



## Analysis of Factors Related to HIV Incidence in Tanimbar Islands Regency

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**Abstract:** HIV is an infectious disease that is the leading cause of death with a high mortality rate, high morbidity rate and requires long-term diagnosis and therapy. UNAIDS data shows that HIV in 2017 was 1.8 million people, in 2018 1.7 million people, and in 2019 1.7 million people. Data from the Tanimbar Islands Regency Health Office in 2022 the number of HIV positive patients was 30 people, in 2023 the number of HIV positive patients was 40 people and in 2024 the number of HIV positive patients was 80 people. This study aims to analyze the relationship between knowledge, attitudes and behavior with the incidence of HIV in the Tanimbar Islands Regency. The type of research used is qualitative approach by looking at case studies on HIV Incidents to analyze factors related to HIV incidents in Tanimbar Islands Regency in October-December 2024. The population and sample in this study were 25 HIV-positive patients and key informants, namely the Hospital Director, Head of the Medical Records Room. Research Results The data collected from informants on the questions asked by the researcher were 25 respondents but the researcher only wrote representatives of several respondents, because out of 25 respondents almost all respondents responded to the researcher well and politely. And in accordance with the results of the recordings and the results of the attached notes. The results of the study from various respondents for one purpose, namely to find out what factors are related to HIV incidents in Tanimbar Islands Regency, especially at the dr. PP Magretti Saumlaki Regional Hospital. For families or closest people as well as the Hospital and health workers, it is hoped that they will always provide support, educational attention and assistance so that people with HIV remain enthusiastic and also to prevent transmission.

### Abstrak.

HIV merupakan penyakit menular yang menjadi penyebab kematian utama dengan angka mortalitas tinggi, angka morbiditas tinggi dan memerlukan diagnosis serta terapi jangka panjang. Data UNAIDS menunjukkan bahwa HIV pada tahun 2017 sebanyak 1,8 juta jiwa, tahun 2018 1,7 juta jiwa, dan tahun 2019 1,7 juta jiwa. Data Dinas Kesehatan Kabupaten Kepulauan Tanimbar pada tahun 2022 jumlah pasien positif HIV sebanyak 30 orang, tahun 2023 jumlah pasien positif HIV sebanyak 40 orang dan tahun 2024 jumlah pasien positif HIV sebanyak 80 orang. Penelitian ini bertujuan untuk menganalisis hubungan pengetahuan, sikap dan perilaku dengan kejadian HIV di Kabupaten Kepulauan Tanimbar. Jenis penelitian yang digunakan adalah pendekatan kualitatif dengan melihat studi kasus tentang Kejadian HIV untuk menganalisis faktor-faktor yang berhubungan dengan kejadian HIV di Kabupaten Kepulauan Tanimbar pada bulan Oktober-Desember 2024. Populasi dan sampel dalam penelitian ini adalah pasien HIV positif sebanyak 25 orang dan informan kunci yaitu Direktur Rumah Sakit, Kepala Ruang Rekam Medis. Hasil Penelitian Data yang terkumpul dari informan atas pertanyaan yang diajukan peneliti berjumlah 25 responden namun peneliti hanya menuliskan perwakilan dari beberapa responden saja, karena dari 25 responden hampir semua responden menanggapi peneliti dengan baik dan sopan. Serta sesuai dengan hasil pencatatan dan hasil catatan terlampir. Hasil penelitian dari berbagai responden untuk satu tujuan yaitu untuk mengetahui faktor-faktor apa saja yang berhubungan dengan kejadian HIV di Kabupaten Kepulauan Tanimbar khususnya di RSUD dr. PP Magretti Saumlaki. Bagi keluarga atau orang terdekat serta pihak

Rumah Sakit dan tenaga kesehatan diharapkan untuk selalu memberikan dukungan, perhatian edukasi dan pendampingan agar penderita HIV tetap semangat dan juga untuk mencegah penularan.

