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## RESEARCH ARTICLE

URL of this article: <http://heanoti.com/index.php/hn/article/view/hn20417>**Predisposing Characteristic of MSM (Men who Have Sex with Men) in Utilizing of CST (Care Support and Treatment) Services in Jember District****M. Nur Khamid<sup>1(CA)</sup>, Ancah Caesarina Novi Marchianti<sup>2</sup>, Dewi Rokhmah<sup>3</sup>**<sup>1(CA)</sup>Graduate School of Public Health Science, University of Jember, Indonesia;

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<sup>2</sup>Faculty of Medicine, University of Jember; Indonesia<sup>3</sup>Faculty of Public Health, University of Jember; Indonesia**ABSTRACT**

MSM behavior in Indonesia still become an important issue in our society and some of our society can't accepted the MSM. The prevalence of HIV in MSM population is such a warning and need to be concerned. Data from Jember District Health Office showed that from 2004 until June 2017, the number of HIV AIDS were 3186 cases, based on homosexual risk factor were 7.6%. This research aimed to analyze predisposing characteristic of MSM with HIV positive such as: 1) Demography: sex, age, marriage status, place of live, the region, and education background, 2) The distance from home to the CST services, 3) Health belief. This study used qualitative method with case study approach. There were 8 main informants and recruited purposively. Data was collected by in depth interview and analyzed with thematic content analysis. The result showed that most of informants aged 25-30 years old, a small number of informants in 20-23 years old. The distance of home and CST services influenced the MSM with HIV positive to drink drug regularly. The effort of informants to care their health were obedient in ARV treatment, taking care to dietary habits, doing exercise regularly and avoid their self from stress. The side effect of ARV are dizzy, nausea, vomiting, fatigue or pain in some of hinge, appetite loss and mood changes. The effort to make an obedient in ARV treatment need to add the CST services in Center of public health and make ARV satellite Center of public health in every district, role model, optimize the guidance to the MSM with HIV positive, to prevent the loss to follow up because the side effect and to give a support in obedient the ARV treatment.

**Keywords:** MSM, HIV, Care Support and Teratment**INTRODUCTION****Background**

The prevalence of HIV in MSM population is such a warning and need to be concerned. AIDS prevention programs for MSM applied various methods to change high risk behaviour, but HIV prevalence among MSM population is still high. The result of Integrated Biological and Behaviour Survey (IBBS) in 2011 till 2015 showed an increasing number of HIV prevalence, the percentage in 2007 was 5.33% and became increase up to 25.8 in 2015<sup>(1)</sup>.

June 2017, Jawa Timur was in the second rank after Papua, the total HIV positiv were 42. 742 and the percentage of AIDS were 41.5%<sup>(2)</sup>. Based on homoseks risk factor was 4.42%. Data from Jember district Health office from 2004 untill 2017 the number of HIV and AIDS were 3.186 cases, based on homoseks factor were 7.6%. According the age category, the highest number was 25-49 years old (70.7%), 20-24 years old (13%), 15-19 years old (2.6%), 0-4 years old (2.1%) and more than 50 years old (6.9%)<sup>(3)</sup>.

The result of introduction study in CST services of dr. Soebandi Hospital in Jember District showed that there were 142 MSM with HIV positive on HIV treatment, 57.8% on ARV treatment, 13.2% have died, 25% lost to follow up (LFU) and 4% did out referral. This condition described the behavior of MSM with HIV positive to access CST services were law. According to the Andersen theory, there is one of determinant from the behavior of MSM with HIV positive to access CST services namely predisposing characteristics, it described a fact that every individual has a difference way to acces health services, it is because the characteristics of every individual. The characteristics are categorized in three things: demography, social structure, health belief<sup>(4)</sup>.

Interview result to the counsellor of VCT and CST services in dr. Soebandi hospital IN Jember district on November 2017 got the information that most of the MSM with HIV positive in Jember didn't want to access CST services, or they who ever came and got the CST services would never come again, so it could be conclude as LFU (Loss to Follow-up) categorize. The LFU (Loss to Follow-up) on MSM with HIV positive were they

moved to other area, school, work location, they preferred to do traditional treatment than ARV treatment, not belief to the ARV treatment, looking for other information beside information from the counsellor, they didn't have much money to do treatment, stigma and discrimination from the society. MSM with HIV positive also felt afraid to the side effect of ARV treatment, and they wouldn't be worry if they didn't felt any symptoms and sickness.

