
	<b>Gema WIRALODRA</b>
	Editor-in-Chief: Yudhi Mahmud
	 Publisher: Universitas Wiralodra

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### To cite this article:

Wardani, S. P. D. K., Astuti, N. M., Nuraeni, T. (2024). Dominant Factors that Affecting HIV AIDS Prevention In The Village "X" Bongas District Of Indramayu In 2023. *Gema Wiralodra*, 15(3), 892 - 898

### To link to this article:

<https://gemawiralodra.unwir.ac.id/index.php/gemawiralodra/issue/view/27>

### Published by:

Universitas Wiralodra

Jln. Ir. H. Juanda Km 3 Indramayu, West Java, Indonesia

## Dominant Factors that Affecting HIV AIDS Prevention In The Village "X" Bongas District Of Indramayu In 2023

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### Abstract

Data from the health service of Indramayu district in 2021 showed that the number of cases of HIV AIDS was 4,849 per incidence in Indramayu district, with the highest cases in Bongas district being 392. The research was conducted in the village "X" in Bongas district. This study aims to identify the factors that most influence HIV AIDS prevention attitudes. The subject of the research was the entire village community "X", consisting of 5,553 people with a sample of 100 people, and using a cross-sectional research design and continued with multivariate modeling. Data collection method using a questionnaire. Multivariate data analysis with double logistic regression, univariate with chi square and fisher exact tests, and bivariate tests. Based on the results obtained from respondents with an environmental culture of good HIV/AIDS prevention attitude 38 (32.2), p-value (0.018), respondents who have good social communications related to AIDS HIV prevention stance 60 (58.9) with p-value (0.279), respondents whose friendship related to HIV AIDS prevention posture is good 49 (42.2) with a p-value (0,003), respondents having knowledge related to a good AIDS HIV-prevention stance 56 (48.4) with a P-value (0,000), respondents who are exposed to media information about HIV/aids preventive stance 50 (49.0) with the p-value (0.606), respondents have experience with a good HIV-AIDS preventative attitude 50 (44.0) with p-value (0,007). There is an influence of environmental culture, friendships, knowledge, and experience on the attitude of HIV AIDS prevention, there is no influence on social communications on the approach of AIDS HIV prevention. Environmental cultural factors are the most dominant factors that more influence than friendship, knowledge and experience on the attitude of HIV AIDS prevention. Other research is expected to further refine the social capital approach to HIV/AIDS.

**Keywords:** environmental culture, social communication, friendship relations, knowledge, exposure to information media, experience, attitude of HIV/AIDS prevention

### 1. Introduction

By 2022, 39 million (33.1 million to 45.7 million) people worldwide are living with HIV. 1.3 million (1 million to 1.7 million) new people will be infected with HIV by 2022. Most of them came from Africa, Europe and the Americas in second order, then Southeast Asia, the Eastern Mediterranean, and the Western Pacific. There are more women than men with HIV in 2021(UNAIDS, 2022).

The number of HIV cases in Indonesia has reached a peak in the last eleven years, reaching 50,282 cases in 2019. According to WHO data for 2019, 78% of HIV cases occurred in the Asia-Pacific region. The provinces with the highest number of HIV cases are Papua, East Java, DKI Jakarta, West Java, Central Java, and West Java. Meanwhile, the province with the largest number of AIDS cases is Papua, Eastern Java, Jakarta DKI, Western Java and Riau Islands(Kementrian Kesehatan RI, 2020). Between January and March 2022, the West Java Province received 151,832 HIV tests, with 1,752 ODHIV distributions found and 1,404 starting ARV treatment(SIHA Kemkes RI, 2021).

The number of people with HIV (ODHIV) identified from January to March 2022 was 10,525, out of 941,973 people tested for HIV, and 8,784 people were treated with ARV (83.4%). The majority of ODHIVs identified between January and March 2022 were in the age group of 25-49 years (67.9%) and were male (71%) (Kementrian Kesehatan RI, 2020). With 104 new cases in Bengkulu Province. The biggest risk factors for AIDS are heterosexual (70%) and homosexual (22%) and intravenous drugs 2%, blood transfusions 2%, perinatal 2%, and bisexual 2%.

