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Perspectives on Intersectionality and Healthcare-Related Stereotypes from Indonesians with Stigmatized Health Problems

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Abstract: The concept of "intersectionality" highlights how disparities in society and repressive traits like sexual orientation, gender, and poor interact with the effects of medical stigma.

Background: The idea of "intersectionality" describes how the experience of health-related stigma overlaps with other adversities resulting from a variety of societal injustices and oppressive identities such as gender, sexuality, and poverty.

Objective: The primary goal of this work is to provide viewpoints on the intersectionality and healthcare-related preconceptions from people in Indonesia with stigmatized illnesses by examining the integration of discrimination and other difficulties at the points of intersection of health and other forms of social discrimination among Indonesians with stigmatized illnesses.

Methods: For the purpose of this qualitative investigation, 40 Indonesians living in Jakarta and West Java during March and June 2018 who were suffering from one of the four stigmatizing illnesses (HIV, leprosy, schizophrenia, or diabetes) were questioned. Themes evaluation of information was done using a combined inductive-deductive foundation method.

Results: The participants reported gender and socioeconomic class as the two primary intersectional inequalities, followed by religion, age, co-morbidity, disability, and sexual orientation. While religion and age presented challenges that had a negative impact on participants on a macro and meso level, they were able to lessen the micro level stigmatizing experiences by boosting self-acceptance and self-confidence.

Conclusion: This study showed links among the repression an individual may feel due to other socioeconomic disparities in their daily lives and discrimination relating to their wellbeing. In order to tackle the multimodal discrimination that those with branded health problems endure, results urge for coordinated multiple stages and intersecting stigma reduction treatments. This is since it is essential to acknowledge and appreciate the many facets of these individuals' lives.

Keywords: Intersectionality, healthcare-related stereotypes, Indonesians, stigmatized health problems, Perspectives

1. Introduction

A person's colour and ethnic origin, gender, socioeconomic status, sexual preference, citizenship and nationality status, and disability status all have an impact on how many possibilities they have in life (Elaine Muirhead et al., 2022). Inequality in society power imbalances and structural dominance all play a role in the process of stigmatization by competing and controlling individuals who are impacted by it, which makes it a complicated phenomenon. People who live with stigmatized health disorders frequently face poor social, psychological, behavioral, and medical impacts from situations of oppression, prejudice, and being excluded that are enacted and perpetuated by systems, structures, and members of society. Investigations have revealed that stigma connected to illness is not present in separation, but rather engages and connects with there are various kinds of societal discrimination and exclusion that cause prejudice to occur more often over time that has a detrimental impact on those who are impacted, which further adds to the complications. Access to medical care, jobs, and schooling may be hampered as a result of interrelated experiences problems related to restrictive sociocultural inequalities such as sex, gender, and impoverishment, as well as the stigma linked with the health of an individual. (Rai et al., 2020). Additionally, this could lead to being socially excluded and the issue being concealed. These overlapping connections among prejudice related to illnesses and other forms of isolation from society imply that stigma related to medical issues is not only an issue related to justice but also a matter of the health of the public. Likewise it demonstrates the value and possibility of introducing a notion of

intersectionality into the theories of stigma associated with medical in order to better explain and enhance our understanding of the stigma linked to medical problems. According to the concept of intersectionality, instead of stemming from a single excluded belonging, the social exclusion individuals might encounter truly from a combination of various social inequalities and oppressive personal identities (O'Neill and Léime, 2022). It also emphasizes how these overlapping connections between various social inequities and orientations depend on information, can alter over time, and can vary depending on a location's culture. Thus, intersectionality has much to offer the study of related to health stigma by improving awareness of the constantly changing relationship and interaction of various forms of social discrimination and marginalized perspectives and how they affect how people with health conditions suffer from stigma(Dwinantoaji and Sumarni ,2020). A societal construct known as "mental disorder stigma" entails stigmatizing people with mental disorders, which diminishes them, robs them of their dignity, and makes them more likely to face prejudice, exclusion, and exclusion. Several variables can have an impact on the stigma of psychological disorders. Elements that Collective philosophy and psychological literacy can influence stigma associated with mental disorders. Indonesia shares an elevated incidence of diseases that are communicable and those that are not with the majority of LMICs. These health disorders are considered undesirable in Indonesian culture in addition to carrying a heavy cost due to prevailing customs, related unfavourable perceptions, and ignorance (Wilson et al., 2023). The main objective of the research is to perspectives on intersectionality and healthcare-related stereotypes from Indonesians with stigmatized health problems

