



Implementation of Outreach and Mentorship Program of Pregnant Mothers in Prevention of Human Immunodeficiency Virus Transmission from Mother to Child in Rural Areas of Banyumas Regency

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Abstract

Edited by: Sasho Stoleski
Citation: Kurniawan A, Firda A, Anandari D, Gamelia E. Implementation of Outreach and Mentorship Program of Pregnant Mothers in Prevention of Human Immunodeficiency Virus Transmission from Mother to Child in Rural Areas of Banyumas Regency. Open-Access Maced J Med Sci. 2022 Nov 25; 10(E):1885-1891. <https://doi.org/10.3889/oamjms.2022.9912>
Keywords: Programs for pregnant mothers' outreach and assistance; Human immunodeficiency virus prevention; And rural areas
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Received: 22-Apr-2022
Revised: 27-Oct-2022
Accepted: 15-Nov-2022
Copyright: © 2022 Arif Kurniawan, Arrum Firda, Dian Anandari, Elviera Gamelia
Funding: This research did not receive any financial support
Competing Interest: The authors have declared that no competing interest exists
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BACKGROUND: The goal of priority human immunodeficiency virus (HIV) transmission prevention services from mother to child is to reach out to pregnant women about the usage of HIV testing. In Banyumas Regency, there are 32,683 pregnant women, but only seven of them perform a prenatal check that includes an HIV test. The goal of priority HIV transmission prevention services from mother to child is to reach out to pregnant women about the usage of HIV testing. In Banyumas Regency, there are 32,683 pregnant women, but only seven of them perform a prenatal check that includes an HIV test.

AIM: The study's objective is to examine how outreach and assistance programs for expectant women are being implemented in the rural Banyumas Regency regions to prevent HIV transmission from mother to child.

METHODS: This study employs phenomenology methodology and qualitative research approaches. In-depth interviews are used in research tools. Acquired immunodeficiency syndrome (AIDS) care providers, village midwives, village heads, community leaders, health cadres, and expectant mothers are a few examples of the research informants.

RESULTS: The outcomes demonstrated that the outreach and mentorship programs for expectant women are successfully preventing HIV transmission from mother to child in Banyumas District's rural districts. The awareness of program implementers of the policy's contents, individual communication strategies used on expectant women through prenatal visits, counseling, and workshops, as well as proper communication intensity, are variables that contribute to the program's effectiveness. Clear standard operating procedures on HIV tests on pregnant mothers, good reactions, and adherence to expectant women in using the program, as well as positive willingness and desire from stakeholders at the village level, are all essential components of the program.

CONCLUSIONS: The program's implementers' comprehension of the policy's substance, personalized communication techniques for expectant women through prenatal care, counseling and classes for expectant moms, and an appropriate level of communication intensity all contribute to the program's effectiveness. This study makes the recommendation that the village midwife has a larger advocacy role with the village administration in empowering the neighborhood through citizens of AIDS care.

Introduction

In the Banyumas Regency, there were 215 cases of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in 2013, 242 cases in 2014, 251 cases in 2015, 287 cases in 2016, and 150 cases in 2017. In the Banyumas Regency, 68.34% of the predicted number of cases of HIV/AIDS were discovered. This demonstrates that there are still a large number of undiscovered HIV/AIDS infections and that the spread of illnesses might accelerate crucial populace. In an effort to broaden coverage, networks are being strengthened, including community networks, internal networks inside institutions, and external networks between institutions and services. A top goal for HIV/AIDS preventative coverage is educating pregnant women about using HIV testing [1].

In areas where the HIV epidemic is widespread and concentrated, health workers in health-care facilities are required to perform HIV and syphilis tests on all pregnant mothers as part of routine laboratory examinations during antenatal check-ups until delivery. This is the policy of the Indonesian government in the program to prevent mother-to-child transmission of HIV. Pregnant women with STIs who are at risk of obtaining HIV, STIs, and TB are given priority when it comes to getting tested for syphilis and HIV in regions with low HIV prevalence. During the prenatal examination and up until birth, the examination is conducted as part of normal laboratory tests [2].

