

**ROLES, BARRIERS AND CHALLENGES OF
MIDWIVES IN ANTENATAL CARE SERVICE IN
REFERRING PREGNANT WOMEN FOR HIV
CASE-FINDINGS
IN SERIRIT SUB-DISTRICT, BULELENG
REGENCY 2011**

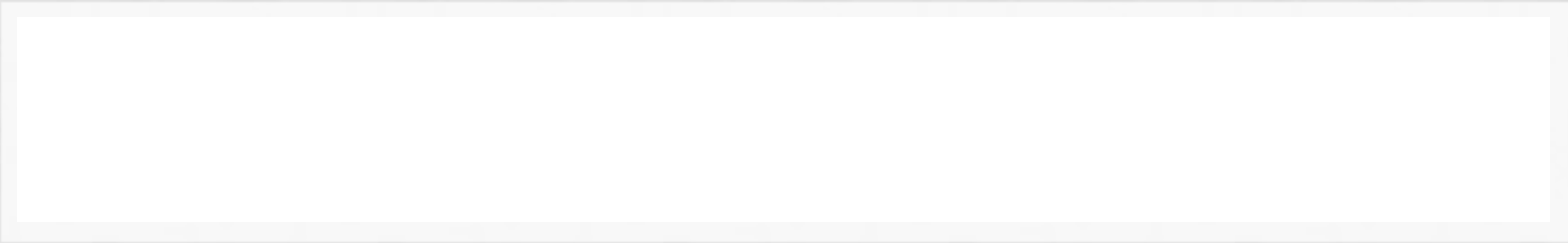
*Putu Theni Aryasih
L P Lila Wulandari
D N Wirawan*

