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Exploring Key Factors Driving Pregnant Women's Motivation For HIV/AIDS Testing

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ABSTRACT

The Human Immunodeficiency Virus (HIV) is known for infecting white blood cells, leading to a weakened human immune system. This study aims to analyze the factors influencing pregnant women's motivation to undergo HIV/AIDS testing within the North Buton District Health Office's jurisdiction. It employed an analytical observational approach using a cross-sectional study design conducted in the North Buton District Health Office's area in February-March 2022, involving 82 respondents. Statistical analyses employed included chi-square and logistic regression tests. The thesis demonstrates that the most prevalent maternal motivation falls within the 'good' category, comprising 71 respondents (86.6%), while the least prevalent falls within the 'less' category, accounting for 11 respondents (13.4%). The Fisher exact test yielded a p-value of 0.025, which is <0.05, signifying a correlation between knowledge and maternal motivation. Similarly, the Fisher exact test revealed a p-value of 0.000, also <0.05, indicating a significant relationship between access to information and maternal motivation (p-value = 0.000). Moreover, there exists a correlation between husband's support and maternal motivation (p-value = 0.012), health worker competence and maternal motivation (p-value = 0.017), as well as the role of health workers and maternal motivation (p-value = 0.007). With an R square value of 51.3%, the model accounts for a 51.3% risk related to maternal motivation for HIV/AIDS testing. Notably, the variable of access to information emerges as the most influential factor associated with maternal motivation.

Keywords: Pregnant Women, Motivation, HIV, AIDS

INTRODUCTION

The Human Immunodeficiency Virus (HIV) is a virus that targets and infects white blood cells, leading to a weakened human immune system (DG P2P (HIV/AIDS and STI Information System [1]. HIV infiltrates and damages white blood cells, causing a condition known as acquired immunodeficiency syndrome (AIDS), characterized by a collection of disease symptoms (syndromes) induced by the HIV virus [2]. HIV spreads through three primary routes: firstly, via sexual transmission, which occurs through seminal fluid (semen), vaginal fluid, and cervix. Secondly, through non-sexual transmission, such as needle sharing and drug use. Thirdly, through transplacental transmission, wherein HIV is transmitted from mother to child [3].

The number of women contracting HIV has been steadily rising, corresponding with an increase in unsafe sexual practices among men, contributing to the transmission of HIV to their partners [2]. According to the 2019 World Health Organization (WHO) report, the global HIV-positive population amounted to 36.7 million, comprising 17.8 million women and 18 million children under 15 years old. In the same year, new HIV infections totaled 2.1 million, consisting of 1.9 million adults and 150,000 children under 15 years old. AIDS-related

deaths reached 1.1 million, encompassing 1 million adults and 110,000 children under 15 years old [4].

The first case of HIV/AIDS was identified in Bali province in 1987. Since then, HIV/AIDS has spread across 368 districts or cities in all provinces of Indonesia. In 2020, 2,404,754 pregnant women in Indonesia underwent HIV testing, revealing that 6,094 (0.25%) were HIV positive. Provinces with the highest percentages of HIV-positive pregnant women were West Papua Province at 2.56%, Riau Islands at 2.32%, and Papua at 0.88% [5].

To control the spread of HIV/AIDS, early detection plays a crucial role [6]. Detecting HIV infection early is highly significant in identifying its presence in an individual's body. HIV testing stands as a pivotal component in the provision of prevention, care, support, and treatment services. Through HIV testing and counseling, individuals are encouraged to undertake measures to prevent HIV transmission. The prevention of HIV transmission can also be addressed during pregnancy, either by undergoing early HIV testing or by participating in the Prevention of Mother-to-Child HIV Transmission (PPIA) program [7].

As stipulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2013 concerning HIV and AIDS prevention, Article 17 emphasizes that pregnant women undergoing pregnancy checks must receive health promotion and prevention of HIV transmission through HIV diagnostic testing and counseling. It is recommended that testing and counseling be included as part of routine laboratory examinations during antenatal care or before delivery, especially for pregnant women living in areas with widespread and concentrated epidemics, or those experiencing complaints of sexually transmitted infections (STIs) and tuberculosis in low-epidemic areas [8–10].

