

Description of the Public Knowledge and Stigma Against People Living with HIV/AIDS in Niki-niki Subdistrict, Central Amanuban District, Timor Tengah Selatan Regency

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Abstract. The stigma against people living with HIV and AIDS is influenced by several factors, including low levels of formal education and lack of knowledge related to HIV and AIDS. This study aimed to describe the knowledge and stigma of the community towards people living with HIV and AIDS in Niki-niki Village, Central Amanuban District, Timor Tengah Selatan Regency. This study uses descriptive quantitative research methods with Simple Random Sampling techniques for 70 people. The research instrument used was a questionnaire and the analysis was carried out quantitatively descriptive. The results showed that respondents with good knowledge had a higher stigma against people living with HIV and AIDS than those with less knowledge. Many people do not understand the transmission of HIV. Hopefully, the public will increase their knowledge about HIV, specifically HIV transmission, and eliminate the stigma of people living with HIV and AIDS.

Keywords: *Knowledge, Stigma, HIV/AIDS, people living with HIV and AIDS*

Abstrak. Stigma seseorang terhadap Orang Yang Hidup Dengan HIV dan AIDS (ODHA) dipengaruhi oleh beberapa faktor, antara lain pendidikan formal yang rendah dan pengetahuan tentang informasi HIV dan AIDS yang minim. Tujuan penelitian ini untuk menggambarkan pengetahuan dan stigma masyarakat terhadap ODHA di Kelurahan Niki-Niki, Kecamatan Amanuban Tengah, Kabupaten Timor Tengah Selatan. Penelitian ini menggunakan metode penelitian deskriptif kuantitatif dengan teknik *Simple Random Sampling* terhadap 70 orang. Instrumen penelitian yang digunakan adalah kuesioner, dan analisis dilakukan secara kuantitatif deskriptif. Hasil penelitian menunjukkan responden yang berpengetahuan baik justru memiliki stigma yang tinggi terhadap ODHA dibandingkan yang berpengetahuan kurang. Banyak masyarakat yang belum paham benar tentang penularan virus HIV. Diharapkan masyarakat lebih meningkatkan pengetahuan tentang HIV khususnya penularan HIV, dan menghilangkan stigma pada ODHA.

Kata kunci: *Pengetahuan, Stigma, HIV/AIDS, ODHA*

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Introduction

The increase in HIV and AIDS cases continues to occur both globally and regionally. Until 2019 the cumulative number of HIV and AIDS cases in NTT Province has reached 1130 cases. A significant increase also occurred in the South Central Timor (Timor Tengah Selatan) district which is the fourth highest people living with HIV and AIDS death rate in NTT and is one of the ten districts where the number of HIV and AIDS cases continues to increase every year (Komisi Penanggulangan AIDS, 2018).

High stigma, discrimination, and minimal knowledge about HIV and AIDS are among the major obstacles in efforts to combat the disease (Depkes, 2015). Knowledge and stigma in the community affect social support for people living with HIV and AIDS (Manurung et al., 2020). AIDS is a disease that can cause death and no cure has been found in total. People's misconceptions about HIV and AIDS can be obtained through hearing misinformation and poor understanding about HIV and AIDS, such as HIV and AIDS can be transmitted through clothes, insects, swimming pools, and so on. In addition to minimal knowledge, there is also a growing stigma in society about people living with HIV and AIDS (Irianto, 2014).

Form of stigma in society about people living with HIV and AIDS such as social rejection and the perception that HIV and AIDS are diseases resulting from moral violation behavior. For the community, HIV and AIDS disease is considered a disgrace in the family so they tend to be avoided and separated from the social environment (Shaluhiah et al., 2015).

Many factors affect a person's knowledge of HIV and AIDS and the stigma given to people living with HIV and AIDS such as low education, minimal knowledge, and lack of correct and accurate information, experience, and

environment. As a result of stigma and discrimination against people living with HIV and AIDS, most of them feel ashamed, reluctant to live in society, being ostracized, socially rejected, and ostracized from their families and communities where people living with HIV and AIDS live because of the labels given to them (Maharani, 2017).

