

QUALITATIVE DESCRIPTION STUDY OF MIDWIFE'S EXPECTATIONS IN CARE OF HIV-POSITIVE MOTHERS IN PREGNANCY, PARTNERSHIP AND POSTBORN

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ABSTRAK STUDI DESKRIPTIF KUALITATIF HARAPAN BIDAN DALAM MERAWAT IBU HIV-POSITIF PADA KEHAMILAN, MELAHIRKAN DAN PASCA MELAHIRKAN

Latar belakang Jumlah Penderita HIV terus meningkat di setiap negara termasuk Indonesia. Provinsi Papua adalah provinsi dengan jumlah temuan kasus HIV ketiga di Indonesia. Dari bulan Januari- Juli 2020 dari Ruang VCT dan Klinik Kebidanan didapatkan 50 kasus Ibu hamil datang Ke RSUD Jayapura dengan HIV positif dalam masa kehamilan, persalinan, dan Nifas

Tujuan Untuk mengetahui harapan bidan dalam merawat ibu dengan HIV Positif dalam masa kehamilan, persalinan, dan nifas di RSUD Jayapura.

Metode deskriptif kualitatif penelitian ini merupakan penelitian deskriptif kualitatif. Partisipan sejumlah 12 bidan dan 3 pasien HIV positif yang dipilih dengan menggunakan *Purposive Sampling* dengan kriteria bidan tersebut bekerja minimal 1 tahun di RSUD Jayapura, bersedia menjadi partisipan dan memiliki pengalaman perawatan ibu dengan HIV baik pada masa kehamilan, persalinan, maupun nifas. Pengumpulan data dengan wawancara mendalam. Analisa Data dengan *Content Analysis*.

Hasil harapan Bidan dan pasien HIV dalam perawatan ibu dengan HIV positif adalah tidak ada lagi penularan HIV dari ibu ke bayi, semoga tidak ada luka infeksi post operasi SC pada ibu nifas dengan HIV, penyuluhan dari pihak puskesmas lebih banyak dan pro aktif untuk mencegah penularan HIV, terus ada *update* ilmu bagi bidan dalam penanganan HIV terbaru, adanya penambahan atau regenerasi konselor HIV di RSUD Jayapura, Stigma dan Diskriminasi Segera hilang, tidak ada yang menutup status dari petugas Kesehatan, suami, maupun keluarga.

Kesimpulan: harapan bidan adalah supaya tidak ada lagi penularan HIV dari ibu ke bayi, adanya regenerasi konselor HIV di RSUD Jayapura, tidak ada lagi pasien yang menutup status dari petugas Kesehatan, dan penyuluhan dari puskesmas tentang pencegahan lebih banyak.

Saran: Sebaiknya rutin diadakan regenerasi konselor HIV di rumah sakit dan diperbanyak program penyuluhan tentang pencegahan HIV oleh tim dari Dinas Kesehatan.

Kata Kunci: bidan, harapan, perawatan HIV

ABSTRACT

Background and Objectives, the number of people with HIV continues to increase in every country including Indonesia. Papua province is the province with the third number of HIV cases in Indonesia. From January to July 2020 from VCT room and midwifery clinic, 50 cases of pregnant women came to Jayapura Hospital with HIV positive in pregnancy, childbirth, and Nifas. To find out the hopes of midwives in caring for mothers with HIV Positive in pregnancy, childbirth, and postpartum at Jayapura Hospital.

Purpose method is qualitative descriptive research. Participants of 12 midwives and 3 HIV positive patients were selected using Purposive Sampling with the criteria of the midwife working for at least 1 year in Jayapura Hospital, willing to be participants and have experience of maternal care with HIV both during pregnancy, childbirth, and postpartum. Data collection with in-depth interviews. Data Analysis with Content Analysis.

Results of the study hope that midwives and HIV patients in the care of mothers with HIV positive is that there is no more mother-to-baby transmission of HIV, hopefully there are no postoperative SC infection wounds in mothers with HIV, counseling from the health center more and pro-active to prevent HIV transmission, there continues to be science updates for midwives in the latest HIV treatment, The addition or regeneration of HIV counselors in Jayapura Hospital, Stigma and Discrimination Soon disappeared, no one closed the status of health workers, husbands, or families.

