

The Effect of Social Support on Individual Coping Resources and Stigma in People Living with HIV-AIDS

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Abstract

HIV-AIDS is a priority health problems in the city of Surabaya. HIV-AIDS cases are likely to rise each year. The city of Surabaya is the highest contributor to the cases in East Java. This study aimed to analyze the influence of social support on individual coping resources in the prevention of HIV- AIDS transmission and the influence of social support on community stigma in people with HIV-AIDS. The research type was analytic observational with cross sectional design. The sample of study was 380 respondents aged 18-49 years who lived in the village of Jagir with inclusion criteria who are willing to be respondents. Method of sampling was multistage random sampling. Data were collected by interviews, then analyzed by using regression test. Social support had significant and positive influence on individual coping resources in prevention of HIV-AIDS transmission (p -value = 0.01, β = 1.83). Social support had significant and positive influence on community stigma on people with HIV-AIDS (p = 0.021, β = 12.9). Social support can improve people's capacity in problem solving, improve community control in HIV / AIDS prevention efforts, and improve people's access to HIV-AIDS information resources when they are running optimally. Social support can also minimize the stigma of people against people living with HIV, although there are still some people who have a negative perception of people living with HIV. Increasing public knowledge through extension on prevention and ongoing transmission of HIV - AIDS can minimize public stigma in PLWHA.

Keywords: HIV-AIDS, Stigma, Coping resources, Social support.

I. INTRODUCTION

HIV-AIDS is a global emergency problem, Governments and public institutions have done various break through for preventing the spread of HIV-AIDS, but every year cases of HIV-AIDS are likely to increase. HIV-AIDS is still an issue of health in East Java, according to data of the Ministry of health of Indonesia year 2014, East Java province is the second-highest with HIV-AIDS cases after the DKI Jakarta¹ The number of cases of HIV in East Java up to December 2015 cumulatively i.e. 32.645 cases, and AIDS totaled 15.461 cases. In the year 2016 HIV infected pregnant women amounted to 270 cases, whereas babies born with HIV positive amounted to 35 cases.²

In East Java Province, Indonesia, the city of Surabaya is one of the cities with the highest HIV-AIDS cases among the 38 Kab/Kota. Every year HIV cases is likely every year HIV cases is likely to rise in 2011, as many as 429 cases, 2012 as many as 418 cases, 2013 as many as 501 cases, 2014 as many as 572 cases, 2015 as many as 652 cases. Similarly, cases of AIDS in the year 2011 as many as 382 cases, 2012 as many as 334 cases, 2013 as many as 253 cases, 2014 as many as 363 cases and 2015 as many as 281 cases.³ Based on a report from the Department of health of the city of Surabaya, a case of HIV positive pregnant women the year 2016 amounted to 35 cases and HIV positive babies up to the year 2016 amount to 87 cases.⁴

Seeing the magnitude of the problem of HIV-AIDS in the city of Surabaya, in 2015 the health promotion center of the Ministry of health Indonesia developed Community Mobilization of pilot project program in the prevention of HIV-AIDS. The program was first implemented in the cities of Surabaya and Cirebon.⁵ In the city of Surabaya was held in Jagir Village which is one of the primary health care of Jagir. Cases of HIV-AIDS is high in Jagir. Based on data recorded 28 cases of HIV from the year 2012 until June 2016, of which there are 6 cases of HIV in pregnant women. The year 2015 cases pregnant women HIV positive amounted to 3 cases, one of which is the case in Jagir village.⁶

The purpose of the program is the implementation of the community's movement to the HIV prevention and control identified by citizens for citizens, formed a support group of peers (mother, father, youths), preventing the public stigma against people with HIV-AIDS.⁷ The purpose of establishing support groups is to get citizens informed about HIV-AIDS, HIV testing, and other services available at the Puskesmas. Support groups are expected to provide social support to community members in preventing HIV-AIDS transmission and preventing community stigma in PLWHA.

According to House in Glanz et al. (2008) social support is the functional content of relationships that can be categorized into four types : Emotional support, Instrumental support, Informational support, and Appraisal support.⁸ Social support obtained by someone from his group creates a sense of security in engaging in active participation, exploration, and experimentation in life that ultimately increases the confidence, skills and strategy of dealing with problems.⁹

Social support can enhance individual coping resources that is the ability of individuals to access new contacts and information and to identify and solve problems. If the support provided can help reduce uncertainty, then a sense of personal control over a particular situation and the domain of life will be enhanced.⁸

Community stigma is still found and difficult to be eliminated. Stigma leads to inhibition of HIV prevention efforts.¹⁰ One of the causes of high HIV-AIDS cases is the stigma of people living with HIV-AIDS. Community stigma against people living with HIV is one of the biggest obstacles to HIV-AIDS prevention and control of people living with HIV-AIDS as well as the quality of life of people living with HIV.¹¹ People at risk will be afraid to take HIV testing because if the result is reactive they will be ostracized. PLWHAs are afraid to disclose their HIV status and decide to delay treatment if they get sick, which will have a deteriorating effect on their health and HIV transmission are not be controlled.

