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A REVIEW: BEHAVIOUR AND DISEASE RISK AT PAPUA HIV-AIDS SOCIETY THE DEVELOPMENT STUDY OF LOCAL WISDOM HIV-AIDS

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ABSTRACT

Backround: *Disease of HIV-AIDS at Papua more seriously because the total HIV-AIDS sufferer from year to year since the year 1979. The increase is then again with society Augmenting Papua culture condition with the lowly level of education that join in to subsidize risk of HIV-AIDS disease at Papua. Despitefully there another trigger factor likes factor broken home, economy and life style. Government has tried with Decide national wisdom ABC or abstinancy, be faithful and condom in order to tackle the HIV-AIDS but until so far not yet show result that have a meaning, Several events watchfulness watchfulness recommend Necessary existences about tackling local model of HIV-AIDS at Papua. This matter is actually that pushes local researcher to look for the model form in the hook with tackling HIV-AIDS at Papua.*

Method: *This ice ice cripti ear CHD ve method. Location of research at Biak regency prolific Noemfoor with total sample for HIV-AIDS sufferer as much as 50 person contact diseases AIDS (PLWHA) and 50 persons not contact AIDS as standards. Custom society Papua number 200 persons represent seven areas of Papua with 10 custom religion represents 5 big figures religions at Papua. Data collecting technique by interview, registration and observation to get primary and secondary Also the data. Watchfulness variable covers free variable that is free sex behavior, habits drinks alcoholic drink, drug consumption habits, erudition, attitude and practice teachings weak religion with culture negative habit. Bound variable risk of HIV-AIDS disease with variable sub erudition, attitude and behavior with moderator variables that cover economy, life style and a broken home. And last liaison variable that is HIV-AIDS disease development.*

Technique and the data collecting stage is divided to be 3 stages that is: (1) identification of cause factors of HIV-AIDS, (2) model of the testing location and (3) evaluation models.

Result: *At the (time) of problem identification, watchfulness result shows that society behavior Papua factors like free sex behavior, it religion Decrease value and negative culture has prolific habit at risk towards HIV-AIDS disease. Moderator variable that is economy / occupation, life style, has influence towards disease of HIV-AIDS. Specific local programs that can be developed "model H" Consist of two play concepts, that is: Abstinancy and Be faithful or AB and after done test tries during Approximately 3 year so the model and this program is enough effective to overcomings risk disease, HIV-AIDS at Papua. Testing and evaluation is done first models in PLWHA with the statistics test result descriptively have a meaning with Chi-square test and McNemar $p < 0.05$ and Cohran's Q $P < 0.05$ while second*

testing towards society of Papua where descriptively have a meaning Willcoxon test with $p < 0.05$ and Friedman $p < 0.05$.

Conclusion: *be taken that specific local models that can be developed "H model" and suggested to Government Province of Papua and Papua Legislative (DPRP) to the make legal fundament in the form of by law to support this models.*

Keywords: ***behavior, local wisdom AIDS-HIV, disease risk AIDS-HIV***

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INTRODUCTION

According to Marx definition *Acquired Immunodeficiency Syndrome* or *Acquire*(AIDS) it was a collection of symptoms and infections or syndromes that arise because of damage to the human immune system caused by HIV infection or infection other viruses that attack similar to other species. The virus called *Human Immunodeficiency Virus* (HIV) is the virus that weakens the immunity in the human body. People affected by this virus will be susceptible to opportunistic infections ataupunmudahterkenatu mo r. M eskipun existing coping can slow the spread of the virus, but the disease is not completely cured.

