

Impact of HIV-Related Stigma: Self-Efficacy, Self-Esteem, and Social Isolation on ARV Medication Adherence among Persons Living With HIV in Turen, Malang

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ABSTRACT

Background: Antiretroviral therapy is a common best treatment for HIV/AIDS. The most problem during the ARV treatment process of people living with HIV/AIDS (PLWHA) is medication adherence. Stigma is one of the main obstacles to the success of adherence to ARV therapy in PLWHA. The negative emotional responses, such as self-efficacy, self-esteem, and social isolation, often appeared due to stigmatization.

Aim: To identify impact of HIV related stigma on ARV Medication adherence among persons living with HIV in Turen Malang

Method: An analytic observational design with a cross-sectional approach in this study.

Result: There were 44 PLWHA involve in this study in the Turen District Health Center. A Pearson test analyzing elucidate that self-efficacy ($p=0.000$; $r=0.356$), self-esteem ($p=0.000$; $r=0.851$) and social isolation ($p=0.000$; $r=-0.684$) have a significant correlated to ARV medication adherence.

Conclusion: Self-efficacy of PLWHA could be reflected in their confidence to attend their regular treatment. Self-esteem and social isolation make PLWHA avoided from the social environment and information about the disease, thus affecting treatment compliance. Self-esteem has a higher correlation to antiretroviral treatment adherence compared to self-efficacy and social isolation.

Keyword: Adherence, Efficacy, Esteem, Isolation

INTRODUCTION

HIV/AIDS is a significant public health problem recently (WHO, 2015). There were an estimated 3.5 million people infected with HIV in Asia (WHO, 2015). The cumulative number of HIV infections that have been reported up to March 2016 total 198, 219 cases with the highest number of HIV infections in DKI Jakarta (40,500) followed by East Java Province (26,052) and Papua (21,474). Antiretroviral (ARV) therapy is currently the best treatment available for HIV/AIDS (MOH, 2004). Adherence is the main caused of the failure of ARV treatment of PLWHA, even though achieving virological suppression requires very high treatment adherence. Research shows that to reach optimal viral suppression, at least 90-95% adherence with all doses of the drug should not be forgotten (MOH, 2007).

HIV/AIDS is relatively more stigmatized from the community when compared with other diseases; this arises because the community considers it from the aspect of how people living with HIV get the disease and aspects of disease transmission to others (Ven & Backer, 2018). Stigma to be one of the main obstacles in the management of HIV/AIDS. These obstacles will affect the success of the process of prevention, compliance with treatment, caring, and support in dealing with PLWHA (Khaturi-ogola, Mugenda, & Kerre, 2014).

The negative label refers to the type of stigma directed at PLWHA relating to other conditions that accompany their diseases such as negative behavior, disability, homosexuality, and others. People living with HIV/AIDS are considered to have different aspects of the average person. Tribal stigma (called 'honor stigma,' 'relationship stigma,' or 'secondary stigma'), stigmatization is extended to those related to stigmatization (family

members, friends, caregivers, colleagues). Stigma is divided into various categories. Goffman (1963) observes that the aspects of it are the same. Stigma, as defined by Mitchell and Knowlton (2009), refers to being discredited because it is associated with someone who has a stigmatizing disease such as AIDS.

Severe stigma as perceived by victims of stigma will affect their self-esteem, disrupt family relationships and limit their ability to socialize and self-actualization; it is part of the psychosocial impact of stigma (Hatzenbuehler, Phelan, & Link, 2013). In general, the impact of community stigma raises feelings of shame and burdened with these conditions, in addition to the effects of negative emotional responses such as low self-efficacy, self-esteem, and social isolation behavior (Corrigan & Kleinlein, 2005).

METHOD

This study uses an analytic observational research design with a *cross-sectional* approach. The population in this study were all clients who were diagnosed with HIV/AIDS in the work area of Turen Sub-District Health Center in the amount of 44 PLWHA.

The sample in this study was all clients diagnosed with HIV/AIDS in the work area of Turen Sub-District Health Center in the amount of 44 PLWHA. The sampling technique utilizing total sampling in which the entire population was selected as respondents in the study (Dahlan, 2009). This research was conducted in the working area of Turen District Health Center. The research instruments used in this study include using a questionnaire to collect demographic data and measure self-efficacy, self-esteem, and social isolation of PLWHA. Data analysis in this study used a Pearson test. In general

ethical principles in research can be divided into three parts, namely the principle of benefits (free from suffering, free from exploitation, risk); the principle of respecting the subject's rights (the right to participate /not be a respondent /right to self-determination, the right to get guarantees from the treatment given /right to full disclosure, informed consent); and the principle of justice (right to fair treatment, right to privacy) (Nursalam, 2013).

RESULT

The description of respondents in the study, in general, is characterized by sex, age, level of education, duration of illness, and length of treatment for antiretroviral drugs.

Table 1: Description of the characteristics of respondents living with HIV / AIDS in Turen Sub-district (n=44)

Characteristics	n	%
Gender		
Male	14	31.8
Female	30	68.2
Age		
Adult (18-40 years)	25	56.8
Middle (41-60 years)	19	43.2
Elderly (> 60 years)	0	0
Education level		
No formal education	13	29.5
Elementary school	13	29.5
Middle school	14	31.8
High school	4	9.1

Based on the results of the univariate analysis, data obtained about characteristics of the sample by gender found that the majority of respondents were female (30 respondents; 68.2%). Characteristics of the sample by age showed that the majority of respondents were in the adult (25 respondents; 56.8%) and no respondents who were in the elderly (> 60 years).

