DOI: http://dx.doi.org/10.33846/hn60701 http://heanoti.com/index.php/hn



URL of this article: http://heanoti.com/index.php/hn/article/view/hn60701

# Characteristics, Health Literacy and Self-Stigma on People Living with HIV and AIDS in Kupang City

# Imelda Februati Ester Manurung<sup>1(CA)</sup>

<sup>1(CA)</sup>Public Health Program Study, Faculty of Public Health, Universitas Nusa Cendana, Indonesia; imelda.manurung@staf.undana.ac.id (Corresponding Author)

## **ABSTRACT**

People living with HIV and AIDS (PLWHA) are at risk of having low antibodies that can cause comorbidities such as Tuberculosis (TB) and other diseases. For this reason, this study aims to describe health literacy and self-stigma of PLWHA. This type of research was quantitative with a descriptive design. The sample size was 50 people living with HIV infected with TB, selected using total population sampling. Data collection by using a questionnaire. Data were analyzed descriptively. The results showed that the characteristics of respondents based on age were mostly in the category of more than 31 years (62%), male gender (54%) and self-employed/farmer/fishermen (60%). The majority of PLWH are male, aged above 30 years, have a self-employed job and a high school education above. Health literacy about HIV and TB is mostly in the poor category and self-stigma in the high category. For this reason, it is necessary to improve communication, information and education for PLWHA to improve health literacy and reduce self-stigma.

Keywords: health literacy; self stigma; HIV and AIDS

# INTRODUCTION

The number of cases of HIV and AIDS in the world continues to increase every year. The UNAIDS report reports that around 37.7 million people are already infected with HIV and 1.5 million are newly infected. Deaths caused by AIDS have reached 680 thousand<sup>(1)</sup>. New infections in Indonesia's HIV and AIDS cases in 2020 reached 26,000 cases<sup>(2)</sup>. The findings of new cases of HIV and AIDS continue to increase every year. In 2019 there were 700 new infections and findings in October 2021 had reached 1.149 cases. Until the end of 2021, the total number of HIV and AIDS cases in NTT province has reached 5.530 cases. The cumulative number of HIV and AIDS cases in Kupang has reached more than 1,500 on 2020 years The increase in new case findings indicates an increase in HIV testing. However, the HIV test rate still reached 27% of the set target. <sup>(3)</sup>.

The increase in HIV cases from year to year can be influenced by many factors. Characteristics of jobs that are at risk for contracting HIV such as health workers, jobs that have the potential for accidents and types of work that result in having to be far from a permanent partner<sup>(4,5)</sup>. In addition, health literacy can also be a risk factor for HIV and AIDS transmission. Good health literacy can influence the health behavior of individuals and others. Research in the United States found that good health literacy can influence PLWHA to adhere to ARV therapy <sup>(6)</sup>. Stigma does not only come from outside the individual<sup>(7)</sup>. PLWHA can also stigmatize themselves. Self-stigma can affect mental health and quality of life of PLWHA<sup>(8)</sup>. This will certainly be related to the immune system of PLWHA which can support the physical health of PLWHA. Health literacy and self-stigma are risk factors that can affect the quality of life of PLWHA. Therefore, it is important to conduct this study to determine the characteristics of PLWHA, health literacy and self-stigma of PLWHA.

## **METHODS**

This type of research was descriptive research design. The study population was all PLWHA who were newly infected in 2020 in Kupang City, totaling 50 people. The study was conducted in August 2021. The sampling technique used was total sampling. The inclusion criteria for this study were PLWHA who were over 18 years old and willing to be interviewed. The exclusion criteria were PLWHA who were infected before 2020 year. The research variables were respondent characteristics, health literacy and self-stigma. Data was collected

by using a questionnaire. The respondent's characteristic variable consists of 3 question items. Health literacy consists of 10 question items and self-stigma consists of 3 statement items. Data analysis was carried out descriptively and presented by measuring frequency and percentage. Undana FKM Health Research Ethics Commission with number 2021087-KEPK.

