HIV/AIDS-RELATED FACTORS AMONGST THE LGBTQ PEOPLE IN SURABAYA

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ABSTRACT

Background: Acquired Immunodeficiency Syndrome (AIDS) is one of the diseases that cause death in the world caused by the Human Immunodeficiency Virus (HIV). Since it was first discovered in 1987 until December 2017, the number of person with AIDS was 102,667, and the number of person with HIV infections was 280,623. HIV/AIDS cases in East Java occupu the second highest position in Indonesia. Surabaya is the first city in East Java with 934 HIV cases in 2017. LGBTQ is one of the groups at risk of getting HIV/AIDS with prevalence was 24.82%. Objective: The purpose of this study was to analyze the factors that influence LGBTQ related to the incidence of HIV/AIDS in Surabaya.

Material and Method: This study was an analytic research using a cross sectional approach. The subject was 80 LGBTQ respondents. Data was collected using questionnaires then analyzed using Chi-square test, with α = 0.05. Result: The highest age group was 42-46 years (22.5%), the last level of education was dominated by high school (41.3%), and the most types of work were private employees (47.4%). There was no correlation between predisposing factors in the form of knowledge about HIV/AIDS and respondent’s HIV status (p = 0.729), there was no correlation between enabling factors in the form of condoms and respondent’s HIV status (p = 0.624), there was no correlation between the reinforcing factor in the form of family support with the HIV status of the respondent (p = 0.674) and there was no correlation between preventive behavior and the HIV status of the respondent (p = 0.540). Conclusion: The need for support between LGBTQs should be more aware of their own health and environment with their social patterns.

Keywords: HIV, AIDS, LGBTQ, HIV factor

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Background

*Human Immunodeficiency Virus (HIV)* is a virus that causes *Acquired Immunodeficiency Syndrome (AIDS)* disease which can damage the human immune system and cause a decrease in the immune system so that it is easily infected by infectious diseases by attacking white blood cells (lymphocytes) in the body (Marubenny, *et al.*, 2013). The HIV virus is found in body fluids, especially in blood, sperm, vaginal fluid, and breast milk (Ministry of Health Republic of Indonesia, Dirjen PP&PL, 2007). According to data from the United Nations Programme on HIV/AIDS (UNAIDS)-WHO (World Health Organization) addressing the problem of AIDS, HIV cases in the world in 2015 reached 2.1 million cases, where as many as 1.1 million sufferers died of AIDS and as many as 150,000 (decline from 290,000 in 2010) patients aged under 15 years (WHO, 2015). Until now HIV/AIDS has spread in 386 regencies/cities throughout Indonesia. In 2015 there were 30,935 new cases of HIV positive while new cases of AIDS were 6,081 (Dirjen PP, Ministry of Health Republic of Indonesia, 2016). The proportion of risk factors for HIV/AIDS sufferers through heterosexual contact is the transmission method with the highest percentage of 82.8%, followed by homosexuals at 7.4% and perinatal at 4.0% (Ministry of Health Republic of Indonesia, 2016). HIV prevalence based on population at risk, LGBTQ (lesbian, gay, bisexual, transgender, and queer or questioning) in Indonesia occupies the second highest position after IDUs (injecting drug users), which reached 24.33% in 2007, then fell to 21.85% in 2011 and has increased again to 24.8% in 2015 (STBP, 2015). The number of LGBTQ in Indonesia in 2010 was around 31,179 with the highest distribution in East Java that was 4,170 LGBTQ (Center for Social Welfare Data and Information, 2012). Although the number of LGBTQ in Indonesia is not large, the main target tends to be young men who may be a potential “bridge” to the general population, so that LGBTQ has the potency to have a large impact on the HIV/AIDS epidemic in Indonesia. If there is no significant increase in prevention efforts, the HIV/AIDS epidemic will increase from year to year, resulting in morbidity and mortality rates which will continue to increase.

According to Prabawanti, *et al.* (2011), LGBTQs are biologically men who dress like women, adopt women’s social behaviors and roles, identify themselves as LGBTQ, and socialize regularly with fellow LGBTQs in the community (Prabawanti, *et al.*, 2011). HIV prevalence of LGBTQ in three major cities namely, Jakarta, (34.0%), Surabaya (25.2%), and Bandung (14.0%) showed a widespread HIV epidemic among LGBTQs. The prevalence of HIV which is still quite high in LGBTQs is in line with the poor distribution of condoms and lubricants, low understanding of the benefits of clinical services and low support for HIV-positive LGBTQs. They make the control of HIV transmission among LGBTQs quite difficult. LGBTQ sexual behaviors that are at risk put them, their clients and their sex partners at high risk for contracting HIV (STBP, 2007).

Objective

The objective of this study is to analyze the factors that influence the matter of HIV/AIDS of LGBTQs in Surabaya.

