

## RESEARCH ARTICLE

## Stigma and Discrimination of People with HIV/AIDS by Health Officers in Bulukumba Regency

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### Abstract

Stigma and discrimination against people with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) are among the biggest obstacles to preventing and overcoming (HIV/AIDS) in Indonesia. This study aims to analyze the factors related to stigma and discrimination and determine the types of stigma and discrimination given by health workers to people with HIV/AIDS. The population in this study were health workers in 20 health centers in Bulukumba, consisting of nurses, midwives, health analysts, doctors, and public health. The sampling technique used a total sampling of 322 health workers, and data was collected online through Google Forms on 15–26 February 2021 and analyzed univariately and bivariate using the chi-square and linear association tests. The results showed that type of profession ( $p=0.041$ ) and knowledge ( $p=0.019$ ) were factors related to stigma and discrimination. The most considerable stigma experienced by people with HIV/AIDS was feeling disgusted and uncomfortable being around people with HIV/AIDS, and the notion that HIV/AIDS disease suffered was only the result of free sex. At the same time, discrimination was a form of the biggest problem was the behavior of health workers who will use layered handsome when performing/providing services to people with HIV/AIDS.

**Keywords:** Discrimination, HIV/AIDS, knowledge, stigma, type of profession

### Introduction

It is crucial to study health workers' behavior toward people with HIV/AIDS in health service agencies to help indirectly reduce the HIV epidemic rate in Indonesia. With the pattern of HIV transmission through unprotected heterosexual sex, injecting drug users, and male sex with men, people with HIV/AIDS are very vulnerable to receiving stigma from the community, including health workers.<sup>1</sup> The emergence of stigma is one of the obstacles faced in the fight against HIV/AIDS.<sup>1</sup> Based on Asia Pacific Regional analysis data that stigma and discrimination exist in almost all sectors, including the health sector (54%), community (32%), family (18%), and the workplace (18%).<sup>2</sup>

Stigma and discrimination cause many difficulties for people with HIV/AIDS, such as their decision to seek HIV counseling and testing, prevention of mother-to-child transmission, and the possibility of disclosing their status. These attitudes and behaviors can also hinder progress in prevention and treatment. AIDS control and discrimination from the outside will cause negative emotions for people with HIV/AIDS, such as anxiety, depression, guilt, and other

mental health symptoms.<sup>2–4</sup>

A previous study stated that the emergence of stigma and discrimination against people with HIV/AIDS is caused by the risk factors for this disease associated with deviant sexual behavior, drug abuse, and dangerous drugs or drugs. In addition, it is also said that people with HIV infection (HIV positive) receive unfair treatment (discrimination) and stigma because of their illness. The stigma index of people with HIV/AIDS indicates that 1 in 8 patients with HIV/AIDS does not receive health services because of stigma and discrimination.<sup>5</sup>

Stigma and discrimination have become social punishments by people in various parts of the world against people living with HIV and AIDS, which can take various forms, including acts of isolation, rejection, discrimination, and avoidance of people infected with HIV. Many people are reluctant to test for HIV and AIDS because of society's strong stigma and discrimination. Even though everyone infected person can transmit this virus to 100 other people.<sup>6</sup> Furthermore, stigma affects people with HIV/AIDS by causing depression, anxiety, sadness, guilt, and worthlessness. In addition, stigma can reduce the quality of life, limit access

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and use of health services, and reduce adherence to antiretrovirals (ARVs).<sup>7</sup>

The still strong stigma has a severe impact on HIV-positive people as well as on HIV control efforts as a whole. Stigma makes people with HIV/AIDS reluctant to seek health services and social support they should be able to get. Many people with HIV/AIDS have lost jobs or opportunities to get jobs, insurance, and other public services; even a child can be denied a school education.<sup>8,9</sup>

Stigmatization can also hinder efforts to prevent HIV transmission. This is because of the solid values and beliefs some people hold in society. They prefer withholding information about the proper ways to prevent HIV transmission and are more likely to support regulations and policies that make at-risk populations even more vulnerable.<sup>10</sup>

Stigma and discrimination against people with HIV/AIDS are influenced by the level of knowledge and perceptions.<sup>11</sup> Even stigma and discrimination against people with HIV/AIDS by health workers were also influenced by the knowledge and perceptions of health workers about HIV and AIDS.<sup>12,13</sup> Another factor that influences the occurrence of stigma and discrimination is the level of education and length of work. A previous study states that the type of health worker, according to his educational background, affects the score of stigma and discrimination against HIV/AIDS patients. The length of work affects the occurrence of stigma and discrimination because someone who has worked for a long time tends to have broader insights and more experience, which plays a vital role in changing the behavior of a health worker.<sup>14</sup>

Studies on stigma and discrimination by health workers, especially in the Bulukumba regency, are still very rarely found, and based on preliminary studies; there are still many health workers who have a negative stigma and discriminate against people with HIV/AIDS, which of course, has a massive impact on efforts to control HIV/AIDS. This study aims to analyze the factors related to stigma and discrimination and determine the types of stigma and discrimination given by health workers to people with HIV/AIDS.

