

Identification of One's Tendency to Conduct Activities at Risk of Exposure to HIV Based on Desire, Individual Knowledge and Social Network (A Case Study of Angsamerah Clinic, Jakarta)

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Abstract:- This research aims to know one's decision to conduct activities at risk of exposure to HIV, which observed from desire, individual Knowledge, and social network. The research object is all patients diagnosed with HIV positive at Angsamerah Clinic in Jakarta. This research engaged 136 respondents using a descriptive quantitative approach. Data were collected and processed using SEM method through LISREL.

The results show that social network has a positive and significant effect on decision making of someone to carry out activities at risk of exposure to HIV. Meanwhile, desire and individual Knowledge do not have an effect on decision making.

Keywords:- Desire; Knowledge; Social Network; Tendency; Personal Decision; HIV

I. INTRODUCTION

According to the Ministry of Health of the Republic of Indonesia through Health Profile of the Republic of Indonesia 2017, the number of new reported HIV and AIDS positive cases up to 2017 tends to increase every year.

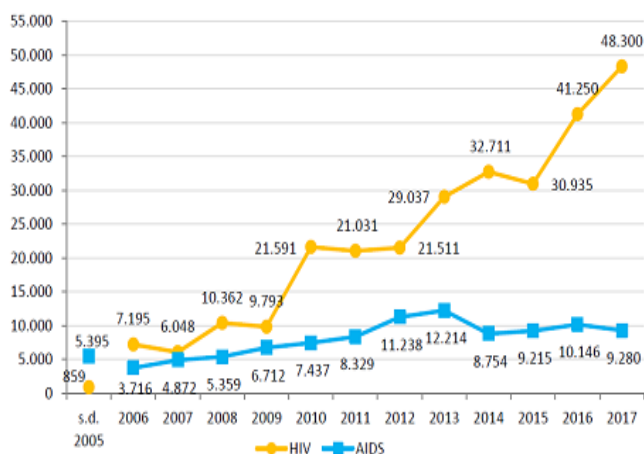


Fig 1:- Number of reported HIV and AIDS positive cases in Indonesia through 2017

Based on Figure 1 the number of new HIV positive cases reported annually tends to increase, and in 2017 it was reported 48,300 cases. Meanwhile, findings of new AIDS cases tend to increase until 2013 and then decrease in the following years. Cumulatively, AIDS cases until 2017 are 102,667 cases.

There are several ways for HIV transmission, such as unsafe sex, transfusion of blood contaminated by the virus, and HIV positive mother to her infant during pregnancy, delivery, or breastfeeding. The main cause of HIV transmission in Indonesia is risky sexual behavior. In accordance with HIV/AIDS report issued by the Directorate General of Disease Prevention and Control of the Ministry of Health of the Republic of Indonesia Quarter II in 2017, 72.4% of HIV cases in Indonesia were caused by risky sexual behavior.

The government's program related to HIV/AIDS, in general, was divided into 2 types, namely prevention and control programs. HIV prevention activities begin with early education to the community about the danger of HIV and risky behaviors that can transmit the virus.

One of the concrete actions taken by the government for HIV/AIDS prevention and control is included in the Joint Agreement between the Ministry of Health, Ministry of Internal Affairs, Ministry of Education and Culture, Ministry of Religious Affairs and Ministry of Social Affairs of the Republic of Indonesia Number 432 Year 2012; 44.24-875 Year 2012; Number 13 Year 2012; Number 7 Year 2012; Number 2 Year 2012 concerning Comprehensive HIV and AIDS Knowledge Improvement among people aged 15-24. And the Regulation of the Head of National Family Planning Coordinating Agency Number 429 Year 2010 concerning Implementation Guideline for Prevention of STI, HIV and AIDS through National Family Planning Program.

Of all policies that have been applied and programs that have been implemented by the government through the National Strategy and Action Plan for the period of 4 years in order to reduce transmission of the virus, there is still a tendency of increased HIV cases in Indonesia from year to year as presented in Figure 1.

II. LITERATURE REVIEW

A. Social Marketing

Social marketing is an application of commercial marketing concepts and as a tool to influence community behavior voluntarily to improve their life or part of that community (Andreasen, 2011). Meanwhile, according to Lefebvre (2011), social marketing is the application of marketing principles to form a market that is more effective, efficient, sustainable, and only aims to improve people's well-being and social welfare. Ward (2011) stated that social marketing is a way to reduce barriers and improve the quality of life of an individual and people in the community.

B. Decision Making

According to Huber in Kasim (1995), the decision-making process begins when a problem is explored and ends when an alternative decision has been chosen.

