



## TRANSSEXUAL SEXUAL BEHAVIOR A PICTURE OF HIV / AIDS TRANSMISSION AS PREVENTION EFFORT IN CAPITAL CITY OF THE PROVINCE OF IRIAN JAYA IN INDONESIA YEAR 2013

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### ABSTRACT

Data by AIDS commission tackling Jayapura based on by transmission show number of HIV cases in transsexual are very low, but if reviewed from population transsexual that existing in Jayapura town so HIV case in fabulous transsexual number, where from 90 transsexual been accompanied by AIDS commission Jayapura town, 30 persons experienced with VCT and from the result of examination obtain 6 persons stated positive suffering with HIV. Most HIV infection in transsexual from sexual intercourse without protector with couple that one of them positive HIV. HIV / AIDS risk transmission actually can be prevented with change sexual behavior that is healthy. This research aimed to know how transsexual sexual behavior a picture in HIV / AIDS transmission as prevention effort in Jayapura city of year 2013. Type of research namely descriptive by using cross sectional approach. Population in this research is entire Waria/ Transsexual that domiciled in Jayapura city as much 90 persons. Withdrawal sample use saturated sampling technique. Data collection is using primary / closed questionnaire . Data analysis in this research use calculation statistic for announce and syntheses data. Data served in tabular and narrative. Based on the result research from 40 respondent we obtained most own excellent (57,5%)stage knowledge, good (32,5%) and Defective (10%) , excellent stage attitude (55%) and Good(17,5%) , Defective (20%) and very less (7,5%).

Keyword: *Sexual behavior, Transsexual, HIV / AIDS*

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## Background

AIDS first time case reported by Centre for Disease Control (CDC) in United States in cluster clan queer in California and New York in year 1981. First AIDS case in year 1988 in Latin reported achieve 48.139 persons, that consisting of 7.215 case that engulf young clan aged 20-49 year that most is clan queer. HIV / AIDS spread is very fast to spread throughout the world, since become epidemic inclusive year 2011, HIV infected more than 60 million people and that suffer AIDS approached rate 20 million people. Although international society has responded HIV / AIDS event pandemic, HIV continues spread cause more than 14.000 new infection everyday. Now AIDS works main cause of death in an African, and quarter part world. Prevalence nationally AIDS case in Indonesia in year 2011 totalled 10,62 per 100.000 residents. Province with highest prevalence is Papua Province (175,91), Bali overtaken, Jakarta DKI, Riau Isles, and Kalimantan West. Based on HIV data development and AIDS in Indonesia inclusive December 2011, cumulative number HIV case that reported 76.879 case and cumulative number AIDS case from year 1987 inclusive year 2011 29.879 case. HIV data case and AIDS in Papua Province that issued by Health Division of Papua Province per 31st of December 2012 is 13.276 case. It so happens breakdown obtained is totalled 5.362 HIV case and 7.914 AIDS case as well as 1.076 persons already died. Inclusive end 2012, from the number is new around 35 percent HIV / AIDS patient that get ARV treatment. HIV source transmission is maximum through sexual relation namely 12.891 case. Risk factor is second is transmission from mother to baby namely 243 case. Risk factor in homosexual 17 case, while the rest from bisexual risk factor, IDU, blood transfusion, and unnoticed 94 case. HIV transmission between man and poised woman, number in men-men totalled 6.756 case or 50,88 percent and woman totalled 6.409 case or 49,11 percent. Based on Health Division of Jayapura town, new data HIV's number case in Jayapura town from January inclusive December in year 2011 (774 case) and in year

2012 (807 case). First cumulative AIDS case in Kota Jayapura right up to year 2012 as big as 2.041 case. Transsexual HIV case in Jayapura town, eventhough from the number case is very low, but if reviewed from population transsexual that existing in Jayapura town, so HIV case in fabulous transsexual namely where from 90 patient AIDS commission of Jayapura transsexual, 30 persons experienced VCT and from its result examination 6 persons stated positive suffer HIV. Most HIV infection from sexual intercourse without fender inter individual that one of them positive HIV. HIV transmission sexually happened when being intermediate contact liquid vagina or preseminal liquid someone with genitalia or membrane from the couple mouth mucosa.

