



of other marginal groups, and they were even seen as being personally responsible for their condition (HIV/AIDS). Clearly, this is not the case, because not all PLWHA are drug addicts nor sex workers. One of the reasons for this negative view, based on a survey by the U.S. Centre for Disease Control and Prevention (CDC) (Vanable, Carey, Blair, & Littlewood, 2006) is misinformation and lack of knowledge about the transmission of HIV/AIDS.

The Human Immunodeficiency Virus (HIV) is a virus which attacks the immune system by replicating, and attacking the T cells and CD4 cells of the body (Stolley & Glass, 2009). When the T cells and CD4 cells are attacked, the body's immune system drops significantly, making the individual susceptible to various diseases. AIDS or Acquired Immune Deficiency Syndrome (AIDS) is a condition which follows HIV. Without appropriate medication, people with HIV have a greater chance, by as much as 85%, of developing AIDS. AIDS will ultimately lead individuals to further infections by other diseases, termed 'opportunistic infections' (Wastein & Stratton, 2003), which lead to 90% of deaths caused by AIDS-associated immunity failure. One of the current medications for HIV/AIDS is antiretroviral (ARV) drugs which, although they cannot remove HIV, can block and prevent the viral agent from replicating and "reproducing."

The first case of HIV/AIDS was revealed in Los Angeles, in June 1981, discovered by Dr. Gottlieb. He discovered a virus which was able to lower the efficacy of the immune system of five sexually active homosexual male adolescents. In Indonesia, the first case was reported in 1987, in Bali. The diagnosed individual in this case was Edward Hop, a gay tourist from the Netherlands who had been infected with HIV two years prior to his visit to Indonesia (Kansas HIV AIDs, 2015; Pita Merah, 2007). Since then, the number of infected people has increased dramatically. The AIDS Report (2014) indicated that the number of people with AIDS in Indonesia increased sharply each year, from 1987 to 2014; that more males were infected than females; that more heterosexuals were infected than homosexuals, and that the infected victims ranged from infants to the elderly, with most of them being working-age adults. It was estimated that, according to Wisaksana et al. (2009) the number of PLWHA in Indonesia in that year was 270,000 people and that the number was still growing.

In Indonesia, according to religious laws and beliefs (Shams, 2011), these being reinforced by a collectivist culture (Kottak, 2011), any personal behavior which will potentially shame the community is considered

a problem. Many people view PLWHA as unclean, violators of social norms, and as being deserving of their condition, leading to discrimination, alienation, and human rights violations (Aggleton, Wood, Malcolm, & Parker, 2005). This may ultimately hinder the will of the PLWHA to disclose their condition to the public, preventing them from receiving proper treatment, and making their conditions worse, as stigma and discrimination have always been some of the biggest challenges in HIV/AIDS prevention (Genberg et al., 2007; Thi et al., 2008). Stigma and discrimination have been shown to prevent PLWHA from seeking treatment and medical care for their HIV, and even from attending Voluntary Counseling and Testing (VCT) clinics (Kalichman et al., 2006; Lieber, Li, Wu, Rotheram-Borus, & Guan, 2006). PLWHA may avoid undergoing HIV testing, because of the stigma and discrimination they may suffer afterwards (Cao, Sullivan, Xu, & Wu, 2006).

This stigma and discrimination from society may change how individuals evaluate and value themselves, which may have a negative impact on their self-esteem. Individuals with low self-esteem are more likely to be depressed (Santrock, 2007). Fearful individuals may avoid social interaction and contact, as the judgments from society are hurtful to them. Moreover, PLWHA are likely to isolate themselves and drift further away from medical care, because of the perceived discrimination and the probability of internalizing the stigma meted out by society. Perceived discrimination is experienced subjectively, based on stigmatization and the past experience of discrimination, and this may concern PLWHA, that their future behavior could trigger similar types of discrimination from society. Internalized stigma indicates that individuals agree with the shaming, labeling, insulting and negative views of themselves, which may well make them feel worthless, useless and burdensome to society (Hasan et al., 2012).