Based on data on the spread of HIV and AIDS cases Public health center in the Timor Tengah Selatan district in 2018 – 2019, the Niki-Niki health center is one of the health centers that have the most people living with HIV and AIDS patients from Public health centers in Timor Tengah Selatan. Therefore, the researcher feels the need to conduct a study to see the picture of knowledge and stigma regarding the people living with HIV and AIDS community in Niki-Niki subdistrict, Central Amanuban Subdistrict, Timor Tengah Selatan Regency.

Method

The type of research used is descriptive research with a quantitative approach. The variables studied in this study are the knowledge and stigma of society. The sample was studied by 70 people using simple random sampling techniques and data collection using questionnaire instruments. Data processing techniques in the form of data inspection (editing), tagging (coding), data input to the computer, and cleaning data (cleaning). Data analysis techniques used are descriptive quantitative to be able to describe phenomena that occur and are presented in the form of tables and narratives.

Result

Table 1.

Distribution of respondents based on knowledge in Niki-Niki Village

Knowledge	Frequency	%
Less	34	49
Good	36	51
Total	70	100

Based on table 1, it is known that some respondents have good knowledge of 36 people (51%) The head of the family, while those with less knowledge are as many as 34 people (49%). The result of the questionnaires answered by respondents related to the statement of preventing HIV and AIDS transmission by not using risky needles or sharing needles (79%), being infected through mosquito bites (43%), and living at home with people living with HIV and AIDS (46%).

Table 2.
Distribution of Respondents Based on Stigma in Niki-Niki Village

Stigma	Frequency (n)	(%)
High	62	89
Low	8	11
Total	70	100

Based on table 2, respondents with high stigma is 62 (89%), and low stigma is 8 (11%). According to people with high stigma HIV and AIDS is disgusting and frightening disease. Therefore according to 46 respondents, people living with HIV and AIDS must be shunned, Respondents feel ashamed if their family member is people living with HIV and AIDS 54 respondents, believe that HIV and AIDS is a disease due to immoral behavior. In consequence, people living with HIV and AIDS should be excluded from most community activity and the people living with HIV and AIDS community should be separated from local communities.

Table 3.
Overview of Knowledge on Community Stigma in Niki-niki Village

Knowledge	Stigma			
	Low	%	High	%
Lack	6	9	28	40
Good	2	3	34	48
Total	8	12	62	88

From Table 3 about the picture of knowledge on the stigma of society can be seen that respondents with good knowledge have a higher stigma against people living with HIV and AIDS that is as many as 34 people (48%), compared to less knowledgeable respondents. This is in line with the results of Prastiwi (2019) which mentions that the high stigma against people living with HIV and AIDS is more given by respondents whose level of knowledge is relatively good compared to respondents whose level of knowledge is classified as less. Respondents considered that HIV and AIDS are diseases resulting from deviant behavior or behavior that violates norms, thus creating a high stigma against people living with HIV and AIDS even though the respondent's knowledge is relatively good.

Discussion

A person's lack of knowledge and understanding of HIV and AIDS, especially in understanding the mechanism of transmission of the virus has an impact on a fear that ultimately causes stigma against people living with HIV and AIDS (Paryati et al., 2013). From the results found in the community by researchers is that most people's understanding and stigma is more formed from the results of their sensing (seeing and hearing) about people living with HIV and AIDS such as physical state, disability, being shunned by people, being a talking point and people living with HIV and AIDS are often closed making them understand that HIV disease is a disease of disgrace and fear if it is transmitted. One factor that affects less knowledge is the level of education. In addition to education level factors, knowledge is also influenced by the exposure of information where people are rarely given true and complete information about HIV and AIDS, especially about how HIV can be transmitted. From the results of the study, it is known that some respondents still have an understanding that HIV can be transmitted through sweat, saliva, sharing food with people living with HIV and AIDS, and living together with them.

From table 4.10 related to research on the description of knowledge on community stigma, can be seen that the percentage of respondents with a good level of education gives more stigma to people living with HIV and AIDS compared to respondents with low levels of knowledge. This is similar to the results of (Prastiwi, 2019) which shows the percentage of respondents who give more stigma to people living with HIV and AIDS is respondents whose level of knowledge is said to be good. The lack of exposure to accurate information about HIV and AIDS makes people do not understand properly and can create stigma in society. This is following previous research results that say that a person's attitude will be better if fulfilled by a high level of knowledge that is possible as a reason for them to be more careful of infectious diseases of HIV and AIDS (Didi et al., 2020).

