

HEA-OR-006

INFLUENCE OF EDUCATION PMTCT (PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV) FOR MATERNAL ATTITUDE COUNSELING AND EDUCATION HIV TESTING

Nila Qurniasih, Markhamah

Universitas Aisyiyah Yogyakarta, Yogyakarta, Indonesia

Corresponding author's email: qurniasih_nila@yahoo.co.id, Markhamah22Midwifery@gmail.com

Indonesia HIV-related mortality rate increased in 98 countries. Based statistical data 2013 Indonesia, the most prevalence cases HIV is housewife. The case increases the likelihood of HIV transmission from mother to baby. Each year, more than 9,000 pregnant women with HIV (+) and even more than 30% (3,000 pregnant women) of them give birth to babies who are infected when there is no prevention of vertical transmission of HIV (+) to the infant / PMTCT (Depkes, 2008). PMTCT (Prevention of Mother-to-Child Transmission of HIV) Attitude Against Pregnant Women About VCT, This study aimed to examine the effect of PMTCT for pregnant women in attitude counseling and voluntary HIV testing. This research method using Quasi Experiment with one group pretest-post test. All pregnant women who get the class mother, *Sample*: 40 pregnant women who received maternal classes. Sampling method used total sampling method. PMTCT influence the attitude of pregnant women in counseling and voluntary HIV testing. The evidence by Wilcoxon test results showed that the count $z = -6070$ with a probability value ($p = 0.00$). The mean is P value less than 0.05. it can be concluded that there is a difference between the attitude of pregnant women before and after counseling PMTCT. The pregnant women increas to attitude againts maternal classes, or with an average score to 23,00. Counseling influence on the attitude of pregnant women in counseling and voluntary HIV testing. even so this study can not be separated from the risk of bias, this study did not use blinding thus, require further study.

Keywords: Education, Counseling, PMTCT, Attitude

1. INTRODUCTION

HIV -AIDS become the most feared diseases of many people. HIV-AIDS due to increase mortaiaty of man in 98 Countries, one of them is Southeast Asia Nation. In Indonesia HIV-AIDS due to mortality rate, include of them mortality infant and maternal cases. Prevention Of Mother To Child Transmission (PMTCT) is a program to prevent HIV transmission from mother to baby. the goals of PMTCT is to reduce transmittion HIV-AIDS virus from mother to child 24-45% during pregnancy, labor and childbirth.

World Health Organization (WHO) estimates the number of people living with HIV / AIDS (ODHA) in the world in 2012 reached 34 million people and 2 million of them died. Based on data from the Indonesian Ministry of Health 2012, more than 9.000 pregnant women showed HIV (+) and even more 30% the baby infected of virus. (Awatiful 2010) stated that the transmission of hiv-aids from mother to baby occurs faster in women with vira load above 1000. PMTCT is expected to early detect HIV-AIDS disease in a person, so as to prevent the development of infection. One of the efforts to address and prevent the development of viral load is through PMTCT, but public

awareness of PMTCT is still lacking. this can be seen there are many people who see HIV-AIDS as a curse, infectious and scary diseases (Awatiful 2010).

Counseling And HIV Testing Is The Strategy Of The Government In Improving Education About HIV-AIDS And Raising Public Awareness That Early Detection Will Perform (Punjastuti, 2011). one midwife competencies according to Permenkes HK. 02:02 / Menkes / 149/2010 is the midwife carry out early detection, refer and provide counseling sexually transmitted infections (IMS). Therefore, the midwife as the spearhead of the health care of pregnant women at risk of contracting HIV-AIDS should be outreach to the community and implement PMTCT as early detection (PKBI, 2008).

Data from Puskesmas Gedong Tengen 2014, showed that 21 people infected the HIV-AIDS virus and some of them is pregnant woman. Based on data the formulation of the problem in this study is “Influence of education PMTCT (prevention of mother-to-child transmission of HIV) for maternal attitude counseling and education HIV testing”.

2. RESEARCH QUESTION

The research question from this study is “Influence of education PMTCT (*prevention of mother-to-child transmission of hiv*) for maternal attitude counseling and education HIV testing”.

3. RESEARCH METHODS

This research method using quasi experiment (quasi-experimental) with design one group pretest-posttest.

