

The Community Stigma on People Suffering from HIV/AIDS: A Qualitative Phenomenology at APO Bengkel Jayapura Papua

Sulistiyani¹, Yunita Kristina², Korinus Suweni³, Nurmiyanti DO Siddik⁴,
Lalu Guntur Payasan⁵

^{1,3,5}Department of Nursing, Poltekkes Kemenkes Jayapura, Papua, Indonesia,

^{2,4}Department of Nursing, Faculty of Medical, Cenderawasih University Jayapura, Papua, Indonesia

Corresponding Author: Yunita Kristina

DOI: <https://doi.org/10.52403/ijshr.20230140>

ABSTRACT

The most frequently observed community or individual stigma about people suffering from HIV/AIDS deals with moral violation. For the community and the individual, this moral valuation is unacceptable and leads to cynical actions against people suffering from HIV/AIDS. The community or the individual may be scared, experience a negative situation, and assume that the people deserve to suffer from HIV/AIDS disease due to their actions. This stigma influenced the people suffering from HIV/AIDS and changed their life. From the information, the researchers explored the community's perception of dealing with the community's stigma on people suffering from HIV/AIDS, specifically on the teenagers at APO Bengkel. This qualitative research applied a phenomenological approach. The researchers took the sample with purposive sampling, resulting in four respondents. The results showed three primary themes. They were the understanding of the community on people suffering from HIV, the stigma, and the general perception of people suffering from HIV/AIDS, including friends and family suffering from the disease, and the stigma impact, such as feeling down, having difficulty to interact, feeling left, and feeling afraid to visit a doctor.

Keywords: Community nursing, Stigma, HIV/AIDS

INTRODUCTION

HIV/AIDS is a threatening disease for both Indonesia and the world. *Human Immuno*

Deficiency Virus, HIV, is a virus that can decrease human immunity. *Acquired Immune Deficiency Syndrome* (AIDS) is a set of symptoms and infections or syndromes due to the damaged human immune system. The cause of the damage is HIV (Dorothy, 2011). Globally, 1600 youngsters aged between 15-24 years old suffer from HIV every day. Every 10 minutes, youngsters die due to AIDS-related diseases (UNAIDS, 2020).

From the HIV/AIDS report, the cumulative rates of HIV cases in Indonesia are 409.857. On the other hand, the cumulative cases of AIDS until September 2020 were 127.873. (Kementerian Kesehatan RI, 2020). From the data, the cumulative HIV and AIDS cases showed annual increases. The rates of HIV-infected individuals, from 2010 to 2019, based on the ages, were mostly from productive ages. They were between 25 and 49 years old. Then, the following age category was between 20 and 24 years old. (Kementerian Kesehatan RI, 2020) The high case rate of the groups indicated a history of being exposed to HIV until suffering from AIDS. The process required at least five years so the youngest infected ages of individuals were between 15 and 19 years old (Ratnyas, 2018).

Papua became the top 5 provinces with high HIV cases, with 43.219 people out of 3.3 million suffering from HIV (Dinkes Papua,

2020). The estimated HP+, Health Policy Plus, 2.132.3% of adult people in Papua suffered from HIV. Although the official prevalence rate was not published, the estimated rate was the highest in the Asia-Pacific administrative region. The rate was also higher than the neighboring country, Papua New Guinea (UNAIDS, 2020). The baseline rate of HIV in 2019, based on HP+ showed 3.253 or 95% of people aged between 15 and 49 suffering from HIV (Rebecca Ross et al., 2020). Jayapura is the second-top city with AIDS cases of 3.384 and HIV cases of 442. The data also show a 181 mortality rate due to HIV/AIDS (Bappeda, 2020).

From the data of the regional public health center in Northern Jayapura, 16 teenagers suffering from HIV were aged between 15 and 20 years old. An individual with HIV/AIDS diagnosis would suffer from various symptoms related to HIV infections for a longer time. They also suffer from comorbid and side effects of ARV medicine. People suffering from HIV/AIDS must also struggle to deal with various social problems, such as negative stigma, depression, and cultural beliefs. These problems influence their life quality (Kusumaningrum, 2019). Negative stigma is frequently observable in both communities and individuals. They believe that HIV/AIDS is a cursed disease due to violating morality. For the community and the individual, this moral valuation is unacceptable and leads to cynical actions against people suffering from HIV/AIDS. The community or the individual may be scared, experience a negative situation, and assume that the people deserve to suffer from HIV/AIDS disease due to their actions. Thus, for these people, individuals suffering from HIV/AIDS must be isolated and denied from the community. This illustration shows the discrimination against people suffering from HIV/AIDS. They are left, ostracized, and discriminated (Hutapea, 2004 cited by Rahmadewi, 2021).

