

WWJMRD 2020; 6(10): 53-55 www.wwjmrd.com International Journal Peer Reviewed Journal Refereed Journal Indexed Journal Impact Factor MJIF: 4.25 E-ISSN: 2454-6615

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Analysis Prevention of Mother to Child HIV Transmission Program in Langsat Public Health Center Pekanbaru City

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Abstract

The program to prevent mother-to-child transmission of HIV is a program planned and implemented by the government to prevent the transmission of HIV and AIDS from mother to child. In Indonesia, in 2018 the coverage of HIV testing for pregnant women, which is 60% of all pregnant women, must undergo HIV testing. The achievement of HIV testing for pregnant women in Riau Province was still low, namely 10.4% of pregnant women who had tested HIV. This is also evident from the low achievement of Public health center Langsat Pekanbaru City, namely 12.7%. The purpose of this study was to determine the implementation of the prevention program of mother-to-child HIV transmission at Langsat Public Health Center Pekanbaru City in 2020. This research method is qualitative research with a descriptive method approach, which was carried out at Langsat Public Health Center Pekanbaru City. The informants in this study were the Head of the Public health center, the holder of the Maternal and Child Health Program and VCT, laboratory staff, clinic midwives, pregnant women who carried out Ante Natal Care examinations at the Public health center and at the clinic. The results showed that the implementation of the prevention program of mother-to-child transmission of HIV at Langsat Community Health Center had not been running optimally. There are several program obstacles in the implementation of PMTCT, namely the lack of HUMAN RESOURCES in the implementation of the prevention program of mother-to-child transmission of HIV in terms of number and function so that external parties are needed in implementing the program to prevent mother-to-child transmission of HIV and the unavailability of special funds for program implementation. Prevention of mother-to-child transmission of HIV.

Keywords: Prevention Program of Mother to Child Transmission of HIV, HIV / AIDS, Pregnant Women

1. Introduction

HIV and AIDS are the leading causes of death at reproductive age in several developing countries. Pregnant women who have HIV can pass the virus to their babies during pregnancy, childbirth, and while breastfeeding. If during the process no intervention was carried out, the percentage of HIV transmission from the baby mother could be 14-15%. In Indonesia alone, it was found that the number of women aged ≥ 15 years living with HIV was 220,000 and the number of children living with HIV was 13,000 (UNAIDS, 2019).

The PMTCT program is a program planned and implemented by the government to prevent transmission of HIV and AIDS from mother to baby. The PMTCT program is implemented in women of reproductive age by involving adolescents in disseminating information about HIV and AIDS, in addition to increasing women's awareness on how to avoid transmission of HIV and STIs (Sexually Transmitted Infections) and explaining the benefits of voluntary HIV counseling and testing to risk groups. Cadres and health workers (Ayu et al., 2019).

PMTCT program achievements based on Permenkes No. 52 of 2017 is the coverage of achievements in 2018 of 60% of pregnant women who have to be tested for HIV, syphilis, and Hepatitis B, in 2019 that must be achieved at 70%, in 2020 the coverage that must be achieved is 80%, in In 2021 the coverage that must be achieved is 90% and in 2022

the coverage that must be achieved is that 100% of pregnant women must be tested for HIV, syphilis, and Hepatitis B. As for Riau Province in 2018, the coverage achieved is 10.4% (17,506) from 169,817 pregnant women in Riau province who tested for HIV, Hepatitis B, and Syphilis. This is also proven by the low achievements of the Langsat Community Health Center in 2018-2019, wherein 2018 there were 77 people (12.6%) of 608 pregnant women targets, and in 2019 there were 97 people (15.9%) of the 609 targets. pregnant women who undergo HIV testing.

So in connection with these problems, researchers are interested in conducting research on the Analysis of the Prevention Program for Mother-to-Child HIV Transmission at Langsat Public health center in 2020.

Materials and methods

This research is qualitative research with a descriptive method approach. This research was conducted in July-August 2020 at Langsat Public Health Center in Pekanbaru City. The subjects in this study were divided into key informants, main informants, and supporting informants. The key informant in this study was the head of the Public Health Center, while the main informant in this study was the person in charge of the VCT program, the person in charge of the MCH program, laboratory staff, and supporting informants in this study were midwives on duty in the work area of the Public Health Center, pregnant women who carried out the examination at the Puskesmas and pregnant women who carry out pregnancy checks in the Puskesmas area. The instruments used in this study were observation sheets, cameras, and recordings.

Results & Discussion

Result

- 1. Human Resources : Based on the results of interviews with informants related to the availability of human resources (HR) in the implementation of the prevention program of mother-to-child transmission of HIV at the Langsat Community Health Center, Pekanbaru City, it shows that the number of health workers implementing this program is insufficient compared to their job function.
- 2. Pharmaceutical Preparations and Medical Devices: Based on observations made by researchers on pharmaceutical preparations and medical devices at Langsat Public Health Center, Pekanbaru City, it was sufficient for the implementation of this program at Langsat Community Health Center Pekanbaru City.
- 3. Funding: Based on research conducted by researchers on funding at Langsat Community Health Center Pekanbaru City, there are no obstacles in the implementation of this program.
- 4. Coordination: From the results of research and indepth interviews, it was found that cross-program coordination was going well. However, cross-sectoral coordination has not been going well.

Discussion

1. Human Resources: Researchers in this study assume that the human resources who are currently implementing the PPIA program are still insufficient and inadequate. This is due to the overlapping assignments of work for each program holder so that the implementation of the PPIA program does not work because human resources are potential which are important assets and function as capital in carrying out a goal to achieve the expected goals.

