



## Research Article

# The relationship of self-stigma with the quality of living people with HIV/AIDS (PLWHA) in WPA Turen District

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## ABSTRACT

Stigma is something that unacceptable or usually condescending and degrading. Stigma and discrimination cause inhibition of HIV/AIDS prevention and treatment in the community, thus impacting psychologically and decreasing the quality of life of PLWHA. To find out the relationship between self-stigma and the quality of life of people living with HIV/AIDS (PLWHA), a study in the AIDS Concerned Residents (ACR) District of Turen. It uses a correlational analytic design with a cross-sectional approach. The number of respondents is 22 PLWHA in Turen Concerned Residents (ACR), and methods of sampling in this study are using a purposive sampling technique. From 22 respondents, the result of self-stigma on PLWHA was low, with a percentage (54.5%) and the quality of life of PLWHA living in ACR Kec. Turn is excellent, with a percentage (54.5%). The results of statistical tests show that the value of  $p = 0.108$  and the significance level of 0.05 also obtained  $p > 0.05$ , meaning that there is no significant relationship between self-stigma and the quality of life of PLWHA. This study shows that there is no significant relationship between self-stigma and the quality of life of PLWHA. With the existence of ACR, people and HIV-AIDS sufferers in Turen District have started to eliminate existing stigma and have a good quality of life.

## 1. INTRODUCTION

HIV/AIDS is still a problem in many countries, including Indonesia. According to data states that in 2017 there were around 48,300 HIV positive cases and 9,280 positive AIDS. In 2018, until the second quarter, 21,336 HIV cases were found, and 6,162 were AIDS positive. According to the AIDS Commission in Malang regency, in 2018 there were around 2,497 people had HIV/AIDS. Then in the sub-districts in Malang Regency, one of them is Turen, which is 109 people who have HIV/AIDS (Dinas Kesehatan Kabupaten Malang, 2014).

Bare & Smeltzer (2005), explain that besides HIV/AIDS causing physical problems also cause social and psychological problems. Campbell, Nair, Maimane & Sibiya (2005), explain that there is a negative stigma in the form of belief from the community environment that PLWHA is considered wrong, despicable and must be avoided from the association in the surrounding environment and society. The thing that affects the quality of life of a person with HIV/AIDS is that the person experiences rejection from the surrounding environment (Fatmawati, 2016). Discrimination and stigma caused inhibition of HIV/AIDS prevention and treatment in the community to affect psychological and decreased quality of life in people with HIV/AIDS (Widayati & Murtaqib, 2016)

Commonly, quality of life is defined as a way for an individual to measure the goodness of various aspects of his own life (Theofilou, 2016). People with HIV/AIDS are significantly attending to aspects of quality of life

because HIV/AIDS is chronic and progressive, so it has a profound impact on all aspects of life, whether physical, psychological, social or spiritual (Simboh, Bidjuni & Lolong, 2015). Study from Degroote & Vandijck (2014), shows that several factors can affect the quality of life in people with HIV/AIDS including social support, family circumstances, gender, age, and religion.

From the results of a preliminary study conducted by researchers in the Citizens Concerned AIDS (WPA) in the district of Turen, the data obtained that the number of people with HIV/AIDS in the district of Turen is as many as 56 people in the last three years. In 2017, 24 people were tested positive for HIV disease. In 2018 there were nine people, and in 2019 23 people were known to be HIV/AIDS positive. Psychologically they are very depressed because of the influence of the stigma because they assume as dirty and unworthy of life. Because of that, PLHIV feels that they receive unfair treatment, discrimination, and stigma. Because of the disease, they also become limited in their activities, interact with others, and work to support their families.

Based on the background description above, it is obtained data that there are some PLWHA in the region. Here, the researcher wants to discover how PLWHA gives a stigma to themselves because stigma can affect their quality of life. Therefore, a review needs to be done about the relationship of self-stigma with people's quality of life PLWHA in the ACR Turen District.