Shaluhayah (2015) explains that the stigma against individuals suffering from HIV/AIDS is observable in the community.

The results showed most respondents, 49.7%, indicated negative attitudes against people suffering from HIV/AIDS. The realizations of stigma and discrimination included the fear of sleeping closely with people suffering from HIV/AIDS and the fear of taking care of people suffering from HIV/AIDS, starting from preparing meals and cleaning the meal kit. Many people were also feeling fear to sit close to individuals suffering from HIV/AIDS although the individuals did not show any symptoms.

The effects of this stigma in the community hinder the medication, care, and support for HIV/AIDS. The fear and the stigma made individuals suffering from HIV/AIDS ashamed to acknowledge their statuses, visit doctors, and gain medication (Situmeang, 2017). In addition, the quality of life of PLHIV in Jayapura tends to be at a moderate level (Ardanari, Payasan, & Romadan, 2022) which can provide a double burden in their lives. These matters increased the number of HIV cases. The government's prevention has applied some programs, such as *Aku Bangga, Aku Tahu*, a program by Health Ministry. This program is an effort to relieve the stigma and prevent further community discrimination against individuals suffering from HIV/AIDS (Kemenkes RI, 2020). This program became the health promotion campaign of the government to decrease HIV/AIDS prevalence among teenagers. The program attempted to improve cognition both at formal education or schools, government institution, and the community to prevent the community's stigma against individuals suffering from HIV/AIDS.

During the previous study, the researchers interviewed three people living in APO Bengkel on May 1, 2023. One of them explained he did not get any education about individuals suffering from HIV/AIDS. The other individuals, two persons, admitted they did not want to sit near or in a place with individuals suffering from HIV/AIDS. From the phenomena, the researchers explored the community's stigma against individuals suffering from HIV/AIDS in the APO Bengkel area, Jayapura, Papua.

MATERIALS & METHODS

This qualitative research design applied a phenomenological approach with a comprehensive interview technique. The numbers of informants were all teenagers suffering from HIV/AIDS in APO Bengkel, Jayapura, Papua. The criteria for the informant selections were:

The inclusion criteria of this research were:

1. Willing to be the research participants and interview respondents
2. Being between 15 and 49 years old with the consideration maturity period at 15 to 14 years old as proposed by UNAIDS, observable from the Family Card of the participants
3. Being domiciled at APO Bengkel or other areas in Northern Jayapura

The applied exclusion criteria were:

1. The participants suffered from physical diseases, such as coronary heart disease, stroke, diabetes mellitus type 1, cancer, Parkinson, etc.; and psychological diseases because the diseases prevented the given research questions
2. Having communication hindrances

The Research Stage

The Pre-Interaction

1. The researchers knew the occurring problems.
2. The researchers managed the research permission letter from the medicine faculty of health science study at Universitas Cenderawasih.
3. The researchers asked permission from the chief of the neighborhood at 004 Neighborhood/002 Hamlet, in APO Bengkel region. The researchers also explained the research objectives.
4. The researchers approached the participant candidates and explained the research background and objectives.
5. The researchers asked the approval on the informed consent sheet if the candidates were willing to participate.
6. Before interviewing, the researchers made a time and place contract for further interviews.

7. The researchers prepared handphones to record the voices, stationery, field notes, and interview guidelines to investigate completely.

The Interaction Step

1. The researchers recorded the conversation while interviewing to determine and elicit the life experience of the respondents. The researchers began the interview by telling the dates, the places, and the surrounding environment.
2. During the interview, the researchers made the atmosphere relaxed and friendly to ensure the interview process.
3. The researchers asked questions to the participants after they felt comfortable, attentive, and focused.
4. The researchers created a relaxing and non-stressful atmosphere with a short time allotment for each interview, 45 minutes.

The Termination Step

1. In this step, the researchers obtained the answers from the research participants by saying thank you and member-checking agreement if the member-checking was deemed necessary. The researchers also checked the interview transcript results.
2. The researchers noted the time length of the interviews, the attitudes, and the acceptance or denial of the participants.
3. The researchers arranged the interview data in the form of a comprehensive-interview result transcript. The third step dealt with finding confirmation, strength, and management of the interview transcripts and other research components to provide the research results. The researchers analyzed the collected data with the inductive thinking method and inductive logical approach from specific matters into a general conclusion.

STATISTICAL ANALYSIS

Sugiyono (2012) explains data analysis as the process of finding and arranging the data systematically from the interview results, field notes, and documentation. The process included data organization and data

categorization. Then, the researchers followed up by explaining the data into some units, synthesizing the data, arranging the data into patterns, screening the important data, learning the data, and concluding the data to make readers understand.