The high stigma from respondents with a good level of knowledge because they know that HIV and AIDS disease is a type of deadly disease that has no cure for infected people so that there is an alert attitude and fear of contracting it. According to the questionnaire result about how the virus spread, 43 % of participants wrongly answered that HIV and AIDS were transmitted through mosquitos' bites. 47% transmitted through blood donation. In addition to the transmission through mosquito bites and blood donation behavior in people living with HIV and AIDS, many respondents responded wrongly to the statement related to virus transmission, namely through sharing food with people living with HIV and AIDS there are 32 respondents, and if living in a house with an infected person as many as 32 respondents (46%). This study is similar to the results of the (Situmeang et al., 2017) about The Relationship of HIV and AIDS Knowledge with Stigma against people with HIV and AIDS among adolescents 15-19 years in Indonesia which shows the results that adolescents are still understanding if HIV can be transmitted through mosquito bite media and also HIV can be transmitted through food media if eating in the same plate with people infected with HIV.

From the number of respondents who answered correctly in the statement related to transmission, it can be concluded that the general public's understanding

of HIV and AIDS virus transmission is still lacking even though the overall value of the average answer meets the requirements of good knowledge category of ≥ 70 . This is in accord with the previous study about the knowledge and perception of students of Public Senior High School of 2 Kupang against HIV and AIDS disease proves that many students still think that HIV will only be able to be transmitted through sexual relations as evidenced by many who answered wrongly related to the question (Manurung, 2018). The knowledge of students who are classified as poor is influenced by several factors, one of which is the lack of availability of information for students that is more accurate so that detailed learning about HIV and AIDS is needed.

Lack of knowledge can stigmatize a person towards people living with HIV and AIDS. The stigma that develops in society, in general, is the result of public ignorance due to unclear or less comprehensive information about the mechanisms of transmission of HIV and AIDS (Imelada F. E Manurung, 2018).

Based on the results of the study 89% part of participants have a high stigma about people living with HIV and AIDS, while 11% of participants have a low stigma. People with sufficient knowledge is having more high stigma to people living with HIV and AIDS, compared to people with lower knowledge about HIV and AIDS. The results of the study indicate that level of knowledge about HIV and AIDS doesn't have much effect on stigma about people living with HIV and AIDS. People are more likely to believe what they see in plain sight such as how the physical changes that occur in people living with HIV and AIDS including weight loss sores around the mouth and so on and the response of citizens when they find out someone HIV positive, where most of what happens is an attitude of rejection and exclusion in the community increases the stigma in society about people living with HIV and AIDS.

Lack of knowledge about the mechanism of transmission of HIV in the community makes people have excessive fear which when knowing the cause of death from HIV the family is ashamed to talk about it and the surrounding residents

are afraid to go to mourn for fear of contracting it from the family whose family members died of HIV.

The stigma given to people living with HIV and AIDS can cause them to feel ashamed to blend in with the community, be treated differently, get rejected, and make them lose their inner acceptance. Therefore, it is necessary to increase more detailed knowledge about HIV and AIDS and eliminate stigma about people living with HIV and AIDS in the community.

Conclusion

Based on the results of the study, it can be concluded that people's knowledge about HIV and AIDS has more good knowledge, namely as many as 36 respondents compared to those with less knowledge as many as 34 respondents. There are still many people who do not understand correctly about the transmission of HIV and AIDS virus so they are still hesitant and afraid of contracting it through mosquito bite media, food, and blood donation behavior in people living with HIV and AIDS. Meanwhile, there are 40 participants with good knowledge about HIV and AIDS that have a higher stigma against people living with HIV and AIDS than those with less knowledge.

