

The Difference Of The Results Of Tests To Diagnose VCT Counselor In The Examination Of HIV In Public Health Office Turen

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ABSTRACT

Background: A person's HIV-positive status can only be proven by a voluntary blood test conducted by VCT (Voluntary Counseling and Testing). Communities can only know if PLWHA discloses HIV positive status to counselor with confidentiality. VCT is a major component in HIV / AIDS prevention programs, will now VCT has not been a great strategy in developing countries including Indonesia in particular. Voluntary enthusiasm factors have been the determinants of the current low VCT visits, and the diversity of results to diagnose HIV-infected HIV-AIDS is still "tabu" and disgrace of condemnation by society is also one of the supporting factors. The purpose of this study was to determine differences in the conformity of the results of the examination of counselors in VCT examination to diagnose HIV.

Methods: The research design uses categorical comparative analysis with sampling technique using purposive sampling. The number of research subjects consisted of 4 counselors who were in Puskesmas Turen. The results of the study by comparing the results of interviews and observations between VCT counselors.

Results: Based on the test results with Kappa test, the value of Kappa coefficient = 0.39 means that the agreement observed by the counselor between 39% between the perfect agreement. The conclusion in this research is the suitability of kappa test result among VCT counselor examination.

Conclusion: The nursing implication in this research is that counselors are expected to verify data verification and validation of other counselor checkers to ensure a predetermined HIV diagnosis.

Keyword: VCT, Konselor, HIV

BACKGROUND

Cases of HIV-AIDS is still an international problem with the phenomenon of "iceberg" because in a short time has increased the number of sufferers have hit various countries including Indonesia (Sodik, 2014). A person's HIV-positive status that can only be detected and detected by blood tests through VCT (Voluntary Counseling and Testing) voluntarily makes people reluctant to check. HIV-AIDS that is still considered taboo and disgrace also became one of the main factors of the community for early detection of this HIV virus. The existence of this negative stigma is

often an obstacle in efforts to reduce HIV / AIDS prevalence through voluntary testing of voluntary HIV or VCT testing (Dinkes Kebumen, 2012).

VCT examination of voluntary counseling and testing is an entry point to help everyone gain access to all services, whether information, education, therapy or psychosocial support. With the opening of access, the need for accurate and precise information can be achieved, so that thought processes, feelings and behaviors can be directed to a healthier behavior change. To be able to perform good VCT services, the counseling and test must be

qualified, meaning that VCT examination should be done professionally by those who are competent (Kemenkes, 2006).

VCT voluntary counseling and testing is an entry point to help everyone get access to all services, whether information, education, therapy, or psychosocial support. Each counselor is required to have basic competencies that can guide clients to sequence their future, adapt life to their new status, change client behavior toward healthy behaviors, not transmit HIV virus to spouses and children, refer to opportunistic therapy, assist ARV adherence, face death calmly as well as providing psychosocial support during a mental-emotional crisis (Kemenkes, 2015).

Nurul Diah Anyta's research results (2015) indicate that the implementation of interpersonal communication in VCT examination can raise awareness of clients and encourage to change the behavior of beresikonya. Interpersonal communication with passive listening technique, relationship between counselor and client, and the role of self disclosure to explore the hidden area of client (Sodik, 2015).

Preliminary study conducted to the program holder of Malang District Health Office stated that almost every Puskesmas located in Malang Regency has been trained as counselor for VCT examination, even some accredited health centers have Standard Operational Procedure (SOP) about counselor in conducting VCT Examination .

The work area of the Turen Puskesmas itself voluntary VCT screening service started since 2013. Up to the end of 2016, 18 cases have been found through voluntary VCT screening. This is inversely related to cases of HIV-AIDS found through the path of PITCT or HIV-AIDS tests based on complaints of the disease along with 36 cases.

Referring to the 2015 Counselor Module VCT screening is conducted as an HIV

prevention effort, and as an entrance to therapy and care. However, low voluntary VCT visits are an impediment to VCT goals. People are still reluctant to conduct voluntary VCT tests if there are no complaints, other than that people think that HIV-AIDS is still taboo and is a curse disease. Public education programs, legislation and public health policies that are human rights-based will be able to reduce the stigma and discrimination of PLHIV.