The data analysis stages were based on Collaizzi, cited by Morrow (2015) :

1. After collecting the data, the researchers familiarized the data by listening to the interview recordings many times for every participant. Then, the researchers narrated the interview results.
2. The researchers identified all relevant participants' statements with the research. Then, the researchers determined the keywords of every participant. The researchers read the transcripts many times until the researchers found the meaning from the significant data and underline the statements based on the investigated phenomena.
3. Then, the researchers determined the categories. This process was challenging because the researchers had to group the data into some categories. Then, the researchers made some sub-themes for each category based on the research objectives.
4. After that, the researchers prepared an analytical explanation by writing comprehensive descriptions in the form of narration. The process aimed to combine all these groups into explanations to reveal the participants' perceptions of the phenomena, in the exhaustive description.
5. This process showed how the researchers presented the descriptions and the themes in a narration or

qualitative report. The narrative approach included discussions about the chronology, event, theme, and correlation among the theme.

6. The researchers did member-checking for every participant to determine the relevance of the data or to revise the data.
7. After confirming all data were based on the participants' intentions, the researchers completed the analyses.

The Data Validity Analysis

Every research required a standard to determine the trustworthiness or the righteousness of the research results. The data validity test included credibility, transferability, dependability, and confirmability (Sugiyono, 2012).

RESULT

The obtained results from the in-depth interview with the participants as the primary data source to explore the community's perception related to stigma against individuals suffering from HIV/AIDS were observable in the teenagers in APO Bengkel. The researchers ensured the accuracy of the research by collecting additional information from the in-depth interview with the research participants.

The Participants' Characteristics

This research interviewed the people around APO Bengkel as the participants, consisting of 4 persons based on the inclusion criteria. The participants were also useful as data saturation resources based on the research objectives. Table 1 shows the participants' characteristics.

Table 1. The Participants' Characteristics

| Informant Codes | Age | Religion | Tribe | Job | Education Level |
|-----------------|-----|-----------|----------|--------------|--------------------|
| P.1 | 20 | Islam | Maluku | Entrepreneur | Senior High School |
| P.2 | 23 | Islam | Makassar | Teacher | S1 |
| P.3 | 17 | Islam | Biak | Learner | Senior High School |
| P.4 | 34 | Christian | Jawa | Entrepreneur | Senior High School |

Source: primary data 2022

The following explanation deals with the participants' characteristics. For example, the L1 participant was nervous while listening to

the research topic and the research objective. Once the participant felt relaxed, the researchers began to interview L1.

Generally, the participant looked tidy. The participant was wearing a veil. While being interviewed, the participant of informant listened to the questions carefully and interacted averagely with the environment. The second participant was L2. Generally, the participant was enthusiastic before the researchers began the interview. The participant was communicative and assertive while answering the questions. The participant also shared the information clearly and appropriately. The participant could break the saturation in the interview process by saying jokes.

The third participant, L3, looked tidy by wearing a collared shirt. Before the interview, the participant asked sorry because the participant was late since he had to pray *Jum'at*, or Friday prayer. During the interview, the participant sat in front of the researchers while the interview calmly and conveniently. The participant also showed friendly interaction with the neighbors.

The fourth participant, L4, looked tidy. When the participant met the researchers, the participant greeted the researchers warmly and in a friendly. Before being interviewed, the participant was asked to commend the participant's child to the neighbor. While being interviewed, the participant showed serious facial expressions to answer all questions. The participants were communicative and responsive while answering all questions.

From the interview results about the community's stigma against individuals suffering from HIV/AIDS, especially the teenagers in APO bengkel, the researchers found these themes.

The Community's Perception of HIV/AIDS as a Communicable Disease based on Information on the Internet

The results showed four participants argued HIV/AIDS was a communicable disease transmitted by syringes and sexual intercourse. The participants also found that the disease did not have any cure based on the information from the Internet and at

schools. Here are the explanations of each category.

1. Communicable disease

In this category, all participants explained that HIV/AIDS was a communicable disease based on these statements.

"...Penyakit yang menular" (P.1)

"...Communicable disease" (P.1)

"... yang saya ketahui tentang HIV/AIDS itu adalah penyakit yang menular dan yang menyebabkan si penderita ini tidak memiliki jangka hidup yang lebih Panjang" (P.2)

"...All I know about HIV/AIDS is - the disease is communicable and makes the sufferers cannot live longer." (P.2)

"... ee.. kalo menurutku HIV AIDS itu sebuah penyakit menular seksual" (P.3)

"...Um.. For me, HIV/AIDS is sexual-communicable disease." (P3)

"...HIV/AIDS itu yaa.. penyakit yang menular, menularnya bisa dari jarum suntik.. karena hubungan seks juga dan kalo tida salah tidak ada obatnya"(menggelengkan kepala) (P.4)

"...HIV/AIDS is a communicable disease. It can be transmitted via syringe and sexual intercourse. It has no any cures" (shook his head) (P.4)

2. HIV/AIDS refers to a disease damaging the human immune system.

There are two categories among the participants with their statement about HIV/AIDS as a disease damaging the human immunity system. Here are the participants' statements.

