The Impact Privacy Protection against Commitment and Trust in Treatment Patient HIV-AIDS on Regional Public Hospital Bahteramas Southeast Sulawesi Province

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Abstract
Objectives - The purpose of this research was for analyze the effect privacy protection on trust and commitment in treatment HIV-AIDS patients at the Bahteramas Regional General Hospital, Southeast Sulawesi Province.
Methodology/Approach - This study uses quantitative research design using structural equation modeling analysis tool Partial Least Square (SEM-PLS). The data used are primary data and secondary data. The number samples in the study was carried out by census many as 159 HIV-AIDS patients who were temporarily treated at the Bahteramas Hospital, Southeast Sulawesi Province.
Results - The results on the study indicate that privacy protection has significant effect on increasing the trust of HIV-AIDS patients who seek treatment and undergo treatment, privacy protection has significant effect on increasing the commitment of HIV-AIDS patients for seek treatment and undergo treatment, patient trust has significant influence on increasing commitment of HIV-AIDS patients on seek treatment and undergo treatment.
Suggestions - Based on the respondent's perception data, it shows that privacy protection the variable that has the lowest mean value of the variable compared other variables, therefore the recommended for further researchers for test research model by using other privacy protection indicators on measure patient privacy protection.
Keywords: Privacy protection, commitment and trust treatment patient HIV-AIDS.
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I.   Preliminary

Human Immunodeficiency Virus (HIV) problem constitute health since 1981 and has become pandemic that worries community around the world which not only losses results in the health sector nevertheless also on social and economic fields. Besides that, HIV form disease that attacks the body's immune system. In 2008 an estimated 2.8 million new HIV infections occurred worldwide. In 2009, globally the number of patients living with HIV was 33.3 million (UNAIDS, 2010).

Until the year 2018, nearly 70 million people in the world have been infected with the HIV virus and around 35 million people have died from AIDS (*Acqured Immunodeficiency Syndrome*). In Indonesia, the cumulative number of people living with HIV AIDS who died was 8,340 out of 301,959 AIDS cases with a prevalence of 23.48 per 100,000 populations (Ministry of Health RI, 2018).

HIV-AIDS is still health problem that continues become prevented and overcome, however from year to year the number sufferers of the disease is increasing due on free sexual behavior, sharing needles, especially injecting drug use, transmission for infants originating from mother whose infected with HIV virus. Until now, when someone is infected with HIV virus, they must undergo lifelong treatment avoid opportunistic infections or infections other than HIV, however the still not done by HIV-AIDS patients because have sense of shame, fear of being known by many people so that they always maintain the privacy and confidentiality of his illness others or even use false identity.

Privacy defined as an individual's ability for obtain, control and use personal information (Flavia' n *and* Guinalı'u, 2006). Therefore in the context of privacy it aspects relates such as distribution, such as obtaining or using personal information. Meanwhile, privacy protection relates on person's ability the control spread of information during transactions or consumer consumption behavior from other people around him.

Westin in the Altman 1975, divides privacy into 4 (four) parts, namely Solitude (a person wants to be alone and free from the observations of others and in extreme conditions of privacy), Intimacy (a state of

someone who is with other people but is free from other parties), Anonymity (a condition of someone who does not want to be known by others even if he is in a public crowd), reserve (the state of a person using psychological barriers to control unwanted disturbances). To analyze the effect of privacy with other variables (satisfaction, trust and commitment), Schofield in Barak, 2008 explains several dimensions of privacy, namely first, informational (psychological) privacy, which is related to determining how, when, and to what extent information about an individual will be released. properly to another person or organization. This includes personal information such as financial data, patient medical record details, and so on so that ultimately one can decide who has access to whom and for what purpose. Second, Accessibility (physical) privacy is related to the extent to which a person is physically accessible to others. This dimension is based on our biological need for personal space. Third, expressive (interactional) privacy, the namely: protection of expressing personal identity or personality through speech or activities. Protecting the ability on decide and continue behavior during these activities, helps define oneself as personal, protected from distractions, pressure and coercion from the government or from other individuals (DeCew, 1997).

Technically privacy protection will ensure integrity and confidentiality (Flavia'n *and* Guinalı'u, 2006). According to Flavia'n and Guinalı'u, the integrity of an information system refers to the impossibility of transmitted or stored data to be modified by third parties without permission. Patient privacy involves data that can only be viewed by certain individuals or personnel with authorized permission. Authentication allows certain activities to be carried out only after identification, history taking, or there is a guarantee that the patient's identity is only used for the benefit of health services in this case detection of disease and treatment of patient's disease.

