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HOME BASED CARE BY PROVIDING PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) HANDBOOK ON WOMEN'S PERCEPTION OF HIV/AIDS PREVENTION IN MOTHER TO CHILD IN PURWOKERTO

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ABSTRACT

Background: Previous research, surveillance, and epidemic data of HIV/AIDS in Indonesia show the number of women and infants infected HIV/AIDS increases. Pregnant women with HIV/AIDS may transmit to their child. This is known as mother to child transmission (MTCT). Women with HIV/AIDS face several problems, such as physical, psychological, cognitive, social, cultural, and spiritual problems. Previous literatures, home based on care is a family approach to care for women with HIV/AIDS and handbook of preventive MTCT helps women improve their perception of HIV/AIDS prevention in mother to child.

Aims: The research aimed to evaluate women's perception of HIV/AIDS prevention in mother to child in Banyumas District in intervention and control group.

Methods: The research was a two group pre-post quasi-experimental design. The research was conducted in Margono Soekarjo hospital and "Mandiri" shelter of HIV/AIDS in Purwokerto. The samples were recruited by purposive sampling method. The number of samples were 30 subjects; 15 subjects in intervention group in the shelter and 15 subjects in control group in the hospital. Home Based Care with PMTCT handbook was applied for a month with twice visit. Data were collected with Questionnaires of Perception of HIV/AIDS prevention in mother to child at pre and post intervention. Data were analyzed by paired and independent t-test.

Results: The findings show that the scores of perception of HIV/AIDS prevention in mother to child within intervention increased significantly ($p < 0,00$). There were significant differences of perception scores of HIV/AIDS prevention in mother to child between intervention and control group ($p < 0,00$). The Home Based Care with PMTCT handbook could improve women's perception of HIV/AIDS prevention in mother to child.

Conclusion: The Home Based Care with PMTCT handbook can be implemented in home care or public health center and women with HIV/AIDS can follow the handbook to prevent infection from mother to child.

Keywords: home based care, PMTCT, HIV/AIDS, perception.

INTRODUCTION

Deficiency Acquired Immune Syndrome (AIDS) is a collection of symptoms caused by the Human Immunodeficiency Virus (HIV) and is characterized by severe immunosuppression that causes opportunistic infections, secondary neoplasms, and neurological manifestations (Kumar, 2007). The estimated number HIV / AIDS cases In Indonesia up to January-September 2012, 3,541 cases. The cumulative number of AIDS cases from 1987 to September 2012 as many as 39 434 cases. The percentage of AIDS cases in men as much as 66.8% and females 32.9%. The amount of the highest

AIDS case was self-employed (4,604 cases), followed by women's household (4,251 cases), power non-professionals (employees) (4,056 cases), a laborer (1,512 cases), the farmer / rancher / fisherman (1,497 cases), peddlers sex (1,320 cases) and school children / students (1,022 cases) (Ministry of Health, 2012).

The results of the study, surveillance and epidemiological data of HIV and AIDS in Indonesia showed an increase in the increasing number of women and infants were reported as new cases of AIDS, In June 2006 the percentage of new AIDS cases in women was 16.9% in 2011 to 35.1%, while the perinatal transmission (from woman to babies) increased from 2.16% to 4.7% (Ministry of Health, 2012). Banyumas ranks third with high HIV / AIDS in Central Java province. The high number of female-dominated household (KPA Central Java, 2013). Therefore Infection with *Human Immunodeficiency Virus* (HIV) in infants and children is a public health problem is very serious because of the number of people a lot, always increasing and most of the women of the household.

The prevalence of HIV / AIDS on women in Indonesia is only 39%, but because the majority of women who have HIV / AIDS are of reproductive age (15-49 years) that is equal to 92.54%, then this raises the risk of pregnancy by HIV positive number will increase. HIV-positive women of reproductive age can experience the condition of pregnancy, this raises the risk of HIV transmission from women to children, or so-called vertical transmission (mother to child transmission). This transmission can occur during pregnancy and lactation. Besides the occurrence of HIV / AIDS on women will also have an impact in terms of physl, psychological, social and spiritual (Ministry of Health, 2011).

One intervention that is through the *Home-Based Care*, which is a model of nursing innovation focused on the priorities and needs of women, children and families (Pilliteri, 2007). With home care (*Home-Based Care*), is expected to increase women's knowledge about the transmission of female child transmission (MTCT), can reduce the burden of women with HIV / AIDS, both physically, psychologically, and socially. According to Zwelling (2006), *Home-Based Care-Base* includes education prenatal, care, *intrapartum* post-partum women and infants are still breastfeeding, and family visits (*Home-Based Care*).

