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Original Article

Analysis of HIV/AIDS Health Problems in Pacitan District East Java 2020

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ABSTRACT

The implementation of health problem analysis is carried out to increase the effectiveness and efficiency of solving health problems through the selection of health problems that become priority problems in a region. The purpose of this study was to analyze the problem and determine the priority of health problems in the work area of the Pacitan District Health Office, East Java Province. This research is a descriptive observational study conducted at the Pacitan District Health Office in January 2020. The type of data used is secondary data obtained from the 2016-2019 Pacitan District Health Profile and primary data obtained through interviews with related parties, namely the head of the field. , section head and program holder. Prioritization of health problems is carried out using the USG method based on the criteria of Urgency, Seriousness, Growth and finding the root of the problem using the fishbone diagram method. The increase in HIV/AIDS cases with an USG score of 128 has become a top priority health problem in Pacitan District. An increase over the last 4 years with the highest number of cases in 2019, which was 39 cases. The fishbine diagram shows the root of the HIV/AIDS problem, namely the lack of public knowledge about HIV/AIDS, the lack of public knowledge about HIV/AIDS, the lack of awareness of people at risk for conducting an HIV test, this makes the community less aware of information about HIV/AIDS, causing public stigma. which results in people being closed / unwilling to check themselves at the puskesmas or hospital. The increase in HIV/AIDS cases is one of the problems in Pacitan district. To reduce the incidence, health workers need to optimize the dissemination of information about HIV/AIDS, especially risk factors, causes, prevention, symptoms and treatment. Increase the understanding of health workers and public awareness in conducting early detection.

Keywords: *HIV/AIDS; Urgency; Seriousness; Growth.*

ABSTRAK

Pelaksanaan analisis masalah kesehatan dilakukan untuk meningkatkan efektivitas dan efisiensi penyelesaian masalah kesehatan melalui pemilihan masalah kesehatan yang menjadi prioritas masalah di suatu wilayah. Tujuan dari penelitian ini adalah untuk melakukan analisis masalah dan menentukan prioritas masalah kesehatan yang ada di Wilayah kerja Dinas Kesehatan Kabupaten Pacitan Provinsi Jawa Timur. Penelitian ini merupakan penelitian deskriptif obervational yang dilakukan di Dinas Kesehatan Kabupaten Pacitan pada bulan Januari tahun 2020. Jenis data yang digunakan yaitu data sekunder yang diperoleh pada Profil Kesehatan Kabupaten Pacitan tahun 2016-2019 dan data primer yang diperoleh melalui wawancara dengan pihak terkait yakni kepala bidang, kepala seksi dan pemegang program. Penentuan prioritas masalah kesehatan dilakukan dengan menggunakan metode USG berdasarkan kriteria Urgency, Seriousness, Growth dan pencarian akar masalah menggunakan metode fishbone diagram. Peningkatan Kasus HIV/AIDS dengan skor USG 128 menjadi masalah kesehatan prioritas utama di Kabupaten Pacitan. Peningkatan selama 4 tahun terakhir dengan jumlah kasus tertinggi pada tahun 2019 yaitu sebanyak 39 kasus. Diagram fishbine menunjukan akar masalah HIV/AIDS yaitu kurangnya pengetahuan masyarakat terhadap HIV/AIDS, Kurangnya kesadaran penderita berisiko untuk melakukan pemeriksaan tes HIV, Hal ini membuat masyarakat kurang mengetahui informasi tentang HIV/AIDS sehingga menimbulkan stigma masyarakat yang buruk dan mengakibatkan masyarakat tertutup/tidak mau memeriksakan dirinya ke puskesmas ataupun rumah sakit. Peningkatan kasus HIV/AIDS adalah salah satu masalah di kabupaten Pacitan. Untuk menekan angka kejadian, petugas kesehatan perlu mengoptimalkan penyebaran informasi mengenai HIV/

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AIDS khususnya faktor risiko, penyebab, pencegahan, gejala yang timbul dan pengobatanya. Meningkatkan pemahaman petugas kesehatan dan kesadaran masyarakat dalam melakukan deteksi dini.

