



Relationship Of Predisposition Factors Using Of VCT By Mother With HIV/AIDS In Yogyakarta

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Abstrak

Kasus HIV / AIDS di Indonesia meningkat dan penyebarannya sangat kompleks. Penelitian ini adalah penelitian kuantitatif dengan metode penelitian survei analitik. Populasi adalah 37 ibu HIV / AIDS yang diambil oleh total populasi di IPPI Foundation Yogyakarta. Data dianalisis oleh Chi-Square dan ditemukan bahwa sebagian besar responden memiliki pengetahuan yang baik tentang HIV / AIDS (94,6%), dan mendapat informasi tentang penggunaan VCT (81,1%). Hasil korelasi (nilai p : 0,532) tidak memiliki signifikansi demografis responden dengan penggunaan layanan VCT, (nilai p : 0,065) tidak memiliki signifikansi pengetahuan tentang HIV / AIDS dengan penggunaan layanan VCT, (p nilai: 0,048) pemanfaatan layanan VCT. Hasil penelitian dapat menyimpulkan bahwa tidak ada hubungan faktor predisposisi dengan penggunaan layanan VCT. Ada hubungan antara pengetahuan tentang layanan VCT dan pemanfaatan layanan VCT. Berdasarkan hasil, diperlukan untuk mempertahankan dan lebih meningkatkan layanan VCT dalam meningkatkan status kesehatan ibu dengan HIV / AIDS.

Kata kunci : Faktor Predisposisi, Pemanfaatan layanan VCT

Abstract

The HIV / AIDS cases in Indonesia is increasing and the spread is very complex. This research is a quantitative study with analytical survey research methods. The population was 37 HIV / AIDS mothers taken by total population at IPPI Foundation Yogyakarta. Data were analyzed by Chi-Square and it was found that most respondents had good knowledge about HIV / AIDS (94.6%), and were well-informed about the use of VCT (81.1%). The results of the correlation (p value: 0.532) did not have the demographic significance of respondents with the use of VCT services, (p value: 0.065) had no significance of knowledge of HIV / AIDS with the use of VCT services, (p value: 0.048) utilization of VCT services. The results of the study can concluded that there is no association of predisposing factors with the use of VCT services. There is a relationship between knowledge about VCT services and utilization of VCT services. Based on the results, needed to maintain and further improve VCT services in improving the health status of mothers with HIV / AIDS.

Keywords: Predisposing Factors, Utilization Of VCT Services

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INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) is a set of symptoms and infections that arise due to the damage of human immune system cause of infection virus Human Immunodeficiency Virus (HIV), which is a virus that weakens immunity in the human body. AIDS has recently become a very serious world health problem. This disease is spread globally, almost in every country is threatened and unsafe by HIV AIDS. (2)

HIV / AIDS has become a pandemic that worries the world community, because in addition to not finding drugs and vaccines for prevention, this disease also has a "window period" and a relatively long asymptomatic phase in the course of the disease. the pattern of development is like an iceberg phenomenon (iceberg phenomena). The number of HIV / AIDS cases from year to year in all parts of the world continues to increase despite various preventive efforts being carried out. No country is not affected by this disease. (3)

The number of HIV / AIDS cases in Indonesia is increasing and the spread is very complex. According to the 2014 Ministry of Health's Directorate General of Infectious Disease Control and Environmental Care, Cumulatively HIV & AIDS cases in Indonesia in the last 3 years, from 2012 to 2014, there were 21,511 HIV cases and AIDS 8,747 cases recorded in 2012, in 2013 there were 29,037 cases of HIV and 6,266 cases of AIDS. Access to information and education women are much more is low so they do not have a comprehensive knowledge on the health of the reproduction, including problems surrounding HIV / they were of AIDS and health care service that to be their entitlement. Cannot forgotten it is also happen because women appear to have been socialized in such a manner as to menomorduakan to install its own health demand instead of continuing to after a member of his family. In fact there are stereotype that penyakit-penyakit that is concerned with reproduction is considered to be a thing that men hide through shame and dirty if there is female literacy rate is. On the whole higher officials are infected by a virus of HIV virus hopes/AIDS prevention from her husband, wind about aimlessly and you if the husband suffering from HIV/AIDS⁽⁷⁾

Access to information and education for women is much lower so that they do not have sufficient knowledge about reproductive health, including issues surrounding HIV/AIDS and health services that are their right. It cannot be forgotten that this also happens because women are socialized in such a way as to reduce their health needs after their family members. There is even a stereotype that reproductive-related diseases are considered a shameful and dirty thing if it occurs to women. Generally they contract the HIV/AIDS virus from their husbands, without knowing that their husbands have HIV/AIDS. (7)

Based on the case above, the authors are interested in conducting a study of the relationship of predisposing factors to the use of VCT services in Yogyakarta.

