

Agent and Structure Relation in Peer Education Based on Social Capital for Prevention of Mother – to – Child Transmission

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Abstract: HIV prevalence of women and children in Indonesia tend to increase, until the Prevention of Mother –to– Child Transmission or PMTCT by Peer Education or PE need to do. This study aims to analyze agents and structures relationship in PE based on social capital for PMTCT in Surakarta Indonesia. The unit analysis of this qualitative study by phenomenology approach is women with HIV and related stakeholders which chosen by purposive sampling. After collecting data by observation, deep interview and documentation, analysis step proceed by intentional phenomenology and transcendent meaning by Giddens structuration theory. In PE for PMTCT case, women with HIV are not only main target but also as peer educator in socialization, treatment, advocacy, field and cyber outreach as well. There are dominant rule and PMTCT guidelines arranged by health institutions and PMTCT giver service for women with HIV. PE has legitimacy to recruit peer promoter and peer contact, training member and PE. Family relation, religion relation and social institution become the bridging executor of PE agenda. PMTCT is more effective through PE based on social network, belief system, social norm and reciprocity pattern which in forms of bonding, bridging and linking.

1 INTRODUCTION

Indonesia deals with serious challenge in improving the public health degree, because the HIV/AIDS prevalence increases by about 48% (UNAIDS, 2016). HIV prevalence in pregnant women is projected to increase by 0.38% (2012) to 0.49% (2016) and those requiring Prevention of Mother –to– Child Transmission (PMTCT) service increases in number from 13,189 in 2012 to 16,191 in 2016. The number of children with HIV/AIDS will increase from 4,361 (2012) to 5,565 (2016) (Nasution et al, 2012). In developed countries, a child's risk of being infected with HIV from his/her mother can be suppressed to less than 2% because of PMTCT comprehensive service (Demartoto et al, 2014).

PMCTC has been applied in many countries but it still finds many constraints (Balcha et al, 2011; Koye and Zeleke, 2013; Weiss et al, 2014). Inadequate socialization, facilitator incapable of convincing the people about the importance of PMTCT, limited number of service officers and PMTCT counselors, limited infrastructures, and limited budget result in the low coverage of PMTCT service, so that the case of women and children with HIV increases (Nguyen et al, 2008; Desclaux, 2013; Iwelunmor et al, 2014).

In Indonesia, the coverage of PMTCT service is still low - 35% in 2017, 45% in 2008, 6% in 2010 (National AIDS Commission, 2014). The achievement of PMTCT in Surakarta is 3,799 (35%) out of 10,829 targeted (Komisi Penanggulangan AIDS Kota Surakarta, 2015).

Intervention of health behavior change through Peer Education (PE) is also applied to PMTCT. In PE, the field officer recruits Peer Educator, modifies social norm and stimulates collective action to support the AIDS coping program (Horizons Project, 2007). So far, PE method shows benefit for target group (Ford et al, 2000; Leonard et al, 2000; Van Khoat et al, 2003; Demartoto et al, 2016). The implementation of community development programs and activities requires social capital (Fukuyama, 2003; Field, 2008). Social capital contributes as well to AIDS coping (Smith and Rimal, 2009; Cen  et al, 2011; Webel et al, 2012).

Giddens said that agent or actor conducted social practices ordered across space and time, because of its knowledgeability, and its ability of taking action in structuring. Rule is the procedure generalized and methodology the agent has implicitly and uses as the formula for action in social system (Giddens, 1984; Stones, 2005). Agent and structure are interrelated,

play some parts in social practice, and their structural principle patterns are the same, including significant, domination and legitimation (Craib, 2011). This research studies the agent-structure relation in social capital-based PE (Peer Education) for PMTCT in Surakarta, Indonesia.

2 METHODS

This research was conducted in Surakarta Indonesia from February-April 2017. Data and information in this qualitative research using phenomenological approach were subjective meaningful experience of HIV-infected women and stakeholders related to PMTCT. Data collection was carried out using observation, in-depth interview and documentation, while data validation using data source and method triangulations. Phenomenological analysis on intentionality started with objectification, identification, and connecting and constitution, then additive reduction to reveal the essence, overriding non-essential and incidental data and information, and giving transcendent meaning as the integral part of analysis (Moran, 2000; Patton, 2015).

3 RESULT AND DISCUSSION

Solo Plus Peer Group Support (PGS) aims to empower People Living with HIV/AIDS (PLWHA) in Surakarta using PE method. As the one responsible for the program, AIDS Coping Commission (ACC) of Surakarta in cooperation with NGO holds training for the target group in order to be peer educator. Peer educator plays an important part in supporting the PLWHAs psychologically to remove anxiety, stress, and depression due to their HIV status. In addition, this commission communicates, provides information and education related to HIV/AIDS, treatment and medication, and reaching and facilitation both in the field and cyber outreach through sms gateway, twitter, facebook, Whatsapp, BBM, and Instagram related to PMTCT.

