



Performance Analysis Factors of Citizens Who Care about AIDS in Semarang City

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Abstract

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain a challenge and public health problem in the world. The biggest obstacle to encounter HIV and AIDS is stigma and discrimination. Citizens Who Care about AIDS (WPA) is a form of community participation in mobilizing the society to be involved in HIV-AIDS prevention and control. Data from the AIDS Prevention Commission (KPA) Semarang City shows that most WPA do not have work programs and have not carried out administrative activities, therefore making it difficult for KPA to conduct monitoring and evaluation. The purpose of this study was to analyze predisposing factors (age, gender, marital status, occupation, educations, level of knowledge, stigma and discrimination), enabling factors (availability of health facilities, support for health services) and reinforcing factors (stakeholder support, regulation, social culture). This study used the Cross Sectional Study method. The research sample consisted of 100 people using the Proportional Stratified Random Sampling technique. The technique of collecting data by interview using a questionnaire. Data analysis was performed using the chi-square test and logistic regression. The results showed that there was an effect of knowledge ($p = 0.002$), stigma of discrimination ($p = 0.000$), stakeholder support ($p = 0.000$), socio-culture ($p = 0.016$) on WPA performance. The most influential variable is stake holder support ($p = 0.000$. OR = 3.656). The involvement of stakeholder support is really needed for better WPA performance.

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INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) remain one of the most significant challenges and public health problems in the world, especially in low and middle income countries. The HIV epidemic not only affects the health of individuals but also has an impact on the family structure, society and development and economic growth of a country (World Health Organization, 2018) UNAIDS global HIV and AIDS target by 2020 is to diagnose 90% of all HIV positive people provide anti-retroviral therapy (ART) for 90% of those diagnosed and maintaining 90% of those on ART (targets 90-90-90) (Bertman et al., 2019)

Data from the World Health Organization (WHO), the number infected with HIV in 2018 was 37.9 million people, of which 36.2 million were adults (18.8 million were women and 17.4 million men) and 1.7 million. are children aged <15 years. The report on the progress of HIV and AIDS cases of the Ministry of Health of the Republic of Indonesia in 2019 that HIV cases in Indonesia from 1987-March 2019 totaled 338.363 people and the number of AIDS was 15.601 people with a death rate of 0.17%. Central Java Provincial Health Office reports, the number of HIV and AIDS cases from 1993-2018 totaled 25.543 people. The report on the development of the infectious disease control program for the Semarang City Health Office in 2019, HIV cases from 1998-May 2019 totaled 5.486 people, while AIDS from 1998- February 2019 totaled 590 people with a death rate of 73 people. The highest number of AIDS cases were aged 31-40 years (47%), were male (58%), had jobs as employees (112 people), with the highest risk factor being heterosexual (77%).

One of the biggest obstacles in the prevention and control of Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome (HIV and AIDS) in Indonesia is the high level of stigma and discrimination against people living with HIV and AIDS (PLWHA) (Shaluhayah et al., 2015). The emergence of stigma and discrimination can be caused by the

lack of community involvement in every effort to prevent and control HIV and AIDS, such as health education about HIV and AIDS. As a result, many people do not have accurate information about HIV and AIDS. Discriminatory behavior against people living with HIV / AIDS does not only violate human rights, but also does not help preventive efforts at all and because of the fear of contracting HIV and AIDS. These results are in line with the theory which states that one of the reasons for discriminatory behavior among PLHIV is because the existence of PLWHA is considered a threat to society so that there are still people who avoid social contact with PLWHA for fear of contracting HIV-AIDS (Mills et al., 2012) .

Efforts to prevent and control HIV and AIDS require the support of the wider community, the family as the smallest unit in society has an important and very noble task as the first bastion in the prevention and control of HIV and AIDS. Community involvement in HIV and AIDS counseling activities is assumed to be able to change perceptions to be more positive towards PLWHA, there will be no more stigma and discrimination from PLWHA (Wati. Et al., 2017).

Citizens Who Care about AIDS (*WPA*) is a forum for community participation to make efforts to prevent and control HIV and AIDS. The formation of AIDS Concerned Citizens is contained in article 51 paragraph (1) letter (d) "the community can participate in efforts to combat HIV-AIDS by forming and developing *WPA*". AIDS Care Citizens were formed at the sub-district, sub-district / village, hamlet / village level, community unit (RW) and neighborhood unit (RT). The main role of the People who care about AIDS itself is to move the community to participate in the prevention of HIV-AIDS (Demartoto, 2018).