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system, especially the CD4 cells, which are part of the immunity system that protects the body from infection. Untreated HIV can develop into AIDS at the end of HIV infection, in which the system is severely damaged and the body becomes highly susceptible to certain opportunistic infections and cancers. An untreated infection can result in a very significant decline in health such as severe weight loss, frequent fever, chronic diarrhea, and opportunistic infection such as tuberculosis and pneumonia. Effective antiretroviral therapy (ART) is capable of controlling virus replication and thus individuals who are HIV positive can lead a healthy and productive life. HIV/AIDS is also a huge social burden. Stigma and discrimination against people affected by HIV/AIDS is a common problem in many regions. One way of this stigma is by limiting the ability to seek effective health care and social support that can lead to social isolation, exclusion, and lack of growth in work and housing (Parker & Aggleton, 2003).

The economic impact of HIV/AIDS is visible both at the level of individuals and societies. At the macroeconomic level, the HIV/AIDS epidemic can hinder economic growth by reducing healthy and productive workforce, as well as increasing the burden on health and social security systems (Resch et al., 2015). Psychologically, HIV/AIDS can cause severe stress, anxiety, and depression for those infected and their families. Uncertainty about future health, concerns about stigma, and social isolation can worsen a person's mental condition. Psychosocial support and mental health services are an important part of HIV/AIDS treatment to improve quality of life (Earnshaw et al., 2015).

Research is often less focused on vulnerable populations such as sex workers, injection drug users, men who have sex with men (MSM), and transgender. These populations often face additional barriers in accessing health services and are often underrepresented in research. More studies are needed to understand specific needs and develop effective interventions for these groups.

## 2. Method

This type of research uses quantitative methods with cross sectional designs carried out in the community of the village of Bongas district of Indramayu, the number of samples used 100 samples. Data collection methods using questionnaires, the statistical tests used in this study are the chi square and fisher's exact test, as well as multivariate analysis using double logistic regression modeling.

## 3. Results and Discussion

Table 1 Frequency Distribution of HIV Prevention Attitudes AIDS, Environmental Culture, Social Communication, Friendship, Knowledge, Media Exposure, and Experiences in Bongas District 2023

No	Variable	Amount	Percentage
<b>Precautionary attitude</b>			
1.	Bad	38	38
	Good	62	62

No	Variable	Amount	Percentage
<b>Environmental culture</b>			
2.	Bad	48	48
	Good	52	52
<b>Social Communication</b>			
3.	Bad	5	5
	Good	95	95
<b>Friendship Relationship</b>			
4.	Bad	31	31
	Good	69	69
<b>Knowledge</b>			
5.	Bad	29	29
	Good	71	71
<b>Media Exposure</b>			
6.	Not displayed	20	20
	Displayed	80	80
<b>Experience</b>			
7.	Bad	22	22
	Good	78	78
<b>Total</b>		100	100

Based on the data of table 1, the results of the univariat analysis show that the prevention attitude of the HIV/AIDS population of Bongas Village “X” is 38 (38%) and that is benevolent 62 (62%). On the cultural variable of the environment of the population is 48 (48%), and the well-being 52 (52%). The social communication variable is 5 (5%) and the benevolence is 95 (95%). The friendship relationship of the community is 31 (31%) and the goodness is 69 (69%). The people who have less knowledge are 29 (29%) and who are good (71%), then the people who are exposed to the media are 80 (80%), and those who are not exposed are 20 (20%). Then the people that have less good experience related to HIV / AIDS are 22(22%) and they are benevolently 78 (78%).

Table 2 Impact of Cultural Variables Environment, Social Communication, Friendship Relations, Knowledge, Media Exposure Information, and Experience on HIV AIDS Prevention Attitudes in Bongas Village “X” district of Indramayu 2023

No	Variable	Precautionary attitude						P Value
		Bad		Good		Amount		
		n	%	n	%	N	%	
<b>Environmental culture</b>								
1	Bad	24	50	24	50	48	100	0,030
2	Good	14	26,9	38	73,1	52	100	
<b>Amount</b>		38	38	62	62	100	100	
<b>Social Communication</b>								
1	Bad	3	60	2	40	5	100	0,279
2	Good	35	36,8	60	63,2	95	100	
<b>Amount</b>		38	38	62	62	10	100	
<b>Friendship Relationship</b>								