However, this study offers an alternative perspective for viewing PLWHA issues. It did not focus on the stigma and discrimination from society, but instead focused on the subjective experiences of PLWHA, toward that stigma and discrimination. This study investigated the role of internalized stigma and perceived discrimination on the self-esteem of PLWHA. It is hoped that this study may contribute to preventing PLWHA from suffering stigmatization and experiencing discrimination.

Self esteem is an evaluation of oneself and the affective response towards the self-description of an individual (Erkut, 2006). Mruk (2006) defined self-

esteem as a status emerging from competency in handling and facing life challenges, from time to time, in an appropriate way. Self esteem can be seen as an attitude towards oneself, and, according to Maslow (1968; 1970), it is one of the basic human needs. It is the need for the individual to reflect upon and evaluate himself or herself well, and if an individual perceives himself or herself well, and if an individual perceives himself or herself as being valuable and well, that person is said to have high level of self-esteem. Self-esteem is a unique quality which a person may have, including as a dynamic and active entity, in various situations and experiences, and it is related to relevant behavior (Rosenberg, 1989, cf. Mruk, 2006).

Brown and Marshall (2006) divide self-esteem into three categories: global self-esteem, feelings of self-worth, and self-evaluation. PLWA tend to feel alienated when interacting with society, because of their condition. This feeling may affect their emotive evaluation toward themselves, especially their feelings of self worth, in term of self-esteem, in the categories stated previously. Stigma from society may lead to PLWHA having their self-esteem lowered. Low self-esteem may also be affected by rejection, guilt, powerlessness, and failure (Epstein, as cited in Mruk, 2006). Indonesia has a very strong collective culture, which demands intense person-to-person interaction, so rejection and being ignored by family, the neighborhood, or society, may render the individual with PLWHA more helpless and lonely, and thus lower his or her self esteem. Feelings of guilt arising from failure to comply with social and moral standards may also have a negative impact on self-esteem. Additionally, PLWHA tend to feel powerless when interacting with the environment, owing to their poor health and medical condition.

Individuals with low levels of self-esteem are characterized by hypersensitivity, instability, awkwardness and lack of self-confidence (Mruk, 2006). They are more focused on protecting themselves, rather than developing their own virtues. They are more likely to bypass any relevant social cues and to focus on the things about which they are worried. This condition will very likely be experienced by PLWHA, especially when interacting with the Indonesian collective-cultured society. In fact, having lower self-esteem may prevent them from having the necessary positive mental attitudes to support their medical treatment.

Goffman (1963) defined stigma as the product of a dynamic process of efforts at devaluation, which significantly discredit an individual in front of other people. Stigmatization directed at PLWHA can take

many forms, based on race, manners, sexual orientation, up to who lives near to their homes (Aggleton et al., 2005). A few underlying factors are considered to be the basis for the stigmatization of PLWHA; these are: (1) lack of information about the conditions experienced by PLWHA and of the syndrome itself; (2) misconceptions about the spread of HIV/AIDS; (3) lack of, or minimal access to, appropriate medical treatment; (4) how the mass media has constructed reports of the epidemic; (5) a view that HIV/AIDS is an incurable, deadly, contagious and lethal disease; and (6) the enormous fear and prejudice directed towards PLWHA as a result of such negative associations (Sengupta et al., 2010). PLWHA who experience the effects of the latter factor are most likely to agree with the prejudice directed at them, and hence to internalize the stigma.

Internalized stigma is defined as the emotions of fear and worry, felt or imagined by a person, as a result of social attitudes and the potentially discriminative behavior received from the labeling and targeting of certain attributes of that person (Hasan et al., 2012). Internal stigma may be seen as the result of a dynamic and complex interaction, between the social, personal and contextual factors which have effects on PLWHA. 'Social factors' here refers to the economy, culture, politics, the environment and social support; 'contextual factors' refers to the daily activities of, and interaction by, PLWHA; and 'personal factors' refers to mood, confidence, resilience, life experience and skills, self-awareness, and self-esteem (Brouard & Wills, 2006). Moreover, any form of internalized stigma has the potential to hinder a person's will, and to lower his or her self-esteem, to the point of preventing him or her from fulfilling the need for actualization (Maslow, 2000; Jerome, 2013).

