



RELATIONSHIP KNOWLEDGE, ATTITUDE, AND PERCEPTION OF BENEFITS WITH DECISION OF THE PREGNANT WOMAN IN VCT IN THE PUSKESMAS AREAS OF MRANGGEN I DEMAK

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Abstract

Human Immunodeficiency Virus - Acquired Immuno Deficiency Syndrome (HIV-AIDS) is a contagious disease problem that until now the number of patients is increasing. VCT strategy is at the core of all HIV / AIDS prevention and prevention efforts in the world. Several studies have confirmed that the utilization of antenatal VCT by pregnant women is still low. The purpose of this study is to analyze the relationship of knowledge, attitudes and perceptions of the benefits of pregnant women in conducting VCT in the Area Puskesmas Mranggen 1 Demak. This research includes analytic observational research with cross sectional approach. The population in this study were all pregnant women in the area of Puskesmas Mranggen I Demak in 2017 conducted in November 2017 until February 2018. The sampling technique used in this study using consecutive sampling. The analysis used was univariate and bivariate using chi square test using SPSS 16 program. The result of bivariate analysis showed that there was no correlation between knowledge, attitude and perception of benefit with decision of pregnant woman doing VCT with each p value was 0,629 and 0,428 ($p > 0.05$). The conclusion in this study that there is no significant relationship between knowledge, attitudes and perceptions of benefits to pregnant women's decision to do VCT.

Keyword : VCT, Pregnant Women, HIV

INTRODUCTION

Human Immunodeficiency Virus - Acquired Immune Deficiency Syndrome (HIV-AIDS) is an infectious disease problem that until now the number of patients is increasing.¹ World Health Organization (WHO) recorded the number of people with HIV / AIDS reached 36.7 million people in the world.² According to Ministry of Health data of 2014, every year there are 9000 HIV positive pregnant women who gave birth in Indonesia.³

VCT strategy is at the core of all HIV / AIDS prevention and prevention efforts in the world. Several studies have confirmed that the utilization of antenatal VCT by pregnant women is still low.⁴ Data from Central Java Provincial Health Office 2016 stated that Demak was in the 16th place with the highest HIV and Mranggen District ranks second in Demak with 29 cases and 2 cases of death.⁵

A journal entitled "Among Pregnant Women in Kassala, Eastern Sudan,"

entitled "Among Pregnant Women in Kassala, Eastern Sudan, states that one of the factors causing pregnant women not to do VCT is a low level of knowledge. While in the study in Manado mentions no relationship between knowledge of pregnant women with the decision to conduct Prevention Mother to Child Transmission (PMTCT).⁶

The purpose of this study is to analyze the relationship of knowledge, attitudes and perceptions of the benefits of pregnant women in conducting VCT in the Area Puskesmas Mranggen 1 Demak.

METHOD

This research includes analytic observational research with cross sectional approach. The population in this study were all pregnant women in the area of Puskesmas Mranggen I Demak in 2017 conducted in November 2017 until February 2018. The sampling technique used in this study using consecutive sampling that meets the criteria of inclusion and exclusion. The inclusion criteria were pregnant women who came to Puskesmas Mranggen I Demak and exclusion criteria were: (1) pregnant women who refused to be investigated, (2) pregnant women with mental disorder. Measurement of variables in this study using questionnaire instruments categorized for knowledge is good if the score ≥ 60 and less when the score <60 . For attitudes categorized into a positive attitude when the score \geq median and negative attitude when the score $<$ median. For which perceptions are categorized into good benefit perceptions if the score \geq

mean and perceived benefits are poor when the score $<$ means. Data analysis used was univariate, bivariate and multivariate analysis. Bivariate analysis using chi square test using SPSS version 16 program.

RESULT

1. General Description

Tabel 1. Respondent Characteristics

No	Characteristic	Frek.	Presentase
1	Age		
	- ≤ 20 tahun	2	4,7
	- 21-30 tahun	30	69,8
	- 31-40 tahun	11	25,6
2	Study Level		
	- Tidak tamat PS	1	2,3
	- PS	6	14
	- JHS	12	27,9
	- SHS	22	51,2
	- College	2	4,8
3	Job		
	- Not work	20	46,5
	- Private Employes	13	30,2
	- Laborer	10	23,3

Based on table 1, most of the pregnant women who responded to the average age of 21-30 years (69.8%), for the education of most respondents graduated from high school (51.2%) and the most job characteristics were not working (46.5%).

