

# ARTIKEL

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**Prevention of Transmission of HIV/AIDS through Local Social Organizations On Jember Fishermen Community**

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**Abstract**

This research aims to determine the effectiveness of using a local social organizations to prevent the spread of HIV/AIDS on fishermen community in Jember. The method used in this study is action research. The research respondents consist of 40 members of Islamic study group, 38 members of gathering, 47 members of community were selected by purposive sampling. The research data were obtained through questionnaires, observation, in-depth interviews and focus group discussions, while the analysis of the data using descriptive statistics. This research showed that local social organizations effectively used for the prevention of the spread of HIV/AIDS on fishermen community.

Keywords: Prevention; Transmission ; HIV/AIDS; Social Organizations; Fishermen.

**1. Introduction**

HIV/AIDS epidemic in Indonesia is one of the fastest growing epidemic in Southeast Asia. Rapid growth of the epidemic is caused by two transmission models, namely the use of non-sterile needles injecting drug users (IDUs) and sexual practices that are not safe or risky<sup>1</sup>. According to the Directorate General of Disease Control and Environmental Health Ministry of Health, as of June 2012, of the whole (33) provinces in Indonesia, East Java, is the province's second-largest contributor (under DKI Jakarta) on the growth of the HIV epidemic and the third largest (under Jakarta and Papua) on the growth of the AIDS epidemic<sup>2</sup>.

From the number of districts in the province of East Java, Jember regency is one of the potential contributors that have 140 HIV cases and 57 AIDS cases, and the fifth rank largest contributor to the growing epidemic of HIV/AIDS. Based on reports of KPA Jember the total HIV/AIDS cases from 2004 to June 2012, had already exceeded 683. Moreover there is currently no one else in Jember districts that are free of HIV/AIDS cases. From the five districts with the number of cases of HIV/AIDS, 4 (four) of them are located in the southern coastal areas, namely Puger, Gumukmas, Wuluhan, and Ambulu. Based on the type of work, of 683 cases of HIV/AIDS in Jember, at most (152) of cases or 22.26% were housewives, it means that the risk of transmission to their babies be so open. At the end of

2015 is expected to happen transmission of HIV/AIDS cumulatively at more than 38,500 children born to infected mothers<sup>3,4</sup>.

These conditions indicate the housewives who contracted HIV/AIDS actually get HIV/AIDS from their husbands who never knew that they were suffering from HIV/AIDS because they have not been doing Voluntary Counselling Test (VCT). While the housewives routine checkups during pregnancy. Thus the prevention of transmission of HIV/AIDS has been the excessive attention only to the key population groups, namely female sex workers (FSW), IDUs, Transvestite and Homosexual need to be revisited.

Another group that also needs attention is the fishermen as reported KPA Jember above, 4 (four) of 5 (five) districts with the number of cases of HIV/AIDS, is sub-districts that are geographically located in the coastal region of the South which is fisherman areas. This fact indicates that the fishermen community is a social group that is vulnerable to the dangers of HIV/AIDS. This is because the type of their work are highly dependent on the season, which at the time of bad season they should expand their catchment area. Consequently they had to leave the family for several days even months, this tradition in the fisher<sup>10</sup> nomenclature referred to as "andon". During this "andon", the fishermen often have sexual intercourse with a woman who is not his regular partner<sup>5,6</sup>, so they are vulnerable to contracting HIV/AIDS. This condition is also supported by the presence of sex clearinghouses (localization) in every beach spot targets "andon".

Seeing the socio-cultural characteristics of fishermen in Jember, this research empowers local social organizations that exist in fishermen communities that is Islamic study group, gatherings and community by adding knowledge of HIV/AIDS on their routine activities. Utilization of this local social organizations with consideration has become part of their routine activities, adjust to their time so no need to look for another time and increase the length of bureaucratic coordination.

## 2. Method

This research was designed as an action research, which is the research to solve the problem through an action. The problem in question is the fast growth epidemic of HIV/AIDS in fishermen area while the measures used is to empower local social organizations that exist in the form of additional knowledge of HIV/AIDS on the routine activities of the local social organizations.

This research was conducted in three villages in Southern coastal areas of Jember Regency, namely the Sumberejo village in Ambulu, Puger Kulon and Puger Wetan in Puger. The determination of this research is based on data which Ambulu and Puger districts are two of the five districts with the number of cases of HIV/AIDS in Jember and an area of residential concentration of fishermen community. Research activities lasted for nine months, from April to December 2012.

