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IMPLEMENTATION OF PREVENTION MOTHER TO CHILD TRANSMISSION (PMTCT)OF HIV PROGRAM IN PREGNANT WOMEN WITH HIV POSITIVE

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ABSTRACT

Introduction: HIV/AIDS is an infectious disease caused by a virus that attacks the human immune system. Currently HIV/AIDS is a global problem that requires attention. One of the programs issued by the government is the PMTCT (Prevention Mother To Child Transmission) program which is consist of 4 prongs/activities to prevent the transmission of HIV/AIDS from mother to child. Objective: to find out the obstacles of implementation the PMTCT (Prevention Mother To Child Transmission) Program of HIV/AIDS in Antenatal Care (ANC) Services in healthcare facilities. Method: This study uses a literature review research method that aims to analyze the components of input, process, output, outcome, prong 3 and prong 4 in the implementation of the PMTCT program. Result: The implementation of PMTCT is not good enough, especially regarding follow-up of pregnantwomen patients by healthcare workers who act as program implementers; The low level ofeducation, attitude and practice of breastfeeding by HIV positive mothers is not good; Poor adherence to antiretroviral treatment increases the risk of mother-to-child transmission of HIV; Stigma, discrimination and data collection on HIV test results are not good enough because the data on HIV test results are not stored properly and some of the data is lost. Conclusion: the components of input, process, output, outcome, in the implementation of the PMTCT program are still not going well, especially regarding follow-up, low levels ofeducation, attitudes and practices of breastfeeding by HIV positive mothers, data collectionon HIV test results that are not good enough.

KEYWORDS: PMTCT, HIV/AIDS, ARV, Health Policy.

INTRODUCTION

HIV (Human Immunodeficiency Virus) - AIDS (Acquired Immuno Deficiency Syndrome) is an infectious disease caused by a virus by attacking the human immune system so that within a certain period the human body is infected with the virus will make the body unable to protect itself from attacks of various diseases. According to WHO (2018), currently Southeast Asia is ranked second as the most HIV (Human Immunodeficiency Virus) sufferers after the African continent. Meanwhile, according to the Indonesian Ministry of Health (2018), in Indonesia from 2005 to 2017 it has been reported that the number of HIV cases has increased every year. The cumulative number ofHIV that has been reported until December 2017 is 280,623 people. Meanwhile, the number of AIDS sufferers that have been reported from 2005 to 2017 is relatively stable each year with a cumulative number of 102,667 people. Of the 38 regencies/cities in East Java province that have reported cases of HIV/AIDS, it is known that along with the increasing number of HIV-positive women of reproductive age, namely 25 to 49 years, who are infected either from a partner or because of risky behavior, if the woman is pregnant. Thiswill increase the risk of transmitting HIV from mother to baby.

With the implementation of the PMTCT (Prevention Mother To Child Transmission) program or commonly known as PPIA (Prevention of Transmission from Mother to Child) it is hoped that it can be an effort to control HIV/AIDS infectious diseases that focus on mothers and children. The Ministry of Health issued two regulations in the form of Minister of Health Regulation No. 51 on Guidelines for the Prevention of Mother-to-Child Transmission of HIV and AIDS and Circular Letter No. GK/Menkes/001/I/2013/Regarding Mother-to-

Child HIV Prevention services as a further elaboration of the Ministerial Regulation. 33 of 2013 concerning HIV and AIDS prevention(National KPA, 2015). In addition, the PMTCT/PPIA program can be used as a reference for health workers (medical personnel and other related health workers assigned to all healthfacilities, program managers (both central, provincial, district/city, etc.), professional groups, and stakeholders (government or non-government) related to the Prevention of Mother-to-Child HIV Transmission (Article 1). Transmission of HIV from mother to child can occur in three periods, namely during pregnancy, childbirth and breastfeeding, so interventions are needed, namely: prevention of HIV transmission in women of childbearing age; prevention of unplanned pregnancy in HIV positive mothers; prevention of HIV transmission from HIV-positive pregnant women to their unborn babies; and providing psychological, social and care support to HIV positive mothers and their children and families (Kemenkes RI, 2015). In implementing the PMTCT program, every woman who comes to KIA-KB and adolescent counseling services must obtain information about PPIA. In areas where the epidemic is widespread and concentrated, Health workers in health care facilities are required to offer HIV tests to pregnant women by conducting routine laboratory examinations, during antenatal check-ups and before delivery. In addition, in areas that do not yet have health service personnel who are capable/authorized to provide PPIA services, this can be done by: 1) providing referrals for pregnant women to adequateHIV service facilities, 2) delegating authority to trained health workers (task shifting). based on the decision of the Ministry of Health.