Human Immunodeficiency Virus (HIV) viruses and the like are generally transmitted through direct contact between the skin layer (mucous membrane) or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, preseminal fluid, and breast milk mother. Transmission can occur through sexual intercourse (vaginal, anal, or oral), blood transfusion, contaminated hypodermic needles, between mother and baby during pregnancy, childbirth, or breastfeeding, as well as other forms of contact with bodily fluids

tersebut.[2]

Scientists generally believe that AIDS came from Sub-Saharan Africa. [3] Now, AIDS has become the plague. *Acquired Immunodeficiency S yndr om e* or *A cquired I mm un e de f ic ie nc y Syndrome* (AIDS) has infected an estimated 38.6 million people worldwide. In January 2006, UNAIDS in collaboration with the WHO estimates

bahwaAIDS caused the death of more than 25 million people since it was first recognized on June 5, 1981. Thus, this disease is one of the most destructive epidemics in history. *Acquired Immunodeficiency Syndrome* or *Acquired Immune Deficiency Syndrome* (AIDS) is claimed to have caused the deaths of as many as 2, 4 to 3.3 million in 2005 alone, and more than 570,000 people of whom are children. [4] A third of these deaths occur in Sub-Saharan Africa, thereby slowing economic growth and destroy the power of the human resources there. Antiretroviral treatment can actually reduce the death rate and severity of HIV infection, but access to treatment is not available in all countries. Social punishment for people with HIV-AIDS are generally more severe when compared with patients with other deadly diseases. Sometimes the social punishment is also tertimpakan to health workers or volunteers, are involved in caring

people living with HIV-AIDS / PLWHA. [5]

Various symptoms of AIDS generally will not occur in people who have a good immune system. Most of these conditions as a result of infection by bacteria, viruses, fungi and parasites, which are usually controlled by elements of the immune system that HIV damages. Opportunistic infections are common in people with AIDS. [3]

Human Immunodef iciency Virus (HI V) affects nearly every organ of the body. AIDS patients are also at greater risk of suffering from cancers such as Kaposi's sarcoma, cervical cancer and cancers of the immune system known as lymphomas. People with AIDS often have systemic symptoms of infection; such as fever, sweating (especially at night), swollen glands, chills, weakness, and weight loss. Specific opportunistic infections that AIDS patients also depends on the level of frequency of occurrence of these infections in the geographic area where the patient lives. [6]

The majority of HIV infections are from unprotected intercourse between individuals one of whom has HIV. Heterosexual intercourse is the main mode of HIV infection in the world. [7] During a sexual act, only male condoms or condom wan Itaya ng d ap at m en gu ra ki ng ng ikemu na n-infected with HIV and other sexually transmitted diseases as well as kemungkinanhamil. B uktiterbaik sa Atini show that condom use commonly reduces the risk of HIV transmission to about 80% in the long term, although this benefit is greater if condoms are used correctly on every occasion. [8] Male condoms are made of latex, if used correctly without oil-based lubricants are the only technology that is most effective at this time to reduce the sexual transmission of HIV and other sexually transmitted diseases. Manufacturers recommend that oil-based lubricants such as petroleum jelly, butter, and lard not be used with latex condoms, because these materials can dissolve the latex, making the condoms hollow. If necessary, the manufacturer recommends using a water-based

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lubricants. Oil-based lubricants are used with polyurethane condoms.

The female condom is an alternative to condoms l l aki aki and made of urethane mem pol i ungkinkannya for use with oil-based lubricants. The female condom is larger than the male condom and having an open end loud ring shaped and designed to be inserted into the vagina. The female condom contains an inner ring, which keeps the condom in the vagina, for inserting the female condom requires squeezing this ring. The obstacles is that now female condoms is very available and the price remains prohibitive for many women. Early research suggests that the availability of female condoms, sexual intercourse with a protective overall increase relative to unprotected sexual acts, so that the female condom is a strategy

HIV prevention is important. [9]

Studies on couples where one partner is infected show that with consistent condom use, HIV infection rates for the uninfected partner are below 1% per year. [10] The prevention strategy has been well recognized in developed countries. However, research on behavioral and epidemiological in Europe da n A m er ika Ut ar ame nun j uk k's to the air there's a minority of young people who still carry out high-risk activities despite knowing about HIV-AIDS, so ignore the risks they face on HIV infection. [11] However, HIV transmission among users of drugs has decreased and the transmission of

