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Qualitative Study on Stigma and Discrimination Against PLWHA in Urban Communities

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ABSTRACT

Stigma against people living with HIV/AIDS (PLWHA) in urban communities continues to be a significant issue despite advances in information and health services. Although better access to information can reduce prejudice, negative myths and stereotypes about HIV remain deeply rooted in society. This study reveals how stigma against PLWHA in large cities in Indonesia is influenced by moral narratives that associate HIV with deviant behavior, exacerbating unfounded fears about transmission. Limited knowledge about how HIV is transmitted, as well as often sensationalist media representations, further reinforce social discrimination against PLWHA. In addition to explicit discrimination, structural discrimination in the health sector and the workplace worsens the living conditions of PLWHA, hinders access to medical care and exacerbates socio-economic inequalities. This study uses a qualitative approach with a literature review to explore the social construction of stigma and discrimination against PLWHA in urban areas. Through thematic analysis of various secondary sources, it is found that a more inclusive and culturally based approach is needed to address stigma, including campaigns that actively involve the community and improve more equitable policies. These findings contribute to a deeper understanding of stigma as well as recommendations for public policies that are more oriented towards social justice and human rights for PLWHA.

Keywords: Social Stigma; Structural Discrimination; PLWHA in Urban Areas

INTRODUCTION

Although cities are often considered as centers of progress and modernity, social reality shows that the stigma against PLWHA (People Living with HIV/AIDS) is still very strong in urban communities. Access to better information and health services should be able to reduce prejudice and misunderstanding, but in fact, negative myths and stereotypes persist. A study

by Sholahudin et al (2024) revealed that even in big cities in Indonesia, people still view HIV as a result of deviant behavior, so that PLWHA are often associated with negative moral values. This perception not only creates social distance, but also violates the principles of justice and human rights, where PLWHA are often ostracized in social and work environments.

Furthermore, unfounded fears about how HIV is transmitted exacerbate discrimination experienced by PLWHA in urban settings. Public knowledge about HIV is still limited, especially in distinguishing between ordinary social contact and behavior that is at high risk of transmitting the virus. In fact, according to Massa et al (2023), HIV is not transmitted through touch, using shared toilets, or other everyday contact. However, this misperception is still strongly embedded in society, even in educated environments. This shows that formal education is not necessarily effective in dismantling culturally embedded stigma. Therefore, a more critical and holistic approach is needed, including the involvement of the media, community leaders, and community-based campaigns that are able to deconstruct negative narratives about HIV/AIDS in a sustainable manner.

Social discrimination against PLWHA is not only present in the form of explicit rejection, but also through more subtle but systematic structural mechanisms. In the health care sector, for example, PLWHA often receive different treatment from medical personnel, ranging from delayed treatment to neglect of their emotional needs. As noted by the World Health Organization (WHO, 2022), discrimination in health services is one of the main obstacles in the global response to HIV because it prevents PLWHA from proactively seeking treatment or continuing antiretroviral therapy (ART). As a result, the healing process that should have been stable is hampered by fear, shame, and distrust of medical institutions that should be safe spaces.

In addition to health aspects, discrimination against PLWHA also has serious implications for their socio-economic aspects. Many PLWHA lose their jobs or experience a decrease in income after their HIV status is known to their superiors or co-workers. According to a report by Human Rights Watch (2021), unilateral termination of employment of PLWHA still often occurs in various industrial sectors, even without objective medical reasons. This condition has a direct impact on the quality of life of PLWHA, because losing a job not only means losing income, but also damages social identity and self-esteem. In the long term, psychological stress due to social and economic isolation can worsen the mental health of PLWHA, strengthen the cycle of marginalization, and hinder efforts for more inclusive social integration.

