



**PMTCT Implementation Program
(Prevention of Mother to Child HIV Transmission) to Antenatal Care (ANC) services**

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ABSTRACT

PMTCT (Prevention of Mother to Child Human Immunodeficiency Virus Transmission) is an effort to facilitate, accelerate the diagnosis and management of HIV cases from mother to child. Midwives are an important component of patient health services, so they have a role to be able to implement PMTCT programs in Antenatal Care (ANC) services. Thus the purpose of this study is to analyze the role of midwives in the implementation of PMTCT

programs on ANC services. This type of research is a qualitative research with case study approach. Selection of research location of Maesan Health Center with VCT service and community Health centers Sumber Wringin non VCT service in Bondowoso District. Determination of informants by purposive on health center midwife who have been working ≥ 2 years. The role of midwives in the implementation of the PMTCT program is not yet optimal socialization activities because not all midwives have conducted PMTCT related socialization activities according to the guidelines, not all midwives have received PMTCT training and lack of intensity of socialization. In addition, early HIV (Human Immunodeficiency Virus) detection, treatment of referral, and provision of support to pregnant women have been implemented by midwives and supported by the leadership in the form of monitoring and supervision. With the implementation of the PMTCT program by the midwife, it is necessary to improve the efforts that must be done for the success of the next PMTCT program. So that the expected knowledge of the community is increasing, HIV transmission in Bondowoso can be reduced so that the health status of the community, especially pregnant women getting better

Key word : *PMTCT, midwife*

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Introduction

High health problems, transmission of infections, morbidity and mortality rates around the world one of them is the incidence of Acquired Immunodeficiency Syndrome (AIDS). Report of Disease Control and Eradication of the Ministry of Health of the Republic of Indonesia (2017) states that the percentage of HIV reported by gender in January - March 2017 was mostly in males (66%) and women (32%). Similarly in East Java Province, which is the second largest province after DKI Jakarta with HIV cases up to March 2017 as many as 33,043 cases (Ministry of Health, 2017). Bondowoso is a district in East Java where there are always cases of HIV / AIDS every year, although the trend of cases varies where there is an insignificant increase or decrease and also stagnant in the absence of change in the number of cases.

The risk of HIV transmission is not only limited to populations that have high risk behaviors, but can also be transmitted to spouses or even their children. Increased incidence of HIV in women, along with the increasing number of sexually insecure men so the risk of transmitting HIV to their sexual partners. This has an impact on increasing cases of mother-to-child transmission of HIV. It is estimated that the prevalence of HIV-positive pregnant women will increase from 0.38% in 2012, to 0.49% by 2016.

More than 90% of HIV-infected children get Mother to Child Transmission (MTCT) infections because in this case women with HIV / AIDS (85%) are in child-bearing age (15-44 years) infection during pregnancy. In addition, HIV transmission can also occur during delivery even while breastfeeding (health ministry republic Indonesia, 2012).

The impact of mother-to-child transmission of HIV both physically and psychologically. Children can experience growth disorders and more easily experience the disease, at risk of orphans orphans and discriminatory treatment (Ministry of Health Republic of Indonesia, 2012). The same point raised in the study of Kurewa (2010) mentioned that the HIV + status of the mother had a significant effect on infant mortality, especially in the first 4 months of life.

Health workers (doctors, nurses and midwives) are an important component in many health services with HIV / AIDS as many people with HIV / AIDS need medical services and even their HIV status is unknown. PMTCT (Prevention of Mother to Child Transmission) is an effort that will facilitate, accelerate diagnosis and management of HIV cases. Midwives in maternal and child health services have a role to be able to implement PMTCT programs. By availability midwives must have the ability to analyze a situation and formulate effective planning action formulations. Moreover in the service of people infected with HIV so it can do the proper exercise and not fall into an advanced stage

In a study by Sariningsih (2015), an explanation about midwife on early detection of HIV / AIDS in pregnant women has significant relationship with midwife implementation in midwifery care. But on the occasion of diagnosis or counseling about HIV health care is missing. The result of Trisnawati (2015) research program of PPIA program or PMTCT program currently seen from the role of health system is still inadequate, only 64% of total health services implement PPIA especially in Jayawijaya. So much research from Widyasari (2014) that to date PMTCT program program by midwife in work area of Pusat kesehatan masyarakat Surabaya still not optimal because of lack of manpower, lack of facilities and infrastructure, lack of fund and.



