

# Effect of Knowledge and Attitude Nurse Precautions Against HIV / AIDS in the General Hospital Ward Jayawijaya Wamena Province of Papua

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**Abstract:** *Wamena District General Hospital has a number of nurses is quite a lot compared to other health workers and as a front line in nursing services. The magnitude of the danger of the spread of HIV / AIDS nurses need to improve competence in knowledge of HIV / AIDS. The purpose of this research was to determine the effect of the level of knowledge and attitudes of nurses towards prevention measures of HIV / AIDS in the inpatient unit District General Hospital Jayawijaya Wamena Papua Province. The analysis technique used is the technique of univariate and bivariate analysis. Univariate analysis carried out general information about all the variables of the research results. Results showed that nurses Knowledge about HIV / AIDS mostly have a high knowledge as much as 40 respondents (57.1%). With a p-value  $0.589 > \alpha = 0.05$ , and is therefore explained that there is no relation between knowledge and prevention of HIV / AIDS. With the results of the nurses attitude towards HIV / AIDS prevention for more than half of nurses showed a negative attitude as much as 37 respondents (66.1%). With a p-value  $0.171 > \alpha = 0.05$ , and is therefore explained that there is no relationship between attitudes to HIV / AIDS prevention.*

**Keywords:** Knowledge, Attitude, HIV / AIDS Prevention

## I. INTRODUCTION

The results of several studies conducted by the Network of Epidemiology Indonesia (1992) against nurses and students of nursing showed that knowledge about HIV / AIDS are sufficient, but awareness of the risk of transmission of HIV / AIDS in the line of duty still low, as

An increasing number of people living with HIV / AIDS prevalent in developing countries one in Indonesia. In Indonesia, HIV / AIDS cases in 1987 were first reported Indonesian man who died of AIDS cases. But the spread of HIV / AIDS increased after 1995. According to the Directorate General of Disease Control and Environmental Health (DG & PL) Ministry of Health in 2016 said Indonesia was ranked the top five countries with the largest number of HIV infections in Asia. Judging from the

they do not understand about the correct way to sterilize equipment, and not the implementation of universal precautions in handling body fluids. This is due mostly nurses and students of nursing has not received the correct information about HIV / AIDS, resources are limited only from the media, the students have not learned the lesson on HIV / AIDS is complete, although it is already included in the curriculum. (Network of Epidemiologi Indonesia, 1992).

human Immunodeficiency Virus and Acquired immune deficiency syndrome, HIV / AIDS is a communicable disease and give a bad impact in humans. According Sudoyo et al, (2009) AIDS is caused by the Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system. This virus is a retrovirus which infects the human body for a long period (Nursalam, 2007). This disease has become pandemic throughout the country and a serious impact on the entire world (Fernandez Vazquez & Diaz, 2004; Taher & Abdelhai, 2011). The case was first found in California, USA in 1981 and continues to grow. According to the United Nation of Acquired Immune Deficiency Syndrome (UNAIDS) in 2010 in the know the number of people living with HIV in the world and as many as 34 million died from AIDS and 1.8 million people. With reference to these data, currently estimated that number has increased.

prevalence of AIDS cases nationally in Indonesia 78.292 means that every 100 thousand inhabitants amounted to 8.15% with AIDS (DG & PL 2008).

The high numbers of HIV / AIDS in Indonesia in particular require serious attention from the government and society. Data from AIDS Commission (KPA) in the 2016 National mention of the number of cases of HIV / AIDS in Indonesia over Papua Province was ranked two of

East Java with 13 335 cases of AIDS, 21 474 cases of AIDS and HIV cases. One of the reasons why high Papua number of cases of HIV / AIDS, because the cities in Papua is an area transmigration well as a tourist destination both domestically and internationally one of which is the town of Wamena.

