International Journal Of Health Medicine and Current Research
E - ISSN : 2528 - 3189
P - ISSN : 2528 - 4398

International Journal of Health Medicine and Current Research
Vol. 4, Issue 03, pp.1382-1392, September, 2019

DOI:
10.22301/IJHMCR.2528-3189.1382

Article can be accessed online on:
http://www.ijhmcr.com

ORIGINAL ARTICLE

INTERNATIONAL JOURNAL OF HEALTH MEDICINE AND CURRENT RESEARCH

HEALTH PROMOTION BY MEANS OF PEER EDUCATION AND FILM TOWARD KNOWLEDGE, ATTITUDE AND BEHAVIOR OF VCT

Siti Rofiah[1], Sri Widatiningsih[2], Esti Handayani[3], Tuti Sukini[4], Munayarokh[5], Umu Badriyah[6]

[1,2,3,4,5,6]*Department of Midwifery, Poltekkes Kemenkes Semarang Indonesia.*

ARTICLE INFO

Article History:
Received 20th Jun, 2019
Received in revised form
21th Jul, 2019
Accepted 25th Aug, 2019
Published online 30th Sep, 2019

Key words:
HIV / AIDS, PMTCT, VCT, Health Promotion.

Correspondence to Author:
Siti Rofiah
Department of Midwifery, Poltekkes Kemenkes Semarang Indonesia.

E-mail:
nandasheeta@yahoo.com

ABSTRACT

One of the best ways for disseminating of HIV / AIDS cognition is the community-based Prevention of Mother to Child Transmission (PMTCT) program for pregnant women. This activity should be supported by the development of methods and media of health promotion so that all of the participant will obey to do a Voluntary Counselling and Testing for HIV/AIDS. The purpose of this study is to determine the effectiveness of health promotion using peer education and film towards knowledge, attitude and behavior of VCT. The method used was pre-experimental study, with Pretest-Posttest Control Group Design. The independent variables were peer education of health promotion and film media. The dependent variables were the level of knowledge, attitudes and behavior of VCT. The research subjects were taken by purposive and sampling quota of 133 pregnant women. A questionnaire that had been tested for its validity and reliability was used. Analysis by Wilcoxon test was applied. The results showed that peer education (p value: 0.0001; the value of z = -5, 421) was more effective than the film media (p value: 0.0001; the value of z = -5, 080) in increasing knowledge. Peer education (p value: 0.0001; the value of z = -5, 815) was also more effective than the film media (p value: 0.0001; the value of z = -4.688) in changing attitudes. There was an influence to behavior as an impact of peer education (p value: 0.0001; the value of z = -4.796) but there was no effect of film toward behavior (p = 0.083) of VCT.

Citation: Siti Rofiah[1], Sri Widatiningsih[2], Esti Handayani[3], Tuti Sukini[4], Munayarokh[5], Umu Badriyah[6], 2019 "Health Promotion By Means Of Peer Education And Film Toward Knowledge, Attitude And Behavior Of VCT", *International Journal of Health Medicine and Current Research*, 4, (03), 1382-1392.

Peer education was the most effective method to improve knowledge, attitude, and behavior. It was suggested to the Chief of Medical Officer to develop strategy and media of health promotion about the dangers and transmition of HIV / AIDS, in coordination with all parties related to the PMTCT program and to evaluate activities of transmission of HIV / AIDS prevention regularly.

INTRODUCTION

HIV / AIDS (Human Immunodeficiency Virus / Acquired Immuno Deficiency Syndrome) is still a global pandemic with very adverse impacts on health, socio-economic and politics. One way of transmitting HIV is vertically from mothers to children, which 15-45% of it occurs during pregnancy, intrapartum and postpartum. Mothers who are pregnant with HIV / AIDS have a risk of the progression of HIV infection and the effect of HIV infection on pregnancy (Nasronudin, 2007). Minister of Health Regulation No. 21 of 2013 concerning HIV and AIDS prevention article 17 states that all those who carry out antenatal care are required to undergo an HIV diagnostic test with counselling (VCT) as an effort of prevention and transmission of HIV from mothers to children (Minister of Health of the Republic of Indonesia, 2013a). This is for the reason that the risk of pregnant women infected with HIV can threaten the lives of mothers and their children because HIV can be transmitted through labor and during breastfeeding. In more than 90% cases of HIV in children are transmitted through the process of childbirth from mothers to children or Mother-to-Child HIV Transmission (MTCT) (Minister of Health of the Republic of Indonesia, 2013b).

