THE RELATIONSHIP OF KNOWLEDGE, ATTITUDE, AND PERCEPTION OF HIV/AIDS PATIENTS TO TRANSMISSION PREVENTION

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Abstract

Introduction: *Human Immunodeficiency Virus (HIV) / AIDS infection was increased every year. One of the causes of new sufferers is the risky sexual behavior people with HIV / AIDS. The purposed of this study is to analyze the Determinant of risk prevention behavior of transmission people with HIV / AIDS in Arifin Achmad Public Hospital.*
Method: *The research method used cross-sectional study to describe the determinant of prevention of transmission of HIV / AIDS. The research sample was 83 respondents. The study was conducted from Jun 2, 2021, to July 2, 2021, in Arifin Achmad Public Hospital.*
Result: *The results showed that of 83 respondents, 26 (31%) respondents had risky behavior and 57 (68%) respondents had healthy behavior. Analyze with statistics showed there are not correlation between Knowledge (p value = 0.119) with prevention of transmission HIV AIDS patient.*
Conclusion: *There are correlation between attitude (0.015), perception (0.009) with prevention of transmission HIV/ AIDS. These results encourage care giver to be more active in providing health education.*

Keywords: *sexual behavior, HIV, knowledge, attitude, prevention*

INTRODUCTION

HIV/AIDS is a complex health problem. Infections of HIV/ AIDS that still cause the number of sufferers continue to grow and spread throughout the world. The number of people living with HIV/AIDS in 2013 reached 35 million people with 1.5 million deaths. This number consists of 1.3 million adults and 190,000 children aged < 15 years (Infodatin, 2014). The high number of people living with HIV/AIDS is also experienced by Indonesia. In 2013 the number of HIV cases in Indonesia was 1,255 cases and 1,001 cases of HIV. This number

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spreads to all provinces in Indonesia.

Riau Province is one of the provinces with the largest number of HIV sufferers in Indonesia. HIV/AIDS cases in Pekanbaru are the most cases of HIV/AIDS among other district cities in Riau Province (Riau Provincial Health Office, 2015). People infected with HIV in Pekanbaru City in 2013 were 133 people, in 2014 there were 347 people and in 2015 and 2015 there were 499 people with 202 new cases. These data indicate an increase in the number of people infected with the HIV virus. The spread of HIV positive cases spread to all ages and the majority were in the productive age (25-49 years)

The group of pregnant women and newborns is a group that is prone to contracting HIV/AIDS. Transmission to mothers and toddlers is generally through sexual relations with husbands who have high-risk sexual behavior (Abrori & Qurbaniah, 2017). The continued increase in cases of HIV/AIDS can occur due to increased disease transmission as well as access to health and screening which has reached isolated areas of people with HIV/AIDS that have not been detected previously. The highest transmission of the HIV virus occurs in homosexual and heterosexual residents (Pekanbaru City Health Office, 2015).

Research conducted by Chow et al (2014) on homosexual risk behavior shows that in general homosexual couples carry out risky homosexual behavior activities such as without using condoms when oral or anal, having sex with multiple partners, commercial sex, and drug use behavior. Another similar study was studied by Murtono in 2016. The results showed that the factors that influenced the occurrence of HIV/AIDS cases in a person were inconsistent condom use behavior (OR = 5.3, p = 0.028), a history of suffering from STIs (OR = 2.9, p = 0.027) and combined sex forms (OR= 4.3, p = 0.002). Transmission and the number of people living with HIV / AIDS that continues to increase will result in an increase in population mortality. So it is necessary to prevent transmission of HIV/AIDS patients, especially patients who have been detected as positive for HIV/AIDS.

By knowing the behavior, especially the sexual behavior of HIV/AIDS sufferers, health workers can provide appropriate interventions in efforts to prevent this disease. It is hoped that interventions that are in accordance with risky behaviors carried out by HIV/AIDS sufferers will reduce the number of HIV/AIDS sufferers in Riau Province in general.

This study aims to analyze the factors associated with the prevention of HIV/AIDS transmission in Arifin Achmad Hospital Pekanbaru.

METHODS

This study uses a cross-sectional research design that aims to analyze the relationship between the variables of prevention factors and HIV/AIDS prevention behavior at Arifin Achmad Hospital Pekanbaru, Riau Province. The study was carried out at the special service clinic of the Arifin Achmad Regional General Hospital, Riau Province on June 2, 2021 to July 2, 2021. The number of samples was 83 respondents. The sampling technique in this study was accidental sampling, namely the sampling technique based on visits during the study period. The criteria for respondents to suffer from HIV/AIDS, are willing to be respondents, can read and write, and are not in an emergency situation. The research stages were carried out in four stages, (1) the preparation stage, managing the legality of research at the Arifin Achmad Hospital

Pekanbaru and STIKes Al Insyirah Pekanbaru, (2) the stages of research ethics, legality management and ethical aspects of research procedures. (3) the provision of research questionnaires with only the initials of the respondents.

