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## THE RELATIONSHIP BETWEEN STIGMA AND JOB AND MARRIED ACCESSIBILITY IN HIV- AIDS PATIENTS IN KENDARI CITY

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### Abstract

**Background:** Cumulatively, the number of HIV / AIDS cases in Southeast Sulawesi Province were 401 people consisting of 80 cases in Kendari City, 20 cases in Konawe, 1 case in North Konawe, 11 cases in East Kolaka, 34 cases in Kolaka, 10 cases in North Kolaka, 39 cases in South Konawe, Bombana 10 cases, Muna 27 cases, West Muna 15 cases, North Buton 26 cases, Bau-Bau 56 cases, South Buton 22 cases, Central Buton 16 cases, Buton 9 cases, Wakatobi 23 cases, and Konawe Islands District 2 cases. Meanwhile, a report from the Kendari City Health Office explained that there were an increase in HIV / AIDS positive cases in Kendari City, namely from 57 cases in 2019 an increase of 23 cases in 2020 so that the total number of HIV / AIDS cases in Kendari City was 80 cases.

**Methods:** This quantitative study used an analytical survey method using a cross-sectional study approach. The population is all HIV / AIDS who sufferers in Kendari City in 2020, namely 80 people. The number of samples was 67 with the sampling technique using simple random sampling.

**Results:** Job accessibility to stigma in people with HIV / AIDS based on the chi square test analysis with a significance level of 95%, obtained the value of  $X^2_{cal} = 8,242 > X^2_{tab} = 3,841$ ;  $p\text{-value} = 0.004 < \text{value } \alpha = 0.05$ , so  $H_0$  is rejected. Meanwhile, with a significance level of 95%, the value of  $X^2_{cal} = 21.102 > X^2_{tab} = 3,841$ ;  $p\text{-value} = 0.000 < \text{value } \alpha = 0.05$ , so  $H_0$  is rejected for the accessibility of being married to the stigma of HIV / AIDS sufferers in Kendari City.

**Conclusion:** There is a weak relationship between job accessibility and marriage with the stigma of HIV / AIDS patients in Kendari City.

**Key words:** *Work, Marriage, Stigma, Accessibility*



## INTRODUCTION

Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS) it cannot be underestimated again when seen from the large number of sufferers(1). Because of this, the Indonesian government issued a Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2013 concerning HIV and AIDS prevention. In addition, the community also takes part in tackling HIV and AIDS in Indonesia, one of which is the AIDS Concerned Citizens Forum (WPA) which is expected to be a media to provide information about HIV / AIDS so that stigma and discrimination will end people living with HIV / AIDS(2). In addition, with the WPA forum, it is also hoped that people who are at high risk will want to go to health services. This is expected to improve the quality of service better, which is not only limited to health services but as a whole(3). And another hope from the WPA forum is that people infected with HIV / AIDS will open up so that transmission can be controlled and receive therapy(4).

Fear, stigma and discrimination against people living with HIV / AIDS are still major obstacles(5). Families and children living with HIV / AIDS are vulnerable to stigma and discrimination, which can be seen in reduced access to services, loss of dignity and increased poverty and deprivation. Fear leads to resistance to HIV testing, embarrassment to start treatment, and in some cases reluctance to receive education about HIV. All of this complicates epidemic control(6).

The stigma of society towards people with HIV / AIDS will have an impact on access to sufferers in almost all aspects, from access to education, information, getting married, work and access to health services to the economy of families with HIV positive people.(7). Based on the results of interviews in a preliminary study with 5 HIV sufferers, they tend to feel ashamed and shut themselves off from society, even though the

HIV virus is not the result of their behavior that deviates from religious or moral norms. It is also said that the difficulty in accessing to get a decent job and being able to meet the needs of their family is limited due to the stigma in the community, there are even sufferers who say that their own family distance themselves as a result of suffering from HIV disease.(8).

The still strong stigma of discrimination against people living with HIV / AIDS is a common problem faced by districts / cities in Southeast Sulawesi in their efforts to deal with HIV / AIDS, which makes it increasingly difficult for HIV / AIDS sufferers to open up. (9).

