

THE DETERMINANTS OF UTILIZATION OF VOLUNTARY COUNSELING AND TESTING (VCT) MOBILE CLINIC BY FEMALE SEX WORKERS IN PELALAWAN REGENCY – RIAU PROVINCE IN 2011

Ezalina

STIKes Payung Negeri

Email: ezalin44@gmail.com

Abstract

The utilization of health service facility is an important indicator of a health service system. According to the data from SDKI 2007, The utilization of health service facility is still at the low level (46 %). Voluntary Counseling and Testing (VCT) is a prevention effort for the spread of HIV/AIDS infection through increasing access, both static and voluntary, for people with HIV/AIDS. Mobile VCT program at Selasih General Hospital of Pelalawan regency has been implemented since the first time mobile VCT clinic came to the community. However, there have been only 14 persons (2,3 %), that have performed static or voluntary visit to the VCT clinic. The objective of this study is to know the correlation between knowledge, trust, value, support from others, motivation, activity, environment and the utilization of VCT mobile clinic. The study design is cross sectional approach with 84 Female sex workers aged 18-35 years old were involved. Data were collected by using questionnaires and analyzed using chi square and logistic regression test. Chi square test result shows that belief, value, and motivation are the determinants of the utilization of VCT clinic service, while logistic regression test result shows that motivation is the only determinant. In conclusion, there is a significant correlation between belief ($p=0,001$), value ($p=0,00$) and motivation ($p=0,00$) toward VCT clinic service utilization. Furthermore, motivation of female sex workers has the most significant correlation with VCT clinic service utilization ($p=0,001$).

Keywords: HIV/AIDS, VCT Clinic, Voluntary Counseling and Testing (VCT)

BACKGROUND

The cases of Human Immunodeficiency Virus (HIV) especially on sex workers and their spouses in several provinces in Indonesia are rapidly increasing. This situation means that the possibility of HIV spread to larger community should not be overlooked (Cohen, 1998).

In accordance with the quarterly HIV/AIDS growth report in Indonesia on

September 30, 2010 by The Ministry of Health of Republic of Indonesia, there were 22.726 AIDS cases spreading in 300 cities/regencies in 32 provinces. The ratio of male and female contracting AIDS is 3:1. In Riau Province itself, there were 384 AIDS cases and 98 HIV cases spread in 11 cities/regencies in 2009 (Dinkes, 2010, and Depkes, 2005).

HIV/AIDS brings a major impact to its sufferers, their family, and their surrounding community. Improving the nursing access and providing support to the sufferers along with their family are good ways to prevent the infection spread. One of the examples is by utilizing the service of Voluntary Counseling and Testing (VCT) clinic. VCT serves voluntary and confidential HIV testing, pre and post HIV testing to help sufferers figure out their HIV situation.

In Pelalawan Regency, the estimate number of HIV/AIDS sufferers is 340. On the other hand, a survey conducted by Sero Survey from 2004 to 2009 found 58 HIV sufferers that consisted of 29 people that were positively infected, 7 sufferers that immediately visited VCT of Arifin Achmad General Hospital in Pekanbaru, 19 sufferers that visited VCT mobile clinic, and 3 sufferers that came to VCT of Selasih General Hospital. Furthermore, the survey also found 11 AIDS cases, and 2 Tuberculosis-HIV cases.

