

**The Impact of Sport Activities on the Decrease of PLWHA Stigma and Social Values****Megia Erida**

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Aktivitas olahraga merupakan sebuah aktivitas yang dapat dilakukan oleh semua kalangan dengan tujuan untuk meningkatkan kualitas hidup dari segi kebugaran fisik dan kesejahteraan psiko-sosial. Orang yang menderita HIV/AIDS seringkali mendapat stigma negatif dan perubahan nilai sosial. Penelitian ini bertujuan untuk mengetahui penurunan stigma dan perubahan nilai sosial ODHA (orang dengan HIV/AIDS) melalui aktivitas olahraga futsal Rumah Cemara Bandung. Penelitian ini menggunakan metode causal comparatif (ex-post facto). Desain dalam penelitian ini adalah criterion group design. Pengambilan sampel dalam penelitian ini menggunakan teknik convenience sampling. Sampel dalam penelitian ini berjumlah 20 orang dengan dibagi dalam dua karakteristik 10 ODHA yang beraktif olahraga dan 10 ODHA yang tidak aktif olahraga. Instrumen yang digunakan berupa angket tertutup dan wawancara dengan menggunakan Skala Likert. Berdasarkan uji alat ukur validitas dan reliabilitas peneliti menggunakan angket yang di adopsi dan di diskusikan dengan expert judgment. Analisis data diolah menggunakan SPSS software versi 23. Hasil penelitian ini menunjukkan ada penurunan stigma dan perubahan nilai sosial dilihat dari uji independent sampel T dengan $T_{hitung} > T_{tabel}$ dengan menarik kesimpulan Nilai t -Hitung Stigma sebesar $3.439 > 2.10092$ dan Nilai Sosial sebesar $3.730 > 2.10092$. Artinya, aktivitas olahraga berpengaruh terhadap penuruna stigma dan perubahan Nilai Sosial ODHA

Abstract

Sports activities are activities that can be carried out by all groups with the aim of improving the quality of life in terms of physical fitness and psycho-social well-being. People who suffer from HIV/AIDS often get negative stigma and changes in social values. This study was aimed at determining the decrease in stigma and changes in the social value of PLWHA (people with HIV / AIDS) through futsal Rumah Cemara Bandung sports activities. The method used in this study was a comparative causal method (ex-post facto). Design of the study used criteria group. The technique of sampling in this study used convenience sampling technique. The sample of this study consisted of 20 people divided into two groups: 10 PLWHA who were active in sports and 10 PLWHA who were not active in sports. Data collection process was conducted through face-to-face interview and structured questionnaire. Based on validity and reliability tests, researchers used an adopted questionnaire and discussed the questionnaire with the expert. Data analysis was conducted by using SPSS version 23 employing independent sample T-test. The results of this study indicate a decrease in stigma and changes in social values seen from T test with $t_{count} > t_{table}$. The conclusions from the Stigma calculation was $3.439 > 2.10092$ and Social Value was $3.730 > 2.10092$. The result concludes that sports activities have an effect on reducing the stigma and changes in the Social Value of PLWHA.

INTRODUCTION

Sport activities are daily activities practiced started from young age until elderlies (Moeloe & Tjokronegoro, 2004). There is a proof that physical activity could improve the quality of life from the physical fitness and psychological well-being aspects of HIV patients (Stein et al., 2012). Involving the use of sport and physical intervention activities as a tool used for improving personal development. The root of this is the old belief that involvement in sport could especially positively integrate characters and develop positive attributes (Armour, Sandford, & Duncombe, 2013). Sport becomes a popular tools in preventing HIV. The volunteers, donators, and practitioners argue that sport could play an important role in preventing HIV by involving the youth and public figur through education related to reducing the risk and building communication and life skill that is important to prevent risky sexual behavior (Young & Okada, 2014).

