

Integratif Counseling

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Integrative Counseling could Enhance Knowledge and Attitudes of Women Sex Workers about Sexually Transmitted Infections

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Abstract

BACKGROUND: Sexually transmitted infections (STIs) are preventable and treatable diseases. Female sex workers are more susceptible to contracting STIs. Successful prevention of STIs will not be achieved without community involvement and patient compliance in implementing prevention programs.

AIM: The study aimed to analyze the effect of integrative counseling on knowledge and attitudes about STIs.

METHODS: This type of research is a quasi-experiment with a pre-post test two-group design. The population was female sexual workers (FSW) at the Mawar PKBI clinic in Bandung City. The number of samples per group was 28 people. The sampling technique was the purposive sampling technique. The knowledge and attitude instruments used a questionnaire. Differences in knowledge and attitudes pre and post-test in the treatment and control groups used the dependent t-test. The effect of integrative counseling on knowledge and attitudes was used in the independent t-test.

RESULTS: This study showed that the intervention group's mean ability before and after integrative counseling increased higher than the control group. The statistical test results showed that the value of $p = 0.000$, meaning that at 5% alpha, there was a significant difference in the mean knowledge between the intervention group and the control group. $p < \alpha (0.05)$, so statistically, there is a significant effect of integrative counseling on knowledge STIs. The mean of attitudes before and after integrative counseling in the intervention group increased more than in the control group. The statistical test results showed that the value of $p = 0.000$, meaning that at 5% alpha, there was a significant difference in the average attitude between the intervention and control groups. $p < \alpha (0.05)$, so statistically, integrative counseling significantly affects attitudes about STIs.

CONCLUSION: Suggestions for the Mawar Clinic PKBI, Bandung City, West Java, and Indonesia can facilitate counseling to FSW using modules so that knowledge and attitudes can be increased so that they can improve STI prevention behavior.

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Introduction

Sexually transmitted infections (STIs) are one of the causes of health, social and economic problems in many countries. Nearly 500 million new cases of STIs occur each year worldwide. Most of these STIs are preventable and treatable diseases [1].

The 2007 Integrated Biological Behavioral Surveillance results in six Indonesian cities (Medan, Batam, Jakarta, Bandung, Surabaya, and Malang) indicated several key findings. STI rates are high among men-who-have-sex-with-men (MSM) in Jakarta, Bandung, and Surabaya, especially commercial sex. MSM tend to have multiple sex partners, both male, and female, and many of them also buy and sell sex. Consistent condom use remains low. The level of knowledge about preventing HIV transmission and other STIs was medium to high in six cities, but overall knowledge was lower [1].

STI control programs have been implemented, starting from first-level health facilities to advanced health facilities. Successful management of infectious infection prevention will not be achieved without patient involvement and compliance in carrying out the prevention program.

The involvement of patients and the support of health workers are needed to increase awareness in efforts to prevent STIs so that other impacts such as HIV can be prevented. The results showed an effect of counseling on increasing knowledge of FSW about STIs in Cadas Pangeran, Sumedang Regency, West Java, Indonesia [2].

Predisposing factors associated with the incidence of STIs are knowledge and attitudes. Following adaptation theory, good knowledge will at least encourage someone to behave and behave well. A person's attitude about STIs can be influenced by the knowledge they have.

Raisyifa's research results illustrate the lack of awareness of women sex workers to protect

themselves and avoid STIs. The government and non-governmental organizations have tried to anticipate the increasing number of STIs by providing condoms and routine health checks every month. More than half of FSW do not take reasonable preventive measures for STIs. Nearly half have a low level of knowledge and attitudes regarding the prevention of STIs [3].

Women who work sexually have complex problems that can affect their behavior. Counseling can provide treatment for each psychological pain and an alternative medium in solving issues faced scientifically and rationally [4].

Methods

The research is quasi-experimental, with a control group design. It involved a sample of 28 FSW assigned to the control and intervention groups, respectively. The selection of sample [5] was made purposively or non-randomly from the FSW. The total sample size is 28 people, so the minimum sample required is 28 respondents from the treatment group and 28 respondents from the control group.

The Integrative Counseling intervention activity involves FSW assistants from the working partner of the Mawar clinic consisting of two stages, namely, the first stage, providing training to female FSW assistants for 2 days with 3 h/day. The second stage is the assistant providing counseling to FSW in the same way as the trainer, which is done two times in 1 week carried out in approximately 30 min using module aids.