Implementation of integrated PMTCT program in Child Identification card service in Bondowoso implemented since 2014. In contrast to Jember regency which is located on the south side of Bondowoso city, based on report of Jember District AIDS Commission which has run much better. One of its activities with the presence of an HIV / AIDS combatant in each sub-district, the commission of child protection funded by grants from the District and rocks of Global Found (GF), since 2009-2017. Unlike Bondowoso which is still very early in the implementation of PMTCT integrated Child Identity Card service program, Child Protection Commission of Bondowoso Regency is not ready optimally, that is still manual reporting needs good supervision and continuous.

Based on the report of Family Health Division of Bondowoso Health Office 2015, from the data of first visit of pregnancy (K1) receiving PMTCT service (11,227 pregnant women) only 10,765 offered HIV test (95%) and 3155 people willing to test HIV (29%) and among them 14 pregnant women HIV (+) (0.44%). The expectation in this program all pregnant women can be tested for HIV and pregnant women with HIV get antiretroviral (ARV) according to their HIV status, but it turns out from 14 pregnant women only 3 people get ARV. According to the board of YAPIKMA Bondowoso many factors that cause less optimal PMTCT program is one of the lack of information of pregnant women about the importance of HIV detection by voluntary HIV testing and ARV use, the willingness and ability of the patient to reach the Voluntary Counseling and Testing (VCT) facility based on economic factors which is lacking where the remote location of residents makes PLWHA consider doing routine checks for ARVs, the belief that the disease can be treated alternatively or feel healthy so that there is no need to take medication, the availability of less accessible HIV and STI examination reagents in some pusat kesehatan masyarakat. This requires more serious handling of the various stakeholders, including midwives in the implementation role of PMTCT programs especially in ANC services. With the hope that the number of midwives is so great, it should not be an obstacle in achieving the target of HIV testing in pregnant women. This is what attracts researchers to know how the role of midwives in the Implementation of PMTCT (Prevention of Mother to Child HIV Transmission) Program on Antenatal Care (ANC) service at Maesan Health Center and Wringin Community Health Center, Bondowoso District. General objective of the study was to analyze the role of midwife in the implementation of PMTCT (Prevention of Mother to Child HIV Transmission) program on Antenatal Care (ANC) service at Maesan Health Center and Sumber Wringin Community Health Center, Bondowoso District

Methods

This research is a qualitative research where the research procedure yields descriptive data into written or oral words of the people and behavior observed (Moleong, 2012). Antenatal Care Management Program (ANC). Antenatal Care Management Program (ANC). The selection of research sites is Maesan Community Health Center with VCT service and Pusat kesehatan masyarakat Sumber Wringin non VCT service in Bondowoso District.

Determination of informants using purposive method, where the informant selected as a source of data with certain considerations (Sugiyono, 2016), among others Key Informant are the Head of Family Health and Nutrition Section of Health Office of Bondowoso Regency, Main Informant is the health center midwife who has been working ≥ 2 years , and Supplementary



Informants namely Head of community health center and pregnant women receiving ANC service in the working area of community health center

Discussion

a. Socialization of PMTCT programs in ANC Services

The role of midwives in the socialization of PMTCT program is one of them to conduct HIV-AIDS and Voluntary Counseling and Testing (VCT) tests for pregnant or risk-affected women. It is very important to reduce even prevent the occurrence of HIV-AIDS transmission from pregnant women to her fetus (Kemenkes, 2015). Given the duty of midwives who are the spearhead in ANC services especially in pregnant women who are at risk of contracting HIV-AIDS, the socialization and implementation of PMTCT (Prevention of Mother to Child HIV Transmission) must be implemented.

In the case of PMTCT, socialization is defined as a program delivery mechanism from the government as a program maker to the community as measured by the level of pregnant women's understanding of the Prevention of Mother to Child HIV Transmission (PMTCT) program and influences the decision making process of pregnant women to perform HIV / AIDS testing .