Cumulatively, HIV / AIDS cases in Southeast Sulawesi Province totaled 401 cases consisting of 80 cases in Kendari City, 20 cases in Konawe, 1 case in North Konawe, 11 cases in East Kolaka, 34 cases in Kolaka, 10 cases in North Kolaka, 39 cases in South Konawe. , Bombana 10 cases, Muna 27 cases, West Muna 15 cases, North Buton 26 cases, Bau-Bau 56 cases, South Buton 22 cases, Central Buton 16 cases, Buton 9 cases, Wakatobi 23 cases, and Konawe Islands District 2 cases. Meanwhile, a report from the Kendari City Health Office explained that there were an increase in HIV / AIDS positive cases in Kendari City, namely from 57 cases in 2019 an increase of 23 cases in 2020 so that the total number of HIV / AIDS cases in Kendari City was 80 cases. (9).

## METHOD

This research is an analytical survey research method using a cross-sectional approach (10). The population in this study were all HIV / AIDS sufferers in Kendari City in 2020, amounting to 80 people. The number of samples in the study were 67 people. The sampling technique in this study used simple random sampling, which is a simple random sampling technique or lots(11).



**RESULTS**

Table 1 shows that the distribution of respondents based on the accessibility of work is in the good category, namely 40 respondents (59.7%) and the less category is 27 respondents (40.3%).

Table 2 shows that the distribution of respondents based on the accessibility of married in good category is 36 respondents (53.7%) and the less category is 31 respondents (46.3%).

Table 3 shows that out of 40 respondents based on the accessibility of good jobs, there are 21 people (52.5%) who do not get stigma and 19 people (47.5%) experience stigma. Of the 27 respondents based on job accessibility, there were 4 people (14.8%) who did not get stigma and 23 people (85.2%) got stigma. The results of data processing performed using chi square test analysis with a significance level of 95%, obtained the value of  $X^2_{hit} = 8,242 > X^2_{tab} = 3,841$ ;  $pvalue = 0.004 < value \alpha = 0.05$ , so  $H_0$  is rejected. This means that there is a relationship between job accessibility and stigma among people with HIV / AIDS in Kendari City. In addition, the results of

the relationship closeness test by looking at the value of phi show that the closeness of the accessibility relationship based on work with a stigma is 0,

Table 4 shows that out of 36 respondents based on the accessibility of being married, there are 23 people (63.9%) who do not get stigma and 13 people (36.1%) experience stigma. Of the 31 respondents based on the poor accessibility category, 2 people (6.5%) did not get stigma and 29 people (93.5%) got the stigma.

The results of data processing performed using the chi square test analysis with a significance level of 95%, were obtained  $X^2_{hit} = 21,102 > X^2_{tab} = 3,841$ ;  $pvalue = 0.000 < \alpha = 0.05$ , so  $H_0$  is rejected. This means that there is a relationship between the accessibility of marriage and the stigma of HIV / AIDS sufferers in Kendari City. In addition, the results of the relationship closeness test by looking at the value of phi show that the closeness of the accessibility relationship based on marriage with a stigma is 0.592 or indicates a moderate relationship.

**Table 1**  
**Distribution of Respondents Based on Job Accessibility**

No.	Profession	n	%
1.	Good	40	59.7
2.	Less	27	40.3
Total		67	100

Source: Primary Data 2020

**Table 2**  
**Distribution of Respondents Based on Accessibility to Married**

No.	Married	n	%
1.	Good	36	53.7
2.	Less	31	46.3
Total		67	100

Source: Primary Data 2020

**Table 3**  
**The Relationship of Job-based Accessibility with Stigma**  
**for HIV / AIDS sufferers in Kendari City**

No.	Profession	Stigma				total		Statistic test
		Not		Yes		n	%	
		n	%	n	%			
1.	Good	21	52.5	19	47.5	40	100	X <sup>2</sup> cal = 8,242 X <sup>2</sup> tab = 3,841 pvalue = 0.004 φ = 0.382
2.	Less	4	14.8	23	85.2	27	100	
Total		25	37.3	42	62.7	67	100	

Source: Primary Data 2020

**Table 4**  
**Accessibility Relationship Analysis based on Married with Stigma**  
**for HIV / AIDS sufferers in Kendari City**

