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STIGMA TOWARDS PEOPLE LIVING WITH HIV/AIDS IN THE TOURIST AREA OF BATU HIU BEACH

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ABSTRACT
The issue of HIV/AIDS does not only impacts physical health but also affects other aspects of life. One of the social impacts of this disease is the stigma received by people living with HIV/AIDS. Stigma towards people living with HIV/AIDS is one of the biggest obstacles in HIV/AIDS prevention programs, care, treatment, and support programs. Objective: This study aims to obtain an overview level of the stigma held by the community in the tourist area of Batu Hiu Beach towards people living with HIV/AIDS based on demographic charateristic. Method: This research employs a descriptive quantitative research design with a cross-sectional approach to examine the stigma in the community using a questionnaire adapted from the SHASS (Spanish HIV Stigma Scale). The population in this study consist of 750 individuals, with a sample of 261 individuals selected using the sample random sampling method. The analytical tool used is univariate. Results: Nearly the majority of respondents have a high level of stigma towards people living with HIV/AIDS (51.3%). Conclusions: The high level of stigma towards people living with HIV/AIDS indicates negative views, prejudice, and discriminatory attitudes in the community. Most respondents in this category have not received HIV/AIDS training (61.3%), have only completed primary education (69.2%), male (55%), and are in the early adulthood (65.5%) and elderly (63.6%) age groups

Keywords: community; people living with hiv/aids; stigma

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INTRODUCTION

Since the first appearance of HIV/AIDS cases in Indonesia in 1987, marked by the death of a Dutch tourist in Bali, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) have become serious health issues both in Indonesia and globally. By the end of 2019, it was estimated that approximately 38 million people were living with HIV worldwide, 3.8 million of whom were in Southeast Asia, including Indonesia (WHO, 2020). Data from the United Nations Programme on HIV/AIDS (UNAIDS) indicates an increase in the number of people living with HIV in Indonesia, from 620.000 in 2016 to 640.000 in 2018 (Unaids, 2016, 2018). According to the Indonesian Ministry of Health (Kemenkes), as of June 2022, the total number of people living with HIV across Indonesia reached 519,158, with West Java reporting 57,246 cases (Kemenkes RI, 2022).

The Issue of HIV/AIDS is highly complex. In addition to the increasing number of people living with HIV/AIDS (PLWHA), stigmatization and discrimination against them have also risen, from 57.1% in 2007 to 62.8% in 2012 (Unaids, 2019). Despite efforts to prevent and

treatment to HIV/AIDS, stigmatization remains a significant barrier in various communities, including in Indonesia. Research in Hanoi, Vietnam Tran et al. (2022), shows that people living with HIV/AIDS are often labelled as "social criminals" involved in activities such as prostitution and drug use. According to Goffman (1963), stigma refers to physical and social attributes that diminish a person's social identity, hindering their accepntence in society. Other studies indicate that stigma against PLWHA hampers efforts in prevention, treatment, and improving their quality of life (Al Fatih et al., 2021; Ardani & Handayani, 2017; Saurina Mariany et al., 2019). Fear of stigma discourages many from undergoing HIV testing, delays treatment, and exacerbates the spread of HIV (Baidowi et al., 2020; Winangun et al., 2020). Stigma can arise from a lack of knowledge about HIV/AIDS (Arifin et al., 2022; Rizki et al., 2020; Saprudin et al., 2015) and negative influences from surrounding environment (Shaluhiyah et al., 2015).

Batu Hiu Beach which located in Parigi, Pangandaran, is known as a hotspot for HIV/AIDS due to prostitution activities. In 2017, the Parigi health centre was designated as the first HIV/AIDS service centre. According to Pangandaran health service, the HIV cases increased from 44 in 2021 to 54 in 2023, with 171 individuals under care. In 2023, the HIV/AIDS team at the Parigi health centre conducted three health education sessions in Batu Hiu, targeting key populations such as female sex worker. However, it has never been conducted for the general public. Interviews with the HIV/AIDS task force managers in Batu hiu and Pangandaran health officer, indicate the spread of HIV in the area. Efforts to establish HIV/AIDS advocates in the area are hindered by a lack of goverment support and people awareness. The head of HIV/AIDS programme at the Parigi health centre states that discrimination against PLWHA still occurs from their neighboiurs and family members. Previous studies have examined stigma towards PLWHA, but they predominantly focused on the prespectives of PLWHA themsleves (Ardani & Handayani, 2017). The aim of this research is to obtain an overview level of the stigma towards PLWHA from the community perspective in the tourist area of Batu Hiu Beach. This is important to support more effective prevention and care efforts for PLWHA in this spesific location.

