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The Analysis of Utilization of Voluntary Counseling and Testing (VCT) Clinics by Men Who Have Sex with Men Living with HIV/AIDS

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ABSTRACT

Men Who Have Sex with Men (MSM) are a high-risk group for HIV/AIDS transmission due to their tendency to have multiple partners and engage in anal sex. This study aims to determine the factors influencing the utilization of VCT clinics by MSM living with HIV/AIDS in the VCT clinic at Kendari City General Hospital. This research method is quantitative with an analytical cross-sectional design, conducted in March 2024 at the VCT Clinic of Kendari City General Hospital with a population of 428 MSM who visited the VCT clinic until March. Sampling was done using simple random sampling. The data obtained were processed using SPSS software by conducting chi-square tests, then presented in tabular form accompanied by narration. The research results showed that 74.4% utilized the VCT Clinic well, while 25.6% underutilized the VCT clinic. Based on bivariate analysis, it was found that there is an influence between knowledge (p = 0.000), peer support (p = 0.004) on the utilization of VCT clinics. The researchers suggest that local authorities conduct socialization and disseminate information about HIV/AIDS and VCT clinics through mass media, print, electronic media, optimize mobile VCT, and develop comfortable VCT clinic facilities

Keywords: *Knowledge, Attitude, Behavior, Family Support, Peer Support, VCT, Men Who Have Sex with Men*

INTRODUCTION

HIV is one of the global issues that has become a health problem in Indonesian society [1]. Human immunodeficiency virus (HIV) is an infection that attacks the immune system, particularly the white blood cells known as CD4 cells (Cluster of Differentiation 4) [2]. HIV destroys these CD4 cells, weakening a person's immunity to opportunistic infections such as tuberculosis, fungal infections, severe bacterial infections, and certain types of cancer. The spread of HIV tends to be rapid and widespread. HIV transmission can occur through direct contact with bodily fluids from an infected person, such as blood, breast milk, semen, and vaginal fluids [3].

The increasing number of people testing positive for HIV every year remains a health problem that has yet to be resolved. This issue is interconnected with a wide range of socio-economic sectors [4]. Moreover, the suffering is not only experienced by People Living with HIV (PLHIV) but also impacts their families and communities. The HIV and AIDS epidemic's impact extends beyond health issues and affects politics, economics, social dynamics, ethics, religion, and law. Sooner or later, HIV cases will

influence nearly every aspect of human life [5]. This threatens efforts to improve the quality of life in the country. Additionally, there are obstacles to development, prompting the government to take immediate policy steps for prevention and mitigation [6]

Southeast Sulawesi Province ranks 28th out of 34 provinces in Indonesia with a cumulative number of HIV/AIDS cases up to 2022, totaling 2,346 cases (Prevalence 0.01%). The number of new HIV and AIDS cases has increased in the past 3 years: in 2020, there were 148 cases, in 2021, there were 250 cases, and in 2022, there were 640 cases, with 524 cases of HIV and 116 cases of AIDS [7].

For HIV cases among MSM in Southeast Sulawesi in 2021, there were 138 cases, in 2022, there were 185 cases, and in 2023, there were 215 cases [8]. The majority of HIV and AIDS cases in Southeast Sulawesi were found in Kendari City, with 155 cases in 2021, 224 cases in 2022, and 321 cases in 2023. Although Southeast Sulawesi Province ranks 28th in HIV/AIDS cases nationally, new cases have increased in the past five years. Meanwhile, in Kendari City, the proportion of new HIV and AIDS cases is 76.5%.

Efforts for prevention, treatment, and education are needed to reduce HIV spread and increase understanding of how to avoid transmission risks among various key populations, especially MSM [9,10]. While some key populations (injecting drug users, sex workers, and transgender individuals) consistently show declining new HIV infections among those aged 15 and above over time, this is not the case for MSM and low-risk women (partners of key populations). In both of these groups, new HIV infection rates are increasing [11,12].