The results of the preliminary study note that the source of health information, especially regarding the problem of HIV / AIDS is still very lacking. This has an impact on the community, especially pregnant women, who are lacking in receiving information related to HIV / AIDS and its dangers. Lack of socialization from related parties increases the lack of understanding the problems around HIV / AIDS in the community. This condition underlies the importance of other breakthrough efforts for the implementation of Voluntary Counselling and Testing (VCT) in pregnant women as an effort to prevent the transmission of HIV / AIDS from mothers to children fully with appropriate methods and media. Thus, the information received by pregnant women can improve the knowledge, attitudes and behavior of pregnant women about VCT. The method of delivering information that is often done is by counselling or lecturing using leaflet or slide media which is unidirectional communication so it tends to be boring. The results of the study (Rofi'ah, Widatiningsih and Vitaningrum, 2017) stated that the peer group method is quite effective in changing the knowledge and attitudes of young women about personal hygiene during menstruation. In this method of interaction that occurs in groups, individuals will feel there are similarities with one another, and individuals will develop social sense in accordance with the development of personality. Friends with the same age will feel more comfortable to express sensitive things, such as sexuality, HIV / AIDS and drugs to their friends / peer educators. Peer educators are expected to be able to spread information creatively so that they can attract the attention and interests of their peers.

Another strategy that can be done with the PMTCT program is the promotion of community-based services to provide comprehensive family services. This activity needs to be supported by the development of health education media and communication, information and education technology (KIE). Effective media are media that look at the level of community needs, so, according to researchers, media needs to be designed in accordance with the needs and social and cultural values of the community so that messages can be more effective in improving the knowledge and attitudes of housewives about HIV / AIDS and VCT. The film is a show that is liked by the public. This is in accordance with a research (Nurfathiyah et al., 2011) that suggests making videos that function as a medium to disseminate agricultural innovation to farmers and extension workers, so that there is an increase in agricultural production both in quality and quantity. The research proves that with this video, media will change one's knowledge, attitudes and behavior according to the contents of the material in the video / film.

One effort to change the level of knowledge, attitudes and behavior of pregnant women to implement VCT in order to prevent transmission of HIV / AIDS from Mothers to Children is to develop methods or media for health education. Education with friends in the same age / peer education is one of the effective methods to increase knowledge, attitudes and behavior. Film media also tend not to patronize but the public can enjoy and be able to capture the film's message. Therefore, it is necessary to conduct research on the effectiveness of peer education health promotion and film media on the knowledge, attitudes and behavior of Prevention of HIV / AIDS Transmission from Mothers to Children.

METHODS

This type of research used a pre-experimental design study, in the form of Pretest-Posttest with Control Group Design. The population of this study were all pregnant women in the working area of Parakan Health Center and Banjarnegara Health Center I. The sampling technique used was a purposive and quota sampling of 133 pregnant women. Samples were taken based on inclusion criteria namely pregnant women who had the ability to read, had never received health education about HIV / AIDS, had never tested for HIV and were willing to be respondents. The exclusion criteria were pregnant women whose presence was not 100% when health education using the peer education method was carried out or not being present at the time of data collection using film media.

Data collection was by giving questionnaires to each respondent. The questionnaires in this study contained the knowledge, attitudes and behavior of pregnant women regarding the prevention of HIV / AIDS transmission from mothers to children before and after being given health education. The bivariate analysis of this study used the Wilcoxon statistical test with a significance level of 0.05.

RESULTS

Table 1. Frequency Distribution of the Level of Knowledge, Attitudes and Behavior of Pregnant Women.

Variables	Categories	Group 1 Peer Education		Group 2 Film Media	
		Before	**After**	**Before**	**After**
Knowledge	Mean	16.73	19.29	16.75	17.85
	Deviation Standard	3.078	0.815	1.690	1.490
	Range	16	3	10	7
	Minimum	4	7	10	13
	Maksimum	20	20	20	20
Attitude	Mean	15.2	18.69	12.74	13.64
	Deviation Standard	2.676	0.763	1.608	1.147
	Range	9	3	13	8
	Minimum	10	17	2	7
	Maksimum	19	20	15	15
Behavior	Not Yet	0	23	0	3
	Already	0	22	0	85

Table 2. Changes in the Level of Knowledge, Attitudes and Behavior of Pregnant Women.

Variables	**Categories**	**Group 1 Peer Education**	**Group 2 Film Media**
Knowledge	Increasing	38	57
	Decreasing	0	16
	Constant	7	15
	P value	0.0001	0.0001
	Z value	-5,421	-5,080
Attitude	Increasing	44	51
	Decreasing	0	13
	Constant	1	24
	P value	0.0001	0.0001
	Z value	-5.815	-4.688
Behavior	Increasing	23	3
	Decreasing	0	85
	Constant	22	88
	P value	0.0001	0.083
	Z value	-4.796	-1.732

DISCUSSION

Health Promotion with Peer Education to the Knowledge of VCT

The results of the tabulation of data obtained mean were 16.73 before the promotion and 19.29 after the promotion. This showed an increase in the average level of knowledge score of 2.56. This knowledge was inseparable from the factors that influence it, including the role of the information media which were currently easier to be accessed by the public in general, the mass media and those closest to them. In this study prior to health promotion with peer education, the lowest score of respondents was 4 while the highest was 20. The correct statement items by some respondents included: the role of midwives in PMTCT, PMTCT, and ways to test HIV. The respondents' knowledge was likely obtained from various sources other than health education. This was because the respondents had been selected based on inclusion criteria which state that they had never received health education about HIV / AIDS. Sources of information could be obtained from various parties according to research (Setyabudi and Dewi, 2017) which stated that the health promotion strategy will help the hospital in realizing and increasing health awareness in people's lives. Some statement items that most respondents still incorrectly answered were questions that required complete and intense information, which so far has rarely been conveyed through meetings or counselling. The questions were about anti-retroviral drugs (ARVs), the dangers and ways of transmitting HIV / AIDS. The process of delivering knowledge could use strategies, one of them was with information technology, according to (Rahman and Dewantara, 2017), an increase in the ease of using information technology would increase the interest in using online trading sites. Thus, the ease of obtaining information could help sped up someone to obtain new knowledge.