The limited qualitative research on the lived experiences of PLWHA in urban areas creates a significant knowledge gap in efforts to formulate inclusive and evidence-based public policies. Most existing studies tend to highlight medical aspects such as HIV/AIDS prevalence, transmission, and treatment while complex social dynamics are often marginalized. In fact, as stated by Bethari (2024), stigma and discrimination do not only stem from ignorance, but are also social constructs that are legitimized by power relations and social

inequality. In the urban context, this is exacerbated by economic stratification, spatial segregation, and a competitive culture that tends to exclude groups considered "at risk" or "unproductive". Therefore, a qualitative approach is important to explore the subjective narratives of PLWHA, which are often overlooked by technocratic public health policies.

Furthermore, a qualitative approach allows for the deconstruction of the dominant discourse that has silenced the voices of PLWHA in public discourse. For example, by using in-depth interviews, participatory ethnography, or narrative analysis, researchers can explore how PLWHA experience, interpret, and respond to stigma in their daily lives. This kind of research not only serves as a form of validation of PLWHA's experiences, but also as an advocacy tool to encourage social change. As emphasized by Dwina et al (2024), stigmatized identities are the result of social interactions, so understanding PLWHA's experiences holistically also means dismantling the social mechanisms that perpetuate discrimination. Thus, qualitative studies not only contribute to the development of science, but also play a strategic role in fighting for social justice and human rights for PLWHA in urban areas.

Efforts to treat HIV/AIDS that focus solely on a medical approach have proven incapable of addressing the fundamental problems faced by PLWHA, especially those related to stigma and social discrimination. Drug-based treatment and antiretroviral therapy (ART) are indeed important, but they will not be effective if society continues to view PLWHA as a group that is morally and socially deviant. In this context, a social and cultural approach is crucial, because stigma does not arise from ignorance alone, but also from cultural values, religion, and social norms that dictate who is considered "worthy" or "unworthy" in society. As explained by Sulaiman (2021), the response to HIV/AIDS is heavily influenced by cultural constructions and collective discourses that develop in society, so interventions that do not consider these aspects will fail in the long term.

The importance of social and cultural approaches is also seen in the context of health communication. Normative or patronizing HIV/AIDS campaign messages tend to be ineffective if they do not match the social realities of the target community. A study by Spooner et al (2015) showed that campaigns that are not sensitive to local dynamics can actually reinforce stigma by repeating certain stereotypes, for example, depicting PLWHA as victims of "high-risk" behavior without considering structural factors such as poverty, gender inequality, or sexual violence. Therefore, interventions designed need to actively involve the community, and adopt a participatory approach that respects local wisdom and the lived experiences of PLWHA. By dismantling the social structures that support stigma, a socio-cultural approach has the potential to build solidarity, increase empathy, and create a more equitable social space for PLWHA.

RESEARCH METHODS

This study uses a qualitative approach with a literature study method (library research) as the main strategy in exploring and analyzing the issue of

stigma and discrimination against People with HIV/AIDS (PLWHA) in urban communities. This approach was chosen because it allows researchers to explore the social and cultural constructions that shape the stigma against PLWHA, as well as approach the problem from a critical and reflective perspective through a review of various secondary sources.

The data in this study were obtained through document analysis covering scientific journals, academic books, reports from international institutions (such as UNAIDS, WHO, and Human Rights Watch), trusted media articles, and publications from non-governmental organizations that focus on HIV/AIDS issues. The criteria for selecting literature were based on the relevance of the theme, contemporary (prioritized in the last 10 years), and source credibility. The data collected were then analyzed using content analysis and thematic analysis techniques to identify narrative patterns, social categories, and power dynamics that shape the discriminatory experiences of PLWHA in urban environments. Thus, this study not only aims to map existing knowledge, but also to critique the social structures and dominant discourses that perpetuate stigma against PLWHA.

