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### THE RELATIONSHIP OF INFORMATION ACCESS TO COMMUNITY STIGMA AMONG ODHIV IN THE WORKING AREA OF THE TELUK LECAH HEALTH CENTER

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#### ABSTRACT

*The Human Immunodeficiency Virus (HIV) is currently a health problem that threatens Indonesia and many countries around the world. The aim of the research was to determine the factors related to community stigma among ODHIV in the Teluk Lecah Community Health Center working area. This type of quantitative research with a cross-sectional design. Samples taken by Cluster Sampling (Area Sampling), which calculated using the Slovin formula, the number obtained was 99 people. Data analysis used the chi square test. The research results showed that 69 respondents (69.7%) lacked access to information. There is a significant relationship between access to information and public stigma among ODHIV in the Teluk Lecah Community Health Center working area with a p-value of 0.01 (p-value ≤ 0.05). It is recommended that the Teluk Lecah Community Health Center HIV Extension Team continue to disseminate information about HIV to the community.*

**Keywords** : Access to Information, Stigma ODHIV

#### INTRODUCTION

The health problem threatening Indonesia and countries throughout the world is the *Human Immunodeficiency Virus (HIV)*. An estimated 5.1 million people live in Asia Pacific, 36.7 million people live with HIV (UNAIDS, Country Factsheets-Indonesia, 2016). Indonesia has 620,000 people living with HIV, there are 48,000 people with new HIV infections (UNAIDS, 2017). In West Java, HIV sufferers tend to increase, until 2016 there were around 20,008 HIV positive cases found (Ministry of Health of the Republic of Indonesia, 2016).

Obstacles in preventing and controlling *Human Immunodeficiency Virus (HIV)* In Indonesia, there is still high stigma and discrimination against people living with HIV (ODHIV). From the stigma of an individual or society believing that HIV disease is the result of immoral behavior that cannot be accepted by society. Stigma

towards ODHIV is reflected in cynical attitudes, feelings of excessive fear, and negative experiences towards ODHIV. And many people think that people infected with HIV deserve punishment due to their own actions. Many people believe that ODHIV are responsible for HIV transmission (Shaluhayah, Z et al, 2015).

HIV stigma is a negative characteristic given to someone, causing unreasonable and unfair actions towards that person based on their HIV status (UNAIDS, 2017). Stigma and discrimination against people living with HIV (ODHIV) have accompanied the HIV epidemic from the start. Stigma can increase the pressure on PLHIV facing life situations full of pressure from themselves, their families and society (Puspita, A. et al, 2023). Various stigmas of ODHIV such as exclusion, rejection and discrimination cause sufferers to experience fear of disclosing their status, ultimately

causing this disease to spread widely in secret.

The issue of stigma among ODHIV emerged along with the spread of transmission of the HIV virus itself. Because the emergence of HIV cases first occurred among homosexual/gay men, injecting drug abusers and commercial sex workers, the public considered that HIV was the result of people behaving in violation of religious norms and teachings so that they were deemed worthy of being infected with HIV. Stigma leads to discriminatory behavior for everyone who is HIV positive (Putra, 2019).

Based on research conducted by Saparina in 2022, out of 90 respondents, 75 respondents (83.3%) had a negative stigma towards people with HIV in the working area of the Perumnas health center and 15 respondents had a positive stigma towards people with HIV in the working area of the Perumnas health center (Saparina, T. et al, 2022). Lack of access to complete information about HIV has resulted in misunderstandings and has an impact on people's fear of ODHIV. Providing complete information through education, counseling and outreach about HIV to the community plays an important role in reducing stigma. Providing information related to HIV is one effective way to explain HIV prevention and transmission (Shaluhiah, Z et al, 2015). ODHIV have often been discussed, but what is more important is how intelligent society can fight the stigma against ODHIV.

In Riau, the highest number of HIV cases as of March was recorded in Pekanbaru City with 2,471 cases, followed by Indragiri Hilir Regency with 270 cases, Dumai City with 240 cases, Bengkalis Regency with 77 cases and Indragiri Hulu with 22 cases. AIDS sufferers for the general population based on occupation are still dominated by employees with 1,238 people, then entrepreneurs or own businesses with 749 cases, housewives (IRT) with 521 cases. Occupations as farmers, livestock breeders and fishermen have a higher number of HIV cases than sex workers. The number of cases of HIV infection among farmers reached 172

people, while there were 88 cases recorded among sex workers and 17 cases among medical professionals and 17 cases among prisoners (Portal Resmi Pemerintah Provinsi Riau, 2023).