METHOD

This study employs a quantitative descriptive research method to determine the description of stigma towards PLWHA in the tourist area of Batu Hiu Beach. The research was conducted in Dusun Golempang, Kecamatan Parigi, Pangandaran, West Java. The population consisted of 750 residents of Dusun Golempang. The sampling technique used was simple random sampling, with a sample size of 261 respondents determined using Slovin's formula with a 5% margin or error. Stigma in this study refers to the negative perceptions held by the community towards PLWHA. The research instrument used was an adapted stigma scale questionnaire from Varas-Diaz & Neilands (2009), translated into bahasa by Kustanti et al. (2015). Validity testing was conducted with 30 respondents, resulting 38 out of 39 items being valid, with calculated r-values ranging from 0.467 to 0.845 against a critical r-value 0.361. Reliability testing was performed using Cronbach's Alpha, yielding a coefficient of 0.752. Scores were assessed on a Likert scale from 1 to 4, with a score range of 38 to 152. Interpretation of stigma levels was as follows: low stigma if $X < \bar{x} - tp\ S/\sqrt{n}$, moderate stigma if $\bar{x} - tp\ S/\sqrt{n} < X < \bar{x} + tp\ S/\sqrt{n}$, high stigma if $X \geq \bar{x} + tp\ S/\sqrt{n}$. Univariate analysis was conducted using frequency distribution tables.

RESULTS

Table 1.
Respondent characteristics (n= 261)

Demographic characteristics	f	%
Age		
Late adolescence (17-25)	81	31.0
Early adulthood (26-39)	116	44.4
Late adulthood(40-59)	53	20.3
Elderly (≥60)	11	4.2
Gender		
Male	140	53.6
Female	121	46.4
Educational Level		
Primary school	25	10.0
Junior high school	85	32.6
Senior high school	108	41.4
Bachelor's degree	42	16.1
Received HIV/AIDS training		
Yes	44	16.9
No	217	83.1

The charateristic of the respondents show that a majority are male (53.6%). Nearly half are in the early adulthood category (44.4%), and almost half have a high school education (41.4%). Furthermore, nearly all respondents have not received HIV/AIDS training (83.1%)

Table 2.
Stigma towards PLWHA (n= 261)

Stigma	f	%
Low	116	44.4
Moderate	11	4.2
High	134	51.3

Table 2 above shows that nearly the majority of respondents are classified in the high stigma category, with a percentage of 51.3%.

Table 3.
Stigma towards PLWHA based on demographic charateristic

Demographic characteristics	Stigma towards PLWHA						
	Low		Moderate		High		Total
	f	%	f	%	f	%	N=100%
Age							
Late adolescence (17-25)	46	56.8	5	6.2	30	37.0	81
Early adulthood (26-39)	38	32.8	2	1.7	76	65.5	116
Late adulthood(40-59)	28	52.8	4	7.5	21	39.6	53
Elderly (≥60)	4	36.4	0	0	7	63.6	11
Gender							
Male	58	41.4	5	3.6	77	55.0	140
Female	58	47.9	6	5.0	57	47.1	121
Educational Level							
Primary school	6	23.1	2	7.7	18	69.2	26
Junior high school	25	29.4	4	4.7	56	65.9	85
Senior high school	47	43.5	2	1.9	59	54.6	108
Bachelor's degree	38	90.5	3	7.1	1	2.4	42
Received HIV/AIDS training							
Yes	42	95.5	1	2.3	1	2.3	44
No	74	34.1	10	4.6	133	61.3	217

Table 3 indicates that most respondents, particularly those in early adluthood and the elderly, show high stigma towards PLWHA, with percentage at 65.5% and 63.6%, respectively.

Conversely, late adolescents and late adulthoodtend towards low stigma, at 56.8% and 52.8%, respectively. Males dominate high stigma (55%), while females show almost a balanced distribution between high (47.1%) and low stigma (47.9%). Respondents with lower education levels—primary school (69.2%), junior high school (65.9%), and high school (54.6%)—tend towards high stigma. However, nearly all with a bachelor's degree or higher, exhibit low stigma (90.5%). Furthermore, nearly all respondents (83.1%) have not received HIV/AIDS training, and the majority of them showing high stigma (61.3%). In contrast, almost all respondents who have received HIV/AIDS training are in the low stigma category (95.5%).

