

EXPLORATION OF INPUT FACTORS IN HIV/AIDS COUNSELING AT THE TELADAN HEALTH CENTER IN MEDAN CITY

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Abstract

HIV cases in Indonesia peaked in 2019 at 50,282 cases, 64.50% of which were male. In addition, the proportion of AIDS patients at 68.60% was also male. A number of input factors in HIV/AIDS counseling should be expected to contribute to the success of reducing the transmission rate of the disease. This study aims to explore the input factors of HIV/AIDS counseling at Puskesmas Teladan Medan including counseling officers (man), counseling costs (money), facilities (machine), materials (material), methods (method) and implementation time (time). This research is a qualitative research with descriptive approach with phenomenological design. The research was conducted for two months involving 7 (seven) informants purposively consisting of 3 (three) HIV/AIDS program managers of Puskesmas, 1 (one) HIV/AIDS disease prevention and control program section of Medan City Health Office and 3 (three) patients with HIV/AIDS. Data collection was conducted with in-depth interviews, observation, and documentation studies. The questions asked contained informant characteristics, human resources (man), funds (money), methods (methode), facilities (machine), materials, and time (time). This study found the low quantity of counseling officers and not in accordance with the SOP. In addition, the source of funding for activities in organizing the VCT clinic is inadequate and the material is only presented in the form of lectures without using any media. The dominant counseling method used is individual counseling where there is no routine service schedule and timing when conducting counseling.

Keywords: Counseling, HIV/AIDS, Health Center

Introduction

Human Immunodeficiency Virus (HIV) infection is a spectrum of diseases that attack immune cells including primary infection, with or without acute syndrome, asymptomatic to advanced stages.^[1] Currently, with an average prevalence of 0.4%, most of Indonesia is categorized as having a concentrated HIV epidemic.^[2] According to the WHO, by the end of 2017, there were 36.9 million people living with HIV, with 1.8 million new infections in the same year.^[3]

Based on data from district/city health profiles in North Sumatra province in 2017, the highest number of new HIV/AIDS patients was Medan City with 1,333 HIV cases (or about 60.29% of total cases), Deli Serdang Regency with 177 cases (8.01%), and South Tapanuli Regency with 152 cases (6.87%).^[4]

Based on data from Puskesmas Teladan Medan, the number of new HIV cases in 2016 was 192 HIV positive cases and in 2017 there were 238 HIV cases. For 2018 alone, of the 3039 cases screened, 247 new HIV positive cases and 5 AIDS cases were found, while 111 syphilis cases were found and treated.^[5]

One of the programs implemented to prevent HIV/AIDS transmission is Voluntary Counselling and Testing (VCT). VCT is a key component of HIV programs in both developed and developing countries, including Indonesia. VCT is an intervention that provides an opportunity for people to know their HIV status and then be referred to care, support and treatment services (CCT).^[6,7]

Based on the initial survey conducted by the researchers, counseling officers at Puskesmas Teladan Medan when counseling patients/clients only delivered counseling materials about the dangers of HIV/AIDS, vulnerable populations (knowledge about HIV/AIDS), without any guidance related to the HIV/AIDS material. When patients/clients suffering from HIV/AIDS take medicine every month, they will be given counseling again for a few minutes.

Then in the counseling officer (man) there are duplicate duties where the VCT counselor doubles as the coordinator of PDP, VCT, and STIs and also doubles as an administrative officer. This indicates that the Teladan Health Center is still experiencing a shortage of human resources (HR). Meanwhile, the financing at the Teladan Health Center comes from the Health Operational Assistance (BOK), Non-Governmental Organizations (NGOs).

The results of the initial survey also found that the facilities and infrastructure at Puskesmas Teladan Medan still do not meet the minimum standards such as access to and from the counseling room where the patient's entrance and exit for counseling is still one access. The method used in the implementation of counseling uses individual and group methods. The individual method is done when the patient/client takes the medicine once a month then simultaneously the counseling officer provides brief counseling (\pm 10 minutes) related to HIV/AIDS material. While the time for counseling is done during working hours.

The high number of HIV/AIDS cases in Medan city and the regulation of the allocation of logistics financing devoted to the HIV/AIDS Control Program are the main reasons for this research problem which is formulated in the question "What is the state of Input factors in HIV/AIDS Counseling at Puskesmas Teladan Medan".

This study aims to explore the input factors of HIV/AIDS counseling at Puskesmas Teladan Medan which include counseling officers (man), counseling costs (money), facilities (machine), materials (material), methods (method) and implementation time (time).