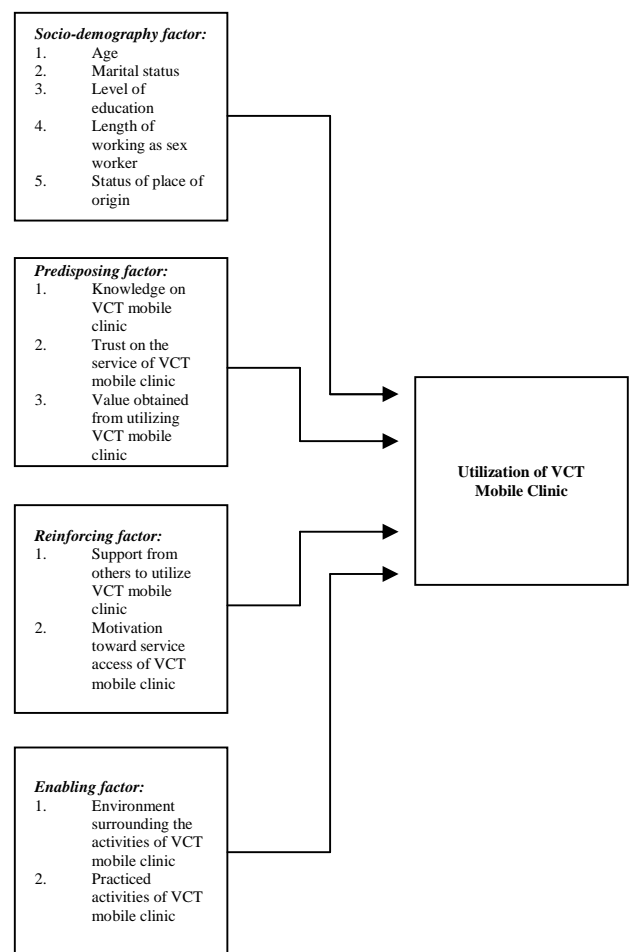
Most of the high-risk community tends to visit VCT mobile clinic. There are 568 visits (96,93%) to VCT mobile clinic, 14 visits (2,39%) to VCT static clinic, and there are only 4 referral visits (0,68%). For this reason, the researcher intends to analyze a problem on “How the high-risk communities, especially female sex workers, utilize VCT mobile clinic and what the determinants are.

OBJECTIVE

The objective of this study is to know the correlation between knowledge, trust, value, support from others, motivation, activities, environment, and the utilization of VCT mobile clinic.

METHODOLOGY

The framework of this study is described in the diagram below.



Independent variable

Dependent variable

This is an observational study. It uses cross sectional design in which all variables are observed and measured in the same time during the study. It uses quantitative analysis

to identify determinants of VCT mobile clinic utilized by female sex workers.

KM. 54 (localized sex workers area) in Pelalawan Regency is chosen as the study area because of several considerations:

1. Pelalawan Regency is an industrial area which brings social impact to the local people.
2. The cross-town road Lintas Timur goes through the regency, which has the possibility to obtain HIV/AIDS viruses spread from other cities.
3. Most of the local people do not have enough knowledge on how to prevent HIV/AIDS.
4. There are some localized sex workers areas neighboring with residences.

Population in this study is female sex workers with high-risk of HIV/AIDS working

RESULT

In this study, there are 80 female sex workers aged 18-35 with the average age is 25 years old. 40% of the respondents are under 24 years old. Most of the respondents are divorced. There are 38 respondents (47,50%) in this category.

In terms of education background, the last education of the most of them is junior high school (42 persons, 52,50%). 45 of the workers (56,25%) have worked at KM. 54 for less than one year. West Java is the place of origin of 45 workers (56,25%). 8 workers (10%) are from Central Java, and only 1 of

in KM. 54, a localized area of which the most female sex workers. There are 150 workers, and 84 of them work more actively every month (Ariawan, 1998).

Samples are taken with Total Sampling technique in accordance with the study objective. All data are collected from questionnaires. Measurement for all variables uses categorical scale. Data are analyzed using univariate method to identify frequency distribution of each variable in the form of percentage. Bivariate analysis (chi square test) is used to identify the correlation of each independent and dependent variable. Multivariate analysis (Logistic Regression test) are used to identify the correlation of all independent variables and dependent variables

them (1,25) is from Palembang, South Sumatra. Most of them have utilize the service of VCT mobile clinic (51 workers, 63,7%). There are 29 workers (36,3) who have not utilized it.