Building customer trust means providing service to everyone in the hospital without discriminating against the degree of that person by providing high quality health services to all patients. Kinasih, 2010, found that there was a positive and significant effect between patient privacy and trust. Likewise, the results of the 2013 Serenko and Fan study which examined the effect of privacy on patient trust and commitment in health facilities in Canada. The results of his research found that patient privacy had a significant effect on trust and commitment. Zhilin et al (2004) in their research indicates that companies that seek to pursue customer commitment should focus on customer satisfaction received by customers. The main determinants of customer satisfaction are customer service, order fulfillment, ease of use, product portfolio, and security/privacy. However, switching costs serve as a moderator only when a firm achieves above-average performance in terms of customer satisfaction and value received.

Building trust and commitment means providing services to everyone in the hospital without discriminating against the degree of that person by providing high quality health services to patients. Providing customer satisfaction in this case patients in hospitals is more than just giving what they want but must be able to provide all the needs of customers (patients) perfectly. To be able to please patients, by knowing all the traits, behaviors, attitudes, and characters of patients better, so it must ensure that every patient can get the information they want quickly and easily from the hospital. Several studies have also succeeded in proving that Satisfied consumers will build a strong commitment and have an impact on loyalty Ndubisi (2006), Morgan and Hunt (1994), Caceres and Paparoidamis (2005), Ulaga and Eggert (2006).

Another interesting phenomenon carried out by this research is that HIV-AIDS sufferers are still a disease that is feared by the community, HIV-AIDS disease is closely related to one's privacy so meeting people with HIV-AIDS is very difficult if they are not directly involved in the HIV-AIDS prevention program. Because it is closely related to privacy, the way of service is very different from services for people with other diseases, and there is still a strong stigma and discrimination in the community for people with HIV-AIDS. The number of HIV-AIDS cases in Southeast Sulawesi is increasing from year to year, the types of antiretroviral drugs provided by the government for HIV-AIDS sufferers are quite available and can be obtained at hospitals without having to buy but the patient's commitment to treatment is still very low, there are even some HIV-AIDS patients are unwilling to receive antiretroviral treatment (ARV).

If the HIV-AIDS patient feels that confidentiality and privacy of his disease maintained or don' t known by many people, there is don' t stigma and discrimination, patient feels satisfied and trusts so the long-term commitment the HIV-AIDS patient for continue antiretroviral (ARV) therapy/treatment for life carried out. However, if the confidentiality and privacy of disease aren' t maintained or known by many people, there is stigma and discrimination, the long-term commitment of HIV-AIDS patients on continue lifelong antiretroviral therapy/treatment don' t carried out which in the end has negative impact on their health, namely viral replication occurs so HIV virus in the blood increases, the emergence of other infections and there is failure of therapy or treatment failure and the more quickly enter the AIDS stage. Treatment commitment for person' s with HIV very important because HIV-AIDS treatment must be right dose, on time and last for life.

Purposes
As previously explained, then the purpose of this research is for giving meaning impact privacy protection at the commitment and trust in treatment patient HIV-AIDS.

Advantage
Theoretically, research findings are expected become useful for the development of management and health sciences. While the practical benefits include: providing input for government organizations, especially so that in providing services they must protect the privacy/confidentiality of HIV-AIDS patients create trust and foster commitment treatment for HIV-AIDS patients; become one of the references for further researchers in the field of health and service marketing, especially those related the variables of patient privacy, trust and commitment treatment for HIV-AIDS patients; The results of this study can provide knowledge and information, especially the importance of maintaining the privacy of HIV-AIDS patients and make it the consideration for patients in building trust and treatment commitment.

II. Theory and Concept

Privacy management theory describes the processes people use on manage the relationship between concealing and disclosing personal information, around disclosing personal information and information about things that matter most someone. Initially this theory had a narrower limitation, namely as micro theory (a theory with limited limitations), its limitations only reached the management of privacy in married couples. Now, it has become more broadly a macro theory (theory with broad boundaries), its boundaries cover wide variety of interpersonal relationships, including groups and organizations (Petronio, 1991).

Privacy Protection
The desired level of privacy concerns openness and closure, namely the desire for interact with other people or even wanting avoid or trying making on difficult for achieve others (Hartono, 1986). Cheung and Lee (2001) defines privacy as the ability of an individual or group of individuals on defend their personal lives and affairs from the public, or control the flow of information about themselves. Rapoport (in the Soesilo, 1988) defines privacy as an ability control interactions, the ability obtain choices and the ability for achieve desired interactions. This is somewhat different from what was said Marshall in the Wightman *and* Deaux, 1981, Bates, 1984, Kira 1966 in the Altmn 1975 said that privacy indicates the choice avoid being involved with other people and their social environment.

