



Stigma Analysis of HIV/AIDS at SMK Negeri 1 Cilacap

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Abstract. The high number of HIV/AIDS cases cannot be separated from the problem of stigma, especially among Young womens. The stigma is formed due to ignorance, a lack of knowledge about HIV/AIDS, and misunderstandings about HIV transmission. The purpose of this study was to determine the analysis of Young womens's stigma about HIV/AIDS at SMK Negeri 1 Cilacap in 2021. Quantitative research with cross-sectional study design was used in this study. The population of the study was class XI students at SMK Negeri 1 Cilacap, with a sample size of 95 respondents. The sampling technique used Cluster Random Sampling with the data collection method using a questionnaire. The study was conducted in January 2022. The results of the univariate analysis showed that the majority of students had mild stigma on the sub-variable of stigma against HIV/AIDS as much as 58.5% and on the sub-variable of stigma against the cause of HIV/AIDS as much as 61.6%, while the sub-variable of stigma on the mode of transmission of HIV/AIDS has a heavy stigma of 67.4%. The majority of young women had stigma against the cause of HIV/AIDS and the mode of transmission of HIV/AIDS. The findings of this study could have an impact on key HIV-AIDS populations who are hesitant to check themselves, disclose their HIV status, and seek treatment.

Keywords: Stigma, HIV AIDS, Young Women, Cilacap.

1 Introduction

The Human Immunodeficiency Virus (HIV) is a virus that infects white blood cells and causes a decrease in the human immune system. In the advanced stages of HIV-associated Acquired Immune Deficiency Syndrome (AIDS), there is a potential for the entry of other infections known as opportunistic infections. Acquired Immune Deficiency Syndrome (AIDS) is a collection of symptoms that arise due to decreased immunity caused by HIV infection. The best treatment for HIV AIDS so far is antiretroviral therapy (ARV). ARVs are used for the treatment of people infected with HIV because they suppress the amount of HIV in the body. The suppressed virus does not have the potential to be transmitted to other people, and people with HIV will have a good quality of life [1].

According to the United Nations Program on HIV and AIDS (UNAIDS), the African continent has the most HIV-infected people (25.7 million), followed by Southeast Asia

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(3.8 million), and America (3.55 million). Meanwhile, the lowest was in the West Pacific (1.9 million people). The high population of people infected with HIV in Southeast Asia requires Indonesia to be more vigilant about the spread and transmission of this virus [2]. Based on data from the Directorate General of P2P, Ministry of Health RI (2021), the number of HIV-positive cases reported in Indonesia from 2010-2019 tends to increase. In 2019, there were 50,282 positive HIV cases, and this decreased in 2020 to 41,987 cases. In contrast to the 2019-2020 AIDS cases, there was an increase from 7,036 cases to 8,639 cases [1].

Reports on the development of HIV/AIDS in Central Java province found that 4,309 people were living with PLWHA in the period January - September 2020. The period January - March 2021 found that 1,125 people were living with PLWHA in Central Java [3]. In 2018, it was discovered that the Cilacap district ranked third in Central Java with the highest number of HIV/AIDS sufferers [4]. The incidence of HIV in Cilacap Regency in 2020 was 122 cases, while AIDS cases were 72, and the number of AIDS deaths was 17 [5]. The number of HIV cases in Cilacap Regency in 2020, especially in Young womens, is 2.4 percent, and the number of AIDS cases is 1.4 percent [5].

The high number of HIV/AIDS cases cannot be separated from the problem of stigma against PLWHA, which is often an obstacle in efforts to reduce the prevalence of HIV/AIDS. Stigma is a negative trait attached to a person's personality because of the influence of his environment. Stigma by itself will give birth to discrimination, which is defined as an act that judges people based on their PLWHA status [2]. Stigma comes from the mind of an individual or society that believes that AIDS is the result of immoral behavior that society cannot accept. Stigma towards PLWHA is reflected in cynical attitudes, feelings of excessive fear, and negative experiences towards PLWHA. Many people think that people infected with HIV/AIDS deserve punishment for their actions. They also think that PLWHA people are responsible for the transmission of HIV/AIDS [6]. Stigma can appear in people of various ages, and one of them is a teenager.