People broadly behaviour, A and Indonesia has now greatly increased risk of contracting the virus in HIV-AIDS, *Acquired Immune Deficiency Syndrome* (AIDS) is a set of symptoms that indicate a weakness or damage to the immune system obtained from external factors (not innate). [14] is a relatively new disease known to man, and was associated with patterns of sexual behavior and deviant free. *Acquired Immune Deficiency Syndrome* (AIDS) was initially found among homosexual and eventually spread uncontrolled and attacked the community at large. Papuan community with an kebias b ud ayad aa nnyamem pu nyairisiko of AIDS. Pelitian results showed that free sex and booze have an influence on the risk of AIDS. The study concluded that the frequency of premarital sex and extramarital very high. It is based on research IPADI stating that over 65% of HIV by blood transfusions become quite rare in developed countries.

In December 2006, a study uj i m enggunakan random terkendal i confirm that male circumcision lowers the risk of HIV infection in heterosexual African men to about 50%. Hopefully, this approach will be encouraged in many countries most severely HIV infected, although its application will be faced with a number of issues with respect

with the problem of practicality, cultural, and social behavior. Some experts fear that the lack of perception of vulnerability among circumcised men may increase risky sexual behavior, thereby reducing the impact of business

This prevention. [12]

The United States government and various health organizations advocate the ABC approach to reduce the risk of contracting HIV through sexual intercourse. The formulation in Indonesian: You stay away from sex, being mutually tiadenganpa se sa ngan, dancegahdengan

condoms. [13]

Of workers medical m Engi kuti universal precautions such as wearing latex gloves when injecting and wash their hands, can help prevent HIV infection. Universal precautions also must be implemented by the medical profession other than doctors.
adults agree to have intercourse (sex). Cases of rape committed by children teens in 1998 was 28%. [15]

ABC policy that is being implemented in Papua has not shown a decrease in HIV-AIDS cases akna berm. Some penel i's recommendation of a local model relating de ng an nil ai da b ud v a n ag am a. [16] B e r ap be a literature says that establishment of people's behavior can be molded to the shape of the model or *conoyh*. Establishment of human behavior largely through the process of formation and learned behavior. [17] There are three ways the formation of behavior, namely: 1) conditioning or habit 2) description 3)condition. Condition or behave as expected, eventually forming the behavior. This method is based on learning theory of conditioning. Formation behavior with the understanding that is based on the cognitive theory of learning with understanding,

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while combine the model and theory of the formation of behavior by using a model and example. This method is based on social learning theory (social learning theory) or observational learning theory. Another study said that behavior of predisposing, enabling factors and driving forces. Predisposing factors are knowledge, attitudes, and beliefs, traditions, and cultural values. Strategies and approaches used to condition these factors are: communication and dynamics team. Comunication concerning lack of knowledge, attitudes and behaviors that are inconsistent with the values of health. Group dynamics is one of the effective methods of health education to convey health messages to target education. Factors supporting the form of resources and adequate facilities. Sources and the facility should be explored and developed in part from society itself, while the driving factors include the attitudes and behavior of both the type and level officers based on health education. Health workers and community leaders should be role models of health behavior from the government of Papua. Referring to the background of the above issue was composed of the following research questions: 1) whether people's behavior Biak (sex, alcohol, drugs, and the falling value of religion, culture negative) influence on the risk of HIV disease outbreak -AIDS 2) the identification of behavioral factors of the community, regional programs (local specific program) like what it should be developed , 3) how the effectiveness of the local model program that will be developed in people with HIV-AIDS in the Noemfoor Biak regency and 4) how the effectiveness of the local model program that will be developed in these communities. The general objective of this research is to find a local model specific and appropriate to reduce the rate of development of the number of HIV-AIDS in Biak.

