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Faculty of Public Health

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CONFERENCE OF PUBLIC HEALTH**

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Wellbeing Regarding COVID - 19 ”**

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**PROCEEDING
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CONFERENCE ON PUBLIC HEALTH**

*The Work Place Initiative: Health, Safety and Wellbeing
Regarding COVID-19*

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THE 3rd SRIWIJAYA INTERNATIONAL
CONFERENCE ON PUBLIC HEALTH**

*The Work Place Initiative: Health, Safety and Wellbeing
Regarding COVID-19*

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PREFACE

On behalf of the organizing committee, I am delighted to welcome you to the 3rd Sriwijaya International Conference on public Health (SICPH 2021) during 21th october 2021 at Palembang South Sumatera, Indonesia. The SICPH 2021 is international conference organized by Faculty of Public Health, Sriwijaya University (UNSRI). I would like to extend my warmest welcome to all the participant of The SICPH 2021 under the theme *“The Impact of Climate Change on Infectious Disease Transmission”*.

The SICPH 2021 consists of keynote sessions from well known expert speakers in the field of public health, and academic paper sessions (oral presentations) who are coming from several region. This conference seeks to bring together academics, public health professionals, researchers, scientists, students and health stakeholders from a wide range of disciplines to present their latest research experience and further development in all areas of public health. We hoped that this conference will be usefull platform for researchers to present their finding in the areas on multidisciplinary realted to public health and health system issues.

This conference will provide opportunities to exchange ideas, knowledge, and development of the latest research among the participants. We will publish the paper as output from the SICPH 2021 in proceeding book with ISBN and selected paper will be published in Jurnal ilmu kesehatan masyarakat- SINTA 3 (a nationally-accredited journal). The SICPH 2021 is being attended by about 50 participants. I hope you enjoy the conference.

With regard to considerable conference agenda, we greatly appreciate any support and sponshorship derived from any governmental as well as private institutions for the success of the conference. Great appreciation is also handed to organizing committe of the conference for any voluntarily effort that bring to the succes of the conference.

The conference committee expresses its gratitude towards all the keynote speakers, authors, reviewers, and participanst for the great contribution to enssure the succes of this event. Finnally, I sincerely thank all the members of the organizing committee who have worked hard to prepare this conference.

Palembang, October 2021

Chair,

Anita Camelia, SKM., MKKK.

PREFACE



First of all, let us thank God, the Almighty, who has given His grace and guidance so that the 3rd Sriwijaya International Conference of Public Health (SICPH) with the theme of The Workplace Initiative: Health, Safety and Wellbeing Regarding Covid:19 can be held successfully. I welcome all of you to this seminar which has received great attention not only from university, but also other communities to submit papers to be presented in this seminar. I express my highest gratitude and appreciation the presenters.

The conference is divided in two session, the first session is speeches and the second session is round table discussion. In the first session, the invited keynote speakers were Prof. Dr. Tan Malaka, MOH, DrPH, SpOk, HIU (A Professor from Medical Faculty Universitas Sriwijaya), Prof. Dr. Retneswari Masilamani (University Tunku Abdul Rahman, Malaysia), Prof.Dr.Joselito L. Gapaz MD, M.PH(University of the Philippines) and Prof. Dr Tjandra Yoga Aditama, MHA,DTM&H, DTCE,SpP(C).FIRS (Professor from Griffith University, Australia)

Of course, this conference activity would not have succeeded without the support of all parties involved, as well as the presence of all participants in all regions in Indonesia and internationally. I especially thank to all the organizing committees for their hard work, perseverance, and patience in preparing and organizing this conference so that it can go well, smoothly and successfully.

Finally, through this conference let us extend the network and cooperation among all stakeholders of the public health sector, especially in Indonesia and in the world in general, to build a better public health world in Indonesia

Thank you for participating in this conference.