Marshall in the Holalahan, 1982, Sarwono, 1993 trying making tool that contains series of statements about privacy in various situations called the privacy preference scale and he found that there are six types of orientation about behavior that can be grouped into two large groups, namely withdrawal behavior and control of information. The three orientations included in withdrawn behavior are solitude (the desire become alone), seclusion (the desire become away from the sights and noises of neighbors), and intimacy (the desire become close family and certain people but away from everyone else). Three other orientations included in the behavior in controlling information are anonymity, namely the desire keep one's identity secret, reserve, namely the desire not reveal oneself too much to others, and not neighboring, namely the desire don' t get involved with neighbors.

Based on the discussion above, we can say that concept of privacy is very close on the concept of personal space:
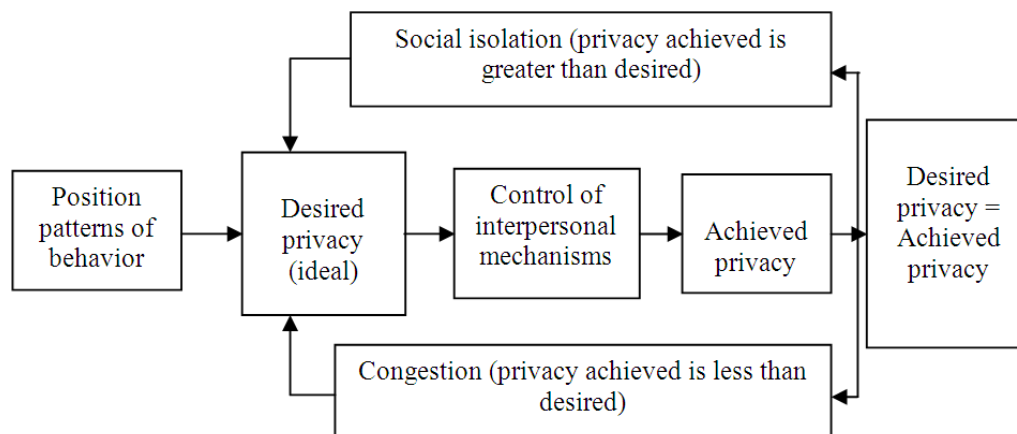

Figure 2.1 A privacy model that can be achieved by considering space personal and territoriality (Altman, 1975)

Customer Trust

Customer trust generally seen as ingredient fundamental for successful relationships. Without customer trust, relationship will not last in long term. The trust literature presents confidence which is part of trusting and is the result of the company's belief that things that could be trusted (trustworthy) are reliable and have high integrity, which is associated with consistent, competent, honest, clear, responsible, useful, full goodness, and accountable quality (Altman *and* Taylor 1973; Dwyer *and* LaGace 1986; Larzelere *and* Huston 1980; Rotter 1971 in Morgan *and* Hunt, 1994).

Doney *and* Cannon (1997) in the Lau *and* Han (1999), explained that predictions in the development of Customer Trust indicate the ability of one group predict the behavior of another group. The ability for predict brands the ability on measure the consistency of brand quality and the breadth of perceptions of the brand as they expectation. Barnes (2003), several important elements of customer trust are: development from past experiences and actions; the characteristics expected of partners such as being trustworthy and reliable; involves willingness put oneself at risk; involves feelings of security and confidence in partners.

Green (in the Peppers *and* Rogers, 2004) stated that the components of customer trust are: credibility means that employees are honest and their word could be trusted; reliability which means something that is reliable or reliable; and intimacy. Where employees have qualities as employees who have strong moral principles and there is between match what the said and done, there consistency between thoughts and actions.

The following factors contribute on the formation of customer trust (Peppers *and* Rogers, 2004) among others: first, shared values, which are fundamental to developing trust; both interendogeny, the form dependence on others implies vulnerability. For reduce risk, distrustful parties will develop relationships with trusted parties; third is quality communication, where communication is carried out generate customer trust must be carried out regularly and of high quality; or in other words, it must be relevant, timely, and reliable. Positive past communication will lead trust, which in turn will lead for better communication; fourth, non-opportunistic behavior is the long-term relationship based on customer trust that requires the participation of all parties and actions that increase the share desire long-term benefits.

Customer Commitment

According commitment Morgan and Hunt (1994) the " an exchange partner believing that on going relationship with another is so important as to warrant maximum efforts at maintaining it; that is, the committed party believes the relationship is worth working on to ensure that it endures indefinity." The define almost the same delivered by Moorman and Zaltman (1993) which states that commitment as constant desire for preserve valuable relationship. Valuable relationship related with confidence that commitment relational only exists when relationship considered as important.

Furthermore Barnes (2003) states that commitment is psychological state that globally represents the experience of dependence on the relationship; commitment for summarize previous dependency experiences and direct reactions new situations; Commitment is the long-term orientation in relationship, including the maintain desire that relationship.

