

PROSIDING

International Seminar

“Midwifery Education Reform”

Midwifery Education Association
of Indonesia



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INTERNATIONAL SEMINAR “MIDWIFERY EDUCATION REFORM”

Midwifery Education Association of Indonesia

Managerial board Jumiarni Illyas, Yetty Irawan, Tati Rostati
Editor Bridget Lynch (Canada), Eunice Atsali (Africa), Emily Rosserberg
 (USA), Marshelayanti Mohamad Razali (Malaysia), Hindun Anisah,
 Dewi Purnamawati, Panca Desristanto, Lisma Evareny, Eko
 Meinarno, J.M. Metha, , Nuce Septriliyana, Yulizawati, Tri
 Setiowati, Dwi Izzati, Juli Oktalia, Jehanara (Indonesia)
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THE PREFACE

Our praise to God Almighty for all His grace and guidance that have been given to us so that the proceedings of International Seminar on the theme "Midwifery Education Reform" can be realized. These proceedings contain the results of research and oral presentation with different midwifery topics presented in the oral presentation of the event.

We as the Committee should really hope that the publication of these proceedings can add references for observers and midwives to further increase research activities on the issues related to the improvement of the quality of Midwives in Indonesia. On this occasion, we deliver profuse gratitude to researchers, sponsors, invited guests, other participants, and especially Prof Helen Spiby, Dr Louis Walker, Dr. Brigitte Lynch J.M. Metha, M. Med. Ed, Directorate General of Research Strengthening and Development, Ministry of Research, Technology and Higher Education, Agency of Health Human Resources Development and Empowerment, Ministry of Health of the Republic of Indonesia , The President of Indonesian Midwives Association, and The Chairman of Midwifery Education Association of Indonesia who have contributed to the success of this activity.

EDITORIAL TEAM

OPENING SPEECH

Assalamualaikum Warohmatullohi Wabarokatuh

(May peace, mercy and blessings of Allah be upon you)

Best wishes for all of us

Let our praise be upon the presence of God Almighty, for His Grace and His gift, these proceedings of the International Seminar and Call for Paper II under the theme 'Midwifery Education Reform' can be published. The board of management of Midwifery Education Association of Indonesia (AIPKIND) delivers the deepest gratitude to the Research and Development Division because, with each member's hard work and enthusiasm, these proceedings have successfully been published.

Regarding the theme that falls into 'education reform', AIPKIND projects its hope that a fundamental change in the system and implementation of midwifery education in Indonesia shall come to reality. As the ultimate goals of the projection, all of us hope that midwifery services and practice can transform into a better state where security, safety, and satisfaction as the whole package for midwifery service users are no longer a dream. We have been showing our best efforts to facilitate the implementation of this call for paper or other forms of academic activities in order to realize the ideals of reform in both midwifery education and services. For that, we invite the right resources in the related fields in the hope that this call for paper is not only useful for getting academic value or 'Cum', but also beneficial for the improvement of midwifery services and education.

These proceedings contain the results of research and oral presentations on various midwifery topics expected to be useful in order to strengthen midwifery practice/service and development. With the publication of these proceedings, we look forward to knowing that these proceedings can become invaluable references for all midwifery actors and observers. Furthermore, our series of activities, consisting of international seminar, oral presentation, and publication of proceedings, can indeed enhance the activity of research on issues related to improving the quality of Midwives in Indonesia.

We are grateful for your participation in this international seminar and oral presentation. We also put big hope into the upcoming research publication in both/either SEAJOM and/or AIPKIND's next call for paper; therefore, your participation is highly expected. Lastly, this work can hopefully be used by those who need and useful for the profession and the entire community as the users of midwifery services, regarding the wellbeing of women, mothers, infants, toddlers and their families, and ultimately our beloved homeland.

Wassalamualaikum Warohmatullohi Wabarokatuh.

Jakarta, October 5, 2016

Midwifery Education Association of Indonesia (AIPKIND)

Chairman,

Jumiarni Ilyas, Dra., Kes.

THE PROFILE OF MIDWIFERY EDUCATION ASSOCIATION OF INDONESIA (AIPKIND)

Midwifery Education Association of Indonesia (AIPKIND) was born on October 28, 2008, together with Indonesian Midwifery Association (IBI), wishes together with educational institutions in improving the quality of education in Indonesia. At the beginning of the formation of AIPKIND was appointed caretaker 3 persons consisting of the Chairman, the Secretary and the Treasurer based in Jakarta.

