

Pemanfaatan layanan konseling dan tes HIV sukarela di puskesmas kelurahan kampung Bali Jakarta dan hubungannya dengan kebijakan pemerintah mengenai aloes antiretroviral untuk semua = Usage of voluntary counseling and HIV testing services in puskesmas kelurahan kampung Bali Jakarta and its relation with the government policy regarding access of antiretroviral for all

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Abstrak

Latar Belakang: Masalah infeksi HIV meningkat berkaitan dengan perilaku seks tidak aman dan penggunaan NAPZA suntik. Estimasi jumlah kasus HIV/AIDS di Indonesia sekitar 90.000 sampai 130.000. Sejak 1 Desember 2003 WHO mencanangkan program 3 by 5 dengan tujuan akses terapi untuk semua dan sejak 1 September 2004 pemerintah menyediakan ARV secara cuma-cuma. Dalam mengakses terapi ARV, konseling dan tes HIV sukarela (Voluntary Counseling and Testing atau VCT) merupakan jalur yang esensial dan layanan di Puskesmas diharapkan menjadi tulang punggung pelayanan. Adanya akses ARV ini diharapkan meningkatkan VCT.

Tujuan. Mengetahui jumlah layanan VCT, tes CD4 dan penggunaan ARV di Puskesmas Kampung Bali pasca kebijakan ARV cuma-cuma, karakteristik serta alasan-alasan yang dapat menghambat VCT selain biaya obat.

Metodologi. Dilakukan pengamatan pelayanan program VCT, tes CD4 dan akses ARV dalam 5 bulan pertama pasca kebijakan serta pencatatan data sekunder sebelum kebijakan. Seluruh yang telah melakukan VCT di Puskesmas Kampung Bali dan 100 orang berisiko tinggi berusia > 15 tahun yang belum VCT dipilih dengan sistem cluster dan dilakukan wawancara terpimpin Penelitian dilakukan sejak November 2004 - Maret 2005.

Hasil. Dalam 8 bulan sebelum kebijakan, jumlah VCT sebanyak 18 orang, dalam 5 bulan pasca kebijakan jumlah VCT sebanyak 27 orang. Tampak adanya peningkatan pada penggunaan ARV. Mayoritas responden adalah laki-laki berusia 20-30 tahun, berpendidikan menengah, bekerja tidak tetap dan berpenghasilan rendah. Pada 100 responden yang belum VCT 64% memiliki tingkat pengetahuan sedang, 89% masih aktif suntik dan 34% berperilaku seksual tidak aman. Alasan tidak VCT karena merasa sehat, takut diketahui HIV dan rahasia tidak terjamin. Pada 13 responden yang VCT, 12 orang memiliki tingkat pengetahuan sedang, 7 orang masih aktif suntik dan 10 orang berperilaku seks tidak aman. Alasan VCT terutama karena merasa berisiko dan adanya rasa ingin tahu.

Simpulan. VCT pada 8 bulan sebelum dan 5 bulan sesudah kebijakan masing-masing adalah 18 dan 27 orang. Penggunaan ARV tampak ada peningkatan. Mayoritas responden memiliki tingkat pengetahuan yang cukup namun masih aktif suntik dan berperilaku seks tidak aman. Kurangnya kesadaran dan motivasi serta kekhawatiran akan dampak sosial HIV/AIDS menghambat pemanfaatan layanan VCT.

*Background.* Problem of HIV infection is increased related to unsafe sex behavior and usage of NAPZA injection. Estimation of HIV/AIDS cases in Indonesia was around 90.000 to 130.000. Since December 01, 2003 WHO has implemented the 3 by 5 program with the purpose of therapy access for all and since September 01, 2004 government has provided ARV for free. In accessing ARV therapy, Voluntary Counseling and HIV Testing (VCT) is an essential way and service in basic level (e.g. Society Health Center/Puskesmas) has to be the backbone of the service. It is hoped that numbers of VCT will increase in line with the guarantee of ARV access.

*Objective.* To know numbers of VCT services, CD4 and usage of ARV in Puskesmas Kampung Bali after the implementation of free ARV policy, characteristics and reasons that could hinder the high risk group for VCT beside drugs cost

*Methodology.* Research on VCT program services, test CD4 and ARV access was conducted for 5 months. All people who have done VCT in Puskesmas Kampung Bali and 100 high-risk people aged > 15 years who haven't done VCT, chosen with cluster system and met the inclusion criteria, were participated in the research conducted on November 2004 - Maret 2005 and went through guided interview.

*Result.* In 8 months before the implementation of the policy, there were 18 peoples and then in 5 months after the policy implementation there were 27 peoples have done VCT. There's increase of ARV usage. Majority of respondent who haven't and have done VCT, are male aged 20-30 years, mid level education, no permanent job and low income. Out of 100 respondents who haven't done VCT, 64% has mid level knowledge, 48% knows the availability of free ARV, 89% has routine injection and 34% practice unsafe sex behavior. The reason for not having VCT is feeling healthy, afraid of being known to have HIV and unsafe secret show the lack of awareness and motivation. Reason of cost of treatment 1 transportation in general was not ensured yet. Out of 13 respondents who has done VCT, 12 people has mid level of knowledge, 7 has still routine injection and 10 has unsafe sex behavior. Reason for having VCT is knowing the risk.

*Summary.* Numbers of VCT 8 month prior and 5 month after the implementation of the policy were 18 and 27 peoples. The ARV usage is also increases. Knowledge on HIV/AIDS and availability of free ARV is enough but majority has still active having injection and practice unsafe sex behavior. Lack of awareness, motivation and afraid of HIV/AIDS social consequences are reasons that could hinder VCT.