Only 16.5% of expectant women in Banyumas Regency have taken advantage of HIV testing through voluntary counseling and testing (VCT) programs, therefore, the implementation of this policy has not gone as well as it could have. This is brought on by

pregnant women's negative attitudes toward using VCT services, particularly HIV testing. This shows that the government has not done enough to increase the number of HIV tests [3]. According to Wilda's research (2019), husband/family support, as well as support from health-care professionals, is the characteristics that are substantially associated to the usage of VCT services. Help from VCT providers should include bolstering spouse and family support as well as encouraging pregnant women to get HIV tests at the public health center [4]. According to several additional research findings, stigma, fear of the outcomes of VCT services, and rejection of the test results are the main reasons why VCT services are underutilized in different nations [5], [6].

The findings of Puspitasari's research from 2017 indicate that the integration of HIV transmission prevention services from mother to child PPIA in the city of Depok to antenatal services has not been carried out optimally. This is supported by ineffective pre-test and post-test counseling, low coverage of HIV screening among pregnant mothers, and suboptimal referral mechanisms. Working smoothly, however, the assessment monitoring and recording systems have not yet been connected [7]. Community social participation in early detection measures against the spread of HIV/AIDS in their particular regions is necessary for outreach to VCT services. The adoption and use of rural migrant VCT in Shanghai are significantly influenced by community mobilization using comprehensive VCT. These results offer proof that community mobilization is a suitable tactic for promoting VCT among rural migrants in Shanghai, China [8].

The poor uptake of HIV testing for expectant mothers during prenatal care at the public health center is the issue with implementing policies to prevent mother-to-child transmission of HIV in Banyumas Regency. There has never been a study done on the implementation of policies to stop mother-to-child HIV transmission through prenatal care in Banyumas Regency. How to execute the policy of preventing HIV transmission from mother to child and the variables that will make the policy successful are the formulation of the problem in this research.

Methods

The research used qualitative research methods with phenomenology approach. According to the established inclusion criteria, this study utilizes a purposive sampling approach with a sample of 18 participants. The community members who participated in outreach initiatives for expecting moms to receive HIV/AIDS examinations at the puskesmas were the inclusion criteria for this study. Three village midwives,

three village chiefs, three community leaders, three health cadres, three managers of Citizen Care AIDS/Village Health Forum, and three expectant mothers from Banyumas District served as the informants for this study. Depth interviewing was used to acquire the data. To protect the integrity of the informant provided data, source triangulation techniques were utilized in this study. Thematic analysis models were used in this study's qualitative data analysis, which began with data collection, data reduction, data presentation, and findings. Data analysis done interactively and continuously until the data are saturated.

Results and Discussion

1. Characteristics of informants

No.	Name	Jenis kelamin	Age	Jabatan
1	RM	L	60	Karangtengah village head
2	TY	L	47	Karang tengah citizens who care about AIDS head
3	NW	P	30	Karangtengah village midwife
4	RI	P	48	Karangtengah health cadre
5	AW	L	47	Karangtengah religious leaders
6	DA	P	34	Karangtengah pregnant mother
7	IS	L	27	Karangcegak village head
8	WA	L	55	Karangcegak citizens who care about AIDS head
9	RO	P	41	Karangcegak village midwife
10	SA	P	52	Karangcegak health cadre
11	HN	L	65	Karangcegak religious leaders
12	AT	P	29	Karangcegak pregnant mother
13	AG	L	48	Sokaraja kulon village secretary
14	HN	P	34	Sokaraja kulon village midwife
15	RN	P	28	Sokaraja kulon village midwife
16	KH	P	43	Sokaraja kulon health cadre
17	MJ	P	54	Sokaraja kulon community leaders
18	UF	P	25	Sokaraja kulon pregnant mother

AIDS: Acquired immunodeficiency syndrome.

There were 18 informants in this study, most of whom were female, aged 30–60 years.

2. HIV transmission prevention services from mother to child in rural areas
 - a. Outreach and mentorship programs for expectant women in rural regions focused on HIV prevention from mothers to children

A referral for an HIV test to public health centers as soon as possible in the first trimester and counseling on the prevention of HIV transmission from mother to child by pregnant mothers is the forms of outreach and mentorship by public health centers that have been put into place in the rural area of Banyumas. An integrated antenatal care (ANC) and expectant mothers' class is the outreach and support program for pregnant women in the prevention of HIV transmission from mother to child in rural regions. It is explained in the passage that follows.

"Yes there is mandatory VCT in the Public Health Center, as soon as possible pregnant mothers to do VCT, integrated ANC, there is a class of pregnant mothers. Every month, 1 month 1 time. It is performed at the village hall. Class of pregnant mothers is in the Village Health Post and integrated ANC is in the health center, they are scheduled" (RO, village Midwives, mothers).