RESULTS AND DISCUSSION

Social Construction of Stigma Against PLWHA in Urban Society

1. The Role of Moral and Cultural Discourse in the Formation of Stigma towards PLWHA

The stigma against people living with HIV/AIDS (PLWHA) in urban communities cannot be understood solely as a result of a lack of medical understanding of HIV/AIDS, but rather as a result of social construction formed by dominant moral and cultural discourses. In a society that highly upholds moral norms and religious values, PLWHA are often associated with behavior that is considered deviant, such as free sex and drug use. This association forms a moral narrative that positions PLWHA as "the other", and encourages the formation of a social distance that is legitimized by social institutions such as religion, law, and the media. As stated by Kusumaningrum (2019), HIV/AIDS stigma arises from power relations that construct boundaries between "normal" and "deviant" identities, where PLWHA are grouped into the latter category and positioned as a moral threat to the social order.

Through the perspective of social construction theory, as explained by Erving Goffman, stigma arises when a person's identity is considered not in accordance with dominant social expectations. In the context of PLWHA, their identity is marked by a "moral defect" attached through painful social labels, such as "naughty", "sinner", or "carrier of disease". Meanwhile, Pierre Bourdieu strengthens this understanding with the concept of habitus and symbolic capital, where social and cultural structures create an arena where dominant values determine who is accepted and who is rejected. PLWHA, who do not meet the moral expectations of society, are positioned socially in a subordinate group, and this power relation reproduces discrimination against them systematically.

Furthermore, Michel Foucault in The History of Sexuality explains how power works through the production of discourses that regulate human bodies and behavior, including in matters of sexuality and health. The discourse on HIV/AIDS as a result of immoral behavior is a form of institutionalized social control, in which society collectively creates a system of assessment that monitors and punishes individuals who are considered deviant. In this framework, morality becomes a tool to regulate who deserves empathy and who deserves to be ostracized. It is not surprising that PLHIV are often the target of this moral control, because their existence is associated with the failure of individuals to follow established social and religious norms.

In addition, the social identity theory developed by Henri Tajfel explains that society tends to group individuals into "ingroup" and "outgroup" categories. PLWHA are often included in the "outgroup" group which is considered to threaten the stability of the moral values of society. This encourages the formation of negative stereotypes which then give rise to discriminatory treatment, such as exclusion, verbal abuse, and denial of access to public services. In practice, this stigma not only alienates PLWHA socially, but also reduces their quality of life psychologically. Research by Katerina & Abidin (2024) shows that social stigma contributes to increased anxiety, depression, and even feelings of helplessness among PLWHA. Stigma is also a significant barrier for PLWHA in accessing health services because they are worried about being treated unfairly or being belittled by health workers and the general public (Tan, 2024).

Cultural constructions also reinforce the formation of this stigma. In many communities, including in Indonesia, religious values are often used as a basis for judging individual behavior. Conservative interpretations of religious teachings often associate HIV/AIDS with God's punishment for immoral behavior. Ethnographic studies show that in some communities, PLWHA are considered "cursed" or "impure" individuals, which adds to their psychological burden and narrows their social space. The mass media also worsens the situation by depicting HIV/AIDS in a sensational way, reinforcing a narrative that corners PLWHA as perpetrators of social sin.

Ultimately, the moral and cultural discourse that dominates society plays a major role in the formation of stigma against PLWHA, which not only creates social alienation, but also hinders comprehensive HIV/AIDS prevention and treatment efforts (Wattie & Sumampouw, 2018). Therefore, an interdisciplinary approach involving public education, a more inclusive reformulation of moral messages, and a human rights-based approach is very important in eroding this stigma. Transforming discourse from one that was originally punitive to one that empowers is key to creating a more just, empathetic, and stigma-free society.

2. Media Representation and the Formation of Subordinated Identities for PLWHA

In modern social dynamics, the media plays an important role in shaping social constructions on various issues, including HIV/AIDS. Media representations are not an objective reflection of reality, but rather the result of a

discursive process involving power, ideology, and dominant social structures. In this case, the media tends to convey news about People with HIV/AIDS (PLWHA) in a sensational manner, which not only emphasizes the negative aspects of the disease, but also associates it with behaviors that are considered morally deviant, such as drug use, free sex, or sexual deviation. This kind of representation indirectly implies that PLWHA are "failed products" of a modern society that emphasizes self-control, purity, and productivity. When the media continuously presents PLWHA in such narratives, the construction of social meaning that is formed becomes biased, giving rise to stigma and discrimination.