The youth as the future generation is expected to be able to continue a better leadership. In preparing the generation, society has a fundamental role especially related to the environment where a person lives. The foundation of change influencing the youth environment becomes a challenge in guiding behavior to prevent negative behaviors that could give bad impacts on themselves and environment. Various juvenile delinquencies such as fighting, individual or group, student brawl, drunk, extortion, theft, drug abuse, and pre sex before married cases are getting higher (Kurtenbach, S., & Rauf, A., 2019). In adolescent development, psychological changes occur and could bring negative phenomenon for adolescent, including the desire for isolation; the detraction of work; decrease in coordination; boredom; restlessness; social antagonism; resistance to authority; lack of self confidence; preoccupation with sex; excessive modesty; day dreamy. Behaviors that are involved in delinquencies is categorized in abnormal behaviors that have been generally known widely (Unayah, Muslim, & Sabarisman, 2015). The impact of juvenile delinquencies and behavior changes is the high number of drugs case, such as 16.589 in 2012 as the lowest case. In four year, the drugs case fluctuated and tended to increase with the highest number of case happened in 2016 (39.171)(Pusat, B. P. S. J., 2017).

As the environment get worse, diseases will emerge, such as HIV/AIDS. HIV (Human Immunodeficiency

Virus) is a virus that infected white blood cells that causes the decrease of human immunity, AIDS (Acquired Auto-Immune Deficiency Syndrome) is a combination of symptoms caused by the degeneration of immunity by the infection of HIV (Kementrian Kesehatan RI, 2014). In 2013, 35 million persons lived with HIV worldwide, including 16 millions female and 3,2 millions children aged <15 years. The number of HIV in 2013 was 2,1 millions, consisting of 1,9 millions adults and 240.000 children aged <15 years. The number of mortality caused by HIV/AIDS is 1,5 millions including 1,3 million adults and 190.000 children aged <15 years. The prevalence in Indonesia according to the age group has a clear pattern.

From biological dimension, aged difference between young female with their sexual partner, the low use of condom in sexual relationship, could explain the difference in HIV infection risk in different sex (Delva et. al., 2016). The prevalence of AIDS reported since 1987 until September 2014 happened mostly to those in 20-29 age group, followed by 30-39 year age group, and 40-49 year age group. The prevalence of AIDS in Indonesia occurs mostly on heterosexual group (61,5%), followed by injection drugs user (IDU) (15,2%) and homosexual (2,4%). The unknown risk factor is (17,1%) (Kementrian Kesehatan RI, 2014).

In Indonesia, HIV/AIDS was firstly found in Bali in 1987. Until today, HIV/AIDS has spread in 386 regions/cities in Indonesia. Various efforts for preventing and counter measuring had been taken by the government collaborated with national and foreign organizations. The cumulative number of HIV reported since 1987 to September 2014 happened mostly in DKI Jakarta Province, 332.782 cases. The ten highest number of HIV were found in DKI Jakarta, East Java, Papua, West Java, Bali, North Sumatera, Central Java, West Kalimantan, Riau Island, and South Sulawesi (Kementrian Kesehatan RI, 2014). The spread of HIV/AIDS in Bandung receives a serious attention. The case of HIV/AIDS keeps increasing every year. In December 2017, 4.032 cases were found, consisting of 2.171 cases of HIV and cases of AIDS 1.865 (Kementrian Kesehatan RI, 2017). The high increase of HIV of housewives occurs 40 cases per-year with the majority of them were infected by their spouse. Until 2017, 518 housewives were found to live with HIV positive. Peo-

ple infected by HIV will not always have AIDS since AIDS will be detected 10 years or more after infection (Mayo Foundation for Medical Education and Research, 2008).

People with HIV/AIDS often receive negative stigma, discrimination, and the decrease of social value from themselves or their society. In the research of (Phillips, Moneyham, & Tavakoli, 2011) the stigma of HIV/AIDS has a lot of consequences such as becoming the barrier to prevent the spread of HIV/AIDS, obstruct the diagnosis, and impeded medication that also give negative impacts on mental, physical, social, and spiritual health, life quality, and life satisfaction. Another finding in the research conducted shows that the higher the stigma level and discrimination, the lower the level of revelation and the lower the utilization of health care and support for people with HIV/AIDS and the higher the neglect ion of the quality of their life quality (Alemu, et.al., 2013). Other research show that the stigmatization decreases when a person has a regular access to ARVs. Offering ARV could help decreasing the stigma if the health care provider respects the patients, their cultural values, and their personal strategy to solve their problems (Butt., et al., 2010).

