

Perspective of Pharmacy Students of UMP toward HIV/AIDS Patients

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Abstract—The 2013 UNITED NATIONS AGENCY of International Developments (UNAIDS) and the World Health Organization (WHO) estimate that 35 million people worldwide have HIV/AIDS. An increasing number of HIV/AIDS patient due to the prevention of transmission of infection from patient to others hampered. One reason is because of the perspective, stigma and discrimination that given by the community to HIV/AIDS patient. This study aimed to determine how the perspective of pharmacy students in University of Muhammadiyah Purwokerto (UMP) as prospective health workers against HIV/AIDS. The method is by descriptive analysis, data collected by questionnaire and analysis by using MS.Excel. The result show that most of the students in the Faculty of Pharmacy UMP have a good knowledge about HIV/AIDS but they are still afraid to interact with people living with HIV/AIDS.

Keywords—HIV/AIDS, Perspective, Pharmacy, Students.

I. INTRODUCTION

THE discovery of HIV/AIDS cases in the world increasingly larger, almost all countries in the world is not spared from HIV / AIDS cases. HIV / AIDS is an infectious disease caused by a retrovirus virus, which attacks the immune system, namely CD4. HIV can be asymptomatic and take place within a period of 5-10 years, the spread of the virus can lead to the onset of AIDS. AIDS is an epidemic that leads to opportunistic diseases that harm humans. AIDS epidemic is the most destructive disease in modern times [1]

Human immunodeficiency virus (HIV) is a lentivirus (a member of the retrovirus family) that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to lifethreatening opportunistic infections. Infection with HIV occurs by the transfer of blood, semen, vaginal fluid, pre-ejaculate, or breast milk. Within these bodily fluids, HIV is present as both free virus particles and virus within infected immune cells. The four major routes of transmission are unsafe sex, contaminated needles, breast milk, and transmission from an infected mother to her baby at birth (Vertical transmission). Screening of blood products for HIV has largely eliminated transmission through blood transfusions or infected blood products in the developed world [2]

The 2013 UNITED NATIONS AGENCY of International

Developments (UNAIDS) and the World Health Organization (WHO) estimate that 35 million people worldwide have HIV/AIDS [3] [4]. It is estimated that no less than 6800 people infected with HIV every day, and more than 5700 people died of AIDS. HIV/AIDS is a very serious threat to the socio-economic growth, stability and security in developing countries. While the number of cases of HIV and AIDS findings in Indonesia increased gradually in the period 2000 and 2008. However, in 2008 that number increased dramatically. At the end of 2008 there were 2,369 people with AIDS and 17,027 cases of HIV positive. Until September 2014 the carrying amount as much as 55,799 AIDS patients and HIV-infected as many as 150,296 people with the death toll from AIDS as much as 9,796 people [5].

An increasing number of HIV/AIDS patient due to the prevention of transmission of infection from patient to others hampered. One reason is because of the stigma and discrimination that given by the community to HIV/AIDS patient. Stigma and discrimination against people living with HIV due to lack of correct information about modes of HIV transmission, as well as the fear of HIV / AIDS. According to Herek et al., AIDS shares many characteristics with other diseases that are highly stigmatized, such as its perception to be unalterable, degenerative, and fatal, its contagiousness and transmissibility, and the repellent, ugly, and upsetting appearance of the afflicted in the advanced stages of the disease [6]. They go on to state that this reaction is amplified by a tendency among a significant portion of the public to blame people living with HIV/AIDS (PLWHA) for their illness, since the acquisition is perceived to be as a result of immoral and voluntary actions, for example in homosexual and promiscuous sex and the sharing of infected needles among injection drug users. Parker and Aggleton recognized HIV/AIDS stigma and discrimination as complex social processes that interact with and reinforce preexisting stigma and discrimination associated with sexuality, gender, race, and poverty. Furthermore, they underscored the need to understand these phenomena across various settings and cultural contexts [7].

Pharmacy students as prospective health workers who will play a role in the health of the world will definitely interact with people living with HIV / AIDS. Therefore, a pharmacy students perspective is one of the important factors related to how they would treat people with HIV / AIDS. This study aimed to determine how the perspective of pharmacy students in UMP as prospective health workers against HIV/AIDS.