With social support provided by the support group of peers is expected to increase individual coping resources in the prevention of HIV transmission and prevent the stigma of people against PLWHA. The purpose of research to analyze the effect of social support on individual coping resources in the prevention of HIV-AIDS transmission and stigma of society to PLWHA.

II. METHODS

The type of the research was observational analytic with cross sectional design. The population in this research was the entire population aged 18-49 years, domiciled in Jagir village, Surabaya, Indonesia. Sample was selected by using multistage random sampling. The sample size was 380 respondents. Research conducted in May to June 2017. Data collected by interviews, then analyzed using logistic regression test.

III. RESULTS

A. Social Support

Social support in this research was a type of social support provided by cadres of peer support groups in the form of emotional support, instrumental support, informational support and appraisal support. Social support was measured using 16 questions with choices always, often, rarely and never. Always score 4, often score 3, seldom score 2, and never with a score of 1. Then answer score was summed and grouped into 3 categories. Social support was low if the score was 16 - 32, Social support was medium when the score was 33 - 49, Social support was high when the score was 50 - 64. The frequency distribution of respondents based on social support can be seen in the following table.

Table 1. Distribution of Social Support

Social Support	Frequency	Percentage
Low	185	48.7
Medium	169	44.5
High	26	6.8
Total	380	100

Table 1 illustrates that the most of social support were in low and medium categories. Based on the survey results not all types of social support provided by the cadre support group, social support is given more to the emotional and appraisal support. Based on information from one cadre that some cadres were inactive and unequal cadre skills in delivering information about HIV-AIDS to the community as the reason social support was not optimal. Most of the cadres were not confident to conduct counseling to the community.

B. Individual Coping Resources in the prevention of HIV-AIDS transmission

Individual coping resources is the ability of respondents to predict threats or opportunities for HIV-AIDS transmission, evaluate the resources or environmental carrying capacity that can be used to overcome threats and use strategies to mitigate these threats. Indicator of coping resources consist of 3 categories, namely the ability of problem solving, the ability of information access and perception of respondent about his ability to prevent HIV-AIDS. Individuals coping resources were measured using 12 attitude questions with likert scale. Choice of answer strongly agree score 4, agree score 3, do not agree score 2 and strongly disagree score 1. Then grouped into 3 categories by summing score answer. Coping resources was low when the score was 12 - 24, Coping resources was medium when the score was 25 – 37, Coping resources was high when the score was 38 - 48, frequency distribution of respondents based on coping Resources can be seen in the following table.

Table 2. Distribution of Individual Coping Resources

Individual Coping Resources	Frequency	Percentage
Low	0	0
Medium	236	61.4
High	146	38.4
Total	380	100

Based on table 2 it can be seen that the conditions of individual coping resources are mostly at high criteria. Based on the survey results, most respondents attitudes had shown the ability to solve HIV-AIDS problems in their environment, the ability to access information and the ability to state that they can prevent HIV-AIDS.

C. Stigma in People Living with HIV-AIDS (PLWHA)

What is meant by the stigma of the people towards PLWHA in this study is the negative perception of respondents to HIV-AIDS sufferers, that is, people with HIV-AIDS should be avoided or ostracized, joint activity (touching, shaking, exercising together, using toilet together) with HIV sufferers transmit HIV virus. The stigma was measured by 3 questions using Likert scale with a choice of very agree score 4, agree score 3, disagree score 2, strongly disagree score 1. Then grouped into 3 categories by summing score answer. High stigma was high when the score was 3 - 6, stigma was medium when the score was 7 - 9, stigma was low when the score was 10 - 12. The frequency distribution of respondents based on community stigma can be seen in the following table.

Table 3. Distribution of stigma against PLWHA

Stigma	Frequency	Percentage
Low	34	8.9
Medium	298	78.4
High	48	12.4
Total	380	100

Based on table 3 it can be seen that the stigma of the community is mostly in moderate condition, it illustrates that the stigma against PLWHA was still growing in society. Based on the survey results of stigma against PLWHA, patients should be avoided and there were still some people who have a perception that HIV-AIDS can be transmitted through joint activities with PLWHA. This was probably due to people's knowledge about how HIV-AIDS is still low. So the stigma of society was still a constraint in efforts to prevent HIV-AIDS transmission in Jagir Village.