**Kata Kunci** :Pengetahuan; Perilaku HIV; Sikap

## **1. INTRODUCTION**

HIV (Human Immunodeficiency Virus) is a virus that can weaken the human immune system. The HIV virus is found in body fluids, especially in blood, semen, vaginal fluids, and breast milk. This virus damages the human immune system, causing a decrease in the body's resistance so that it is easily infected with infectious diseases (Katiandagho, 2015). HIV (Human Immunodeficiency Virus) is a health problem worldwide. According to WHO (World Health Organization), HIV is currently a global threat that has detrimental impacts on all sectors. HIV is an infectious disease that causes the highest death rate with a high mortality rate, high morbidity and requires long-term diagnosis and therapy (WHO in Syafitri, 2022).

World Health Organization (WHO) statistical data at the end of 2022 showed that the number of HIV sufferers reached 39 million in key populations worldwide (WHO, 2023b). Statistical data from UNAIDS in 2021 showed that there were 6 million HIV sufferers (4.9-7.2 million) in Asia and the Pacific. The UNAIDS report (2022) estimates that every day there are 4,000 people infected with HIV and will continue to increase to 1.2 million people affected by 2025. UNAIDS data shows that in 2017 the number of new HIV cases was 1.8 million and around 4400 among adults aged 15 years and over with a prevalence of 19% for women aged 15-24 years. In 2018, the discovery of new HIV cases amounted to 1.7 million people and around 4400 among adults aged 15 years and over with a prevalence of 20% for women aged 15-24 years. And in 2019, the discovery of new HIV cases amounted to 1.7 million people and around 4100 among adults aged 15 years and over with a prevalence of 19% for women aged 15-24 years (UNAIDS, 2019).

In 2018, the number of reported HIV Positive cases was 46,659 people with a prevalence of HIV Positive in the 15-19 age group of 3.1% and reporting of new cases of 2.8%. In 2019, the number of reported HIV Positive cases was 50,282 people with the number of HIV Positive in the 15-19 age group of 1,452 people or 2.9% and reporting of new cases of 201 people or 2.9%. And in 2020, the number of reported HIV Positive cases was 41,987 people, the number of HIV Positive cases in the 15-19 age group was 1,236 people or 2.9%, and reporting of new cases was 329 people or 3.8% (Indonesian Health Profile, 2019). Transmission of HIV infection in Indonesia is included in the concentrated epidemic, namely the prevalence of HIV in key populations is generally high (more than 10%). This is due to

changes in the pattern of HIV transmission from groups of drug users and injectors (IDUs) who shared drug injection needles in the early 2000s to transmission through sexual intercourse which is the main priority in HIV transmission today (Ministry of Health, 2022a).

Indonesia is the country with the fastest rate of HIV transmission in Asia. The HIV/AIDS epidemic has occurred in almost all provinces, in high-risk subpopulations, namely injecting drug users, female sex workers, sex workers' clients, men who have sex with men and transvestites. HIV cases are spread across 407 (80%) of the 507 districts/cities in all (33) provinces in Indonesia. Based on data from the Data and Information Center of the Indonesian Ministry of Health, the cumulative number of reported HIV infections is 242,699 and the cumulative number of HIV is 87,453 people.<sup>3</sup> The highest cumulative percentage of HIV is in the 20-29 age group (31.4%) with the largest number of females and the highest risk factor for transmission through heterosexuals (68%).

According to the Head of Disease Prevention and Control Division of the Maluku Provincial Health Office, until 2023, there were 8,231 HIV cases in Maluku Province. Of that number, Ambon City was ranked first with 5,072 cases. Meanwhile, in the Tanimbar Islands Regency, based on data obtained from the Tanimbar Islands Regency Health Office in 2023, it was found that the highest HIV cases found at the Dr. PP Magretty Hospital were 132 people. Data from the Tanimbar Islands Regency Health Office recorded that in 2023 there were 38 PLHIV in the Tanimbar Islands Regency, 34 people in the dr. PP Magretti Saumlaki Hospital. Meanwhile, for the 2024 data, there were 38 PLHIV in the Tanimbar Islands Regency, 33 people in the dr. PP Magretti Saumlaki Hospital

In 2022 the number of HIV positive patients was 30 people, in 2023 the number of HIV positive patients was 40 people and in 2024 the number of HIV positive patients was 80 people. In the last three years HIV cases have increased by 150, of which 23 patients died, 23 LFU/Drug Discontinuation and 8 people moved. So the number of positive patients is 96 people.

