

Social Supports for Prevention Behavior of HIV and AIDS Transmission from Pregnant Women to Their Infants in Jember District

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Abstract

Indonesia is a country with the highest HIV epidemic in Asia. Jember district has a high number of HIV and AIDS sufferers in East Java Province. The number of HIV and AIDS sufferers in Jember district from 2004 until 2016 were 2876 cases and housewives were the highest sufferers group with 695 cases. This research analyzed the social support for prevention behavior of HIV and AIDS transmission from pregnant mothers to their infants in Jember district. This research used qualitative method with phenomenological approach. The samples were six informants that determined with purposive method. Data were collected by in-depth interview and observation, and then they were analyzed by Interpretative Phenomenological Analysis (IPA) technique. The results indicated that the most of informants were received social support for prevention of HIV and AIDS transmission to their infants. Social supports came from their husband, family, peer companion, and health workers. Social supports were provided in instrumental, informational, emotional, and appraisal support. Lots of social supports given to sufferers could realize the prevention behavior of HIV and AIDS transmission from them to their infants.

Keywords: social support, HIV and AIDS, pregnant, infant

I. INTRODUCTION

Indonesia is a country with the highest HIV epidemics in Asia. HIV had spread to all provinces in Indonesia. East Java is the province with the highest number of HIV and AIDS cases, after DKI Jakarta. Jember district has the highest number of HIV and AIDS sufferers in East Java, after Surabaya and Malang. In 2016, the numbers of HIV and AIDS sufferers in Jember were 2876 cases. Housewives were became the highest group of people with HIV and AIDS in Jember district with 695 cases. HIV and AIDS cases in housewives have an impact to the HIV and AIDS cases for children less than five years (0-4 years). HIV and AIDS transmission from pregnant mothers to their infants were occurred during pregnancy, childbirth, and breastfeeding.

The government tried to suppress mother-to-child HIV transmission by “HIV Transmission Prevention from Mother to Child” (PPIA) program. The PPIA program consists of four activities. Activity 1 is the prevention of HIV transmission at reproductive age (15-49 years). Activity 2 is the prevention of unplanned pregnancy in HIV-suffered women. Activity 3 is the prevention of HIV transmission from pregnant HIV-suffered women to their infants in the womb. Activity 4 is the provision of psychological, social, and care support to HIV-suffered woman, the children, and their families (Indonesia Ministry of Health, 2015).

The prevention behavior of HIV and AIDS transmission from pregnant women to their infants used the behavioral determinant theory of Snehandu B. Karr (Notoatmodjo, 2012). According to this theory, a health behavior could be realized if there were social supports. Social supports were included instrumental support, information, emotion, and appraisal (Glans, 2008). This research analyzed the social supports for preventive behavior of HIV and AIDS transmission from pregnant women to their infants in Jember district.

II. METHODS

This research used qualitative method with phenomenology approach, which aimed to analyze social supports on prevention behavior of HIV and AIDS from pregnant women to their infants by using Snehandu B. Karr’s behavior determinant theory (Notoatmodjo, 2012). This research was conducted in Jember district, in February until August 2017. The research population was all pregnant women with HIV and AIDS in Jember district. There were six informants determined by the inclusion criteria: (1) they were HIV-suffered pregnant women; (2) they were domiciled in Jember District; (3) They were recorded in Jember District Health Office; (4) They were able to communicate in Bahasa; and (5) They were agreed to sign informed consent. Data collection was done by in-depth interview and

observation. The results of phenomenological research were analyzed by Interpretative Phenomenological Analysis (IPA) Technique (Langdrige, 2007).

III. RESULTS AND DISCUSSION

A. Parties who Provided Support in Prevention of HIV and AIDS Transmission from Pregnant Women to Their Infants

Parties who provided support to informants were their husbands, families, health workers, and peer advocates, as revealed by informants as follows:

"People who support me are my husband, my big family, Ms. Ririn (peer companion), and also the midwife doctor in health center..." (Informant 1).

"People who give me support are my mother, companion, and the midwife doctor at health center ..." (Informant 2).

