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**THE FIRST INTERNATIONAL CONFERENCE ON HEALTH,
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**7 KNOWLEDGE OF PREGNANT WOMEN ABOUT PREVENTION OF
MOTHER TO CHILD OF HIV TRANSMISSION (PMTCT)**

Ina Kuswanti¹, Lusa Rochmawati²

¹Midwifery of Stikes Yogyakarta, inna_nugroho@gmail.com

²Midwifery Of Stikes Yogyakarta, lusa@afkar.id

Abstract: [HIV-AIDS cases in Indonesia increase every year among women aged 15-49 years, because many men who have unsafe sex, pass it on to their sexual partners. The form of activities for the prevention of mother-to-child of HIV transmission is increasing correct and comprehensive knowledge about prevention of HIV / AIDS transmission, eliminating stigma and discrimination through health promotion (Permenkes RI, 2013). The aim is to find out the knowledge of pregnant women about prevention of mother-to-child of HIV transmission (PMTCT). This type of descriptive quantitative research with cross sectional approach. The sample of pregnant women who live in Yogyakarta is 25 people. The sampling technique used purposive random sampling. The research instrument was a cake-conditioner. Univariate data analysis presented in the frequency distribution. The results of the study: 80% of respondents have good knowledge, 16% sufficient knowledge, and 4% less knowledge. Conclusion: Most of the knowledge is in good category]

Keywords: [knowledge, pregnant women, prevention of mother to child of HIV transmission]

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INTRODUCTION

HIV/AIDS cases in Indonesia are increasing every year, especially among women aged 15-49 years (WHO, 2013). This is because many men have unsafe sexual intercourse, thus transmitting it to their sexual partners. HIV / AIDS can infect pregnant women and threaten the lives of both the mother and the baby. More than 90% of cases of children infected with HIV, are transmitted through the process of mother-to-child transmission during pregnancy, childbirth and breastfeeding (Kemenkes RI, 2013). The Prevention of Mother-to-Child of HIV Transmission (PMTCT) Program has proven to be a very effective intervention. Interventions that are easy and able to implement, can reduce up to 50% of the HIV transmission process from mother to child. Primary prevention is carried out on couples of childbearing age, through counseling activities (Depkes RI, 2008). Research shows that primary prevention at reproductive age is an important approach to PMTCT (Baek and Rutenberg, 2010). The program for preventing mother-to-child of HIV transmission is carried out as an effort to increase correct and comprehensive knowledge about prevention of HIV/AIDS transmission, eliminating stigma and discrimination through health promotion (Permenkes RI, 2013).

Data on cases of pregnant women infected with HIV in Yogyakarta have increased every year. The Prevention of Mother-to-Child of HIV Transmission (PPIA) Program is integrated into the integrated ANC service. This program has been implemented since 2011, and as many as 18 health centers in Yogyakarta, 7 health centers as a comprehensive HIV/AIDS prevention and treatment service (Dinkes Yogyakarta, 2015). Obstacles to the program for preventing mother-to-child transmission of HIV include: not all pregnant women and the community have been socialized and counseling is conducted on Prevention of Mother-to-Child of HIV Transmission (PMTCT), limited reagents, and counseling is only provided during pregnancy visit services in the form of brief explanations, understanding about the Prevention of Mother-to-Child of HIV Transmission (PMTCT) in pregnant women who have been given counseling is still low. This has resulted in a lack of awareness for HIV testing (VCT).

METHOD

This type of descriptive quantitative research with cross sectional approach. The sample of pregnant women who live in Yogyakarta is 25 people. The sampling technique used purposive random sampling. Research instrument in the form of questionnaire about knowledge. How to collect data online via WhatsApp. Univariate data analysis presented in the frequency distribution.

RESULTS AND DISCUSSION

Results

Characteristics of pregnant women respondents in terms of age, less than 20 years (1 person or 4%); 21-35 years (22 people or 88%); and more than 35 years (2 people or 8%).



Figure 1. Characteristics of respondents by age (primary data, 2020)

Characteristics of pregnant women respondents in terms of education: basic education (1 person or 4%); secondary education (20 people or 80%); and higher education (4 people or 16%).



Figure 2. Characteristics of respondents by education (primary data, 2020)

9 respondents (36%) had never received and accessed information on PMTCT, and 16 people (64%) had received and accessed information on PMTCT.



Figure 3. Characteristics of respondents by education (primary data, 2020)

The knowledge of pregnant women respondents was good category 20 people (80%), enough knowledge 4 people (16%) and less knowledge 1 person (4%).



Figure 4. Respondents' knowledge about preventing mother-to-child of HIV transmission (primary data, 2020)

Discussion

Most of the respondents' knowledge of pregnant women about preventing mother-to-child of HIV transmission was in the good category of 20 pregnant women or 80%. Knowledge is needed as support in fostering self-confidence as well as attitudes and behavior every day, so it can be said that knowledge is a fact that supports one's actions. The factors that influence knowledge according to: education, experience, age, information, culture and socio-economy (Notoatmojo, 2010). Research in line with Ramadhana (2016), Sari (2017) and Darmayanti (2018), shows that the knowledge of pregnant women about preventing mother-to-child transmission of HIV (PPIA) is influenced by age, education and access to information.

The age of the respondents for pregnant women was 21-35 years of 22 people or 88%. Healthy reproductive age (20-35 years) is the most appropriate age for a woman to get pregnant, because the body is in a healthy and safe condition to get pregnant and give birth. The thing that underlies the age division is based on the risk factors experienced by a woman (Wiknjosastro, 2007). The more they get older, the more their comprehension and mindset will develop (Notoatmojo, 2012).

The education of pregnant women respondents was found in the secondary education category of 20 people or 80%. Secondary education includes graduated junior and senior secondary education. The higher a person's education, the faster he / she receives and understands information so that the knowledge they have is also higher (Budiman and Riyanto, 2013). However, it should be emphasized that a person with low education does not necessarily have low knowledge.

Most respondents had access to information about prevention of mother-to-child transmission of HIV (PMTCT). Most of them had received and accessed information on PMTCT as many as 16 pregnant women respondents (64%). Sources of information obtained from both formal and non-formal can have a short-term effect, resulting in changes or increased knowledge (Notoatmodjo, 2012). With the large amount of information available both through counseling, social media and health workers, it is hoped that it will help increase knowledge. The information obtained will have a good effect on respondents, because information is considered very important (Darmayanti, 2018).

CONCLUSION

Most of the knowledge is in good category

Suggestions are given to pregnant women to increase their knowledge by accessing information about prevention of mother-to-child of HIV transmission (PMTCT) through various media.

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