

## THE IMPLEMENTATION OF MOTHER-TO-CHILD TRANSMISSION PREVENTION PROGRAM IN ANTE NATAL CARE (A QUALITATIVE STUDY IN PUBLIC HEALTH CENTER OF SLEMAN REGENCY)

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### Abstract

HIV epidemic still becomes a public health problem in the world, especially in developing countries such as Indonesia. One of the efforts that have been done to break the chain of HIV transmission is the Mother-To-Child Transmission (MTCT) prevention program. This is a qualitative study with case-study approach which involves policy maker, specifically the Public Health Office and Public Health Center (PHC) in Sleman Regency and also pregnant women as MTCT prevention program service users. This study conducts in-depth interviews and observation then the *content analysis*. In terms of service, the implementation of MTCT prevention program at PHC is in accordance with the policy from the Ministry of Health as to integrate MTCT prevention program in the Mother and Child Health (MCH) services, Family Planning (FP) and Adolescents Counseling on every level of health service. However, there are still some irrelevant technical matters to the HIV test offered by health facilities to pregnant women, pre and post-examination counseling and the importance of further testing to pregnant women. Generally, the implementation of MTCT prevention program in PHC did not experience significant obstacles that could affect service quality. However, longstanding examination of pregnant women made them physically weak, as well as the negative stigma in the society about HIV /AIDS. The implementation of MTCT prevention program has been carried out based on the Ministry of Health program which was socialized through Sleman Public Health Office.

**Keywords:** implementation, MTCT prevention program, *Ante Natal Care*

### 1. INTRODUCTION

HIV epidemic is public health problem and serious obstacle to society health in the world. Based on Global Epidemic AIDS Report of 2012 (UNAIDS), there are 34 millions of people who live with HIV all around the world. 50% people among them are women and 2.1 millions of people are young children who are under 15 years old. WHO (World Health Organization) reports that HIV/AIDS cases in Southeast Asia in 2011 were 3.5 millions of people and for about 1.3 millions of people (37%) among them were women infected by HIV.

The highest number of HIV cases in last 24 years in Special Region of Yogyakarta is 23.74% cases in Sleman Regency, 22.29% cases in Yogyakarta City, and 22.24% cases in Bantul Regency. Based on those all cases, 31.50% are women and 2.31% cases happened caused by perinatal risk factors which 2.18% of them are 0-4 years old, and most of them got HIV virus when they were born [1].

HIV infection is one of the main health problems and one of zymotic diseases which can affect maternal and child mortality. HIV becomes the main cause of maternal mortality of reproductive-aged women in some developing countries. When a woman gets pregnant, HIV is not only a threat for her life, but it also a threat for her child in her womb because the transmission

happens from mother to her baby. More than 90% of children HIV cases in the world and 3.5% in Indonesia get infected by *Mother-To-Child Transmission* (MTCT) [2].

The effort done by government is *Prevention of Mother-to-Child Transmission* (PMTCT) in Indonesia. This program prevents the HIV transmission of reproductive-aged women with positive HIV and HIV/AIDS transmission from pregnant women to their babies. The target achieved must reach 100% of every woman in ANC (*Ante Natal Care*) facility to receive any information related to *Safe Motherhood*, safe sex, prevention and handling Sexually Transmitted Infection (STI), PMTCT, post-examination counseling and further testing [2].

The implementation of PMTCT service can be done in any public health facilities (hospital and public health center) with service proportion in accordance with these facilities. However, the main of PMTCT service is the availability of competent staff to handle this program. In 2017 in Special Region of Yogyakarta, especially in Sleman Regency, the HIV/AIDS prevention and transmission program has been done in public health center. The activities done were doing HIV/AIDS transmission prevention program by identifying pregnant women through VCT and also PITC. In this research, the author want to know the service implementation of HIV Mother-to-Child Transmission Prevention program in *Ante Natal Care* (ANC) in Public Health Center (PHC) in Sleman Regency.

## 2. METHODS

The implementation of this research uses qualitative approach to analyze the implementation of MTCT prevention program in ANC service in Public Health Center in Sleman Regency. The research strategy used is single case-study, because the problem has been directed based on qualitative research methodology characteristic which is related to flexible and open design and inductive analysis process. The informants of the research are grouped by two; main informant and supporting informant. The main informant is the Head of Section P2 of Health of Sleman Public Health Office. The supporting informants of the research are Coordinator Midwife of Mother and Child Health (MCH) and pregnant women who have got MTCT prevention service. Data collection techniques used is depth-interview and observation. Semi-structured interview was done to the Head of Section P2 of Health of Sleman Public Health Office, the Coordinator Midwife of Mother and Child Health (MCH), pregnant women who have got ANC service in MTCT prevention program.

The guidelines of the interview conducted included service procedures, policy, strategy, obstacles and obstacle anticipation in doing MTCT prevention program. Passive role of direct observation has been done to observe the implementation of MTCT prevention service process in Sleman Public Health Office. Besides, the observation was aimed to know the activities of MTCT service to pregnant women who did ANC. The observation was done during ANC service process referring to observation guidelines. Analysis technique used content analysis or document analysis. Sampling technique used in the research was purposive sampling or criterion based selection. The informants of the research were 5 persons including the Head of Section P2 of Health of Sleman Public Health Office, the Coordinator Midwife of Mother and Child Health (MCH), and 3 pregnant women.