#### **RESULTS**

Based on the results of the study that the distribution based on the characteristics of the respondents aged over 30 years as many as 31 people (62%), male sex as many as 27 people (54%) and the work of entrepreneur/farmer/fisherman as many as 30 people (60.0%). Most of the health literacy of PLWHA was still low. Most people living with HIV had a low understanding of viral load, namely 44 people (88%). Likewise, the CD4 count was 37 (74%). For risk factors for HIV transmission, 48 (96%). However, the understanding of PLWHA about safe sex behavior and viral load were mostly in the low category, namely 32 people (64%). The self-stigma of PLWHA was mostly related to people's assessment of HIV, which was very disgusting 42 people (84%).

Table 1. Distribution of characteristic, health literacy and self stigma on people living with HIV and AIDS

Variable	Frequency	Percentage
Age:	10	26.0
< 30 years	19	38.0
≥ 30 years	31	62.0
Sex:	27	740
Male	27	54.0
Female	23	46.0
Education:	17	24.0
≤ Junior high school	17	34.0
≥ Senior high school	33	66.0
Occupation:	1.1	24.0
Civil servan/ Police	11	34.0
Self employed	30	60.0
Housewife	9	18.0
CD4 test:	_	1.1.0
$\geq 1$ years	7	14.0
< 1 year	43	86.0
Understanding of CD4 count:	25	<b>7</b> 40
Poor	37	74.0
Good	13	26.0
Viral load test:		12.0
$\geq 1$ years	6	12.0
< 1 year	44	88.0
Understanding of viral load count:	4.4	22.0
Poor	11	22.0
Good	39	78.0
Understanding of ARV therapy:	25	<b>7</b> 40
Poor	27	54.0
Good	23	46.0
Stop taking ARV if you are nit feeling well:	•	<b>7</b> < 0
Yes	28	56.0
No	22	44.0
It's safe to have unprotected sex if viral load is undetectable:		
Yes	32	64.0
No .	18	36.0
I can have unprotected sex because I have received HIV treatment:		
Yes	26	52.0
No No	24	48.0
I once took turns using unsterile needles after being HIV positive:	_	
Yes	2	4.0
No	48	96.0
Self stigma		
I feel i am not a good person because i am infected HIV:		
Yes	27	54.0
No	23	46.0
As a person who is infected with HIV, I feel very dirty:		
Yes	33	66.0
No	17	34.0
Many people think that people who are infected HIV are very disgusting:		
Yes	42	84.0
No	8	16.0

## **DISCUSSION**

The highest transmission of HIV and AIDS occurs in non-professional/employee types of work, low education and productive age<sup>(9)</sup>. Types of risky work can be related to the work environment and the influence of friends <sup>(10)</sup>. Research findings show that most of the respondents have professions as entrepreneurs/farmers/fishers who included in the category of risky types of work based on the report of the Ministry of Health of the Republic of Indonesia 2019<sup>(2)</sup>.

The research findings show that most of the health literacy of PLWHA is still low. Health literacy of PLWHA is the level of ability to communicate and basic understanding of health information. Health literacy does not only focus on the ability to read information but also on the ability to make decisions for PLWHA to maintain their health<sup>(11)</sup>. Good health literacy can improve the ability to access health information and use capacity effectively to take action<sup>(12)</sup>. Health literacy component in this study which is related to the importance of routine CD4 and viral load tests, adherence to ARV therapy and commitment to preventing HIV transmission. PLWHA must understand this information so that morbidity rates in PLWHA and HIV transmission can be prevented. Therefore, it is important for PLWHA to have good health literacy.

Self-stigma in PLWHA can occur because of the high stigma that comes from the environment of PLWHA such as from family, friends and society<sup>(13,14)</sup>. Rejection and discrimination given to PLWHA make PLWHA feel more depressed and contribute to stigmatizing themselves and can make PLWHA depressed<sup>(15)</sup>. This condition will affect the quality of life of PLWHA who will be at risk for the emergence of health problems . Therefore, it is important to help PLWHA to overcome self-stigma.