Geographically the town of Wamena be centrally located in the middle of approach with other districts, such as, Yalimo, Yahukiom, Lani Jaya, Nduga, Tolikara, mid Mamberamo, so it has great potential for the spread of HIV / AIDS. Data from Wamena city Health Department said that the number of HIV / AIDS positive in Wamena town since 2011-2016 has reached 920 people with HIV cases while the number of AIDS patients 2,735 people who died were 58 people. The research results Riskesdas National on comprehensive knowledge of HIV / AIDS in men 55% and women 31% of the lack of knowledge at risk in the transmission of HIV / AIDS is increasing (Harlan, 2016)

Transmission of HIV / AIDS through various sources of transmission include sexual intercourse is not safe , via syringe, blood and from mother to baby. The results of the survey Didjen PP & PL Ministry of Health, in 2016 cited the case of AIDS, based on gender male 55% and female 31% the risk of men and women 3: 1 when viewed from a percentage of the risk factors the highest AIDS is unprotected sex in heterosexual (66%). usage of non-sterile syringes (IDU) 11.3%, male sex men (MSM) and 2.2% of mothers (HIV positive) children to 2.8%.

HIV / AIDS is widely available in the blood, semen, vaginal fluids and breast milk (ASI). Nurse jobs are directly related to the patient so that if not careful at great risk of contracting the disease. According Mbanya, Zebaze, Kengne, Minkoulou, Awah (2001) and Taher & Abdeline (2011) nurses in performing his duties directly with body fluids including blood, urine, feces, septum, administration of oral liquid, with the syringe, clean the patient's body, linen change their patient.

Risk of transmission of HIV / AIDS can be avoided if the nurse implement actions carefully and apply the general prevention standards. Errors in carrying out actions in accordance with procedures in health workers liaise BC Hepatitis disease transmission and HIV (Wilburn and Eijkemans, 2004). Results of research Chen and Han (2010) found that 52% of nurses have a high risk of exposure to HIV, of which 86% had been pierced by a needle, 59% scalded body fluids. Lack of awareness of the implementation of prevention with the standards common to the risk of HIV transmission and health care workers (Nsubuga & Jaakkola, 2005; Ehlers, 2006).

Health workers as health care providers need to understand and be sensitive to HIV / AIDS cases. According Laschinger & Goldenberg (1993) in carrying out the work healthcare professionals have a major role in the fight against AIDS, doctors and nurses. Nurses have important role in to maintain health for patients with HIV / AIDS. Need waiter provided and resilience of providing health care for patients with HIV / AIDS is expected to have a positive impact in preventive HIV / AIDS in Indonesia (Oktafiani, Hayono, Rosyadah, 2008).

Nurses need to understand the concept of transmission, prevention, and curative of HIV / AIDS. Knowledge is the result of out and do this after the sensing of the particular object (Natoadmodjo 2010). Knowledge gained from the learning process (Sunarjo, 2002). With the knowledge of someone get new skills. Knowledge can be acquired through formal and informal education as course , training (Nursalam and Effendi, 2007) knowledge and positive attitude is very important to maximize treatment and improve comfort to carry out treatment (Smit, 2004; Oyeyemi & bello, 2005) lack of knowledge create excessive concern to nurses that can inhibit process care provision for patients with HIV / AIDS so that patients with HIV / AIDS do not receive optimal health care (Yinglan, Scott & Li, 2006). Inadequate knowledge cause improper nursing interventions and the effect on attitudes.

Knowledge influence the attitude of nurses. Attitude is conformity reaction to certain stimuli (perry & Potter, 2009; Notoatmodjo, 2010). A person's attitude is formed of a reciprocal relationship with the surrounding environment (Rostini, 2010). The attitude is influenced by experience, education, resources, (Notoatmodjo 2010). Attitudes towards HIV / AIDS patients can be shown by the acceptance / assertiveness (positive), indifference, reject or discrimination (Nyblade, Stangl Weiss & Ashburn, 2009).