Tabel 2. Maternal knowledge level about VCT

Knowledge Level	Frek.	Presentase
Poor	15	34,9
Good	28	65,1

Total	43	100
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Based on table 2, the average knowledge of pregnant women about VCT has a good knowledge of 65.1% and less knowledge sebesar 34.9%.

Tabel 3. Attitude Levels of Pregnant Women about VCT

Attitude	Frek.	Presentase
Negatif	3	7
Positif	40	93
Total	43	100

Based on table 3, the mean of pregnant women have positive attitude toward VCT as much as 93% and negative attitude as much as 7%.

Tabel 4. Perception Rate of Benefits of Pregnant Women about VCT

Perception Rate	Frek.	Presentase
Poor	0	0
Good	43	100
Total	43	100

Based on table 4, which has a good perception of benefits about VCT as much as 100%.

2. Relation Knowledge with Decision of Pregnant Women Doing VCT

Tabel 5. Knowledge relationship with decision making VCT

Knowledge	Decision		Total
	No	Yes	

				<i>p value</i>
Poor	3	12	15	0,629
Good	4	24	28	
Total	7	36	43	

Based on table 5, less knowledge that does not do VCT as much as 3 people (20%) and who do VCT as many as 12 people (80%). While respondents who have good knowledge that does not do VCT as many as 4 people (14.3%) and who do VCT as many as 24 people (85.7%). The result of chi square test shows that *p value* is 0,629 so there is no significant correlation between knowledge with decision of pregnant woman doing VCT.

3. Relation of Attitude with Decision of Pregnant Women Doing VCT

Tabel 6. Attitude relationship with the decision to do VCT

Attitude	Decision		Total	<i>p value</i>
	No	Yes		
Negatif	0	3	3	0,428
Positif	7	33	40	
Total	7	36	43	

Based on table 6, respondents with negative attitudes that do VCT as many as 3 people (100%). While respondents who are positive who do not do VCT as many as 7 people (16.3%) and who do VCT as much as 82.5%). Chi square test results obtained *p value* of 0.428, then there is no relationship between attitude with the decision of pregnant women do VCT.

4. Relationship of Bene perception with the decision of pregnant women doing VCT

Tabel 7. The relationship of perception of benefits with the decision to do VCT

Perception of Benefit	Decision		Total	<i>p value</i>
	No	Yes		
Poor	0	0	0	-
Good	7	36	43	
Total	7	36	43	

Based on table 7, it shows that respondents with good perception of benefit that do not do VCT is 7 people (16,3%) and who have done VCT counted 36 people (83,7%).

DISCUSSION

1. Relation of knowledge about VCT with decision of pregnant woman doing VCT

The results of the analysis indicate that there is no significant relationship between knowledge about VCT and pregnant woman's decision to do VCT. L.Green Theory says that one's behavior is influenced by 3 factors, namely predisposing factor, factor enabling and reinforcing factor. Factor predisposing includes characteristic, demography, knowledge, perception, belief and belief, while enabling factors include the availability of facilities and infrastructure and reinforcing factors including the encouragement of friends, family, attitudes and behavior of health workers.⁷ This research is in accordance with research conducted by Sri Mulyanti there is no

relationship between HIV / AIDS knowledge and HIV testing. Aulia Faris Akbar's research also states that there is no relationship between knowledge and behavior of pregnant women in testing HIV.

2. The Relationship between attitudes toward VCT and pregnant women's decision to do VCT

The results show that there is no difference between pregnant women who are positive and negative in influencing VCT decisions. In Borkowski, behavior is a reaction to a stimulus that is exposed and influenced by internal and external factors. Each individual has different characteristics.^{8,9}

3. The Relationship between perceptions of benefits about VCT with the decision of pregnant women to do VCT

The results show that under 100% of pregnant women who have become respondents have a good perception of the benefits.

Benefit perception is one component of the HBM theory (Health Belief Model) which has the meaning of consideration about the benefits to be gained on the acts committed by individuals. The relationship between perceptions of benefit about VCT and pregnant women's decision to do VCT can not be analyzed because cross sectional study should be identified with 2x2 table and there is variation of variables that express the relationship between risk factor and effect, while

the analysis table between perception of benefits about VCT with decision to do VCT is not a 2x2 table and there is no variation of the variables so no results are obtained from p value.¹⁰ HBM theory suggests that the perception of benefits plays an important role in preventive behavior because one tends to adopt healthier behaviors as they believe this new behavior will reduce their chances of developing disease or reduce their chances of developing the disease.¹¹

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