## Methods

This research is a descriptive study with a cross-sectional design to determine the relationship between variables identified at a one-time unit.<sup>16</sup>

The research subjects were all health workers in 20 health centers in Bulukumba, consisting of nurses, midwives, health analysts, doctors, and public health. The sampling technique uses total sampling with a total sample of 322 workers, and data was collected online through Google Forms from 15–26 February 2021 and analyzed univariately by providing an overview of the frequency distribution of the independent and dependent variables. Bivariate analysis using a chi-square test and linear by linear association with a value of  $<0.05$ . This research has received approval from the ethical commission from the Sekolah Tinggi Ilmu Kesehatan (STIKES) Nani Hasanuddin Makassar with the Ethics Number: 022a/STIKES-NH/KEPK/I/2021.

The research instrument is a questionnaire sheet in a structured statement to identify demographic characteristics, knowledge, stigma, and discrimination of health workers against people with HIV/AIDS in the Bulukumba regency. The knowledge variable was measured using the Gutman scale with 20 statement items. A positive statement was given a value of "1" if the answer was "yes," a value of "0" if the answer was "no," and a score of "0" if the answer was "yes." Variables of stigma and discrimination are measured using a Likert scale, a positive statement for the answer choice "always" is given a value of 4, the answer "often" is given a value of 3, the answer of "sometimes" is given a value of 2, and the answer "disagree" is given a value of 1. As for the negative statement, for the answer choice, "always" is given a value of 1, the answer "often" is given a value of 2, the answer "sometimes" is given a value of 3, and the answer "disagree" is given value 4.

## Results

Table 1 shows that most of the respondents are female with a total of 265 people (82.3%), with the highest average education being Diploma III (DIII) with 195 people (60.6%), the largest type of profession is nurses with 156 people (48.4%) with a period of working  $>10$  years as many as 98 people (30.4%) and  $<10$  years as many as 224 people (69.6%).

Table 2 shows that knowledge of HIV and AIDS by health workers is in a good category, as many as 180 people (55.9%), and the less category, as many as 142 people (44.1%), while the behavior of health workers who do not practice stigma

**Table 1 Distribution and Frequency of Socio-Demographic Factors of Health Workers**

Characteristics	n=322 (%)
Gender	
Male	57 (17.7)
Female	265 (82.3)
Education	
SPK	4 (1.2)
DIII	195 (60.6)
DIV	20 (6.2)
S1	66 (20.0)
Ners	32 (9.9)
S2	5 (1.5)
Profession	
Nurse	156 (48.4)
Midwifery	119 (37.0)
Analyst	28 (6.7)
Other health professions	19 (5.9)
Length of work (years)	
≥10	98 (30.4)
<10	224 (69.6)

**Table 2 Distribution and Frequency of Knowledge Factors, Stigma, and Discrimination of Health Workers**

Variables	n=322 (%)
Knowledge	
Good	180 (55.9)
Not Good	142 (44.1)
Stigma and discrimination	
Not stigmatize	191 (59.3)
Stigmatize	131 (40.7)

and discrimination is 191 people (59.0%) and 131 people (40.7%).

Table 3 shows that socio-demographic variables (gender and education are not associated with stigma and discrimination for people with HIV/AIDS by health workers, while socio-demographic variables (profession with  $p=0.041$  and length of work with  $p=0.003$ ) and knowledge about HIV and AIDS with  $p=0.019$

**Table 3 Analysis of Socio-Demographic Factors and Knowledge with Stigma and Discrimination of Health Workers in Bulukumba District**

Variables	Stigma and Discrimination				p
	Not Stigmatize		Stigmatize		
	n=191	%	n=131	%	
Gender	38	66.7	19	33.3	0.213
Male	153	57.7	112	42.3	
Female					
Education	3	75.1	1	25.0	0.362
SPK	110	56.4	85	43.6	
DIII	12	60.0	8	40.0	
DIV	45	39.1	21	31.8	
S1	17	53.1	15	46.9	
Ners	4	80.0	1	20.0	
S2					
Type of profession	88	56.4	68	43.6	0.041**
Nurse	70	58.8	49	41.2	
Midwifery	16	57.1	12	42.9	
Analyst	17	89.5	2	10.5	
Other health professions					
Length of work (years)	66	67.3	32	32.6	0.051
≥10	125	55.8	99	44.1	
<10					
Knowledge	117	65.0	63	35.0	0.019*
Good	74	52.1	68	47.9	
Not good					

Note: \*chi-square, \*\*linier by linier association,  $p<0.05$  significant

associated with stigma and discrimination against people with HIV/AIDS by health workers in Bulukumba regency.