"Counseling during posyandu, during pregnancy class or during pregnancy check at home. Not every month because sometimes different socialization. Incorporated PHBS socialization fitting. Not mentioning HIV feared mother even fear do not want to check, born in dukun. Because people here do not understand. HIV is not understand just understand, because the disease is not visible, only if there are signs of symptoms, just know if this HIV, but it's too late. So usually say this virus is invisible, can be contagious, should be given medicine, let not sick "he said.

The result of the research shows that midwife of public health center conducts socialization of PMTCT program to the community, especially pregnant women through extension activities either individually or in groups (maternal or posyandu class). The way in which information is delivered generally uses a flipchart containing the text and images. Some midwives say HIV counseling and HIV / AIDS testing are not always done early in pregnancy. Because some midwives make a schedule of extension materials. So that not all pregnant women get HIV information from the counseling session. In addition, in midwife counseling activities does not directly explain about HIV, but in the context of clean and healthy behavior (PHBS), so it can reduce the meaning of the information submitted. This is based on interviews with additional informants:

" HIV is a disease, which is contagious "(IT 5.3)

"Usually HIV is spread through food, spoon (IT 3.4)



Through the interview results it appears that pregnant women are less understanding about HIV. Lack of information can be caused by the lack of intensity of PMTCT activity socialization conducted by the midwife so that the respondent can not remember what information is submitted, even they have no motivation to disseminate information to the environment. Less knowledge can affect pregnant women's willingness to test HIV and the effectiveness of treatment of pregnant women with HIV.

Permenkes no. 21 of 2013 Article 42 paragraphs 1 and 2 stipulates that every health-care facility is obliged to implement preventive measures to prevent transmission of infections including HIV. Such preventive measures include universal precaution, adherence to infection prevention programs according to standards, safe use of blood from HIV and communication, information and education to patients.

Maesan public health center and community health center Sumber Wringin, Bondowoso District in the implementation of PMTCT program socialization seems not optimal, because not all midwives conducted socialization activities related to PMTCT well, not all midwives get PMTCT training and less intense midwives provide counseling. Though the midwife services with regard to counseling activities in patients. With this limitation, it is hoped that the midwife is expected to improve their service competence and able to socialize PMTCT program activities in ANC service by always paying attention to local age, norm, and custom, so that the educational process including increasing knowledge to society especially pregnant women related to PMTCT program increasingly good. Thus the mother will know her HIV status and can immediately access the proper care for herself and her baby

b. Early detection or screening of pregnant women in ANC services

Early detection or screening is a preliminary attempt to recognize or characterize a symptom or feature that exists regarding the presence of risk. Midwife utilization especially in the field of health of both mother and child / family planning services is very necessary in the case of HIV / AIDS prevention in specialize for program of Prevention of Mother to Child Transmission (PMTCT) or mother-to-child transmission. The results of in-depth interviews on HIV early detection activities, namely :

this will include ANC Integrated. From preliminary examination, physical examination is checked may be an abnormal body duh. What am I going to work for, what kind of work do they have? how many marriages kal? let me know the cause. I just have to check the lab in the community health center. Anyway there is a direct pregnant women I have to check the lab. at a community health center the patient is being fed HIV forms, what is not. But the average want all. (IU 3.47)



"The midwife's activities in early detection or screening process include anamnesa or question-and-answer to find out the mother's health history and questions that lead to HIV risk factors such as husband and mother work, current marital status, followed by physical examination, among others examination of pregnancy and laboratory examination for blood examination at community health center. Implementation of pregnant women's screening process by midwives is more on the necessity of all pregnant women check the lab because it includes ANC Integrated program. The community health center midwife will conduct re-screening using HIV test and counseling forms before the patient performs a laboratory examination. Florence (2015) mentions that late ART and pregnancy care are associated with the detection of viral load during delivery. In line with research Arifah (2010) mentions that midwives are expected to carefully do the history of pregnant women (pregnant women) about the presence or absence of risk factors for HIV infection. Thus, early detection of HIV during pregnancy can reduce the risk of mother to fetal HIV transmission. Early detection or HIV screening process in pregnant women has been done well. But in the implementation does not mean not encountered obstacles, among others, the existence of culture to not immediately check the pregnancy immediately at the beginning of pregnancy or not open the patient in explaining his condition in anamnesa. So in an early detection effort, it is necessary to approach mother and family continuously or cooperate with cadres to dig up the necessary information. The early detection of HIV during pregnancy allows immediate treatment of HIV-infected mothers, so the risk of mother-to-fetal HIV transmission and the onset of HIV-related illness may be suppressed.