“Yes, there is also a class of pregnant mothers. Yes, it’s a way to keep the content, continue to have his fever also continue to be delivered also how to care for pregnancy, continue the way of prevention that is. Blood test There is si in polindes. Continue to reply in Health center there is an overall examination, an integrated expectant mother class. No VCT in Health center. His name si what yesterday ya ee what its name so the pregnant mother class integrated. So later examined his health thoroughly, including the blood Yes, the snatch of what is rich Gitu. Yes through the Cadre meeting, the village midwives Bu. (MJ, Community leaders, female).

Pregnant women in Banyumas’ rural areas get outreach and mentorship in the form of socialization alone; there is no village-run program for community empowerment.

“If the program in the village, besides socialization there is no. If here in addition to the programs that especially if the laboratory check was not available for the prevention of it there is no other program that is more focused to it ya mbak it does not exist. The socialization of HIV in pregnant mothers is done during Mbak pregnant mothers class activities. Pregnant mothers class there are some material. If the transmission of HIV is entered in the latter material. Pregnancy class Material third meeting. That’s the care of a newborn baby one of them. About HIV Prevention. Yes the most mature in the activities of the pregnant mother’s class there is a material tucked on the transmission of HIV the way of prevention such as what the Gitu. (WA, Citizens Who Care about AIDS, female).

- b. Implementation outreach and mentorship pregnant mothers program in the prevention of the transmission of HIV from mothers to child in rural areas

Village midwives are primarily responsible for carrying pregnant women as part of the outreach program and assisting in the prevention of HIV transmission from mother to child in remote regions. The initiative activities for Citizens Who Care about AIDS (WPA) have not been carried out in the most effective manner.

“Yes, so far the outreach program and mentorship pregnant mothers in the prevention of HIV is still handled by midwives, there are no separate forums. Formakia There is the foriity once formed a management only during this not the way. Village Health Forum is also the same mbak. Most of the Times Village Health Forum activities are involved in cadre activities. Because Village Health Forum those who are involved in the Village Health Forum is sometimes a device village. Village devices are sometimes busy other than that sometimes time does not exist. Yes we come to cadre activities. That socialize yes I am the most” (WA, Citizens Who Care about AIDS, female).

- c. Utilization of outreach and mentorship programs for pregnant mothers in the

prevention of HIV transmission from mother to child in rural areas

Some pregnant mothers in rural areas have not used VCT services due to their attitudes toward the service. This is stated in the following quotation.

“Yes, almost all of the pregnant mothers here all right, it’s just more to the top. If pregnant mothers don’t have to all want to, yes, sis, we also have to ask for approval, and then we are required to do VCT examination. So all pregnant mothers who have never checked later we will continue to report the data to the health center then from the health center to here the pregnant mothers will be collected here. So almost all pregnant mothers should be checked indeed. We come pick up the ball usually. We focus on one place near the lah” (NW, village midwife, woman).

3. Contents of Program Policies for Outreach and mentorship for pregnant mothers in the prevention of HIV/AIDS transmission

The findings revealed that some village midwives, Citizens Who Care about AIDS administrators, health cadres, and expectant mothers understood the details of the outreach program and how to help expectant mothers prevent HIV transmission, but informants and community leaders did not comprehend the specifics of the policy, including its type and advantages

- a. Type of outreach and mentorship program for pregnant mothers in the prevention of HIV/AIDS transmission from mother to child is mandatory for pregnant mothers

The findings of this study suggest that to avoid HIV transmission from mother to child, pregnant women must adhere to this sort of program policy. A source provides information about this.

“Yes, every pregnant woman must have a VCT. From the village, the budget policy has not been included in the RAB, but what is there in terms of funds? But if for other aspects, for example, if for example residents need to go directly to the hospital from the village, they are ready to directly refer (HN, Village Midwife, Woman).