No	Variable	Precautionary attitude						P Value
		Bad		Good		Amount		
		n	%	n	%	N	%	
1	Bad	19	61,3	12	38,7	31	100	0,003
2	Good	19	27,5	50	72,5	69	100	
<b>Amount</b>		38	38	62	62	100	100	
<b>Knowledge</b>								
1	Bad	17	58,6	12	41,4	29	100	0,013
2	Good	21	29,6	50	70,4	71	100	
<b>Amount</b>		38	38	62	62	100	100	
<b>Media Exposure</b>								
1	Not exposed	11	55	9	45	20	100	0,135
2	Exposed	27	33,8	53	66,2	80	100	
<b>Amount</b>		38	38	62	62	100	100	
<b>Experience</b>								
1	Bad	16	72,7	6	27,3	22	100	0,001
2	Good	22	28,2	56	71,8	78	100	
<b>Amount</b>		38	38	62	62	100	100	

From table 2 it can be seen that respondents with a poor environmental culture as many as 24 respondents (50%) have a poor preventive attitude with p value 0,030. Out of 5 respondents who have poor social communication, 3 (60%) have bad prevention attitude by p value 0.279. On the poor friendship relationship variable, 19 (61.3%) also have a worse preventative attitude against HIV/AIDS, with a p value of 0,003. Out of 29 respondents that have poor knowledge, 17 (58.6%) have poor preventative stance with p-value 0,013. Then out of 20 respondents not exposed to media information about HIV / AIDS, 11 (55%) have less good preventive stance by p- value 0,135. Then of 22 respondents having less good experience with HIV / AIDS, 16 (72.7%) also have poor prevention stance against HIV /AIDS with a value of p 0,001. After performing multivariate modeling with double logistic regression analysis obtained the following results:

Table 3 Multivariate Modeling Results

Variable	OR / Exp. (B)	95% CI for Exp. (B)	P value
Environmental Culture	0,424	0,174 – 1,033	0,059
Experience	0,162	0,055 – 0,477	0,001

From table 3 it can be seen that the most influential variable is HIV/AIDS-related experience with p value of 0,001.

Based on the results of statistical tests, bivariate analysis obtained significantly influential variables are environmental cultural variables, relations of friendship, knowledge and experience with p value < 0,05. Environmental culture plays an important role in shaping public attitudes towards HIV/AIDS prevention. A culture that encourages healthy behaviour and mutual care can raise awareness of the importance of avoiding the risk of HIV transmission. For example, gotong royong culture and environmental hygiene can create an environment that supports HIV/ AIDS prevention practices. In addition, social norms that value diversity and

reduce stigma towards people living with HIV/AIDS can also motivate individuals to undertake testing and access to HIV / AIDS-related health services.

A study by Nurul Asfiah in the *Humanity* journal highlights the importance of local culture as a form of social control in HIV/AIDS prevention. Cultural values, such as *gotong royong* (mutual cooperation) and social awareness, can help prevent the spread of HIV through established societal norms, particularly by reducing stigma and discrimination against people living with HIV/AIDS (PLWHA). This aligns with research findings that environmental culture plays a significant role in shaping community attitudes toward HIV/AIDS prevention.(Asfiah, 2011)

Friendship has a strong influence on HIV/AIDS prevention in Bongas district, Indramayu. Friends are often a source of information and support, both in learning about HIV/AIDS and in making health-related decisions. Research shows that social support from friends can increase awareness and compliance with HIV/AIDS prevention measures(Crittenden et al., 2015). Moreover, friends who care and understand the importance of prevention can reduce stigma and discrimination against ODHA, so that more individuals feel safe to undergo tests and get the necessary treatment.