Based on research conducted by Wu (2018) in his research entitled Mother-To-Child Transmission Prevention Of Human Immunodeficiency Virus, Syphilisa and Hepatitis B Virus, it was found that from the implementation of an integrated program related to the prevention of HIV transmission, syphilis and hepatitis B integrated in the Hunan region, South China experienced success in terms of the rate of HIV transmission from mother to child, which decreased significantly from 2010 to 2016 from 19.4% to 9.6% in the discovery of new HIV cases. In Indonesia, Erliana (2016) in her research which discusses the Overview of the Implementation of the Prevention of Mother To Child Transmission (PMTCT) in the Class B Hospital Dr. R. Sosodoro Djatikoesoemo, Bojonegoro Regency, East Java, apparently the PMTCT program was only carried out on prongs 3 and 4, while prongs 1 and 2 had not been implemented because patients who visited PMTCT services and tested for HIV were only pregnant women at risk, not all pregnant women who visited.The purpose of this literature review is to find out the obstacles in the implementation of the PMTCT (Prevention Mother To Child Transmission) Program on HIV/AIDS in Antenatal Care (ANC) services in health facilities.

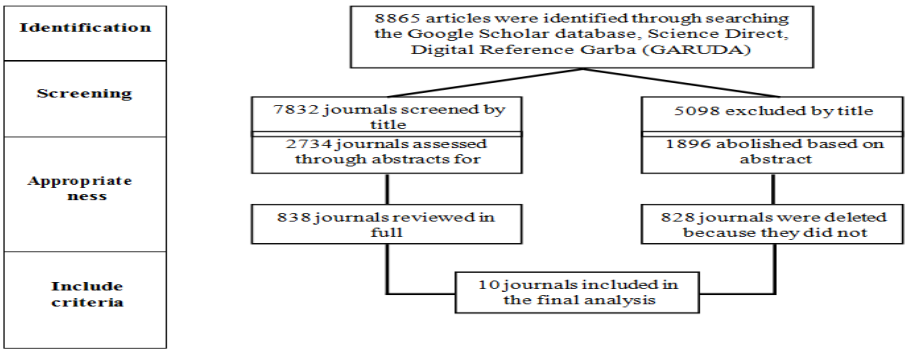
METHODS

In this study, the research method is Systematic Review which aims to analyze the components of Input, Process, Output, Outcome, Prong Tiga and Prong Empat in PMTCT.

Program Implementation. Systematic Review is a review of previous researchers regarding a particular problem (Nursalam, 2020). Systematic Review is carried out by conducting a more in-depth study and researching the research results from several selected articles (Ningtyias, 2020). The inclusion criteria in this study are:

1. Research must be related to the obstacles/constraints in the implementation of the PMTCT Program for pregnant women with HIV/AIDS
2. This research should provide information about the barriers/obstacles to the implementation of HIV/AIDS related to the components of Input, Process, Output, Outcome, Prong Tiga and Prong Empat in PMTCT Program Implementation including providing support for HIV AIDS patients.
3. Journal searched from 2017-2021 As for the exclusion criteria in this study are publications that are not original such as abstracts, editorials and others. The articles found in this study were 8,600 from Google Scholar, 247 from Science Direct, and 18 from Garba Reference Digital (GARUDA). From the number of articles found above, there are 10 articles that match the keywords you are looking for.

