

Empowering JPC Volunteers With Education And Assistance On Behavioral Factors To Prevent HIV/AIDS Transmission In Bandung, West Java Indonesia

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Abstract.

The present study reports the newest comprehensive study on pandemic era for the Infectious Disease acquired Immunodeficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV) the number of people living with HIV/AIDS (ODHA) continues to grow, this needs to be balanced with efforts to prevent the transmission of HIV/AIDS. The JPC Foundation (Jakarta Plus Center) is one of the important entry points for the community to reach out and educate on the treatment and prevention of HIV/AIDS transmission in Bandung, West Java Indonesia. This study aims to determine the factors associated with HIV/AIDS transmission prevention behavior in HIV/AIDS sufferers in Bandung and Cirebon, West Java Indonesia who are within the reach of the JPC Foundation in 2022. This type of research was quantitative, with cross sectional, the study population was visitors to VCT clinics at shelters with a sample size of 85 respondents. The sampling technique uses accidental sampling. The research was conducted from May to November 2022 with univariate (average) and bivariate (chi-square) data analysis. Univariate results showed that HIV/AIDS prevention behavior was not good 78%, adult age > 25-49 (57.5%), secondary education 50.5%, risky work 69%, good knowledge 57%, negative motivation 62%, positive attitude 69%, negative family support 63%. Bivariate results show that there is a relationship between education ($p=0.024$), employment ($p=0.002$), $OR=6.057$, motivation ($p=0.001$), $OR=7.221$, family support ($p=0.00$) $OR=7.778$ with behavior prevention of HIV/AIDS transmission at the JPC Foundation shelter in Bandung. For VCT clinics to further improve counseling and education services, for volunteers and cadres who reach out to patients or families of people living with HIV/AIDS (ODHA) to provide more support and assistance, also for the community not to discriminate against ODHA because they have HIV/AIDS.

Keywords: Behavioral, hiv/aids, jpc foundation, odha and vct.

I. INTRODUCTION

HIV/AIDS is one of the topics that remains the center of attention throughout the world, as evidenced by the set targets for its elimination AIDS and HIV issues on the agenda of the Sustainable Development Goals (SDG's) in year 2030. The problem of HIV/AIDS is contemporary problems related to human risky behavior, because this problem is not just a health problem[1]. People with HIV/AIDS (ODHA) are a vulnerable population with social, economic, cultural, and political problems especially young age. People with HIV/AIDS are classified as vulnerable to social problems related to the relationships between ODHA and other people in their environment[2]. The social problems experienced by ODHA occur because people still give a negative stigma to PLHA so that makes PLHA reluctant to interact with the general public. Besides in addition, the lack of public knowledge about the spread of the HIV virus makes people afraid to be near ODHA and knowingly or unknowingly treated ODHA in a discriminatory manner[3]. The data shows the number of people with HIV/AIDS, especially in adolescents is increasing, and this phenomenon is common and spread throughout the world. The spread and transmission of HIV/AIDS among adolescents and young adults is closely related to the knowledge of adolescents about the dangers of HIV/AIDS and the process of its spread, is also related to aspects of adolescent knowledge about reproduction health. According to data from the Directorate General of Disease Control and Environmental Health, Ministry of Health Health of the Republic of Indonesia as of August 15 2012, shows that for the age range of 15-19 years there are 1,134 people suffering from AIDS.

Of course, this number continues to grow from 2017 to 2022[4]. Young age which includes the characteristics of wanting to be free, looking for experience, likes to try new things, tends to be emotionally unstable so that it is easily influenced by the surrounding environment. In addition, the vulnerability of adolescents to sexual deviation and AIDS stems from physiological and psychological changes related to organ development adolescent reproduction[5]. Since 2005, socialization about the dangers of HIV/AIDS is one of the forms of HIV/AIDS prevention efforts, has started to enter every high school[6]. However, because HIV/AIDS mostly attacks productive age, including students, socialization is expected not only to be carried out only for high school students, but also for students at a lower level of education, namely junior high school in the hope of preventing more youth from engaging in risky sexual behavior and drug abuse. Therefore, adolescents need further guidance as an effort to prevent the spread of HIV/AIDS[7]. The present study reports the comprehensive study on pandemic era for the Infectious Disease acquired Immunodeficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV) the number of people living with HIV/AIDS (ODHA) continues to grow, this needs to be balanced with efforts to prevent the transmission of HIV/AIDS[8]. The JPC Foundation (Jakarta Plus Center) is one of the important entry points for the community to reach out and educate on the treatment and prevention of HIV/AIDS transmission in Bandung, West Java Indonesia. This study aims to determine the factors associated with HIV/AIDS transmission prevention behavior in HIV/AIDS sufferers in Bandung and Cirebon, West Java Indonesia who are within the reach of the JPC Foundation in 2022. This type of research was quantitative, with cross sectional, the study population was visitors to VCT clinics at shelters with a sample size of 85 respondents[9].