2. Related works

Fauk et al.(2022) highlighted the significance of ongoing instruction on HIV/AIDS for families, people of society, and health care providers in order to increase knowledge and make sure that adequate and qualified support networks are in existence for the PLWHA The results show that the medical care or HIV care system requires to be improved in order to more efficiently meet the requirements of PLWHA, which may enable their quicker start of treatment for HIV and enhanced medication adhering and persistence to raise Cluster of The distinction 4 measure and reduce the amount of viral load. Natalia and Fridari, (2022). In order to better recognize the role that collective culture and psychological literacyhave in the stigma linked to mental disorders, this study employed quantitative methodologies.160 students at undergraduate levels from Indonesian universities served as the research's subjects. The tools employed. Multiple regressions were the method of analyzing information utilized in this investigation. Rembis and Djaya,(2022) examined how social strata or class, race, ethnic background, spoken language, and faith affect the lived realities of girls and women in South and East Asia, notably in Indonesia, and employ a multidisciplinary international disability study method. Sarkin,(2019) examined the context of a biological model for interaction in the medical setting, disparities in gender in wellness provider-patient interaction. While medical provider-patient relations take place in a variety of settings (such as corporate, political, and cultural ones), according to the environmental approach, the field of interpersonal relations serves as the principal setting in which these relationships take place. Fingerhut and neil, (2022) different contention is that hospital encounters of people who identify as sexual minorities are threatened by hospital stereotypes and societal threats. Low and Purwaningrum,(2022) comprehend the societal stigma associated with dementia, it is necessary to thoroughly analyse academic studies on how disease is portrayed and framed in literature, film, mass media, and social media. Robinson and Savitsky, (2020) gives a broad overview of intercultural competences, focusing on how they apply to Indonesian educational counselling. It will be discussed how counsellors and instructors who paid a visit to lecturers at an Indonesian institution studied cultural relations. Although there is little racial or ethnic variation in places like Indonesia, there are cultural distinctions in how disabilities and gender interact. Lin (2023) evaluated the stigma of mental disorders in China, investigate its diversity, and look at the inequities it causes among clients, apply an intersectional approach. Hutahaean, (2023) investigated the factors that contribute and challenges to antiretroviral therapy (ART) compliance using online conversations in this qualitative investigation with 30 persons who have HIV who are on therapy and 20 HIV healthcare professionals (HSPs). We used a socioecological method. Therefore, it is imperative to prioritize decreasing bias. The two main facilitators of ART adherence were mentioned by PLHIV-OT and HSPs as being considerable extra support and HSPs. Komalasari,(2020) Examined how the stigma associated with prison OAT programs is viewed as well as felt by Indonesian jail guards and inmates, and suggest possible solutions

3.Methods

The present paper is based on subjective data collected done among individuals who have four distinct stereotyped illness conditions—HIV, leprosy, mental illness, and diabetes—in Jakarta and West Java, Indonesia, during March and June 2018. The following 4 illnesses were selected in particular due to their variety in its nature, causation and factors contributing to prejudice in Indonesian society. In order to investigate and examine the formation of transversal perceptions of health-related stigma, this in-depth investigation adopts an analytical

and revisionist viewpoint. Using the point of view adopted in this study, evaluate, create understanding of, absorb, and publish the findings by focusing on the connections, interrelations, and interaction of people' overlapping perspectives within a common socio-cultural framework.

3.1 Study population and selection

In accordance with the larger percentage of people with various disabilities in those areas, the research's sites were selected. Recruitment was place in Jakarta for individuals with HIV and diabetes, Cirebon, West Java, for individuals with leprosy, and Jakarta and Conjure, West Java, for individuals with mental illness. Via recommendations and enrolment by local organizations and fellow participants groups relevant to the four distinct illnesses, purposeful sampling for convenience was employed to enlist people in the community. Participants in the study had to be older than 16 (the legal age of agreement) and give their written permission before being comprised. Interviews were conducted with a total of forty respondents, ten of whom had a specific illness

