

The Effect of Community Family of Patterns

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The effect of communication family patterns on prevention effort HIV/AIDS transmission[☆]



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Abstract

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Objectives: The aims of this study is to determine the effect of communication patterns on HIV/AIDS prevention efforts in Badung Regency.

Method: The design of this study is quasi-experiment involving 30 samples selected with purposive sampling technique. The study was conducted at VCT Polyclinic in Badung Hospital. Sample divided into two groups as treatment and control. The treatment group has provided with module to be learned a month. Data was collected by likert-scale questionnaires. Data analyzed with paired t test with $\alpha=0.05$.

Results: The finding of the study showed that there is a significant increase in the average score of HIV/AIDS prevention efforts when comparing between pre and post intervention in the treatment group [3.42 (SD = 0.317) vs 3.76 (SD = 0.218), $p=0.001$] and control group [3.18 (SD = 0.279) vs 3.22 (SD = 0.281), $p=0.003$].

Conclusion: This research has found the effect of communication pattern in family on prevention efforts of transmission HIV/AIDS. Open Communication in family could prevent the transmission of HIV/AIDS to family members. This research recommended health workers to provide counseling plus module.

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Introduction

Acquired Immune Deficiency Syndrome (AIDS) is a accumulation of symptoms and infections or syndromes arising from damage to the human immune system due to infection with the Human Immunodeficiency Virus (HIV). People who are affected by this virus will become susceptible to opportunistic infections or susceptible to tumors.¹ Although existing treatments can slow the rate of progression of the virus,

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but this disease has not really been cured. HIV is generally transmitted through direct contact between the deep skin layers (mucous membranes) or the bloodstream, with body fluids that contain HIV, such as blood, semen, vaginal fluid, preseminal fluid, and breast milk. Transmission can occur through intercourse (vaginal, anal, or oral), blood transfusions, contaminated needles, between mother and baby during pregnancy, childbirth, or breastfeeding, as well as other forms of contact with body fluids.²

According to UNAIDS and WHO estimates that AIDS has killed more than 25 million people since it was first recognized in 1981, and this makes AIDS one of the most devastating epidemics in history. Although recently, access to antiretroviral treatment has improved in many regions of the world, the AIDS epidemic claimed that an estimated 2.8 million (between 2.4 and 3.3 million) were alive in 2005 and more than half a million (570,000) were children. Globally, between 33.4 and 46 million people are now living with HIV. In 2005, between 3.4 and 6.2 million people were infected and between 2.4 and 3.3 million people with AIDS died, an increase from 2003 and the largest number since 1981.³

According to the cumulative case report of HIV/AIDS up to December 31, 2011 issued by the Ministry of Health Republic Indonesia on February 29, 2012 shows the number of AIDS cases has exceeded 100,000. The number of reported cases was 106,758 which consisted of 76,979 HIV and 29,879 AIDS with 5430 deaths. This figure is not surprising because in the early 2000s epidemiologists had made estimates of cases of HIV/AIDS in Indonesia, ranging from 80,000 to 130,000. And now Indonesia is ranked third, after China and India, which have the highest acceleration of HIV/AIDS cases in Asia.⁴

The number of reported HIV cases in Bali ranked fifth nationally (DKI Jakarta, East Java, Papua, West Java, Bali) 2013. As of December 2013 the number of HIV/AIDS cases found was 8563 cases (AIDS 4043, HIV 4520). June 2014 - 9477 cases (AIDS 4455, HIV 5022). The Regional Government⁵ has issued a decree: Bali Governor's Decree No. 917/01-E/HK/2009 Concerning the Formation and Membership Structure of the Bali Provincial AIDS Commission and Badung Regional Government with Regional rules No. 1 in 2008. Several attempts have been made by Badung regency government in tackling the problem of HIV/AIDS including the distribution of IEC packages, Lantern Packages (Eyes, Pens, Sounds) in the form of leaflets, booklets, posters, TV spot shows, Procurement and distribution of syringes (HR) and condoms, Optimizing the potential of community groups through: Formation of AIDS and Drug Concern Students Groups, Formation of AIDS Concern Journalism Groups and Formation of AIDS Concern Village Cadres. These efforts have still not been able to reduce the incidence of HIV/AIDS in Badung Regency, even there has been a shift in the phenomenon of spread through families who do not know one of their family members has HIV/AIDS.⁶

