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THE EFFECTS OF COUNSELING ON IMPROVING PERCEPTION AMONG PEOPLE AT RISK OF HIV/AIDS

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ABSTRACT

A negative stigma against HIV/AIDS (Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome) and lack of knowledge may lead to very low awareness to know the HIV status at risk populations. The objective of this study was to analyze the effects of counseling on improving perception among people at risk of HIV/AIDS at the VCT (Voluntary Counseling and Testing) Clinic. This study used pre-experiment one group pre-post tests. The experiment unit was people at risk of HIV/AIDS at VCT clinic, H.S. SamsoreriMertojosoBhayangkara Hospital, Surabaya. Total replication was 30 respondents. The independent variable was counseling, and the dependent variable was the perception about HIV/AIDS. Data collection was undertaken using questionnaire. Data were analyzed with Wilcoxon Signed Rank Test ($p < 0.05$). Results showed that counseling has a significant effect on improving perception about HIV/AIDS ($p = 0.018$). Counseling improves perception by providing knowledge about HIV/AIDS, reducing the negative stigma in society, and increasing the awareness of individuals to control of his/her life style and behavior. It is the way to prevent the spread of infection. For individuals with HIV, counseling also provides psychological support, and ensures the effectiveness of the health referral. It is suggested that every people at risk of HIV/AIDS undertake counseling in VCT Clinic and nurse, as a counselor team, should have good interpersonal communication skills.

Keywords: Voluntary Counseling and Testing (VCT), counseling, perception, HIV/AIDS

Introduction

Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS) is a big health problem in Indonesia. The case is likely to increase and become a threat to public health. A negative stigma and discrimination against people living with HIV/AIDS, ineffective of prevention effort, the awareness of individuals to control his/her life style and behavior,

irresponsible behavior of people at risk and also the lack of promotion of the existence of VCT (Voluntary Counseling and Testing) causes the awareness to know the HIV status at risk population are very low, with the numbers of VCT coverage in high-risk groups in 2010 accounted for less than 5%. Voluntary Counseling and Testing of HIV/AIDS is the main gateway to treatment with antiretroviral drugs that are part of a

comprehensive health care for people living with HIV /AIDS. The treatment and care in HS SamsoreriMertojoso, Bhayangkara hospital, Surabaya has been started since October 2005, based on the Decree of the Minister of Health No. 832/X/2006 concerning the Referral Hospital for people living with HIV / AIDS (PLWHA).

The data obtained from the United Nations for AIDS (UNAIDS) at the end of 2010 in the world indicated that there are 39.4 million people with HIV/AIDS. It is estimated that 7.3 million people in the whole world is infected. World Health Organization noted that there are 7.000 people infected with HIV/AIDS everyday. Statistics showed that the most vulnerable group to HIV/AIDS is the age group 21-45 years, or a productive group. The case of AIDS in East Java in 2011 was ranked fourth in Indonesia after Jakarta, West Java and Papua. The number of people with AIDS is 26.400 people, and more than 66.600 people have been infected with HIV (The Ministry of Health, Jun 2011).Indonesia was ranked first in the transmission of HIV/AIDS in Southeast Asia. The main factors of transmission are through heterosexual (54,3%) and drug users (25.7%). Mortality rate is 1,174 cases (26%), men: 3,111 cases (68,%)and women 1,479 cases32%). Children <15 years 133 cases (2.9%). Housewife 534 cases (14.6%), exceeding the number of prostitutes 9.9% (Dinkes Prop. Jatim, 2011).