In the health services still many HIV / AIDS patients who receive discriminatory behavior. According to Link & Phelan (2001). Stigma is a condition that makes life situation "*labeling stereotype* element, the separation, the allowance status, and discrimination" (Vance, and Denham, 2008, p.60). Nurses still show negative attitudes and discrimination in providing care services (Mbanya, Zebaze, Kengne, Minkoulou, Awah, 2001; Oyeyemi, Oyeyemi & Bello, 2005). Mulaudzi research results, Pengpid & Peltzer (2001) said the nurse there who showed his first shock when caring for patients with HIV / AIDS. Nurses who have a fear of contracting HIV (Mbanya, Zebaze, Kengne, Minkoulou, Awah, 2001; Ehlers, 2006). Based on research conducted Rospadatini (2010) on health workers in Singapore found that officers still have a bad perception of patient, afraid of contracting and have a negative view of patients with HIV / AIDS.

HIV / AIDS patients there also received a good behavior of health workers. Good attitude indicated that nurses include nurse showed empathy in caring for patients with HIV / AIDS (Walusimby & Okonsky, 2004). Nurses are willing to help and willing to physical contact with patients with HIV / AIDS (Rostini 2010). According Smit (2004) And Oyeyemi, Oyeyemi & Bello (2005) says that knowledge and positive attitude is very important to maximize treatment and improve comfort to the implementation of the treatment.

Hospitals as health care providers that have a very large role in the response to HIV / AIDS. Wamena District General Hospital became one of the hospital sector in the central highlands in Papua. As a teaching hospital's hospitals strive to provide quality service so that it can be a *role model* for other hospital services, especially HIV / AIDS refers to its mission of "Implementing Mental Health Services With Leading Rehabilitation of Drug and HIV / AIDS". It has been suggested that the Regional Hospital Wamena efforts in HIV / AIDS prevention. Data received from the central medical record that the Wamena General Hospital, the number of patients hospitalized with the 920 HIV AIDS from year 2011 to 2016 there were 2,735 people, and 131 people (Wamena Hospital Medical Records, 2016). With reference to these data, the number of people living with HIV / AIDS who need health care services each year continues to rise.

Wamena District General Hospital has a number of nurses is quite a lot compared to other health workers and as a front line in nursing services. The magnitude of the danger of the spread of HIV / AIDS nurses need to improve competence in knowledge of HIV / AIDS. Therefore, researchers interested in conducting research with the title "The Effect of Nurse Knowledge and Attitudes Toward HIV / AIDS in patient wards".

## II. MATERIALS AND METHODS

### Study Design

The study design was used was descriptive of design research methods conducted with the ultimate aim of making a picture or a situation objectively descriptive (Notoatmodjo, 2005). This method is used because researchers wanted to know the level of influence the knowledge and attitudes of nurses towards HIV / AIDS prevention.

### Research Sites

This research has been conducted in the Inpatient Unit of Regional General Hospital Jayawijaya Wamena. The wards of the place include space data retrieval Surgery,

Internal Medicine, Maternity, Child, Eye Surgery, ER, and Perinatology.

### Population and Sample

The population in this study were all nurses working in patient wards Wamena District General Hospital. The number of samples taken by the population of nurses in patient wards of the District General Hospital Wamena. With a total of 125 people

sampling technique in this study using proportional sampling. *Proportional sampling* or sample that is how to determine which members of the sample by taking representatives from each group in the population number is adjusted by the number of members of subjects that are in each group (Aritkuno, 2010). The sample in this study is most nurses in patient wards of hospitals Wamena that share similar characteristics with the population.

Inclusion criteria sample of respondents is:

- Profession as a hospital nurse Wamena
  - Working in Wamena hospital inpatient units
  - working experience more than 1 year
  - Willing to be a respondent in this study
- sample size used in this study using finite population formula.

$$n = \frac{N}{1 + N \cdot d^2}$$

$$n = \frac{125}{1 + 125(0,05)^2}$$

$$n = \frac{125}{1 + 125(0,0025)}$$

$$n = \frac{125}{1 + 0,3125}$$

$$n = 95,24 \text{ or } 95 \text{ people}$$

Description:

n = The sample size

n = Large Populations

d = confidence / accuracy of 5%

(d = 0.05)

To anticipate possible resignation of respondents or *drop out* as much as 10% (Sastroasmoro & Ismael, 2010), then the sample size is needed

$$n^1 = \frac{n}{(1 - f)}$$

Description:

