

# Evaluation of Voluntary Counseling and Testing (VCT) Program in the Prison

## (A Study in Class I Prison of Surabaya)

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Voluntary Counseling and Testing (VCT) is one of the efforts of prison to minimize the risk of HIV/AIDS on *injecting-drug-user* prisoners. There, however, are still obstacles in the implementation of the program. The purpose of this study is to evaluate the VCT in Surabaya Prison Class I. This study uses qualitative and quantitative method. The samples to evaluate the VCT program among officer; Clinical Officers who carry out VCT, NGOs, and the four IDU prisoners, are selected using the purposive sampling. The representative number of samples to describe prisoner's characteristic and risk factor of HIV/AIDS from behavior aspect are 60 prisoners. The data was collected through filling out the questionnaire and from depth interview. The results were analyzed by qualitative descriptive narration. The result of this study is to answer what the major behavioral factors that leads the injectingdruguser prisoners into HIV/AIDS; injecting drug use behaviors, unsafe sexual behavior, or tattooing. However, the evaluation of VCT was not performed well. In terms of input, the human resources sector and source of funds and independent laboratory facilities were deemed less. On the process aspects, the sector of pre- and post-test counseling and support programs was still not optimal. In the aspect of output, an indicator to measure the success of VCT, patient satisfaction questionnaire coverage and effort to VCT client was still not implemented. It is necessary to enhance the implementation of VCT and to realize a program especially for drug-user prisoners to prevent and control the transmission of HIV/AIDS such as Harm Reduction program.

Keywords: HIV/AIDS, VCT, Injecting drugs, Prisoners

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## 1. Introduction

Based on the report, the implementation of the Voluntary Counseling and Testing (VCT) in Class I Prison of Surabaya routinely performed every three months. Implementation of Voluntary Counseling and Testing (VCT) was a collaboration between the Department of Health and Hospitals in district of Surabaya and Sidoarjo. Although the implementation was routine, but the scope of the program was low. This was because of the principle of Voluntary Counseling and Testing (VCT) itself thus allowing inmates refused to do Voluntary Counseling and Testing (VCT). For example, the implementation of the Voluntary Counseling and Testing (VCT) in December 2011, not all of inmates at risk for HIV (injecting drug users) participate (Kemenkumham, 2011). The low scope of the program compared to Kemenkumham standard, the obstacles encountered in the implementation of Voluntary Counseling and Testing (VCT) and whether the program was required in addition to the program Voluntary Counseling and Testing (VCT) to prevent and combat HIV/AIDS for injecting drug user inmates were the background for this study. Therefore it was important to evaluate Voluntary Counseling and Testing (VCT) program to illustrate the implementation of the Voluntary Counseling and Testing (VCT) so that may be a recommendation for the prison in order to prevent and combat HIV/AIDS, especially for injection drug user inmates in Class I Prison of Surabaya.

Problem in this research was: How do the results of evaluation of Voluntary Counseling and Testing (VCT) program in Class I Prison of Surabaya?

The purpose of this research was:

### 1. General Purpose

To Evaluate Voluntary Counseling and Testing (VCT) program in Class I Prison of Surabaya

### 2. Specific Purposes

2.1 To Evaluate Voluntary Counseling and Testing (VCT) in the input sector in Class I Prison of Surabaya.

2.2 To Evaluate Voluntary Counseling and Testing (VCT) in the process sector in Class I Prison of Surabaya

- 2.3 To Evaluate Voluntary Counseling and Testing (VCT) in the output sector in Class I Prison of Surabaya
- 2.4 To describe the distribution of sociodemographic characteristics consisting of age, gender, education, marital status and how long to be detained of injecting drug user inmates in Class I Prison of Surabaya.
- 2.5 To describe the distribution aspects of behavior which consists of knowledge, attitude, injecting drug use, unsafe sexual activity and unsafe tattooing and piercing of injecting drug user inmates in Class I Prison of Surabaya.