c. Referral implementation

Health referrals are referrals that involve preventive and promotive health issues such as referral of HIV tests to community health centers and referral to the management of PLHIV care in hospitals. Here are the results of in-depth interviews with key informants related to the flow of referrals made by the midwife:

"From the village midwife is referred to the public health center of the mother and child Poly for before the lab check. Among them are MCH books. if the results are positive after counseling with VCT officers at the community health center, referred to Bondowoso Hospital for reassessment, treatment, HIV counseling. Pregnancy checkups can be at posyandu. But every week must check to the public health center feared adan other diseases.

(IU 1.102) (IU 8.32)

The Maesan community health center is a community health center with VCT or KT-HIV (Counseling and Testing HIV) services while the Wringin Sumber community health center is a non-VCT community health center. The results show that neither the Maesan community health center nor the public health center Sumber Wringin has been able to perform HIV testing as a form of PMTCT activity, ie screening or HIV screening, especially in pregnant women in ANC



services. Village midwives will refer pregnant women to community health centers for HIV testing. If a woman is found to be HIV reactive then referral to the hospital will be conducted for HIV counseling and treatment with ARV.

The flow of referrals conducted by the midwife has been in accordance with the Minister of Health Decree no. 25 Year 2015 on the Implementation of Laboratory Examination for Pregnant Women, Maternity and Childbirth in Health Service Facilities and Service Network that the HIV examination can be done by Village midwife / Midwife / Nurse in Pustu who have been trained HIV examination and have obtained SK assignment from Head of Service Health by using strategies in areas of concentrated HIV epidemics and using strategy III in areas of HIV epidemic extends, in accordance with the provisions of legislation. If reactive examination results, the health worker should refer to the counseling test service for follow-up examination.

Referral to either HIV testing or drug acquisition is not easy, the obstacles that midwives encounter include a considerable distance from residence to a community health center or hospital, the condition of pregnancy limits the mother's activities to travel far enough, the lack of family support during the examination. The two public health centers have attempted to facilitate such obstacles, including providing ambulances for free pregnant women's referral, especially for community health centers. Source Wringin has been facilitated by analysts by Bondowoso District Health Office where not all public health centers in Bondowoso District have them, conduct independent HIV testing without having to refer to a Maesan community health center as a community health center for VCT or KT-HIV services.

The availability of personnel and infrastructure in the community health center can further increase the potential of midwives to perform services in the community, especially HIV screening and referral through the services of MCH and family planning, so that the community, especially pregnant women can more openly recognize the health status, especially the disease contagious HIV. Thus the maternal mortality rate (MMR) and infant mortality (IMR) due to infectious disease can be minimized.

d. Provide support to pregnant women

Prevention of mother-to-child transmission of HIV does not stop after the mother gives birth. However, psychological, social, and long-term support is needed in both the atupun patient and the family. The results of in-depth interviews with key informants related to the form of midwife support in pregnant women include:

"Monitoring of pregnancy. Maintain patient privacy. Monitoring of medication. Planning delivery to hospital, cooperation with officers " IU

The results indicate that midwives have sought to provide support to pregnant women with HIV from prenatal care, medication assistance, and delivery planning. This is in accordance with the guidebook for the Prevention of HIV Transmission from Mother to Child (PPIA) in 2012 (Kemenkes, 2012) that there are some things needed by HIV mothers such as long-term



antiretroviral treatment, treatment of all diseases, caring assistances, home visits (home visit), etc.

