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Geographical Patterns of HIV AIDS Prevalence in the Paniai Mountain Area, Papua

Robby Kayame[a], Anwar Mallongi[b*]

[a]*Institute Study Sosial dan Pastoral Enarotali Paniai, Papua*

[b]*Department of Environmental Health, Faculty of Public Health, Hasanuddin University, Makassar*

[b]*Email: anwar_envi@yahoo.com, Phine number: +6282187724636*

Abstract

The HIV AIDS Variation in the proportion of individuals living in the Paniaimountain is commonly studied. The potential drivers of such variability might due to the mix habits and traditional culture of those tribes are still not well-understood. This study aimed to examine the local variation in HIV prevalence among the communities who are living in the deep mountain of Paniai Area. The methods used in this study was observational analytic by analyzing Demographic and Health Survey data from health centre in the Paniaimountaian and. We also identified spatial clusters of HIV AIDS in each local tribe areas through a spatial scan statistics analysis. After a geographical cluster was identified, seeking methods of treatment was measures by nterview respondent and were calculated and analyzed. Results: it is identified that the HIV AIDS significantly high numbers were identified and characterized in Moutaian area of Paniai. The variation of the causal factors and traditional also effect from outside demonstrated similar patterns to those observed at the national level.

Keywords: HIV AIDS; Geographical Pattern; out site effets; Health survey.

1. Introduction

Based on estimates conducted in 2012, there are an estimated 591,823 people living with HIV. The level of the HIV epidemic in Indonesia is a concentrated epidemic where HIV prevalence is high in some provinces and in some key populations.

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* Corresponding author.

Meanwhile in Tanah Papua, the HIV epidemic is a generalized epidemic, HIV prevalence is already high in the general population. It can be seen here that PLWHA is pretty much in Java and Tanah Papua [1].

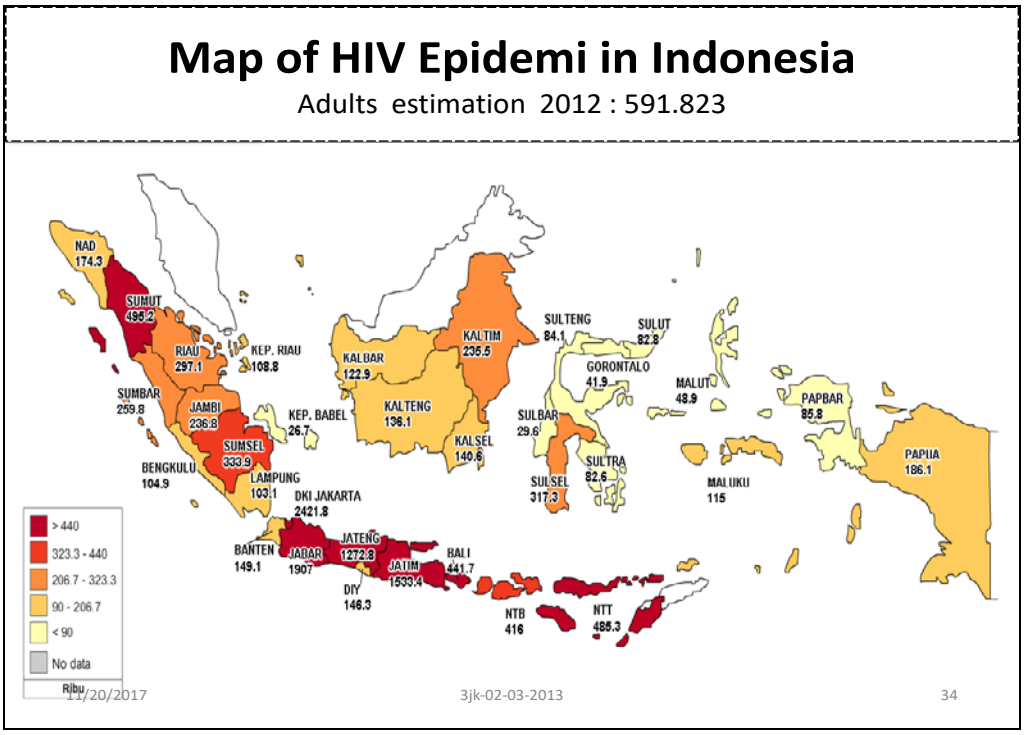

Figure 1: Map of HIV Epidemic in Indonesia

In this Picture we can see a map of the HIV epidemic in Indonesia, that HIV-AIDS already exists in all provinces in Indonesia. Increasing the spread and transmission of HIV / AIDS in Papua Province 50 times higher than other provinces in Indonesia, this can be proven by data from the analysis of the Integrated HIV and Behavior Survey (STHP), indicating that the prevalence HIV in Tanah Papua is 2.4%, in all age groups, this figure is higher than in all regions in Indonesia, based on the topography of the development of this disease vary widely, based on this survey reported case is a high land of 2.9%. The Papua Provincial Health Service report that for provincial HIV AIDS data until 2012 is 12,187 cases [2,3].

