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THE CORRELATION BETWEEN CULTURAL CHARACTERISTICS OF THE TANA LUWU COMMUNITY AND HIV/AIDS PREVENTION PRACTICES

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ABSTRACT

HIV/AIDS remains a critical public health problem influenced not only by biological factors but also by social, cultural, belief, and environmental determinants. This study aimed to analyze the relationship between Tana Luwu cultural characteristics, including cultural values and community beliefs, and HIV/AIDS prevention practices in Palopo City, South Sulawesi. This quantitative study used a cross-sectional design involving 200 residents selected through probability sampling. Data were collected using structured questionnaires that had been tested for validity and reliability and analyzed using univariate and bivariate analyses with the Chi-Square test. The results showed that most respondents had supportive cultural values (n = 110; 55%), positive community beliefs (n = 185; 92.5%), and good HIV/AIDS prevention practices (n = 118; 59%). Significant relationships were found between cultural values and HIV/AIDS prevention practices (p = 0.001), as well as between community beliefs and HIV/AIDS prevention practices (p = 0.003). These findings indicate that local cultural characteristics, particularly cultural values and community beliefs, are significantly associated with HIV/AIDS prevention practices. A culturally sensitive approach is therefore important in developing health promotion programs and transcultural nursing interventions to strengthen HIV/AIDS prevention.

Keywords: beliefs; HIV/AIDS; local culture; prevention; transcultural nursing

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INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) remain major global public health challenges requiring sustained attention. The issue of HIV/AIDS extends beyond biological and clinical dimensions, as it is heavily influenced by social, cultural, economic, behavioral, and environmental factors. Effective HIV/AIDS prevention strategies demand a multidimensional approach, given that individual health behaviors are shaped through complex interactions between personal characteristics and the surrounding sociocultural system (WHO, 2022). Within a societal context, culture plays a pivotal role in shaping individual perceptions of health, illness, disease risk, and preventive decision-making. Cultural values, social norms, beliefs, and daily practices can serve as either facilitating factors or barriers to the adoption of health behaviors. In the context of HIV/AIDS, cultural aspects significantly influence communication regarding sexual health, perceptions of transmission risks, the utilization of protective measures, and the engagement with healthcare services. A study by Fauk et al. (2021) demonstrated that cultural practices and religious beliefs influence interpersonal relationships, sexual behavior, and decisions regarding HIV prevention within Indonesian communities.

The Tana Luwu community in South Sulawesi possesses a strong set of cultural characteristics deeply embedded in social life. Cultural values such as sipakatau (mutual humanization), sipakalebbi (mutual respect), and sipakainge (mutual reminder) form an integral part of the community's value system that governs social relationships. These values have the potential to serve as social capital in fostering health behaviors when integrated into community-based health

promotion and HIV/AIDS prevention programs. However, cultural factors can also pose challenges when certain beliefs or social norms lead to stigma and discrimination against people living with HIV (PLHIV). Stigma surrounding HIV often stems from a lack of public understanding, fear of transmission, and moralized perceptions of the disease. Such conditions can discourage individuals from undergoing HIV testing, seeking treatment, or accessing healthcare services due to fear of social rejection (Fauk et al., 2021).

Nursing approaches in addressing public health issues must integrate cultural dimensions into the assessment and intervention processes. Madeleine Leininger's Transcultural Nursing Theory posits that cultural values and belief systems are critical determinants influencing how individuals perceive, adopt, and maintain health behaviors. A culturally based approach enables healthcare professionals to implement cultural care preservation or maintenance, cultural care accommodation or negotiation, and cultural care repatterning or restructuring, thereby ensuring that health interventions are culturally congruent and well-received without disregarding local community values (McFarland & Wehbe-Alamah, 2021).