In line with the high development activities and educational activities involving AIPKIND, Coordinator of the territory (Korwil) in accordance with 13 districts Kopertis DiktiKemendikbud RI that aims to facilitate the coordination of both to Trustees AIPKIND and Stakeholder Education. Korwil is supported by 42 sub Korwil to further facilitate communication. In accordance with the results of the coordination meeting of Korwil in December 2012, the proposed development Korwil be appropriate 33 province in Indonesia given the number of affordable educational institutions in every region Kopertis. Thus the number of sub-korwil also increased according to the needs of the Association.

With the rapid development of Midwifery Education Association of Indonesia, it is time for this Association to come with good governance and implement its quality. The quality of organization of education is marked by the compliance institution meet the elements set out in the standards of higher education.

LEGAL ENTITIES

Since its inception, AIPKIND has been recorded in the Office of notary public Trsimorini Asmawel, SH No. 19 dated June 17, 2010, with TAX ID 13-022.226.9-024.000, is registered in the Registrar of State/Commerce/Ham Central Jakarta, Central Jakarta District Court with number 45/PMH/2010 dated August 12, 2010.

AIPKIND and legal entities have been listed on November 12, 2012 at the notary office Goddess Tenty Septi Artiany M.Kn, SH, no. 21/12, authorized and registered in the Ministry of Justice and human rights REPUBLIC of INDONESIA No. AHU – 232. AH. 3 January 2012 in 2012.

LIST OF KEY SPEAKER ON SCIENTIFIC SEMINAR AND CALL FOR PAPER II ON 6-7 OCTOBER 2016

1. Prof Helen Spiby
2. Dr Louis Walker
3. Dr. Brigitte Lynch
4. J.M. Metha, M. Med. Ed
5. Directorate General of Research Strengthening and Development, Ministry of Research, Technology and Higher Education
6. Agency of Health Human Resources Development and Empowerment, Ministry of Health of the Republic of Indonesia
7. The President of Indonesian Midwives Association
8. The Chairman of Midwifery Education Association of Indonesia

RUNDOWN

**INTERNATIONAL SEMINAR “MIDWIFERY EDUCATION REFORMATION”
MERCURE HOTEL, ANCOL JAKARTA PUSAT
Oct, 6th – 7th 2016**

Thursday, Oct 6th 2016		
08.00 – 10.00	Re-registration	Committee
10.00 – 10.15	Welcome dance “Medley Nusantara	MC : Mardiana Sari adam, SST
10.15 – 10.45	1. Opening 2. Welcome speech from Chief of AIPKIND “Midwifery Education Association of Indonesia 3. Welcome speech from “Indonesian midwives Association”	Ita Syafrani, SSiT. Mkes Dra. Jumiarni Ilyas, Mkes Dr. Nurjasmi, MKes
10.45 – 11.00	Coffee Break	Committee
11.00 – 11.10	Welcome speech and opening ceremony from Welcome speech and Official Opening by : Directorate General of Research Strengthening and Development, Ministry of Research, Technology and Higher Education	Dr. Mohammad Dimiyati
11.10 – 11.40	Keynote Speaker 1. Ministry of Research, technology and higher education of The Republic of Indonesia Topic : The government policy and support in research development at higher education of midwifery 2. Agency of Health Human Resources Development and Empowerment, Ministry of Health of the Republic of Indonesia Topic : The Role BPPSDM-Health in the utilization of midwifery education graduates”	Dr. Mohammad Dimiyati Drg. Usman Sumantri, MARS
11.40 – 11.45	Souvenir handover	Dra. Jumiarni Ilyas, Mkes
TOPIC I		
11.45 – 12.30	“Young Leadership Midwives”	Dr. Bridget Lynch

Thursday, Oct 6th 2016		
12.30 – 13.00	Discussion	Moderator: Yetty L. Irawan, MSc
13.00 - 13.05	Souvenir handover	Dra. Tati Rostati, Mkes
13.05 – 14.05	Lunch break	
TOPIC II		
14.05 – 14.50	“Art And Science in Midwifery Practice”	Prof. Helen Spiby
14.50 – 15.20	Discussion	Moderator: Dizza Budiono, MSc
15.20 – 15.25	Souvenir handover	Yetty L. Irawan, MSc
15.25 – 15.40	Coffee Break	
15.40 – 18.00	Oral Presentation 1: Panel I to Panel VI	Committee
18.00 – 19.00	Break	
19.00 – 22.00	Oral Presentation 2: Panel IV to VII	Committee