Conclusion of the midwife's hope is that there will be no more mother-to-baby HIV transmission, the regeneration of HIV counselors in Jayapura Hospital, no more patients who close the status of health workers, and counseling from health centers about prevention more.

Suggestion: It is better to regularly regenerate HIV counselors in hospitals and multiply the counseling program on HIV prevention by a team from the Health Service.

Keywords: HIV treatment, hope, midwife.

INTRODUCTION

HIV continues to be a major global public health problem, having claimed 36.3 million (27.2-47.8 million) lives so far (WHO, 2021). The risk of HIV transmission from mother to baby can be prevented with the Prevention Of Mother To Child Transmission (PMTCT) program. The role of midwives is very important to the success of this program. Midwives who scored well in PMTCT services were only 52.5%. These figures show that the role of midwives in the PMTCT program is not so successful (Meilani, Setiyawati, & Barasa, 2019).

Papua province is the province with the third number of HIV cases in Indonesia. Based on the monthly report of medical services data on HIV / AIDS patients the number of HIV / AIDS patients who entered into treatment as many as 3,955 people while the number of HIV people who have ARVs 21,788 people, ODHA on ARVs (routinely receiving ARVs) 6,534 people, missing ODHA followed up with 7,597 who died 2,956 people and stopped 168 people. Until the first quarter of 2019 through AIDS surveillance data sources, the Papua Provincial Health Office as many as 40,805 cases and Nabire Regency with the most cases with 7,436 cases, Jayapura City 6,765 cases and Jayawijaya Regency as many as 6,242 cases (Papua Provincial Health Office, 2019).

Data obtained from medical records in VCT rooms and midwifery clinics obtained the number of pregnant women diagnosed with HIV positive from 2016 to June 2019 as many as 13,593 and the number treated as many as 4,428, while the number of HIV cases from January to October as many as 330 where there are pregnant women 50 cases and all have received antiretroviral therapy. Of the 66 cases, 27 people have given birth to 1 HIV-infected baby, who is still pregnant with 39 mothers but lost to follow up. The number of midwives at Jayapura Hospital who work at Jayapura Hospital amounts to 25 people scattered in the midwifery polyclinic room, delivery room, postpartum room, perisiti room. Not all of these midwives have experience caring for HIV-positive maternal patients. From the results of an interview with one of the midwives in the postpartum room obtained the result that one of the midwives'

hopes is that patients can obediently follow PMTCT so that the baby is not infected (JAYAPURA Hospital, 2019).

This study aims to find out the expectations of midwives in hospitals in treating HIV-positive mothers during pregnancy, childbirth, and nifas conducted by in-depth interview methods to midwives. Differences with previous studies include Dewi & Intan Sari (2017) more research on the role of laboratories in HIV testing. In contrast to Nurjanah and Wahyono's research (2019) which examined meta-analysis about the challenges of implementing PMTCT from 311 articles and selected by Prisma method into 4 articles to be analyzed. Unlike Widjajanti's research (2012) which examined with retrospective methods on the evaluation of PMTCT at RSAB Harapan Kita. Differences were also found with the research of Budisuari and Mirojab (2011) who both used qualitative methods about PMTCT policy in the city of Surabaya with analysis using grounded theory, while in this study using content analysis. This study is also different from Putri and Padua's (2018) research on the attitude of pregnant women in PMTCT with a phenomenological approach.

RESEARCH METHODOLOGY

This research is qualitative descriptive research. Participants consisting of 12 midwives and 3 HIV patients were selected using Purposive Sampling with the criteria of midwives who worked for at least 1 year at Jayapura Hospital, willing to be participants and have experience of maternal care with HIV both during pregnancy, childbirth, and postpartum. Data collection with in-depth interviews. Data Analysis with content analysis.