### 3. RESULTS AND DISCUSSION

#### 3.1 The Implementation of HIV Mother-To-Child Transmission Prevention Program in ANC Check up

Based on the result of the interview done, by implementing Sexually Transmitted Infection Control Program in Sleman Public Health Office, MTCT program in *Ante Natal Care* is Ministry of Health program that has been done in public health centers and hospitals in Sleman Regency. Pregnant women with positive HIV who do ANC service in the public health centers will be referred to hospital which has HIV MTCT prevention facility. The aim is in order that the pregnant mother will get proper handling during the pregnancy, labor, and until the post-partum period. HIV transmission prevention service is not only done during the pregnancy period, but also done after the labor. Based on the midwife who implements the MTCT program at Kalasan public health center, the implementation of MTCT program by Ministry of Health program has been socialized by Sleman Health Office.

The result of the interview corresponds with National Action Plan of HIV transmission prevention from Mother-To-Child which has been arranged based on the latest HIV/AIDS cases development in Indonesia. National Action Plan is made referring to National Mid-term Development Plan and Ministry of Health Strategy Plan regarding to National Priority in SDG's achievement. The policy of HIV/AIDS prevention program to pregnant women in Indonesia stated in National Action Plan of MTCT which says that HIV MTCT prevention service is integrated in Maternal and Neonatal Health service, Family Planning, and Adolescent Counseling in every level of health service with gradually expansion and involving the role of private sector, NGOs, and communities [3].

#### 3.2 Mother-to-Children Transmission Prevention Program in ANC Service

Most of informants say that when they came to public health center to do early ANC service, they will get laboratory test which one of them is HIV test. In the beginning test, the informants say that they were not offered to do HIV test and did not get any counseling or information related to the meaning and the importance of HIV test for pregnant women. After finishing the physical check-up, the informants were directed to go to laboratory for blood-test, then waiting for the laboratory result. Next, the informants were directed to go to psychology room, dental check-up, and nutrition counseling until the integrated ANC components completed. After the test result got, the informants were only informed about the result (positive or negative HIV). There was no post-counseling after HIV test and further tests related to the importance of re-examination that should be taken.

These have not been completely accordance with government policy related to the implementation of MTCT program which says that every woman who comes for Maternal and Neonatal Health, Family Planning, and Adolescent Counseling services will get information related to MTCT program [3].

According to [4], counseling quality is a factor affecting pregnant women participation for VCT. In the facility which gives HIV/AIDS information and offers VCT to every pregnant woman coming for pregnancy check-up, the VCT participation is better. The successful implementation or MTCT implementation in public health center includes competent staff (skillful), the availability of the fund and means. At least, the means needed must be fulfilled, including medical equipment, non-medical equipment, and medicine [5]. Health service resources include clinical health and non-clinical, depending on the knowledge, skill and motivation to do the health services [6].

### **3.3 The Obstacles in Implementing HIV Mother-to-Children Transmission Prevention Program in ANC Check-up**

The MTCT implementation at Kalasan Public Health Center generally did not get significant obstacles which affects their service quality. Pregnant women who do ANC check-up will be directed to laboratory to get HIV test. However, there will be possibility rejection caused by the check-up process that takes time and pregnant women will be physically weak if they have to wait too long. Overcoming those obstacles, the midwife has to give understanding to the pregnant women.

Basically, those obstacles will not happen if the given service is already compatible with check-up procedures and the staff role in giving information and counseling during the test has been done optimally. Delayed test examination is an act that should not be done because HIV/AIDS done to pregnant women in the first visit [K1] aims to know the possibility of HIV status of pregnant woman earlier and intervention to the status can be done soon so HIV/AIDS mother-to-child transmission prevention can be solved soon. The MTCT examiner midwife says that there are obstacles faces since there is patient rejection caused by society negative stigma of HIV/AIDS.

All of the informants say that they know the benefits of HIV test after they were educated and informed by the midwife. Therefore, they are ready to do the test even though they rejected it in the beginning.

In accordance with National Action Plan of Mother-to-Child Transmission Prevention [2], the medical staffs in public health center obligatory offer HIV test to all pregnant women who inclusively come for any other routine laboratory check-ups in the *ante natal* check-ups or before the labor. The check-ups are inclusively done with other routine laboratory check-ups in *ante natal* check-ups or before the labor [2].

## **4. CONCLUSION**

The MTCT implementation has been done based on Ministry of Health program which has been socialized by Sleman Health Office. In the term of service, MTCT program in the public health center has been done in accordance to Indonesia Ministry of Health policy stating that the implementation of MTCT integrated with Maternal and Neonatal Health service, Family Planning, and Adolescent Counseling in every level of health center. However, there were some technical steps which have not been accordance with HIV test offer from health center to pregnant women, pre and post check-up counseling and the importance of further tests for pregnant women. Generally, the implementation of MTCT in the public health center did not get significant obstacles which can affect the service quality. Yet, there are still any possibilities of patient rejection to do the test because it takes time. It can make pregnant women doing the test get weakly because they have to wait too long. Besides, there is already society negative stigma of HIV/AIDS.

## **5. ACKNOWLEDGMENTS**

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