Research on the Karo community highlights how social interaction and cultural control influence health behaviors. Customs and social norms shape individual behavior toward disease prevention, including HIV/AIDS. This is similar to the findings of this study, where friendships and supportive environments can reduce stigma and motivate preventive actions.(Bukit & Simanihuruk, 2015). Research published in *Mutiara Medika* discusses how the social environment, including friends, family, and community support, influences behavior related to HIV/AIDS prevention. It suggests that peer education and social norms play crucial roles in reducing risky sexual behaviors among adolescents, which is vital for effective HIV prevention.(Lestari et al., 2022)

In another study, peer relationships were found to play a significant role in shaping adolescents' knowledge and attitudes towards HIV/AIDS prevention. The study emphasized how peer groups, as social influencers, help reinforce positive health behaviors like condom use and HIV testing among high school students. (Munthe, 2022)

Knowledge has influenced HIV/AIDS prevention attitudes in Bongas district, Indramayu, significantly. People who have good knowledge of HIV/AIDS tend to be more aware of the risks and the importance of preventive measures. They are more likely to use protective devices like condoms, undergo HIV tests on a regular basis, and avoid risky behavior. Research shows that increased knowledge about HIV/AIDS is directly linked to increased positive attitudes towards disease prevention(Octianus Nyoko & Kareri Hara, 2020). Proper education is crucial to reducing the spread of HIV/AIDS in this community.

In another study, knowledge about HIV/AIDS has been shown to significantly influence preventive behavior. Research conducted by the KAPETA Foundation in Papua revealed that low public understanding of HIV/AIDS increases the risk of virus transmission. This supports my research findings that good knowledge can enhance positive attitudes toward prevention, such as using condoms and taking the initiative to undergo regular HIV testing.(Asfiah, 2011)

Personal experience has greatly influenced HIV/AIDS prevention attitudes in Bongas district, Indramayu. Individuals who have a personal experience, such as knowing someone who lives with HIV/AIDS or having attended an education program about HIV/ AIDS, tend to be more alert and proactive in doing prevention. This experience can raise awareness of risks and the importance of preventive measures, as well as reduce stigma against ODHA. Research suggests that hands-on experiences can enhance empathy and a better understanding of HIV/AIDS prevention(Arias-Colmenero et al., 2020).



These results show that the experience variable is significantly linked to a decrease in odds of the HIV/AIDS prevention attitude variable. A confidence interval that does not include 1 and a very small p-value suggests that we can reject the zero hypothesis that there is no significant relationship with a high confidence. In other words, there is strong evidence that independent variables have a protective effect against the occurrence of dependent variables. Research highlights that personal experiences play a crucial role in influencing attitudes toward HIV/AIDS prevention. For instance, individuals who have personally known someone living with HIV/AIDS or have attended HIV-related educational programs tend to exhibit greater awareness and proactive behaviors regarding prevention efforts. These experiences foster a deeper understanding of the risks and significance of preventive measures while helping reduce stigma toward people living with HIV/AIDS. A study supports this, showing that hands-on experiences can enhance empathy and promote positive health behaviors. Similarly, firsthand experiences often motivate individuals to seek regular testing and adopt safe practices, such as condom use, to prevent transmission. (Kontomanolis et al., 2017)

#### 4. Conclusion

The results of the analysis showed that there was an influence between environmental culture, friendship, knowledge and experience on HIV prevention attitudes in Bongas district of Indramayu district in 2023. While there was no influence among social communication, media exposure to HIV AIDS prevention at Bongos district. And of all the variables the most influential is experience, and other variables as confounding or role variables.

To increase effectiveness and relevance, research on HIV/AIDS prevention strategies can involve a variety of demographic groups such as youth, educational levels, and economic status to provide comprehensive information on it. Understanding the factors and practices of different social groups can help in better evaluating programmes. Meanwhile, the use of quantitative and qualitative research methods will enable complete data; instead, collaboration with medical institutions will provide accurate data and contribute to the overall improvement of public health or health services.

#### Acknowledgments

This article received no external funding.

#### Declarations

Author Contribution : Author 1: Conceptualization, Writing - Original Draft, Editing, Visualization, Formal analysis, and Methodology; Author 2: Writing & Editing, Formal analysis, and Methodology; Author 3: Validation and Supervision

#### Funding Statement:

This article received no external funding.

#### Conflict of Interest:

The authors declare no conflict of interest.