3.2 Data collection

The manual for interviews was created using multidimensional ideas of intersectionality and medical prejudice and confirmed .The questionnaire for the interview contained broad inquiries about the experiences of the respondents with stereotyped illnesses, the presence of additional afflictions and disparities in their lives, and their perceptions of prejudices brought on by those adversity and disparities. Four individuals (that's one for each medical problem) were used in the initial phase of pilot interviews to assess the relevance and appropriateness of the method for conducting interviews as well as the interview guide. After being piloted, the questionnaire outline was later improved and modified. To prevent additional embarrassment extra care has been taken to preserve the confidentiality of the respondents throughout the conversations. Discussions were conducted in the residences of individuals who said they were free and at ease in their private environment, had a medical condition that was publically known, and gave permission for doing so. Several had conversations in private at the non-profit organizations organization's offices. The conversations, which took sixty minutes, began with inquiry concerns regarding the wider routine dealing with a medical condition and moved on to further in-depth inquiries regarding particular instances of private events connected to the illness, as well as other forms of social disparities as well as repressive belonging, and how they affected them. A thorough investigation was done up to reply exhaustion. Following the direction of the primary investigator, a group of three Indonesian investigators gathered all the data. Before to the survey (in the beginning week of March), the study group received training on interviewing methods and information gathering procedures. The descriptive technology suite was used to via technology documentation; fully transcription, and converse, control, and evaluate the information (fauk,2021).

3.3 Data analysis

An integrated method to evaluate data was used. This involved classifying information according to prevalent trends and encoding the dataset using both data and in accordance with the multi-level theory utilized in the questionnaire. Utilizing classifications extracted from the data and the multi-level effect framework for intersectionality and medical-related prejudice, a system for coding was created. The codes of conduct were subsequently separated into the intersecting prejudices of sex, impoverishment, spirituality, and years of age, concurrent conditions and handicap according to the patterns that emerged. There were three degrees of sub-categorization for each subject category: macro levels, mesa, and microscopic. The Additional file provides a summary of the finalized divisions and subgroups.

3.4 Validity

To guarantee the standards, groups, and ideas were of excellent standard and accuracy, the methodology of analysis was group reviewed and debated at each phase. The team that worked on the information analysis made sure that all codes, groupings, and topics were gathered up to the level of saturation. At every level, the analyses' findings were thoroughly examined and improved. The connections among the groups and new concepts underwent extensive investigation and discussion. Thus, the last themes were established following agreement among every writer regarding the end topics and their logical connection and route they represent. In order to evaluate the impact of investigators' understanding, cultural awareness, and goals on the comprehension of the social issues under study, it is crucial to consider how they are positioned. Epidemiological Studies public health, psychological science, sociology, studies on disability, developmental studies, communication about health, pharmaceuticals, and nations including Indonesia, the Netherlands, Nepal, Russia, and Spain were all represented on the multidisciplinary research group that conducted the present investigation. The majority of the research group has over a decade of work experience researching prejudice connected to medical conditions, including, but not limited to, AIDS, leprosy, psychological disorders, impairment, and associated topics.

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4. Results

Table 1 lists the sociodemographic information of the subjects (n = 20; 5 with HIV, 5 with leprosy, 5 with schizophrenia, and 5 with diabetes). Respondents ranged in age from 20 to 70 years, with a mean age of 40.5years and a mean time spent with a medical circumstance, 10.2 years. 8 of the people who took part were men (40%), 11 were women (50%), and one (2%) was transsexual.

4.1 Intersectional social inequalities and identities

The other 16 respondents—all but four of whom had diabetes—reported encountering prejudice because of their health issues. The people's encounters with medical terms stigma are detailed in full separately. Respondents described how prejudice related to their medical status intersected with difficulties stemming from other forms of injustice or repressive identity they hold. The two social factors that 11 respondents most frequently mentioned interacted with their own instances of related to health prejudice were gendered and financial standing, Age (n = 4) and religion (n = 11) came after this. Stereotypes related to their identities were additionally stated by those who defined as belonging to a sexual minority (homosexual and transgender; n = 2), being a handicap (n = 3), and possessing a comorbidity illness (n = 3). Table 2 below lists the primary characteristics or disparities that those interviewed indicated connect with the negative connotations attached with their medical issues.