- b. Outreach and mentorship programs for pregnant mothers in the prevention of HIV transmission from mother to child are useful for the discovery of HIV cases

“The benefits of the VCT program from the health center that we get so that we can quickly find out how many cases of HIV sufferers in the discordant 1 health center environment benefit. We still want us to be free of HIV, that’s just from the behavior of the residents themselves, it is possible for the residents to get rid of it because maybe he is already a prostitute whose sex work is already like that.” (RO, Village Midwife, Woman)

4. Communication of Outreach and mentorship programs for pregnant mothers in the prevention of HIV transmission from mother to child

- a. Communication methods of outreach and mentorship programs for pregnant mothers in the prevention of HIV transmission from mother to child in groups and individually

The outreach and mentorship programs for expectant moms to prevent HIV transmission from mother to child include both group and individual communication techniques. In community gatherings or as part of a village socialization program, group communication is practiced. Pregnant moms get individualized communication techniques through ANC visits, counseling, and workshops.

“Citizens Who Care about AIDS was formed with various kinds of socialization. And then from the health center team that specializes in VCT will then visit the village. Then, to talk about when the VCT should be done, what and who will be on VCT usually consulted with the village before. The place where he wants. We, villagers, are also who look for the place. For pregnant mothers, most of the checkups are at the health center, not the VCT going to the village.” (NW, Village midwife, woman)

“Through ANC, counseling, classes of pregnant mothers.” (DA, Pregnant woman)

- b. The intensity of communication of outreach and mentorship programs of pregnant mothers in preventing transmission of HIV from mother to child is sufficient

“Usually there is a health coordination meeting every month. Usually the 22nd but sometimes changes. The place is in the village. Then at the health center there was also frequent information about HIV, sometimes we from WPA took part in the activities in the district. It's been a long time since there was no invitation.” (RI, health cadres, mothers)

5. Resources for outreach and mentorship programs for pregnant mothers to prevent transmission of HIV from mother to child

- a. Human resources outreach and mentorship programs for pregnant mothers in the prevention of HIV transmission from mother to child include village midwives, health cadres, and village officials.

“HR: Including village midwives then health cadres with PKK. Posyandu too. Funds: Yes from the APBDes. The village midwife who coordinates the problem knows the activities. The health center certainly helps but the village midwife passes by.”(RM, Village head, male)

“HR: There are village midwives, health cadres, village officials.” (SA, Health cadres, mothers)

- b. Sources of funds for outreach and mentorship programs for pregnant mothers in the prevention of HIV transmission from mother to child include village funds and health center budget.

“Funds: Yes, from the APBDes. The village midwife who coordinates the problem knows the activities. The health center certainly helps but the village midwife passes by. Yes the village also budgeted.” (IS, Village Head, Man)

“Funds: Funding is free, sis. For free VCT. For the program, yes, from the health center. Ambulance is free. WPA still doesn't have its own funds, you know? At the very least we are involved in what we participate in the socialization. Yes, we are still involved, but the one who becomes the chairman is Mr. Bau.” (NW, village midwife, woman)

6. Disposition actors of outreach and mentorship programs for pregnant mothers in the prevention of HIV transmission from mother to child

- a. Positive wishes and desires of the stakeholder component in outreach and assistance programs for pregnant mothers in the prevention of HIV transmission from mother to child

“Yes, we want to be like that, all components of health, infrastructure, and basic public health services, all of which can be covered by the village government even though the funds are only limited, we want all elements to be covered, one of which is that of mothers and toddlers, both pregnant mothers and mothers who have toddlers all controlled, there is no incidence of toddlers dying, maternal deaths, we want to suppress the death of pregnant mothers.” (IS, village head, male).

- b. High commitment from stakeholders in outreach and mentorship programs for pregnant mothers in the prevention of HIV transmission from mother to child.

“Now if there is a policy for pregnant mothers to prioritize HIV prevention, we are happy, we even want the program to be routine, every year the program continues to socialize about the dangers of HIV because of what, the danger of HIV is increasing from year to year, so that's for emphasizing that HIV does not happen in our village, especially pregnant mothers, let us together to hold a socialization, we from the village government are very supportive and support both in terms of planning, programs, and funds” (RM, village head, male).

“Yes, what I want is that religious leaders, especially all the rules in the village, are involved, so don't let religious leaders not be involved. Yes, all this time it's only been involved for example if needed” (MJ, community leader, male).

7. Bureaucratic structure of outreach programs and mentorship for pregnant mothers in preventing transmission of HIV from mother to child

- a. Differences in the bureaucratic structure of outreach and mentorship programs of pregnant mothers in the prevention of HIV transmission from mother to child in each village.

“If Citizens Who Care about AIDS means chairman, village midwife, cadre 5, many community leaders. There should be standard procedures, yes, but in reality they are not according to it” (NW, Village midwife, woman).