The instrument in this study used a questionnaire. The knowledge, attitude and perception questionnaire was adopted from previous research and has been tested for validity. The prevention effort questionnaire consists of closed questions covering healthy HIV/AIDS/sexual prevention behaviors for HIV/AIDS sufferers with a "yes" and "no" Guttmen scale of choice by adopting from previous related research. The research procedure has passed the medical and health research ethics test, Faculty of Medicine, University of Riau with the number B/ 021/UN.19.5.1.1.8/ UEPKK/2021 on April 9, 2021.

The data analysis used is univariate and bivariate analysis. The test used for the analysis of the relationship between variables is the chi-square test. The level of confidence used is 95% (α=0.05).

RESULTS

Tabel 1. Frequency distribution of HIV/AIDS sufferers in Arifin Achmad Hospital Pekanbaru.

category	*n*	(%)
Gender		
Male	66	79
female	17	21
education		
Junior High school	4	5
Senior high school	56	67
College	23	28
Marital status		
Married	40	48
single	43	52
Total	**83**	**100**

Based on table 1, data shows that most respondents are male, 66 respondents (79%), high school educated high school as many as 56 respondents (67%), and 43 people are not married (52%)

Tabel 2. Frequency Distribution of HIV/AIDS prevention behavior.

Preventive bahavior	*f*	(%)
Risk	26	31
Not Risk	57	69
Total	83	100%

Based on table 2, it is found that most respondents have risky behavior for 26 people (31%) and 57 people for not risk (69%).

Tabel 3. Frequency distribution of knowledge of HIV/AIDS.

Knowledge	n	(%)
Not good	3	4
enough	24	29
good	56	67
Total	83	100%

Based on table 3, it is found that respondents who have poor knowledge are 3 people (4%), enough are 24 people (29%), and 56 people are good (67%)

Tabel 4. Frequency distribution of attitudes of people living with HIV/AIDS.

Attitude	n	(%)
Bad	2	2
Not good	11	13
Quite good	30	36
good	40	48
Total	83	100%

Based on table 4, it was found that the respondents had a bad attitude as many as 2 people (2%), not good as many as 11 people (13%), quite good as many as 30 people and good as many as 40 people (48%).

Tabel 5. Frequency distribution of perceptions of HIV/AIDS sufferers.

Perception	*n*	(%)
Positive	41	49
Negative	42	51
Total	83	100%

Based on table 5, it was found that the perception of HIV/AIDS sufferers at the Arifin Achmad Hospital was positive as many as 41 people (49%) and negative as many as 42 people (51%).

Tabel 6. The relationship between knowledge and prevention behavior of HIV/AIDS sufferers.

Knowledge	Preventive behavior		*p value*
	Risk	Not Risk	
Bad	0	3	0.119
sufficient	11	13	
good	15	41	
Total	26	54	

Based on table 6, it is obtained data that respondents have bad knowledge and behave not at risk as many as 3 people, respondents who have sufficient knowledge and risk behavior are 11 people and are not at risk as many as 13 people. And respondents who have good knowledge of risky behavior are 15 people and 41 people are not at risk. Statistical test results obtained p value 0.119 > 0.05. So it can be concluded that there is no relationship between respondents' knowledge.

Tabel 7. The relationship between attitudes and behaviors of HIV/AIDS sufferers.

Attitude	Preventive behavior		*p value*
	Risk	Not Risk	
Bad	0	2	0.015
Not good	8	3	
Quite good	28	22	
Good	10	30	

Based on table 7, it is obtained data that most respondents has a bad attitude and risk prevention behavior as many as 28 respondents. The results of statistical tests obtained p value of 0.015 < 0.05. Statistical results can be concluded that there is a relationship between attitudes and behaviors to prevent HIV/AIDS transmission in Arifin Achmad Hospital Pekanbaru.

Tabel 8. The Relationship of Respondents' Perceptions with HIV/AIDS Prevention Efforts

Perception	Preventive behavior		*p value*
	Risk	Not Risk	
Positive	7	34	0.009
Negative	19	23	
Total	26	57	

Based on table 8, data shows that respondents who have a positive attitude and behave at risk are 7 people and 34 people are not at risk. While respondents who have a negative perception have risk prevention behavior as many as 19 people and not at risk as many as 23 people.

The results of statistical tests obtained p value of 0.009 < 0.05. Statistical results can be concluded that there is a relationship between perception and behavior to prevent HIV/AIDS transmission in Arifin Achmad Hospital Pekanbaru.

DISCUSSION

a. Sexual Behavior of HIV/AIDS Patients

Based on table 1, data shows that the majority of respondents are male, 66 respondents (79%), have high school education (SMA) as many as 56 respondents (67%), and 43 people are not married (52%). Behaviors to prevent transmission of HIV/AIDS sufferers are still found to be at risk. This contagion behavior includes risky sexual behavior. These risky behaviors include not using condoms consistently, sex with a boyfriend, oral sex and anal sex (Aziz,

R.A, efliani, Redho, 2020).

