

B -04

**FACTORS ASSOCIATED WITH HIGHER UPTAKE FOR HIV TESTING
AMONG INDIRECT FEMALE SEX WORKERS (FSWs)
IN YOGYAKARTA INDONESIA**

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Indirect female sex worker is categorized as one of the key populations at risk to HIV transmission and other STDs due to having multiple sex partners. To avoid HIV transmission, female sex workers are recommended to undergo HIV voluntary counseling and testing (HIV VCT) periodically to monitor her HIV status. In fact, many of the indirect FSWs do not uptake HIV test regularly. This study was a cross sectional study. Indirect female sex workers who work as hairdressers and massagers in Yogyakarta were invited to participate in this study. A sample of 67 respondents was recruited by using convenience sampling method and was interviewed by using a questionnaire. Data collection was taken between Augusts to September 2012. Multivariate logistic regression was used to determine significant factors associated with having HIV testing among FSWs. Half of respondent in this study reported that they underwent HIV testing (50,7%). The study found that having HIV test among indirect sex workers in Yogyakarta were significantly associated with level of knowledge on HIV (OR 37,2), perception of threat (OR 22,6), perception of the advantages and disadvantages to uptake HIV test (OR 28,5) and the availability and affordability of HIV test (OR 116,3). HIV transmission education is needed to enhance knowledge and awareness to uptake HIV test among indirect FSWs by using peer educator (PE).

Key words : HIV testing, FSWs

INTRODUCTION

FSWs is one of the high-risk population which is infected with HIV and other STDs due to frequent sex multiple partners and sex is often not done safely, such as not using condoms when serving clients. The prevalence of Chlamydia is the highest prevalence among key populations of FSWs. The high prevalence of STDs is one of the entrances of HIV infection, it is affecting the high prevalence of HIV in FSWs (UNAIDS, 2009).

To avoid the infection of HIV, FSW must perform HIV counseling and testing on a periodic basis to determine her HIV status. High-risk groups should undertake VCT routinely every 3 (three) months. This is done to anticipate the window period, in which a person has been infected with HIV but it has not shown any reaction when the HIV test is done. VCT has proven extremely valuable, and it is the gateway to health services and support as needed (Depkes RI, 2012).

The increase in the incidence of STDs in Bantul is very high. In 2010, it was reported there were 77 events STDs. In 2011, it was reported there were 332 STDs incident. Bantul is one of the five districts in the province of Yogyakarta.

Meanwhile, the results of interviews with one of the staff section for Health Problems, Bantul Health Office in Bantul district stated that the district has a uniqueness that entertainment

venues such as bars, karaoke, are not permitted, but there are places that women workers in salons and massage parlors provides sexual services. Bantul district has Regulation No.5 of 2007 on the prohibition of prostitution in Bantul, which means prohibiting sex locations. Yet a long with the development and construction of physical facilities in Bantul educational institutions, as well as the development of tourism in Bantul, unwittingly the number operating FSWs is also growing.

The focus of Bantul Health Office program is still directed to Direct Female Sex Workers in the south coast area, although there are some programs for FSWs. In 2010, Bantul District Health Office had performed VCT mobile in massage parlor and salon, the socialization of STDs and HIV/AIDS had also been done for FSWs. Outreach program is also conducted by Kembang Non Governmental Organization (NGO). Kembang NGO is an NGO that focuses on FSWs in Bantul. In this outreach program, NGO also distributed condoms and lubricant to FSWs that have been reached. This study aims to analyze the factors that affect FSWs in Salon and Massage parlor where they do HIV test in Bantul Yogyakarta.

RESEARCH METHOD

This study used quantitative research methods including explanatory research. The design of this study used a cross-sectional study (Murti, 2006).

The population targets in this study were all FSWs in the salon or massage parlor in Bantul which maintained by Kembang NGOs. According to the KPA mapping conducted biennially in Bantul, in 2010 there were 47 workers salon and 53 massage parlor workers assisted by Kembang NGOs. The population sample was FSWs in Bantul with inclusion criteria:

1. FSW agreed to be interviewed at the time of the study
2. Provide sexual services in salons and massage parlors assisted by Kembang NGOs in Bantul

The instrument used in this study were prepared according to a structured questionnaire variables to be studied. Form of the question used was a form of closed questions. Data retrieval techniques was by giving questionnaires to FSWs and then the researchers read and explained the purpose of each question on the questionnaire research. Respondents then filled out the questionnaire distributed. Data analysis techniques included univariate, bivariate analysis was using chi square test and multivariate analysis was using logistic regression.