Literature Review

Risk population is a group who are doing risk behaviors. Cross-sectional study conducted by Awosan, Ibrahim, Ali (2013) among

184 people attending the medical outpatient clinic, Nigeria, in September 2010 showed that 97,8% have heard about HIV/AIDS, and most (89,4%) perceived the disease to be a serious threat to them, but some still engaged in sharing needle with another person (12,2%), and casual sex (8,3%). Barely half (57,2%) knew where to do HIV test, and only 23,9% have been tested for HIV. Similarly, Moore & Rosenthal (1991) ; Macintyre et al. (2004), cited by Anderson, Beutel, Brown (2007) said that one explanation for low perceived HIV/AIDS risk is that youth may exhibit optimistic bias, tending to underestimate risks in general due to a feeling of invulnerability. This problem may lead to the lack of awareness to know the HIV status. Chimoyi, et al (2015) said that HCT (HIV Counseling and Testing) knowledge, having one sexual partner, being older than 25 years of age, living further away from a health facility, possessing a post-primary education, and having a low perception of the benefits of HIV testing were associated with HIV testing.

The HIV/AIDS prevention program is performed through counseling and communication. Perceptions have been captured by all of the senses, and vary from one another. It is influenced by experiences background, socio-culture, psychological atmosphere, which will create a different perception (Rosmawaty, 2010). It is supported by Corey (1995, cited by Koswara, 2009) that counseling is designed to help clients in understanding and explaining their views on an issue they are facing through problem solving and understanding the character and

behavior of the client. And also Sasongko (2006) said that Voluntary Counseling and Testing is a procedure of learning discussions between counselors and clients to understand HIV / AIDS as well as the risks and consequences of the self, spouse and family as well as the people around him. The main purpose of counseling is a change of client's perception and behavior towards healthier and safer behaviors

Methodology

This study used pre experiment one group pre-post test design, conducted in January 2012 in HS SamsoeriMertojoso, Bhayangkara hospital, Surabaya. The experiment unit was people at risk of HIV/AIDS at VCT clinic, 21-45 years old and it was first-time visit. Total replication was 30 respondents. This research analyzed the effects of counseling on improving perception among people at risk of HIV/AIDS at the VCT (Voluntary Counseling and Testing) Clinic. The counseling was performed by exploring knowledge of the risk of HIV infection, HIV-AIDS information, preparing the client to determine his/her status and responsibility to control their life style/behavior, providing psychological support and ensuring the effectiveness of the health referral. Data collection was undertaken using questionnaire containing demographic data of respondents and perception about HIV/AIDS, and also standard of operational procedure of counseling. The perception was measured before and after counseling. The perception questionnaire used a Likert scale consisting of Strongly agree = 4, Agree = 3, Disagree = 2, Strongly disagree = 1. Data were analyzed

with Wilcoxon Signed Rank Test ($p < 0.05$).

Results and Discussion

Perception about HIV/AIDS

The average of 30 participants in this study was male (53,3%) with age between 21-25 years (33,3%) and was in senior high school level (43,3%). The risk behavior of the participants was client of sex worker (26,7%). This study found that 19 participants (63,3%) had a negative perception, and 11 participants (36,7%) had a positive perception about HIV/AIDS (53,1±5,598). The perception about HIV/AIDS before and after counseling was presented in table 2. Perceptions have been captured by all of the senses. Perceptions received by individual will vary from one another because it is influenced by experiences background, socio-cultural, psychological atmosphere that will create a different perception (Rosmawaty, 2010). One explanation for low perceived HIV/AIDS risk is that youth may exhibit optimistic bias, tending to underestimate risks in general due to a feeling of invulnerability (Moore & Rosenthal, 1991; Macintyre et al., 2004, cited by Anderson, Beutel, Brown, 2007). From these risk population, the average participants were client of sex workers (26,7%) and 10% were sex workers. We assumed that these workers enjoy and have fun from their activities and also because of the need. Twenty percent of participants were couple of people with HIV/AIDS who initially didn't know the status of their partner, and 30% were other risk group such as student, etc. While, 10% of participants were intravenous drug users and 3,3% were gay. These risk