Article Search Process



RESULT

In this literature review research focuses on the obstacles in the process of implementing PMTCT in pregnant women who suffer from HIV/AIDS. In order to optimize the interpretation in this literature review, we clarify the research findings from a review of10 articles. The results of a review of 10 articles are about the obstacles to implementing PMTCT. The first is regarding the obstacles in implementing PMTCT for pregnant women with HIV/AIDS contained in the research conducted by Shrikala Acharya et al (2021), Linda Prasetyaning Widayanti, (2020), Tadesse Tolossa et al, (2020), Phumzile Dlamini; Theresa S. Mokoboto-Zwane, (2019), Shelulekile Gumede-Moyo, et al, (2019), Lynn S. Zijenah, et al (2021). From the findings in the research above, it was found that there were obstacles in the implementation of PMTCT, namely as follows:

1. Poor implementation of PMTCT

The 10 articles reviewed have implemented the PMTCT program, but in practice there are several things that need to be considered again, namely regarding PMTCT activities in the form of follow-up on patients in the study (Tadesse Tolossa et al, 2020), and also regarding the incidence of abortion and infant mortality (Tadesse Tolossa et al, 2020), and also regarding the incidence of abortion and infant mortality (Tadesse Tolossa et al., 2020). Linda Prasetyaning Widayanti, 2020).

2. Insufficient education, attitudes and practices

Poor education, attitudes and practices regarding the transmission of HIV/AIDS, especially transmission from mothers and babies can also have an impact on the implementation of the PMTCT program, which is in accordance with the results in Phumzile Dlamini's research; Theresa S. Mokoboto-Zwane, (2019) and ShelulekileGumede-Moyo, et al, (2019) and according to Shelulekile Gumede-Moyo, et al, (2019).

3. Poor adherence to antiretroviral treatment

In research conducted by Phumzile Dlamini; Theresa S. Mokoboto-Zwane, (2019) found that there was an effect of poor adherence to antiroviral treatment on the rate of HIV transmission from mother to child and the success of the PMTCT program.

4. Stigma, discrimination, and poor data collection of HIV test results

Stigma and discrimination that occur between the community and people with HIV greatly affect the sustainability of the PMTCT program according to the results obtained in the study of Shelulekile Gumede-Moyo, et al, (2019). In addition, in theimplementation of PMTCT, it is necessary to record or collect data on effective andgood HIV test results, in the study of Lynn S. Zijenah, et al (2021).

Author	Researchpurposes	Researchdesign	Sample	Results
QU Shui Ling etal, 2020 (Calculating TheNumber of Pregnant Women Receiving Standardized Services for PMTCT of HIV in Liangshan Prefecture, Based on the Equivalent Method)	Counting the number of pregnant women who receive standardized prevention of mother-to-child transmission (PMTCT) servicesfor HIV each year.	Study subject	HIV-positivepregnant women in sixcounties in Liangshan Prefecture	It was found that there were 663 HIV-positive pregnant women registered in the six prefectures of Liangshan District in 2017, namely 7,780 people whowere devoted to HIV-positive pregnant women with 260 people (3.34%) spent on the first antenatal care, 1,510 people (19 ,41%) during pregnancy, 378 people (4.86%) during childbirth,and 5,632 people (72.39%) in the post partum period.The calculation of the equivalent coefficient shows that 314 HIV- positive pregnant women received PMTCT services.
Shrikala Acharyaet al, 2021 (Uptake of PPTC Services Among HIV Sero- Positive Pregnant Women	Measuring important points in the Prevention of Parent-to-Child Transmission (PPTC) programfor achieving the	This study wasa retrospective observational cohort study based on service records.	HIV sero- positive Pregnant Women enrolled in antenatal careat 36 PPTCT	There were 1,20,892 pregnantwomen who were tested for HIV during the study period. The results showed that 520
in MumbaiIndia- A descriptiveStudy)	elimination ofneonatal HIVtransmission		centers inMumbai	(0.43%; 95% CI: 0.39-0.47) womentested positive. Average ANC enrollment time is 22 weeks pregnancy,

