



**Dynamics Of Stigma and Self-Acceptance In Postpar-Tum Mothers With Human Immunodeficiency Virus**

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## **ABSTRACT**

*Human Immunodeficiency Virus (HIV) remains a significant public health challenge, not only because of its medical implications but also because of the social stigma attached to it. Postpartum mothers with HIV face unique challenges, including social discrimination, psychological stress, and difficulties in self-acceptance. Stigma often leads to isolation, anxiety, and depression, which further complicate their recovery and ability to care for their newborns. This study aims to identify the forms of stigma experienced by postpartum mothers with HIV, analyze the factors that influence self-acceptance, describe the impact of stigma on psychosocial conditions, and explore strategies used to deal with stigma and build self-acceptance. The method used in this research is A qualitative descriptive study was conducted at the Sentani Health Center, Jayapura Regency, from April to June 2024. Five postpartum mothers with HIV were selected through purposive sampling. Data were collected through in-depth interviews, participant observation, and documentation. Research has shown that postpartum mothers with HIV experience various forms of stigma, including social exclusion, internal shame, and discrimination. Factors that influence self-acceptance include emotional reactions, social support, spirituality, and education about HIV. The conclusion in this study is Stigma significantly impacts the psychosocial well-being of postpartum mothers with HIV. Social support, spiritual practices, and education are important in building self-acceptance. Recommendations include improving health education, empathetic communication training for health workers, and promoting social support networks.*

*Keywords: Social Stigma, Self-Acceptance, Postpartum, HIV/AIDS*

## **ABSTRAK**

Human Immunodeficiency Virus (HIV) masih menjadi tantangan kesehatan masyarakat yang signifikan, tidak hanya karena implikasi medisnya tetapi juga karena stigma sosial yang menyertainya. Ibu pascapersalinan dengan HIV menghadapi tantangan unik, termasuk diskriminasi sosial, stres psikologis, dan kesulitan dalam penerimaan diri. Stigma sering kali menyebabkan isolasi, kecemasan, dan depresi, yang selanjutnya mempersulit pemulihan dan kemampuan mereka untuk merawat bayi baru lahir mereka. Penelitian ini bertujuan untuk mengidentifikasi bentuk-bentuk stigma yang dialami oleh ibu pascapersalinan dengan HIV, menganalisis faktor-faktor yang memengaruhi penerimaan diri, mendeskripsikan dampak stigma terhadap kondisi psikososial, dan mengeksplorasi strategi yang digunakan untuk menghadapi stigma dan membangun penerimaan diri. Metode yang digunakan dalam penelitian ini adalah penelitian deskriptif kualitatif yang dilakukan di Puskesmas Sentani, Kabupaten Jayapura, dari bulan April hingga Juni 2024. Lima ibu pascapersalinan dengan HIV dipilih melalui purposive sampling. Data dikumpulkan melalui wawancara mendalam, observasi partisipan, dan dokumentasi. Penelitian telah menunjukkan bahwa ibu pascapersalinan dengan HIV mengalami berbagai bentuk stigma, termasuk pengucilan sosial, rasa malu internal, dan diskriminasi. Faktor-faktor yang memengaruhi penerimaan diri meliputi reaksi emosional, dukungan sosial, spiritualitas, dan pendidikan tentang HIV. Kesimpulan dalam penelitian ini adalah Stigma berdampak signifikan terhadap kesejahteraan psikososial ibu pascapersalinan dengan HIV. Dukungan sosial, praktik spiritual, dan pendidikan penting dalam membangun penerimaan diri. Rekomendasi meliputi peningkatan pendidikan kesehatan, pelatihan komunikasi empati bagi petugas kesehatan, dan promosi jaringan dukungan sosial.

Kata kunci: Hipertensi, Kesadaran Spiritual Islam, Minuman Jahe, Tekanan Darah

## **INTRODUCTION**

Human Immunodeficiency Virus (HIV/AIDS) is not only a medically dangerous disease but is also often considered a social disgrace (Davies & Najmah, 2020). People with HIV/AIDS (ODHA) frequently receive negative stigma from society, which has an impact on their physical and psychological health (MacKinnon et al., 2021). Stigma towards PLWHA appears in various forms, such as prejudice, discrimination, and attitudes of distancing or avoiding those who are infected (Hully et al., 2022). This negative attitude is reflected in social behavior, such as rejection, excessive fear, and the assumption that HIV/AIDS is the result of the individual's actions (Bulled, 2016).