Picture of stigma and discrimination carried out by health workers in 20 health centers in Bulukumba regency is that there are still around 275 people (85.4%) health workers in the always, often, and sometimes categories (Table 4). Sometimes people think that HIV/AIDS is caused by free sex; 156 people (48.4%) will stay away from touching people with HIV/AIDS after knowing their status, 174 people (54%) are afraid of people with HIV/AIDS, 162 people (50.3%) feel disgusted with people with HIV/AIDS, 62 people (19.3%) health workers do not want to treat people with HIV/AIDS, 173 people (84.9%) will use layered handsocon when they want to do a treatment. Treatment/action for people with HIV/AIDS, there are still 200 people (62.1%) who feel uncomfortable around people with HIV and AIDS, and 48 people (15%) will refuse to provide health services/education to people with HIV/AIDS, and 161 people (50%) will isolate when providing services to people living with HIV/AIDS.

**Discussion**

In this study, gender does not affect stigma and discrimination. This result aligns with previous research, which stated that there was

no significant relationship based on gender, stigma, and discrimination among people with HIV/AIDS.<sup>15-17</sup> However, stigmatization in this study was more significant among female nurses (42.3%) than male nurses (33.3%).

The provision of stigma and discrimination is also unrelated to the education level of health workers in Bulukumba regency (p=0.362). This result differs from the previous research, which said that education is one of the factors that can influence the emergence of stigma and discrimination against people with HIV/AIDS.<sup>17</sup> Theoretically, education affects stigma and discrimination, but this study does not apply. These differences are due to many factors that influence the provision of stigma and discrimination, including the perception of health workers toward people with HIV/AIDS. If the perception of health workers is negative, it will impact their behavior—and vice versa.

The profession of health workers shows a relationship with the provision of stigma and discrimination (p=0.041.) The presence of stigma and discrimination reinforces this, the first highest being the nursing profession (43.6%), the health analyst profession (42.0%), followed by midwifery (41.5%), and other professions, including doctors and public health workers (10.5%). The variable length of work illustrates no relationship between the length of work and the provision of stigma and discrimination

**Table 4 Forms of Stigma and Discrimination of Health Workers**

<b>Forms of Stigma and Discrimination</b>	<b>Always n (%)</b>	<b>Often n (%)</b>	<b>Sometimes n (%)</b>	<b>Never n (%)</b>
Do you think that all people with HIV are the result of free sex?	49 (15.2)	98 (30.4)	128 (39.8)	47 (14.6)
Would you stay away/avoid touching people with HIV/AIDS after knowing their status?	22 (6.8)	29 (9.0)	105 (32.6)	166 (52.6)
Are you afraid of people with HIV/AIDS?	34 (10.6)	33 (10.2)	107 (33.2)	148 (46.0)
Do you feel disgusted with people with HIV/AIDS?	19 (5.9)	11 (3.4)	132 (41)	160 (49.7)
Are you going to treat people with HIV/AIDS?	101 (31.4)	95 (29.5)	64 (19.9)	62 (19.3)
Do you use a layered handsocon during treatment for people with HIV/AIDS?	158 (49.1)	43 (13.4)	72 (22.4)	49 (15.2)
Do you feel uncomfortable around people with HIV/AIDS?	25 (7.8)	21 (6.5)	154 (47.8)	122 (37.9)
Would you refuse to provide health services/ education to people with HIV/AIDS?	6 (1.9)	7 (2.2)	35 (10.9)	274 (85.1)
Are you going to isolate them in providing services to people with HIV/AIDS?	45 (14)	19 (6.9)	97 (30.1)	161 (50.0)



against people with HIV/AIDS by health workers in Bulukumba regency ( $p > 0.05$ ), which shows that stigma and discrimination do not depend on the length of time a person has worked in the health sector but are also strongly influenced by knowledge. The results of this research are supported by previous research, which said that there was no significant difference in the behavior of nurses towards people with HIV/AIDS in nurses who had fewer working hours, in contrast to research conducted in Japan which showed that more senior nurses were more experienced in caring for people with HIV/AIDS.<sup>18</sup>

Stigma arises because correct and complete HIV information is still considered minimal, especially in the mechanism of HIV transmission, groups of people at risk of contracting HIV, and ways to prevent it, including using condoms.<sup>19,20</sup> Stigma is the biggest barrier to preventing HIV transmission and treatment, mainly when healthcare providers impose stigma and discrimination that can affect the quality of life and access to health services.<sup>21</sup> In addition, the stigma against people living with HIV/AIDS also causes people who have symptoms or are suspected of having HIV to be reluctant to take a test to find out their HIV status because if the results are positive, they are afraid of being rejected by their families and especially by their partners.