Table 2: Characteristics of respondents based on the length of illness and length of treatment of PLWHA in Turen (n = 44)

	Median	Min-Max
Length of illness	5	1-14
Length of treatment	5	1-14

Table 2 above, based on the characteristics of the length of illness and the length of time receiving ARV treatment, it was found that the majority of respondents immediately underwent treatment when diagnosed with HIV/AIDS, because of that length of illness with the length of ARV treatment had the same length, namely median = 5 (1-14 years).

Table 3: Pearson Test of Self Efficacy and Social Isolation with Treatment adherence of HIV-positive people in the sub-district Turen (n = 44).

	n	p-value	r
Self-efficacy	44	0.018	0.356
Pride	44	0,000	0.851
Social isolation	44	0,000	-0,684

Based on the results of the statistical analysis test in this study showed that there was a significant correlation

between self-efficacy ($p = 0.018$) and self-esteem ($p = 0.000$) on ARV treatment adherence ($r = 0.356$ and $r = 0.851$). The correlation coefficient shows a positive correlation, which means the higher self-efficacy and self-esteem, the higher the ARV treatment adherence, and vice versa, if self-efficacy and self-esteem decrease, the ARV treatment compliance will be lower.

Table 3 shows that there is a significant correlation between social isolation ($p = 0.000$) on adherence to ARV treatment with a large correlation coefficient ($r = -0.684$). The correlation coefficient shows a negative correlation, which means the higher the social isolation, the lower the ARV treatment adherence, and vice versa, if the social isolation decreases, the higher the adherence to ARV treatment.

DISCUSSION

Self-efficacy is one of the factors that predict PLWHA not adhering to ARV treatment. HIV stigma does not have a direct relationship with medication adherence but has a relationship with self-efficacy, where self-efficacy will be directly related to adherence to ARV treatment (Zhang et al., 2016). The spread of stigma and discrimination against HIV-infected individuals affects the individual's desire for HIV testing, openness, and adherence to ARV treatment. Self-efficacy is an important indicator of the success of programs for HIV / AIDS prevention and control (Central Statistical Agency and ICF Macro, 2014). Self-efficacy shows one's ability to carry out their duties (Themanson et al., 2015). People Living with HIV / AIDS who have active and persistent self-efficacy will try to follow the education of health workers. Self-efficacy, owned by PLWHA, who can reflect the confidence to be obedient to treatment, can control side effects and accept matters related to existing health problems (Leng et al., 2014).

Adherence in treatment is closely related to patient beliefs, which one of the patient's beliefs is self-efficacy (Langebeek et al., 2014). People Living with HIV / AIDS with high self-efficacy will more easily comply with ARV treatment that has been planned by their health workers (Mendez, 2015). In research, Aregbesola et al (2018) in Nigeria stated that women with low self-efficacy had low medication adherence. This shows that self-efficacy is a predictor of medication adherence. In some cases, PLWHA and their partners reminded each other about their treatment, based on their self-efficacy (Bailey et al., 2014).

Problems that occur in PLWHA are complex and emotional when dealing with disclosure about their disease. People Living with HIV/AIDS usually inform their closest people first, such as family and close friends, but not all of them can reveal their disease (Serovich et al., 2014). Sometimes PLWHA also refuses to tell about their illness because they are afraid of getting a rejection and bad stigma from friends and family (Huynh, 2014). People Living with HIV/AIDS who cover their illnesses from others make it difficult for them to take medicine according to the schedule. Medications that are covered up by PLWHA have the potential for a low tendency for medication adherence (Katz et al., 2013).

People Living with HIV/AIDS who are closed about their illness explain how stigma has a relationship with adherence to ARV treatment. They feel experiences based

on the stigma that makes their attitudes become closed about the disease. This causes the treatment of ARVs to be inhibited, and patients tend to be disobedient to treatment (Morojele, 2014). In certain cases, patients refuse to take drugs in public places because they do not have privacy. The attitude of rejection becomes the non-adherence with ARV treatment. People living with HIV/AIDS prefer to take their medication in place and time to minimize the risk of others knowing ARV treatment (Fongkaew et al., 2014).

Taking medication every day is a challenge for patients of chronic diseases, so adherence to taking medication is crucial to achieving therapeutic goals (Buscher et al., 2014). People Living with HIV/AIDS who experience social isolation have a high risk of non-adherence and failure of ARV treatment. Social and emotional support is an important pillar in overcoming this because, without the support, the stigma will lead to serious problems in non-adherence, which have a significant risk of death (Elovainio, 2017).

Health workers have a very important role in HIV/AIDS in terms of diagnosis to treatment, so health workers need to gain the trust of patients to tell about their health conditions that include the current situation of PLWHA, psychological and physical status (Chen et al., 2014). People Living with HIV / AIDS who have low self-esteem and social isolation will certainly find it difficult to tell about their current health condition to health workers (Teixeira et al., 2011). This will certainly affect the adherence of ARV treatment that will be undertaken by PLWHA. Health workers who know the patient's condition can help with optimal treatment and improve the quality of life of patients (Rackal et al., 2011).

CONCLUSIONS

There was a significant correlation between self-efficacy ($p=0,000$; $r=0.356$), self-esteem ($p=0,000$; $r=0.851$) and social isolation ($p=0,000$; $r=-0,684$) to the adherence of antiretroviral treatment in PLWHA in Turen Sub-District Health Center. Self-esteem has the strongest correlation in influencing the adherence of PLWHA treatment compared to self-efficacy and social isolation. Self-efficacy in PLWHA affects their beliefs to be involved and adhere to treatment. Low self-esteem and social isolation in PLWHA cause them to avoid and even stay away from the environment and sources of information related to the illness. The low self-esteem will certainly affect the adherence to ARV treatment.

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