



Prevention of Mother-to-Child Transmission (PMTCT) Program

Qualitative Study at Jumpandang Baru Community Health Center, Makassar City, South Sulawesi, Indonesia

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Abstract: This study aims to qualitatively analyze the Prevention of Mother to Child Transmission (PMTCT) program at the Jumpandang Baru Community Health Center in Makassar City. Qualitative analysis is carried out by examining in-depth aspects of the procedure and program implementation. This study used a qualitative research design to find out in-depth information about the procedures and implementation of the Prevention of Mother to Child Transmission (PMTCT) program. This research was conducted at the Jumpandang Baru Community Health Center in Makassar City for 1 month, from August to September 2020. The research informants were 5 people, namely program coordinators, health workers, and program counsellors. Data collection was carried out through in-depth interviews accompanied by observations. The procedures in the Prevention of Mother to Child Transmission (PMTCT) program providing an understanding of PMCTC to all pregnant women were answered by all informants that all informants had been given an understanding of PMTCT as an integral part of the money in maternal and child health services at the Jumpandang Baru Community Health Center and providing an understanding of pregnant women so as not to infect their children and take ARV drugs regularly and several other things related to HIV. The implementation of Prevention of Mother to Child Transmission (PMTCT) is carried out with involvement in PMTCT examinations only to handle treatment services by program officers, the patient is tested positive, the action given is ARV prophylaxis during pregnancy controlled by a doctor and administration of ARVs at least 2 months during minimum pregnancy 2 months of ARVs to prevent mother-to-baby transmission. The procedure for the Prevention of Mother to Child Transmission (PMCT) program at the Jumpandang Baru Community Health Center is an integral part of health and maternal and child services so that pregnant women who visit and have themselves checked are also given the PMTCT program. The implementation of the Prevention of Mother to Child Transmission (PMTCT) program at the Jumpandang Baru Community Health Center is carried out with the full involvement of health workers in the program based on the responsibilities assigned to the program.

Keywords: PMTCT Procedure, PMTCT Implementation, HIV / AIDS, Indonesia

I. INTRODUCTION

The 2017 UNAIDS report shows that there are 36.9 million living with HIV worldwide and as many as 1.8 million of them are children aged less than 15 years and 18.2 million more women than men as many as 16.9 million (UNAIDS 2018).

Meanwhile, based on the 2017 HIV/AIDS and Sexual Infections Development Report by the Ministry of Health of the Republic of Indonesia, the cumulative number of HIV infections as of December 2017 in Indonesia was 280,263 cases, with the cumulative number of AIDS as many as 102,667 cases from 1987 to December 2017 (Infodatin Kemenkes RI 2018).

HIV transmission from HIV-infected mothers to their babies has an increasing trend in line with the increasing number of HIV positive women who are infected either from partners or as a result of risky behaviour. Thus, efforts to prevent HIV transmission from mother to child are very important in optimization. This program has been implemented in Indonesia since 2004, especially in areas with high HIV epidemic levels such as DKI Jakarta Province, East Java Province, Papua Province, Central Java Province, Bali Province, North Sumatra Province, South Sulawesi Province, Riau Islands Province, and Banten Province. This can be seen in the issuance of government policies in the form of Minister of Health Regulation Number 51 concerning Guidelines for the Prevention of Mother-to-Child Transmission of HIV/AIDS and Circular Letter Number GK/Menkes/001/I/2013 regarding HIV prevention services from mother to child as a further elaboration of Ministerial regulation Number 21 of 2013 concerning HIV/AIDS prevention (Kementrian Kesehatan RI 2013a); (Kementrian Kesehatan RI 2013c).

The results of the assessment since the implementation of the program as revealed in the guidelines for the prevention and transmission of HIV from mother to child published by the Indonesian Ministry of Health in 2013 stated that the Prevention of Mother-to-Child Transmission of HIV program has proven to be a very effective intervention to prevent transmission of HIV from mother to child wherein developed countries, the risk of children acquiring HIV from the mother can be reduced to less than 2%

because of the availability of PMTCT interventions with optimal services. However, in developing countries or poor countries, with minimal access to interventions, the risk of transmission still ranges between 20% and 50% (Kementrian Kesehatan RI 2013b).

