

ORIGINAL ARTICLE

Gender-Stratified Factors Associated with Stigma Toward HIV/AIDS among Rural Communities in Sarawak, Malaysia

Aren Sinedeh Lemin, Md Mizanur Rahman, Andrew Kiyu

Department of Community Medicine and Public Health, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak, 94300 Kota Samarahan, Sarawak, Malaysia

ABSTRACT

Introduction: Many factors hinder the effective responses to the HIV/AIDS epidemic. Stigma is one of the major barriers to effective responses to the HIV/AIDS epidemic. It is often considered the main reason for the low response to access proper services for prevention, treatment, and care for HIV/AIDS. In this context, we assessed the perceived level of stigmatisation towards people with HIV/AIDS among rural communities in Sarawak and determined its associated factors. **Methods:** This cross-sectional community-based study was conducted among the adult population aged 18 years and above among rural communities in Sarawak, Malaysia. A gender-stratified multistage cluster sampling technique was adopted to select the respondents. A total of 900 respondents were successfully interviewed using interviewer-guided questionnaires. Stepwise multiple linear regression with forward and backward selection method was used to determine the HIV/AIDS-related stigma. A p-value of $\leq .05$ was considered statistically significant. **Results:** Analysis revealed that females are more stigmatised than males ($p < .05$). Multivariate analysis showed that those who did not know someone had HIV and Chinese ethnicity were potential predictors in both male and female groups. Having no gainful job, and discussion of HIV/AIDS, household income less than MYR 500, history of HIV testing, knowledge on HIV transmission and exposure to HIV/AIDS information were factors that influenced HIV/AIDS-related stigma among female respondents. On the other hand, age group 30 to 39, Bidayuh, Chinese ethnicity, and not knowing someone had HIV and media exposure on HIV were factors that influenced HIV/AIDS-related stigma among male respondents. **Conclusion:** HIV/AIDS-related stigma towards HIV/AIDS existed in rural communities. Enhanced health promotion related to HIV/AIDS activities in rural communities are needed to curb stigmatisation toward people with HIV/AIDS.

Malaysian Journal of Medicine and Health Sciences (2022) 18(5):64-71. doi:10.47836/mjmhs18.5.10

Keywords: HIV/AIDS-related Stigma, Rural communities in Sarawak, Malaysia

Corresponding Author:

Md Mizanur Rahman, PhD

Email: rmmizanur@unimas.my; rmizanur1958@gmail.com

Tel: +60109745920

INTRODUCTION

In 2018, 37.9 million people were living with HIV globally, compared to 24.9 million in 2000. Despite the reduction in prevalence, the transmission of HIV is increasing (1). There is a rising trend in the percentage contribution to the national total of HIV cases by the state of Sarawak, Malaysia, from 1.9% (69.95 per 100 000 population) in the year 2015 (2) to 8.0% (322.76 per 100 000 population) in the year 2018 (3). While the incidence of HIV/AIDS has yet to plateau in Sarawak, strong government commitment and active participation from multiple agencies to support the policies related to HIV/AIDS have helped to halt and reverse the epidemic in Malaysia as a whole (3). Be that as it may,

those with HIV/AIDS are still being stigmatised by the community (4). AIDS-related stigma is defined as “prejudice, discounting, discrediting and discrimination directed at people perceived to have AIDS or HIV and individuals, groups and communities with whom they are associated” (5, p.49).

Further, Gergen (6) divided stigma into personal stigma and perceived community stigma. Self-stigma or personal stigma is a stigmatising attitude, prejudices, and actions by patients’ families and members of their community (7). On the other hand, public or community stigma is the perception held by others that the diseased individual is socially undesirable. Previous studies have reported that stigma towards people with HIV/AIDS (PWA) occurred among adult communities in different cultures and countries in Malaysia (8, 9), Hong Kong (10), China (11), and Kenya (12). The stigmatising attitude toward PWA by community members creates a barrier for PWA to access proper services for HIV/AIDS (13, 14). Consequently, people with HIV/AIDS