Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

OVERVIEW OF COMMUNITY STIGMA TOWARD PEOPLE LIVING WITH HIV/AIDS IN GORONTALO CITY

GAMBARAN STIGMA MASYARAKAT TERHADAP ODHA DI KOTA GORONTALO

Nirwanto K. Rahim [1], Ita Sulistiani [2], Ayu Rofia Nurfadhilah
[1]Department of Nursing, Faculty of Sports and Health, Gorontalo State University, Email:nirwanto@ung.ac.id
[2]Department of Nursing, Faculty of Sports and Health, Gorontalo State University, Email : itasulistiani@ung.ac.id

*email Koresponden: itasulistiani@ung.ac.id

DOI: https://doi.org/10.62567/micjo.v2i4.1747

Abstract

HIV/AIDS remains a major public health concern worldwide, and stigma toward People Living with HIV/AIDS (PLWHA) continues to hinder prevention and treatment efforts, particularly in regions with limited health literacy. In Gorontalo City, community stigma persists due to misconceptions about HIV transmission, exaggerated fears, and culturally embedded moral judgments that associate HIV with deviant behavior. This study aims to describe the level of community stigma toward PLWHA in Liluwo Village and identify factors contributing to these attitudes. Using an analytical survey with a cross-sectional design, the study involved 185 respondents selected through stratified random sampling. A structured questionnaire assessed respondents' HIV/AIDS knowledge, religiosity, and stigmatizing attitudes. The findings reveal that 102 respondents (55.1%) demonstrated stigmatizing behaviors, characterized by avoidance of physical contact, reluctance to live near PLWHA, fear of sharing public spaces, and inaccurate beliefs about how HIV is transmitted. Meanwhile, 83 respondents (44.9%) exhibited no stigma, showing higher levels of HIV-related knowledge, a better understanding of scientific facts about transmission, and a more empathetic and inclusive approach toward PLWHA. The variation between these groups highlights the crucial role of health literacy, cultural norms, and access to accurate information in shaping community attitudes. The study concludes that reducing stigma requires comprehensive and continuous educational interventions, targeted health promotion, and active involvement of community and religious leaders to build a more supportive environment for PLWHA. Strengthening public understanding is essential to ensure equitable treatment and improve the well-being of those affected by HIV.
Keywords: Stigma, PLWHA, HIV/AIDS, Knowledge, Gorontalo.

Abstrak

HIV/AIDS tetap menjadi salah satu isu kesehatan masyarakat yang menimbulkan tantangan besar, terutama terkait stigma terhadap Orang dengan HIV/AIDS (ODHA). Di Kota Gorontalo, stigma ini masih kuat dan tampak jelas pada berbagai bentuk penolakan sosial, ketakutan

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

berlebihan terhadap penularan, serta moral judgement yang mengaitkan HIV dengan perilaku menyimpang. Penelitian ini bertujuan menggambarkan tingkat stigma masyarakat terhadap ODHA di Kelurahan Liluwo serta mengidentifikasi faktor yang memengaruhinya. Penelitian menggunakan desain survei analitik dengan pendekatan potong lintang, melibatkan 185 responden yang dipilih melalui stratified random sampling. Instrumen penelitian berupa kuesioner terstruktur yang menilai pengetahuan HIV/AIDS, religiusitas, dan stigma masyarakat. Hasil penelitian menunjukkan bahwa 102 responden (55,1%) memiliki sikap stigma terhadap ODHA. Bentuk stigma yang ditemukan meliputi penghindaran interaksi, kekhawatiran berdekatan dengan ODHA, penolakan tinggal di satu lingkungan, serta pemahaman keliru tentang mekanisme penularan HIV. Sementara itu, 83 responden (44,9%) tidak menunjukkan stigma. Mereka umumnya memiliki pengetahuan HIV yang lebih baik, mampu memisahkan aspek moral dari kondisi kesehatan, serta menunjukkan sikap inklusif dan empatik. Perbedaan ini menegaskan bahwa literasi kesehatan yang rendah, kuatnya norma budaya, dan keterbatasan akses informasi akurat berkontribusi terhadap munculnya stigma. Penelitian ini menyimpulkan bahwa upaya pengurangan stigma harus dilakukan melalui edukasi komprehensif, kampanye kesehatan yang berkelanjutan, dan keterlibatan tokoh masyarakat untuk menciptakan lingkungan yang lebih menerima ODHA.