South Sulawesi Province is the second largest province after Papua Province in Eastern Indonesia in the number of HIV/AIDS cases and all districts/cities that have reported the findings of these cases. Makassar City as the capital of South Sulawesi Province is the highest data on HIV/AIDS cases with 336 HIV cases and 94 AIDS cases in 2019 (Dinas Kesehatan Provinsi Sulawesi Selatan 2020).

The Jumpandang Baru Community Health Center is one of the Community Health Centers in Makassar City that carries out the Prevention of Mother to Child Transmission (PMTCT) program. Based on the recording data, the number of pregnant women who participated in pretest counselling at the Jumpandang Baru Community Health Center in 2016 was 580 people, in 2017 there were 532 people, in 2018 there were 580 people and in 2019 there were 653 people. All pregnant women who take pre-HIV testing are considered to have used the Prevention of Mother to Child Transmission (PMTCT) service. From year to year, there are still pregnant women who suffer from HIV positive at the Jumpandang Baru Community Health Center, this can be seen in 2016 as many as 2 people, 2017 as many as 2 people, 2018 there were no cases and 2019 as many as 1 person (Puskesmas Jumpandang Baru 2020).

Based on the foregoing, an in-depth study was carried out to explore the Prevention of Mother to Child Transmission (PMTCT) program based on the dimensions of the procedure and program implementation at the Jumpandang Baru Community Health Center

II. METHOD

This study used a qualitative research design to find out in-depth information about the procedures and implementation of the Prevention of Mother to Child Transmission (PMTCT) program. This research was conducted at the Jumpandang Baru Community Health Center in Makassar City for 1 month, from August to September 2020. The research informants were 5 people, namely program coordinators, health workers, and program counsellors. Data collection was carried out through in-depth interviews accompanied by observations.

III. RESULTS

After going through a series of research activities, namely data collection through in-depth interviews using interview guidelines, cameras and recording devices as well as participatory observation in the field, followed by manual processing by grouping the results of interviews, analysis and interpretation, and presentation in narrative form. The following is a description of the research results obtained:

3.1 Characteristics of Informants

Table 3.1: Characteristics of Informants

Code	Age (year)	Gender	Education	Position
KS	42	Women	Diploma 3 Nursing	Head of Nursing Room
MM	40	Man	Diploma 3 Nursing	Counseling coordinator
NV	30	Women	Diploma 3 Midwifery	Midwife
FT	26	Women	Bachelor of Nursing	Implementing nurse
HD	30	Man	Bachelor of Pharmacy	Person in Charge of Drugs

Based on the table above, it shows that the number of informants was 5 (five) of whom 2 (two) men and 3 (three) women. The age interval for informants ranges from 26 years to 42 years. The informants' latest education consists of 2 (two) D3 nursing staff, 1 (one) D3 midwifery person, 1 (one) S1 nursing student and 1 (one) Bachelor of Pharmacy. The informant's position consists of; head of the nursing room, executive nurse, midwife for antenatal care, HIV counselling coordinator, and person in charge of drugs.

3.2 Prevention of Mother to Child Transmission (PMTCT) Program Procedure

Based on the results of interviews from 5 informants about the Prevention of Mother to Child Transmission (PMCT) program procedures which consisted of several open questions, including providing an understanding of PMCTC to all pregnant women, the treatment is given to PMTCT patients, what if the patient does not have BPJS, what understanding only given to HIV patients or pregnant women and special care at delivery for positive patients is the starting point of the explanation and narrative of the results of this study.