43 workers (53,75%) have insufficient knowledge on VCT mobile clinic, and 37 workers (46,25%) have sufficient knowledge. 47 workers (58,8%) have a good trust on the service of VCT mobile clinic, and 33 workers (41,3%) have poor trust on it. 42 workers (52,50%) have good value on the utilization of VCT mobile clinic, and 38 workers (47,50%) have poor value on it. There are 46 workers (57,50%) who obtain support from

others. However, there are still 34 respondents (42,50%) who did not obtain any support from others. 42 workers (52,50%) have poor motivation on the access to VCT mobile clinic service. 38 of them (47,50%) have good motivation on it.

Motivation aspect in the terms of VCT mobile clinic service includes location of the clinic, cost, clinic staff's attitude, equipment and medicine, visit schedule and VCT clinic activities. 98,8% have a positive opinion on the VCT mobile clinic. They think it is very helpful.

Most of the respondents, 48 workers (60,00%), give good value on VCT mobile clinic service. On the other hand, 32 respondents (40,00%) give contrast value that the service is poor.

In the terms of the environment of VCT mobile clinic, 64 respondents (80,00%) give good value, and 16 respondents (20,00%) give contrast value.

Table 1. Summary of Bivariate Analysis Result

Independent Variable	Dependent Variable	Significance	p Value
Age	Utilization of VCT Mobile Clinic	There is no correlation with the utilization of VCT mobile clinic	0,602
Marital status		There is no correlation with the utilization of VCT mobile clinic	0,587
Level of education		There is a correlation with the utilization of VCT mobile clinic	0,026
Length of working as sex worker		There is no correlation with the	0,930

Independent Variable	Dependent Variable	Significance	p Value
Knowledge		utilization of VCT mobile clinic	0,150
		There is no correlation with the utilization of VCT mobile clinic	
Trust		There is a correlation with the utilization of VCT mobile clinic	0,001
Value		There is a correlation with the utilization of VCT mobile clinic	0,000
Support from others		There is no correlation with the utilization of VCT mobile clinic	0,306
Motivation		There is a correlation with the utilization of VCT mobile clinic	0,000
Practiced activity		There is no correlation with the utilization of VCT mobile clinic	0,169
Environment surrounding the activities		There is no correlation with the utilization of VCT mobile clinic	0,684

Table 2. Result of Logistic Regression Test between Independent Variables with The Utilization of VCT Mobile Clinic

Variable	Significance	Exp (B)	95,0% C.I. for Exp (B)	
			Lower	Upper
Utilization value of VCT mobile clinic	0,019	5,11	1,308	19,965
Support from others	0,015	0,056	0,006	0,570
Motivation toward the VCT service access	0,001	62,054	5,905	652,088

Multivariate analysis result shows that motivation toward the access to VCT mobile clinic service is the variable with the strongest correlative significance among the other

variables, with the value of $p = 0,001$. The value of OR for this variable is 62,054.

This situation brings a reason that those female sex workers with low motivation on the access to VCT mobile clinic service will have 62 times higher possibility of not utilizing the service of VCT mobile clinic compared with those with higher motivation toward it.

DISCUSSION

In the terms of age, average of the respondents are 25 years old, and 40,00% of them are 24. For that reason, female sex workers with the profile of younger age and with the level of education of Junior High School has higher mobility. Since World Health Organization (WHO) states that teenagers are limited to 12-24 years old, one third of the respondents are categorized teenagers. Referring to reproductive health, they need to pay more attention on the system, function, and process of their reproductive organs (Anderson, 1995).

There are 63,7% respondents who utilize the service of VCT mobile clinic, while 36,3% others do not. It is due to some reasons that:

1. The respondents lack of support and encouragement from someone or some people they respect more, such as their big bosses or their coordinators. Most of respondents who utilize the VCT clinic

are encouraged and supported by their bosses.