“If our health enters the Village Health Forum structure. Village Health Forum has covered everything from cases of HIV, dengue cases, cases of malnutrition. At the most, our organization is from Village health Forum. Yes, so for that too, if Citizens Who Care about AIDS is indeed a new program maybe specifically the new organization Citizens Who Care about AIDS (RN, Village midwife, woman).

- b. Standard operational procedures for outreach and mentorship programs of pregnant mothers in the prevention of HIV/AIDS transmission have been established by health center

“For the implementation of pregnant mothers in VCT, there should be SOPs, all activities must have SOPs, we must register patients, there must also be SOPs, only for that, what is there from the health center, and there are no SOPs about the most SOPs about VCT implementation, but SOPs about classes of pregnant mothers not available for others there are all SOPs” (NW, Village midwife, woman).

8. The responsiveness of pregnant mothers in outreach and mentorship programs for pregnant mothers in the prevention of HIV/AIDS transmission from mother to child
 - a. Positive response of pregnant mothers to outreach and mentorship programs of pregnant mothers in the prevention of HIV/AIDS transmission from mother to child.

“The response from pregnant mothers is good. Yes, there are also many who participated in the class of pregnant mothers. ANC was indeed allocated by one village. Per village, 3 people per village will be replaced next month, maybe they will be replaced by pregnant mothers” (NW, Village Midwife)

- b. The level of compliance of pregnant mothers in outreach programs and mentorship programs of pregnant mothers in preventing transmission of HIV/AIDS from mother to child is quite high

“Yes, back to the person, sis. But yes most of them do. At least 1 or 2 who don't. Initially, yes, when there was new, I was enthusiastic. But over time maybe there are people who are afraid of that, yes, it will have an effect. Continue to go back and forth on VCT also orange so lazy. Must have a minimum gap of 6 months, right? Drain the term HIV we do not know until we know right when tested it is still not detected. You don't need to check the number of times. At that time the memnag was positive or it was not usually discovered that way” (NW, village midwife, woman).

“If it's a blood test, it's okay, so we know if we have a disorder like that, our health, like yesterday, when I checked this month, the blood test also showed that the Hb test turned out to be not enough to know how to deal with the Hb increase” (UF, pregnant mothers, mothers).

The outcomes demonstrated that the implementation of outreach and mentorship programs for expectant mothers in the prevention of HIV/AIDS in rural areas of the Banyumas district was quite successful, including outreach programs that provided referrals for HIV tests, integrated ANC, and classes for expectant mothers. There were no outreach activities and assistance for expectant mothers from villages, and the primary implementers of outreach programs are village midwives. This is in line with Ertiana's (2020) research which found that support staffs were required to provide pregnant women in the city of Blitar with informational support, emotional support, support appraisal/reward, and instrumental support for them to be aware of and willing to undergo counseling and an HIV test to determine their HIV status [9].

Some expectant moms have utilized VCT services, while Citizens Who Care about AIDS, the primary outreach program implementer, has not yet been formed in all areas. That there is a difference in the level of HIV activities between villages that have Citizens Who Care about AIDS compared to villages that do not have Citizens Who Care about AIDS is in line with the implementation of outreach and mentorship activities for pregnant mothers in the prevention of HIV/AIDS transmission in the Banyumas district rural area. Citizens Who Care about AIDS (CWC)-affiliated villages are more active in encouraging pregnant women to have HIV testing at public health centers. Citizens Who Care about AIDS does not exist in every hamlet in Banyumas Regency since it is not a health office organization, and there is no funding for outreach programs for expectant mothers. This differs with Nopiyan's (2016) study, which looks at the AIDS Village Cadre Program (KDPA) implementation and finds that the program's execution was less than ideal and the cadre's performance was lower than intended. The KDPA program's execution demonstrates that villages with active KDPA have engaged in HIV-related activities, while communities with less active KDPA seldom do [10].

The findings of this study suggest that the majority of the informants had a basic understanding of the policy's contents, including the different types of policies and the advantages of outreach and mentoring initiatives for expectant moms. Pregnant women must participate in outreach and support programs designed to stop HIV from spreading from mother to child. The outreach and mentoring program for expectant moms to prevent HIV transmission from mother to child is beneficial for the identification of HIV cases, according to all informants. The successful execution of the program

will depend on everyone's understanding of the policy's provisions. The fact that the issue was not prioritized by the health sector or the connected development sector and that the program received insufficient political backing, was one of the reasons why HIV prevention efforts were not optimized [11].