$n_h$  = population number h

$n^1$  = Total *drop out*

$n$  = Large sample

$n$  = Sample size calculated

$n = A$  = Large sample

$f$  = Estimated population of *dropouts* (10%)

Table 1 Total Population and Sample Room

$$n^1 = \frac{95}{(1 - 0,1)}$$

$N = 105,56$  or rounding 106 people

Allocation room	Population (N)	Sample (n)
Surgical	27	23
Disease in	16	14
Maternity	18	15
Children	17	14
ER	18	15
Surgical eye	16	14
Perinatology	13	11
Total ( $\Sigma$ )	125	106

thus, the samples required in this study amounted to 106 people. the final sample data collection questionnaire researchers have used questionnaires collected by the *response rate* to reach 100%, of the total number of samples taken over the room, the number of samples allocated and per room seen in table 4.1, (Kasjono & Yasril 2009)

$$+ \frac{n_h}{N} \times n$$

$w_h$  = samples allocated to strata h

Operational Definitions

The operational definition, how to measure, the result of measurement and scale measuring each variable can be seen in the table below:

No	variable	operational definition	Tool and how to measure the	results of measuring	scale
1	Knowledge of	Everything which is known to nurse any questions about HIV / AIDS include: basic concepts of HIV / AIDS, prevention, modes of transmission, laboratory tests, medical	instrument modification of Wunvimul Benjakul (2006) Questionnaire B. the	total value of the lowest and highest 0. 30. Results were measured by <i>the cut of point values</i> : - high if the score $\geq 24$ - Medium, if the score 18-24 - less, if the score $\leq 18$	Ordinal
2	attitude	responses nurses about caring for patients with HIV / AIDS shown in statements in the questionnaire	Modifications instrument of Mulaudzi and Peltzer (2011). Questionnaire C	total score between 18-72 ordinal grouped by cut of point mean / median	Ordinal
3	Prevention of HIV / IDS	Answer respondent about how to prevent HIV /	Prevention includes: Getting to know Resolve -caring	results measured by the cut of point values: - high if the score $\geq$	Ordinal

		AIDS	-modification Utilizing Questionnaire D	24 - Medium, if the score 18-24 less, if the score $\leq$ 18	
4	Age	Number of years since the birth until the last anniversary	Questionnaire A	Age in years	interval
5	Gender	Conditions to distinguish physical appearance	Questionnaire A	1 = male 2 = female	Nominal
6	Level of education	formal education have been passed by the respondent	Questionnaire A	1=D3 nursing 2=S1 nursing	Ordinal
7	duration of work	Number of years since first working in hospitals Wamena	Questionnaire A	in the	interval
8	Training HIV /Aids	Training HIV/ AIDS, followed by respondents	Questionnaire A	1 = never 2 = never	Nominal

Data Collection Methods

Data collection methods has been carried out through the following procedure:

1. After the proposal was approved by the research supervisor has filed a request for a letter stating that permit implementation of research at the department head level two S2 FKM UNCEN addressed to the director of the hospital in Wamena.
2. Getting approval from the head of Wamena General Hospital where the research was conducted.
3. Researchers have determined that the prospective respondent in accordance with the criteria established
4. researchers have been introduced to potential respondents surveyed
5. researchers have explained about the objectives, procedures and rights of the respondent during the ongoing research.
6. A written approval has been given before the data collection is done. Respondents have been informed about the purpose and usefulness of the research is voluntary.
7. Researchers have given a questionnaire containing respondents, having filled all questionnaires be

returned again to the investigators and researchers have accepted the love conveyed to the respondent.

8. The researchers checked the questionnaire given to see if there is a questionnaire that has not been filled.

Data Collection Tool

In order to facilitate the implementation of this study will require data collection tool was a questionnaire consisting of a series of questions prepared by researchers who refers to the conceptual framework of the study.

1. Questionnaires Knowledge

Questionnaire nurse's knowledge consists of two parts, part A, question the demographics of nurses: Section B, questions to measure the level of knowledge of nurses based on the definition of operational research that is tailored to the existing literature on the modified version made by Wunvimul Benjakul (2006 ).