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II. MATERIALS AND METHODS

Study Group

This descriptive study was conducted at the Faculty of Pharmacy in Muhammadiyah University of Purwokerto in Indonesia. Samples taken as many as 50 students and sampling techniques performed by simple random sampling.

Data Collection

During data collection, questionnaires about perspective were sent to students. The students answered the questions under the supervision of the person responsible for the questionnaire. They filled in the forms without interference and without giving their names. It was found that some students neglected to answer some questions on the form, so when results were analysed, percentages were calculated according to the number of students answering each question. This is a 10 item questionnaire with a "true", "false" answer. Perspective about HIV/AIDS patient questions included the following question-sentences, "knowing about HIV/AIDS", "HIV/AIDS is a curse disease", "HIV/AIDS patient is an immoral person", "feel afraid to interact with HIV/AIDS patient", "away from friends who have HIV/AIDS", willing to care for family who have HIV/AIDS", "HIV/AIDS patient is one who need to be helped", "HIV/AIDS patient is one who need to be isolated", "knowing about HIV/AIDS transmission, and "knowing about HIV/AIDS prevention". The participants were informed about the aim of study and questionnaire, then requested to answer the questions.

Statistical Analysis

Data were analyzed using MS Excel. MS excel is a package of programs in MS Office useful for processing worksheet (data presented in tabular form in the form of columns and line). MS Excel is able to perform numerical calculations both with operations the usual arithmetic and mathematical functions, including statistical functions simple (statistic descriptive). Thus, MS Excel can be used for data analysis statistic. Then the results are presented in tables and data frequency.

III. RESULTS

The data were taken in December 2014. Respondents in this study were students of the Faculty of Pharmacy in UMP at all force. The number of respondents drawn is 50 randomly selected. Retrieving data using questionnaires that have been tested for its validity and realibility by researchers on November 2014. Data collection was performed per-force using a closed questionnaire. Respondents were gathered in one room and given a maximum of 15 minutes in filling out the questionnaire. Researchers first explain how to fill out the questionnaires and supervising researcher. Respondents who have questions about filling out the questionnaire was answered directly by the researcher. Questionnaires were collected immediately after charging is completed.

TABLE I
BASELINE CHARACTERISTIC OF STUDY GROUP (N=50)

Characteristic	Number	%
Age in year		
19	13	26
20	15	30
21	12	24
22	10	20
Gender		
Male	20	40
Female	30	60

The age distribution of respondents was obtained in the age range 19 to 22 years. Number of respondents by age 19 years were 13 people with a percentage of 26%. Number of respondents by age 20 years as many as 15 people with a percentage of 30%. Number of respondents by age 21, as many as 12 people with a percentage of 24%. And the number of respondents by age 22 years as many as 10 people with a percentage of 20%. While the distribution of respondents by sex is the number of male respondents were 20 people with a percentage of 40% and the number of female respondents as many as 30 people with a percentage of 60%. The highest number of respondents by age is the age of 20 years, while based on gender is female.

Respondents' answers to each question are stated in the form of tables and graphs as follows :

TABLE II
DISTRIBUTION OF RESPONDENTS TO EACH QUESTION

Question	Yes	No
Do you know about HIV/AIDS?	50	0
Do you think that HIV/AIDS is a curse disease?	0	50
Do you think that HIV/AIDS patient is an immoral person?	5	45
Are you afraid to interact with HIV/AIDS patient?	28	22
Would you go away from friend who have HIV/AIDS?	10	40
Would you care for your family who have HIV/AIDS?	47	3
Do you think that HIV/AIDS patient is one who need to be helped?	50	0
Do you think that HIV/AIDS patient is one who need to be isolated?	27	23
Do you know about HIV/AIDS transmission?	50	0
Do you know about HIV/AIDS prevention?	50	0

