



Implementation Of Prevention Of Mother To Child Hiv Transmission Programs In The Antenatal Care Service By Midwife In The Health Center Of Wringin Resources In Bondowoso

Ayu Sukma Pratiwi

Lecturer at Midwifery Academy Darma Praja Bondowoso

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ABSTRACT

The implementation of the PMTCT program in ANC services by midwives is still not optimal, in this case most informants lack knowledge because they are only able to explain a few topics of the PMTCT program and most informants have not attended PMTCT training, only midwife coordinators and HIV program holders in the Community Health Centers, Supporting facilities and infrastructure at the Community Health Center are also incomplete, including PPIA feedback sheets that have not been evenly distributed in each village. The

Sumber Wringin Community Health Center has facilitated HIV testing reagents but does not yet have a counseling room to carry out VCTs and the Community Health Center funds are only sourced from Health Operational Assistance funds used to provide HIV test reagents and socialization activities. All informants supported the PMTCT program. The midwife's assessment of the behavior of pregnant women is indicated by their willingness to take an HIV test on the advice of the midwife. Process variables are demonstrated through PMTCT socialization activities that are still not running optimally, namely in HIV counseling activities and HIV testing is not always done at the initial pregnancy visit, counseling material is not always focused on HIV. Efforts to detect HIV early have been implemented well, following the referral management has been in accordance with the referral flow. Midwives have provided support to pregnant women with HIV and all these activities are supported by the leadership, namely the head of the Community Health Center in the form of periodic monitoring and supervision.

Keywords: *Prevention of Mother to Child HIV Transmission, ANTENATAL CARE SERVICE*

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INTRODUCTION

Transmission of HIV from mother to child will have an impact both physically and psychologically. Children will experience growth and development disorders and more easily experience bacterial or viral infections, children at risk of becoming orphans or orphans as well as discriminatory treatment while living (Ministry of Health Republic of Indonesia, 2012). The same was stated in the study Kurewa (2010) states that HIV + status in mothers significantly influence infant mortality, especially in the first 4 months of life.

Efforts to prevent HIV transmission are carried out with an intervention program for HIV-positive pregnant women. One of them is the availability of Acquired Immunodeficiency Syndrome (AIDS) is one of the health problems throughout the world that is still high in transmission of infection, morbidity and mortality. The World Health Organization (WHO) reports that globally, since the beginning of the epidemic, more than 70 million people have been infected with Human Immunodeficiency Virus (HIV) and around 35 million people have died. As of 2015 there were an estimated 36.7 million people living with HIV and by the end of 2015 there were reported 2.1 million new cases of HIV that occurred in adulthood (1.9 million people) and adolescents ≤ 15 years (150 thousand people) (Ministry of Health Republic of Indonesia, 2016).

In Indonesia, the number of HIV sufferers as of June 2016 was 208,920 people, while the number of AIDS cases was 82,556, which occurred at the age of 20-29 years (31.4%), ages 30–39 years (30.3%). The Report on Disease Control and Eradication of the Ministry of Health of the Republic of Indonesia states that the highest percentage of HIV reported by sex in January - March 2017 occurred in men (66%) and women (32%). Likewise in East Java Province is the second (2) most provinces after Jakarta with HIV cases up to March 2017 totaling 33,043 cases (Kemenkes RI, 2017).

Transmission of HIV can occur in someone with high risk behavior, their sexual partners or their children. The incidence of HIV in women along with the increasing number of men at high risk who have sex without using a condom and resulting in an increase in HIV cases in children. As many as 90% of cases of children infected with HIV from their mothers because 85% of mothers are of childbearing age (15-44 years) resulting in transmission of infection during pregnancy. From 2012 to 2016 the prevalence of pregnant women with HIV increased by 0.38% to 0.49%. HIV can also occur during childbirth and even while breastfeeding (Ministry of Health Republic of Indonesia, 2012).