Part A, is a nurse demographic data that consists of 5 items of questions include age, gender, education, employment weakness , HIV / AIDS training that breathing followed. Section B, questions of knowledge level nurses consisting of the basic concepts of HIV / AIDS, modes of transmission, prevention, diagnostik examination and treatment. The number of questions after

the validity and reliability is 30 questions with the correct answer choice (B) and one (S). Implementation of the questionnaire if the questions correctly (B) the value of 1 (one) and any question (s) then the value is 0 (0).

2. Attitudes Questionnaire

section C questionnaire contains questions to measure the attitudes of nurses towards patients with HIV / AIDS which is based on a modification of the research Malaudzi and Peltzer (2011). The number of questions after the validation and reliability test is 18 questions. Select an answer using a scale *linkert*, namely Strongly Agree (SS) = 4, Agree (S) = 3, Disagree (TS) = 2, Strongly Disagree (STS) = 1, if the question is positive, Strongly Agree (SS) = 1, Agree (S) = 3, Disagree (TS) = 2, Strongly Disagree (STS) = 4 if the negative questions.

3. Prevention of questionnaire

Questionnaire section D contains regarding precautions against HIV / AIDS which is based on a modification of the research Malaudzi & Peltzer (2011) the number of questions after the test validation and reliability are 9 questions choose the answer that is considered right a, b, and c.

4. Validation Test

Test of validation and reliability needed to determine the extent of the validity and reliability of the data collection tool created. Test the validity comes from the word *validity* who mean the extent to which the accuracy of a measuring instrument for measuring data. The test instrument aims to determine whether the questions in the questionnaire can be understood by the respondents, whether there are obstacles in filling out the questionnaire as a difficult language to understand differences in perception about the intent of the question between researcher and respondent. Test the validity of using correlation techniques "*Pearson product moment*" with a significance level of 0.05. The validity of the test results when  $r_{count} > r_{table}$ .

The result of analysis of the validity of the questionnaire of knowledge and nurse attitudes about HIV / AIDS with a *degree of freedom (df)*  $20-2 = 18$  (*r Table 0.444*). On Knowledge Questionnaire filled with as many as 30 questions. The next 30 questions nurse's knowledge about HIV / AIDS that will be used to obtain sample data. On the attitude questionnaire contains about 20 questions to use to capture data.

5. Test Reliability

Test reliability is a measure that indicates the extent to which a measuring device can be trusted or relied upon. The measurement results remained consistent when measurements were taken twice or more of the same

symptoms the same measuring instrument (Hastono 2007; Notoadmodjo, 2005).

Data Analysis Techniques

1. Univariate analysis

Univariate analysis carried out general information about all the variables of the research results. This analysis resulted in the distribution of frequencies and percentages of the variables studied. Analyze data with descriptive statistics to show demographic data, knowledge and attitudes. Univariate analysis conducted to provide an overview and explanation of the characteristics of each of the variables studied (Hastono, 2007). Analysis of each variable can be seen in Table 2 below.

Table 2. Analysis Univariate Variable Knowledge and Attitudes of nurses

No	Variable	Scale Data	Analysis
1	Knowledge	categorical	proportion of
2	Attitude	categorical	proportion of
3	Prevention of HIV / AIDS	categorical	proportions
4	Age	Numerical	Mean, Median, mode, SD, Max-Min
5	Gender	categorical	proportion
6	Level of education	categorical	The proportion of
7	the working period	numerical	mean, Median, mode, SD, Max-Min
8	Training	categorical	proportion

Source Hastono, 2007.

in this study the scale of numerical data (interval and ratio) will be on display measures the median value in the form of mean, median and mode, variable scale categorical data (nominal and ordinal) will be displayed in the form of a frequency distribution value.

2. Bivariate Analysis

To determine the influence of the independent variables and the dependent variable, then used a hypothesis test that is if:  $H_a$  accepted and  $H_0$  is rejected or  $PValue < 0.05$ , then there is a relationship between independent and dependent variables.