".... merusak sistem kekebalan tubuh.." (P.1)

".... Damaging the immunity system.." (P.1)

"... HIV AIDS itu .. menyerang system kekebalan tubuh" (P.3)

"...HIV/AIDS damages the immunity system" (P.3)

3. Gaining Information from the Internet and School Education

In this category, the researchers found two participants obtained the information from the Internet. Then, the other two participants obtained information from school education. Here are the participants' statements.

"... internet deh kayaknya" (menggaruk kepala) (P.1)

"... I found it on the internet, I guess" (scratching his head) (P.1)

".. kalo yang pernah saya dapat itu, kan saya juga pernah sekolah, terus guru saya pernah membahas tentang HIV/AIDS itu (P.2)

"...For me, I got the information from the school because my teacher ever taught me about HIV/AIDS (P.2)

"... ee sempat belajar juga di semester satu .. kelas Sembilan trus baca-baca juga di internet, dan pernah juga dapat tugas mengenai ee .. HIV/AIDS..." (P.3)

"...Um I ever learned about the disease in the first semester... At ninth class. I also read the Internet and ever got an assignment about... HIV/AIDS..." (P.3)

"... pernah liat juga infonya di internet" (P.4).

"... I ever watched in the Internet" (P.4)

The Negative Perception of the Community against Individuals Suffering from HIV/AIDS

The next theme was the negative perception or stigma of the community against individuals suffering from HIV/AIDS. From the research results, the participants felt sorry for individuals suffering from HIV/AIDS because there were no cures. They would be surprised if their friends suffered from this disease and could not afford to leave them. Unfortunately, they were afraid to eat and

have meals close to the sufferers. Here are the explanations of each category.

1. Feeling sorry since HIV has no cure.

In this category, two participants explained their sorry feeling for individuals suffering from HIV/AIDS because of no cure for the disease. Here are the excerpts of the participants.

"... sebenarnya saya macam kasihan sama mereka karena yaa kita kalo sakit minum obat saja belum tentu sembuh apalagi dong yang sampe Sekarang belum ada obatnya" (P.1)

"...Actually, I feel sorry because even if they consume medicine, they may not be cured. Unfortunately, there are still no cures for the disease" (P.1)

"... sampe sekarang pun belum ketemu obatnya jadi ya iba atau kasian saja begitu" (P.3)

"...Heretofore, there are no cures for the disease. Thus, I feel sorry." (P.3)

2. Feeling surprised if the participants had friends suffering from HIV/AIDS.

This category explained the community's reaction if they had friends suffering from HIV/AIDS. The researchers found 2 participants with surprised reactions. Here are the statement excerpts of the participants.

"...Kaget.. yang pertama kaget dan bertanya-tanya kenapa bisa kayak begitu" (memegang dada) (P.1)

"...I will be surprised and wondering how could it be. (Touching his chest) (P.1)

"...kalo saya yah pastinya kaget sih" (P.4)

"...I will be absolutely surprised." (P.4)

3. Not willing to eat and drink close to the sufferers

In this category, the researchers found only one participant did not want to eat or drink close to the sufferer.

"... dalam kebiasaan kita mungkin makan sama teman, satu piring berdua ataupun minum misalkan sesekali berdua, tapi itu karena dia terkena HIV AIDS mungkin itu tidak akan kita lakukan" (P.2)

"... Our habit of having meals with friends or eating and drinking from the same plate may not go properly if I find my friends suffering from HIV/AIDS. For me, I will not do it" (P.2)

4. Negative feelings and anxiety

This category explains the community's reaction if a family member suffers from HIV/AIDS and lives in the same house. The researchers found two participants would have negative feelings and anxiety. Here are the excerpts of the participants.

"Pastinya ada perasaan negative seperti khawatir dan takut.. " (mengangguk-angguk) (P.3)

"I will absolutely have negative feelings, such as anxiety and fear." (scratching his head) (P.3)

".. macam takut begitu kalo ada apa-apa dengan dia.. " (P.4)

"...I will be some kind of feeling afraid of him" (P.4)

The Stigma Impacts on Physical and Mental Health of Individuals Suffering from HIV/AIDS

This theme explains the stigma and discrimination impacts committed by the community on the sufferers' mental health. The research found that individuals suffering from HIV/AIDS were down, isolated, left, and afraid of visiting doctors. Here are the explanations of each category.