2. The waiting time for counseling makes them uncomfortable. There is only one counselor in each visit while there are many clients on the waiting list.
3. There is insufficient facility at the VCT mobile clinic to facilitate many clients.

Most of female sex workers have poor trust on the effectiveness of consulting to VCT mobile clinic counselor. They believe they will only get little benefit from visiting VCT mobile clinic.

The study result also shows that there is a number of female sex workers misunderstanding the service VCT mobile clinic provides. Some of them believe that their profession as sex workers has low risk of HIV and that they can protect themselves from the deadly virus without any help from VCT mobile clinic.

In the terms of knowledge, the bivariate analysis result shows that there is no correlation between the respondents' level of knowledge with their willing to utilize the service of VCT mobile clinic. In other words, respondents with low level of knowledge are probably more self-encouraged to utilize the service than those with higher level. It is due to the fact that the biggest encouragement comes from the other sex workers, and also their customers.

In this variable, there is some poor value they necessarily have to change. For

instance, they still think they do not need to use any condom even though they have consulted to VCT mobile clinic staff; and, they are still unable to strictly remind their customers to use condom before having sex.

Sex workers' coordinator in the localized area has an important role in making decision or policy pimps have to obey. That is why when a coordinator instructs the female sex workers to come to VCT mobile clinic, they will obey they instruction and will come to the clinic.

Support or encouragement from others affects the workers more to utilize VCT mobile clinic. In this study, positive encouragement comes from their partners and customers, while the one from their own family is often ignored. It is due to their tendency to be more open to their partners and customers than to their families.

Motivation toward the access to VCT mobile clinic service is a part of their subjective norm. Most of them have high motivation toward it which is shown by their willingness to utilize the service provided by VCT mobile clinic.

Most of the workers have obtained good service practices from VCT mobile clinic. Service practices also have important role affecting the ratio of utilization possibility of VCT mobile clinic.

The length of waiting time also affects their motivation. Too long waiting time will possibly cause their absence in the next

counseling schedule. To overcome this, VCT mobile clinic needs to add more visit schedule or counselors so that the waiting time will get shorter and the sex workers' motivation will get higher.

Practiced activity of VCT that requires an improvement is the notification system the VCT applies in informing the clients on their HIV test result. According to the sex workers, this notification system has a shortfall. They believe that VCT staff will only call the clients with positive HIV test result (Kawichai *et al*, 1999).

To keep the result confidential, clients should be informed about their HIV test result via closed envelope that only the client is allowed to open and read (Matoru *et al*, 2007).

Environment surrounding the VCT mobile clinic activity influences the clients' reason to come or not to come. They will be demotivated to come to the clinic if they are not sure the environment is safe enough for their privacy (Solomon *et al*, 2006).

CONCLUSION

1. 63,7% of female sex workers in this area utilize the service VCT mobile clinic provides. On the other hand, 36,3% do not utilize it.
2. There are only 28,9% of the workers have a good trust on the VCT mobile clinic service, while 41,3% others do not. Furthermore, there is a correlation

between individual trust to the willingness to utilize VCT mobile clinic ($p = 0,001$).

3. Most of the workers give good value on VCT mobile clinic (52,5%), and 47,5% of them give poor value. There is a significant correlation between the value they give on VCT utilization and their behavior toward it ($p = 0,000$).
4. Female sex workers with low motivation toward the access to VCT service are 52,5%, and 47,5% have high motivation. There is a significant correlation between their motivation toward the access to VCT mobile clinic service and their behavior toward it ($p = 0,000$).
5. Female sex worker's motivation toward the access to VCT mobile clinic service ($p = 0,001$) has the most powerful significant correlation toward their willingness to utilize it.