Negative treatment and societal stigma have given to people living with HIV and AIDS also have an impact on their self-acceptance which will cause feelings of inferiority, and refusal to interact with the environment. In the field of psychology, it is related to the subject of well-being, which refers to an individual's evaluation or assessment of his life consisting of forgiveness, personal growth, self-esteem, self-acceptance, and acceptance in social life. HIV stigma has a negative effect on psychological well-being. This is one of the obstacles in building positive social relationships with the environment that affects the low level of psychological well-being of people living with HIV and AIDS. Because stigma affects negative mental conditions and the ability to do self-acceptance. For this reason, it is necessary to increase assistance for people living with HIV and AIDS, especially to

increase forgiveness abilities which affect the level of psychological well-being. Removing the stigma on people living with HIV and AIDS, not giving refusal to people living with HIV and AIDS, communication, and support for people living with HIV and AIDS will encourage them to take treatment and live a healthy life.

Suggestion

For health officials, it is necessary to educate and provide correct and complete information about HIV and AIDS to the community to provide an understanding that can change individual and community perceptions, including families, neighbors, and community leaders about people living with HIV and AIDS. In addition, efforts are also needed to reduce stigma against people living with HIV and AIDS through counseling by health workers as an example to rectify the myths and transmission of HIV so that there is no public concern and fear of people living with HIV and AIDS.

References

- Ardani, I., & Handayani, S. (2017). HIV/AIDS Related Stigma As: Studi Kasus pada Pecandu Narkoba Suntik di Jakarta. *Buletin Penelitian Kesehatan*, 45(2), 81-88.
- Depkes, R. (2015). Buku Pedoman Penghapusan Stigma dan Diskriminasi. In *Direktorat Jendral Pengendalian Penyakit dan Penyakit Menular Langsung*. Jakarta.
- Didi, A., Manurung, I. F. E., & Sir, A. B. (2020). Pengetahuan dan Stigma Keluarga ODHA Terhadap Orang yang Terinfeksi HIV dan AIDS di Kota Kupang. *Journal of Health and Behavioral Science*, 2(1), 10-17
- Irianto, K. (2014). Epidemiologi Penyakit Menular dan Tidak Menular. In *Panduan Klinis* (cetakan 1, pp. 1-790). Bandung Alfabeta
- Komisi Penanggulangan AIDS. (2018). *Laporan Tahunan KPA PROVINSI NTT*. Kupang
- Maharani, F. (2017). Faktor -Faktor Yang Berhubungan Dengan Stigma Terhadap Orang Dengan Hiv Dan Aids (ODHA). *Jurnal Endurance*, 2(2), 158-167

- Manurung, Imelada F. E. (2018). Pengetahuan dan Persepsi Siswa SMAN 2 Kupang Terhadap Penyakit HIV dan AIDS. *Global Health Science*, 3(2), 152–154
- Manurung, Imelda F.E, Wahyuni, C. U., & Probandari, A. (2020). Religious Leader's Knowledge, Stigma, and Support for People Living with HIV and AIDS (PLHIV) in Kupang. *IAKMI Public Health Journal Indonesia*, 1(1), 9–14
- Paryati, T., Raksanagara, A. S., Afriandi, I., & Kunci, K. (2013). Faktor-faktor yang Mempengaruhi Stigma dan Diskriminasi kepada ODHA (Orang dengan HIV/AIDS) oleh petugas kesehatan : kajian literatur. *Pustaka Unpad*, 1–11.
- Prastiwi, R. N. W. (2019). *Hubungan Pengetahuan, Sikap dan Persepsi Anggota WPA Tentang HIV/ AIDS dengan Stigma Pada ODHA di Surakarta*. Universitas Muhammadiyah Surakarta.
- Shaluhayah, Z., Musthofa, S. B., & Widjanarko, B. (2015). Stigma Masyarakat terhadap Orang dengan HIV/AIDS. *Kesmas: National Public Health Journal*, 9(4), 333–339
- Situmeang, B., Syarif, S., & Mahkota, R. (2017). Hubungan Pengetahuan HIV/AIDS dengan Stigma terhadap Orang dengan HIV/AIDS di Kalangan Remaja 15-19 Tahun di Indonesia (Analisis Data SDKI Tahun 2012). *Jurnal Epidemiologi Kesehatan Indonesia*, 1(2), 35–43