



## Analisis AIDS Stigmatization of Adolescents In Medan City

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Received : Jan 13<sup>th</sup>2021. Revised : Apr 7<sup>th</sup>2021. Published: Jun 10<sup>th</sup>2021

DOI : <https://doi.org/10.22219/sm.Vol17.SMUMM1.15213>

### ABSTRACT

AIDS is a disease that is still high in all parts of the world, including Indonesia. Gender is a factor in the occurrence of stigmatization in adolescents. This study aimed to determine the stigma factor for HIV/ AIDS among adolescents in Medan City. This research is a quantitative descriptive study using a cross-sectional study design with a quantitative approach. This research was conducted in Medan City conducted from August to December 2020. The data source in this study was primary data obtained from interviews. Collecting data by direct interviews using a structured questionnaire. Analysis of the data in this study using descriptive analysis and crosstab using the SPSS version 22 program. The results showed that as much 54 girls do not want to swim in the same swimming pool as HIV/ AIDS, 55 girls do not want to eat/drink a plate with HIV/ AIDS, 46 girls do not want to use the toilet with HIV/ AIDS, 36 girls do not want to touch their skin with HIV/ AIDS. HIV/ AIDS, 52 teenagers do not want to sleep together with HIV/ AIDS, and 57 young women do not want to wear the same clothes as HIV/ AIDS. It was concluded that female adolescents are more likely to stigma on people living with HIV/ AIDS than male adolescents. It is necessary to carry out socialization and health education to adolescents to eliminate the stigmatization of HIV/ AIDS.

**Keywords :** AIDS, Discrimination, Stigma, Youth.

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### INTRODUCTION

AIDS is a disease that occurs in various countries around the world. Based on data from the United Nations Program on HIV/ AIDS, it is stated that by the end of 2015, 36.7 million people in the world had HIV disease, 5.7% or around 2.1 million of these were new cases in 2015. 5.1 million people in Asia and the Pacific affected by HIV disease during the end of 2016. One of them is that young women are more at risk. The number of new cases of infection among young people aged 15-24 years is 59% (UNAIDS, 2017).

Based on Riskesdas in 2018, it was stated that the number of national HIV cases in 2018 was 327,282 sufferers, and AIDS was 114,065 sufferers. In 2018 HIV cases experienced an increase in the cumulative number of people living with HIV by 46,659 people, and AIDS has decreased

compared to 2017, 10,190 people. The number of cases of death in AIDS from year to year has decreased. In 2018 the national AIDS mortality rate was 1.03% (Kementrian Kesehatan RI, 2018).

63.8% of people living with HIV were mostly in men and 36.2% in women. the number of people with AIDS was 67.2% in men and 32.8% in women. HIV infection tends to increase in the productive age group, namely in the 25-49 age group by 70.4%. People were living with AIDS in the productive age group, namely in the 30-39 year age group as much as 34.0%. Teenagers 15-19 years old occupy the third position. The largest HIV/ AIDS cases, namely 15-49 years of age in the productive age population, transmit transmission at a young age (Kemenkes RI, 2019).

North Sumatra is one of the provinces with relatively many HIV/ AIDS diseases in Indonesia, is in the 7th national rank in the number of cases experiencing an increase in HIV/ AIDS in 2018. In 2016 there were 1,891 new cases of HIV, and new AIDS problems were found. In 2017 there were 1,914 new HIV problems and 155 new AIDS cases, and an increase in 2018 found 1,999 new HIV cases and 149 new AIDS problems (Kemenkes RI, 2019). In 2017 the city of Medan was the highest HIV/ AIDS sufferer with 1,333 HIV cases or around 60.29% (Dinkes sumut, 2018).

The problem of a PLWHA in terms of health has a big impact on HIV/ AIDS prevention and control programs, including the quality of life of PLWHA (Asrat et al., 2020). PLWHA will feel afraid in carrying out an HIV test because if a positive (reactive) result is found, it will result in discrimination against PLWHA (Triyono & Cory'ah, 2020). People with HIV positive disease are afraid to talk about their HIV status, so they decide to postpone treatment if they are sick (Nkomo & Kufankomwe, 2020). PLWHA is closely associated with society with their closeness and association with stigmatized groups such as groups that have committed deviant behaviour such as prostitutes (commercial sex), homosexuality, free sex and injecting drug users (Lindayani et al., 2018).