Kata kunci: *HIV/AIDS, Urgency, Seriousness, Growth*

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INTRODUCTION

In an effort to improve health status and the implementation of health development in Indonesia, there are various challenges, including the problem of inequality in public health status, access to health services, socio-economic level, and so on. In addition, new challenges arise as a result of socio-cultural, economic, and political changes as well as environmental changes. Health as a human right is explicitly mandated by the 1945 Constitution, which states that everyone has the right to live in physical and spiritual prosperity, to have a place to live, and to have a good and healthy living environment and have the right to health services. [1]

The implementation of health problem analysis is carried out to increase the effectiveness and efficiency of solving health problems through the selection of health problems that become priority problems in a region. By focusing on the selected health problems as a priority, it is hoped that the utilization of limited health resources can be carried out optimally in accordance with the leverage of the problem.

The results of the problem identification through a documentation study by comparing the program's achievements against the MSS targets, the Strategic Plan of the Ministry of Health and the RPMJD of Pacitan District and looking at trends for three consecutive years found nine main problems, namely HIV/AIDS, leptospirosis, hepatitis A, dengue fever, diarrhea, pneumonia, larva free rate, complete basic immunization and tuberculosis. Based on the results of data analysis and discussions with the head of the field and program holders, the priority of the health problem that was taken was HIV/AIDS.

HIV (Human Immunodeficiency Virus) is a virus that attacks the immune system. The infection causes the patient to experience a decrease in immunity so it is very easy to be infected with various other diseases. AIDS (Acquired Immune Deficiency Syndrome) is a collection of symptoms of reduced self-defense ability caused by the entry of the HIV virus. The HIV control program in Indonesia aims to: 1.) Reduce to eliminate new infections; 2) Reduce or eliminate AIDS-related deaths; 3) Reduce stigma and discriminationI. [2]

According to WHO, 2019 HIV can be transmitted through the exchange of various body fluids from an infected person, such as blood, breast milk, semen and vaginal fluids. HIV can also be passed from a mother to her child during pregnancy and childbirth. People cannot be infected through everyday contact such as kissing, hugging, shaking hands, or sharing personal objects, food, or water. [3]

HIV/AIDS is an infectious disease that occurs in the community for which there is no vaccine or effective drug for the prevention of HIV/AIDS until now.[4] According to World Health Organization (WHO) in 2018, there are 36.9 million people who have HIV/AIDS around the world.[5] Indonesia is one of the countries with the fastest addition of HIV/AIDS cases in Southeast Asia, with an estimated increase in the incidence of HIV infection by more than 36%. The HIV/AIDS epidemic in Indonesia is growing the fastest among Asian countries.[4] Indonesia occupies ranked third as a region with most people living with HIV/AIDS worldwide the world with a total of 5.2 million souls.[6] As of December 2019, the number of AIDS cases reported in East Java was 1,254 people, and 9,981 HIV cases. East Java Province is designated

as an area with concentrated HIV prevalence along with 5 (five) other provinces, namely DKI Jakarta, Papua, Bali, Riau and West Java.[7, 8] stated that HIV AIDS has become apandemic in Sub-Saharan Africa. HIV AIDS pandemic slowly causes a decrease in energy employment, reduce agricultural productivity, increasing poverty, and changing the structure population pyramid in Africa. Almost half of all HIV cases had no known risk factors (51.0%). Some of the highest risk factors are MSM at 20.4%, heterosexual 19.6% and IDU at 0.9%. While the highest AIDS cases were heterosexual at 73.4% and the lowest was transfusion at 0.3%. According to the type of work, the highest distribution of AIDS cases was among non-professional staff (employees) (26.4%), housewives (15.5%) and self-employed (12.6%). [2]

Based on the results of the problem analysis from the Pacitan Health Office, it was found that HIV/AIDS data in 2017 there were 36 cases then decreased although not so significantly in 2018 to 25 cases then increased again in 2019 to 40 cases.

The availability of health facilities in every sub-district in Pacitan Regency certainly makes it easier for the community to get access to better health services, if viewed from the distribution of sub-districts, there are already available puskesmas, an average of 2 units.[9]

The purpose of this study was to analyze the problem and determine the priority of health problems in the work area of the Pacitan District Health Office, East Java Province.