PMTCT services in developed countries can reduce the risk of HIV transmission to infants around $<2\%$. On the other hand, if access to interventions on HIV findings is inadequate, this will further increase the risk of transmission by 25% -45%. This can be found in several developing countries or poor countries (RI Ministry of Health, 2012). Experts at the United Nations General Assembly Special Session on HIV / AIDS (UNGASS) in 2007 committed to reduce 20% of infants infected with HIV / AIDS in 2005, and 50% until 2010, and guarantee 80% of pregnant women visiting the service antenatal care (ANC) to get HIV / AIDS prevention counseling and services. Guided by the commitment and national policy of HIV prevention programs from mother to child, WHO recommends a Prevention of Mother to Child HIV Transmission (PMTCT) strategy as part of efforts to control HIV / AIDS cases from mother to child. This program is integrated with the package of services for Maternal and Child Health, Family Planning, reproductive health and adolescent health at every level of health services in the strategy of Sustainable Comprehensive Services for HIV-AIDS and STI (Infectious Disease Infection) (Ministry of Health Republic of Indonesia, 2012).

Health workers are an important component in various health service approaches because there are still many people with HIV / AIDS who need medical services and don't even know their HIV status. Midwives in providing maternal and child health services have the authority to, among others, be able to provide health services, carry out



early detection, make referrals and provide counseling for sexually transmitted infections. The importance of midwives in early detecting the risk of HIV / AIDS in pregnant women who visit maternal and child health services, as an effort in determining HIV status so that it will facilitate, speed up diagnosis and determine the management of subsequent HIV cases. Therefore midwives must have the ability to analyze a problem and formulate effective planning actions.

Bondowoso is a regency in East Java with HIV / AIDS cases every year, although the trend of cases varies where there is an insignificant increase or decrease and it also stagnates with no change in the number of cases. The emergence of HIV / AIDS such as the iceberg phenomenon (iceberg phenomenon) where the number of patients reported is far smaller than the actual number that has spread in most areas including in Bondowoso, where the exact number is not recorded. According to the Chairperson of the Bondowoso District Community Health Intensive Empowerment Foundation, the highest number of HIV / AIDS cases in 2016 were 239 people and 110 people, which were spread in all Districts of Bondowoso. The most subdistricts with HIV / AIDS case reports are 36 people from Tenggarang, 18 people from Sumber Wringin and 17 people from Grujugan. Therefore, with the case finding there is a need for control efforts, one of which is the PMTCT Program.

The implementation of the integrated PMTCT MCH service program in Bondowoso has been carried out since 2014. The results of the 2016 Field Health Report on the Bondowoso Health Office related to the PMTCT program showed that of 14 pregnant women with HIV (+), only 3 mothers were taking ARVs. Hope through this program, all pregnant women take an HIV test and pregnant women with HIV (+) get antiretrovirals (ARVs) according to their HIV status. Many factors that become obstacles in the implementation of the PMTCT program include the availability of only one Community Health Center out of 25 Community Health Centers in Bondowoso District with VCT services, namely only Maesan Community Health Center, Bondowoso Regency with mountainous geographical location making access to PMTCT services difficult, lack of information on pregnant women the importance of HIV detection by voluntary HIV testing and the use of antiretroviral drugs, the willingness and ability of sufferers based on low economic factors, the belief that the disease can be treated alternatively or feel healthy so that there is no need to take medication, the availability of HIV testing and STI reagents that are lacking in some areas Community Health centers.

METHOD

This type of research is a qualitative research with a case study approach. Bogdan and Tyalor (1990) in Moleong (2014) explain that qualitative research is a research procedure that produces descriptive data in the form of written or oral words from people and observed behavior. The approach in this research is a case study in which the researcher tries to explore the role of midwives in the implementation of the PMTCT program in Antenatal Care (ANC) services at Sumber Wringin Community Health Center in Bondowoso District through the collection of detailed and in-depth data, involving various sources of information and reporting descriptions cases as well as the theme of the case (Creswell, 2014)

Presentation of data in this study aims to facilitate researchers in informing the results of research that has been done. Data presentation techniques used in qualitative research are expressed in the form of sentences and descriptions, even in the form of short stories (Moleong, 2014).

In this study the data analysis technique used is the qualitative analysis method of Thematic Content Analysis (content analysis based on themes), which is a method that seeks to identify, analyze and report existing patterns based on data collected (Moleong, 2014).