The specific objectives of this study were: 1) to determine the significance level in people's behavior and the risk of HIV-AIDS in Biak Numfor, 2) to determine the level of effectiveness of the models developed against the risk of being infected with HIV-AIDS in Biak, and 3) the effectiveness program of local models developed in indigenous Papuans. The hypothesis proposed are: 1) the behavioral at BIAK Numfor have a significant effect on the risk infection HIV-AIDS, 2) local models developed have significant influence to composed the Biak Noemfoor, and 3) local models developed have significant influence on changing the behavior of the indigenous Papuan people against the risk.

1. **Culture Papuans** The spread of HIV-AIDS. In Table 1 is presented a comparison of culturesome tribes in Papua summarized from the book ethnography Irian Jaya series-2. [18]

Until now there has been no model or example that can be used to suppress the speed of the level of risk of contracting AIDS. ABC policy implemented in Papua often clash with local moral values or the values of traditional and religious moral values. Efforts peaceful demonstrations have not even got a serious response

MATERIALS AND METHODS RESEARCH

The method used consists of three stages: first, do the identification of variables. The second phase is a treatment models and programs. The third stage is the evaluation of models and programs. The research method of the three phases is described as follows: the design used in this research is descriptive. Descriptive research aims to :

Indicator	Timika	Merauke	Wamena	Jayapura	sliding	cud
Religious leaders	**Important**	**Important**	**Important**	**Important**	**Important**	**Important**
Public figure t	**Important**	**Important**	**Important**	**Important**	**Important**	**Importan**
Marriage	**Exchange**	**Papis**	**Tarigelang**	**custom party**	***Yoofinya***	***Fakfuken***

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(making a proposal)	***Tem & tup***	***tinis mbeter***	**Taripesek**	***Msyaraa***		
meaning women	**mother more**	**mother gold**	**pay chief**	**Important**	***Binsyowi***	
Polygamy	**Can**	**Can**	**Can**	**Can**	**Can**	**Can**
illegitimate	**Disaster**	**Fine**	**Fine**	**Fine**	***Safiwiahte***	**Fine**
Initiation rites	**Mirimukame**	**Emaketsjem**	**There is**	**Initiation**	**Circumcision**	***Rumsram***

Table 1. Description of values, theory and practice tribes in Papua

Source: Social change society Biak 2010

Gain the relations with imports 1. Free sex and alcohol characteristics OR epidemiological analysis showed.

This study also used a quasi-experimental study *pretest* and *posttest control group design* to see the level of risk of disease in cases and controls. This type of research in terms of time included in the retrospective study, *cross-sectional* and prospective or cohort. Samples of 50 patients and 50 controls for indigenous people while 200 people representing 250 tribes in Papua.

RESULTS AND DISCUSSION

1. Characteristics of Respondents PLWHA

sex behavior in people who have a risk of infection with HIV-AIDS 11 times compared to people who are not promiscuous (the control group). *Chi square* test was significant at p <0.05.

OR epidemiological analysis showed that the drinking behavior in people who have HIV-AIDS risk 4 times compared to people who did not drink alcohol (control group). *Chi square* test was significant at p <0.05.

a. Age, number of children, education, and type

2. Local Alcohol and drugs sex of the respondent. OR epidemiological

religious values in society risk infection with slumped HIV- AIDS four times compared to the people who run the religious values as well (the control group). *Chi square* test was significant at p <0.05.

A 1. a. Results First Stage PLWHA

Behavior (X) PLWHA

Behavioral variables (X) measured Biak society with some indicators, namely: the behavior of

Tabel.2. Risk free sex and alcohols for infectious HIV-AIDS in Biak year 2010

Case control (Total)				description	X^2
Free sex	**44 (a)**	**20 (b)**	**64**	**OR = ad/bc**	**p < 0,05**
Non Free sex	**6 (b)**	**30 (c)**	**36**	**(44 x 30)/(20 x 6)**	
Total	**50**	**50**	**100**	**11**	
Drugs import	**40 (a)**	**25 (b)**	**65**	**OR = ad/bc**	**p < 0,05**
Non drugs import	**10 (b)**	**25 (c)**	**35**	**(40 x 25)/(25 x 10)**	
Total	**50**	**50**	**100**	**4**	