Kata Kunci: Stigma, ODHA, HIV/AIDS, Pengetahuan, Gorontalo.

1. INTRODUCTION

HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) remains an unresolved global health problem. HIV attacks and weakens the immune system, while AIDS represents the advanced stage of HIV infection characterized by various opportunistic illnesses. Epidemiological trends indicate a continuous rise in global HIV/AIDS cases. In 2019, more than 37.8 million people were living with HIV, with approximately 1.7 million new infections—far from the United Nations target of reducing new infections to below 500,000 cases by 2020 (UNAIDS, 2019). The African region accounts for the largest burden, while Southeast Asia, including Indonesia, ranks second with 3.8 million people living with HIV (UNAIDS, 2019).

In Indonesia, the yearly increase in HIV/AIDS cases is evident. In 2019, 50,282 HIV-positive cases and 7,036 AIDS cases were reported (Ditjen P2P, 2019). Although Gorontalo Province ranks second lowest nationally, the number of cases continues to rise. From only one reported case in 2001, cumulative cases increased to 608 by October 2020, consisting of 286 HIV cases and 322 AIDS cases (Gorontalo Provincial Health Office, 2020).

The rising number of HIV/AIDS cases is accompanied by a serious social challenge—stigma against People Living with HIV/AIDS (PLWHA). PLWHA face a dual burden: medical complications and social discrimination (Baroya, 2017). Stigma manifests in labeling, prejudice, and exclusion toward individuals or groups associated with HIV/AIDS (Berek & Bubu, 2019). This is reflected in community attitudes such as reluctance to interact with PLWHA, avoiding goods sold by them, and restricting children's interactions with HIV-affected peers (Shaluhiyah et al., 2015).

National-level reports also show the prevalence of HIV-related stigma in media coverage. Throughout 2018, there were 82 stigmatizing news items that linked HIV to immoral behavior, targeted certain groups as sources of HIV, or perpetuated misconceptions about condom

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

effectiveness (Humaida, 2019). Although Gorontalo recorded only one such report, stigma remains a major barrier in local HIV prevention and control efforts (Shaluhiyah et al., 2014). Preliminary findings from the Gorontalo Provincial AIDS Commission reveal that stigma leads many PLWHA to hide their status, hindering early detection and outreach. At Sipatana Public Health Center—a primary HIV service unit in Gorontalo City—health workers reported that many PLWHA felt rejected by their environment. A similar picture emerged from community interviews in Liluwo Village, the area with the highest HIV cases in the city. Respondents expressed strong rejection of PLWHA in their neighborhood, believed HIV could be transmitted through casual contact such as handshakes, and perceived PLWHA as individuals with a "bad past." Four out of five respondents even believed HIV/AIDS to be a form of "divine punishment."

Stigma does not appear spontaneously; it is influenced by factors such as knowledge and religiosity. Adequate knowledge about HIV/AIDS has been shown to correlate with lower tendencies to stigmatize (Shaluhiyah et al., 2014). In Kupang, Hati (2017) reported that individuals with good knowledge had half the likelihood of stigmatizing compared to those with poor knowledge. However, these findings differ from Widyasih's (2015) study in Yogyakarta, which indicated that increased knowledge does not always translate into positive attitudes.

Religiosity is another factor shaping attitudes toward PLWHA. Religious values often guide people's interpretations of health and illness, and inaccurate religious beliefs may lead to negative views about HIV/AIDS (Safrilsyah et al., 2016; Retnowati & Misrina, 2017). A study on religious leaders in Banyumas found a significant association between religious values and stigma toward PLWHA (Retnowati, 2017). Conversely, Sholehah (2018) found no significant relationship between spirituality and stigma among housewives. This inconsistency indicates that religiosity requires further exploration as a determinant of stigma.