RESEARCH RESULT

Knowledge is the result of knowing that occurs after someone senses a certain object (Notoadmodjo, 2007). In-depth interviews (indepth interviews) related to knowledge of midwives in the implementation of the PMTCT program found that most key informants lacked knowledge. Most informants lacked mastery of a number of knowledge topics that support the implementation of the PMTCT program, among others only able to explain PMTCT definitions correctly and have not been able to explain the form of activities, target activities, and role of midwives in the PMTCT program in accordance with the 2012 HIV AID Transmission Prevention Handbook.

Understanding midwives related to the PMTCT program is one of the integrated ANC activities, where all pregnant women are required to conduct laboratory examinations during the first pregnancy visit to health workers. Midwives have done all forms of PMTCT activities, but do not understand that these activities are part of the PMTCT program, including outreach activities and PLHIV assistance activities. PMTCT activities carried out by midwives are more on routine activities as their main daily tasks in the area.

Integrated antenatal care is an integration of routine pregnancy services with several other programs targeting pregnant women. In accordance with the priorities of the Ministry of Health, this activity is needed to improve the quality of antenatal services. One of the integrated programs for ANC services is the Mother to Baby HIV Prevention and Transmission program (PMTCT) (Ministry of Health, Republic of Indonesia, 2011). Midwives have an important role in the PMTCT program, among others, conducting outreach, early detection, referral and providing support (Kemenkes RI, 2015). Therefore a midwife needs to have good knowledge related to the PMTCT program that must be implemented in ANC services.

Knowledge regarding the PMTCT program is an effort to prevent HIV transmission from mother to baby by covering 4 comprehensive prevention programs including prong 1: Prevention of HIV transmission in women of reproductive age, prong 2: prevention of unplanned pregnancy in women with HIV, prong 3: prevention of HIV transmission from pregnant women with HIV to their babies, Prong 4: providing psychological, social, and care support to mothers with HIV and their children and families (Ministry of Health, Republic of Indonesia, 2011). PMTCT activities are targeted at pregnant women, women of reproductive age (15-49 years), adolescents, fertile age couples (PUS) and key populations (people at risk).

Lack of midwife knowledge can be influenced by factors of education, or years of service. The higher the midwife's education, the broader the knowledge and the longer the midwife's working period, the more she experiences. In this study showed that most informants had D-IV Midwifery education with a work period of ≥ 2 years, but still found midwife knowledge was still lacking related to the PMTCT program. Another thing that was found in this study was that not all midwives received special PMTCT training. This training is still limited to coordinating midwives or officers holding HIV programs at Community Health Centers. The information obtained by the village midwife is the result of the socialization of other officers who have been trained through the Community Health Center workshop activities or from the results of other training that the midwife has participated in.

Attitude is a closed view of a new object that occurs when there is knowledge accompanied by readiness to act in accordance with the knowledge of that object (Notoadmodjo, 2010). The results of in-depth interviews related to the attitude of midwives in the PMTCT program showed that all informants were positive or accepted the existence of the PMTCT program. This activity becomes very important for the main informant (midwife), because in providing services midwife is at risk of contracting an illness. The attitude of midwives about the importance of the PMTCT program is demonstrated by the willingness of midwives to provide information about the



implementation of the PMTCT program to pregnant women, thereby affecting the attitude of pregnant women to voluntary HIV testing.

Training is an effort to improve the knowledge and skills of health workers. The results of in-depth interviews explained that most of the informants had never attended training related to PMTCT activities. Some informants explained that the information he received came from the mini workshop of the Community Health Center or through the results of other training that discussed HIV. The previous PMTCT training was only attended by the coordinating midwife or HIV program holder at the Community Health Center.

Training for PMTCT program implementers is carried out in accordance with RI Minister of Health Decree Number 1507 / Menkes / SK / X / 2005 on voluntary guidelines for Voluntary Counseling and HIV / AIDS Testing services. There are no standards that must be possessed by VCT officers, the most important thing is that officers have conducted VCT service training and have skills in their respective fields.

Human resources who have adequate knowledge and skills in PMTCT services, support the role of each institution so that it can run optimally. Training in accordance with the Guidelines for the Application of Counseling and HIV testing for the initiation of health workers (Ministry of Health Republic of Indonesia, 2011) includes counselor training for health service facility workers, training in managing sexually transmitted infections for health service facility workers, Normal Childbirth Care training for service facility workers health, care training, support and treatment for PLHA for health service facility workers, training in managing HIV tests for laboratory workers, ARV management training for Pharmacy staff, training for infant feeding counselors for health service facility workers.