Case data up to the end of January 2013 in Paniai District was 2557 cases consisting of 1,191 HIV cases and 1,366 AIDS cases with 260 (10%) recorded comedy deaths, while those receiving antiretroviral (ARV) were only 115 people or 4.5 % of total HIV AIDS cases in Paniai District. The above data is defined as 95.5%, not yet accessible to antiretrovirals, the low number of people living with HIV who receive ARV services in hospitals and Puskesmas can potentially greatly decrease the quality of life of PLWHA. Several factors influencing high HIV / AIDS cases and low ARV access are high risk factors for this case through free sex of 82% and another 18% unclear risk factors. As the fuel of free sex due to the emaida culture, tegauwa and being displaced values, the original cultural norms due to the influence of regional autonomy and gold mining encourages high circulation of money in the community by [4] and low access to ARV is due to geographical, transportation and communication, low ability pembiyaan and other social cultural factors[5]. Lack of support, low health care and racism, lack of information, all restrict people to access rights, all of which are the triggers of information stigma

in the Papuan mountains [5,6].

2. Materials and Methods

This type of research uses Mixed Methods with qualitative approach: Grounded Theory (GT) as the main approach, and quantitative approach: experimental (pre and post intervention) as a supporting research method. Grounded Theory method is a method of this research is an inductive strategy to compile and mengkomfirmasi theory derived from empirical data. Although an approach study emphasizes the meaning of an experience for a number of individuals, the goal of the Grounded approach. The study lasted for approximately one year. The quantitative data which is the data of program achievement was collected from January - December 2013. In this research I use three data collection techniques that are: (a) depth interview and discussion group (FGD); (b) observations; (c) document studies, field notes [7].

3. Results

Result of Geographical observation of HIV AIDS are elaborated as follow:

Table 1: Mapping of research problem

No	**Author/ year Publication**	Variblaes	Results
1	STHP (2006)	HIV Prevalence in Papua	HIV Prevalence in Papua 2,4% and in Mountain area Was 2,9% of the population
2	Health Dept. Papua Province (2012)	HIV/AIDS cases in Papua	HIV/AIDS cases in Papua was 12,187
3	Health Dept. Paniai Regency (Januari) 2013)	HIV/AIDS cases, ARV access Death case	HIV/AIDS cases was 2557 consist of HIV: 1191and AIDS:1366, death (10%) ARV access (4,5%)
4	Norma C ware etc. (2011) In SubSahara	ARV access	The role of social assistance is immense In adherence to antiretroviral therapy
5	Binagwaho & Ratnayeke (2004) In Uganda	ARV access	Touch of communication, food aid, housing transport assistance improvements ARV access

7	WHO (1999)	Seks Education	Sex education lowers Uganda's HIV prevalence
8	WHO (1999)	Kondom promotion	Promotion Condoms reduce infectious diseases sexual prostitutes in India
9	WHO (1999)	PromosiKondom	Condom promotion reduces the incidence of HIV Soldiers in Thailand
10	Williamsdkk (1999)& Browning (2008)	Home Based Care Akses program HIV/AIDS	Home Care has improved access to HIV / AIDS in 23 cities in Zambia state. CHBC 2008 in Bostwana reached 12,577 HIV / AIDS.
11	Susana H-Muela dkk (2003)	Health seeking Behaviour Models dankritik	Criticism of the Health Seeking Behavior theory Models include: -Less attention to health / providers, models are more focused to individual, -Less attention to emotional and nonrational factorspatients, major factors dependent contextual. Inequalitities can occur in any context, including gender Google Translate for Business:Translator
12	RobbyKayame (2013)	PendekatanKesehatan Komprehensifyang proaktif HIV/AIDS, Suku Mee,*ProactiveHealth SeekingBehaviour*	More Theory of Proactive Health Efforts on HIV / AIDS Mee Tribe. -Development of Health Seeking Behavior Models tailored to local context ?.