III. RESULTS AND DISCUSSION

Profile Regional General Hospital Wamena

Health Development is directed at improving the quality and equity of health services to the entire community in general and in particular is a referral

program health in the District General Hospital in accordance with the intent and purpose of the Regional General Hospital are:

1. Increase and Hospital services develop in order to seek healing and rehabilitation of health.
2. Improving health care in the prevention of endemic diseases (malaria, tuberculosis and respiratory infections) and contribute to the success of government programs to combat HIV / AIDS.
3. Improving and establishing a tiered referral mechanisms in order to support efforts to reduce maternal mortality and infant mortality.
4. Improving the ability of health infrastructure to support public health services through the improvement of facilities so as to provide a comprehensive service, quality and efficient.
5. Supporting one of the targets of health programs and referral by increasing class of all hospitals in Indonesia. By looking at things - as follows:
  - a. Public awareness about health is increasing.
  - b. Size Region (13 925 km <sup>2</sup>:the statistical data Jayawijaya district in 2010) as well as the terrain difficult to reach by land vehicles (cars and motorcycles).
  - c. Jayawijaya district population according to statistical data Jayawijaya district in 2010 amounted to 250 990 inhabitants.
  - d. Jayawijaya has 40 District, 328 village and four villages.
  - e. Transport links from Jayawijaya district to province reached by plane so that the population of disadvantaged / poor may be referred, it is necessary to get attention and anticipation to reduce inequalities in health services in other regions as well as pursuing the development of health care services to the demand of healthcare services and the ability of health facilities ,
  - f. Jayawijaya become a reference center of the expansion area surrounding communities.

In connection with the foregoing, it is expected to complete service specialist can improve the development plan and the increase in type / class Regional General Hospital Wamena on the type / class D for type / class C, so expect public health services Jayawijaya in particular, and local communities expansion in general can be further improved. The majority of patients who seek treatment in

Wamena District General Hospital, an indigenous people Jayawijaya and community autonomous regions around Jayawijaya with the level of education, health and economic concern that needed hospital that provides excellent service in serving the community in the central mountains.

#### Vision And Mission Vision

In connection with a picture of the desired future of the organization and can provide inspiration and towards the achievement of objectives Vision Home hospital Regions Wamena District Namely: "Creating hospital service are primed to improve public health Jayawijaya"

#### The mission

is something that should be implemented in accordance with the organization's vision on reaching the goals of the organization in order to explain the purpose of the organization's existence. As for realizing the above vision, the Regional General Hospital Jayawijaya Wamena set of missions that will be achieved are:

1. Delivering an increase Hospitals of Type C Type D into
2. Brought Hospital is fully accredited for 5 ministry.
3. Provides health care services according to standards Referral Hospital Type C
4. Improving the quality and quantity for medical personnel, nurses, paramedics non nurses and non-medical
5. Facilitate better coordination between units within the Hospital, Cross Sectoral and with a range of relevant government Jayawijaya.
6. Improving the welfare of the employees in accordance with the ability of the Hospital.

#### General state of the

1. Territory Size  
area of 13 925 Jayawijaya<sup>km2</sup>district. Jayawijaya region consists mostly of mountains difficult to reach by vehicle (car / motorcycle), where the sub-district with each other district must use air or on foot.
2. Population  
Total population by statistical data Jayawijaya district in 2014 amounted to 250 990 inhabitants.
3. Means of transport

From Jayapura to Wamena or Jayapura to Wamena (capital of Papua) must by plane with the long journey  
□45 min.

#### IV. DISCUSSION

##### 1. Education

Based on table 4.2 above, it is known that the distribution of respondents by education level of employees is dominated by highly educated employees D3 as many as 80 respondents (75.5%) and employees are educated S1 as many as 26 respondents (24.5%). If a high employee education can have a positive impact on the prevention of HIV / AIDS. Due to the level of higher education will allow employees to absorb the information and put it into practice in everyday life, especially for HIV / AIDS prevention so that patients can be given a properly instructed. Education of the individual effect on increasing the ability to think, in other words, a person with higher education will be able to take decisions more rational, generally open to accept the changes or novelties compared with lower educated individuals. Education will also determine the level of one's knowledge, not least the ability to think someone with higher education will be wider (Rose, 2007).