In principle, commitment is divided into two types, namely calculative and affective. Calculative commitment is generated from the analysis of the economic benefits received and the switching costs become incurred. Affective commitment arises because someone has an emotional bond regardless of economic benefits, such as debt of gratitude, family, friends, or one region of origin, one sect and so on (Peppers and Rogers, 2004).

In accordance with research the result (Boonajsevee, 2005; Henning Thurau et al., 2002) which reveals that increased customer satisfaction will build stronger commitment for bank. The rationale is that customers are satisfied with the bank because is able provide services that match or exceed what is expected so that it will create strong maintain desire the relationship that has been formed so far.

Human Immunodeficiency Virus (HIV)

HIV is virus that spreads through body fluids that attacks certain cells of the body's immune system, namely CD4 cells or T-cells. HIV could destroy many body cells so that they are unable on fight infection. HIV virus is the causes Acquired Immunodeficiency Syndrome (AIDS). HIV is cytopathic virus classified in the retroviridae family, subfamily lentivirinae, genus lentivirus. Based on the structure, HIV belongs on the retrovirus family, an RNA virus with molecular weight of 9.7 kb (kilobases). Morphologically, HIV is spherical in shape and consists of core and an envelope (Abbas, 2010).

Once person is infected with HIV, they should receive antiretroviral (ARV) treatment as soon as possible and the treatment lasts for life. In antiretroviral treatment in people with HIV-AIDS should be routine continuously for life. In the treatment of HIV patients, the dose must be right, on time because if doesn' t routine or not committed on treatment, antiretroviral drug resistance will occur, meaning that the HIV virus can no longer be treated with anti-HIV drugs, resulting in therapy failure or treatment failure. The types of HIV

drugs currently used are Zidovudine, Lamivudine, Stavudine, Nevirapine, Evafirens and Alufia. Currently in HIV AIDS treatment is always combined with TB treatment because almost all HIV patients suffer from tuberculosis and the highest cause of death in HIV AIDS sufferers is tuberculosis (Mc Cutchan, et al, 2014).

III. Research Framework

Privacy protection (X) is an important influence build trust (Y_1) Liu et al (2005), Kim et al. (2008) has proven that privacy (X) affects consumer trust. Trust is seen as person's perception of confidence or level of belief in relation on the goals, actions and integrity of the other party (Liu et al., 2005). Empirical evidence that shows a significant influence between privacy on trust is the result of research Belanger et. al. (2002), Marlien (2010), Wu et. al (2012) and Kinasih (2012).

The trust variable (Y_2) in this study refers for the concept of customer trust according to Morgan and Hunt (1994) put forward the definition of customer trust. Based on, the indicator used in this study is honesty, reliable, and integrity (Benevolence). The commitment variable (Y_2) is factor that determines the success of the company by building profitable relationships. In the sense that commitment arises because the customer has used the goods/services purchased from the company (Bua, 2009). Patients who are committed on the treatment of their disease are patients who believe that privacy is protected or don' t known by many people and information about their disease could be only used for the purpose of treatment and prevention disease.

Schofield in the Serenko and Fan (2013) said that there are (three) dimensions of privacy, namely Informational (psychological) privacy, Accessibility (physical) privacy and Expressive (interactional) privacy. The indicators of trust used in this study are honesty, reliability, and integrity (Benevolence). Commitment is measured using measurement developed by Morgan and Hunt (1994) and Moorman et al. (1992) which states that commitment exists when the relationship is considered important. In addition, measurements are also used Ndubisi (2007); Barnes (2003) which states that commitment is psychological state that globally represents the experience of dependence on relationship. Regarding the commitment variable of HIV AIDS patients, the indicators are adjustment needs patient, personalization (offering personalized services), emotional bonding, sense of belonging, and maintaining relationships.

Based on the description of the relationship between the variables privacy (X), trust (Y_1), commitment (Y_2), the conceptual framework of the research is designed as follows:
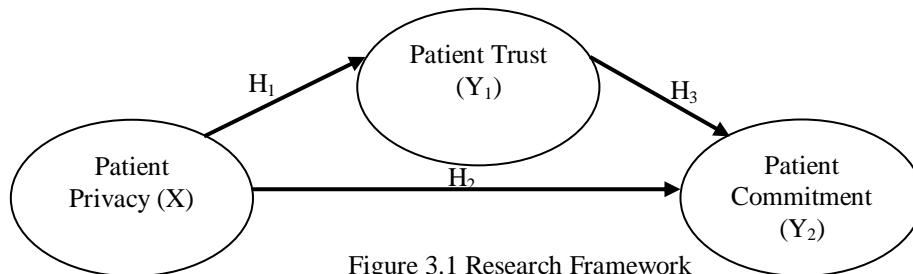:
I.