One of the obstacles in preventing and counter measuring Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) in Indonesia is the high stigma and discrimination on people with HIV/AIDS (Shaluhayah, Z., Musthofa, S. B., & Widjanarko, B., 2015). The stigma on HIV is caused by the fear of infection and the fear of suffering and death (Du, Chi, & Li, 2017). Stigma is related to the social life that is generally showed to persons who seem different, including the victim of crime, poverty, and people suffered from diseases such as HIV. Therefore, people who get stigma are labeled as a guilty person (Evans-Lacko, 2016). Around 50% of male and female receive stigma and discrimination related to their HIV status in 35% countries in the world. The research of (Butt et al., 2010) showed that there is a significant challenge on the quality of people with HIV/AIDS life in Papua. This stigma and discrimination spread widely including self stigmatization, social isolation, organized stigma, and structural injustice. Stigma has a great affect on how people with HIV/AIDS view their family, community, and their health care.

HIV/AIDS also contributes to poverty. The epidemic of HIV not only affects individual health, it also affects household, social, and economic development of every country (Delva et al., 2010). Previous research found the relationship between poverty and female with HIV. According to UNIFEM, female bear not proportional burden such as poverty. Statistics shows that female has a higher chance to be poor than male and has starving risk caused by systematic discrimination they face in education, health care, occupation, and asset control. According to some prediction, 70% of female live in poverty, one of them caused by HIV/AIDS (DeLancey, 2016). One of important aspects from poverty is the cost to combat HIV / AIDS such as research, medicines, experts/specialist, and funding help for those who live with HIV. Here, sport could give an important contribution to overcome poverty of women with HIV/AIDS.

The homeless world cup is a sport activity program centered in Scotland that uses football to inspire people who lose their home and change their life. It pays attention mostly to homeless people who wanted to have a house and use football to support and to inspire them to change their life. It also aims at changing perception and attitude to the homeless (HWC,2003). Homeless World Cup (HWC) was hold firstly in 2003 in Graz, Austria to solve social problems related to homelessness, including drugs consumption, HIV/AIDS, poverty, and the limited access to education. The HWC championship is conducted every year, an international football competition, that unites more than 300.000 people who have problems related to homelessness and socially marginalized to get access once in a lifetime to represent their country and change their life. One of the requirements to join this tournament is that they are currently under the drugs and alcohol and HIV/AIDS rehabilitation. HWC is supported by large organizations such as UEFA, FIFPro, European Union, etc.

Sport activities play important role in HIV/AIDS education program. Some non-government organizations (NGO) in South Africa used sport as a media to reach people with HIV/AIDS (Harris & Harris, 2015). Sport in HIV prevention is based on the claim that sport could provide interesting accessible platform to spread health information, and it could grow life skill needed

to translate the knowledge, attitude, and intention to act into the real action (Koss & Alexandrova, 2005)

Physical activity could help individual to develop alternative identity or to gain back the previous identity elements that were lost caused by mental or disease factors (Njelesani, Cameron, Gibson, & Polatajko, n.d. 2015). In the wider level, the participation in sport and physical activity could give social connection and reduce the isolated feeling, giving an opportunity to become the part of community outside medical world (Spaaij et al., 2018).

The program designed by the government, related to social problems, driven by a belief that physical activity could solve the social problems (Armour et al., 2013). Football for life, a program supported by UNICEF (2004) in Honduras, promotes the prevention of HIV/AIDS and try to protect the youth from sexual exploitation. The program puts older adolescent as a person to look up for young football player and held weekly competition with discussion about HIV/AIDS.

In this program, football becomes a media for physical activity to prevent, decrease the stigma, and change the social value of HIV/AIDS. Football is a game played by kicking a ball, that has a purpose to score a goal by defending their own wicket. According to (DeLancey, 2016) football is promoted as a positive way to avoid risky behavior related to HIV in Namibia. The league is built in every region by the teacher, parents, girls, coach, and volunteer who received life skill training through workshop. The assessment of the facilitator integrates the function of curriculum to build confidence, leadership, modeling a role, fair play, and gender equity. In this program, ball is presented as HIV virus and the player defend themselves from HIV infection. They also choose to kick the target to the right as the positive symbol (such as sport) and kick to the left as the negative symbol (such as drugs abuse).

Sport has an important mean to maintain health and to cure the unhealthy body. Sport exercise could contribute positive impact on immunology in HIV (Human Immunodeficiency Virus) (Blashill, Ph, Mayer, Crane, & Magidson, 2013). The negative perception and the worry of HIV infection HIV in sport could prevent supporting environment in sport (Ley, n.d. 2012). Therefore, participation in sport cannot guarantee psychosocial benefits, but it could positive psychosocial effect for people with HIV. Proofs related to determi-

nant factors collected from populations and various contexts show that physical activities and sport have impact on psychosocial health (Ley, n.d.2012).