In the control group, the post-test was carried out in the same way (respondents filled out a questionnaire on knowledge, attitudes) after being given modules only, without integrative counseling. This research was conducted at the Rose Clinic PKBI Bandung City, West Java, Indonesia.

Results

Table 1 shows that most respondents have junior high school education (89.3%) in the intervention group and 82.1% in the control group.

Table 1: Characteristic of respondent (n = 56)

| Variable | Intervention | Frequency (%) | Control | Frequency (%) |
|-------------|--------------|---------------|---------|---------------|
| Education | | | | |
| Elementary | 3 | 10.7 | 5 | 17.9 |
| Junior High | 25 | 89.3 | 23 | 82.1 |
| | 28 | 100 | 28 | 100.0 |

Table 2 shows that the average age of the respondents in the intervention group was 23.18 years.

Table 2: Age distribution of the intervention and control groups

| Age | Mean | SD | Min-Max | 95% CI |
|--------------|-------|------|---------|--------|
| Intervention | 23.18 | 2.97 | 19–30 | |
| Control | 24.5 | 4.18 | 18–35 | |

While the average age of respondents in the control group was 24.5 years.

Table 3 shows that the average knowledge of the intervention group before treatment was 59.96, with a standard deviation of 16.194. After the treatment, the mean value of knowledge was 73.64, with a standard deviation of 8.512. It can be seen that the mean difference between the pre-test and post-test is 13.679, with a standard deviation of 11.386. The statistical test results obtained a value of 0.000; it can be concluded that there is a significant difference between the knowledge value before and after the intervention.

Table 3: Differences in the mean of knowledge before and after treatment in the intervention group and the control group

| Knowledge | Mean | SD | SE | p-value | n |
|--------------|-------|--------|-------|---------|----|
| Intervention | | | | | |
| Pre-test | 59.96 | 16.194 | 3.060 | 0.000 | 28 |
| Post-test | 73.64 | 8.512 | 1.609 | | |
| Control | | | | | |
| Pre-test | 56.79 | 8.517 | 1.610 | 0.009 | 28 |
| Post-test | 59.57 | 7.015 | 1.326 | | |

The control group's mean knowledge was 56.79, with a standard deviation of 8.517. At the post-intervention, the mean value of knowledge was 59.57, with a standard deviation of 7.015. It can be seen that the mean difference between the pre-test and post-test is 2.786, with a standard deviation of 5.259. The statistical test results obtained a value of 0.009; it can be concluded that there is a significant difference between the value of knowledge before and after the intervention in the control group.

Table 4 shows that the mean attitude of the pre-intervention intervention group was 32.57, with a standard deviation of 8.875. In the post-intervention, the mean value of attitude was 42.11, with a standard deviation of 1.873. It can be seen that the mean difference between the pre-test and post-test is 9.536, with a standard deviation of 7.909. The statistical test results obtained a value of 0.000; it can be concluded that there is a significant difference between the attitude value before and after the intervention in the intervention group.

Table 4: The mean difference in attitude before and after treatment in the intervention group and the control group

| Attitude | Mean | SD | SE | p-value | n |
|--------------|-------|-------|-------|---------|----|
| Intervention | | | | | |
| Pre-test | 32.57 | 8.875 | 1.677 | 0.000 | 28 |
| Post-test | 42.11 | 1.873 | 0.354 | | |
| Control | | | | | |
| Pre-test | 33.07 | 4.745 | 0.897 | 0.013 | 28 |
| Post-test | 34.79 | 4.341 | 0.820 | | |

The mean of the control group attitude was 33.07, with a standard deviation of 4.745. At the post-intervention, the mean value of attitude was 34.79, with a standard deviation of 4.341. It can be seen that the

mean difference between the pre-test and post-test is 1.714, with a standard deviation of 3.420. The statistical test results obtained a value of 0.013; it can be concluded that there is a significant difference between the attitude value before and after the intervention in the control group.

Table 5 shows that the mean knowledge of respondents in the intervention group was 73.64, with a standard deviation of 8.512. Whereas for the control group, the mean knowledge was 59.57 with a standard deviation of 7.015. The statistical test results showed that the value of $p = 0.000$, meaning that at 5% alpha, there was a significant difference in the mean knowledge between the intervention group and the control group. $p < \alpha$ (0.05), so statistically, there is a significant effect of integrative counseling on knowledge about STIs.