This research is titled "Analysis of the Utilization of Voluntary Counseling and Testing (VCT) Clinics by Men Who Have Sex with Men Living with HIV/AIDS at Kendari City General Hospital in 2023."

MATERIALS & METHODS

This study employs an analytical research design with a cross-sectional approach, targeting the MSM group living with HIV/AIDS who have utilized the VCT Clinic at Kendari City General Hospital until March 2024, totaling 428 individuals, with a sample size of 82 individuals selected through simple random sampling. The research was conducted at Kendari City General Hospital in 2024.

The dependent variable in this study is the utilization of VCT clinics, while the independent variables are knowledge about VCT clinics and peer support. Utilization of VCT clinics refers to the number of consecutive visits by respondents within the last year, with the indicator being visits by patients to receive antiretroviral therapy (ARV) every month (once every 30 days), which should match the visit card given to patients by healthcare providers. Variable criteria are categorized as good if the number of visits to VCT clinics is ≥6 times and poor if the number of visits is <6 times.

Respondents' knowledge refers to their understanding of VCT clinic services, categorized as good or poor. Peer support refers to the attitudes, actions, and acceptance of respondents' peer support in utilizing VCT clinics, categorized as sufficient or insufficient.

Data analysis is conducted using the chi-square test to determine the relationship between two variables with a significance level of 95%. All data processing and analysis are performed using SPSS version 16.0.

RESULT

Characteristics of respondents in this study include age, education level, and occupation. The breakdown is as follows:

Table 1. Characteristics of Respondents Based on Age in the MSM Group Living with HIV/AIDS

Characteristics	n	%
Age (Years)		
20 – 24 years	17	20,7
25 – 49 years	58	70,7
≥ 50 years	7	8,6
Pendidikan	**n**	**%**
Elementary School	7	8,5
Junior High School	11	13,4
Senior High School	41	50,0
College	23	28,0
Employee	**n**	**%**
Student	6	7,3
Entrepreneur	18	22,0
Freelancer	4	4,9
Private Employee	46	56,1
Civil Servant	8	9,8

Table 1 shows that out of 82 respondents, the largest group falls between the ages of 25-49 years old, totaling 58 respondents (70.7%). The most common education level is high school (SMA), with 41 respondents (50.0%), and the most common occupation is working as a private sector employee, with 46 respondents (56.1%).

Table 2. Frequency Distribution of Research Variables

Variable	n	%
Utilization of VCT Clinic		
Less	21	25,6
Good	61	74,4
Knowledge		
Less	24	29,3
Sufficient	58	70,7
Peer support		
Less	20	24,4
Sufficient	62	75,6

Table 2 shows that out of 82 respondents, the majority who utilized VCT clinic services fell into the "good" category, totaling 61 respondents (74.4%). The largest group of respondents had sufficient knowledge, with 58 respondents (70.7%). Additionally, the majority had peer support categorized as "sufficient," totaling 62 respondents (75.6%).

Table 3. The Influence of Knowledge on the Utilization of VCT Clinics by MSM Group Living with HIV/AIDS

	Utilization of VCT Clinic				Total		Sig.
	Less		Good				
Knowledge	n	%	n	%	n	%	
Less	15	62,5	9	37,5	24	100	0,000
Sufficient	6	10,3	52	89,7	58	100	
Peer support							
Less	10	50,0	10	50,0	20	100	0,004
Sufficient	11	17,7	51	82,3	62	100	

Table 3 indicates a tendency for respondents with poor knowledge to underutilize VCT clinic services, and vice versa. Similarly, in terms of peer support variable, respondents who underutilized VCT clinic services tended to have insufficient peer support.

Based on the statistical chi-square test results, it is found that both variables, knowledge and peer support, are significant with a p-value < 0.005.