## **2. METHOD**

This type of research is a qualitative analysis by looking at case studies of HIV incidence, namely research that focuses on HIV incidence, knowledge, attitudes and behavior that develop over time in a particular context. This research is based on data found in hospitals and in the field so that theories are also born and developed in the field. This research was conducted in October-December 2024. The population and sample in this study were 25 HIV-positive patients and key informants, namely the Hospital Director, Head of the Medical

Records Room. The sampling technique used non-random purposive sampling. This research was conducted using an in-depth interview question guide, recording devices and writing tools as well as observation data sheets. Validity or authenticity in this qualitative research is by providing fair and honest descriptions, statements and information, researchers combine data from in-depth interviews with informants. The data that has been collected will be processed manually by making transcripts then arranged in matrix form and then analyzed using the content analysis method, with the steps Unitizing, Sampling, Recording, Reducing, Narrating.

### 3. RESULTS AND DISCUSSION

**Table 1. Informant Characteristics**

Category	Respondent Code	Type Sex	Age	Education	Work
I.1	SM	L	36	SD	Primary School Teacher Education
I. 2	R	P	31	High School	Housewife
I. 3	DW	P	23	S1 PGSD	Primary School Teacher Education
I .4	YF	L	35	High School	Self-employed
I .5	FY	P	39	High School	Housewife
I .6	NR	P	46	High School	Housewife
I .7	ML	P	34	SD	Housewife
I .8	MK	L	31	S1	civil servant
I .9	DJ	L	34	S1 PGSD	civil servant
I .10	NDK	L	44	High School	Self-employed
I .11	ZB	L	29	SD	Self-employed
I .12	DF	L	29	S1	Self-employed
I .13	RR	P	35	S1	civil servant
I .14	MB	P	28	SD	civil servant
I .15	DB	P	45	Junior High School	Housewife
I .16	YF	P	33	High School	Housewife
I .17	YM	L	33	S1 PGSD	Self-employed

I .18	SR	L	27	S1	Self-employed
I .19	YT	P	22	S1	civil servant
I .20	BW	P	35	High School	Housewife
I .21	RM	P	30	High School	Housewife
I .22	JK	P	25	S1 PGSD	civil servant
I .23	SN	P	33	S1	civil servant
I .24	YF	P	55	S1	civil servant
I .25	AW	L	46	High School	Self-employed

Based on Table 1, the respondents in this study were mostly female by gender (15 respondents), high school education level (9 respondents), and occupation was housewife and civil servant (8 respondents).

Questions (About Knowledge)	Respondents' Answers
What do you know about HIV?	I.1HIV is a deadly disease because HIV slowly attacks the immune system, so that the body slowly rejects the disease but damages all the cells and immunity of the sufferer.
	I.2HIV is a virus that can weaken the immune system.
	I.3HIV is a deadly disease because HIV slowly attacks the immune system, so that the body slowly rejects the disease but damages all the cells and immunity of the sufferer.
	I.4HIV is a virus that can weaken the immune system.
	I.5HIV is a virus that can weaken the immune system.
	I.6HIV is a pathogenic virus that can weaken a person's immune system.
	I.7HIV is a disease that attacks the immune system, especially the sufferer.
	I.8HIV is a fatal disease for sufferers.
	I.9HIV is a disease that cannot be cured.
	I.10In my opinion, HIV is a sexually transmitted disease that occurs when someone changes partners.
	I.11The disease that arises is not in accordance with religion, it is transmitted through free association, use of medical devices and injection needles.
	I.12HIV is an infectious disease, as far as I know, it is transmitted through irresponsible social interactions, such as befriending bad people.
	I.13As far as I know, HIV is an infectious disease caused by sexual intercourse.
	I.14I know and I read that HIV is a disease that causes the body's immunity to decrease due to a virus.
	I.15HIV disease is a deadly disease
	I.16 HIV is a deadly disease and can cause death.

	I.17 HIV is a cursed disease.
	I.18 HIV is a disease that weakens a person's immune system.
	I.19 HIV is a disease that can cause death to sufferers.
	I.20 HIV is a disease caused by frequently changing partners, using injection needles (tattoos), and having unprotected sex.
	I.21 HIV is a disease that is transmitted through frequently changing partners etc.
	I.22 HIV, as I know it, is a deadly disease and can cause death to sufferers.
	I.23 As far as I know, if a sufferer is declared positive for HIV, if they do not take medication, it will result in death.
	I.24 HIV is a disease that can cause death.
	I.25 HIV is a disease that can cause death in patients.