groups put themselves in the pleasant and comfort situation regardless of the dangerous risk of transmission of HIV/AIDS. They still share needle with one another and doing same-sex relationships, which impact on not only Hepatitis, but also HIV/AIDS transmission may occur. These findings support Awosan, Ibrahim, Ali (2013) research among 184 people attending the medical outpatient clinic, Nigeria, in September 2010, results showed that 97,8% have heard about HIV/AIDS, and most (89,4%) perceived the disease to be a serious threat to them, but some still engaged in sharing needle with another person (12,2%), and casual sex (8,3%). Barely half (57,2%) knew where to do HIV test, and only 23,9% have been tested for HIV. Knowledge, motivation, sensation, attention and expectation influence the perception (Santoso, 2004, cited by Rosmawaty, 2010). Even most participants ever get information about HIV/AIDS (90%), and average of the electronic media (36,7%), but wrong and inadequate knowledge take them on a false and negative perception about HIV/AIDS. Therefore, they tend to ignore the risks.

Azwar (2003) said that people around us is one among the social components that influence our attitude. A person considered important is someone who we expect for approval of every movement, behavior and opinion; someone who does not want us to disappoint or someone special meaning for us will affect our attitude toward the formation of something. We assumed that individual's attitude is influenced by the perception of his/her environment condition. We classify on other types of work

because of the various types of non-formal employment, but the atmosphere of the work environment shapes the character of a person's attitude. It is often that the attitude of a person is affected by a friend in jobs labeled "maintains the tradition of togetherness".

After counseling was given, participants mostly had a positive perception (70%) about HIV/AIDS (64,7+4,16). In counseling, communication is a stimulus that has been processed as a cognitive function by learning process in individual's brain, which determine the suitability of individual responses to the received stimulus (Weiten, 2007, cited by Putra, 2011). Changes in perception and attitude is due to the understanding of clients obtained through the communication process of counseling, it is supported by the Ministry of Health counseling theory (2006) that counseling is a process of helping someone to learn to solve interpersonal problems, emotional and decide certain things, which have a role to help clients to provide solutions of the problems, aims to improve the ability to cope with stress and make decisions related to the client's attitude to HIV / AIDS. Counseling also aims to increase the knowledge to help determining decisions related to changes in attitudes and behavior and disseminating HIV disease AIDS and reducing the negative stigma in society.

According to The British Association of Counseling (1984) cited by Mc.Leod (2006) said that counseling is a process of working with people, in a relationship that is both self-development, support to the crisis, psychotherapist, guidance or problem solutions. Researchers

assume that the counseling given to risk group of HIV/AIDS through therapeutic communication will prevent transmission of HIV/AIDS, reduce anxiety, improve the perception and knowledge, develop

behavior change through service and support program, take antiretroviral adherence, and reduce a negative stigma.

Table 1 Characteristic of the study participant

	characteristic	Frequency	percent
Age (Years)	21-<25	10	33,3%
	25-<30	3	10,0%
	31-<35	3	10,0%
	35-<40	5	16,7%
	41-45	9	30,0%
Sex	Male	14	46,7%
	Female	16	53,3%
Risk behavior	Sex worker	3	10,0%
	client of sex worker	8	26,7%
	intravenous drug user	3	10,0%
	Gay	1	3,3%
	pair of People with HIV/AIDS	6	20,0%
	others	9	30,0%
last education	Elementary school	2	6,7%
	Junior high school	4	13,3%
	Senior high school	13	43,3%
	College	11	36,7%
Information about HIV/AIDS	present	27	90,0%
	absent (never get information)	3	10,0%
Resource of information about HIV/AIDS	Health education	6	20,0%
	Printed media	10	33,3%
	Electronic media	11	36,7%
	Never get information	3	10,0%

Table 2 Perception about HIV/AIDS

	n	Perception scores		T scores	P value
		min-max	Mean±SD	Min-max	
Perception before counseling	30	42-67	53,1±5,598	30,17-74,83	0,018
Perception after counseling	30	54-72	64,7±4,16	24,29-67,54	