Stigma and discrimination in people living with HIV in people also become a decline in the values and attitudes of counselors. Most important the credibility of the counselor is worth and must be maintained. The principle of information confidentiality obtained by the counselor must always be maintained. The main qualities of a good counselor are honest, active listening, full positive response, trust in clients, and sensitive to culture (Irawati, 2015).

The diversity of attitudes, values and beliefs of the counselor in conducting VCT examination becomes the determinant of the quality of the counselor itself. Based on the above background, the researchers wanted to examine the differences in the suitability of the results of the examination of counselors in VCT examination to diagnose HIV.

METHOD

This research is a kind of quantitative descriptive research with Comparative Analytic Categorical Design. The number of subjects in this study were 4 respondents of HIV counselors who were in Turen Puskesmas. Instruments used in the study to measure differences in the conformity of VCT examination results refer to SOP voluntary VCT examination counseling tests which are then modified by the researchers. The instrument has been tested for validity and reliability (Siyoto & Sodik, 2015).

How to do conformity of result of VCT examination, respondent given one litter of guided questionnaire paper and interview with researcher, then researcher explain how to work the questionnaire. After that respondents were asked to collect the paper which then by the researchers will be given a score. The analysis in this study consists of analysis of kappa test results.

The total research implementation takes 2 months in the work area of Turen Puskesmas. Data collection is made during client visits to VCT examinations in health care and mobile VCT in community and population groups at risk.

RESULT

Research subjects in this study 4 people. Characteristics of respondents can be seen in the table

Table 1 Characteristics of respondents

NO	Characteristics	f	%
1	Sex		
	Male	0	0%
	Female	4	100%
2	Experience in HIV Program		
	< 2 years	0	0%
	≥ 2 years	4	100%
3	Profession		
	Nurse	3	70%
	Midwefery	1	30%

Analysis of Differences in Conformity of Counselor Examination Results in VCT Examination to Diagnose HIV

Kappa Test Results from HIV counselors:

$$\text{The observed agreement} = a + bN178217 = \mathbf{0.8525}$$

$$\text{Expected accuracy} = (a + b) (a + c) + (c + d) (b + d) N2 (21 \times 39) + (196 \times 178) 2172 = \mathbf{0.7583}$$

$$\text{Kappa coefficient} = 0,8525 - 0,75831 - 0,7583 = \mathbf{0,39}$$

Based on Kappa's value of 0.39 indicates that the agreement observed between counselors lies between 39% between a coincidental agreement and a perfect deal.

DISCUSSION

Analyze differences in HIV counselor examination with Kappa Test

Based on the results of research Kappa's test is used to measure agreement between observers where variables are measured dichotomically, for example disease and not. Although kappas have been used to measure agreements between the authorities, but misuse and misinterpretation are still common.

The differences in the results of this study between VCT counselors due to the diversity and subjectivity of counselors in providing VCT services in the Turen Puskesmas Working Area. The statement is supported by the Ninuk (2012) study that things that can lead to differences in outcomes between counselors, whereas voluntary counseling and testing or VCT checks are entry points to help everyone gain access to all services, including information, education, therapy or psychosocial support. To be able to provide quality VCT services then counseling and testing should be done professionally and counselor who is competent. In relation to the problems that often occur it is necessary to conduct studies on differences in the conformity of the results of the examination of counselors in VCT examination in Turen Puskesmas working area with the formulation

of the problem whether the approach and VCT voluntary examination strategy is running well or not, in the hope of future quality of life People with HIV -AIDS (ODHA) can be better accounted for.

CONCLUSION

The kappa test is used to measure differences in the conformity of the examination results in determining HIV diagnosis by HIV counselor officers.

LIMITATION

Measurement of differences in conformity of HIV counselor examination results with kappa test still misuse and misinterpretation. This is as identified by Maclure and Willet (1987) by proposing suggestions not to use Kappa Test incorrectly:

1. For continuous variables grouped into categories on an ordinal scale, the kappa coefficients are not used.
2. For variables measured by ordinal scale, the intra-class coefficients such as spearman or kendall are superior to the kappa test.
3. To assess the validity of measurement especially for data in nominal scale, the sensitivity and specificity is better than kappa.

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