In Bandung, there is a community for people with HIV and AIDS, Rumah Cemara Bandung, that believes that sport could be media for positive activities. In sport program, there are two sport branches including Boxing, conducted once a week, and football conducted twice a week. Football becomes a dominant media used since it is popular in society and has a positive goal for social environment. Ciroyom, Bandung, street children join sport activities through counseling "Indonesia without Stigma", Football for life is used to prevent HIV/AIDS of and Homeless World Cup is used as the alternative to reduce the social stigma of people with HIV.

Rumah cemara becomes Indonesia main team involved in Homeless world cup since 2011, the highest achievement of Indonesia is winning the fourth place in 2012, and in 2018 Indonesia won a "Play Award" appreciation, an appreciation where Indonesia has an ability to build discipline, sportively, and player who could bring peace between sport and HIV/AIDS.

The programs to promote prevention, reducing stigma, and developing social value of people HIV/AIDS becomes an achievement of people with HIV/AIDS. They conduct training for healthy adolescent to service the society in remote area through football with an aim to spread information of how to prevent HIV/AIDS infection. Football becomes a media for people with HIV/AIDS to reduce the negative stigma from the society. With community, Ciroyom Street Children, Bandung, are guided and taught to do a better activity and avoid negative behavior such as free sex. Integrating the consultation of drug abuse in sport program for youth is proven to reduce alcohol, drugs, and cigarette consumption 12 week after a year follow up in controlled random experiment (Macdonald, Rabiee, & Weilandt, 2013).

The research assumed a social activity could reduce the stigma of people with HIV/AIDS and social value with sport as the main media. Therefore, the aim of this research was to see the impact of activities of sport on reducing the negative stigma of people with HIV/AIDS and social value.

METHODS

The method of this study was Causal-comparative research (Expo-Facto). The researcher tried to decide the cause or consequences of difference among individuals. The consequences, sometimes, it is viewed as correlational study, associational research, since both of them describe the existed condition (Fraenkel, 2012). This research collect, analyze, and present the data with different presentations to give depictions of a phenomenon and then conducting a comparison based on the sample group including people with HIV/AIDS who are active in sport and those who are not.

The sample of this study were people with HIV/AIDS (PLWH) from Rumah Cemara, Bandung, consisted of 10 active PLWH and 10 sedentary PLWH by using convenience sample technique. The instrument used in this research was stigma questionnaire and social value for PLWH consisting of 33 items for stigma and 24 items for social value. The instruments used was adopted and translated from English to Indonesia, vice versa, and discussed with expert judgments. The result shows the validity of Negative-self (0,95), Verbal Abuse (0,65) and Social Isolation (0,64) with the lower level of Fear of Contagion (0,27), Work Place (0,19) or Healthcare Neglect (0,15). In the social value questionnaire, the validity result for social rejection was (,903), Financial Insecurity was (,859), Internalized Shame was (,850), Social Isolation was (,857) and reliability for stigma was (a= 0,940) and social value was (a= 0,840) as presented in table 1. Furthermore, the data were analyzed by t-test to see the comparison between the decrease in negative stigma and social value.

RESULT AND DISCUSSION

The data obtained from the questionnaire of stigma and social value results in form of number or score. The data are presented in Table 1. In general, in stigma, it gained $\sum 86,50$ for PLWH who are active in sport and $\sum 80,30$ for PLWH who are not active in sport. Meanwhile, in social value, it gained $\sum 60,00$ for PLWH who are active in sport and $\sum 54,20$ for PLWH who are not active in sport. The description of the data is also presented in form of the comparison between for PLWH who are active in sport and for PLWH who are not active in sport. The data is presented in Table 2.

