

The Influence Of Locus Of Control, Private Support And Community Stigma On Hiv/Aids Infection Prevention Plwha In Kds Friendship Plus Kediri

Via Nikitasari Sukowati¹, Nia Sari², Ema Maya Sari³

¹Dinas Kesehatan Kabupaten Kediri

^{2,3}STIKES Surya Mitra Husada

*Corresponding Author : Nia1980tirtoudan@gmail.com

ABSTRACT

WHO information the incidence of HIV / AIDS tends to increase from year to year. This shows that efforts to prevent transmission of HIV/AIDS to PLWHA are also less effective. The purpose of this study was to determine the effect and which are the most influential between LoC, peer support and community stigma on efforts to prevent the transmission of HIV/AIDS in PLHIV in KDS Friendship Plus Kediri. Design of quantitative analytic research with cross sectional approach. The population is PLWHA members of KDS Friendship Plus Kediri with a sample of 30 respondents by Accidental Technique. Collection uses questionnaire and is analyzed by linear regression. The results showed that there was an influence of LoC on efforts to prevent HIV / AIDS transmission (p value 0.004 <0.05), there was an influence of peer support on efforts to prevent HIV / AIDS transmission (p value 0.006 <0.05), and there was an influence of community stigma on efforts to prevent HIV/AIDS transmission (p value 0.044 <0.05). The variables that most influence efforts to prevent HIV / AIDS transmission in PLWHA are peer support variables using multiple linear regression analysis with results (B = 0.233) this occurs because peer groups are groups that can be accepted by PLWHA, understand the needs of PLWHA, and closest to giving motivation for PLWHA

Keywords : LoC, Peer Support, Community Stigma, PLWHA, Prevention,

INTRODUCTION

HIV is a virus that weakens the immunity of the human body. This disease is known as AIDS which can be contagious and deadly according to Bare & Smelzer 2005 in Kusuma 2011). The World Health Organization (WHO) states that HIV/AIDS is the deadliest outbreak and is an infectious disease that is a global public health problem and spread in almost all countries in the world, including Indonesia. The problem is that the incidence of HIV/AIDS tends to increase from year to year. This shows that efforts to prevent transmission of HIV/AIDS to PLWHA are also less effective.

According to the latest UNAIDS 2016 data globally there are 36.7 million people living with HIV. In the latest WHO report in November 2017, in 2016 there were 1 million people killed due to HIV disease and 1.8 million new people infected with HIV. According to The World Bank, in 2013 there were 35 million people living with HIV; 2.1 million people have been infected with HIV and 1.5 million have died from HIV (WHO, 2014).

UNAIDS 2014 said data on HIV/AIDS prevalence in Indonesia had increased by around 48%. In the Asia Pacific region, the increase in new infections for Indonesia accounted for 23%, while China was only 20%, India 38%, while Thailand, Vietnam and Myanmar were only 2% (Ignatius. H, 2014).

Data on cases of HIV/AIDS in Indonesia reported thru 'December 2016 sources from the CDC General Directorate & EH of the Ministry of Health, Republic of Indonesia have been reported since they were first discovered in Indonesia, from 1987 to March 2016, HIV-AIDS is spread in 407 (80%) of 507 districts/cities in all provinces in Indonesia. Up to 2016 the number of HIV sufferers reached 41,250 sufferers. The cumulative number of HIV infections reported until December 2016 was 232,323 patients.

East Java ranks number 2 after DKI Jakarta (31,429). While the cumulative number of AIDS from 1987 to December 2016 was 86,725 people. The number of East Java AIDS sufferers was 16,911 patients (Directorate General of PP & PL Ministry of Health RI, 2016). In Kediri according to the Kediri District and City Health Office in 2016 there were 1091 people with HIV/AIDS. This number jumped in 2017, as of April 2017 there were already 1200 HIV/AIDS sufferers (Bidak, 2017).

The high prevalence of HIV/AIDS is caused by various factors. Medically this disease includes infectious diseases with a long incubation period and a long case fatality rate so that the longer the period of time the prevalence also increases. Besides that, this disease can transmit to other people through sexual intercourse, the use of needles and syringes, blood transfusions, transmission from mother to fetus, or other liquid media. This is also related to lifestyles such as frequent changing partners, use of narcotics with needles (Carter, 2011). Other causes also depend on the sufferer especially how the sufferer feels responsible for his illness so as not to transmit to others or known as Locus of control (LoC). Lack of peer support can also cause the prevention of HIV's role to be less because sufferers feel frustrated that it can be vented with revenge inspiration (Spiritia Foundation, 2011). Including external stigma to HIV sufferers such as avoiding PLWHA or not wanting to use the same equipment, refusal by family, friends or community towards PLWHA including moral justice in the form of attitudes that blame PLHIV for their illness and regard as immoral people (UNAIDS, 2012).

