

The Role of Peer Support in HIV Testing among Risk Groups with Social Influence and Communication Competency Approaches (Study in Tulungagung Regency, Indonesia)

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Abstract

Patients with HIV/AIDS in Indonesia are increasing rapidly, especially in Tulungagung Regency, this requires serious treatment to prevent an epidemic that continues to spread. The research was aimed at optimizing the role of peer support in HIV testing in at-risk groups. The study was conducted descriptively observational. The sample was a risk group consisting of FSW and MSM as many as 72 people. The results of the study showed that 73% of the risk groups that had the effect of peer support had already taken an HIV test. The most influential form of social influence on risk groups of 44.44% was conformity, which is the behavior of the following habits in groups. In addition to the influence of peer support the communication competencies of peer support also affect risk groups. 69.7% of the risk groups that received peer support motivation had tested for HIV. A good level of peer support knowledge could affect 86.4% of the risk groups for testing. Good peer support skills could influence 85.7% of risk groups to take an HIV test. It could be concluded that knowledge from risk groups is related to attitudes and intentions to carry out HIV testing. Risk groups that have good intentions, carry out HIV testing. Communication competency consists of motivation, knowledge and skills related to HIV testing. Social influence was related to HIV testing. The form of social influence most felt by risk groups was conformity, then compliance and the least perceived is obedience.

Keywords: *Peer support, risk groups, social influence, communication competency.*

Introduction

The case of HIV-AIDS is a health problem that is a serious problem for the community. This case is growing rapidly in the world and the rapid spread of HIV in various countries is becoming a big problem. The UN through the Millennium Development Goals program includes HIV-AIDS as a focus for countries to be taken seriously. The spread of HIV-AIDS is not merely a health problem

but has political, economic, social, ethical, religious and legal implications and even has a real, immediate, or slow impact, touching almost all aspects of human life ¹. This threatens the nation's efforts to improve the quality of human resources. In the UNAIDS declaration, the goal of controlling HIV AIDS is Getting Three Zeroes (Zero New Infection, Zero AIDS-related death, Zero Stigma and Discrimination)²⁻⁴.

In general, counseling and testing are the main strategies in the prevention and management of HIV cases. Until 2006, global policies undertaken for HIV surveillance were with Client-Initiated Voluntary Counseling and Testing (VCT) carried out inside and outside the Health Services Unit. According to WHO, HIV testing services have the principle of "5C" namely informed consent, counseling, confidentiality, correct

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test results and connection to care treatment and prevention services⁵⁻⁷.

East Java is one of the provinces which has quite a high number of HIV-ADS sufferers and occupies the top position in Indonesia. The number of HIV cases in East Java in 2019 was 8,934. In Tulungagung District the number of HIV-AIDS cases from year to year showed an increase. As is the case with the iceberg, there are likely to be many unsolved cases. This is the duty of all parties to be able to find cases as early as possible to prevent further spread.

In 2019 in Tulungagung Regency the population groups at risk were 19,093 people who were willing to take an HIV test of 12,758 people. National targets 90% of risk groups know their status. Risk groups are groups that are at risk for HIV-AIDS and have the potential to transmit HIV-AIDS⁸. Included in this risk group are pregnant women, TB patients, female sex workers (FSW), MSM, transsexuals, IDUs and inmates.

In Tulungagung Regency, to invite at-risk populations to want to conduct an examination carried out in collaboration with various parties both from the Health Office, AIDS Eradication Commission and also the role of peer support. Peer support is a group of people infected with HIV to get together and support each other because they have the same fate. Peer support began to be formed in 2006. The formation of peer support in the Tulungagung Regency aims to encourage at-risk populations to want to check HIV so that they know their status while helping people living with HIV to live better quality. This peer support consists of people who care about the spread of HIV-AIDS cases who then join to form a group known as peer support groups. The members of this peer group consisting of people living with HIV-AIDS (PLWHA) who have the determination to overcome the spread of HIV-AIDS. They consist of MSM (Gay), transsexuals and FSW groups.

