

Social Support in the Prevention of Mother to Child Transmission to HIV Infected Mother

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Abstract— HIV-AIDS epidemic is a global problem that is increasing every year. Along with the increasing number of men who have sex unsafe, causing an increase in the number of women infected with HIV. Programs the Prevention of Mother to Child Transmission (PMTCT) is an effective intervention to prevent HIV transmission from mother to child. One of the efforts of the Prevention of Mother to Child Transmission (PMTCT), is psychological support, social and health care, then, to HIV-infected mothers and babies and their families. The purpose of this research to know the description of social support in the Prevention of Mother to Child Transmission (PMTCT) to HIV-infected mothers. This type of research is qualitative with phenomenological approach in the form of case studies. Subjects were HIV-infected mothers amounted to one person. Data collection techniques with participatory observation, interview and documentation field. The research instrument uses an interview guide. Triangulation of data sources for data accuracy, and analyzed by an interactive model. Result: the subject get of social support from husband, peers, support NGOs, and health workers in health care facilities. Social support provided in the form of emotional support, facilities and infrastructure, information and peer support. The impact of social support from the aspect of psychological, health and social environment. Conclusion: In general, the subject get of social support in prevention of mother to child transmission well.

Keywords— social support, prevention of mother to child transmission, HIV infected mother

I. INTRODUCTION

The sixth Millennium Development Goals (MDGs) program is to prevent contagious diseases impacted on the society's health such as HIV-AIDS. The Millennium Development Goals have some major targets which are to stop and reverse the transmission trend of HIV-AIDS in 2015 known as target 6A and provide universal care for HIV-AIDS patients known as target 6B [1]. And as the MDGs ended in 2015, it is then replaced by a new program called Sustainable Development Goals for the upcoming years from 2015-2030 which the third target is to end HIV epidemic by 2030 and ensure a healthy life and urge prosperity to all kind of ages [2].

HIV-AIDS has become a global epidemic problem elevated every year. It is estimated that 35,3(32,2-38,8) millions of people around the world infected by HIV, apart from that number 1,7 million of people have died and 2,5 millions people are infected by HIV. Indonesia is one of the nine countries happened to experience rising in HIV-AIDS cases for more than 25% in age 15-49 [3]. The effects of this

global epidemic especially for poor regions with have limited natural resources could be numerous such as giving negative impacts on the economics of a country, excessive health care system, decreasing of living age probability, decreasing number of surviving children, and increasing the number of orphans [4].

In accordance with the increasing number of men having unsafe sexual relationship, the number of women infected HIV escalate significantly. HIV-AIDS turnsto be the major death of women in their reproductive age in some developing countries including Indonesia. It is more than 90 % cases of children infected by HIV spread through mother to child HIV transmission [5]. This virus is transmitted from HIV infected mothers to her children during pregnancy, laboring and breastfeeding. However, if there is no mother to child HIV transmission prevention program (PMTCT) there will be over 6,5 millions women in Indonesia prone to be infected and spread HIV to others, more than twenty four thousands of women in productive age have contracted with HIV, ninety thousands other is pregnant with HIV positive and more than 30% women delivering infected babies with HIV [4].

This program effectively proves as a way to prevent the spread of HIV from mother to child (Ministry of Health Indonesia 2013). It focuses on support and care to people with HIV-AIDS in order to eradicate negative stigma and eliminate discrimination (Depkes RI 2008). It uses comprehensive approach to prevent HIV which involves prevention, treatment, support and care. Those approaches focus on people infected with HIV, their family and spouse, as well as prevention to people who still have no information with their HIV status and those HIV negative.

Providing psychosocial support to a mother with infected HIV, her baby and her family is strongly needed. This is because individual lives in social mutualism system where they depend on the other. A mother with HIV positive has similar psychosocial problems with people infected HIV-AIDS (ODHA) for example having stigma and discrimination, depression, exclusion from social environment and family, job, economics and parenting. Support and care should be implemented appropriately based on their needs like treatment facility health based care and community home based care. It is also done holistically and comprehensively using biopsychosociospiritual approach. Thus, a mother with HIV will has optimism in her life if she is given psychosocial support. Later this will affect positively to her to act wiser, take care of herself and her child, and

have healthy behavior in her life so that the other could not be infected.

A research done by Elisa states that social support from the family involving emotional, spiritual, financial, and information give pleased and calm feeling. This support has important roles to strengthen the ability of adaptation in coping with stressful situation, decreasing pains, and disciplining the person in taking medication. Other than that, this support should be widely known and informed to society risking with HIV including women in their reproductive age so that they are aware of HIV, taking part the counseling sessions and HIV tests to figure out their HIV status.