Material and Method

This type of research is analytic research with cross-sectional study approach or cross section where data collection is done once simultaneously. The research sample was taken as a basis snowball sampling, where data sources range from small amounts to large amounts. The number of samples used in this study was 80 LGBTQ respondents. Data was collected using a questionnaire and then was analyzed on the *Statistical Package for the Social Sciences (SPSS)* application using *Chi-square* test, with $\alpha = 0.05$. The time of data collection for this research was June 2018 to May 2019. The research data obtained is primary data, which is the result of filling out the questionnaire by 80 LGBTQs in Surabaya. The variables studied were in the form of sociodemographic depiction and description of risk factors towards the matter of HIV/AIDS.

Result

**Distribution of respondents based on sociodemographic**

Distribution of respondents based on sociodemographic figures can be distinguished according to age, recent education, and occupation of the respondents. Table 1 shows
the frequency distribution of respondents based on age group.

Table 1. Frequency distribution of respondents based on age group

| Age Group (years) | Frequency (people) | Percentage (%) |
|-------------------|--------------------|----------------|
| 22-26             | 6                  | 7.5            |
| 27-31             | 14                 | 17.5           |
| 32-36             | 12                 | 15.0           |
| 37-41             | 12                 | 15.0           |
| 42-46             | 18                 | 22.5           |
| 47-51             | 12                 | 15.0           |
| 52-56             | 5                  | 6.3            |
| 57-61             | 1                  | 1.3            |
| **Total**         | **80**             | **100**        |

Based on Table 1, the average age of respondents was 39.4 years old with the most respondents aged 30 years old and 35 years old. The age interval of respondents was between 22 years old and 59 years old. Table 2 shows the frequency distribution of respondents based on their recent education.

Table 2. Frequency distribution of respondents based on their recent education

| Recent education       | Frequency (people) | Percentage (%) |
|------------------------|--------------------|----------------|
| Elementary School      | 16                 | 20.0           |
| Junior High School     | 21                 | 26.3           |
| Senior High School     | 33                 | 41.3           |
| Vocational High School | 9                  | 11.3           |
| Bachelor Degree        | 1                  | 1.3            |
| **Total**              | **80**             | **100**        |
Based on Table 2, the average respondent has met the minimum criteria of the 12 year Ministry of Education and Culture compulsory education. The result obtained that the most percentage of recent education is Senior High School which is 41.3% with 33 respondents. Table 3 shows the frequency distribution of respondents based on type of work.

**Table 3. Frequency distribution of respondents based on type of work**

| Type of Work | Frequency (people) | Percentage (%) |
|--------------|--------------------|----------------|
| Civil Servant| 1                  | 1.3            |
| Private      | 38                 | 47.5           |
| Entrepreneur | 11                 | 13.8           |
| Prostitute   | 8                  | 10.0           |
| Salon Clerk  | 22                 | 27.5           |
| **Total**    | **80**             | **100**        |

Based on Table 3, it was obtained that the most type of work for respondents was private, which was 47.5% with a total of 38 respondents, and indicated that all respondents have income every month.

**Distribution of respondents based on risk factors**

Risk factors for the matter of HIV/AIDS of LGBTQs in Surabaya can be divided into predisposing factors, enabling factors, and reinforcing factors. Predisposing factors include knowledge about HIV/AIDS, enabling factors include the availability of condoms, and reinforcing factors include family support and HIV/AIDS prevention behavior. The distribution of respondents based on risk factors is shown in Table 4.

**Table 4. Frequency distribution of respondents based on risk factors**

| Risk Factors            | Frequency (people) | Percentage (%) |
|-------------------------|--------------------|----------------|
| Knowledge about HIV/AIDS|                    |                |
| Good: 37                | 46.3               |
| Bad: 43                 | 53.8               |
| Availability of condoms|                    |                |
| Good: 56                | 70.0               |
| Bad: 24                 | 30.0               |
| Family support          |                    |                |
| Good: 5                 | 6.3                |
| Bad: 75                 | 93.8               |
| HIV/AIDS prevention behavior|              |                |
| Good: 60                | 75.0               |
| Bad: 20                 | 25.0               |
| **Total**               | **80**             | **100**        |
Based on Table 4, it was shown that from 80 respondents, as many as 46.3% of respondents were able to answer all UNAIDS questions correctly; as many as 70% of respondents stated that there were condoms to be used in sexual intercourse; as many as 6.3% of respondents stated that they got help from parents and relatives in the form of information about HIV, the importance of using condoms, the dangers of HIV and discussions about work; and as many as 75% of respondents who used condoms and lubricants during sexual intercourse also took other preventive measures aimed at preventing HIV infection.