1. Feeling Isolated

The researchers found two participants telling the stigma and discrimination impact on individuals suffering from HIV/AIDS. These individuals were isolated. Here are the excerpts of the participants' statements.

"..Merasa dikucilkan yah.. berarti merasa dijauhkan" (P.1)

"...The sufferers are isolated psychologically and feeling left" (P.1)

".. Penderita HIV bakalan rasa kalo dia dikucilkan dari lingkungannya" (P.3)

"... The HIV sufferers may find themselves isolated from their environment" (P.3)

2. Mental Down

The other three respondents told that the mental health of the sufferers was low or downed. Here are the statements of the participants.

"...karena adanya penyakit tersebut mental mereka jadi down" (P.1)

"...their minds are turned down because of the disease" (P.1)

"mentalnya mereka sangat turun, down ... bisa saja mereka tidak lagi ingin lebih keluar rumah, karena takut di diskriminasi Kembali" (P.2)

"... They are turned down... They may not want to get outside of their houses because of feeling afraid to be discriminated" (P.2)

"pastinya dia bakalan merasa sedih, stress" (P.3)

"the sufferers will be absolutely sad and stressed out" (P.3)

3. Feeling Afraid to Visit Doctors

In this category, the researchers found two participants telling the stigma and discrimination made individuals suffering from HIV/AIDS afraid to visit doctors. This situation worsened the disease. Here are the statements.

"...mungkin takut untuk periksa atau konsul ke dokter lebih lanjut makanya makin parah penyakitnya, itu justru lebih bahaya buat dia nantinya" (P.4)

"... They will be afraid to visit doctors so that their disease will be worsening." (P.4)

"... tidak semangat untuk berobat" (P.1)

"... I find them having no eagerness to visit doctors" (P.1)

DISCUSSION

In this section, the researchers describe the research results related to the community's stigma against individuals suffering from HIV/AIDS in APO Bengkel. The discussion consists of interpretation and discussion by comparing the theoretical concept and the previous findings. The researchers also explained the nursing care implication related to the research results and the research limitations.

The Interpretation and the Research Result Discussion

From the interview with the participants, the researchers identified three main related findings to the research objectives. They were: the community perceived HIV/AIDS as a communicable disease based on the obtained information from the internet; the community perceived individuals suffering from HIV/AIDS negatively, and the stigma and discrimination impacts on the physical and mental health of individuals suffering from HIV/AIDS.

The Community's Perception of HIV/AIDS as a Communicable Disease based on Information on the Internet

The researchers found the understanding of every individual related to the learned concept, HIV or Human Immunodeficiency Virus, destructive. The reason is the virus has retrovirus and lymphotropic characteristics that damage the white blood cell or the T-helper lymphocyte, the T4 factor carrier (CD4). The infection lowers the immunity system so that the infected people will be vulnerable to any infections (Maryanti, 2018). Most respondents obtained an understanding of HIV/AIDS from various sources. Information sources refer to any matters for individuals to find out about new

things. The information sources have some features, such as (1) visible, readable, and learnable, (2) being able to study, review, and analyze, (3) being able to apply and develop in education, research, and laboratory purpose, and (4) being able to transform to other individuals. (Pakdosen, 2022). University of Forth Hare (2021) explains the types of information sources, such as books, encyclopedias, academic articles, databases, magazines, library catalogs, and the Internet. From the research assumption, the understanding of individuals about HIV/AIDS influenced their mindset while their mindset was influenced by various information. The process of obtaining information also required various concepts both correct and incorrect concepts.

From the interview, the researchers found the HIV/AIDS understanding of the community. They thought HIV/AIDS was communicable and destructive to the human immune system. Some participants explained that the communicable matters of HIV included transmission via syringes and sexual intercourse. Ulfa (20127) also found that the community in Jombang perceived the same transmission media, via syringes and sexual intercourse. In this research, the interview results found that the community obtained the transmission possibility of the disease from the Internet and school lessons. Yuliani (2018) also found the same results in the learners at Public Senior High School 1 Gamping. The learners obtained information about HIV/AIDS transmission on the Internet and teachers' explanations.

The Negative Perception of the Community against Individuals Suffering from HIV/AIDS

Lacko, Gronholm, Hankir, Pingani, and Corrigan cited by Fiorillo, Volpe, and Bhugra (2016) explain the correlation between stigma and social life against people with differences. Cambridge Dictionary defines perception as arguments, beliefs, ideas, or mindset. On the other hand, based on the Indonesian Dictionary, perception refers to how people see, starting from observing, looking, etc.