MATERIALS AND METHODS

Materials

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: Only rele-vant modifications should be described.

Methods

This research is a descriptive observational study conducted at the Pacitan District Health Office in January 2020. The type of data used is secondary data obtained from the 2016-2019 Pacitan District Health Profile and primary data obtained through interviews with related parties, namely the head of the field. , section head and program holder. The types of data collected are data on health status, population aspects, health behavior, environmental data and data on morbidity and mortality. Prioritization of health problems is carried out using the USG method based on the criteria of Urgency, Seriousness, Growth.

The steps taken in analyzing the health problems contained in the Blitar District Health Office are as follows:

1. Establish program achievement indicators using national/regional standards.
2. Comparing outputs on program achievements with indicators to look for gaps.
3. The method used for priority determination is the USG method. The USG method is one way to determine the priority order of problems using the scoring technique method.

These are as follows:

1. *Urgency*
   How urgently the problem must be discussed is related to the available time and how hard the time pressure is to solve the problem that caused the problem.
2. *Seriousness*
   How serious the problem needs to be discussed is related to the consequences arising from delays in solving the problem that caused the problem or the consequences that cause other problems if the problem causing the problem is not solved. It should be understood that under the same circumstances a problem that can give rise to another problem is more serious than a separate problem.

1. *Growth*
   How likely the problem is to develop is related to the possibility of the problem causing the problem to get worse if left alone.
2. There are many methods to find out the root cause of problems that arise in the workplace, one of which is fishbon. From the root of the problem found, then recommendations can be formulated for countermeasures that can be done to the problem.

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RESULTS AND DISCUSSION

Overview of Health Problems in Pacitan District

Based on the results of the identification of health problems, examining the Pacitan Health Profile data for 2017-2019 and in-depth interviews and then comparing the program's achievements against the MSS targets, the Ministry of Health's Strategic Plan and the Pacitan District RPJMD, three main problems were found in Pacitan Regency as shown in Table 1.

Table 1. List of health problems in the Pacitan District in 2017-2019

No	Problem	2017	2018	2019	Tren	Target	Description
1	Number of HIV/AIDS Cases	36	23	39	increase	when there is a decrease case	HIV AIDS cases are still high
2	Number of Leptospirosis Cases	52	42	54	increase	when there is a decrease case	The number of leptospirosis cases is still high
3	Hepatitis A	0	0	1.314	increase	-	Hepatitis A outbreak occurs
4.	Dengue fever	72,1	48,3	121,9	Rising bad	-	The high number of dengue cases
5.	Diarrhea	54,8	56,4	3.26	Rising bad	RPJMD 100%	Haven't hit the target yet
6.	Penemonia	90,67%	92,64%	-	Rising bad	Renstra 60%	Hope < 60%
7.	Tubercolosis	199	328	-	Rising bad	-	Haven't hit the target yet

Prioritize problems

The method used is USG. The priority of the problem is determined by distributing the form based on the Urgency, Seriousness, and Growth criteria. The filling is carried out by the Head of Disease Prevention and Control, the Head of the Infectious Disease Section, the Head of the Surveillance and Immunization Section, the Head of the Non-Communicable Diseases Section, and all the staff of the Disease Prevention and Control Section. Priority selection of health problems with ultrasound criteria, the score used is prone to 1-5 according to the provisions of the researcher. Then the priority of the problem is scored, the greater the score indicates that the problem is becoming a priority problem. The following is a recap of the results of the problem assessment using the USG schoring technique in the work area of the Pacitan District Health Office which can be included in Table 2.

Table 2. Determination of Priority Problems based on Ultrasound Criteria

NO	Health Problems	Urgency	Seriuseness	Growth	Total	Prioritas
1	Number of HIV/AIDS Cases	45	45	38	128	I
2	Number of Leptospirosis Cases	43	45	38	126	II
3	Hepatitis A	47	44	33	124	III
4	Dengue fever	44	42	33	119	IV
5	Diarrhea	38	40	36	114	VI
6	Pnemonia	36	38	29	103	VII
7	Tubercolosis	41	37	38	116	V

Based on the results of the study documentation, Table 2 explains that the results of the priority problem determination activities carried out in Pacitan Regency, HIV/AIDS is the first priority problem. Where the number of cases is increasing and the death rate is still there, as well as the consideration of the head of the field through a discussion process, it is concluded that the main topic that is taken is the problem, namely the case of HIV/AIDS at the Pacitan District Health Office in 2019.

