



# Participation of Cadres and Peer Support Groups in the PMTCT Program in Karo Regency North Sumatra Province Indonesia

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The prevalence of HIV-infected people in Indonesia currently ranks second in Asia. A total of 70.7 percent of those infected in Indonesia are aged 25-49 years, the reproductive age period. Public awareness to be involved in programs to prevent HIV transmission is urgently needed to accelerate the eradication of HIV AIDS by 2030, especially supporting the fast track: 95-95-95 promoted by UNAIDS.

This is qualitative research with a phenomenological approach. Data collection with focus group discussions. The research informants were 6 pairs of pregnant women and their husbands, 8 health workers and 15 stakeholders from the community, namely cadres, peer support groups and religious leaders.

The results of this study found that high HIV-related stigma, high workload on health workers, low utilization of services, lack of outreach to the community and lack of coordination between health workers and community stakeholders were obstacles in implementing PMTCT. Making cadres and peer support groups and health workers as outreach workers, educators and ending with an HIV test by health workers at the program entrance is a relevant strategy in an effort to increase the coverage of pregnant women involved in the PMTCT program.

**Keywords:** PMTCT, cadres, support groups, outreach.

## 1. Introduction

Currently, Indonesia ranks second in terms of the number of people living with HIV in Asia, it was reported that as of March 2021, there were 427,201 people infected with HIV and 131,147 people living with AIDS<sup>1</sup>. The proportion of people living with HIV based on the majority aged 25-49 years is 70.7%, an important period in reproductive age. HIV tests were

carried out on 8,459,449 pregnant women from 2017 to March 2021, there are 23,070 HIV positive pregnant women or a positivity rate of 0.27 percent. ARV treatment for pregnant women with HIV only covers 32.59%, even though pregnant women have a high chance of contracting HIV and then transmitting HIV to their babies, both vertically and during labor and breastfeeding. Demartoto et al study<sup>2</sup> found that 15-45% of pregnant women with HIV will transmit it to their fetus.

The issue of HIV needs to be a serious concern for public health, including preventing HIV transmission from mother to child. Referring to the UNAIDS target, the aim of preventing and controlling HIV-AIDS is to realize the Three Zero target by 2030, including 1) No more transmission of new HIV infections, 2) No more deaths due to AIDS, and 3) No more stigma and discrimination against people living with HIV-AIDS with Fast Track 95-95-95. This target can only be achieved with the involvement of all components, both in the health sector and other related sectors, including Community Organizations or organized communities. This research aims to identify barriers and good practices in implementing Prevention of Mother to Child HIV Transmission (PMTCT).

2. Materials and Methods

This is qualitative research with a phenomenological study approach. Research informants were determined using purposive sampling. There were 35 informants consisting of 6 pregnant women and their husbands, 8 health workers consisting of 2 general practitioners, 1 obstetrician, 5 midwives, 15 community stakeholders consisting of cadres, peer support groups and religious leaders. Using in-depth interview techniques and focus group discussions, informants were asked about their participation in the PMTCT program. The results of the recorded interviews and FGDs are converted into written form called a transcript. The transcripts that have been made are analyzed using qualitative content analysis according to Colaizzi<sup>3</sup> by understanding and defining the phenomenon with steps: 1) read and understand the entire transcript carefully. 2) identify important statements from each transcript text. 3) formulating meaning derived from significant statements, 4) Organization of formulated meaning into groups of themes and sub-themes, 5) integrating findings into a complete description, 6) describing the basic structure of the phenomenon, 7) returning it to the informant to validate the findings.

3. Results

Research informants were selected using inclusion criteria. The demographic data of the informants is presented in detail in table 1.