The level of knowledge of pregnant women about VCT after health promotion with peer education had increased compared to before peer education. (Wiratini, Yanti and Wijaya, 2015) stated that after peer education there was a significant difference in the knowledge of the dangers of smoking for adolescents in high school X Denpasar. Knowledge enhancement after peer group health promotion methods was inseparable from the factors that influence it, one of them was the method chosen, namely health promotion with peer education. Peer education was given by pregnant women who had been trained as peer educators for their peers. The role of peer educators was to be able to influence and motivate their peers, this is also in line with research (Akmal and Arlinkasari, 2015) which states that peer counselor training on HIV / AIDS is effective in increasing knowledge about HIV / AIDS.

Based on the results of the study, it can be seen that there were significant differences in the level of knowledge about VCT in pregnant women between before and after health promotion with peer education. Peer education was effective for increasing knowledge. Research (Sriasih et al., 2013) stated that adolescent sexuality education by peer educators significantly influenced adolescents' knowledge and attitudes about the dangers of free sex. According to the research, given peer education, a pregnant woman would understand various things about VCT which included prevention of HIV / AIDS transmission so that the level of knowledge would increase. The level of knowledge of pregnant women about VCT increased because they had received health promotion with peer education. Health promotion was essentially an activity or effort to convey health messages to the public, groups or individuals. The hope was that with this message, the community, groups or individuals could gain knowledge about better health. Peer education had a purpose for the group or community to feel more comfortable asking more sensitive questions such as sexuality, HIV and AIDS and drug uses to their peers (BKBPP, 2015).

Peer education through peer educators was able to convey health messages or information continuously and voluntarily, in this case about VCT in clear information and avoiding misperception. Peer education would also make peers felt more comfortable and more open, thus making information easy to convey. Based on the analysis of the frequency distribution of changes in the answer to the level of knowledge obtained, the results were mostly increased for the number of correct answers. The answer that had increased significantly was about how HIV / AIDS and ARV drugs were transmitted. Before being given counselling, most pregnant women answered that HIV / AIDS could be transmitted by using shared bathrooms and that HIV / AIDS could be cured with ARV drugs. After being given counselling, they came to know that the way of transmission was through fluids and secretions of ODHA (People with HIV / AIDS). Pregnant women then also understood that ARV drugs could not cure HIV / AIDS completely. The new knowledge they had received would encourage them to feel wants to check or do VCT so they could know their health status.

Health Promotion with Peer Education on VCT Attitudes in Pregnant Women

Based on the results of the study, the attitude of the respondents about VCT before and after the intervention was increased in score. Statements of attitude included the definition of HIV, symptoms, transmission, methods of prevention and the PMTCT program. The attitude of the respondents before being given an intervention was in the score of 10-19, while after the intervention the score was 17-20. This attitude score was influenced by factors that shape the attitude, including the increase in knowledge. (Ismarwati, Sunarsih Sutaryo, 2011) stated that the addition of informant's knowledge about cervical cancer had made the informant's attitude agreed to make early detection of cervical cancer. The average score of respondents' attitudes before the intervention was 15.2; this was likely supported by good respondent knowledge. When viewed in a number of statement, items that most respondents still lacked of support in responding to statements, the same as in the knowledge items were statements about Anti Retro Viral Drugs (ARV). In several question items, the respondents were able to respond well, including the definition of the PMTCT program, the role of the midwife in PMTCT and how to check for HIV. This was because the information could be obtained by respondents from various information sources in general such as mass media. According to (Azwar, 2010) the mass media conveyed information that contained suggestions that could direct a strong opinion in assessing a matter so that the direction of certain attitudes was opened.

The average score of respondents' attitudes after the intervention was 18.69, it was an increase compared to before the intervention. According to (Azwar, 2010) other people around us were among the social groups that could influence our attitudes. That was someone who was considered important and expected approval for each of our actions and opinions. The results of the study stated that there were significant differences in attitudes about VCT in pregnant women between before and after health promotion with peer education. Statistical analysis obtained 44 respondents experienced an increase in attitude scores, 1 constant respondent and none decreased. Health promotion with peer education was one of the effective methods to influence attitude change. According to Azwar (2010), one of the basic attitudes formations was through a strong impression. The things a person had experienced would shape and influence one of the basic attitudes formations. The results of this research were in accordance with research (Wiratini, Yanti and Wijaya, 2015) that there were significant differences in adolescents' knowledge, attitudes and psychomotor before and after peer education.

