

RELATIONSHIP BETWEEN KNOWLEDGE LEVEL AND TEACHER ATTITUDE ABOUT HIV/AIDS WITH STIGMA AGAINST HIV/AIDS AT THE LUBUK PAKAM DISTRICT PUBLIC MIDDLE SCHOOL IN 2020

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Abstract: Stigma is an attribute either socially or physically that highly discredits a person, thus the person has a bad identity in social interaction in society. Stigma and discrimination are the main barriers to prevention, treatment, care, and support for people with HIV / AIDS. This study aims to determine whether there is a relationship between the level of knowledge and attitudes of teachers about HIV / AIDS with the stigma against HIV / AIDS in Lubuk Pakam District Junior High School. This research was an analytic study with cross sectional design. The population in this study were the teachers of Lubuk Pakam District Junior High School, Samples were selected using a total sampling method and 80 teachers were assessed using a questionnaire to measure the level of knowledge, attitudes and stigma of the respondents. Data collection methods in this study used primary data and data were analyzed univariately and bivariately. The results showed 66.3% of respondents had a good level of knowledge about HIV / AIDS, 92.5% of respondents had a good attitude towards HIV / AIDS and 63.7% had a good stigma about PLWHA. The results of data that was analysed using chi square test found that there was no relationship between the level of knowledge with the stigma of HIV / AIDS with p value = 0.400 ($p > 0.05$) and the results of data which was analysed using the fisher exact test, obtained p value = 1,000 (0.05) which meaning there was no relationship between attitude and stigma against HIV / AIDS. T here was no relationship between the level of knowledge and attitudes of teachers about HIV / AIDS with the stigma against HIV / AIDS in Lubuk Pakam District Junior High School.

1 INTRODUCTION

According to the United Nations Program on HIV and AIDS (UNAIDS) in 2018, statistical data obtained about 37.9 (32.7 - 44.0) million people in the world living with HIV with the number of AIDS-related deaths around 770,000 (570,000 - 1,100,000) cases and there are about 1.7 (1.4 - 2.3) million new cases of HIV infection worldwide.¹ In Southeast Asia there are 3.8 (3.1-4.9) million people living with HIV as measured by all ages, followed by 170,000 new cases of HIV infection (110,000 - 200,000).^{2,3}

Based on the Ministry of Health of the Republic of Indonesia, from October to December, 46,659 people were infected with HIV and there were 10,190 people with AIDS. The presentation of HIV cases based on gender was 29,287 (63.8%) in the male and 16,872 (36.2%) in the female. The number of reported HIV cases in North Sumatra province has increased every year, there were 1,891 cases in 2016, 1,914 cases in 2017 and 1,999 cases in 2018. Based on data from the Ministry of Health of the Republic of Indonesia, there were 160 cases of HIV infection and 279 cases of AIDS. The number of people with HIV/AIDS (PLWHA) in Deli Serdang Regency has increased every year.⁴



Stigma is the main concept in sociological deviance, by labeling someone as a sign that the person deviates both morally, membership in a group or physically.⁵ Stigma associated with HIV, can be interpreted as a negative feeling of prejudice, attitudes and beliefs towards PLWHA and people who have a high risk of HIV infection or are called HIV key populations.⁶

Stigma against PLWHA can trigger acts of discrimination from various sectors of society, such as the living environment, work environment, including the school environment. Stigma and discrimination that occurs can make people living with HIV and key populations reluctant to access health services, such as knowing HIV prevention methods, checking HIV status, getting treatment and following treatment.⁷

A study conducted by Situmeang et al, entitled "The Relationship of Knowledge of HIV/AIDS with Stigma of People Living with HIV/AIDS (PLWHA) among Adolescents 15-19 Years in Indonesia" found that someone who has a low level of knowledge about HIV/AIDS tends to give a negative stigma to PLWHA, while another study conducted by Simanjuntak NH, entitled "The Relationship of Knowledge Levels about HIV/AIDS Transmission with Stigma Against PLWHA in Academics at HKBP Nommensen University Medan in 2018" stated that there was no relationship between knowledge and stigma against PLWHA.^{8,9}

2 RESEARCH METHODS

This research uses an analytical cross-sectional study. The sample of this study amounted to 80 samples from four public junior high schools in Lubuk Pakam District. The sampling technique used was total sampling. The inclusion criteria in this study were teachers who were willing to be respondents and the exclusion criteria were teachers who were unable to attend when conducting the research. Data was collected using an instrument in the form of a questionnaire to teachers who teach from the Lubuk Pakam sub-district. This questionnaire has been validated, contains 45 questions to assess knowledge, attitudes, and stigma towards HIV. This instrument uses 35 questions to assess the respondent's knowledge of HIV/AIDS using a two-point Guttman scale (1 point for the correct answer and no additional points for the incorrect answer and do not know) and 5 questions each to assess attitudes and stigma towards HIV/AIDS using a Likert scale with a choice of

statements (strongly disagree, disagree, agree, and strongly agree) whose assessment points are determined based on favorable or unfavorable statement items, for answers with favorable statements, strongly agree, get the highest points, namely 4 points, 3 points for agreeing answers, 2 points for disagreeing answers, and 1 point for strongly disagreeing answers, while the points for unfavorable statements are the opposite. The independent variable in this study is the level of knowledge and attitudes about HIV/AIDS with the dependent variable in this study is the stigma of HIV/AIDS. Univariate analysis was used to describe the characteristics of the sample and the characteristics of the variables studied in the study. Bivariate analysis was used to analyze the relationship between the dependent variable and the independent variable. Bivariate analysis test is Chi Square test and Fisher's Exact test.

