



THE EFFECT OF STIGMA AND SOCIAL SUPPORT ON THE SELF-DISCLOSURE OF PEOPLE LIVING WITH HIV/AIDS (PLWHA) TOWARD HEALTH WORKERS IN MALANG REGENCY INDONESIA

Galuh Kumalasari^{*1}, Tita Hariyanti² and Asti Melani Astari³

¹Master's Program of Nursing, Faculty of Medicine, Universitas Brawijaya, Indonesia.

^{2,3}Faculty of Medicine, Universitas Brawijaya, Indonesia.

Received date: 14 May 2018

Revised date: 04 June 2018

Accepted date: 25 June 2018

Corresponding Author: Galuh Kumalasari

Master's Program of Nursing, Faculty of Medicine, Universitas Brawijaya, Indonesia.

ABSTRACT

HIV/AIDS has become such big problem for the world, including Indonesia. PLWHA in Malang Regency Indonesia not only experience physical suffering due to the illness, but also suffer on social and emotional function. Despite regular assistance from local health workers, cases of depression and suicide are still common. Interaction during the mentoring process indicates that self-disclosure of PLWHA to health personnel has not been optimal. The purpose of this study is to determine the effect of social support and stigma on self-disclosure of PLWHA to health workers in Malang Regency. The study is a correlational analysis with a Cross Sectional approach. The number of samples is 92 taken from the entire population. The measuring instruments used are RSDS (Revised Self Disclosure Scale), Berger's HIV Stigma Scale, and Social Support Questionnaire. The bivariate test of social support to self disclosure results in a p value of 0.000 (<0.05) and this can be interpreted that there is influence of social support to self disclosure, with a Pearson correlation value equals to 0.581 showing a positive and medium correlation. The stigma bivariate test against self-disclosure shows a p value of 0.008 (<0.05) and this means that there is influence of public stigma to self-disclosure; with a Pearson correlation value of -0.276 showing a negative and weak correlation. Furthermore, multivariate test using multiple linear regressions shows that social support has bigger influence on self-disclosure of PLWHA compared to stigma. The influence of social support as a driving force is stronger than the effect of stigma as barrier to self-disclosure of PLWHA to health workers in Malang Regency.

KEYWORDS: Self-disclosure of PLWHA, Social Support, Stigma.

INTRODUCTION

All over the world, we are fighting against HIV/AIDS, including Indonesia. The Directorate General of PP and PL has reported that from 1987 to 2014, HIV infects as many as 150,296 citizens of Indonesia and 55,799 are suffering from AIDS with a mortality rate of 9,796 people (The Ministry of Health, 2014). At the regency level, HIV/AIDS patients in Malang Regency ranked second in East Java Province with the number of patients reaching 245 people. Three districts in Malang Regency have been running the program of assistance by health personnel for PLWHA; the districts are Kepanjen with 32 people, Turen with 34 people, and Sumberpucung with 26 people.

A preliminary study of November 2017 reported that people living with HIV are not only physically but also

emotionally affected, as evidenced by the cases of depression and the risk of suicide from mental health screening in August 2017. This is a special concern the health workers, as this far, assistance for PLWHA has been considered to be running well. Differences in the data in the field and screening results indicate that the self-disclosure of PLWHA to health workers has not been optimal, so emotional and mental complaints tend to be hidden making it difficult for health workers to detect during mentoring.

Self-disclosure is a person's ability to disclose information to others, including personal information, feelings, attitudes, and opinions (Chaudoir and Fisher, 2010). People living with HIV fear rejection and negative judgment related to their disease status. These fears cause them to choose to hide the status of the

disease and their physical condition, as well as their emotional condition (Bird and Voisin, 2013).

If PLWHA can do good self-disclosure, their problems can be properly identified, so management will be accurate (Jones and Bartlett, 2009). Through several studies and previous literature review, several factors are strongly involved in the self-disclosure of PLWHA, including social support and stigma from the community (Nostlinger, 2015; Suriana, 2013). The purpose of this study is to determine the effect of stigma and social support on self-disclosure of PLWHA to health workers in Malang Regency and the factor having the biggest influence.

MATERIALS AND METHODS

The research design is a correlational analysis with a Cross Sectional approach. It involves 92 respondents as samples taken from the entire population of people living with HIV/AIDS who received regular medical assistance in the districts. The measuring instruments used are

RSDS (Revised Self Disclosure Scale) to measure self-disclosure, Berger's HIV Stigma Scale to measure community stigma, and Social Support Questionnaire to measure social support. These three instruments have passed the validity and reliability test on 25 respondents. The validity test is done using a Pearson Product Moment (r) formula with 95% significance level and the results show that all items are valid with the $r \geq r$ table of 0.413. Cronbach's Alpha for the self-disclosure questionnaire is 0.932, for stigma questionnaire is 0.945, and for social support is 0.904. The three instruments have an Alpha value > 0.6 , so all are valid and reliable as research instruments. The data analysis involves SPSS, a Bivariate test on each independent variable to the dependent variable (self disclosure) is done using the Pearson formula, followed by multivariate test with multiple linear regression.