Risk enter his HIV from person that is infected towards person who not yet infected through sexual relation anal greater than vaginal sex relationship risk and oral sex. Reason, relative thin anus skin wall and easier injured compared to vagina skin wall, until HIV easier stepped into blood flow. Caste is Indonesian that make anal sexual relation is homosexual and one of them clan transsexual or hermaphrodite.

Epidemiology activity form that most often used is descriptive form epidemiology, namely epidemiology activity form which give picture or information about situation as well as health status spread nature and disruption health as well as disease at one particular certain group resident (particularly according to person characteristic nature, time dan place). According to Bloom, factor behavior provide greatest contribution in determining health status individual as well as community. In view of factor disease more complex until in epidemiology, we very need to make approach in individual behavior factor as well as community because assign value risk that often occurs in analysis epidemiology about disease incidence in society.

HIV / AIDS risk transmission actually reducible or prevented with behavioural modification toward sex that is healthy and not at risk namely with usage condom favorably and true. Based on by research which had conducted by Djhot, in community that using condom



very low as transsexual in Abepura, Jayapura, namely 3,3% until we can imagine very easy the HIV / AIDS transmission which happened. Forms sex like anal, oral, sexual relation change couple is risk factor transmission that is high enough because often been done in drunkenness due to drink, aibon and hashish. Transmission from client to transsexual also very enable due to client is heterosexual (more communicate sex with woman) until transmission from someone else in client, can transmit in transsexual. Based on the problem above researcher feel need to make research about transsexual sexual behavior picture in HIV / AIDS effort prevention disease in Jayapura town year 2013.

#### Research methods

Type research used for this research namely descriptive research by using cross sectional approach is namely to describe sexual behavior transsexual to HIV / AIDS disease in transsexual in Kota Jayapura year 2013. Cross sectional research conducted without follow journey

disease but only conducted by observation a moment or in a certain period and every subject study only conducted once observation during research, made at the city of Jayapura since date 11th of April 2013 inclusive 3rd of May 2013. Population in this research is All transsexual that domiciled in Jayapura city that totalled 90 people, Sampel in this research is transsexual that willing become respondent research and domiciled in Jayapura town in year 2013 that totalled 95 people Transsexual is a population that measuring up to that difficult to be reached, to facilitate withdrawal data, author at this time choose selection criteria, namely inclusion criteria and exclusion. Inclusion criteria is subject of research at general characteristic in target population and population reached. Exklusive criteria is half of subject that met inclusion criteria which should be issued from study because various among others: subject already not live in Jayapura city and subject refuse to participate. Subject that we scanned is subject that is true participate and been observe, this group is a part of sample intended reduced with *drop out*, the respondent which then refuse participate.

#### Results

a.Table.01 : Knowledge about HIV / AIDS Disease

Knowledge	n	%
Excellent	23	57,5
Good	13	32,5
Defective	4	10
Very Less	0	0
NUMBER	40	100

Knowledge of respondent that is highest very good namely 23 respondents, and the lowest is very poor namely by 4 respondents.

b. Table 02 : Attitude about HIV / AIDS Disease

Attitude	n	%
Excellent	30	75
Good	10	25
Defective	0	0
Very Less	0	0
NUMBER	40	100

Attitude respondent the highest is in excellent category namely 30 respondents , the lowest is Good category namely 10 respondents.

c. Table 03 : Precaution about HIV / AIDS Disease

Action	n	%
Excellent	22	55
Good	7	17,5
Defective	8	20
Very Less	3	7,5
<b>NUMBER</b>	<b>40</b>	<b>100</b>

Action respondent in highest Precaution about HIV / AIDS disease in excellent ketegori namely 22 respondents, and the lowest in category very less namely 3 respondents.

## Discussion

### 1. The knowledge of HIV / AIDS Disease.

Knowledge is result that we obtain after someone make observations to something certain objects. Most knowledge human obtained through seeing and hearing. Knowledge is a domain that is very important to formed by his attitude and action for someone. Behavior that based by knowledge will be more eternal than behavior that not based by knowledge (Rogers in Notoatmodjo, 2007).Result research obtained that the level knowledge about HIV / AIDS disease in some transsexual as respondent in Jayapura year of 2013 with excellent category total 23 respondents, knowledgeable good namely by 13 respondents, and knowledgeable defective namely by 4 respondents. Researcher assume that respondent with excellent and good level knowledge influenced by level of education respondents, where most respondent namely 34 respondents graduated from Senior High School.

