The Opportunity Implementation HIV Prevention Infection Program from Mother to Child in Bali

Ketut Espana Giri [a,1,*], Ni Made Sri Nopiyani[b], Tuti Parwati Merati[c]

[a] *Universitas Ganesha, Bali*
[a] *Universitas Udayana, Bali*
[a] *RSUP Sanglah Denpasar, Bali*
[1] *espanagiri@ymail.com*
** corresponding author*

ARTICLE INFO

Article history:
Received
Revised
Accepted

Keywords:
HIV
Opportunities
Health Center

ABSTRACT

Women infected with HIV can transmit HIV from mother to child during pregnancy, childbirth and lactation. Implementation of programs to prevent HIV transmission from mother to child (PPIA) in Bangli not been implemented optimally. The study was conducted to determine the chances of program implementation PPIA, faced viewed from the perspective of users and service providers. The study is a qualitative case study approach. Collecting data with in-depth interviews using interview guide to users and service providers. Informants were selected purposively as many as 18 people of 10 pregnant women, two counselors, two laboratory workers, 2 heads of health centers, 1 holder of program P2, and 1 Sekretais KPA Bangli regency. Data collection was conducted April-May 2016 in Puskesmas Losses Tembuku I and II health center in Bangli regency. Analysis of data using thematic analysis. Opportunities from service users say that husbands and health professionals strongly support pregnant women to take the test. Service providers revealed no support from the public, especially health workers and community leaders in collecting pregnant women.Opportunities users is the support of their husbands and health professionals, while opportunities are providers of community support and cooperation within the team.

I. Introduction

Pregnancy is a state of pregnancy of the last menstrual period until delivery, which normally lasts for 40 weeks or 280 days of pregnancy can affect the mother's body as a whole to cause a variety of physiological changes, one of which is nausea and vomiting. Most women are able to match the changes that occurred during the first trimester of pregnancy The pregnant women often overlook and underestimate the complaints of nausea and vomiting due to be considered as normal in early pregnancy, if nausea and vomiting in pregnant women no immediate further action causes pregnant women deficiency nutrients that the fetus is not receiving adequate nutrition and can cause low birth weight or prematurity, so that the complaints of nausea and vomiting were originally going to be pathological and physiological impact on the fetus. It is often found in cases of morning sickness although physiological but if not promptly treated can lead to impaired fetal growth, fetal death in the womb and the fetus can suffer congenital abnormalities, while the result for the mothers who are dehydrated, acid-base balance disorders, and potassium deficiency.

The incidence of morning sickness in the World Health Organization (WHO) estimates that at least 14% of all pregnant women are affected by morning sickness (WHO, 2010). According to (MOH) in 2013 also estimates that 10% of pregnant women are affected by morning sickness. The incidence of morning sickness in Indonesia were obtained from 2,203 pregnancies can be observed in full is 543 mothers exposed to morning sickness. In East Java, in 2011 there were 67.9% of pregnant women experience morning sickness known as sickness morning (morning sickness). The incidence of nausea and vomiting occur in 60-80% and 40-60% primigravidas multigravida. Based on the results of studies in BPM Menanggal Surabaya Data Retrieved 11 November 2016. The first trimester pregnant women 10 people, who experience nausea and vomiting for 6 people while not experiencing nausea and vomiting 4. So we can conclude the incidence of nausea and vomiting in BPM Menanggal as much as 60%

Nausea and vomiting that occurs during pregnancy is caused by changes in the endocrine system occur during pregnancy, mainly caused by fluctuations in the levels of HCG (human chronic gonadotropin), the period of gestational sickness is most common in the first 12-16 weeks, at which time the HCG reached its highest level (Tiran 2009).

Nausea is an uneasy feeling in the throat which will have symptoms of vomiting and there will be a reflex impulse eksipirasi stomach contents, this condition is caused due to increased levels of the hormone estrogen. The symptoms are also experienced by women who use hormonal contraception. After the implantation process occurs simultaneously with the production of the hormone hCG, it causes nausea and vomiting in pregnant women the first trimester because stimulation of the vomiting center located in the area postrema of the medulla oblongata at the base ventrikelke four, which vomiting can be stimulated through the nerves everen by stimulation of the vagus and sympathetic activation that causes vomiting chemoreceptor trigger zone (Anggi, 2010).