Home-Based Care or home health care is a program that already exists and needs to be developed, as has been the people's needs. According to WHO (2010), the purpose of the *Home-Based Care* is that individuals with disabilities can maintain the best possible quality life, independent and confident. Based on the literature study by Ibrahim et al (2010) stated that the Home-Based Care is a health care facility that is appropriate for patients with HIV / AIDS are also family. The Home Base Care maintenance intensive, can significantly boost knowledge about HIV / AIDS and treatment, thereby reducing morbidity and mortality (Young et al ,2010).

METHODS

This study is a *quasi-experiment* (quasi-experimental), using the design of the study: *non-equivalent control group pretest and posttest design*. This design by using two groups. The first group to do a *Home-Based Care* and Handbook is given to women with HIV / AIDS about the transmission of HIV / AIDS on children, while the second group as a control given the appropriate intervention procedures. Both groups underwent initial and final test. Results from this study are the comparison between the group treated with the control group. This is consistent with the purpose of the study was to determine the effect of applying the concept of *Home-Based Care* and the provision of Handbook on the level of Perception of women with HIV / AIDS on the transmission of transmission to the child in the area of Purwokerto.

RESULTS

Table 1 presents a full description of characteristics of the 30 participants. The characteristics of respondents in this study include age, education, and work. Table 1 shows description characteristics of respondents by age. The results of the analysis obtained an average age of respondents was 24.87 years with a median of 24 years. Then, most respondents' age was 24 years with a standard deviation of 3.655 years. The youngest age 19 years old and the oldest 34 years of age.

Table 2 shows characteristics of respondents by education, work in the control group and intervention. The results of the analysis of the majority of the respondents' education are secondary education as much (60%), while the high school as much (40%). On the employment status of respondents showed the number of 15 people (50%) while those not working as many as 15 people (50%).

Table 1 Participant Characteristics by age (n = 30)

No.	Variable	Freq%	Mean	Median	Mode	SD	Min-Max
1.	The age of						
	<15	0	0				
	16-19	1	3.3	24.87	24	24	3655
	20-50>	29	96.7				19-34
	50	0	0				

Table 2 Participant characteristics by education, work (n = 30)

No	Variable	Frequency	Percentage
1.	EducationLevel		
	Basic education		
	Junior	18	60
	High School	12	40
2.	Work		
	Work	15	50
	Not work	15	50

Perceptions of Women with HIV / AIDS on the Transmission Childhood Intervention between intervention group and control group.

The following will be explained about the difference in the average level of the perception of women with HIV / AIDS on the transmission of infection in children between the intervention group and the control group before the intervention period.

From table 3 shows the perception of the control group was 3.50 with a standard deviation of 1.694 while the intervention group the average level of perception is 4.08 with a standard deviation of 1.530. The results of the analysis we found no significant difference in the average level of perception in the control group and the intervention or in other words the average Perception of the two similar groups ($p < 0.000$).

The perception of women with HIV / AIDS on the transmission of infection in children between the control group and the intervention after being given a home base care and Handbook

showed on the table 4 was the control group was 89.13 with a standard deviation of 1.187, while for the intervention group the average rate is 94.07 with the Perception of a standard deviation of 2,404. The results of the analysis we found no significant differences in the average level of Perception in the control group and intervention, which means home-based-care actions and Handbook can increase women's Perceptions to HIV / AIDS in children ($P > 0.000$, $\alpha = 0.05$).

Table 3 Distribution of the perception before the intervention period (n = 30)

group	Control			Interventions			P
	n	Mean	SD	N	Mean	SD	
Perception	15	88.80	1,207	15	88.67	1234	0000

Table 4 Distribution of the perceptions after a given intervention

group	Control			Intervention			p
	n	Mean	SD	n	Mean	SD	
Perception	15	89.13	1,187	15	94.07	2404	0000

The HIV / AIDS women Perceptions on Transmission In Children Pre and post intervention control and intervention group

To determine the effect discharged home-based-care and Handbook in women with HIV / AIDS it is important to know the difference the average level of knowledge women in the control group and the intervention before and after the intervention period. Similarly, the Perception should be known to the average difference in the Perception of the control and intervention groups before and after the intervention period. Measuring average before and after the intervention period using the formula *paired t-test* (dependent t-test).

The results of analysis of table 5 shows the average level of Perception in the control group before the given intervention is 88.80 with a standard deviation of 1,207 while after the intervention period gained an average rate of Perception was 89.13 with a standard deviation of 1.187. The results of the analysis we found no significant difference in the average Perception in the control group before and after the intervention period ($p < 0.055$).

Table 5 shows the average Perception in the intervention group before being given the intervention was 88.67 with a standard deviation of 1,234 while after the intervention period gained an average rate of Perception was 94.07 with a standard deviation of 2,404. The results of the analysis we found no significant difference in the average activity level of Perception in the intervention group before and after the intervention period ($p < 0.000$).