#### **CONCLUSION**

It is important to carry out interventions such as raising awareness in people who have risky jobs and low education in order to prevent HIV transmission. In addition, efforts to improve health literacy and self-stigma through communication, information and education for PLWHA to maintain quality of life so that PLWHA avoid opportunistic diseases.

#### REFERENCES

- 1. UNAIDS. Global HIV & AIDS statistics Fact sheet [Internet]. 2021. Available from: https://www.unaids.org/en/resources/fact-sheet
- 2. P2P KKRID. Laporan Perkembangan HIV AIDS & Penyakit Infeksi Menular Seksual (PIMS) Triwulan I Tahun 2021. 2021.
- 3. Timur KPH dan APNT. Kumulatif HIV dan AIDS Per April 2020. Kupang; 2020.
- 4. Wyżgowski P, Rosiek A, Grzela T, Leksowski K. Occupational HIV risk for health care workers: risk factor and the risk of infection in the course of professional activities. Ther Clin Risk Manag. 2016;12:989.
- 5. Wandera SO, Tumwesigye NM, Walakira EJ, Kisaakye P, Wagman J. Alcohol use, intimate partner violence, and HIV sexual risk behavior among young people in fishing communities of Lake Victoria, Uganda. BMC Public Health. 2021;21(1):1–14.
- 6. Rebeiro PF, McPherson TD, Goggins KM, Turner M, Bebawy SS, Rogers WB, et al. Health literacy and demographic disparities in HIV care continuum outcomes. AIDS Behav. 2018;22(8):2604–14.
- 7. Winarni S, MARTININGSIH W. Program for Optimizing the Role of WPA to Reduce the Stigma and Discrimination PLWHA in The Community. Heal Notions. 2020;4(12):411–8.
- 8. Nobre N, Pereira M, Roine RP, Sutinen J, Sintonen H. HIV-related self-stigma and health-related quality of life of people living with HIV in Finland. J Assoc Nurses AIDS Care. 2018;29(2):254–65.
- 9. Haryadi Y, Sumarni S, Angkasa MP. Jenis Pekerjaan Dan Tingkat Pendidikan Mempengaruhi Kepatuhan Minum Obat Antiretroviral (ARV) pada Pasien HIV/AIDS. J Lintas Keperawatan. 2020;1(1).
- 10. Salan F, Manurung I, Ndun HJN. Factors Associated with HIV Preventive Behavior in Loading-Unloading Workers at Tenau Port Kupang. J Heal Behav Sci. 2020;2(4):320–34.
- 11. Perazzo J, Reyes D, Webel A. A systematic review of health literacy interventions for people living with HIV. AIDS Behav. 2017;21(3):812–21.
- 12. Wawrzyniak AJ, Ownby RL, McCoy K, Waldrop-Valverde D. Health literacy: impact on the health of HIV-infected individuals. Curr HIV/AIDS Rep. 2013;10(4):295–304.
- 13. Li J, Mo PKH, Wu A, Lau JTF. Roles of self-stigma, social support, and positive and negative affects as determinants of depressive symptoms among HIV infected men who have sex with men in China. AIDS Behav. 2017;21(1):261–73.
- 14. Manurung IFE, Ndun HJ, Ruliati LP, Baun AH, Lele YK, Wahyuni C. Knowledge and Practice of Informal Religious Leaders in Referring Tuberculosis Suspects to Visit Public Health Center. In: 4th International Symposium on Health Research (ISHR 2019). Atlantis Press; 2020. p. 425–8.
- 15. Demirel OF, Mayda PY, Yıldız N, Sağlam H, Koçak BT, Habip Z, et al. Self-stigma, depression, and anxiety levels of people living with HIV in Turkey. Eur J Psychiatry. 2018;32(4):182–6.