4. RESULT STUDY

Tabel.1: Distribution Frecuency from Different Attitude Pregnant woman before and After Education influence And Counseling HIV-Test

Pregnant Attitude	Education Influence			
	Before education influence		After education influence	
	n	%	n	%
Good	4	10	40	100
Enough	36	90	0	0
less	0	0	0	0
Amount	40	100	40	100

Tabel.1 showed that the pregnant attitude increase after given influence education and counseling HIV testing. Based on tabel showed that the attitude of most pregnant women are in the category enough that a number of 36 people (90%), and good category 4 (10%), while the category of less nothing (0%).

Table 2: Analysis Wilcoxon test the attitude of pregnant women about HIV testing and counseling volunteer at Puskesmas Gedongtengen Yogyakarta

		F	%
Posttest -Pretest	Negative rank	0 ^a	0
	Positive rank	40 ^b	100
	Ties	0 ^c	0
	Total	40	100
Z			Post-pre
Asymp.sig. (2tailed)			-6.070 0.00

based on data analysis by using Wilcoxon test obtained result the attitude of pregnant women to counseling and voluntary HIV testing with a significant value of $p = 0.00$ ($p < 0.05$). so that accepted H_a and rejected H_0 , meaning that contained the influence of counseling with the attitude of pregnant women in counseling and voluntary HIV testing in Puskesmas Gedong Tengen Yogyakarta.

5. DISCUSSION

5.1. Responden Karakteristik

Based on the results of the study showed that most respondents aged 26-35 years many as 20 people (50%). Mean age of respondents 26-35 years into the category of reproductive age. 20-35 years old is adulthood so that maturity in thinking and making decisions to change the attitude based on the true knowledge (Alvi, 2009).

Last educational background of the respondents largely secondary education is SMA or SMK many as 28 people (70%) elementary education and at least as much as 2 (5%). This is consistent with the statement Notoadmodjo (2007) who said that in general the higher the education a person more easily receive information and have the desire to change attitudes.

Occupation most of the respondents had a job as a housewife as many as 24 people (60%). Based on data from statistical HIV / AIDS in 2013 patients with the highest HIV are housewives. This may be due to risk factors husband's work

While based on the results of the study showed that most respondents were been pregnant 17 (42.5%). Gravida mother does not affect the attitude of pregnant women to counseling and voluntary HIV ter. This is in line with research Titi (2012) explains that statistically there is no parity relationship with VCT behavior

5.2. Maternal attitudes about voluntary HIV counseling and testing after given PMTCT counseling at Puskesmas Gedongtengen Yogyakarta.

Data analysis showed an increase in maternal attitudes toward PMTCT after being given counseling. this is according to research conducted by Pinem (2009), that extension can add information and knowledge of a person in making a change in attitude better than before.

The research was also supported by research conducted by Purbasari (2013) which states that the provision of counseling on reproductive health can affect a change in attitude in adolescents so as to prevent unwanted pregnancies.

This is in accordance with the theory put forward by (Anwar, 2008) Establishment of an attitude that can not be separated from affecting factors the respondents such as personal experiences, others are considered important, culture, mass media, educational institutions, religious institutions and the influence of emotional factors.

5.3. Effect of PMTCT counseling for pregnant women about the attitude of counseling and voluntary HIV testing in Puskesmas Gedongtengen Yogyakarta.

Based on the data analysis has been conducted by researchers in the table. That count $z = -6070$ with a probability value ($p = 0.00$). Because the value of z count of <0.05 thus be concluded that there is a difference between the attitude of pregnant women to counseling and voluntary hiv testing before and after counseling PMTCT, thus means that there is an influence on the attitude of pregnant women are given counseling after.

The results showed an average score of attitude before counseling (pre-test) of 20.90. While the average score of attitude after doing counseling (post-test) increased to 23.00. This is supported by research conducted Dianita (2010) which states that PMTCT counseling conducted in pregnant women can increase their knowledge and attitude of pregnant women about hiv / aids, with an average yield of scores prior to the extension of 38.00 while the average scores after counseling given rise to 40.62.

According Peganarifan (2010) to reduce the number of HIV / AIDS requires the participation of parents, family, environment, and counseling at all levels of society in general and pregnant women in particular are also vulnerable to HIV / AIDS.

The attitude of pregnant women before being given counseling pmtct feel embarrassed, afraid even no intention to conduct hiv testing and counseling, but after being given counseling pmtct is expected to increase the interest of those who are at risk of contracting HIV for counseling and hiv testing in order to know their HIV status as early as possible.

6. LIMITATION FOR RESEARCH

Limitations in this study is a treatment that is performed on the group in the same person, so as to enable the existence of bias. but it is also the existence of confounding factors that influence the attitudes and knowledge of pregnant women.