#### 5. References

Arias-Colmenero, T., Pérez-Morente, M. Á., Ramos-Morcillo, A. J., Capilla-Díaz, C., Ruzafa-Martínez, M., & Hueso-Montoro, C. (2020). Experiences and Attitudes of People with HIV/AIDS: A Systematic Review of Qualitative Studies. *International Journal of*

- Environmental Research and Public Health*, 17(2).  
<https://doi.org/10.3390/IJERPH17020639>
- Asfiah, N. (2011). Pencegahan Penyebaran HIV/AIDS Melalui Penguatan Budaya. In *116 HUMANITY* (Vol. 6, Issue 2).  
<http://ejournal.umm.ac.id/index.php/humanity/article/view/1394>
- Bukit, L. M., & Simanihuruk, D. M. (2015). Dimensi Budaya Dan Penyebaran Penyakit HIV/AIDS Di Perkumpulan Kasih Rakyat. In *PERSPEKTIF SOSIOLOGI* (Vol. 3, Issue 1).
- Crittenden, K. S., Kaponda, C. P. N., Jere, D. L., McCreary, L. L., & Norr, K. F. (2015). Participation and Diffusion Effects of a Peer-Intervention for HIV Prevention among Adults in Rural Malawi. *Social Science & Medicine* (1982), 133, 136.  
<https://doi.org/10.1016/J.SOCSCIMED.2015.03.055>
- Earnshaw, V. A., Lang, S. M., Lippitt, M., Jin, H., & Chaudoir, S. R. (2015). HIV Stigma and Physical Health Symptoms: Do Social Support, Adaptive Coping, and/or Identity Centrality Act as Resilience Resources? *AIDS and Behavior*, 19(1), 41.  
<https://doi.org/10.1007/S10461-014-0758-3>
- Kemntrian Kesehatan RI. (2020). *Infodatin 2020 HIV*.
- Kontomanolis, E. N., Michalopoulos, S., Gkadaris, G., & Fasoulakis, Z. (2017). The social stigma of HIV-AIDS: Society's role. *HIV/AIDS - Research and Palliative Care*, 9, 111–118. [https://doi.org/10.2147/HIV.S129992/ASSET/8B8FE5CB-A782-41EA-9CC5-3393913248F2/ASSETS/IMAGES/DHIV\\_A\\_129992\\_F0001\\_B.JPG](https://doi.org/10.2147/HIV.S129992/ASSET/8B8FE5CB-A782-41EA-9CC5-3393913248F2/ASSETS/IMAGES/DHIV_A_129992_F0001_B.JPG)
- Lestari, I., Wardani, D. W. S. R., Suwandi, J. F., & Bakri, S. (2022). Social Environment of Friends, Family, Communities, and HIV/AIDS Cases. *Mutiara Medika: Jurnal Kedokteran Dan Kesehatan*, 22(1), 28–37.  
<https://doi.org/10.18196/MMJKK.V22I1.12505>
- Munthe, D. P. (2022). Hubungan Teman Sebaya Terhadap Pengetahuan Dan Sikap Remaja Dalam Pencegahan Hiv/Aids Di Sma Raksana Medan. *Manuju : Malahayati Nursing Journal*, 4(8), 21722181.
- Octianus Nyoko, Y., & Kareri Hara, M. (2020). Knowledge and Attitudes with HIV/AIDS on Adolescent Behavior in Senior High School. *Jurnal Kesehatan Masyarakat*, 16(1), 28–35. <https://doi.org/10.15294/kemas.v16i1.19928>
- Parker, R., & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: A conceptual framework and implications for action. *Social Science and Medicine*, 57(1), 13–24. [https://doi.org/10.1016/S0277-9536\(02\)00304-0](https://doi.org/10.1016/S0277-9536(02)00304-0)
- Resch, S., Ryckman, T., & Hecht, R. (2015). Funding AIDS programmes in the era of shared responsibility: an analysis of domestic spending in 12 low-income and middle-income countries. *The Lancet. Global Health*, 3(1), e52–e61. [https://doi.org/10.1016/S2214-109X\(14\)70342-0](https://doi.org/10.1016/S2214-109X(14)70342-0)
- SIHA Kemkes RI. (2021). *Laporan TW I 2021*.
- UNAIDS. (2022). *Global HIV & AIDS Statistics — Fact Sheet*.