

ABSTRAK

Eny Widiyasari

Implementasi Integrasi Program *Prevention of Mother to Child HIV Transmission* dengan Layanan *Antenatal* di Puskesmas Wilayah Kota Surabaya Tahun 2012

xi + 101 halaman + 10 lampiran + 6 gambar + 9 tabel

Di Kota Surabaya program PMTCT hanya dijalankan di 14 Puskesmas yang dekat dengan lokalisasi. Tingkat keberhasilan integrasi program PMTCT dengan layanan Antenatal tertinggi di Puskesmas Putat Jaya, Banyu Urip dan Sidotopo. Penelitian dilakukan di Puskesmas Putat Jaya dan Banyu Urip karena wilayah kerja Puskesmas tersebut termasuk lokalisasi Jarak dan Dolly. Tujuan penelitian ini adalah menggambarkan implementasi integrasi program PMTCT dengan layanan Antenatal di Puskesmas wilayah Kota Surabaya.

Jenis penelitian *eksploratif* yang dilakukan secara kualitatif. Informan utama adalah 4 bidan dari puskesmas terpilih. Informan triangulasi adalah 2 Kepala Puskesmas, 1 orang dari Sie Kesehatan Dasar dan 12 ibu hamil. Pengumpulan data dengan wawancara mendalam dan FGD (*Focus Group Discussion*) pada ibu hamil yang dibagi menjadi 2 kelompok. Analisis data menggunakan analisis isi.

Hasil penelitian menunjukkan bahwa kegiatan sosialisasi belum berjalan dengan baik. Belum semua ibu hamil yang datang pertama kali mendapatkan sosialisasi PMTCT. Kegiatan penjangkaran belum berjalan dengan baik. Bidan hanya menanyakan faktor resiko pekerjaan saja dari beberapa faktor resiko HIV yang ada di kartu ibu hamil. Kegiatan rujukan belum berjalan dengan baik. Kendala rujukan pada biaya dan tidak ada komunikasi dua arah dari bidan dengan VCT. Pengetahuan bidan tentang pelaksanaan, tujuan dan pilar integrasi program PMTCT baik. Sikap bidan dalam kegiatan sosialisasi, penjangkaran dan rujukan belum baik. Sosialisasi atau pelatihan masih kurang, belum semua bidan mendapatkan pelatihan VCT dan PMTCT. Ketersediaan fasilitas sarana, prasarana dan dana masih kurang. Ketersediaan petugas kesehatan masih kurang. Dukungan pimpinan masih kurang, tidak ada SOP dan sosialisasi regulasi. Monitoring dan evaluasi hanya berdasar pada laporan bulanan KIA dan tidak ada supervisi dari pimpinan.

Disarankan kepada Dinas Kesehatan Kota Surabaya untuk meningkatkan kesempatan pelatihan VCT dan PMTCT bagi bidan, melakukan supervisi dan sosialisasi regulasi dan SOP pelaksanaan integrasi program PMTCT dengan layanan antenatal.

Kata Kunci : Layanan antenatal, Puskesmas, PMTCT

Kepustakaan : 38 (1996-2011)

ABSTRACT

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The Implementation on Prevention of Mother to Child HIV Transmission Integrated Program with Antenatal Service at Primary Healthcare Centers of Surabaya City, 2012

xi + 101 pages + 9 tables + 6 figures + 10 enclosures

In Surabaya city, PMTCT program was only performed in 14 primary healthcare centers (puskesmas) that were close to prostitution complexes. The highest successful level of integration between PMTCT program and antenatal services was in Putat Jaya, Banyu Urip, and Sidotopo primary healthcare centers. This study was conducted in Putat Jaya and Banyu Urip puskesmas due to their coverage areas included Jarak and Dolly prostitution complexes. Objective of this study was to describe implementation of integration between PMTCT and antenatal service programs in primary healthcare centers of Surabaya city.

This was an explorative-qualitative study. Main informants were four selected midwives from primary healthcare centers. Triangulation informants were two heads of primary healthcare centers, one staff of basic health unit, and 12 pregnant women. Data collection was conducted through in-depth interview and focus group discussion (FGD) to pregnant women. Pregnant women were divided into two groups. Content analysis was applied in the data analysis.

Results of the study showed that socialization activities were not done properly. Not all pregnant women who visited for antenatal care for the first time received PMTCT socialization. Screening program was not performed properly. Midwives only asked occupational risk factor among several risk factors of HIV stated in a pregnant women card. Referral activities were not done properly. Problems in the referral activities were funding and no two ways communication between midwives and VCT. Midwives knowledge about implementation, objective, and foundation of PMTCT integration program was sufficient. Attitude of midwives in the socialization activities, screening, and referral was not good. Socialization and training were still insufficient; not all midwives received VCT and PMTCT trainings. Availability of facilities and funding were still insufficient. Availability of health workers was still insufficient. Leader supports were still inadequate; standard operating procedure and regulation socialization were not available. Monitoring and evaluation were based on monthly reports of KIA, and no supervision from leaders was available.

Suggestions for Surabaya city health office are to improve opportunity to receive VCT and PMTCT trainings for midwives, to do supervision, and to do socialization on regulation and standard operating procedure of the implementation of integration between PMTCT program and antenatal services.

Key words : antenatal service, primary healthcare centers, PMTCT

Bibliography : 38 (1996-2011)