Based on the results of the qualitative analysis carried out to explore in-depth information about the procedures of the Prevention of Mother to Child Transmission (PMCT) program, it was reviewed based on questions, namely the provision of understanding of PMCTC to all pregnant women answered by all informants that they had been given an understanding of PMTCT as an integral part of the money in health services. mothers and children at the Jumpandang Baru Community Health Center as revealed in the interview excerpt as follows:

"...Iya, semua diberikan pemahaman PMTCT, karena sekarang sudah..." (Informan 1, KS, 42 tahun)

"...iya semua ibu hamil wajib di berikan pemahan karena sudah ada peraturan dari pemerintah..." (Informan 2, MM, 40 tahun)

"...iya semua wajib di berikan pemahaman..." (Informan 3, NV, 30 tahun)

"iya di berikan pemahan tentang PMTCT..." (Informan 4, FT, 26 tahun)

"...Iya semua diberikan..." (Informan 5, HD, 30 tahun)

Furthermore, on questions about the treatment given to PMTCT patients, all informants gave almost uniform answers, namely ARV therapy (Anti Retro Virus) as outlined in the interview excerpt as follows:

“...terapi ARV...” (Informan 1, KS, 42 tahun)

“...obat ARV...” (Informan 3, NV, 30 tahun)

“...diberikan terapi ARV...” (Informan 5, HD, 30 tahun)

The informant answered the question about what if a patient does not have a Social Security-Health Administering Body card. The informant answered that he did not use the Social Security Administration for taking the drug, but for his medical examination, it was necessary to use the Social Security Administering Body card. This was confirmed by informant 5 (HD, 30 years old) who is the person in charge of drugs at the Jumpandang Baru Community Health Center who stated that for taking ARV drugs there is no need to use a Social-Health Security Administering Body card as seen in the interview excerpt as follows:

“...kalau untuk pengambilan obat ARV tidak menggunakan BPJS tapi kalau untuk pemeriksaan bisa menggunakan BPJS...” (Informan 2, MM, 40 tahun)

“...kalau untuk pemeriksaan bisa menggunakan BPJS , kalau pengobatan tidak pake BPJS...” (Informan 4, FT, 26 tahun)

“...untuk pengambilan obatnya tidak menggunakan BPJS...” (Informan 5, HD, 30 tahun)

Regarding the understanding given to HIV patients or pregnant women as part of the question to reveal how the PMTCT program procedures were answered by various informants, including informant 1 (KS, 42 years) who provided information that provided an understanding of how patients did not transmit to children and how patients to take ARV drugs regularly and several other things related to HIV. Meanwhile, informant 5 (HD, 30 years) only provided an understanding of how to take medication regularly. However, in general, all informants have provided the understanding that is considered important for patients in the context of HIV prevention to their children as described in the interview excerpt as follows:

“...tentang bagaimana dia tidak menularkan ke anaknya, terus bagaimana cara dia minum obat ARV secara teratur biar anaknya tidak tertular, pokoknya yang terkait dengan HIV semuanya...” (Informan 1, KS, 42 tahun)

“...cara meminum obat yang teratur dan bagaimana cara agar dia tidak menularkan ke bayinya...” (Informan 3, NV, 30 tahun)

“...pemahaman tentang cara meminum obat dengan baik dan cara pencegahan agar tidak menularkan ke anaknya...” (Informan 4, FT, 26 tahun)

“...pemahaman tentang bagaimana cara minum obat dengan teratur...” (Informan 5, HD, 30 tahun)

Meanwhile, the information provided by the informants regarding special handling during childbirth for positive patients was quite clear and concrete, namely positive patients were referred to hospitals that were known to have PMCTC services. Other information is being referred to health services in the form of prophylaxis for 6 weeks so that the baby is not infected. Meanwhile, informant 3 (NV, 30 years old) said that he must immediately be referred to Dr Wahidin Sudiro Husodo or Labuang Baji Hospital. All of the informants' answers are presented in the interview excerpt as follows:

“...Iya,kalau untuk yang positif itu tidak bias sembarang rujuk ke Rumah sakit, harus Rumah sakit tertentu yang sudah melayani PMTCT bisa di Rumah sakit bersalin tapi yang sudah paham tentang HIV...” (Informan 1, KS, 42 tahun)

