RESEARCH ARTICLE

THE RELATIONSHIP BETWEEN SOCIODEMOGRAPHIC AND THE BEHAVIOR OF PUBLIC TRANSPORTATION AND BECAK DRIVERS AND THE UTILIZATION OF STI'S CLINIC

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ABSTRACT

Background: The utilization of STI's clinic is done to suppress the spread of STIs among the commercial sex workers, men, gays, and the STI's high-risk groups such as public transportation and becak drivers through the health services implemented at STI's clinic. **Aims:** analyze the relationship between sociodemographic (age, education, tribe, occupation and the distance the venue of service facility) and the behavior of public transportation and becak drivers and the utilization of STI's clinic. **Methods:** This quantitative survey study with a cross-sectional design was conducted from December 2013 to May 2014. The population of this study was all of the STI's high-risk groups with high mobility and knew about the existence of STI's clinic at Puskesmas Tomuan. They were 62 public transportation and becak drivers hanging out in the working area of Puskesmas Tomuan, Pematang Siantar selected through consecutive sampling technique. The data obtained were analyzed through univariate analysis. Chi-square test and multiple logistic regression tests. **Results:** The result of this study showed that only 19 respondents (30,65%) utilized the STI's clinic. There was a relationship between education ($p<0,001$), occupation ($p = 0,003$), and behavior ($p < 0,001$) with the utilization of STI's clinic at Puskesmas Tomuan. The most influential variable on the utilization of STI's clinic at Puskesmas Tomuan was education with the value of coefficient B= 10,335. **Conclusion:** Pematang Siantar Office Health Service is suggested to improve the knowledge of the high-risk group especially the public transportation and becak drivers with a low educational background who was susceptible to STI's disease through the extension on STI's disease and the utilization of STI's clinic.

INTRODUCTION

The 2015 Healthy Indonesia Commitment translates into several goals and targets known as Millennium Development Goals (MDGs). One of the Millennium Development Goals (MDGs) targets is to fight HIV / AIDS, malaria, and other infectious diseases. HIV / AIDS, Syphilis, Gonorrhea and Chlamydia are sexually transmitted infections (STIs) that often occur in the community. STI is a disease that is transmitted mainly through sexual contact. Everyone can get an STI anyone sexually active can get an STI. But what to watch out for is a high-risk group affected by STIs, those who like changing sexual partners and people who have one sexual partner, but their sexual partners like changing sexual partners (Dirjen PPM&PLP Depkes RI, 2011). STI disease is a major problem in public health in developing countries, where STD diseases such as syphilis, herpes, chlamydia, and gonorrhea make individuals vulnerable to HIV infection.

The mode of transmission of STIs is through sexual intercourse and is followed by behaviors that place individuals at risk of achieving HIV, such as those behaving alternately with sexual partners, and inconsistent use of condoms (Badan Narkotika Nasional, 2004). According to the AIDS Commission (2007), people with STIs such as syphilis, herpes, chlamydia, and gonorrhea have a 2-9 times greater risk of contracting HIV compared with non-sufferers. Therefore, one way to decide the spread of HIV is to break the chain of transmission of STIs through STI control programs including disease observation, discovery, treatment, and prevention to be improved in all areas (Sasongko, 2007). Although there is no accurate data on the number of people with STIs, some things that indicate a high number of STIs are the number of cases of HIV/AIDS developing in the community, especially through the practice of prostitution, promiscuity, and other community behavior. According to the WHO definition, HIV/AIDS cases are an iceberg phenomenon, where only 10% of the actual HIV/AIDS cases are recorded. From the number of HIV/AIDS cases in Pematang Siantar which were recorded as many as 130 people, it is estimated that the actual number of sufferers was 1,300 people.

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Referring to the AIDS Control Commission (2007), that STI sufferers such as syphilis, herpes, chlamydia, and gonorrhea have a risk of 2-9 times greater for contracting HIV, then from the estimated number of HIV/AIDS sufferers in Pematang Siantar as many as 130 people it can be estimated that the number of people suffering from STI as many as 260-1170 people. Based on this background, the authors would like to further examine the Relationship of Socio-Demographics and Driver Behavior and Becak Drivers with the Utilization of the STI Clinic in Tomuan Pematang Siantar Health Center in 2014.