## 2. MATERIALS AND METHODS

The research design used in this study is correlational research. This research method is cross-sectional. With people with HIV/AIDS (PLWHA) in ACR Turen District as many as 23 people. Because using the process of taking data sampling using purposive sampling, so the required sample data is 22 respondents. The dependent variable is self-stigma, while the independent variable is quality of life.

The self-stigma data collect by using the Berger HIV stigma scale questionnaire with a total of 25 questions, while for quality of life using the WHOQOL-BREF questionnaire of 26 questions. Before the research, the research ethics test is carried out first, so that it is feasible to be tested on respondents. The study was conducted in October-December 2019, and the data has been collected, analyzed using SPSS. Univariate analysis is performed to look at descriptive statistical research. Bivariate analysis with rank spearmen tests because the dependent and independent data is an ordinal scale.

## 3. RESULT AND DISCUSSIONS

This study obtained data about the characteristics of respondents according to gender, age, occupation, and education. From **Table 1**, it can be seen that most respondents are male, its around 13 (59.0%) respondents. For the most age is at the age of 38-48 years with the number of respondents, 8 (36.4%) people, with the last education junior high school with a total of 12 (54.5%) respondents and mostly a private 9 (40.9%) respondents. Respondent data in **Table 2** shows that there are 12 (54.5%) respondents who have low self-stigma, and for the mediocre quality of life, there are 14 (18.2) respondents.

### Identification of Self-stigma in People with HIV/AIDS (PLWHA)

Based on the **Table 2**, obtained about self-stigma in PLWHA in Turen AIDS Concerned Residents is low with a percentage (54.5%). In this case, it can be influenced by several factors that enable someone with HIV/AIDS to have a very low, low, high, and very high self-stigma. The factors that cause stigma are lack of knowledge due to lack of community knowledge, and PLWHA is a cause of stigma due to lack of knowledge, which causes a person not to know that HIV is not transmitted very easily (Hawa, 2014). In this research, self-stigma is low because there is a place that can accommodate people with HIV-AIDS, namely the foundation of caring love / ACR with the presence of ACR. They can get counseling, information, and assistance so that they become aware of and understand themselves. The perception errors of PLWHA regarding HIV-AIDS are because, according to the theory above, the lack of knowledge is one of them, which makes PLWHA wrong perception that later can lead to the emergence of self-stigma PLWHA itself. We can all play a role in educating others, voicing and displaying new attitudes and behaviors, in the manual for the elimination of stigma and discrimination for program managers of health care workers and cadres (Kementerian Kesehatan Republik Indonesia, 2012). Also, almost respondents who were in ACR Turen had removed the negative stigma because they began to focus on changing the negative stigma in a positive direction with the ACR cadres providing information, counseling, and mentoring. It directed PVLHA to begin eradicating the stigma that existed in themselves (Sasono, 2017).

**Table 1.** Frequency distribution of the characteristics of respondents in AIDS Care Turen District.

No.	Variable	f	%
1.	Gender		
	Woman	9	40,9
	Man	13	59,1
2.	Age (year)		
	16-26	3	13,6
	27-37	5	22,7
	38-48	8	36,4
	49-59	6	27,3
	60-70	0	0
	> 70	0	0
3.	Profession		
	unemployed	7	31,8
	Private employee	9	40,9
	Private employer	2	9,1
	Civil servant	0	0
	Etc	4	18,2
5.	Education		
	No school	0	0
	Elementary High School	4	18,2
	Junio High School	12	54,5
	Senior High School	5	22,8
	University	1	4,5

### Identification of Quality of Life in People with HIV/AIDS (PLWHA)

The results in this study indicate that some respondents had a good quality of life of 12 respondents (54.5%), and very few of the respondents had a mediocre quality of life of 4 respondents (18.2%). This result means that the quality of life of people with HIV/AIDS is also affected due to the low stigma on PLWHA itself.