MATERIALS AND METHODS

The type of research used observational with analytical univariate and bivariate survey research methods and using a cross sectional approach. The study population were all HIV / AIDS mothers who were members of IPPI Foundation Yogyakarta. Sampling was done using a total sampling technique of 37 respondents. Respondents are considered to be about age of the respondent, respondents education, respondents income, family members, knowledge about HIV/AIDS, knowledge of using VCT and using of VCT.

RESULT AND DISCUSSION

A. Univariat analysis

1. Age of the respondent

Table 1 Respondents Age Frequency Distribution

No	Age of Responden	f	%
1	≤ 35 year	22	59.5
2	> 35 year	15	40.5
total		37	100

Based on table 1, mostly respondents were aged ≤ 35 years (59.5%) and those aged > 35 years (40.5%)

2. Respondent's education

Table 2 Respondents' Education Frequency Distribution

No	Respondent's education	f	%
1	High	2	5.4
2	Moderate	25	67.6
3	Low	10	27
Total		37	100

Based on table 2, mostly the respondents were moderate education (high school/equivalent), there were (67.6%) and those with high education (colleges /equivalent) were (5.4%).

3. Respondent's income

Table 3 Respondents' Income Frequency Distribution

No	Responden't inc ome	f	%
1	< Rp1.455.000,00	30	81.1
2	= Rp1.455.000,00	7	18.9
Total		37	100

Based on table 4.3, respondents mostly earn < Rp1.455.000,00 (81.1%) and those earning $\geq$ Rp1.455.000,00 (18.9%).

4. Family Members

Table 4 Respondents' Family Members

No	Respondent's Income	f	%
1	< 4 family members	22	59.5
2	= 4 family members	15	40.5
Total		37	100

Based on table 4, mostly the respondents have family members < 4 family members (59.5%) and those with family members $\geq$ 4 family members (40.5%).

5. Knowledge about HIV / AIDS

Table 5 Knowledge of Respondents

No	Knowledge of Respondents	f	%
1	Good	35	94.6
2	Medium	1	2.7
3	less	1	2.7
Total		37	100

Based on table 5, the percentage of respondents' knowledge about HIV / AIDS was in the good category (94.6%) and those who were fair and less of knowledge respectively (2.7%).

Mostly respondents were aged $\leq$ 35 years (59.5%) and those aged > 35 years (40.5%). However, it is expected that knowledge level in healthy needs can increase. The majority of respondent's education had moderate education (high school/equivalent), there were (67.6%) and for higher education (Higher Education/equivalent) there were (5.4%). The level education of respondents showed moderate (high school/equivalent) is expected that respondents can use VCT services properly. Education is one of the factors related to knowledge. Education that is getting higher then someone will easy accept and adjust to new things (Apriyanti, 2014). The results of this study in accordance with the research of Teklehaimanot et al (2016) found in the results of his research that people with better education would be more willing to come at health care facilities to check their HIV. (34)

Respondents mostly earn < Rp1.455.000,00 (81.1%) and those earning $\geq$ Rp1.455.000,00 (18.9%). Minimum income of respondents can also influence using VCT services. Mostly family members of respondents are <4 family members (59.5%) and $\geq$ 4 family members (40.5%).

6. Knowledge of Using VCT

Table 6 Knowledge of Respondents

No	Knowledge of Respondents	f	%
1	Good	30	81.1
2	Fair	6	16.2
3	Less	1	2.7
Total		37	100

Based on table 6, the percentage of respondents' knowledge about the use of VCT divided into two, good category (81.1%) and less knowledge (2.7%).

7. Using of VCT

Table 7 Responden's Using Of VCT

No	Knowledge of Respondents	f	%
1	Utilize	31	83.8
2	Not utilize	6	16.2
Total		37	100

Based on table 7, it showed that the percentage of respondents regarding VCT utilization (83.8%) and did not use VCT services (16.2%). The high level of respondents' knowledge about HIV/AIDS and use of VCT, can be expected that respondents' awareness in improving VCT services can increase too so can reduce the risk of HIV/AIDS transmission and improve the quality of life for ODHA.

B. Bivariat Analysis

1. Demographic Relationships Respondents using VCT services

Table 8 Demographic Relationships Respondents using VCT services

Demography		Utilization of VCT services				Total		P
		Utilize		Not Utilize		n	%	
		n	%	n	%			
Age								
= 35 year	18	81.8	4	18.2	22	100	0.532	
> 35 year	13	86.7	2	13.3	15	100		
Total	31	83.8	6	16,2	37	100		
Education								
High	2	100	0	0	2	100	0.781	
Medium	21	84	4	16	25	100		
Low	8	80	2	20	10	100		
Total	31	83.8	6	16.2	37	100		
Income								
< 1.455.000	25	83.3	5	16.7	30	100	0.685	
= 1.455.000	6	85.7	1	14.3	7	100		
Total	31	83.8	6	16.2	37	100		
Family members								
< 4 family members	17	77.3	5	22.7	22	100	0.202	
= 4family members	14	93.3	1	6.7	15	100		
Total	31	83.8	6	16.2	37	100		

Ho = refused

Based on table 8, it showed that there was no relationship between the demographics of respondents with use of VCT in women HIV / AIDS. It showed by the value of p (0.532) for the relationship of age with utilization of VCT services, p value (0.781) for the relationship of education with utilization of VCT services, p value (0.685) for the relationship of income with utilization of VCT services, p value (0.202) for the relationship between the number of family members and the use of VCT services.