RESULTS

Research data was analyzed univariately and description was made for each of the research variable.

Table 1. Descriptive Analysis on the Characteristics of Respondents in Malang Regency.

Variable	Mean	Median	Modus	SD	Min-Max
Self-Disclosure	28.6	28	36	8.93	14-43
Social Support	37.55	39	39	4.25	29-50
Stigma	28.23	27	24	6.29	13-40

Source: Primary Data (2018)

Table 1 shows the data for self-disclosure as a dependent variable. The average value is 28.6 with the lowest score of 14 and the highest score of 43. The result of the measurement of independent variables of social support shows the average value of 37.55 with the lowest score of 29 and the highest score of 50. The independent variable of stigma shows the average value of 28.23 with the lowest score of 13 and the highest score of 40.

Table 2. The Effect of Stigma on the Self-Disclosure of PLWHA to the Health Workers in Malang Regency.

Variable	N	r	p
Stigma	92	-0.276	0.008

The result of hypothesis testing on the effect of stigma on self-disclosure of PLWHA done by Pearson test shows a p value of 0.008 (< 0.05) indicating a significant correlation between stigma and self-disclosure; thus, H_0 is rejected. This means there is an effect of stigma to self-disclosure of PLWHA. The Pearson correlation value of -0.276 shows a negative correlation with weak correlation strength.

Table 3: The Effect of Social Support on the Self-Disclosure of PLWHA to the Health Workers in Malang Regency.

Variable	N	r	p
Social Support	92	0.581	0.000

The result of hypothesis testing on the effect of social support on self-disclosure of PLWHA done by Pearson test shows a p value of 0.000 (< 0.05) indicating a significant correlation between social support and self-disclosure; thus, H_0 is rejected. This means there is an effect of social support to self-disclosure of PLWHA. The Pearson correlation value of 0.581 shows a positive correlation with medium correlation strength.

Table 4: Multivariate Analysis Results of Linear Regression on the Effect of Stigma and Social Support on PLWHA Self-Disclosure to Health Workers in Malang Regency.

Variable	Beta	Anova (sig)	R Square
Stigma	-0.134	0.000	0.355
Social Support	0.546		

The variable with the greatest influence on self-disclosure of PLWHA is presented in the Beta column. The independent variable with the greatest influence on the dependent variable is social support.

DISCUSSION

Hypothesis testing on the influence of stigma on self-disclosure of PLWHA shows that stigma affects self-disclosure. Social labeling that aims to separate or discredit a person or groups may result in discriminatory acts, and this neglects the fulfillment of the basic rights of individuals or groups (The Ministry of Health, 2014).

Factors leading to stigma are lack of knowledge and misperception, as well as mistakes in seeking treatment (Shaluhayah, 2015).

The Pearson correlation value is -0.276 showing a negative correlation with weak correlation strength. A negative correlation shows that stigma against people living with HIV appears as a barrier to their self-disclosure to health workers. The stigma against people living with HIV can cause negativity including persecution, loss of a job, losing social support, and even difficulty in getting health care (Holzemer *et al.*, 2007). A similar study conducted by Churcher (2013) has revealed the fact that PLWHA in Thailand are experiencing barriers in accessing health services due to the stigma and discrimination. According to Chaudoir and Fisher (2010), self-disclosure becomes a challenge for individuals living around people who see negatively at PLWHA.

In contrast, stigma that has been proven to be negatively correlated to self-disclosure, the test on social support shows a positive correlation with a value equal to 0.581 with a medium correlation. The social support received by the respondents in this study includes instrumental or material support, emotional, psychological, appreciation, social integrity, as well as support in the form of information.

Taylor (2009) mentioned that social support come from parents, husband or wife, lovers, family members, friends, or society. Although the respondents in this study were only partly open about their positive HIV/AIDS status to their families and partners, at least all they received social support from their peer support groups. Suriana (2013) in his research confirms that effective social support comes from family members and peer support groups. Nostlinger (2015) examines the effect of social support on self-disclosure of PLWHA in East Africa and proves that the higher social support gained from family member and groups of PLWHA results in the high self-disclosure of the respondents. Nostlinger explains in more detail that social support coming from groups of PLWHA has far stronger effect than the support of the family. Positive and mutually reinforcing support to survive HIV/AIDS by fellow sufferers in peer support groups can create a sense of security and comfort making them open about themselves and their illness (Suriana, 2013; Yi, 2015).

The stigma and social support shows significant effect in a bivariate test, but after the multivariate test, it has been found that one variable is more dominant. The independent variable with the greatest influence on the dependent variable is social support. Social support is one of the terms to explain how social relationships contribute to the mental or physical health in individuals. Baron and Byrne (2009) define social support as the physical and psychological comfort provided by the individual's friends and family. According to Cobb (in

Sarafino, 2006), social support is a convenience, attention, appreciation, or helps one perceives from other people or groups. Social support arises from the perception that there are people who will help in a problematic situation and the assistance received will create positive feelings and increase self-esteem. This condition or psychological state can affect individual responses and behaviors that finally affect the welfare of individuals in general.

