

Knowledge and reliance on the availability of voluntary counseling and testing (VCT) services relating to the utilization of VCT services by the Man who has Sex with Man community

Conocimiento y confianza en la disponibilidad de servicios de consejería y pruebas voluntarias (VCT) relacionadas con la utilización de servicios de VCT de masculinos que tienen sexo con la comunidad masculina

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SUMMARY

Introduction: Southeast Asia is the second continent that has a higher population of Human Immunodeficiency Virus (HIV) infection. Indonesia needs to be vigilant to prevent the spreading and transmission of this virus. One of the services provided by the government for the initial screening of HIV/AIDS is Voluntary Counseling and Testing (VCT). This research aimed to identify the behavior factors related to the utilization of VCT services by the Man who has Sex with Man (MSM) community.

Methods: This study used a cross-sectional correlational research design to describe the

relationship between behaviour factors to the utilization of VCT services by the MSM community. The population in this research is the community of MSM. The samples were 50 with consecutive sampling techniques. The data was collected by using questionnaires. The Chi-square test and regression were used to analyze and predict the relationship between the frequency distribution of knowledge, reliance on services, stigma, and discrimination with VCT services.

Results: The results of this research showed that from 50 subjects, 86 % had good knowledge about HIV and VCT, 78 % had a reliance on service availability, and 82 % had a stigma and positive discrimination. The Chi-Square test result described a significant correlation between knowledge (p -value=0.033, $OR=11.200$) and reliance on VCT service availability (p -value=0.036, $OR=5.333$) with the utilization of VCT services. The statistical test showed that the most influential variable in the use of VCT services is the predisposing factor ($sig=0.028$, p -Value<0.006) consists of the knowledge and belief in the services of the VCT, and there is no relationship between stigma & discrimination against HIV/AIDS with the utilization of VCT services.

Conclusion: This study concludes that knowledge about HIV and VCT and the faith in VCT related to VCT services utilization by the community of MSM. The recommendation to the officer VCT clinic is to promote the community of MSM with more effective, planned schedules and cross-sectoral collaborations.

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INTRODUCTION

RESUMEN

Introducción: El sudeste asiático es el segundo continente con mayor población de infectados por el Virus de la Inmunodeficiencia Humana (VIH). Indonesia debe estar atenta para evitar la propagación y transmisión de este virus. Uno de los servicios proporcionados por el gobierno para la detección inicial del VIH/SIDA es el Asesoramiento y Pruebas Voluntarias (VCT). Esta investigación tuvo como objetivo identificar los factores de comportamiento relacionados con la utilización de los servicios de VCT por parte de la comunidad Man Sex Man (HSH).

Métodos: Este estudio utilizó un diseño de investigación correlacional transversal para describir la relación entre los factores de comportamiento y la utilización de los servicios de APV por parte de la comunidad de HSH. La población en esta investigación es la comunidad de HSH. Las muestras fueron 50 con técnicas de muestreo consecutivo. Los datos se recopilaron mediante el uso de cuestionarios. Se utilizaron la prueba de Chi-cuadrado y la regresión para analizar y predecir la relación entre la distribución de frecuencias del conocimiento, la dependencia de los servicios, el estigma y la discriminación con los servicios de VCT.

Resultados: Los resultados de esta investigación mostraron que, de 50 muestras, el 86 % tenía un buen conocimiento sobre el VIH y APV, el 78 % confiaba en la disponibilidad del servicio y el 82 % tenía estigma y discriminación positiva. El resultado de la prueba de chi-cuadrado describió una correlación significativa entre el conocimiento (valor de $p = 0,033$, $OR = 11,200$) y la confianza en la disponibilidad del servicio de APV (valor de $p = 0,036$, $OR = 5,333$) con la utilización de los servicios de APV. La prueba estadística mostró que la variable más influyente en el uso de los servicios de APV es el factor predisponente ($\text{sig} = 0.028$, $p\text{-Valor} < 0.006$) consiste en el conocimiento y creencia en los servicios de APV, y no existe relación entre estigma y discriminación contra el VIH/SIDA con la utilización de los servicios de APV.

Conclusión: Este estudio concluye que el conocimiento sobre el VIH y el APV y la fe en el APV se relacionan con la utilización de los servicios de APV por parte de la comunidad de HSH. La recomendación para la clínica VCT oficial es promover la comunidad de HSH con cronogramas planificados más efectivos y colaboraciones intersectoriales.