This research has received approval from the ethics committee of the Jayapura Health Ministry Police with Number 007 / KEPK-J / V / 2021 on May 24, 2021. The next research step after obtaining after obtaining the approval of the ethics committee is to bring a research permit from the director of the Jayapura Ministry of Health Police to the R&D section of Jayapura Hospital, after obtaining permission from the Director of Jayapura Hospital and the R&D section and then bringing the permit to the head of nursing, delivery room, nifas room, IGD

room, polyclinic room, VCT room, and peristi room. Next, do a time contract with their respective midwives and HIV patients in the room to conduct in-depth interviews. After conducting an in-depth interview then compile the verbatim of the interview results and conduct an analysis using content analysis.

RESEARCH RESULT

This research was conducted at Jayapura Hospital from May 21, 2021 to August 10, 2021 by conducting an in-depth interview after receiving an ethics letter from the Jayapura Police ethics committee and receiving permission from the Director of Jayapura Hospital. In-depth interviews have been conducted with 12 midwives and 3 patients with HIV-positive experiences. The main informant characteristics of the 12 midwives, namely N1-N12 obtained the youngest age is 31 years old and the oldest age is 55 years. The lowest education is midwifery D3 and the highest is S2. The minimum length of work is 9 years and the longest is 37 years. The characteristics of supporting informants, namely R1, R2, R3 from 3 pregnant women with HIV-positive birth experiences, 2 informants (R1 and R3) are not in accordance with PMTCT and the baby died while the R2 informant obediently followed PMTCT and their two children hiv negative.

Based on the content of the analysis obtained midwife expectations related to the care of mothers with HIV positive during pregnancy, childbirth and nifas obtained the following results:

No more transmission of HIV from mother to baby

This appears in the following interview excerpts:

"We can motivate so as not to transmit so that the hope is not to increase but reduce patients with HIV positive so as not to transmit to others including to the child they contain in the case of pregnant women with HIV." (WR. 1.N8.31-5-2021)

"But I think seeing my experience as a peer support group here I see here quite well, the child is not infected, only his mother has to take medicine, because he is obedient. (WR1. R2.28-5-2021)

"We must not hurt ourselves why we do not routinely seek treatment like those whose successful children are not infected. We are ignorant do not easily accept the talk that is not clear, do not accept their talk. Although I have to take medicine for life lest my child contract HIV." (WR1. R3.28-5-2021)

May there be no postoperative infection wounds SC rice mother nifas with HIV

This appears in the following interview excerpts:

"Hopefully the services we provide can help his patients to heal especially Saecar's surgery with HIV he lacks mobilization, malnutrition, later one week he comes with an infection, so we love to know so that he quickly heals the wound so as not to get infected, this is an example of this patient has been here 2 weeks again the wound is wet infection, maybe at home not treated well back here has festered, Later the handler Replace Balut morning and Afternoon using NACL in the morning in the afternoon if it is a bit pale check Hb or albumin klau less able blood transfusion or albumin transfusion, just wait for the results of this albumin transfusion post." (WR1. N2.21-5-2021)

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Counseling from the health center is more and proactive to prevent HIV transmission in the community. This appears in the following interview excerpts:

"Our hope is that no more HIV-HIV may be counseling that should be more, puskesmas that are directly related to the community must be more proactive again, so that there is no more hiv-HIV positive anymore. If you can, don't be sorry. Love a lot of pity counseling age 20 is still a long life is only 20 years how come it is b20, puskesmas must play more role, hopefully the community is no longer hiv positive. For hospitals, it is good that PPE has been too much, which needs to be improved puskesmas, if there needs to be kespro lessons from an early age. Let them know this disease is dangerous." (WR1,N3,28-5-2021)

There are constant science updates for midwives in the latest HIV treatment

This appears in the following interview excerpts:

"We are improving the new science on how to deal with HIV so that we can review what can be

done with the new science. May mother and son be healthy, we are not exposed, our friends are not exposed, all are healthy." (WR1. N4.28-5-2021)

The addition or regeneration of HIV counselors at Jayapura Hospital

This appears in the following interview excerpts:

"First we can work together, so if there is an HIV positive result, it is quickly handled quickly in counseling, so that in the future the baby born does not contract HIV from the mother. This mother does have to control, the baby too. So that the baby does not get infected, hopefully there is a regeneration of the counselor for midwifery because the counselor's activities are made by the schedule of the VCT." (WR1. N5.28-5-2021)