Introduction

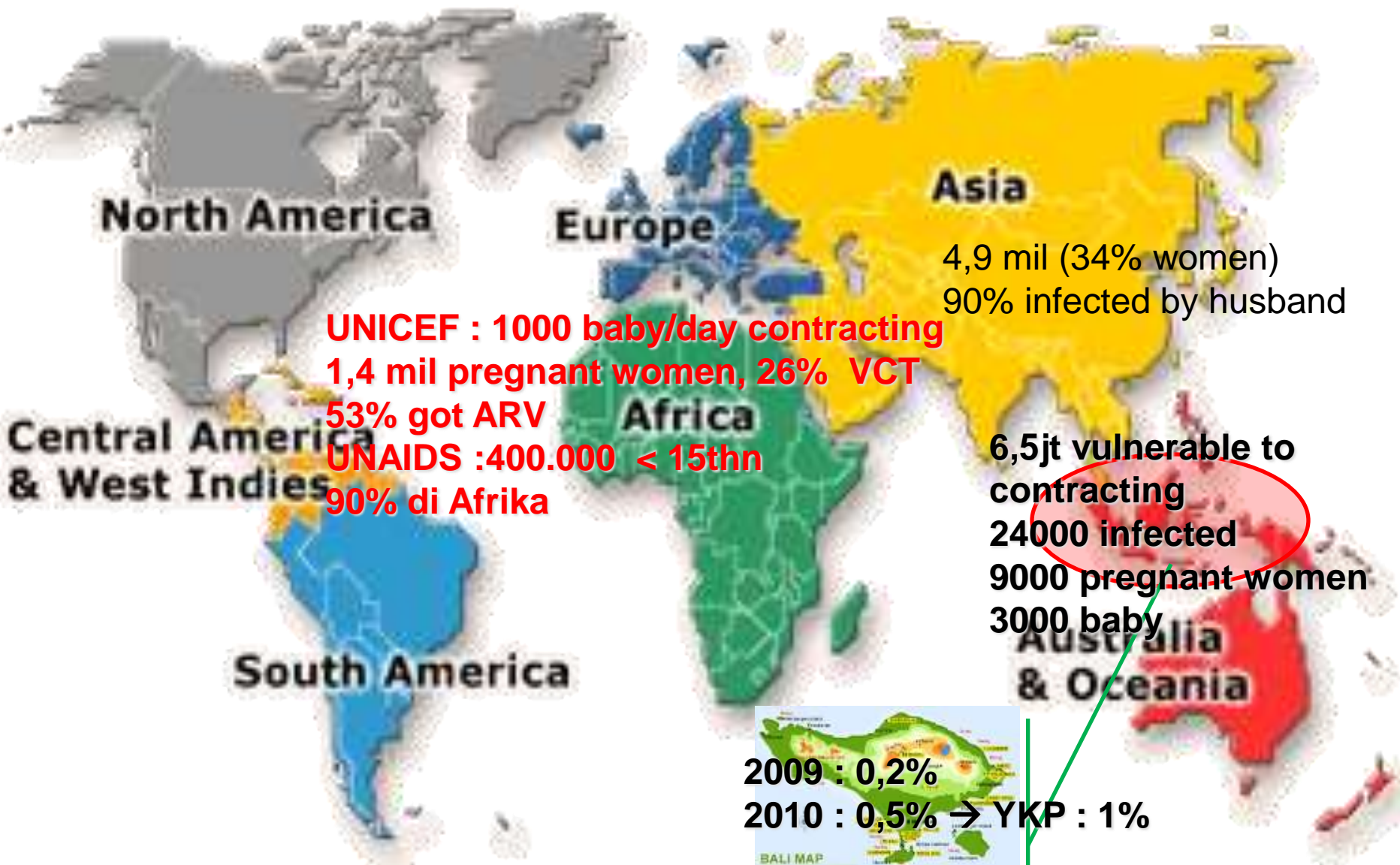
Methods

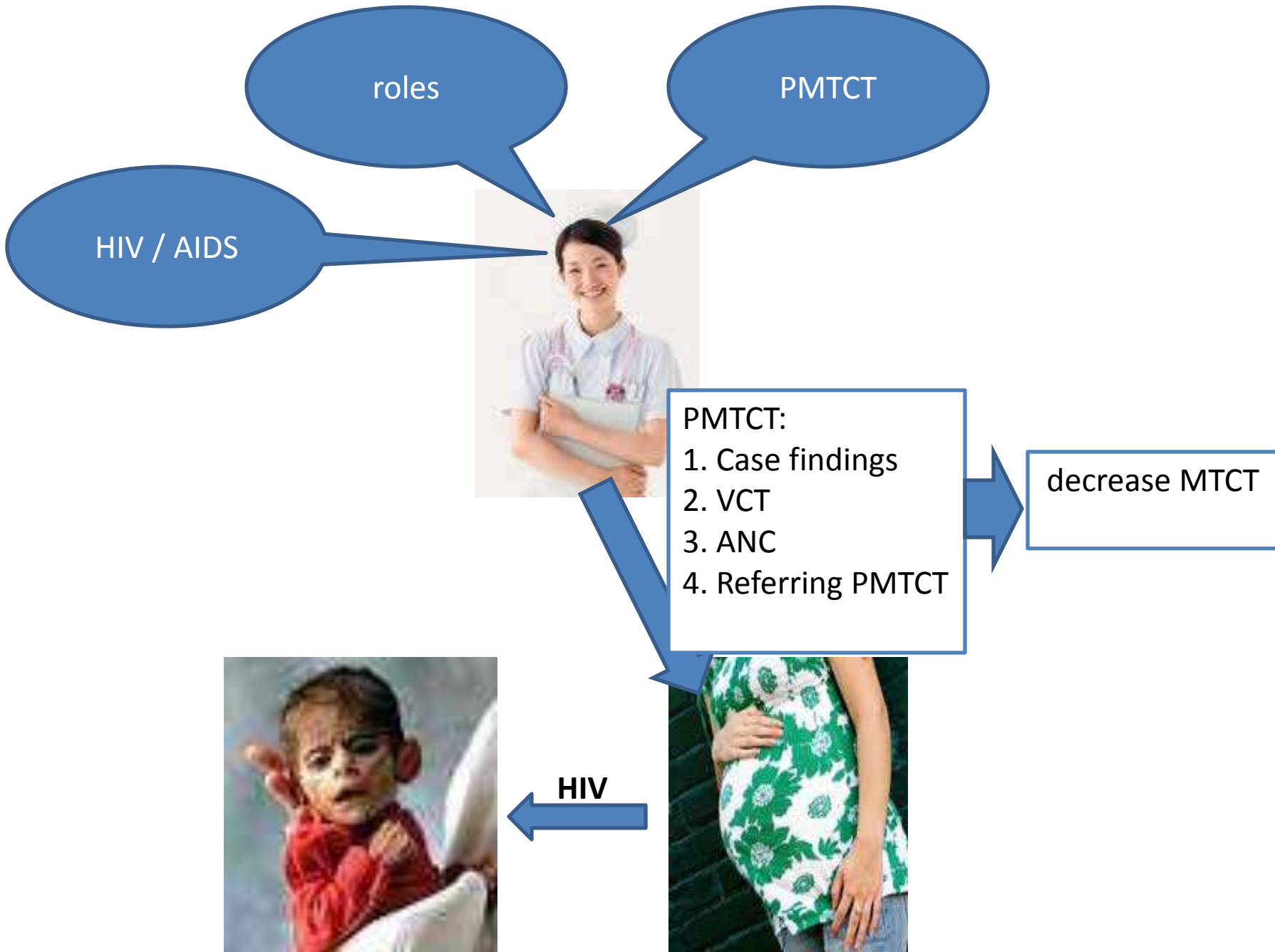
Results

Conclusion



Introduction





Methods

- ◆ Qualitative study
- ◆ Focus Group Discussion (FGD) and in-depth interview
- ◆ The study was conducted in Seririt sub-district of Buleleng regency.
- ◆ Buleleng regency ranked 2 in the highest number of HIV cases in Bali.
- ◆ Seririt, ranked 3 in the highest number of cases among sub-districts after Gerokgak and Sawan.
- ◆ Also to consider that midwives in this sub-district had received training on basic knowledge on HIV and PMTCT.