Table 5 Distribution of the Perceptions before and after the intervention period between control and intervention group, (n= 30)

Perception	Before the intervention			After the intervention			p
	n	Mean	SD	n	Mean	SD	
control	15	88.80	1207	15	89.13	1187	0055
intervention	15	88.67	1,234	15	94.07	2404	0000

DISCUSSION

The results of this research note that the education level of secondary education as much (60%), while the high school as much (40%). These results indicate that the education of women with HIV / AIDS in Purwokerto and Banyumas in September - November 2014 the average was enough that junior. Knowledge obtained from the learning process through formal and informal education. The process is expected to gain a better knowledge. Higher education will allow a person to receive information and knowledge to lead a healthy life as well as health problems (Ali, 2003 cited by Estutiningsih, 2009). Another study conducted by Fatmawati (2007) with the results of primary education (42.5%).

In a study conducted Hastomo (2009) states that the education of parents, especially women are one of the key socio-cultural changes. Educated women will have a relatively high maintenance actions better health. Women with higher levels of education will have a greater knowledge than the lower educational levels.

The results of the research results that the application Home Base Care and Handbook influence the level of in women with HIV / AIDS. It can be seen in the results of the bivariate analysis, finds that there are significant differences between the Perception of women with HIV / AIDS, in the intervention group before and after the intervention period. Then there is no significant difference between the average level of knowledge and Perceptions in the control group before and after the intervention period. These results suggest that *home-based care and Handbook* influence the level of knowledge and Perceptions on women with HIV / AIDS.

According to the results of qualitative research conducted by Oktavia (2010) regarding the experience of mothers in MTCT (mother to child transmission), it turns out knowledge of mothers on MTCT is still lacking. Information gained slightly and still frequent unplanned pregnancy. Similarly, the results of research conducted by Subedi, et al (2007), which has conducted a qualitative study in Nepal showed the results of research the most dominant factor in women infected with HIV because of the lack of knowledge, social capabilities, high-risk domestic violence. Studies conducted Bureau (2004) shows that women have a low knowledge about HIV transmission and only 30% of women who know about their risk of contracting. This is one of them because they onset of stigma from the community about HIV, especially HIV in women.

The results of the analysis we found no significant differences in the average level of Perceptions in the control group and intervention, which means actions *home-based-care and Handbook* to enhance the Perceptions of women with HIV / AIDS about the transmission of HIV / AIDS in children. In accordance Pillitteri opinion, (2007) that the *Home-Based Care*, a nursing innovation models that focused on the priorities and needs of women, children, and families. With

home care (*Home-Based Care*), is expected to increase women's knowledge about the transmission of female child transmission (MTCT), can reduce the burden of women with HIV / AIDS, both physically, psychologically, and socially. According to Zwelling (2006), *Home-Based Care-Base* includes education prenatal, care, *intrapartum* post-partum women and infants are still breastfeeding, and family visits (*Home-Based Care*).

The purpose of the *Home-Based Care* is that individuals with disabilities can maintain the best possible quality of life, independent and confident WHO (2010). The literature study by Ibrahim et al (2010) stated that the Home-Based Care is a health care facility that is appropriate for patients with HIV / AIDS are also family. The intensive maintenance Home Base Care, can significantly boost knowledge about HIV / AIDS and treatment, thereby reducing morbidity and mortality (Young et al , 2010).

The results of the analysis we found no significant differences in the average level of Perception in the intervention group before and after the intervention period, which means the provision of *home-based care and Handbook* can increase the level of knowledge and Perception of women with HIV / AIDS on the transmission of infection in children. This is consistent with the results of research Young (2010) which state that the home-based care can reduce clients with HIV / AIDS was hospitalized and could improve the quality of life that can decrease morbidity and mortality.

The Perceptions toward counseling and testing for HIV / AIDS voluntary in Semarang otherwise good health center or to agree as much as 26 respondents (57.8%) (Nuraeni ,2012), While the research Desy, (2010, p. 45) states that the Perception of adolescents about HIV / AIDS tend to be less supportive. This can occur because of the knowledge and experience of pregnant women with different teenagers. Between thinking that is limited to me with the thought for others who are still closely associated. Being supportive (positive) from pregnant women is influenced by knowledge about HIV / AIDS and VCT good. Perception is not an action or activity but predisposes acts/practices (Nuraeni, 2012)

CONCLUSIONS

There is a significant difference in the Perception of women with HIV / AIDS on controlling the transmission of the child after the intervention in the control group and intervention. It shows that *home-based care* and Handbook can improve the Perception to women with HIV / AIDS to always check the health to prevent the transmission of infection in children. Programs *Home-based-care* and Handbook can be applied to women with HIV / AIDS in order to assist government programs to improve the health of women and infants.

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