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Enhancement HIV Health Literacy at Servant of God in Providing Support for Individual at Risk of HIV for Following VCT in Province of NTT

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Abstract

HIV Health literacy is the ability to understand information about HIV and act as the message of the information. The aim of the study was to determine the effect of HIV health literacy training to servant of God in improvement of knowledge skill identification of individuals at risk of HIV and skills of providing support VCT. This type of study is quasi experiment with a sample of 34 people comprising 17 intervention and 17 control group. The experimental group was given training of HIV health literacy treatment while the control group were given HIV module. Data were analyzed using paired and independent T test. The results showed that there was no difference in the average value of the pre-test in both groups. There was a significant increase in the average value of knowledge ($\overline{X}$= 34.58; p <0.001), skills identification of individuals at risk of HIV ($\overline{X}$= 64.71; p <0.001) and skill of VCT support ($\overline{X}$=60.29; p <0.001) before and after the training.

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There are differences in the average value of knowledge ($\overline{X}$= 35.58; p <0.001), skills identification of individuals at risk of HIV (= 64.70; p <0.001) and support VCT ($\overline{X}$= 55.88; p <0.001) between the intervention group and the control group. In the control group there was no difference in the average value of the variable knowledge ($\overline{X}$= -0.35; p = 0.71) and the skills of identifying individuals at risk of HIV and AIDS ($\overline{X}$= 3.52; p = 0.38) and skills of VCT support ($\overline{X}$= 2.94; p = 0.54) at the time before and after the intervention. Training of HIV health literacy can improve knowledge and skills of the servant of God in providing support for following VCT to individuals at risk of HIV.

Keyword: Health Literacy HIV; Servant of God.

1. Introduction

Indonesia is one of the countries in Asia where the epidemic show the most rapidly growing in addition to Pakistan and the Philippines [1]. The number of cases in Indonesia in 2013 reached 179, 775 is higher than in 2012, which reached 141, 277 cases [2]. Throughout the district in NTT has been found in the case of HIV, the risk factors 98% through heterosexual transmission.

The highest percentage of HIV infections in the age group 20-29 years reached 1,282, followed by the age group 30 -39 years reached 1,159 cases [3]. NTT province has a unique where most people are very dependent on the Servant of God in addition to health workers. The previous Research conducted by the author, shows that the knowledge and views of the Servant of God against HIV and AIDS is still lacking.

The view that HIV is a punishment disease, HIV infection because of having sex during menstruation, adjacent to and make friends with people living with HIV, is what needs to be clarified. So if it involves the Servant of God in HIV it is necessary also to improve their knowledge and skills in HIV [4].

Training of HIV health literacy to servant of God is an effort to improve the individual`s knowledge and skills to man who are able to contribute in improving his and another quality of life. The knowledge and skills that will either motivate someone to be able to participate in the activities of public health in this case HIV prevention [5]. The purpose of this study was to see whether the training of health literacy HIV can increase the knowledge and skills of the servant of God in providing support to individuals at risk of HIV to follow VCT.

2. Materials and Method

This type of study is quantitative research with a quasi-experimental design with Non-Equivalent Control Group. This study will provide intervention in the form HIV training to improve health literacy is associated with risk factors, early detection skills of HIV and AIDS and support VCT in the experimental group while the control group was only given about HIV module [6].

The study population was the Servant of God listed in the communion of prayer in Timor Evangelical Christian

Church (GMIT) in all areas of Kupang which totaling 78 prayer meeting. Each prayer meeting has one Servant of God. Determining the sample size by using the formula hypothesis testing of the samples based on the proportion [7] By observing the value of p in the related previous research [8] obtaining the value of n (large total sample) is 28. To overcome the effect of design added to 34 people. Thus the number of samples for the intervention group were 17 persons and a control group numbered 17 people. Determination of 32 people from a population of Servant of God is by random sampling from each of the prayer meeting.

The inclusion criteria for the servant of the God, namely: age not more than 60 years, middle and high school education, the occupation is not civil servants or employees of permanent establishments and have not been trained on HIV.

Measurements of the item that knowledge questions using a questionnaire with a choice of Right and Wrong. When respondents answered correctly were given a score 1 and if one is given a score 0. While measuring skills through observation guide the selection of Yes and No. If respondents do, it was given a score 1 and otherwise, it was given score 0.

Validity and reliability tests conducted on 30 respondents. If the corrected item total correlation value> 0.361, then the statement is said to be valid. Value reliable if the Cronbach alpha coefficient> 0.60 [9].

Test of Validity and reliability for quantitative variables measuring devices is test the validity for tool skill measurement by performing triangulation data through peers and experts.