**Dean of Public Health Faculty,
Universitas Sriwijaya**

Dr. Misnianti, S.K.M, M.K.M

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SELF-EFFICACY MEN WHO HAVE SEX WITH MEN (MSM) PEOPLE LIVING WITH HIV/AIDS

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ABSTRACT

People living with HIV/AIDS who have a high level of self-efficacy could enhance their psychosocial structure and lead productive lives. The purpose of this study was to identify the self-efficacy description. The descriptive cross-sectional research design was used, with a total sample of 142 man sex men. The findings revealed that this group was able to manage pressure and mood, manage therapy and medication adherence, manage symptoms, communicate with healthcare providers, receive support from others, and manage fatigue. To improve the health status of this group, they require confidence to tell health providers about their actual issues, ensuring that the interventions are effective for them.

Keywords: *Self-efficacy, man sex man, HIV, PLWHA*

ABSTRAK

Penderita HIV/AIDS yang memiliki tingkat efikasi diri (self-efficacy) yang tinggi dapat meningkatkan struktur psikososial mereka dan menjalani kehidupan dengan produktif. Tujuan dari penelitian ini adalah untuk mengidentifikasi gambaran mengenai efikasi diri (self-efficacy). Desain penelitian yang digunakan adalah deskriptif cross-sectional, dengan jumlah sampel 142 lelaki suka lelaki. Ditemukan bahwa kelompok ini mampu mengontrol tekanan dan suasana hati, menjalani terapi dan taat dalam mengonsumsi obat, mengelola gejala, berkomunikasi dengan penyedia layanan kesehatan, menerima dukungan dari orang lain, dan mengelola kelelahan. Untuk meningkatkan status kesehatan kelompok ini, mereka membutuhkan kepercayaan diri untuk memberi tahu penyedia layanan kesehatan tentang masalah mereka yang sebenarnya, serta memastikan bahwa intervensi tersebut efektif untuk mereka.

Kata kunci: Self-efficacy, lelaki suka lelaki, HIV, ODHA

Introduction

The group of men who have sex with men (MSM) is one of the key populations that is often marginalized (MSM). In Indonesia, nearly 1,300,000 MSM are at high risk of contracting HIV/AIDS. Global estimates place MSM at around 3% of the world's male population, or about 1.8 million in Indonesia, unfortunately The precise data is difficult to obtain due to the closed nature of population and it tend to steer clear of them^{1,2}.

Men who have sex with men (MSM) are at high risk of HIV infection. Gay, bisexual, and other men who have sex with men (MSM) have a high risk of HIV infection even in low, middle, and high income countries. Prevention and treatment strategies, as needed, by increasing self-efficacy to avert the next wave of HIV spread. The therapies of HIV/AIDS, self-efficacy is an essential determinant of health behavior. A high level of self-efficacy influence personal changes in HIV/AIDS prevention behavior³.

Self-efficacy refers to an individual's belief in his ability to perform the behaviors required to achieve specific performance outcomes. Motivation for change and self-regulation is needed for health behavior. HIV/AIDS risk prevention behavior in male sex men necessitates high self-efficacy, such as condom use and mutual partner switching⁴. The number and types of sex partners, the frequency of intercourse, and the usage of condoms with different types of partners are all risk behavior factors in the HIV transmission pattern among MSM⁵. Stigma, social pressure, and isolation are common social repercussions they face, causing this important community to avoid or remain silent, resulting in low self-efficacy. Hence, The purpose of this study was to identify the self-efficacy description.

Method

A cross-sectional study approach was adopted. With a total sample size of 142 participants, this study included all PLWHA enrolled in the Care Support and Treatment (CST) service and the Sriwijaya Plus Community in Palembang City. The participants in this study was PLWHA with a male sexual orientation. The Martha Shively et al. (2002) Self-Efficacy Instrument in People with HIV/AIDS was used to assess self-efficacy which has a reliability range of 0.88 to 0.97⁶. This study was approved by Sriwijaya University's Faculty of Public Health Ethics Committee for Human Right, Number 149/UN9.FKM/TU.KKE/2021.1.