The number of peer support members in Tulungagung is around 30 people consisting of 19 women and 11 men. The existence of peer support is very helpful in inviting risk groups to conduct examinations because they have access and high emotional closeness with risk groups. Included in this risk group are pregnant women, FSW TB patients, MSM, transsexuals people, IDUs and prison prisoners. Peer support groups (PSG) in Tulungagung reach MSM, transsexuals people and FSW^{9,10}. While other risk groups, already under the Health Center target. The health center also reaches MSM, transsexuals

people and FSW, but they still need the existence of peer support because they are the link. Without peer support, it will be difficult to reach this community. This is where the importance of the role of PSG.

The results of previous research on the role of PSG stated that several factors influence peer support in the HIV-AIDS response system at both the provincial and district levels¹¹. The study mentioned that the factors that influence peer support are divided into 2 namely internal and external factors. As for what is included in internal factors are group motivation, leadership, independence and management and group accountability. Whereas included in the external group are involved in the HIV-AIDS control system, access to resources and entry into the referral system.

Other research also states that with the support of peer support, the quality of life of PLWHA is increasing (Pebrianti, 2018). With this support, PLWHA can live, as usual, be able to socialize, be independent, be productive and have a quality of life. Therefore the role of peer support is very important in the HIV-AIDS response system both in early discovery and in providing support to PLWHA.

In addition to the two studies above, there is also research that states that PSG is the right place for PLWHA to share information, support and motivate each other^{13,14}. Because PSG is formed from the ODHA element itself, the existence of PSG is easily accepted. In some areas there is still no access to health services and information about HIV-AIDS, so this is an important role for peer support.

To enhance the role of peer support in engaging these risk groups, it can be learned using communication competency theory and social influence. This theory states that in motivating people to want to change attitudes, beliefs, perceptions and behavior, efforts need to influence and communicate well. Research is aimed at optimizing the role of peer support in HIV testing in at-risk groups.

Materials and Method

The study was conducted with an observational descriptive approach with cross sectional research design. The study was conducted in Tulungagung Regency, Indonesia in February-March 2020. The sample in this study was a risk group consisting of 72 FSW and MSM.

Findings: Communication competence which includes motivation, knowledge and skills, all three have a significant relationship with HIV testing in risk

groups. The results of the analysis can be seen in the following Table 1.

Table 1. Relationship of Peer Support Motivation and HIV Testing in Tulungagung Regency, Indonesia, 2020

No.	Peer Support Motivation	HIV testing				Total	
		Not tested yet	%	Already tested	%	n	%
1	Less	11	91.7	1	8.3	12	100
2	Enough	15	55.6	12	44.4	27	100
3	Good	10	30.3	23	69.7	33	100
Total		36	50	36	50	72	100

Based on the Spearman correlation test it is known that sig (2-tiled) is 0.001 and the Correlation Coefficient is 0.425. It can be concluded that there is a relationship between motivation from peer support and HIV testing in risk groups. Based on Table 1 it can be seen that the motivation of the lack of peer support, 91.7% of risk groups have not tested for HIV. While good peer support motivation, 69.7% of risk groups have tested for HIV. The better the motivation of the risk groups, the more risk groups will get HIV testing.

These results are consistent with research from Anggipita which states that there is a significant relationship between motivation from peer support and PLWHA compliance to take ARVs. Research from Handayani and Mardhiati¹¹ also states that motivation from peer support can influence members to support each other and carry out positive activities.

Table 2. Relationship of Peer Support Knowledge with HIV Testing in Tulungagung Regency, Indonesia, 2020

No	Peer Support Knowledge	HIV testing				Total	
		Not tested yet	%	Not tested yet	%	Not tested yet	%
1	Less	17	85	3	15	20	100
2	Enough	16	53.3	14	46.7	30	100
3	Good	3	13.6	19	86.4	22	100
Total		36	50	36	50	72	100

Based on the Spearman correlation test it is known that sig (2-tiled) is 0.001 and the Correlation Coefficient is 0.546. This shows that there is a relationship between the level of peer support knowledge and HIV testing in risk groups. Based on Table 2 it can be seen that with a good level of peer support knowledge, 86.4% of the risk groups have tested. While with a lack of peer support knowledge, 85% of the risk groups have not tested for HIV.

