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**Perceptions And Social Support Of The Community For
Children With HIV/AIDS (CWAH's) In Bubunan Village, Seririt 1
Public Health Center Area, Year 2024**

**Ketut Espana Giri¹, Hesteria Friska Armynia Subratha²,
Made Ririn Sri Wulandari³**

^{1,2,3} *Universitas Pendidikan Ganesha*

Corresponding author: email : panaprabawa@gmail.com

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ABSTRACT

Children with HIV/AIDS (CWAH's) also experience stigma and discrimination in the community. The low knowledge of public related to HIV/AIDS has an impact on CWAH's social life so that it affects ARV compliance and physical and psychological health of CWAH's. The purpose of this study was to identify the perception and social support of the community for CWAH's. The design of this research is an analytical descriptive with a cross sectional approach, data collection is carried out purposive sampling, as many as 54 people with criteria for having children aged 1-14 years, living in Bubunan village and willing to become respondents. The data explored is the perception and social support of the mother of CWAH's using a questionnaire, the data was taken from July to September 2024. Data were analyzed univariate and bivariate with the Chi-Square test and the level of significance $\alpha < 0.05$. The results showed that the level of knowledge of respondents was in sufficient category (59.3%), the most public perceptions of CWAH's in the sufficient category (48.1%), and the most social support for CWAH's was in the sufficient category (38.9%). There is no relationship between knowledge and community perception (P-value 0.217). It is expected that providing information related to HIV/AIDS will continue to the community in order to eliminate stigma and discrimination against CWAH's.

Keywords: Children With HIV/AIDS, Perception, Social Support.



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Introduction

HIV not only interferes with physical, but also interferes with psychological and social for children with HIV/AIDS (CWAH's) so that it affects the quality of life (Wiginton et al., 2021) (Darmawan & Permatasari, 2022). Over the years, discrimination and stigma against CWAH's became the focus of various studies, this was due to the lack of positive perceptions and support of the community. Lack of public perceptions and support remains a big barrier to public health efforts in reducing HIV/AIDS cases.

HIV is still a global health crisis and must be taken into account. In 2020, 37.7 million people lived with HIV. A total of 1.5 million new infections and 680,000 deaths due to AIDS related causes (UNAIDS, 2021). At the end of 2022 around 39.0 million people lived with HIV and among them around 1.5 million children living with HIV (0-14 years) (WHO, 2023). Indonesia's health profile in 2022 said there was still HIV transmission in Indonesia in children aged 1-14 years as much as 2% of cases of adults and AIDS events as many as 1.9%(Kemenkes RI, 2023). In Bali Province, HIV events at the age of children 1-14 years are 1.64% of the total cases of adults (Dinas Kesehatan Provinsi Bali, 2023), while in Buleleng Regency in the same year the proportion of HIV cases according to age groups found as many as 5.6% occurred in children aged ≤ 14 years (Dinas Kesehatan Kabupaten Buleleng, 2023).

CWAH's has long experienced stigma and discrimination, coupled with issues related to gender, sexuality and culture. This incident can prevent children from getting along, school and access ARVs. Children often feel tired of consuming ARVs causing AIDS (Srinatania et al.,

2020). CWAH's needs support to improve the quality of life of children and honesty related to the consumption of ARV drugs (Ernawati, 2023).

Handling of HIV/AIDS cases in children is different from handling cases in adults. When using the assumption of child protection, the children with HIV/AIDS in the law are categorized into groups of children who get special protection (Undang-Undang No. 35 tahun 2014 tentang Perlindungan Anak) (Kemensesneg, 2014), therefore efforts are needed specifically, systematic and comprehensive in handling this problem. The Indonesian Ministry of Health is committed to eliminating HIV/AIDS in 2030. The commitment is reflected in the target of 95-95-95, the first 95% PLWHA knows HIV status, 95% of the second PLWHA get ARV therapy and 95% Third all PLWHA who have received ARV experience decreased viral load (WHO, 2023). One of the HIV/AIDS countermeasures carried out in Bali is to form community groups (cadres) who care about AIDS and are trained to be able to accompany PLWHA including CWAH's, but there are still cases of stigma and discrimination in the community including health workers (Jamri et al., 2018)(Busza et al., 2018).