Between the ages 10 and 19 years, adolescence is a time of intense physical, psychologically, and intellectually growth and development. Adolescents have unique traits include a strong sense of adventure and challenge, as well as tendency to be daring in taking risks for their acts without giving them much thought [7].

A preliminary survey of 15 young womens revealed that there is still stigma associated with HIV/AIDS: 65% believed that swimming with PLWHA could lead to one's own infection, 85% thought the illness was a cursed disease, and 70% believed that HIV could be spread through bites. Mosquitoes, 70% said that people with HIV/AIDS should be avoided, 60% said that the virus can be spread through saliva, 70% said that exchanging clothes with people who have the virus can make someone else infected with it, and 55% stated that sharing food with someone who has the virus can also spread it. Looking at the survey results, it is clear that the majority of young womens do not understand transmission and have incorrect prejudices about HIV/AIDS.

2 Method

The type of research used is quantitative with cross-sectional. The variable in this study is the stigma of HIV AIDS. The population in this study was 628 students from class XI at SMK Negeri 1 Cilacap. The 95 students were sampled using cluster random sampling. The research instrument in the form of a questionnaire has been tested for validity and reliability and is declared valid (sub-variable young women stigma against HIV/AIDS: 0.38–0.62; sub-variable young women stigma against the cause of HIV/AIDS: 0.37–0.66; and young women stigma on the mode of transmission of HIV/AIDS: 0.36–0.68) and reliable (0.84). With the validity test results, r count: 0.36–0.68 greater than r table. Data analysis used the frequency distribution of each stigma sub variable.

3 Result and Discussion

3.1 HIV AIDS Stigma Analysis

The results showed that the majority of respondents (58.5%) had a mild stigma against HIV/AIDS.

Table 1. The Frequency Distribution of HIV/AIDS Stigma at SMK N 1 Cilacap in 2022

Stigma	Frequency (n)	Percentage (%)
Heavy	39	41.5
Mild	56	58.5
Amount	95	100

3.2 Stigma Analysis of HIV AIDS Causes

Table 2 presents data showing that the majority of respondents (61.6%) have mild stigma in the stigma sub-variable for the cause of HIV/AIDS.

Table 2. The Frequency Distribution of HIV/AIDS Stigma Causes at SMK N 1 Cilacap in 2022

Stigma	Frequency (n)	Percentage (%)
Heavy	36	38.4
Mild	59	61.6
Amount	95	100

3.3 Stigma Analysis of the Mode of Transmission of HIV AIDS

Based on the results of the frequency distribution in Table 3, the majority of respondents (67.4%) have severe stigma in the stigma sub-variable for the mode of transmission of HIV/AIDS.

Table 3. The Frequency Distribution of Stigma on the Mode of HIV/AIDS Transmission in 2022 at SMK N 1 Cilacap.

Stigma	Frequency (n)	Percentage (%)
Heavy	64	67.4
Mild	31	32.6
Amount	95	100

3.4 Discussion

In this study, the three types of stigmatizations that affect young women are categorized. Young women's stigma against HIV/AIDS is defined as a teenager's perspective on the disease without adequate knowledge and prior personal experience. According to the study's findings, respondents have a minimal stigma against HIV/AIDS and its causes. Teenagers may not understand the illness and its causes, which contributes to this mild stigma. Knowledge can also affect the stigma relating to HIV and AIDS among youth. Ignorance, a lack of awareness of HIV/AIDS, and false beliefs about how HIV spreads can all contribute to its development. These issues are brought on by people's lack of understanding of the HIV transmission process, which results in their negative attitude toward social groupings that are not HIV/AIDS professional [8].