According to Utomo, in Solehah; level of education that equivalent with Senior High School or more have the ability to absorb information that didactic have given. This information could mean that with increasingly stiffness level of education,the ability to absorb message about health would be better. Another factor that encourage respondent having their own knowledge is good in experience. Experience they got through various sources of information namely via media as well as via counseling or promotion that has been conducted by Aids Commision Jayapura town (KPA,

2012) as well as from private NGO community care for HIV / AIDS in Jayapura. One of changing behavior strategy in Notoatmodjo is giving information. Choice and decision taken by someone greatly dependent with quality and quantity information that they possess, as well as availability service and policy that is specific for them, good formal as well as informal. Knowledge level scaling can be done use questionnaire that ask level of knowledge by someone who want measured from subject research or respondent that can we adjust with level knowledge in cognitive domain. This knowledge level scaling result respondent can seen from the answer namely by 40 respondent in knowledge level table master respondent about HIV / AIDS disease in Jayapura, where awareness respondent in meaning to know about first understanding, way transmission, symptom, treatment until grown positive attitude good to HIV / AIDS transmission prevention effort.

Based on that things then respondent consider the benefit of its stimulus that obtained by him, thereby arise something desire for trying, where respondent already comforts accordance knowledge, awareness and the attitude. This result research in line with researcher that ever conducted by Palandeng, where knowledge respondent to namely excellent HIV / AIDS disease totalled 68,4%. According to Notoatmodjo, knowledge is influenced by several factors among others education, age, experience, counseling, social and mass-media culture. If quality information obtained someone good, so knowledge would increase because information submitted



true, besides delivery information transmitted by attractive and facilitate the understanding of message until submitted.

## 2. Attitude of HIV / AIDS Disease

Attitude is response closed to stimulus or certain objects, that already involve factor opinion or emotion that pertinent. Attitude is something readiness to react to the objects in certain environment as something internalization to objects (Newcomb, in Notoatmodjo, 2007). Result research this time indicate that attitude respondent in excellent level 30 respondents and that good 10 respondents. Knowledge and attitude, actually mutually communicate, there is red thread among both, which eventually will provide contribution to formed by him something action. According to Solehah, education is attitude conversion process and order salable of someone. Researcher assume that education respondent that is behavior formation basic of someone very impact level knowledge and attitude respondent, where generally excelsior education of someone excelsior also knowledge and attitude. According to Notoatmodjo essence from educational process is change process human and the behavior, way and ability think, attitude and ability work until facilitate process teaching in receive information.

According to Sarwono, attitude can be measure by using a tool named attitude scale. Candidates statement selected then arranged in a questionnaire and respondent asked the opinion about the statement starting from very agree to very disagreed. This attitude level scaling result respondent can seen from answer 40 respondent in attitude level table master respondent to HIV / AIDS disease in Jayapura town, where awareness respondent in meaning know most impact sexual behavior that is at-risk, way transmission, symptom, treatment until produce positive attitude good / to HIV / AIDS transmission prevention effort. Based on thing then respondent consider good not it stimulus that obtained by him, thereby arise something desire to adopt thing and constantly, long eventually in stages absorbed into self individual until impact formed by him attitude to do HIV / AIDS transmission prevention effort action disease. This result research in line with research conducted by Palandeng, that infers that most attitude respondent to excellent (71%) HIV / AIDS disease. According to Allport, in Notoatmodjo formation attitude that is intact

where knowledge, mind, belief, and emotion play significant role. Attitude that is good also heavily influenced by experience and trust that is prone towards to something action or activity that is good also.

## 3. HIV / AIDS Precaution Transmission

Action is something act embossed from inside an individual to do activity to objects that been observed. Level knowledge and attitude that is good will effectuate in action respondent that is good to HIV / AIDS transmission prevention effort. This thing expected effectuate to sexual behavior transsexual to keep sexual behavior that is safe in HIV / AIDS transmission prevention effort. Result research about sexual behavior transsexual in form action can be seen that number respondent that own excellent action in HIV / AIDS effort diseases prevention 22 respondents, own good action 7 respondents own defective action 8 respondents, and 3 respondents own action that very less in HIV / AIDS effort diseases prevention.