3 RESULTS AND DISCUSSIONS

The description of the variable frequency distribution can be seen in table 1. The largest number of respondents in this study were women, as many as 64 (80%) respondents, the age group of respondents was mostly at the age of 51-60 years as many as 30 (37.5%) and the least was at age category 21 – 30 years as many as 5 (7.1%). Most of the respondents' formal education was in the Bachelor's level formal education category, which was 68 (85.0%) respondents and the least respondents were in the Diploma level formal education category as many as 5 (6.3%) respondents. The most respondents have a level of knowledge in the good category as many as 53 respondents (66.3%), with the most attitudes being in the has low stigma category, as many as 53 respondents (66.3%).

The results of the statistical test in table 2 shows that there is no relationship between the level of teacher knowledge about HIV/AIDS and the stigma of HIV/AIDS based on the Chi Square Test, the p value of 0.400 ($p > 0.05$) between the level of knowledge with stigmas. The relation between attitudes and stigma levels based on The Fisher's exact test, obtained a p value of 1,000 ($p > 0.005$) which means no there is a relationship between the level of teacher knowledge about HIV/AIDS and the stigma of HIV/AIDS.

In this study, out of 80 respondents, 53 (66.3%) respondents had a good level of knowledge about HIV/AIDS, and 27 (33.8%) respondents had a poor level of knowledge, based on the table above, it can



be seen that 85% of respondents have the highest level of education at the bachelor's level. The respondents' knowledge of HIV/AIDS was obtained from health officers or service providers, health education about HIV/AIDS and social media. The results of this study are in line with research conducted by Simanjuntak NH, of 49 respondents who are academics and are educators at the HKBP Nommensen University Medan, as many as 43 (87.8%) respondents have a good level of knowledge about HIV/AIDS and 6 (12.2%) respondents have a low level of knowledge.⁹ from these results it can be seen that there are more teachers who have good knowledge than educators who have low knowledge. This can be caused by the education level of respondents who are already high, most of them are has bachelor degree. There are 74 (92.5%) respondents who have a good attitude and there are 6 (7.5%) respondents who have a bad attitude. Based on research conducted by Nirindah R and Prastiwi W, on AIDS-aware Citizens (WPA) in Surakarta City from 99 respondents, there are 77 (77.8%) respondents who have a good attitude and there are 22 (22.2%) respondents who have a bad attitude.¹⁰

Most respondents have low stigma, as many as 51 respondents (66.7%) and 29 respondents (36.7) have high stigma. Another study conducted by Lubis L, et al about "The Relationship of Stigma, Depression, and Fatigue with Quality of Life of HIV/AIDS Patients at the Medan Veterans Clinic" stated that there is a relationship between stigma and quality of life and there is a significant correlation between the two variables with a strong correlation strength and a negative correlation direction. This shows that the higher the stigma felt by PLWHA, the lower the quality of life of PLWHA.¹¹

Table 1. Variable Frequency Distribution

	Category	Frequency	%
Gender	Male	16	20
	Female	64	80
Age	21 – 30 yo	9	11,3
	31 – 40 yo	17	21,3
	41 – 50 yo	24	30
	51 – 60 yo	30	37,5
Last Education	Undergraduate	5	6,3
	Bachelor	68	85,0
Education Level	Master	7	8,8
	Good	53	66,3
Attitude	Bad	27	33,8
	Good	74	92,5
Stigma	Bad	6	7,5
	Low	51	63,7
Total	High	29	36,7
		80	100

In this study, there was no relationship between the level of teacher knowledge about HIV/AIDS and the stigma of HIV/AIDS. This is in line with research conducted by Simanjuntak NH, which states that there is no relationship between the level of knowledge and stigma. Other research results obtained by Finnajakh A, and study conducted by Nirindah R and Prastiwi W, states the same result.^{9,10,12}

Table 2. Relationship between Knowledge Level and Attitude with Stigma

Stigma							p
Low		High		Total			
n	%	n	%	n	%		
Knowledge						0,41	
High	36	70,6	17	58,6	53	66,3	
Low	15	29,4	12	41,4	27	33,7	
Attitude						1,00	
Good	47	92,2	27	93,1	74	92,5	
Bad	4	7,8	2	6,9	6	7,5	

4 CONCLUSION

There is no relationship between the level of teacher knowledge about HIV/AIDS with stigma against HIV/AIDS and there is no relationship between teacher attitudes and stigma towards HIV/AIDS.

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