

THE CORRELATION BETWEEN THE WAITRESS'S ATTITUDE TO HIV/AIDS AND THEIR ANXIETY RELATED TO CONTRACTING HIV/AIDS

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ABSTRACT

Introduction: Human Immunodeficiency Virus (HIV) is a virus that attacks the human immune system and weakens the body's ability to resist disease. People thus become susceptible to various infections. This study aims to investigate the correlation between the waitress's attitude to HIV/AIDS and their anxiety focused on contracting HIV/AIDS in Dahlia and Sahara Bar and Karaoke. **Methods:** This research was non-experimental, and utilized a cross-sectional approach. Collecting the data used the researcher's understanding of HIV/AIDS test and consisted of 20 items. The study used the Zung Self Rating Anxiety Scale comprised of 20 elements. The subjects of this study was 30 people. The subjects of this study were women who worked in nightclubs as waitresses in two bars and karaoke in 2017. **Results:** Data was analyzed using the Spearman's rho test. The results showed that the correlation coefficient = -0.761 with $p=0.000$ ($p<0.05$). This means that H_0 rejected and H_a accepted. **Conclusions:** Based on the data analysis, it can be concluded that there is a correlation between the waitress's Attitude to HIV/AIDS and their anxiety over the potential risk of contracting HIV/AIDS in Dahlia and Sahara Bar and Karaoke. Based on the results of the study, it is suggested that information about HIV/AIDS should be provided through health education and HIV prevention resources.

Keywords: HIV, waitress, bar and karaoke, health education.

INTRODUCTION

Human Immunodeficiency Virus (HIV) is a type of virus that attacks or infects the leucocytes, which causes the decline of the immune system. Acquired Immune Deficiency Syndrome (AIDS) is a collection of symptoms that arise due to the immune deficiency caused by HIV infection. Due to decreased immunity, the person is very susceptible to various infectious diseases (opportunistic infections) that are often fatal (Health Ministry of Indonesia, 2014).

Based on the data from the National AIDS Commission on the results of the Integrated Surveillance of HIV and Behavior (STHP) survey in 2007, the average prevalence of HIV in various key populations was as follows: Direct WPS 10.4%; Indirect WPS 4.6%; transvestites 24.4%; WPS customers 0.8%; LSL 5.2% and Injecting drug users 52.4%. The waitresses, who in this case were waitresses who work in places of entertainment such as massage parlors, bars or karaoke joints also do not escape

the risk of HIV transmission. The indirect WPS serve their customers sex to earn an extra income in the workplace (Yuliatwati, 2009).

According to Marsum (2007), a waiter or waitress is the name for someone who serves food and drink in a restaurant or bar. In the interviews conducted by the researchers with the owner, it is the duty of the waitresses in Dahlia and Sahara Bar and Karaoke to serve guests who come in in the form of beer. Guests will find there to be a karaoke, and it is the waitress's duty to accompany the guests who are drinking while they take part in the karaoke. The researchers also conducted interviews with the Dahlia and Sahara Bar and Karaoke managers. These interviews showed that some waitresses are booked outside work hours. One waitress even admitted to deliberately dressing sexily to attract the interest of guests.

Recognizing the high number of HIV/AIDS cases in Bali, especially in Buleleng regency, cannot be separated from the societal understanding of the information and knowledge available on

HIV/AIDS. According to Rosyidah (2009, in Nuraeni et al., 2011), knowledge, beliefs, and demographic factors as well as other supporting factors may affect a person's behavior. This attitude is not yet an act or activity, but it is a predisposition to action or practice in a certain way (Nuraeni et al., 2013).

The attitude of the waitresses (indirect sex worker) to HIV/AIDS is one of the measurement indicators that can be ascertained either directly or indirectly through statements or opinions to know how far their understanding and perception is related to attitude (Wawan dan Dewi, 2011). If WPS (direct & indirect sex worker) have a low level of knowledge of HIV/AIDS, then this affects their perspective or attitude toward HIV/AIDS itself (Ikhniiana, 2008, in Nasir, 2011). This is because knowledge plays an essential role in determining attitude. According to Nasir (2011), attitudes are also one of the predisposing factors that can affect behavior, especially during unhealthy sex, which ultimately can put the person at risk of contracting HIV/AIDS, resulting in anxiety stressors.