Table 1. Informant Characteristics

Characteristics	Description	Total
Sex	Man	12
	Woman	13
Age	Minimal	20
	Maximal	52

Education	Elementary school	1
	Junior high school	2
	Senior High School	14
	Bachelor	14
	Masters	4
Marital status	Married	33
	Single	2
Work	Housewife	7
	Teacher	1
	Employee	5
	Farming	5
	Self-employed	3
	Midwife	5
	Doctor	2
	Obstetrician	1
	Pastor	1
	Ustadz	1
	HIV NGOs	2

The results of the analysis of verbatim found 6 themes and 17 categories, which are presented in table 2 below:

Table 2. Themes and Categories

Themes	Categories
Husband's support and participation in pregnancy care and PMTCT	<ol style="list-style-type: none"> <li>1. The presence of a partner in pregnancy care</li> <li>2. Support the wife's participation in classes for pregnant women</li> <li>3. Awareness of the benefits of HIV testing as a prevention effort</li> </ol>
Roles and responsibilities of Health Workers in the HIV Prevention Program for Pregnant Women	<ol style="list-style-type: none"> <li>1. Main tasks in PMTCT</li> <li>2. Other work and responsibilities outside MPTCT</li> </ol>
Management of pregnant women visiting Health Facilities	<ol style="list-style-type: none"> <li>1. Standards for Examination of Pregnant Women</li> <li>2. Length of interaction</li> <li>3. Reporting Recording</li> </ol>
Utilization of HIV testing services for pregnant women	<ol style="list-style-type: none"> <li>1. Few pregnant women visit the village health post</li> <li>2. HIV testing for pregnant women has not been integrated into Maternal Child Health (MCH) services in hospitals</li> </ol>

Community Stakeholders' Experiences regarding HIV testing	<ol style="list-style-type: none"><li>1. Early examination is important so that treatment can be given early</li><li>2. Examination stages</li><li>3. Openness of status towards partner</li><li>4. Stigma related to HIV</li></ol>
Activities/efforts that have been carried out by the organization in efforts to prevent and treat HIV	<ol style="list-style-type: none"><li>1. Educational Activities</li><li>2. Peer support activities</li><li>3. Mobile VCT</li></ol>

3.1. Husband's support and participation in pregnancy care and PMTCT.

The presence of a partner in prenatal care. Regarding the husband's presence in prenatal care, husbands are generally less involved in prenatal care. Providing support in pregnancy care is not yet considered a priority, so they only accompany their wives when they have free time and just deliver them, not being involved in face-to-face meetings with pregnancy examination service providers.

*" Yes, sometimes I come along, sometimes most of the time I don't come, but recently I came along because I wasn't too busy with work, so I came along like it was just yesterday I was taking her... checking her pregnant... just dropping her off... she went into the room examination, I just stayed outside. Later, if there is a need, whether it is necessary to be called, I will come in.... " SH<sub>5</sub>*

Attendance at pregnancy care activities and education provided by health workers is very important to build the husband's knowledge base and confidence in caring for pregnant women. The husband's presence in the pregnant women's class will be at least one meeting, so that the husband will get various important material related to pregnancy, pregnancy care, childbirth, postpartum care, newborn care, myths, diseases<sup>4</sup>.

Husband's support for wife's participation in pregnancy classes. Health education for pregnant women in the community can be accessed in the pregnant women's class, which is a learning group for expectant mothers about overall health for pregnant women. In general, informants, husbands of pregnant women, supported their wives' participation in classes for pregnant women.

*" My wife can take a class for pregnant women, if there is a class then there are lessons, that's good....SH<sub>1</sub>*

*"... As far as I know, there has never been a class for pregnant women, maybe you won't get the information, if there were, it would be good for pregnant women to get information there"... SH<sub>6</sub>*

Warlenda Study<sup>5</sup> stated that pregnant women who received less attention from their husbands caused pregnant women not to attend classes for pregnant women, felt they received less attention from their husbands because the husband worked and no one reminded the mother to take classes for pregnant women so mothers were less active in taking classes for pregnant women. Meanwhile, pregnant women who receive full support from their husbands tend to

like to give advice to mothers to take classes for pregnant women and accompany mothers when taking classes for pregnant women, causing pregnant women to become more enthusiastic and active in taking classes for pregnant women.

Awareness of the benefits of HIV testing as a step in preventing HIV transmission. The importance of HIV testing for pregnant women was realized by some of the informants to find out the mother's HIV status so that it could be prevented from transmitting it to the fetus. Therefore, the informants felt that midwives needed to recommend HIV testing for pregnant women.

*" If a pregnant woman is infected with HIV, it can infect her baby.... that's how it can be recommended by midwives that we, pregnant women, should be examined..... "*SH<sub>1</sub>

### 3.2. Roles and responsibilities of Health Workers in the HIV Prevention Program for Pregnant Women

Main tasks in PMTCT. Pregnant women who receive prenatal care in health facilities or Public Health Center (PHC) are given education on the importance of HIV prevention. At the PHC level, education is provided to prevent mother-to-child transmission of HIV, followed by HIV testing.