Perception scores were converted into T scores. when T score > T mean = positive perception and when T score < T mean = negative perception; T mean = 50

Counseling

Sasongko (2006) that Voluntary Counseling and Testing is a procedure of learning discussion between counselors and clients to understand HIV/AIDS along with the risks and consequences of self, spouse and family as well as the people around him. The ultimate goal is behavior change towards healthier and safer behaviors. In this study, all of the participants received counseling given by researchers in the VCT clinic, and it was pre-test counseling. According to the statement of DepKes RI (2008) was that pre-test counseling is discussion only between the client and the counselor, aiming to prepare the client for testing HIV / AIDS. The subject of discussion is clarifying client's knowledge about HIV / AIDS, delivering test procedure and self-management after receiving the test results, preparing for the future, helping the client decide to test or not, preparing for informed consent and safe sex counseling.

Based on Komisi Penanggulangan AIDS Nasional (2008), this procedure is given in 4 stages that aim to (1). Stage One: Establish a good relationship and increase the confidence of clients, assure confidentiality and discuss the limits of confidentiality, allow expression of clients, dig problem and ask clients to tell their story, clarify expectations for counseling clients, explain what counselors can offer and how it works, state the commitment to cooperate with the client. (2). Stage Two: define understanding of the role, limits and needs, establish and clarify the objectives and needs of the client, help sort the priority objectives and client needs, dig confidence,

knowledge and attention to the client. (3). Stage Three: continually express of thoughts and feelings, recognize various alternatives, enabling changes in behavior, monitor progress toward the goal of the trip, an alternative plan is needed, a referral as needed. (4). Stage Four: close or end the relationship, the client act according to plan, manage and adjust clients with daily functions, support available and accessible system, identify the strategy to maintain the changes that have occurred, discuss and disclosure plan, the extended of agreement interval, the availability of sources and references can be known and accessible, convince clients about the option to re-take counseling as needed.

The general purposes of the Communication Strategy for HIV and AIDS were to: (1). Increase public awareness of the need for HIV/AIDS prevention efforts through lifestyle and healthy behaviors, (2). Support for the prevention of HIV transmission from an infected person to people who have not been infected. (3). Encourage people to use the facilities of existing services, i.e. VCT, as well as care, support and treatment (CST), including anti-retroviral therapy (ART), which is more easily obtained (4). Increase the commitment and support of policy-makers needed to improve the services required and the implementation of effective prevention programs. (5). Eliminate stigma and discrimination against people living with HIV and key populations that specific community through the dissemination of correct knowledge of HIV and AIDS.

According to Corey (1995, cited by Koswara, 2009), counseling indicates a professional relationship between a trained counselor with clients, relationships is usually between individual to individual, sometimes also involves more than one person, for example a client's family. Counseling is designed to help clients in understanding and explaining their views on an issue they are facing through problem solving and understanding the character and behavior of the client.

Researchers found that the information obtained through the counseling process is a matter of giving a new thinking action for the formation of attitudes towards this. If it is strong enough, it will provide an effective basis in judging something. Regarding the ease of obtaining counseling services, the experience of counselor in helping steer clients, facilities and infrastructure in the VCT clinic also affects the increase of positive perception of respondents. The improvement of perception after counseling could be the evidence that counseling is an effective way in the prevention of negative behavior of being infected with HIV / AIDS.

Conclusion

Researchers proved that counseling may affect a person's attitude through the procedure of learning discussions between counselors and respondents to understand HIV / AIDS and its consequences for the individual. Counseling improves perception by providing knowledge about HIV/AIDS, reduces the negative stigma in society, increases the awareness of individuals to control of his/her life style and behavior to

prevent the spread of infection. For individuals with HIV, counseling also provides psychological support, and ensures the effectiveness of the health referral (treatment and care). It is suggested that every people at risk of HIV/AIDS undertake counseling in VCT Clinic and nurse, as a counselor team, should have good interpersonal communication skills.

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