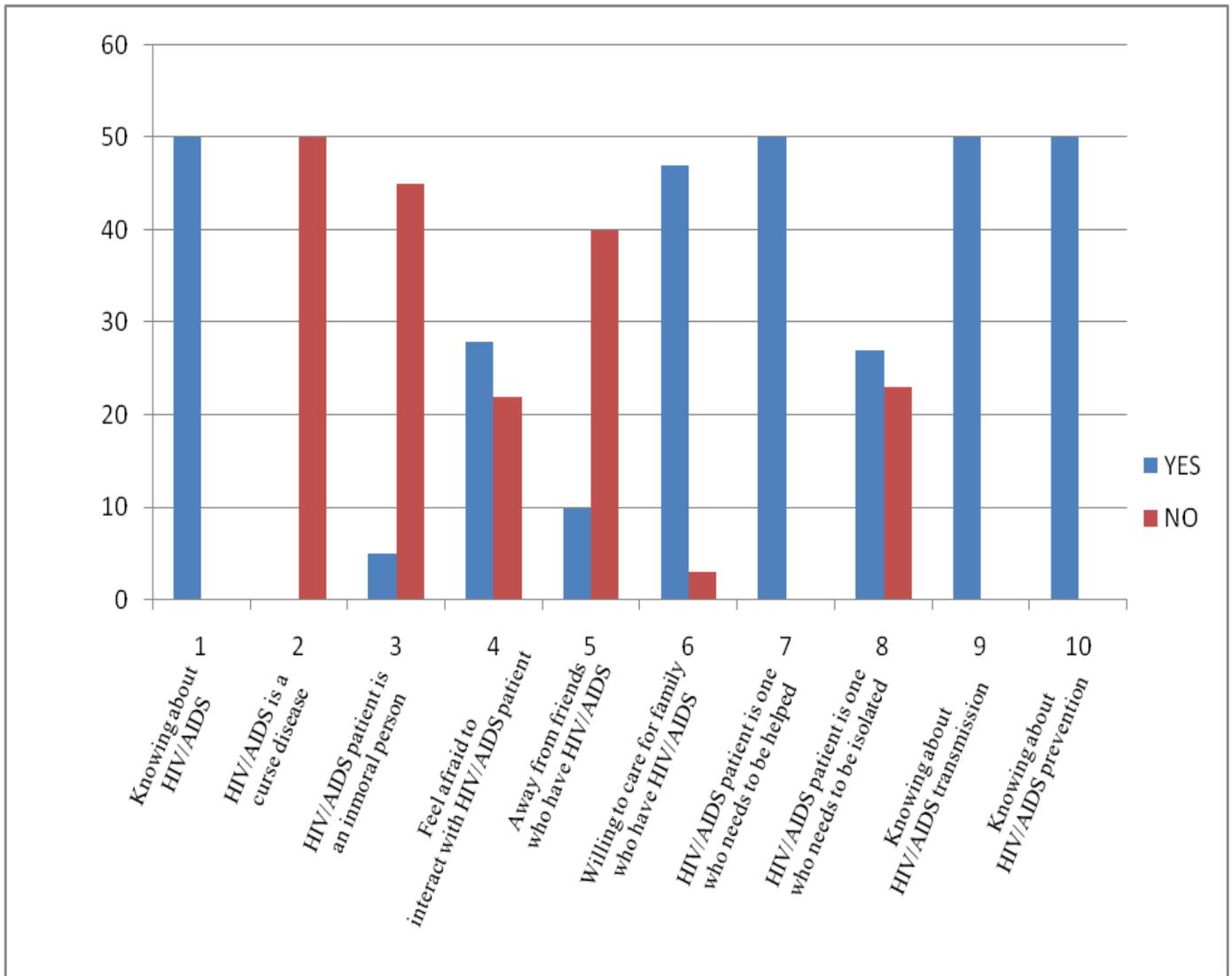


Fig. 1 Distribution of respondents to each question

Based on the data obtained, the distribution of respondents to the first question that all respondents answered "yes" which means that all respondents knew about HIV / AIDS. While on the second question, all respondents answered "no", which means that none of the respondents who believe that HIV / AIDS is a disease of the curse. On the third question by 5 respondents answered "yes" and 45 respondents answered "no", which means that the majority of respondents did not think that people living with HIV / AIDS are unscrupulous people. On the fourth question as much as 28 respondents answered "yes" and 22 respondents answered "no", which means that the majority of respondents still feel afraid to interact with patients with HIV / AIDS. On the question to four of 10 respondents answered "yes" and 40 respondents answered "no", which means that most of the respondents are not going to leave her suffering from HIV / AIDS. On the sixth

question, as many as 47 respondents answered "yes" and 3 respondents answered "no", which means that most of the respondents are willing to take care of their families who suffer from HIV / AIDS. On the seventh question, all respondents answered "yes" which means that all respondents considered that patients with HIV / AIDS are people who need to be helped. On the question of eight, a total of 27 respondents answered "yes" and 23 respondents answered "no", which means that the majority of respondents still consider that patients with HIV / AIDS need to be isolated. On the question of nine all respondents answered "yes" which means that all respondents knew the modes of transmission of HIV / AIDS. And the question of ten, all respondents answered "yes" which means that all respondents know how to prevent HIV / AIDS.