II. METHODS

The research used quantitative research, with cross sectional design[10]. Population research is all visitors at the halfway house JPC foundation, based on data last in October 2022, there are 109 visitors or outreach by JPC volunteers to VCT patient's person. The sample is 85 respondents. Sampling technique using accidental sampling. Data analysis in this research, by univariate (mean) and bivariate (chi-square)[11].

III. RESULT AND DISCUSSION

Based on the research conducted it is known that from 85 respondents the majority have manners prevention of transmission of HIV/AIDS is not well as many as 66 (78.2%) respondents in compare respondents with behaviors prevention of HIV/AIDS transmission as many as 19 (21.8%) respondents. Age adults (> 25-49 years) as many as 48 (57.5%) compared to respondents at a young age (17-25 years) as many as 28 (32.2%) and old age (>49years) as many as 9 (10.3%) respondents. Secondary education as much as 44 (50.6%) in compare with respondents with higher education (Bachelor) as many as 29 (35.6%) and basic education as many as 6 (6.9%) respondents and uneducated as many as 6 (6.9%).

Risky-job by 58 (69%) in comparison respondents with no job at risk 21 (31.0%). Good knowledge as much as 50 (57.4%) in comparison respondents with less knowledge good as many as 37 (42.5%) respondents most respondents have good knowledge as much as 50 (57.4%) compared to respondents with poor knowledge as much as 35 (42.5%) of respondents. Positive attitude as many as 58 (69.0 %) in comparison respondents with less knowledge good as much as 27 (31.0%) respondents. Negative family support as much as 55 (63.2%) in comparison respondents with family support negative as much as 30 (36.8%) respondents.

1. Relationship between Age and Behavior Prevention of Transmission of HIV/AIDS

The research results of Relationship between Age and Behavior Prevention of Transmission of HIV/AIDS in HIV/AIDS sufferers, there are 28 respondents with a young age of 9 (32.1%) respondents with behavior prevention of HIV/AIDS transmission and as many as 19 (67.9%) respondents with transmission prevention behavior HIV/AIDS is not good[12]. From 50 adult respondents as many as 7 (14.0%) respondents with transmission prevention behavior HIV/AIDS is good and as many as 43 (86.0%) respondents with preventive behavior transmission of HIV/AIDS is not good and of 9 respondents with old

age as many as 3 (33.3%) respondents with transmission prevention behavior HIV/AIDS is good, as many as 6 (66.7%) respondents with preventive behavior transmission of HIV/AIDS is not good. Results statistical test obtained p-value = 0.120



Fig 1. Group photos with Leaders of JPC Foundation during and after the activities

2. Education Relations with Transmission Prevention Behavior HIV/AIDS

The research result of Education Relations with Transmission Prevention Behavior HIV/AIDS in HIV/AIDS sufferers, there are thirty-one (31) respondents highly educated, as many as 10 (32.3%) respondents with behavior prevention of HIV/AIDS transmission and 21 (67.7%) respondents with transmission prevention behavior HIV/AIDS is not good. From 44 secondary educated respondents, as many as 4 (9.1%) respondents with transmission prevention behavior HIV/AIDS is good and as many as 40 (90.9%) respondents with preventive behavior HIV/AIDS transmission is not good[13]. Result from 6 respondents with basic education, as many as 2 (33.3%) respondents with transmission prevention behavior HIV/AIDS is good, as many as 4 (66.7%) respondents with preventive behavior HIV/AIDS transmission is not good, from 6 there are respondents who did not finish school there were 3 (50%) with preventive behavior good transmission of HIV/AIDS and 3 (50%) respondents, with preventive behavior transmission of HIV/AIDS is not good. Results statistical test obtained p-value = 0.024.