Figure 3.1 Research Framework

Based on the picture above, the hypothesis of this research is:

Hypothesis 1 (H_1) : Privacy Protection (X) has positive and significant effect on the trust of HIV-AIDS patients (Y_1)

Hypothesis 2 (H_2) : Privacy Protection (X) has positive and significant effect on commitment to treatment for HIV-AIDS patients (Y_1)

Hypothesis 3 (H_3) : Trust (Y_1) has positive and significant effect on commitment for treatment HIV AIDS patients (Y_2)

IV. Methods

This research includes survey research/direct observations in the field with the aim of confirming the predictions made and explaining them based on facts or conditions in the field. Based on the nature of the problem from the objectives become achieved, this research is explanatory. An explanatory research generally aims determine the factors/influences of the composition of dimension of life (Solimun, 2002). In principle, explanatory factor analysis performs explanatory analysis of existing indicators/variables, so that later factors will be formed which are then interpreted determine what latent variables we could get.

Sample and Population

Population in the study where all HIV-AIDS patients who were registered and temporarily treated at the Bahteramas Hospital, Southeast Sulawesi Province, as many as 159 people. Determination the sample is carried out by census, namely all HIV-AIDS patients who are currently seeking treatment at the Bahteramas

Hospital, Southeast Sulawesi Province. The selection of research objects for HIV AIDS patients was based on several considerations, namely field mastery, ease of obtaining valid and up for date data. The characteristics of the sample in this study are:

1. HIV AIDS patients at the Bahteramas Regional General Hospital, Southeast Sulawesi Province who are receiving treatment and care, both outpatient and inpatient.
2. HIV AIDS patients sampled in this study are adults who can provide information and communicate well so that they can fill out the questionnaire provided, if the patient is not able to communicate well but the HIV AIDS experienced is already known by his family members, then his family can replace him.

Variable

The variables in the study were classified as independent variables (exogenous variables) and dependent variables (endogenous). The exogenous variable the study is protection privacy of HIV-AIDS patients (X). While the endogenous variables the rersearch are patient trust (Y_1) and treatment commitment (Y_2) HIV-IDS patient.

Variable Measurement Scale

The variable measurement scale used in the study is based on 5 (five) points of the Likert scale which is designed in such way as allow respondents for answer with various levels of available answers. The answer each instrument indicator value has (score) of 5 (five) for those who support the question strongly agree, up value (score) of 1 for the question strongly disagree. The choice of one of the alternative answers in the form of 5 assessment points is (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, (5) strongly agree.

Data Analysis Techniques

The analytical technique used in the study concept uses the of Structural Equation Modeling (SEM) with the Smart PLS (Partial Least Square) version of the M_2 versions. The purpose of PLS model researches help find latent variables for prediction purposes, which in the model are linear aggregates the indicators (Ghozali and Latan, 2012). The weight estimate for creating the latent variable score is obtained based on how the inner model (structural model that links between latent variables) and outer model (measurement model, namely the relationship between indicators and their constructs) is specified. The result is that the residual variance of the dependent variable (both latent and indicator variables) is minimized.

Partial Least Square (PLS) was developed as an alternative on structural equation modeling with the weak theoretical basis or even exploration but could also be applied on models strong with and well-established theoretical basis. Partial Least Square (PLS) constitute powerful analytical method because it doesn' t assume data must be measured at certain scale, can be applied for all scales, doesn' t require many assumptions and the sample size doesn' t have become large (Ghazali, 2008).

Parameter estimation obtained through partial lest square includes 3 (three) categories, namely: weight estimate used create latent variable scores; path estimate reflects the estimated path connecting latent variables and between latent variables and their indicator blocks (loading); means and location of parameters (regression constant values) for indicators and latent variables. In addition, the path analysis model for all latent variables in PLS consists of three sets of relationships, namely: an inner model that specifies the relationship between latent variables (inner relations, structural model and subtantive theory); outer model that specifies the relationship between latent variables and their manifest indicators or variables (outer relation, measurement model); weight relation so that latent variable could be estimated, assuming the latent variable and manifest variable on zero means scale and the unit variance are equal for one, so that parameter constant could be omitted in model.

For obtain these three estimates, PLS uses three-stage interaction and each stage of the interaction generates an estimate. The stages are as follows: the first stage produces weight estimate; the second stage produces estimates for the inner model and outer model; the third stage generates estimates of means and location constants. In the first two stages of interaction process, indicators and latent variables are needed as deviations from the mean value (average). In the third stage, the estimation results could be obtained based on the original matrix data, the results the weight and path coefficient estimators in the second stage are used on calculate means and parameter locations.

