS who have high personal stigma and negative self-image have 3.4 (1.6-7.0) and 2.1 (1.0-4.1) times higherrisk of major depression respectively (p <0.001) people with HIV/AIDS who experience severe depression have experienced 2.7 (1.1-7.7) QOL times significantly worse.
4	Self-stigma, depression and anxiety levels of people living with HIV in Turkey (Demirel <i>et al.</i> , 2018)	71 respondents	Description	This preliminary Turkish study shows that the stigmatized assumption of people living with HIV is associated with anxiety and depression, the couple's acquaintances increase anxiety and mood depression, and knowing how to transmit can reduce anxiety
5	Perceptions of intersectional stigma among diverse women living with HIV in the United States (Rice <i>et al.</i> , 2018)	76 respondents	Qualitative interviews	Stigma inhibits the therapeutic process undertaken by people with HIV/AIDS

6	Perceptions of HIV-Related Stigma in Portugal Among MSM With HIV Infection and Undetectable Viral Load (Pereira, Caldeira and Monteiro, 2017)	37 respondents	Qualitative Online interviewing by e-mail contact	Stigma experienced by respondents from the surrounding community, the stigma received paralyzes the social interaction of respondents
7	HIV Stigma and Social Capital in Women Living With HIV (Cuca <i>et al.</i> , 2017)	135 respondents	Cross sectional	The female group is the highest group experiencing stigma, this occurs because women have lower social capital
8	Shortened and Culturally Appropriate HIV Stigma Scale for Asians Living with HIV in the United States: Psychometric Analysis (Kamitani, JL Chen, <i>et al.</i> , 2018)	77 respondents	Cross sectional	Cultural stigma occurs in the United States, which raises discrimination against people with HIV/AIDS.
9	Impacts of stigma on HIV risk for women who inject drugs in Java: A qualitative study (Spooner <i>et al.</i> , 2015)	19 respondents	Indep interview / qualitative	Stigmatization of drug use, especially drug use by women, in Indonesia seems to have contributed to significant shame, isolation from the general public and high levels of injection equipment along with a small group of trusted friends. Injecting drug use behavior is the biggest factor causing HIV transmission to respondents.
10	Measuring stigma in people with HIV: psychometric assessment of the HIV stigma scale (Berger, Ferrans and Lashley, 2001)	139 respondents	Pre post test	Stigma causes negative self-image and the occurrence of discrimination from the community which causes disruption of social interactions among people with HIV/AIDS.
11	Understanding HIV-related Stigma Among Indonesian Nurses (Waluyo <i>et al.</i> , 2015)	225 respondents	Cross sectional	Religious beliefs are not a barrier to care to serve lovingly, religious feelings mobilized to advance dangerous stereotypes or threaten patients' access to care are appropriate targets for policy interventions aimed at reducing HIV-related stigma.
12	Improving Psychological Response on	11 respondents	pre-experiment	Family support and peer group support are able to increase the level of psychological response of migrant workers infected with

13	Status disclosure and the acceptance of women living with HIV (Cuca <i>et al.</i> , 2017)	235 women	HIV cross sectional	95% of respondents refused their status, this study suggests nurses to consider women's grief response with HIV positive to facilitate their acceptance and better adaptation to disease
14	Variation in Networks and Forms of Support for Care-Seeking Across the HIV Care Continuum in the Rural Southeastern United States (Hill, Huff and Chumbler, 2017)	18 respondents	Deep interview	Increased understanding of social support mechanisms contribute to HIV treatment behaviors from people with HIV/AIDS and can fill knowledge gaps

entific articles about 18-213 literature, either from books, health bulletins, health and non-health journals, thesis, or dissertation.

The results obtained are divided into two research methods, qualitative and quantitative methods. The results of the study with qualitative methods gained social support and social interaction as the main themes. These results are related to study quantitative methods that get results of self-acceptance, family support, trust or trust, negative influences and conversions and quality of life

DISCUSSIONS

1 in 4 people with HIV are unaware of their HIV diagnosis, and almost half present with a CD4 count of <350 cells / microliter (O'Cofaigh and Lewthwaite, 2013). The awareness of our people to go for a check-up or visit a VCT poly can be said to be low with a variety of reasons including fear and shame, so that HIV cases are often netted when they enter the advanced phase. About 95% of respondents reject their status, this study suggests nurses to consider the grief response of women with HIV positive to facilitate their acceptance and better adaptation to the disease (Cuca *et al.*, 2017). Stages of individual coping stages always show different results from one individual to another individual, this is where nurses and families have a role to help in ODHA accepting their status

Stigma from health workers towards people with HIV/AIDS is still relatively high, this is due to location, direct contact experience with people with HIV/AIDS, knowledge about HIV transmission and prevention (Harapan *et al.*, 2015). Health workers are individuals who work with oaths and professional ethics so that health workers should have equal sci-

entific abilities without any restrictions on places and others. The results of the Model to Reduce HIV Related Stigma among Indonesian Nurses showed that health workers, especially nurses, showed stigmatization when taking care of patients with HIV and AIDS. Stigmatization is the biggest in the stigma of labels and stereotypes (Waluyo *et al.*, 2015), this is very contrary to the role and function of nurses as advocates, nurses should be present as a figure that protects patients.