3. Occupational Relationship with Transmission Prevention Behavior HIV/AIDS

Based on the research, Occupational Relationship with Transmission Prevention Behavior HIV/AIDS in HIV/AIDS sufferers, there are twenty-seven (27) respondents with 12 non-risk jobs (44.4%) respondents with behavior prevention of HIV/AIDS transmission and as many as 15 (55.6%) respondents with transmission prevention behavior HIV/AIDS is not good, from 60 respondents with risky occupations, as many as 7 (11.7%) respondents with transmission prevention behavior HIV/AIDS is good and as many as 53 (88.3%) respondents with preventive behavior transmission of HIV/AIDS is not good. Results statistical test obtained p-value = 0.002 with an OR value of 6,057



Fig 2. Group photos with JPC Volunteers during and after the activities

4. Knowledge Relationship with Transmission Prevention Behavior HIV/AIDS

Based on the research of Knowledge Relationship with Transmission Prevention Behavior HIV/AIDS in HIV/AIDS sufferers, there are fifty (50) respondents with good knowledge based on research, as many as 9 (18.0%) respondents with transmission prevention behavior HIV/AIDS transmission of HIV/AIDS both and as much as (82.0%) respondents with transmission prevention behavior HIV/AIDS is not good. A total of 37 respondents with less knowledge good as many as 10 (27.0%) respondents with transmission prevention behavior HIV/AIDS is good and as many as 27 (73.0%) respondents with preventive behavior transmission of HIV/AIDS is not good. Results statistical test obtained $p\text{-value} = 0.456$ which means $p > \alpha = 0.05$

5. Relationship between Age and Behavior Prevention of Transmission of HIV/AIDS

The research from Relationship between Age and Behavior Prevention of Transmission of HIV/AIDS in HIV/AIDS sufferers there are thirty-three (33) respondents with positive motivation as many as 14 (42.5%) respondents with preventive behavior HIV/AIDS transmission is good and as much 19 (57.5%) respondents with behavior prevention of HIV/AIDS transmission is lacking good. From 54 respondents with motivation negative, as many as 5 (9.3%) respondents with transmission prevention behavior HIV/AIDS is good and as many as 49 (90.7%) respondents with preventive behavior transmission of HIV/AIDS is not good. Results statistical test obtained $p\text{-value} = 0.001$, with an OR value of 7,221 means the respondent with positive motivation have a chance 7.2 times.

6. Relationship between Attitude and Behavior Prevention of Transmission of HIV/AIDS

Based on research of Relationship between Attitude and Behavior Prevention of Transmission of HIV/AIDS in HIV/AIDS sufferers there are sixty (60) respondents with attitude positive, as many as 13 (21.7%) have transmission prevention behavior HIV/AIDS is good and 47 (78.3%) behavior prevention of HIV/AIDS transmission is lacking good. From 27 respondents with attitude negative, as many as 6 (22.2%) respondents with preventive behavior HIV/AIDS transmission is good, and 21 (77.8%) transmission prevention behavior HIV/AIDS is not good. From the test results statistic $p\text{-value} = 1,000$.

7. Family Support Relations with Preventive Behavior Transmission of HIV/AIDS

Based on research of Family Support Relations with Preventive Behavior Transmission of HIV/AIDS in Sufferers HIV/AIDS there are thirty-two (32) respondents with support positive families, as many as 14 (33.7%) respondents with preventive behavior HIV/AIDS transmission is good and as much 18 (56.2%) respondents with behavior prevention of HIV/AIDS transmission is lacking good.