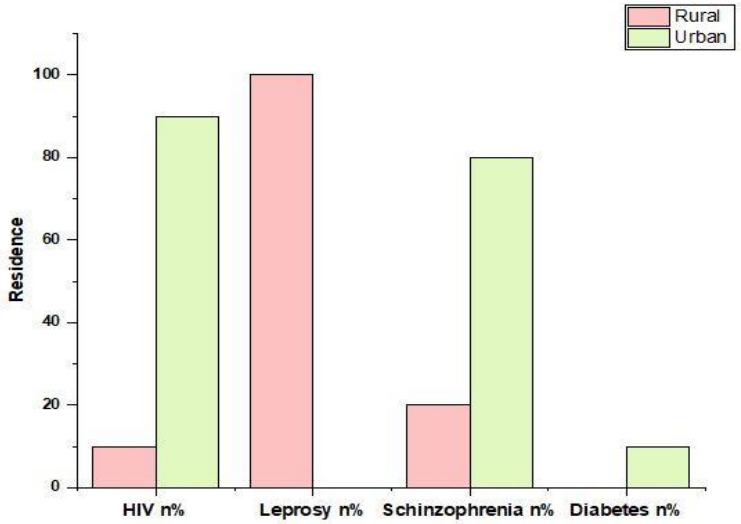

Figure 1: Participant's residential characteristics

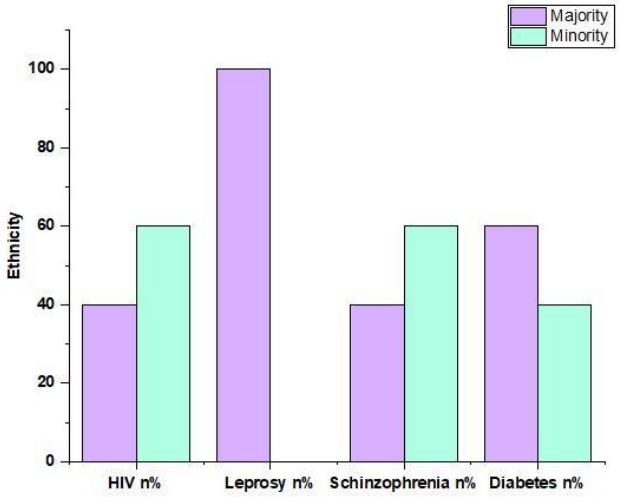

Figure 2: Ethnicity characters of participants

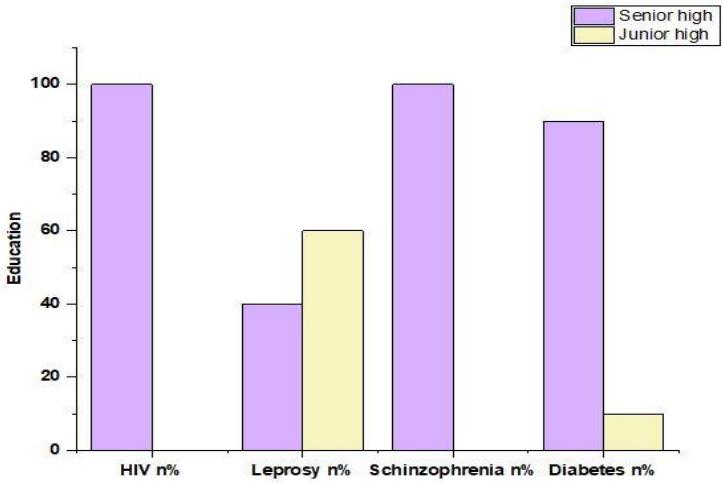

Figure 3: educations status of participants

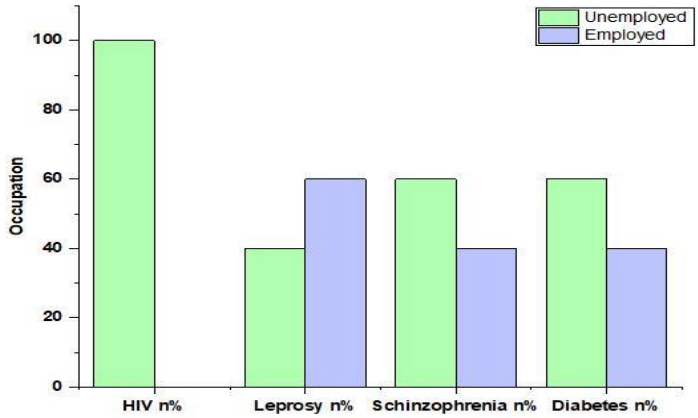

Figure 4: participant's occupational characters

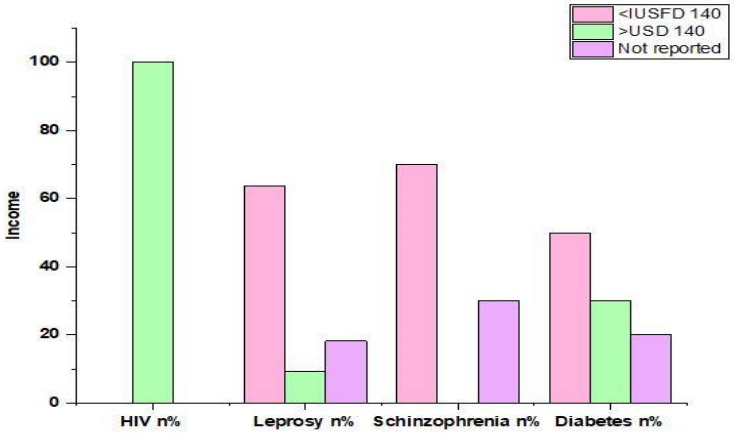

Figure 5: income status of participants

The vast majority of those taking part were from Java (forty percent) and Sunda (10%), whereas the rest of the participants were from the minority ethnic groups of Tionghoa (10%), Batak (5.5%), Ambon (5.0%), and others (10.2%). Muslims made up the bulk of the respondents (60.5%), subsequently followed by Christianity (31%)

and Buddhist (3.0%).participants residency, ethnicity ,education, occupation and income characters are depicted in figure 1,2,3,4 and 5 respectively.

Table 1: Individuals' sociodemographic traits

Participants' characteristic	HIV n (%)	Leprosy n(%)	Schizophrenia n(%)	Diabetes n(%)
Age (in years), mean [SD]	7.17	9.64	7.40	10.0
Duration of living with the health condition (in years), mean [SD]	4.15	5.06	5.12	8.43
Gender				
Male	30%	40%	90%	20%
Female	60%	60%	10%	80%
Transgender	10%	0%	0%	0%
Residence				
Rural	10%	100%	20%	0%
Urban	90%	0%	80%	100%
Ethnicity				
Java/Sunda (majority)	40%	100%	40%	60%
Others (minority)	60%	0%	60%	40%
Religion				
Islam	60%	100%	60%	30%
Christianity	40%	0%	40%	50%
Buddhism	0%	0%	0%	20%
Education				
> =Senior high	100%	40%	100%	90%
< =Junior high	0%	60%	0%	10%
Occupation				
Employed	100%	70%	60%	60%
Unemployed	0%	30%	40%	40%
Income				
< =USD140	0%	63.6%	70%	50%
> USD140	100%	9.1%	0%	30%
Not reported	0%	18.2%	30%	20%

4.2 Intersectionality of multiple adversities with health-related stigma

Respondents spoke of facing challenges brought on by various societal injustices and characteristics individuals possess, which interacted with stereotypes associated with their health issues. By focusing on the personal perspectives of four people with AIDS, leprosy, mental illness, and insulin resistance, investigations aim to create a broader view of how the junction of numerous obstacles and discrimination emerge in the lives of individuals.

Table 2: observed socioeconomic status that intersects with medical related stigmas:

Health condition	Socioeconomic status	Comorbidity	Disability	Sexuality	Gender	Age	Religion
Diabetes	3	3	0	0	2	4	0
Leprosy	4	1	3	0	4	0	2
Schizophrenia	9	2	3	1	7	5	7

HIV	5	3	0	3	8	2	4
Total	21	9	6	4	21	11	13

5. Discussion