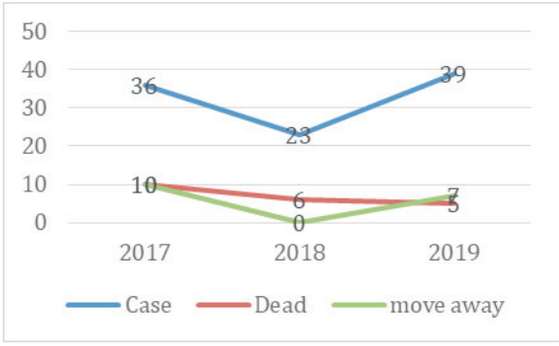

Figure 1. Number of HIV/AIDS Cases in 2017-2019

Figure 1 shows that in 2019 the number of HIV/AIDS cases as many as 39 cases increased dramatically from 2018 with 23 cases. During the last 3 years cases of HIV/AIDS deaths at the Pacitan District Health Office have decreased but are still high, in 2018 cases Deaths due to HIV/AIDS were 6 cases and 2019 were 5 deaths. Then the number who passed/moved from Pacitan Regency who were positive for HIV AIDS which was initially registered 0 cases in 2018 increased to 7 cases in 2019.

Table 3. Distribution of HIV/AIDS Cases by Gender

Gender	Year			
	2016	2017	2018	2019
Male	24	21	12	25
Famale	16	15	11	14

Table 3 shows that the distribution of the frequency of HIV/AIDS cases by gender in 2016 the number of men was more than women, namely 24 people, in 2017 the number of men was more than women, namely 21 people, in 2018 the number of men was higher than women namely 12 people, and in 2019 the number of men was still higher than women, namely 25 people. It can be concluded that the average number of HIV/AIDS sufferers from 2016-2017 was more men.

Table 4. Distribution of HIV/AIDS Cases by Age 2016 2019

	Number of cases			
Category	**2016**	**2017**	**2018**	**2019**
Age				
0-9 Month	0	0	0	0
1-10 Years	3	0	0	5
11-20 Years	0	0	0	0
21-30 Years	10	6	8	8
31-40 Years	14	9	5	13
>40 Years	11	21	10	14

Based on Table 4, the distribution of the frequency of HIV/AIDS cases by age in 2016 the highest was 31-40 years old and the lowest was 0-9 months and 11-20 years with 0 people, in 2017 the highest cases were age >40 year with 21 cases and the lowest was 0-9 months and 11-20 years with 0 people, in 2018 the highest number of cases was >40 years with 10 people and the lowest was 0-9 months and 11-20 years with 0 people, and in 2019 the highest cases were at the age of >40 years with 14 cases and the lowest cases were 0-9 months and 11-20 years with 0 people. It can be concluded that the most HIV/ AIDS sufferers are >40 years old.

Identifying the Root of the HIV-AIDS Problem

After determining the priority of the problem using the USG method and discussing with the Head of Disease Control and Prevention and the Section Head for the Infectious Diseases section, HIV/AIDS is determined to be a priority problem, then proceed with compiling an Ishikawa diagram (fishbone diagram) to determine the root of the HIV/AIDS problem. in Pacitan Regency. The Ishikawa diagram was prepared together with the Head of Division, Head of the Infectious Diseases Section and the HIV/AIDS Program Holder.