*" If there is a patient, we educate after we have carried out the examination, we recommend that the patient be given a triple elimination examination. Apart from being at MCH, I am also at the polyclinic, so if there is a patient from MCH, I am called apart from education... we do screening and lab examinations like triple elimination, which includes syphilis, HIV and hepatitis... ".*P<sub>1</sub>

*" What we do is first of all, we educate the patient so that he receives an examination, especially since this is in accordance with the regulations of the Minister of Health, one of which is that he must carry out an HIV examination because this examination is integrated with MCH services..... "*P<sub>4</sub>

Good and quality antenatal care is a service that can provide health protection while the mother is carrying out her pregnancy. The goals of quality antenatal care include preventing and early detecting problems or illnesses experienced by pregnant women and their fetuses. Conditions that can have a negative impact include, among others, HIV infection in pregnant women. In an effort to prevent HIV transmission from mother to child, PMTCT services are integrated with MCH services including during the antenatal period so that PMTCT also becomes the main task of all health workers involved in antenatal services at both first level and referral facilities. Every pregnant woman who accesses antenatal services is given information about PMTCT <sup>6</sup>.

Education about the importance of HIV testing is continued by making internal referrals to the health center laboratory for HIV testing in pregnant women.

*" .... Every ANC is required to carry out tests for hepatitis, HIV and syphilis. That's what we usually do, we educate, we refer internally to the lab for examination... "*P<sub>5</sub>

PHCs have a central role in providing basic health services to people in Indonesia. One important aspect of the services provided by the PHC is HIV testing for pregnant women which is part of the integrated Antenatal service. Integrated Antenatal Care is a comprehensive and

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quality antenatal service provided to all pregnant women to fulfill the right of every pregnant woman to receive quality antenatal care. Integrated antenatal care includes promotive, preventive, as well as curative and rehabilitative services, one of which is HIV AIDS testing.

Education Services at The village health post is known as Poskesdes.

*"... When pregnant women come to visit the poskesdes, we provide education to the pregnant woman... the importance of getting tested for HIV. So we directed the woman to be tested in the laboratory at the PHC...P8*

Based on the expressions of village midwife informants, the role of informants in the program to prevent HIV transmission from mother to child is to provide education to pregnant women who come to visit for prenatal care and are independently directed to check themselves at the PHC. Education provided by midwives as part of health promotion is aimed at increasing correct and comprehensive knowledge regarding preventing HIV transmission<sup>4</sup>. However, explanations regarding preventing HIV transmission from mother to child are only given by health workers when offering HIV testing, causing many pregnant women not to go to poskesdes for prenatal care. Pregnant women usually go to the health center when there are complaints about their pregnancy or before delivery so that if they are infected beforehand it will be too late to prevent it. transmission to children. Midwives provide continuous and complete midwifery services, focusing on aspects of disease prevention including promotion, preventing the transmission of HIV and AIDS to pregnant women by providing health education or counseling to pregnant women who come to visit health service centers. Pregnant women will be guided to make their own decisions to change new behaviors and maintain them. Interventions to prevent HIV transmission to pregnant women include providing maternal and child health services which can be the beginning or entry point for efforts to prevent HIV transmission from mother to baby in pregnant women. The PMTCT program for pregnant women in ANC services at Poskesdes cannot yet be implemented optimally, the service is still provided in the form of information on the importance of HIV testing, because the Village Midwife has not been involved in the examination, so the Village Midwife is also not equipped with reagents for examination as stated by the Informant,

*"... Because the tools to carry out the examination were not given to the village midwife. The village midwife only directed them to carry out an examination at the PHC...."P<sub>8</sub>*

*"If there's nothing we can do in the village, we can only do counseling, that's still limited..."*

The role of Midwives at Poskesdes is in accordance with the PMTCT program guidelines which state that Midwives at Poskesdes are tasked with recommending HIV and syphilis screening tests during antenatal care and referring pregnant women to PHC which are capable of doing so, but this is different from ANC services carried out at PHC, at hospital HIV testing is only carried out before delivery, whether normal delivery or operative delivery. Education about HIV prevention and testing for pregnant women should have been completed at the PHC.