The present research investigated how discrimination related to illness intersects with other hardships caused by various social injustices and/or repressive ideologies experienced by people living with AIDS, leprosy, mental illness, and insulin resistance in Indonesia(Fani et al.,2022) We discovered that sex and economic status-related intersectionality disadvantages predominated, subsequently followed by age, multiple conditions, impairment, and gender identity. Age and faith both had negative effects on people's lives in the macroscopic and meso levels, while in the micro scale, religious identity and age have been shown to have favorable effects. People who self-reported co-morbidities, disabilities, or sexual minorities such as homosexual or transgender also had poor experiences that overlapped with stereotypes connected to healthcare(kim,2022). According to the research, there are intersectional perceptions of discrimination associated to one's well-being at all three levels. People with a broader perspective include AIDS, leprosy and depression all came into contact with institutional procedures and repressive social conventions that degrade and invalidate persons with excluded identities(felker-contor,2019). At the intermediate level, it was clear that people had encountered stereotypes, judgments, and discrimination from society actors (family, neighbours, peers, and medical professionals). A person's self-assurance and sense of self-worth were affected by situations at the larger and/or the middle levels, which additionally caused patients, feel embarrassed of their health and stoked feelings of despair and solitude. Stigma is experienced personally at the larger as well as mid stages before it reaches the smallest level which comprises both experienced stigmatized , remorse, and feelings of isolation as well as expectancy of upcoming discrimination events and lived stigma is real witnessing stigma(Conley et al ., 2020) .The two inequities that were most frequently found to interact with medical discrimination were gender and wealth. The mistreatment of women stemmed from the dominant gender standards, whereas for men, any departure from their sexual orientation duties brought about unfavourable criticism. Contrarily, economic hardship imposed an additional layer of subordination on individuals who were afflicted by a medical illness and made it more difficult for them to get medical care. According to studies, discrimination on the basis frequently interacts with medical stigmatized and affects the experiences of persons who have aids, leprosy, and mental illness (Becker et al.,2019). Research have also shown that amongst people with stigma medical diseases including Aids and leprosy, adverse memories of poverty are associated to medical stigma(Hedge et al 2021).