Discrimination in the context of HIV/AIDS is related to the negative behavior shown towards PLWHA, as a result of their medical conditions. Discrimination could prevent PLWHA from receiving proper medical treatment, receiving advice from medical experts, and could even lead to the discontinuation of treatment, as a consequence of experiencing such behavior (Brenner, Hippel, W. V., Hippel, C. V., Resnick, & Treloar, 2010; Clark, R., Anderson, Clark, V. R., & Williams, 1999; Miller & Kaiser, 2001; Pascoe & Richman, 2009). Perceived discrimination (PD) is self-evaluation, showing that a person has been treated unequally and with injustice, because of his or her social status (Major, Quinton, & McCoy, 2002; Kaiser & Major, 2006). This self-evaluation is subjective in nature, and therefore it might not reflect real discrimination,

but rather it is the result of perceived negative judgment, behavior and treatment, from others towards oneself (Banks, Kohn-Wood, & Spencer, 2006; Pascoe & Richman, 2009). Every individual has a different way of coping with this.

Perceived discrimination can hinder the participation of people in healthy behavior, and promote unhealthy habits (Pascoe & Richman, 2009). This may be fatal for PLWHA. Kaiser and Major (2006) stated that there were two perspectives in perceiving discrimination. Firstly, there is the vigilance perspective, which is the consequence of experienced discrimination, causing an individual to have a bias when assessing ambiguous situations (Inman & Baron 1996; Kaiser & Major, 2006). Secondly, there is the minimization perspective, which is the failure to perceive discrimination subjectively, and which prevents individuals from seeing real discrimination.

The vigilance perspective, also known as the perspective of awareness, includes feelings of isolation, verbal stigmatization, loss of identity and the role of the individual, resulting in loss of access to resources and services, hindering the potential development of a positive attitude by PLWHA. PLWHA may become more insecure and less sociable, rather than engaging in a collective society which demands high daily face-to-face interaction. Moreover, research has shown that collective experiences make perceived discrimination prominent, because individuals live in a community which has had similar experiences of discrimination (Gaertner & Dovidio, 2000; Kaiser & Major, 2006).

The increasing number of PLWHA in Indonesia has raised many concerns. In addition to the prevalence rate, one of the main problems experienced by PLWHA is stigma and discrimination. Stigma and discrimination often have negative impacts on the well-being of PLWHA. PLWHA are often viewed by society as sex workers, drug addicts and homosexuals. Stigmatization and discrimination may lead them to feel helpless, and prevent them from receiving proper medication and social support. PLWHA may hide their status and continue demonstrating risky behavior, such as engaging in unsafe sexual conduct. Stigmatization may be internalized by an individual, meaning that it can be agreed to and accepted by that person, making the person view him or herself just as society views/treats him or her. In this way, PLWHA internalize the stigmatization directed at them, agreeing with the views society has in their regard.

It has been hypothesized that internalized stigma and perceived discrimination have a predictive rela-

tionship with the self-esteem of PLWHA. This suggested that lower levels of self-esteem may prevent individuals from accepting themselves, and, more importantly, may prevent them from developing their virtues as human beings. Conversely, having high self-esteem promotes positive subjective experiences. Recent researches in Indonesia has shown that internalized stigma (Valentine, 2013) and perceived discrimination (Rahmah, 2014) are correlated with self-esteem.

This study aimed to examine the role of internalized stigma and perceived discrimination, in predicting self-esteem for PLWHA. Based on the premises and arguments previously explained, the hypothesis for the study is that internalized stigma and perceived discrimination may predict the self-esteem of PLWHA.