*"... If we are at the Amanda Brastagi Hospital, so every patient who will be given treatment, whether giving birth naturally or giving birth through surgery, so this HIV test is a mandatory test and must be done, that's right.....*

*....the standard of pregnancy care here is that HIV testing is not routinely carried out because*  
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*most of the patients who are given antenatal care do not necessarily give birth here, like that and that too, eee, we need an informed consent to carry out the examination, Does the patient want to do the examination, because that's what it becomes... a dilemma for hospitals too, of course...*

*..... The name of counseling is already a program from the PHC...."P<sub>3</sub>*

Early awareness of HIV transmission from mother to fetus during pregnancy in hospital services is not yet a priority. HIV testing is only carried out before delivery as part of routine procedures for safe delivery at the hospital. The role of hospitals in preventing HIV transmission from pregnant women to fetuses is passive, the role is passively carried out by people who come to health service facilities to obtain health services because of the assumption that active case finding is carried out by outreach, early detection or screening as well as partner notification and children who are carried out by Health Personnel and/or non-Health Personnel have been carried out at first level health facilities at the PHC level<sup>7</sup>. However, considering the results of the 2018 Integrated Survey of Biology and Behavior of key populations<sup>8</sup> which shows that the prevalence of HIV in key populations is generally still high, above 10%, where there has been a shift in the pattern of HIV transmission, where in the early 2000s HIV transmission was more frequent due to the use of shared syringes among injecting drug users. Currently, sexual transmission is the way of HIV transmission. important, so it is very relevant if hospitals also prioritize preventing HIV transmission from mother to child by finding cases in pregnancy services.

Task and responsibilities of health workers other than HIV services. Health workers who are involved in HIV transmission prevention programs, whether they work at PHC or in villages, are usually also burdened with other tasks so they don't just focus on working on the PMTCT program.

*"..... Many tasks apart from doing work at the polyclinic are my responsibility, also if there are activities from health operational assistance, I also participate, for example going to schools, being a vaccinator too...."P<sub>1</sub>*

*"... as a coordinating midwife we are responsible for the MCH room and delivery room, in the MCH room we provide ANC, family planning and reproductive health services... we handle a lot of reports. Problems with MCH reports, such as those reported to the health service office, childbirth with BPJS insurance, are all handled by us in addition to our duties in the MCH service....."P<sub>5</sub>*

*".... because we are in direct contact with the community, there is a TB program, TB for pregnant women, TB tracking for the community, then there is also for schools, there is also counseling for children, then there are also toddler classes. There are also ones for the elderly. Many programs are posbindu. Stunting program, all programs in the Health Service office and handed over to the PHC and will definitely fall to the village midwife..."P<sub>6</sub>*

Based on triangulation of information sources, both doctors, midwives at PHCs and midwives in villages apparently have multiple jobs so the staff's workload is quite large. Excessive workload of health workers due to the large variety of tasks assigned results in health workers not focusing on one service program which in turn has a negative impact on the quality of health services provided<sup>9</sup>, excessive workload can cause service providers to sacrifice patient



care<sup>10</sup>, high workload is likely greatly reduces the motivation and ability of service providers to provide appropriate services, which may explain the gap between what service providers know and what they do in practice<sup>11</sup>.

### 3.3. Management of pregnant women visiting Health Facilities

Standards of care for pregnant women. The standard for prenatal care visits according to program recommendations is 6 visits.

*"... Pregnant women visit the health center, the standard is six visits and screening is carried out, I will test, I will make a request for a test to the laboratory for screening to see whether the pregnant woman is infected with HIV AIDS, syphilis and hepatitis so that we can prevent transmission from mother to child*

*.....There are those who volunteer, yes, there are those who ask but still initiate the test. From the beginning, we introduced that there was a program before we informed them that there was indeed a request and this was informed consent, we made there was informed consent. Other people don't know, consent from the patient....." P<sub>2</sub>*

HIV testing is one of the tests that should be routinely carried out on pregnant women according to standard examinations<sup>1</sup> in antenatal care, namely laboratory tests and integrated in the Triple Elimination program, namely testing for HIV, Syphilis and Hepatitis B<sup>4</sup>. Thus, all pregnant women should be informed about having an HIV test.