Local social organizations that empowered include Islamic study group representing religious organizations, gathering and fishermen community representing economic organizations<sup>7</sup>. Election of local social organizations determined by purposive sampling is based on the existence of organizations that are real seriously carry out the organizational function and routine activities. Information concerning the existence of three local social organizations were obtained through the village chief and hamlet chief.

The total number of respondents this research were 125 (one hundred and twenty-five) consists of 40 members of the fishermen members of the Islamic study group, 38 members of gathering and 47 members of Fishermen Community. Their participation as respondents based on their<sup>4</sup> willingness to be accompanied by a statement in the informed consent. This research has received ethical approval of the Ethics Committee of the Faculty of Medicine, University of Jember by mail Specification Ethics Approval Number:

130/H25.1.11/KE/2012 dated October 2nd, 2012.

The research was conducted through the stages of preparation, implementation and evaluation. Preparation phase relates to the selection of speakers who will provide knowledge of HIV/AIDS, the range of material, the method used, and the media is used when determining the schedule of events and activities agreed between the respondents and the researchers adjusted the schedule activities of local social organizations. The implementation is done by providing extension material of HIV/AIDS at the time of each Islamic study activities, gathering and community take place, followed by a Focus Group Discussion (FGD). Evaluation of the results of the activities assessed from changes in knowledge, awareness, and behavior of the members of each local social organizations used. Changes in the knowledge obtained from the questionnaire containing eight questions about HIV/AIDS transmission and prevention, further be explored by FGD and in-depth interview. Awareness assessed from the questionnaire that contains nine statements using a Likert scale of 1-5 and explored by depth interview. Changes in behavior judged from the results of observations conducted by the researcher based on guide observation containing habituation abstinence with a woman not his wife, condom use and conduct examinations (Health Seeking Behavior) disease Sexually Transmitted Infections (STIs) and VCT (Voluntary Counselling and Test). The data were analyzed using descriptive statistics.

### 3. Result And Discussion

#### 3.1 Knowledge Change

Before the implementation of the empowerment of local social institutions, none of the respondents from each of the local social institutions who are able to answer all questions about HIV/AIDS correctly. After the implementation of the change appears to be a percentage of the number of members of each local social institutions that can answer all the questions correctly, as shown in Table 1.

Table 1. Knowledge Change of HIV/AIDS members of Local Social Institutions  
All Correct Answers

Local Social Institutions	Before Implementation	After Implementation
Islamic Study Group	0%	82,50%
Gathering Group	0%	78,95%
Fisherman Community	0%	76,60%

Study results showed the addition of knowledge about HIV/AIDS on the activities of local social institutions can increase the knowledge of HIV/AIDS each member of a local social institutions in fishermen community. This increase is supported by the findings of in-depth interviews and focus group discussions (FGD) that;

- a. Almost all respondents have understood the essence of HIV/AIDS, differences and relationships between HIV and AIDS, differences and relationships between HIV and AIDS with STI, the dangers of HIV/AIDS, transmission of HIV/AIDS, as well as ways of preventing the transmission of HIV/AIDS.
- b. Most respondents have understood a number of technical terms used interviewer in-depth interview process, such as ARV (Anti Retro Viral), Zidovudine, STI (Sexually Transmitted Infections), Risky Sexual Behavior or Not Safe, and so on.

- c. Most respondents also are familiar or not awkward to say terms related to ways of preventing the transmission of HIV/AIDS is ABC (Abstinence, Be Faithful, and Condom), the principles of dealing with HIV-AIDS (Stay away from the disease and not the person; HIV / AIDS Not to Fear, But Must be understood; HIV/AIDS is not transmitted through social contact, and so on).

Members' understanding of local social institutions on HIV/AIDS is caused by the addition of knowledge interventions on activities their institutions may be accepted by their members. This is because a resource that provides knowledge of HIV/AIDS is a competent person on HIV/AIDS is a practitioner of the National AIDS Commission in Jember and Non-Governmental Organizations (NGOs). Besides communication used to facilitate the members to understand the material presented. The language used is the language of Madura, their daily language and assisted audio- visual media such as power point and video.

### 3.2 Awareness Change

According to the theory of behavior change<sup>8</sup>, attitudes/ awareness of someone will increase with increasing knowledge. This agrees with the results of research showing changes in the awareness of members of local social institutions on HIV/AIDS are shown in Table 2.