UNAIDS data states that around 63% of Indonesian people are still reluctant to interact directly with PLWHA. There are several reasons why stigma and discrimination against PLWHA are still high, namely the lack of adequate information and education about HIV/AIDS so that this disease is feared by many people (Na & Hipertensiva, 2017). Many previous interventions to reduce stigma and discrimination related to HIV/AIDS, have been focused on increasing knowledge and attitudes about HIV, social support and positive coping skills, but the events of stigma and



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discrimination remain high (Darmawan & Permatasari, 2022). This study aims to explore community perceptions and how social support is very important to reduce stigma and discrimination against CWAH's.

Research Method

This type of research is analytical observational with a cross-sectional approach, namely a type of research that emphasizes the time of measurement or observation of data at one time at one time which is carried out on the dependent variable and the independent variable. In this study, an analysis of community perceptions and support for children infected with HIV/AIDS (CWAH's) was carried out in Bubunan Village, Seririt 1 Health Center Work Area in 2024. The population of this study were

mothers who had children aged 1-14 years as many as 230 people, and the research sample were mothers who had children aged 1-14 years, domiciled in Bubunan Village, and were willing to be respondents in the Seririt 1 Health Center Work Area as many as 54 people.

Data were analyzed univariate and bivariate using IBM SPSS 22 for Windows. Univariate analysis is used to obtain information about the characteristics of respondents who are at risk of dependent variables and each independent variable. Bivariate analysis is carried out after obtaining univariate results using the Chi-Square test used to determine the relationship between the two variables and how one variable affects other variables.

Results and Discussions

1. Data Univariate

Table 1 Distribution of Characteristics of Respondents Based on Age, Education, Occupation, Gender of Children, and Child Age

	Frequency (n)	Percent (%)
Mother's Age		
≤25 years	12	22,2%
26-35 years	26	48,2%
≥36 years	16	29,6%
Mother's education		
No school	2	3,7%
Elementary	5	9,3%
school/equivalent	8	14,8%
Junior High School/equivalent		
Senior High School/equivalent	32	59,3%
Academy/Higher Education	7	12,9%
Work		
Work	39	72,2%
No Work	15	27,8%
Gender of child		
Male	20	37%



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Female	34	63%
Child's Age		
1-5 years	31	57,4%
6-12 years	12	22,2%
13-14 years	11	20,4%
Knowledge		
Good: $\geq 76-100$	12	22,2%
Enough: 0-75	32	59,3%
Not enough: ≤ 60	10	18,5%

Based on Table 1 it can be seen that the age of respondents at most currently aged 26-35 years, as many as 26 people (48.2%). The latest education of respondents was 32 high schools (59.3%). Respondents mostly worked at 39 people (72.2%). The sex of the child is mostly women as many as 34 children (63%) and the age of the most children between the ages of 1-5 years as many as 31 children (57.4%). Most of the knowledge of the public has sufficient category of knowledge, which is 32 people (59.3%). Respondents with good knowledge were 12 people (22.2%), and less knowledge of 10 people (18.5%).

Table 1 shows the characteristics of respondents in this study most of 26-35 years old, namely as many as 26 people (48.2%) where respondents were in the category of healthy reproduction and had previous children. Age can affect a person's psychology, the higher a person's age the better the level of emotional maturity and mental readiness of a person as a parent. One of the roles of parents in caring for children is to train the growth and development of children both gross motor, fine motor, language and social children by giving children the opportunity to play with their peers (Heathcock & Lockman, 2019).

The Indonesian Central Statistics Agency stated that the highest level of education completion according to the level of education in Indonesia is basic education (SD). But in this study respondent's education was mostly 32 people (59.3%). Mental health of the community is one important aspect for the quality of life of CWWHA's. Education plays a key role in increasing awareness and understanding of social perceptions and support. Education can also provide an understanding of stigmatization, so that the community can be more open and support PLWHA. Nurwati (2019)

said where a person's knowledge will increase along with his education (Nurwati & Rusyidi, 2019).