Conducting training will form the basis of one's skills and knowledge so that changing circumstances become beneficial. Someone who is trained will be able to do things that cannot be done or can change responsibilities (Sedarmayanti, 2010). Through training programs that are run will be more effective so that it helps improve work performance. In line with this it is necessary to increase the competence of midwives through PMTCT training that is evenly oriented towards service needs, because the village midwife is the first entry point for pregnant women.

Human resources are an important element in achieving the objectives of a program of activities (Agustino, 2006). The results of the study explained that based on the task of implementing the PMTCT program at the Community Health Center, most of the informants said the number of officers was sufficient, but some other informants also said that the availability of officers was still lacking if they had to oversee the entire work area of the Community Health Center. HIV program holders in both Community Health Centers consist of 1 general practitioner, 1 nurse, 1 coordinating midwife, and 1 analyst.

Government Regulation No.32 / 1996 explains that human health resources are all people who work actively in the health sector, both those who have formal education in the health sector or not, which for certain types require authority in carrying out health efforts. In accordance with the statement of key informants that each Community Health Center has prepared human resources (officers) in accordance with their respective fields, in line with the standard component of the primary service in the comprehensive development of ART satellite services, that the minimum health workforce team consists of (doctor, nurse, midwives, counselors, laboratories, and pharmacists) who have been trained in HIV / AIDS.

The implementation of the PMTCT program is an obligation and responsibility of all health workers both at the Community Health Center with VCT services and at the Community Health Center with non VCT services, thus the PMTCT program can be optimally implemented even in remote villages.

Funds is one element that cannot be ignored in a system. The results of in-depth interviews stated that most of the key informants did not know for certain the existence of funds related to the PMTCT program. A small



number of key informants said that the PMTCT implementation at the Community Health Center came from the Health Operational Assistance fund or the National Health Insurance fund allocated for the provision of HIV test reagents and outreach activities. One informant also explained that he was not aware of funds for PLWHA or for PLHIV assistance activities in the work area of the Community Health Center. So far the use of funds in maternal and child health services for assistance / monitoring of mothers with HIV has been self-supporting from local midwives. All key informants said that they had never directly received funding for assistance for PLWHA either from the health department or from the Community Health Center. The form of support provided to PLWHA is incidental funds from donors in the form of milk, or groceries.

PMTCT implementation depends on an adequate level of funding. The decline in foreign funding support for AIDS prevention efforts in Indonesia needs to be encouraged by adequate funding allocation not only at the national level but also at the provincial and district / city levels (KPA, 2015). The allocation of sources of funds comes from the center by 45% and 55% from the regency provinces. Decree of the Minister of Health No.1190 / Menkes / SK / X / 2004 states the financing of reagents, funds from local governments amounting to 55% and 45% from the Ministry of Health of the Republic of Indonesia.

The working area of the Community Health Center receives funding sourced from the State Revenue and Expenditure Budget (Health Operational Assistance, Jampersal and Jamkesmas) and the District Revenue and Expenditure Budget. In addition there is also funding from foreign parties, namely the Global Fund in an effort to provide HIV testing and counseling services. Funds in PMTCT services are used to provide service package materials, namely reagents that are tailored to the needs of each region of the Community Health Center. In accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 71 Year 2016 Concerning Technical Instructions for Use of Non-Physical Special Allocation Funds for Health in the 2017 Fiscal Year it is mentioned that the availability of Health Operational Assistance funds is primarily directed to promotive and preventive health efforts at every level of health services including the distribution of drugs, vaccines and consumable medical materials and utilization of the e-logistics system in the Regency / City Pharmacy Installation. Both Community Health Centers have budgeted funds for the availability of HIV test reagents in accordance with predictions of coverage of pregnant women in one year in their working area as well as for counseling activities in the community. Therefore it is felt that funding is needed from other sources to support the success of the PMTCT program for the community.