Anxiety is an unpleasant affective feeling accompanied by a physical sensation that warns people against potential dangers (Lestari, 2015). Anxiety can arise from the threat of a disease, so certain conditions can be a stressor for the individual. Symptoms of anxiety may be psychological such as insomnia, difficulty concentrating and fear, and they can also be physical such as sweating, being tense, trembling and so on (Sihombing & Hutagalung, 2011). Anxiety, within a certain limit, is normal because it serves as a warning to the individual against everything that can be threatening to them. One such form of anxiety is the anxiety related to contracting HIV/AIDS (Anurmalasari et al., 2009).

HIV/AIDS-acquired anxiety is a symptom of fear with HIV/AIDS fear as a stressor. Individuals, through knowledge, become aware of HIV/AIDS and that it

can threaten the future of the individual's life. The function of anxiety as an alarm signal warns us of immediate danger and makes us respond quickly (Atwater, 1983 in Anurmalasari et al, 2009).

Based on a preliminary study conducted by the researchers on January 30, 2017, in two bars and karaoke in Buleleng, Bali, the total waitresses in the two locations was 30. The age of the waitresses ranged between 16-41 years. At this location, most were women who were married and had children, and working as a waitress was their last option to earn a living, to finance their family and to finance the education of their child. According to the information, a few of the waitress had moved to work, and when they had enough capital, they intended to return to their respective areas to settle down to a more decent life. There were divorced widows, and there was also a widow who had been abandoned by her husband without any formal divorce process. There were a small number of unmarried girls, and the reason they become a waitress was to finance the necessities of life. At first, most were invited by a friend who had been working as a waitress before. Because, thinking of today, it is often hard to find a job that can generate enough money.

From the interviews, some of the waitresses claimed to have experienced less socialization about HIV/AIDS and they were too busy with their work. The authors therefore assumed that the waitresses were at risk of having an insufficient level of knowledge of HIV/AIDS and this could have an impact on their attitudes. This, in turn, predisposes them to actions or practices that could have an effect on their anxiety.

Based on the above background, the researcher was interested in conducting a study as described by the title of this article. Therefore, this study aimed to investigate the correlation between the waitresses' attitude about HIV/AIDS and

the anxiety associated with the possibility of contracting HIV/AIDS.

METHODS

This research was a quantitative study using a non-experimental research method. The research was conducted in March 2017 in two bars and karaoke in Buleleng Regency. This study involved 30 waitresses selected by total sampling. The data collection in this study used a questionnaire to allow the researcher to perceive the attitudes toward HIV/AIDS based on Ronald Hutapea's theoretical book of 2014 and Nana Noviana's theory in 2013. The anxiety scale questionnaire used Zung Self Rating Anxiety Scale (ZSAS), created by William Zung. The data analysis was done using Spearman's rho test.

RESULTS

Based on Table 1, it can be seen that most of the waitresses in Bar and Karaoke Dahlia and Sahara were in the age range of 20-30 years old (19 respondents; 50%). Most of the waitresses had graduated from Junior/Senior High School (16 respondents; 53.3%).

Based on Table 1, the marital status of most of the waitresses in Dahlia and Sahara Bar and Karaoke was that of widowhood (12 respondents; 40%). Meanwhile, their length of stay in employment was mostly between 1 and 12 months (19 respondents; 63.3%).

Regarding the attitude of the waitresses toward HIV/AIDS, both positive and negative response had the same number of respondents (15; 50%). Most of the waitress had a normal range of

Table 1. Demographic Characteristics of the Respondents (n=30)

Characteristics	Frequency	Percentage (%)
Age (years old)		
<16	1	3.3
20-30	19	63.3
>30	10	33.3
Education		
Elementary School	3	10.0
Junior/Senior High School	16	53.3
Vocational High School	11	36.7
Marital Status		
Widow	12	40.0
Single	11	36.7
Married	7	23.3
Length of Stay in Bali		
<1 month	4	13.3
1 month-12 months	19	63.3
>12 months	7	23.3
Waitress Attitude of HIV/AIDS		
Positive (skor T > mean skor T)	15	50.0
Negative (skor T < mean skor T)	15	50.0
Anxiety		
Normal (20-40)	19	63.3
Mild (45-59)	11	36.7
Moderate (60-74)	-	-
Severe (75-80)	-	-

anxiety (19 respondents; 63.3%).