V. Results and Discussion

Results

a. SEM Analysis with Smart PLS

Evaluation of the structural model with PLS could be started by looking at the R-Square value for each endogenous latent variable as the predictive power of the structural model (Ghozali, 2012). After seeing the R-Square value, then look at the t-statistics value in the path coefficients table of each variable become compared with the t-table which could then be used as reference in hypothesis testing.

b.   R-Square

Changes in the value of R-Square could be used explain the effect certain exogenous latent variables (X) on endogenous latent variables (Y) whether they have substantive effect or no. The R-Square value of 0.70 indicates the model is the strong level, 0.50 indicates the model is the moderate or moderate level, and 0.25 indicates the model is the weak level (Ghozali, 2012). Here are the R-Square values in the construct:

Table 5.1
R-Square

Construct	R-Square
Trust (Y_1)	0,923
Commitment (Y_2)	0,973

Source: Primary data processed, 2021

Based on table 5.1, the R-Square value of the influence of the privacy construct (X_1) on trust (Y_1) is 0.923. The effect of the privacy construct (X_1) on commitment (Y_2) is 0.973. This value is the strong level (value above 0.70) which means the influence of privacy construct (X1) on patient trust is 92.3%, and the influence of privacy construct on commitment is 97.3%. where these two R square values indicate the two dependent variables in the study could be explained by privacy variable while the rest influenced by other variables not included in this study.

c.   Hypothesis Test

The procedure for testing hypothesis is by comparing the t-count or t-statistics with the t-table in path coefficient table. A hypothesis is said become accepted if the t-count is greater (>) than t-table. For determine the value of the degree of freedom (df), the researcher uses the aggregate formula (nk) where n = many observations while k = the number of variables (free and bound) so that nk = 132-5 = 127, so that the t-table value is 1,656 in significance level 5% (0.05). This T-table value will then be compared with the t-statistic value in the Path Coefficient table after the bootstrapping process is carried out. For clarify the process of testing the following hypothesis, an image of the results of the manual bootstrapping is presented:
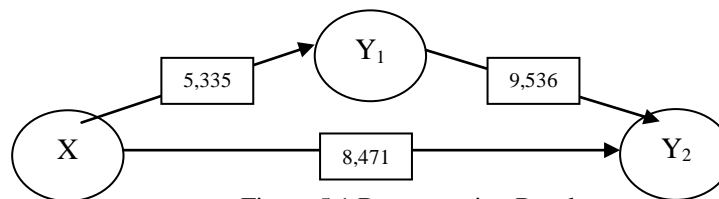

Figure 5.1 Bootstrapping Result

Based on the results of the bootstrapping process as shown in Figure 5.1 above, the direct effect coefficient values in this research model can be presented in table 5.2 and table 5.3 below:

Table 5.2
Path Coefficients (Mean, STDEV, T-Values)

Construct Path	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)
Privacy protection (X_1) -> trust (Y_1)	0,388	0,388	0,073	5,335
Privacy protection (X_1) -> Comitment (Y_2)	0,328	0,328	0,039	8,471
Trust (Y_1) -> Commitment (Y_2)	0,473	0,476	0,050	9,536

Table 5.3
Hypothesis Test

Construct Path	Original Sample (O)	T Statistics	T tabel	Hipotesis
Privacy protection (X_1) -> trust (Y_1)	0,388	5,335	1,655	T statistik > T tabel
Privacy protection (X_1) -> commitment (Y_2)	0,328	8,471	1,655	T statistik > T tabel

Trust (Y_1) -> Commitment (Y_2)	0,473	9,536	1,655	T statistik > T tabel

Source : Primary data processed, 2021

The p-value is equal the probability of obtaining t-value at least as extreme as the actual observed value. When assuming α = 5% level of significance, the p-value must be less than 0.05 conclude the considered relationship is significant at the 5% level. For example, if we assume significance level of 5% and the analysis yields p-value of 0.03 for given coefficient, we will conclude that the coefficient is significant at the 5% level. The p-value of path analysis test results in the study could be seen in following table:

Tabel 5.4
Path Coefficient (p-value)

Construct Path	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
Privacy protection (X_1) -> trust (Y_1)	0,388	0,388	0,073	5,335	0,000
Privacy protection (X_1) -> commitment (Y_2)	0,328	0,328	0,039	8,471	0,000
Trust (Y_1) -> commitment (Y_2)	0,473	0,476	0,050	9,536	0,000

Source : Primary data processed, 2020

Based on the results of data processing in table 5.4 above, could be seen that in testing each hypothesis has been proposed, namely:

First Hypothesis
The Effect of Privacy Protection on the Trust of HIV-AIDS Patients
          The first hypothesis proposed in the study is "Privacy Protection has positive and significant effect on the trust of HIV-AIDS patients". Table 5.4 shows value of original sample estimate between the effect of privacy protection on the trust of HIV-AIDS patients, which is 0.388 and is positive. The t-count value of 5.335 is greater than t-table of 1.655 and the p-value in table 5.4 of 0.000 is smaller than 0.05 (α). This value indicates privacy protection has positive and significant impact on the trust of HIV-AIDS patients.
          Thus, the second hypothesis proposed in the study is accepted. The relationship between privacy protection and trust of HIV-AIDS patients in the study is directly proportional where could be said the better privacy protection carried out by Bahteramas Regional General Hospital staff of Southeast Sulawesi Province who treats HIV-AIDS patients, the HIV-AIDS patients will have more confidence in treatment and treated the Bahteramas Regional General Hospital, Southeast Sulawesi Province.