The other 55 respondents with negative family support, as many as 5 (9.1%) respondents with behavior prevention of HIV/AIDS transmission and as many as 50 (90.9%) respondents with transmission prevention behavior HIV/AIDS is not good. Statistical test results obtained $p\text{-value} = 0.000$ with value OR 7.77

IV. CONCLUSION

The research was conducted from May to November 2022 with univariate (average) and bivariate (chi-square) data analysis. Univariate results showed that HIV/AIDS prevention behavior was not good 78%, adult age > 25-49 (57.5%), secondary education 50.5%, risky work 69%, good knowledge 57%, negative motivation 62%, positive attitude 69%, negative family support 63%. Bivariate results show that there is a relationship between education ($p=0.024$), employment ($p=0.002$), OR=6.057, motivation ($p=0.001$), OR=7.221, family support ($p=0.00$) OR=7.778 with behavior prevention of HIV/AIDS transmission at the JPC Foundation shelter in Bandung. For VCT clinics to further improve counseling and education services, for volunteers and cadres who reach out to patients or families of people living with HIV/AIDS (ODHA) to provide more support and assistance, also for the community not to discriminate against ODHA because they have HIV/AIDS[14]. According to researchers increasing age hence understanding will increase even more influence insights and life experience, it becomes reasons why people are over 40 years old find out more information about HIV/AIDS, but this is not according to existing behavior respondents in this study because respondents tend to behave less good for preventing HIV/AIDS. Researchers with each activity one day will continue to earn information from many parties such as JPC foundation, KPA, media, friends, healthcare

workers, etc. In the future JPC Foundation and the team lecturers, hopes that almost all young generation in Bandung will be wider knowledge about HIV/AIDS[15].

Young age probably not much get lots of information regarding HIV/AIDS, this is the case the role of health workers as an effort promotion for improvement related knowledge HIV/AIDS. An approach from community support is needed according to the age of the respondent, so that the information provided can be well received. Education is a sustainable business conscious and planned to create learning atmosphere and process learning for students in a way actively develop their potential to have spiritual power religion, self-control, personality, intelligence, noble character, as well as the skills required himself and society[16]. Based on research results it is known that there are respondents with high school/graduate education but behavior HIV/AIDS prevention is not good about HIV/AIDS, this is possible that the level of one's education not automatically upgrade one's knowledge of everything something, likely the only respondent know about HIV/AIDS however don't know how it's transmitted that can occur between mother and fetus, respondents might assume that know how the disease is transmitted HIV/AIDS alone is enough to avoid them from contracting the disease HIV/AIDS. Statistical test results obtained $p\text{value} = 0.455$, which means $p < \alpha = 0.05$ (H_a is rejected and H_o is accepted) with an OR value of 0.592, it can be concluded that there is no relationship between knowledge or education and behavior to prevent HIV/AIDS transmission in people with HIV/AIDS[17]. Based on research results respondents with junior high school education, HIV/AIDS prevention behavior is good about HIV/AIDS this is possible respondents have followed counseling held by health workers or respondents have related experience with HIV/AIDS so knowledge about HIV/AIDS fall into the category good and knowledge respondents less good about HIV/AIDS.

In the opinion of researchers someone with a level higher education tends to have HIV/AIDS prevention behavior better about HIV/AIDS. Education and good knowledge will influence attitudes and behavior society against disease HIV/AIDS[18]. The importance of knowledge against HIV/AIDS for society is because of society are also a risk group infected with HIV/AIDS knowledge of doing sexual intercourse alternately partner freely[19]. Statistical test results obtained $p\text{value} = 0.002$ which means $p < \alpha = 0.05$ (H_o rejected and H_a accepted) with OR value of 7.778, it can be concluded there is a family support relationship with transmission prevention behavior HIV/AIDS in HIV/AIDS sufferers at JPC Bandung. Family social support is a process that goes on all along life span, nature, and species. Social support varies various stages of the life cycle. Nevertheless, in all stages life cycle, social support family makes family capable function in a variety of ways and sense. As a result, this thing improves health and adaptation family[20]. In the opinion of researchers, family support consists of information or verbal and/or nonverbal advice, real action or action provided by social familiarity or acquired by their presence and have a beneficial emotional or behavioral effect on the recipient[21]. As one of the functions of social ties/bonds, its functional aspect includes emotional support, encouraging the expression of feelings, giving advice or information, providing material[22]. As a matter of fact, actual social as/individual cognition of the support that is felt against the support received, it is hoped that the respondent's family will always support the respondent in HIV/AIDS prevention efforts which include emotional support, award, instrumental and informative.

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