Looking at the statistical test results of *Spearman's rho*, it can be seen that the significance analysis was 0.000 ($\alpha < 0.05$) with a correlation coefficient of -0.761. This, it can be concluded H_0 was rejected, and H_a was accepted. This means there is a significant negative relationship between the waitress's attitude to HIV/AIDS and HIV/AIDS infection Anxiety.

DISCUSSION

Based on the respondent's age characteristic, most of the respondents were in the range of 20-25 years old (15 respondents; 50%) while those aged > 30 consisted of 10 respondents, 26-30 years old consisted of 4 respondents and there was one 16 year old respondent. From the data, it can be seen that most of the waitresses were in the productive age range of 20-25 years. That is, the level of maturity concerning a person's age will affect how they behave as a person, which in this case involves their level of knowledge which further becomes a predisposing factor for actions in the future. According to Day (2009, in Zainab et al., 2015), knowledge and age are closely related, but the age of a person cannot always become a reference regarding experience and knowledge. The older person's age is does not necessarily correlate to better experiences than the younger generation. This is in line with the research conducted by the researcher.

In terms of the respondents' educational attitude, most of the respondents had a junior high school / senior high school education level (16 respondents; 53.3%), in the category of educated high school / vocational school, there were as many as 11 respondents (36.7%) and 3 respondents had completed elementary education (10%). From the data, the highest education level in the respondents was junior/senior high school, in 16 respondents. This means that education is still an essential element in

relation to improving knowledge. However, it was found that although higher education (high school graduation) is not guaranteed to correlate to a good understanding of HIV/AIDS itself, this is in line with the results of the research stating that the respondents know what is HIV/AIDS but they do not know the difference is between the two terms and how HIV/AIDS is spread in detail.

Based on the respondent's status, most of the respondents were widowed, which totaled 12 respondents (40.0%). The respondents who had not married totaled 11 respondents (36.7%), and those who were single marital totaled 7 respondents (23.2%). From the interviews conducted with some of the waitresses, the profession was the last option that they had to earn a living, finance their family and fund their children's education. The researchers assumed that the job they had now was inseparable from their marital status for most of the widowed waitress. Other factors that could also have influence included education level and the surrounding cultural environment.

Based on the data of the length of their stay in Bali, it was found that most the respondents lived in Bali from 1 month up to 12 months (19 respondents; 63.3%). Those who lived in Bali >12 months totaled as many as 7 respondents (23.2%) and those who stayed in Bali for only 1 week was as many as 4 respondents (13.3%). From the data, the majority of the waitresses came from outside Bali Island, such as from Solo, Bandung, Malang, Bondowoso, Surabaya, Jember and Banyuwangi. Bali is one of the provinces in Indonesia that is the destination for many migrants. Based on 2010 Population Census data, out of the total population of Bali Province (3,890,757 people), 839,373 of them were lifetime migrants between the different districts/cities. That is, the migrants in residence at the time of the survey showed their location as being different from their residence at birth (Purwaningsih, 2013). According to

Purwaningsih, employment is extensive as the impact of the development of tourism industry in Bali is suspected to be one of the reasons why many people from outside of the island of Bali enter the region to work.

According to Azwar (2016), attitude is an evaluative response that can be positive or negative. This means that there is an attitude of preference or dislike toward something as an object of mentality. Statements on attitude objects should consist of positive and negative comments so then the respondents will be able to more accurately answer.

Based on the research results concerning the waitress's attitude toward HIV/AIDS in Dahlia and Sahara Bar and Karaoke, from the 30 respondents it can be determined that the attitude of the waitress about HIV/AIDS - both positive and negative - was same. Each answer had 15 respondents (50%). From the data, the researcher can assume that the equal amount may be influenced by various factors such as exposure to mass media, the influence of others or culture. This is in line with the theory of attitude formation (Azwar, 2016), in that the structure of attitude is formed through the social interactions experienced by the individual. Through any inter-related relationships that occur between the individual in a social interaction setting, the individual reacts in order to establish a specific attitude pattern against the various psychological objects that it faces. Among the factors that influence the formation of attitude are personal experience, culture, other figures, mass media, institutions, educational institutions and religious institutions, as well as the emotional factors of the individual.