## Method

The participants for the study were PLWHA ( $N = 96$ ) who were currently living in Jakarta. They comprised 43 males and 52 females (one was of unidentified gender) and were categorized as of productive age by the *Badan Kependudukan dan Keluarga Berencana Nasional* (National Demography and Family Planning Board - BKKBN), and ranged in age from 15 to 59 years. 51 participants were employed and 39 were unemployed. The academic qualifications of the participants varied from elementary school certificates to bachelor-level degrees.

An incidental sampling technique was used during data collection, specifically the "snowball sampling and accidental" method (Ranjit, 1999). This technique was used because PLWHA often refuse to disclose their status, which increases the difficulties in recruiting participants. These participants were drawn from PLWHA communities, and through personal reference.

The data were collected using a self-reporting survey, consisting of demographic questions, and three measurement instruments for each variable (see Table 1 for example of the items from each instrument). The series of demographic questions particularly concerned sex/gender, occupational status, and academic background. A pilot study was conducted, in order to examine the psychometric properties of the measurement instruments previously constructed.

An Internalized Stigma Scale was constructed, through the adaptation of dimensions and indicators depicted in the study on Internal Stigma conducted

by Siyam'kela and Mo Kexteya (as cited in Brouard & Wills, 2006). The Likert-type instrument consisted of 28 items, assessing perception of self, self-exclusion, subterfuge, social withdrawal, over-compensation and fear of disclosure, as its dimensions. Participants were asked to indicate their responses by selecting: "Strongly Disagree", "Disagree", "Agree" and "Strongly Agree". Higher scores indicated higher levels of internalized stigma. The Internalized Stigma Scale had an internal consistency of  $\alpha = .95$ , obtained from the previous pilot study.

The Perceived Discrimination Scale was adapted from the instrument constructed by Kaiser and Major (2006) and Rahmah, (2014). The dimensions were 'vigilance perspective' and 'minimization perspective', represented by 43 items. Participants were asked how often they perceived themselves as being discriminated against, and the options available were "Always", "Often", "Sometimes", "Seldom" and "Never". The Likert-type scale had an internal consistency of  $\alpha = .94$  which was obtained from the previous pilot study.

Self-esteem was measured using the Rosenberg Self-Esteem Scale (Rosenberg, 1965, 1989; Rahmah, 2014). This study was intended to measure global self-esteem, hence only the dimensions of global self-esteem were used as indicators. Global self-esteem reflects the degree of the total self worth and self acceptance of a participant (Brown & Marshall, 2006). Participants were asked to indicate their self-assessment by selecting from the options: "Strongly Disagree", "Disagree", "Agree" and "Strongly Agree". The scale comprised nine items and had an internal consistency of  $\alpha = .751$ , obtained from the previous pilot study.

Demographic attributes were presented in the form of descriptive statistics. In order to get a more detailed understanding of the demographic findings, an independent sample t-test was used to compare internalized stigma, perceived discrimination and self-esteem, in terms of sex/gender and employment status. Lastly, multiple regression analysis was used to test the hypothesis of the model.

Table 2  
*Regression Coefficients*

| Model                    | Unstandardized Coefficients |           | Standardized Coefficients | <i>t</i> | <i>p</i> |
|--------------------------|-----------------------------|-----------|---------------------------|----------|----------|
|                          | <i>B</i>                    | <i>SE</i> | Beta                      |          |          |
| (Constant)               | 22.57                       | 2.84      |                           | 7.95     | .01      |
| Internal Stigma          | .03                         | .03       | .15                       | 1.31     | .19      |
| Perceived Discrimination | -.01                        | .01       | -.06                      | -.50     | .62      |

Table 1  
*Example of the Items From Each Instrument*

| Variable                 | Items  |
|--------------------------|--|
| Internalized Stigma      | I feel pressured because of having HIV/AIDS.                       |
|                          | I reject people's offers of help because of my HIV/AIDS condition. |
| Perceived Discrimination | I feel that everybody is looking at me with pity.                  |
|                          | I was rejected when I visited a hospital.                          |
| Self-Esteem              | Sometimes I feel useless.  |
|                          | In general, I feel satisfied about myself.                         |

## Results

Regression analysis was performed to test the hypothesis. The regression model comprised self-esteem as the criterion, and internalized stigma and perceived discrimination, as predictors. The results showed that the regression model was not accepted ( $F = 1.66$ ;  $p > .05$ ), self-esteem could not effectively be predicted by internalized stigma ( $t = 1.31$ ;  $p > .05$ ) nor by perceived discrimination ( $t = -0.50$ ;  $p > .05$ ). Therefore, the hypothesis was rejected (see Table 2).