"Anyone who supports me is my husband, Sir. Who else? Here, just me and my husband. My father knew that I'm sick, but he don't know well about the disease... Another one is my companion, Mrs. Y (health workers from outside Jember district), Sir..." (Informant 3).

"In here, anyone who always supports me are Mrs. Wiwin (health cadres), Mr. Eko (case manager), the midwife, and also the doctor in dr. Soebandi Hospital..." (Informant 4).

"My husband, my brother, the midwife, and the doctor..." (Informant 5).

Most informants received social supports to doing preventive behaviors of HIV and AIDS transmission to their infants in their womb. There was only one informant, informant 6, who felt that she wasn't get social supports from anyone, either from husband, family, or health workers. It happened because informant 6 was lived alone with her child in remote areas, so she was rarely visited by health workers, as revealed by the informant as follows:

"There is no one, Sir. No one give me supports. I was all alone, Sir. If I wanted to get medicines, I should take it by myself. If I wanted to complain, I didn't know who I complain for. I had to facing it by myself ..." (Informant 6).

B. The Forms of Supports Provided as HIV and AIDS Transmission Prevention from Pregnant Women to Their Infants

Social supports for HIV and AIDS transmission prevention from pregnant women to their infants were came from husband, families, peers, and health workers. Husband supported them by accompanying if they need health services such as pregnancy checkups and taking ARVs at health center or hospital. Families supported them mostly to take ARVs regularly everyday and encouraged them to live a life like everyone else and moving on from prolonged shock. Health workers and peer assistants provided support mostly of information about what they should do so their infants wouldn't infect by HIV and AIDS.

Supports given to informants in making efforts to prevent transmission of HIV and AIDS to the infants were informational, instrumental, emotional, and appraisal support. Instrumental supports such as accompany the informants to the health service center, if they need for health services such as pregnancy examination and ARV taking. Instrumental support would be also in material supports to prevent transmission of HIV and AIDS, such as the cost of transport to the health service center. Informational support such as counseling support that conducted by health workers and peer advocates about how to prevent transmission of HIV and AIDS to the infants. Emotional support was a passion given to the informants in order to be able to deal with her HIV-infected pregnancy. Appraisal support which received by informants was a warning to always take ARVs regularly everyday and a warning to examine the pregnancy, either in any health centers, as revealed by informants as follows:

"I took the medicine with Ms. Ririn (peer companion), she also gave me spirit to let my child will be negative (didn't infect by HIV). The midwife and the doctor were always said that I shouldn't give birth to my baby in normal way and no breastfeeding..." (Informant 1).

"My mother always called me because I'm at my husband's house, so I will take the medicines regularly, and keep checking the time too..." (Informant 2).

"My husband always accompanied me if I need to check up in the health center. I also call Mrs.Y, so she will come here. If she has no transportation, my husband will pick her..." (Informant 3).

"Mrs. Wiwin (health cadres) always remained me if I shall go to health center. Sometimes, she gave me spirit to let me didn't despair... Mr. Eko (case manager) also often come here and saying that I have to take the medicine regularly..." (Informant 4).

"The midwife and the doctor always said that I shall give birth to my baby in dr. Soebandi Hospital and not to forget to take medicine regularly..." (Informant 5)

C. Social Support for Prevention of HIV And AIDS Transmission from Pregnant Women to Their Infants

Social support is a force within the individual that has a specific purpose and takes place at the outside of consciousness (Ahmadi, 2009). The forms of social support could include instrumental support, information support, emotional support, and appraisal support (Glanz, 2008). In this research, the social supports which provided by husbands, families, peers, and health workers were instrumental support, information support, emotional support, and appraisal support.

Parties who most often provided social support in an effort to perform preventive behaviors of HIV and AIDS from pregnant women to their infants were health workers with information support to informants. This happened because all informants had at least made contact or met with health workers during the pregnancy, pre-ARV counseling, and ARV readiness checks in dr. Soebandi Hospital. This result was in line with Asmauryanah's research (2014) which stated that the role of health workers could increase prevention of HIV and AIDS from pregnant women to their infants.