Janis & Mann in Tuapattinaya and Hartati (2014) stated that generally, an individual would face conflict when making an important decision. The emergence of a conflict makes the decision maker will be very careful when making decision to face the anticipated risks. The problems will also influence an individual to accept or reject actions that must be carried out based on the decision made.

Based on previous studies about behavior of one's tendency to perform activities that are perceived bad/negative, several factors that affect including Desire, Subjective Norm, Perceived Behavioural, Attitude, and Goal Feasibility influence someone to do corruption (Nordin et al., 2013). Meanwhile, a tendency to engage in smoking is influenced by Desire, Environmental Factor, Familial Factor, Social Interaction, Physical Factor, Physiological Factor, Economic Factor dan Intention Refusal Self Efficacy (Park et al., 2104, Sweis, 2018). Another behavior perceived bad/negative is Bullying that is influenced by Attitude, Social Interaction, Familial Factor, Physiological Factor, Self-Efficacy, School Factor, socioeconomics and Media (Lee et al., 2018, Shams et al., 2017).

Engagement with pre-marital sex and sex under the influence of drugs is influenced by Desire, Familial Factor, Institutional Factor, dan Social and Sexual Network (Manaf et al., 2018, Tan et al., 2018). In addition to corruption, Subjective Norm, Perceived Behavioural, and Attitude influence someone to littering plus Knowledge and Incentive measures (Hu et al., 2018).

C. Desire

Mahfudz and Ahmadi (2008) suggested that desire is a particular wish or will that can be repeated. Willingness is one of the functions of human life, it is interpreted as a physical activity that has active efforts and related to the implementation of an activity to achieve an objective.

Previous studies have proven that the desire to influence someone in carrying out activities that are perceived as bad/negative such as corruption (Nordin et al., 2013), the tendency to smoke (Park et al., 2104, Sweis, 2018), pre-marital sex and sex under the influence of drugs (Manaf et al., 2018, Tan et al., 2018). Based on several empirical studies above, the researcher drew a conclusion as follows:

H1 = Desire affects one's tendency to carry out activities at risk of exposure to HIV.

D. Knowledge

Knowledge is everything that is known, which is obtained from the contact of the five senses to a particular object. Knowledge is basically the result of the process of seeing, listening, feeling, and thinking that become the basis of human attitude and action. Pius in Indonesian dictionary (2001) knowledge is associated with everything that is known to be related to the learning process.

Hu et al., (2018) conducted research on an activity that is perceived as bad/negative, namely littering, influenced by Knowledge. Based on previous empirical studies above, the researcher drew a conclusion as follows:

H2 = Knowledge affects one's tendency to carry out activities at risk of exposure to HIV.

E. Social Network

Mitchell in Kusnadi (2000) stated that social network is a set of special or specific relationship which is formed between a group of people. Characteristics of the relationship can be used as a tool for interpreting the social behavioral motives of people involved in it.

Study about Social Network carried out by Manaf et al., (2018) and Tan et al., (2018) has proven that Social Network influences someone to do pre-marital sex and sex under the influence of drugs. Based on previous empirical studies above, the researcher drew a conclusion as follows:

H3 = Social Network affects one's tendency to carry out activities at risk of exposure to HIV.

Figure 2 describes the relationship of each variable.

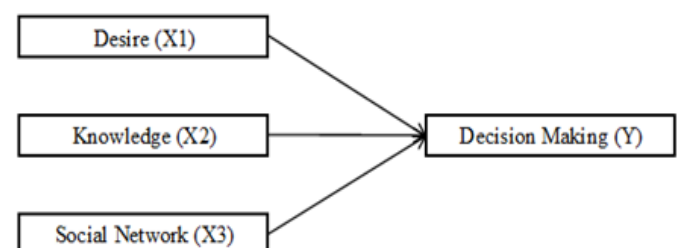


Fig 2:- Research Framework

III. RESEARCH METHOD

The approach used in this research is a quantitative approach. The research process is deductive, where research uses the hypothesis that has been formulated from concepts to answer an existing problem statement (Sugiyono, 2013). Based on the explanation and the field of research, this research design is a descriptive causal study.

A. Research Population and Samples

The population in this study were all patients diagnosed with HIV positive at the Angsamerah Clinic in Jakarta, amounting to 500 people. The samples obtained using an analytical method called SEM were at least 135 samples.

B. Data Collection Method

Sources of data in this study were primary and secondary data. The primary source means data source that directly provides data to the data collector. The questionnaire is a technique for data collection by giving a number of questions or written questionnaires to respondents (Sugiyono, 2013). While secondary data source is a data source that indirectly provides data to data collector (Sugiyono, 2013).