Although stigma is also found in other diseases, such as cancer or mental disorders, recent literature shows that stigma related to HIV/AIDS remains a major problem in public health (Thurman et al., 2019). This stigma and discrimination have a serious impact on PLHIV, causing them to experience anxiety, stress, and even depression (De Wet, 2019). This condition often makes them reluctant to

access health services, hide their status, and feel isolated, which ultimately worsens their health condition (Orza et al., 2015).

For postpartum mothers with HIV/AIDS, the impact of stigma is even more complex. In addition to having to adapt to physical and emotional changes after giving birth, they also face social pressures related to their HIV status (Sekalala, 2017). One of the biggest challenges is the inability to breastfeed her baby due to the risk of transmission. This often gives rise to feelings of guilt and worsens the psychological condition of the mother (Mwase et al., 2022). If they do not receive adequate support, postpartum mothers with HIV are at risk of experiencing postpartum blues, excessive anxiety, and even postpartum depression, which can impact their health and their child's development (Ong et al., 2019).

In the face of stigma and social pressure, self-acceptance is an important factor for postpartum mothers with HIV/AIDS (Baird & Walters, 2017). Self-acceptance is an individual's ability to acknowledge and accept their condition, both strengths and weaknesses and still have a positive outlook on life (Umaroh & Karjoso, 2021). Individuals who have good self-acceptance will be able to adjust and live their lives more optimistically. On the other hand, individuals who have difficulty accepting themselves tend to experience more severe psychological stress, including feelings of guilt and helplessness (Rahmawati & Khamdani, 2021).

According to Kubler Ross (2009), self-acceptance of certain conditions, including HIV/AIDS, goes through five stages: denial, anger, bargaining, depression, and acceptance (Tinago et al., 2017). In the early stages, individuals often deny that they are infected (West et al., 2020). Then, feelings of anger and frustration arise towards the situation. Next, they start negotiating with themselves or God to find a way to overcome their condition (Murtiana & Indonesia, n.d.). If they do not get enough support, a depressive stage may occur, which is characterized by deep sadness and hopelessness. However, in the final stage, individuals who successfully go through this process will achieve self-acceptance, which is accepting their condition without blaming themselves or others (Escalona-Noguero et al., 2021).

In Indonesia, the number of HIV/AIDS cases is still quite high, although the trend of new infections is starting to decline (Firestone et al., 2017). Based on data from the Indonesian Ministry of Health, in 2020, the number of PLWHA is estimated to reach 543,100 people. Provinces with the highest number of HIV cases include DKI Jakarta (76,103 cases), East Java (71,909 cases), West Java (52,970 cases), Central Java (44,649 cases), and Papua (41,286 cases) (Zainudin et al., 2021).

In Papua, the prevalence of HIV in the general population is still relatively high. In 2017, the prevalence of HIV in Papua reached 2.3 percent, higher than in other regions in Indonesia (Zainudin et al., 2021). HIV transmission in Papua mostly occurs through heterosexual relations, with the number of cases reaching 43,392 people (Relia et al., 2018). However, the low level of public understanding of HIV/AIDS also worsens the stigma against PLWHA. Only about 9.2 percent of the population has comprehensive knowledge about the disease, which causes discrimination against PLWHA to occur frequently still (Weser et al., 2021).

In the context of postpartum mothers with HIV/AIDS at the Sentani Health Center, the stigma they face and how they accept their condition are important issues to study. Many postpartum mothers experience difficulties in the process of self-acceptance, especially due to social pressure and the psychological burden they experience. In addition, the lack of social support and accurate information about HIV/AIDS worsens their condition. Therefore, this study aims to identify the forms of stigma experienced by postpartum mothers with HIV, analyze the factors that influence the self-acceptance of postpartum mothers with HIV, describe the impact of stigma on the psychosocial conditions of postpartum mothers with HIV, explore the strategies used by postpartum mothers with HIV in dealing with stigma and building self-acceptance.

