



ANALYSIS THE EFFECT PERCEPTION OF STIGMA AND DISCRIMINATION WITH THE TIME OF DISCLOSURE OF PERSONAL STATUS OF PLWHA IN SUMENEP DISTRICT

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ABSTRACT

Human Immunodeficiency Virus and Acquired Immuno Deficiency Syndrome or HIV and AIDS has become an epidemic that very seriously threatens the health of people the world. The problem of HIV and AIDS is a health challenge in almost all over the world, including in Indonesia. East Java is one of the provinces with the highest number of HIV/AIDS sufferers most in Indonesia. As of September 2018, the number of people living with HIV/AIDS was 47,396 people. The data obtained in the field shows that the number of PLWHA in East Java reached 47,396 patients as of September 2018. Research survey of analytic design of the study Cross sectional with a total sample of 30 respondents. How to capture samples of the study is using Total Sampling. At the study's Most large perception of stigma and discrimination of patients PLHIV most large still less capable of 17 people (56.67%) and as many as 13 people (43.33%) PLHIV patients have the perception of stigma is less capable. Analysis of these data do show that, there is the influence of the perception of people with HIV to stigma and discrimination by the time of the disclosure of the status of self-respondents to the spouse who obtained the result p value <0.000 ($p < \alpha$ or $0.000 < 0, 05$).

Keyword: HIV/AIDS; peception of stigma; people living with HIV

INTRODUCTION

Human Immunodeficiency Virus (HIV) is a virus that infects white blood cells and causes a decline in the human immune system. Acquired Immunodeficiency Syndrome (AIDS) is a set of symptoms that arise as a result of declining immune system, which is caused by HIV infection (Ministry of Health, 2014). The United Nations Program on HIV / AIDS (UNAIDS) reports that the number of people living with HIV worldwide in 2016 was 36.7 million people, the AIDS death rate was 1 million and 1.8 million people were newly infected with HIV. In the Asia and Pacific region, the number of people living with HIV in 2016 was 5.1 million, the AIDS death rate was 170,000 and as many as 270,000 people were newly infected with HIV (UNAIDS, 2017).

The cumulative number of HIV infections reported from 1987 to December 2016 was 232,323 cases and the cumulative number of AIDS cases was 86,780. According to the risk factors for housewives as many as 12,219, heterosexual as much as 67.8% and perinatal as much as 3% of cases. The transmission of HIV / AIDS from infected mothers to their babies also tends to increase along with the increasing number of HIV positive women who are infected either from partners or as a result of risky behavior. The prevalence of HIV / AIDS in pregnant women in 2016 was 0.49% and the number of positive pregnant women who needed *Prevention Mother to Child Transmission of HIV* (PMTCT) services in 2016 was 16,191 (Ministry of Health, 2017).

North Sulawesi, the cumulative number of HIV sufferers reported from 1997 to December 2017 was 766 cases and AIDS as many as 1,678 cases. In Manado City, the number of HIV and AIDS cases was 885 cases. The cumulative number of HIV sufferers according to risk factors for housewives was 190 cases, while AIDS was 255 cases, heterosexual was 571 cases and perinatal was 30 cases, while the cumulative number of heterosexual AIDS cases was 1340 and perinatal cases were 67 cases (Dinkes Sulut, 2017). From year to year, the number of cases of HIV/AIDS in the world, especially in the spread of people living with HIV/AIDS (PLWHA) to family members, continues to increase. The route of spreading HIV/ AIDS is through sexual contact with sexual partners, either through husband to wife or vice versa, the use of needles and transmission from mother to child during pregnancy, childbirth and breastfeeding (CDC, 2018).

Research by Atuyambe, et al. (2014) stated that the disclosure of HIV/AIDS status has a very important role for preventive action and health maintenance for ODHA, partners and the community. The impact resulting from the disclosure of HIV/AIDS status, namely positive impacts and negative impacts. The positive impact, namely the provision of support, encouragement and advice about treatment, confidence and changes in sexual behavior, especially the use of condoms, is associated with the prevention of *prevention of mother - to - children transmission* (PMTCT). Negative impacts, namely the stigma given to PLWHA, rejection, pressure, and divorce. The most difficult thing to do by considering the various impacts on PLWHA is to disclose their status or not. Based on the description above, it can be seen that PLWHA has not yet dared to disclose their HIV/AIDS status and PLWHA does not take preventive measures to transmit HIV / AIDS, because PLWHA is afraid of stigma and discrimination from people around them, so that it makes the authors interested in conducting research open relationship between PLWHA and spouses in Sumenep Regency .

METHOD

Analytical survey research, *cross sectional study design* . Research in February - September 2019 in Sumenep District The number of samples taken in this study were 30 respondents living with HIV who were married or had a good partner, husband, etc. with *nonprobability sampling technique* with *total sampling* method. The independent variable in this study is the perception of stigma, while the dependent variable is the time to disclose the self-status of PLWHA. Primary data obtained from the results of questionnaires and analysis of relationship data using *logistic regression* statistical tests .

