

# The Effect of Peer Groups on Society's Stigma Perception of PWLA (People Living With HIV/AIDS) at Cakap Foundation Group WPA Turen

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**Abstract--** PWLA is used to refer to people living with HIV/AIDS. It is not uncommon for PWLA to possess negative habits. The act of labeling or viewing them negatively has become a sort of social stigma. In its practice, the stigma may result in discrimination such as not recognizing PWLA as human beings worthy of dignity. One of the efforts to avoid such discrimination is through healthcare-related and educational approaches through peer groups with the aim of raising society's awareness of HIV-AIDS. Therefore, PWLA can be accepted by society. The purpose of this study was to reduce the community's negative stigma towards PWLA. Pre-experimental action research with a one group pretest-posttest design was used in this study. The sample was selected using a simple random sampling technique. The independent variable was peer support and the dependent variable was the respondent's stigma. The data was collected using a questionnaire that had good validity and reliability. The data was collected using questionnaires focused on the results of the modified HIV stigma scale by Berger with as many as 40 items. The measurements were done 2 times with the 48 respondents who were people living with HIV-AIDS at CAKAP Foundation Talok Turen Village, Malang District. Peer group support was given 4 times for 1 month with 1-2 hours set aside for the meeting duration. The data was analyzed in a bivariate and comparative manner using the Wilcoxon signed rank test for normally undistributed data at a significance level of  $p < 0.05$ . The results of the research show improvements in society's perception with a positively valued difference ( $p = 0.000$ ) before and after the intervention. The conclusion on the change in society's stigma perception of PWLA is consistent. Health education with a peer education intervention is effective when it comes to changing the perception of others in order to avoid stigma focused on PWLAs. Therefore, it is necessary to increase the frequency of the intervention and to conduct continuous health care education.

**Keywords---** PeerGroup, Stigma, PWLA

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## I. INTRODUCTION

The 2015-2030 target of the Millennium Development Goals (MDGs) prioritizes tackling HIV (Human Immunodeficiency Virus)-AIDS (Acquired Immunodeficiency Disorder Syndrome). Up until recently, the disease has remained an international "iceberg" phenomenon. In a short span of time, the number of victims is increasing worldwide as estimated by World Health Organization (WHO) in 2018. They stated that the global epidemic data shows that up to 33.4 million people may have contracted it and only 3.3 million have been detected to have HIV-AIDS (PWLA). This indicates that the remaining 90% are on the verge of HIV detection [1].

Those patients experiencing negative stigma and discrimination, family absence, ostracization and a lack of social support and health assurance in addition to poor information access to the healthcare service as well as spiritual adherence may convince themselves to have a life less lived. They are prone to being physiologically-depleted and lazy when it comes to work, making them

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sub-human[2]. As a result, desperation, suicidal thoughts and self-destruction become their new obsession. This will affect not only themselves but their families and loved ones as well[3]. This stigma and discrimination, in effect, enables both PWLAs and their family members to feel afraid or ashamed to admit that they have the illness and to look for help. They refrain from going to hospitals or to search for further information[4]. Largely, the Peer-Support Group (KDS) PWLA Turen Sub-District aspires to tolerate no discrimination and negative stigma in the surrounding society. The fact that people take part in the healthcare activities and come for check-ups to whether see they have contracted HIV is seen of as one of their concerns of a less stigmatizing neighborhood. The existence of the Community Health Information Center (PIKM) HIV-AIDS, established by the *We Care for AIDS* group (WPA) in Talok Village, Turen Sub-District, strengthens the efforts undertaken to lower the stigma and discrimination.

Changing the stigma perception and discrimination towards PWLA is done through communal healthcare service with direct access to people. The community nurses conduct healthcare education through socialization, seminars and society empowerment[5]. The education is based on the results of an analysis on what PWLAs, their family members, cadres, and society itself consider necessary[6]. Moreover, the community nurses also play a role in passing out social aid through emotional support and providing worthwhile information during treatment[7]. The stigma and discrimination towards PWLA came into existence due to people's ignorance of how the HIV contagion works[8]. They exaggeratingly think that they will contract the disease thus inciting a non-proportionate negative attitude. The perception toward PWLA will highly affect how that person behaves in particular[9]. Therefore, some of the pedagogic methods in healthcare will be able to provide adequate information on HIV-AIDS and PWLA. Susilo (2011) elaborates that the pedagogic method is one of the ways to provide healthcare information[10].

The peer group aims to complement the other methods. Peer groups are a long-term method used to deliver ideas, notions and new information to the intended target (Link & Phelan, 2001). The purpose of this study is to reduce the negative stigma received by PWLA.