- 2. Pharmaceutical preparations and medical devices: The researchers in this study assume that pharmaceutical preparations and medical devices at Langsat Public Health Center, Pekanbaru City are sufficient and adequate for HIV testing in pregnant women.
- 3. Funding: The researchers in this study assume that the budget used for the implementation of the PPIA program comes from the deconcentration of Health Operational Assistance in the Maternal and Child Health program budget. This budget is quite well realized in the implementation of the PPIA program at Langsat Community Health Center Pekanbaru City.
- Coordination: Researchers in this study assume that 4. the cross-program coordination at Langsat Puskesmas is running well, but the cross-sectoral coordination at Langsat Puskesmas has not run optimally. This is evident from the low achievement of early HIV screening in pregnant women at Langsat Community Health Center. And this is also by the information obtained from informants that new cross-sectoral meetings will be held with networks such as midwives in clinics and independent / private practice midwives in the Langsat Puskesmas working area in the future. In implementing a program, of course, it requires coordination from various parties related to and running the program. If the cross-program and crosssectoral coordination runs well and optimally, of course this will be very helpful in achieving the objectives of the program so that the program runs effectively and well.

Conclusions

Based on the results of research and discussion, several research conclusions can make as follows:

- 1. The availability of human resources in the implementation of the Prevention of Mother-to-Child HIV Transmission program at Langsat Community Health Center is inadequate both in terms of the number of human resources and the distribution of each task
- 2. The pharmaceutical preparations and medical devices used in the implementation of this program are sufficient and fulfilled.
- 3. The budget used in the implementation of this program comes from the Health Operational Assistance deconcentration budget.
- Inter-sectoral coordination in the implementation of this program is still not optimal. Here conclude your finding to with object of your studies.

References

- 1. Ariningtyas, N. (2017) 'Kendala Pelayanan Program PPIA pada Antenatal Care di Puskesmas Kota Yogyakata', Jurnal Kesehatan Samodra, VII (1),
- Ayu, N. et al. (2019) 'Tantangan Pelaksanaan Program Prevention of Mother to Child Transmission (PMTCT): A Systematic Review', IV(1). (ISSN:2599-3275)
- 3. Bappenas (2018) Penguatan pelayanan kesehatan dasar di puskesmas. Jakarta: Bappenas.

- 4. Irianto, K. (2015) Kesehatan Reproduksi. Bandung: Alfabeta.
- 5. Kemenkes RI (2015) Pedoman Manajemen Program Pencegahan Penularan HIV dan Sifilis dari Ibu ke Anak. Jakarta: Kementrian Kesehatan Republik Indonesia.
- 6. Kementerian Kesehatan (2013) 'Rencana Aksi Nasional Pencegahan Penularan HIV Dari Ibu Ke Anak (PPIA) Indonesia 2013-2017', Kementerian Kesehatan.
- 7. Kementerian Kesehatan RI (2013) Peraturan Menteri Kesehatan No 51 tahun 2013 tentang Pedoman Pencegahan Penularan HIV dari Ibu ke Anak, Kemenkes RI.
- 8. Kementerian Kesehatan RI (2017) Peraturan Menteri Kesehatan Republik Indonesia Nomor 52 Tahun 2017 Tentang Eliminasi Penularan HIV, Sifilis dan Hepatitis B dari Ibu ke Anak, Kementrian Kesehatan RI.
- 9. Kementrian Kesehatan RI (2005) Pedoman Pelayanan Keonseling dan Testing HIV/AIDS Secara Sukarela (Voluntary Counselling and Testing).
- 10. Kementrian Kesehatan RI (2018) 'General situation of HIV/AIDS and HIV test', Pusat Data dan Informasi Kementrian Kesehatan RI. Jakarta: Pusat data dan informasi Kemenkes RI.
- 11. Kementrian Kesehatan RI (2018) 'Data dan Informasi profil Kesehatan Indonesia 2018', Kementrian RI.
- 12. Kementrian Kesehatan RI (2018) 'Hasil Utama Riset Kesehata Dasar (RISKESDAS)', Journal of Physics A: Mathematical and Theoretical, 44(8).
- 13. Mulyadi, D. (2018) Perilaku Organisasi dan Kepemimpinan Pelayanan. Bandung: Alfabeta.
- 14. Puspitasari, M. M. and Junadi, P. (2018) 'Analisis Implementasi Integrasi Layanan PPIA HIV ke Layanan antenatal di Kota Depok 2017', Kebijakan Kesehatan Indonesia, 7(2).
- 15. Riau, P. K. (2018) 'Profil Kesehatan Provinsi Riau Tahun 2018'.
- Rizki, C. S. (2017) Analisis Pemeliharaan Sarana dan Prasarana Rumah Sakit Umum Daerah Petala Bumi Tahun 2017. STIKes Hang Tuah Pekanbaru.
- 17. SDKI (2018) 'Indonesian Health Demographic Survey', Usaid, pp. 1–606.
- Siregar, K. N. et al. (2016) HIV dan AIDS Untuk Mahasiswa Program Studi Ilmu Kesehatan Masyarakat. Pekanbaru: Unri Press.
- 19. UNAIDS (2019) DATA UNAIDS 2019. Switzerland.
- Widyasari, E., Shaluhiyah, Z. and Margawati, A. (2014) 'Implementasi Integrasi Program Prevention of Mother to Child HIV Transmission (PMTCT) dengan Layanan Antenatal di Puskesmas Wilayah Kota Surabaya', Manajemen Kesehatan Masyarakat, 2(1).
- Yuriati, P., Handayani, O. W. K. and Rustiana, E. R. (2016) 'Evaluasi Pelaksanaan Kegiatan Prevention Of Mother To Child Transmission (PMTCT) Pada Ibu Hamil Di Kota Tanjung Pinang', Public Health Perspective, 1(1)