Results

→ 21 midwives → 3 FGD



to triangulate data

in-depth interviews were performed on:

eight pregnant women → one informant was HIV-positive, and the other seven refused VCT.

The barriers faced by midwives in enacting their roles in case-finding and when referring pregnant women for HIV tests were:

- Difficulty in bringing up HIV as a topic of discussion because it was considered a sensitive issue.
- There were stigma in the community on HIV.
- A low public knowledge on HIV,

- Public perception that they had low-risk of being infected with HIV,
- Concerns of decreasing number of patient visits
- Stigma on HIV that affect access to VCT.
- Concerns in getting infected

Difficulty in bringing up HIV as a topic of discussion because it was considered a sensitive issue :

*"...each one who we suggest, first we look at their own situation... we could not encourage everyone... that is our problem here in the field... we cannot make everyone *hm*...to have themselves checked...we have them checked first one at a time...we are still trying to study that...we did get the training.. the methods.. but after we faced the patients.. we, ourselves are facing the problem..." FGD 2*

("...tiap orang yang kita sarankan itu kita lihat dari situasi orangnya sendiri... tidak semua orang kita bisa...itulah kendalanya kita di lapangan...tidak semua orang kita bisa ehem...sarankan untuk memeriksakan diri...kita cek dulu orang per orangnya...memang itu masih kita pelajari...memang kita kan udah dapet pelatihannya...cara-caranya...tapi setelah kita menghadapi orangnya...kita juga akan menghadapi masalah..." FGD 2

There were stigma in the community on HIV :

“...later if other people know that I am positive... then no one will never mingle with me... that, according to me, is one of the factors why we could not encourage people to have the self-conscience to test themselves...” FGD 3.

(“...nanti kalau orang lain itu tahu saya positif...saya pasti tidak ada yang mengajak bergaul....itu sebenarnya kalau menurut saya itu mungkin penyebabnya...kenapa kita susah untuk menjaring orang atau menggiring orang untuk mempunyai kesadaran memeriksakan diri...” FGD 3.)

A low public knowledge on HIV :

“...self-will...with self-conscious...not one to date...” FGD 2.

(“...berkeinginan sendiri...dengan kesadaran sendiri...belum ada...” FGD 2.)

“...there was one patient who said.. ma’am, if I was bitten by a mosquito, will I be like that? My house is near her.. ...” FGD 3.

(“...ada juga pasien bilang....bu kalo digigit nyamuk...nanti kita digigit ndak kita gini? soalnya rumah saya deket sama dia...” FGD 3.)

Public perception that they had low-risk of being infected with HIV

“.....here is what they said.. I do not have the risk, ma'am.. just like that.. there are just too many reasons.. I never had contact with other men...” FGD 1.

(“.....gini dia...saya ndak punya risiko bu....seperti itu dah....macam-macam dah alasannya...saya tidak pernah kontak dengan laki-laki lain...” FGD 1).

Worries of decreasing number of patient visits if midwives suggest their patients to undergo HIV test

"...once there was a patient whom I thought was at risk.. I told her to do HIV test..uuh.. then after that she never comes again.. if this keeps on happening, I'll be losing patients.." FGD 3.

("...pernah dulu pasien yang saya anggap berisiko...saya kasitau untuk tes HIV...ehhh...ndak datang-datang dia...kalau sering gitu...gimana ya...kan hilang ye pasien saya...." FGD 3).

Stigma on HIV that affect access to VCT

“....other people view a person differently when once she enters the clinic...it is really scary...” FGD 1.

(“....pandangan orang begitu masuk ke kliniknya itu juga beda...dah...pasti ngeri dah...” FGD 1).

Concerns in getting infected

“...well.. lets just be positive... the most important thing is, I have equipped myself with protective equipments..” FGD 2.

(“...ya saya positif thinking saja...yang penting saya sudah pakai alat pelindung diri itu...” FGD 2).

Conclusion

- ❖ In order to increase the potential role of midwives, there should be :
- ❖ Routine refresher course, with more emphasis on how to approach, build rapport, and encourage pregnant women to undergo HIV test
- ❖ Stigma and discrimination could be reduced by improving society knowledge on HIV and AIDS through health promotion involving cross-sectoral cooperation and community leaders or public figures.

Conclusion

- ❖ Public policy on HIV test for all pregnant women undergoing ANC should be made so that midwives feel safe when referring, and would not have to worry on losing patients when encouraging their patients to do HIV test.
- ❖ The government should also provide VCT facilities in every primary health care centers so that these centers could provide both ANC and VCT services comprehensively. In this way, it would be easier to refer pregnant women who have come for ANC, for HIV testing.

Thank You