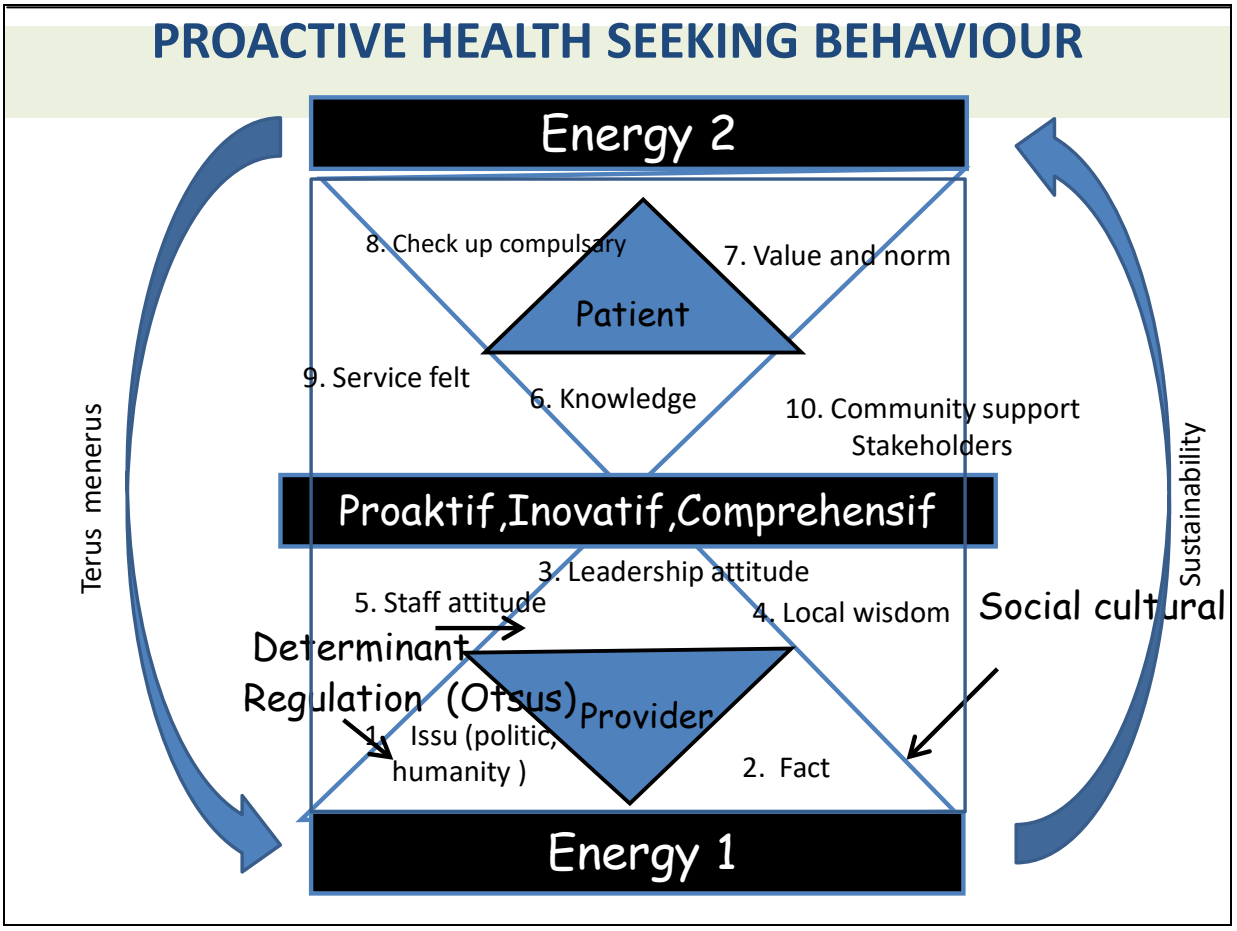

Figure 1: Behavior Proactive Health Seeking Behavior Model (Proactive Health Seeking Behavior)

Seeking proactive healthcare means putting patients / communities and health providers / providers interactively to get effective, efficient and sustainable help. Proactive can be started from the energy one from the Proactive mobile providers driven by Issues (Politics, Security), Facts (Health Data), Attitudes Leaders (Who dare to initiate change), local wisdom in the community can be used as a socio-cultural approach to break the ice between the public and the health workers. The leader's most decisive attitude to start a change. Local situations such as regulation or special autonomy provide a space for leaders to make changes based on local situations. Energy Two encourages patients and communities to seek help from health workers through enhanced local knowledge, norms and cultural values.