Health Promotion with Peer Education on VCT Behavior

Behavior research results after health promotion with peer education stated that out of 45 people there were 22 respondents who were taken a HIV test. Most respondents who tested for HIV experienced an increase in both knowledge and attitudes after being carried out peer education. There are two respondents who before peer education answered 100% correct of the statement on the knowledge item. Peer education was a more useful method of education because it could change behavior well because knowledge transfer was carried out between peer groups who had closer relationships, used the same language, and the delivery of information could be done anytime, anywhere in a relaxed atmosphere (Rofi'ah , Widatiningsih and Vitaningrum, 2017). From the frequency distribution of respondents' answers to items of knowledge statement and attitude, it could be seen that most of the respondents mostly answered correctly on the items of the statement of the danger of HIV disease and how to check it.

Changes in a person's behavior according to (Green, 1991) were influenced by 3 factors, namely Predisposing Factors, Reinforcing Factors and Enabling Factors. Predisposing Factors included knowledge, attitudes, beliefs, values, perceptions, motivations, socio-demographic of a person or community, for example age, socioeconomic status, gender, education, and occupation, Reinforcing Factors included the attitudes and behavior factors of religious figures (toga), figures community (toma), attitudes and behavior of officers including health workers, and Enabling Factors, namely the availability of health resources, affordability of resources that could be reached both physically and in payment by the community, policies made to be able to encourage changes in health behavior, and staff skills to motivate and change health behavior in the community. In addition, there were also environmental factors, namely factors that influenced the environment.

Health promotion was essentially an activity or effort to convey health messages to the public, groups or individuals. The hope was that with this message, the community, groups or individuals could gain knowledge about better health. The knowledge was ultimately expected to influence behavior. Health promotion in other words was expected to have an impact on changes in health behavior of the target. Behavior carrying out

VCT examinations in pregnant women was a behavior that could not be easily changed after gaining knowledge, but with peer education methods the results were significant for changing behavior. Research (Bagnall et al., 2015) stated that peer education could increase knowledge and reduce risk health behavior, especially in relation to HIV prevention, showing that consideration should be given to whether peer education should be applied in other health behavior change interventions.

The results of this study indicated the influence of health promotion with peer education on the knowledge, attitudes and behaviors of VCT in pregnant women, so the development and outreach for prevention and promotion of HIV / AIDS, especially PMTCT, were needed. Health promotion activities with peer education were activities that not only involved health workers to carry out a promotive effort, but also required maximum community participation, especially in this study, pregnant women. Health promotion with peer education also required support of intense assistance from health workers and cross-sectoral support at the Puskesmas level.

Health Promotion with Film Media on Knowledge of VCT

Knowledge of pregnant women about preventing transmission of HIV / AIDS from mothers to children before counselling with film media based on univariate analysis showed that the average knowledge score of respondents was 16.75. According to (Notoatmodjo, 2007) knowledge was the result of "knowing" that occurred after people sensing a certain object. Knowledge could be obtained from education, self and other people's experiences, mass media and the environment. Knowledge or cognitive was a very important domain for the formation of one's actions. In this study prior to health promotion, the lowest score was 10. In accordance with the inclusion criteria set by researchers that research respondents had never received information about prevention of HIV / AIDS transmission; this is likely causing respondents to lack of knowledge when seen in several statement items that most respondents still incorrectly answered. They were questions that require complete information from health workers. The questions were about the form of PMTCT intervention, Anti Retro Viral Medication (ARV), the danger and how the HIV / AIDS was transmitted.

In some question items, the respondents' were able to answer well, including the definition of the PMTCT program, the dangers of HIV / AIDS to infants, the definition of AIDS, the role of midwives and HIV testing. This was because the information could be obtained by respondents from various general information sources such as from television and printed media. In accordance with (Notoatmodjo, 2005) which stated that the objectives of the media included the media could facilitate the delivery of information, could clarify information, the media could facilitate understanding, reduced verbalistic communication and facilitated communication. With the help of the media, health workers and health promotion were greatly helped in conveying information about HIV / AIDS.

The score of the level of knowledge of pregnant women about the prevention of HIV / AIDS transmission from mothers to children after counselling through film media had the lowest score of 13 and highest of 20. Knowledge was a predisposing factor for the occurrence of a person's behavior. (Green, 1991). Knowledge was needed to psychologically encourage a person in growing confident. In addition, knowledge would provide motivation to someone to behave and conduct behavior in accordance with the knowledge they had. Respondents' good knowledge about preventing transmission of HIV / AIDS from mothers to children after counselling with film media was because they had received an explanation during the counselling, then independently seek additional information from various sources.

