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Discrimination in Jayapura City regarding the Aids Pandemic Stigma

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ABSTRACT

This study aims to describe the stigma and discrimination against people living with HIV that occurred in Jayapura City. This study used a qualitative method with a phenomenological design. The main informants were 9 people living with HIV who experience stigma and discrimination from the surrounding environment and of itself-depth interviews were used to collect the data. The validity of the data is done with the member check and trick description. The Stigma and discrimination against people living with HIV still happens in Jayapura. Given the stigma against people with HIV because of public knowledge that HIV is only transmitted through sexual intercourse, therefore PLWHA labeled a sinner and destroyer of the family name. Not a few people living with HIV who experience discrimination from family, social environment, the workplace, health care and even in places of worship.
Keywords: Threats, stigma, discrimination.

Introduction

The world has been grappling with the HIV and AIDS pandemic for two decades now. Data obtained from the UNAIDS (the United Nations for AIDS) at the end of 2009 in the world is estimated there are 39.4 million people with HIV / AIDS. It is estimated that worldwide infected with HIV / AIDS7.3 million young women and 4.5 million young men. Most of the new cases of HIV / AIDS has struck teenagers 15-24 years was recorded as new cases of HIV as well as more concern is as much as 87% of people with HIV / AIDS live in poor and developing countries (United Nations For AIDS,2009). Responding to the HIV / AIDS pandemic in the world most of the government has embarked on HIV / AIDS prevention and treatment programs that help to reduce the pandemic and also prolong the life of those infected with the disease. While this has been challenged, one of which is the stigma and discrimination are major challenges the successful implementation of HIV / AIDS programs (Djekky, 2011). HIV / AIDS cases in Indonesia was marked by the discovery of cases in Bali in 1987 HIV / AIDS cases in Indonesia in the quarter October to December 2011 reported an increase of 5442 cases of HIV and AIDS cases in 2357. The number of cases of HIV and AIDS were reported in the 01 January to 31December 2011 was 21031 for the case of HIV and AIDS cases for 4162. Cumulative cases of HIV and AIDS April 1, 1987 until December 31, 2011 was 76879 and 29 879 cases of HIV-AIDS cases. The proportion of people with AIDS is most prevalent in men i.e. 20333 cases, 8122 cases of women, and are not known to as many as 302 cases (DG & PL MoHRI, 2011).

Background of the Study

Papua is the region entered a broad level in Indonesia. Spread of HIV / AIDS in Papua growing concern in the health field. Concerns about the condition of the majority of people with HIV / AIDS in Papua, it is not unreasonable, this is because over time the case numbers continue to show significant improvement. The population is only 2,833,381 Papua Povisi million people (BPS Papua Province, 2010), based on the number of cases of HIV / AIDS in Papua per 30 September 2011 has now exceeded 10 522 cases, this has increased to in December 2011 where the case HIV / AIDS cases reached 10785. HIV-AIDS is just like an iceberg phenomenon, where 10785 is the number of cases in Papua were recorded, but seen from the opinion of some observers of HIV / AIDS in Papua turns HIV / AIDS cases in Papua that is not expected to reach 24,300 observed. The proportion of people with HIV / AIDS is most prevalent in men is 5400 cases (50%), female 5093 cases (47%) and 292 unknown cases (3%) (Papua Provincial Health Office, 2011). Jayapura City is the location of the study until quarter last seen December 31, 2011 the number of people living with HIV / AIDS by 1914 people. The level of misunderstanding about HIV / AIDS and modes of transmission continues to increase in many places in Papua, so many groups of people who have HIV infection at a high level, but the awareness about HIV remains low. In situations like this the potential for discrimination continues to occur (Djekky, 2001).

Cases of HIV / AIDS, stigma and discrimination today has a very close relationship. A person who has HIV / AIDS tend to get a negative label of community around like him as a sinner for being bad in his life, given the stigma that makes people living with HIV receive different actions of others as shunned due to fear of contracting HIV, as well as the rejection of environment being labeled as a sinner. This resulted in a serious threat to basic human rights for all people infected, affected and associated with disease. Stigma and discrimination can trigger powerful and complex reactions such as denial, and silence. The resulting discrimination can have a negative impact on HIV intervention and can even lead to a key barrier to the utilization of HIV / AIDS services, including delays in seeking care at health facilities (Mazengera, 2008). Stigma and discrimination can occur anywhere and at any time. Occurred in the midst of family, community, school, place of worship, place of work, as well as the legal and health services. During this PLWHA (people living with HIV / AIDS) was always associated with discrimination and stigma like a prison in social relations (Dawn, 2011). Health problem in Papua is not just a matter of health care, but more important is the issue of health behaviors that cause morbidity and mortality due to disease increased rapidly in recent decades (Djekky, 2001).

Based on the initial data collection conducted by researchers in the form of interviews conducted by the Chairman of the NGO Yayasan Harapan IbuJayapura is Mrs. Panda (February 23, 2012) which states that the stigma and discrimination in the society especially in Jayapura Papua against People with HIV / AIDS (PLWHA) are still a lot going on, such as the presence of a woman known positive HIV discriminated against by their own family environment, where treated unfairly, dishes, bedroom, bathroom separated, until finally not allowed to stay at home (expelled).

Research Methods

In accordance with the objectives and research problems, then a qualitative research design used in this study using a phenomenological design. Informants were selected using purposive sampling. Informant amounted to 9 people PLWHA consisting of 7 women and 2 men. Research using the member check and trick description to Qualification data obtained.

Results and Discussion

Big Indonesian Dictionary (KBBI) gives the definition of stigma as a negative trait that sticks to one's personal because of the influence of the environment; sign. According to Kidd and Clay (2003) stigma is a process of creation and reproduction of unequal power relations or equivalent, where the negative behavior leads to a group of people on the basis of certain attributes such as HIV status, gender, sexuality, and behavior. Stigma will result in discrimination, as a form of arbitrary distinction, restriction, where the action or treatment based on the nature of the stigmatized (Kidd and Clay, 2003). Initially no stigma associated with the disease pathway or behaviors that are owned, but since AIDS and HIV is found, is also subject to the stigmatization of people living with HIV (Moses, 2011). Discrimination and stigma when it happens. Discrimination is the composition of an action or treatment based on stigma conducted directly (Busza, 2004), so it can be said that the stigma is the originator of the discrimination, particularly discrimination in this ODHA. Penelitian describe stigma and discrimination against people living with HIV that occurs stigma and discrimination that comes from self-stigma and discrimination people living with HIV or who come from a family environment, social environment, the workplace, health care, even in the environment of worship. Overview of stigma and discrimination against people living with HIV that occurs can be seen as follows:

Conclusion

Stigma and discrimination against people with HIV / AIDS (PLWHA) that occurred in Jayapura City is divided into two, namely the stigma of internal and external stigma. Internal stigma is the stigma that comes from within PLWHA results of this study indicate that there are still many people living with HIV are reluctant to open up because of HIV status as the alleged initial refusal of the environment and of the family. While the external stigma is the stigma that comes from outside ourselves where PLHIV stigma comes from family, social environment, health care and employment place of worship.

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