C. Data Analyis Method

In order to make data collected can be useful, it must be processed and analyzed in advance, so it can be used as the basis for decision making. The objective of the analysis method is to interpret and draw conclusions from the data collected. The research uses SEM (Structural Equation Model) for data processing. The testing steps carried out with SEM are as follows (Ghozali & Fuad 2008):

- Validity and Reliability Test.
- SEM Analysis: Model Conceptualization, Path Diagram, Model Specification, Model Identification, Parameter Estimation, Fit Model Assessment, Model Modification, Cross-Validation Model.

IV. DISCUSSION AND RESULTS

A. General Description of Respondents

A descriptive statistic is a way to describe and present information on a large amount of data. Through descriptive statistics, raw data is transformed into information that can be used to describe data characteristics. The characteristics described are the characteristics of the respondents. The characteristics of respondents asked were gender, age, marital status, and respondents' answers to statements from the questionnaire. The following data will be presented in a table; therefore, the reader can understand the background of the respondents in this study.

Description	Frequency	Percentage	
Gender	Male	118	86.8%
	Female	18	13.2%
Age	<25 years	4	2.9%
	26 years – 35 years	85	62.5%
	36 years – 45 years	42	30.9%
	46 years – 55 years	5	3.7%
	56 years – 65 years	0	0.0%
	>65 years	0	0.0%
Marital Status	Single	108	79.4%
	Married	28	20.6%

Table 1:- Description of Respondents

B. Results of Variable Validity and Reliability Test

Variable	Indicator	CR Value	VE Value
Desire (X1)	DSR8	0.799	0.588
	DSR9		
	DSR10		
Knowledge (X2)	PTH1	0.838	0.656
	PTH2		
	PTH3		
Social Network (X3)	JSOS1	0.816	0.600
	JSOS2		
	JSOS3		
Decision Making (Y)	CDRG1	0.936	0.786
	CDRG2		
	CDRG3		
	CDRG4		

Table 2:- Results of Validity & Reliability Test

C. The Goodness of Fit Test for Measurement Model & Modification

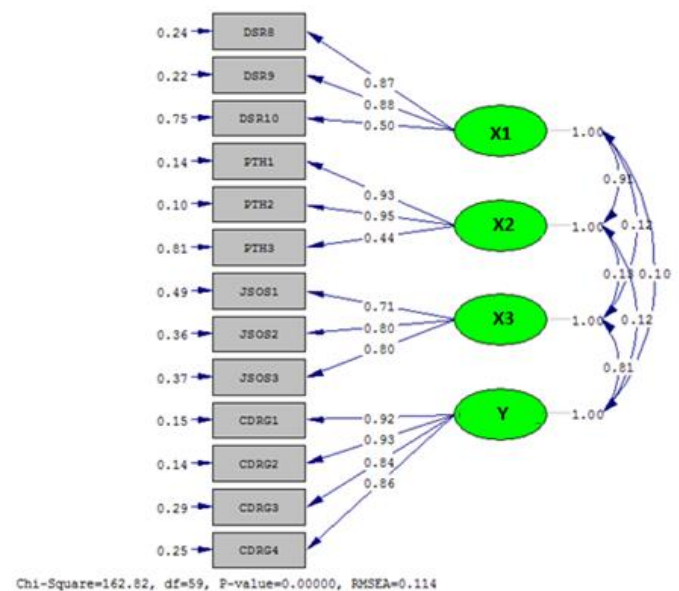
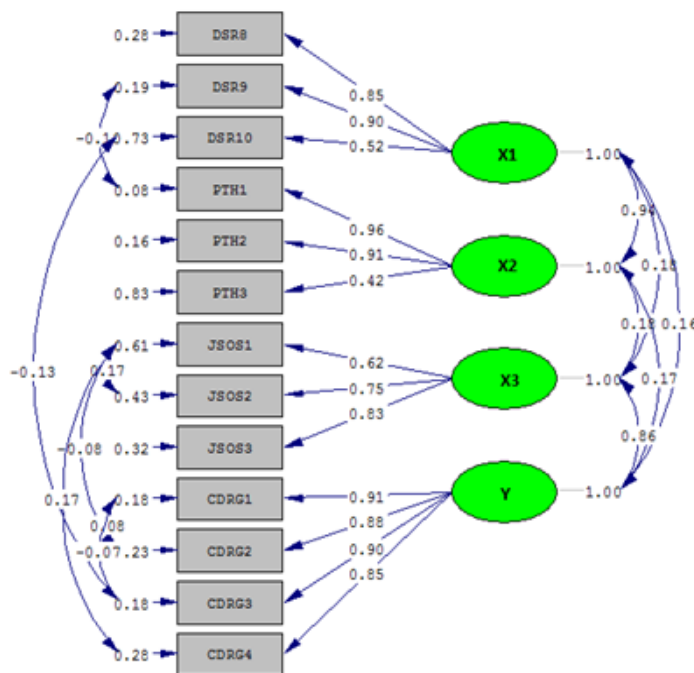