“..Iya ada untuk pasien harus di rujuk ke Rumah sakit yang melayani PMTCT agar bayi yang sudah lahir langsung di beri profilaksis selama 6 minggu agar tidak tertular...” (Informan 2, MM, 40 tahun)

“...di rujuk ke Rumah sakit Wahidin dan Labuang Baji...” (Informan 3, NV, 30 tahun)

“iya, dan tidak sembarang di rujuk ke Rumah Sakit...” (Informan 4, FT, 26 tahun)

“... Harus Rumah sakit tertentu melayani PMTCT agar bayi yang lahir langsung diberi profilaksis selama 6 minggu...” (Informan 5, HD, 30 tahun)

3.3 Implementation of the Prevention of Mother to Child Transmission (PMCT) Program

Based on the results of data collection carried out through in-depth interviews and participatory observations related to the dimensions of the implementation of the Prevention of Mother to Child Transmission program which consists of several open questions, namely how to be involved in PMCTC examinations, what actions are taken to prevent HIV transmission from mother to child, what if it is found to be HIV positive, what actions are given to the patient, the requirements the patient must meet if the patient wants to take treatment, and what is the process of implementing PMTCT.

The involvement of program officers in the PMTCT examination at the Jumpandang Baru Community Health Center was carried out variously by 5 informants as revealed by informant 1, KS, 42, who stated that involvement in PMTCT examinations only handled medical services and was limited to the person in charge of the program and added by informants and 4 with almost uniform answers as in the following interview excerpt:

“...Kalau untuk pemeriksaan PMTCT saya terlibat hanya menangani pelayanan pengobatan dan sebatas penanggung jawab program saja...” (Informan 1, KS, 42 tahun)

“...Iya saya terlibat langsung...” (Informan 3, NV, 30 tahun)

“...turun langsung untuk menangani dengan program KIA...” (Informan 4, FT, 26 tahun)

Meanwhile, the answers of other informants were different from previous informants who revealed that involvement in PMTCT examinations in pregnant women was carried out with direct involvement and carried out a handling process combined with the MCH program and informant 5 who stated that the person concerned was not directly involved in the examination but only in drug administration. This is because the informant in question is indeed an officer who embraces drug and MCH officers as seen in the interview excerpt as follows:

“...saya terlibat langsung dalam pemeriksaan PMTCT pada ibu hamil dan menangani dengan program KIA...” (Informan 2, MM, 40 tahun)

“...tidak terlibat langsung kalau untuk pemeriksaan kecuali kalau pemberian obat saya terlibat langsung...” (Informan 5, HD, 30 tahun)

The informant's answers related to the question of what actions were taken to prevent mother-to-child transmission of HIV, including that mother who tested positive were similar to PLHIV patients (people living with HIV/AIDS) in administering their medication only for pregnant women who were HIV positive following the PMTCT program and strict control by the doctor during pregnancy as well as giving prophylaxis immediately for prevention efforts to the fetus in the womb as in the following interview excerpt:

“...yah, kalau dia sudah dinyatakan positif, biasanya ada namanya program PPIA... yang di jalankan,.. samaji saja dengan ODHA biasa obatnya cuman kalau untuk ibu hamil harus di kontrol terus oleh dokter selama masa kehamilan dan diberikan profilaksis atau pencegahan ke anaknya...” (Informan 1, KS, 42 tahun)

“...kalau sudah positif, jalankan program PPIA dan di kontrol oleh dokter selama masa kehamilan...” (Informan 2, MM, 40 tahun)

“...Selalu melakukan control ke dokter penanggung jawab serta jalankan program PPIA...” (Informan 3, NV, 30 tahun)

“...Ikuti program PPIA dengan baik sehingga tidak terjadi penularan ibu ke anak serta harus rajin konsultasi ke dokter” (Informan 4, FT, 26 tahun)

