Factors Related to the Act of HIV Transmission Prevention by People Live with HIV/AIDS at Taratak Jiwa Hati Padang Foundation

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ABSTRACT
Prevention is very important to be done by People Living with HIV/AIDS (PLWHA) in order not to transmit the HIV virus to other people which causes an increasing number of HIV cases. This study aims to determine the factors associated with prevention of HIV transmission by PLWHA at the Taratak Jiwa Hati Padang Foundation in 2018. This type of research is a quantitative method with a cross sectional design. The study began in September 2018 until May 2019. The number of samples in this study were 51 respondents using purposive sampling method. Data analysis using Chi-square test and logistic regression analysis. Respondents who did not prevent HIV transmission were 31.4%, had a low level of knowledge of 25.5%, had a negative attitude towards prevention of HIV transmission by 39.2%, did not get good infrastructure facilities at 41.2%, did not get the role of health workers at 45.1%, and did not get the role of NGO officers by 31.4%. The results of bivariate analysis have a relationship between knowledge, attitudes, the role of health workers, and the role of NGO officers. The results of multivariate analysis showed that the most related variable to prevent HIV transmission was attitude. The most related factor for prevention of HIV transmission by PLWHA is attitude (p = 0.007; POR = 8.638 95% CI = 1.780-41,918). It is also expected that health workers can increase knowledge of PLWHA by providing information about the use of needles and safe use of condoms whenever PLWHA visits the VCT Polyclinic in the hospital and it is also expected that health workers can provide condoms and needles.

Keywords: act of HIV transmission prevention, PLWHA

1. INTRODUCTION
According to World Health Organization (WHO) data since the beginning of the epidemic, more than 70 million people have been infected with the HIV virus and around 35 million people have died from HIV disease [1]. In 2015 there were 36.7 million people living with HIV / AIDS and 1.1 million people died due to AIDS disease [2].

In 2016 there were 36.7 million people living with HIV / AIDS and one million people dying from AIDS. In 2017 there was an increase of 36.9 million people living with HIV / AIDS and 940,000 who died [2, 3].

Based on data from the Ministry of Health (Ministry of Health) about the progress reports of HIV / AIDS and the first quarter of sexually transmitted infections, West Sumatra including the top 10 with 27 cases after DKI Jakarta, East Java, Central Java, Riau, Riau Islands, West Java, Kalimantan West and North Maluku [4]. In West Sumatra the number of HIV reported in 2015 was 273, then increased to 397 in 2016 and as many as 561 in 2017. Likewise, the incidence of AIDS increased from 160 in 2016 to 291 in 2017 [5]. Based on Padang City Health Office report data also increased the number of HIV cases from 2015 to 2017. In 2015 there were 227 HIV positive cases. In the following year there were an increase of 300 cases in 2016 and 370 cases in 2017 [6].

Efforts that can be made in preventing HIV transmission are in various ways, one of which is by providing information about HIV and AIDS in high-risk groups for HIV infection. Information that needs to be given is about the spread of the HIV virus so that it is easy to know how to prevent transmission. Prevention is very important to be done by PLWHA in order not to transmit the HIV virus to other people which causes an increasing number of HIV cases, so there is a need for PLWHA to make prevention to reduce the risk of HIV infection by PLWHA to others [7].

According to Lawrence Green's theory, behavioral factors are determined by predisposing, enabling and reinforcing factors. Predisposing factors are knowledge, attitudes, beliefs, beliefs, traditional values and so on. Enabling factors are infrastructure and reinforcement factors,
namely community leaders, religious leaders and the role of health workers [8].

2. METHOD

This type of research is an analytical survey with a cross sectional research design. This research was conducted at the Taratak Jiwa Hati Padang Foundation in September 2018 - May 2019. The population in this study was 116 ODHA and the number of samples was 51 respondents. Sampling using purposive sampling technique. Primary data collection is done by distributing questionnaires that have been tested for validity and reliability, while secondary data are collected from data from the Taratak Jiwa Hati Foundation Foundation. The independent variables are knowledge, attitude, infrastructure, the role of health workers and the role of NGO officers. Data analysis using Chi-square test and logistic regression analysis.