Fig 3:- Variable Measurement Model

GOF Measurement	Fitness Target	Result	Fitness Level
Root Mean Square Error of Approximation (RMSEA) P (Close Fit)	RMSEA ≤ 0.08 p ≥ 0.50	0.114	Bad Fit
Normal Fit Index (NFI)	NFI ≥ 0.90	0.90	Good Fit
Non-Normal Fit Index (NNFI)	NNFI ≥ 0.90	0.91	Good Fit
Comparative Fit Index (CFI)	CFI ≥ 0.90	0.93	Good Fit
Incremental Fit Index (IFI)	IFI ≥ 0.90	0.93	Good Fit
Relative Fit Index (RFI)	RFI ≥ 0.90	0.87	Marginal Fit
Goodness of Fit Index (GFI)	GFI ≥ 0.90	0.84	Marginal Fit
Adjusted Goodness of Fit Index (AGFI)	AGFI ≥ 0.90	0.76	Bad Fit

Table 3:- Fitness Test Results Measurement Model

Based on Table 3, the construct measurement model for the research variable needs to be modified because RMSEA > 0.08 is 0.114 to improve RMSEA and fitness level.



Chi-Square=96.52, df=52, P-value=0.00017, RMSEA=0.080

Fig 4:- Variable Measurement Model (Modification)

GOF Measurement	Fitness Target	Result	Fitness Level
Root Mean Square Error of Approximation (RMSEA) P (Close Fit)	RMSEA ≤ 0.08 p ≥ 0.50	0.08	Good Fit
Normal Fit Index (NFI)	NFI ≥ 0.90	0.94	Good Fit
Non-Normal Fit Index (NNFI)	NNFI ≥ 0.90	0.95	Good Fit
Comparative Fit Index (CFI)	CFI ≥ 0.90	0.97	Good Fit
Incremental Fit Index (IFI)	IFI ≥ 0.90	0.97	Good Fit
Relative Fit Index (RFI)	RFI ≥ 0.90	0.92	Good Fit
Goodness of Fit Index (GFI)	GFI ≥ 0.90	0.90	Good Fit
Adjusted Goodness of Fit Index (AGFI)	AGFI ≥ 0.90	0.83	Marginal Fit

Table 4:- Fitness Test Results Measurement Model (Modification)

After modification, the RMSEA < 0.08 is 0.080; thus, good fit and marginal fit of GOF are obtained.

D. The Goodness of Fit Test for Structural Model (T-Test)

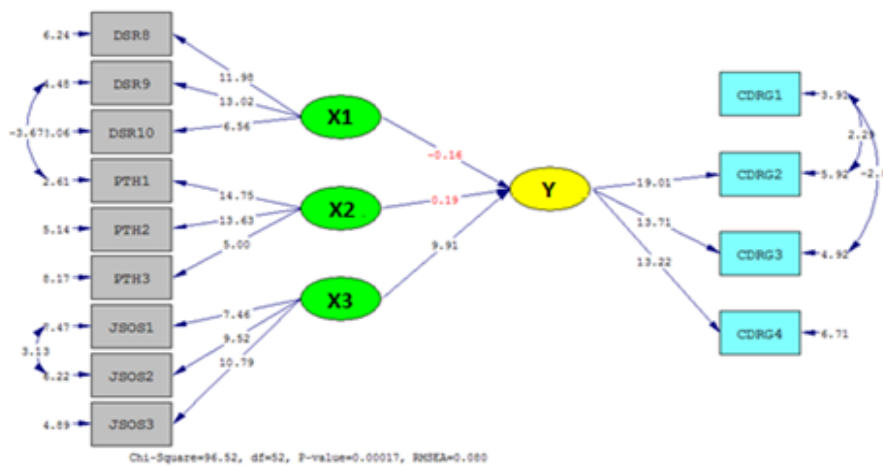


Fig 5:- Structural Model (T-Test)