RESULT AND DISCUSSION

Univariate Analysis

Table 1. Frequency Distribution Characteristics of Respondents

| No. | Characteristics of Respondents | F | % |
|-----|--------------------------------|----|------|
| 1. | Age | | |
| | a. Adult (17-40 years old) | 51 | 76,1 |
| | b. Old (41-56 years old) | 16 | 23,9 |
| 2. | Educational Level | | |
| | a. Foundation | 43 | 64,2 |
| | b. Advanced | 24 | 35,8 |
| 3. | Marital Status | | |
| | a. Single | 16 | 23,9 |
| | b. Married/ Never Married | 51 | 76,1 |
| 4. | Length of work as FSW | | |
| | a. < 6 months | 13 | 19,4 |

| | | | |
|-----|--|----|------|
| | b. > 6 months | 54 | 80,6 |
| 5. | Level of Knowledge about HIV | | |
| | a. Less Good | 17 | 25,4 |
| | b. Good | 50 | 74,6 |
| 6. | Level of Knowledge about HIV Test | | |
| | a. Less Good | 32 | 47,8 |
| | b. Good | 35 | 52,2 |
| 7. | Attitude of Conducting HIV Test | | |
| | a. Not Support | 4 | 6 |
| | b. Support | 63 | 94 |
| 8. | Perception of the Threat of HIV / AIDS | | |
| | a. Less Good | 33 | 49,3 |
| | b. Good | 34 | 50,7 |
| 9. | Perception Benefits Perform HIV Test | | |
| | a. Less Good | 22 | 32,8 |
| | b. Good | 45 | 67,2 |
| 10. | Peer Attitudes Towards HIV Testing | | |
| | a. Not Support | 25 | 37,3 |
| | b. Support | 45 | 62,7 |
| 11. | Access Information Media | | |
| | a. Low | 26 | 38,8 |
| | b. High | 41 | 61,2 |
| 12. | Availability and Affordability | | |
| | a. Difficult | 18 | 26,9 |
| | b. Easy | 49 | 73,1 |
| 13. | HIV Test | | |
| | a. Not Test | 34 | 50,7 |
| | b. Test | 33 | 49,3 |

Table 1. shows that most respondents aged adults (17-40 years) 76.1%, 64.2% primary education; are / have been married 76.1%; worked as FSW more than 6 months 80.6%; has a good knowledge HIV 74.6%; has a good knowledge about HIV testing 52.2%; has a good perception of threat of HIV 50.7%; has a good perception of benefits perform HIV test 67.2%; attitude peer support 62.7% had an HIV test; has a high media access information 61.2%; has the availability and affordability are easy to perform an HIV test 73.1%, and 50.7% had an HIV test.

Bivariate Analysis

Table 2 Resume of analysis bivariat variabel independent

| Variabel Independent | Variabel Dependent | P Value | Result |
|-----------------------------------|---------------------------|----------------|---------------|
| Age | Perform HIV Test | 0,066 | Not Correlate |
| Educational Level | | 0,030 | Correlate |
| Marital Status | | 0,779 | Not Correlate |
| Length of work as FSW | | 0,289 | Not Correlate |
| Level of Knowledge about HIV | | 0,624 | Not Correlate |
| Level of Knowledge about HIV Test | | 0,010 | Correlate |

| | | | |
|--|--|-------|---------------|
| Attitude of Conducting HIV Test | | 0,053 | Not Correlate |
| Perception of the Threat of HIV / AIDS | | 0,089 | Not Correlate |
| Perception Benefits Perform HIV Test | | 0,002 | Correlate |
| Peer Attitudes Towards HIV Testing | | 0,001 | Correlate |
| Access Information Media | | 0,001 | Correlate |
| Availability and Affordability | | 0,001 | Correlate |

Table 2. shows there are six independent variables associated with the dependent variable is the level of education, level of knowledge about HIV testing, peer attitudes towards HIV testing, Perception Benefits Perform HIV Test, frequency of media access and availability and affordability, while there are five other independent variables do not have a relationship with the dependent variable (HIV testing) include: age, marital status, length of work, attitude of respondents towards HIV testing, the threat perception of HIV/AIDS.

There are nine variables that $p < 0,25$, can enter to multivariate analysis (Dahlan, 2010).

