



Self-stigma Based on the Sexual Orientation in PLWHA (People Living with HIV/AIDS) in Surabaya, Indonesia

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Abstract. The problem of self-stigma is one of the serious problems that occurs in people living with HIV/Aids (PLWHA), this problem is different from discrimination treatment, self-stigma is the fear felt by PLWHA, against acts of discrimination as a result of the attributes attached by community towards PLWHA. This study aims to determine the difference in self-stigma based on sexual orientation in people living with HIV/AIDS. Methods: this research is a “comparative descriptive” research with the method used is a cross sectional approach. The population in this study were all people living with HIV/AIDS, at the Perwakos and Mahameru foundations in Surabaya, the sampling technique used was snowball sampling, with 63 respondents consisting of 3 groups, 23 male PLWHA, 20 women and 20 others are sexual pervert transgender. Results: The results showed that the experience of self-stigma in PLWHA Men was mostly heterosexual with a score of 29, 33 & 35 as many as 9 people (21%), with a mean of 36.49. Self-stigma scores on PLWHA Women based on heterosexuality were mostly 25 as many as 4 people (6.34%), with a mean of 40.45. Meanwhile, the self-stigma scores of PLWHA with sexual deviations transgender based on Homosexuality were mostly 53, 54 & 67 as many as 6 people (9.54%), with a mean of 60.05. The results of the analysis using the one way ANOVA test are ($p = 0.000 = 0.05$) So it can be concluded that there are differences in self-stigma based on sexual orientation in people living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (PLWHA).

Keywords: PLWHA · Self-stigma · men · transgender & women

1 Introduction

Self-stigma is real or imagined fear of social attitudes and potential acts of discrimination that will arise as a result of the attributes of the disease experienced [1]. Since the discovery of HIV in the 1987s, stigma has emerged, both stigma perpetrated by others against people with HIV/AIDS, as well as stigma internalized by PLWHA themselves. Self-stigma experienced by PLWHA This is the result of a negative perception of HIV disease, where HIV is still a very frightening specter in society, so that people often

stigmatize PLWHA and result in feelings of guilt, fear of discrimination, so that further PLWHA will hide their status. Illness experienced by others [2].

Several factors cause self-stigma [3], divided into 3, namely: Social factors, (economic, cultural, political, access to prevention and treatment services, supporting community networks, sources of information, and the level of stigma and discrimination in the surrounding environment). The two contextual factors, (living conditions of PLWHA, use of narcotics and alcohol, strength of relationships with PLWHA with their partners and families, and time since being diagnosed) and the third self-factor, (state of mood, belief system, resilience and coping skills, level of knowledge, life experience), life skills, as well as self-esteem and self-awareness), so that these three factors can clearly describe how self-stigma occurs as a result of social phenomena that occur in their environment [4]. As stated that certain groups such as transgender are very vulnerable to experiencing self-stigma compared to groups of men and women [5].

A result of research about stigma in PLWHA [2] explained that, from 1987 to March 2016 the incidence of HIV reached 40,500 people, about 50% of men and women experienced stigma and discrimination related to their HIV status. As a result of stigma and discrimination, people living with HIV tend to be ostracized by their family, friends and the wider environment. On the other hand, they also experience discrimination in health care, education and other rights. The stigma index of PLWHA indicates that 1 in 8 PLWHA does not receive health services because of stigma and discrimination [6]. East Java is in second place for the number of HIV and AIDS sufferers as many as 19,249 HIV cases and 8,976 AIDS cases. Surabaya as the largest city in East Java ranks first most compared to other cities, the estimated number of people living with HIV is: 19,503 people. Where the percentage of patients found is 10,072 (51.6%), while the percentage that has not been found is: 9,431 (48.4%). With a total of 3,472 men, 4,447 women, 248 transgender people and 2,044 IDU [7].

Self-stigma stems from bad perceptions and judgments from the community, or what is called stigma which indirectly has a large enough impact in forming beliefs in people with HIV/AIDS, that they really deserve bad treatment from the community, this is then referred to as self-stigma or self-stigma. Self-stigma [8]. The process of self-stigma divided into two, namely, the first comes from the rejection of stigmatization and discrimination carried out by others against PLWHA, where someone who has been infected with HIV (positive) often gets a negative response from their environment, both discriminatory treatment in the form of being ostracized or shunned. Not only done by other people, but also found from some research literature it is explained that negative treatment is often carried out by hospital staff and even by their own families, resulting in fear, depression and stress on PLWHA themselves for negative treatment that will happen to them. as a result of their HIV disease status, PLWHA also decide not to access health services [5].