## 2. Conceptual Framework for Research

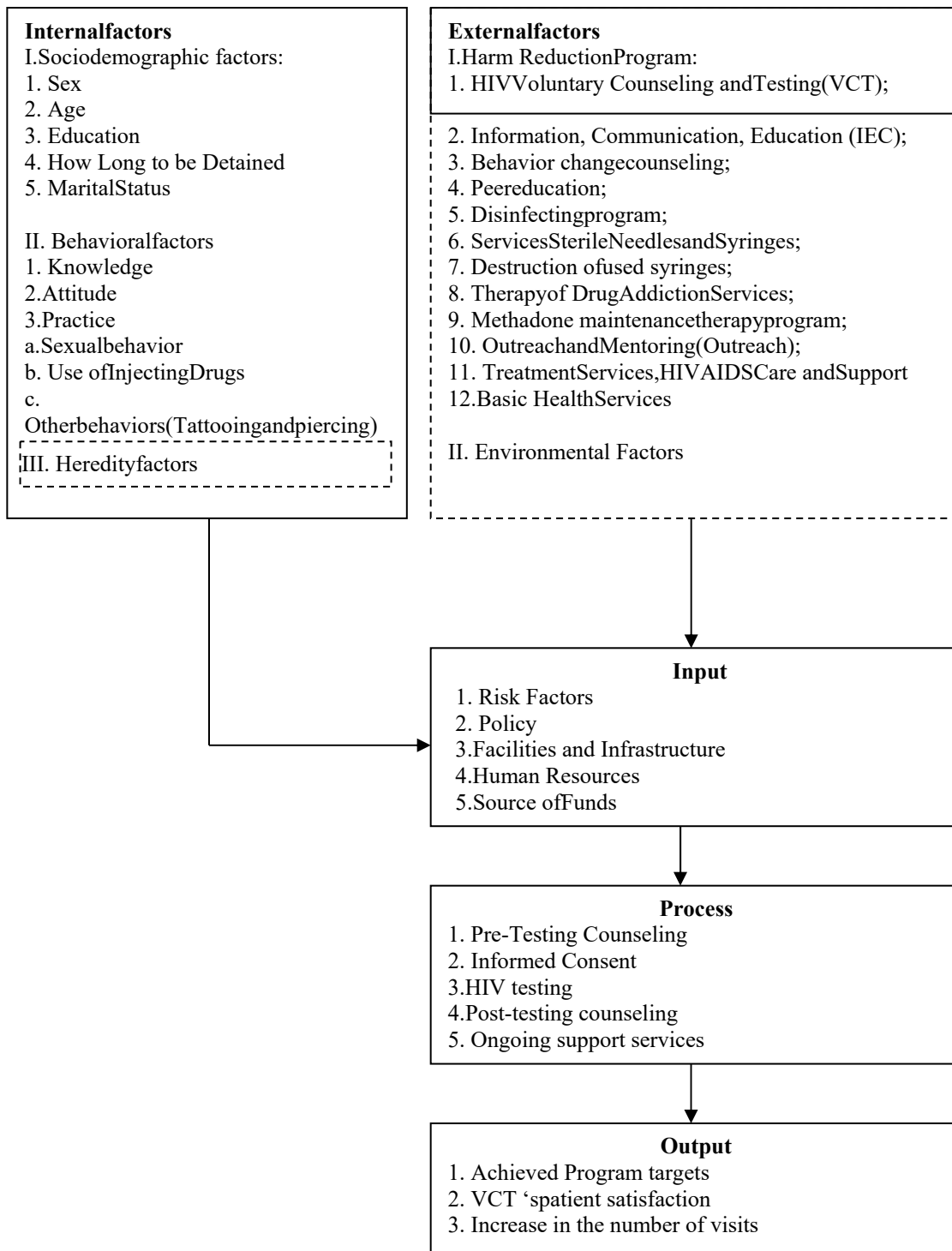


Figure 1.1 Conceptual framework of evaluation HIV Voluntary Counseling and Testing (VCT) program

### 3. Research Methodology

This research used qualitative and quantitative approaches. To evaluate the Voluntary Counseling Testing (VCT) program on three aspects of the input, process and output, conducted a qualitative study in which data was obtained through a review of the data and in-depth interview. To describe the distribution of sociodemographic characteristics and behavioral aspects, conducted quantitative study. Data of distribution of sociodemographic characteristics and behavioral aspects obtained by filling the questionnaire held without treatment. Design of this study was the cross-sectional design. The research was conducted in Class I Prison of Surabaya, East Java. The study started from May 2012 until July 2012.