According to research conducted by Limalvin et al (2020) there is a rejection of people living with HIV after knowing their PLWHA status, the emergence of psychological disorders such as depression, to the desire to commit suicide. To improve the quality of life of PLWHA, support is needed for PLWHA, starting from the family, government and community. This can be done by avoiding, alienating and expelling his presence (Irfantoro & Rukmi, 2020). Providing support for HIV/ AIDS can also be in the form of information, donations and materials. As a result, people with HIV/ AIDS experience more attention, respect and love (Dubé et al., 2020).

The stigma in HIV/ AIDS includes the fact that people do not want to eat the food provided by people with HIV/ AIDS. The emergence of stigma is due to feeling afraid to touch, make friends and play with a child of someone with HIV, transmission through food should not occur because of HIV transmission through blood, genital fluids and breast milk. The lack of information obtained by the community can lead to one of the factors that trigger stigma against

people with HIV/ AIDS (Chubb & Fouché, 2020). The problem of an PLWHA in terms of social values is receiving a negative stamp from various forms of discrimination in the environment. PLWHA are considered enemies and carriers of cursed diseases. A perception arises in the community that those known as PLWHA do not comply with religious norms, resulting in deviant actions and leads to HIV/ AIDS (Puspitasari et al., 2020).

The stigma against PLWHA is common among adolescents. Adolescents are less aware and aware of the form and impact of the stigma of PLWHA. Youth as the next generation must think openly about PLWHA. There are some misconceptions among adolescents about HIV/ AIDS, including the transmission route, prevention, and impact on mental health. It becomes a factor that affects the stigma against PLWHA. The existence of misunderstanding or ignorance about HIV impacts fears of PLHIV, resulting in some PLHIV keeping their health status secret (Chory et al., 2021).

Based on the results of Riskesdas in 2018, the people of North Sumatra Province have an attitude towards people living with HIV/ AIDS as many as 43.6% keep a secret if there is ART with HIV/ AIDS, as many as 79.5% have the attitude of being willing to treat ART suffering from HIV/ AIDS, as many as 16.5% have isolated attitude neighbours who have HIV/ AIDS, as many as 33.5% have the attitude not to buy vegetables either from farmers or sellers who are known to be infected with HIV/ AIDS. As many as 39.6% have an attitude of agreeing not to allow teachers who have HIV/ AIDS to teach (Kementrian Kesehatan RI, 2018).

Research results by Nawangwulan (2020) states that sex in women has a higher stigma against HIV/ AIDS than sex in men who tend to have a low stigma. This happens because the gender of a person can influence behaviour, where the male sex is more outside the home environment than the female gender. Research results by Ni'mal Baroya (2017) states that gender has a significant relationship to the occurrence of AIDS stigma, that female sex is more than two times more discriminating against PLHIV than men so that women have a risk factor of 1.918 times to stigmatize and discriminate against PLWHA than men. Research result by Bozkurt (2020) stated that the male sex had a significantly higher level of stigmatization than women because men were more likely to have less knowledge of HIV/ AIDS transmission. There have been many socializations about HIV/ AIDS promoted in Indonesia in the last few years. There are policies and programs aimed at preventing and handling HIV & AIDS cases. However, stigma and discrimination against HIV & AIDS (PLWHA) are still found and difficult to remove (Latifa & Purwaningsih, 2016).

Based on the data and facts above, it can be seen that the stigma of AIDS among adolescents in Medan City is still high, so the stigma must be changed immediately so that people with HIV/ AIDS do not get discrimination. So the problem of this research is the factors causing

the stigmatization of AIDS among adolescents in Medan City. This study aimed to determine the stigma factor of AIDS among adolescents in Medan City.

## METHODS

This research is a quantitative descriptive study using a cross-sectional research design. The research approach uses a quantitative approach. This research was conducted in Medan City and conducted from August to December 2019. The population in this study were adolescents in Medan City, North Sumatra Province. The data source used in this study is primary data. Primary data is used to determine what AIDS stigma factors are found among adolescents in Medan City. The research sample was taken based on the formula 2 hypothesis testing so that the number of research samples was 89 adolescents in Medan. This research uses a non-random sampling technique that is using the purposive technique.