Troubleshooting nausea and vomiting in the first trimester pregnant women can be done with the aroma therapy fragrance ingredients wherein the working mechanism of therapy occurs through the circulatory system and the olfactory system. Organ of smell is the only sense of taste with a variety of nerve receptors in direct contact with the outside world and a direct channel to the brain. Only some 8 molecules already can trigger electrical impulses in nerve endings. It takes approximately 40 nerve endings to be stimulated before a person consciously smell what was being kissed. The smell is a volatile directly into the atmosphere. If it enters into the nasal cavity through breathing, will be stimulated by the brain as the sense of smell. Some stages receipt of acceptance smell the odor molecules will be stimulated by the nerve olfactory epithelium, The odor transmitted as a message to the olfactory center located on the back of the nose. Vibrating hair contained therein, will serve receptor as will deliver electrochemical messages to the center of emotions and one's memory which in turn will deliver a message back to the entire body via the circulatory system. Messages are delivered to the whole body will be converted into an action with the release of neurochemical substances such as feeling happy, relaxed, calm or inflame In dealing with nausea and vomiting in the first trimester pregnant women can be done with the aroma therapy. Giving aroma therapy in the first trimester pregnant women is very effective because it has a smell of aroma therapy can relax the nerves, but aroma therapy cannot be given to pregnant women with hyperemesis. So researchers wanted to prove how effective administration of aroma therapy in the first trimester pregnant women who experience morning sickness.

II. Method

This type of research is the Pre-Experimental design with One-group pre-post design, In this design, the observation is made as much as 2 times that before the administration of the intervention, and then observed again after administration of the intervention. The population in this study were all first trimester pregnant women who experience morning sickness in BPM and BPM Waru Menanggal of 30 person. In this study, the sample used is mostly first trimester pregnant women who experience morning sickness in Menanggal BPM and BPM Waru. The sample size in this study were 28 respondents, using probability sampling, where each subject has an equal chance of being selected or not selected for the sample. The sampling technique using

Simple Random Sampling namely by making lottery in accordance with the number of pregnant women visit. Independent variables in this study giving aroma therapy, and the dependent variable was emisis gravidarum. Research instrument used observation sheet contains a measuring tool scale of nausea and vomiting in accordance with the Standard PUQE ie measurement scale nausea and vomiting. Implementation of the technique using the SOP (standard operating procedure). Editting data processing, scoring, coding, cleaning Processing, and tabulating.Untuk know whether there is the influence of aroma therapy on the morning sickness, the data was analyzed using statistical test of Wilcoxon Signed Rank Test performed with a significance level of = 0.05. with the statement of decision rules if the probability <0,α

III. Results and Discussion

a. Family Health Behavior

table 1 The frequency distribution of respondents by Family Health Behavior in Puskesmas Banyu Urip Surabaya 2018

Family Health Behavior	Frequency	Percentage (%)
Positive behavior	29	61.7
Negative behavior	18	38.3
total	47	100.0

Source: Primary Data, July 2017

Based on Table 5.3 shows the majority (61.7%) 29 respondents have positive attitude.

1. Characteristics of respondents by URTI

table 2 URTI occurrence frequency distribution in the past year at Puskesmas Banyu Urip Surabaya 2018

URTI	Frequency	Percentage (%)
Rarely	28	59.6
Often	19	40.4
	47	100.0

Source: Primary Data, July 2017

According to the table 5.4 shows the majority (59.6%) of 28 respondents rarely experienced URTI in the past year.

2. Family health behaviors relationship with URTI in Toddlers at Puskesmas Banyu Urip Surabaya 2018

table 3. URTI occurrence frequency distribution in the past year at Puskesmas Banyu Urip Surabaya 2018

	URTI		
	Rarely	Often	Total

frequency URTI	N	(%)	N	(%)	N	(%)
Positive behavior	19	65.5	10	34.5	29	61.7
Negative behavior	9	50.0	9	50.0	18	38.3
Total	28	59.6	19	40.4	47	100

Source: Primary Data, July 2017

In the above table shows that out of 47 respondents obtained 29 respondents behave positively, the majority of respondents 19 (65.5%) rarely experience ISPA status and nearly half of 10 (34.5%) status is often affected by ISPA. While 18 respondents behave negatively in get half 9 (50.0%) of respondents rarely affected the status of ISPA, the other half 9 (50.0%) status is often affected by ISPA. From the statistical test Mann Whitney using SPSS 20 for windows with the level obtained ρ α = 0.05 (0.008) <α (0.05) means that H0 is rejected so that there is a significant relationship between health behaviors of families with URTI in infants at Puskesmas Banyu Urip Surabaya.