The population was divided into two:

1. To evaluate the Voluntary Counseling and Testing (VCT) program (qualitative research), the population in this study was Prison's Officer, Prison's Clinical Officer, NGO Internship and inmates.
2. To describe the distribution of sociodemographic characteristics and behavioral aspects (quantitative research), the population in this study were all injecting drug user inmates in Class I Prison of Surabaya.

The sample was divided into two:

1. To evaluate the program Voluntary Counseling Testing (VCT) (quantitative research), the sample in this study was 1 person prison's officers, 1 person prison's clinical officers, 1 person of trainee NGO and 4 respondents of inmates.
2. For the distribution of sociodemographic characteristics and behavioral aspects (quantitative research), there were selected 60 of injecting drug user inmates in purposively. Inclusion Criteria for the sample were inmates who entangled with Psychotropic Law and injecting drug user and inmates which has followed the Voluntary Counseling Testing (VCT) program in prison.

To evaluate the Voluntary Counseling Testing (VCT) program (qualitative research) and to describe the sociodemographic characteristics and behavioral aspects (quantitative research), samples were obtained through purposive sampling.

#### 4. Results

The results in this research were the characteristic most of inmates were productive, male, high educated, had been in Class I Prison of Surabaya more than 3 months, not married and arrested as injecting drug users.

Inmate sociodemographic characteristics in Class I Prison of Surabaya can be seen in table 1.1,

Table 1.1 Inmate Sociodemographic Characteristics in Class I Prison of Surabaya, in 2012

characteristics	Quantity	
	n	%
Age		
- 20-60 years	60	100
Sex		
- Men	38	63
- Women	22	37
Education		
- Elementary	10	17
- High School	39	65
- Bachelor / University	11	18
Had been detained for:		
- <3 months	8	13
- > 3 months	52	87
Marital Status		
- Not Married	25	42
- Married	23	38
- Divorced / Widowed	12	20
Arrest Status		
- Dealers	2	3
- User	55	92
- Dealers and Users	3	5

On behavioral risk factors, this study divided the behavior into three aspects: knowledge, attitudes and behaviors. Recapitulation of inmate knowledge of HIV/AIDS can be seen in Table 1.2,

Table 1.2 Summary of Inmates Knowledge of HIV/AIDS in Class I Prison of Surabaya, in 2012

Knowledge of HIV/AIDS	Quantity	
	n	%
Good	28	47
Bad	32	53
Total	60	100

Table 1.2 shows the most of inmates had less knowledge about HIV/AIDS either of the modes of transmission and prevention. Recapitulation of inmates Attitude on patients and programs related to HIV/AIDS can be seen in Table 1.3,

Table 1.3 Summary of inmates Attitude (PLT) About People And Programs Related to HIV/AIDS in Class I Prison of Surabaya, in 2012

Attitudes of patients and programs related to HIV/AIDS	Quantity	
	n	%
Agree	33	55
Disagree	27	45
Total	60	100

Table 1.3 shows most of inmates agreed against persons with HIV/AIDS and programs related to HIV / AIDS. Injecting drug use by inmates in Class I Prison of Surabaya during the past year can be seen in Table 1.4,

Table 1.4 Use of Injecting Drug By inmates in Class I Prison of Surabaya During the Past Year, in 2012

"Injecting Drug Use During the Past Year"	Quantity	
	n	%
Yes	23	38
No	37	62
Total	60	100

Inmates action related to unsafe sexual intercourse in Class I Prison of Surabaya can be seen in Table 1.5,



Table 1.5 Measures of inmates Act Related to Unsafe Sexual Intercourse in Class I Prison of Surabaya During the Past Year, in 2012