D. The Influence of Social Support on Individual Coping Resources

Tabel 4. Analysis of the influence of social support on individual coping resources

Social Support	Individuals coping resources		Total n (%)	p-value	β
	High f (%)	Medium f (%)			
Low	48 (25.9)	137 (74.1)	185 (48.7)	0.01	1.83
Medium	78(46.2)	91 (53.8)	169 (44.5)		
High	20 (76.9)	6 (23.1)	26 (6.8)		
Total	146(38.4)	234 (61.6)	380 (100)		

E. The Influence of Social Support on the Stigma in PLWHA

Tabel 5. Analysis of the influence of social support on the sigma in PLWHA

Social Support	Stigma			Total n (%)	p-value	β
	Low f (%)	Medium f (%)	High f (%)			
Low	6 (3.2)	152 (82.2)	27 (14.6)	185 (48.7)	0.021	1.29
Medium	23 (13.6)	127 (75.1)	19 (11.2)	169 (44.5)		
High	5 (19.2)	19 (73.1)	2 (7.7)	26 (6.8)		
Total	34(8.9)	298 (78.4)	48 (12.6)	380 (100)		

IV. DISCUSSION

The results provide the view that if all forms of social support are given to the community, it will have an impact on raising awareness and the community's ability to prevent HIV-AIDS transmission and decrease the stigma in PLWHA.

A. The Influence of Social Support on Individual Coping Resources

Social support is one of the functions of social ties that describe the quality of interpersonal relationships. Accepted social support can make individuals feel confident, calm, caring, loved, and competent.⁹ The results of statistical tests showed that there was an effect of social support on individual coping resources. People who have high coping resources are those who get high social support. Therefore, it can be concluded that people have problem solving ability, ability to access information and ability to state that they can behave to prevent HIV-AIDS if social support given is also adequate.

Studies related to social support include Gorman et al.¹² research on the importance of social support in hypertensive patients group that high social support has a significant relationship to hypertension prevention behavior compared with low social support. Coping of individual resources in Kelurahan Jagir is mostly moderate, in addition to social support possibly influenced by area of Jagir which is an urban so that the source of information about HIV-AIDS can be easily accessed by society, if society do not get from kader and or health officer they can Access through the medium of television, radio and other mass media. So it can increase their vigilance in an effort to prevent contracting HIV-AIDS.

B. The Influence of Social Support on the Stigma in PLWHA

The result of statistical test showed that there was influence of social support to stigma in PLWHA. Social support that has not been maximally given by the cadre has an impact on the stigma of high society. This is in line with Shahuliyah's research¹¹ that stigma arises from people's ignorance of true and complete information in particular the mode of HIV transmission and prevention. Providing complete information either through counseling, counseling to the public plays an important role to reduce stigma.

This opinion is in line with Zainul Ahwan's research¹³ which states that discrimination cases occur in people living with HIV-AIDS in society both in social intercourse, the environment of education, the world of work and health services. This is indicated by the strong stigma (negative perception) of people living with HIV. Low and or even misguided knowledge and views on HIV and AIDS issues often leads to discrimination in PLWHA.

In the case of HIV-AIDS, one of the factors that prevent the sufferer from accessing health services is the strong community stigma, hindering prevention of HIV transmission. Therefore it is important to include the stigma component in educational activities to the public¹⁰. Therefore, to increase people's understanding on how to prevent and how to spread HIV-AIDS, the intensity of education about HIV-AIDS needs to be improved through regular group meetings in the community. This is related to the existing social structure of the community, where the fabric of inter-group cooperation is still high with the existence of social activities such as regular social gathering and recitation of the Quran. Such conditions as social capital which is potential to be utilized and developed.¹⁴

V. CONCLUSION

Social support when given optimally can improve community ability in problem solving, improve community control in HIV AIDS prevention efforts, and improve people's access to HIV-AIDS information resources. Social support in high category can also minimize stigma in PLWHA, but are not be denied stigma problem is difficult to be eliminated there are still some people who have perception that HIV sufferer should be avoided and ostracized, HIV-AIDS disease can be transmitted with the activity together like eating together, using toilet together, swimming together. Therefore, people still need to be given knowledge and information that is true, complete and continuous about HIV-AIDS disease especially about HIV-AIDS transmission. Guidance and assistance from health providers for peer group cadres in carrying out social support to community members. Thus the goal of community mobilization program in prevention of HIV-AIDS transmission can be realized.

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