For respondents whose knowledge scores after counselling were still low, it was likely due to their ability to learn and remember. This was in accordance with what was conveyed by (Notoatmodjo, 2007) which stated that the ability to know someone was influenced by learning ability and memory. Individual memory factors differed from one another, so that there were respondents who had good knowledge and some who had poor knowledge. Some items of knowledge statement that were still widely answered incorrectly by respondents were about the form of PMTCT intervention. This was possible because the PMTCT program was a program that still needed to be widely disseminated to the public. Until now, most people only knew the definition of the program without knowing the form of intervention. This was consistent with the number of correct answers on the item statement of the definition of PMTCT and its objectives.

There was a significant difference between the level of knowledge before and after counselling with film media about VCT. From the results of the analysis, the data was obtained that 57 people had increased their levels of knowledge, 15 people felt constant and 16 people who were decreased. Health education was very appropriate to be given to increase the knowledge of

pregnant women. Research (Taher, Ticoalu and Onibala, 2013) stated that health education affected the level of student knowledge about HIV / AIDS. This proved that health education greatly affected the level of student knowledge about how to prevent HIV / AIDS. According to the research, by providing health education, a pregnant woman would understand various things about preventing transmission of HIV / AIDS so that the level of knowledge would increase.

An increase in the score of the level of knowledge of pregnant women about the prevention of HIV / AIDS transmission was because of the counselling with film media. Health education media were all means or efforts to display the message or information to be conveyed by the communicator, so that the target could increase their knowledge. The purpose of the media was to facilitate the delivery of information, avoid misperceptions, clarify information, facilitate understanding, reduce verbalistic communication and to be able to display objects that cannot be expressed with the eye and facilitate communication (Notoatmodjo, 2005). With film media, a health worker was able to deliver health messages, in this case preventing the transmission of HIV / AIDS clearly and avoiding misperception. In addition, the film media would reduce verbalistic communication between midwives and pregnant women because it had been replaced with an explanation in the film. The use of film media was very appropriate to increase the knowledge of pregnant women. According to (Notoatmodjo, 2005) electronic media such as TV, radio, film, video film, cassette, CD and VCD were moving and dynamic media, could be seen and heard. Electronic media conveyed messages to the senses of the listener and vision so that the message left was deeper.

Analysis of the frequency distribution of changes in the answer to the level of knowledge statement obtained results largely increased for the number of correct answers. The answer that had increased significantly was about how HIV / AIDS and ARV drugs were transmitted. Before being given counselling, most pregnant women answered that HIV / AIDS could be transmitted by using shared bathrooms and that HIV / AIDS could be cured with ARV drugs. After being given counselling, they came to know that the way of transmission was through fluids and secretions of ODHA (People with HIV / AIDS). Pregnant women then also understood that ARV drugs could not cure completely. With the new knowledge they had received, it would encourage them to feel wants to check or do VCT so they could know their health status. In accordance with (Notoatmodjo, 2005) which stated that with counselling, the target could increase their knowledge which ultimately was expected to change behavior in a positive direction to health.

Effects of Health Promotion with Film Media on Attitudes about VCT

The results showed the average score of respondents' attitudes toward prevention of HIV / AIDS transmission from mothers to children before counselling with film media was 12.74. Attitude was an inner response to external stimuli that caused feelings of like or dislike (Notoatmodjo, 2007). Attitude was a response that would arise if the individual was faced with a stimulus that required an individual response. A pregnant woman with good knowledge about preventing transmission of HIV / AIDS from mothers to children was likely to be supportive of preventing HIV / AIDS transmission from mothers to children, and vice versa. If the respondents' knowledge was not good about preventing transmission of HIV / AIDS from mothers to children then they did not understand the importance of preventing transmission of HIV / AIDS from mothers to children so that pregnant women were less supportive of preventing HIV / AIDS transmission from mothers to children. This could be seen from several items of statement of attitude whose responses were lack of support were almost the same as items of statement of knowledge, including about ARV drugs, how HIV was transmitted, and symptoms of HIV. Likewise, supportive responses included the role of midwives and the PMTCT program.

The average score of attitudes of pregnant women regarding the prevention of HIV / AIDS transmission from mothers to children after counselling with film media was 13.64. Attitude was an inner response to external stimuli that caused feelings of like or dislike (Notoatmodjo, 2007). Attitude was a response that would arise if the individual was faced with a stimulus that required an individual response. Respondents' supportive attitude was taking side towards the prevention of HIV / AIDS transmission from mothers to children. On the other hand, a less supportive attitude was an impartial attitude towards preventing transmission of HIV / AIDS from mothers to children. The formation of a complete attitude required knowledge, thoughts, beliefs, and emotions. The respondents' attitude of supporting or not supporting the prevention of HIV / AIDS transmission from mothers to children started from the level of knowledge. A pregnant woman with good knowledge about preventing transmission of HIV / AIDS from mothers to children was likely to be supportive in preventing HIV / AIDS

transmission from mothers to children, and vice versa. If the knowledge of pregnant women was not good about preventing transmission of HIV / AIDS from mothers to children, then they did not understand the importance of providing health education to pregnant women so that pregnant women were less supportive of preventing HIV / AIDS transmission from mothers to children.