Data analysis was carried out descriptively, namely distributing frequencies and percentages, then carrying out cross-tabulation analysis (crosstab) between gender variables with AIDS stigma in adolescents using the SPSS version 22 program. Then the results obtained will be presented in tabular form to describe adolescent stigma against HIV/ AIDS.

## RESULTS AND DISCUSSION

**Table 1.** The Stigma Of Adolescents Swimming In The Same Pool As HIV/ AIDS Sufferers

Sex	Stigma Swimming In The Same Pool As HIV/ AIDS Sufferers				Total	
	Yes		No		N	%
	f	%	f	%		
Man	10	11,2%	15	16,9%	25	28,1%
Woman	10	11,2%	54	60,7%	64	71,9%
Total	20	22,5%	69	77,5%	89	100,0%

Based on the results of the cross-tabulation of 25 men, it was found that ten men wanted to swim in the same pool with people living with HIV/ AIDS and 15 male respondents who did not want to swim in the same pool with people living with HIV/ AIDS. Person. Sixty-four women wanted to swim in the same swimming pool with ten people living with HIV/ AIDS and 54 women who did not want to swim in the same pool with people living with HIV/ AIDS.

Teenagers do not want to swim in the same swimming pool as HIV/ AIDS sufferers. This is due to the lack of knowledge of adolescents about how to spread AIDS so that many teenagers stigmatize and discriminate against AIDS in their lives.

Research result by Ali (2020) stated that the knowledge and attitudes possessed by a teenager about HIV are still low, where only a third are aware that HIV cannot be transmitted such as from mosquito bites, swimming in the same swimming pool with people living with HIV or using the same toilet as HIV positive sufferers so that it is still the number of adolescents who have negative attitudes towards people with HIV/ AIDS. There are still many negative stigmas of HIV/ AIDS among the community. Many people claim that HIV/ AIDS is a humiliating and embarrassing disease so that many stigmatize and discriminate against PLWHA (Junita & Dewi, 2016). Common knowledge has a significant relationship to the stigma of HIV/ AIDS among adolescents. This is because the common knowledge makes the stigma of HIV/ AIDS appear due to the lack of information obtained (Nawangwulan, 2020).

**Tabel 2.** The Stigma Of Adolescents Wanting To Eat/ Drink A Plate With People With HIV/ AIDS.

Sex	Stigma Wanting To Eat/Drink A Plate With People With HIV/ AIDS				Total	
	Yes		No		N	%
	f	%	f	%		
Man	3	3,4%	22	24,7%	25	28,1%
Woman	9	10,1%	55	61,8%	64	71,9%
Total	12	13,5%	77	86,5%	89	100%

Based on the cross-tabulation results of 25 men, three men wanted to eat/drink a plate with people living with HIV/ AIDS and 22 male respondents who did not want to eat/drink a plate with people living with HIV/ AIDS. Sixty-four women wanted to eat/drink a plate with people living with HIV/ AIDS as many as nine people, and female respondents who did not want to eat/drink a plate with people living with HIV/ AIDS as many as 55 people.

Women are more likely to have a negative stigma of not wanting to eat/drink a plate of people with HIV/ AIDS than men. This is because women are more afraid of contracting HIV/ AIDS, so women are more likely to have a negative stigma against PLWHA. This study is in line with research stating that the majority are unwilling to eat the food provided or the food sold by PLWHA. This is because of the knowledge they have about STIs and HIV/ AIDS. The number of families with a negative stigma against PLWHA is four times more stigmatized PLWHA than families with a positive stigma against PLWHA (Shaluhayah et al.,2015).

Type female sex is more than two times more stigmatizing and discriminating against PLWHA than male sex so that women have a 1.918 times risk factor for stigmatizing and discriminating against PLWHA than men (Baroya, 2017). A false myth arises in the community that

the transmission of transmission by socializing to someone with HIV/ AIDS will impact someone becoming infected (Efren et al., 2018).

**Table 3.** Stigma About Using Public Toilets With People With HIV/ AIDS.

Sex	Stigma About Using Public Toilets With People With HIV/ AIDS				Total	
	Yes		No		N	%
	f	%	f	%		
Man	10	11,2%	15	16,9%	25	28,1%
Woman	18	20,2%	46	51,7%	64	71,9%
Total	28	31,5%	61	68,5%	89	100%

Based on the results of cross-tabulation of 25 men, it was found that ten men who wanted to use public toilets with people living with HIV/ AIDS and male respondents who did not want to use public toilets with people living with HIV/ AIDS were 15 people. Sixty-four women wanted to use public toilets with 18 people with HIV/ AIDS and 61 women who did not want to use the toilet with people living with HIV/ AIDS.