The situation in Gorontalo City demonstrates that stigma remains high, driven by misconceptions about transmission, moral judgments, and community-level social rejection. However, studies examining the factors influencing stigma—particularly knowledge and religiosity—remain limited. Therefore, a comprehensive investigation is needed to clearly portray stigma within the Gorontalo community as a basis for developing more targeted interventions.

2. RESEARCH METHOD

This study was conducted in Liluwo Village, Gorontalo City, from April 27 to May 30, 2022, using an analytical survey design with a cross-sectional approach to examine the relationship between knowledge, religiosity, and community stigma toward PLWHA, with all variables measured at a single point in time (Nursalam, 2020). A total sample of 185 participants was obtained using the Lemeshow et al. (1990) formula and proportionally allocated to each neighborhood (RT) through stratified random sampling. Respondents were selected using consecutive sampling based on inclusion criteria: aged 17–45 years, Muslim, residing in Liluwo, and willing to participate, while individuals with physical or psychological impairments that prevented questionnaire completion were excluded. Data were collected through questionnaires and interviews using the HIV/AIDS knowledge instrument (Carrey & Schroder, 2002; adapted in Aunna Finnajakh, 2019) consisting of 17 Guttman-scale items ($\alpha = 0.873$), the religiosity instrument (Achmad Muzayin, 2013) modified into 10 ordinal-scale

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

items (α = 0.901), and the HIV/AIDS stigma instrument (Aunna Finnajakh, 2019) comprising 10 negative statements on a five-point Likert scale (α = 0.925).

3. RESULTS AND DISCUSSION

Based on the table above, community stigma toward PLWHA remains high, with 102 individuals (55.1%) exhibiting stigmatizing attitudes and 83 individuals (44.9%) showing no stigma.

Table 1. Distribution of Respondents Based on Stigma Toward PLWHA

Community Stigma	Frequency	Percentage
Sitgma	102 people	55,1%
No Stigma	83 people	44.9%
Total	**185**	**100%**

In Liluwo Village, where 185 respondents participated, 102 individuals (55.1%) demonstrated stigma toward PLWHA, illustrating how community perceptions remain heavily influenced by fear, misinformation, and entrenched cultural narratives about HIV/AIDS. Stigma in this context emerges as a collective social reaction rooted in anxiety about contagion, even though decades of public health communication have clarified that HIV cannot be transmitted through casual contact. The persistence of such beliefs indicates limited penetration of accurate health information and highlights the enduring influence of informal knowledge sources within families, peer groups, and social networks (Shaluhiyah, 2015). This aligns with broader global reports showing that fear-based misconceptions remain among the strongest drivers of HIV stigma, especially in low-resource settings (UNAIDS, 2020).

These misconceptions translate into avoidance behaviors, leading community members to distance themselves from PLWHA physically and socially. Many respondents expressed reluctance to engage in shared activities such as eating together, living nearby, or participating in communal events, reflecting patterns seen worldwide where stigma results in exclusion from daily social interactions (Mahajan et al., 2008). Such patterns confirm that stigma is more than an individual attitude; it is a community-level phenomenon embedded in shared norms. According to Shaluhiyah (2015), labeling and stereotyping PLWHA are often normalized where structured HIV education is lacking.

Stigma in Liluwo is further intensified by moral judgments rooted in cultural and religious interpretations. In many communities, HIV remains associated with behaviors perceived as immoral or socially deviant. Berek and Bubu (2019) argue that moral frameworks within local cultures shape how people interpret HIV, often framing the disease as a personal failing. This moralization of illness contributes to stronger stigma, including blame, shame, and social withdrawal. These trends echo earlier sociocultural analyses showing that HIV stigma is frequently tied to narratives of sexuality, morality, and social order (Parker & Aggleton, 2003).