Questions (About Attitude)	Respondents' Answers
What precautions should be taken when living with an HIV positive person?	I.1 What I know is that if someone is treating a bleeding wound they have to use disposable gloves.
	I.2 Must keep distance and not even sleep together.
	I.3 Maintain a good distance so that you don't get the disease easily.
	I.4 Immediately contact a health worker to immediately treat patients who have HIV.
	I.5 Immediately take the patient to get special treatment.
	I.6 Keep your distance.
	I.7 Providing support to HIV patients.
	I.8 Immediately tell people who are HIV positive not to wander out of the house.
	I.9 Do not use household equipment (plates, glasses, spoons) together.
	I.10 Create distance and provide encouragement to people who are HIV positive.
	I.11 Advise patients to continue taking their medication.
	I.12 Provide education related to HIV for positive patients at home.

	I.13 Provide distance and monitor the patient's progress.
	I.14 Continue to implement PHBS at home for all family members, even people who are HIV positive.
	I.15 Maintain a good distance so that you don't get the disease easily.
	I.16 Providing support to HIV patients.
	I.17 Maintain distance and cleanliness at home and for people who are HIV positive.
	I.18 Monitor the progress of people affected by HIV.
	I.19 The toiletries used must not be the same.
	I.20 Continue to monitor the progress of people who are HIV positive.
	I.21 Maintaining a diet and cooking must be separated.
	I.22 Advise people with HIV to exercise.
	I.23 Keep your distance from people infected with HIV.
	I.24 Provide an explanation and monitor the person to ensure they take their medication regularly.
	I.25 Can provide a good understanding of people with HIV.

The results of interviews conducted with 25 informants can be concluded that most of the actions taken when living with people with HIV are mostly very social distancing where cleanliness is maintained, housing is maintained, eating utensils are maintained, medication consumption is maintained, and some even directly contact health workers to monitor the development of patients who live with healthy people every day so as not to add new sufferers. People who live with patients must always implement PHBS in the RT and also provide support and encouragement so that the person is not stressed and does not think about negative things and always exercise together and maintain distance.

Questions (About Behavior)	Respondents' Answers
What causes the stigma in society towards someone with HIV to still be quite high?	I.1 What I know is that the stigma or impact that exists in society is due to a lack of knowledge and can even lead to negative thoughts.
	I.2 People who are infected with HIV can be caused by misunderstandings, excessive fear and even the shame of the patient can be exposed even though it is not allowed.

	I.3 People who are infected with HIV are far from religious and social norms.
	I.4 HIV sufferers are also far from God and think that the disease comes from God.
	I.5 must believe that HIV can be cured and must talk openly about HIV.
	I.6 People who have negative views or attitudes towards people or sufferers of HIV usually always have a bad mindset.
	I.7 For me, people's problems or thoughts about HIV sufferers are wrong because there are already medicines and there are even HIV sufferers who are healthy.
	I.8 The public must know that HIV is not a contagious disease but a disease that is spread by frequently changing partners and using injection needles.
	I.9 What I know is that HIV patients can be treated in certain rooms (hospitals, homes) as long as the medication they take and cleanliness are monitored.
	I.10 I have also experienced that people or sufferers of HIV are often marginalized in this regard because they can transmit the disease.
	I.11 I was once ostracized and not considered in society because I had HIV and was shunned.
	I.12 Actually, HIV does not spread unless you frequently change partners and use injection needles.
	I.13 Society considers HIV to be a cursed disease.
	I.14 There is still a lack of public knowledge about diseases, one of which is HIV.
	I.15 People still think that people with HIV can be infected and can even die.
	I.16 The public must know that HIV is not a contagious disease but a disease that is spread by frequently changing partners and using injection needles.
	I.17 What I know is that HIV patients can be treated in certain rooms (hospitals, homes) as long as the medication they take and cleanliness are monitored.
	I.18 HIV sufferers are also far from God and think that the disease comes from God.
	I.19 People who are infected with HIV are far from religious and social norms.
	I.20 People living with HIV often feel excluded.