3. RESULTS AND DISCUSSION

Distributions and Frequencies of dependent and independents variables of PWLHA at Taratak Jiwa Hati Padang Foundation

Table 1. Dependent and Independent Frequency Distribution of Variables for PLWHA at Taratak Jiwa Hati Padang Foundation in 2019

| Variables                      | Frequency (f) | Percentage (%) |
|--------------------------------|---------------|----------------|
| **Preventive measure**         |               |                |
| a. Do not do                   | 16            | 31,4           |
| b. Do                          | 35            | 68,6           |
| Total                          | 51            | 100,0          |
| **Knowledge**                  |               |                |
| a. Low                         | 13            | 25,5           |
| b. High                        | 38            | 74,5           |
| Total                          | 51            | 100,0          |
| **Attitude**                   |               |                |
| a. Negative                    | 20            | 39,2           |
| b. Positive                    | 31            | 60,8           |
| Total                          | 51            | 100,0          |
| **Infrastructure**             |               |                |
| a. Not Good                    | 21            | 41,2           |
| b. Good                        | 30            | 58,8           |
| Total                          | 51            | 100,0          |
| **Role of Health Officers**    |               |                |
| a. No role                     | 23            | 45,1           |
| b. Role                        | 28            | 54,9           |
| Total                          | 51            | 100,0          |
| **Role of NGO Officers**       |               |                |
| a. No role                     | 16            | 31,4           |
| b. Role                        | 35            | 68,6           |
| Total                          | 51            | 100,0          |
Based on the table the 51 respondents, 16 respondents (31.4%) did not take HIV prevention measures, 13 respondents (25.5%) had a low level of knowledge regarding HIV transmission prevention measures, 20 respondents (39.2%) had a negative attitude towards HIV transmission prevention measures, 21 respondents (41.2%) did not get good infrastructure for HIV transmission prevention measures, 23 respondents (45.1) did not get the role of health workers in transmission prevention measures HIV, 16 respondents (31.4%) did not get the role of NGO officers in HIV transmission prevention measures.

Table 2. Relationship between Independent and Dependent Variables on PL.WHA at the Taratak Jiwa Hati Padang Foundation in 2019

| Independent Variables | Preventive measure | Total | POR(95% CI) | p-value |
|-----------------------|--------------------|-------|-------------|---------|
|                       | Do Not do | Do | f | % | f | % | f | % |
| Knowledge             |           |    |   |   |   |   |   |   |
| Low                   | 8         | 5  | 8 | 61.5 | 13  | 100 | 6,000 (1,536 – 23,438) | 0,013 |
| High                  | 8         | 30 | 8 | 21.1 | 38  | 100 | 10,125 (2,549-40,225) | 0,001 |
| Total                 | 16        | 35 | 35 | 68.6 | 51  | 100 |
| Attitude              |           |    |   |   |   |   |   |   |
| Negative              | 12        | 8  | 12 | 60.0 | 20  | 100 |
| Positive              | 4         | 27 | 4 | 12.9 | 31  | 100 |
| Total                 | 16        | 35 | 35 | 68.6 | 51  | 100 |
| Infrastructure        |           |    |   |   |   |   |   |   |
| Not Good              | 9         | 12 | 9 | 42.9 | 20  | 100 |
| God                   | 7         | 23 | 7 | 23.3 | 31  | 100 |
| Total                 | 16        | 35 | 35 | 68.6 | 51  | 100 |
| Role of Health Officers|         |    |   |   |   |   |   |   |
| No role               | 13        | 10 | 13 | 56.5 | 23  | 100 |
| Role                  | 3         | 25 | 3 | 10.7 | 28  | 100 |
| Total                 | 16        | 35 | 35 | 68.6 | 51  | 100 |
The results of bivariate analysis can be seen that there is a significant relationship between knowledge level variables with a p-value of 0.013, attitude with a p-value of 0.001 and the role of NGO officers with a p-value of 0.024 for preventive HIV transmission by PLWHA.

Table 3. Dominant Independent Variables (Multivariate Analysis)

| Variable               | p-value | POR      | 95% CI          |
|------------------------|---------|----------|-----------------|
| Attitude               | 0.007   | 8.638    | (1.780-41.918)  |
| Infrastructure         | 0.198   | 2.807    | (0.583-13.502)  |
| Role Of Health Officers| 0.010   | 8.480    | (1.669-43.101)  |

The results of multivariate analysis showed that attitude as the most influential variable compared to other variables with a POR value 8.638 which means that respondents who have a negative attitude are at risk of 8,638 times not to take HIV prevention.