In this research, stigma, and community perception against individuals suffering from HIV/AIDS, friends suffering from HIV/AIDS, and family members suffering from HIV/AIDS. In this research, the results showed the community's perception of individuals suffering from HIV/AIDS. Generally, the community felt sorry because the disease has no cure. The National Institute of Allergy and Infectious Disease which works on the investigation of communicable diseases explains that heretofore medicine for HIV/AIDS remains absent. However, some treatment to improve the sufferers' life span and health is possible. The community also explained that they would be surprised if they found their friends suffering from HIV/AIDS. They also did not want to eat and drink together with the sufferers because they were afraid of being infected. Yani (2020) also found the same fear and mindset that eating together could transmit HIV disease. However, this mindset is totally incorrect. HIV could only be transmitted via blood and certain body liquid, such as sperm, pre-seminal fluid, rectal fluid, vaginal fluid, and breast milk. The infection occurs if the fluid gets into the blood via mucous membranes, such as on the rectum, vagina, penis, and mouth; opened wound, and direct injection (Centers for Disease Control and Prevention, 2020).

The community reactions if they had their family members infected by HIV/AIDS in the same house were negative, afraid, and anxious. Fauk (2020) also found that stigma and discrimination against individuals suffering from HIV/AIDS included the feeling of being afraid to be infected. The negative label on individuals suffering from HIV/AIDS also became the primary reason for people to separate their personal belongings.

The Stigma Impacts on Physical and Mental Health of Individuals Suffering from HIV/AIDS

The HIV-related stigma and discrimination referred to prejudice, negative attitude, and abuse against individuals suffering from HIV and AIDS. Some individuals with HIV and

the key population were left by their families, peers, and the broader community. On the other hand, they had to face negative treatment from their educational and job environments. They also experienced erosions of rights and damaged psychology. These matters limited the sufferers to HIV tests, medication, and other HIV services (Avert, 2019).

The results showed that the stigma and discrimination committed by the community had two categories. The first category influenced the mentality of the sufferers, such as turning down, withdrawing, and being left. Katz, (2013) also found that withdrawal or isolation in working places or families made individuals suffering from HIV/AIDS lose their will to drink medicine and to reveal their statuses. (Rasoolinajad, 2018) also found a significant correlation between stigma toward psychology, social support, and life quality. The prevalence of psychological disorders was reported to be 78.8%. The finding showed that psychosocial intervention could relieve the HIV-related sigma, manage the psychological problem, and establish social supports to improve the quality of life of individuals suffering from HIV.

The next finding was physical health. Individuals suffering from HIV/AIDS did not want to check up on their illness or visit doctors. Thus, the disease got worsened. UNAIDS (2017) also found a grandmother in Ghana who lost her child because of HIV/AIDS-related disease. The research found the child did not want to visit the doctor or seek medication.

Research Limitation

The researchers realized the limitations of this research that influenced the research results. The limitations are listed below.

1. The limitation to recruiting participants because of denials from the participants
2. The promoted interview process applied video calls because the participants could not meet the researchers directly since they had some business outside of

the city. Thus, the researchers had limitations to write the field notes.

3. The time dissonance with the participants' interviews so that the researchers took longer time to carry out this research.

The Implications for Services, Education, and Researches

The stigma in the community becomes a general challenge for individuals suffering from HIV/AIDS. Moreover, in this era, information about the virus is available in various information resources. This situation makes the community keeps up with the information. Unfortunately, a lack of excellent understanding of HIV/AIDS leads to various responses. However, the remarked label is threatening individuals suffering from HIV/AIDS. The label, in this research, made the sufferers isolated, down, and losing their willingness to get medication. The roles of nurses to relieve the negative stigma against individuals suffering from HIV included being an educator to provide accurate information. Thus, the community will be cooperative and supportive without applying negative stigma to individuals suffering from HIV/AIDS. Then, the roles are important to not discriminate the HIV patients from regular patients and to provide support for HIV patients in terms of medication.

CONCLUSION

This research about the community's stigma against individuals suffering from HIV/AIDS, especially teenagers in APO Bengkel region, found three identified primary themes. The first theme was - the community's understanding of HIV/AIDS as a communicable disease. They found the information on the Internet. The information also told them that HIV is a communicable and destructive disease for the human immune system. The community also found information from school education. The second theme was - the community perceived individuals suffering from HIV/AIDS negatively. They were anxious and afraid of

the sufferers. They also did not want to drink and eat from the same plate as the sufferers. However, they attempted to show their compassion because the disease has no cure. The third theme was - the stigma and discrimination impact on the mental and physical health of individuals suffering from HIV/AIDS. The community understood that the stigma and discrimination could turn the sufferers down, isolated, withdrawn from social interaction, and scared of visiting doctors.