##### 2. Old Working

Based on survey results revealed that the distribution of the proportion of employees who have been working 1-10 years as many as 74 civil servant (69.8%) is greater than the proportion of employees who worked for 10-21 years as many as 32 employees (30.2%), Old workings of employees makes employee has knowledge that is higher than the new employee to work.

##### 3. Relationship Between Knowledge and Prevention of HIV / AIDS in patient wards of the District General Hospital Wamena Jayawijaya

research results about the level of knowledge of Employees in the patient wards of the District General Hospital Wamena Jayawijaya about HIV / AIDS was found that most of the employees have a high knowledge as many as 62 people (58.5%). High level of employee knowledge in this study may be caused by several factors such as easy it gets information through the mass media or through health counseling ever had.

According to Iqbal, Chayatin, Rozikin and Supradi (2007), the higher one's education more easily the information they receive and the more knowledge he has. The social environment can also affect a person's knowledge. Social environment makes a person gains experience and knowledge, both directly and indirectly. Based on the results of the study most of the respondents have a good effort in the prevention of HIV / AIDS, as many as 62

people (58.5%). This may be because employees already have high knowledge and positive perceptions about HIV / AIDS, so they also have good efforts in HIV / AIDS prevention.

Knowledge is a very important domain for the formation of open behavior (overt behavior). Knowledge-based behaviors are generally long-lasting (Sunaryo, 2004). The result of statistical analysis shows that prevention is low with less knowledge as much as 1 respondent (25%), low prevention with moderate knowledge 0 respondent (0%) and low prevention with high knowledge as much as 3 respondents (75%). Prevention was with less knowledge as many as 4 respondents (12.5%), moderate prevention with moderate knowledge of 9 respondents (28.1%) and moderate prevention with high knowledge of 19 respondents (59.4%). While the prevention is high with less knowledge as many as 12 respondents (17.1%), high prevention with moderate knowledge of 18 respondents (25.7%) and high prevention with high knowledge as many as 40 respondents (57.1%). With a p-value of  $0.589 > \alpha = 0.05$ , it can be explained that there is no relationship between knowledge and HIV / AIDS prevention. This is likely because not only knowledge influences staff behavior, but many factors influence it. There are three factors that influence a person's behavior in acting are predisposition factors, enabling factors, and reinforcing factors (Green and Kreuter, 2005).

The results of this study are supported by research conducted by Pavilianingtyas (2010) on the relationship between HIV / AIDS knowledge and parenting patterns with attitudes towards prevention of HIV / AIDS transmission at Semarang Regional General Hospital, where the statistical test results showed no relationship between knowledge of HIV / AIDS with prevention of HIV / AIDS transmission

Knowledge of understanding about HIV / AIDS causes one to understand how the disease spreads and strategies to protect oneself. Helweg-Larsen & Collin (2007) discloses that knowledge of the HIV prevalence model and how to cope with the spread does not guarantee that humans will protect themselves, and therefore require deeper thinking and more concrete action. This suggests that a person's level of knowledge about HIV / AIDS does not automatically make a positive impact on the prevention of the spread of the disease, otherwise low or less knowledge about HIV / AIDS will not necessarily do anything negative.

##### 4. Relationship Between Employees' Attitudes with HIV / AIDS Prevention in the Inpatient Ward of Wamena General Hospital of Jayawijaya Regency

The results showed that the attitude of nurses in preventing HIV / AIDS in the Inpatient Room of Wamena Regional Public Hospital Jayawijaya Regency negative attitude with prevention less as much as 6 respondents (10,7%), negative attitude with prevention enough 13 respondents (23,2% ) and negative attitude with good prevention as many as 37 respondents (66,1%). While positive attitude with prevention less as much as 11 (22%) positive attitude with prevention enough 14 respondent (28%) and positive attitude with good prevention counted 25 (50%). With  $p\text{-value } 0,171 > \alpha = 0,05$ , hence it can be explained that there is no relation between attitude and HIV / AIDS prevention. This happens because most nurses show disagreement and less support from nurses in taking action to prevent nosocomial infection. Attitude is a positive or negative feeling or mental state that is always prepared, studied, and organized through experience, which gives a special influence on one's response to people, objects, and circumstances (Notoatmodjo, 2010).