Palabras clave: Conocimiento, hombre sexo hombre, confianza, utilización del servicio VCT.

Voluntary Counseling and Testing (VCT) is one service the government provides for the early detection of diseases caused by Human Immunodeficiency Virus (HIV) infection. The Indonesian Ministry of Health reported 50 282 HIV cases, and people with Acquired Immunodeficiency Syndrome (AIDS) reached 7 036. The male and female ratio is approximately 2:1, with the highest risk factors being risky sex in heterosexuals 70 %, homosexuals 22 % including male sex men (MSM), bisexuals 2 %, from HIV positive mothers to children 2 %, and transfusion 2 %. The transmission mode through sexual intercourse, whether heterosexual, homosexual, or bisexual, is still the highest, with the MSM group ranking third for the percentage of 8.05 % HIV positive with a total of 8 929 people. If the findings are compared to the population, West Sumatra, Indonesia, is ranked 7th out of 37 provinces with the highest case rate of 21.59 %, and findings in Bukittinggi City are the second largest after Padang City (1,2).

Specialist in internal medicine and consultant for tropical and infectious diseases at Dr. MDjamil Hospital, Padang, (3) stated that same-sex is a risk factor for HIV/AIDS which is currently showing an increasing number of cases. The increasing number can see this of inpatient and outpatient cases of patients with Sexually Transmitted Infections (STIs) and HIV/AIDS in Indonesia. The results of the 2014 disease observation and control agency research at Bukittinggi City Hospital showed that there were 33 HIV/AIDS cases (in 2012), which increased to 40 cases (in 2013), a sharp increase of 72 cases (2014), 34 cases (2020), and 18 cases (2021) when viewed from the cumulative number of people living with HIV/AIDS, most of them are male (82.07 %). This aligns with data from the Bukittinggi City HIV/AIDS Commission. Based on data collection in the field, 383 people total MSM were found in the city of Bukittinggi in 2018, which decreased in 2019 with 307 people found (2). Meanwhile, those who accessed VCT services were only 62 people and 18 HIV-positive people in 2016, and this continues to increase every year (2).

Several studies reveal several factors behind the high cases of HIV/AIDS, including

behavioural factors, knowledge factors, service utilization factors, environmental support factors, and family factors (4-9). Carrying out an HIV test is still frightening for various reasons, including stigma and community discrimination. Lack of knowledge and understanding of HIV/AIDS, misperceptions about how HIV is transmitted, lack of access to treatment, and environmental factors can reinforce stigmatization associated with HIV/AIDS. Fatmala study in 2016 concluded that predisposing factors that influence VCT services by MSM are knowledge and perception, enabling factors that influence information and availability of facilities. Reinforcing factors are encouragement from friends or community as well as attitudes and behaviour of health care workers (10,11).

HIV counseling and testing or VCT is a counseling activity that provides psychological services, information, and knowledge of HIV/AIDS prevents HIV transmission, promotes responsible behaviour change, and anti-retroviral (ARV) treatment, and ensures various problems related to HIV/AIDS change behaviour towards healthier behaviour and safer (12,13). Behaviour is an action or activity of the human itself. Human behaviour is all human activities or activities, both those that are directly observed and those that cannot be observed by outsiders (14). Utilization of health services in every effort carried out alone or jointly within an organization to maintain and improve health, prevent and cure disease and restore health, the health of individuals, families, groups, and communities (14-16).

Factors related to service utilization VCT, such as education and knowledge, are characteristics that reflect an individual's or family's social circumstances (17). Education also affects a person to seek health services according to their knowledge (15,18). The higher a person's education, the higher their desire to seek health services. Individuals with higher education will be more aware of the importance of using health services. According to (14), reliance on the use of services is one factor in a person's readiness to behave or act. Stigma is a negative characteristic that attaches to a person's personality because of the influence of his environment. While the stigma associated with HIV/AIDS is all attitudes that are unpleasant and shown to those living

with HIV/AIDS or people living with HIV/AIDS (PLWHA) and towards their loved ones, close friends, social groups, and society. This research aimed to identify the behaviour factors related to the utilization of VCT services by the Man who has Sex with Man (MSM) community.