Action respondent to HIV / AIDS transmission prevention effort already in line with level knowledge and attitude respondent to HIV / AIDS disease which shows excellent result. By abstract knowledge and attitude that is good should contributed in action that is good also however, knowledge and attitude that already good sometimes not followed with action that is good also where there are still respondent that own action that is defective 8 respondents and very less totalled 3 people. According to Widiyatun TR, in Kusuma knowledge and attitude that is good not forever followed by action that is good, the causative factor is intrinsic factor namely influenced by need, interest, as well as personality respondent. Extrinsic factor namely idiologi, economy as well as environment is dominant factor prejudicial action respondent.

According to Sarwono action can dikur by using / questionnaire questionnaire. Candidates statement selected then arranged in a list and respondent asked to answer him by writing. This respondent action scaling result can seen from answer 40 respondent in respondent action table master to HIV / AIDS disease in Kota Jayapura, where respondent has conducted HIV / AIDS transmission prevention effort action by using condom, make early examination, follow activity counseling and does not use hypodermic needle by alternate. Researcher assumed respondent have achieved practicality level



three namely mechanism, where respondent can already make HIV / AIDS disease transmission precaution aright automatically and long eventually will be something habit.

This result research is much the same by research that ever conducted by Palandeng where most respondent with good category action to HIV / AIDS disease. According to Notoatmodjo, knowledge and attitude that is good can materialize in form action that is good also if supported with facility and facility provided. Facility and facility purposed in HIV / AIDS precaution transmission is availability facility information that could just facilitated by agency related or NGO commision to improve knowledge of respondent so that better again by giving information to transsexual about HIV / AIDS disease through various media, where there is good knowledge that will bring respondent to behave better than to have HIV / AIDS disease again and finally something action towards that is good also in make HIV / AIDS transmission prevention effort.

Lauwrence Green's concept explains factor behavior of someone or community about health influenced by three factors namely factor predispositions, factor supporter, and drift factor. Factor predispositions is internal factors existing in self individual that facilitate individual to comports accordance knowledge, attitude, value, perception and belief. Knowledge is factor predispositions to behavioral changes , that direct in increase health status (Notoatmodjo, 2007). Knowledge will very important HIV / AIDS disease for respondent because of by knowing ways prevent HIV / AIDS transmission so respondent can apply him that formed from itself individual. Result in knowledge respondent to excellent HIV / AIDS disease 23 respondent. Attitude respondent to HIV / AIDS disease that also is readiness to comports that will affect perception and belief of someone to do HIV / AIDS transmission prevention effort action disease, attitude most excellent respondent 30 respondent, until increasingly strengthen factor predispositions with action respondent that is excellent to HIV / AIDS disease transmission prevention effort namely 22 respondent.

### Conclusion

1. Transsexual knowledge level about HIV / AIDS disease in Jayapura 2013 is Very good namely

totalled 57,5%, Good totalled 32,5%, and Defective totalled 10%.

2. Transsexual attitude level to HIV / AIDS disease in Jayapura Year 2013 is Very good totalled 75% and Good totalled 25%.
3. Transsexual action level to prevent HIV / AIDS transmission, prevention effort in Jayapura town year 2013 is Very good totalled 55%, Good totalled 17,5%, Defective totalled 20%, and very less totalled 7,5%.

### Suggestion

1. For transsexual expected by existence active role in HIV / AIDS disease transmission prevention can be effort by fasting sex, stick with a couple sex, use condom moment make sexual relation, does not use hypodermic needle by alternate and follow counseling that related to HIV / AIDS disease as well as make HIV test periodical to unit health care that has been provided by VCT unit for early discovery as one of HIV / AIDS transmission prevention effort.
2. For The Health Division of Jayapura and agency related others, we suggested that can plan programs related with HIV disease transmission prevention effort, like giving information that represent installation and posters about HIV / AIDS disease in public places and counseling that has activity implementation about HIV / AIDS disease.
3. For AIDS commission in Jayapura and NGO commission that related with HIV / AIDS tackling disease, we suggested that can be more cooperate in plan activities that can trawl the member of community especially transsexual for routine check their HIV status voluntarily.
4. For next researcher , by referring from our research result that has been obtained, our research can be continued by next researcher with qualitative research methods until obtained new information that more intimate and distinct from our previous research one.

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