Result

Based on the findings of this study (**Table 1**), the level of education completed by respondents varies greatly from elementary school graduation to master's degree level. The majority of respondents, 57 percent%, have a high school diploma as their educational level. The study's participants had an average age of 30.89 years and had been infected with HIV for an average of 41-465 months. Respondents who have lived with HIV for a long time have 21.1 % opportunistic infections, with tuberculosis being the most common infection.

This study classified self-efficacy into six domains (**Table 2**): managing pressure/mood, managing therapy and medication adherence, managing symptoms, communicating with health care providers, receiving support from others, and managing fatigue. Domain of managing mood stress, the majority of respondents believe that they can manage their mood with enthusiasm, they are rarely sad, do not feel lonely, able to do positive activity, and reduce emotionality.

In addition, The majority of respondents are confident in following drug dosage instructions, taking medications, and discussing them with health care providers in the domain of managing therapy and medication adherence. The majority of respondents believe they can reduce disease symptoms, avoid sleep problems, discomfort problems, and control health problems based on the symptom management domain. According to the domain of communicating with health care providers, the majority of respondents are certain to request treatment and consult with nurses or doctors. According to the domain of receiving assistance from others, the majority of respondents believe they have information, have friends, and are assisted.

Table 1. Distribution and Frequency of Respondents

Variable	n	Percentage
Education		
Elementary School	2	1,4
Primary School	7	4,9
Secondary School	81	57,0
Diploma Degree	15	10,6
Bachelor degree	35	24,6
Master Degree	2	1,4
Opportunistic Infection		
Yes	30	21,1
No	112	78,9
Type of Opportunistic Infection		
Tuberculosis	14	9,85
Cryptococcal Meningitis	4	2,81
Diarrhea	6	4,22
Cytomegaloma	1	0,70

Variable	n	Percentage
CMV Infection	1	0,70
Tocoplasmosis Chorioretinitis	1	0,70
Diabetes Mellitus	1	0,70
Vertigo	1	0,70
Gonorrhea	1	0,70
High Cholesterol and Rheumatism	1	0,070
Genital Warts	1	0,70
Syphilis	1	0,70
Brain Tumor	1	0,70
	Mean	Min-Max
Age (Years)	30,89	20-63
Length of HIV (Months)	41,465	2-288

Table 2
Frequency Distribution of Respondents Based on Self Efficacy Domain
in Disease Management

Factor and Item/Variable	Not Sure		Little		Convinced		Very Confident	
	n	%	n	%	n	%	n	%
<i>Managing depression/mood</i>								
Keep from getting discouraged?	6	4,2	4	2,8	90	63,4	42	29,6
Do something to make yourself feel better when discouraged	4	2,8	8	5,6	92	64,8	38	26,8
Keep from feeling sad or down in the dumps?	5	3,5	22	15,5	85	59,9	30	21,1
Do something to make yourself feel better when sad?	2	1,4	12	8,5	91	64,1	37	26,1
Keep yourself from feeling lonely?	10	7,0	25	17,6	79	55,6	28	19,7
Do something to make yourself feel better when lonely?	4	2,8	13	9,2	90	63,4	35	24,6
Keep your sadness or depression from interfering?	8	5,6	26	18,3	84	59,2	24	16,9
Do something to make yourself feel better when sadness or depression interferes?	5	3,5	20	14,1	90	63,4	27	19,0
Reduce the emotional distress?	9	6,3	23	16,2	88	62,0	22	15,5
<i>Managing medications</i>								
Follow the instructions for large number of prescription medications?	2	1,4	8	5,6	87	61,3	45	31,7
Take your prescription medications at the appropriate timing?	3	2,1	12	8,5	84	59,2	43	30,3
Take the medications to treat HIV <i>as directed</i> ?	1	0,7	17	12,0	84	59,2	40	28,2
Take most or all of your protease inhibitors and/or NNRTI <i>as directed</i> ?	1	0,7	4	2,8	86	60,6	51	35,9
Now suppose there were NO SIDE EFFECTS. How sure are you that you can take most or all of your Protease Inhibitor and/or NNRTI medications <i>as directed</i> ?	4	2,8	16	11,3	72	50,7	50	35,2
Take your medications everyday as they are prescribed?	2	1,4	22	15,5	67	47,2	51	35,9
Work with your doctor/nurse practitioner to reach	4	2,8	12	8,5	96	67,6	30	21,1