Studies examining cultural factors in HIV/AIDS prevention in Indonesia remain predominantly focused on knowledge, attitudes, stigma, and risk behaviors. Research exploring the relationship between local cultural characteristics and HIV/AIDS prevention practices particularly within the Tana Luwu community in Palopo City—remains limited. Nevertheless, understanding local cultural characteristics is essential for designing more context-specific and sustainable HIV/AIDS prevention strategies. Based on the foregoing context, this study aims to analyze the relationship between the cultural characteristics of the Tana Luwu community encompassing cultural values and community beliefs and HIV/AIDS prevention practices in Palopo City, South Sulawesi.

METHOD

This study employed a quantitative approach with a cross-sectional design to analyze the relationship between the independent variables (cultural values and community beliefs of the Tana Luwu community) and the dependent variable (HIV/AIDS prevention practices) (Nursalam, 2020; Sugiyono, 2021). This study was conducted in Palopo City, South Sulawesi, during the year 2026. The target population for this study comprised general community members residing in Palopo City, aged between 18 and 65 years. The minimum sample size was determined using Slovin's formula, yielding a total sample of 200 respondents (Sugiyono, 2021; Dahlan, 2020). he sampling technique utilized probability sampling with a proportionate random sampling approach to ensure representative population coverage across Palopo City (Sastroasmoro & Ismael, 2021). Inclusion criteria comprised permanent residents of Palopo City aged 18 to 65 years (productive to mature adult age groups) who voluntarily agreed to participate by signing informed consent forms. Exclusion criteria included individuals with severe communication impairments or those absent during the data collection period.

Data collection was conducted using a structured questionnaire developed based on Madeleine Leininger's transcultural nursing framework and HIV/AIDS prevention principles adapted to the Tana Luwu sociocultural context (McFarland & Wehbe-Alamah, 2021; WHO, 2024). The questionnaire comprised four main sections: (1) respondent demographic characteristics; (2) Tana Luwu cultural value characteristics, categorized into "Supportive" (score $\geq$ median) and "Unsupportive" (score < median); (3) community beliefs regarding HIV/AIDS, categorized into "Positive Beliefs" and "Negative Beliefs"; and (4) HIV/AIDS prevention practices, categorized as "Good" and "Poor" (Glanz et al., 2020; Fitriani et al., 2022). All instruments underwent construct validity and reliability testing using Pearson's product-moment criteria (Dahlan, 2020). Based on the validity test conducted on 30 respondents using the Corrected Item-Total Correlation, with an r-table value of 0.361 at $\alpha = 0.05$, all items in the Tana Luwu cultural characteristics, community beliefs, and HIV/AIDS prevention practices instruments were declared valid. Meanwhile, the

reliability test using Cronbach's Alpha showed values of 0.809 for Tana Luwu cultural characteristics, 0.758 for community beliefs, and 0.605 for HIV/AIDS prevention practices. Data analysis included univariate analysis to describe the frequency distributions and percentages of demographic variables and primary study variables (Nursalam, 2020). Subsequently, bivariate analysis was performed to test the relationships between cultural values, community beliefs, and HIV prevention practices using the Chi-Square statistical test (Dahlan, 2020; Sastroasmoro & Ismael, 2021). The level of statistical significance was established at $p < 0,05$.

RESULT

This study examined the relationship between cultural value characteristics and HIV prevention practices among 200 respondents. The objective was to obtain empirical evidence regarding the interconnection between cultural aspects, community beliefs, and HIV prevention practices as a foundation for developing a transcultural nursing model based on local wisdom.

Respondent Characteristics

Table 1.
Distribution of Respondent Characteristics

Respondent Characteristic	f	%
Age		
18-24	32	16,0
25-44	136	68,0
45-54	26	13,0
55-65	6	3,0
Sex	82	41,0
Male	96	48,0
Female	104	52,0
Level of Education		
No Formal Education	13	6,5
Elementary School	18	9,0
Junior High School	64	32,0
Senior High School	8	4,0
Diploma (D3)	72	36,0
Bachelor's Degree (S1)	19	9,5
Master's Degree (S2)	6	3,0
Occupation		
Civil Servant (PNS)	20	10,0
Private Sector Employee	19	9,5
Entrepreneur / Self-Employed	37	18,5
Retiree	32	16,0
Homemaker (IRT)	26	13,0
Fisherman	22	11,0
Farmer	19	9,5
Student	12	6,0
Unemployed	13	6,5
Marital Status		
Not married yet	25	12,5
Marry	156	78,0
Divorced	19	9,5