In Southeast Sulawesi, the recorded HIV/AIDS cases showed a progression over the years: 134 HIV cases and 196 AIDS cases in 2018, 191 HIV cases and 123 AIDS cases in 2019, and 205 HIV cases and 123 AIDS cases in 2020. In North Buton Regency, the figures depict a similar trend, with 11 cases (8 men and 3 women) in 2019 and 9 cases (6 men and 3 women, including one pregnant woman) in 2020, as reported by the Butur District Health Office (2021) [11].

Notably, the North Buton District Health Office initiated a program in 2019 to conduct HIV testing for pregnant women in 10 puskesmas (community health centers). In 2020, there were 1,168 recorded pregnant women, and by 2021, specifically targeting those in the first and second trimesters, the number decreased to 768. Out of these, 397 pregnant women received counseling for HIV testing from healthcare workers, and an impressive 353 (88.9%) participated in the Prevention of Mother-to-Child Transmission (PMTCT) program or underwent laboratory tests [12].

Motivated by this pattern, the researcher aims to investigate the "Analysis of factors influencing pregnant women's motivation for undergoing HIV/AIDS testing in the work area of the North Buton District Health Office.

MATERIALS & METHODS

This study adopts an analytical observational approach utilizing a cross-sectional study design conducted within the operational boundaries of the North Buton District Health Office. The research was carried out between February and March 2022 and involved 82 randomly selected pregnant women. These participants were selected based on specific criteria including pregnant women in their first and second trimesters residing in Buton Regency during their pregnancy.

The study's dependent variable focused on assessing the motivation levels of pregnant women, while the independent variables included knowledge, access to information, spousal support, healthcare workers' competence, and the involvement of healthcare workers. All variables were

evaluated using a validated and reliable questionnaire.

Data collected were meticulously processed, analyzed, and presented in tabular format, complemented by detailed narrative descriptions. Frequency distribution tables were employed to showcase the analyzed data. The data analysis involved the utilization of the chi-square test to establish relationships between variables. Furthermore, a simultaneous test was conducted through logistic regression to comprehensively analyze the variables collectively and identify the most influential factors (proxies).

RESULT

The research data underwent processing and analysis, and the findings are presented in the following table.

Table 1. Distribution of Respondent Characteristics

Characteristics	n	%
Age		
16-21	16	19.5
22-27	21	25.6
28-33	28	34.1
34-39	12	14.6
40-45	5	6.1
Educational level		
Elementary	1	1.2
Junior school	14	17.1
High school	34	41.5
College	33	40.2
Working status of the mother		
Civil servant	7	8.5
Honorary workers	14	17.1
Housewive	59	72.0
Entrepreneur	2	2.4
Gestational age		
24	3	3.7
28	10	12.2
29	2	2.4
30	4	4.9
32	34	41.5
33	1	1.2
35	4	4.9
36	14	17.1
37	3	3.7
38	4	4.9
39	3	3.7
Working status of the Husband		
Honorary workers	12	14.6
Fisherman	26	31.7
Farmer	7	8.5
Civil servant	3	3.7
Entrepreneur	34	41.5
ANC Visit		
0	3	3.7
1	9	11.0
2	16	19.5
3	18	22.0
4	18	22.0
5	8	9.8
6	10	12.2

In Table 1, it is evident that the majority of respondents were in the age range of 28-33 years, accounting for 34.1% of the total. Additionally, 41.5% of the respondents had attained a high school education level, while 72% were engaged in housework as housewives. Furthermore, approximately 41.5% of the respondents were at a gestational age of 32 weeks, and an equal percentage indicated that their husbands were self-employed. Regarding the history of Antenatal Care (ANC) visits, 22% of the respondents reported having made 3-4 visits.