Since 1999 in Indonesia there has been an increase in the number of people with HIV/AIDS in certain subpopulations in several provinces which have a fairly high HIV prevalence. This increase occurred in high-risk behavior groups who were infected with HIV, namely commercial sex workers, abusers of injection drug use and babies born to mothers with HIV/AIDS. This condition requires comprehensive and structured handling in various aspects in a coordinated

manner from all parties involved. These services include; Voluntary HIV Counseling and Testing (VCT), Care, Support Treatment (CST), Management of Opportunistic Infection (OI), Management of Infection in Uterine Patients, Prevention of Mother-to-Child HIV Transmission (PMTCT), availability of Referral services, development networking with Primary Health Care in the working area of Badung Regency through SCS (Sustainable Comprehensive Services). Communication about health problems in the family is the key to the continuity of family life. In Bali, the problem of HIV/AIDS is a topic that is still often discussed in the community but many sufferers themselves hide their problems in the family. This condition makes the iceberg phenomenon still not resolved⁷ found that stigma is experienced by people with HIV/AIDS, with actors as diverse as families, schools and religious leaders. In the face of stigma, there are people with HIV/AIDS who choose not to be frank to protect themselves and their families, and there are also those who are frank or candid. The support factor of family and close people is very important in the choice of people with HIV/AIDS strategies regarding their conditions⁵ shows that the results of the level of knowledge are low and high are balanced at a maximum of 50%, good category students are 92.5% and prevention efforts are low at 65%. Bivariate analysis found there was a relationship between knowledge and prevention efforts ($p=0.000$, $OR=35.2$).

The high rate of HIV/AIDS, the loss of productive period from sufferers has an impact on the loss of productive age in Indonesia. This is due to risky behavior, one of which occurs among families and is a vulnerable group to contract HIV/AIDS. Intrinsic factors which include perceptions about understanding, attitude and prevention of HIV/AIDS have a significant relationship with the risk of contracting behavior in junior high school students. Likewise, extrinsic factors (information obtained from outside) which includes parental information, facilities, information with other people and community stigma have a significant relationship with risky behavior transmitted to junior high school students.⁸ Various steps have been taken by the Badung Regency government such as providing health workers who do voluntary HIV/AIDS counseling and testing or Voluntary Counseling Testing (VCT) in 62 Villages, these efforts have not reduced the HIV rate in Badung by 2695 and AIDS by 1093 cases. Since its establishment in October 2005 the number of visits was only 32 patients, in 2006 there were 380 patients, in 2007 there were 699 patients, in 2008 there were 1337 patients, in 2009 there were 2044 patients, in 2010 there were 2984 patients, in 2011 there were 3853 patients, in 2012 there were 5315 patients and in 2013 the number of visits increased to 5984 patients. The cumulative visits respectively reached 7255 patients in 2014 and 8498 patients in 2015 and in 2016 10,346 patients. So it has increased cumulatively about 17% compared to the visit period of the previous year. Based on the description above, the researchers tried to explore the communication patterns of families with HIV which were then used as a pattern to make efforts to prevent HIV/AIDS in Badung Regency.

The aim of this study is to determine the Effect of Communication Patterns of the Families with the Efforts to Prevent HIV/AIDS Transmission at Mangusada Hospital Badung Regency.

Table 1 Characteristic respondent (n=30).

