Understanding HIV-related Stigma Among Indonesian Nurses

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Evidence indicates widespread stigmatization of persons living with HIV (PLWH) in Indonesia. Such attitudes among health care workers could impede the country's policies for effective diagnosis and medical treatment of PLWH. Nonetheless, research to guide interventions to reduce stigma in health care settings is lacking. Also, the contributions of workplace, religion, and HIV knowledge to nurses' HIV-related stigma are poorly understood. Our cross-sectional study aimed to describe factors associated with nurses' stigmatizing attitudes toward PLWH. Four hundred nurses recruited from four hospitals in Jakarta, Indonesia, were surveyed using the Nurse AIDS Attitude Scale to measure stigma. Stigmatizing attitudes were significantly predicted by education, HIV training, perceived workplace stigma, religiosity, Islamic religious identification, and affiliation with the Islamic hospital. HIV knowledge was not a significant predictor of stigmatizing attitudes. Organization changes fostering workplace diversity are likely to substantially reduce stigmatizing attitudes in nurses.

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Indonesia has one of the most rapidly expanding HIV epidemics in the world (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2012a). The HIV epidemic in Indonesia is concentrated in people who inject drugs (PWID) and female sex workers, although transmission among men who have sex with men (MSM) is quickly increasing (Indonesian National AIDS Commission, 2012; Ministry of Health, Republic of Indonesia, 2008). The incidence of HIV in adults ages 15 to 49 years rose 25% between 2001 and 2011 (UNAIDS, 2012a). Today, an estimated 390,000 to 940,000 Indonesians are believed to be infected with the virus (UNAIDS, 2012b).

More than three quarters of Indonesians living with HIV do not know that they are infected (Indonesian National AIDS Commission, 2012). Insufficient HIV knowledge among both patients and providers, lack of perceived benefits of HIV testing, and stigmatization toward people living with HIV (PLWH) contribute to low uptake of HIV counseling and testing services. Most Indonesians who contract HIV present clinically only with advanced HIV infection or AIDS (Wisaksana et al., 2009). Meanwhile, coverage of antiretroviral therapy (ART) among eligible adults hovers below 20% (UNAIDS, 2013). The precise HIV mortality rate in Indonesia is unknown, although best estimates are 16,000 to 42,000 HIV-related deaths annually (UNAIDS, 2012b).

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HIV-related stigma still impedes the country's efforts to effectively respond to HIV infection. Stigmatizing attitudes expressed by nurses and physicians in health care settings prevent some members of at-risk populations from accessing HIV prevention services and care. In Bali, PLWH have experienced rejection by health workers and have even been refused treatment (Merati, Supriyadi, & Yuliana, 2005). HIV-infected patients have also reported physical isolation and medical neglect, including failure to provide nursing care, in Jakarta-area hospitals (Waluyo, Nurachmah, & Rosakawati, 2006). Although few data exist for other parts of Indonesia, stigmatizing attitudes toward PLWH likely occur in clinical settings throughout the country, actively discouraging HIV testing and adherence to ART. PLWH may forgo essential HIV prevention or treatment services, rather than engage health care providers who they perceive as unresponsive to individual needs or judgmental about sexual or drug-using behaviors (Kinsler, Wong, Sayles, Davis, & Cunningham, 2007; Mahajan et al., 2008).

HIV-Related Stigma in Indonesia

Sources of stigma in Indonesian society are complex. Understanding them requires a deeper knowledge of the relationship between religion and culture in Indonesia. Religious faith plays an important role in Indonesian society and is a major component of cultural identity and self-awareness for most Indonesians. Religious values permeate politics, public institutions, and daily life in ways that might seem intrusive to non-Indonesians (Grim, 2010).

Indonesia is the world's most populous Muslim-majority country. Indonesians practice many different forms of Islam under religious pluralism that is protected by the constitution. Today, however, long-standing traditions of religious tolerance are being challenged. Indonesians are influenced by a global movement toward a more rigid interpretation of Islam. In many parts of Indonesia with strong mosque-based religious communities, religious law competes with civil law (Uddin, 2010). Islamic groups such as the Front Pembela Islam (FPI, the Islamic Defense Front) and Laskar Jihad (the Jihad Brigade) have organized militant actions in response to perceived threats to religious values, marking a shift in some communities toward a more radicalized and conservative Muslim society (Davis, 2002).

Islamic teachings prohibit homosexuality, extramarital sex, and drug use. Although Indonesia's minority religions, the largest being Catholicism and Protestantism, differ from Islam in many ways, historically, they have also condemned these behaviors. Consequently, the populations most at risk for HIV in Indonesia, including PWID, female sex workers, and MSM, suffer various intensities of social stigma. Ironically, Indonesia's HIV prevention campaigns may have inadvertently contributed to increased levels of social stigma against members of at-risk populations by focusing public attention on HIV's links to injection drug use, transactional sex, and male-to-male sexual contact (Andriana, 2008).

A second factor closely related to religion and potentially related to HIV stigma is religiosity, which can be defined as the degree to which individuals are influenced by their religion, irrespective of the particular one to which they belong. Indonesians place great importance on religion. In the 44-nation Pew Global Attitudes survey, 95% of Indonesians felt that religion was personally very important, making Indonesia second only to Senegal in terms of the significance of religious faith to people's daily lives (Pew Research Center, 2002). In studies of health care workers, religiosity was positively correlated with HIV-related stigma (Varas-Diaz, Neilands, Rivera, & Betancourt, 2010). Measuring religiosity in Indonesia, therefore, may provide important clues to religion's association with more or less restrictive attitudes in some health care workers toward PLWH.

Workplace culture is another important factor that can moderate social beliefs and counteract or reinforce stigmatizing attitudes toward PLWH (Li et al., 2007). Indonesian hospitals often affiliate with a particular religion. Religious affiliation can influence hospital policies. Hospital policies that clearly support PLWH by mandating consent for testing and sharing of health information have been associated with lower stigmatizing attitudes of health workers (Andrewin & Chien, 2008). Other studies have also found a strong association between institutional support and health workers' attitudes, for example, their willingness or reluctance to have contact with PLWH (Li et al., 2007; Nyblade, Stangl, Weiss, & Ashburn,