Table 2. Distribution of Respondents Based on Research Variables

Variable	n	%
Mother motivation		
High	71	86.6
Low	11	13.4
Knowledge		
Good	67	81.7
Poor	15	18.3
Access to Information		
Good	74	90.2
Poor	8	9.8
Husband support		
Good	59	72.0
Poor	23	28.0
Staff Competence		
High	76	92.7
Low	6	7.3
Staff role		
Good	75	91.5
Poor	7	8.5

Table 2 displays the distribution of responses concerning various variables. It indicates that the majority of respondents rated their motivation as good, comprising 86.6%. Similarly, a predominant percentage of mothers reported having good knowledge, standing at 81.7%. Access to information was perceived dominantly as good by 90.2% of the respondents. Furthermore, 72.0% indicated good support from their husbands, while the majority acknowledged the competence of health workers as high, accounting for 92.7%. Additionally, the role of health officers was predominantly perceived as good by 91.5% of the participants.

Table 3. Relationship Analysis between Research Variables

Variable	Motivation				p
	Good		Poor		
	n	%	n	%	
Knowledge					
Good	61	91,0	6	9,0	
Poor	10	66,7	5	33,3	0.025
Access of Information					
Good	70	92,1	6	7,9	0.001
Poor	1	16,7	5	83,3	
Husband support					0.012
Good	39	97,5	1	2,5	
Poor	32	76,2	10	23,8	
Staff competence					0.017
High	71	88,8	9	11,2	
Low	0	0,0	2	100	
Staff role					
Good	70	89,7	8	10,3	0.007
Poor	1	25	3	75	

Table 3 indicates the statistical significance of maternal motivation, with $p < 0.05$. There is a noticeable trend suggesting that participants with good knowledge also tend to exhibit good motivation. Similarly, access to available information appears to contribute to mothers' motivation. Moreover, good husband support correlates with increased motivation levels. Additionally, high motivation is associated with perceived competence of the staff and the commendable role of officers.

Table 4. Multivariate analysis

Variable	B	S.E.	Wald	df	Sig.
Knowledge of the mothers	-1.753	.995	3.104	1	.078
Information availability	-3.643	1.691	4.645	1	.031
Support of husband	-2.542	1.223	4.322	1	.038
Staff competence	-19.644	27305.495	.000	1	.999

Staff role	.613	3.067	.040	1	.842
R square	51,3%				

Table 4 illustrates an R-squared value of 51.3%, indicating that the model explains 51.3% of the variance in pregnant women's motivation for HIV/AIDS testing, while 48.7% of the variance is attributed to other unexamined factors. The table also highlights that the availability of information stands out as the most influential variable associated with pregnant women's motivation to undergo HIV/AIDS testing.

DISCUSSION

The Relationship between Knowledge and Motivation of Pregnant Women to Undergo HIV/AIDS Testing

Knowledge stands as one of the pivotal facets in individual behavior. We presume that having substantial knowledge about HIV/AIDS significantly motivates individuals to undergo HIV screening, notably Voluntary Counseling and Testing (VCT). A sound understanding prompts pregnant women to overcome societal stigma and negative perceptions, acknowledging the health benefits and the paramount aspect of confidentiality within VCT services.

The chi-square test yielded a p-value of 0.025, which is less than 0.05, indicating a discernible correlation between the knowledge level and the motivation of pregnant women to undergo HIV/AIDS testing in the North Buton District Health Office Working Area. Maternal knowledge plays a decisive role in determining a mother's inclination or motivation to pursue the HIV/AIDS test.

According to Titi [13], one of the determinants influencing pregnant women's participation in VCT services at the Bandarharjo Tanjung Mas Semarang health center is knowledge. Moreover, in a similar study, Azwar [14] asserted that knowledge is a crucial domain impacting the decision to undergo VCT in the Numfor district. A study conducted in South India Rogers et al., [15] reported that 60% of the community possessed relatively comprehensive knowledge regarding HIV risk factors (p-value = 0.041).

Knowledge stands as a crucial determinant influencing the community's utilization of VCT services. This knowledge refers to the information acquired by respondents during the counseling process [16]. The present study revealed that most respondents were aware of the purpose of VCT services. Individuals possessing extensive knowledge tend to recognize the significance of health, especially in preventing HIV transmission or exposure.