The next most often stated experience, which was mostly experienced at the larger and the middle stages, was religious discrimination. Spirituality, as a social thing, enhanced the judgment of individuals who were afflicted(Mitchell et al.,2020). Religious values and customs lead in the devaluing of those with medical problems, which was especially bad for sexual minorities (gay and transgender people). Investigations have shown that religious belief in the nation of Indonesia blames spirits of evil for diseases like leprosy and mental illness, while sexual minorities (gay, lesbians, transgender, etc.) are viewed as sinners who engage in immoral sexual conduct and are subjected to persecution. This worsens the judgment of people who identify as these individuals. However, it was discovered that religious identification and convictions had a favorable effect on people's lives at the smallest level. It was discovered that people's religious identity and trust had a beneficial impact and enabled them cultivate acceptance of oneself and self-assurance to combat prejudice. Patients with schizophrenic also experienced identical beneficial outcomes at the micro level, albeit these results varied between individuals of various ages. Adolescents with schizophrenia were known to be less pessimistic about their future and make attempts to get back into society, whereas older people with schizophrenia have been found to have a greater trust in their hands-on skills for controlling their illness and adjusting ways to avoid discrimination (Zhang et al.,2020). This exemplifies the changing character of trauma as it may be alleviating and strengthening in some settings and shaming in others. People who indicated possessing those identities additionally described oppressions linked to impairment, and homosexuality in addition to medical discrimination (Wang et al.,2020). This is in line with what other investigations have discovered. Noted how stigma associated with HIV connects with discrimination related to long-term pain that provided the development of symptoms of depression that were more severe than those caused by unique stigma. Other research has shown that individuals with mental illnesses feel health-related stigma to a greater degree when they are disabled (Petrucci,2020). Additionally, research on stigma associated with HIV has documented how gay and transgender people have been subject to a wide range of harmful effects, including marginalization and harassment. Despite the fact that there are numerous ideas models and frameworks on medical stigma already in existence, this study offers based on proof justification as well as additional extensions to those structures by including multiple levels planning of the relationship among medical discrimination and other interpersonal discrimination. On a larger scale, it is crucial for lawmakers to review and revise the regulations that encourage

and support the degrading treatment of people based on the characteristics and inequities they possess. For instance, regulations that make it difficult for teenagers to get reproductive and sexual health assistance should be altered and substituted with inclusive regulations that make it simple for them to do so. Corresponding to this, it's necessary to swap out outdate regulations and procedures that criminalize and persecute sexual minorities with modern ones. Procedures that guarantee equal opportunities, medication, and respect. Managers of programs might concentrate on lowering social prejudice on a the middle stage by battling misleading data via health education and outreach initiatives and tackling negative perceptions related to those who are marginalized. On a smaller scale, it's critical for medical professionals to recognize the numerous prejudices that people who experience dismissed illnesses and who also experience other forms of social inequality or oppression face, and to put tactics and measures in place that can jointly combat this intersecting prejudice. The activities may consist of social and economic empowerment, skills development workshops, and peers help group's efforts that emphasize strengthening those who are marginalized.

6. Conclusion

The present research investigated the relationship between medical stigma experienced by Indonesians with AIDS, leprosy, mental illness, and diabetic complications and other obstacles resulting from numerous discriminatory and repressive ideologies. Although additional positive identification can also help buffer from adverse events and assist them in developing confidence in them and adaptability, transversal identities adversely impact and isolate individuals who have marginalized health issues. The results of this study emphasize the significance of recognizing and comprehending the multifaceted aspects of the lives of individuals who live with discriminated against illnesses, and they call for incorporated multiple levels and intersecting actions to reduce discrimination in order to tackle the interconnected discrimination these people face.

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