No.	Married	Stigma				total		Statistic test
		Not		Yes		n	%	
		n	%	n	%			
1.	Good	23	63.9	13	36.1	36	100	X <sup>2</sup> cal = 21,102 X <sup>2</sup> tab = 3,841 pvalue = 0.000 φ = 0.592
2.	Less	2	6.5	29	93.5	31	100	
Total		25	37.3	42	62.7	67	100	

Source: Primary Data 2020

## DISCUSSION

### Job Accessibility Relationship with Stigma

Employment can be related to research results, that someone who already has a job and an income tends to be free to engage in risky behavior that results in HIV and AIDS. The results showed that of the 40 respondents based on the accessibility of good jobs, there were 21 people (52.5%) who did not get stigma and 19 people (47.5%) experienced stigma. Of the 27 respondents based on job accessibility, there were 4 people (14.8%) who did not get stigma and 23 people (85.2%) got stigma.

The results of data processing performed using the chi square test analysis with a significance level of 95%, were obtained p-value = 0.004 < α = 0.05, so H<sub>0</sub> is rejected. This means that there is a relationship between knowledge of job accessibility and stigma in people with HIV / AIDS in Kendari City. In addition, the

results of the relationship closeness test by looking at the value of phi show that the closeness of the accessibility relationship based on work with a stigma is 0.382 or indicates a weak relationship. Research(12)in Mumbai that stigma and discrimination against people with HIV / AIDS occurs in the family, neighbors, communities, workplaces, schools and health services. This research is in line with the research conducted by(13)with the chi square results, it was found that there was a relationship between the work variable and the stigma of HIV sufferers, namely the calculated X<sup>2</sup> value > X<sup>2</sup> table and the p value < 0.005, namely 0.024. This is also consistent with Lim's research in Vietnam which states that work is a factor of stigma and discrimination against people living with HIV / AIDS. Especially in individuals who work with HIV key populations such as sex workers. HIV sufferers will be considered to be at risk according to their work(14).

### Accessibility Relationship between Married and Stigma

Research(15) which states that people who are married are more likely to get a negative stigma because they engage in risky sexual behavior indicates that they are engaging in unsafe sex (multiple partners).

The results showed that Of the 36 respondents based on the accessibility of being married, there were 23 people (63.9%) who did not get a stigma and 13 people (36.1%) experienced a stigma. Of the 31 respondents based on the poor accessibility category, 2 people (6.5%) did not get stigma and 29 people (93.5%) got the stigma. This is consistent with research which states that people who are married can have a greater risk of being infected with HIV and AIDS if they have unsafe sex or have multiple partners.(16).

The results of data processing performed using the chi square test analysis with a significance level of 95%, were obtained  $p\text{-value} = 0.000 < \alpha = 0.05$ , so  $H_0$  is rejected. This means that there is a relationship between the accessibility of marriage and the stigma of HIV / AIDS sufferers in Kendari City. In addition, the results of the relationship closeness test by looking at the value of phi show that the closeness of the accessibility relationship based on marriage with a stigma is 0.592 or indicates a moderate relationship.

The household life of couples living with HIV / AIDS is certainly different from those of healthy couples in general, they will definitely experience some more complex problems. Saturation of ARV drugs, people who are already HIV positive are required to take ARV drugs every day for their entire life, the authors assume there must be saturation with these drugs, but the facts in the field are different, people who are HIV positive consider ARV drugs as food that must be consumed every time. day.

Fear of the HIV virus which can threaten the health of their partners and families, the majority of people living with

HIV who are single are more silent and do not have the courage to start a household, for fear of spreading it to their partners.

### CONCLUSION

There is a weak relationship between job accessibility and marriage and the stigma of HIV / AIDS sufferers in Kendari City. So that There is a need for cross-sector advocacy of health institutions, religious leaders and institutions governance to create socialization activities about HIV and AIDS every month in order to reduce the stigma of society people living with HIV / AIDS those who have worked can continue to work well and get a decent job according to their abilities. As well as socialization activities related to things that can be done by husband and wife sufferers people living with HIV / AIDS so as not to infect their partner, also to people living with HIV / AIDS unmarried.

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