RESULTS AND DISCUSSION

Respondent Characteristics

The results of the research on the characteristics of respondents get the most age, namely between the ages of 26-35 years and 36-45 years respectively with a percentage of 34% and the least age between 56-56 years with a percentage of 6%. Based on gender, for female gender as much as 40% and for male gender as much as 60%. Based on the latest education, most of the respondents had a high school education level as much as 66% and at least 16% had a junior high school education. Based on occupation, more respondents have jobs as drivers as much as 40%, then followed by private entrepreneurs as much as 24% and at least 2% have jobs as civil servants, farmers and craftsmen.

Perceptions of the Stigma of PLWHA on HIV / AIDS Status

Table 1.

Distribution of Respondents based on Stigma Perceptions about HIV / AIDS status		
Stigma and discrimination	f	%
Able	13	43.33
Less fortunate	17	56.67

Table 2.

Results of the Analysis of Stigma Perceptions Against Time of Self-Status Disclosure in Couples

Model	Unstandardized		Standardized Beta	t	Sig.
	B	Std. Error			
(Constant)	-.091	.130			.490
Perceptions of stigma	.669	.097	.681	6,917	.000

Coefficients^a

Dependent Variable: Time of Disclosure

From the table at the top Most large perception of stigma and discrimination of PLHIV patients Most large still less capable of 17 people (56.67%) and as many as 13 people (43.33%) PLHIV patients have the perception of stigma is less capable. Based on the logistic regression test results obtained p value <0.000 ($p < \alpha$ or $0.000 < 0, 05$). So are the statistics may mean there is influence between the perception of people living with HIV against stigma and discrimination at the time the disclosure of the status of self- respondents to the partner.

Stigma is a characteristic negative which is attached to the personal someone because of influence of the environment). People who are stigmatized are usually seen as embarrassing for some reason and as a result they are humiliated, avoided, discriminated against, rejected and detained. Social stigma can aggravate depression and negative outlook about the price yourself on people with HIV AIDS (PLHIV). Stigma affects many aspects in the life of PLWHA. They could lose the support of social, lose employment, exclusion, persecution, and even difficulty in getting health services. Because it, the stigma is a barrier main in prevention of primary and secondary HIV and AIDS and the resulting increase morbidity and mortality (Holzemer et al, 2007). Discrimination is the difference in treatment of fellow citizens (based on skin color, class, ethnicity, economy, religion, etc.)¹⁰. Discrimination against people infected with HIV, such as refusal to work or live in the same house as PLHAs will also affect their own health conditions.

People living with HIV have the same rights at work because people with HIV who have HIV status can live productively like normal people. Until now, people with HIV / AIDS still experience a lot of discrimination in the workplace so that they are dismissed or not accepted to work. Lack of social support can exacerbate stress in people with HIV. To reduce stigma and discrimination, PLHAs can play an active role in the response to HIV / AIDS, based on the principle of the active role of PLHAs (Greater Involvement of People with AIDS / GIPA). The role of PLHIV among others carry out counseling of HIV / AIDS through the education group of the same age, activity assistance, and still run a job corresponding fields. In addition, PLHAs are responsible for preventing HIV transmission to their partners or other people

Table 3.
 Analyze the dominant influence on the timing of disclosure of self-
 status of PLHAs to spouses

Model	Unstandardized Coef ficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	-.091	.130		-.705	.490
Knowledge	-.016	.064	-.015	-.248	.807
Attitude	.270	.068	.270	3,953	.001
Perception of Effectiveness	-.028	.065	-.028	-.428	.673
Perception Stigma	.669	.097	.681	6,917	.000
Support Counselors	.258	.103	.263	2,509	.021
Support Manager Case	-.299	.083	-.294	-3,602	.002
Social Support	-.233	.091	-.238	-2,572	.019
Peer group support	-.245	.096	-.249	-2,551	.020
Family support	.396	.083	.396	4,742	.000
Stress rate	.302	.071	.297	4,225	.000

Coefficients ^a
 Dependent Variable: Time of Disclosure

There are 3 (three) variables are free of the most dominant influenced significantly by simultaneously on a variable bound time disclosure of the status of self- respondents to the couple. Variable influences dominant against a disclosure of the status of self PLHIV in pairs in Group Support Peer namely the variable perception of stigma $p < \alpha$ ($0.000 < 0.05$), Support Family $p < \alpha$ ($0.000 < 0.05$) and the level of stress $p < \alpha$ ($0.000 < 0.05$). Based on the value of the logistic regression test it can be known that support peer, support the family and the level of stress of respondents is the variable most substantial influence 3 (three) times more large against a disclosure of the status of self- respondents to the partner. From the results of the test three variables that possibility becomes more quickly to the disclosure of the status of themselves to their partner if given treatment and training are much better again.

CONCLUSION

Influence the perception of people living with HIV against stigma and discrimination at the time the disclosure of the status of self- respondents to partner. Variable free of the most dominant influence significantly in simultaneously at variable bound time disclosure of the status of self- respondents to the couple. Variable influences dominant against a disclosure of the status of self PLHIV in pairs in Group Support Peer namely the variable perception of stigma $p < \alpha$ ($0.000 < 0.05$).

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