“...yah,harus mengikuti program PPIA dan harus di kontrol terus oleh dokter selama masa kehamilan kalau sudah positif...” (Informan 5, HD, 30 tahun)

The answer to the informant related to the question if the patient tested positive, the action has given was prophylactic ARV during pregnancy which was controlled by a doctor. Also, another informant added that usually ARV therapy would be carried out after the birth of the baby. The informant's statement is recorded in the interview excerpt as follows:

“...diberikan ARV profilaksis selama kehamilan dan harus di control terus sama dokter selama kehamilan...” (Informan 1, KS, 42 tahun)

“...diberikan ARV profilaksis kepada ibu hamil sama seperti pemberian ARV biasa setelah sudah melahirkan baru diberikan terapi ARV...” (Informan 2, MM, 40 tahun)

“...tetap pada pemberian ARV biasa cuman masi di control oleh dokter setelah melahirkan baru diberikan terapi ARV...” (Informan 3, NV, 30 tahun)

“...dilakukan pemberian ARV profilaksis atau biasa setelah proses kelahiran baru diberikan terapi ARV...” (Informan 4, FT, 26 tahun)

“...Tindakan pemberian ARV biasa dahulu sebelum nantinya di berikan terapi ARV...” (Informan 5, HD, 30 tahun)

The informant's answer was related to the requirements that the patient had to fulfil if the patient wanted to perform almost uniform treatment on the substance even though with different editors, namely there was no requirement because, during pregnancy at least 2 months, ARVs had to be consumed to prevent transmission of mother to baby as described in the following interview excerpt. this:

“...kalau untuk ibu hamil HIV tidaka adaji persyaratan yang mempersulit menerima pengobatan, karena selama kehamilan minimal 2 bulan ARV harus sudah masuk untuk mencegah penularan ibu ke bayinya ...” (Informan 1, KS, 42 tahun)

“...tidak ada persyaratan.karena harus masuk cepat obatnya untuk ibu hamil HIV...” (Informan 3, NV, 30 tahun)

“...tidak adaji persyaratannya untuk ibu hamil HIV yang ingin melakukan pengobatan...” (Informan 4, FT, 26 tahun)

Meanwhile, the informants' answers about how the PMTCT implementation process was revealed by the informants that pregnant women attended HIV testing counselling, and if they tested positive it was recommended to administer ARVs at that time accompanied by strict control during pregnancy. The descriptions of the informants' answers are presented in the interview excerpt as follows:

“...ibu hamil mengikuti konseling test HIV, terus kalau dia dinyatakan positif HIV, ketemu dokter di anjurkan langsung di usahakan masuk ARV dan di control terus oleh dokter selama kehamilan...” (Informan 1, KS, 42 tahun)

“...semua ibu hamil melakukan konseling, kalau ada yang positif langsung di tangani oleh dokter...” (Informan 3, NV, 30 tahun)

“...yah begitu melakukan pemeriksaan dulu, setelah melakukan pemeriksaan langsung diberikan penanganan...” (Informan 4, FT, 26 tahun)

IV. DISCUSSION

4.1 Prosedur Program Prevention of Mother to Child transmission (PMTCT)

Prevention of Mother-to-Child Transmission (PMTCT) is part of the HIV/AIDS response in Indonesia and the Maternal and Child Health Program. PMTCT services are integrated with the package of MCH, family planning, reproductive health and adolescent health services at every level of health services in the HIV/AIDS Continuous Comprehensive Services strategy (Kementerian Kesehatan RI 2013b).

The Prevention of Mother to Child Transmission (PMCT) program at the Jumpandang Baru Community Health Center is an integral part of health services and mothers and children so that pregnant women who visit and have their examinations in parallel are also given an understanding of PMTCT. Thus, pregnant women are given the understanding to do an HIV test starting with pre-HIV testing counselling. Pregnant women who have undergone an HIV test with an HIV positive test result are directed directly to join the PMTCT program.