No.	Characteristic respondent	Treatment		Control	
		f	%	F	%
A	<i>Sub district</i>				
1	Kuta Selatan	2	6.7	3	10
2	Kuta	1	3.3	1	3.3
3	Kuta Utara	8	26.7	5	16.7
4	Mengwi	9	30	10	33.3
5	Abiansemal	8	26.7	8	26.7
6	18 tang	2	6.7	3	10
B	<i>Gender</i>				
	Male	14	46.7	19	63.3
	14 female	16	53.3	11	36.7
C	<i>Education</i>				
	Elementary School	6	20	0	0
	Junior High School	6	20	5	16.7
	Senior High School	18	60	24	80
	Higher Education	0	0	1	3.3
D	<i>Job</i>				
	Unemployed	3	10	3	10
	Entrepreneur	18	60	14	46.7
	Farmer	1	3.3	2	6.7
	Laborer	4	13.3	3	10
	Driver	1	3.3	4	13.3
	Housewife	3	10	4	13.3

Method

Design of this research is quasi experiment by pre and post test design with control group design. The population is people with HIV/AIDS who visited at VCT Polyclinic of Mangusada Hospital Badung Districts. Based on data from the Badung Hospital Report the number of patients registered at the VCT Polyclinic in 2017 was 1286 patients with an average of 22 daily visit.

The study was done from June to October 2018. The data was collected from 30 samples with purposive sampling technique. Data was collected by questionnaires for prevention efforts with reliability test Cronbach's Alpha 87.5 and validity 3.43 Data processed by paired t test with $\alpha=0.05$. This research has approval ethical at Polytechnic of Health Denpasar No.: LB.02.03/EA/KEPK/265.1/2018.

Results

The results shown HIV/AIDS prevention efforts of respondents in the treatment group found the average score of 3.42 and 3.76. The difference found was 0.34. Different test results showed p value of 0.001 there is a difference between efforts to prevent transmission of HIV/AIDS before and after intervention in the treatment group (Tables 1 and 2).

Discussion

Communication is an activity that must occur in family life. Without communication, family will be quiet life from the

Table 2 Prevention effort of respondent (n=30).

No.	Tendency central	Treatment		Control	
		Pre	Post	Pre	Post
1	Mean	3.42	3.76	3.18	3.22
2	Median	3.46	3.8	3.2	3.23
3	Skewness	0.345	0.912	0.315	0.159
4	Minimum	2.67	3.13	2.53	2.60
5	Maximum	4	4	3.73	3.73
6	p value	0.001		0.003	

activities of talking, dialog, exchange ideas and so on. As a result, the vulnerability of relationships between family members is difficult to avoid. Prevention of HIV/AIDS is largely influenced by how a sufferer discloses openly to family members so that finally the family can make efforts to anticipate contracting and transmitting it to others. Providing information through modules on preventing transmission of HIV/AIDS will reduce stigma against sufferers Stigma and discrimination that lead to inequality in social life that makes people infected with HIV become reluctant to open up and socialize in the surrounding environment also increasingly inhibit them from functioning in their social environment. This can also indirectly trigger a decrease in self-esteem in people infected with HIV, so that interventions are needed that can help people infected with HIV to support their self-esteem.⁷

To improve self-esteem and quality of life of people infected with HIV/AIDS, the action taken is to provide

quality support and treatment. As stated in the 2015–2019 National AIDS Action Plan Strategy, one of the desired goals is to provide support to people with HIV. Efforts to achieve this goal is to improve the quality of care services for People with HIV/AIDS) in the form of peer support