Support in the context of intimate relationships is the most important source of social support. This is because support includes emotional relationships, caring, caring, and proven positive rewards in the form of providing help, advice, advice, information, and respectful behavior. Such actions can enhance positive emotions that can be used individually to improve the quality of life (Nursalam, 2007). Legiati (2012) states that there is a relationship between midwife support and respondent's test behavior. Respondents with good midwife support resulted in the proportion of HIV testing greater than the lack of midwives support.

The existence of good support can lead to an optimistic and enthusiastic mother's attitude to live her life with family and surrounding community, or by taking medication to improve maternal obedience to take ARV so that maternal health is more optimal and prevent the emergence of other comorbid illness.

Conclusion

The role of midwives in the PMTCT program on ANC services has been implemented, among others, not yet optimal socialization activities because not all midwives conducted socialization activities related to PMTCT according to the guidelines, not all midwives have received PMTCT training and lack of intensity of socialization. Early detection of HIV, treatment of referrals, and provision of support to pregnant women has been well implemented and supported by leaders in the form of monitoring and supervision. Each midwife is expected to develop self-competence in communicating and skills by paying attention and improving the giving of emotional support and appreciation to pregnant mother especially mother with HIV. So that the delivery of information can be received more easily, especially in identifying patient problems. It is hoped that the public will be more open and have high curiosity to understand their health status especially in the effort of HIV examination. otherwise it is expected Bondowoso District Health Office can carry out PMTCT training activities for midwives evenly, equip facilities and infrastructure that are less and urges the government of Bondowoso District to streamline the AIDS Prevention Commission



REFERENCES

- Ardhiyanti, Y., 2015. *Bahan Ajar AIDS Pada Asuhan Kebidanan*. Yogyakarta: Deepublish
- Arifah. 2010. Pengaruh Komponen Komunikasi (Komunikator, Pesan, Komunikan, Media) yang dilakukan oleh bidan dalam pelaksanaan *Prevention Mother to Child Transmission* (PMTCT) terhadap kunjungan pasien yang memeriksakan diri ke pelayanan *Voluntary Counselling and Test* (VCT) di Medan tahun 2010. *Tesis*. Sumatra Utara: Program Pasca Sarjana Fakultas Kesehatan Masyarakat Universitas Sumatera Utara.
- Farkhanani, F.T. 2016. Implementasi Pelayanan Tes HIV atas Inisiasi Petugas Kesehatan dan Konseling (TIPK) Bagi Ibu Hamil Di Pusat kesehatan masyarakat Pakusari Kabupaten Jember. *Skripsi*. Jember: Fakultas Kesehatan Masyarakat Universitas Jember
- Kemenkes RI. 2016. *Infodatin. Pusat Data dan Informasi Kementerian Kesehatan RI Situasi dan Analisis HIV/AIDS*.
- Kemenkes RI. 2016. *Laporan Situasi Perkembangan HIV & AIDS Di Indonesia Tahun 2015*. Jakarta: Direktorat Jendral Pengendalian Penyakit dan Penyehatan Lingkungan
- Kementerian Kesehatan Republik Indonesia. 2011. *Buku Pedoman Penerapan Konseling dan tes HIV atas inisiasi petugas kesehatan*. Jakarta: Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan
- Kementerian Kesehatan Republik Indonesia. 2013. *Estimasi dan Proyeksi HIV / AIDS di Indonesia Tahun 2011 – 2016*.
- Kementerian Kesehatan RI. 2012. *Pedoman Nasional Pencegahan Penularan HIV Dari Ibu Ke Anak (PPIA)*. Edisi Kedua. Jakarta: Direktorat Jendral Pengendalian Penyakit dan Penyehatan Lingkungan
- Kementerian Kesehatan RI. 2015. *Pedoman Manajemen Program Pencegahan penularan HIV dan Sifilis dari Ibu ke anak*. Jakarta: Direktorat Jendral Pengendalian Penyakit dan Penyehatan Lingkungan
- Legiati, T. 2012. Perilaku Ibu Hamil untuk Tes HIV di Kelurahan Bandarharjo dan Tanjung Mas Kota Semarang. *Jurnal Promosi Kesehatan Indonesia*. 7(2)
- Moloeng. 2007. *Metode Kualitatif*. Bandung: Remaja Rosdakarya
- Momplaisir FM. 2015. Time of HIV Diagnosis and Engagement in Prenatal Care Impact Virologic Outcomes of Pregnant Women with HIV. *Journal Plos One*. 10(7): e0132262. doi:10.1371/journal.pone.0132262
- Notoatmojo, S. 2007. *Kesehatan Masyarakat Ilmu dan Seni*. Jakarta: PT. Rineka Cipta
- Notoatmojo, S. 2010. *Metodologi Penelitian Kesehatan*. Jakarta: PT. Rineka Cipta
- Nurasih, E. Nurrochmi., dan A. Ukayah. 2014. Faktor – faktor yang mempengaruhi tingkat kepuasan ibu bersalin terhadap pertolongan persalinan oleh Bidan di Pusat kesehatan masyarakat Poned Ujungjaya tahun 2013. *Jurnal Care*. 2(3)
- Nursalam. 2007. *Memahami Penelitian Kualitatif*. Bandung: Alfabeta
- Nursalam., dan N. Kurniawati. 2007. *Asuhan Keperawatan Pada Pasien Terinfeksi HIV/AIDS*. Jakarta: Salemba Medika
- Nuryadi, Yennike, Christyana. 2013. *Perencanaan, Implementasi dan Evaluasi Program Kesehatan Masyarakat*. Jember: UPT penerbitan UNEJ