" Inmates Act Related to Unsafe Sexual Intercourse "	Quantity	
	n	%
Yes	5	8
No	55	92
Total	60	100

Inmates action Related to tattooing in Class I Prison of Surabaya can be seen in Table 1.6,

Table 1.6 Measures of inmates Act Related to Tattooing in Class I Prison of Surabaya, in 2012

"Inmates Act Related to Tattooing in Prison"	Quantity	
	n	%
Yes	20	33
No	40	67
Total	60	100

Knowledge of most inmates of HIV/AIDS, modes of transmission and prevention were still lack despite the attitude of the most of inmates was permissive to HIV/AIDS and prevention programs of HIV/AIDS in prison. Inmates risky behaviors were injecting drug use and unsafe sex. While the behavior of tattooing and piercing were not found. Results of evaluation of the Voluntary Counseling and Testing (VCT) program on the input aspect had not been good enough. Recapitulation of Evaluation Voluntary Counseling and Testing (VCT) Program On Input aspect can be seen in Table 1.7,

Table 1.7 Summary of Evaluation Voluntary Counseling and Testing (VCT) Program On Input aspect In Class I Prison of Surabaya, in 2012

Input Aspect	Category
Risk Factors	Good
Policy	Bad
Infrastructure	Bad
Human Resources	Bad
Source of funds	Bad

Table 1.7 shows that the evaluation of Voluntary Counseling and Testing (VCT) program at the input aspect was less especially in policy aspects which was still limited to the flow chart but had not been implemented thoroughly, infrastructure and human resources were still not appropriate due to the Minister of Health standart and the source of allocated funds were still lacking on the implementation of Voluntary Counseling and Testing (VCT) program.

Risk factors were mapped and policy implementation of Voluntary Counseling and Testing (VCT) already exists. Infrastructure already exists but needed to built laboratory for Voluntary Counseling and Testing (VCT) program. Human resources were lacking, especially human counselor. Counselors were still not able to carry out their duties properly. Source of funding was still lacking for implementation of Voluntary Counseling and Testing (VCT) program.

Implementation of Voluntary Counseling and Testing (VCT) Program on process aspects were still considered less than optimal. Recapitulation of Evaluation of Voluntary Counseling and Testing (VCT) Program In the process aspect can be seen in Table 1.8,

Table 1.8 Summary of Evaluation of Voluntary Counseling and Testing (VCT) Program On Process Aspects In Class I Prison of Surabaya, in 2012

Process Aspect	Category
Pre-Testing Counseling	Bad
Informed Consent	Good
HIV testing	Good
Post Testing counseling	Bad
Sustainable Support Services	Bad

Table 1.8 shows that the evaluation of the Voluntary Counseling and Testing (VCT program) on the process aspect was less. Counseling Pre-Testing was often not done, Counseling Testing was only done to positive inmates, Support Services sustainability was still incomplete, especially in the procurement of methadone and ARV.

Counseling Pre-Testing activities had not been implemented in accordance SPO determined by the Minister of Health. Informed Consent formal already exists. HIV Testing process was in accordance with the SPO's health minister.

Activity of Counseling Post Testing was carried out but only on inmates who were HIV positive. Support Services had been running include Peer Education, KIE (extension), Abstensi drug, PITC (Provider-Initiated Testing And Counselling). Implementation Voluntary Counseling and Testing (VCT) Program on the output aspect was still deemed less. Recapitulation of Evaluation Voluntary Counseling and Testing (VCT) Program on the output aspect can be seen in Table 1.9,

Table 1.9 Summary of Evaluation Voluntary Counseling and Testing (VCT) Program On Output Aspects In Class I Prison of Surabaya, in 2012

Process Aspect	Category
Program Targets Achieved	Bad
Patient satisfaction VCT	Bad
Quantity Increased Visits	Bad

Table 1.9 shows that the evaluation of the Voluntary Counseling and Testing (VCT) program on the output aspect was still less. Reached Target program was still no indicators, patient satisfaction questionnaires of Voluntary Counseling and Testing (VCT) was not yet available and there had been no effort to increase the number of Voluntary Counseling and Testing (VCT) visits quota due to laboratories and hospitals and the unavailability of clinical laboratory Voluntary Counseling and Testing (VCT) independently. Indicators of success and achievement of the program was not available means the evaluation and monitoring activities of the quality control Voluntary Counseling and Testing (VCT) program was still not implemented. No patient satisfaction questionnaires. Increased the scope of the program still can not be implemented due to quota restrictions related to the designated laboratory in collaboration with the Class I Prison of Surabaya.