## **METHOD**

### ***Study Design***

This study uses a qualitative descriptive research design that aims to describe in depth the phenomena that occur, especially the impact of stigma and self-acceptance of postpartum mothers with HIV at the Sentani Health Center. A qualitative approach was chosen to understand the participants' life experiences more deeply.

### **Settings and Respondents**

This study was conducted at the Sentani Health Center, Jayapura Regency, in April - June 2024. The study population included all postpartum mothers at the Sentani Health Center who met the research criteria, while the sample was selected using a purposive sampling method. The inclusion criteria in this study were postpartum mothers who had given birth in less than four months, aged 15 to 49 years, diagnosed HIV positive, and willing to participate. The number of samples in this study was five people who had experienced facing stigma and the process of self-acceptance.

### **The Variable, Instrument, and Measurement**

The variables of this study include several aspects, namely the stigma experienced by postpartum mothers with HIV (social stigma, internal stigma, and stigma in health services), self-acceptance of postpartum mothers with HIV, coping strategies used by mothers in dealing with stigma, and social support from partners, family, and health workers. The researcher is the main instrument in this study by using semi-structured interview guidelines, recording devices, and field notes to document the data obtained.

### **Data collection techniques**

Data collection techniques in this study were carried out through three main methods, namely in-depth interviews, participant observation, and documentation. In-depth interviews were conducted with postpartum mothers with HIV, health workers, and their families using an open-ended questionnaire to explore experiences of stigma, self-acceptance, and coping strategies used. Participatory observation was conducted by directly observing postpartum mothers' daily activities, including their interactions with their families, health workers, and the social environment. Meanwhile, the documentation method was used to collect various documents related to HIV/AIDS, social stigma, and health service policies at the Sentani Health Center, such as medical records and health reports.

Data analysis in this study uses the Miles and Huberman approach, which consists of four main stages: data collection, data reduction, data presentation, and drawing conclusions and verification (Hatcher et al., 2017). After data collection, irrelevant information is filtered and categorized according to the research theme. The categorized data is then presented as a qualitative narrative, and conclusions are drawn based on patterns and relationships in the data.

## **RESULTS AND DISCUSSION**

### **Forms of Stigma Experienced by Postpartum Mothers with HIV**

Stigma against postpartum mothers with HIV appears in various forms, such as:

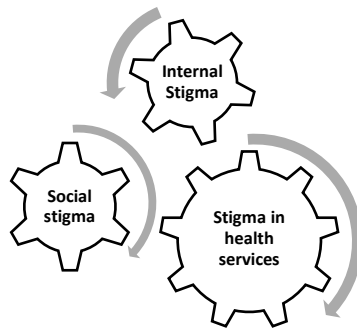


Figure 1. Stigma postpartum mothers

Some participants experienced discrimination in their social environment, such as being shunned by society or being treated unfairly in their religious community. Their children also experienced stigma, such as being shunned by their friends after their mother's HIV status was discovered. This resulted in additional psychological burdens for postpartum mothers, who felt guilty and anxious about the future of their children.

The social stigma experienced by postpartum mothers with HIV is often caused by a lack of public understanding of how HIV is transmitted. Many people still believe that HIV can be transmitted through everyday contact, such as sharing eating utensils or shaking hands, which often makes postpartum mothers with HIV isolated from their social environment. Several participants felt isolated because their neighbors and friends shunned them. In addition, there is also a stigma in the form of negative prejudice, where society assumes that HIV is the result of immoral behavior, which further exacerbates feelings of guilt and low self-esteem in mothers who experience it.

In addition to social stigma, some participants also experienced internal stigma, namely feelings of shame and low self-esteem due to their HIV status. They felt unworthy to interact with others and chose to hide their condition from their extended family and society. This internal stigma often causes stress, anxiety, and even depression, which can affect the mental well-being of postpartum mothers with HIV.