METHODS

This study uses a research design descriptive quantitative correlation with a method approach cross-sectional study. The sample in this study was taken using a simple random sampling technique with a sample of 50 people who were cooperative during the research. The approach taken to recruit research samples was carried out by using 'intermediaries' for this MSM community, where intermediaries were individual alumni of the MSM community, making it easier for researchers to communicate with respondents. This study aims to determine the relationship between behavioral factors that affect the use of VCT services in the MSM community in the form of predisposing factors, including knowledge, enabling factors to include: reliance on the availability of VCT services, and reinforcing factors (reinforcing factors) include stigma and discrimination in the MSM community in Bukittinggi City.

Data collection in this study used a questionnaire for all factors to be observed and the use of VCT services, with a total of 20 question items consisting of 5 questions for the knowledge factor, 5 questions for the reliance factor in the availability of VCT services, 5 questions for stigma and discrimination of the MSM community and 5 questions on the use of VCT services that contain positive and negative types of questions. As a result, the interpretation of the results used for each factor is different for the knowledge factor: good and sufficient, the belief in VCT services and the stigma and discrimination of the MSM community: positive and negative, and for the use of VCT services: using and not utilizing. Statistical analysis used to determine the relationship between factors was Chi-Square and logistic regression to predict the probability of each factor using the SPSS Ver.23 statistical program.

RESULTS

The results of the research that can be observed in Table 1 that shows that more than half of the MSM community age is a teenager with a total number of 27 people (54 %), unmarried, namely 47 people (94 %), and at the secondary education level, which is 32 people (64 %).

Table 1 concerning on distribution of respondents shows that the predisposing factors are: good knowledge about HIV/AIDS and VCT in as many as 43 people (86 %). They were supporting factor/Enabling factor: positive belief in the availability of VCT services for as many as 39 people (78 %). Factors that have reinforcing factors: positive stigma and discrimination are 41 people (82 %), while the utilization of VCT

services in the MSM community is 29 people (58 %).

Table 2 concerning the utilization of VCT service shows that out of 43 MSM who have good knowledge and utilize VCT services, 28 people (65.1 %). The results of the Chi-Square statistical analysis to determine the relationship between each behavioral factor and the use of VCT services by MSM community groups in the city of Bukittinggi were obtained for the knowledge factor and the belief factor in the availability of VCT services that had a statistically significant relationship with a p-value <0.05 (p=0.033 and 0.036) with the use of VCT services by the MSM community. In contrast, the stigma and discrimination factors for HIV/AIDS had no relationship with the use of VCT services by the MSM community with p>0.005 (p=0.716). The results of statistical regression analysis to predict the probability of these factors on the utilization of VCT services by the MSM group were for the knowledge factor. It was found that MSM with good knowledge of HIV/AIDS and VCT services had the opportunity to use these services by 11.2 times (OR=11,200) compared to MSM with sufficient knowledge. Furthermore, MSM communities who have a positive belief in the availability of VCT services have a 5.3

Table 1

Frequency Distribution of Respondents' Characteristics in MSM Community

Characteristics	Frequency	%
Age		
Teenager	27	54
Early adulthood	22	44
Late Adult	1	2
Marital status		
Not married yet	47	94
Divorce	3	6
Level of education		
Low	14	28
Intermediate	32	64
High	4	8
Knowledge of HIV/AIDS and VCT Services		
Well	43	86
Enough	7	14
VCT Service Availability		
Reliance		
Positive	39	78
Negative	11	22
HIV/AIDS Stigma and Discrimination		
Positive	41	82
Negative	9	18
Utilization of VCT Services		
Utilize	29	58
Not Utilizing	21	42
Total	50	100

Table 2

Relationship of Knowledge Factors, Reliance Factors, HIV/AIDS Stigma, and Discrimination Factors with Utilization of VCT Services in Communities MSM

Behavioural Factors	Utilization of VCT Services		OR (CI 95 %)	p-value
	Utilize n (%)	Not Utilizing n (%)		
Knowledge of HIV/AIDS and VCT Services				
Well	28 (65.1)	15 (34.9)	11,200	0.033
Enough	1 (14.3)	6 (85.7)	(1,231-101,886)	
VCT Service Availability Confidence				
Positive	26 (66.7)	13 (33.3)	5,333	0.036
Negative	3 (27.3)	8 (72.7)	(1,209-23,536)	
HIV/AIDS Stigma and Discrimination				
Positive	23 (56.1)	18 (43.9)	0,639	0.716
Negative	6 (66.7)	3 (33.3)	(0,140-2,912)	

times chance (OR=5,333) to utilize VCT services compared to those who have negative beliefs, and stigma and discrimination have no chance in the use of VCT services by the MSM community.