Based on results of data analysis, it showed that demographic factors consisted of age, education, income and number of family members did not affect the use of VCT services. It showed by all respondents, which amounted to 37 respondents, most (83.8%) use VCT services.

A study by Taklehaimanot et al. in 2016 showed that the proportion who had performed a test was higher in adolescents, who were not aware of the cause, were young people at high risk of HIV transmission. In the Tasa et al. (2016) study found that age was not related to the utilization of VCT service facilities.

2. Relationship between Knowledge of HIV/AIDS and using VCT services

Table 9 Demographic Relations Respondents

Knowledge of HIV/AIDS	Utilization of VCT services				Total		P
	Utilize		Not utilize		n	%	
	n	%	n	%			
Good	30	85.7	5	14.3	35	100	0.065
Sufficient	0	0	1	100	1	100	
Less	1	100	0	0	1	100	
Total	31	83.8	6	16.2	37	100	

Ho = refused

Based on table 9, it shows that there is no relationship between knowledge about HIV / AIDS and using VCT services. This is indicated by the value of p (0.065) ($p > 0.05$). There are still respondents who are well-informed about HIV / AIDS, but do not take advantage of VCT services (14.35), while respondents who lack knowledge about HIV / AIDS, continue to use VCT services well (100%).

VCT is a reliable examination between clients and health workers, after the client gives informed consent, give the client accurate results. VCT consists of pre-test counseling, post-test counseling, and further counseling, which is provided at the VCT service center. HIV testing is voluntarily test without coercion and pressure, as soon as the client understands various benefits, consequences, and risks (Depkes, 2006). Respondents who have low knowledge do not become an obstacle in conducting VCT services. (35)

3. Relationship between Knowledge of VCT and utilization of VCT services

Table 10 Demographic Relations Respondents with using VCT services

Knowledge of utilization VCT services	Utilization of VCT services				Total		P
	Utilize		Not utilize		n	%	
	n	%	n	%			
Good	27	90	3	10	30	100	0.048
Sufficient	3	50	3	50	6	100	
Less	1	100	0	0	1	100	
Total	31	83.8	6	16.2	37	100	

Ho = accepted

Based on table 10, it shows that there is a relationship between knowledge about the use of VCT services and the utilization of VCT services. This is indicated by the value of p (0.048) ($p < 0.05$).

Knowledge about VCT respondents can relate to the use of VCT services because with good knowledge will cause a person to realize how important their health status is to prevent possible transmission. People with good knowledge will be more likely to take advantage of available health services to ensure that their health is in good condition and if there are problems with their health prevention and treatment will be carried out as soon as possible.

The results of this study are in accordance with Moyo's (2009) study which shows that if the respondents have good knowledge about HIV / AIDS and there is support and care from their family when they suffer from HIV/ AIDS, the respondent will look for VCT service facilities. Respondents who have knowledge about HIV and

VCT would influence the other person to find out their HIV status and abuse the VCT service facilities.

CONCLUSION AND RECOMMENDATION

Conclusion

1. The most respondents aged d" 35 years were 59.5%. Respondents with a high school education or equivalent to high school were 67,6%. Respondents who have income <1,455,000 were 81.1%. Respondents who have family members <4 were 59,5%. Respondents who have good knowledge about HIV / AIDS were 94.6% and good knowledge about the use of VCT were 81.1%.
2. Respondents who use VCT services were 83.8%.
3. There was no relationship between the demographics of respondents and the use of VCT services. The value of p (0.532) was for the relationship of age with utilization of VCT services. The value of p (0, 781) was for the relationship of education with the utilization of VCT services. The value of p (0.685) was for the relationship of income with the utilization of VCT services. The value of p (0.202) was for the relationship of number of members family with the use of VCT services.
4. There was no relationship between HIV / AIDS knowledge and utilization of VCT services p = (0.065)
5. There was relationship between knowledge of utilization of VCT services and utilization of VCT services p = (0.048)

Suggestion

1. KPA Yogyakarta
To increase guidance and direction to housewives suffering from HIV / AIDS and the importance of using VCT services
2. Health Services
To increase collaboration and give routine direction with relevant agencies in providing VCT services

3. LSM
To increase the guidance and mobilization of VCT services
4. Other researchers
Further research is needed about factors related to the use of VCT services.
5. HIV/AIDS housewives
To increase utilization of VCT services to improve quality of life.

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