Means are an important factor in implementing a program. The existence of adequate, capable and competent Human Resources, without supporting facilities (facilities and infrastructure), the program will not succeed (Agutino, 2006). The results of in-depth interviews explained that most of the key informants said that the facilities and infrastructure of the Community Health Center were still lacking, both at the Maesan Community Health Center as a Community Health Center with VCT services or Sumber Wringin Community Health Center with Non VCT services. The Sumber Wringin Community Health Center has facilitated HIV testing analysts and reagents, as well as the Maesan Community Health Center as a Community Health Center with VCT services. It's just not given the status of the Community Health Center with KT-HIV or VCT services because other supporting facilities and infrastructure are still incomplete including the unavailability of the counseling room. A small number of informants also said that the spreadsheets had not been distributed equally. During this time in the use of guidelines for preventing HIV transmission, village midwives borrowed or even used other media for counseling activities including leaflets, maternal and child health books, or class turning sheets of pregnant women in which materials were also available about handling sexually transmitted infections and HIV. This is due to the fact that there is only 1 extension tool for 1 community health center. Meanwhile the facilities and infrastructure at the Maesan



Community Health Center with VCT services are far more complete, including the availability of HIV counseling rooms, tools and reagents for HIV testing 1-3 lines. However, each of them also found that the lack of a back sheet of the HIV Transmission Prevention Guidelines for village midwives was equally distributed.

Green Theory quoted from Notoatmodjo (2011) states that the factors that influence healthy behavior are supporting factors that include the availability of health facilities, the availability of health facility infrastructure that makes it easy to achieve individual health behaviors in action. Guaranteed availability of adequate facilities, equipment and supplies is a condition for carrying out health services to conform to established standards. A midwife in carrying out her duties in accordance with Republic of Indonesia Minister of Health number 572 / MenKes / VI / 1996 must be equipped with supporting infrastructure so that midwives at work have guidelines that must be followed and implemented.

Provision of facilities and infrastructure for Community Health Centers is the responsibility of the Office of Health through the submission of Community Health Centers. Therefore it seems that the facilities and infrastructure are not yet optimal in supporting the PMTCT program both at Sumber Wringin Community Health Center. Due to limited facilities, it is expected that health workers will be able to optimize the existing facilities and infrastructure and coordinate with the authorities, so that with all these shortcomings it will not create obstacles for the implementation of the PMTCT program in ANC services by the Midwife.

The service target in this case is the midwife's evaluation of the behavior of pregnant women related to the implementation of the PMTCT program. The results of in-depth interviews related to midwives' assessments of the behavior of pregnant women explained that all key informants said that the willingness of pregnant women to test for HIV was more on the direction of midwives as mandatory services during pregnancy. Midwives direct pregnant women for laboratory examinations at Community Health Centers, this method is known as the HIV Test and counseling method at the initiative of a health worker or provider-initiated HIV testing and counseling (PITC). In general, pregnant women do not voluntarily check their health status on officers in this case to carry out an HIV test. The willingness of pregnant women to test for HIV in this case is the direction of the midwife. Assumption of the mother if not check something will happen to her baby. The willingness of pregnant women to carry out all series of examinations during pregnancy is one form of acceptance of information that supports the health of midwives, one of which is conducting laboratory tests for HIV testing. This activity is one of the integrated ANC programs with 10 T services that must be received by mothers during antenatal care examinations among health workers including Weighing, Tension, blood pressure measurement, measuring TFU, measuring LILA, TT immunization, Giving Fe Tablets, Laboratory Tests, management case and dialogue. In accordance with Setiyawati's research (2015) that knowledge is not related to maternal behavior in taking HIV tests. 92.6% of mothers who declared themselves not at risk of contracting HIV. This explains that pregnant women who get initiation from health care providers to take an HIV test have a 21.6 times greater chance of taking an HIV test compared to pregnant women who do not get initiation from health care providers

The reason for the small number of pregnant women who are willing to take HIV tests voluntarily is the perception that they are not at risk of contracting HIV, the mother considers that she is healthy, there are no complaints whatsoever, no family has HIV, or her husband is loyal. It is undeniable that the HIV stigma is still very thick in society that makes pregnant women feel afraid to know that they are infected with HIV or not. In line with the results of Rogers's research (2006) in India, as many as 85% of pregnant women objected to voluntary HIV testing because they were afraid of opening their HIV status, as well as fear of the reaction from their husbands, parents, and the community.