This is in line with research conducted by Pratiwi and Rosida¹⁵ which states that good knowledge about HIV/AIDS and there is support and care if the results are positive will cause a person to seek VCT service facilities. Respondents who know about HIV and VCT will influence the person to find out their HIV status so he uses the available VCT service facilities.

Based on the Spearman correlation test it is

known that sig (2-tiled) is 0.005 and the Correlation Coefficient is 0.342. This can be interpreted that there is a relationship between peer support skills and HIV testing in risk groups. From Table 3 above it can be

seen that with good peer support skills, 85.7% of the risk groups have tested for HIV. While the lack of peer support skills, as many as 65.2% of risk groups have not tested for HIV.

Table 3. Relationship of Peer Support Skills and HIV Testing in Tulungagung Regency, Indonesia, 2020

No	Peer Support Skills	HIV testing				Total	
		Not tested yet	%	Not tested yet	%	Not tested yet	%
1	Less	15	65.2	8	34.8	23	100
2	Enough	19	54.3	16	45.7	35	100
3	Good	2	14.3	12	85.7	14	100
Total		36	50	36	50	72	100

Based on the analysis of each component of communication competency with HIV testing in the above risk groups, there was a significant correlation. So communication competency from peer support can influence risk groups to carry out HIV testing. Social influence is an effort made by peer support to change

the attitudes, beliefs, perceptions, or behavior of risk groups. There are 3 forms of social influence, namely conformity, compliance, and obedience. The results of the study note that there is a strong relationship between social influence with HIV testing as shown in Table 4.

Table 4. Relationship between Social Influence and HIV Testing in Tulungagung Regency, Indonesia, 2020

No	Social Influence	HIV testing				Total	
		Not tested yet	%	Not tested yet	%	Not tested yet	%
1	No	26	74.3	9	25.7	29	100
2	Yes	10	27	27	73	43	100
Total		36	50	36	50	72	100

Based on statistical tests it is known that asymptomatic sig (2-sided) is 0.001 and Contingency Coefficient is 0.427. This can be interpreted that there is a relationship between social influence with HIV testing in risk groups.

Risk groups that were influenced by peer support as much as 73% had already tested for HIV. Whereas

the risk group that did not get the influence from peer support, amounted to 74.3% had not tested for HIV and only 25.7% had tested for HIV. Risk groups that are influenced by peer support are 7.8 times more likely to take an HIV test. The results of the study also state that the form of social influence most felt by risk groups is conformity, as shown in the following table.

Table 5. Identification of the Social Influence Form in Tulungagung Regency, Indonesia, 2020

No.	Social Influence Form	Total	%	% cumulative
1	Conformity	32	44.44	44.44
2	Compliance	31	43.06	87.5
3	Obedience	9	12.5	100
Total		72	100	

Based on Table 5 it can be seen that the form of social influence that is felt by the most risk groups is conformity at 44.44% then compliance at 43.06%. The form of obedience is only 12.5% of risk groups who feel it. This is in line with research by Hanindya Sucita Putri¹⁶ which states that there is a positive and significant relationship between conformity with peers and consumptive behavior in class X (ten) and XI (eleven) students. Research from Ayu Rahmadhita Apsari¹⁷ states that there is a positive relationship between conformity and premarital sexual behavior in adolescents. Another study conducted by Slamet Andi Priyatmoko¹⁸ also mentioned that there was a significant relationship between social influence and the decision to buy something.

Conclusions

Based on the results of the study it can be concluded that: Communication Competency which consists of 3 components namely motivation, knowledge and skills have a positive relationship with HIV testing. The better the motivation of the risk groups, the more risk groups will get HIV testing. The better the level of peer support knowledge, the easier it will be to provide information to at-risk groups so that they can influence them to test for HIV. With good skills, peer support can set an example and can be trusted by risk groups.

Social Influence carried out by peer support in at-risk groups was very influential in that more people had tested for HIV. The form of social influence that is given peer support and is felt by many at-risk groups is conformity, which is behavior following the habits that exist in the community. A persuasive approach by peer support has proven to be able to invite risk groups to take an HIV test.

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