Length of interaction. The interaction time between health workers and pregnant women varies. Usually with a doctor it is shorter because the doctor's services are not only for pregnant women, while interactions with midwives can take longer because there are not many pregnant women at the PHC.

*" We interview the patient for approximately five, five minutes because then we direct the pregnant woman again to the laboratory, where she will wait for the results. After the results came out, he returned to the MCH room and from there he saw the results...." P<sub>1</sub>*

*"... Actually, we don't have many patients, maybe the average is two per day, so actually we have a lot of time, so in fact, for example, sometimes these patients are serious and want to ask us questions, so it can take a long time, it can also be fast, but if for example, When we were there we didn't have any problems either..." P<sub>4</sub>*

From the information provided by informants, it was found that the interaction between health workers and pregnant women only lasted about 5 minutes, even when more time was available. Midwives were willing to take the time if the pregnant woman took the initiative to ask questions. Lack of time and explanation regarding HIV testing causes pregnant women to have insufficient knowledge about HIV testing even though it has been explained by health workers before carrying out the HIV test<sup>12</sup>. Requiring HIV testing disguised as routine and regular blood tests on pregnant women causes a dilemma where HIV testing becomes non-voluntary. The explanation regarding HIV testing emphasizes the importance of knowing the health status based on blood tests of pregnant women, causing pregnant women to agree to undergo HIV testing. Health workers have a very important role in encouraging pregnant women to undergo HIV testing. Many pregnant women do not undergo HIV testing because they are never informed by health workers.<sup>13</sup>.



Recording and reporting. Recording and reporting of HIV testing activities is carried out in layers, starting from recording manually or using an application.

*"... special book, so there is a special one for HIV screening, but yes, there is also an application, there is another section later, namely the SP2TP section, they will later enter it into the application, so what we check is that even though it is there manually, it will still be entered into the application....."P<sub>4</sub>*

Complete recording and reporting are important things in the service. For programs, this system can be a basis for planning activities, procurement and distribution of medicines, reagents and so on. Meanwhile, for clinicians, this system will make it easier to carry out follow-up.

#### 3.4. Utilization of HIV testing services for pregnant women

Visit of Pregnant Women at Poskesdes. Even though the Poskesdes provides education about preventing HIV transmission from mother to child, not all pregnant women use the Poskesdes as a pregnancy care service so they cannot receive adequate education.

*".. Of all pregnant women, perhaps only half can attend.."*

*"... Currently, the number of pregnant women who come is still 34 this year, even though the target is 63....."*

*".. Actually, the standard for ANC visits is 6 times, but what happens in the field is that sometimes the standard is not met because they visit, sometimes 2...3.. to 4 times, but it doesn't reach the standard. It hasn't reached the standard of 6 visits, sometimes it's already 2 visits..."P<sub>3</sub>*

HIV testing for pregnant women has not been integrated into MCH services at hospitals. The lack of integration of HIV testing services in hospitals is probably due to the stigma associated with HIV and this is an important obstacle because talking about HIV testing is considered a fairly taboo process. Stigma is one of the obstacles in overcoming HIV and AIDS, and usually arises due to wrong perceptions about HIV and AIDS as a result of society not yet getting a comprehensive understanding of HIV and AIDS.

*"..... . Why do people come to Hospital to be tested for HIV? They say that, they don't want people to come anymore, so we still tell mothers whether they want to be tested, but most don't...."P<sub>3</sub>*

Apart from the issue of stigma related to HIV, hospitals also need to maintain services so that they do not come into contact with sensitive service issues. This is because stigma and prejudice are carried out not only by ordinary people but also by health professionals. Health workers, whether doctors or nurses, who frequently encounter PLHIV face discrimination and stigma from society. For example, people avoid seeking treatment or refuse to be treated by doctors and health workers who usually care for people living with HIV-AIDS

*".... Besides the service side, we also have a business side, that's what we need to think about..."P<sub>3</sub>*

### 3.5. Community Figures' Experiences regarding HIV testing

Regarding the importance of carrying out early examinations so that treatment can be given, informants said based on experience that initial examinations are carried out to detect HIV infection even though no symptoms have previously been found. If it is detected, the family involved also needs to be examined. Based on the informant's experience, the case will be healthy after being given treatment.