On the other hand, in health services, most participants reported that they received good treatment from medical personnel at the Sentani Health Center. They felt supported in undergoing ARV therapy and received adequate education on how to live healthily with HIV. Health workers at the Sentani Health Center provided guidance on the importance of routine treatment and psychosocial support to help postpartum mothers cope with their condition. However, several previous studies have shown that stigma in health services still occurs in several places, especially in areas with low levels of HIV education.

### **Factors Influencing Self-Acceptance of Postpartum Mothers with HIV**

The majority of participants experienced complex emotional reactions after learning that they were HIV positive. Feelings that arose included shock, fear, sadness, disappointment, and anger. Some participants who knew their HIV status during pregnancy or after giving birth experienced higher anxiety due to fear of transmitting the virus to their babies. Uncertainty about the baby's health, the long-term effects of HIV, and the social impacts they might experience were major factors in increasing this level of anxiety.

Social support is an important factor in the process of self-acceptance of postpartum mothers with HIV. Mothers who receive emotional support from their partners and families experience self-acceptance more quickly than those who do not have a strong support system. Participants who have supportive partners tend to be more motivated to undergo treatment therapy and have a more stable psychological condition. Conversely, participants who feel isolated by their partners or extended family experience higher levels of stress and anxiety. In addition, support from health workers also plays an important role in helping participants understand their condition and manage the disease better. Counseling provided by medical personnel helps participants understand the importance of regular treatment and how to maintain their health and that of their children.

In addition to social support, spirituality is also a factor that plays a role in the self-acceptance of postpartum mothers with HIV. Most participants rely on prayer and worship as a mechanism to overcome emotional stress due to the social stigma they face. The belief that they still have the opportunity to live a normal life despite having HIV helps them overcome the feelings of guilt and fear they experience. This finding supports research (Hadley et al., 2017), which shows that spiritual beliefs can increase the mental resilience of individuals with HIV/AIDS and help them overcome the social stigma that exists in society.

The level of education about HIV/AIDS also affects the process of self-acceptance. Participants with a better understanding of the disease tend to accept their condition more easily than those with less information. Education about HIV/AIDS provided by health workers helps participants understand that HIV is not the end of everything and that with proper treatment, they can still live a healthy and productive life. Therefore, increasing education programs about HIV/AIDS for postpartum mothers can be an effective step in helping them build better self-acceptance.

### **The Impact of Stigma on the Psychosocial Conditions of Postpartum Mothers with HIV**

The stigma experienced by postpartum mothers with HIV often creates a profound impact on their psychosocial condition. New mothers have to face significant physical and emotional changes, and when HIV is also part of their challenges, the psychosocial effects that arise become more complex and severe. The stigma associated with HIV does not only come from the wider community. Still, it can also come from family and the closest environment, which ultimately worsens the mental and emotional condition of postpartum mothers. The stigma experienced by postpartum mothers with HIV has an impact on their psychosocial condition, including:

#### ***Stress and Anxiety as a Response to Stigma***

Stigma towards postpartum mothers with HIV often manifests in the form of insults, discrimination, and indifference from the surrounding community. Mothers infected with HIV feel isolated and anxious due to excessive fear of negative judgment from others. They feel ashamed of their health status and worry that others will see them as contaminated or unworthy of respect. The stress resulting from this fear can lead to chronic anxiety disorders, in which mothers feel anxious all the time, especially when in social situations or interacting with people who do not yet know their health status.

This anxiety is not only related to social stigma but also involves feelings of insecurity about the future health of themselves and their newborn children. Some mothers feel anxious about whether they can provide good care or whether they can meet the needs of their children with their health at risk. In addition, anxiety about the possibility of transmitting HIV to the baby or other family members is a source of ongoing stress.

### ***Depression and Social Isolation: The Impact of Experiences of Stigma***

The stigma experienced by postpartum mothers with HIV often causes deep depression. Mothers who have previously gone through a challenging birth process must face the fact that they feel isolated and not accepted in their social environment. Many mothers choose to avoid social interactions for fear of being discriminated against by others or even for fear of being insulted and shunned by friends, family, or the surrounding community. This decision to withdraw, although it seems to be a protective mechanism, actually worsens their situation because they lose the social support that is very important in the recovery period after giving birth.