Adolescents are a high-risk age group and are vulnerable to HIV/AIDS because at this age children are looking for identity by trying new things (Angela, Sianturi, Supardi, 2019). More than half of the world's new HIV infections are found at the age of 15-19 years, and the majority of adolescents are infected through sexual intercourse. This is due to economic developments and the negative influence of the mass media. In the scope of HIV prevention in adolescents, the behavior of preventing HIV/AIDS transmission is influenced by factors of health workers, sources of information, the role of peers, parenting patterns and perceptions (Rini & Noviyani, 2019).

b. The relationship between knowledge and risk behavior for HIV/AIDS sufferers

Based on table 6, it is found that the respondents have bad knowledge and 3 people behave without risk, 11 respondents who have sufficient knowledge and risky behavior and 13 people who are not at risk. And respondents who have good knowledge of risky behavior are 15 people and 41 people are not at risk.

Research conducted by Wilda, Hardisman, and Dien in 2019 on the analysis of factors related to HIV/AIDS prevention behavior in female sex workers in the city of Padang showed that the prevention behavior was good and factors related to prevention efforts included education (p. = 0.024), knowledge (p = 0.002), attitude (p = 0.001), support from fellow sex workers (p = 0.027) and support from officers (p = 0.013). In this study it was also explained that not all of the FSWs used condoms due to customer requests and they were less comfortable when using condoms.

This result is in line with behavioral theory which states that attitude knowledge is related to behavior. Where knowledge and attitudes are forms of closed behavior and prevention efforts are open behaviors that we can observe in the form of prevention of HIV/AIDS transmission. A person's level of knowledge can influence a person to take action, this provides a cognitive foundation for the formation of behavior, the higher a person's level of knowledge, the higher the possibility of making efforts to prevent HIV/AIDS transmission (McManus, A., & Dhar, 2008).

c. The relationship between attitudes and behaviors of HIV/AIDS sufferers

Based on table 7, it is found that there are 0 respondents who have a bad attitude and 2 people who are not at risk, 8 people are not good at-risk prevention behavior and 3 people are not at risk, 8 people are good enough to have risky sexual behavior and 22 people are not at risk. and a good attitude with risk prevention behavior as many as 10 people and as many as 30 people at risk. The attitude studied is the attitude of HIV/AIDS sufferers towards the prevention of transmission. This is in line with the research conducted by Maria, Sondang and Sudibyo in 2019 on the relationship between knowledge, attitudes and behavior of HIV/AIDS prevention in junior high school students. The results of the study found a significant relationship between attitudes and behavior to prevent HIV/AIDS in junior high school students.

d. Relationship of Perception with HIV/AIDS Prevention Efforts

Perception is knowledge that recognizes an object or event around with the help of the senses, in general perception is also a variable that affects stimulating factors, such as wanting to learn, psychological state, mood and motivational factors, then the meaning of an object or an objective event determined by the condition of the stimulus and the factor of the organism, so that the perception between one person and another is different because they experience different situations (Jalaludin, 2007).

Based on table 8, data shows that

respondents who have a positive attitude and behave at risk are 7 people and 34 people are not at risk. While respondents who have a negative perception have risk prevention behavior as many as 19 people and not at risk as many as 23 people.The perception studied is the vulnerability to transmitting HIV/AIDS if not using condoms and having sex with vulnerable populations such as commercial sex workers. Research conducted by Novi and riska (2020) on the relationship between perception and premarital sexual behavior found that adolescents' perceptions of premarital sexual behavior were related to premarital sexual behavior of high school adolescents.

Transmission prevention behavior can also be assessed by being active in examining HIV/AIDS status by carrying out voluntary counseling and testing (VCT) on groups at risk of contracting HIV/AIDS and their partners. Every individual who has a susceptibility to transmission must conduct an early examination. Perception of vulnerability is a level of response or argument about being easily or not infected with HIV/AIDS, including specific consequences on the risks and conditions that will occur as a result of the sexual act committed. Perceived susceptibility is a person's subjective perception of the risk of disease. Someone who feels vulnerable will underlie preventive behavior and vice versa (Karen, G, Barbara, K, Frances, M; 2009). In addition to susceptibility factors that need to be considered, what are the factors to lose when carrying out prevention efforts such as screening. What if the results are positive, they will experience the consequences of being kept away from their families to being ostracized by the community and getting negative stigma and discrimination.

The perception factor is only another factor that will be supported by external factors such as mass media, advice or recommendations from friends and consultation with health workers in obtaining appropriate information about vulnerabilities, emergencies and the benefits of transmission prevention measures (Khosidah & Purwanti, 2014).

CONCLUSIONS

The majority of respondents had 26 people (31%) risk preventive behavior and 57 people (69%). The results showed that there were still HIV/AIDS sufferers who had risky sexual behavior. In addition to the perception factor of preventive behavior, it can occur due to trigger factors, namely instructions to behave or beliefs to behave based on information obtained from the mass media, consultation with health workers and information from the mass media. Researchers recommend an analysis of interventions that can increase efforts to prevent HIV/AIDS sufferers from transmitting it to others who are still healthy and how to improve attitudes and perceptions.

CONFLICT OF INTEREST

The Author declares that there is no conflict of interest in this research.

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