Analysis of the data to see the differences in knowledge and skills before and after training in the intervention and control by using paired T Test. Statistical analysis to see the difference of knowledge and skills between intervention and control groups to use traditional independent T Test.

Ethical Consideration

The research instrument was a questionnaire and observation sheet already tested in ethics at the Faculty of Public Health, University of Airlangga. Measurements on respondents at risk of HIV is voluntary and receive a direct benefit from the research in which respondents received a leaflet HIV. Respondents also receive a souvenir like a small towel and a nail clipper. As for respondents Servant Of God who following training was given money for transport and HIV module.

3. Results

In Table 1 we can see an increase in knowledge (= 34.58; p <0.001), skills identification of individuals at risk of HIV ((= 64.71; p <0.001) and skill of VCT support (= 60.29; p <0.001) as well as the value of t <t table (t table = 1.666). Likewise, there is a difference between intervention and control groups to see differences in the average value of knowledge ((= 35.58; p <0.001), skills identification of individuals at risk of HIV (= 64.70; p <0.001) and skill of VCT support ((= 55.88; p <0.001) as well as the value of t> t table.

Table 1: Knowledge and Skills Identification of Individuals at Risk of HIV and VCT Support from Servant of the God at the Before and After Intervention

Measured Variables	**Value**		
	$\overline{X}$	**t count**	**p**
Experimental groups			
The increase in the average value of knowledge at the time before and after the intervention	34.58	8.74	0.001
Improvement skills identification of individuals at risk of HIV at the time before and after the intervention	64.71	19.60	0.001
Improved skills of VCT support at the time before and after the intervention	60.29	12.91	0.001
Control Groups			
The increase in the average value of knowledge at the time before and after the intervention	-0.35	-0.368	0.718
Improvement skills identification of individuals at risk of HIV at the time before and after the intervention	3.52	0.267	0.301
Improved skills of VCT support at the time before and after the intervention	2.94	0.899	0.54
The difference between experiment and control group			
The differences of Knowledge	35.58	9.94	0.001
The differences Skills identification of individuals at risk of HIV	64.70	18.86	0.001
Differences of skill VCT support	55.88	12.58	0.001

4. Discussion and Conclusions

Respondents were divided into 2 groups: the intervention group and the control group. The intervention group received treatment training material facts that HIV and AIDS, skills identification of individuals at risk of HIV and AIDS and provide support VCT. The control group was given training modules. The results of the study in Malawi proved that empowerment training for volunteers for HIV prevention is proven effective to improve the knowledge, skills and commitment to become a peer leader for HIV prevention in community [10]. The provision of training in voluntary group is very effectively to ensure the sustainability of the provision of HIV counselling services program [11].

The results showed there are significant increase between the average value of the knowledge and skills before and after training in the intervention group while the control group there are no significant difference. A significant difference was also found in the average value of the knowledge and skills after training when compared between the intervention and control groups. This gives the conclusion that training significantly

affects the increase in knowledge and skills of Servant of God. The results are consistent with research in Bangladesh proves that training can improve knowledge and skills of teachers in fact they became more confident to provide education of HIV prevention [12].

The results of the control group showed that there was no difference in the value of knowledge and skills before and after the administration module. Knowledge is not necessarily can be increased simply by reading. The cause is the increased knowledge of the control group because a lot of things that can be questions from the reading of the servant of God but they cannot find the answer by themselves, but it may be a servant of God does not believe the information contained in the module. The condition also occurs in the intervention group where participants give a lot of questions and a lack of trust with information of HIV transmission in the module but after receiving an explanation from the facilitator of the participants become more confident. The process in the control group did not receive an explanation when they have the question. This is a factor for the knowledge and skills that did not experience an increase in the control group. The results of the control group is consistent with research in China that found that strategies for improving health knowledge through self-learning reading in patients with hypertension did not increase significantly knowledge [13]. Improved knowledge occurred at group of Hypertension patient by given the method of dialogue and workshops.

Statistical test to the initial value before the training conducted to prove whether the average difference between the intervention and control occurs due to the training. The statistical results showed that there was no difference in knowledge and skills before training between the two groups.

The training material provided is information about the facts of HIV and AIDS, the transmission and prevention, skills to identify individuals at risk of HIV and skills to provide support for VCT. All participants were very enthusiastic and active to give answers and questions during training. Seriousness participants attended each session can be seen from the timeliness and everyone heard when the facilitator speak. Participants were also eager to engage in the practice session. Answers about the transmission and prevention of HIV given the participants at the beginning of the material much wrong but after post test, many answers were transformed into true. Participants were also provided with some support VCT practices. This study proves that the training of HIV health literacy can improve knowledge and skills of the servant of God in providing support to individuals at risk of HIV VCT [13].

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