With sufficient knowledge and compulsory awareness checks can be conducted without any force elements. The touching service of the community has raised awareness and trust to come and seek treatment for health care facilities. Finally, community and stakeholder support will encourage the community to create changes in healthy life behavior and increase participation in health care programs. Continuous and continuous efforts to ensure changes in public attitudes and health workers are proactive. Complete (comprehensive) service delivery and innovative activities are indispensable in making those changes. The two camps between Health Recipients and Health Service Providers should mate in making changes, accelerating health care in Papua

4. Discussuion

This research has shown that the qualitative result of Proactive Health Seeking Behavior theory is aligned or supported by quantitative result of significant change between before intervention and after intervention after launching of mass HIV examination by Paniai Regent on 1 August 2013.

The findings in the study are significant to the contribution of the theory of health seeking behavior which, the theories of large health behaviors previously focused more on people suffering by society. In this research has united between recipient of service (recipe) that is patient and society to provider of service (provider) that is health officer or government / private. Two-way marriage situations become one to work together for a change or acceleration. Provide maximum access and become universal access in services especially in the examination, care and treatment of PLWHA and provide support to them.

Theories Behavioral health discuss many of the factors that affect health such as variables we usually know are: facts, attitudes of officers, community knowledge, values and norms that exist in society and community support / stakeholders. However, in the new theory of "Finding Proactive Health Care", new variables appear in the local context, especially Mee in Paniai, namely: Political / security issues, local wisdom, leader's attitude and mandatory examination. This theory raises the power of a sociocultural approach that lives in a society we know as cultural values and norms, used as a local wisdom by providers in campaigns and efforts to bring service and recipients closer together, namely jargon: Itano bokaine dana wadona bokaine means today also want to die tomorrow also want to die, related to this medical examination or test HIV do not be afraid.

The Mee Society considers death to be a common thing for all beings so that massive HIV testing is not considered a problem. Akiyaa Akikida Doutow means your own body is on guard. Long life on earth in your own hands, people should not be afraid to check themselves. Furthermore this is also in line with the new paradigm of health that we need to diligently examine ourselves and exercise and change our lifestyle more healthy. Healthy is the choice (Health is a choice). Compulsory check here although it has a sense of necessity but not a coercion, people with increasing knowledge then arises an awareness to check himself. In a mass HIV / AIDS examination report it was written "A remarkable view, people give their hands for blood, no one is afraid to be examined, then in counseling rooms, patients and doctors open envelopes containing results. , proud and happy, knowing his status. The doctor said I had a negative result ... .I'm glad ... I did not get HIV, I was asked to come 3 months to check again at the hospital or at the puskesmas ". Besides ebamukai culture as a solution of togetherness, help each other in facing the problem of economic limitations in the family or community. Oweda culture is a home-gardener. The values and and norms that exist in this society can be used to reduce stigma. Another very decisive and enforcing variable is the caring and courageous leader's attitude to open the idea of a mass HIV examination[8-12]. Leaders are seen as role models, Regents and staff and religious and community leaders give their blood for review. The proactive leader's attitude toward making reforms because they are supported by regulation / special autonomy that is Affirmative Actions can take the actions necessary to help the community. Special autonomy provides special protection for indigenous Papuans. The issues that have evolved so far are the issue of neglect and extinction of indigenous Papuans. Radical fact management, such as the high number of HIV cases and the deaths from the disease, must be dealt with in the extreme. The usual action of the

result will be ordinary as well[13-15].