REFERENCE

- Ariawan. 1998. *Besar Dan Metode Sampel Pada Penelitian Kesehatan*, Fakultas Kesehatan Masyarakat, UI, Jakarta.
- Andersen. 1995. Revisiting the Behavioral Model and Access to Medical Care : Does it Matter? *Journal of Health and Social Behaviour*, 1995 vol. 36 (March): 1-10.
- Prasetyo, Jannah. 2005. *Metode Penelitian Kuantitatif: Teori dan Aplikasi*. P.T. Radjagrafindo Persada Jakarta.
- Bridget Somekh and Cathy Lewin. Research. 2005. *Methods in The Social Sciences*. London, Thousand Oak, Sage Publications, Inc, New Delhi.
- Cohen MS. Cohen MS. 1998. *Sexually transmitted diseases enhance HIV transmission: no longer a hypothesis. Penyakit menular seksual meningkatkan penularan HIV: tidak lagi hipotesis*. Lancet : p. 351: 5-7.
- Departemen Kesehatan, 2005. *Pedoman Pelayanan Konseling dan Testing HIV/AIDS Secara Sukarela (Voluntary Counselling and Testing)*, Keputusan Menteri Kesehatan RI, Nomor : 1507/MENKES/SK/X/2005, tanggal 18 Oktober 2005, Jakarta.
- Dinas Kesehatan. 2010. *Laporan Kegiatan Pengendalian Penyakit HIV/AIDS Tahun 2010*, Kabupaten Pelalawan.
- Family Health International. 2001. *VCT Counselling Training Manual*. Jakarta.
- Family Health International. 2001. *Evaluating HIV Counseling and Testing in Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision-Makers*.
- Green, Lawrence W. 1991. *Health Promotion Planning An Educational and Environmental Approach*. Mayfield

- Publishing Company. Mountain View-Toronto-London.
- Hastono, S.P., 2007, *Analisis Data Kesehatan*, FKM UI, Depok Jakarta : Departemen Pendidikan Dan Kebudayaan.
- Kasl, Stanislav & Sidney Cobb, 1966. "Health Behavior, Illness Behavior and Sick Role Behavior". Dalam *Archives of Environmental Health*, 12: 246-266.
- Kawichai, S. Celentano, D.D., Chaifongsri, R., *et al.* Profiles of HIV Voluntary Counseling and Testing of clients at a district hospital, Chiang Mai Province, Northern Thailand, from 1995 to 1999. *Journal of Acquired Immune Deficiency Syndromes*, 202; 30: 493-502.
- Komisi Penanggulangan AIDS Nasional, 2007. *Rencana Aksi Nasional Penanggulangan HIV dan AIDS di Indonesia 2007-2010*.
- Lancet. 2000. Efficacy of voluntary HIV-1 counseling and testing in individuals and couples in Kenya, Tanzania, and Trinidad: a randomised trial. The Voluntary HIV-Counseling and Testing Efficacy Group.
- Lemeshow, S., Hosmer, D.W., Klar, J., Lwanga, S.K. 1990. *Adequacy of Sample Size in Health Studies*. John Wiley and Sons, Chinchester.
- Matoru, J.K.B., Gray, R.H. Kiwanuka, N, *et al.* 2007. Repeat Voluntary HIV Counseling and Testing (VCT), sexual risk behaviour and HIV incidence in Rakai, Uganda. *AIDS Behaviour*. 11: 71-78.
- Notoatmodjo. 2000. *Metodologi Penelitian Kesehatan*, PT. Rineka Cipta, Jakarta.
- _____. 2005. *Promosi Kesehatan, Teori dan Aplikasi*, Rineka Cipta, Jakarta.
- Rosenstock, Irwin M., 2000. The Health Belief and Preventive Health Behavior. *Health Education Monograph*, 2(4): 354.
- Solomon, S., Kouyoumdjian, F.G., Cecelia, A.J., *et al.* 2006. Why are People Getting Tested? Self-Reported Reasons for Seeking Voluntary Counseling and Testing at a Clinic in Chennai, India. *AIDS and Behaviour*, 10 (4) : 415-420.