

INTISARI

Latar belakang. *Provider initiated HIV testing and counselling* (PITC) adalah tes dan konseling HIV yang disarankan oleh petugas kesehatan di Fasyankes sebagai standar pelayanan medis termasuk kepada pasien TB. Instruksi implementasi PITC secara *massive* pada pasien TB tetap harus memastikan sesuai pedoman tes HIV dan menjaga hak-hak pasien. Penelitian ini bertujuan mengetahui prosedur dan pelaksanaan prinsip-prinsip tes HIV dalam implementasi PITC di Kabupaten Blora.

Metode. Penelitian ini adalah penelitian kualitatif dengan pendekatan studi kasus. Unit analisis adalah Fasyankes yang melaksanakan PITC pada pasien TB. Variabel yang dinilai adalah prosedur tes dan pelaksanaan prinsip tes HIV seperti informasi pra tes, *informed consent*, informasi pasca tes, frekuensi tes, rujukan, pertimbangan program serta pendukung tes HIV seperti kompleksitas intervensi, fasilitas strategi dan respon peserta. Subjek penelitian berjumlah 34 orang yang terdiri dari staf Dinas Kesehatan Blora, staf VCT, *programmer* TB-HIV dan pasien TB.

Hasil. Tes HIV pada pasien TB dilaksanakan di 25 Fasyankes dan menjangkau 482 (36,5%) pasien TB. Layanan tes HIV di Kabupaten Blora tidak dapat dikategorikan sebagai layanan PITC karena berbeda secara konsep dengan Pedoman PITC Kementerian Kesehatan 2010. Tes HIV yang dilaksanakan adalah skrining HIV dengan rapid tes reagen 1 sehingga pasien reaktif mendapatkan rujukan untuk kembali mengikuti tes di klinik VCT. Pemberian informasi pra tes, *informed consent* dan konseling pasca tes belum dilaksanakan oleh semua Fasyankes. Secara umum kendala yang mempengaruhi pelaksanaan PITC adalah ketidaknyamanan petugas mengkomunikasikan HIV serta merasa pasien akan menolak dan tersinggung ketika ditawarkan tes HIV. Pasien menolak tes HIV karena merasa tidak berisiko infeksi HIV. Sedangkan pasien yang menerima tes HIV karena ingin mengetahui adanya infeksi HIV secara dini dan tes tidak dibebankan biaya di Fasyankes.

Kesimpulan. Tes HIV yang ditawarkan petugas kesehatan terbukti meningkatkan jumlah pasien TB yang dites HIV. Namun masih ditemukan kelemahan baik pada prosedur maupun prinsip tes HIV. Dinas Kesehatan Blora perlu mempertimbangkan strategi untuk melaksanakan PITC sesuai prosedur Kementerian Kesehatan serta melaksanakan *retraining* meningkatkan *skill* komunikasi petugas kesehatan untuk menunjang layanan tes HIV.

Kata kunci: *fidelity, provider initiated HIV testing and counseling*, pasien TB.

ABSTRACT

Background: Provider-initiated HIV testing and counselling (PITC) is an HIV testing and counseling offered by healthcare workers to visitors of healthcare facilities including TB patients as a part of the standard medical services. Health officer should always maintain a high-quality HIV testing procedure and patients' rights no matter how massive the implementation of PITC is. This study aimed to explore the procedure and the implementation of HIV testing program are given in the PITC implementation in Blora.

Method: This was a case study of PITC-offering healthcare facilities in Blora. The variables assessed were pre-test counseling, informed consent, post-test counseling, frequency tests, referral system, program considerations and HIV test support such as the complexity of interventions, facilities, and also patients' response. Respondents in this study were 35 people consisting of two District Health Officers, two counselors, 26 TB-HIV programmers, and 4 TB patients.

Results: HIV testing in TB patients is carried out in 25 facilities and covered 482 (36.5%) of TB patients. HIV testing services in Blora Regency cannot be categorized as PITC services due to different concept from the Ministry of Health's PITC Guidelines 2010. The HIV testing offered was a screening for HIV using rapid test reagent 1 so that reactive patients will be referred to take a follow up test at VCT clinics. The researcher discovered that not all healthcare facilities offered PITC implemented pre-test counseling, informed consent, and post-test counseling. In general, the constraints affecting the implementation of PITC in Blora were healthcare workers that still performed risk assessments on TB patients tested for HIV and the reluctance of healthcare workers to inform the HIV testing to patients, assuming patients would reject the proposition and get offended. The study revealed that patients refused HIV tests because they did not feel at risk of HIV infection. On the contrary, some patients agreed to HIV tests because they wanted to know their HIV status and the tests were free of charge.

Conclusion: PITC has been effective in increasing the number of HIV tests in TB patients. However, the weaknesses are found in both the HIV testing procedure and implementation of HIV testing principles. Blora Health Office needs to consider a strategy to implement PITC in accordance with Ministry of Health guideline. Retraining is necessary to improve their communication skill in order to support PITC implementation.

Keywords: fidelity, provider-initiated HIV testing and counseling, TB patients