From the distribution table 1 age is one of the factors that affect the quality of life of PLWHA, indicating that the majority of respondents are in the age group of 38-48 years with a total of 8 respondents (36.4%). According to (World Health Organization [WHO], 1997). Defines the quality of life as individual perceptions as men or women in life, in terms of the cultural context and value system in which they live, and is related to their standard of living, hopes, pleasure, and attention. This concept of levels is summarized in a sophisticated manner covering physical health, psychological status, social relations, and relationships to their environmental characteristics.

Quality of life is an individual's ability to enjoy satisfaction during his life. Quality of life is closely related to complex matters such as functioning physically, spiritually, psychologically, and socially in order to achieve a good quality of life.

### Analysis of the relationship of self-stigma with the quality of life of people living with HIV/AIDS (PLWHA) in Citizens Care for Aids (ACR) Turen

Based on analysis statistically of the results using the Rho Spearmen, it is known that there is no significant relationship between self-stigma and the quality of life of people living with HIV/AIDS (PLWHA) at the Cahaya Kasih Peduli Turen Foundation in Malang Regency. This is supported by the results of statistical tests that show that the value (r) is 0.108, then  $r > 0.05$ . In research at the Cahaya Kasih Cares Foundation Turen, it was found that some of the respondents had low self-stigma with 12 respondents with a percentage (54.5%), and those who had a good quality of life by 12 respondents (54.5%). Furthermore, of the 22 respondents who had an outstanding quality of life of 6 respondents (27.3%), and those who had a mediocre quality of life of 4 respondents (18.2%).

This result is in line with research (Latifa & Purwaningsih, 2011), which states that civil society plays a significant role in overcoming the problem of stigma and discrimination against PLWHA. According to (Paryati, Raksanagara & Afriandi 2012) other factors that can influence the role of WPA on stigma is the level of knowledge, perception, education, and length of work this affects the occurrence of stigma and discrimination

**Table 2.** Descriptive analysis of dependent and independent respondents variables in AIDS concerned residents (ACR) Turen District

No.	Self-Stigma	(f)	(%)
1	Very low	0	0
2	Low	12	54,5
3	High	10	45,5
4	Very High	0	0
No.	Quality of Life	(f)	(%)
1	Very bad	0	0
2	bad	0	0
3	middling	14	18,2
4	good	12	54,5
5	Very good	6	27,3

because someone who has worked for a long time tends to have more comprehensive insight and more experience. Thus, one of the efforts to reduce the stigma and discrimination of people in PLWHA is to provide complete information about HIV/AIDS, particularly regarding stigma and discrimination both through counseling and counseling (Wati, Cahyo & Indraswari, 2017). According to Ventegodt, Merrick & Andersen (2003), quality of life is the ability of individuals to enjoy satisfaction during their lives. Quality of life is closely related to complex matters such as physical health, psychological conditions, level of independence, social relations, and the relationship of the individual with his environment (WHO, 1997). Therefore, individuals must be able to function physically, spiritually, psychologically, and socially in order to achieve a good quality of life. This research shows that with the low stigma, it will improve the quality of life for people with HIV/AIDS.

#### 4. CONCLUSION

The results of identification of self-stigma in people with HIV/AIDS (PLWHA) are from 22 respondents who are in the foundation of caring light Citizens Care for AIDS (WPA) Turen is low with a percentage (54.5%). Quality of life for people living with HIV/AIDS (PLWHA) at the Turen Care Foundation (ACR) Turen Foundation is excellent, with a total of 12 respondents and a percentage (54.5%). Analysis of the relationship between the two variables obtained data that there is no significant relationship between self-stigma with the quality of life of people with HIV/AIDS (PLWHA). Because it gets  $r$  value  $> 0.05$  which is  $r$  value from this study is 0.108.