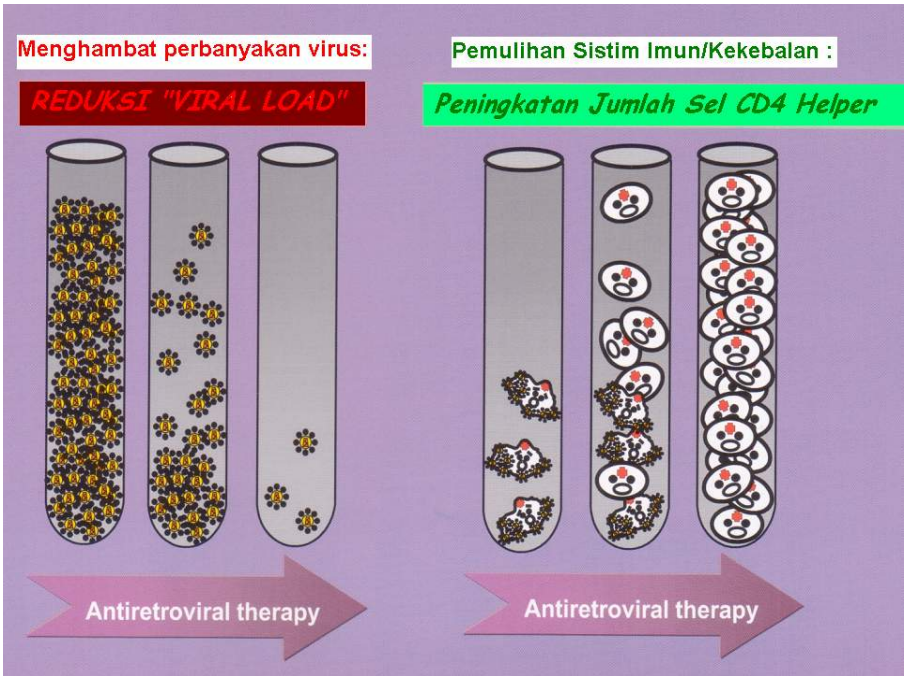

Figure 2: HIV virus and ARV administration

Theoretically as shown in the picture above by giving antiretroviral drugs then the number of viruses will be so small that at least reduce the risk of transmission. Further this will reduce the issue of giving which often gives a political effect. The Mee community and other mountainous areas experience extreme environmental temperatures.

The body's immunity quickly falls in the state of illness. Another assumption if given late ARV then many organ systems have been damaged if the patient is given the drug in such circumstances then the side effects of the drug are very much felt by the patient. Early ARV delivery will slowly reduce the stigma that HIV will have a terrible clinical impact. Low ARV access in Papua may also be due to the inability of officials to determine when ARV drugs are given under WHO stage and unavailability of CD4 testing. Researchers observed that health workers (doctors) were afraid of or did not know about giving antiretrovirals and the practice of awaiting compliance using cotrimoxazole drugs, so it was not uncommon even if the patient had been treated at the hospital or had known long enough to die of HIV due to late ARV administration. For reasons above the importance of training - training to improve the knowledge and skills of health workers both doctors and nurses in diagnosing and providing therapy, as well as the quality of laboratory tests as a diagnostic support. Tools and inspection materials are also required. The counseling team is needed to direct and prepare the clien to find out the status, so obedient treatment to prevent drug resistance and counseling is expected to change the behavior of patients and their families. The availability of drugs is absolute, to reduce the cost burden suggested using generic drugs. To bring HIV drugs and services closer to the community by opening mobile VCTs, puskesmas can test and diagnose and home based care. Shelter house here can be used as a place of communication between officers and the community and get the service using the local language [16-21].

The study also observed a comprehensive approach as found in psychological interviews of people or the community concerned, distance access problems, health services at puskesmas in both building and VCT mobile servants. Hospitals have adopted CST (Care Support and Treatment) has provided inspection, care, treatment and support services for PLHIV. Some CST will continue to be developed. HIV / AIDS is made non-exclusive (exclusive) but being inclusive is considered as an ordinary illness like heart disease, diabetes and hypertensive diseases that have to take lifelong medicine. To get closer service to the community then developed Home Based Care in this form of shelter. The concept of Rumah Singgah is developed from the values and norms of owada oeda culture which views the house as self-esteem (salvation). Since the Mee people consider the Word of God to be there it must go home, because heaven is at home. The house is in the village which is the ancestral home. No wonder if the people are seriously ill they just go back to the village, custom prayer and died there. Researchers develop a proactive and comprehensive concept in response to existing problems, making a difference.