From the results of research on HIV/AIDS prevention efforts the control group respondents found that the average score of HIV/AIDS prevention efforts was 3.18 and 3.22. While the different test results show p value 0.003, there is a difference between efforts to prevent transmission of HIV/AIDS before and after intervention in the control group. This condition occurs because the VCT clinic of Mangusada Hospital Badung Regency has routinely conducted counseling efforts to patients but is still being carried out conventionally. The difference in prevention efforts obtained by 0.04 points but statistically this figure is still significant. Stigma and negative discrimination from the community often cause people with HIV/AIDS to experience problems such as depression. States that stress and depression that are allowed to drag on burdens the mind and can roast the immune system. So that if the problem of depression is allowed to continue to burden the mind of people with HIV/AIDS, it will increase or worsen the disease. The role of the counselor in providing motivation and finding alternative solutions to problems will help patients be more open with the problem and motivated to make prevention efforts. According to the research finding the intrinsic factors, perception on understanding, attitude, and HIV/AIDS prevention were significantly correlated with the contagious risk behavior among junior high school students. The extrinsic factors (involving external source of information, information from parents, facilities, information from other people, and community stigma) were significantly correlated with contagious risk behavior among students.⁸

Limited knowledge also greatly influences efforts to prevent transmission of HIV/AIDS. Early examination of HIV/AIDS needs to be done to immediately get health care as needed for those who are identified infected because HIV/AIDS has not found a cure, and the way of transmission is very fast. Beginning to undergo VCT does not need to be afraid because counseling in VCT is guaranteed confidentiality and this test is a dialog between the client and the health worker that aims to make the person able to deal with stress and make their own decisions regarding HIV/AIDS. The key figure in the process of healing a disease is a health worker. Generally, the community considers the health worker has the knowledge and skills to diagnose and cure the disease so that he has the authority to take action against the patient in order to achieve recovery.⁹ From the existing cases, it was found that the average duration of the respondent in the HIV treatment group was 29.27 months while the control group was longer with an average of 30.1 months. Based on the monthly report of the VCT clinic in Magusada Hospital Badung Regency it was found that on average there were 3 new cases each month from February to October 2018. In the counseling process, communication has an important role. Communication becomes important because the process of delivering messages is done through communication, besides that communication is also used to provide motivation to encourage and support the social, emotional and intellectual development of patients with suspect HIV/AIDS. Not only to provide information and

motivate, communication in counseling has a goal which is to change the attitudes and behavior of patients with suspect HIV/AIDS.

From the analysis results obtained p value of the treatment group 0.001 while the control group 0.003 there are differences between efforts to prevent transmission of HIV/AIDS before and after the treatment group and the control group. After being analyzed with the independent difference test, p value 0.001, there was an influence of family communication patterns with effort transmission of HIV/AIDS in VCT Clinic Mangusada Hospital Badung. According to Octavianty, communication in mentoring activities for patients with HIV/AIDS is a transactional process, in which the counseling process between doctors and patients exchanges information. The expected outcome of this exchange of information is that each individual involved in communication understands and there is mutual agreement on the meaning of the message delivered. Communication as a transactional process also means that participants influence one another. If each participant is not affected by thoughts, feelings or actions issued by them, then we cannot state that communication really takes place. Likewise with communication in the family. Every element of communication must be open and ready to accept the information provided. So that is very important in communication is the ability to listen sympathetically. Listening with sympathy is marked by: (a) Being sensitive to the feelings that accompany the message delivered; (b) Listen attentively; (c) Do not interrupt the discussion or make comments in the middle; (d) Pay attention to the speaker; (e) It is not important to be alone, what is important is the speaker. Access to HIV treatment is only one of the problems faced by people with HIV AIDS).⁵ Another significant problem is stigma and discrimination from families, acquaintances and community members. Fear of stigma and discrimination is one of the main reasons many people are reluctant to follow VCT. The results of counseling at the VCT clinic found that patients only came to the VCT clinic after feeling any signs that disturbed their physical condition. As long as they are able to carry out activities, they are still not ready to conduct an examination.⁵

Conclusions

This research has found the effect of communication pattern in family on prevention efforts of transmission HIV/AIDS in VCT Clinics at Mangusada Hospital Badung Regency. Open Communication in family will be prevent transmission of HIV AIDS to family members. With counseling method between patient and health workers available information from others and understanding about the diseases. This finding indicate there are still many methods prevention that need to be done especially involving the family in process of the therapy for patient with HIV/AIDS.

Conflict of interest

The authors declare no conflict of interest.

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