The number of HIV-AIDS cases spread up until September 2014 in all provinces in Indonesia were recorded above 206.905 HIV cases, with more than 40.000 cases confirmed to be in AIDS stage and with the number of death cases were approaching 9.796. This amount is still considerably less than the predicted number which is 500.000 cases of HIV-AIDS throughout Indonesia. Hence, it can be seen from the data that approximately 1.700 people have infected with HIV every month and among 17 people infected by mother to child.

According to the data of Yogyakarta AIDS Prevention Commission (KP AIDS) for the year period of 2014 until the third quarter of 2015, the number of HIV cases is 726, 217 cases for AIDS, 226 cases for women infected with HIV, 78 cases for women with AIDS, 15 cases and 10 cases women death due to HIV and AIDS. These cases could be specified into risk based factor with most of them occurred in heterosexual women group by 183 HIV cases and 70 AIDS cases and age factor to women in age 20-29 by 79 cases of HIV and 32 cases of AIDS. The data also shown that the most cases of HIV-AIDS in women around 1993-2015 happened in 2014 with 40 cases of HIV and 20 cases of AIDS.

The descriptions mentioned above become my background of research to find out more on providing social support in the prevention of mother to child transmission to HIV infected mothers. It is expected that this research will give benefits especially in social support to HIV infected mothers and their families to not suffer from discrimination and to engage with the society openly. This template, modified in MS Word 2007 and saved as a "Word 97-2003 Document" for the PC, provides authors with most of the formatting specifications needed for preparing electronic versions of their papers. All standard paper components have been specified for three reasons: (1) ease of use when formatting individual papers, (2) automatic compliance to electronic requirements that facilitate the concurrent or later production of electronic products, and (3) conformity of style throughout a conference proceedings. Margins, column widths, line spacing, and type styles are built-in; examples of the type styles are provided throughout this document and are identified in italic type, within parentheses, following the example. Some components, such as multi-leveled equations, graphics, and tables are not prescribed, although the various table text styles are provided. The formatter will need to create these components, incorporating the applicable criteria that follow.

II. METHOD

This research uses qualitative design method with phenomenological approach in the form of case studies. It is aimed to understand the process linked to individual behavior phenomenon related to their health [6]. This research analyzes the social support activities in preventing HIV transmission from mother to child to HIV infected mothers. The research took place in HIV infected mother's house in Yogyakarta. The number of the subject being studied is one person which is an HIV infected mother who has knowledge and experience in preventing HIV transmission from mother to child to HIV infected mothers. The object of the research is social support in the prevention of mother to child transmission. Non-random with purposive sampling technique is used to identify research samples. There are several numbers of criteria a subject research could be examined: (1) HIV infected mothers, (2) participate in mother to child HIV transmission prevention program (PMTCT), (3) age between 20-39 years old, (4) take part in Victory Plus non-government organization, (5) be able to communicate with researcher, and (6) willing to be an informant.

This research dimension is social support in the prevention of mother to child HIV transmission. This social support consists of emotional support, infrastructure support, information support, and peer group support to HIV infected mothers in preventing the transmission of HIV from mother to child. It uses the researcher herself as a research instrument as it is suitable with Lincoln and Guba explanation that a qualitative research uses the researcher to conduct research. The data collection is done by collecting natural setting and primary data and use digital voice recorder and field notes. Thus, this research applies participation observation, in depth interview, triangulation and documentation.

III. RESULT AND DISCUSSION

A. Result of the Research

Based on the interview of an HIV infected mother on October 6th and October 12th 2016, the researcher could describe and analyze the social support in the prevention of HIV transmission from mother to child which include emotional support, infrastructure support, information support and peer group support.

B. Discussion

Social Support Forms

The social support a subject research received based on the observation and interview are gained from various sources such as husband, peer group, non-government organization (Victory Plus) and medical staff from Gedong Tengen public health center and Sardjito Hospital. Meywrowitz in Astuti [7], accordance with the research from Arsin [8], stated that social support could be obtained from family, spouse (husband, wife, lover), friends, counselor, doctors or paramedics. Support from peer group, spouse, and medical officers in preventing HIV transmission from mother to child is very crucial in order to provide optimism for HIV infected mothers to act wiser, take care of herself and her child, and have healthy behavior in her life so that the other could not be infected.