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Tabel 3. Case and control AIDS in Biak year 2010

Total case control				description	X^2
local alcohol	**40 (a)**	**25 (b)**	**65**	**OR = ad/bc**	**p < 0,05**
Non alcohol local	**10 (b)**	**25 (c)**	**35**	**(40 x 25)/(25 x 10)**	
Total	**50**	**50**	**100**	**4**	
Drugs	**20 (a)**	**20 (b)**	**40**	**OR = ad/bc**	**p < 0,05**
Non Drugs	**30 (b)**	**30 (c)**	**60**	**(20 x 30)/(20 x 30**	
Total	**50**	**50**	**100**	**210**	

4. Negative Thinking

Compare with society with Negative cultural variables in Biak in 2006 appears in Table 5.
OR epidemiological analysis showed that negative cultural attitudes in the community who have HIV-AIDS infection risk 7.88 times compared to people who behave in a positive culture (the control group). Chi square test was significant at p <0.05.
H a si l u j i d i a t a s m e n u n j u k e r b a h wa tendency to participate in the culture of negative people who are not exposed to the AIDS disease n e l a h b e r b e d a se c a r e si g n i f i c a n d e n g a n people who are exposed to the AIDS disease with p <0.05.
Good knowlegde (group control). Uji chi square

The risk of being infected with HIV -AIDS (Y) Knowledge, attitudes, and actions Risk infection with AI DS because lack of knowledge of PLWHA and infection risk 4.75 times H I V - A I D S to society which has a risk of infection with HIV-AIDS 8.75 times compared to people whose economy is good (the control group). Chi square test was significant at p <0.05.

signifikan with p < 0,05.

OR epidemiological analysis showed that attitude less against HIV-AIDS in the community who have an increased risk of HIV infection and AIDS 1 times in comparison with people who are knowledgeable good (the control group). Chi square test was not significant with p> 0.05.
OR epidemiological analysis showed that the incorrect behavior towards HIV-AIDS in people who have HIV-AIDS infection risk by 2.43 times compared to people who behave well (the control group). Chi square test was significant at p <0.05.

controls are presented in Table 6.
OR epidemiological analysis showed that knowledge of HIV-AIDS in people who have HIV-AIDS

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Table 4. Cases and control AIDS for religion in Biak year 2010

	Kasus	Kontrol	Total	Keterangan	
				X^2	
Agama merosot	40 (a)	25 (b)	65	OR = ad/bc	p < 0,05
Agama baik	10 (b)	25 (c)	35	(40 x 25)/(25 x 10)	
Total	50	50	100	4	

Tablel 5. Kasus dan kontrol penyakit AIDS untuk budaya negatif di Biak tahun 2006

	Kasus	Kontrol	Total	Keterangan	
				X^2	
Budaya negatif	42 (a)	20 (b)	62	OR = ad/bc	p < 0,05
Budaya positif	8 (b)	30 (c)	38	(42 x 30)/(20 x 8)	
Total	50	50	100	7,88	

Table 6. Risiko terinfeksi AIDS karena pengetahuan kurang, sikap kurang, dan tindakan salah di Biak tahun 2010

	Kasus	Kontrol	Total	Keterangan	X^2
Pengetahuan kurang	38 (a)	20 (b)	58	OR = ad/bc	p < 0,05
Pengetahuan baik	12 (b)	30 (c)	42	(38 x 30)/(20 x 12)	
Total	50	50	100	4,75	
Sikap kurang	21 (a)	21 (b)	42	OR = ad/bc	p < 0,05
Sikap baik	29 (b)	29 (c)	58	(21 x 29)/(21 x 29)	
Total	50	50	100	1	
Perilaku salah	37 (a)	27 (b)	64	OR = ad/bc	p < 0,05
Perilaku baik	13 (b)	23 (c)	41	(37 x 23)/(27 x 13)	
Total	50	50	100	2,43	