GOF Measurement	Fitness Target	Result	Fitness Level
Root Mean Square Error of Approximation (RMSEA) P (Close Fit)	RMSEA ≤ 0.08 p ≥ 0.50	0.08	Good Fit
Normal Fit Index (NFI)	NFI ≥ 0.90	0.94	Good Fit
Non-Normal Fit Index (NNFI)	NNFI ≥ 0.90	0.95	Good Fit
Comparative Fit Index (CFI)	CFI ≥ 0.90	0.97	Good Fit
Incremental Fit Index (IFI)	IFI ≥ 0.90	0.97	Good Fit
Relative Fit Index (RFI)	RFI ≥ 0.90	0.92	Good Fit
Goodness of Fit Index (GFI)	GFI ≥ 0.90	0.90	Good Fit
Adjusted Goodness of Fit Index (AGFI)	AGFI ≥ 0.90	0.83	Marginal Fit

Table 5:- Fitness Test Results Structural Model

Table 5 shows that model fit value has a good value, that is a good fit and marginal fit, which means the overall fit value shows a good fit.

E. Hypothesis Testing

Hypothesis	Structural Path	t-values	Remarks	Conclusion
H1	Desire → one's tendency to carry out activities at risk of exposure to HIV	-0.16	The data doesn't support the hypothesis	Desire variable does not affect one's tendency to carry out activities at risk of exposure to HIV
H2	Knowledge → one's tendency to carry out activities at risk of exposure to HIV	0.19	The data doesn't support the hypothesis	Individual Knowledge variable does not affect one's tendency to carry out activities at risk of exposure to HIV
H3	Social Network → one's tendency to carry out activities at risk of exposure to HIV	9.91	The data supports the hypothesis	Social Network variable has positive and significant effect to carry out activities at risk of exposure to HIV

Table 6:- Results of Hypothesis Testing

The determination for a hypothesis decision is as follows:

- The desire construct variable does not affect one's tendency to carry out activities at risk of exposure to HIV, and it is shown with the t-value of the variable that below 1.96, which is -0.16.
- The individual knowledge construct variable has no effect to one's tendency to carry out activities at risk of exposure to HIV, and it is shown by the t-value of the variable that below 1.96, which is -0.19.
- The Social Network construct variable has a positive and significant effect on one's tendency to carry out activities at risk of exposure to HIV, it is shown by the t-value of the variable that is greater than 1.96 which is 9.91.

V. CONCLUSION

Based on the results of analysis and discussion, some conclusions withdrawn are as follows:

- Based on Table 6, it can be concluded that the Desire variable does not affect one's tendency to carry out activities at risk of exposure to HIV. This is shown by the t-value of the variable at -0.16, which lower than 1.96. Different from research conducted by Nordin et al. (2013) that desire affects someone to do corruption. Other research that does not in line with this research finding is research performed by Park et al. (2014) and Sweis (2014), who stated that desire influenced someone to be engaged in smoking. Kotler and Keller (2009) mentioned that desire aims to fulfill one's desire to obtain more than enough welfare, sufficiency, and comfort and occupies the second position after the need. Performing risky behavior to HIV exposure is not in line with the theory to fulfill one's desire to get welfare, sufficiency, and comfort. Therefore, desire does not affect someone carrying out activities at risk of exposure to HIV.
- Based on Table 6, it can be concluded that the Individual Knowledge variable does not affect one's tendency to carry out activities at risk of exposure to HIV. This is indicated by the t-value of the variable of 0.19, which is below 1.96. It is against the research performed by Hu et al. (2018), who mentioned Knowledge is a factor that affects someone to litter. Originally, Knowledge is a process to see, listen, feel, and think that become the basis for a human to act and behave. One's action and behavior are established based on the thinking process, and it applies in deciding to carry out activities at risk of exposure to HIV. Therefore, one's Knowledge does not affect one's tendency in conducting activities at risk of exposure to HIV.
- Based on Table 6, it can be concluded that Social Network variable has positive and significant effect to carry out activities at risk of exposure to HIV, it is shown by variable t-value of 9.91 which is greater than 1.96, it means social network affects one's tendency to conduct activities at risk of exposure to HIV. It is in

accordance with the research performed by Manaf et al. and Tan et al. (2018) about one's behavior who did pre-marital sex and sex under the influence of drugs were affected by a social network. The social change that happened in modern life has various ways to establish social life, started from network formation, interaction, adaptation, and social network is one of the modes on how the community performs the relationship between an individual with other individual or an individual with a trendy community. The social network is formed due to feelings of curiosity, sharing info, remind each other in conducting or taking care of something. The role of social networks that have an interest in its tendency to carry out activities at risk of exposure to HIV, has made someone felt comfortable, and this has affected them to carry out that certain activity. This has made social network affects one's tendency to carry out activities at risk of exposure to HIV.

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