DISCUSSION

The Influence of Knowledge on the Utilization of VCT Clinics by MSM Group Living with HIV/AIDS

The research results based on respondents' answers indicate that the majority of

respondents have a good understanding of the usefulness of VCT services, which is to determine someone's HIV status, whether positive or negative. Respondents are well aware of the benefits of VCT services, which provide knowledge/education about transmission and prevention, and the materials provided by VCT counselors before testing are not only information on preventive behavior but also aimed at behavioral change for people living with HIV/AIDS. It is expected that with the existence of services at the VCT Clinic, the main factor expected by the officers is behavioral change in people living with HIV/AIDS. The behavioral change referred to here is avoiding risky sexual behaviors and using protection (condoms) to prevent transmission.

The assumption made by the researcher regarding the influence of knowledge on the utilization of VCT Clinics by MSM groups is that a good level of knowledge among people living with HIV/AIDS is due to the level of understanding related to HIV/AIDS provided by service officers, in this case counselors and companions, being quite good. Counselors are assisted by companion officers from NGOs who routinely communicate with patients and receive all the information provided quite well, although there are still some patients who engage in risky behaviors. Counselors and companion officers engage in communication not only at the service location (VCT clinic) but also through electronic media such as social media or phone calls. This is to listen to the concerns of patients regarding the issues they have been facing. Considering that VCT is done on a voluntary basis, there needs to be willingness from the respondents themselves to undergo VCT voluntarily and without coercion from various parties. With good knowledge, respondents' understanding of HIV/AIDS and the importance of VCT can be a driving force for them to willingly undergo VCT without coercion from various parties.

This study is in line with the research conducted by Marlinda, et al [14] which shows a relationship between knowledge and utilization of VCT clinics in the working area of Kedaton Health Center in Bandar Lampung (p-value 0.007). The higher the level of knowledge, the greater the percentage of respondents utilizing VCT clinics.

The results of Fatmala's research [13] show that the majority of informants have very good knowledge about HIV and AIDS and VCT. This creates awareness of the risk factors for HIV infection, but access to VCT services is still constrained by service schedules, which are mostly during working hours. The motivation to access VCT is obtained from friends in the community (field officers). There is no stigma and discrimination against MSM by health service providers. The attitudes and behaviors of health workers make patients comfortable because they are quite close and familiar with the informants. It can be concluded that factors related to the utilization of VCT by MSM include knowledge, perception, information, availability of facilities and infrastructure, peer support, and attitudes or behaviors of health workers.

The results of Sitopu's research [15] show that the majority of clients have good knowledge, but negative attitudes towards VCT utilization are low. The results of the correlation test between knowledge and utilization of VCT services obtained a p-value of 0.017 (ρ>0.05) which indicates a significant relationship between client knowledge and VCT service utilization, meaning that the higher the client's knowledge about VCT, the better the utilization of VCT services. It can be proven that although good knowledge does not result in a positive attitude towards utilizing VCT services.

Good utilization of VCT clinics means that respondents go through all stages of VCT, including pre-test counseling, HIV testing, and post-test counseling. Conversely, poor utilization of VCT clinics only involves

some stages of VCT, such as pre-test counseling only or pre-test counseling followed by HIV testing. Based on the research results obtained, the majority of respondents utilize VCT clinics well, this is because they belong to the high-risk group for HIV and AIDS, so respondents have a desire to know their HIV status. Respondents who utilize VCT clinics poorly do so because they come to VCT clinics based on recommendations from local health workers or NGOs who actively advise them to undergo VCT without knowing the stages of VCT implementation. Good knowledge among high-risk MSM groups about VCT is closely related to behavior in utilizing VCT services well [16]. Respondents' awareness of the importance of VCT creates a desire to undergo screening through the utilization of VCT available at the Kendari City Hospital. Knowledge is influenced by formal education factors. Knowledge has a close relationship with the level of education, so it is expected that with a high level of education, a person will have good knowledge. Respondents' education in this study, the majority (50%) have a high school education, so respondents in the high-risk group understand the importance of utilizing VCT for themselves. Similarly, with the research conducted by Rosida [17] which examined the Relationship Between Knowledge About HIV/AIDS and Utilization of VCT at the Gedongtengen Health Center in Yogyakarta, the research results show that the majority of respondents who come to utilize VCT services at the health center have a high level of education. Based on these descriptions, it can be stated that the higher or better a person's level of education, the more likely they are to utilize VCT services at the health center.