Charles *et al* (2012), in his study showed Twenty-seven percent of people with HIV/AIDS had experienced severe stigma. This is a form of personal stigma that is severe (28.8%), negative self-image (30.3%), perception of public attitudes (18.2%) and disclosure concerns (26%). people with HIV/AIDS who experience severe depression are 12% and those who experience poor quality of life are 34%. Poor QOL reported in the physical, psychological, social, and environmental domains were 42.5%, 40%, 51.2%, and 34% respectively. people with HIV/AIDS who have high personal stigma and negative self-image have 3.4 (1.6-7.0) and 2.1 (1.0-4.1) times higher risk of major depression respectively (p <0.001) people with HIV/AIDS who experience severe depression have experienced 2.7 (1.1-7.7) QOL times significantly worse. Nurses in this condition are expected to become educators for anyone especially the people with HIV/AIDS and the community that people with HIV/AIDS are not individuals who must be feared or shunned, in accordance with the slogan "Stay away from the Disease, and Don't Stay Away from People". This is also in line with research (Demirel *et al.*, 2018). This early Turkish study showed that the stigmatized assumption of people living with HIV is associated with anxiety and depression, partner acquaintances increase anxiety and mood depres-

sion, and know how transmission can reduce anxiety. Anxiety greatly affects the results of therapy that will be carried out by people with HIV/AIDS because anxiety instability can affect the motivation of people with HIV/AIDS to be better.

Stigma inhibits the therapeutic process undertaken by people with HIV/AIDS (Rice et al., 2018). Stigma is a problem that is often encountered in the process of ARV therapy, so that this problem requires the resolution of all parties. Stigma was experienced by respondents from the surrounding community, the stigma received paralyzed the social interaction of respondents (Pereira, Caldeira and Monteiro, 2017). Humans as social beings are in desperate need of recognition from the community so that people with HIV/AIDS feel part of the community, when there is stigma it will disrupt existing patterns of interaction and have an impact on the survival of people with HIV/AIDS. The female group is the highest group experiencing stigma, this occurs because women have lower social capital (Cuca et al., 2017). This resulted in women's groups becoming very vulnerable due to stigma.

The stigma that has been entrenched in the community, to developed countries such as in the United States raises discrimination against people with HIV/AIDS (Kamitani, J. L. Chen, et al., 2018). Discrimination is a different treatment for individuals or groups. In this context discrimination occurs because of the health status carried by people with HIV/AIDS, making it important for health workers to carry out socialization about stigma.

Stigma causes negative self-image and the occurrence of discrimination from the community which causes disruption of social interactions among people with HIV/AIDS (Berger, Ferrans and Lashley, 2001). Stigma will interfere with the patterns of interaction that exist and have an impact on the survival of people with HIV/AIDS due to self-image by people with HIV/AIDS that their lives are no longer expected

Religious beliefs are not a barrier to care to serve lovingly, religious feelings mobilized to advance dangerous stereotypes or threaten patients' access to care are appropriate targets for policy interventions aimed at reducing HIV-related stigma (Waluyo et al., 2015). Differences in beliefs cannot be the basis for service, the human side of compassion is the main capital for nurses in providing nursing care and carrying out the role and function of nurses as they should. Four mechanisms that influence stigma: (a) negative treatment and direct discrimination, (b) expectations of process confirmation, (c) automatic

stereotyping activation, and (d) threat of identity processes (O'Brien, 2005). The stages of stigma can be a basic reference for nurses in educating the public at large and specifically people with HIV/AIDS

Increasing understanding of social support mechanisms contributes to HIV treatment behaviors from people with HIV/AIDS and can fill knowledge gaps (Hill, Huff and Chumbler, 2017). Educating people with HIV/AIDS, Families and Communities is an effort that can be done to provide support for people with HIV/AIDS. Family support and peer group support are able to increase the level of psychological response of migrant workers infected with HIV from work abroad in the Tulungagung District (Tintin Sukartini, Nursalam, Eka Mishbahatul M. Hasan, Candra Panji Asmoro, 2017). Family support has a very big role, because the family is a miniature of the people around it, so psychologically people with HIV/AIDS have support to undergo ARV therapy which will be carried out in a long time. Moreover, nurses have a big role in building motivation for people with HIV/AIDS and providing education for families and communities so that people with HIV/AIDS are more enthusiastic in living their lives.

CONCLUSIONS

Many studies have been carried out for prevention, treatment, and support for people with HIV/AIDS. But along with advances in the field of health requires us to continue to do scientific renewal and contribute to solving problems related to people with HIV/AIDS. Therefore the researchers felt interested in conducting a study on the stigmatization of nurses to housewives with HIV-AIDS in Tulungagung Regency, East Java.

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