Self-stigma has a stronger influence on the overall well-being of PLWHA compared to external forms of stigma such as from society, especially their psychological health. Self-stigma for PLWHA is a form of internalization of stigma, where a person labels himself as unacceptable by society because he has HIV disease problems. Other research shows the importance of treatment involving partners to restore social relationships and reintegrate PLWHA into society [9]. In order for PLWHA to comply with treatment,

partners have a very important social role. They will motivate PLWHA to adhere to treatment, eradicate stigma, restore hope and reduce social differences. This method is carried out as an effort to normalize PLWHA in order to eliminate social isolation and restore relationships with PLWHA with other people [10]. Therefore, the purpose of this study was to determine the differences in self-stigma based on sexual orientation in people with HIV/AIDS [11].

2 Method

2.1 Research Design

This type of research is a “comparative descriptive” research with the method used is a cross sectional approach. The characteristic of a comparative study is to compare between 2 (two) groups or more than one particular variable.

2.2 Population and Sample

The population is the whole of the research subject or object to be researched [3]. The population of this study were all PLWHA patients at the Mahameru Foundation: Men (628 people) and women (396 people), while at the Perwakos Foundation Surabaya PLWHA transgender were 248 people. The sampling method used is “Snowball sampling”, with a total sample of 63 respondents, consisting of 3 groups of PLWHA, namely: Male 23 respondents, Female 20 respondents and transgender 20 respondents.

Inclusion criteria: HIV positive, 18–50 years old, willing to be a respondent and do not have a mental disorder. Excluded if refuse to be participant and lost contact.

2.3 Data Collection Procedure

1. Preparation phase

In this step, the research location is selected and the permit arrangement is addressed to the chairman of the Mahameru Foundation and the Perwakos Foundation in Surabaya, after that the researchers conducted a preliminary study on self-stigma research on PLWHA, compiled in the form of a research proposal and prepared an instrument sheet. Sample selection on PLWHA Men, women and PLWHA with sexual deviations transgender.

2. Research implementation stage

In the second stage the researcher determined the key groups in the population of 6 people each in the group of PLWHA 2 people, and the researcher asked them to fill out a questionnaire, then the researcher asked the key group to distribute the questionnaire to other respondents who were considered representative of the study population, until the desired data is fulfilled, but mostly I myself meet the next respondent after receiving information from the PLWHA assistant, after the data obtained is considered sufficient, then data processing is carried out.

2.4 Data Analysis

Data analysis is intended to find out whether there are Differences in Self-Stigma Based on Sexual Orientation in People With Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (PLWHA) in Surabaya. To find out how big the difference is, the researchers used the Anova statistical test, namely a comparison test with 3 groups of free samples from the same population with the interval data scale. The results of the statistical test are with a significance of 0.05.

3 Results

3.1 Characteristics Self-stigma on PLWHA

Self-stigma scores based on heterosexuality in male respondents were mostly 29, 35 & 37 as many as 9 people (21%), while the Self-stigma score based on Homosexuality in respondents with sexual deviations transgender were mostly 53, 54 & 67 as many as 6 people (13.95%) (Table 1).

Self-stigma score of female respondents based on heterosexuality, mostly 25 as many as 4 people (20%) (Table 2).

Self-stigma scores based on heterosexuality in male respondents were mostly 29, 35 & 37 as many as 9 people (21%), with a mean of 36.39. Self-stigma scores of female respondents based on heterosexuality, mostly 25 as many as 4 people (20%), with a mean of 40.45. While the Self-stigma score based on Homosexuality in respondents with sexual deviations transgender were mostly 53, 54 & 67 as many as 6 people (13.95%), with a mean of 60.05.

Based on the Anova statistical test to find out the results of the difference, using SPSS 16 the results obtained are $p = 0.000 = 0.05$, so H_0 is rejected and H_1 is accepted. This means that there is a difference in self-stigma based on sexual orientation in people with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (PLWHA) in Surabaya.

4 Discussion

4.1 Self-stigma Based on Heterosexual and Homosexual in Male PLWHA

From the results of research on self-stigma in PLWHA it was found that of 23 respondents, shows that the self-stigma status of male respondents are mostly heterosexual, 29, 33 & 37 as many as 9 people (21%), with a mean of 36.39. A man with HIV disease will have a relatively smaller vulnerability to discrimination and self-stigma, than a woman with HIV disease, besides that a man's coping mechanisms are also better than a woman's [5, 12].

The level of education greatly affects the perception of PLWHA about their health and illness, as well as how they adapt to the environment, in Table 4.4 shows that most of the male respondents have high school education status as many as 13 people (20.63%), thus education status is an important factor in the experience of self-stigma in male PLWHA [13].