Friday, Oct 7th 2016		
TOPIC III		
08.00 – 08.45	“Respectful Midwifery Care and Services”	Louis Walker
08.45 – 09.15	Discussion	Moderator: Dewi Purnamawati
09.15 – 09.20	Souvenir handover	Committee
09.20 – 09.35	Coffee Break	
TOPIC IV		
09.35 – 10.20	“Creating A Low-cost and Efficient Skills-lab Teaching/Learning Aid “	JM Metha, M.ed
10.20 – 10.50	Discussion	Moderator : Yulizawati
10.50 – 10.55	Souvenir handover	Committee
10.55 – 11.00	Closing	Master of Ceremony
10.45 - finish	Collecting certificate and proceedings (Registration Room)+Lunch	

DAFTAR ISI

1	MIDWIFE-TBA PARTNERSHIP AT “C” HEALTH CENTER OF LEBAK REGENCY OF BANTEN PROVINCE IN 2011	1
	Yaneu Nuraineu ¹	
2	THE INCIDENCE OF OSTEOPOROSIS ON PREMENOPAUSAL WOMEN	13
	Bina Aquari ¹	
3	BEHAVIOR ANALYSIS ON MOTHERS WITH HIV AIDS IN PREVENTING PERINATAL TRANSMISSION RISK IN TANGERANG, BANTEN	18
	Ika Oktaviani ¹ , Yudhia Fratidhina ² , Atnesia Ajeng ³	
4	FACTORS ASSOCIATED WITH FREQUENCY OF ANC VISITS IN 2016	24
	Juliana Widyastuti Wahyuningsih ¹	
5	THE EFFECT OF TURMERIC (<i>CURCUMA LONGA</i>) ON DYSMENORRHEA	30
	Adriana Palimbo ¹ , Ika Mardiatul Ulfa ² , Fazar Kumaladewi ³	
6	RELATIONSHIP BETWEEN THE QUALITY OF SERVICE IN MIDWIFERY WITH PATIENT SATISFACTION IN INDEPENDENT PRACTICE MIDWIFE SUGIATI SURABAYA	35
	Retno Setyo Iswati ¹	
7	THE RELATIONSHIP BETWEEN KNOWLEDGE WITH THE FREQUENCY OF SEXUAL TOWARDS PREGNANT WOMEN OF 3RD TRIMESTER I WORKING AREA OF CIMAH TENGGAH ON JULY 2016	40
	Mu'tarifah Billah ¹ , Dini Marlina ²	
8	IMPACTS OF EXCLUSIVE BREASTFEEDING OF DEVELOPMENT OF BABY AGED 6 – 12 MONTHS	44
	Ayi Diah Damayani ¹ , Rosni Lubis ² , Debbyantina ³	
9	RELATIONSHIP OF THE MIDWIFE BEHAVIOR ABOUT KIE EXCLUSIVE BREASTFEEDING WITH BREASTFEEDING EXCLUSIVE SUCCES IN BPM VINCENT ISMIJATI SURABAYA	51
	Indria Nuraini ¹ , Yefi Marliandiani ²	
10	FACTORS RELATED TO POSTPARTUM HEMORRHAGE IN INDONESIA	56
	Fitria Siswi Utami ¹ , Febti Kuswanti ²	