**The relationship between predisposing factors and HIV status**
The relationship between predisposing factors and HIV status with the number of respondents stating HIV status which is 36 respondents is shown in Table 5.

| Predisposing factors | HIV Status | Total |
|----------------------|------------|-------|
|                      | Positive   | Negative |     |
| Poor knowledge       | 6          | 12      | 18   |
| Good knowledge       | 7          | 11      | 18   |
| Total                | 13         | 23      | 36   |

Based on the results of Chi-square count test, \( p = 0.5 \) which means there is no difference between respondents with poor or good knowledge about HIV/AIDS on HIV status. Based on the results of the contingency coefficient count test, \( p = 0.729 \) which means there is no relationship between knowledge about HIV and HIV status.

**The relationship between enabling factors and HIV status**
The relationship between enabling factors in the form of condom availability and HIV status with the number of respondents stating HIV status which is 36 respondents is shown in Table 6.

| Enabling factors          | HIV Status  | Total |
|---------------------------|-------------|-------|
|                           | Positive    | Negative |     |
| Availability of poor condoms | 5          | 7      | 18   |
| Availability of good condoms | 8          | 16     | 18   |
| Total                     | 13          | 23     | 36   |

Based on the results of Chi-square count test, \( p = 0.447 \) which means there is no difference between respondents with the availability of bad and good condoms on HIV status. Based on the results of contingency coefficient count test, \( p = 0.624 \) which means there is no relationship between the availability of condoms and HIV status.
The relationship between reinforcing factors and HIV status

The relationship between the reinforcing factors in the form of family support and HIV/AIDS prevention behavior towards HIV status with the number of respondents stating HIV status which is 36 respondents is shown in Table 7 and Table 8.

Table 7. The relationship between family support and HIV status

| Reinforcing factors       | HIV Status | Total |
|--------------------------|------------|-------|
|                          | Positive   | Negative | |
| Poor family support      | 12         | 22      | 34 |
| Good family support      | 1          | 1       | 2  |
| Total                    | 13         | 23      | 36 |

Based on the results of Chi-square count test, $p = 0.598$ which means there is no difference between respondents with poor or good family support for HIV status. Based on the results of contingency coefficient count test, $p = 0.674$ which means there is no relationship between family support and HIV status.

Table 8. The relationship between prevention behavior and HIV status

| Reinforcing factors       | HIV Status | Total |
|--------------------------|------------|-------|
|                          | Positive   | Negative | |
| Poor prevention behavior | 12         | 2       | 4  |
| Good prevention behavior | 11         | 21      | 32 |
| Total                    | 13         | 23      | 36 |

Based on the results of Chi-square count test, $p = 0.459$ which means there is no difference between respondents with poor and good prevention behavior towards HIV status. Based on the results of contingency coefficient count test, $p = 0.540$ which means there is no relationship between prevention behavior with HIV status.

Discussion

Distribution of respondents based on age group

Based on data from the Ministry of Health Republic of Indonesia in the estimation and projections of HIV/AIDS in Indonesia in 2015-2020, the percentage of men aged 15-49 years who were LGBTQs was 0.06%. Based on the data, 85% of respondents in this study are in the interval in accordance with the data of the Ministry of Health Republic of Indonesia. In general, the age group of respondents is in the stage of late adolescence to early elderly (MOH RI, 2009). Other results from appropriate research were carried out by Awad, et al. (2015) of 60 LGBTQ respondents in Manado who stated that the predominant age group of LGBTQs was 41-50 years (18.3%), while the age group above 50 years was only 1 respondent (1.7%) (Awad, et al., 2015).

Distribution of respondents based on their recent education

Based on the results of research conducted showed that the most recent education of the respondents was high school with a number of 33 respondents (41.3%), followed by junior high school with a total of 21 respondents (26.3%). Appropriate research was carried out by Awad, et al. (2015) of 60 LGBTQ
respondents in Manado who stated that most of the respondents' recent education level was junior high school/equivalent with a percentage of 38.3% and followed by high school/equivalent with a percentage of 25% (Awad, et al., 2015). The study by Rahmayani, et al. (2014) of 40 LGBTQ respondents in Padang showed that respondents had the highest level of education which was Senior High School/Vocational High School (Rahmayani, et al., 2014).

**Distribution of respondents based on type of work**

Based on the results of research conducted showed that the distribution of respondents based on type of work is dominated by private employees with a total of 38 respondents (47.4%) and followed by salon clerks with a total of 22 respondents (27.5%). Meanwhile, respondents who work as prostitutes were 8 respondents (10%). Similar results were also found in the study of Awad, et al. (2015) of the 60 LGBTQ respondents in Manado that the respondents who worked as salon clerks amounted to 25 respondents (41.7%) and 50% were prostitutes (Awad, et al., 2015). Another case with research conducted by Firmansyah, et al. (2018) of 40 LGBTQ respondents in Manado showed that LGBTQs had the most jobs as entrepreneurs that was 42.5% and at least as students that was 5% (Firmansyah, et al., 2018). Based on several studies, in general, LGBTQs have jobs to get a regular income every month.