Multivariate Analysis

Table 3. Result Regression Logistic between Independent Variables and HIV Testing

| | B | S.E. | Wald | df | Sig. | Exp(B) | 95% C.I.for EXP(B) | |
|------------------|---------|---------|-------|----|-------|---------|--------------------|----------|
| | | | | | | | Lower | Upper |
| age | .884 | 1.621 | .298 | 1 | .585 | 2.421 | .101 | 58.010 |
| education | -2.066 | 1.167 | 3.132 | 1 | .077 | .127 | .013 | 1.248 |
| knowledgetest | 3.618 | 1.501 | 5.810 | 1 | .016 | 37.276 | 1.966 | 706.616 |
| attitude | -17.036 | 17539.8 | .000 | 1 | .999 | .000 | .000 | . |
| threatPerception | 3.118 | 1.494 | 4.355 | 1 | .037 | 22.611 | 1.209 | 422.937 |
| benefitspercept | 3.351 | 1.703 | 3.874 | 1 | .049 | 28.536 | 1.014 | 802.769 |
| media | 1.707 | 1.206 | 2.002 | 1 | .157 | 5.510 | .518 | 58.576 |
| peers | 1.932 | 1.087 | 3.156 | 1 | .076 | 6.900 | .819 | 58.133 |
| availability | 4.757 | 1.854 | 6.584 | 1 | .010 | 116.366 | 3.075 | 4403.187 |
| Constant | 3.370 | 17539.8 | .000 | 1 | 1.000 | 29.065 | | |

Results of multivariate statistical analysis in Table 3. shows that the variables that affect the HIV test is the level of knowledge about HIV testing (p value = 0.16, OR 37.2) threat perception (p value = 0.037; OR 22.6), perceptions of benefits an HIV test (p value = 0.049; OR 28.5), the availability and affordability of HIV testing (p value = 0.010; OR 116.3).

The results of this study shows that the respondents who do not do an HIV test understood that HIV testing is something important to them but they can not do. The existence of a discrepancy between respondents understanding of HIV testing is well with the unwillingness of respondents had an HIV test can be caused by many factors. One of the factors that influence the respondents for not taking an HIV test is a poor perception of the respondents towards HIV testing. Although the respondents have good knowledge and attitudes about HIV testing, but the perception is less well to the implementation of HIV testing be a sufficient reason for respondents not to have an HIV test (Rosenstock, Green, 2002).

The results of this study also shows that the government of Bantul district has sought as much as possible to provide health services to FSWs associated with the early detection of HIV / AIDS through VCT Mobile unit. VCT Mobile units provide free HIV testing services to make

it easier for FSW check themselves. But unfortunately the government's efforts lack the full support from the health districts of Bantul. This is proved by the implementation of VCT Mobile conducted every 6 months. While the rules of conduct VCT every 3 months for high-risk populations such as FSW (Depkes RI, 2006). It becomes one of the main factors for the respondents do not have an HIV test. This is supported by the finding of a new FSW working <6 months is 19.6%. FSWs new work is less than 6 months

The results shows almost half of the respondents have an HIV test, 33 out of 67 respondents (49.3%) had an HIV test. The respondents receive an HIV test can be caused by the respondents have worked as FSW more than 6 months (80.4%), so they have ever got a mobile VCT services from Bantul Health Office.

VCT Mobile from Bantul Health Office has been running since 2009, working together with Panembahan Senopati Hospital in Bantul, NGOs Kembang. The results shows 29 (87.9%) respondents tested for HIV in the VCT mobile and 4 (12.1%) respondents tested for HIV at VCT sites. Viewed from the routine or not, FSWs do an HIV test every 3 months, 26 (78.8%) the respondents do not have an HIV test every 3 months. In the implementation of the VCT Mobile, is often found that the respondents are not willing to test for HIV, respondents who are not in work makes FSWs VCT can not be done thoroughly.

Similar with the Suparli's research (2010) shows HIV testing in most societies still be stigma. This occurs in adolescents and adult age groups. It is possible they will be afraid to get a social impact even they will be ostracized by society due to the stigma of HIV testing. On the other hand, some people who have received sufficient exposure information will use HIV testing to know their status soon. So, there are many complex factors that influence a person's intention to test for HIV.

CONCLUSION AND SUGGESTION

Half of respondent in this study reported that they underwent HIV testing (50,7%). The study found that having HIV test among indirect sex workers in Yogyakarta were significantly associated with level of knowledge on HIV (OR 37,2), perception of threat (OR 22,6), perception of the advantages and disadvantages to uptake HIV test (OR 28,5) and the availability and affordability of HIV test (OR 116,3). HIV transmission education is needed to enhance knowledge and awareness to uptake HIV test among indirect FSWs by using peer educator (PE).

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