Method

This research is a descriptive study with a qualitative approach using a phenomenological design conducted at Puskesmas Teladan Medan. The study started in October to December 2022. The informants involved were determined purposively consisting of 7 (seven) people where the main informants were 3 (three) Puskesmas managers namely the Head of Puskesmas, PDP, VCT and IMS Coordinator, and Health Laboratory Officer, 1 (one) key informant from the HIV/AIDS prevention and control program section of the Medan City Health Office, and 3 (three) supporting informants of patients with HIV/AIDS. Puskesmas program managers and the P2P section of the Health Office were considered the most knowledgeable and authoritative people on program management, while HIV/AIDS sufferers were selected because they experienced the utilization of Puskesmas VCT services firsthand. Collection was done by in-depth interviews, observation, and documentation studies related to the HIV/AIDS program. The validity used was source validation, i.e. data obtained from informants with different work backgrounds (Puskesmas, City Health Office and HIV/AIDS patients), as well as content validation by expert judgment by consulting with health experts at the Department of Epidemiology, Faculty of Public Health, UIN North Sumatra. The measured variables consist of Input variables including human resources, funds, methods, machines, materials, and time). The data was then analyzed narratively to reveal the complexity of the statement data obtained.

Result

The main informants (IU) in this study were Puskesmas officers involved in the HIV/AIDS program coded IU-1, IU-2 and IU-3), for the Medan City Health Office responsible for HIV/AIDS P2P coded key informants (IK), while HIV/AIDS patients as triangulation informants coded IT-1, IT-2, and IT-3. The elements of health services are described in various elements, among others, namely, inputs, namely administrative tools, namely personnel (man), funds (money), facilities (machine), methods (methode) and time (time).

1. Man

One way to see the success of a program will be carried out well and smoothly if the resources are sufficient and qualified and work according to their abilities. Based on statements from key informants, it was revealed that there is still a shortage of personnel for counseling officers, resulting in duplicate tasks and resulting in the workload of counseling officers at the Teladan puskesmas being quite large, causing the services provided to be not optimal and performance not running optimally. This contradicts the key informant's statement that counseling officers in Medan City are 80% sufficient. The two informants' contradictory information can be seen in the following statement:

"If you say it is sufficient, it is not yet.... there is a doctor as well as a counselor, then there is a nurse, then there is an admin, then there are lab officers and pharmacists. that is the team through training first." (IU-1)

"Actually, it is still lacking, there should be special counseling officers" (IU-2)

"Counseling officers in Medan city are 80% fulfilled, some have certificates and some have not, 60-70 have" (IK)

On the other hand, triangulated informants provided the following information:

"It takes a while for us to be served because the officers are few and seem to be busy". (IT-1 and IT-3)

HIV/AIDS patients confirmed that the availability of health workers is still limited which results in the need for long queues to be served.

2. Money

Funds are the main component in supporting the implementation of health programs, to facilitate an activity, sufficient funds are needed, so that a program is carried out properly. The following statement is obtained from the interview results:

"Usually there is already a special fund from above, there is still sufficient availability" (IU-2)

"One of them is from all ministries, we don't charge for counseling" (IU-3)

"It's free, there is no charge, the cost is borne by JKN" (IK)

Based on the main informant's and key informant's statements above, it is known that there is no fee collection during counseling because the source of costs in implementing counseling comes from JKN funds or DAK (special allocation funds), even sourced directly from the ministry of health.

"There is no charge. It's free for us to be served by the health center. They said they already have assistance from the Center directly" (IT-1, IT-2 dan IT-3)

The patient's statement above is in line with previous informants who admitted that there was no charge for HIV clinic services.

3. Machine

Achieving the aims and objectives of HIV/AIDS program implementation requires adequate facilities to support the success of the program. The results of the interview in relation to facilities are as follows:

"For the HIV clinic, the facilities, computers, refrigerators, all kinds of things, some are from the APBD and some are from JKN" (IU-1)

"Funds are provided from puskesmas and grants as well, there is already a special counseling room, and special clinics such as STI, VCT, and PDP clinics" (IU-2)

"KTS/IMS/PDP clinic facilities/infrastructure in the service of providing rapid tests, providing ARVs and ID drugs, technical guidance, and monev/OJT" (IK)

Based on statements from informants that the source of funding for facilities and infrastructure comes from JKN and APBD as well as grant funds which include computers, refrigerators, counseling rooms and special poly. While the triangulation informant's statement that the clinic has provided rapid tests, ARVs, ID drugs, technical guidance and monev / OJT.