11	PERSONAL HYGIENE AND KNOWLEDGE OF YOUNG WOMEN IN MAINTAINING THE CLEANLINESS OF THE GENETALIA TOOL WITH THE INCIDENCE OF VAGINAL DISCHARGE	60
	Joyce Angela Yunica ¹ , Vera Agustina ²	
12	MOTIVATION TO LEARNING OF PARTOGRAPH RECORDING IN CASE STUDY METHOD ON SOPHOMORE OF DIPLOMA III PROGRAM OF SARI MULIA MIDWIFERY ACADEMY BANJARMASIN	66
	YP Rahayu ¹ , Novita Dewi Iswandari ² , Wina Helena Aprilawati ³	
13	DELIVERY ASSISTANCE ON IMPROVED SKILLS-LAB AMONG STUDENTS AT MIDWIFERY ACADEMY	74
	Estu Lovita Pembayun	
14	EFFECT OF HEAT THERAPY TO DECREASE THE INTENSITY OF LABOUR PAIN ON FIRST STAGE ACTIVE PHASE	79
	Evi Rinata ^{1*} , Rafhani Rosyidah ² , Restu Fatmawati ³	
15	DESCRIPTION OF PREMARRIAGE PREGNANCY PREPARATION IN DISTRICT SEDAYU	85
	Siti Nurunniah ¹	
16	NONPHARMACOLOGICAL THERAPY OF ENDORPHIN MASSAGE TO REDUCE BACK PAIN ON THE FINAL TRIMESTER OF PREGNANCY	94
	Faizatul Ummah	
17	STUDY OF CROSS CULTURE OPTIMISM AMONG MIDWIFERY STUDENTS	100
	Eko Aditiya Meinarno ¹ , Sugiarti A. Musabiq ²	
18	FACTORS AFBESICTING COMPLIANCE WOMEN IN PREGNANT TO CONSUME IRON TABLETS YEAR OF 2016	
	Dewi Agustin ¹ , Sofie Handajany ² , Intan Tirtasari ³	
19	HYPNOBIRTHING EFFECT ON THE LEVEL OF ANXIETY RIMIGRAVIDAE THIRD TRIMESTER IN SURABAYA	110
	Nur Masrurroh ¹ , Ratna Ariesta Dwi Andriani ²	

20	CONTINUUM OF CARE TO REDUCE MATERNAL AND CHILD MORTALITY	114
	Marliana Rahma ¹	
21	THE PAST, PRESENT, AND FUTURE OF MIDWIFERY EDUCATION IN INDONESIA	120
	Qorinah Estiningtyas Sakilah Adnani, PhD candidate, M.Keb, SST, RM1, Judith McAra-Couper, PhD, BA, RM, RGON2, Andrea Gilkison, PhD, M.Ed, BA, RM, RCompN3	
22	EFFECT OF YOGA DYSMENORHEA ON THE DIII MIDWIFERY STUDENTS HEALTH SCIENCE INSTITUTE OF KUNINGAN IN 2013	131
	Mala Tri Marliana ¹	
23	DIFFERENCES MUROTAL THERAPY AND MUSIC THERAPY CLASSIC MOZART TO THE DURATION OF THE FIRST STAGE OF LABOR IN ACTIVE PHASE AT PKU MUHAMADIYAH HOSPITAL OF YOGYAKARTA	138
	Endang Koni Suryaningsih ¹	
24	ANTENATAL CARE SATISFACTION ANALYSIS BY USING <i>CUSTOMER SATISFACTION INDEX</i> AND <i>IMPORTANCE PERFORMANCE ANALYSIS</i> IN BIDAN DELIMA RANTING JAGAKARSA SOUTH JAKARTA 2016	142
	Rini Kundaryati	
25	THE ANTIFUNGAL ACTIVITY OF <i>Candida albicans</i> THE CORIANDER SEEDS FRACTION(<i>Coriandrumsativum</i> Linn)	146
	Rohani ^{1*} , Irsan pious ² , Theodorus ³ , Salni ⁴	
26	FACTORS INFLUENCING CADRE BEING ACTIVE IN PROVIDING HEALTH EDUCATION / TABLE 4 AT GRIYA ASRI ABAHAGIA IHC BAHAGIA VILLAGE, BABELAN SUB-DISTRICT BEKASI	156
	Irma Handayani ¹	
27	STUDY OF CROSS CULTURE OPTIMISM AMONG MIDWIFERY STUDENTS	162
	Eko Aditiya Meinarno, S. Psi ¹ ., M. Si*, Dra. Sugiarti A. Musabiq, M. Kes ²	
28	EFFECTIVENESS OF WARM COMPRESS TO DECREASE THE SPINAIPAIN IN SECOND TRIMESTER OF PREGNANCY AT BPM LATIFATUSZAHRO IN BETAK VILLAGE	168
	Susanti Pratamaningtyas ¹ , Herawati Mansur ² , Binti Malikhah ³	