The result of the test presented in table 3 shows value of $t = 3.439$ and $sig = 0,003 < 0,05$. In table 4, the

Table 1. Questionnaire Framework of Stigma and Social

Variable	Sub Variable	Indicator	Statement		Sum
			+	-	
Stigma	Verbal Abuse	Derision Insult accuse	4,9,19, 11,13,1 0	12,15	8
	Negative-Self	Self-Evaluation Status Recognition	32,29	31,30,3 3	
Healthcare Neglect	Patient	Healthcare Access	23,27,2	24,25,2	7
	Social Isolation	Limiting Contact Disconnecting Contact	17,18	8,7,16	5
Fear of Contagion	Fear of Contact Fear of Infection	Access to Working Opportunity	1,2,3	5,6,14	6
			20	21	2

Table 2. Questionnaire of Social Value of PLWHA

Variable	Sub Variable	Indicator	Statement		Sum
			+	-	
Social Value	Social Rejection	Experiences of Rejection and Stigma	5,9,16, 19,21	1,13,23, 24	10
	Financial	Experiences of Rejection and Stigma	2	6,10	3
Internalized	Experiences of Rejection and Stigma	Experiences of Rejection and Stigma	3,11,1 4	7,17	5
			Social Isolation	Experiences of Rejection and Stigma	4,8,18, 22

Table 3. Stigma Test Result

t count	Sig	Explanation
3.439	0,003	Significant

Table 4. Social Value Test Result

t count	Sig	Explanation
3.730	0,002	Significant

result of social value shows $t = 3.730$ and $\text{sig} = 0,002 < 0,05$.

The finding shows that sport activities reduced the stigma of PLWH and increase the social value of PLWH. The finding proves that sport activity influences the psychosocial of PLWH. The strength of sport is that it could overcome the stigma and discrimination, it also could reach population that is vulnerable to HIV/AIDS including female, adolescent, and (Koss & Alexandrova, 2005). In social life, stigma is always related to the characteristics intended to the persons who are different, including the victim of crime, poverty, and unhealthy people including people who live with HIV. Conducting sport program could overcome social problems (Beutler, 2008). Involving PLWH in physical activity could be a solution to decrease the stigma of PLWH through developing sport in society to develop the society itself through sport (Young & Okada, 2014).

In a case study, an PLWH told that previously he/she did not have a sport habit and lived under a high pressure as conveyed by E: "before I involved in sport activities, I feel depressed and always wanted to isolate myself and had lots of fear I faced. Almost everyone could not accept my status and I felt so suffered."

E started to know the world outside when his/her friend asked him/her to join a community named Rumah Cemara in Bandung. He moved as his condition was broken for two years since his/her surrounding stigmatized and discriminate him/her by throwing insults and scolding that hurt him and made him feel unworthy. Rumah Cemara Bandung became a place to share and to meet other people (PLWH/non-PLWH), thus they started to rise and build their motivations to live their life as a whole.

The story of E about his experience live with HIV positive for 10 years shows that he could move and rise through sport proven by national and international achievement that should be appreciated. People might think that people with HIV/AIDS would not live for a long time, but he could prove it wrong by doing routine check up and regular sport, five times a week.

The lack of knowledge of HIV/AIDS increases the prevalence of HIV/AIDS, for example the lack of knowledge of the HIV infection through injection. Prevention is better than curing since there is no medication that could directly cure the patients suffering from

AIDS. Therefore, we need to do prevention from the beginning. The correct information of AIDS is highly needed so that the society could have a correct information and the sufferer is not saddled by unnecessary attitude, sport in this case plays critical role in delivering the issue of HIV/AIDS.

Sport also could contribute on the following contribution:

Sport for Health Needs

Sport is highly beneficial for the person lives with HIV: light sport could strengthen the immunity, that could help resist HIV and delay AIDS (Prevention & Sport, 2008). In the story of HIV/AIDS in a book, "beyond the dreams" that tells about an PLWH named Ginan Koesmayadi as the founder of Rumah Cemara. Ginan Koesmayadi was infected by HIV positive in 2000 through drugs as other PLWH in Rumah Cemara Bandung. The PLWH, before involved in sport, has unhealthy lifestyle such as the use of drugs. When they involve in sport, they changed their habit to improve their life quality physically, mentally, spiritually, and psychologically, and socially. In the first years this disease was found, the mortality number of this case was so high, during the epidemic period, people with HIV/AIDS could only lived for about 3 years. When they are infected by an opportunistic disease, the life expectance would decrease for one year. However, as the science developed, retroviral medicine that provides opportunities for PLWH to live longer and do normal activity and keep productive is found. Ginan and other PLWH did productive activity. Research proved that sport could improve the quality of life of HIV/AIDS patients (Stein et al., 2012). Ginan Koesmayadi, 15 years lived with HIV/AIDS, but HIV/AIDS did not become the main disease that took her life. She passed away caused by heart disease, not HIV/AIDS. Other people with HIV/AIDS could use sport for their health need. By doing sport, they would feel healthier and have a quality life.