Moreover, those with a good understanding of HIV/AIDS are more inclined to utilize healthcare services for early detection, aiming to prevent and promptly treat HIV. Therefore, it can be inferred that HIV prevention initiatives should prioritize enhancing public awareness and knowledge regarding HIV/AIDS. This strategy is essential to foster public consciousness and encourage the utilization of HIV VCT examinations, both at Puskesmas and other healthcare facilities.

The Relationship between the Availability of Information and the Motivation of Pregnant Women to Undergo HIV/AIDS Testing.

According to Notoatmodjo [17], sources of information, whether from media or interpersonal communication, significantly influence knowledge. Essentially, individuals within a social group tend to influence one another. Moreover, during the education process, individuals acquire knowledge using various tools. Media tools, in particular, aid in counseling sessions by effectively conveying health messages. They facilitate a clearer understanding of health facts among individuals, fostering a deeper appreciation for this information.

The current study revealed that a majority (90.2%) of pregnant women had good access to HIV/AIDS information, primarily received directly from health workers,

notably midwives. During antenatal care check-ups, midwives consistently provide information and encourage mothers to undergo HIV/AIDS testing. These findings are consistent with previous research by Legiati et al. [18], which reported that most respondents (58.3%) had good access to information, while (41.7%) had limited access. Various media platforms, including radio, magazines/tabloids, and newspapers, were utilized.

The chi-square test yielded a p-value of 0.000 (<0.05), indicating a significant relationship between information availability and the motivation of pregnant women to undergo HIV/AIDS testing in the North Buton District Health Office Working Area. This underscores the crucial role of accessible information in motivating mothers to participate in HIV/AIDS testing.

The primary source of information gathered in this study was from health workers. In the Prevention of Mother-to-Child Transmission of HIV (PMTCT) program, health staff play a crucial role in offering HIV counseling and testing as part of clinical management for individuals exhibiting HIV-related symptoms. It's important to note that HIV counseling and testing isn't solely provided to HIV-positive pregnant women; it's extended to all pregnant women visiting health facilities, ensuring that everyone, regardless of their HIV status, gains knowledge about HIV reactivity to access prevention services and necessary therapy promptly. Quality information provided by health workers significantly motivates pregnant women to undergo examinations diligently [19].

As highlighted in a previous study by Legiati et al. (2020), there exists a significant relationship between information availability and the behavior of pregnant women regarding HIV testing. This correlation aligns with L. Green's theory that availability and affordability are key factors influencing motivation, including the availability and affordability of information [20]. A study conducted by Veloso et al. [21] in Brazil showed that information availability influenced mothers' perceptions and their willingness to undergo an HIV test. Although most pregnant women hadn't undergone testing at the time of the study, they expressed a desire to take the test if they received accurate information about its benefits.

It's presumed that some pregnant women refrain from HIV testing despite receiving information, potentially due to various factors. Among these factors are unsupportive family members and the stigma attached to knowing HIV test results. Community stigma surrounding HIV and AIDS significantly impacts the desire to undergo testing, while self and family-related stigma contributes to the reluctance for HIV testing. Respondents' attitudes often reflect an unwillingness to test for HIV/AIDS due to a perception of good health and the belief that HIV infection is incurable. This negative self-perception (stigma) is a key reason why some mothers decline HIV testing. On the other hand, pregnant women who haven't received information may still undergo HIV testing if their family supports the decision and if they have a higher educational status.

HIV testing services in health centers within the North Buton District Health Office's jurisdiction are integrated into Antenatal Care (ANC) services. During their initial ANC visit, every pregnant woman is obliged to undergo basic laboratory tests, including Hb tests, urine protein checks, and HIV tests. To ensure the comprehensive implementation of the Prevention of Mother-to-Child Transmission (PMTCT) program alongside antenatal services, various facilities and infrastructure are required, spanning from informative campaigns to screening and referral procedures. Informational materials like leaflets, flip sheets, banners, posters, and more are vital tools for effectively conveying messages that are easily understood by expecting mothers.