DISCUSSION

Stigma related to HIV/AIDS encompasses negative prejudices, whether directed internally or externally, taking the form of discrimination or humiliation towards individuals living with HIV/AIDS (Famoroti et al., 2013). Public stigma towards PLWHA refers to negative attitudes or discrimination arising from family, close acquaintances, and society (Subu et al., 2021). The findings of this study indicate that nearly the majority of the community falls into the category of high stigma towards PLWHA (51.3%), consistent with research conducted byTran et al. (2022), which shows that PLWHA face stigma and discrimination due to their illness being often associated with social misconduct. The high level of stigma observed in this community is attributed to the lack of comprehensive knowledge among the public regarding HIV/AIDS, especially concerning the mechanism of the virus transmission, at-risk groups, and the disease progression itself (Shaluhiyah et al., 2015)

Stigma towards PLWHA can be influenced by various factor, including knowledge, level of education, and perceptions (Berek & Bubu, 2019; Menggawanti et al., 2021). Demographic factors such as residential location, age, and economic status also play a role(Arifin et al., 2022; Maharani, 2017; Situmeang et al., 2017). In this study, respondent characteristic related to stigma towards PLWHA are including age, gender, educational level, and prior HIV/AIDS training. The findings indicate that nearly all respondents who have not received training fall into the high stigma category towards PLWHA. On the other hand, nearly all respondents who have undergone HIV/AIDS training are in the low stigma category. Study by Kustanti et al. (2023), suggests that misinformation about HIV/AIDS transmission can lead to stigma and discrimination. Providing HIV/AIDS training can enhance knowledge and reduce stigma towards PLWHA (Varas-Díaz et al., 2016).

Stigmatization towards PLWHA also varies according to the educational level. The lower a person's education level, the greater the likelihood of stigmatizing and discriminating against PLWHA. This study found that respondents with a primary education level had a higher percentage of respondents falling into the high stigma category compared to others. While almost all respondents with a tertiary education level (equivalent to bachelor's degree or higher) fell into the low stigma category. This supports the previous findings by Berek & Bubu (2019), which revealed a significant relationship between education and stigma towards PLWHA. Respondents who only had basic education (elementary and junior high school) were 2.2 times more likely to stigmatize PLWHA. A person's level of education influences the stigma they hold towards PLWHA because education plays a crucial role in shaping understanding, knowledge, and attitudes towards various health issues, including HIV/AIDS (Mahamboro et al., 2020). Individuals with higher level of education typically have better access to accurate and newest information about HIV/AIDS. They also tend to understand how the disease is transmitted, preventive measures, and the fact that HIV is not transmitted through daily social contact such as shaking hands or sharing food. Good education helps

reduce the fear and misunderstandings that often forms the basis of stigma towards PLWHA (Saprudin et al., 2015).

In this study, male respondents were more likely to fall into the high stigma category compared to female respondents. This finding aligns with research by Kingori et al. (2017), which found that women generally have lower levels of stigma compared to men. However, this study's findings differ from those by Sholekhah et al. (2021), who showed that women are twice as likely to stigmatize and discriminate against PLWHA compared to men. Based on these insights, it can be concluded that gender does not always influence stigma and requires further exploration.

Erik Erikson's theory of psychosocial development posits that human development stages influence their perspective and attitudes. For instance, individuals in the identity and relationship stages, may be more open and accepting of differences, including diseases like HIV/AIDS(Erikson, 1963). However, this study found that the age group with the highest percentage of respondents in the high stigma category was early adulthood (65.5%), then followed by the elderly (63.3%), late adulthood (39.6%), and late adolescents (37%). A study by Berek & Bubu (2019), found no significant corelation between age and stigma towards PLWHA. Menggawanti et al. (2021), found that compared to age, an individual's knowledge is the factor most closely related to stigma. Younger individuals tend to have better access to education and up-to-date information about HIV/AIDS. They may have a better knowledge of HIV/AIDS, which can reduce the stigma. Contrarily, older individuals may be less exposed to modern education about HIV/AIDS and may still holds incorrect beliefs or myths about the disease, which can increase stigma. Baset on the above discussion, it can be said that a person's age does not always correlate with the stigma they impose towards PLWHA. However, age can influence through various mechanisms related to knowledge, education, and exposure to information.

CONCLUSION

The high level of stigma towards people living with HIV/AIDS indicates negative views, prejudice, and discriminatory attitudes in the community. Most respondents in this category have not received HIV/AIDS training (61.3%), have only completed primary education (69.2%), male (55%), and are in the early adulthood (65.5%) and elderly (63.6%) age groups. The finding of this study can serve as a basis for proposing a local HIV/AIDS cadre formation program, which could help in encouraging community participation in activities organized by local healt institutions or non-governmental organizations. Local governments and healthcare institutions can also conduct health education campaigns for the community, providing information on HIV/AIDS transmission, prevention, treatment, and the importance of not discriminating against PLWHA. Further research can be carried out using more varied methods, such as qualitative studies to gain a deeper understanding of the factors that influence stigma towards PLWHA.

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