MATERIALS AND METHODS

This study was used as a quantitative research design with a cross-sectional survey approach. The respondents were selected by consecutive sampling that amounts 62. The inclusion criteria of the study sample were several public transport drivers and becak drivers who live in the working area of the Tomuan Community Health Center. Researchers distributed questionnaires to drivers and bacek drivers at the hangouts of public transport drivers and becak drivers. In the working area of the Tomuan Community Health Center, there were 2 becak bases and 1 public transport driver base. The first becak driver base, the researcher got 8 respondents while the second becak driver base, the researcher got 10 respondents and the researchers took the public transport driver base, 44 respondents, so the researcher got a sample of 62 respondents. The analysis was used to obtain information about the relationship between the independent variable and the dependent variable using the Chi-Square test with $\alpha = 0.05$.

RESULTS

Table 1. relationship between age and high-risk group behavior STI the tomuan health center, Pematangsiantar

Age	High-Risk Group Behavior STI				Amount		p	PR 95 % CI
	Positive		Negative					
	n	%	n	%	n	%		
20-29 years	15	50,0	15	50	30	100,0		0,800
≥ 30 years	20	62,5	12	37,5	32	100,0	0,321	(0,511-1,251)

Age: Based on the results of cross-tabulation between age and behavior of high-risk groups STI obtained data that of 62 respondents who have more positive perceptions are the age category 30 years by 20 respondents (62.5%), while the age category 20-29 years by 15 respondents (50.0%). Statistical test results obtained p-value = 0.321 meaning that there is no significant relationship between age and high-risk group behavior.

Education: Based on the results of the cross-tabulation between education and high-risk group behavior, it was obtained that 62 respondents who had more positive perceptions were in the continuing education category by 21 respondents (75.0%), while the basic education category was 14 respondents (41.2%). Statistical test results obtained p value = 0.008 meaning that there is a significant relationship between education with high-risk group behavior. The prevalence ratio of high-risk STI behavior among respondents with advanced and basic education was 1.821, with 95% CI = 1.155-2.871. This shows that respondents with an advanced education estimated an opportunity of 1,821 times more likely to positively perceive the behavior of high-risk STI groups compared to respondents with elementary education.

Occupation: Based on the results of the cross-tabulation between work with high-risk behavior groups STI obtained data that of 62 respondents who had more positive perceptions were the public transport driver-category by 29 respondents (65.9%), while in the rickshaw category by 6 respondents (33.3%). Statistical test results obtained p = 0.019, meaning that there was a significant relationship between occupation and high-risk group STI behavior. The prevalence ratio of high-risk STI behavior among respondents who work as public transport drivers and becak drivers were 1.977, with 95% CI = 0.995-3.930. This shows that respondents who worked as drivers predict opportunities were 1.977 times more likely to positively perceive the behavior of high-risk STI groups compared to respondents who worked becak drivers.

Ethnicity: Based on the results of cross-tabulation between ethnic groups with high-risk group behavior, STI data obtained that of 62 respondents who had positive perceptions was the Batak category of 29 respondents (56.9%), while the Javanese ethnic category was 6 respondents (54.4%). The statistical test results obtained p-value = 0.888 meaning that there was no significant relationship between ethnicity and high-risk group behavior of STIs.

Distance to the Place of Service: Based on the results of cross-tabulation between the distance to the place of service with high-risk group behavior STI obtained data that of 62 respondents who had more positive perceptions were near categories of 24 respondents (58.5%), while the far category was 11 respondents (52.4 %). The statistical test results obtained p-value = 0.644 meaning that there was no significant relationship between distance to the place of service with the perception of vulnerability to STIs.

DISCUSSION

The results of this study indicate that the average age of respondents aged category 30 years, according to the results of Syafitri's (2012) study in Cipinang which stated the average age of respondents aged in categories 26-60 years. This fact shows that most of the age of public transport drivers and becak drivers are a sexually active group. The results of this study are in line with Rosenstock's theory in the concept of the Health Belief Model which states that age is not directly related to behavior, but different results are shown retrospective research which states that between 2000-2005 in Botswana, Burundi, Cote d'Ivoire, Kenya, Malawi, Rwanda, Tanzania, and Zimbabwe show a significant relationship between age groups and behavioral use of STI clinics, namely the positive trends that occur in young adult sexual behavior such as the utilization of STI clinics, delaying sexual relations and not changing sexual partners (Depkes, 2007). The most completed education level by respondents in this study were basic education (elementary, junior high school) as many as 34 respondents, followed by further education (high school, college) as many as 28 respondents. This description of distribution is in line with Syafitri's (2012) study in Cipinang where the majority of elementary school graduates (elementary, junior high schools) were 56 respondents. The statistical test results state that there is an educational relationship with the use of STI clinics. This condition is adjusted to the data of the number of respondents with low education more than those with further education, so that knowledge about STI clinics is low, so utilization of STI clinics is also low.