Table 07. Program model lokal yang dikembangkan di Papua

No	Fase	Lembaga	Program	I si program
1	CBC Inventarisasi nilai adat berdasarkan model tahun 2000	Masyarakat adat, eksekutif dan legislatif, perguruan tinggi, dan LSM, agama, adat, tidak	Inventarisasi nilai adat *koreri*,*rumsram*,pembentukan organisasi adat, yaitu: KPAK, YADUPA, PEDAP. Kerja sama dengan Litbang Poltekes, HOPE, Termasuk varaiabel risiko dan moderator.	*rumsram* dan nilai religious model yang berhubungan seks bebas, miras, narkoba, nilai agama dan budaya negatif, tahun 2003. a) Tidak seks bebas, tidak mabuk, narkoba dan tidak ikut budaya negative b) Masyarakat Papua harus bertobat total dengan 8 pelajaran/ modul c) Pengembangan ekonomi ararem
		rumah singgah, Komisi E, Dinas Transmigrasi & tenaga kerja (pokja HIV-AIDS), Sinode GKI, GKDI, GBGP, dan DAP dan KKB serta IKBU		
				Pembuatan buku modul, a.l AIDS penyakit atau *genocide*, Papua menuju lonceng kematian, Biak

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			menatap hari esok, OTSUS dan paradoks pembangunan Papua, kapan datang, pacaran serta *married, welcome the problem*, nilai adat Byak dalam pencegahan penyakit HIV-AIDS di Kabupaten Biak Numfor dan Perubahan sosial masyarakat Biak Numfor serta Paradigma pembangunan Papua tahun 1855-2030. Pembuatan VCD lagu-lagu rohani bahasa daerah (Nafiri VG), Hasil-hasil keputusan sidang adat, model kegiatan pembinaan rohani GKDI, Sosialisasi Perda HIV-AIDS, Tenaga kerja, Peradilan adat, Pembangunan Kesehatan. AIDS dan malaria bahaya bagi orang Papua. AIDS di Papua dari perspektif sosial, budaya, ekonomi dan politik.
2 CE tahun pendidikan 2001-2006 generasi kampung	Tokoh agama/gereja, masjid, kampus dan KPAK	Budaya Kesehatan Ekonomi Agama	A. Program visual 1. pembuatan rumah (Rumsram) untuk mendidik muda & keluarga di tiap 2. penguatan ekonomi (kegiatan kecil/yadupa) semacam arisan kecil 3. dukungan internasional untuk Papua (bantuan dana LN) 4. Pemberian obat tradisional kulit merah untuk dikonsumsi oleh ODHA kemudian untuk diuji di laboratorium B. Program non visual Penyuluhan dan pendidikan dan pelatihan (Materi HIV-AIDS, 4 langkah menuju pernikahan (khusus remaja dan mahasiswa), *Welcome the problem* (khusus Married), akibat seks bebas, mabuk, narkoba, budaya negative. Pelajaran rohani: pertobatan total (8 modul)
usaha AIDS di kayu			

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3	CR Tahun 2001-2006	Lembaga agama dan hukum adat pertobatan sakramen	1. Bagi penderita a. Pelayanan b. Pelayanan c. Industri kerajinan d. Pemasaran hasil kerajinan 2. Bagi masyarakat adat a. Pelayanan pertobatan b. Perbaikan ekonomi oleh Yadupa & POLTEK ES c. Penyelesaian pelanggaran adat (perzinahan, *broken home*)	
4	*Monev* 4 di Hotel Sentani Tahun tentang AIDS 2006 budaya	Masyarakat adat, pemerintah , DPR Papua dan DPR pusat	Sidang adat ke Indah	Rekomendasi: 1. Perhatian 2. Perhatian ekonomi, sosial &
	Tahun AIDS & 2007 damai	Mubes Papua di GOR Jayapura	Konsep zerro prevalensi HIV- konsep Papua tanah	
5	Tahun 2008 - 2010 AIDS pembangunan	Eksekutif dan legislatif, toga, tomas, LSM, PT	Sidang paripurna DPRP Papua	Rekomendasi: 1. Draf PERDASI HIV- 2. Draf PERDASI kesehatan 3. Draf peradilan adat 4. Draf PERDASI ketenagakerjaan