Social support for HIV-infected pregnant women in this research was consistent with Elisa's research results (2012) which stated that supports for pregnant women was provided by husbands, parents, siblings (brothers and sisters) in the form of emotional support, such as mentoring and motivation. Other forms of supports were physical and financial supports for all prevention of HIV and AIDS from pregnant women to their infants.

Prevention behavior of HIV and AIDS transmission from pregnant women to their infants was observed through observation by observing ARV adherence and regularity in pregnancy checks for pregnant women with 1 to 6 months pregnancy. Observation in pregnant women with 7 to 9 months was done by looking at the history of giving birth and breastfeeding treatment for their infants.

ARV-taking adherence was observed by looking at the suitability of residual ARV amount present in the informant's home with the rest of the day, in which the informant had to retrieve the ARV at the health center or hospital. Regularity in pregnancy checks was observed by looking at records on the mother's and children's health book (KIA) which was owned by informants. Birth history was also observed by looking at records in the informant's KIA book. Breastfeeding treatment to their infants was observed by looking at the availability of formula milk and the tools.

The following data showed the social supports for prevention of HIV and AIDS transmission from pregnant women to their infants (Table 1).

Table 1. Social Supports Form for Prevention of HIV and AIDS Transmission from Pregnant Women to Their Infants

Name	Pregnancy Age	Social Supports	Social Sharing Parties	Forms of Social Supports	Prevention Behavior
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Informant 1	6 months	Had received social supports	Husband, family, peer companion, and health workers in health center	<ol style="list-style-type: none"> 1. Husband: instrumental and emotional 2. Family: appraisal 3. Peer companion: information, instrumental, emotional 4. Health workers: information 	<ol style="list-style-type: none"> 1. Routine pregnancy checks in every month. 2. Taking ARV everyday.
Informant 2	5 months	Had received social supports	Mother, peer companion, and health workers in health centre	<ol style="list-style-type: none"> 1. Mother: appraisal, instrumental 2. Peer companion: information, instrumental, emotional 3. Health workers: information 	<ol style="list-style-type: none"> 1. Routine pregnancy checks in every month. 2. Taking ARV everyday.
Informant 3	8 months	Had received social supports	Husband, peer companion, and health workers	<ol style="list-style-type: none"> 1. Husband: instrumental 2. Peer companion: appraisal and information 3. Health workers: instrumental and emotional 	<ol style="list-style-type: none"> 1. Had not giving breastfeeding to her baby
Informant 4	4 months	Had received social supports	Health cadre and health workers in health centre and hospital	<ol style="list-style-type: none"> 1. Health cadre: informational, instrumental, appraisal, emotional 2. Health workers: appraisal, information, instrumental 	<ol style="list-style-type: none"> 1. Routine pregnancy checks in every month. 2. Taking ARV everyday.
Informant 5	6 months	Had received social supports	Husband, sister, and health workers in health centre	<ol style="list-style-type: none"> 1. Husband: instrumental 2. Sister: emotional information, instrumental 3. Health workers: information 	<ol style="list-style-type: none"> 1. Routine pregnancy checks in every month. 2. Taking ARV everyday.
Informant 6	5 months	Had not received social support	There was no one gave social support	Has not received the form of social support	Had not making an effort to prevent HIV and AIDS transmission to her infant

Table 1 illustrated that lots of aspects of social supports which received by informants could made a greater opportunity for the prevention of HIV and AIDS transmission from pregnant women by informants to their infants. Informants 3 and informants 6 had illustrated that the lack of social support for prevention of HIV and AIDS transmission to their infants results in the inability of preventing the prevention of HIV and AIDS.

IV. CONCLUSION

Social supports for prevention behavior of HIV dan AIDS transmission from pregnant to their infants were accepted by five from six informants. Social supports came from their husbands, families, peers companion, and health workers. The form of social support provided in instrumental support, informational support, emotional support, and appraisal support. Lots of social supports that gave to informants in preventing the transmission of HIV and AIDS to infants in the womb could made a greater the chance of realizing the prevention behavior of HIV and AIDS from pregnant women to their infants.

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