**Act of HIV Transmission Prevention**

The results showed that less than half of the respondents did not prevent HIV transmission (31.4%). Some respondents were inconsistent in using condoms during sexual intercourse and more than half of respondents had more than 1 sexual partner. There were still respondents who took turns using needles after HIV was identified. In this study, the highest number of respondents who did not prevent HIV transmission was found in respondents who had heterosexual sexual orientation.

**Relationship Between Levels of Knowledge to Act of HIV Transmission Prevention**

In this study, the majority of respondents had a high level of knowledge (74.5%). This is influenced by the majority of respondents having a high level of education, namely high school. Where they already have sufficient knowledge and understanding of the various information provided. Although some respondents have high knowledge, people with HIV become carrier of the virus and can transmit the disease throughout his life even though he does not feel sick and looks healthy. In the statistical test obtained p-value of 0.013 (p <0.05).

This shows that there is a significant relationship between the level of knowledge and prevention of HIV transmission by PLWHA. This is in line with David Tampi’s research in 2013 which showed a significant relationship between knowledge and HIV / AIDS prevention measures (p = 0.029). Researcher Jeni A. Manafe (2014) has a relationship between student knowledge and HIV / AIDS infection prevention measures [9, 10].
**Relationship Between Attitudes to Act of HIV Transmission Prevention**

In this study, more than half had a positive attitude (60.8%). However, there are some respondents who are negative about prevention of HIV transmission. Especially in the statement that I believe that having sex using a condom is the safest way to prevent HIV transmission to others (45.1%). I believe that using a syringe together will not transmit HIV to others (43.1%). I'm sure if changing sexual partners can increase the risk of transmitting HIV to others (39.2%). Based on the statistical test obtained p-value of 0.001 (p <0.05). This shows that there is a significant relationship between attitudes and prevention measures for HIV transmission by PLWHA. This research is in line with Apriani Fitrí's research in his efforts to prevent HIV / AIDS in binan residents in the Andanti Dewi Solok Women's Social Institution in 2016, where there is a significant relationship between attitudes and HIV / AIDS prevention efforts (p = 0.009) [11].

**Relation of the Role of NGO Officers to Act of HIV Transmission Prevention**

In this study, more than half of NGO officers played a role (68.6%). However, there were respondents who answered no to the statements of NGO officers providing information about safe use of syringes (15.7%), health workers provided information on how to use safe condoms (11.8%). This is due to the fact that NGO officials have not maximized the provision of information on how to use safe condoms and the use of needles. Based on the statistical test obtained p-value of 0.024 (p <0.05). This shows that there is a significant relationship between the role of NGO officers and prevention of HIV transmission by PLWHA. This research is in line with Evianty's 2008 study that there was a relationship between the role of NGO officers and HIV prevention measures in CSWs (p = 0.005) [14].

**4. CONCLUSION**

In this study it can be concluded that more than half of the respondents prevent HIV transmission. More than half of respondents have a high level of knowledge about HIV transmission prevention measures. More than half of the respondents have positive attitudes about prevention of HIV transmission. More than half of the respondents who received good infrastructure facilities prevented HIV transmission. More than half of respondents received the role of health workers in HIV transmission prevention measures. More than half of respondents received the role of NGO officers in HIV transmission prevention measures. There is a relationship between knowledge, attitude, the role of health workers and the role of NGO officers with prevention of HIV transmission by PLWHA. There is no relationship between infrastructure and prevention measures for HIV transmission by PLWHA. The most related factor for prevention of HIV transmission by PLWHA is attitude (p = 0.007; POR = 8.638 95% CI = 1.780-41,918). Respondents who have a negative attitude are at risk of 8,638 times to not take preventive measures for HIV transmission. It is recommended that ODHA be more positive in the act of transmitting HIV to other people and sexual partners by acting that being sure to use condoms is the safest way to prevent HIV transmission by diligently participating in peer support group activities. It is also expected that health workers can increase knowledge of PLWHA by providing information about the use of needles and safe use of condoms whenever PLHIV visits the VCT Polyclinic in the hospital and it is also expected that health workers can provide condoms and needles.
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