Table 2. Awareness Change of Local Social Institutions member

Local Social Institutions	Average values Respondents Awareness	
	Before Implementation	After Implementation
Islamic Study Group	2,13	4,82
Gathering Group	1,63	4,32
Fisherman Community	1,53	4,16

A good and right knowledge is a cornerstone of the growing good and right attitude/ awareness. Knowledge of HIV/AIDS which is owned by members of each local social institution after the implementation of the activities give effect to their awareness. It is apparent from the average value awareness before implementation was on a scale of 1.5 to 2 after the implementation of the change to the 4-5 scale. This condition is supported by the results of in-depth interviews and FGD that the majority of respondents came to believe, HIV/AIDS really exist, real and deadly, not a myth. They also believe that the practice of sexual intercourse with a woman other than his wife is an unsafe behavior/ risk resulting from HIV/AIDS. In fact they wanted the extension program of HIV/AIDS can be implemented to all fishermen, even to the entire family of fishermen, particularly the wives (mothers) and children who have aged adults (teenagers).

### 3.3 Behaviour Change

Someone's knowledge will increase if there is additional knowledge. Increased knowledge of someone will take effect on the change in attitude/ awareness and changes in behavior/ actions. It is shown from the results of the research changes in the behavior of

members of local social institutions in Table 3. In this research, habituation behavior observed included abstinence, condom use and habituation medical examination. Habituation abstinence is not the behavior that leads to the habit of having sexual intercourse with woman not his wife, while habituation condom use is a behavior that leads to the habit of using condoms if they were forced to have sexual intercourse with woman not his wife. Habituation Health Seeking Behavior is a personal willingness to members of local social institutions to check up themselves about STI and VCT disease.

Table 3; Behavior Change of Local Social Institutions member

Local Social Institutions	Abstinence		Condom Use		Health Seeking Behavior	
	Before	After	Before	After	Before	After
Islamic Study Group	61,91%	95,24%	0%	100%	0%	0%
Gathering Group	52,38%	80,95%	0%	100%	0%	0%
Fisherman Community	0%	23,81%	0%	75%	0%	0%

Based on the table above it appears that changes in the behavior of members of local social institutions is limited only to the habituation of abstinence and condom use, while habituation health-seeking behavior until the end of the activity, there is no one member did. Their reason do habituation abstinence and use of condoms because of fear of contracting the disease of STI or HIV/AIDS, both in themselves and their families. The other hand, they are also embarrassed if there is family who contracted the disease. This was stated by almost all members of the three local social institutions except for members of the Islamic study group, besides the reason, the main reason is the fear of sin. Increased behavioral habituation abstinence and condom use showed values related to HIV prevention behavior at the level of more secure behavior, lower the risk of contracting HIV and community members helped establish a new norm<sup>9</sup>.

Not to seem habituation of health-seeking behavior is supported by the results of in-depth interviews and FGD that went to the health center/ hospital, merely a desire. That means their awareness about HIV/AIDS stops merely discursive consciousness, whereby attitudes/ awareness that they have not touched the whole system which forms the motivation indirectly, so it is not able to be actualized as a habit in behavior or daily action<sup>10,11</sup>.

The absence of habituation of health-seeking behavior in members of local social institutions caused by several factors: the characteristics of fishermen jobs, lack of exposure program of HIV/AIDS by the party/ institution authorities, and accessibility of information for fishermen to access a variety of information and infrastructure related to HIV/AIDS.

Characteristic of fishermen's job is an uncertain job, so that their income is very volatile, and finally, poverty becomes a common reality of their lives. This condition makes fishermen consider that health is indeed important, but not a life priority. A priority for their life is the struggle to get food for eating, not healthy. By eating, people can be healthy but not necessarily healthy, people can eat. Besides, fishermen's job requires high mobility and very time-consuming so that even if they know the whereabouts of hospitals in their region, they do not have time to visit the hospital. As a result they do not know what services are available at the hospital related to HIV/AIDS. Another fact that was revealed from the

results of FDG is their negative views on hospital services are bureaucratic, tend to be slow in providing services to patients.

From the overall results of this research indicate that increased knowledge, awareness, and behaviors related to HIV/AIDS in the Islamic study group members is higher than the group members of gathering and Fishermen community. This is because the Islamic study group is purely a religious association so that the members mentally qualitatively better than gathering group members and Fishermen community. These conditions are consistent with the research, showing that the involvement of religious leaders in prevention of HIV/AIDS in Uganda were able to raise awareness of people to reduce their number of sexual partners<sup>12,13</sup>.

#### **4. Conclusion**

This research concludes that the local social institutions in fishermen community in Jember is effective to prevent the transmission of HIV/AIDS and Islamic study group is more effective than a gathering group and fishermen community.

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