IV. DISCUSSION

a. Family Health Behavior

Based on the results of 47 respondents showed the majority (61.7%) positive attitude. Good behavior can prevent and provide first aid in children under five suffering from ARDS and reduce the incidence of URTI back. The forms of family behavior that can prevent the toddler from ISPA for example by avoiding themselves from patients with respiratory infection, avoid the smoke, dust and other material that interferes with breathing, cleURTIng houses and neighborhoods, cover mouth and nose when coughing and spitting (MOH, 2008). This is in accordance with the questioner No. 11 on parents encourage other family members to cover your mouth when sneezing and coughing, the majority (59.5%) families have already done so. Families should always maintain a positive attitude, shut your mouth when sneezing is a must. The goal, is to prevent germs from the mouth did not spread everywhere, so toddlers avoid more severe conditions.

Recapitulation charging questioner number 2 shows the majority (70.2%) of respondents were able to take advantage of health services around the neighborhood. So that ISPA can be dealt with appropriately before getting worse and other complications appear. Moreover according to the results of recapitulation filling questioner number 13 earned the majority (53.1%) of respondents to apply the prevention of infection by avoiding toddler ISPA from others affected by ISPA. Many families who understand and know how to prevent transmission such as not allowing family members smoke near infants, toddlers avoid exposure to smoke and dust. While the results of recapitulation filling questioner no. 15 found nearly half (40, 4%) is still negative behavior, the family rarely wash hands when touching a toddler. Banyu Urip health centers in the area of Surabaya has a lot of posters and information about the importance of hand washing as a form of prevention of the spread of bacteria mapun virus. In this research, many respondents do not wash their hands before touching moment toddlers. This suggests that the behavior of washing hands before touching the toddler has not become their habit. It is very dangerous because the hand is the intermediary portal of entry into the body either directly or indirectly with an object such as through money, balls, spoons, plates, books that can cause vURTIous diseases such as respiratory infection. In accordance with the opinion of MOH (2008), that hand washing is the process of removing dirt and dust mechanically leather memeakai both hands with soap and water. The purpose of washing hands is one element for the prevention of infection in this study menunjukka that respondents are still many who do not understand the purpose mencucitangan before touching infants, the benefits of washing their hands and how to wash hands properly.

b. The frequency of URTI incidence in infants

Based on the results of 47 respondents showed the majority (59.6%) rarely experience URTI during the past year. There are several factors that affect children affected by URTI one of which is a factor of age, from 47 respondents who have children with URTI majority (74.5%) of them children aged between 1-3 years. Age is one factor of children susceptible to infectious diseases such as respiratory infection. The younger the child the higher the degree of pain the child this is due to the low immune system of children. This is in accordance with the opinion Domili (2013) of children aged 1-3 years more experience due to the ISPA immune system is still weak child and infant respiratory organs child has not reached perfect ripeness, so that when exposed to the bacteria will be more at risk of developing the disease.

In general there is no difference in the incidence of acute respiratory infection due to viruses and bacteria in men and women but there is argued that there is little difference, that is a higher incidence in boys. Based on the results from Table 5.2 that of the 47 respondents whose children suffered URTI majority (53.2%) were female. This condition is possible shift in the habits of children. Currently, both boys and girls have the same tendency in terms of playing.

c. Family health behaviors relationship with URTI occurrence frequency in toddlers

Based on the results of the data, Mann Whitney statistical test using SPSS 20 for windows with the level obtained ρ α = 0.05 (0.008) <α (0.05) means that H0 is rejected so that there is a significant relationship between health behaviors of families with URTI in infants puskesmas Banyu Urip Surabaya. From the results that have been obtained to prove that more and more families who behave positively then the fewer children under five affected by URTI> 3 times a year.