Table 5: The effect of integrative counseling on respondents' knowledge of sexually transmitted infections

| Knowledge | Mean | SD | SE | p-value | n |
|--------------|-------|-------|-------|---------|----|
| Intervention | 73.64 | 8.512 | 1.609 | 0.000 | 28 |
| Control | 59.57 | 7.015 | 1.326 | | 28 |

Table 6 shows that the average attitude of respondents in the intervention group was 42.11, with a standard deviation of 1.873. Whereas for the control group, the mean attitude was 34.79, with a standard deviation of 4.341. The statistical test results showed that the value of $p = 0.000$, meaning that at 5% alpha, there was a significant difference in the average attitude between the intervention and control groups. $p < \alpha$ (0.05), so statistically, integrative counseling significantly affects attitudes about STIs.

Table 6: The effect of integrative counseling on respondents' attitudes about sexually transmitted infections

| Attitude | Mean | SD | SE | p-value | n |
|--------------|-------|-------|-------|---------|----|
| Intervention | 42.11 | 1.873 | 0.354 | 0.000 | 28 |
| Control | 34.79 | 4.341 | 0.820 | | 28 |

Discussion

A person's actions in preventing STIs are strongly influenced by the knowledge obtained from friends, health workers, or the media.

The lack of knowledge due to limited information will affect a person's attitude and actions in preventing STIs. Information obtained from formal and non-formal education can immediately impact changes or increase knowledge [6].

Counseling, a professional relationship, helps the other party understand and solve problems and develop adaptations, giving advice, opinions, and instructions for making decisions. In

general, respondents will increase their knowledge after being given counseling by the counselor. Predisposing factors associated with the incidence of STI include knowledge and attitudes. Following adaptation theory, good knowledge will at least encourage someone to behave and behave well. A person's attitude about STIs can be influenced by the knowledge they have.

Suryoputro *et al.* 2006 research on adolescents in Central Java found that reproductive health knowledge, sexually transmitted diseases and HIV-AIDS, and adolescent attitudes about sexual and reproductive health services were significantly related to adolescent sexual behavior. Adolescents with low attitudes and knowledge tend to have bad sexual behavior. Improper sexual behavior is a risk factor for contracting STIs [7].

This research focuses on FSW only because FSW are more susceptible to infection, so counseling on FSW will be more effective. Women are more susceptible to contracting STIs than men because, during sex, the vaginal walls and cervix are directly exposed to sperm fluid. If the sperm is infected with an STI, the woman can become infected [8].

The counseling process can reduce the client's anxiety level, change the client's behavior towards a more positive, healthy, and dynamic direction. There is a future life plan with a straightforward program. There was a change in a positive attitude. It is indicated by the client being able to think realistically and confidently. Forming attitudes takes place gradually through a social learning process due to personal experience with particular objects. Information provided by others influences attitudes. Someone who gets accurate information will determine the change in attitude.

Brief counseling interventions can effectively reduce HIV sexual risk behavior and improve Russia's protective behavior among STI clinic patients. Short-term positive effects were achieved with one hour-long counseling session [9], [10].

Public health approaches to the prevention of STIs in resource-limited countries rely on patients telling their sex partners about their own STIs. However, most of the partners were uninformed and remained untreated and contagious [11].

Simon and Paxton research on perceptions of sexual behavior and condom use includes volunteers from ten universities in Surabaya. Twenty-five focus groups with the same gender and ethnic background were conducted. Sex before marriage is becoming more common and acceptable among young adults, despite parents' disapproval and religion. Male and female friends are considered the most common sexual partners. However, it is believed that sex workers partner Chinese-Indonesian men quite often. The risk of contracting STIs is low, and condoms should not be used frequently for disease prevention [12].

Several ineffective strategies are believed to prevent or cure STIs; this shows that STI prevention interventions in Indonesia still need to emphasize increasing knowledge. Unclear condom supply and conditions of use tend to make negotiating condom use difficult. Perceptions about the acceptance of sex worker use, and negative attitudes toward condom use in these circumstances, suggest that preventive interventions should specifically address this dangerous combination [12].

The success of counseling in changing attitudes will be seen in the progress of client behavior that develops more positively, namely showing an attitude of facilitating, directing, empathizing, convincing, offering information, and not judging. It will affect the success of counseling so that clients will have more confidence to improve their ability to make decisions. In this case, the decision to take prevention against STIs requires a strong belief, sufficient support from all parties [9].

Conclusion

The mean of knowledge before and after integrative counseling in the intervention group increased higher than the control group. The mean of attitudes before and after integrative counseling in the intervention group increased more than in the control group. Integrative counseling has a significant effect on increasing knowledge and attitudes about STIs.

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