Based on Table 1, the majority of the 200 respondents fell into the productive age group of 25–44 years (68.0%), were female (52.0%), held a Diploma degree (D3) (36.0%) or completed junior high school (32.0%), worked as entrepreneurs/self-employed (18.5%) or were retirees (16.0%), and were married (78.0%). This diverse demographic profile provides a comprehensive background of the population underlying the analysis of cultural values and HIV/AIDS prevention practices in Palopo City.

Tabel 2.
Analia univariat

Variabel Penelitian	f	%
Karakteristik Nilai Budaya		
Mendukung	110	55,0
Kurang Mendukung	90	45,0
Kepercayaan Masyarakat		
Kepercayaan positif	185	92,5
Kepercayaan negatif	15	7,5
Praktik Pencegahan HIV		
Baik	118	59,0
Kurang	82	41,0

Table 2, the univariate analysis of the 200 respondents provides an overview of cultural values, community beliefs, and HIV prevention practices at the study site. Regarding cultural values, the majority of respondents (110 individuals or 55.0%) demonstrated supportive perceptions, while the remaining 90 respondents (45.0%) fell into the less supportive category. Similarly, the community beliefs variable was dominated by a group holding positive beliefs comprising 185 respondents (92.5%) whereas only 15 respondents (7.5%) held negative beliefs. As for HIV prevention practices, the majority of respondents (118 individuals or 59.0%) demonstrated good prevention behaviors, although 82 respondents (41.0%) fell into the category of poor prevention practices.

Bivariate Analysis

Relationship between Cultural Value Characteristics and HIV Prevention Practices

Table 3.
Relationship between Cultural Value Characteristics and HIV Prevention Practices

Cultural Value Characteristics	HIV Prevention Behavior				Total	
	Good		Poor			
	f	%	f	%	f	%
Supportive	80	40,0	30	15,0	110	55,0
Less Supportive	38	19,0	52	26,0	90	45,0
p-value	0,001					

Table 3, the bivariate analysis results show that among the 110 respondents (55.0%) whose cultural values fell into the "supportive" category, the majority 80 individuals (40.0%) demonstrated good HIV prevention behavior, while the remaining 30 individuals (15.0%) fell into the "poor" category. Conversely, among the 90 respondents (45.0%) with cultural values categorized as "less supportive," the majority 52 individuals (26.0%) exhibited poor HIV prevention behavior, with only 38 individuals (19.0%) showing good prevention behavior. Overall, out of the 200 total respondents, 118 individuals (59.0%) demonstrated good HIV prevention behavior, while 82 individuals (41.0%) fell into the "poor" category. The Chi-Square statistical test yielded a p-value of 0.001. Since the p-value is less than 0.05, the null hypothesis (Ho) is rejected and the alternative hypothesis (Ha) is accepted, demonstrating a statistically significant relationship between cultural value characteristics and HIV prevention behavior.

Association between Community Beliefs and HIV Prevention Practices

Table 4.
Association between Community Beliefs and HIV Prevention Practices

Public Trust Values	HIV Prevention Behavior				Total	
	Good		Poor			
	n	%	n	%	n	%
Positive Trust	115	57,5	70	35,0	185	92,5
Negative Trust	3	1,5	12	6,0	15	7,5
p-value	0,003					

Table 4 above shows that among the 185 respondents (92.5%) with positive beliefs, the majority 115 respondents (57.5%) demonstrated good HIV prevention behavior, while the remaining 70 respondents (35.0%) exhibited poor HIV prevention behavior. Conversely, among the 15 respondents (7.5%) with negative beliefs, the majority 12 respondents (6.0%) demonstrated poor HIV prevention behavior, with only 3 respondents (1.5%) showing good HIV prevention behavior. Statistical analysis using the Chi-Square test yielded a p-value of 0.003. Since the p-value is less than 0.05, the null hypothesis (Ho) is rejected and the alternative hypothesis (Ha) is accepted, indicating a statistically significant relationship between community beliefs and HIV prevention behavior.

