RESEARCH ARTICLE

The utilization of provider-initiated testing counselling services for citizens at risk of HIV/aids at the polyclinic of class IIA Abepura penitentiary in Papua province

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Abstract

Objective: To analyse the factors related to the use of provider-initiated test and counselling services for inmates at high risk of HIV /AIDS.

Method: This descriptive cross-sectional study was conducted at the Polyclinic of Class IIA Abepura Correctional Institution, Papua Province, Indonesia, from November to December 2020, and involved 140 inmates, of age 18 years or older selected by simple random sampling technique, at high risk of HIV after obtaining informed consent. All had been tested for HIV status were fluent in Indonesian and willing to participate in the study. The use of provider-initiated testing and counselling services was recorded in 112 (80%) cases. Data were collected using a structured questionnaire exploring aspects related to testing and counselling. Data were analysed using SPSS v.21.

Results: The association between use of provider-initiated testing and counselling services and acceptance of HIV/AIDS-related stigma and discrimination was significant (odds ratio=20.781; $p<0.001$). The association between use of provider-initiated testing and counselling services was also significant with belief in its usefulness (odds ratio=12.372; $p<0.001$), family and institutional support (odds ratio = 9.993; $p<0.001$), need for services (odds ratio = 6.587; p<0.001), and knowledge of services (odds ratio = 6.130; $p<0.001$).

Conclusion: It is essential to build a cross-programme collaboration between health workers and security officers in the form of regular counselling to reduce the stigma and discrimination among inmates.

Keywords: Immunodeficiency, Odds Ratio, Counselling, HIV, Prisoners. (JPMA 74: S-55 [Suppl. 5]; 2024)

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Introduction

Human immunodeficiency virus / acquired immunodeficiency syndrome (HIV/AIDS) is a global health problem. The World Health Organisation (WHO) states that HIV/AIDS is currently a global threat and has a detrimental impact on all sectors. HIV/AIDS is an infectious disease that is the leading cause of death with a high mortality and morbidity, and requires a fairly long diagnosis and therapy phase.[1] Transmission of this disease usually occurs in people who have a high-risk behaviour, like commercial sex workers, addicts using injectable drugs, those getting tattoos done with non-sterile tools, and men having sex with men (MSM).[2]

The transmission of HIV/AIDS was also detected among inmates in correctional institutions and state detention centres because most of the prisoners were using drugs. A WHO study in 12 cities showed that an estimated 60-90 detainees had a history of being in detention since they started using drugs and most of them had been in prison several times.[3] The results of research by Dolan, Rutter and Wodak (2003), also state that the risk of HIV/AIDS transmission in detention centres is due to the use of injecting drugs. Detainees have difficulty obtaining sterile syringes while in prison/remand centre, so they use syringes interchangeably. This is done by the prisoners because they have difficulty smuggling needles into the prison, so that syringes are very rarely found.The use of alternating needles is indeed one of the factors that cause the rapid transmission of HIV/AIDS.[4]

In Thailand (2002), the pattern of HIV/AIDS transmission probably started among injecting drug users through needles in prison. Among injecting drug users, HIV infection ranges from 5% to 90%. While in Indonesia, injecting drug use is usually done covertly so it is not easy to estimate injecting drug use.[2]

A monthly report in December 2011 by the Regional Office of the Ministry of Law and Human Rights, Jakarta, stated that cases of HIV/AIDS had increased in 8 prisons due to increase in the number of inmates using injectable drugs. The prevalence of HIV/AIDS was estimated to be 24 times higher than what was expected in the general adult

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population in Indonesia.[5] A studyprovidedan overview of HIV prevalence in prisons, showing that the rate of HIV infection in the inmate population was higher than in the general population.[6]

It is clear that HIV transmission among detainees cannot be fully controlled. A fairly good programme was initiated by WHO in 2006 that entailed providing sterile needles and close supervision of prison authorities.[6] One of the plans developed by WHO to minimise the risk of HIV transmission comprised service provider-initiated test and counselling (PITC). Launched in 2007, PITC is used by the Indonesian government on the basis of the experience of countries that succeeded in reducing the rate of HIV transmission.[5] PITC is carried out voluntarily and confidentially and is aimed at individuals with HIV/AIDS. This service also places individuals at the centre of attention, based on their needs, so that the individuals are able to make personal decisions related to HIV/AIDS. The PITC process consists of pre-test counselling, post-test counselling and voluntary HIV testing, which is confidential and helps people find out their HIV status.[5]

PITC is a programme that is appropriate for inmates as they often get transferred to other detention facilities, and their data can be reported immediately to the relevant authorities. Screening at 15 prisons from August 2011 to March 2013 showed that of the 4,913 people who used PITC, 1,006 tested positive.[7]

Since 2011, the PITC programme has been running in several detention centres in Indonesia, but the utilisation of its services has not been ideal.[5] The Joint United Nations Programme on HIV and AIDS (UNAIDS) states that the implementation of service programmes for high-risk patients in detention is difficult to meet targets.[8] One of the elements that hinder the success of this programme is stigma and discrimination against PLHIV. PLHIV are afraid of being ostracised and shunned by their environment, and their freedom is restricted. PLHIV in prison have a difficult time, especially because they are in an environment that has the potential to aggravate their illness. Patients experience discrimination and unfavourable treatment, making it difficult to encourage inmates to seek counselling voluntarily.[12]

The current study was planned to analyse the factors related to the use of PITCservices for inmates at high risk of HIV/AIDS5.

