ABSTRAK

Latar belakang. Pendekatan konseling dan tes HIV berbasis masyarakat (KTH-BM) direkomendasikan untuk memperbaiki akses populasi berisiko pada layanan pencegahan, perawatan, dukungan, dan pengobatan HIV. Pekerja migran perempuan pasca penempatan sebagai salah satu populasi berisiko menghadapi berbagai hambatan dalam mengakses konseling dan tes HIV berbasis fasilitas kesehatan (KTH-BK). Telaah sistematis dan meta-analisis sebelumnya tentang pendekatan KTH-BM mengungkapkan beberapa keterbatasan metodologis sehingga hasil temuan tentang efikasi KTH-BM dinilai belum memberikan kemaknaan secara praktis. Penelitian ini ditujukan untuk mendapatkan bukti yang lebih kuat tentang hubungan pendekatan KTH-BM dengan pemanfaatan konseling dan tes HIV (KT-HIV) pada populasi pekerja migran perempuan pasca penempatan di Kabupaten Wonosobo, Jawa Tengah.

Tujuan. Menguji hubungan pendekatan KTH-BM dengan pemanfaatan KT-HIV pada pekerja migran perempuan pasca penempatan dan variabel-variabel mediator yang menjelaskannya.

Metode. Penelitian menggunakan rancangan *cluster randomized controlled trials* (CRT). Penempatan partisipan secara acak di tingkat kluster menggunakan pendekatan alokasi terbatas dengan pencocokan berpasangan. Dua pasang kluster terdiri dari lima wilayah kecamatan yang memenuhi kriteria inklusi ditempatkan secara acak untuk menerima delapan bulan pelayanan KTH-BM dan KTH-BK (kelompok intervensi) atau hanya menerima KTH-BK (kelompok kontrol) antara bulan Januari dan Agustus 2017. Unit analisis pada tingkat individu yaitu total populasi pekerja migran perempuan pasca penempatan di enam desa/kelurahan masing-masing kluster sesuai kriteria inklusi. Intervensi mengombinasikan kegiatan penggerakan komunitas, penyediaan layanan konseling dan tes HIV yang mudah diakses, serta layanan rujukan pasca tes yang dikembangkan berdasarkan teori perubahan perilaku *Diffusion of Innovation* (DOI) dan *Health Belief Model* (HBM). Data dikumpulkan pasca intervensi (*post test only*) dari total 1.205 partisipan (614 kelompok intervensi dan 591 kelompok kontrol) secara *kohort longitudinal*. *Outcome* primer adalah pemanfaatan KT-HIV. *Outcome* sekunder mencakup hasil tes HIV positif, nilai CD4 saat diagnosis, tingkat pengetahuan HIV, persepsi stigma HIV, dan persepsi dukungan sosial untuk KT-HIV, serta empat komponen persepsi keyakinan diri HBM, yaitu persepsi kerentanan, persepsi keparahan, persepsi manfaat, dan persepsi hambatan sebagai variabel mediator. Variabel sosio-demografi yang dikendalikan mencakup umur, tingkat pendidikan, status perkawinan, tingkat pendapatan, dan lama masa penempatan bekerja di luar negeri.

Hasil. Ada hubungan positif yang bermakna (*effect size* Cramers V = 0,65; p < 0,0001) antara pendekatan KTH-BM dengan pemanfaatan KT-HIV pada pekerja migran perempuan pasca penempatan. Pendekatan KTH-BM juga terbukti berhubungan dengan tingkat pengetahuan HIV (V = 0,42; p < 0,0001), persepsi stigma HIV (V = 0,49; p < 0,0001), dan persepsi dukungan sosial (V = 0,69; p < 0,0001). Terhadap

variabel persepsi keyakinan diri HBM, pendekatan tersebut berhubungan secara bermakna dengan persepsi hambatan (V = 0,59; p < 0,0001) dan persepsi manfaat (V = 0,52). Hubungan dengan persepsi kerentanan (V = 0,29; p < 0,0001) dan persepsi keparahan (V = 0,07; p < 0,05) terbukti kurang bermakna secara praktis.
Faktor-faktor tingkat pengetahuan HIV (V = 0,47; p < 0,0001), persepsi stigma HIV (V = 0,50; p < 0,0001), dan persepsi dukungan sosial (V = 0,48; p < 0,0001) terbukti berhubungan dengan pemanfaatan KT-HIV. Dari empat variabel HBM, persepsi hambatan mempunyai hubungan paling kuat dengan pemanfaatan KT-HIV (V = 0,79; p < 0,0001), disusul persepsi manfaat (V = 0,68; p < 0,0001), dan persepsi kerentanan (V = 0,41; p < 0,0001). Persepsi keparahan terbukti tidak mempunyai hubungan yang bermakna (V = 0,04; p > 0,05). Hasil analisis multivariat menunjukkan bahwa pendekatan KTH-BM secara bersama-sama dengan dua variabel sosio-demografi (tingkat pendidikan dan tingkat pendapatan), empat variabel utama HBM (persepsi kerentanan, persepsi keparahan, persepsi manfaat, dan persepsi hambatan), dan tiga variabel *outcome Diffusion of Innovation Model* (tingkat pengetahuan HIV, persepsi stigma HIV, dan persepsi dukungan sosial untuk KT-HIV) menjelaskan 71% total varian pemanfaatan KT-HIV pada pekerja migran perempuan pasca penempatan. Penambahan variabel persepsi keyakinan diri HBM memberikan kontribusi sebesar 36 % dari total varian.
Kesimpulan. Penambahan pendekatan KTH-BM pada layanan KTH-BK terbukti berhubungan dengan pemanfaatan KT-HIV pada pekerja migran perempuan pasca penempatan. Hubungan pendekatan KTH-BM pada pemanfaatan KT-HIV dimediatori oleh empat variabel persepsi keyakinan diri HBM, yaitu: persepsi kerentanan, persepsi keparahan, persepsi manfaat, dan persepsi hambatan; serta tiga variabel *outcome Diffusion of Innovation*, yaitu tingkat pengetahuan HIV, persepsi stigma HIV, dan persepsi dukungan sosial untuk KT-HIV. Pendekatan KTH-BM menjadi pilihan untuk meningkatkan pengetahuan serostatus pada populasi pekerja migran perempuan pasca penempatan dan/atau populasi berisiko lain, sekaligus meningkatkan akses pada layanan pencegahan, perawatan, dukungan, dan pengobatan HIV. Penelitian lebih lanjut diperlukan untuk mengetahui variabel-variabel lain yang ikut menjelaskan hubungan pendekatan KTH-BM dengan pemanfaatan KT-HIV.