	I.21 The public considers HIV to be a disease that can be transmitted to anyone.
	I.22 What I know is that HIV patients can be treated in certain rooms (hospitals, homes) as long as the medication they take and cleanliness are monitored.
	I.23 society considers HIV to be a dangerous disease.
	I.24 HIV is a dangerous disease and society always thinks negatively about HIV patients.
	I.25 The public believes that HIV is transmitted quickly if close to an HIV-infected patient.

### Discussion of Research Results

The results of the interview can be concluded that most of the stigma or impacts that exist in society do have negative impacts both from the family environment, work and even organizations in society. society believes that one or more people who suffer from HIV must be isolated and even have to leave the environment where they are. Many also assume that HIV is transmitted and can even be an infectious disease because what they know is caused by frequently changing partners, the use of injection needles in this case tattoos, the use of illegal drugs and even NAPZA and is also a cursed disease both in religious norms and legal norms and customary norms. Therefore, society must think positively, not negatively, so that it can overcome the problems of the disease that exist today and become an impact that must be maintained and counseling carried out.

The results of the study showed that 25 informants were HIV positive. There are several things that influence and encourage informants to get HIV, where each informant is different, including juvenile delinquency at school, where curiosity is so great and wants to try new things such as trying smoking, alcoholic beverages, drug use and having sex with the opposite sex, and other informants are influenced by a free living environment, a family environment that does not instill a sense of faith, and often having sex with the opposite sex when they are still dating and a small number of other informants get HIV because they have sex with their husbands who are already positive.

This study is in accordance with Kambu's study (2019) that the length of time informants were detected with HIV ranged from three months to five years and the length of illness varied greatly depending on the risk factors for contracting HIV. Transmission through sexual intercourse is the most dominant factor and HIV transmission through unprotected sexual intercourse, anal, oral, vaginal with someone who has been infected with HIV, injection

needles, piercings, tattoos that are not sterile and shared, non-sterile medical equipment, receiving blood transfusions containing HIV, HIV-positive mothers to their babies.

Based on this study, the results showed that all informants who were infected with HIV had informed their status to their partners except those who were not married and most of the informant's partners knew when the informant first got HIV, because they always accompanied them when they were checked until they tested positive for HIV. While a small number of informants informed their status to their partners when they were about to get married, initially they had been in a relationship, namely dating. There was compatibility and love between the informant and their partner, so the informant's partner accepted the informant's status and continued to the level of marriage with the informant. All informant partners knew the informant's HIV status around the end of this year.

This study is in line with research from Parwati (2022) that all informants have disclosed their status as PLWHA infected with HIV to their closest people, namely family and life partner (husband) or (wife). Regarding their new status as infected, all informants have been willing to be open to others. Disclosure of HIV status to those closest to them is closely related to the source of information obtained by PLWHA regarding HIV status itself including understanding, treatment, transmission methods and prevention of HIV/AIDS, so that informants know how important it is to disclose HIV status as an action for treatment and prevention of HIV transmission itself. Based on this study, half of the informants did not inform their family about their positive HIV status. The reason the informants did not inform their family was so that the family would not feel sad and worried about their positive HIV status so that it was safer not to tell the family. Meanwhile, half of the informants informed their family about their HIV positive status because from the beginning the informant was HIV positive, the family had accompanied them and was always by their side. Most of the family members of their partners did not know the informant's positive HIV status. The informants did not inform them because they wanted the family to know for themselves and so that they would not worry and be sad. Meanwhile, a small number of informants reported that they were HIV positive to their partner's family because the family had known from the beginning that the informant was often sick and when examined, it turned out that they were HIV positive.

The results of this study are also in accordance with the results of previous research conducted by Suriana (2021) which showed that when they were first detected as HIV positive, the subjects and their partners chose to hide their disease status because they were afraid of being discriminated against and ostracized by their families and their environment. The subjects and their partners were afraid of being considered bad people because they had this

disease, and they were also afraid of being treated differently because they had HIV. The things that influence the time of self-disclosure of informants to others are the mental readiness and maturity of the informant's age.