Sport for Psych-social Needs

People with HIV/AIDS belong to a group that are looked different by society, including crime victim, poverty, and unhealthy people. It becomes a problem for them since the insult would make them feel unworthy, isolate themselves from society, and even family. Function of sport is as a vehicle to resist the discrimination, achieve gender equity, and women empowerment.

People with HIV/AIDS in Rumah Cemara Bandung keep resisting the stigma and discrimination. A woman, initial E, could prove herself by join marathon run 10 km in GBK (Gelora Bung Karno) in the world AIDS day 2018 to combat the stigma. E got support from herself, family, friends in Rumah Cemara Bandung. She tried and proved that people with HIV/AIDS could do what a normal person could. Improving 'Sport for Development and Peace' to create peace between people with HIV/AIDS and society becomes the main program of Rumah Cemara Bandung to lessen the stigma. The HWC (Homeless World Cup) is also influential in publishing the correct issue of HIV/AIDS worldwide. A people with HIV/AIDS told the story that it could lessen the stigma in society such as their surrounding gave empathy and respected them for their achievement going abroad, accomplishing great achievement, and bringing proud to their nation (Young & Okada, 2014).

Stigma could create their own social norms, isolate them psychologically and physically and make a distance (Judgeo & Moalusi, 2014). Sport activities could be a way for them to decrease the stigma and spread the right information of HIV/AIDS infection that may be unlike what most of the society think.

Sport for Economy Need

People with HIV/AIDS need expensive cost to have a treatment for example for the check up. Every once a month they need to monitor their health status. Most of them do not have fund for check up since they have been unemployed for their status. The low social value of PLWH creates injustice in economy aspect. It gives a great impact on their life. The external and internal need of people with HIV/AIDS. For the external need, Rumah Cemara Bandung provides free healthcare for those who could show their achievement in sport (Homeless World Cup) supported by health service for check-up and Arv's medication that could take a little burden of them. For internal needs, most of the PLWH in Rumah Cemara are adults and infected by HIV/AIDS in age 35-40 years. Some of them have family, become the backbone of the family, or become a single parent. When they involve in sport training and give counseling even give football/futsal training for street children, they could have earning for their family. Although the amount of the money might be not much, they are grateful for their condition since other places might give rejection. Sport could give high impact on econo-

my needs and vitalize and develop human resource (Beutler, 2008). By following football championship, they could have earning or have appreciation for giving training for street children who accomplish achievements by receiving free healthcare from the health service. Therefore, the sport activity has influences on the improvement of social value of people with HIV/AIDS in Rumah Cemara Bandung.

Sport for Rehabilitation Need

Sport could help people who are addicted to drugs although they are infected by HIV/AIDS as cited from (Porichis, F., & Kaufmann, 2012) that some research recommend that sport could be a rehabilitation for people with mental, physical, and social problems. In HIV/AIDS case, the three aspects are included. The mental health becomes the first problem to be taken care since it could urge other problems such as mediated effect, especially psychosocial and educative effect, that should be rehabilitated through sport, games and group training that are used in therapy and rehabilitation, education, social integration, and mental health promotion (Ley, n.d. 2012).

When they are going to do competition, most of the opponents take them for granted, thus they need to recover their mental health from insult and scolding. The mental problem would have impacts on their physical condition, called physiologic, where a mental burden would affect physical condition. In social rehabilitation, it becomes the first cause of mental and physical problems. People with HIV/AIDS could use sport as the media to solve this social problem and combat incorrect information. Sport becomes a media for social rehabilitation. They received social punishment from their surrounding even from their family. This condition pushes them to help each other and are enthusiast to save others from drugs and HIV/AIDS. They do not think of other's minor thinking.

Through sport activities, they would feel that it is a way to reduce the stigma and improve the social value and deliver the correct information related to HIV/AIDS.

CONCLUSION

There is a decrease in the stigma of people with HIV/AIDS and improvement in social value of people with HIV/AIDS through sport activities in Rumah Cemara, Bandung. For the further research, the serious effort for solving the psych-social problems with sport as the main media to overcome the problems is needed, thus the values of sport could be implemented.

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