Stuart Li et al (2025) explained that the media does not merely convey information, but produces meaning through symbolic practices that reflect power relations. Representations of PLWHA in the media often reinforce their position as "the Other", namely a group that is different, foreign, and does not conform to dominant social norms. This process is known as othering, which is a symbolic mechanism used to assert the superiority of the dominant group by creating a social category for those who are considered deviant. In the context of PLWHA, othering occurs through continuous depictions as threats, victims of social sin, or burdens on the state. This depiction not only shapes how society views PLWHA, but also influences how PLWHA view themselves.

Social identities formed through this biased representation process become a form of subordinated identity. This concept refers to a condition in which individuals or groups are systematically positioned in an inferior social structure due to the influence of dominant discourse. Identity is not fixed, but rather the result of ongoing social construction, which is formed through recognition and performative repetition in society. When the media repeats negative representations of PLWHA, social recognition of their existence as equal individuals is eroded. PLWHA not only experience social rejection, but also symbolically—they lose their legitimacy as members of society who deserve fair treatment.

Furthermore, in urban societies that highly value productivity, efficiency, and self-image, PLWHA face a double form of marginalization. They are not only marginalized because of their chronic health status, but also because they are considered unable to meet the expectations of modern society. Diko (2024) argues that society tends to reject anything that is considered “impure” or “dangerous” to social order. In this case, PLWHA are positioned as symbols of moral and physical pollution, which must be kept away in order to maintain social purity. This explains why PLWHA often experience discrimination in various aspects of life, from work, health services, education, to social relations.

The impact of distorted media representation does not stop at the social level, but also has serious psychological consequences for PLWHA. One of the most obvious impacts is the formation of self-stigma, which is a condition in which individuals begin to internalize the stigma directed at them by society. Handayani (2023) states that self-stigma can lower self-esteem, reduce motivation to seek support, and hinder efforts to recover and reintegrate socially. PLWHA who experience self-stigma generally feel unworthy to participate in public

spaces, lose self-confidence, and choose to withdraw from social life. This process creates a cycle of exclusion that is difficult to break, where negative representation in the media reinforces social stigma, which is then internalized by PLWHA, and ultimately worsens their position in society.

Thus, it is clear that media representation has a very strong structural and symbolic impact on the formation of subordinated identities for PLWHA. Biased and stigmatizing representations not only reinforce social inequality, but also deepen the psychosocial wounds experienced by PLWHA. Therefore, it is important to have a paradigm shift in media reporting on HIV/AIDS. The media needs to prioritize narratives based on human rights, social inclusion, and an empathetic approach. A more educative and constructive narrative will not only reduce stigma, but also open up space for PLWHA to form a positive, empowered, and equal identity in society.

Implications of Structural Discrimination on the Quality of Life of PLWHA

1. Inequality in Access to Health Services for PLHIV

Inequality in access to health services for people living with HIV/AIDS (PLWHA) is a complex problem rooted in structural and social discrimination in the health system. Although antiretroviral therapy (ART) is widely available and has become part of global policies to control the HIV epidemic, the fact is that many PLWHA still experience obstacles in accessing appropriate, safe, and humane treatment. This is due to the negative perception and stigma attached to HIV/AIDS, both from health workers and the wider community. For example, research conducted by Ninef et al (2023) shows that social stigma against PLWHA is often exacerbated by misconceptions about HIV transmission, which in turn leads to denial of services or discriminatory treatment in health facilities.