				the median time to ART intercourse after testing was 5 days and the median duration ofART received by Maternal ANC was 17.4 weeks. Of the total pregnancies (523), 85.1% resulted in live births, 3.1% were induced abortions, 2.5% ended in spontaneous abortion and 2.7%in stillbirths.
Linda Prasetyaning Widayanti, 2020	Describes the evaluation of the implementation of PMTCT on housewives withHIV in East Java	Qualitative study with sampling technique is purposive sampling	6 housewiveswith HIV from 6 cities/districtsin East Java	The results of this study are that mostof the activities from prong 1 to prong 4 of the PMTCT program have been carried out according to the Minister of Health of the Republic of Indonesia No. 51 of 2013 concerning Guidelines for the Prevention of Mother to Child Transmission of HIV. However, there are several aspects that are stillnot good in implementing PMTCT, especiallyfollow-up for HIV negative mothers
				and home visits that need specialattention from program policy holders.
Tadesse Tolossa et al, 2020 (Magnitude and factors associated with lost to follow-up anong women under option B+ PMTCT programat East Wollega public health facilities western Ethiopia)	To assess the magnitude and factors associated with loss to follow-up amongwomen under option B+ of the PMTCT programat a public health facility in East Wollega, West Ethiopia.	Using a cross-sectional retrospective study design	330 girls	The rate of loss to follow-up from theOption B+ PMTCT program was 15.4% (95% CI;11.9-19.7). Lack of formal education (AOR = 3.70, 95%CI; 1.46, 9.36), rural residence (AOR = 2.75, 95%CI 1.33, 5.68), failed to disclose HIV status (aor = 3.75, 95% CI; 1.37, 7.41), previous history of HIV (AOR = 3.33, 95% CI; 1.68, 7.47) and poor/adequate adherence to antiretroviral treatment (AOR = 3.01, 95% CI; 1.10, 8.70) was found tobe significantly associated with loss to follow-up.
Phumzile Dlamini; Theresa S. Mokoboto- Zwane, 2019 (Knowledge, Attitudes and practices associated withpost-natal PMTCT in breastfeeding mothers living with HIV)	Trying to explorethe knowledge, attitudes and practices of breastfeeding mothers living with HIV about postnatal PMTCT interventions and services	Tabulation and frequency (descriptive statistics)	90 nursingmothers	It was found that the majority of breastfeeding mothers living withHIV (77.8%) had a high level of knowledge aboutPMTCT, 90% showed a positive attitude and 90% showed positive behavior towards PMTCT. However,stigma and discrimination among family

				members, non- disclosure of HIV status to sexual partners; and poverty and fear offuture drug resistance, were reported as risk factors for nonadherence to ARV prophylaxis. In addition to inconsistent condom use, mixedfeeding methods and breastfeeding also emerged as other causes, which contributed to the increase in postpartum HIV transmission among breastfeeding mothers living withHIV.
AbdulmuminuIsah, PhamD, MPharm; et al 2019 (Willingness-to- Accept and Willingness-to- Pay Ratios of Prevention of Mother-to-Child Transmission Services in a Nigerian Hospital: A Gross-Sectional Contingent Valuation Study)	The contingent assessment study used was conducted to determine the willingness to accept (WTA), willingness to pay(WTP), and WTA to WTP ratio of PMTCT servicesamong clients in Nigerian tertiary hospitals.	The method used is a cross-sectional questionnaire	All adultPMTCT patients who never paid forany component ofthe service.	The results showedthat there were respondents aged 25 to 34 years consisting of 80.8% of the population, while 80.8% were married. The meannumber of WTAs and PAPs for services involving primary HIV prevention were N543 000 and N18 600, respectively. The WTA-to-WTPratio and the estimated income effect are 29.19 and -28.19, respectively. Thisvariable was associated with
				PAP for several services: educationlevel with PMTCT continued care andsupport (P1/4,046),trimester of pregnancy with HIV primary prevention (P1/4,002), residence of respondents with specialized clinicalpharmacy services(P1/4,003), and time spent reachingfacilities with HIV primary prevention (P1/4,002).
Shelulekile Gumede-Moyo, et al, 2019 (Effect of Prevention of Mother-to-Child Transmission Strategies on Antiretroviral Therapy Coverage in Pregnant Womenin Zambia: Analysis Using Routinely Collected Data (2010-2015))	Aims to show trends in PMTCTservice coverage in Zambia from 2010 to 2015	This study uses a retrospective cohort study ofdata collected routinely through SmartCare, an electronic health record system.	All pregnant women who attended antenatal carein 889 health facilities.	There were 104,155 pregnant women who attended antenatalcare at SmartCare facilities between January 1, 2010 to December 31, 2015. Of these women 9% (9,262)tested HIV-positive during the antenatal visit and 43% (44,387) with missing HIV test results. Nearly half(47%) or 4,375 pregnant women who tested HIV- positive at the antenatal check-up they visited in 2010. Among HIV-positive women, there was an increase in those who were already on ART in the firstantenatal