29	EARLY BREASTFEEDING INITIATION AND POSTPARTUM BLUES	176
	Ika Yudianti ^{1*} , Dian Arifin ² , Budi Suharno ³	
30	RELATION ABOUT VIOLENCE IN HOUSEHOLD WITH ANXIETY TO WOMAN IN UPT INTERGRATED SERVICE CENTER EMPOWERWOMEN A /PUSAT PELAYANAN TERPADU PEMBERDAYAAN PEREMPUAN (P2TP2 A) IN BANDUNG CITY 2014	181
	Rika Nurhasanah, Mery Janiasti Pratiwi, Dewi Puspasari	
31	BARRIERS AND IMPLEMENTATION OF EARLY BREASTFEEDING INITIATION IN MIDWIFE'S PRACTICE, BULELENG REGENCY BALI	185
	Putu Dian Prima Kusuma Dewi ¹ , Putu Sukma Megaputri ²	
32	THE EFFECTIVENESS OF IMPLEMENTATION IMD (EARLY INITIATION OF BREASTFEEDING) THROUGH THE IMPROVEMENT OF SUCKLE SKILLS IN NEWBORN AND PRIMIPAROUS BREASTFEEDING SUCCESS AT MUHAMMADIYAH SURABAYA HOSPITAL	189
	Umi Ma'rifah ^{1*} , Aryunani ²	
33	THE INFLUENCE OF JIGSAW COOPERATIVE LEARNING METHODS TO THE LEARNING OUTCOMES OF LABOR AND DELIVERY CARE OF MIDWIFERY ACADEMY STUDENTS	195
	Anggrita Sari ^{1*} , Ramalida Daulay ² , Rizqy Amelia ³	
34	DETERMINAN OF ELECTION BIRTH ATTENDANT IN SERUYAN REGENCY, PROVINCE OF CENTRAL KALIMANTAN	199
	Noordiaty ^{1*} , Erina Eka Hatini ² , Legawati ³	
35	ANALYSIS OF FACTORS RELATED TO THE DETERMINANTS OF POSTPARTUM BLUES	204
	Deby Utami Siska Ariani ¹	
36	THE PERSPECTIVE OF PATRIARCHAL CULTURE ON DECISION MAKING DONE BY CHILDBEARING-AGED COUPLES TO BE LTRM ACCEPTORS IN NAGA TIMBUL VILLAGE, DELI SERDANG DISTRICT, IN 2015	209
	Nurhamida Fithri ¹ , Heru Santosa ² , Tukiman ³	
37	DURATION IN SECOND STAGE OF LABOR BETWEEN MOTHERS USING HALFSITTING PUSHING POSITION AND THOSE USING LEFT-SIDE LYING POSITION	215
	Meta Rosdiana ¹ , Rahmalia Afriyani ² , Lia Mei Ritha ³	

38	RELATIONSHIP OF BMI TO MENSTRUAL CYCLE AT KEPUH PHC OF CIREBON REGENCY	220
	Ghea sugiharti ¹	
39	INDUCTION OF LABOR RELATIONS WITH MILD-MODERATE ASPHYXIA NEONATAL AT REGIONAL GENERAL HOSPITAL DR. SOEDARSO PONTIANAK, INDONESIA	223
	Tessa Siswina ^{1*} , Utin Siti Candra Sari ² , , Yenita Humami ³	
40	MOTHER'S AGE AND PARITY RELATIONSHIP WITH PLACENTA PREVIA INCIDENCE IN DR SUDARSO HOSPITAL PONTIANAK, INDONESIA	229
	Utin Siti Candra Sari, ^{1*} , Tessa Siswina, ²	
41	THE UTILIZATION OF HEALTH CENTER SERVICES BY MOTHERS WITH EXPERIENCE OF PREGNANCY COMPLICATIONS IN INDONESIA	234
	Maryati ¹	
42	DETERMINANTS OF THE USE OF CONTRACEPTIVE INTRA UTERINE DEVICE (IUD) AT COMMUNITY HEALTH CENTRE IN PALEMBANG 2014	240
	Murdiningsih ^{1*} , Yunetra Franciska ^{2*}	
43	THE FACTORS AFFECTING THE HEALTH WORKERS WHO WORK IN REMOTE AREAS, BORDER, AND THE ISLANDS TO SURVIVE WORKING IN SANGAU REGENCY WEST KALIMANTAN, 2014.	246
	Ai Yeyeh Rukiyah, Lilik Susilowati, Ieli Purnamawati	
44	THE EFFECT OF FERRO SULFATE PROVISION ON PREGNANT RATTUS NORVEGICUS TO THE WEIGHT OF THE FETUS	251
	Mustika Pramestiyani	
45	THE FACTORS AFFECTING WOMEN BECAME PROSTITUTES IN THE TRADITIONAL MASSAGE BROTHELS "KT" PALEMBANG	254
	Turyani ^{1*} , Eprila ² , Diah Sukarni ³	
46	ANALYSIS OF THE NIPPLE SHAPE FACTORS AND THE MOTHERS KNOWLEDGE WITH THE MOTHER'S CONFIDENCE IN BREASTFEEDING	259
	Lestariningsih ^{1*} , Mustak. MR ²	
47	NEW BORN LENGTH AND STUNTING CASES ON TODDLER (24-59 MONTHS) AT KARANGREJEK WONOSARI GUNUNGKIDUL	263
	Citra Safira V ^{1*} , Evi Nurhidayati ²	