DISCUSSION

Based on the results of this study, it can be seen that respondents with good knowledge will use VCT services. This is the same as the research conducted by (19), which reported that most people with high knowledge tend to use VCT clinics. According to (14), knowledge results from knowing, which occurs after someone has sensed a certain object. Knowledge is not only obtained from formal education but can also be obtained through experience. A person's knowledge of an object contains two positive and negative aspects. These two aspects will determine a person's attitude in accepting, responding, appreciating, and being responsible for a particular object. Therefore, knowledge is an important domain for the formation of one's actions. Pender's theory states the importance of health promotion and prevention to be carried out to improve the health of clients or the community for a better and optimal. The researcher assumes that someone with good knowledge will have a higher understanding, which will raise awareness in him to carry out preventive measures to avoid HIV/AIDS so that they will make maximum use of health services. For those with less or sufficient knowledge, the awareness to take preventive action is also less so they do not take advantage of VCT services properly.

The knowledge factor about HIV/AIDS has a statistically significant relationship with the utilization of VCT services by MSM, and those with good knowledge have 11.2 times the chance of using VCT services compared to those with sufficient knowledge. This result is similar to the study by Fatmala, which reported a good relationship between knowledge and the use of VCT (10). Knowledge is a result of knowing and the result of sensing an object. According to Notoatmodjo (14), knowledge gained from experience will have a longer-term when compared to the knowledge obtained from the media, where individuals who have higher education will be more aware of the importance

of using health services. The researcher assumes a relationship exists between enabling factors/predisposing factors, including knowledge and the use of VCT. A higher person's knowledge will make understanding the use of health services easier. It can be seen that there is still one MSM who has sufficient knowledge but still uses VCT services.

There is a statistically significant relationship between the belief factor and the use of VCT services, and the probability of MSM who have positive beliefs is 5.3 times to use VCT services compared to those who have negative beliefs. These results are consistent with research by Mujiati, who reported that there was a significant relationship between attitudes and beliefs towards the use of health services, namely 69.0 % (20). While the availability of services, facilities, and facilities had a relationship with the utilization of VCT services. This is also in line with the 2014 research by Ilesanmi, who conducted research in Nigeria with the results that there was a relationship between the use of VCT services and HIV/AIDS prevention behaviour. Notoatmodjo (2012), treatment-seeking behaviour is the behaviour of individuals, groups, or residents to perform or seek treatment. Treatment-seeking behaviour in society, especially in developing countries, varies widely. Confidence in using services is one factor in a person's readiness to behave or act. Individual attitudes and beliefs about the availability and benefits of health services (14). The researcher assumes that the availability of health services is an essential factor in the utilization of health services. The limited schedule of VCT services and the availability of facilities and infrastructure for services are also inhibiting factors in terms of the utilization of VCT services by the MSM community. This is because community activities' hours differ from service providers. So that makes them more delaying the examination than leaving their activities.

The study shows no significant relationship between stigma and discrimination with the use of VCT services in the MSM community in Bukittinggi. Stigma related to HIV/AIDS is all unpleasant attitudes shown to those living with HIV/AIDS (PLWHA) and towards their loved ones, close colleagues, social groups, and society (21). Research conducted by

Pangaribuan in 2017 informed that of respondents with good self-stigma 45.3 % use services more than respondents with low self-stigma, and there is a relationship between self-stigma and the use of VCT services. UNAIDS defines stigma and discrimination related to HIV as negative traits assigned to a person that causes reasonable and unfair actions against that person based on their HIV status (22). The results of research conducted by Sugiharti found that there was still stigma and discrimination against Children with HIV/AIDS, both in the home, school, and healthcare facilities (21). The results of Mahajan et al. inform that stigma is still an obstacle for health services in preventing HIV/AIDS cases (23). The results of this study contradict the results of research by Pangaribuan in 2017, which informed that there was a significant relationship between stigma and discrimination with the use of VCT services in the east Sorong district (24). The researcher assumes that many other factors cause a person not to come to the service, one of which is fear of HIV laboratory test results. The risk of leakage of blood test results is also one of the barriers for someone to come to take advantage of the service. This study showed that stigma does not affect someone to take advantage of Voluntary Counseling and Testing (VCT) services.

CONCLUSION

In this study, it can be concluded that the knowledge factor about HIV/AIDS and VCT services and the confidence factor in the availability of VCT services has a statistically significant relationship with the utilization of VCT services by the MSM community in the city.

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