				environment from 9% (40) in 2011 to
				74% (1,155) in 2015. In our study, 65% (983/1,501) of women who startedART after testing HIV-positive during antenatal care were documented after adoption of OptionB+ (2013-2015).
Lynn S. Zijenah,et al 2021 (Mother-to-Child Transmission of HIV-1 AND Infant Mortalityin the First Six Months of Life, in the Era of Option B Plus Combination Antiretroviral Therapy)	To determine the contribution of intra-uterine (IU),intra-partum (IP) and postpartum (PP), mother-to- child transmissionof HIV-1 (MTCT) and infant mortality in the first six months oflife in the era of Option B plus combination antiretroviral therapy.	Measurementof plasma quantity for viral load using the Cepheid GenerXpert HIV-1 Quantitativeassay.	451 women were enrolledin the study.	It was found thatseven mothers (1.55%) transmitted HIV-1 infection to their babies at the age of6 months. Thereare 4 babies 0.88% (95% CI: 0.26%--2.33%), 1 baby0.22% (95% CI:0%-1.4%) and 2babies 0.44% (95%CI: 0.01%-1.7%) infected with IU,IP, and PP, respectively. Theinfant mortality rate was 0.88% (95% CI: 0.26%-2.33%).
Zhuoxin Peng etal, 2017(Barriers and Enablers of the Prevention of Mother-to-ChildTransmission of HIV/AIDS Program in China: A Systematic Review and Policy Implications)	To identify barriers and factors supportingthe prevention of mother-to-child transmission of the HIV PMTCT program in China	The research method used isa systematic review of the literature.	Some literature that has been donebefore	Of the 14 articles included, 18 types of barriers and 9 types of support strategies were identified mainly atthe social and political level, recipients of healthservices, health care providers and health care systems. Based on multi-sector- oriented cooperation the Chinese government has
				included community-hospital-family promotion, comprehensive financial support for service recipients, free HIV testing at marriage registration, opt- out model and one-to-one service model.
Hendayani, Siti Nur Endah., Nurhayati, Fitri., Hanisah, Nuri. 2017 (Effectiveness of Counseling on Knowledge of Pregnant WomenAbout Prevention of Mother To Child Transmission of PMTCT)	This study aims to determine the effectiveness of counseling on the knowledge of pregnant women about PMTCT at the Garuda HealthCenter in 2017	Quantitative research, quasi-experimental, with a one group post test – pre test approach withdata analysis using the t-dependent test		Pregnant women who have been given treatment in the form of counseling regarding the PMTCT program at the Garuda Health Center showed an increasein knowledge compared to pregnant women who were not given treatment (counseling). PMTCT counseling is very influential on the knowledge of pregnant women and is considered effective as a program to preventthe transmission ofHIV-AIDS from mother to baby.