### **The Relationship between Knowledge and HIV Incidence**

The results of interviews with 25 respondents mostly have an understanding that HIV is a disease that attacks and weakens the immune system. An example can be seen from the statement that says that; HIV is a virus that can weaken the body's immune system and is also a deadly disease. This is evidence that the community already has a basic understanding of HIV. This is in line with research conducted by Setiawawn and Lestari [2021] which states that the mass media and counseling are the main sources in disseminating basic information about HIV to the general public.

However, this knowledge tends to be basic and superficial and is not accompanied by a comprehensive understanding such as; medical aspects, transmission methods, prevention and also handling of HIV such as; 'HIV is a cursed disease [r 17]] or 'the disease is not in accordance with religion [r11] this shows that there is still biased or invalid information and strong misconceptions among the community.

One of the main obstacles in HIV prevention efforts is misconceptions. Based on the results of the interviews obtained, there are still erroneous views, for example; having sex with multiple partners or HIV is caused by deviant behavior, even though WHO 2020, HIV transmission can be done in various ways including blood transfusions, sharing needles and mother to child through pregnancy, childbirth and breastfeeding, not only through risky sexual intercourse. Sari et al [2022] showed that areas that received and heard limited access to information had a percentage of 40 people who still believed that HIV can be transmitted through physical contact such as touching or using the same eating utensils, even though this can be proven by valid information such as scientific journals. Misconceptions like this have a direct impact such as the emergence of negative stigma in society and discriminatory actions by society against PLWHA.

Based on the results of interviews with 25 respondents, it was found that there were indications of public perception and stigma that assume that HIV is a curse and sin or those who have free sex, this was conveyed by respondents 11-13, so that a form of discrimination and exclusion was created for PLWHA sufferers caused by ignorance, fear, and social values that are inherent in society and have an impact on their quality of life. According to the Indonesian Ministry of Health [2021], social stigma can cause PLWHA sufferers to be afraid

and reluctant to take an HIV test, not to undergo treatment and therapy, and to withdraw from the community. This is reinforced by the findings of Anggraini and Wicaksana [2020] who stated that the main obstacle in efforts to prevent and control the incidence of HIV/AIDS in Indonesia is social stigma.

Lack of proper knowledge about HIV contributes to the high incidence of HIV, both through risky behavior and delays in diagnosis. Research by Yusuf et al. (2019) shows that people with low levels of knowledge are twice as likely to engage in risky sexual behavior, compared to those with adequate knowledge. Furthermore, the combination of misconceptions and stigma has an impact on community rejection of HIV education programs or health services. For example, people who believe that HIV is a "curse" tend not to advise their family members to undergo early testing, and even hide their HIV status from their social environment. This creates a closed cycle that worsens the spread of the virus in the community.

### **The Relationship Between Attitudes and HIV Incidence**

The results of the interview in the study showed that public attitudes towards PLWHA are still very diverse, such as; the existence of stigmatizing and discriminatory attitudes, some respondents still show these attitudes, which can be seen in the responses of respondents [R2,6,8,13,15 and 17] who said that "PLWHA sufferers must keep their distance" and there were also those who said that "PLWHA sufferers do not use household equipment and bathing equipment together" [R9 and 19], this can occur due to a wrong understanding or misconception from respondents regarding their knowledge of HIV so that it can lead to the emergence of negative perspectives and stigma in society, this is in line with research by Sari and Widagdo [2020] and Wulandari et al [2022] which states that stigma comes from a lack of correct information. Unrealistic fears of transmission are still often found, especially in areas with low health education

**Supportive and Positive Attitudes** Almost all respondents in this study showed that they were more positive and supportive of PLWHA, for example; providing support, advice, education and understanding for PLWHA [R7,11,12,22,24 and 25], there were also respondents who said to 'monitor every development of PLWHA' [R 18 and 20] in respondent 14 said to continue implementing PHBS at home to all family members [R 14] and in respondents 4 and 5 who said to immediately contact health workers and take patients to get special care, this shows that there is a positive attitude so that PLWHA sufferers can access health and get treatment so that they can recover or be able to do activities from several respondents who were given showed good efforts regarding HIV and the importance of social

support to improve the quality of life for PLWHA sufferers [Setiawan et al, 2023]. Apart from these two attitudes, there are still some respondents who prefer to be more careful, such as respondent 1 who said that 'if someone treats a bleeding wound, they must use disposable gloves', respondents 3 and 5 said that 'maintain a good distance so that it is not easy to get the disease', and respondents 10, 17 and 21 showed an attitude to maintain and create distance but still provide encouragement and maintain cleanliness of the house, this happened because of an incomplete and incomplete understanding of their knowledge about HIV with a hesitant attitude that can indirectly risk the emergence of negative stigma and discriminatory actions for the community, especially PLWHA sufferers.