According to the hypothesis test, above, statistically internalized stigma and perceived discrimination do not correlate with self-esteem. The regression coefficient of internalized stigma ( $B = .03$ ) and perceived discrimination ( $B = -.01$ ) seems to be small and insignificant. In other words, internalized stigma and perceived discrimination do not have significant roles in predicting self-esteem for PLWHA.

The results regarding the demographic characteristics of participants, in relation to each variable obtained from this study, are presented in Table 3 and Table 4.

Table 3  
*Variable Comparison, in Terms of Gender*

| Variable                 | Male     |           | Female   |           | <i>t</i> | <i>p</i> |
|--------------------------|----------|-----------|----------|-----------|----------|----------|
|                          | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |          |          |
| Internalized Stigma      | 65.19    | 9.74      | 67.96    | 9.48      | - 1.39   | .16      |
| Self-Esteem              | 23.71    | 2.21      | 24.44    | 2.06      | - 1.68   | .10      |
| Perceived Discrimination | 159.00   | 27.35     | 163.21   | 28.25     | - 1.73   | .47      |

Table 4  
*Comparisons Based on Employment Status*

|                          | Employed |           | Unemployed |           | <i>t</i> | <i>p</i> |
|--------------------------|----------|-----------|------------|-----------|----------|----------|
|                          | <i>M</i> | <i>SD</i> | <i>M</i>   | <i>SD</i> |          |          |
| Internalized Stigma      | 64.69    | 9.02      | 69.59      | 9.89      | - 2.49   | .01      |
| Self-Esteem              | 23.84    | 2.28      | 24.51      | 1.92      | - 1.51   | .13      |
| Perceived Discrimination | 166.40   | 28.26     | 154.18     | 25.78     | 2.14     | .03      |

Firstly, an independent sample t-test was conducted, to compare the differences between gender and employment status of the participants, in order to obtain a better understanding of each variable.

As seen in Table 3, there were no differences between males and females, regarding internalized stigma ( $t = - 1.39$ ;  $p > .05$ ), self-esteem ( $t = - 1.68$ ;  $p > .05$ ) and perceived discrimination ( $t = - 1.73$ ;  $p > .05$ ). The results showed that having certain levels of internalized stigma, self-esteem and perceived discrimination is not reliant on gender.

Table 4 shows that there were differences between internalized stigma ( $t = - 2.49$ ;  $p < .05$ ) and perceived discrimination ( $t = 2.14$ ;  $p < .05$ ), in terms of the employment status of participants. Participants who were unemployed tended to have higher levels of internalized stigma. On the other hand, participants who worked tended to have higher levels of perceived discrimination. However, there were no differences in self-esteem ( $t = -1.51$ ;  $p > .05$ ) related to employment status.

## Discussion

This study extended the research design of the previous studies, by including internalized stigma and perceived discrimination as the potential predictors of the self-esteem of PLWHA. The results of the study showed that the model was not accepted; there was no relationship between internalized stigma and perceived discrimination, regarding the self-esteem of PLWHA. These findings differed from those of previous studies, conducted by Valentine (2013) and Rahmah (2014), on the self-esteem of PLWHA in Indonesia. Valentine showed that there was a rela-

tionship between internalized stigma and self-esteem, and Rahmah showed that there was a relationship between perceived discrimination and self-esteem.

Valentine (2013) conducted research in Tasikmalaya, West Java Province, and Rahmah (2014) conducted research in Makassar, South Sulawesi Province. The two cities have different socio-cultural characteristics to those found in megapolitan Jakarta. Furthermore, people who live in rural areas like Tasikmalaya and Makassar still have stronger collectivist values than those held in urban settings, such as Jakarta, where they tend to be more individualist.