Health behavior is a response to a person (organization) to the stimulus or object associated with illness and disease, system services, eating and drinking and the environment. Positive health behavior is an important component in preventing a disease such as respiratory infection. If families applying positive health behavior in his daily life, then the child will not be susceptible to disease because children with the support of her parents can keep it clean and healthy. If the family members carry positive health behavior at home is tantamount to prevent family members of transmitting the disease to other family members such as upper respiratory infections (MOH, 2008). Family influence the emergence of the disease in the house.

Behavior in the prevention and control of respiratory disease in infants is more effectively done by the family either done by the mother or family who live in one house. The existence of family members affected by URTI transmitted to others through breathing air or sputter. In principle ISPA germs in the air inhaled by the new host and into the respiratory tract. Therefore, one of the URTI prevention efforts done by covering the mouth when sneezing to avoid spreading germs through the air, throwing phlegm in its proper place (WHO, 2012)

V. Conclusion

There is a relationship of family health behaviors with URTI in infants at Puskesmas Banyu Urip Surabaya. URTI occurrence frequency can be reduced with good health behavior, especially behavior in preventing transmission of respiratory infection. Health workers are expected in the prevention of respiratory disease in children under five do the treatment and prevention program with synergies mainly provide education on health behavior in the community in order to targets more appropriate health education.

References

Becker. 1979. Dalam Nottoatmodjo S. 2003. Ilmu kesehatan Masyarakat. Bab V, pendidikan dan perilaku.

Crowin J. Elizabeth. 2009. Buku saku Patofisiologi (Hanboo of Phatofisiology)(Nike Budhi, Alih Bahasa). Jakarta : Buku Kedokteran ECG

Departemen Kesehatan RI. 2012. Profil Kesehatan Indonesia 2011. Jakarta : Depkes RI

Depkes RI. 2008. Sistem Kesehatan Nasional. Jakarta

Depkes RI. 2010. Laporan Pencapaian Tujuan Pembangunan Milenium Di Indonesia. Jakarta : BAPPENAS

Domili, M. F. H., dan Nontji W V. N. A. 2013. Faktor Yang Berhubungan Dengan Kejadian Pneumonia Pada Balita Diwilayah Kerja Puskesmas Global Mogoloto. Skripsi. Gorontalo : Universitas Negeri Gorontalo

Gwaltney, JM. 2015. Common Cold. http://www.commoncold.org/index.htm. Diakses September 2017

Harahap, Okto M.F. 2010. Riwayat ASI Eksklusif pada Balita ISPA di Puskesmas Sering. Untuk Karya Tulis Ilmiah. Medan : Universitas Sumatera Utara

Kemenkes RI. 2012. Modul tatalaksana standar pneumonia. Jakarta : kemenkes RI jendral pengendalian penyakit dan kesehatan lingkungan

Kementrian Kesehatan RI. 2013. Profil Kesehatan Indonesia Tahun 2012. Jakarta

Kusnoputranto, haryoto. 2000. Kesehatan Lingkungan. Jakarta : Fakultas Kesehatan Masyarakat Universitas Indonesia

Maryunani, Anik. 2010. Ilmu Kesehatan Anak. Jakarta : CV. Trans Info Media

Misnadiarly. 2008. Penyakit Infeksi Saluran Napas Peneumonia pada Balita, Orang Dewasa,Usia Lanjut. Jakarta : Pustaka Oor Populer

Muttaqin, Arif. 2008. Buku Ajar Asuhan Keperawatan Klien Dengan Gangguan Sistem Pernapasan. Jakarta : Salemba Medika

Nelson. 2003. Ilmu Kesehatan Anak. Jakarta : Buku Kedokteran EGC

Notoatmodjo, Soekidjo. 2012. Promosi kesehatan dan Perilaku Kesehatan. Jakarta : Rineka Cipta

Riset Kesehatan Dasar. 2013. Jakarta: Badan Penelitian dan Pengembangan Kesehatan Kementrian Kesehatan RI.

WHO. 2012. Pencegahan dan Pengendalian Infeksi Sluran Pernafasan Akut (ISPA) Yang Cenderung Menjadi Endemi dan Pandemi di Fasilitas Pelayanan Kesehatan. http://www.who.com (diakses 10 Oktober 2017)

Widoyono. 2011. Penyakit tropis (epidemiologi, penularan, pencegahan & pemberantasannya). Jakarta : Erlangga

Wong, donna L. 2003. Pedoman Klinis Keperawatan Pediatrik. Jakarta : EGC