The Influence of Peer Support on the Utilization of VCT Clinics by MSM Group Living with HIV/AIDS

Peers in this case are the respondents' friends who also have HIV. Things done as peers include reminding each other and providing information about the latest HIV updates. Peers also play a greater role as family, which makes patients more enthusiastic, because they see their peers having a positive mindset about HIV. Activities often carried out among peers include study club activities related to treatment adherence and partner notification. In these activities, patients who have been on treatment for a long time share their experiences with patients who are newly starting treatment. This makes them a motivation to continue to grow and reach their future.

Meetings held by community groups through the KDS are held once a month. This serves as the basis for MSM to assess good adherence information, where every month they visit the VCT as a form of adherence to the treatment they have been undergoing. The role of other peer support is also quite significant in terms of helping officers to find new cases and to find people living with HIV who have discontinued treatment (Lost Follow Up).

The research results show that out of 62 respondents with sufficient peer support, there are 51 respondents (82.3%) who have good utilization of VCT clinics and 11 respondents (17.7%) who have poor utilization of VCT clinics. Meanwhile, out of 20 respondents with insufficient peer support, there are 10 respondents (50.0%) who have good utilization of VCT clinics and 10 respondents (50.0%) who have poor utilization of VCT clinics.

Based on the statistical chi-square test results, a significant value of 0.004 was obtained. From the correlation coefficient test results, a value of phi = 0.317 was obtained, which means that there is a significant influence of the peer support variable on the utilization of VCT clinics by the MSM group living with HIV/AIDS at Kendari City Hospital.

This is in line with a literature review conducted by Tokar, et al [18] which states that social interaction influences female sex workers' decisions to undergo HIV testing.

In China, female sex workers will undergo HIV testing if accompanied by friends. Meanwhile, in Russia, family support is very important for female sex workers to access health services, including HIV testing. Other studies have shown that a person's behavior is greatly influenced by their social environment and social relationships. Peers are known to have a significant influence on adolescent sexual behavior and health in Sub-Saharan Africa [10].

Research conducted by Budhwani et al [19] shows that peer support is an important factor in clinical care for people living with HIV in improving adaptive skills, especially in improving psychosocial functioning. This is important for assessing patient access to peer support, providing opportunities for peer support in clinical contexts, and enhancing the ability to seek peer group support to benefit from peer support [20].

Another study conducted on Men who Have Sex with Men (MSM) shows that peer group support programs can effectively reduce drug use, decrease the risk of depression, reduce stigma, improve individual well-being, improve HIV testing compliance, and improve knowledge, attitudes, and behaviors related to HIV/AIDS risk [21]. Additionally, MSM diagnosed with HIV/AIDS show that peer group support is the most dominant factor in preventing the transmission of Sexually Transmitted Infections (STIs). This study states that there are three important things needed by MSM with HIV/AIDS in relation to peer support groups: (1) assessing how patients can access peer support, (2) providing opportunities for peer groups to be involved in clinical services, and (3) increasing openness and skills to seek support and being able to use existing support facilities [22,23].

CONCLUSION

The conclusion of this study is that the utilization of VCT clinic services by MSM groups with HIV/AIDS is influenced by good knowledge and peer support. This indicates that accurate information and understanding of VCT services as well as social support from fellow HIV/AIDS sufferers play a crucial role in motivating individuals to utilize these services. Therefore, efforts to improve knowledge and provide adequate social support among MSM groups affected by HIV/AIDS can help enhance access to and utilization of VCT services, as well as in efforts to prevent and control the spread of HIV/AIDS.

Declaration by Authors

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