In contrast, 83 respondents (44.9%) did not demonstrate stigma, representing a more informed and empathetic segment of the community. These individuals generally held more accurate knowledge about HIV/AIDS, enabling them to differentiate between scientific facts and community myths. Education has repeatedly been identified as a powerful protective factor against stigma, as accurate knowledge reduces fear and builds confidence in interacting with

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

PLWHA (Paryati et al., 2013). This suggests that investment in public health education can significantly shift community attitudes even in culturally conservative contexts.

Another factor contributing to non-stigmatizing attitudes was the ability to separate moral judgments from the disease itself. Respondents in this group recognized PLWHA as individuals deserving compassion, dignity, and equal rights. Shaluhiyah (2015) notes that individuals equipped with correct HIV knowledge are more capable of adopting inclusive and non-judgmental perspectives. These findings are consistent with empirical evidence showing that empathy-building interventions and personal exposure to PLWHA stories reduce stigma effectively (Brown et al., 2003).

The sharp contrast between the stigmatizing and non-stigmatizing groups underscores the influence of knowledge gaps, cultural narratives, and social norms in shaping perceptions. Communities with limited access to accurate information are more vulnerable to misinformation and fear, allowing stigma to persist. This pattern aligns with global studies indicating that low HIV literacy is strongly correlated with discriminatory attitudes (Stangl et al., 2019). Conversely, greater access to accurate information empowers communities to respond more rationally and empathetically toward PLWHA.

These findings emphasize the need for comprehensive and culturally grounded educational strategies to reduce stigma. Effective interventions must address not only cognitive aspects—such as knowledge of HIV transmission—but also emotional and cultural components, including fear, shame, and moral beliefs. Paryati et al. (2013) highlight that stigma reduction requires continuous community engagement, consistent educational outreach, and the involvement of respected community actors. WHO and UNAIDS similarly emphasize the importance of community-driven stigma-reduction initiatives that include schools, religious institutions, youth organizations, and local health services (WHO, 2018; UNAIDS, 2020).

Overall, the study demonstrates that stigma toward PLWHA in Liluwo Village is shaped by a complex interaction of misinformation, cultural morality, and social norms. Reducing stigma requires reinforcing community education, improving access to accurate information, building empathy, and challenging harmful cultural narratives that equate HIV with deviance or immorality. As Berek and Bubu (2019) highlight, tackling stigma is essential not only for ensuring social inclusion but also for achieving successful HIV prevention, treatment engagement, and community support. Strengthening stigma-reduction initiatives at the community level is therefore vital for creating an environment that supports PLWHA and advances broader HIV response goals.

4. CONCLUSION

The stigma toward PLWHA in Liluwo Village remains high due to fear and limited knowledge about HIV/AIDS. Community members who do not exhibit stigma tend to have a better understanding of the condition and demonstrate more inclusive attitudes. Reducing stigma requires continuous and appropriate education to increase awareness and foster supportive behaviors toward PLWHA.

5. REFERENCES

Berek, B., & Bubu, B. (2019). Gender, education, and stigma towards HIV/AIDS: A community-based study. *Journal of Public Health*, 41(4), 762–768. https://doi.org/10.1093/pubmed/fdy096

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

Brown, L., Macintyre, K., & Trujillo, L. (2003). Interventions to reduce HIV/AIDS stigma: What have we learned? *AIDS Education and Prevention, 15*(1), 49–69. https://doi.org/10.1521/aeap.15.1.49.23844

Dinas Kesehatan Provinsi Gorontalo. (2020). *Laporan kumulatif kasus HIV/AIDS Provinsi Gorontalo hingga Oktober 2020*. https://dinkes.gorontaloprov.go.id/hingga-juni-2021-hiv-aids-di-provinsi-gorontalo-sebanyak-64-kasus/

Hati, D. (2017). Stigma masyarakat terhadap ODHA di Kota Kupang. *Jurnal Promosi Kesehatan Indonesia*, 12(1), 34-42. https://ejournal.undip.ac.id/index.php/jpki/article/view/18031

Humaida, I. (2019). Analisis pemberitaan media tentang HIV/AIDS dan stigma. *Jurnal Komunikasi Kesehatan Indonesia*, 5(2), 45-58.