## 5. Discussion

Implementation Voluntary Counseling and Testing (VCT) Program on the input aspect was still lacking. Risk factors of HIV / AIDS in the prison were unprotected sex (8%), tattooing (3%) and injecting drug use (2%). These findings were consistent with research of Pujileksono (2009) which states that the prison was not only a safe

place for homosexual practices, but also a safe place for consumption and drug trafficking as well as transmission of HIV AIDS through sharing needles. Injecting drug use in prison with a syringe exchange HIV transmission. Research conducted Ralf Jurgens (2006) showed that the majority of prisoners living with HIV-AIDS infected outside prison before being detained. But in the prison, the rise of injecting drug use in prison actually increase the risk of HIV transmission in prisons. In many instances, according to Jurgens 15-20 people using the same syringe. The high HIV transmission in prison coupled with a lack of access to prevention. Policy/SPO implementation of Voluntary Counseling and Testing (VCT) already exists. SPO Voluntary Counseling and Testing (VCT) program in Class I Prison of Surabaya was still limited to the flow of execution of Voluntary Counseling and Testing (VCT) without looking at other aspects that have been set in the Decree of the Minister of Health No.. 1507/MENKES/SK/X/2005 of HIV Voluntary Counseling and TestingCare. Based on that, Voluntary Counseling and Testing (VCT) integrated Clinic must had several criteria such as facilities, human resources and work procedures for the optimal implementation of the program. Measure of success of the program lies in the implementation of the program according to the policy set. Policies include procedures, goals and objectives of a program. Policy of implementation Voluntary Counseling and Testing (VCT) in particular prison can be seen in the Decree of the Minister of Justice and Human Rights NUMBER: 2010 YEAR M.HH.01.PH.02.05 about the National Action Plan for Prevention of Human Immunodeficiency Virus-Acquired Immune Deficiency Syndrome and Abuse of Narcotic Drugs, Psychotropic Substances and Hazardous Materials addictive More In Technical Unit Correctional years 2010 - 2014 which explains the objectives, the implementation of policies, objectives, main activities and outputs in the program Voluntary Counseling and Testing (VCT) in prison. Infrastructure were adequate but needed to be built laboratory for Voluntary Counseling and Testing (VCT)program. According to Djaelani (2009) the limited means of the things above would be aobstacle to the implementation of HIV/AIDS in prisons. Because inevitably prevention of HIV/AIDS must be supported with adequate facilities and infrastructure. Prevention and control of HIV/AIDS requires HIV testing, basic health care and treatment programs as well as the diversion of drug dependence. Human

resources were lacking, especially human counselor where counselors were still not able to carry out their duties properly. These findings were consistent with research of Napitupulu (2006) that mentioned the existence of health workers who still have not met a proportional and professional, health care funding for health was less proportional, medical supplies and inventory of facilities and infrastructure was limited to the fulfillment of the needs of the exercise inmate health care. Source of funding was still lacking for implementation Voluntary Counseling and Testing (VCT) program. This study was in accordance with the Ministry of Law and Human Rights (2010) which states that the deficiency in funding, the number of health workers, and basic infrastructure; especially when compared to the number of inhabitants, it is most often expressed by prison officers. Lack of budget for some additional laboratory testing for HIV testing was also an obstacle in some prisons.