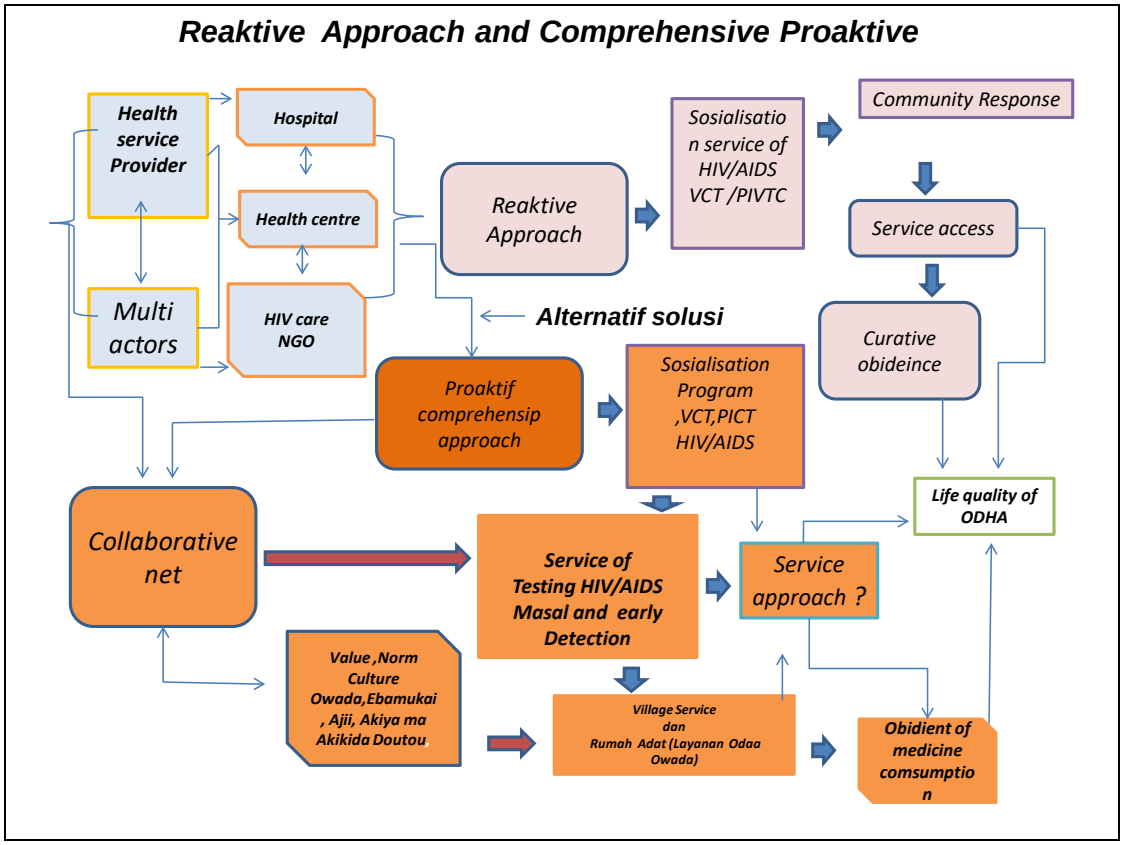

Figure3: Reaktve approach versus Proaktive Approach

A summary of concepts discussed earlier is summarized in this diagram. The old approach is called a reactive approach that is waiting while the new approach is a proactive approach as an alternative solution. Proactive approaches are carried out such as: HIV / AIDS socialization program, VCT, PICT, massive HIV / AIDS testing services, early detection, collaborative networking, using existing values and cultures as local wisdom: Owada, Eibamukai, Ajii, Akiyama, Akikida Doutou , home service, custom house so that expected better quality of life of PLWHA as well as adherence to swallowing of drugs will occur, both promotive, preventive and rehabilitative activities and the occurrence of termination of transmission chain.

5. Conclusion

This research has resulted in a new theory of Proactive Health Seeking Behaviorism (Proactive Health Seeking Behavior theory) developed from the local context of the Mee Tribe in the Central Highlands of Papua. The proposition theory is as follows:

1. Changes in Health Behavior can occur quickly through the Proactive approach that bridges between the Provider or the Health Service Recipient (Resepien) ie the patient or the public.

2. Changes in Health Behavior can occur quickly if the Giver and Beneficiary's wishes and attitudes can be fused through a socio-cultural approach and ongoing efforts.

3. Changes in proactive behavior seeking health care are mobilized by the Service Provider because of Leadership Attitudes, Issues, Facts, Local Wisdom, and Attitudes of Officers. While the Beneficiary is driven by Knowledge, Values and Norms, Compulsory Check, Perceived Service and Community Support / Stakeholders.

4. The stronger the factors of proactive encouragement of Health Service Providers and Proactive Recipients of Health Services, the faster the acceleration or acceleration of health development can occur.

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