Determination of the root of the problem in the priority of existing problems is done using 5M theory but the problems that exist in the HIV/AIDS program in Pacitan district are seen based on the influencing factors, namely Man, Method, and Measurement. From the results of interviews that have been carried out with the head of the field, the head of the infectious disease section and the holder of the HIV/AIDS program, the problem that causes HIV cases that are still high is the lack of public knowledge about HIV/AIDS, the lack of awareness of patients at risk for testing HIV/AIDS tests. This makes people less aware of information about HIV/AIDS, causing a bad public stigma and causing people to be closed/not willing to go to the puskesmas or hospital to check themselves. This is in line with the article published by the Pacitan PemKAB which states that it is necessary to increase knowledge about HIV to all elements of society so that awareness arises to reduce the incidence of HIV.[10] Most of the cases found by the Health Office are residents who work outside the city, have sexual relations not with partners, blood transfusions are unclear and drug users with injection needles.[11] This is in line with the local regulations of Pacitan Regency, In the chain of HIV transmission there are vulnerable populations, high risk populations, and infected populations. Vulnerable population is a group of people who due to their social environment, health status, resilience and family welfare, will be more easily infected with HIV. The population includes people with high mobility, teenagers, street children, and recipients of blood transfusions. [12]

Formulation of Alternative Problem Solving

Based on the results of determining the root cause of the problem using the Fish Bone Diagram, it is necessary to reduce HIV/AIDS cases in Pacitan Regency: Community participation as the management of various health efforts for individuals, groups and communities by involving the community in a planned, integrated, and sustainable manner. The goal is that the community is able to take advantage of the various health services needed independently in order to achieve the highest level of public health. This community participation includes two elements: 1) The holding of coordination meetings by stakeholders and the community (for example, representatives of key populations), the availability of funds allocated to civil society in efforts to combat HIV and AIDS, as well as capacity building (such as training and technical assistance) which is strategically followed as part of its planning, implementation and evaluation process (prites and posttests, 2) Easy access to health services (both general health and HIV and AIDS services).

DISCUSSION

HIV or Human Immunodeficiency Virus is a type of virus that attacks/infects white blood cells which causes a decrease in human immunity. AIDS or Acquired Immune Deficiency Syndrome is a collection of symptoms of diseases that arise due to decreased immunity caused by infection with HIV. Due to decreased immunity, the person is very susceptible to various infectious diseases (oprtunistic infections) which are often fatal. People with HIV need treatment with antiretroviral (ARV) to reduce the amount of virus ARV to prevent opportunistic infections with various complications.[13]

Acquired Immune Deficiency Syndrome (AIDS) is a retroviral disease caused by the HIV virus characterized by a decrease in the body's immune system, especially attacking T lymphocytes and a decreased CD4 count to less than 200 cells per L of blood or 14% of all lymphocytes regardless of clinical status. Normal CD4 count is 800-1200 cells per L of blood.[14]

Factors that are thought to influence the number of HIV and AIDS cases in East Java are the ratio of PDP services, the ratio of STI services, the percentage of poor people, the percentage of people who use condoms and the ratio of KT services. [15] Epidemiologically, the incidence of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) has increased the mortality and mortality rate of the population at a young age. In addition, the

condition of HIV/AIDS can also damage the social economy, such as families can lose their livelihood arrangements, costs increase, and are a threat to national development and a challenge in managing the Millennium Development Goals (MDGs) the rate of transmission of HIV and AIDS. (IAKMI, 2013. [16]

Table 3 shows that people with HIV/AIDS starting from 2016-2019 tend to be more male. Related to the work done by men, more mobility outside the area. According to (17) An important aspect in the migration of Indonesian workers from the perspective of the spread of HIV/AIDS is that it involves families such as wives/husbands, children and migrant workers individually for a long time in the destination area or usually with a group of their same-sex colleagues. This has created a situation where male migrant workers in the destination area are usually motivated to visit localization or commercial sex workers (PSK). It is not a coincidence that the main concentration area for CSWs in Indonesia is also a concentration area for male migrant workers.