The attitude of respondents with a low score in the prevention of HIV / AIDS transmission from mothers to children was likely because the respondent did not fully understand the information provided during counselling. Midwives and health workers should often provide information about preventing transmission of HIV / AIDS from mothers to children during ANC pregnant women. With good knowledge, it was expected that the respondents' attitude would also support the prevention of HIV / AIDS transmission from mothers to children. In the frequency distribution table of the response statement "My baby can experience congenital abnormalities if I have AIDS." only 30 respondents answered agree. In this case it is possible that the respondents were still unclear about the dangers of AIDS for infants. As well as the statement that "If I suffer from HIV / AIDS then I will be able to recover completely with ARV drugs." there were still many respondents who answered it incorrectly. Respondents still did not understand the dangers of AIDS. They assumed that AIDS could be cured if they took medicine. They considered AIDS as another disease. However, respondents had also given positive responses to several statements, including the importance of the VCT program and the severity of AIDS.

The results of the study mentioned that there were significant differences in attitudes towards preventing transmission of HIV / AIDS from mothers to children in pregnant women between before and after counselling with film media. Statistical analysis showed that 51 people experienced an increase in attitude scores, 13 were constant and 24 people who decreased in attitude scores. However, this was not in accordance with descriptive analysis on a nominal data scale that was good and not good. The attitude change score which showed that there were still many respondents who had a fixed attitude score like before the counselling showed that it was possible because of the inappropriate media selection. Film media might be very appropriate to increase the level of knowledge but it was not appropriate if it was used to change a person's attitude. This was in accordance with (Notoatmodjo, 2005) which stated that in the selection of media there needed to be several considerations including the selection of media based on the tastes of the target audience, not on the tastes of the program manager, the media chosen must have a broad impact, each media would have a different role, and simultaneous and integrated use of media would increase the scope, frequency and effectiveness of messages. Based on this theory, it was known that each media had a different role, so for film media it was not good in changing the attitude of pregnant women towards the prevention of HIV / AIDS transmission. It was needed to use media simultaneously and integrated to increase coverage, so that pregnant women would increase their attitude scores. In choosing media, besides considering the objectives to be achieved, it was also necessary to consider the characteristics of the target, the type of stimulation desired, the background or environmental conditions, local conditions, and the extent of the range to be served. With these various considerations, it was expected that the media used could function optimally.

In addition to media selection, changing one's attitude also required the selection of counselling methods. In accordance with the results of the study (Setyabudi and Dewi, 2017) stated that in conducting health promotion, it was necessary to set a strategy. The choice of method was one form of efforts to run health promotion. Peer education methods could improve the attitudes of pregnant women towards VCT. Thus it was necessary to choose a strategy for choosing methods other than media selection in changing one's attitude, in this case the attitude of pregnant women towards the prevention of HIV / AIDS transmission.

Based on the table of the frequency distribution of changes in the response of statement of attitude of pregnant women about the prevention of HIV / AIDS transmission, it could be seen that there were some statement items that had increased significantly. The increased attitude statement items were the same as the knowledge statement items. In accordance with (Notoatmodjo, 2007) that attitude was a response that would arise if the individual was faced with a stimulus that required an individual response. The response expressed as an attitude was based on an evaluation process in an individual that would lead to a conclusion of a value to a stimulus in the form of feelings of supporting or not supporting, good or bad, positive or negative, like or dislike, pleasant or unpleasant which would then crystallize as a potential reaction to the attitude object. The attitude of pregnant women towards the prevention of HIV / AIDS transmission arouse after obtaining counselling through film media which subsequently formed knowledge and there was an evaluation process that would bring about a value conclusion in the form of attitudes about preventing HIV

/ AIDS transmission from mothers to children. This attitude could be positive or negative, supportive or less supportive.

Effects of Health Promotion with Film Media on Behavior about VCT

The behavior of pregnant women about preventing transmission of HIV / AIDS from mothers to children before counselling with film media, 100% or all respondents had never done VCT. This was in accordance with the inclusion criteria set by the researcher. In this study, researchers set inclusion criteria for pregnant women who had never done VCT so that research subjects were equal and could represent and qualify as research samples. Univariate analysis results showed only 3 respondents were willing to do VCT. Practice or behavior was a form of the implementation of an action, practice was influenced by the will, the will was influenced by the attitude while the attitude was influenced by the belief in the results of actions that had been carried out in the past. Behavior was influenced by Predisposing Factors, Reinforcing Factors, and Enabling Factors (Green, 1991). The behavior of conducting VCT was not only influenced by knowledge and attitude factors, but also influenced by various factors, including characteristics, motivation, community behavior, community support, and availability of facilities. Pregnant women who were willing to do VCT had various reasons, including wanting to protect their child, protecting their partner, finding out their health status, feeling of having risks and following the advice of health workers. In this study, most respondents were not ready to do VCT. This was also due to various reasons, including remote access to the checking place, the fear of blood drawings, fear of the test results to be received, fear of negative views of others, fear of being excluded in the community, feel ashamed, and not getting permission from the husband / spouse. From various reasons stated by the respondents, there were some gaps that could be taken so that respondents wanted to do VCT. On the excuse of remote access to the checking place, it could be assisted by the midwife / health worker assistance to the place. If the respondent was concerned with negative views, shame or fear of being excluded, then the health worker must really maintain the confidentiality of the identity of the pregnant woman conducting the examination so that only midwives and pregnant women and their partners knew about it. Another reason for not getting permission from a partner could be resolved by providing information to husbands about the importance of VCT examination. By responding to several reasons of why respondents were not yet willing to do VCT, it was expected that in the future the number of pregnant women doing VCT would increase.