Respondents mostly worked, namely as many as 39 people (72.2%) and the statistical results were mentioned there was a significant relationship between work and perception and community support for ADHA. This research proves that a person's work can affect the perception and support for Adha. People with stable jobs and better income tend to have greater access to health and social services so as to provide adequate support.

The relationship between community work and social support is very dependent on the socioeconomic context, culture and access to resources. The more stable the work conditions and the stronger the social network in society, the more likely the community can provide stronger and more consistent support to Adha.

The age of respondents' children is the most between the ages of 1-5 years as many as 31 children (57.4%). At the age of 1-5 years classified as a child in the golden age phase where at this time almost all the potential of children experienced a sensitive and rapid



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period to grow and develop. Children need interaction with peers to practice their social skills. The social development of children is greatly influenced by the treatment of caregivers in introducing aspects of social life and norms that exist in society (16,17).

Most of the community's knowledge is in the sufficient category, namely 32 people (59.3%). Respondents with good knowledge were 12 people (22.2%), and 10 people (18.5%) had poor knowledge. The results of this study still found that people have poor knowledge about HIV, both in terms of transmission and prevention, so that some of them will still prohibit their children from playing with CWA's. Research states that children's interaction activities with peers can help the development aspect of the social aspect of children's behavior. Community knowledge about HIV affects perceptions and support for CWA's. Meggawanti (2021) said that the better the community's knowledge about HIV/AIDS, the better the response given by the community to PLWHA (Meggawanti, 2021). The results of this study are in line with the results of research by Susilawati, et al. (2024) where community knowledge about HIV/AIDS

prevention is still in the sufficient category, so more information is needed (Kusumawati et al., 2024). Likewise, in a study conducted in Naras 1 Village, it was found that most people have poor knowledge about HIV/AIDS (Nur et al., 2022). Knowledge is closely related to a person's education. Education is very important to gain knowledge about several things that support a person's quality of life and health aspects. Better education makes it easier for someone to receive information. Knowledge is the basis for the process of thinking and considering something. The most important factor in knowledge is education, because education plays a role in the learning process of receiving all information that aims to improve mental abilities, attitudes and behavior (Baker-Henningham & López Bóo, 2021). Knowledge about HIV/AIDS is specific so that it is more widely disseminated through counseling using the media. However, research conducted by Meggawanti (2021) shows that respondents who have higher education have less knowledge about HIV/AIDS (Meggawanti, 2021). This can be caused by a lack of focus on receiving information provided by health workers or information media.

Table 2 Distribution of Respondents' Frequency Based on Community Perception of CWA's

Perception	Frequency (n)	Percent (%)
Good: $\geq 76-100$	11	20,4%
Enough: 60-75	26	48,1%
Not enough: ≤ 60	17	31,5%
Total	54	100%

Table 2 it is known that respondents' perceptions of CWA's were mostly in the category of sufficient 26 people (48.1%). Respondents with good perceptions were only 11 people (20.4%) and there were still respondents who had less than 17 people (31.5%).

Table 3 Distribution of Frequency of Community Support to CWA's

Support	Frequency (n)	Percent (%)
Good: $\geq 76-100$	19	35,2%
Enough: 60-75	21	38,9%
Not enough: ≤ 60	14	25,9%



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Total	54	100%
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Table 3 shows that most respondents have sufficient support for CWAH's , namely as many as 21 people (38.9%). Respondents who had good support were 19 people (35.2%) and had less support as much as 14 people (25.9%).

2. Data Bivariate

Table 4 The level of knowledge, education and work of respondents on the perception of WHA

Variabel and Category	Perception			Total		p-value
	Good (n)	Enough (n)	Low (n)	n	%	
Knowledge						0,217
Good	3	7	2	12	22,22	
Enough	6	17	9	32	59,26	
Low	2	2	6	10	18,52	
Education						0,001
No school	0	0	2	2	3,7	
Elementary school	0	0	5	5	9,26	
Junior high school	0	0	8	8	14,81	
Senior high school	4	26	2	32	59,26	
Academy/Higher Education	7	0	0	7	12,96	
Work						0,001
Work	11	25	7	43	79,63	
No Work	0	1	10	11	20,37	
Total	11	26	17	54	100	

In Table 4, the SPSS results can be found in the Chi-Square calculation with SIG results. (P-value) of 0.217 (> 0.05) In respondents 'knowledge, it can be concluded that there is no relationship between knowledge of respondents' perception significantly. Respondent's education on perception was found sig results. (P-value) of 0.001 (<0.05) which means there is a significant relationship between education and respondents' perceptions. In work, sig results were found. (P-value) of 0.001 which means there is a significant relationship between work and respondents' perceptions. In detail can be seen in the following table.