The problem with the performance of *WPA* is that its active role as a companion so that patients are not lost and are led to become a bridge between patients and service providers is still not being noticed by service providers. This happens because of the ineffectiveness of the implementation of coordination and partnerships

with all stakeholders in every line (Anggraini N and Jati S. 2017). The community as an inseparable part of the state system, in the case of HIV and AIDS prevention and control, has not been much directly involved in managing and facilitating HIV prevention activities (Masruri, 2016). Community involvement in HIV and AIDS counseling activities is assumed to be able to change perceptions to be more positive towards PLWHA and there will be no more stigma and discrimination from PLWHA (Widayati et al., 2019).

Based on data on *WPA* performance, it shows that *WPA* performance is good (55.3%), compared to poor *WPA* performance (44.7%). Based on data from the KPA (AIDS Prevention Commission) in Semarang City, it was explained that most of the *WPAs* in Semarang City did not have work programs, and had not carried out *WPA* administration (recording and reporting) activities, so it was difficult for KPA to carry out monitoring and evaluation. This illustrates that the community empowerment program through the formation of *WPA* is still not running as expected by the Semarang City government. One of the obstacles that hinders the *WPA* program is that not all *WPA* members are active, limited funds, and a lack of support from existing leadership in the *WPA* working area (Rianor et al., 2016).

With the activeness of the *WPA*, it is hoped that the public will receive correct information about HIV and AIDS and can slowly change people's perceptions about PLWHA. Age, housewife status and education level can be related to this lack of role. *WPA* cadres mostly work voluntarily without any specific reward. The *WPA* program that has been running has not involved many parties who can move the community at large (Sist broadcasti et al., 2019). Poor categories such as lack of *WPA* knowledge at work, lack of skills in completing work, incomplete work facilities and infrastructure, inability to utilize work facilities and infrastructure, lack of willingness to help each

other in work and others can also affect *WPA* performance (Hermayanty et al., 2019).

In the city of Semarang there are 177 *WPAs* with components of the PKK (Family Health Development), FKK (Village Health Forum), LPMK (Village Community Empowerment Institutions), community leaders / religious leaders and youth organizations who are all inactive. Based on data from the Semarang City KPA of 177 *WPAs* in the urban villages of Semarang City, only 155 (87%) *WPAs* have sub-district decree (SK), 20 (11%) new *WPAs* have media and 29 (16%) new *WPAs* have work programs, from 177 *WPA* has not yet made an activity report to the Semarang City KPA. Therefore, with this condition, the Semarang City KPA has not been able to monitor and evaluate the *WPA's* performance optimally.

METHOD

The design of this research is analytic observational with the method of Cross Sectional Study. The population is all registered *WPA* members in the study area, amounting to 875 people. The sample in this study amounted to 100 *WPA* people in the city of Semarang. The sampling technique used was proportional stratified random sampling. The technique of collecting data by interview using a questionnaire. This study uses this research using bivariate analysis techniques using the Chi Square Test and multivariate using Logical Regression.

RESULTS AND DISCUSSION

Based on the research results, it can be seen that based on predisposing factors, the majority of respondents in productive age are 92 people (92%), female sex is 81 people (81%), married 83 people (83%), do not work 61 people (61%), have higher education. 84 people (84%), have good knowledge of 63 people (63%), and do stigma and discrimination 53 people (53%) according to table 1

Table 1. Frequency Distribution of Factors Affecting the Performance of *WPA* in Semarang City.

Variable	Frequency	Percentage
Age		
Not productive	8	8
Productive	92	92
Gender		
Man	19	19
Women	81	81
Marital status		
Not Married / Widow / Widower	17	17
Married	83	83
Job status		
Does not work	61	61
Work	39	39
Education		
Low education	16	16
Higher education	84	84
Knowledge level		
Not good	37	37
Good	63	63
Stigma and Discrimination		
Yes	53	53
Not	47	47
Availability of Health Facilities		
Not	18	18
Yes	82	82
Health Facility Support		
Not	7	7
Yes	93	93
Stakeholder Support		
Not	52	52
Yes	48	48
Regulation		
Not	25	25
Yes	75	75
Socio-cultural		
No.	55	55
Yes	45	45

Based on the supporting and reinforcing factors in table 1 it can be seen that; 84% available health facilities; health facility support 93%; 48% stake holder support; 75% regulation and 45% socio-culture.