Furthermore, pregnant women who are participants of the PMTCT program will be given treatment given ARV (Anti Retro Virus) therapy which is all given even though the pregnant woman is not a participant of the Health Social Security Administering Body. In addition, pregnant women will be given an understanding of how to prevent HIV transmission to the baby they are carrying by encouraging pregnant women to take ARV drugs regularly.

Pregnant women who need special treatment during childbirth will be referred to hospitals that are known to have PMCTC services, such as being referred to Dr Wahidin Sudiro Husodo or Labuang Baji Hospital.

Various PMTCT program procedures that are carried out regularly can make a positive contribution in suppressing HIV transmission from pregnant women to their children. This is in line with the conclusions of the study revealed by Martani Widjajanti (2012) which states that during the study period 10 of the 18 infants studied, no transmission of infection was found and all babies born to HIV (+) mothers and attended the PMTCT program at home. Sick Children and Mother of Our Hope (Widjajanti 2016).

4.2 Implementation of the Prevention of Mother to Child Transmission (PMCT) Program

The implementation of the Prevention of Mother-to-Child HIV Transmission program is carried out through comprehensive activities covering four pillars (4 prongs) as stated in PMK No. 51 of 2013 concerning the Prevention of Mother-to-Child HIV Transmission, namely: 1). prevention of HIV transmission in women of reproductive age (15-49 years), 2). Prevention of unplanned pregnancy in HIV positive women, 3). Prevention of HIV transmission from pregnant women to the babies they are carrying and 4). further psychological, social, and health care support to HIV-infected mothers and their babies and families (Kementerian Kesehatan RI 2015).

Furthermore, pregnant women who go to health services are given a complete understanding so that they can find out their HIV status through a blood test. In general, the procedure for conducting blood tests is carried out by taking into account the aspects of counselling, confidentiality and the consent of the pregnant mother concerned.

The implementation of the Prevention of Mother to Child transmission program at the Jumpandang Baru Community Health Center is carried out with the full involvement of health workers in the program based on the responsibilities assigned to the program. There are actions taken to prevent mother-to-child transmission of HIV, including that mothers who test positive as is the case with PLWHA patients (people living with HIV/AIDS) in administering the drug, only pregnant women who are HIV positive follow the PMTCT program and are strictly controlled by the doctor during pregnancy as well as giving prophylaxis immediately for prevention to the fetus in the womb and giving ARV at least 2 months during pregnancy at least 2 months ARV to prevent transmission of mother to baby.

This is in line with research conducted by Susanti Suhartati, Istiqamah, Rizqy Amelia (2018) with the research title Implementation of the Prevention Mother to Child Transmission (PMTCT) Program at the Banjarmasin City Public Health Center with the results of research that the PMTCT Program is implemented in an integrated manner with KIA services. namely on ANC examinations and family planning services as well as reproductive health services. Services are provided in the form of HIV/AIDS counselling and HIV testing for all pregnant women and also for risk groups (Suhartati, Istiqamah, and Amelia 2018).

However, the results of other studies show quite significant differences, as was the research conducted by Elisabeth Samaran, Zahroh Shaluhiah and Ayun Sriatmi (2013), with the research title "Prevention of Mother to Child transmission of HIV" (PMTCT) screening program by midwives in The Public Health Center for the Work Area of the Sorong City Health Office, West Papua Province, which concluded that the implementation of the PMCTC program at the Community Health Center related to socialization, supporting factors for the PMCTC program, and regulations had not been implemented properly (Samaran, Shaluhiah, and Sriatmi 2013).

V. CONCLUSION

The procedure for the Prevention of Mother to Child Transmission (PMCT) program at the Jumpandang Baru Community Health Center is an integral part of health and maternal and child services so that pregnant women who visit and have themselves checked are also given the PMTCT program. The implementation of the Prevention of Mother to Child Transmission (PMTCT) program at the Jumpandang Baru Community Health Center is carried out with the full involvement of health workers in the program based on the responsibilities assigned to the program.

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