### **The Relationship between Behavior and HIV Incidence**

Based on the results of the interview, respondents in this study generally have an understanding that HIV is related to certain risky behavior, although this understanding is often combined with the stigma of myths and social values that can lead to discriminatory actions.

Risky sexual behavior; most respondents [r 8,12 and 16] associated HIV transmission with unsafe sexual behavior, for example; frequently changing partners, this is in line with research conducted by Kurniawan et al [2022] which stated that 70 percent of new HIV cases in Indonesia over the past five years came from unprotected sexual relations, both heterosexual and homosexual. Other factors that play a role such as; condom use, social pressure on free sex and limited reproductive health services also increase the risk of HIV transmission.

Shared injection needle usage; several respondents [r 8 and 12] said that HIV can be transmitted through shared injection needle usage, this shows that there is sufficient knowledge of blood-borne transmission, especially among injection drug users. Based on the Indonesian Ministry of Health [2023] injection drug use can contribute to a total of 10-15 percent of HIV cases.

Avoidance behavior of examination and treatment; respondents 11 and 20 said their experience of being ostracized reflected that one of the things that can cause PLHIV sufferers not to want to seek treatment or seek medical help is the emergence of negative social stigma and this can increase the spread of HIV widely in society. In a study conducted by Sihombing and Widyastuti [2021], it was stated that fear of stigma makes more than 0 percent of HIV sufferers in Indonesia late in finding out their status or refusing to follow the therapy given.

Social and Religious Behavior; Several respondents stated that people with HIV are “far from God” or “not in accordance with social norms” (I.3, I.4, I.18, I.19). This shows the existence of a moral framing of the disease, which makes HIV not only considered a medical

problem, but also as a consequence of immoral behavior. This view not only increases stigma, but also hinders open discussion about HIV prevention. In fact, HIV can attack anyone regardless of moral or religious background, depending on the risky behavior carried out.

New Acceptance and Awareness Behavior; On the other hand, there were respondents who stated that the community needs to accept that HIV can be controlled and is not easily transmitted through ordinary interactions (I.5, I.7). This indicates a shift in behavior towards awareness of the importance of education and acceptance of PLWHA. Research by Lestari et al. (2023) shows that community-based campaigns and testimonials from PLWHA who have successfully undergone ARV therapy can significantly reduce discriminatory behavior and increase social support behavior.

## **CONCLUSION AND SUGGESTIONS**

Based on this study, it can be concluded that HIV is a serious problem because it is not only a health problem or development issue, but also an economic, social, and other problem. The impact of HIV on society can be permanent or at least very long-term. HIV is socially invisible, although the damage it causes is very real. HIV because of its very deadly nature causes shame and exclusion from society which will then lead to forms of silencing, rejection, stigma, and discrimination in almost all aspects of life. Reviewed from the results of the study of 30 respondents regarding factors related to the incidence of HIV in the Tanimbar Islands Regency, positive HIV results were obtained. Regarding the positive results, reviewed from the relationship between respondent knowledge, if the better a person's knowledge, the more positive their attitude and preventive actions. Also reviewed from the relationship between respondent attitudes. A positive attitude towards health values is not always manifested in a real action, a bad attitude value, for example by not looking at the researcher's face during an interview, but the rest of the informants were able to show good and positive attitude values to the researcher. Judging from the relationship of respondent behavior starting from the most visible to the invisible behavior, from the perceived to the least perceived, it appears that informants have good and polite behavior, have positive interactions with researchers when asked several questions. In order to prevent and reduce the rate of HIV transmission in the community, it is expected that health workers in hospitals as well as families and the community environment are expected to provide education and more attention in order to reduce the impact of HIV incidence in the community.

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