Table 1. Describe and analyze the social support in the prevention of HIV transmission

Social Support Forms	Description
Emotional support	<p>The subject knew her HIV status for the first time and felt shocked. Her husband comforted her and gave support <i>"I accept you whatever your condition. Let's bear it together"</i></p> <p>The subject stopped her medication, later met her peer group and continued her medication <i>"Don't you want to see your kids growing up? Why don't you continue your medication"</i></p> <p>The subject got a visit from non-government organization, her husband knew and gave his permission <i>"My husband knows I got a visit from the NGOs who want to have an interview. He is the only person I can talk to"</i></p> <p>The subject received warm attention and good assistance from medical and administrative officers when visited Gedong Tengen, a local public health center to take her medicine <i>"Is there anything that I can help you Miss? Are you going to take your medicine?"</i> <i>"Everyone in the health center is so welcome, they are used to people like me. It is me who feel anxious most of the time because of my condition"</i></p>
Infrastructure Support	<p>The subject accepted infrastructure support from public health center and NGO (Victory Plus) <i>"I got help from a third party (Victory Plus), not directly to me"</i></p> <p>The subject received health cards (KMS & KIS) <i>"Alhamdulillah (Praise be to God), I finally received my KMS and KIS cards"</i></p> <p>The subject got an accessible medication in Gedong Tengen public health center. <i>"I used to be in Sardjito hospital to get medication starting from morning to approximately at 2 in afternoon. There are many patients from everywhere. I am so pleased being placed in this public health center. I can go home to my child whenever I want. This, I could not do in Sardjito hospital"</i></p> <p>The subject received health care when she had no budget to go for a blood test <i>" I ask for help to Miss Dyah, she later would offer me health care from the health departement so that I can use it freely. I have to renew it every six months by the way"</i></p>

The social support forms explained as below.

1. Emotional support

According to Sarafino [9], emotional support includes emphatics, attention, comfort, hopes, affection or other emotional helps. These descriptions are accordance with the research as the subject gets attention and courage from her husband, peer group, NGO, and medical officers in GedongTengen public health center and Sardjito Hospital in preventing HIV transmission from mother to child. The attention given by her husband is by accepting her the way she is and giving courage to continue their life together. Peer group provides motivation to HIV infected mother when she declined her medication. Moreover, the NGO and medical officers give concern in suggesting the mother to take the medicine regularly. Hence, support in treatment and medication are significant components an HIV infected mother need.

2. Infrastructure support

Infrastructure support is given to individual while the person getting her treatment and medication. The support given to get accesible medication varied from giving medical card KMS and KIS, good assistance from the health center, and material support from NGOs. Sarafino [9] stated that

infrastructure support can be achieved by giving opportunity, material and time to the person. Other support as explained by Health Ministry to an HIV infected mother are by providing a long term routine ARV medication, symptom medication, health check-up, therapy, and reguler visits from NGO. People with HIV and AIDS need help to do their daily activities such as doing laundry, preparing food, making up the room and so on [7].

3. Information support

Information support can be given through suggestion, rewards, and feedback on how to handle and cope with problems. An HIV infected mother demands counseling, contraception support, pregnancy regulation, information and education on babies feeding, prevention and opportunistic infection medication for the baby and herself, and counseling to family member on HIV transmission and its prevention. Once an HIV infected mother gets pregnant, she needs to get regular ANC check-up in public health center, laboring in cesarean section, and is suggested to not breastfeeding. The person has already done tubectomy and also uses a condom when having an intercourse with her partner.

4. Peer group support

Solidarity is a form of peer group support. According to Sheridan solidarity is a way given to express togetherness so that the person considers herself belong to the peer. This research reveals that peer group gives support through attention, excitement, sharing and etc. This support minimizes tensions felt by an HIV infected mother and people with HIV-AIDS. In other words; sharing ideas, problems and working together are emotional and practical ways to effectively help people.

The Impact of Social Support

The implication for individual who receive social impact influence psycholocial and physically in a comfort way. The high level of stress could worsen the individual if it happens continually. A person with social support who encounters problems would be able to maintain endurance and improve health. Therefore, social support indeed provides positive impacts in terms of psychological, health, and social life to people with HIV-AIDS. In other words, the higher an individual get social support, the higher meaning of life could be perceived.

IV. CONCLUSION

This research can be summarized into three essential explanation

1. A good outlook of social support in HIV transmission precautionary from mother to child.

2. The social support individual get is divided into emotional support, infrastructure support, information support and peer group support.
3. The impact of social support as can be seen in psychological, health, and social aspects.

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