There was no significant difference in behavior about preventing transmission of HIV / AIDS from mothers to children to pregnant women between before and after counselling with film media. The results of the statistical analysis were supported by descriptive analysis which stated that from 88 pregnant women only 3 people were willing to do VCT examination. Changes in a person's behavior according to (Green, 1991) were influenced by 3 factors, namely Predisposing Factors, Reinforcing Factors and Enabling Factors. Predisposing Factors included knowledge, attitudes, beliefs, values, perceptions, motivations, socio-demographic of a person or community, for example age, socioeconomic status, gender, education, and occupation, Reinforcing Factors included the attitudes and behavior factors of religious figures (toga), figures community (toma), attitudes and behavior of officers including health workers and Enabling Factors, namely the availability of health resources, affordability of resources that could be reached both physically and in payment by the community, policies made to be able to encourage changes in health behavior, and staff skills to motivate and change health behavior in the community. In addition there were also environmental factors, namely factors that influence the environment.

The behavior of carrying out VCT examinations in pregnant women could not be easily changed after gaining knowledge from the results of counselling with film media. Many other factors could influence it. This was supported by a variety of reasons put forward by pregnant women who were not willing to do VCT examinations, including remote access to checking place, the fear of blood drawn, fear of test results to be received, fear of negative views of others, fear of being excluded in the community, feeling ashamed and because they don't get permission from their husband / spouse. The reasons stated above prove that changing one's behavior was influenced by various factors.

From the results of the analysis of the frequency distribution of respondents' answers to items of knowledge and attitude statements it could be seen that the majority of respondents still answered incorrectly on the items of the danger statement of AIDS as well as the way of transmission of HIV / AIDS. They answered more correctly to statements that pointed to danger and the importance of conducting VCT examinations. This was likely to cause no difference in the behavior of pregnant women before and after counselling. Another thing that was likely to cause pregnant women to not

change their behavior was the ability to learn and remember. This was in accordance with what was conveyed by (Notoatmodjo, 2007) which stated that the ability to know someone was influenced by learning ability and memory. The limitation of this study was that the frequency of counselling was only 1 (one) time, so it was likely that pregnant women forgot about the counselling material. With the lack of mother's knowledge about the dangers of AIDS, the mother was not ready to do VCT examination. Thus it was necessary for the Health Department's to give efforts to more frequently conducting counselling about HIV / AIDS with a more focused material on the dangers of AIDS and how it spread.

In an effort to change the behavior of pregnant women so that in the future they wanted to do VCT, various strategies (Setyabudi and Dewi, 2017) included prevention of mothers to children transmission by providing HIV testing and counselling, providing treatment and prevention with antiretroviral drugs, promoting safe birth practices, and giving education and support for safely giving nutrition for infant practices. To support these efforts, it required the involvement of all parties, especially health workers. As a result of research that stated that the role of nurses became very important which included aspects of promotive, preventive, curative, and rehabilitative. In this case the promotive area was emphasized by giving health education which is influenced by several factors namely predisposing factors such as the level of knowledge, attitudes, beliefs, supporting factors such as existing facilities, physical environment, affordability and supporting factors such as the attitudes or behavior of officers, friends, peers (Hannan et al. 2014). In addition to the involvement of all parties that still needed to be considered was the evaluation of all activities that had been carried out in order to obtain an effective effort to change the behavior of pregnant women to be wanting to do VCT examination in an effort to prevent transmission of HIV / AIDS from mothers to children.

CONCLUSION

The results showed that peer education health promotion was more effective than film media in increasing knowledge. Peer education health promotion was more effective than film media in changing attitudes. There was an effect of peer education health promotion on behavior but there was no effect of counselling with film media on behavior to prevent transmission of HIV / AIDS from mothers to children. Health workers, especially midwives, should implement peer education in changing VCT knowledge, attitudes and behavior of pregnant women. In addition, in carrying out health education to improve knowledge and attitudes, it could use film as an alternative media preferred by the community.