Second Hypothesis
The Effect of Privacy Protection on Commitment to Treatment for HIV-AIDS Patients
          The second hypothesis proposed in the study is "Privacy Protection has positive and significant effect on commitment for treatment of HIV-AIDS patients". Table 5.3 shows the value of original sample estimate between effect of privacy protection on commitment for treatment HIV-AIDS patients of 0.328 and has positive value. The t-count value of 8.471 is greater than the t-table of 1.655 and the p-value in table 5.4 of 0.000 is smaller than 0.05 (α). This value indicates that privacy protection has positive and significant effect on commitment to treatment for HIV-AIDS patients.
          Thus the third hypothesis proposed in this study is accepted. The relationship between privacy protection and commitment for treatment of HIV-AIDS patients in the study is directly proportional where could be said the better privacy protection carried out by Bahteramas Regional General Hospital staff of Southeast Sulawesi Province who treats HIV-AIDS patients, higher commitment will be of patients HIV-AIDS.

Third Hypothesis
The Effect of Patient Trust on Commitment to Treatment for HIV-AIDS Patients
          The third hypothesis proposed in the study is "patient trust has positive and significant effect on commitment for treatment HIV-AIDS patients". Table 5.3 shows the original sample estimate between the effect of privacy protection on commitment for treatment HIV-AIDS patients, which is 0.473 and is positive. The t-count value of 9.536 is greater than t-table 1.655 and p-value in table 5.4 of 0.000 is smaller than 0.05 (α). This

value indicates that patient trust has positive and significant effect on commitment for treatment for HIV-AIDS patients.

Thus the third hypothesis proposed in the study is accepted. The relationship between patient trust and commitment on treatment of HIV-AIDS patients in the study is directly proportional where could be said thatnm better the patient's trust in the commitment of HIV-AIDS patients for seek treatment and be treated at the Bahteramas Regional General Hospital, Province of Southeast Sulawesi will be higher.

VI.   Discussion

1.   The Effect of Privacy Protection on the Trust of HIV-AIDS Patients

The results of the study indicate privacy protection for personal information of HIV-AIDS patients is the strongest indicator in reflecting on the protection of patient privacy carried out by the hospital and it makes patients believe in seeking treatment and undergoing treatment. This study also found that HIV-AIDS patients who seek treatment and undergo treatment are people who work as entrepreneurs where they are people who have extensive business relationships so that they are very careful about the information they suffer from which could interfere with their business continuity. Therefore privacy protection becomes very important for patients who are on treatment and undergoing treatment, the better privacy protection for patients, the more patients will become more confident.

The results of the study support research findings of Serenko and Fan (2013) which found that privacy protection has positive and significant effect on patient trust, Serenko and Fan (2013) stated that privacy protection is very important for patients because privacy protection that is carried out properly will make patients more comfortable trust use company services. The results of Serenko and Fan (2013) strengthen the findings of the study which states that protection is indeed important for HIV-AIDS patients because generally HIV-AIDS patients are afraid that if their illness is known by others it will affect the patient's interaction with their environment, so that the protection of patients who done well by the Bahteramas Hospital will make patients believe in undergoing HIV-AIDS treatment and care at Bahteramas Hospital.

The research findings of Berliani (2010) show that privacy protection has positive but not significant effect, Berliani (2010) reveals the results of his research that the better privacy protection will not be able increase consumer trust. The findings of Berliani's (2010) research are different from the findings of the study which shows that privacy protection an important factor for encourage increased patient confidence seek treatment and undergo treatment at Bahteramas Hospital.

Privacy protection which consists of better Informational (psychological) privacy, better accessibility (physical) privacy, and better expressive (interactional) privacy are important factors could the increase trust of HIV-AIDS patients for undergo treatment and care at Bahteramas Hospital. The results of the study indicate that better patient privacy protection will make patients more confident in the handling of HIV-AIDS patients, results of the study support the results of research conducted by Kinasih and Albari (2012) who found that consumer trust is strongly influenced by consumer privacy protection.

2.   The Effect of Privacy Protection on Commitment to Treatment for HIV-AIDS Patients

Privacy protection which consists of better Informational (psychological) privacy, better accessibility (physical) privacy, and better expressive (interactional) privacy are important factors could the increase commitment of HIV-AIDS patients for continue undergo treatment and care at Bahteramas Hospital. The results of the study indicate that privacy protection for personal information of HIV-AIDS patients is the strongest indicator in reflecting the protection of patient privacy carried out by Bahteramas Hospital and it increases the patient's commitment for continue treatment and undergo treatment.