DISCUSSION

The Relationship Between Cultural Value Characteristics and HIV/AIDS Prevention Practices

The study results indicate a significant relationship between the cultural value characteristics of the Tana Luwu community and HIV/AIDS prevention practices in Palopo City (p-value = 0.001). Respondents whose cultural values were supportive demonstrated better HIV/AIDS prevention practices compared to those whose cultural values were less supportive. These findings demonstrate that culture plays a crucial role in shaping community health behaviors. Culture encompasses the system of values, norms, beliefs, and social practices that develop within a community; it serves as a foundation for individuals to understand health conditions and disease risks, as well as to determine appropriate health-related actions. From a public health perspective, health behavior is influenced not only by individual knowledge but also by the social and cultural environment, which shapes a person's perception of disease and prevention efforts. According to Nies dan McEwen (2023) sociocultural factors are key determinants of public health, as they influence beliefs, decision-making processes, and individual acceptance of health interventions.

Health-supportive cultural values can reinforce the adoption of disease-prevention behaviors; conversely, certain cultural values can act as barriers when linked to stigma, limitations in health communication, or resistance to medical information. This aligns with research by Fauk et al. (2021) which showed that cultural factors and religious beliefs influence behaviors related to HIV transmission riskincluding sexual health communication, perceptions of HIV/AIDS, and individual decisions regarding prevention measures. The study underscores that culture not only shapes individual behavior but also influences how the community interprets HIV/AIDS and how social support is provided to individuals at risk or those living with HIV.

In the context of the Tana Luwu community, cultural values such as “sipakatau” (mutual respect for fellow human beings), “sipakalebbi” (mutual respect/honoring one another), and “sipakainge” (mutually reminding one another) can serve as social capital to support community health behaviors. These values can be utilized as an approach to health promotion through the involvement of families, community leaders, and local communities. A culture-based approach facilitates the acceptance of health messages regarding HIV/AIDS, as they are conveyed through values already understood and trusted by the community. This is reinforced by research conducted by Adam et al. (2025) which explains that the local wisdom of the Bugis-Luwu people holds the potential to reduce stigma and increase social acceptance regarding HIV/AIDS issues by emphasizing values of respect for human dignity and social concern.

However, the study results also indicate that culture is not the sole determinant of HIV/AIDS prevention behavior. There were respondents who, despite holding cultural values that support prevention, engaged in inadequate HIV/AIDS prevention practices. This situation demonstrates that health behavior results from the interaction of various factors, such as knowledge levels, risk perception, access to health information, social support, stigma, and the affordability of health services. According to Glanz et al. (2022) within the framework of Health Behavior Theory, health

behavior is influenced by the interaction of individual factors, the social environment, and an individual's perception of the benefits and barriers associated with health-related actions.

From a transcultural nursing perspective, these findings reinforce the importance of cultural understanding in the delivery of community nursing care. The Theory of Culture Care Diversity and Universality, developed by Madeleine Leininger, explains that culture and belief systems are key components influencing how individuals perceive health and engage in care-related actions. A culturally congruent nursing approach is essential to ensure that health interventions are accepted by the community without compromising positive cultural values (McFarland & Wehbe-Alamah, 2021). Therefore, HIV/AIDS prevention programs need to integrate local cultural approaches so that they not only focus on changing individual behavior but also strengthen social support and community empowerment.

The Relationship Between Community Beliefs and HIV/AIDS Prevention Practices

Research results indicate a significant relationship between community beliefs and HIV/AIDS prevention practices (p-value = 0.003). Respondents holding positive beliefs were more likely to adopt effective HIV/AIDS prevention practices compared to those with negative beliefs. These findings suggest that community belief systems play a role in shaping health behaviors, particularly regarding HIV/AIDS prevention efforts. Community beliefs are psychosocial factors that influence how individuals understand disease, assess health risks, and determine their course of action. Individuals with positive beliefs regarding health information tend to be more receptive to HIV/AIDS education, HIV testing, prevention strategies, and the utilization of health services. Conversely, beliefs shaped by myths, misinformation, fear, or negative moral judgments regarding HIV/AIDS can foster stigma and hinder the adoption of preventive behaviors.