Attitude has a level based on intensity according to Notoatmodjo, (2005) consists of receiving, responding, appreciating, responsible. Attitudes can also be shaped through personal experience, influences of others who are considered important, cultural influences, mass media, educational and religious institutions and emotional influences. According to Sukidjo attitude is a state of mental and nervous and preparedness is regulated through experience that gives dynamic influence or directed towards the individual response on all objects and situations related to it. Attitude is a person's assessment of the stimulus or the object. Once the person knows the stimulus or object the next process will assess the stimulus or object of the next process will assess or behave towards the stimulus or the object (Notoatmodjo, 2010).

Negative attitudes in the prevention of nosocomial infections are associated with the risk of contracting infections through blood and body fluids for both the patient and the nurse. As HIV / AIDS disease is a global threat and its spread becomes higher because people with HIV do not show symptoms. This incident is very important for nurses to reduce the risk of infection by carrying out the principal activities of universal precautions that include: washing hands before and after contact with patients, washing hands with running water, washing hands with antiseptics after touching contaminated objects, wearing personal protective equipment such as gloves, apron masks when performing actions that cause blood or body splashes; management of medical devices such as decontamination of tools with 0.5% chlorine for 10 min and sterilization, blood contaminated linen stored in leak-proof bags and handling them with gloves; management of needles and sharp tools such as sharp tools in a special place to dispose, do not

close, break, bend used syringes; waste management such as medical and non medical waste are disposed of.

Nurses mostly disagree and are less supportive in taking precautions of nosocomial infections such as nurses are less likely when the tool has been washed should be sterilized, disposal of medical waste dumped in the yellow trash, non-medical waste is not thrown in the black garbage, the wrong is often done when lifting the dirty linen directly by hand, the nurse does not have to keep the device sterile during the invasive action, the syringes that have been used do not need to be thrown at a special place of needle disposal and do not need to wash hands before and after direct contact with the patient.

A positive nurse's attitude of confidence, ability, and inclination to exercise universal precautions in all patients does not regard disease or diagnosis to prevent transmission of infection through blood and body fluids. Nurses mostly agree and support in taking precautions of nosocomial infections such as nurses always wear disposable gloves when handling exudates, masks, gowns and goggles should be used when there is splash and contact out of infectious fluid, hand washing techniques correctly using aseptic techniques, nurses use gloves when there are cuts or scratches on the skin, when performing the infusion should wear gloves because no risk of nosocomial infection.

## V. CONCLUSIONS AND SUGGESTIONS

### Conclusion

Based on the results obtained, the authors draw the conclusion that:

1. Knowledge of nurses about HIV / AIDS disease mostly have high knowledge as much as 40 respondents (57,1%). With a  $p\text{-value of } 0,589 > \alpha = 0,05$ , it can be explained that there is no relationship between knowledge and HIV / AIDS prevention.
2. With the result of nurse attitude toward HIV / AIDS prevention more than half of nurses showed negative attitude as many as 37 respondents (66,1%). With  $p\text{-value } 0,171 > \alpha = 0,05$ , hence it can be explained that there is no relation between attitude and HIV / AIDS prevention.
3. Respondents in this study have shown that HIV / AIDS risk awareness level for prevention is very good in implementing its preventive measures.
4. Distribution of respondents by sex is female more 71 respondents (67%).

5. Based on the distribution of respondents almost all respondents nursing education D3 as much as 80 respondents (75.5%).

6. Based on the research it can be seen that the value of long duration of work of respondent is 10 years with the longest working time is 1 year and longest is 21 years 74 respondents (69,8%).

7. Based on the results of research shows that where some respondents never participated in HIV / AIDS training as much as 59 respondents (55.7%).

8. The average age of respondents aged 80.75.5% years with the mean age of middle age of the respondent is 30 years with the youngest age 20 years and the oldest age is 40 years.

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