In a study reported by WHO (2022), it was revealed that PLHIV often face negative stereotypes and labels, such as the assumption that they are "high-risk" or "untreatable" individuals, which can lead to neglect or delay in treatment. In this context, structural discrimination in health services arises as a result of the system's inability to provide a safe and stigma-free environment for PLHIV. Rejection or neglect by medical personnel, driven by social views and their lack of understanding of HIV/AIDS, often causes PLHIV to feel isolated and reluctant to access health services. As found in Muryanto's study (2020), internal stigma experienced by PLHIV such as shame and fear of rejection can be major determinants that hinder them from starting or continuing ART treatment.

This inequality in access not only has implications for physical health, but also worsens the psychosocial conditions of PLWHA. Research conducted by Abas et al (2024) shows that PLWHA who experience discrimination in the health care system are more susceptible to mental disorders such as depression, anxiety, and chronic stress. When PLWHA do not receive adequate care, not only their physical health is disturbed, but also their overall quality of life. This decline in quality of life includes insecurity, uncertainty about the future, and the inability to work or live a normal social life, which in turn increases their inability to access medical services regularly.

Further studies show that discrimination against PLWHA in health services is also caused by limited knowledge and training of medical personnel regarding HIV/AIDS. Discriminatory behavior of medical personnel towards PLWHA is often influenced by a lack of education about HIV/AIDS, leading to a disregard for ethical standards in care. A study by Yulianti & Hadi (2025) found that medical personnel who did not receive HIV sensitization training tended to show more negative attitudes towards PLWHA, which exacerbated the patient's experience of discrimination. Therefore, it is important for the health system to implement ongoing training for medical personnel to improve their knowledge and empathy towards PLWHA.

In addition, this inequality reflects the failure of health policies to create an inclusive and human rights-based system. Existing policy inequalities often focus more on treating the disease than on the social and psychological experiences faced by PLWHA. Research conducted by Emilia & Prabandari (2019) suggests that the success of HIV health programs depends on empowering PLWHA to talk about their experiences and access services without fear or discrimination. Therefore, more inclusive health policies based on the principles of social justice must be integrated with ART programs to create a safe and supportive environment for PLWHA.

Overall, despite progress in the provision of ART services, inequities in access to health services for PLHIV remain a major challenge. Systemic reforms including retraining of health workers, strengthening anti-discrimination policies, and public campaigns to reduce stigma are urgently needed to ensure that PLHIV can access appropriate, safe, and humane health services. Without these changes, not only will the physical and mental health of PLHIV be compromised, but it will also threaten the achievement of global goals for controlling HIV/AIDS.

2. Social Exclusion and Economic Vulnerability as Impacts of Institutional Discrimination

Institutional discrimination against PLWHA (People Living with HIV/AIDS) in the urban workforce is a serious problem that not only creates social disparities, but also significantly affects their economic and psychological conditions. This is made more complex because the impact of this discrimination creates social exclusion that worsens the economic vulnerability of PLWHA, and reinforces a cycle of marginalization that is difficult to overcome. Discrimination that occurs, such as unilateral termination of employment (PHK) after someone's HIV status is known, rejection in the recruitment process, or limitations on job responsibilities, clearly shows the existence of a stigma that is deeply rooted in society and institutions.

According to research conducted by Kristiani et al (2025), stigma against HIV/AIDS can be reflected in various forms of social discrimination involving individuals and institutions. This discrimination is not only a negative behavior of individuals towards PLWHA, but also reflects discrimination that is structured in policies and practices in the workplace. Termination of employment based on

HIV status not only violates basic human rights but also has a direct impact on the economic well-being of individuals. The experience of job loss that is often experienced by PLWHA leads to significant economic losses, including loss of access to social security, health benefits, and opportunities to improve their financial condition. In many cases, this also results in the cessation of access to antiretroviral (ARV) treatment, which is a vital treatment for PLWHA to maintain their health.

Research conducted by Erlina et al (2022) in Purbalingga Regency showed that PLWHA who faced discrimination in the workplace experienced decreased access to health services and decent work, which led to increased levels of poverty and socio-economic vulnerability. In developing countries like Indonesia, where the informal sector still dominates the labor market, PLWHA are often forced to accept low-income jobs without social protection, further worsening their economic conditions.