"We don't know what equipment the officers gave us. But so far it's actually been okay if anything is needed, so it's still possible" (IT-2 dan IT-3)

Patients did not really understand the completeness of the facilities and infrastructure available. However, patients felt that everything needed for consultations and lab tests met their service needs.

4. Material

The delivery of information certainly requires something that will become material or material to talk about. The following is a statement from the informant:

"Yes, of course, you know, it's complete until now. There are electronic, audiovisual, for example we give a small book about HIV" (IU-1 and IU-2)

"All have SOP and flow, HIV/IDS positive patients get ARVs, all pregnant women are tested for HIV, syphilis, and hepatitis and all TB patients are tested for HIV" (IK)

Based on the statements of the main informants and key informants that the material delivered is in accordance with the SOP guidelines, the material used when conducting counseling uses media in the form of audio-visual electronics, small books on HIV / AIDS and via telephone or WA if patients experience problems when they want to do direct counseling.

"It's the same as before, the room and medical supplies are provided. There are also pictures of instructions on where to go and after that" (IT-3)

Patients confirmed that the service equipment was supportive. In addition, patients also clearly understand what procedures must be followed during the service.

5. Method

To achieve a goal to be achieved, an organized way of carrying out a job is needed so that it is achieved as desired, namely a systematic way of working to facilitate the implementation of an activity. Statements regarding methods from informants are as follows:

"There are individuals and groups too, usually we have special meetings. And the activity is carried out in accordance with the SOP" (IU-1)

"Counseling that is done individually requires a special room because it is confidential, so the patient can be open" (IU-2)

"There is, that is in the form of tests, ARVs, screening for pregnant women, screening for TB patients, and screening for marriage partners, all with counseling services" (IK)

The methods used when conducting counseling are individual and group methods that are carried out with SOPs where individual counseling is carried out in a special room so that patient privacy is maintained and holds a special meeting if you want to hold group counseling.

"I once came by myself. There is a special room at the health center. So they try to make ourselves unknown to others. That way we can be more open to convey the complaints that you feel" (IT-1)

"I've been with friends and alone. So even if there are a few people, it's not much" (IT-2)

Patients feel quite comfortable with the methods that are service options, both individually and in groups.

6. Time

The implementation of an activity requires a series of processes and durations when conducting counseling in order to produce effective activities. The following is the informant's statement:

"According to the needs of the patient, if a new patient the counseling can take up to 2 hours" (IU-1)

"We can't set it because it depends on the patient, the longest is one hour. (IU-2)

"So far, there is no set time, but yes, if the one who is not open is just 30 minutes, he is ready to go." (IU-3)

"According to the working hours of each puskesmas service" (IK)

Timing is adjusted to the working hours of the puskesmas service and the length of time when conducting counseling according to patient needs. Meanwhile, based on the statement of the triangulation informant, there are no special provisions regarding the timing of counseling, all of which are adjusted to the working hours of the puskesmas service itself.

"It's different sis. I don't know about the others. For the crew, it usually takes 30 minutes or so. They have a regular schedule for opening the service. So try to make time for it" (IT-2 and IT-3)

Patients' statements support the earlier explanation that there is a routine schedule provided by the Puskesmas and service times are tailored to their needs.

Discussion

Based on the results of in-depth interviews and documentation studies supported by the results of observations, it can be described how the HIV/AIDS counseling input system is based on the source of personnel, financing (funds), facilities, methods in conducting counseling, material delivered when conducting counseling, and the time needed when conducting counseling.

Man

Based on the results of interviews conducted with informants, it can be seen that there is still a lack of counseling officers, resulting in a large workload and resulting in performance not being optimal. Because the doctor who serves as a counselor doubles as the coordinator of the VCT / IMS / PPD clinic, the nurse doubles as administration and RR (Risk Ratio), this can also be seen in terms of the number of officers at the puskesmas which consists of four officers including one VCT / IMS / PPD clinic coordinator who also doubles as a counselor, one administration person also doubles as a nurse, one laboratory officer, and one pharmacy.

This study is in line with Ernawati, et al (2019) which states that the availability of human resources that do not meet VCT service guidelines can result in double jobs, causing the workload of officers at the puskesmas to be quite large and causing the services provided to be not optimal.^[8,9]

Money

Based on the results of interviews conducted with informants, it was found that there was no fee collection during counseling activities, because all costs were covered by JKN. This is in line with Hosnia (2017) who stated that HIV/AIDS counseling financing comes from BOK and the Global Fund. BOK is used for operational activities while the Global Fund is for the procurement of equipment. In counseling activities, there is no contribution from participants.^{[10][11]}