Stigma and Discrimination Soon disappear

This appears in the following interview excerpts:

"Stigma and discrimination soon disappeared. HIV is like malaria or any other disease. Health workers at this hospital are no longer discriminating. There are patients who tell stories that health workers elsewhere have crita critas in the back. Not to mention from family and neighbors if they know they have HIV they will stay away from HIV. That's what we want to eliminate. If you use ARV from TM1, the viral load is undetective, can give birth normally, and can breastfeed. All those choices we give at the time of control we give all. There are also those who are sad that her husband so know that her husband left behind, so the loss of treatment." (WR1. N6.2-6-2021)

No one closes the status of health workers, husbands, or families

This appears in the following interview excerpts:

"Hopefully no one else will be infected with HIV, if counseling has gone well, and no one else closes the status of us health workers, because we are open and do not discriminate at all. So our hope is that treatment can be completed and no more babies who contract HIV, especially later who post SC with HIV usually long that the wound heals because he is not good nutrition and usually that hides the status so that there is no encouragement from the family. (WR1. N7.10-8-2021)

"What is difficult is if the patient closes the status of the family because if the opening is still small, the SC is trying, when asking for SIO it is difficult because they will finally open or how this is difficult, sometimes you have to call a big family etc." (N9.28-5-2021)

"Many families are less cooperative, especially if the treatment is cut off, for example, he

is treated from the interior at which health center, then follows the husband or family here, so here is not treatment, well that's it. Moreover, it closes the status of her husband and family. When her husband is not around, her husband is far away, usually the closest to him is his mother. The agreement is not difficult if you come just know that HIV positive is a long time because it has not received the condition. But if you've been HIV positive for a long time, you know it's easier than you just know." (WR1. N4.28-5-2021)

DISCUSSION

No more transmission of HIV from mother to baby

Various expectations by midwives and patients based on interviews with N8 midwives and HIV patients, namely R1 and R3, were found to be the result that their hopes included no transmission of HIV from mother to baby in a way that pregnant women follow the PMTCT program well starting at the time of pregnancy, childbirth, nifas, and baby care.

This is supported by research Syarah V et al (2013) which states that the PMTCT program that can be supported by midwives is how to motivate patients not to transmit HIV from mother to baby during this period of inhibition and childbirth by following the PMTCT program properly.

The results of this study were also supported by Ummi, et al (2021) who examined the behavior of midwives in treating post SC mothers with HIV positive in two different hospitals and obtained results in type B hospitals are still very strict in ensuring there is no TRANSMISSION of HIV where the room of HIV patients is insinuated, the tensimeter is also stung. However, for type A hospitals are not distinguished rooms with other normal nifas mothers. From both hospitals, there is no transmission of HIV from mother to baby.

Other research that is not in line shows that there are still some health workers who are not supportive in treating HIV patients (Mardiah and Priambodo, 2017). Unlike the results of this study where all midwives support treatment in HIV patients and try not to transmit to their babies.

May there be no postoperative sc infection wounds in mothers with HIV

The midwife's hopes related to the healing of postoperative infection wounds SC were conveyed by N2 who said that some HIV patients with post SC patients had infections in post SC wounds. This shows the high sensitivity and empathy carried out by midwives at Jayapura Hospital. High sensitivity and empathy are obtained based on work

experience, age, and education level of informants at least 9 years of work. This is in line with Husna and Fitriani (2016) who mention sensitivity and empathy formed by a person's experience, age, and education level.

This is in accordance with research that mentions HIV-positive status in HIV-positive mothers at risk of 6 times having infection in stitch wounds so that HIV positive patients in the nifas period are prone to post partum depression so that midwife support is needed (Yator et al., 2016).

This is supported by other studies that mention one of the midwives' hopes that HIV patients get the best service so that they can prolong their lives and avoid other disease infections by means of cooperation and good communication between health workers who treat them (Wami, et al, 2016).

Counseling from the puskesmas is more and proactive to prevent HIV transmission in the community.