The health service could facilitate the individuals suffering from HIV/AIDS with the necessary medication and supports both psychosocially and spiritually.

Declaration by Authors

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. A.Wawan, Dewi M. (2011). *Teori dan Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia*. Yogyakarta: Nuha Medika.
2. Ardhanari H. Kusuma, Lalu Guntur Payasan, & DwiFebrian Ramadan. (2022). Quality of Life of People with HIV/AIDS in Poly Clinics of Abepura General Hospital. *International Journal of Innovative Science and Research Technology*, 7(6), 1272–1278. <https://doi.org/10.5281/zenodo.6849911>
3. Ardani, I., & Handayani, S. (2017). Stigma terhadap Orang dengan HIV/AIDS (ODHA) sebagai Hambatan Pencarian Pengobatan: Studi Kasus pada pecandu Narkoba Suntik di Jakarta. *Buletin Penelitian Kesehatan*, 45, 81-88. doi:10.22435/bpk.v45i2.6042.81-88
4. Arikunto, S. (2013). *Prosedur Penelitian: Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
5. Asih, I. D. (2005). FENOMENOLOGI HUSSERL: SEBUAH CARA KEMBALI KE FENOMENA. *Jurnal Keperawatan Indonesia*, 9, 75-80.
6. Avert. (2019, Oktober 10). HIV STIGMA AND DISCRIMINATION. Retrieved from Global information and education on HIV and AIDS:

- <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>
7. Bappeda Provinsi Papua. (2020, April 16). Rencana Kerja Pemerintah Daerah. p. 131. Retrieved from https://bappeda.papua.go.id/file/493877845_.pdf
 8. Benson, Ralph C. Martin L. Pernoll. (2008). *Buku Saku Obstetri dan Ginekologi*. Jakarta: EGC.
 9. Butt, Leslie et al. (2010). *Stigma and HIV/AIDS in Highlands*. Pusat Studi Kependudukan–UNCEN, Abepura, Papua dan University of Victoria, Canada.
 10. Creswell, J. W. (2013). *Research Design Pendekatan Kualitatif, Kuantitatif dan Mixed*. Yogyakarta: Pustaka Pelajar.
 11. Dorothy, M. R. (2011). *Bebas dari 6 Penyakit Paling Mematikan* (Cetakan 1 ed.). Yogyakarta: Medpress.
 12. Erkki, Linn, dan Johanna Hedlund. (2013). *Nurses' Experiences and Perceptions of Caring for Patients with HIV/AIDS in Uganda*.
 13. Fiorillo, A., U. Volpe dan D. Bhugra. (2016). *Psychiatry In Practice : Education, Experience, and Expertise*. Oxford University Press. doi:10.1093/med/9780198723646.001.0001
 14. Hardani. (2020). *Metode Penelitian Kualitatif & Kuantitatif*. Yogyakarta: CV. Pustaka Ilmu.
 15. Heryana, A. (2020). *Etika Penelitian. Bahan Ajar Mata Kuliah: Metodologi Penelitian Kuantitatif*, 1-9. doi:10.13140/RG.2.2.13880.16649
 16. Hidayat, M. B. (2020). *Laporan Perkembangan HIV AIDS dan PIMS Triwulan III*. Jakarta: Kementerian Kesehatan Republik Indonesia.
 17. Kahija, L. (2017). *Penelitian Fenomenologis Jalan Memahami Pengalaman Hidup*. Yogyakarta: PT Kanisius.
 18. Katz. (2013). *Impact of HIV-related stigma on treatment adherence: systematic review and meta-synthesis*. *Journal of The International AIDS Society*. doi: <https://doi.org/10.7448/IAS.16.3.18640>
 19. Kemenkes. (2017). *Pedoman dan Standar Etik Penelitian dan Pengembangan Kesehatan Nasional*. Jakarta.
 20. Kementerian Kesehatan RI. (2020). *INFODATIN HIV/AIDS Pusat Data dan Informasi kementerian Kesehatan RI*. pp. 3-8.
 21. Kusumaningrum, Z. S. (2019). *PERSEPSI ODHA KAITANNYA DENGAN STIGMA SOSIAL*. Retrieved from Eprints Undip: <http://eprints.undip.ac.id/81064/>
 22. Liamputtong, P. (2013). *Stigma, Discrimination and Living with HIV/AIDS: A Cross-Cultural Perspective*. Dordrecht: Springer Science + Business Media, 415.
 23. Maryanti, D. (2018). *Korelasi Faktor Bayi dan Obstetrik dengan Kejadian HIV/AIDS di RSUD Cilacap tahun 2012-2017*. (ISBN : 978-602-60566-2-7).
 24. Moleong, L.J. (2011). *Metodologi Penelitian Kualitatif Edisi Revisi*. Bandung: PT. Remaja Rosdakarya.
 25. Morrow, R. (2015). *Colaizzi's Descriptive Phenomenological Method (Vol. 28(8))*. *The Psychologist*.
 26. Nasrullah. (2014). *Etika dan Hukum Keperawatan untuk Mahasiswa dan Praktisi Keperawatan*. Jakarta: Trans Info Media.
 27. Paryati et, al. (2012). *Faktor-faktor yang Mempengaruhi Stigma dan Diskriminasi kepada ODHA(Orang dengan HIV/AIDS) oleh petugas kesehatan : kajian literatur*.
 28. Rasoolinajad, M. d. (2018). *Relationship Among HIV-Related Stigma, Mental Health and Quality of life for HIV-Positive Patients in Tehran*. *National Center of Biotechnology Information*, 12. doi:10.1007/s10461-017-2023-z
 29. Ratyas Ekartika PCN. (2018). *Faktor-faktor yang Mempengaruhi Perilaku Remaja Terhadap Pencegahan HIV/AIDS di SMA Negeri 2 Sleman Tahun 2018*. Retrieved from Repository Poltekkes Jogja: <http://eprints.poltekkesjogja.ac.id/1458/>
 30. Ross, R., Dutta, A., & Soehoed, R. (2020). *Memahami Sumber Insidensi HIV di Papua dan Potensi Pengendalian Epidemi: Hasil dari Model LEAP*. *HP+ POLICY Brief*, 1-3.
 31. Safitri, U. D. (2018). *Stigma Masyarakat Jombang Tentang HIV/AIDS*. Retrieved May 30, 2021, from Sekolah Tinggi Ilmu Kesehatan Insan Cendekia Repository: <http://repo.stikesicme-jbg.ac.id/117/>
 32. Saryono. (2013). *Metodologi Penelitian Kualitatif dan Kuantitatif dalam Bidang Kesehatan*. Yogyakarta: Nuha Medika.
 33. Shaluhayah, Z., Mustofa, S. B., & Widjanarko, B. (2015). *Stigma Masyarakat Terhadap Orang dengan HIV/AIDS*. *Jurnal Kesehatan Masyarakat Nasional*, 9, 333-339.