Social isolation is one of the most significant impacts of stigma, which in turn can exacerbate feelings of depression and worthlessness. Mothers struggle to talk about their feelings or share their experiences for fear of rejection or humiliation. This can lead to deep feelings of loneliness, which often lead to postpartum depression. This depression, if not treated properly, can worsen the mother's psychological condition and hinder their physical and emotional recovery.

### ***The Impact of Stigma on Children: A Double Burden for Mothers***

The impact of stigma is not only felt by postpartum mothers with HIV but also affects their children. Children who have mothers with HIV are often the target of bullying and social rejection from peers, extended family, or even the surrounding community. In many cases, the stigma of HIV can lead to discrimination against children, which ultimately worsens their emotional and psychological well-being. These children may not understand why they are being shunned or treated differently, which can lead to confusion, shame, and even psychological trauma.

For mothers, seeing their children experience unfair and stigmatized treatment can add to feelings of anxiety and guilt. They feel responsible not only for their child's physical well-being but also for their emotional well-being. The fear that their child will continue to experience exclusion or bullying due to the mother's HIV status can worsen the mother's psychosocial well-being. This contagious stigma creates a double burden for mothers, as they must not only cope with their health challenges but also protect their children from similar psychological impacts.

### ***The Role of Social Support in Reducing the Impact of Stigma***

Although stigma against postpartum mothers with HIV can have a significant impact on their mental health, strong social support can be a very important protective factor. Support from family, friends, and health professionals can help reduce the level of stress, anxiety, and depression experienced by mothers. Programs that provide accurate information about HIV and provide emotional support for new mothers are also essential. Social support helps mothers cope with emotional challenges and provides a sense of security and confidence in their recovery process.

Not only that, public education about HIV is very necessary to reduce the stigma and discrimination that often occurs. The public needs to be given an understanding that HIV is not something to be ashamed of or something that can spread freely. By reducing fears based on ignorance, the public will be more supportive of HIV-infected mothers to return to normal interactions and achieve a better quality of life.

### **Strategies Postpartum Mothers Use to Deal with Stigma and Build Self-Acceptance**

Postpartum mothers with HIV face serious challenges in their lives, not only in terms of physical health but also psychologically. One of the biggest challenges they often face is the social stigma that arises due to their HIV status. This stigma can appear in various forms, ranging from discrimination and different treatment to exclusion from the social environment. The impact of this stigma is very strong because it can damage the mother's mental health, reduce self-confidence, and make them feel isolated. However, to face this challenge, postpartum mothers with HIV often apply various coping strategies that help them overcome stigma and build self-acceptance.

One of the coping strategies that is widely applied is a spiritual approach. Most postpartum mothers with HIV rely on prayer as a source of calm and strength. In stressful situations, prayer becomes a means to talk to God and seek inner peace. They feel that praying can reduce anxiety, gain calm, and gain strength to endure challenging days. This spiritual approach also gives them a sense that they are not alone in facing life's trials because they believe God is always there to support them. In addition, spiritual beliefs often give them hope for a better future, helping them to stay positive even in difficult situations.

Social support also plays a very important role in helping postpartum mothers with HIV overcome stigma. Many mothers feel stronger and more able to face life's challenges when supportive family and friends surround them. Support from those closest to them, such as husbands, parents, or siblings, is often a major source of strength. Their presence provides a sense of security and makes mothers feel accepted and appreciated despite the stigma attached to their condition. Through good communication and empathy, families can help mothers stay motivated and maintain their mental health. In addition, some mothers join communities or support groups with similar experiences to feel more connected and not alone in this journey. Solid social support makes mothers feel more empowered to face it and not feel ashamed or afraid.

Another strategy that postpartum mothers with HIV widely apply is to ignore negative comments from those around them. Although social stigma often appears in the form of derogatory comments or views, many mothers choose not to care too much about it. They realize that negative comments will not change their condition and prefer to focus on more important things, namely the well-being of themselves and their children. Ignoring these negative views helps mothers to keep their emotions and mental health stable. They know their physical and psychological health depends greatly on how they see themselves and respond to their surroundings. By focusing on the happiness of their family and the future of their children, postpartum mothers with HIV can reduce the negative impact of stigma and create a positive environment for their children to grow and develop.