## II. METHODS

Pre-experimental action research with a one group pretest-posttest design was used in this study. The sample was selected using simple random sampling technique[11]. The independent variable was peer support and the dependent variable was the respondent's stigma. The data was collected using a questionnaire that was tested for validity and reliability. The population in this research consisted of the people living with HIV/AIDS in the CAKAP Foundation WPA Talok village totaling 48 respondents. The research took place in the shelters of the Civil Service Foundation of CAKAP WPA Talok Village, Turen Sub-District, Malang District. This research was conducted with respect to the subject's rights, justice, confidentiality and beneficence.

The instrument used in this research was the HIV *Stigma Scale Berger* (1996) consisting of 40 questions. The construction of this instrument involved validity and reliability testing with the *coefficient alpha test* totaling much as 0,96 for the 28 respondents. Meanwhile, the *test-retest* correlation was done with 28 respondents totaling 0,92. The back-translation method was done with a linguist and the permission and license to use the instrument was obtained through e-mail. Peer group support was given 4 times for 1 month with a 1-2 hour meeting duration. This research also employed the *purposive sampling* technique. The data was analyzed using the *Wilcoxon* statistical test for non-normally distributed data.

## III. RESULTS

The CAKAP Foundation WPA Turen is a Non-Government Organization (NGO) located in the vicinity of Turen Sub-District of Malang District. The Community Health Center (*puskesmas*) is the role model for the Community Healthcare Information Center (PIKM) for HIV-AIDS. This is due to it being in a risky hotspot area, with Talok village providing access to the highway between provinces and districts/cities.

Table 1. Distribution of the Respondents by Gender and Education.

Variable	Amount	Percentage (%)
Gender		
Female	38	79

Variable	Amount	Percentage (%)
Male	10	21
<b>Education:</b>		
Not Graduating from Elementary School	3	6
Graduated from Elementary School	15	31
Junior High School	24	50
Senior High School	5	10
University/ College	1	2

The distribution of the respondents according to gender showed that most of them were female, totaling 38 people (79%). The distribution of respondents based on education level showed that junior high school education was the most common.

To support the program, one of the current strategies is Continuous Comprehensive Service (LKB) HIV-IMS. Up until recently, this strategy has come to be the 4th pillar (out of 6) that is part of a continuous and comprehensive HIV service package. When applying healthcare education through peer groups to change the stigma towards PWLAs, it is necessary for the initial effort to change society's perception and the quality of life of PLWHA. Good behavior will be the output done through the healthcare education [12].

Table 2. Analysis of the stigma difference towards PWLA before and after the peer group support

Variable	N	Median (Min-Max)	P
<b>Stigma</b>			
Pre-test	48	20 (15-24)	0,2 <sup>a</sup>
Post-test	48	22 (19-25)	0,000 <sup>a</sup>

Legend:

a)= using *Wilcoxon* test because the data is not distributed normally; significant if p-value < 0,005

The median stigma in the measurements before peer support was 20. The results of the statistical tests obtained a value of 0.000. It can be concluded that there are significant differences in the stigma before and after peer support. Clinically, PWLA can begin to have open thinking patterns, including accepting their existence and becoming increasingly motivated to benefit the surrounding community.

#### IV. DISCUSSION

Based on the results, the p-value is < 0,005, indicating that the difference proves that there is an increase in the score of the questionnaire for stigma perception adapted from the HIV stigma scale by Berger[13]. The difference in the research results between the before and after in the 1st and 2nd period post-intervention shows that the healthcare education intervention has an impact([14]. Handbooks provided to the healthcare providers and the staff of the Ministry of Health (2012) is stated as being one of the ways to tackle the stigma and discrimination towards PWLA. Another is to summon people to have a continuous discussion about overcoming the stigma directed towards PWLA and their family members [15].

Other research regarding the importance of the combination approach is mixed methods research as stated by [1]. He mentioned how the evaluation of theater performances has an impact on the retention of knowledge and a decrease in the HIV-AIDS stigma concerning the assisted citizens in the Narcotics Prison Banceuy Bandung[16]. The results show that the theater becomes one of the healthcare education programs used yet it is dependent on the efforts undertaken to decrease the HIV-AIDS stigma. Therefore it is suggested to provide continuous and sustainable healthcare education involving the relevant parties[17].

The researcher implemented health education through a peer group with positive changes found in the stigma perception toward PWLAs at CAKAP Foundation Talok Village Turen Sub-District in Malang District. The health education modification combining education, peer group, peer support and other PWLAs proved to be impactful concerning the stigma perception in the society[18].

The study offered the opportunity to measure and interpret the data in terms of traditionally statistical significant results as well as the method of demonstrating practical significant results where the effect and changes justify this[19].

#### V. CONCLUSION

The conclusion of this research shows an increase in the positive perception before and after being given the healthcare education. The positive perception post-intervention related to the healthcare education through a peer group is consistent as expected

with this method. The research implications for the theory found that the PWLA stigma needs a special approach to reduce and become a motivation. Further study needs there to be more innovations to improve the PWLAs self-esteem

## CONFLIC OF INTEREST

The author(s) declare that there is no conflict of interest regarding the publication of this article.

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