Based on the results of the study, N3 said that counseling or counseling about HIV transmission is more widely carried out to the entire community including by puskesmas who are more involved with the community so that the community is more aware by preventing hiv AIDS transmission.

This is in accordance with research that says the success of preventing hiv / AIDS transmission from mother to baby is very dependent on the involvement of various parties, the active role of health workers in providing education and information about HIV / AIDS disease to mothers and families is not enough but must be coupled with the active role and family support to HIV mothers who will act as motivators in preventing the transmission of HIV / AIDS from mother to baby (Widayanti & Kunci, 2020).

There are constant science updates for midwives in the latest HIV treatment

The addition of knowledge for midwives about how to handle the latest HIV is considered necessary based on the results of research. This is in accordance with the results of research that states that there are differences in perceptions in treating mothers with HIV positive so that it is necessary to re-socialize about HIV handling so that the quality of service to HIV positive patients continues to increase (Ummi, Annas and Sulistiawati, 2021). This is supported by research by Tatarini, et al (2012) which stated that not all midwives get training and transfer of information about HIV so there are still many who feel afraid of contracting it by patients. In the hospital where the midwife works there is also only 1 person who is trained to be a VCT counselor so it is still

lacking and the midwife needs assistance from professional organizations in order to provide the best service to mothers with HIV.

If the first test result is negative, the ARV is not continued, and from the age of 4 weeks is given prophylaxis cotrimoxazole until the HIV test is negative on the second HIV RNA test, which is at the age of 4-6 months. Then at the age of 18 months, an antibody test against HIV (ELISA) is done for confirmation. In the literature it is said that babies are not infected with HIV if at least two laboratory tests are not found in their blood (Widjajanti, 2016).

Stigma and Discrimination Soon disappear

The hope of other midwives is that the stigma and discrimination that has arisen in the community about HIV positive patients can disappear, such as in Jayapura Hospital there is no longer discrimination like anywhere else, and there is still discrimination from family and neighbors around when knowing the status of HIV will be shunned. Midwives hope that HIV is considered another disease such as malaria. Because it is precisely with this discrimination that hinders maternal compliance in the PMTCT program.

Stigma and discrimination are expected to disappear immediately to HIV patients because in fact if they exercise universal vigilance properly, it will prevent transmission of HIV to health workers (Palimbo, 2016).

This stigma and discrimination was also found based on the results of previous studies that mentioned that this stigma and discrimination are factors in the presence of post partum depression in HIV patients with post SC (Yator et al., 2016). Discrimination in HIV patients was also found by health workers (Nyblade et al, 2018). Martiningsih et al (2018) also found stigma and discrimination from health workers.

Another similar study states that HIV patients do not need to be distinguished from other patients so there is no need for discrimination in these patients (Ledda, et al, 2017).

No one closes the status of health workers, husbands, or families

Some informants say that there is no need to close the status of health workers because health workers at Jayapura Hospital do not discriminate and are ready to help mother patients with HIV positive so as not to transmit to their babies. Because it is precisely by closing this status that makes it difficult for health workers to provide services for example when asking for approval of operations when they want sc action.

This is in line with research that states that HIV is more closed status from family and society because of fear and shame of discrimination by families and communities. So that it becomes an obstacle to compliance in drinking ARVs (Wahyuni, 2018).

This is also supported by Suprayitna, et al (2018) who mentioned that THE PEOPLE need support from the closest family to be able to motivate themselves to live a long life, so it is necessary to be open in informing their health status.

CONCLUSION

The hope of midwives and HIV patients in the care of mothers with HIV positive include that there is no more transmission of HIV from mother to baby, hopefully there are no wounds of postoperative infection SC rice mothers nifas with HIV, counseling from the puskesmas more and pro active to prevent HIV transmission in the community, there continues to be science updates for midwives in the latest HIV handling, The addition or regeneration of HIV counselors at Jayapura Hospital, stigma and discrimination soon disappeared, no more closing the status of health workers, husbands and families.

SUGGESTION

It is recommended that routinely held regeneration of HIV counselors in hospitals and increased counseling programs on HIV prevention by a team from the Health Office.

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