- Peraturan Menteri Kesehatan Republik Indonesia No. 25 Tahun 2015. *Penyelenggaraan Pemeriksaan Laboratorium untuk Ibu Hamil, Bersalin dan Nifas di Fasilitas Pelayanan Kesehatan dan Jaringan Pelayanannya*. Jakarta.
- Peraturan Menteri Kesehatan Republik Indonesia Nomor 51 Tahun 2013. *Pedoman Pencegahan Penularan HIV Dari Ibu Ke Anak*. Jakarta.
- Peraturan Menteri Kesehatan Republik Indonesia No. 21 tahun 2013. *Penanggulangan HIV dan AIDS*. 21 Maret 2013. Jakarta.
- Poerwandari, E.K. (2007). *Pendekatan kualitatif untuk penelitian perilaku manusia*. Jakarta: LPSP3 Fakultas Psikologi Universitas Indonesia
- Rahmadona, Joserizal Serudji, Erwani. 2014. Faktor-Faktor yang Berhubungan dengan Perilaku Bidan dalam Pencegahan Risiko Penularan HIV/AIDS pada Pertolongan Persalinan Normal di Kota Tanjungpinang Tahun 2014. *Jurnal Kesehatan Andalas*. 3(3)
- Rencana Aksi Nasional Pencegahan Penularan HIV Dari Ibu Ke Anak (PPIA) Indonesia 2013 – 2017
- Resiko Tinggi Ibu Hamil pada Pelayanan Antenatal di Kabupaten Bengkulu*
- Samaran, Shaluhiah Z dan Sariatmi A. 2013. *Implementasi Program Penjarangan “Prevention of Mother to Child Transmission of HIV” (PMTCT) oleh Bidan di Pusat kesehatan masyarakat Wilayah Kerja Dinas Kesehatan Kota Sorong Provinsi Papua Barat*. *Jurnal Manajemen Kesehatan Indonesia* 1(3): 206-215
- Sariningsih, OD dan Yogisutanti, G. 2015. *Pengetahuan Bidan Tentang Deteksi Dini HIV AIDS pada Ibu Hamil Dengan Implementasi Asuhan Kebidanan di Lahan Praktik*. *Jurnal Bidan “Midwife Journal”* 1(2): 45-51
- Selatan. *Jurnal Manajemen Kesehatan Indonesia*. Vo. 1.No.2. agustus 2013
- Setiyawati, Meilani. 2015. *Determinan Perilaku Tes HIV pada Ibu Hamil*. *Jurnal Kesehatan Masyarakat Nasional*. 9(3)
- Simanjuntak, Payaman J. 2005. *Manajemen dan Evaluasi Kinerja*. Jakarta: FE-UI
- Suswati. 2015. Faktor – faktor yang berhubungan dengan pengetahuan Bidan tentang