A preliminary survey conducted by researchers in the working area of the Teluk Lecah Community Health Center in 2023 showed that there were 8 HIV positive patients. In 2022, there was rejection and debate between residents regarding HIV cases, such as not accepting food from HIV positive families, resulting in a public stigma that HIV can be infected. spread through food. Then the researchers conducted a survey of 10 people in the community who lived around the homes of people with HIV. Of the 10 people, 3 people understood the stigma of ODHIV and 7 people said they did not understand the stigma of ODHIV, citing a lack of information from health workers about HIV.

## METHOD

The research uses a descriptive analytical research design, a quantitative approach with a *cross-sectional research design* where research is carried out at the same time, determining the relationship between the independent variable (access to information) and the dependent variable (community stigma among ODHIV).

The population in this study was all the people in the working area of the Teluk Lecah Community Health Center, totaling 11,225 people , with a research sample of 99 respondents .

## RESULTS AND DISCUSSION

### 1. Univariate Analysis

Table 1. Frequency distribution of public information access for ODHIV in the Teluk Lecah health center working area

Information Access	Frequency (f)	Percentage(%)
Less Access	69	69.7
Access	30	33.3
Total	99	100.0

Data on respondent characteristics based on access to information shows that

the majority of respondents lacked access to information about HIV, 69 respondents (69.7%).

This research is in line with research (Kusumaningrum & Sholekhah, 2019) showing that respondents' access to information about HIV/AIDS was classified as lacking, namely 364 people (72.8%) while 136 people (27.2%) had adequate access to information. Based on research results (Sari, Musthofa, & Shaluhiah, 2022), it was found that access to information was difficult to reach for 54%, access to information was affordable for 46%.

Research (Kusumaningrum & Sholekhah, 2019) The most access to information about HIV/AIDS is through electronic media, as many as 439 people (87.8%) and the least is through organizations or communities, namely 224 students (44.8%)

The results of this study are different from the research conducted (Tianingrum, 2018), the results of data analysis show that the majority of respondents have been exposed to information about HIV.

According to the researcher's assumption, the lack of access to information for the community in the working area of the Teluk Lecah Community Health Center is due to the low economic condition of the community so that not all people have electronic goods such as televisions and *cellphones*, as well as the role of health workers who do not socialize enough about HIV disease in the working area of the Teluk Lecah Community Health Center. The importance of access to information is given to the community, where this access to information will solve community problems and this information will reduce the emergence of stigma in the community.

## 2. Bivariate Analysis

Table 2. Relationship between access to information and community stigma among PLHIV in the Teluk Lecah Community Health Center working area

Information Access	Stigma				Total		p-value	OR
	Negative		Positive					
	f	%	F	%	f	%		
Less Access	54	54.4	15	15.3	69	69.7	0.01	3,150
Access	16	16.3	14	14.0	30	30.3		
Total	70	70.7	29	29.3	99	100.0		

Based on this value, because the p value is  $> 0.05$ , it can be concluded that there is a relationship between access to information and public stigma among ODHIV in the Teluk Lecah health center working area.

This research is supported by research conducted (Tianingrum, 2018), there is a relationship between access to information and public stigma on HIV, namely *p value*  $0.0001 < 0.05$ , meaning there is a relationship between access to information and public stigma and the effect is  $OR=2.21$  times.

Research (Ismah et al., 2020) obtained a statistical test result of p value of 0.016, meaning there is a relationship between access to information media about HIV/AIDS and stigma towards ODHIV.

Based on research results (Zari et al., 2022), information sources from print media/magazines, radio and television on HIV/AIDS prevention behavior were found to be 0.000 ( $< 0.05$ ), which means there is a significant relationship between sources of information related to HIV/AIDS and prevention behavior. HIV/AIDS.

According to researchers, the lack of access to information such as counseling health workers about HIV causes a lack of public knowledge about HIV prevention and transmission, giving rise to a bad stigma towards ODHIV.

## CONCLUSION

There is a significant relationship between access to information and public stigma among ODHIV in the Teluk Lecah Community Health Center working area with a *p-value* of 0.01 ( $p\text{-value} \leq 0.05$ )

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