Subjects and Methods

The descriptive, correlational, cross-sectional study was conducted at Class IIA Abepura Penitentiary Polyclinic, Papua, Indonesia, from November to December 2020, and comprised inmates at high risk of HIV/AIDS. After approval from the ethics review committee of the University of Indonesia, the sample size was calculated with significance degree 5% (0.05) and test strength 95% based on formula mentioned in literature.[9] The sample was raised using simple random sampling technique. Those included were inmates who met the inclusion criteria namely eligible respondents who were male aged 18 years and over, had been checked for HIV status, were fluent in Indonesian, were willing to participate during the research data collection process, and were able to give informed consent. A complete list of eligible research respondents (prisoners) was compiled by prison officials using medical records. From this list, each respondent was assigned a unique identifier that was used to be randomly selected and engaged for enrollment screening. Respondents' understanding of informed consent was assessed using a structured questionnaire.

Data was collected using a structured 45-item questionnaire that was adapted from literature[1,3,5] and which explored various aspects related to PITC. Validity and reliability of the questionnaire was tested using inter-rater reliability with Cohen's Kappa, which produced acceptable Cronbach's alpha value (0.76-0.91) and reliability value (r=0.84). The data collected was processed manually through editing and coding. Data was analysed using Statistical analyses of SPSS v.21.Further quantitative data analysis was conducted using the 2-tailed t-test while the Chi-Square method was used to determine the relationship between the study variables. Data was subjected to univariate and bivariate analyses, and odds ratio (OR) were calculated with 95% confidence interval (CI). $P<0.05$ was considered significant.

Results

There were 140 subjects involved in this analysis. Their ages ranged from 18 years old to 47 years old with the majority 109(78%) aged between 18 and 28 years age. The level of education among the subjects varied, ranging from those who completed primary education 88(63%), those who completed secondary education 45(32%) and those who completed higher education 7(3%). Unemployment was found in almost all respondents 130(93.4%). Based on the test results to check HIV status, almost half of our respondents 53(37.5%) were diagnosed HIV positive. Utilisation of PITC services was noted in 112 (80%) cases. PITC being an examination to identify HIV infection was known to 74(53%) of prisoners, 45(31.5%) did not know, and 32(15.4%) were sure that PITC was not a test for HIV. Respondents who had heard aboutPITC were 78(56.9%).

There were 126(90%) respondents who agreed with the

statement that the acceptance of the stigma associated with HIV/AIDS was a barrier, 115(82.2%) considered that the prison officials interacted with them in a friendly manner, and 105(75.4%) said they would feel embarrassed if their health status was known to others. Besides, 72(51.5%) subjects said the possibility of being treated differently or humiliated, discouraged them from seeking help, and 75(53.6%) believed that if the HIV/AIDS examination found them to be positive, they would be ostracised by their friends.

There were 91(65.4%) inmates who agreed that families supported their participation in PITC programme, 87(61.5%) said health workers had a special time for consultation, 96(68.5%) believed prison officers could invite them to participate in PITC services related to their condition, 84(60%) agreed that health workers should call them for further examination, 55(39.2) said prison officials made them wait a long time, 68(48.5%) said the PITC examination was too complicated and made them confused, and 59(42.3%) said the material provided at the time of counselling was not good enough.

The relationship between the use of PITC services and the acceptance of stigma and discrimination related to HIV/AIDS was significant (OR=20.781; $p<0.001$). The relationship of the use of PITC services was also significant with the belief in its benefits (OR = 12.372; $p<0.001$), family and institutional support (OR= 9.993; $p<0.001$), the need of such services (OR=6.587; $p<0.001$), and knowledge about the services (OR=6.130; $p<0.001$). There was a statistical correlation between the variables tested, and it was also influenced by the demographic data of the study subjects.

Discussion

Health service programmes for HIV/AIDS prevention and control among prison inmates can be implemented through PITC services. The possibility of testing positive for HIV/AIDS discourages the inmates from opting for the test as they fear stigmatisation.[10,14]

Optimal utilisation of PITC could reduce the spread of HIV/AIDS transmission among inmates. With the support and initiative of prison officials, it was hoped at the time of launching the programme that HIV/AIDS would be detected faster than before.[5]

The current study showed 80% utilisation, which was quite good. The factor that had the strongest relationship was the acceptance of stigma and discrimination related to HIV/AIDS, which was in line with literature.[11,12] Also, inmates tend to adopt a hopeless attitude due to having difficulty in going through a long treatment process.[15]

Conclusion

It is essential to build a cross-programme collaboration between health workers and security officers in the form of regular counselling to reduce the stigma and discrimination among inmates.

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