34. Simanjuntak, W. (2005). Upaya Mengatasi Stigma Masyarakat bagi Narapidana. Depok: Fakultas Psikologi UI.
35. Situmeang, B., Syarif, S., & Mahkota, R. (2017). Hubungan Pengetahuan HIV/AIDS dengan Stigma terhadap Orang dengan HIV/AIDS di Kalangan Remaja 15-19 Tahun di Indonesia (Analisis Data SDKI Tahun 2012). *Jurnal Epidemiologi Kesehatan Indonesia*, 1, 35-43.
36. Spiegelberg, H. (1978). *The Phenomenological Movement: A Historical Introduction*. The Hague: Martinus Nijhoff.
37. Sugiyono. (2012). *Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
38. Susilo, dkk. (2014). *Riset kualitatif dan aplikasi penelitian ilmu keperawatan, analisis data dengan pendekatan Fenomenologi, Colaizzi dan perangkat lunak N-Vivo*. Jakarta: Trans Info Medika.
39. UNAIDS. (2017, March). Ghana-addressing the barrier of stigma and discrimination for women. Retrieved January 20, 2022, from Ghana-addressing the barrier of stigma and discrimination for women: https://www.unaids.org/en/resources/presscentre/featurestories/2017/march/20170327_ghana
40. UNAIDS. (2020). *Global HIV & AIDS statistics — Fact sheet*. Retrieved from Unaid: <https://www.unaids.org/en/resources/fact-sheet>
41. Widiyanti, M., Hadi, M. I., Adiningsih, S., Alamudi, M. Y., & Kumalasari, M. L. (2019). Karakteristik Demografi ODHA di Papua. *Journal of Health Science and Prevention*, 3, 10-15. doi:10.29080/jhsp.v3i1.175

How to cite this article: Sulistiyani, Yunita Kristina, Korinus Suweni et.al. The community stigma on people suffering from HIV/AIDS: a qualitative phenomenology at APO Bengkel Jayapura Papua. *International Journal of Science & Healthcare Research*. 2023; 8(1): 282-293. DOI: <https://doi.org/10.52403/ijshr.20230140>