Factor and Item/Variable	Not Sure		Little		Convinced		Very Confident	
	n	%	n	%	n	%	n	%
agreement on the best medication?								
<i>Managing symptoms</i>								
Reduce your symptoms in general?	6	4,2	41	28,9	79	55,6	16	11,3
Keep the sleep problems caused by your disease from interfering?	10	7,0	40	28,2	76	53,5	16	11,3
Keep the physical discomfort or pain of your disease from interfering?	9	6,3	30	21,1	86	60,6	17	12,0
Keep any other symptoms or health problems you have from interfering?	8	5,6	36	25,4	81	57,0	17	12,0
Control any symptoms or health problems you have so that they don't interfere?	9	6,3	43	30,3	76	53,5	14	9,9
<i>Communicating with healthcare provider</i>								
Ask your doctor/nurse practitioner things about your illness?	5	3,5	20	14,1	95	66,9	22	15,5
Discuss openly with your doctor/nurse practitioner any problems related to your medications?	5	3,5	22	15,5	90	63,4	25	17,6
Work out differences with your doctor/nurse practitioner?	6	4,2	20	14,1	96	67,6	20	14,1
Ask your doctor/nurse practitioner things about your medications and treatments?	5	3,5	14	9,9	100	70,4	23	16,2
<i>Getting support/help</i>								
Get information about your illness and its treatments from community resources?	9	6,3	12	8,5	87	61,3	34	23,9
Get family and friend to help you with the things you need (such as household chores)?	17	12,0	30	21,1	70	49,3	25	17,6
Get community resources to help you with the things you need (such as household chores)?	70	49,3	23	16,2	41	28,9	8	5,6
Get emotional support from friends and family?	22	15,5	27	19,0	74	52,1	19	13,4
Get emotional support from community resources other than friends or family?	76	53,5	31	21,8	26	18,3	9	6,3
<i>Managing fatigue</i>								
Decrease your fatigue?	5	3,5	49	34,5	77	54,2	11	7,7
Keep the fatigue caused by your disease from interfering?	4	2,8	55	38,7	70	49,3	13	9,2
As compared with other people with your condition, how sure are you that you can manage fatigue during daily activities?	4	2,8	37	26,1	88	62,0	13	9,2
How sure are you that you can deal with the frustration caused by your fatigue?	4	2,8	38	26,8	86	60,6	14	9,9

Discussion

HIV is a disease with a significant impact on the lives of people living with HIV. Physiological and psychosocial aspects of HIV development influence self-efficacy in HIV-infected populations. The perception of self-efficacy of a PLWHA also affect to treatment compliance and how they interact with their surroundings. The age of a PLWHA influences self-efficacy. Respondents in the study were mostly adults who should have been aware of the risks of HIV. The determinant Self-efficacy was

independently predicted by PLWHAs' age at therapy commencement, with older PLWHAs having higher levels of adherence self-efficacy than their younger PLWHA peers^{7,8}.

Having been tested for HIV with a sexual partner, perceived low HIV risk, difficulty getting condoms, and participation in health programs are the predictor variables that affect self-efficacy⁹. People with HIV/AIDS who have chronic diseases will have lower self-efficacy in self-management. This is consistent with the findings of Ritter et al study's (2011). When compared to controls, people with higher levels of initial depression who participated in chronic disease self-management programs improved the most in terms of health problems¹⁰. Tuberculosis was the most common opportunistic infection in this study. This is in accordance with the WHO (2019) tuberculosis (TB) is the leading cause of death among people living with HIV/AIDS, accounting for approximately 250,000 deaths in 2018¹¹.

Conclusion

To summarize, self-management could boost self-efficacy by managing stress and mood, therapy and medication adherence, manage symptoms, communicating with healthcare providers, receiving emotional support from the community, and managing fatigue.

Declaration of Conflicting Interests

The authors declare no conflict of interest in this study.

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