Based on Table 4 shows that public knowledge is not related to public perception of CWAH's (P-Value 0.217) Although the results of this study show that people's perception is in a sufficient category, but apparently respondents are afraid to let their children interact with CWAH's.

Perception is an individual interpretation of objects, events or information based on life experiences. There is still a lack of community perception that causes stigma to CWAH's can be caused by a lack of knowledge about the way HIV/AIDS transmission in children. The low perception of the community can cause stigma and discrimination in CWAH's. The results of



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this study are supported by other studies where there is a significant relationship between perception and stigma of PLWHA (Hapsari & Azinar, 2017)(Maris Bakara et al., 2023). The results of other studies state that the perception of the community is still negative

related to HIV/AIDS, this is indicated by the attitude towards PLWHA that must be expelled, unable to work/work and assumptions that do not need to involve PLWHA in community activities (NOERLIANI, 2022).

Table 5 The level of knowledge, education and work of respondents for the support of CWAH's

Variabel and Category	Support			Total		p-value
	Good (n)	Enough (n)	Low (n)	n	%	
Knowledge						0,001
Good	6	6	0	12	22,22	
Enough	12	14	6	32	59,26	
Low	1	1	8	10	18,52	
Education						0,001
No school	0	0	2	2	3,7	
Elementary	0	0	5	5	9,26	
school	0	1	7	8	14,8	
Junior high school	12	20	0	32	59,26	
Senior high school	7	0	0	7	12,96	
Academy/Higher Education						
Work						0,001
Work	18	18	3	39	72,22	
No Work	1	3	11	15	27,78	
Total	19	21	14	54	100	

Based on Table 5, the SPSS results can be found in the Chi-Square calculation with SIG results. (P-value) of 0.001 (<0.05) In the knowledge, education and work of respondents, it can be concluded that there is a relationship between knowledge, education and work to the support of respondents significantly. In detail can be seen in the following table.

Based on Table 5 shows that most respondents have sufficient support for CWAH's, namely as many as 21 people (38.9%). Respondents who had good support were 19 people (35.2%) and had less support as much as 14 people (25.9%). Statistical results show a relationship between the level of knowledge, education and work of respondents to the support of CWAH's (P-value 0.001).

Support for CWAH's is very much needed, especially from the closest family instead of being ostracized so that Adha's life expectancy becomes longer. A sense of loneliness can arise because there is no social support so that mental health problems arise (Sarason & Sarason, 1985). In this study, community support is in a sufficient category, where the support of the community given to CWAH's is still not optimal and needs to be



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increased. Social support provided can be in the form of emotional support, instrumental support, information support, community support, and professionalism support. The results of the study mentioned that the social support provided was able to provide motivation or provide new insights for PLWHA in dealing with their lives. This support can

Conclusion

This study shows that there are still many people who do not know about HIV both the way of transmission, how to prevent transmission and how to help CWAH's in his social life. In this study requires strategies to increase public knowledge such as (1) counseling on HIV transmission and prevention, (2) eliminating stigma and discrimination in the community through approaches to the community, and (3) types of support that can be given by the community to CWAH's. Researchers can subsequently conduct research by involving HIV children and their families to get the support needed from their perspective.

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Conflic of Interest

The authors contributed equally. Conflict of interest: the authors declare no potential conflict of interest

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minimize psychosocial pressure, feel valued, loved and feel part of the community so that PLWHA has a better quality of life (Aswar et al., 2020)(Ghoni et al., 2019)(Zuhroh & Muhid, 2022). Social support has been proven to promote health by strengthening the health and quality of life of a person when facing stress (Vinje et al., 2022).

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