**Relationship between predisposing factors and HIV status**

Based on the results of the analysis using contingency coefficient test, it was found that there was no relationship between knowledge about HIV/AIDS and respondents' HIV status (p = 0.729). A total of 6 respondents who had poor knowledge stated positive HIV status, and 7 respondents who had good knowledge stated positive HIV status. Whereas 12 respondents who had poor knowledge stated negative HIV status and 1 respondent who had good knowledge stated negative HIV status. Based on the results of the analysis by Chi-square test, there was no difference between respondents with poor or good knowledge about HIV/AIDS on HIV status (p = 0.5).

This discrepancy was explained by Rogers, et al., (1962) about the changes by emphasizing the background of the individuals involved and the environment in which the changes took place. Roger explained the 5 stages in the changes, namely: awareness, desire, evaluation, trying, and acceptance, also known as  AIEA (Awareness, Interest, Evaluation, Trial and Adoption). Respondents are in stage of awareness where they have awareness of the occurrence of HIV/AIDS but they are not interested in making changes, so good knowledge about HIV/AIDS is not related to the HIV status of respondents.

**Relationship between enabling factors and HIV status**

Based on the results of the analysis using contingency coefficient test, it was found that there was no relationship between condom availability and respondent's HIV status (p = 0.624). A total of 5 respondents who had poor condom availability stated HIV positive status and 8 respondents who had good condom availability stated HIV positive status. Whereas 7 respondents who had poor condom availability stated HIV negative status and 16 respondents who had good condom availability stated HIV negative status. Therefore, based on the results of the analysis using Chi-square test, there was no relationship between respondents with the availability of poor and good condoms on HIV status (p = 0.447). The discrepancy is probably caused by improper storage of condoms sp that it causes condoms to be damaged and to not work optimally. In addition, improper and inconsistent use of condoms can also cause nonconformities (Jatmiko, et al., 2010).

**Relationship between reinforcing factors and HIV status**

Based on the results of the analysis using the contingency coefficient test, it was found that there was no relationship between family support and respondent's HIV status (p= 0.674). A total of 12 respondents who had poor family support stated HIV positive status and as many as 1 respondent who had good family support stated HIV positive status. Whereas 22 respondents who had poor family support stated negative HIV status and 1 respondent who had good family support
stated HIV negative status. Therefore, based on the results of the analysis using Chi-square test, there was no difference between respondents with poor and good family support for HIV status (p = 0.598). Discrimination from society in individual psychology can trigger an increasing feeling of someone's inferiority (Yustinus & Semiun, 2013). These feelings then make them more sociable with each other or only in the community. Thus, the chance of LGBTQs to change the stigma of society is getting smaller because most of them choose to limit themselves and are in a comfort zone (Saraswati, et al., 2017). This is why there is no relationship between family support and respondent's HIV status because respondents feel they do not need family. Based on the results of the analysis using contingency coefficient test, it was found that there was no relationship between prevention behavior and the HIV status of the respondents (p = 0.540). A total of 12 respondents who had poor prevention behaviors stated positive HIV status, and 11 respondents who had good prevention behaviors stated positive HIV status. Whereas 2 respondents who had poor prevention behavior stated negative HIV status, and 21 respondents who had good prevention behavior stated negative HIV status. Therefore, based on the results of Chi-Square test, there was no difference between respondents with poor and good prevention behavior towards HIV status (p = 0.459). This discrepancy is likely caused by the respondents who are more obedient to emotions, namely desiring to get partner satisfaction and more material without thinking about the risks that will occur, feeling ashamed to buy condoms, and having the perception that condoms can reduce the pleasure during sexual intercourse (Eda, et al., 2012).

Conclusion
LGBTQ characteristics in Surabaya based on sociodemography showed that the highest age groups were 42-46 years (22.5%), the recent education level of LGBTQs was dominated by high school (41.3%), and the highest type of work was private employees (47.4%). Predisposing factors indicate that there are 37 LGBTQs (46.3%) who have good knowledge of HIV, enabling factors indicate that there are 56 LGBTQs (70%) who state the availability of condoms in sexual intercourse, reinforcing factor in the form of family support indicates that as many as 5 LGBTQs (6.3%) received family support regarding HIV/AIDS information and HIV/AIDS prevention behavior showed that as many as 60 LGBTQs (75%) used condoms and lubricants during sexual intercourse and other preventive measures. From a total of 80 respondents, only 36 respondents who stated HIV status with 13 LGBTQs having positive HIV status and 23 LGBTQs having negative HIV status. There is no relationship between risk factors that influence the matter of HIV/AIDS in LGBTQs and their HIV status.

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