The economic impact caused by institutional discrimination is not only limited to loss of income, but also affects the quality of life of PLWHA in the long term. For example, research by Safira et al (2024) revealed that PLWHA who lose their jobs or face economic difficulties due to discrimination often have to choose between access to health care and other basic needs. This can worsen their health, because intermittent ARV therapy can cause drug resistance, which ultimately shortens their life expectancy.

In addition, social exclusion also has a severe psychological impact on PLWHA. The rejection they face in the workplace often worsens their mental condition, increasing levels of stress, anxiety, and depression. The stigma associated with HIV/AIDS makes PLWHA feel isolated, unaccepted, and unappreciated in society. Safitri's (2020) research shows that HIV stigma can lead to chronic psychological disorders, which affect overall quality of life. This has the potential to worsen their quality of life, because psychological problems can affect their ability to work and interact with others, as well as worsen their health conditions.

The cycle of marginalization experienced by PLWHA is also exacerbated by structural factors in society. Economic and social disparities caused by institutional discrimination create inequalities that continue to prevent them from obtaining equal opportunities in education, employment, and health services. For example, many PLWHA are forced to work in the informal sector or low-wage jobs, without the protection of workers' rights, such as health insurance and pension benefits, which further exacerbates their vulnerability to poverty. This leads to the phenomenon of a "poverty cycle" in which PLWHA who have been discriminated against are increasingly trapped in an inability to improve their quality of life, both economically and socially.

To break this cycle of marginalization, concrete steps are needed in the form of policies that are more inclusive and friendly to PLWHA. Policies that protect the rights of PLWHA in the workplace and in access to health services need to be strengthened, with a focus on their economic empowerment and reducing social stigma. In addition, public education that focuses on understanding HIV/AIDS

and the importance of equal rights in the world of work can help reduce the stigma and discrimination that is still widespread. In this context, policies that involve the participation of the private sector and social institutions in providing support for PLWHA are essential to creating a more just and inclusive work environment.

With these steps, it is hoped that PLWHA will not only be able to obtain their basic rights as workers, but also be able to live a more dignified life, with adequate social and economic support. HIV-based discrimination needs to be stopped to create a more just and equal society for all its members.

CONCLUSION

Stigma towards People with HIV/AIDS (PLWHA) in urban communities is the result of a strong social construction, influenced by moral discourse, culture, and media representation. The dominant discourse that associates HIV/AIDS with deviant behavior such as free sex and drug use forms a moral narrative that positions PLWHA as the "other," and strengthens social distance through the legitimacy of institutions such as religion, law, and media. This concept of stigma, as explained by Goffman, Foucault, and Bourdieu, is rooted in power relations that create subordinate identities for PLWHA. Media representation also plays an important role in reinforcing stigma, by sensationally presenting PLWHA as threats or moral victims, thus triggering the othering process and instilling an inferior identity. When PLWHA are continuously represented negatively, they not only experience social rejection, but also internalize the stigma into self-stigma, which has a negative impact on self-esteem and motivation to access support. This discrimination then continues in the form of unequal access to health services, where PLWHA often receive discriminatory treatment from medical personnel due to lack of knowledge and sensitization training on HIV/AIDS. This obstacle causes a decline in the quality of life of PLWHA, both physically and psychologically. Not only that, institutional discrimination in the world of work, such as rejection of recruitment or layoffs due to HIV status, exacerbates the economic vulnerability of PLWHA and strengthens social exclusion. This condition makes it difficult for PLWHA to obtain decent work, experience structural impoverishment, and be hampered in accessing treatment and recovery. Therefore, it is important to have systemic changes that include public education, inclusive policy reform, training of health workers, and a shift in the media paradigm towards empathetic and human rights-based narratives to create a more just and stigma-free society towards PLWHA.

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