Implementation Voluntary Counseling and Testing (VCT) Program on process aspects were still less than optimal. Counseling Pre-Testing activities had not been implemented in accordance SPO determined by the Minister of Health. The results were consistent with research of Dayaningsih (2009) that mentioned the factors that affect the implementation of VCT was knowledge counselors, counselors quality, supporting factors, implementation stages VCT, VCT implementation obstacles. Factor of counselors include: the number of counselor were less, consultant was not timely, subjectivity of the counselor. Informed Consent form already exists. HIV Testing process was in accordance with the SPO Minister of Health. By Jurgens (2006), Prison/Detention Centres should always provide service-based voluntary HIV testing by providing their informed consent to undergo counseling and access to pre-and post-tests. Counseling Post Testing was carried out but only for inmates who were HIV positive. By Jurgens (2006), closely linking testing and counseling services with access to care, treatment and support for those who were found positive test results. Testing and counseling like to be a part of the HIV/AIDS programs that also include access to comprehensive prevention. Support Services has been running include Peer Education, KIE (extension), Abstensia drug, PITC (Provider-Initiated Testing And Counselling). These findings were consistent with research of Safriady (2002) that mentioned to anticipate and prevent the transmission of HIV infection, the short-term: increase education about the modes of transmission and prevention of

HIV infection, and the head of training for prison officers, sought the provision of condoms in prisons, provided a special room in Prison inmates to have sex with the wife and hanging out with his son, provided disinfectant to sterilize needles, have made special prison drug, prepared Harm Reduction program, need to be budgeted operational funds prison's hospital, hospitals need to be made specifically for HIV + inmates in prisons.

Implementation Voluntary Counseling and Testing (VCT) Program on the output aspect was still lacking. Indicators of success and achievement of the program was still not available. According to KPA (2007), indicators of success, the HIV/AIDS for inmates was as follows: 1. Changes of inmates who reach Behavior Change Program. 2. The percentage of inmates who follow the VCT. 3. The percentage of inmates who follow the Methadone Program. 4. The percentage of inmates who follow the Care Support and Treatment Program. Target success of Voluntary Counseling and Testing (VCT) according to KPA for inmates was 80% of the overall inmates and IDU can access it in 2011. Success Indicators of Voluntary Counseling and Testing (VCT) program in Class I Prison of Surabaya still below those targets. No patient satisfaction questionnaires. According Tjiptono in Armanita (2008) the customer will use the sense of vision to judge, most of the conclusions to be concluded by the customer service quality based on what is visible to their eyes. In addition, patient satisfaction can also be seen from the performance shown by the officers as being friendly, courteous, and responsive, and to empathize with them. Increased coverage of the program still can not be implemented quota restrictions related to the designated laboratory in collaboration with the Class I Prison of Surabaya. According to KPA (2010) scope was the amount of key populations reached by program activities within a certain time. According to Asia AIDS Commission, the target of Voluntary Counseling and Testing (VCT) program was 720 clients per year.

Inmates characteristics were on productive age (100%), male (63%), highly educated (83%), had been in Class I Prison of Surabaya more than 3 months (87%) , not married (42%) and detained as injecting drug users (92%). The results were consistent with the Ministry of Justice and Human Rights (2010) and Hartawan (2009) which states that the majority of inmates in prisons or detention were on

productive age, male, highly educated, had been in the Prison more than 3 months, not married and was arrested as a drug user.

Inmates Risk Factors According to Behavioral Aspects described by knowledge, attitude and practice as follows:

- a. Knowledge of most of inmates (53%) in Class I Prison of Surabaya on HIV/AIDS, modes of transmission and prevention was still lacking.
- b. The attitude of most of inmates (55%) in Class I Prison of Surabaya agree on people with HIV/AIDS and programs of prevention and treatment of HIV/AIDS in the prison.
- c. Inmates Risk factor of HIV/AIDS in the Class I Prison of Surabaya were unsafe sex (8%), tattooing (3%) and injecting drug use (2%). While piercing was not found.

## 6. Conclusion

Thus, it can be concluded that the implementation of the Voluntary Counseling and Testing (VCT) program was pretty good but still not optimal. It Required commitment and cooperation of all parties to be able to realize the optimization of prevention programs and HIV/AIDS more comprehensively, especially for injecting drug user inmates such as Harm Reduction program.

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