The emergence of stigma is one of the obstacles faced in dealing with HIV and AIDS. Based on Asia Pacific Regional analysis data that stigma and discrimination exist in almost all sectors, including the health sector (54%), community (32%), family (18%), and the workplace (18%).<sup>2</sup>

Based on the analysis of the relationship, there is a relationship between knowledge about HIV and AIDS with the provision of stigma and discrimination against people with HIV/AIDS by health workers ( $p = 0.019$ ). Based on this analysis, it can be seen that there are 63 health workers (35%) who have good knowledge of health workers who stigmatize and discriminate against people with HIV/AIDS. This proves that knowledge is not the only factor contributing to stigma and discrimination by health workers. But knowledge about HIV and AIDS dramatically influences a person's attitude toward people with HIV/AIDS. Stigma against people with HIV/AIDS appears related to someone's ignorance about the mechanism of HIV transmission and negative attitudes that are influenced by the HIV and AIDS epidemic.

The highest percentage of stigma and discrimination in this study is found in the nursing profession (43.6%), health analysts (42.9%), midwives (41.2%), and the rest (doctors, public health) (10.5%). This is, of course, very unfortunate because health workers, especially nurses and midwives who are directly related to services to the community, are expected to be able to provide education to the general public to detect the stigma that people with HIV/AIDS obtain. But in reality, the stigma is actually carried out by the service providers themselves. Nurses are health workers with the tremendous potential to help reduce the stigma of patients with HIV/AIDS. However, it was found that nurses gave the most significant percentage in stigmatizing and discriminating against patients with HIV/AIDS. Stigma from nurses identified in previous studies makes patients with HIV/AIDS feel uncomfortable in health services. Research conducted in Bali also found that patients with HIV/AIDS were refused treatment and discriminated against in health services. Some people living with HIV/AIDS also complain of the same thing, namely isolation, discrimination, and violations of their civil rights, and that discrimination is also the reason people with HIV/AIDS are reluctant to reveal their positive HIV status to others.<sup>22</sup>

The same research was also conducted by Suswani, stating that the stigma and discrimination that people with HIV/AIDS in Bulukumba regency experience are not only given by their families and communities but also by the health workers themselves, and this is one of the reasons why people with HIV/AIDS who suffer from in Bulukumba regency access health services in Makassar.<sup>23</sup>

The stigma given by health workers in Bulukumba regency illustrates that as many as 45.6% are in the "always" and "often" categories assuming that all people with HIV are the result of free sex, 20.8% are afraid of people with HIV/AIDS, and 9.3% feel disgusted. At the same time, the forms of discrimination given are avoiding/avoiding people with touching AIDS (15.8%), refusing to treat people with AIDS (19.3%), using layered handscoon during treatment (62.5%), refusing to provide health services (4.1%), and isolate people with HIV/AIDS while providing health services (20.9%). Stigma and discrimination given by health workers are not only caused by a lack of knowledge but also due to a lack of interaction between health workers and

people with HIV/AIDS.

Misunderstanding or lack of knowledge about HIV and AIDS often impacts the fear of people with HIV/AIDS, thus leading to the rejection of people with HIV/AIDS. In the end, this makes people with HIV/AIDS be closed, withdrawn, and even difficult to access good, safe, and comfortable services and guaranteed confidentiality—impact on the quality of life of people with HIV/AIDS. Providing complete information, either through counseling, counseling, or outreach about HIV and AIDS, is vital to reduce stigma and discrimination.<sup>24</sup>

Providing knowledge or information related to HIV is one effective way to explain the prevention and transmission of HIV. Someone with good and correct knowledge of HIV is expected to reduce and even eliminate stigma in people with HIV/AIDS. Perceptions of people with HIV/AIDS influence attitudes and behaviors to give stigma. The results of previous studies stated a significant relationship between stigmatizing HIV/AIDS and a person's experience in interacting with people with HIV/AIDS, also related to experiences of shame and blame related to AIDS.<sup>24</sup>

Stigma and discrimination are important issues that require efforts and cooperation between the government, relevant agencies, the community, and people with HIV/AIDS themselves. Efforts to reduce stigma and discrimination continue to be encouraged to achieve the target of zero stigmas and discrimination in 2030 for all people with HIV who know their HIV status to take HIV treatment so that there are no more new HIV infections and deaths from AIDS.

## Conclusions

The type of profession and knowledge of health workers gave a significant relationship to stigma and discrimination in Bulukumba regency, while the most considerable stigma experienced was feeling disgusted and uncomfortable around people with HIV/AIDS and the assumption that HIV/AIDS suffered only as a result of from free sex. The form of discrimination with the largest percentage is the behavior of health workers who will use layered handsome when performing/providing services to people with HIV/AIDS.

## Conflict of Interest

All the authors of this article there is no conflict of interest.

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