Table 2. relationship between education and high-risk group behavior STI the tomuan health center, Pematangsiantar

Education	High-Risk Group Behavior STI				Amount		p	PR
	Positive		Negative					95 % CI
	n	%	n	%	n	%		
Advanced	21	75,0	7	25,0	28	100,0	0,008	1,821
Elementary	14	41,2	20	58,8	34	100,0		(1,155-2,871)

Table 3. relationship between occupation and high-risk group behavior STI the tomuan health center, Pematangsiantar

Occupation	High-Risk Group Behavior STI				Amount		p	PR
	Positive		Negative					95 % CI
	n	%	n	%	n	%		
Public transport driver	29	65,9	15	34,1	44	100,0	0,019	1,977
Becak driver	6	33,3	12	66,7	18	100,0		(0,995-3,930)

Table 4. relationship between ethnicity and high-risk group behavior STI the tomuan health center, Pematangsiantar

Ethnic	High-Risk Group Behavior STI				Amount		p	PR 95 % CI
	Positive		Negative					
	n	%	n	%	n	%		
Batak	29	56,9	22	43,1	51	100,0	0,888	1,042
Javanese	6	54,5	5	45,5	11	100,0		(0,578-1,881)

Table 5. relationship between distance to the palace service and high-risk group behavior STI the tomuan health center, Pematangsiantar

distance to the palace service	High-Risk Group Behavior STI				Amount		p	PR
	Positive		Negative					95 % CI
	n	%	n	%	n	%		
Far > 2,5 km	11	52,4	10	47,6	21	100,0	0,644	0,895
Near ≤ 2,5 km	24	58,5	17	41,5	41	100,0		(0,552-1,450)

The results of this study are not following Syafitri's (2012) study in Cipinang which states that there is no significant relationship between education and utilization of VCT services with p = 0.448. The results also showed that education is related to behavior (perception of vulnerability to STI disease) the higher a person's education, the more he will know his vulnerability to STI disease. Occupation related to behavior (perception of susceptibility to STIs). The results of this study are following the Results of the Knowledge and Behavior Survey of Risk Drivers at the Unhas Campus for STIs and HIV/AIDS which shows that out of 60 drivers 41 drivers are at risk for STIs and HIV/AIDS. This is because a man who usually has high mobility, meaning that time with family is very rare and have jobs that generate a lot of money in channeling their sexual desires they tend to use the services of prostitutes. Following the theory of Green (1980) which states that behavior is influenced by human self-factors (predisposition) such as age, education, and work, enabling factors and reinforcing factors include the availability of facilities and loosening of regulations, also, in terms of social culture is usually a man who often gamble and drink very closely related to sexual relations with other women. Based on the research, there were 17 respondents (33.33%) who used STI clinics in the Batak group (33.33%), while Javanese respondents were 2 respondents (18.18%). Based on the theory, ethnicity shows the culture of a person's sexual behavior so that the respondent's behavior is influenced by the culture they profess. Behavior undertaken by respondents in this study were not very diverse. Respondents who use STI clinics will usually be embarrassed and come alone to the STI clinic without the presence of family or relatives because if someone who gets an STI disease will usually be ostracized.

According to the Ministry of Health (2007) utilization of health services related to geographical access meant in this case is a place to facilitate or inhibit this utilization is the relationship between supply location and location of patients that can be measured by distance, travel time, or travel costs. There is no relationship between the distance to the place of service with the use of STI clinics at the Tomuan Health Center. It is assumed that the existing health facilities have not been used efficiently by the community because the location of STI clinics is not within the radius of the community or visit an STI clinic even though the distance between home and the STI clinic is close.

Conclusion

There was an educational relationship with the use of STI clinics namely that the estimated opportunities for advanced education were 10 times greater than using STI clinics than those with elementary education. The higher a person's education, the easier it is to absorb information so that knowledge or information about the IMS Clinic is wider. There was a relationship between the behavior of high-risk STIs groups with the use of STI clinics, namely that groups who have a perception that those who behave high-risk STIs have an estimated 8 times greater chance of utilizing STI clinics than those who do not perceive risk behaviors for STI diseases.

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