The results of the study prove that patient's commitment for continue on undergo HIV-AIDS treatment and care at the Bahteramas Hospital is influenced by the ability of the Bahteramas Hospital protect the privacy of HIV-AIDS patients, this finding has been explained by Bua (2009) which states that strong commitment could maintain long-term relationships. It means that commitment arises from sense of satisfaction and trust.

The results of Johnston's research (2016) found that privacy protection has significant negative effect, Johnston (2016) explains that the better privacy protection is carried out, the lower commitment. The findings of Johnston's research (2016) are different from the findings of this study which found that privacy protection is very important because patients are very confidential about their disease information, so patients really need privacy protection by the Bahteramas Hospital become able on increase patient commitment for continue undergo HIV treatment and care.

3.   The Effect of Patient Trust on Commitment to Treatment for HIV-AIDS Patients

Patient trust is the patient's willingness to trust HIV AIDS officers with all the risks, because there is an expectation that the staff can provide the best for the patient. The trust of HIV AIDS patients in the Bahteramas Regional General Hospital, Southeast Sulawesi Province for treatment and care has been getting better, which is

reflected by the honesty, reliability, and integrity (benevolence) of HIV-AIDS officers the hospital, which could significantly increase the commitment for treatment of patients.

The results of the study indicate the indicator that strongest role in reflecting the patient's trust is honesty where the honesty in question is that in general the respondents perceive that the attitude of the officers in providing services on patients is not discriminatory and in accordance with service procedures, this is indicated by patients believing that HIV-AIDS officers at the hospital provide honest play and maintain patient confidentiality/privacy, the patient believes the officers who handle HIV-AIDS at the hospital don' t give information about their illness for others without the patient's consent, and the patient trusts the officers who handle HIV-AIDS at the hospital provide services in accordance with procedures.

The results of the study found higher trust in the treatment of HIV-AIDS patients by the Bahteramas Hospital was significantly able for increase the commitment on treatment of patients at the hospital, this result in line with the findings of Mendez's research (2009) which has also found that trust is very important in increasing commitment consumer.

Research conducted by Narozah and Norbayah (2011) succeeded in revealing that consumer trust an important part that must be improved so the consumers are committed maintaining relationships with the firm, the research findings of Narozah and Norbayah (2011) have been proven in the study by showing the patient trust significantly able on affect the increase in patient treatment commitment.

The results of research by Shpetim (2012) and Naz et. al. (2014) in his research found the trust has positive and significant effect on commitment strengthen the evidence of the findings of the study that patient trust such as patients trusting the honesty of HIV-AIDS officers who work according on procedures and don' t discriminate against certain patients in handling HIV-AIDS an indicator of trust that has major role in influencing patient commitment for treatment.

VII.   Limitedness

This research has been carried out with optimal effort nevertheless of the course expected results for approach the direction of perfection still cannot be realized, therefore the study has limitations, namely as follows:
1.   The object of research is HIV-AIDS patients who seek treatment and undergo treatment at the Bahteramas Hospital, when the study was constrained by the covid-19 pandemic where hospital was the main referral hospital for covid-19 patients, thus limiting the space for researchers on explore information related variables. Research for reasons of health protocols and patient safety, health workers and researchers.
2.   The research is based on survey data which only presents an analysis of the relationship in one time period (cross section) so that for analysis at different time periods it will be strongly influenced by environmental changes which are certainly very dynamic, therefore become able identify these changes further research is needed, and retest whether the relationship between the variables studied in the study changed.

VIII.   Conclusions and Suggestions

Conclusions
Based on results of data analysis and discussion in the study, three conclusions could be drawn as follows:
1.   Privacy protection has significant effect on increasing the confidence of HIV-AIDS patients who seek treatment and undergo treatment at the Bahteramas Hospital.
2.   Privacy protection has significant effect on increasing the commitment of HIV-AIDS patients on seek treatment and undergo treatment at the Bahteramas Hospital.
3.   Patient trust has significant effect on increasing the commitment of HIV-AIDS patients for seek treatment and undergo treatment at the Bahteramas Hospital

Suggestions
Based on the results of data analysis, discussion and conclusions, in the study there are things that are recommended, namely: the Bahteramas Hospital must pay attention for protecting the privacy of HIV-AIDS patients and not provide information on parties outside the hospital and patients. Based on the respondent's perception data, it shows the privacy protection is variable that has the lowest mean value of the variable compared on other variables, therefore is recommended for further researchers for test the research model by using other privacy protection indicators on measure patient privacy protection.

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