The socialization of the PMTCT program to the community is needed to increase knowledge and influence the willingness of mothers to test for HIV. So that early detection of HIV and prevention of HIV transmission can be carried out optimally.

DISCUSSION

Efforts to prevent transmission of HIV from mother to baby or known as Prevention of Mother to Child Transmission (PMTCT) is an effective strategy and covers a wide spectrum. The PMTCT program begins with primary prevention including disseminating Communication, Information and Education (IEC) on HIV-AIDS and Reproductive Health, both individually and in groups, community mobilization, HIV testing services, Support for women who are HIV negative (Kemenkes RI, 2012).

Permenkes no. 21 of 2013 concerning HIV and AIDS prevention article 42 paragraphs 1 and 2 states that every health service facility is required to carry out preventive measures to prevent the transmission of infections including HIV. These preventive actions include general precautions (universal precaution), compliance with infection prevention programs in accordance with standards, safe use of blood from HIV and communication, information and education to patients. Given the task of midwives who are the spearhead in ANC services, especially for pregnant women who have risk factors for contracting HIV-AIDS, the socialization and implementation of PMTCT must continue to be carried out. Socialization efforts in the form of counseling must pay attention to age, norms, local customs, so that the education process including increasing knowledge is getting better (Ministry of Health, 2011).

The lack of information can be caused by the lack of intensity of PMTCT socialization activities carried out by midwives, which causes respondents to not remember what information is delivered, even they do not have the motivation to spread information back to their environment. Knowledge of pregnant women can affect the willingness to test for HIV as well as the effectiveness of the treatment of treatment of pregnant women with HIV.

The PMTCT program also known as the HIV Prevention Guidelines has been carried out by the Bondowoso District Health Office at all Community Health Centers, through training activities represented by several health workers, one of them coordinating midwives. This limitation is expected to be an improvement effort, where midwives are able to improve the competence of their services and are able to properly socialize PMTCT program activities in ANC services, so that mothers will know their HIV status and can immediately access appropriate care for themselves and their babies.

Early detection or screening (screening) is an initial effort to recognize or mark a symptom or characteristics that exist related to the risk. The use of midwives, especially in the field of maternal and child / family planning health services, is very much needed in the case of HIV-AIDS prevention, specifically in the Prevention of Mother to Child Transmission (PMTCT) program or transmission from mother to baby.

What midwives do in early detection activities include taking anamnesa or question and answer to find out the health status of mothers and questions that lead to HIV risk factors, including husband and mother's work, current marital status, followed by a physical examination including a pregnancy check-up and examination laboratory for blood tests at the Community Health Center. All informants explained that the implementation of the screening process for pregnant women is a necessity for blood tests in the laboratory as an Integrated ANC program.

The role of midwives in reproductive health and management of STIs, including HIV / AIDS, is contained in the Minister of Health Regulation No. 900 / Menkes / SK / VII / 2002 on registration and practice of midwives, including early detection with HIV-AIDS testing and Voluntary Counseling and Testing (VCT) for mothers pregnancy which has risk factors is very important to reduce and even prevent the incidence of HIV-AIDS



transmission from pregnant women to their fetuses (Ministry of Health, 2015). Florence (2015) mentioned that the delay in ART and pregnancy care was related to the detection of viral load during delivery. Therefore it is necessary to detect HIV early. In line with this in the study Arifah (2010) states that midwives are expected to be careful in taking the history of pregnant women (pregnant women) about the presence or absence of risk factors for HIV infection.

Early detection or HIV screening process in ANC services has been done well. However, in its implementation it does not mean that there are no obstacles encountered, including the existence of a culture to not immediately check the pregnancy immediately at the beginning of the pregnancy or not opening the patient in explaining his condition in the history. So that in an early detection effort, it is necessary to approach the mother and family continuously or in collaboration with cadres to dig up the information needed. Early detection of HIV during pregnancy enables immediate treatment of mothers who have been detected by HIV, so that the risk of HIV transmission from mother to fetus and the emergence of HIV-related comorbidities can be suppressed.