These findings align with the Health Belief Model (HBM), which posits that an individual's health behavior is influenced by their perceptions regarding disease susceptibility, disease severity, the benefits of preventive actions, and perceived barriers (Glanz et al., 2022). In the context of HIV/AIDS, individuals who believe that HIV is a preventable health issue provided appropriate actions are taken are more motivated to engage in preventive behaviors than those with negative or erroneous perceptions of the virus. Research by Fauk et al. (2021) demonstrates that beliefs, cultural values, and religious convictions influence public understanding of HIV/AIDS and individual decisions regarding preventive actions. Prevailing community beliefs shape how individuals receive information about HIV, communicate about transmission risks, and seek social support or healthcare services. Therefore, changing HIV prevention behaviors requires more than just providing medical information; it also necessitates addressing the belief systems prevalent within the community.

Furthermore, HIV/AIDS stigma remains a significant challenge in HIV prevention and control efforts. A scoping review by Sudastri et al, (2025) on HIV stigma in Indonesia reveals that stigma persists across various social levels, including families, communities, workplaces, and healthcare facilities. This stigma manifests as the avoidance of people living with HIV, discriminatory treatment, and the perception that HIV/AIDS is linked to morally deviant behavior. Such conditions can cause individuals to fear HIV testing, hesitate to seek health information, and delay accessing prevention or treatment services.

In this study, the majority of respondents (185 individuals, or 92.5%) held positive beliefs regarding HIV/AIDS, indicating that most of the public has a good level of acceptance regarding health information on the subject. However, 15 respondents (7.5%) held negative beliefs, highlighting the continued need for sustained health education efforts to improve public understanding and reduce misconceptions about HIV/AIDS.

A transcultural nursing approach is crucial in this context because belief systems are part of the culture that influences an individual's health behavior. Madeleine Leininger's Theory of Culture Care Diversity and Universality posits that healthcare professionals must understand the cultural values, beliefs, and practices of a community before delivering health interventions. This approach does not aim to eliminate local culture but rather to preserve health-promoting cultural values while modifying beliefs that may hinder healthy behaviors (McFarland & Wehbe-Alamah, 2021).

In the context of HIV/AIDS prevention, a culture-based approach can be implemented through health communication involving families, community leaders, religious figures, and community groups. Communication strategies that take local cultural values into account can enhance public acceptance of health messages, as information is conveyed within a value framework already understood by the community. Recent research on culture-based HIV prevention interventions indicates that approaches tailored to community needs have greater potential to foster community engagement than those focusing solely on the general dissemination of health information (Li et al., 2025). Thus, the findings of this study confirm that public trust is a crucial factor in HIV/AIDS prevention practices. Community-level HIV/AIDS prevention programs need to integrate psychosocial and cultural aspects so that interventions not only increase knowledge but also foster positive beliefs, reduce stigma, and reinforce healthy behaviors within the community.

CONCLUSION

Based on the research findings, it can be concluded that the cultural characteristics of the Tana Luwu community have a significant relationship with HIV/AIDS prevention practices in Palopo City. Supportive cultural values are associated with better HIV/AIDS prevention practices (Chi-Square test p-value = 0.001), while community beliefs also show a significant relationship with such practices (p-value = 0.003). These results indicate that culture and belief systems are crucial factors influencing how the community perceives HIV/AIDS, receives health information, and adopts preventive behaviors. Therefore, HIV/AIDS prevention strategies should be developed using a culturally sensitive approach that incorporates local values, families, community leaders, and healthcare professionals. A transcultural nursing approach grounded in local wisdom could serve as an effective strategy to enhance community acceptance of HIV/AIDS prevention programs, reduce stigma, and sustainably strengthen community health behaviors.

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