Kata kunci. HIV, konseling dan tes HIV, konseling dan tes HIV berbasis masyarakat, pemanfaatan KT-HIV, pekerja migran perempuan pasca penempatan, *Diffusion of Innovation Model*, *Health Belief Model*

ABSTRACT

Background. The community-based HIV testing and counseling approach (CB-HCT) is recommended to improve the access of at-risk populations to HIV prevention, care, support and treatment services. Former female migrant workers as one of the populations at risk face various obstacles in accessing health facility-based HIV counseling and testing (FC-HCT). The previous systematic review and meta-analysis of the CB-HCT approach revealed several methodological limitations so that the findings about the efficacy of CB-HCT were considered not to have provided practical significance. This study is aimed to gaining stronger evidence about the relationship between the CB-HCT approach and the use of HIV counseling and testing (HCT) in the population of former female migrant workers in Wonosobo District, Central Java.
Aim. To examine the relationship between the CB-HCT approach and HCT utilization in former female migrant workers and the mediator variables that explain the relationship.
Method. The study used a cluster randomized controlled trials (CRT) design. The random allocation of participants at the cluster level used a restricted with matched pair. Two pairs of clusters consisting of five sub-districts that met the inclusion criteria were randomly assigned to receive eight months of CB-HCT and FB-HCT services (intervention group) or only receive FB-HCT (control group) between January and August 2017. Unit of analysis at the individual level, i.e the total population of former female migrant workers in six villages of each cluster that met the inclusion criteria. The intervention combines community mobilization activities, providing accessible HIV testing and counseling services, and post-test referral services developed based on the behavioral change theory of Diffusion of Innovation (DOI) and Health Belief Model (HBM). Data were collected after the intervention (post test only) of a total of 1,205 participants (614 intervention groups and 591 control groups) with a longitudinal cohort. The primary outcome is the utilization of HCT. Secondary outcomes included HIV positive test results, CD4 values at diagnosis, level of HIV knowledge, perception of HIV stigma, and perceptions of social support for HCT, as well as four components of HBM self-perception, i.e perception of susceptibility, perception of severity, perception of benefits, and perception barriers as a mediator variable. The socio-demographic variables that are controlled include age, education level, marital status, income level, and length of placement to work abroad.
Results. There is a significant positive relationship (effect size Cramers V = 0.65; p <0.0001) between the approach of CB-HCT and the utilization of HCT for former female migrant workers. The CB-HCT approach also proved to be related to the level of knowledge of HIV (V = 0.42; p <0.0001), perception of HIV stigma (V = 0.49; p <0.0001), and perception of social support (V = 0 , 69; p <0,0001). With respect to HBM self-perception variables, this approach is significantly related to perceived barriers (V = 0.59; p <0.0001) and perceived benefits (V = 0.52). The relationship with

perceptions of susceptibility (V = 0.29; p <0.0001) and perception of severity (V = 0.07; p <0.05) proved to be of little practical significance.

Levels of knowledge of HIV (V = 0.47; p <0.0001), perception of HIV stigma (V = 0.50; p <0.0001), and perception of social support (V = 0.48; p < 0,0001) proven to be related to HCT utilization. Of the four HBM variables, the perception of barriers has the strongest relationship with HCT utilization (V = 0.79; p <0.0001), followed by perceptions of benefits (V = 0.68; p <0.0001), and perception of susceptibility (V = 0.41; p <0.0001). Perceptions of severity proved not to have a significant relationship (V = 0.04; p> 0.05). The results of the multivariate analysis showed that the CB-HCT approach together with two socio-demographic variables (education level and income level), four main variables of HBM (perception of susceptibility, perception of severity, perception of benefits, and perceived barriers), and three outcome variables of Diffusion of Innovation Model (level of knowledge of HIV, perception of HIV stigma, and perception of social support for HCT) explains 71% of total variants of HCT utilization in former female migrant workers. The addition of HBM self-perception variables contributed 36% of the total variance.

Conclusion. The addition of the CB-HCT approach to FB-HCT services has been proven to be related to HCT utilization in former female migrant workers. The relationship of the CB-HCT approach to HCT utilization is mediated by four HBM self-perception variables, i.e: perception of susceptibility, perception of severity, perception of benefits, and perception of barriers; and three Diffusion of Innovation outcome variables, i.e the level of knowledge of HIV, perception of HIV stigma, and perception of social support for HCT. The approach of CB-HCT is an option to increase serostatus knowledge in the population of former female migrant workers and/or other at-risk populations, while increasing access to HIV prevention, care, support and treatment services. Further research is needed to find out other variables that explain the relationship between the approach of CB-HCT and the utilization of HCT.