The outcomes demonstrated that the outreach programs' methods of communication and mentorship for expectant mothers in preventing HIV transmission from mother to child in groups and one-on-one settings, as well as the intensity of these programs' communication outreach initiatives and assistance for expectant mothers in preventing HIV transmission from mother to child, are quite adequate. This is in line with Edward III's thesis that effective communication determines how well policies are implemented [12]. This is in line with Wahyuningsih's research (2017), which demonstrates that the lack of program policy socialization, as well as the incomplete dissemination and accessibility of information about health services and the lack of VCT services, are some of the factors that have prevented HIV/AIDS prevention from being maximized [11]. This is consistent with the findings of Setiyawati's (2014) study, which found that housewives of all demographics favor HIV/AIDS testing. The group of housewives with husbands who are immune to HIV infection believes that women are unlikely to be infected with the virus and that only males require HIV testing. Only a small number of village women who are aware about HIV/AIDS' definition, causes, transmission, treatment, care, and testing for the disease are concerned about it [13]. This is consistent with Nopiyan's (2014) research, which found that the KDPA program is hindered by a number of problems, including a lack of community outreach [10].

The successful implementation of outreach and mentorship programs for pregnant mothers in preventing transmission of HIV from mothers to babies in rural areas of Banyumas district is driven by adequate program resources including human resources, financial resources, and VCT service facilities at the health center. The results showed that human resources involved in outreach programs include pregnant midwives, health cadres, and village officials. This shows that key stakeholders at the village level have been involved. VCT services are available at the health center in the study area. Sources of funds used to conduct outreach and assistance for pregnant mothers include village funds for outreach activities and health center for VCT services. This is consistent with Edward III's theory in Subarsono (2011) that resources are a factor that drives the success of program implementation [12]. This study is in line with the findings of Nurcahyaningih (2021) who found that stakeholder support had the greatest impact ($p = 0.000$; $OR = 3.656$). Stakeholder support is actually required for improved WPA performance [14].

The findings demonstrated a strong commitment from stakeholders to outreach and support

programs for expectant women in the fight against HIV/AIDS transmission from mother to child [12], a key element in the effectiveness of program implementation is the disposition or attitude of the policy implementer. In terms of fortifying alliances, coordinating across stakeholders, and mobilizing the utilization of financial resources, the HIV/AIDS preventive and control program policies are being implemented in Bitung City rather well [15]. This contrasts with Nopiyan's (2019) research, which showed Bali's rural communities' limited commitment to allocating funds for HIV prevention [10].

According to the findings, there are differences in the administrative structures of villages' outreach initiatives and mentoring programs for expectant women designed to stop the spread of HIV/AIDS from mothers to children. Some communities with WPA employ WPA groups to help community midwives carry out activities. The Village Health Forum group helps village midwives administer the initiative in some communities. To conduct outreach and assistance programs for expectant women in the prevention of HIV/AIDS transmission from mother to child, several villages turn to health cadre groups. The findings indicated that the outreach campaign for expectant moms already included explicit SOPs on VCT services. However, there is little clarification regarding the aid program for expectant women. This is consistent with Edward III in Subarsono (2011) that bureaucratic structure influences the success of the program [12].

Conclusions

The implementation of outreach and support programs for expectant mothers in the prevention of HIV/AIDS transmission from mother to child in rural areas of the Banyumas district is progressing well. These programs include referrals for HIV testing to health centers in the first trimester, counseling about HIV/AIDS, integrated ANC, and maternal classes. The village midwife is the program's primary implementer, and citizens who care about AIDS have not been fully involved. Although some women have not used the service, pregnant women in rural regions have made good use of it. The program implementer's comprehension of the policy's contents, individual communication techniques used with expectant moms through prenatal examinations, counseling, and workshops for expectant mothers, and adequate communication intensity are factors that contribute to the program's effectiveness. Citizens Who Care about AIDS does not carry out the outreach program for pregnant women for HIV testing since this institution is not operating in the area. The recommendation is that village health forums, village midwives, and health cadres carry out outreach initiatives for HIV screening

among pregnant women. The community health center and village finances work together to sponsor outreach activities for pregnant women for HIV screening.

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