Some pregnant women mentioned that they had received information from healthcare workers about HIV/AIDS, but they hadn't

undergone the actual testing due to lingering doubts about the reliability and safety of the test results. This hesitation led them to remain hesitant about getting tested.

The Influence of Husband's Support on Pregnant Women's Motivation for HIV/AIDS Testing

Husband's support is vital during pregnancy, providing inner peace and happiness for the wife. Among all supporters, the husband plays a crucial role in encouraging and providing support, which significantly impacts the well-being of both mother and baby [22].

The chi-square test results yielded a p-value of 0.012 < 0.05, indicating a notable relationship between husband support and maternal motivation within the North Buton District Health Office Working Area. Positive support from husbands, such as offering informational or financial assistance, substantially motivates pregnant women to engage in HIV/AIDS testing.

This supports previous research by Turan et al. [23], where a significant relationship between husband support and testing behavior was found with a p-value of 0.000. Their study demonstrated that among respondents receiving strong husband support, a larger proportion (60.7%) took the HIV test compared to those lacking such support (31%). Likewise, Arwiyantasari et al. [24] indicated a correlation between husband or family support and the behavior of undergoing HIV/AIDS testing. When facing health challenges, individuals are interconnected within family roles.

Research conducted by Msuya et al. [25] in Moshi, Tanzania, highlighted reasons for maternal failure to undergo HIV testing during pregnancy. Factors such as lack of husband's accompaniment (OR value = 12.6), absence of information from the husband (OR value = 1.7), and having a partner who consumes alcohol (OR value = 1.8) contributed significantly.

Husbands significantly influence women's reproductive health, particularly in preventing HIV transmission from mother to baby. Their support, encompassing the promotion of family health, encourages greater involvement in antenatal care and child immunization while enhancing communication [20].

Through interviews with respondents, several determinants were identified regarding the role of husbands in ANC services within the Puskesmas of the North Butun District Health Office. Factors such as the educational background, waiting time for ANC services, and communication between husbands and respondents were highlighted. However, some women reported a lack of active participation from their husbands in motivating them to engage in VCT services. This reluctance was associated with the perception that pregnancy check-ups were exclusively a woman's responsibility, leading husbands to perceive no necessity to accompany their wives for these appointments.

We observed that respondents lacking support from their husbands tended to avoid utilizing VCT services. In patriarchal family structures, the husband often serves as the family's decision-maker. Hence, despite being informed about VCT services, women in the field often require their husbands' permission. This underscores that the decision to utilize VCT services hinges on the husband's approval.

We assume that the lack of husband's support for VCT testing stems from their work commitments, which limit their time and attention to provide encouragement for pregnant women to undergo VCT during pregnancy. As a result, pregnant women often visit health facilities accompanied by family or friends instead of their husbands. Additionally, many husbands demonstrated insufficient knowledge about VCT testing and had not undergone the test themselves.

Our assumption is that many pregnant women forego HIV testing due to inadequate support and motivation from their families, resulting in feelings of insignificance and apprehension about testing. Furthermore, among pregnant women who receive family support but

refuse HIV testing, factors such as limited knowledge, low education, and reluctance contribute to their decision.

The relationship between the competence of health workers and the motivation of pregnant women to conduct HIV/AIDS testing

The health workers providing VCT services at the Puskesmas exhibit commendable and comprehensive services. The study findings revealed that each health center has designated health workers serving as counselors, offering guidance to patients, and laboratory officers conducting blood tests. The delivery of VCT services by health workers is proficient; they exhibit friendliness, politeness, and offer clear information during service provision. The quality of counselors stands out as a significant factor influencing the implementation of VCT, as observed in prior studies conducted at Dr. Kariadi Hospital, Semarang. These studies identified counselor knowledge and quality as influential factors [26].

The chi-square test resulted in a p-value of 0.017, which is less than 0.05, indicating a significant relationship between the competence of health workers and the motivation of pregnant women in the North Buton District Health Office Working Area. This suggests that pregnant women's motivation to undergo HIV/AIDS testing is influenced by the competency of health workers, both as counselors and laboratory personnel.