The majority of respondents (47.4%) and 47.4%, respectively, think that PLWHA should be avoided and that HIV/AIDS is a treatable illness. As many as 64.2% of respondents thought that HIV/AIDS was a cursed disease, while at least 68.4% thought that it wasn't an acronym for the human immunodeficiency virus. These stigmas may cause HIV-positive individuals to be shunned, and the neighborhood may also discriminate against them. The community was provided incomplete and misleading information, notably regarding the definition of HIV/AIDS, which led to the development of stigma [9].

Stigma might make it difficult for PLWHA to get tested and reveal their HIV status. In this investigation, severe stigma was discovered. The majority of respondents (62.1%), who were highly stigmatized, believe that sharing needles and syringes could not spread the HIV virus and that the virus could not be transmitted through sexual contact. According to young women, 62.1% believe that premarital sex cannot prevent HIV/AIDS, and 75.8% believe that injecting drugs can prevent HIV/AIDS, and 75.8% believe that underage marriages can result in HIV/AIDS. This finding surprised researchers because, if stigma is allowed to persist, young women may believe that sharing needles and engaging in sexual activity do not increase the risk of HIV/AIDS transmission. Stigma may also prevent PLWHA from getting tested. Although injecting drug users constitute a major population and sexual activity is one of the risk factors for HIV/AIDS transmission, it is also known that the HIV/AIDS virus can live in blood fluids.

The vast majority of young women who responded have negative stereotypes about how HIV is spread. As many as 81.1% of young women believed that shaking hands with HIV-positive people could spread the disease, while 67.4% believed that mosquitoes were the main source of transmission, 80% believed that saliva could spread the

disease, and 72.6% believed that saliva was the source of transmission. The youth's presumptions from earlier are incorrect. The establishment of inaccurate bias in the aforementioned example demonstrates young women's ignorance of HIV/AIDS. According to some study, stigma against HIV AIDS, particularly for young women, is linked to awareness about the disease. Lack of information about HIV/AIDS increases the likelihood that stigma will develop by 1.23-3.37 times [10]–[13].

Stigmas may be present based on gender. In this study, all of the respondents under the age of 25 were female. Even though some studies claim that gender has no bearing on the stigma associated with HIV/AIDS, others have discovered that women are more likely than males to have unfavorable opinions about the condition. Men are better able to adjust, adapt, and socialize than women, who have less flexibility in their adjustment to their social environment. Gender differences may contribute to this. It is well known that occasionally male sex acts as a key population and one of the risk factors for incidence of HIV and AIDS based on the majority sex [2], [13], [14]. Discrimination against PLWHA has a strong connection to stigma. The term "discrimination" refers to unequal treatment based on distinctions like race, ethnicity, age, gender, or HIV/AIDS. Discrimination against PLWHA may take the form of isolation, avoidance, verbal abuse, and physical violence. It is impossible to separate the irrational fear of PLWHA from the formation of discriminatory treatment for PLWHA. Low knowledge of HIV/AIDS might lead to irrational fear of PLWHA. Low HIV/AIDS awareness can increase the likelihood of stigmatization [15]–[17].

The impact of both low and high stigma can be the reason it is difficult to approach PLWHA. Key populations for HIV/AIDS are expected to be willing to carry out HIV/AIDS tests. The earlier the HIV/AIDS status is known, the quicker it will be handled by administering ARVs. The higher the number of PLWHA consuming ARVs, the higher the life expectancy for PLWHA. To reduce stigmatization, an ongoing program is needed to educate and provide correct information about HIV/AIDS, especially for Young womens.

4 Conclusion

The majority of young women have a mild stigma towards HIV/AIDS and the causes of HIV and a heavy stigma against the way HIV/AIDS is transmitted. The research implication for schools is that it is necessary to have a regular health education program about HIV/AIDS is transmitted. The research implication for schools is that it is necessary to have a regular health education program about HIV/AIDS. The implications for the three-zero HIV/AIDS control program are that it is proven that there is still a wrong stigma against HIV/AIDS, so educational breakthroughs are needed through various media such as Instagram, Tiktok, and Facebook, which are attractive to young people in particular.

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