IV. DISCUSSIONS

Based on the data, the age distribution of respondents was obtained in the age range 19 to 22 years. Number of respondents by age 19 years were 13 people with a percentage of 26%. Number of respondents by age 20 years as many as 15

people with a percentage of 30%. Number of respondents by age 21, as many as 12 people with a percentage of 24%. And the number of respondents by age 22 years as many as 10 people with a percentage of 20%. While the distribution of respondents by sex is the number of male respondents were 20 people with a percentage of 40% and the number of female respondents as many as 30 people with a percentage of 60%. The highest number of respondents by age is the age of 20 years, while based on gender is female. This is because most of students in Faculty of Pharmacy in UMP are female.

The distribution of respondents to the first question that all respondents answered "yes" which means that all respondents knew about HIV/AIDS. Researchers assume that the respondent has got knowledge about HIV/AIDS both at the time was still in high school or college, so that all respondents said that he knew about HIV/AIDS. While on the second question, all respondents answered "no", which means that none of the respondents who believe that HIV/AIDS is a disease of the curse. It is the belief that HIV AIDS is a disease of the curse. Because not all people with HIV/AIDS is the person who gets punishment from God for his actions, people living with HIV/AIDS probably is innocent because he was infected with HIV/AIDS by accident. On the third question by 5 respondents answered "yes" and 45 respondents answered "no", which means that the majority of respondents did not think that people living with HIV / AIDS are immoral person. On the fourth question as much as 28 respondents answered "yes" and 22 respondents answered "no", which means that the majority of respondents still feel afraid to interact with patients with HIV / AIDS. On the question to four of 10 respondents answered "yes" and 40 respondents answered "no", which means that most of the respondents are not going to leave her suffering from HIV / AIDS. On the sixth question, as many as 47 respondents answered "yes" and 3 respondents answered "no", which means that most of the respondents are willing to take care of their families who suffer from HIV / AIDS. On the seventh question, all respondents answered "yes" which means that all respondents considered that patients with HIV / AIDS are people who need to be helped. On the question of eight, a total of 27 respondents answered "yes" and 23 respondents answered "no", which means that the majority of respondents still consider that patients with HIV / AIDS need to be isolated. On the question of nine all respondents answered "yes" which means that all respondents knew the modes of transmission of HIV / AIDS. And the question of ten, all respondents answered "yes" which means that all respondents know how to prevent HIV / AIDS.

Based on these results, virtually all respondents have a good level of knowledge about HIV / AIDS, including modes of transmission and prevention. However, the majority of respondents still feel afraid to interact with people with HIV / AIDS and assume that they are isolated. Knowledge of an object just is not the driving force, as well as on the attitude. Knowledge of a new object into an attitude when it is accompanied readiness knowledge or inclination to act on that knowledge [8]. Attitude is a readiness to react to an object in a certain way when individuals are faced with a stimulus that calls for a response [9]. The number of respondents who have

a good attitude fewer than those having good knowledge, this can be due to that the knowledge that the respondent has not been accompanied by a readiness and willingness to act. Based on this fact, researchers assume that the pharmacy faculty students who have knowledge about HIV/AIDS are still afraid to interact with people with HIV/AIDS and considers HIV/AIDS need to be quarantined, let alone ordinary people who lack knowledge about HIV/AIDS. Therefore, it should be a good socialization to all levels of society about HIV/AIDS and to convince them to not be afraid to interact with people living with HIV/ AIDS because they are human beings just like us.

V. CONCLUSION

Most of the students in the Faculty of Pharmacy UMP have a good knowledge about HIV/AIDS but they are still afraid to interact with people living with HIV/AIDS. Pharmacy students as prospective health workers are still afraid to interact with people with HIV/AIDS let alone the general public. Need socialization to all levels of society to eliminate a negative perspective of people living with HIV/AIDS and that they are not afraid to interact with people living with HIV/AIDS.

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