REFERENCES

1. Akmal, S. Z. and Arlinkasari, F. ‘Efektivitas Pelatihan Konselor Teman Sebaya dalam Meningkatkan Pengetahuan Mengenai HIV/AIDS, Sikap terhadap ODHA dan Sikap terhadap Seks Pra Nikah’, in *Seminar Nasional Penelitian dan Pengabdian pada Masyarakat Unisba*. Bandung; 2015: pp. 89–98.
2. Azwar, S. *Sikap Manusia Teori dan Pengukurannya*. Yogyakarta: Pustaka Pelajar; 2010.
3. Bagnall, A. *et al.* ‘A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons’, *BMC Public Health*. 2015. doi: 10.1186/s12889-015-1584-x.
4. BKBPP *Kurikulum Diklat Teknis bagi Pengelola, Pendidik Sebaya dan Konselor Sebaya PIK Remaja/ Mahasiswa*. Jawa Tengah. 2015.
5. Green, L. W. *Health Promoting Planning : An Education and Environmental Approach*. University of Texas Health Science Center at Houston. 1991.
6. Hannan, M., Permatasari, D. and Nurhidayati, E. ‘Pengaruh Pendidikan Kesehatan tentang HIV/AIDS terhadap Kepatuhan Penggunaan APD pada Cleaning Servive di RSUD DR. H. Moh Anwar Sumenep’, *Jurnal Kesehatan Wiraraja Medika*, 2014; 4(1): pp. 24–27.
7. Ismarwati, Sunarsih Sutaryo, R. W. ‘Promosi Kesehatan dalam Meningkatkan Pengetahuan , Sikap dan Perilaku Deteksi Dini Kanker Serviks pada Ibu-Ibu Anggota Pengajian’, *Berita Kedokteran Masyarakat*, 2011; 27(2): pp. 66–74.
8. Menteri Kesehatan Republik Indonesia *Permenkes RI No. 21 Tahun 2013 tentang Penanggulangan HIV dan AIDS*. 2013. Available at: http://kkpyogyakarta.com/files/100_Permenkes No 21 Tahun 2013 Penanggulangan HIVAIDS.pdf.

9. Menteri Kesehatan Republik Indonesia *Permenkes RI No.51 Tahun 2013*. doi: 10.1039/C4RA08065C. 2013.
10. Nasronudin *HIV & AIDS Pendekatan Biologi Molekuler, Klinis, dan Sosial*, *Airlangga University Press*. Surabaya. 2007.
11. Notoatmodjo, S. *Promosi Kesehatan Teori dan Aplikasi*. Jakarta: Rineka Cipta; 2005.
12. Notoatmodjo, S. *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta: Rineka Cipta; 2007.
13. Nurfathiyah, P. *et al.* 'Pemanfaatan Video sebagai Media Penyebaran Inovasi Pertanian', *Jurnal pengabdian pada Masyarakat*, (52), 2011; pp. 30–36.
14. Rahman, A. and Dewantara, R. Y. 'Pengaruh Kemudahan Penggunaan dan Kemanfaatan Teknologi Informasi terhadap Minat Menggunakan Situs Jual Beli OnLine', *Jurnal Administrasi Bisnis*, 2017; 52(1). Available at: http://ezproxy.leedsbeckett.ac.uk/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edseur&AN=edseur..9200111.Bibliographic Resource.1000086006687&site=eds-live&scope=site.
15. Rofi'ah, S., Widatiningsih, S. and Vitaningrum, D. 'Efektivitas Pendidikan Kesehatan Metode Peer Group terhadap Tingkat Pengetahuan dan Sikap Personal Hygiene Saat Menstruasi', *Jurnal Ilmiah Bidan*, 2017; II(2): pp. 31–36. Available at: https://media.neliti.com/media/publications/227226-efektivitas-pendidikan-kesehatan-metode-1c5102d8.pdf.
16. Setyabudi, R. G. and Dewi, M. 'Analisis Strategi Promosi Kesehatan dalam Rangka Meningkatkan Kesadaran Hidup Sehat oleh Rumah Sakit Jiwa Daerah Dr. RM. Soedjarwadi Provinsi Jawa Tengah', *Jurnal Komunikasi*, 2017; 12(1). Available at: www.rsjd-sujarwadi.jatengprov.go.id.
17. Sriasih, N. *et al.* 'Pengaruh Pendidikan Seksualitas Remaja oleh Pendidik Sebaya terhadap pengetahuan dan Sikap Remaja tentang Bahaya Seks Bebas', *Jurnal Skala Husada*, 2013; 10(1): pp. 13–19. Available at: oltekkes-denpasar.ac.id/files/JSH/V10N1/NGK Sriasih1, NW Ariyani2, Juliana Mauliku3, AA Istri Dalem Cinthya Riris4 JSH V10N1.pdf.
18. Taher, B. F. T., Ticoalu, S. H. R. and Onibala, F. 'Pengaruh Pendidikan Kesehatan terhadap Tingkat Pengetahuan Siswa tentang Cara Pencegahan Penyakit HIV/ AIDS di SMA Negeri 1 Manado', *ejournal keperawatan*, 2013; 1(1). Available at: file:///C:/Users/USER/Downloads/2166-3932-1-SM.pdf.
19. Wiratini, N. P. S., Yanti, N. L. P. E. and Wijaya, A. A. N. T. 'Pengaruh Peer Education terhadap Perilaku Merokok pada Remaja di SMAN "X" Denpasar', *Coping Ners Journal*, 2015; 3(3): pp. 54–61.

****