DISCUSSION

Several studies have been conducted to find out the obstacles that occur in the implementation of the PMTCT program for pregnant women with HIV/AIDS, namely 8 studies by Shrikala Acharya et al (2021), Linda Prasetyaning Widayanti, (2020), Tadesse Tolossa et al, (2020), Phumzile Dlamini; Theresa S. Mokoboto-Zwane, (2019), Shelulekile Gumede-Moyo, et al, (2019), Lynn S. Zijenah, et al (2021). Some of the problems that occur are the poor implementation of PMTCT due to maternal education, knowledge and attitudesof mothers in the practice of breastfeeding HIV positive pregnant women who are not good, adherence to antiretroviral treatment is not good and there is stigma and discrimination in data collection of HIV test results that are not good. Regarding the constraints on mother's knowledge of HIV disease, both understanding, symptoms,, the results of the study of 36 respondents, 25 respondents (69.4%) had less knowledge, 6 respondents (16.6%) had sufficient knowledge and 5 respondents had good knowledge (13,8). Based on this research, it is expected that health workers will increase respondents' knowledge through counseling so that respondents understand and apply the knowledge gained in everyday life, so that pregnant women with awareness can carry out PPIA examinations. This study is also in linewith research conducted by Anggraini (2014) which revealed that 76.5% of respondents didnot perform PPIA examination and there was a significant relationship between knowledge and mother's behavior to perform PPIA. This is also in line with research from Isni (2017),namely the knowledge of a pregnant woman is the most influential factor on the behavior of preventing the transmission of HIV/AIDS from mother to baby. Furthermore, regarding the education of pregnant women, this study is not in line with the results of Halim's research (2016) which revealed that most (98.1%) of the respondents had a secondary education level, although the results of the analysis of the study stated that there was no significant relationship between education and behavior. HIV testing. Regarding the attitude of the mother in the practice of breastfeeding an HIV-positive pregnant woman to her baby who was not good in this study, in accordance with the theory from the Indonesian Ministry of Health (2015) In accordance with PMTCT guidelines that HIV transmission from mother to child generally occurs during childbirth and during breastfeeding. Childbirth has a risk of 10-20%, while breastfeeding has a greater risk of 5-20%. In a studyconducted by Maulida (2019), the results showed that there was a strong desire from HIV-positive mothers to be able to breastfeed their children because of a strong bond of affection. Breastfeeding mothers with HIV-AIDS also realize that breast milk is the best nutrition fortheir babies. However, there is a feeling of sadness and disappointment towards her for not giving breast milk to her baby. On the other hand, it is the mother's concern about transmitting the disease to her baby that causes breastfeeding mothers with HIV-AIDS to be indecisive about giving breast milk to their babies. Meanwhile, according to WHO (2018), it is recommended for mothers with HIV to continue breastfeeding for 12 months.

While the other two studies the obstacles / constraints experienced can be handled and are not problems that hinder the PMTCT implementation process and from the resultsof these studies it is stated that the implementation of the PMTCT program has been carried out well. According to Shrikala Acharya et al (2021) said that the PMTCT implementation has been running smoothly. good, but there are still some incidents, namely stillbirths that often occur. So it can be said that the PMTCT program needs to be evaluated again to reduceinfant mortality. In a study conducted by Linda Prasetyaning Widayanti, (2020) said that the implementation of PMTCT in East Java had not been carried out properly, because therewas one method used by the PMTCT program, namely follow-up to patients who were not yet efficient. Meanwhile, according to research from Manowati (2019) which in its research results stated that the provision of therapy and treatment to someone, especially pregnant women with HIV/AIDS does require a fairly long process so that patients must remain routine and regularly control. However, in reality, there are still many patients who do not return to health facilities for control within a minimum of three months or more continuously, in the sense that the patient is said to be lost to follow-up, the existence of these obstacles certainly has an impact on the patient's treatment process and the process of monitoring health workers on patients. with HIV/AIDS in health care facilities. So that this can be one of the obstacles/obstacles encountered in the PMTCT program and should immediately get further treatment. In addition, according to Tadesse Tolossa et al, (2020) from the research he has done, it is found that in the implementation of the PMTCT program, most pregnant women who take part in the program have less knowledge about HIV/AIDS, both disease prevention and transmission of the disease. It was also found that pregnant women who participated in the PMTCT program were still less compliant with antiretroviral treatment.