### Purpose

This research aimed to analyze predisposing characteristic of MSM with HIV positive such as: 1) Demography: sex, age, marriage status, place of live, the region, and education background, 2) The distance from home to the CST services, 3) Health belief.

### METHODS

This study used qualitative method with case study approach. There were 8 main informants and recruited purposively. This research analyze predisposing characteristic of MSM with HIV positive such as: 1) Demography: sex, age, marriage status, place of live, the region, and education background, 2) The distance from home to the CST services, 3) Health belief. Beside main informants, there were additional informants such case manager and head of VCT and CST dr. Soebandi Hospital. Observation to the CST services was held. Data was collected by in depth interview and analyzed with thematic content analysis on 2<sup>nd</sup>-17<sup>th</sup> February, 2018 in Jember district. The researcher used technic and resource triangulations to such case manager, head of VCT and CST dr. Soebandi Hospital and observation to the CST services.

### RESULTS

#### Predisposing Characteristic of MSM with HIV Positive in Utilizing of CST (Care Support and Treatment)

This Character describe that every individual has special character to access health services, it is caused by the individualal characteristic that it categorize into three Demography: sex, age, marriage status, place of live, the region, and education background, the distance to access health services and health belief.

#### Demography of MSM with HIV Positive

The main informant demography could be shown on table 1.

Table 1. The main demography data of informants

No	Name	Age	Sex	Marriage Status	Region	Education Background
1	Informant 1	23	L	Not Married	Jenggawah (Jember)	Bachelor
2	Informant 2	22	L	Not Married	Tanggul (Jember)	Bachelor
3	Informant 3	26	L	Not Married	Balung (Jember)	Senior High School
4	Informant 4	23	L	Not Married	Puger (Jember)	Senior High School
5	Informant 5	22	L	Not Married	Jenggawah (Jember)	Senior High School
6	Informant 6	28	L	Not Married	Balung (Jember)	Senior High School
7	Informant 7	33	L	Married	Wuluhan (Jember)	Bachelor
8	Informant 8	27	L	Married	Umbulsari (Jember)	Bachelor

The table 1 showed that most of informants aged 25-30 years old, a small number of informants in 20-23 years old and 1 informant was 33 years old. Most of informants worked as non-government employee, but the small one worked as teacher. All of informants lived in Jember district. Educational background of most informants were senior high school and bachelor. Most of informants informed that they never married (single), the small one are married.

#### The Distance of Home to CST (Care Support and Treatment) Services

The reserach got that the distance of most of informant's home to the CST services are far, it could give a influence to ARV treatment. The MSM with HIV positive who have work said that they felt so difficult to get permission from their director to go out in the work hour, so they couldn't take the drug, beside that they didn't have vehicle so they need to use commercial vehical or mass transportation to go to the hospital and it need much costs. The small informants said that the distance wouldn't give influence to them to access CST services, they had awareness about the importance of treatment.

#### Health Belief

The effort to care their health were obedient in ARV treatment, drinking the drug regularly, taking care to dietary habits, consuming vitamin and honey, doing exercise regularly, eating kinds of nutritional food (vegetables, egg, and meat), and avoid stress. MSM with HIV positive have a high belief that by consuming ARV regularly could give positive effect to their health and minimize the transmission of HIV Aids to their partner or

wife. The way of health provider to keep up the HIV status from the society, family and friend became strategy to increase the confidence and belief of MSM with HIV positive to the health provider itself. There was 1 informant who felt hesitate to the health worker that they would kept the MSM HIV status.

Most of the main informants felt the side effect of ARV at the first time they consumed it, such as dizzy, nausea, vomiting, fatigue or pain in some of hinge, appetite loss and mood changes. One of effort to increase the quality of MSM with HIV positive life and the obedient in ARV consuming was by joining Peer Supporting Group (PSG) activity in Jember District. MSM with HIV positive population didn't join the Peer Supporting Group (PSG) activity, they prefer to reduce the time with the ODHA. Strategi not joining the ODHA and Peer Supporting Group (PSG) activity was used in order to their wife wouldn't know their HIV status or their sexual orientation.