The secretary of ACC of Surakarta states that PMTCT using PE method is supported with social network, belief system, norm, and reciprocity pattern. Individuals or institutions related and involved in PMTCT are Health Service, Work Group of ACC of Surakarta, NGO caring about AIDS, Solo Plus, People Caring about AIDS (PCA) and PMTCT service providers, including hospital and Public Health Center with HIV-infected women as the

service recipient. Belief system between social networks in PMTCT becomes guidelines and is embodied in various forms. The norm of PMTCT should be complied with by HIV-infected women and all stakeholders during using the service. Meanwhile, reciprocity pattern is established in individual components of structure.

The chairperson of Solo Plus said that PMTCT should be supported by social capital including bonding, bridging, and linking. Bonding refers to a bond on which PLWHAs rely to care about, support, and treat each other, thereby can survive and live healthily. PLWHAs affiliated with PGS generally are homogenous, for example, Injection Drug Users, Female Sex Workers, having same family relation or religion, moreover when they join and do collective activity in religious institution. So it is more exclusive and there is a factor distinguishing our people strongly (members of groups) and others (out of group members). PGS in the context of idea, relation and more inward looking rather than outward looking, as it maintains the values taken for granted and implemented as the part of the community or entity's code of conduct and code of ethics. Social bonding capital contributes to PMTCT with PE, while Peer Educator educates each other, helps, gives, and receives its member. The activity conducted becomes an effective media for PMTCT socialization. It is the opportunity that can be utilized to improve the PMCTC service coverage.

Meanwhile, bridging refers to the diverse relationship between network that tends to be heterogeneous and can bridge inter-individual and inter-group relations. Some activists argue that the membership of Solo Plus is open in nature, because PLWHAs come from various social, economic, and cultural backgrounds, without discriminating the risk factor causing HIV/AIDS infection. In Surakarta, PE in PCA program develops as its members are heterogeneous. In addition social institutions such as neighborhood association, citizens associations, Family Wellbeing Building and Tourist-Conscious Group also result in other institutions such as *arisan* (Indonesian rotating saving and credit association) so that social solidarity is established through various activities conducted. Bridging opens opportunity and a community's potency can be accessed because the principles held on are commonality, freedom, plurality and humanity values, openness and independency. The group tends to be outward looking, so that adaption is unnecessary and the opportunity of cooperating with other groups is opened.

Meanwhile, social linking capital has weak and more formal bond because PMTCT stakeholders come from hierarchically different social strata. This social capital power lies on the members' loyalty to norm and clear mechanism for the program sustainability. PE in PMTCT is a community-based intervention supporting AIDS coping program. PE method is applied to PMTCT because it is culturally appropriate. PE is an appropriate medium of delivering the culturally sensitive messages, so that the conflict of values can be avoided as it is conducted by peer educator. This method is acceptable to targeted group because complaining their problems (particularly personal problem) to peer groups is more comfortable, and allows the availability of broad social service with more economic and effective cost. Therefore, for the PE program to be effective, peer educator should be selected from those acceptable to targeted group, having conducive personality to obtain training and appropriate to reach the special population target of a health service (Medley et al., 2009).

The social capital-based PE for PMTCT is more effective through the planned network, recruiting and training peer educator; recruiting a number of peer promoter, and giving training about PE and PMTCT. Having obtained training, peer promoter recruits some people from their community (peer contact) and conducts PMTCT actively. Structured model attempts to establish the norms in target group including: preventing risky behavior; improving group interaction regularity; developing discourse systematically with formal discussion guideline; organizing a planned activity to achieve the objective of program; and facilitating peer educator intensively with systematical supervision (Centre for Development and Population, 2003).

Peer educator in PMTCT is a purposive agent, because it wants to achieve the objective by interacting, cooperating and coordinating with each other continuously. In addition, it is supported with infrastructure and human resource having potency for PMTCT and beneficial to all parties. The structure of PMTCT is the rule and guidelines specified by health institution, and PMTCT service provider. The relationship between peer educator as agent, and health institution and service provider as well as PMTCT guidelines as the structure tends to ignore the social economic setting of each individual or group. PMTCT guidelines mention that the administration of formula milk and delivery with sectio-caesarea in HIV-infected women should be conducted to prevent the infant from being infected with HIV, however the HIV-infected poor pregnant women's accessibility to

formula milk and delivery with sectio-caesarea is low (Demartoto et al, 2016).

Signification is suggested by PLWHA's labeling to HIV-infected women as the target group of socialization and treatment in PGS and PCA activity. Meanwhile, peer educator becomes an actor to disseminate information and to give education about PMTCT. Thus, the targeted object and subject in PMTCT is clear. Peer educator is more dominant because it has attended PE training earlier than PLWHA newly joining PGS or non-peer educator HIV-infected women. In the presence of PMTCT's rule and guidelines, peer education and target group are subordinated to health institution and service provider. It means that the structure is more dominant. Legitimation can be seen from peer educator authorized to recruit peer promoter and peer contact in PE. Communication, power, and sanction are the foundation of the establishment of signification, domination and norm legitimized later in PMTCT supported with social, economic, and cultural capitals.

4 CONCLUSION

PE is a disseminating medium and appropriate communication channel for HIV-infected women as the targeted group. PE for PMTCT can be achieved through interaction, cooperation, and coordination with each other. Rule and guideline of PMTCT are the normative foundation of PE implementation for PMTCT, supported with high-quality resource, budget, infrastructure and social capital existing within society, so that HIV/AIDS incidence rate can be controlled.

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