Health referral is a referral that involves a preventive and promotive health problem. The results of in-depth interviews explained that most of the main informants, namely village midwives at the polindes or supporting Community Health Centers conducted referrals for HIV testing of pregnant women to the parent Community Health Center. Most informants also said that the two Community Health Centers were able to carry out HIV testing services as a form of PMTCT program namely HIV screening or screening of pregnant women. If pregnant women with HIV are found to be reactive they will be referred to a hospital that was previously counseled by officers at the Community Health Center. Further counseling is conducted at the hospital regarding HIV treatment with antiretroviral drugs.

The flow of reference for pregnant women with HIV in Community Health Centers is an internal medical referral between Public Health Center staff, between assisting Community Health Centers and parent Community Health Centers, between Community Health Centers with non-VCT services and Community Health Centers with VCT services, or between Centers Public Health with Hospitals (Poly VCT), laboratories or other health facilities (Kemenkes RI, 2015). This reference flow is also regulated in Permenkes No. 25 of 2015 concerning the Implementation of Laboratory Examinations for Pregnant, Childbirth and Postpartum Mothers in the Health Service Facility and Service Network, namely HIV testing can be carried out by village Midwives / Midwives / Nurses in Pustu who have been trained in HIV testing and have obtained an assignment decree from the Head of Service Health by using strategies in areas where the HIV epidemic is concentrated and using strategy III in areas where the HIV epidemic is widespread, in accordance with statutory provisions. If the results of reactive examinations, then health workers must refer to the counseling test service for further examination.

Carrying out referrals for both HIV testing or HIV treatment with ARVs is not easy. Obstacles encountered by midwives include the distance from the place of residence to the Community Health Center or hospital, the condition of pregnancy limits the activities of mothers to travel far enough, the lack of family support when conducting examinations. Both Community Health Centers have attempted to facilitate these obstacles including the provision of ambulances for free referral of pregnant women, specifically for Sumber Wringin Community Health Centers which have been facilitated by analysts by the Bondowoso District Health Office which not all Community Health Centers in Bondowoso District have, so that they can conduct HIV testing independently without having to refer to the Maesan Community Health Center as a Community Health Center VCT or KT-HIV service.

Efforts to prevent HIV transmission from mother to child do not stop after the mother gives birth. But it needs psychological support, social, and care efforts at all times both for sufferers and for their families. The results of in-depth interviews explained that all informants always provided support to pregnant women through mentoring,



monitoring, and counseling services. This support is not only for pregnant women but for their husbands or families by involving other parties. Forms of support include pregnancy checks, assistance in taking medication, and delivery management counseling. This is in accordance with the PPIA National Handbook (RI Ministry of Health, 2012) that there are several things needed by HIV mothers, including long-term ART treatment, treatment of all illnesses, assistance while being treated, home visits, etc.

Organizational support is one's belief that the organization where he works appreciates his contribution and cares for his welfare. The results showed that all informants said that their leaders, namely the head of the Community Health Center or the coordinating midwife, always provided support in implementing PMTCT activities. Forms of support provided by leaders include event monitoring activities, facilitating activities by providing facilities, and even going directly to sufferers. In addition, the implementation of minilok activities every month, as well as supervision through monthly reports made by midwives that are sent periodically to the Community Health Center about the state of PMTCT activities of the patients it serves will facilitate the leadership in this matter To the Community Health Center or Midwife coordinator to evaluate all programs work carried out at the Community Health Center.

PMTCT activities carried out by midwives contained in the Integrated ANC SOP on laboratory examination items one of which is HIV testing. Every successful achievement of activities carried out by midwives, no reward has ever been given, because all successes are part of the main duties of midwives in the area and there are no special funds for rewarding HR both at the two Community Health Centers. The leadership only provides support for every success done by HR at the Community Health Center.

CONCLUSION

The role of midwives in the implementation of the PMTCT program in ANC services at Sumber Wringin Community Health Center Bondowoso Regency is not optimal, where most of the informants have less knowledge related to the PMTCT program, the informants are only able to explain a number of PMTCT program topics including the definition of PMTCT. Efforts to detect HIV early, manage HIV patient referral, and provide support to pregnant women with HIV have been well implemented and supported by leaders in the form of continuous monitoring and supervision



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