*"So that day, one family got two people, we were surprised that the first child was immediately taken to Adam Malik General Hospital, it turned out that everyone was affected, so we were surprised at how old he was when he was detected,...until now, thank God, he is healthy, apparently he is not. straight away, he often goes there, right... maybe it's also a secret that his close relatives and we also keep it a secret that every month he has to take medicine....."T3*

Examination stages. Peer Support Cadre informants understand that the examination carried out at the PHC is only a Rapid test, so that if a reactive result is obtained then the patient in question needs to be accompanied for a further examination to make a diagnosis whether it is positive or not..

*"... HIV testing is carried out in stages, at the PHC. The examination that is carried out is only rapid screening, if the result is reactive it is not necessarily positive, so a follow-up examination with 3 test kits at the hospital is important to carry out..*

*"... Later at the PHC the examination will only be screening, so later we will refer you to the hospital for three test kits, that's where you can make sure whether he is HIV positive or not, mostly from the PHC there are some that we get that are reactive but after being tested at the Hospital it turns out to be negative, which is actually a decisive result. It's at the hospital so don't let it happen that when you've been tested at the PHC you'll be immediately informed that it's positive..."T10*

Openness to Partner. It is very important to get support and care from your partner. Every pregnant woman should get an examination at the beginning of pregnancy, receive education from the beginning of pregnancy because if HIV is detected at a later gestational age, besides the opportunity to prevent transmission from mother to child is limited, the referral procedure also becomes complicated if the examination is carried out before delivery.

*".... Yesterday there was a case we also found that a pregnant woman was about to give birth but she had not been tested at the health center so why wasn't she tested, because she wasn't open to her partner, she was already HIV positive, then she got married and then became pregnant and she didn't tell her partner about her status, so because she was covering up His status was with his partner, he didn't dare to do a test at the health center so he wanted to go straight to the birth process. Long story short, she wanted to give birth at Amanda Hospital, but it turns out that Amanda Hospital also currently requires testing for pregnant women about to give birth. After it was discovered that the pregnant woman was positive, she was returned to us at the General Hospital, so because we couldn't treat her at the General Hospital, we finally referred her again to Adam Malik Hospital. That may be why it is important at the village or sub-district level to provide education to pregnant women so that they are willing or willing to take the test...."T10*

HIV-related stigma. Stigma related to HIV is still an obstacle to HIV testing so that people are reluctant to get tested. Informants revealed that stigma can come from society and even from health workers.

*".... So we always get the first stigma and discrimination from midwives who should be the first foundation that can help our patients not get down. So the process is carried out but not in the field, as a result, if a new case is discovered they are afraid to seek counseling from the midwife, that is. We find that a lot. In fact, yesterday we also discovered a case with our brother, so even though the results are not necessarily positive, you know. So he did check, so it's true that from the conditions he experienced, he referred to it like that, even though it wasn't like that, but you really have to check for valid results like that, so it has spread throughout society, its status has spread, so as a result it has been discriminated against. So, that's what we often, often find in society, like earlier, I too, with a little opinion from the cadre's mother, what if one's status was kept secret, it would be very dangerous for those around him, whereas what we understand is that a person's identity has the right to be disclosed by the person himself, so , whatever the disease. So, so that we don't find any more things like this in the field...."T*

HIV/AIDS stigma and discrimination in health facilities are obstacles to progress in preventing the HIV epidemic and can even reduce interventions to reduce the spread of HIV infection. The emergence of stigma among PLWHA in health services is closely related to the attitudes and behavior shown by health workers in providing health services, be they nurses, doctors or other health workers. According to Nyblade et al<sup>14</sup>, there are at least three main causes of HIV-related stigma in health facilities, namely lack of awareness among health workers about stigma and its impact, fear of interacting due to incomplete knowledge about HIV transmission, and the link between HIV and immoral behavior.

### 3.6. Activities/efforts that have been carried out by the organization in efforts to prevent and treat HIV

Educational Activities. Religious figure informants in their organizations have carried out HIV and drug education activities in their communities which are carried out in pre-marriage programs, limited to providing advice for prospective brides and grooms to test themselves but there has been no facilitation of examinations.

*"... Before getting married, the Pastor suggested that you check your blood for the HIV virus or drugs. That's all the priest said so that the preparations for marriage are truly healthy and the child you conceive will be healthy...."*

In internal church activities, the organization also participates in discussions about HIV.