Self-acceptance is not an easy process, especially when one has to deal with heavy social stigma. However, postpartum mothers with HIV show that by implementing various appropriate coping strategies, such as spiritual approaches, strong social support, and ignoring negative comments, they can overcome stigma and build self-acceptance. Although this journey is full of challenges, they can still maintain their enthusiasm for life and strive to provide the best for themselves and their families.

This study reveals the dynamics of stigma and self-acceptance in postpartum mothers with HIV at the Sentani Health Center, Jayapura Regency. The results of the survey indicate that postpartum mothers with HIV experience various forms of stigma, both from the social environment and from within themselves. The social stigma experienced includes exclusion, discrimination, and negative prejudice from the surrounding community. This is in line with the findings conducted by (Gesser-Edelsburg & Shir-Raz, 2016) stated that stigma against people with HIV/AIDS (ODHA) is still a major challenge in public health, especially in areas with low levels of understanding about HIV. This stigma often causes social isolation, anxiety, and depression, which worsens the psychosocial conditions of postpartum mothers.

In addition to social stigma, this study also found internal stigma, where postpartum mothers feel ashamed and inferior due to their HIV status. They tend to hide their condition from their extended family and community, which ultimately exacerbates stress and anxiety. This finding is supported by (Bast, 2021), which states that internal stigma can cause depression and decreased quality of life in women with HIV, especially in the postpartum period. This internal stigma often arises due to a lack of understanding about HIV and fear of negative judgment from others.

Factors that influence self-acceptance in postpartum mothers with HIV include social support, spirituality, and education about HIV. Social support from partners, family, and health workers is key to helping postpartum mothers accept their condition. Participants who received emotional support from partners and family tended to achieve self-acceptance faster than those who did not have a strong support system. This finding is in line with research (Vardeman-Winter, 2017), which shows that strong social support can increase mental resilience and help individuals with HIV cope with social stigma.

Spirituality also plays an important role in the process of self-acceptance. Most participants rely on prayer and worship as a coping mechanism for emotional distress due to social stigma. Spiritual beliefs give them hope and strength to face life's challenges. This is supported by research (Bartlett, 2017), which states that spiritual beliefs can increase the mental resilience of individuals with HIV/AIDS and help them overcome the social stigma that exists in society.

HIV education is also an important factor in self-acceptance. Participants who have a better understanding of HIV tend to accept their condition more easily. Education provided by health workers helps them understand that HIV is not the end of the world and that with proper treatment, they can still live a healthy and productive life. This finding aligns with research (Mukherjee, 2017), which states that comprehensive health education can reduce stigma and increase self-acceptance in PLHIV.

The impact of stigma on the psychosocial well-being of postpartum mothers with HIV is significant. Stigma causes stress, anxiety, depression, and social isolation, which can worsen the mental and emotional well-being of mothers. In addition, stigma also affects their children, who are often the targets of bullying and social rejection. This creates a double burden for mothers, where they must not only cope with their health challenges but also protect their children from similar psychological impacts. These findings are supported by research (Ullah, 2016), which states that stigma against HIV can create long-term impacts on mental health and family well-being.

Coping strategies used by postpartum mothers with HIV to deal with stigma and build self-acceptance include spiritual approaches, social support, and ignoring negative comments. Spiritual approaches give them peace and strength, while social support from family and friends helps them feel accepted and appreciated. In addition, ignoring negative comments from the surrounding environment helps them maintain emotional and mental stability. These findings are in line with research (Logie & Rwigema, 2014), which states that effective coping strategies can help individuals with HIV overcome stigma and improve their quality of life.

## CONCLUSIONS

Research at the Sentani Health Center showed that postpartum mothers with HIV faced social and internal stigma, which impacted their psychosocial conditions, such as stress, anxiety, and depression. Support from partners and families was a major factor in helping self-acceptance, although some participants chose to keep their HIV status a secret due to concerns about stigma. Health workers provided supportive care, and strategies such as relying on spirituality and ignoring negative comments helped mothers cope with stigma. The PMTCT program also played an important role in improving the well-being of mothers and babies.

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