Table 2. Factors Influencing the Performance of *WPA* in Semarang City.

Variable	Poor performance		Good Performance		Total	<i>P-Value</i>	OR
	F	%	F	%			
Knowledge level					100	0.002	3.082
Not good	32	86	5	14			
Good	36	57	27	43			
Stigma and discrimination					100	0.003	3.414
Yes	45	83	9	17			
Not	23	50	23	50			
Stakeholder support					100	0.000	3.656
Not	45	85	8	15			
Yes	23	49	24	51			
Socio-cultural					100	0.016	1.965
Not	43	78	12	22			
Yes	25	56	20	44			

Based on table 2, it can be seen that the level of good knowledge and good performance is 43%, while those with poor knowledge have only 14% good performance. From the results of the chi-square test, it can be concluded that there is a significant influence between the level of knowledge and the performance of *WPA* in Semarang City ($p = 0.002$). *WPAs* with good knowledge had a performance of 3.082 better than those with poor knowledge ($OR = 3.082$). The results of this study indicate that the lack of knowledge of *WPA* will affect *WPA* in obtaining and digesting information in increasing *WPA* performance. Several studies have also shown that poor knowledge leads to low *WPA* performance. The high level of knowledge of health cadres makes the performance of health cadres better and has an impact on implementation. The level of knowledge of health cadres can directly or indirectly influence cadres' behavior and compliance to support program implementation (Suhata & Hasanah, 2014). Sufficient knowledge can improve the performance of a cadre (Latief et al., 2019). The performance is based on how much knowledge the cadre has. The more knowledge you have, the better the performance you have. Therefore, health cadres need to be equipped with sufficient knowledge through training. The more

knowledge you have, the better the performance you have. Therefore, the *WPA* needs to be equipped with sufficient knowledge with training. Good knowledge will support the realization of good actions as well. The higher the knowledge of *WPA*, the wider the understanding of the duties, roles and functions of a *WPA* in taking strategic steps as a *WPA*. There is a relationship between knowledge and the performance of health cadres. Knowledge of *WPA* is very closely related to education, that high *WPA* education means that *WPA* knowledge will be more extensive. Knowledge of HIV and AIDS can influence how a person will behave towards PLWHA. There is a relationship between knowledge and the performance of health cadres. Knowledge of *WPA* is very closely related to education, that high *WPA* education means that *WPA* knowledge will be more extensive. Knowledge of HIV and AIDS can affect how a person will behave towards PLWHA. This trend is supported by a theory (Herawati, 2017) which states that one of the factors that affect performance is the individual factor, namely knowledge. If the knowledge possessed by *WPA* is very minimal, it will result in low performance. This is also in line with the results of the study that knowledge is the most important domain in shaping one's actions (Zakiudin & Shaluhiyah,

2016). Because behavior that is based on knowledge is better than behavior that is not based on knowledge.

From table 2 it can also be seen that *WPAs* who do not stigmatize and discriminate and have good performance are 50% compared to *WPAs* who do stigma and have good performance, only 17%. From the research results it can be concluded that there is a significant influence between stigma and discrimination on the performance of *WPA* in Semarang City ($p = 0.003$). *WPAs* who did not stigmatize and discriminate had better performance 3,414 than *WPAs* who did stigma and discrimination ($OR = 3.414$). Attitudes are one of the causes of stigma, attitudes shown in a negative direction such as showing rejection or disagreement with the prevailing norms where individuals are (Ambaretnani & Siregar, 2019). Other factors that can affect the role of *WPA* in stigma are the level of knowledge, perception, education and length of work that affect the occurrence of stigma and discrimination. Stigma and discrimination are not only carried out by ordinary people who do not have sufficient knowledge about HIV and AIDS, but can also be carried out by health workers which will impact PLWHA in receiving care and treatment (Paryati et al., 2013). Stigma and discrimination have negative effects both on PLHIV and on HIV prevention and control efforts, while interventions to reduce stigma are still few. Vietnam is a country that pays attention to PLWHA. In fact, since 2006 there has been a law protecting PLWHA and prohibiting stigma and discrimination against PLWHA. The state also promotes the rights of PLWHA (Pharris et al., 2011).