*".... Last year we had discussions about HIV through our books every week. It reminds us, it's good it reminds us as mothers, there are our daughters. But this year, no one seems to have reminded us, so the discussion about HIV comes up when one of us hears that..."*

The involvement of religious organizations in educating the public is very necessary, especially when the stigma related to HIV AIDS as one of the obstacles in preventing and treating HIV is produced for reasons of morality. Stigma originates from the mind of a person or society who believes that AIDS is the result of immoral behavior that is unacceptable to society. Many people believe that people infected with HIV deserve punishment due to their

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own actions. Views like this usually come from religious groups who tend to carry a moral perspective, so encouraging the involvement of religious organizations in HIV education is a relevant strategy<sup>15</sup>.

Community figure informants revealed that occasionally there is counseling from the PHC to the integrated service post called Posyandu for pregnant women and at other times it is also carried out for groups of teenagers.

*"... Once in a while, we also had counseling, counseling from the PHC came to the Posyandu and gathered at each Posyandu there were pregnant women and toddlers. So, the pregnant women were told to gather first and be given an explanation of the HIV AIDS problem..."*

*"... Then, during adolescence, there is also education about the dangers of AIDS..."*

From the quote above it is known that community-based organizations have advantages that make them in a strategic position in providing response and participation to the problem of preventing and treating HIV and AIDS to understand the needs of the community they serve because they are part of the community itself so they can bridge the needs of the community. with the provision of services available at the health service, in this case PHC.

Peer support activities. Prevention of HIV transmission requires a support system that will be useful as support when people are found to be infected as a result of examination. Apart from that, related to stigma, in all places there are still many cases where sufferers are discriminated against, therefore peer support is needed.

*".... Karo district itself, we already have two companions or peer supporters for people with HIV, so how can they maintain their health and don't let them not take their medication and their peer support friends will be assisted by members of the peer support members of Karo district, that's how it is because, right? we are building a support system like that, if we talk about stigma and discrimination in all places, it's the same, why does stigma and discrimination arise because the information is not accurate, maybe it's conveyed, maybe people become suspicious first..."*

Mobile VCT. The informant revealed that so far, through the Health Operational Assistance (BOK) program in his organization, he has been proactive in providing education to the community as well as being involved in screening in mobile VCT activities, and even being involved in comprehensive assistance so that the informant said that if there was a field program from PHC they would be happy involved.

*"... .....We take part in mobile VCT activities... in the organization, we also provide psychosocial assistance, so if a new case is found we immediately assist in a comprehensive manner. My hope for midwives, if there is a mobile VCT field program, will include us. We are willing to come, so before the mobile VCT is carried out, we can socialize first then we will screen, later if there are new positive cases we will accompany them, for example taking them to the general hospital or for further diagnosis...."*

#### **4. Discussion**

Organizing HIV survivors as a peer support group and involving them in community outreach

activities in collaboration with health cadres providing education based on the lived experiences of PLHIV that promotes access and involvement in a range of HIV services, which in turn prepares services in the community for mobile VCT activities, is effective in delivering and involving pregnant women in HIV services by fostering mutual trust, increasing awareness and providing social support so that in the end it can reduce the stigma felt by pregnant women and the community around them<sup>16</sup>.

The high workload of health workers means that their capacity is limited to reach the community of pregnant women as a special group that needs to receive preventive services so that involving cadres and peer support groups plays an important role in contacting 'hard to reach' pregnant women and facilitating the participation of pregnant women in educational activities and in ultimately making it easier for health workers to provide counseling and carry out HIV testing as an entry point for the PMTCT program. Peer support and cadres as key 'close people' in providing health education in previous research were also effective in encouraging HIV testing and involvement in treatment programs<sup>17</sup>. These findings provide evidence to suggest that health workers and peer support groups have the potential to maximize the impact of health promotion by increasing the involvement of pregnant women in PMTCT services.

## **5. Conclusion**

The findings from this research indicate that involving cadres and peer support groups needs to be formalized because it has an important role in optimizing the involvement of pregnant women in the PMTCT program. The presence of cadres and peer support groups as 'close people' to pregnant women is able to offer a feasible and acceptable solution to reduce common barriers in the community and improve the support system in accessing HIV testing provided by health workers.

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