The incidence of HIV/AIDS is more common in risky sexual behavior as many as 16 cases (57.1 %). There is a significant relationship between traditional stakeholders and the incidence of HIV/AIDS, as evidenced by the P value of 0.014 (P < 0.05). Odds ratio 4 and CI : 1, 284 – 12, 468 indicate that respondents who engage in risky sexual behavior are 4 times more likely to suffer from HIV/AIDS than respondents who do not engage in risky sexual behavior. [16]

One of the root causes of the increase in HIV/AIDS is a lack of knowledge. On internal factors, information exposure can be influenced by age, social background, income level and education level of the respondent. This is in line with research, who is the ideal person to provide information about HIV/AIDS, most of them still answer friends or relatives (67% each) and 62 percent state that health workers are the ideal source of information.[18] Thus, it becomes input for stakeholders to increase the role of officers in providing information about HIV/AIDS to the community. Almost the same thing was stated about the level of knowledge of HIV/AIDS with pre-marital sexual behavior of students.[19] The results showed that low knowledge about HIV/AIDS can increase the vulnerability of young people to be infected. However, this study also found that the better the knowledge about HIV/AIDS, the greater the attitude of not supporting (rejecting) premarital sexual behavior.

From the root of the problem, one of them is the stigma of the community towards PLWHA. Many factors influence the occurrence of stigma on PLWHA in society. Health education that aims to increase knowledge about HIV/AIDS in many studies has been proven to be one of the most influential factors in reducing stigma.[20] Argued that the stigma against PLWHA which is influenced by the attitudes of family, neighbors, and community leaders is the source of certain perceptions (stigma) towards PLWHA, which is the most influential factor. Different things were stated by that the stigma given by people to PLWHA is influenced by age and education factors with educational factors having a greater influence. [21]

The results of the relationship or bivariate analysis using kai squared shows that there are four variables that has a significant relationship with the stigma of PLWHA (p value < 0.05), namely the respondent's perception of PLWHA, neighbor's attitude factor towards PLWHA, factor family attitudes towards PLWHA, and the character's attitude factors community towards PLWHA(22)

Based on research conducted in 24 puskesmas in 8 districts/cities, it shows that puskesmas officers are still not ready for activities related to STI and HIV-AIDS prevention services, both in terms of knowledge, skills and facilities that support these services. So it is necessary to conduct training to health workers about HIV-AIDS.[23]

Prevention with an integrated approach is highly recommended to create knowledge, attitudes, and awareness to control the spread of HIV/AIDS among young people. In carrying out HIV/AIDS prevention and treatment actions are influenced by perceived costs, namely perceptions of negative costs/aspects that prevent individuals from taking health actions including conducting HIV/AIDS checks and counseling. The only

special attitude in internal medical personnel related to HIV/AIDS as an effort to prevent the chain of transmission is the aspect of self-protection of medical workers and aspects of sterilization of medical devices. [13]

What has been done by KAB Pacitan to prevent HIV-AIDS, Communication, Information and Education is a process of delivering information (messages, ideas, ideas) about HIV and AIDS prevention and control from one party to another using information delivery media such as voice media. , print media and electronic media. [12]

HIV/AIDS prevention and control efforts are carried out through direct counseling at village meetings or at other meetings as well as through media such as radio broadcasts. Another effort is to secure donor blood by screening donor blood samples.[24] Based on existing data, there were 3,169 teenagers who received counseling, consisting of 1,424 boys and 1,745 girls, spread throughout Pacitan Regency. [25]

CONCLUSIONS

Based on the identification of health problems at the Pacitan District Health Office, the main problem in 2019 was HIV/AIDS with 40 cases and 5 deaths, an increase from the previous year. Problems that are still a priority problem in 2019 at the Pacitan District Health Office are HIV/AIDS, Leptospirosis, dengue fever, Hepatitis, diarrhea, peneumonia and Tubercolosis. Based on the analysis of the causes of the problem with the help of the Fishbone diagram in Pacitan Regency, several causes of the problem were contain of there is still a lack of public knowledge about HIV/AIDS, lack of awareness of patients at risk for HIV testing.

Based on this health problems , the recommendation of this research are first, increase and expand cross-sectoral and cross-programme collaboration, both government, NGOs, institutions, religious leaders, community leaders and existing communities in order to be able to prevent and control HIV/AIDS by conducting socialization. Second, the recommendation for the Health Office is to form a companion for HIV/AIDS sufferers in every Puskesmas to control patients. Optimizing training to increase health cadres. and KDS to eliminate community stigma and discrimination so that PLWHA are expected to open up at least to their families so they can support their treatment. Third, improving management systems, information, human resources, and health promotion.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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