Pelaksanaan program model lokal

Metode	Waktu	Frekuensi	Tempat	Isi Program
Sidang adat I kampung- 1. Seminar 2. Sidang komisi 3. Pelatihan bagi KPAK, YADUPA	Tahun 2000-2003	2 minggu	Jayapura	1. Kampanye AIDS di kampung 2. Lapangan kerja 3. Pemasaran 4. Pembinaan mental 5. Peguatan kelembagaan
Sidang adat II program Evaluasi program AIDS	Tahun 2004	2 minggu	Biak	1. Evaluasi dan perbaikan 2. Peningkatan KAP 3. Upaya ekonomi
Sidang adat III dan Evaluasi program kepolisian	Tahun 2005	2 minggu	Manokwari	1. Advokasi dengan pemerintah DPR serta
Sidang adat IV dan Evaluasi total model Peradilan	Tahun 2006	2 minggu	Jayapura	1. Perlu PERDASI HIV-AIDS Pembang. Kesehatan,

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Pembuatan *draf*				adat, ketenagakerjaan
Perdasi AIDS	2007	3 minggu	Jayapura	2. Perlu perhatian ekonomi,
sosial				
Sosialisasi seminar	2008	6 bulan	Seluruh Papua	dan kebudayaan serta
perhatian				
Ke eksekutif dan				tentang masalah HIV-
AIDS				
legislatif	2009	3 bulan	DPRP Papua	Sosialisasi dan pembahasan
draf				
Pembahasan *draf*			Jayapura	Perdasi AIDS, kesehatan
&				
PERDASI lanjutan	2010	6 bulan	DPRP Papua	tenaga kerja, peradilan
adat,				
				menjadi PERDASI
				Papua
				Draf jadi PERDASI
Papua				

Tabel 12. Hasil intervensi model lokal sebelum dan sesudah ODHA

Variabel Perilaku		Sebelum model (n = 50)	Sesudah model (n = 50)	Uji *McNemar*
Seks bebas	Ya	44	6	p < 0,05
	Tidak	6	44	
Miras import	Ya	40	10	p < 0,05
	Tidak	10	40	
Miras lokal	Ya	40	10	p < 0,05
	Tidak	10	40	
Narkoba	Ya	20	6	p < 0,05
	Tidak	30	46	
Rohani lemah	Ya	40	10	p < 0,05
	Tidak	10	40	
Budaya negatif	Ya	42	8	p < 0,05
	Tidak	8	42	

Analysis Table 12 shows that after the program is developed, free sexual behavior of patients of 44 people experienced a significant decrease to 6 people. Behavior alcohol imports declined from 40 to 10 men and 40 to 10 people to a local liquor. Behavior drugs from 20 to 6 and spiritual weakness from 40 to 10 as well as the negative culture from 42 to 8 people.

Sem ua v ari ti abel m enunj ukkan levels change very significantly (p <0.05) except the variable drug p> 0.05.

Q Cohran test results in patients indicate that the variable X before and after implementation of local models (model H) highly significant (p <0.05).

Local models developed programs for variable risk of AIDS (Y) is presented in Table 13.