Research conducted by Loccoh [27] in Kara, Togo, South Africa highlighted the correlation between the competence of health workers, particularly counselors, and the behavior of pregnant women. The study reported an odds ratio (OR) value of 17, signifying that health workers' competence significantly influences HIV-positive mothers' behavior, increasing the likelihood by 17 times for them to adopt preventive measures to curb HIV/AIDS transmission from mother to baby.

The knowledge exhibited by counselors and laboratory staff demonstrates their familiarity with the Standard Operating Procedures (SOPs) for delivering VCT services at Puskesmas, having undergone training related to HIV VCT. There are four types of counselors proficient in rendering counseling services based on implementation models and strategies aimed at enhancing VCT services: peer counselors, lay counselors, professional counselors, and senior counselors. Counseling is a process that assists individuals in resolving interpersonal and emotional issues and making decisions [27].

The researcher's assumption suggests that several pregnant women abstain from HIV testing because they perceive a deficiency in the competence of health workers. However, contrary to this perception, a more dominant view among other respondents is that the competence of health workers is adequate. Additionally, some pregnant women who perceive the competence of health workers as good choose not to undergo HIV testing due to reasons such as infrequent visits to health centers, resulting in inadequate exposure to information.

Relationship between the role of health workers and the motivation of pregnant women to conduct HIV/AIDS testing

The role of health workers is crucial in enhancing public health status by delivering essential health services to the community. Among health workers, midwives specifically hold a significant role in offering support to pregnant women. They serve as a vital outlet for pregnant women to express their concerns and difficulties related to pregnancy and childbirth. Health workers need to understand the situations faced by pregnant women and establish a relationship of trust, which facilitates effective health education [28].

The chi-square test results yielded a p-value of $0.007 < 0.05$, indicating a significant relationship between the role of health workers and maternal motivation in the

North Buton District Health Office Working Area. This finding aligns with Centia & Arantika's study [29], which revealed that out of 31 pregnant women receiving substantial support from health workers, 25 underwent counseling and HIV testing. Consequently, pregnant women tend to exhibit positive behavior when supported by health workers, leading them to willingly undergo HIV tests. Thus, the role of health workers significantly influences the willingness of pregnant women to participate in HIV counseling and testing.

The findings of this study are consistent with previous research by Indah and Galuh Pramita [30] titled "Role of Midwives in VCT (Voluntary Counseling and Testing) Compliance among Pregnant Women in the Gitik Health Center Work Area of Banyuwangi Regency," which indicated that 25 respondents (83%) experienced positive outcomes due to the effective role of health workers [30]. Similarly, a study conducted in Northern Tanzania on the acceptance of voluntary counseling and HIV testing among pregnant women highlighted that the guidance provided by health workers regarding the significance of HIV testing during pregnancy significantly influenced the behavior of pregnant women [31].

In the researcher's view, many pregnant women are lacking adequate support from health workers as they receive limited counseling about VCT testing. The encouragement and active involvement of health workers play a pivotal role in motivating pregnant women to undergo VCT examinations.

Some respondents perceived that health workers played a beneficial role but did not undergo HIV/AIDS tests. This might be attributed to certain pregnant women visiting health centers independently and needing spousal approval. Conversely, those who felt that health workers were inadequate but still underwent HIV/AIDS tests might have been driven by personal health concerns and fears of contracting HIV/AIDS.

CONCLUSION

The motivation of pregnant women to undergo HIV/AIDS testing is closely linked to several factors including good maternal knowledge, access to information, support from husbands, competence of health workers, and the roles played by health workers. Among these factors, the availability of information stands out as the most influential factor associated with motivating pregnant women to undergo HIV/AIDS testing.

Declaration by Authors

Ethical Approval: The author states that this study followed all ethical licensing processes and was approved by the health research ethics committee of the Faculty of Medicine, Halu Oleo University, and registration number: 055/UN29.171.3/ETIK/2023.

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