In the preliminary study conducted at KDS Friendship Plus, there were several people with positive HIV status who were actively involved in peer support groups, including home visits, group groups, small groups, and so on. After being explored further, these volunteers dedicated themselves to helping fellow HIV sufferers in the fight for human rights for HIV sufferers, the reason for these volunteers to fight among them felt they were discriminated against in their families, communities, workplaces and health services, this greatly affected the quality of life of PLHAs, besides they have to face the declining health conditions they also experience pressure from the environment which makes their situation worse. But it does not make them broken in direction, they are strong because there is support from families who love them very much. For that they have the initiative to establish peer support groups as a place for fellow HIV sufferers to strengthen each other and provide information about HIV. prevention of HIV transmission, it is expected that with the support of families and peer support groups PLHAs are more warm and independent in facing the existing pressures. The purpose of this study was to determine the effect of peer support LoC and stigma on efforts to prevent HIV/AIDS transmission in PLWHA in KDS Friendship Plus in Kediri, East Java in 2018.

METHODS

Design of quantitative analytic research with cross sectional approach. The population is ODHA members of KDS Friendship Plus Kediri with a sample of 30 respondents by Accidental Technique. Collection uses questionnaire and is analyzed by linear regression.

RESULTS

Subject Characteristics

Table 1. Characteristics of respondents in this study include age, gender, education, occupation, status, risk factors, duration of illness, loc, peer support, community stigma and efforts to prevent HIV/AIDS.

No	Characteristics	ΣN	Σ%
1	Age (year)		
	<20	2	6,7
	20-35	12	40
	>35	16	53,3
2	Gender		
	Man	5	16,7
	Female	25	83,3
3	Education		
	Elementary	19	63,3
	Medium	10	33,3
	High	1	3,3
4	Occupation		
	Unemployment	1	3,3
	Farmer	3	10
	Private	26	86,7
5	Status		
	Single	6	20
	Married	10	33,3
	Widow/widower	14	46,7
6	Risk factors		
	Risk group	21	70
	Couples at risk	9	30
7	Duration of illness		
	<1 year	3	10
	1-5 year	21	70
	>5 year	6	20
8	LoC		
	Eksternal	15	50
	Internal	15	50
9	Peer suport		
	No	9	30
	Yes	21	70
10	Community stigma		
	Negatif	12	40

	Positif	18	60
11	Effort to prevent HIV/AIDS		
	Not prevent	11	36,7
	Prevent	19	63,3
	Total	30	100

STATISTICAL TEST RESULTS

Based on the results of Linear Regression Analysis The effect of locus of control on HIV/AIDS prevention efforts is known to have the effect of locus of control on efforts to prevent HIV/AIDS transmission (p value $0.004 < 0.05$, H_0 is rejected). Its influence is positive and includes very strong (correlation or $r = + 08.869$), meaning that the higher the score of locus of control, the higher the score of HIV/AIDS prevention efforts and vice versa.

Based on the results of Linear Regression Analysis The Effect of Peer Support on HIV/AIDS Prevention Efforts is known to have the influence of support for efforts to prevent HIV/AIDS transmission (p value $0.006 < 0.05$ then H_0 is rejected). Its influence is positive and includes very strong (correlation $+ 0.973$), meaning that the higher the score of peer support, the higher the score of HIV/AIDS prevention efforts and vice versa.

Based on the results of Linear Regression Analysis The Effect of Community Stigma on HIV/AIDS Prevention Efforts is known to have an influence on community stigma towards efforts to prevent HIV/AIDS transmission (p value $0.044 < 0.05$, H_0 is rejected). The effect is positive and includes very strong (correlation $+ 0.861$), meaning that the higher the community stigma score, the higher the score of HIV/AIDS prevention efforts and vice versa.

Based on the Linear Regression Test Results that Influence the Locus of control, Peer Support and Community Stigma in the Kediri Friendship Plus Support Group in 2018, it is known that the most dominant influence between LoC, peer support and stigma on efforts to prevent HIV/AIDS transmission peer ($B = 0.233$), while LOC is only 0.027 , community stigma is only 0.068 .

DISCUSSION

A. Effect of LoC on Prevention of HIV/AIDS Transmission in PLWHA

Based on the results of linear regression analysis, the influence of LOC on HIV/AIDS prevention efforts was obtained by $3,125$ Sig 0.004 F, $41,789$ sig F $0,000$ α $0,05$, from the results of the analysis it was found that there was influence of Locus of control on efforts to prevent HIV / AIDS transmission (p value $0,004 < 0.05$ then H_0 is rejected). Its influence is positive and includes very strong (correlation $+ 0.869$), meaning that the higher the score of locus of control, the higher the score of HIV/AIDS prevention efforts and vice versa.