7. CONCLUSION

The attitude of pregnant women about HIV voluntary counseling and testing before being given counseling PMTCT shows that the attitude of most pregnant women is a category quite as many as 36 people (90%) with the acquisition value of the average score of 20.90.

The attitude of pregnant women about HIV testing and counseling is given after PMTCT counseling showed an increase. the attitude of most pregnant women included in either category as many as 40 people (100%) with the average value score increased to 23.00.

There is an effect on the attitudes of PMTCT counseling pregnant women about HIV voluntary counseling and testing, judging from the results of Wilcoxon analysis with $p = 0.000$.

8. SUGGESTION

For midwives are expected to provide support and assist pregnant women to HIV testing and counseling. Socializing on HIV testing during the examination of the ANC and offered to all pregnant women to VCT because given the risk of perinatal transmission.

For further research can do research with in-depth interviews in pregnant women pregnant women to explore interest in doing voluntary HIV counseling and testing. Research can be done in different groups to avoid bias.

BIBLIOGRAPHY

1. Awatiful. 2010. Beban perempuan penderita HIV/AIDS dalam perspektif gender, Jurnal ners Vol.5 No. 2. Fakultas ilmu kesehatan Universitas muhammadiyah jember
2. Azwar, S. 2012. Sikap manusia teori dan pengukurannya. Yogyakarta : pustaka pelajar.
3. Depkes RI. 2010. Pemantauan wilayah setempat kesehatan ibu dan anak. Jakarta.
4. Departemen Kesehatan RI. 2008. Mosul pelatihan nasional PMTCT (prevention of mother to child HIV transmission). Jakarta
5. Departemen kesehatan RI. 2008. AIDS, pedoman pelayanan konseling dan tes HIV secara sukarela. Jakarta : direktorat jenderal PPM dan PL.
6. Demartoto, Argoyo. 2011. ODHA, Masalah Sosial dan Pemecahannya. Jurnal UNS.
7. Desy, permatasari. 2011. Faktor Risiko terjadinya koinfeksi Tuberkulosis pada
8. Pasien HIV/AIDS di RS Kariadi Semarang. Karya Ilmiah UNDIP.
9. Diniati, Lutfitasari. 2011. Perbedaan Pengetahuan dan Sikap Ibu Hamil Tentang HIV/AIDS Sebelum dan Sesudah Penyuluhan pada Program PMTCT di Puskesmas Putat Jaya Surabaya. Fakultas Kesehatan Masyarakat UNAIR.
10. Kementerian Kesehatan RI. 2013. Laporan perkembangan HIV-AIDS Triwulan I tahun 2013. Jakarta : Direktorat jenderal pengendalian penyakit dan kesehatan lingkungan.
11. Pinem, S. 2009. Kesehatan Reproduksi Dan Kontrasepsi. Jakarta : Trans Info Media.
12. PKBI Semarang. 2008. Available at <http://griyapmtct.blogspot.com/>. (Diakses pada tanggal 31 Maret 2014).
13. Poedjiningsih. 2005. Surveilens Epidemiologi Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS) Di RSUP Fatmawati Jakarta Januari - Juni 2006 Edition. Jakarta : Fakultas Farmasi Universitas Pancasila.
14. Punjastuti, Budi. 2011. Dukungan Psikososial Pada Ibu Dalam Pelaksanaan Prevention Of Mother-To-Child Transmission (Pmtct) Of Hiv Di Rsup Dr Sardjito Yogyakarta. Yogyakarta : Universitas Gajah Mada.
15. Titi,dkk. 2012. Perilaku Ibu Hamil untuk Tes HIV di Kelurahan Bandarharjo dan Tanjung Mas Kota Semarang. Jurnal Promosi Kesehatan Indonesia Vol.7, No.2. Semarang : Universitas Diponegoro Semarang.
16. Titik, Nuraeni. 2011. Hubungan Pengetahuan Ibu Hamil Tentang HIV/AIDS dan VCT dengan Sikap Terhadap Konseling dan Tes HIV Secara Sukarela di Puskesmas Karangdoro Semarang, (Online),(<http://jurnal.unimus.ac.id>), diakses tgl 6 Maret 2014.
17. UNAIDS. 2002. HIV Voluntary Counselling and Testing. UNAIDS Best Practice Collection.
18. WHO. 2008. Indikator perbaikan kesehatan lingkungan anak. Jakarta : EGC.