Machine

Based on the results of interviews, the source of facilities and infrastructure comes from JKN, APBD and grant funds such as the provision of computers, refrigerators, counseling rooms and other poly. In contrast to the results of the observations made, there are still several shortcomings in facilities such as the VCT clinic which is still united with the STI and PDP rooms, the counseling room, health promotion, and drug rehabilitation are made into one, the entrance and exit are still one access, the lack of posters related to health promotion, especially about opportunistic diseases in the waiting room, there are no trash cans, tissues, and calendars in the counseling room. In line with Ernawati (2019) which states that limited facilities will greatly affect the service process because VCT is a service that prioritizes client comfort and privacy, therefore facilities that experience problems will hinder the work activities of officers.^[8]

Material

Based on the results of interviews conducted with informants, it can be found that the material presented is in accordance with the SOP guidelines and sometimes conducts counseling using several media such as giving small books about HIV / AIDS, posters and some even via telephone or WA if patients experience problems when they want to do counseling.

This is in line with Hosnia (2017) who found that the material presented in the form of lectures, meaning that the counselor provides an explanation of counseling with poster aids.^[10] The delivery of the material uses very simple language and makes it easy for participants to understand.^[12] Likewise, Pratiwi (2017) stated that the influence of giving HIV and AIDS booklets on students' level of knowledge and prevention attitudes proves that booklet media is effective in increasing students' knowledge and prevention attitudes about HIV/AIDS.^[13]

Method

Based on the results of interviews conducted with informants, it was found that the methods used when conducting counseling were individual and group methods where individual counseling was carried out in a special room to maintain patient privacy and held special meetings for group counseling with activities carried out in accordance with the SOP.^[14] Likewise, Jayani (2020) stated that respondents who had received interpersonal counseling in the form of in-depth information about disease understanding, prognosis and strengthening the respondent's spirituality increased. Respondents began to understand about the disease, what the prognosis is, what efforts can be taken to prevent complications such as opportunistic infections and death.^[15]

Meanwhile, research conducted by Dadashazar (2017) regarding group counseling stated that forms of social support as an option in dealing with psychological problems, one of which is group counseling because group counseling provides real solutions in the form of input from other people, fellow group members who have similar conditions. similar.^[16] However, individual and group counseling can both be carried out according to the patient's needs.^[17] If you feel uncomfortable doing individual counseling, you can do group counseling and if you are not comfortable doing group counseling and feel that your privacy is not protected, you can use individual counseling.

Time

Based on the results of interviews conducted with informants, it was found that the timing was adjusted to the service's working hours, there was no determination of the length of time when patients underwent counseling. Everything is tailored to the patient's needs. This was confirmed by the triangulation informant that the timing was adjusted to the working hours of the puskesmas service itself.

This is not in line with Hosnia (2017) who states that the timing of counseling is in accordance with the SOP which consists of activity schedules, times for carrying out activities. Counseling is also carried out once a week, namely every Wednesday at 11.00-13.00 WIB.^[10] The same thing is also reinforced by the Republic of Indonesia Minister of Health Decree Number: 1507/Menkes/SK/X/2005 which states that the time for testing in counseling is 30-60 minutes.

Conclusion

This study concluded that Puskesmas officers already had counseling training certificates and had undergraduate backgrounds, but the number of counseling officers was not in accordance with the SOP. Sources of funding for organizing VCT clinics come from JKN funds, Health Operational Assistance (BOK) and the private sector such as the Global Fund.

There is no charge for carrying out participant counseling activities at all. The facilities for counseling activities do not meet the aspects required in the SOP, such as the absence of posters, leaflets or brochures related to the delivery of information related to HIV/AIDS. Even the entrance and exit doors to the counseling room are combined into one access so that patients have less privacy. Furthermore, the counseling material is presented in the form of direct counseling, without using materials such as leaflets or posters in the delivery process. Counseling methods are carried out in groups and individually, the counseling that is often carried out is individual counseling, especially during the current pandemic. The time for conducting counseling is not in accordance with the SOP recommendations, such as the absence of a routine activity schedule and the time for carrying out activities.

It is necessary for Community Health Centers to increase the number of HIV/AIDS counseling officers so that the implementation of counseling can run effectively and efficiently. Apart from that, it is necessary to pay attention to the availability of posters and brochures in the waiting room, separating entrance and exit access to the counseling room and making routine scheduling of counseling activities and times for counseling to make access easier for clients who work or go to school. Limiting the duration of counseling also needs to be done so that time is not wasted and activities can run efficiently. The Health Service should provide counselors and conduct training and education related to HIV/AIDS counseling at Community Health Centers in the city of Medan which has the highest number of HIV/AIDS cases.

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