LoC according to Rotter (Suwarsi & Budianti, 2009) is a thing that certainly contributes to the quality of one's performance. LoC is a person's attitude in interpreting the cause of an event (Brotosumarto, 2010). LoC is an individual's belief in the ability to control destiny themselves. Individuals who have the belief that fate or events in their lives are under their control are said to have internal LoC. While individuals who have environmental beliefs that have control over fate or events in their lives are said to have external LoC. Kreitner & Kinichi said the results achieved by the internal LoC were ascribed to his activities. As for individuals with external LoC, the success achieved is

controlled by the surrounding circumstances (Yayan, 2013). Robbin (quoted by Ginintasasi, 2014). Locus of control (LOC) refers to a person's perception or orientation towards what is considered as the cause of the situation or event in his life (Wiwin, et al, 2010).

The influence of Locus of control on efforts to prevent transmission of HIV / AIDS is due to being able to take preventive measures requires full awareness of each individual with HIV. At present the status of PLWHA is very confidential, so the general public will not know. While the process of HIV transmission is very easy, for example through unprotected sex relationships, blood donors, or through other fluids. If there is no full awareness that comes from within the individual concerned, it is difficult to realize this effort of prevention.

B. Effect of Peer Support on Prevention of HIV/AIDS Transmission in PLWHA

Based on the results of linear regression analysis, the effect of peer support on HIV/AIDS prevention efforts was obtained by 2,987 Sig 0.006 F count 41,789 sig F 0,000 α 0,05, from the results of the analysis it was found that there was an influence of support for efforts to prevent HIV/AIDS transmission (p value 0,006 < 0, 05 then H_0 is rejected). Its influence is positive and includes very strong (correlation + 0.973), meaning that the higher the score of peer support, the higher the score of HIV/AIDS prevention efforts and vice versa.

The concept of peer support is a group in which two people or more than 2 people who are infected or directly affected by HIV gather and support each other. Members of peer support groups are people with HIV/AIDS (PLHIV) and people living with PLHIV (Ohidha), or a combination of PLHIV and people living with HIV. Initially a group can be a combination of PLHAs with different backgrounds and the need to make groups more specific, such as special groups of PLHAs, or groups with certain backgrounds (eg Waria, IDU, Women, etc.), or a combination People with HIV and AIDS (Spiritia Foundation, 2011). The role of peer support is to achieve a better quality of life for people with HIV and AIDS. Peer support also has the role of reducing the socio-economic impact of HIV and AIDS on PLWHA and their families (Spiritia Foundation, 2011).

C. Effect of Stigma on Prevention of HIV/AIDS Transmission in PLWHA

Based on the results of linear regression analysis the influence of community stigma on HIV / AIDS prevention efforts was obtained by Count 2.113 Sig 0.004 F 41.789 sig F 0.000 α 0.05, from the results of the analysis it was found that there was an influence of community stigma on efforts to prevent HIV/AIDS transmission (p value 0.044 < 0.05 then H_0 is rejected). The effect is positive and includes very strong (correlation + 0.861), meaning that the higher the community stigma score, the higher the score of HIV/AIDS prevention efforts and vice versa.

The influence of community stigma on efforts to prevent HIV/AIDS transmission due to HIV prevention activities requires positive stigma. The positive stigma about HIV itself is related to good knowledge about HIV, good knowledge will influence positive attitudes in the prevention of HIV/AIDS in everyday life. The attitude that is formed will drive behavior in the form of HIV/AIDS prevention behavior. Not because of his incidental external coercion. Knowledge predisposes to behavior.

D. The Most Dominant Influence between LoC, Peer Support and Stigma on Prevention of HIV/AIDS Transmission in PLWHA

Based on the results of multiple linear regression analysis, the influence of Locus of Control, Peer Support and community stigma got the following results of the LOC variable ($B = 0.027$), Peer Support ($B = 0.233$) while the community Stigma ($B = 0.068$) from the results of the analysis the most dominant influence between LoC, peer support and Stigma on efforts to prevent HIV/AIDS transmission in PLWHA is a peer support variable ($B = 0.233$), while LOC is only 0.027, community stigma is only 0.068.

The results of the analysis show that the most dominant influence on HIV/AIDS prevention efforts among the variables of LoC, peer support and community stigma are peer support variables. This is because HIV sufferers will inevitably experience a decrease in quality of life. On the other hand, the community's stigma still blames HIV/AIDS sufferers. Therefore, when it collapses like this, PLWHA feel alone, feeling no one cares, even though he is in need of help. Therefore the only one who cares at the moment is the group, the peer group

CONCLUSION

1. There is the influence of Locus of control on efforts to prevent transmission of HIV/AIDS to PLWHA.
2. There is an influence of peer support on efforts to prevent transmission of HIV/AIDS to PLWHA.
3. There is an influence of community stigma on efforts to prevent transmission of HIV/AIDS to PLWHA.
4. Factors that are very influential in preventing HIV / AIDS transmission in PLWHA are Peer Support.

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