The results of this study are in line with the research conducted by Shaluhayah (2015) confirming that social support can help people living with HIV/AIDS to face that stigma in society and it helps to improve the utilization of health services. Social support makes PLWHA feel that they are not alone and that they have a reason to fight for life—this way, their willingness to access health services increase. High motivation to utilize health services leads to increased self-disclosure of PLWHA to health workers. Sharing knowledge, information, as well as problems physically, mentally, and emotionally with therapeutic health personnel is the thing needed by these PLWHA.

CONCLUSION

Stigma and social support have been proven to have a significant influence on self-disclosure of PLWHA to health workers; the effect of social support as a driving force is stronger compared to stigma as a barrier to self-disclosure of PLWHA to health workers in Malang Regency.

The factors identified to have a significant effect must be examined further to optimize the self-disclosure ability of PLWHA and to reduce the risk of emotional or mental disorder, which can be fatal. This study can be used as a reference related to factors to help PLWHA to be open to health workers related to emotional disorders they experience. This way, the health workers can plan ways to overcome the problems.

ACKNOWLEDGEMENTS

Our thanks go to the Malang Regency Government that has given permission for research, respondents for their participation and to all parties that support of this research article.

REFERENCES

1. Baron, R. A, and Byrne, D. *Social Psychology*. United States of America: Pearson, 2009.
2. Bird, J.D.P., and Voisin, D.R. "You're an open target to be abused": A qualitative study of stigma and HIV self-disclosure among black men who have sex with men. *American Journal of Public Health*, 2013; 103(12): 2193-2199. doi: 10.2105/AJPH.2013.301437.
3. Chaudoir, S.R., and Fisher, J.D. The disclosure processes model: Understanding disclosure decision- making and post-disclosure outcomes

- among people living with a concealable stigmatized identity. *Psychol Bull*, 2010; 136(2): 236-256. doi:10.1037/a0018193.
4. Chorwe-Sungani, G., Sefasi, A. and Pindani, M. Mental Health Problems Affecting People Who Have HIV and AIDS in Malawi: A Review. *Open Journal of Nursing*, 2015; 5: 189-194. <http://dx.doi.org/10.4236/ojn.2015.53023>.
 5. Churcher, Sian., Stigma related to HIV and AIDS as a barrier to accessing health care in Thailand: a review of recent literature. *Who South-East Asia Journal of Public Health*, 2013; 2(1): doi:10.4103/2224-3151.115529.
 6. Holzemer, W.L, Uys.L, Makoae L, Stewart,A., Phetlu., Dlamini. P.S., Greeff., M,Kohi.,T.W, Chirwa. M., Cuca. Y., Naidoo. J., A Conceptual Model of HIV/AIDS Stigma From Five African Countries. *Journal of Advanced Nursing: Blackwell Publishig*, 2007.
 7. Jones & Bartlett. *The Nurse-Patient Relationship*. Burlington. An Ascent Learning Company, 2009.
 8. Nostlinger, Christiana., Sabrina Bakeera-Kitaka, Jozefien Buyze, Jasna Loos & Anne Buvé, Factors influencing social self-disclosure among adolescents living with HIV in Eastern Africa, *AIDS Care*, 2015; 27(1): 36-46, doi: 10.1080/09540121.2015.1051501.
 9. Santrock, John W. *Perkembangan Anak Edisi 7 Jilid 2*. (Terjemahan: Sarah Genis B) Jakarta: Erlangga, 2011.
 10. Sarafino, E.P. *Health Psychology. Biopsychosocial Interactions*. New York: John Willey & Sons, Inc., 2006.
 11. Shaluhiyah, Zahroh., Musthofa, S.B., Widjanarko, Bagoes., Stigma Masyarakat terhadap Orang dengan HIV/AIDS. *Jurnal Kesehatan Masyarakat Nasional*, 2015; 9(4).
 12. Suriana, Atik., Dewi, D.S.E., Penelitian Tentang Self Disclosure Pasien ODHA RSUD Banyumas. *Psycho Idea*, 2013; 11(1).
 13. Taylor, S. E. *Health Psychology. Seventh Edition*. Singapore: McGraw-Hill, 2009.
 14. The Ministry of Health, *Buku Pedoman Penghapusan Stigma & Diskriminasi Bagi Pengelola Program Petugas Layanan Kesehatan Dan Kader*, Hal, 2014; 1-11.
 15. Yi S, Choun P, Suong S, Thin K, Brody C, Tuot S. AIDS-Related Stigma and Mental Disorders among People Living with HIV: A Cross-Sectional Study in Cambodia. *PLoS ONE*, 2015; 10(3): e0121461. doi: 10.1371.