Joint United Nations Programme on HIV/AIDS. (2019). *Global HIV & AIDS statistics — Fact sheet*. UNAIDS. https://www.unaids.org/en/resources/fact-sheet

Kementerian Kesehatan Republik Indonesia, Direktorat Jenderal Pencegahan dan Pengendalian Penyakit. (2019). *Laporan tahunan kasus HIV/AIDS Indonesia 2019*. https://www.kemenkes.go.id

Mahajan, A. P., Sayles, J. N., Patel, V. A., Remien, R. H., Ortiz, D., Szekeres, G., & Coates, T. J. (2008). Stigma in the HIV/AIDS epidemic: A review of the literature and recommendations for the way forward. *AIDS, 22*(S2), S67–S79. https://doi.org/10.1097/01.aids.0000327438.13291.62

Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science & Medicine, 57*(1), 13–24. https://doi.org/10.1016/S0277-9536(02)00304-0

Paryati, S., et al. (2013). Factors influencing stigma towards people living with HIV/AIDS in Indonesia. *Health Sociology Review*, 22(3), 325-338. https://doi.org/10.5172/hesr.2013.22.3.325

Paryati, S., et al. (2013). Factors influencing stigma towards people living with HIV/AIDS in Indonesia. *Health Sociology Review*, 22(3), 325–338. https://doi.org/10.5172/hesr.2013.22.3.325

Paryati, T., Widjanarko, B., & Shaluhiyah, Z. (2013). Faktor-faktor yang mempengaruhi stigma terhadap ODHA di masyarakat. *Jurnal Promosi Kesehatan Indonesia, 8*(1), 12–22.

Shaluhiyah, Z. (2015). *Stigma dan diskriminasi terhadap ODHA di masyarakat*. Semarang: Universitas Diponegoro Press.

Shaluhiyah, Z. (2015). Understanding HIV/AIDS stigma and community responses. *Journal of Social Health*, 10(2), 134–142.

Shaluhiyah, Z., et al. (2015). Stigma masyarakat terhadap orang dengan HIV/AIDS. *Jurnal Epidemiologi Kesehatan Komunitas*, 1(2), 134-142. https://scholarhub.ui.ac.id/cgi/viewcontent.cgi?article=1825&context=kesmas

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

Multidisciplinary Indonesian Center Journal (MICJO)
Journal page is available to
https://e-jurnal.jurnalcenter.com/index.php/micjo
Email: admin@jurnalcenter.com

Indonesia (Analisis Data SDKI Tahun 2012). *Jurnal Epidemiologi Kesehatan Indonesia*, *1*(2), 35–43. https://doi.org/10.7454/epidkes.v1i2.1803

Stangl, A. L., Earnshaw, V. A., Logie, C. H., van Brakel, W., Simbayi, L. C., Barré, I., & Dovidio, J. F. (2019). The Health Stigma and Discrimination Framework: A global, crosscutting framework to inform research, intervention development, and policy. *BMC Medicine*, *17*(1), 31. https://doi.org/10.1186/s12916-019-1271-3

UNAIDS. (2020). *Global AIDS update 2020: Seizing the moment*. Joint United Nations Programme on HIV/AIDS. https://www.unaids.org

Widyasih, D. (2015). Hubungan pengetahuan dengan sikap terhadap HIV/AIDS di Yogyakarta. *Jurnal Kesehatan Masyarakat Nasional*, 9(4), 189-197.

World Health Organization. (2018). *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*. WHO Press. https://www.who.int

Yani, F., Harahap, F. S. D., & Hadi, A. J. (2020). Stigma Masyarakat Terhadap Orang Dengan HIV/AIDS (ODHA) Di Kabupaten Aceh Utara. *MPPKI (Media Publikasi Promosi Kesehatan Indonesia): The Indonesian Journal of Health Promotion*, *3*(1), 56–62. https://jurnal.unismuhpalu.ac.id/index.php/MPPKI/article/view/102.