Women are more likely to have a negative stigma of not wanting to use the same toilet against people living with HIV/ AIDS than men, and this is because women are more afraid of contracting HIV/ AIDS and tend to have fast access to information. Hence, women are more likely to have a negative stigma against PLWHA.

HIV/ AIDS is seen as a death sentence. Patients who initially have HIV/ AIDS often experience stress, worry, sadness and lack of enthusiasm for life. This research is in line with research that states that many forms of stigma arise, such as refusing to eat food provided or sold by HIV/ AIDS, not allowing their children to play with people living with HIV/ AIDS, refusing to use the same toilet as HIV/ AIDS, and refuse to live with a person showing symptoms of HIV/ AIDS (Shaluhyah et al., 2015).

The emergence of stigma is based on an incorrect understanding of the transmission of HIV/ AIDS and the understanding that HIV/ AIDS is an awful disease by someone who has committed sexual deviance. In the community, it is feared that social contact with HIV/ AIDS is a transmission. The number of wrong assumptions about touching, hugging, shaking hands, kissing, using shared utensils, sharing bathrooms, living in the same house, mosquito bites and swimming together in sufferers can transmit HIV/ AIDS. The large number of people who have incorrect stigma can lead to discrimination. Adolescence is a phase of hormonal and physical changes. Changes are indicated by developments in terms of health dynamics, sexual organs towards perfection of function and the growth of secondary sexual organs. This has resulted in teenagers being very close to using sexual issues. One of the knowledge about HIV/ AIDS can be accessed

through the mass media, but the limited news that they have resulted in adolescents still needing attention and direction about the effect of this behaviour (Amelia et al., 2016).

**Tabel 4.** Stigma About Skin Contact With People With HIV/ AIDS

Sex	Stigma About Skin Contact With People With HIV/ AIDS				Total	
	Yes		No			
	f	%	f	%	N	%
Man	14	15,7%	11	12,4%	25	28,1%
Woman	28	31,5%	36	40,4%	64	71,9%
Total	42	47,2%	47	52,8%	89	100,0%

Based on the cross-tabulation results of 25 men, 14 men wanted to have skin contact with people living with HIV/ AIDS, and 11 male respondents did not want to have skin contact with people living with HIV/ AIDS. Of the 64 women, 28 women wanted to have skin contact with people living with HIV/ AIDS, and 36 female respondents did not want to have skin contact with people living with HIV/ AIDS.

The sex that wants to contact people living with HIV/ AIDS is more dominated by the female sex with 28 people, while the male gender is only 14 people who want to have contact with people living with HIV/ AIDS. One of the influencing factors is the knowledge of adolescents about HIV/ AIDS.

Research by Maharani (2017) stated that 78% of adolescents are still feeling afraid to be close and in touch with PLWHA, even if only shaking hands so that there is a stigma against PLWHA. Adolescents still have a negative stigma against PLWHA, considering HIV/ AIDS as a curse they deserve for their poor treatment.

Research result by Chory et al., (2021) stated that the stigma arises because there is an incorrect gap in knowledge about HIV/ AIDS, including knowledge about transmission and prevention. In line with the research conducted Hidayah et al., (2018) the level of knowledge of adolescents about HIV/ AIDS in the good category was higher for girls than for boys.

## CONCLUSION

There is still high stigmatization and discrimination among young women with HIV/ AIDS. Fifty-four girls do not want to swim in the same swimming pool as HIV/ AIDS, 55 girls do not want to eat/drink a plate with HIV/ AIDS, 46 girls do not want to use them. Toilets with HIV/ AIDS, 36 teenage girls do not want to contact the skin with HIV/ AIDS, 52 teenagers do not want to sleep together with HIV/ AIDS, and 57 girls do not want to wear the same clothes HIV/ AIDS.

The need for socialization or counselling about HIV/ AIDS knowledge and AIDS transmission to adolescents to eliminate the stigma and discrimination of youth about HIV/ AIDS so that adolescents do not discriminate against people living with HIV/ AIDS in their lives and do not stay away from it.

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