In research conducted by Phumzile Dlamini; Theresa S. Mokoboto-Zwane, (2019),the results of the study found that there were still complaints about stigma and discrimination against HIV/AIDS sufferers, this had an unfavorable impact on the sustainability of the PMTCT program because pregnant women living with HIV would be reluctant to participate in the PMTCT program. There are pregnant women who do not understand how attitudes and practices in breastfeeding to prevent transmission to her child.This study is in accordance with research by Ariningtyas (2015) when HIV pre-test counseling was carried out and there was a rejection because of the community stigma about HIV/AIDS that made pregnant women afraid before being examined, because the stigma of society must have influenced people's minds, especially not all people accept it.

presence of HIV sufferers in the environment. Furthermore, according to Funsani's (2021) research which is also in line with this study with the statement of the results that, Stigma about HIVis very common among community members, which can cause delays in the initiation of ANC Facilities because HIV testinside it. Due to the stigma on HIV positive people, many women will not come to the clinic, because they are afraid to get tested for HIV.

Furthermore, in a study conducted by Lynn S. Zijenah, et al (2021) it was found that the PMTCT program was not running well due to the high rate of mother-to-child transmission of HIV, which was marked by an infant mortality rate of 0.88%. The high rate of HIV transmission from mother to baby is due to many influencing factors, one of which is the adherence of a pregnant woman with HIV Positive in taking ARV drugs. This is in accordance with Tumangke's research (2017) which said that the results of the research carried out were not successful in the PPIA/PMTCT program due to the low pregnancy check-up from K1 to K4, where there were Puskesmas that had a K4 percentage of 58%. While at Abepura Hospital there were 8 babies born with HIV Positive, this is because the mother who was pregnant at the time of the baby's pregnancy did not take ARV drugs on aregular basis. The low factor of K1 in pregnant women with HIV positive is also due to several causes, one of which is being more interested in going to a practicing doctor, besides the husband's disapproval if his wife gets the opportunity for a VCT test and the low awareness of pregnant women about the importance of K1 to K4 during pregnancy, especially with obstacles. Obstacles from the side of pregnant women are also obstacles from the SIHA system which is not good.

Meanwhile, in a study conducted by Shelulekile Gumede-Moyo, et al, (2019), it was found that the obstacle that occurred in the process of implementing the PMTCT program was the loss of data on HIV test results, so that it could hamper the PMTCT program process.This study is not in line with research from Puspitasari (2018). Recording and reporting are still weak and not well integrated between the MCH department and the HIV P3M program where each one still uses the reporting format that is in accordance with the program and not all MCH polys use the form according to the guidelines due to limited manpower, time and not all officers at the KIA polyclinic understand the forms of HIV screening services, both VCT and PITC. This is in accordance with research conducted by Trisnawati (2014) that conducting training for health workers involved in PPIA is one way to obtain quality assurance from the data obtained. It is necessary to increase the number ofservices that can input SIHA, both government and private services.

CONCLUSION

Based on the results of the literature review, it can be concluded that the implementation of the PMTCT program in the input aspect is still not good because in terms of Human Resources, namely the health workers implementing the PMTCT program still do not emphasize the follow-up to patients as a form of continuous service. In the aspect of the process of implementing the PMTCT program, it is still not good because there are obstacles / obstacles that are influenced by several dominant factors including education, attitudes and breastfeeding practices by HIV positive mothers. good. Meanwhile, from the aspect of output, The success of the pregnancy check-up and HIV examination is quite good, but the results are still less than the coverage due to the existing obstacles/constraints, one of which is the poor adherence to antiretroviral treatment. Aspects of outcomes in the implementation of the PMTCT program are still found to be a lot of negative stigma and discrimination.

SUGGESTION

It is necessary to follow up on the PMTCT implementation process as a form of program evaluation at health facilities, so that in the future there will be improvements in the provision of more effective and efficient health services. Providing health education and education regarding HIV/AIDS, modes of transmission, effective treatment, namely by regularly and timely taking antiretroviral drugs to reduce the risk of HIV transmission frommother to baby. With the continuity of health education and counseling, it is hoped that it can increase the knowledge of pregnant women or women of reproductive age who visit the Puskesmas to increase awareness to prevent transmission and improve their health status and degree. besides that, it can also reduce the negative stigma and discrimination given topregnant women with HIV/AIDS. Furthermore, regarding data collection, HIV test resultsneed to be carefully recorded, both input through digital media or in written documents. In addition, coordination with peer health workers who also handle HIV/AIDS services for pregnant women needs to be carried out so that the resulting data is compatible with each other and more accurate.

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