The authors suggest that, owing to these socio-cultural characteristic differences, the study findings from this research may also be different. Although the sampling methods, and the numbers of participant, were roughly same as those of the previous study, conducted by Rahmah (2014), research inputs were collected from a different area, which has its own unique socio-cultural context. PLWHA activities in Jakarta also tend to be more permissive, they are more exposed to information, and are more open to the perspectives of others. In a city with an extraordinarily large population, such as Jakarta (9.6 million - 2010), PLHA have many opportunities and places to 'disappear'.

The authors also suggest that participants who were involved in the study already had a high degree of acceptance. These participants already accepted their status as PLWHA. Epstein (as cited in Mruk, 2006) stated that acceptance, the experience of being accepted by certain social groups or in interpersonal relationships, is one of the essential resources for self-esteem. Accepted individuals may feel supported, loved and cared for, hence their self-esteem may increase.

Additional findings in this study showed there were internalized stigma and perceived discrimination differences in terms of the employment status of PLWHA. Fully employed PLWHA viewed themselves as being more discriminated against than those who were unemployed. PLWHA who worked as employees had a tendency to meet and interact more with others, especially those who worked during office-hours, in company offices.

The collective culture which applies to all Indonesian ethnic groups may also become a catalyst for the treatment mentioned above. PLWHA may become more insecure when engaged in a collective society, demanding of a high number of daily face-to-face interactions, such as those in offices. This volatile and ambiguous office politics situation may have encouraged the PLWHA towards a biased outlook, when perceiving the behavior of others, and this may have led to a 'vigilance perspective' (Inman & Baron, 1996; Kaiser & Major, 2006).

Conversely, PLWHA who were unemployed had higher levels of negative internalized stigma than those who work on a regular basis. Unemployed PLWHA may feel less of use to their families. They may be more depressed, because of their inability to earn any income, which would help their families. In other studies, any form of internalized stigma has the potential to hinder the will, and lower the self-esteem, of PLWHA, to the point of preventing them from fulfilling their need for actualization (Maslow, 2000; Jerome, 2013).

### Limitations

This study aimed to investigate the relationships between internalized stigma, perceived discrimination and self-esteem, and involved 96 participants from Jakarta. The study used three measurement instruments, adapted from the previous studies. The results indicated that there was no effect from internalized stigma and perceived discrimination, upon the self-esteem of PLWHA.

The authors suggest that both of the findings stated above might moderate the relationship between perceived discrimination and internalized stigma, relating to self-esteem. However, further studies should be initiated to investigate this possibility. The demographic characteristics of the participants, such as educational backgrounds, may also be an issue in such a study. Despite the majority of participants in this study having good educational backgrounds, lower educational qualifications may influence under-

standing of the questionnaire items by participants, where participants with lower levels of educational background might experience difficulties in understanding the items.

Lastly, the authors suggest that subsequent studies should involve a greater number of participants, greater diversity of ethnicity, and more rigorous methods. It would be closer to ideal should future studies include participants from different parts of Indonesia, which is rich in cultural diversity. Finding and inviting PLWHA to participate in the research is extremely difficult in Jakarta. The authors also recommend that future research should investigate in depth other variables related to PLWA, so that these will be contextually in accord with any PLWA who may disclose their statuses. Subsequent research should explore more variables relevant to the study of PLWHA, in order to cultivate a deeper understanding of their self-esteem and well being.

### Conclusion

This study aimed to examine the role of internalized stigma and perceived discrimination on the self-esteem of PLWHA living in Jakarta. The results of the study showed that the regression model was not accepted. Thus, the hypothesis was rejected. The regression coefficient of internalized stigma and perceived discrimination seemed to be too small and insignificant in predicting self-esteem. In other words, internalized stigma and perceived discrimination do not have any significant role in predicting the self-esteem of PLWHA living in Jakarta.

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