The results also showed that *WPA's* performance was good with stakeholder support of 24 (51%) compared to good *WPA* performance without stakeholder support of 15%. From the research results, it can be concluded that there is an influence of stakeholder support on *WPA* performance in Semarang City ($p = 0.000$; $OR = 3.656$). *WPA* that received stakeholder support had a better performance of 3,656 compared to *WPA* that did not receive stakeholder support.

The increasing trend of HIV and AIDS is partly due to the poor relationship built between stakeholders, including key stakeholders, primary stakeholders and secondary stakeholders. This is also influenced by the power and interests of each stakeholder, so that it indirectly affects the performance of the *WPA*. The role of the stakeholder has a very important position in realizing the HIV and AIDS prevention program that will be implemented. The stakeholders in the HIV and AIDS prevention policy consist of, first, secondary stakeholders consisting of several government agencies, working groups, and non-governmental organizations (NGOs). Second, primary stakeholders, namely individuals or groups who have a high risk and are vulnerable to becoming infected (infected people), infected people, and the general public. Based on the existing situation, the strategic planning summarized from the stakeholders who became the informants as well as existing documents, namely in the form of a policy agenda and an exit strategy in the effort to combat HIV and AIDS. In this case, both individuals, government, mass media and other sectors, all have an important responsibility to prevent the spread of the HIV and AIDS virus (Purnomo. 2014).

The factors that influence a person to behave in the response to HIV and AIDS are knowledge, attitudes and social support (Yuliza et al., 2019).

From table 2 it can be seen that *WPA* which implements socio-cultural values and has a good performance is 44% and *WPA* does not implement socio-cultural values and has a good performance by 22%, where it can be concluded that there is a socio-cultural influence on the performance of *WPA* in Semarang City ($p = 0.016$ $OR = 1.965$). *WPA* that implements the socio-cultural values in their area has a better performance of 1.965 compared to *WPA* who does not implement socio-cultural values in carrying out the duties and functions of the *WPA*. The socio-cultural values that exist in society are the value of kinship (4%), the value of mutual cooperation (44%), rukun (4%), self-help (9%) and cooperation (12%). There is a positive influence of culture on employee performance.

social support that is quite meaningful is able to positively improve employee performance. Factors that affect the value of Balinese culture and bureaucratic behavior also contribute to the good and bad organizational performance (Mauli & Mukaram, 2016).

Gotong royong as a cultural value system that lives in the world has a close relationship with the socio-cultural life in society. The main element in mutual cooperation is cooperation between individuals in society to achieve certain goals based on the principle of reciprocity. On the principle of reciprocity, cooperation is not merely for the sake of one-sided interest, but basically an attitude of giving is accompanied by a desire to receive.

Social values and norms that apply in society are introduced to the next generation through the socialization process. Through this socialization process, the community can inherit the values and norms that exist in society. Thus, it cannot be denied that socio-cultural values become a unifying tool, or a trigger for solidarity between community members with one another. Furthermore, the function that can be generated from the socio-cultural system is that "the value system is not only a source that causes social integration, but also an element that stabilizes the socio-cultural system itself". This can be pursued by preservation carried out by every member of a society who believes in the socio-cultural value system. One of them is by passing back the values of ancestral values to the next generation (Fajriyah et al., 2018).

Whereas for the eight variables age, gender, marital status, occupation, education, availability of health facilities, support for health facilities and regulations have no effect on the performance of *WPA* in Semarang City.

In table 3 it can be seen that the factor that most influences the performance of *WPA* in Semarang City is stakeholder support (OR 3.656).

Table 3. The Most Influential Factors on the Performance of *WPA* in Semarang City.

No	Variable	OR	<i>P-Value</i>
1	Knowledge level	3.082	0.066
2	Discrimination stigma	1.414	0.635
3	Stakeholder Support	3.656	0.070
4	Socio-cultural	1.965	0.173

CONCLUSION

The variables of the level of knowledge, stigma and discrimination, stakeholder support and socio-culture have an effect on the performance of AIDS Care Citizens in Semarang City. There is no influence between the variables of age, sex, marital status, occupation, education, availability of health facilities, support for health facilities and regulations on the performance of AIDS Care Citizens in Semarang City. The variable that most influences the performance of AIDS Care Citizens in Semarang City is stakeholder support. Puskesmas in order to provide comprehensive education about HIV and AIDS to the community and involve AIDS Concerned Citizens (*WPA*) in any activities related to HIV and AIDS. Semarang City Health Office can improve monitoring and evaluation of *WPA* performance on an ongoing basis.

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