Table 1. Characteristics of self-stigma based on hetero and on PLWHA Male and sexual deviation transgender

NO	MEN						TOTAL
	Score Self-stigma	MEN		Score Self-stigma	Sexual deviance transgender		
		Heterosexual			Homosexual		
		Amount	%		Amount	%	
1	25	1	2.32	47	1	2.32	
2	27	2	4.65	48	1	2.32	
3	28	2	4.65	51	1	2.32	
4	29	3	7	53	2	4.65	
5	33	1	2.32	54	2	4.65	
6	35	3	7	55	1	2.32	
7	37	3	7	56	1	2.32	
8	39	1	2.32	59	1	2.32	
9	40	1	2.32	61	1	2.32	
10	47	2	4.65	63	1	2.32	
11	50	1	2.32	64	1	2.32	
12	52	1	2.32	65	1	2.32	
13	58	1	2.32	67	2	4.65	
14	60	1	2.32	70	1	2.32	
15				71	1	2.32	
16				73	1	2.32	
17				74	1	2.32	
	Amount	23			20		43
	%		41			59	100

In addition, sexual orientation is also an important factor causing stigma and self-stigma in PLWHA, as Table 4.6 shows that the sexual orientation of the male respondents is mostly heterosexual as many as 23 people (36.52%), so that we can see that the self-stigma experienced by male respondents is relatively lower than female and transgender respondents [11].

4.2 Self-stigma Based on Heterosexuality in Women PLWHA

Based on in Table 4.8 shows that the Self-stigma status of female respondents based on heterosexuality, most of them are 25 as many as 4 people (20%), mean 40.45. Thus, age is also an influential factor in the experience of self-stigma in women living with HIV, especially the higher the age of female respondents, the more vulnerable they are [14].

Table 2. Characteristics of self-stigma based on heterosexual in PLWHA Women

NO	Score Self-stigma	WOMAN	
		Heterosexual	
		Amount	%
1	25	4	20
2	26	1	5
3	28	1	5
4	35	3	15
5	37	1	5
6	39	1	5
7	42	1	5
8	47	1	5
9	50	1	5
10	55	3	15
11	56	1	5
12	59	1	5
13	60	1	5
	Total	20	100

Based on the educational status of most of the SMA as many as 11 people (17.46%), it means that knowledge also affects the occurrence of self-stigma in PLWHA women, the higher their educational status, the less self-stigma they will experience [10].

4.3 Self-stigma Based on Homosexuality in PLWHA with Sexual Deviance (Transgender)

Based on the results of the study showed that the Self-stigma status of respondents with sexual deviations (transgender) based on Homosexuality was mostly 53, 54 & 67 as many as 6 people (13.95%), with a mean of 60.05. While the characteristics based on age are mostly 23–26 years and 31–34 years as many as 10 people (15.86%), thus age is also an influential factor in the experience of self-stigma in PLWHA with sexual deviations (transgender), according to National health, that transgender experience double stigma, the first is the stigma because of their gender and the second is the stigma because of their HIV status. This is consistent with the results of other studies, that transgender women experience the highest self-stigma because they are transgender [15, 16].

Educational status at Most of the transgender respondents had primary education status as many as 9 people (14.28%), SMP as many as 7 people (11.12%), high school as many as 3 people (4.76%), while the respondents who did not go to school were 1 person (1.58%). This shows that the educational status of transgender people greatly affects the occurrence of self-stigma in transgender women.

4.4 Differences in Self-stigma Based on Sexual Orientation in PLWHA

The Anova statistical test results $p = 0.00 = 0.05$, then there is a difference in self-stigma based on sexual orientation in PLWHA in Surabaya. The results of this study indicate that the self-stigma experienced by PLWHA men with a mean of 36.39, while in women PLWHA with a mean of 40.45 and PLWHA with sexual deviations (transgender) with a mean of 60.05. So that transgender PLWHA experience the highest self-stigma compared to other PLWHA.

The results of this study are in accordance with the results of research conducted before [2] who explained that the transgender group often experienced self-stigma because from the start they had been stigmatized because of being transgender, coupled with the stigma due to their HIV disease status, so this is what causes the high experience of self-stigma in transgender women [17, 18].

5 Conclusion

Based on the results of these studies, it can be concluded that:

1. Self-stigma status based on heterosexuality in PLWHA Men mostly are 29, 33 & 35 as many as 6 people (21%), with a mean of 36.39.
2. Self-stigma status based on heterosexuality in PLWHA Women, mostly 25 as many as 4 people (20%), with a mean of 40.45.
3. Self-stigma status based on Homosexuality in PLWHA with sexual deviations (transgender) were mostly 53, 54 & 67 as many as 10 people (15.86%), with a mean of 60.05.
4. Based on the results of the one way ANOVA statistical test ($p = 0.000 = 0.05$), then H_0 is rejected and H_1 . Then There's a Difference *Self-stigma* based on sexual orientation in people with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (PLWHA) in Surabaya.
5. The highest self-stigma was the PLWHA transgender group with a mean of 60.05.

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