#### 5. REFERENCES

- Bare, B., & Smeltzer, S (2005). *Brunner & Suddarth's: Textbook of Medical Surgical Nursing*. Philadelphia, PA: Lippincot.
- Campbell, C., Nair, Y., Maimane, S., & Sibiyi, Z. (2005). *Understanding and challenging HIV/AIDS stigma*. Durban, South Africa: University of KwaZulu-Natal.
- Degroote, S. D. V., & Vandijck, D. M. (2014). What Determines Health Related Quality of Life Among People Living With HIV: An Updated Review of the Literature. *Archives of Public Health*, 72(40), 1-40. doi:10.1186/2049-3258-72-40
- Dinas Kesehatan Kabupaten Malang. (2014). *Laporan Tahunan Dinas Kesehatan Kabupaten Malang*. Malang, Indonesia: Authors.
- Fatmawati. (2016). *Kualitas Hidup Orang dengan HIV/AIDS (ODHA) Berdasarkan Quality of Life (World Health Organisation Quality of Life- BREF) di Kota Semarang* (Undergraduate Thesis). Stikes Ngudi Waluyo Ungaran, Semarang, Indonesia.
- Hawa, M, T. (2014, Juny 18). Stigma Legal dan Etik Dalam Tatalaksana [Blog Post]. Retrieved from <http://hivdanaidss.blogspot.com/2014/06/stigma-legal-dan-etik-dalam-tatalaksana.html>
- Kementerian Kesehatan Republik Indonesia. (2012). *Buku Pedoman Penghapusan Stigma & Deskriminasi Bagi Pengelola Program Petugas Layanan Kesehatan dan Kader*. Jakarta, Indonesia: Authors.
- Latifa, A., & Purwaningsih, S. S. (2016). Peran masyarakat madani dalam mengurangi stigma dan diskriminasi terhadap penderita HIV & AIDS. *Jurnal Kependudukan Indonesia*, 6(2), 51-76.
- Paryati, T., Raksanagara, A. S., & Afriandi, I. (2012). *Faktor-faktor yang mempengaruhi stigma dan Diskriminasi kepada ODHA (Orang dengan HIV/AIDS) Oleh petugas Kesehatan*. Retrieved from <http://>

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pustaka.unpad.ac.id/wp-content/uploads/2013/02/Pustaka\_unpad\_Faktor\_-Mempengaruhi\_-  
Stigma\_ODHApdf.pdf

- Sasono, T. N. (2017). Peran Warga Peduli AIDS Cahaya Care Turen Dalam Meningkatkan Kualitas Hidup. *Jurnal Kesehatan Mesencephalon*, 3(1), 51-54. doi:10.36053/mesencephalon.v3i1.37
- Simboh, F. K., Bidjuni, H., & Lolong, J. (2015). Hubungan Dukungan Keluarga Bagi Kualitas Hidup Orang dengan HIV/AIDS (ODHA) di Klinik VCT RSU Bethesda GMIM Tomohon. *EJournal Keperawatan (e-Kp)*, 3(2).
- Theofilou, P. (2016). Quality of Life: Definition and Measurement. *Europe's Journal of Psychology*, 1(9), 150-162. doi:10.5964/ejop.v9i1.337
- Ventegodt, S., Merrick, J., & Andersen, N. J. (2003). Quality of life theory I. The IQOL theory: an integrative theory of the global quality of life concept. *The Scientific World Journal*, 3, 1030-1040. doi:10.1100/tsw.2003.82
- Wati, N. S., Cahyo, K., & Indraswari, R. (2017). Pengaruh Peran Warga Peduli AIDS terhadap Perilaku Diskriminatif pada ODHA. *Jurnal Kesehatan Masyarakat (e-Journal)*, 5(2), 198-204.
- Widayati, N., & Murtaqib. (2016). Identifikasi Status Psikologis Sebagai Upaya Pengembangan Model Rehabilitasi Klien HIV/AIDS Berbasis Komunitas. *NurseLine Journal*, 1(1), 90-99.
- World Health Organization [WHO]. (1997). *The World Health Organization Quality Of Life*. Geneva, Swiss: Authors.