Tabel 13. Hasil intervensi model lokal sebelum dan sesudah ODHA

Variabel Risiko		Sebelum model (n = 50)	Sesudah model (n = 50)	Uji McNemar
Pengetahuan	Yes	12	50	P < 0,05
	No	38	0	
Sikap	Yes	21	50	P < 0,05
	No	29	0	
Tindakan	Yes	13	44	P < 0,05
Variabel model		**Sebelum m3odel (n = 50)**	**Sesudah m6 del (n = 50)**	**Uji McNemar**
		7	**o**	
Ekonomi	Ya	40	10	p < 0,05

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	Tidak	10	40	
Gaya hidup	Ya	20	20	p < 0,05
	Tidak	30	30	
Broken	Ya	40	40	p < 0,05
	Tidak	10	40	

McNemar test results in patients indicate that the variable Y before and after implementation of local models (model H) highly significant (p <0.05).

The respondents were unchanged from the previous. The changes are felt when the craft they are rewarded with money so economically enough to help the economic problems that they are al a m i. free life style , so they seems has a value in this life than the broken home or a broken heart that they experienced during the past in Kota Biak.

CONCLUSIONS AND RECOMMENDATIONS

People's behavior Biak, especially free sex (OR = 11) the consumption of alcohol imports (OR = 4) and local beverages (OR = 4), drugs (OR = 1) as well as the fall in value of religion (OR = 4) and culture negative (OR = 7.88) was at risk of AIDS with knowledge (OR = 4.75) and attitude (OR = 1) as well as negative cultural behavior (OR = 2.43). Economic factors (OR = 8.75) and broken (OR = 8.75) are at risk of the outbreak of AIDS in Biak.Behavior PLWHA in Biak very risky if society are exposed / Non PLWHA (chi-square test with valuesp <0.05) and simultaneously test was used to test the acceptance of the hypothesis Cohran Alternative (Ha) of the first hypothesis that people's behavior Biak and the risk of HIV-AIDS disease is significant with p <0.05.Model H (model of behavior change or policy AB AB) and the implementation of the program of the variables X and Y is quite effective, both descriptively against people living with HIV in Biak Noemfoor partially McNemar test with p <0.05 and simultaneous test Cohran XYZ variables with p < 0.05 for reception alternative hypothesis (Ha) of hypothesis II.Model H and the mplementation of the program on indigenous Papuans (Wilcoxon test for the variable X with p <0.05 for Friedman's test and simultaneous XY variables with p <0.05 as proof of receipt of the alternative hypothesis (Ha) of hypothesis III.Da ri beb er a pa k es imp ul andi at as pen el iti propose some suggestions as follows: a) the government together with community agencies need to create a rule (Perda) about the places the practice of sex, rules on milo and militancy, drugs, and the application of religious values and the rules of the culture is at risk of disease outbreak of AIDS in Papua. b) The Government of Papua should seek other employment alternative for sex workers and not live dredge local revenue that unwittingly will destroy the future of the Papuans themselves because of the risk of disease and poor government because the social costs y a n g m e n i n g c a t a k i b a t r e h a b i l i t a man so si a l. The government as an executive agency should take advantage of opportunities provided by the public both PLHIV and community adatyang strongly agree with the slogan "PAPUA BEBASAIDS ZONE". c). Papua can use Model H (model of behavior change AB / AB policy) because it is efficient and effective for use in Papua. L e m b a g a a g a m a d a n l e m b a g a a d a t se r t a Papuan society as a whole as a key institution in the development of the H model (model change perilakuAB / kebijakanAB). Especially for religious institutions, need to do pastoral ministry, strengthening to sufferers and their families (physical and psychological) and the sacrament for patients. Then, to all his people leaders must set an example and improve the guidance and supervision and are more t r a n sp a r a n d a l a m p e n g a h a r a n d a n k h o t b a h. d) .Pemerintah Papua region can use the H model (model of behavior change AB / AB policy) for the prevention of the risk of contracting HIV-AIDS in Papua to approach the values of local communities is a community planning process and Efforts and directed. When this is the right time in the era of special autonomy. Activities and cross-sectoral health agencies in Papua in connection with programs and funds to combat HIV-AIDS should be bottom up and not vice versa, and the process is improved to be more effective

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