## DISCUSSION

Health services utilizing model according to the Andersen theory (1995) there is one of determinant from the behavior of MSM with HIV positive to access CST services namely predisposing characteristics, it described a fact that every individual has a difference way to access health services, it is because of the characteristics of every individual. The characteristics are categorized in three things: demography, social structure, health belief<sup>(4)</sup>. The result of the research got that most of informants aged 25-30 years old, a small number of informants in 20-23 years old and 1 informant was 33 years old. Most of informants worked as non-government employee, but the small one worked as teacher. All of informants lived in Jember district. Educational background of most informants were senior high school and bachelor. Most of informants informed that they never married (single), the small one are married. Someone who have married are access more services in hospital then the single one. Beside marriage status, the other factors that give influence to the health services are number of family<sup>(5)</sup>.

The distance give an influence to the utilization to the health care service, if the health care service are too far and difficult to access, so it will reduce the visit and demand to the health care will be low<sup>(6)</sup>. The research got that the distance of most of informant's home to the CST services are far, it could give a influence to ARV treatment. The MSM with HIV positive who have work said that they felt so difficult to get permission from their director to go out in the work hour, so they couldn't take the drug, beside that they didn't have vehicle so they need to use commercial vehical or mass transportation to go to the hospital and it need much costs. The small informants said that the distance wouldn't give influence to them to access CST services, they had awareness about the importance of treatment.

The Health belief model is used to know the increase of health action. The Health belief model is kognitif model that is influenced by information from the environment. According to the health belief model, a prohibition individual's to do a preventive is depend on two beliefs or value of health namely the illness and the advantage or disadvantage<sup>(4)</sup>. Health belief on MSM with HIV positive come from their worry to the illness and they would be afraid their illness will make them to be die<sup>(7)</sup>. The result showe that the effort to care their health were obedient in ARV treatment, drinking the drug regularly, taking care to dietary habits, consuming vitamin and honey, doing exercise regularly, eating kinds of nutritional food (vegetables, egg, and meat), and avoid stress. MSM with HIV positive have a high belief that by consuming ARV regularly could give positive effect to their health and minimize the transmission of HIV Aids to their partner or wife. Most of the main informants felt the side effect of ARV at the first time they consumed it, such as dizzy, nausea, vomiting, fatigue or pain in some of hinge, appetite loss and mood changes. For the more, ARV consuming will make them in high risk to get coroner heart, diabetes, cancer, stroke and disfungtion of kidney<sup>(8)</sup>.

The effort to make an obedient in ARV treatment need to add the CST sevice in Center of public health and make ARV satellite Center of public health in every district need role model from the other MSM with HIV positive who has opened their status to give motivation to the MSM with HIV positive to access treatment, optimilize the guidance to the MSM with HIV positive, to prevent the loss to follow up because the side effect and to give a support in obedient the ARV treatment.

## CONCLUSION

Based on the research could be concluded that most of informants aged 25-30 years old, a small number of informants in 20-23 years old. Most of informants worked as non-government employee, but the small one worked as teacher. All of informants lived in Jember district. Educational background of most informants were senior high school and bachelor. Most of informants informed that they never married (single), the small one are married. The distance of home and CST services influenced the MSM with HIV positive to drink drug regularly, the small informants said that the distance wouldn't give influence to them to access CST services, they had awareness about the importance of treatment. The effort to care their health were obedient in ARV treatment, drinking the drug regularly, taking care to dietary habits, consuming vitamin and honey, doing exercise regularly, eating kinds of nutritional food (vegetables, egg, and meat), and avoid stress. Most of the main informants felt the side effect of ARV at the first time they consumed it, such as dizzy, nausea, vomiting, fatigue or pain in some of hinge, appetite loss and mood changes. The way of health provider to keep up the HIV status from the society,

family and friend became strategy to increase the confident and belief of MSM with HIV positive to the health provider and it has been done base on the standar services.

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