Based on the results of the identification of HIV/AIDS infection in Dahlia and Sahara Bar and Karaoke, out of the 30 respondents, it can be known that most of the respondents were in the normal anxiety range, totaling 19 respondents (63.3%), and those with mild anxiety

totaled 11 respondents (36.7%). The respondents who experienced mild anxiety were the respondents with a positive attitude; 11 respondents out of 15 (50%) while those experiencing a normal level of anxiety were the respondents with a negative reaction.

According to the State Forensic Mental Health Service of Western Australia, a person who is younger is more likely to experience an anxiety disorder than someone who is older. It was in line with the results that we obtained, viewed from the perspective of anxiety being based on age. It was found that some of the waitresses experiencing mild anxiety were the waitresses of a young age - that is, they were between the ages of 16-23 (8 waitresses). From this data, the researchers assumed that the vulnerable waitresses experienced mild anxiety and that they could be affected by various factors such as the environment, personal factors, family, occupation and religion (Sihombing et al., 2011).

The analysis of the relationship between the waitresses' attitude about HIV/AIDS and HIV/AIDS acquired anxiety using the Spearman's rho statistic test obtained a p-value = 0.000. The p-value was <0.05 with a 95% confidence level, and a correlation coefficient value of -0.761. H_0 was rejected and H_a was accepted. It can be concluded that there is a robust negative relationship between the waitress's attitude to HIV/AIDS and their HIV/AIDS-acquired anxiety.

Based on the results of this study, we determined there to be a mild anxiety level in the waitress with a positive attitude. In other words, the higher the attitude of the waitresses on HIV/AIDS, expressed as knowledge, the less the waitress experienced anxiety.

The statement is supported by the research conducted by Anurmalasari, et al. in 2009 in Cilacap on "The Relationship between HIV/AIDS Understanding with HIV/AIDS Infectious Disease at Live FSW in Cilacap". Their study indicated

that there is a significant positive relationship between HIV/AIDS concerns and HIV/AIDS infectious anxiety with a correlation coefficient of 0.515 and a significance of 0.000 ($p < 0.05$). These conditions indicate that the higher their understanding of HIV/AIDS, the less subject has anxiety on HIV/AIDS.

For the waitresses who have a positive attitude about HIV/AIDS, this can be measured through their understanding of HIV/AIDS as they will have the correct perception of HIV/AIDS. This accurate perception causes the waitress to have correct beliefs about HIV/AIDS, so the waitress feels that they themselves are actually included in a group that is at risk of HIV/AIDS. In this way, they are aware that their behavior can be risky, so this will generate the response of anxiety, mild, moderate or severe. HIV/AIDS-acquired anxiety is a symptom of fear and HIV/AIDS fear in particular is a stressor. The function of anxiety as a warning makes the individual respond quickly. Such beliefs will lead to a positive attitude toward HIV/AIDS (Anurmalasari et al., 2009). Low comprehension leads to misunderstandings and misperceptions to do with HIV/AIDS. A weak understanding of HIV/AIDS, such as that having sex for the first time is unlikely to result in someone being infected with HIV, that a person is unlikely to be infected with HIV when young and able-bodied can affect their emotional response to HIV/AIDS. It was concluded that a low understanding of HIV/AIDS and a negative attitude makes the individual less aware of the risks of contracting HIV/AIDS.

CONCLUSIONS

Based on the results of this study, we obtained a mild anxiety level in the waitress with a positive attitude. In other words, the higher the attitude of the waitresses about HIV/AIDS expressed through understanding and knowledge, the less the waitresses experienced anxiety.

Educational institutions that train health workers such as doctors, nurses and midwives are expected to provide routine promotion efforts and approach risk groups interpersonally so then to attempt to prevent the development of HIV/AIDS. It is advisable to create other alternatives such as by conducting joint discussions to create positive activities with a friendly attitude when providing counseling and health services as well as offering mentoring, openness and clarity. This will help the subject to better understand the dangers of HIV/AIDS.

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