48	RELATIONSHIP OF DENTAL AND ORAL HEALTH OF THIRD TRIMESTER PREGANANT WOMEN TO BIRTH WEIGHT AT BAHU HEALTH CENTER OF MALALAYANG SUB-DISTRICT OF MANADO	267
	Sandra Tombokan ¹ , Atik Purwandari ² , Jenny Mandang ³	
49	RELATIONSHIP VIOLENCE DURING PREGNANCY AND LOW BIRTH WEIGHT IN OGAN KOMERING ULU DISTRICT	272
	Folendra Rosa	
50	PREGNANT WOMEN RISK FACTORS AND INCIDENCE OF LOW BIRTH WEIGHT AT SITI FATIMA MATERNAL AND CHILD HOSPITAL OF MAKASSAR	278
	Suriani ^{1*} , Agustina Ningsi ²	
51	RELATIONSHIP OF PARENTING AND PRE SCHOOL CHILDREN’S SELF-RELIANCE AT HASIRAH EARLY EDUCATION SCHOOL OF MAKASSAR	280
	Zulaeha Amdadi ^{1*} , Andi Zulfaidawaty ²	
52	SUPPORT HEALTH PROFESSIONALS IN THE SUCCESS OF EXCLUSIVE BREASTFEEDING	282
	Aning Subiyatin ¹	
53	FACTORS ASSOCIATED WITH VISUAL INSPECTION ACETIC ACID (VIA) AMONG REPRODUCTIVE AGE WOMEN	288
	Ernawati ¹ , Erina Windiany ²	
54	FACTORS RELATED TO VISIT EXAMINATION OF PREGNANCY IN CLINICAL PRATAMA 'P' JAKARTA	293
	Margaretha Kusmiyanti	
55	VISUAL INSPECTION EXAMINATION BY ACETIC ACID TEST IN WOMEN OF REPRODUCTIVE AGE AS CERVICAL CANCER EARLY DETECTION IN KLAMPOK BARU, SENDANGTIRTO, BERBAH, SLEMAN	299
	Sukmawati ¹	
56	OVERVIEW OF CHARACTERISTICS OF CERVICAL CANCER PATIENT	302
	Siti Masitoh ¹ , Theresia Eugenie ²	
57	EFFECTIVENESS OF ACUPRESSURE METHOD AT MERIDIAN POINT BL 32 AND GB 21 TO DECREASE THE PAIN LEVEL DURING CONTRACTIONS IN THE FIRST STAGE OF LABOUR	307
	Fritria Dwi Anggraini ¹ , Annif Munjidah, ²	

58	THE CORRELATION OF NUTRITION PATTERN AND THE CONSUMPTION OF CALCIUM SUPPLEMENTS TOWARDS PREGNANT WOMEN WITH THE OCCURRENCE OF PREECLAMPSIA IN RSUD MAJALAYA AT BANDUNG REGENCY	312
	Desi Trisiani ¹ , Rika Pramaswari ² , Meisyela Putri ³	
59	THE INFLUENCE OF IUD POST PLASENTA TO THE EXCRETION PERIOD OF LOCHEA'S	316
	Istri Utami ^{1*} , Prof dr M.Anwar ² , Herlin fitriana ³	
60	MOTHER OF ANXIETY LEVEL IN DEALING WITH LABOUR	320
	Sugeng Triyani ^{1*} , Aisyah ²	
61	THE EFFECT OF SEFT (SPIRITUAL EMOTIONAL FREEDOM TECHNIQUE)THERAPY ON BLOOD GLUCOSE LEVEL AND ANXIETY ON GESTASTIONAL DIABETES MELLITUS	323
	Elly Dwi Masita ¹ , Ika Mardiyanti ²	
62	THE IMPACTS OF POST-PARTUM WOMEN'S EDUCATION ON THE LEVEL OF ANXIETY AND READINESS TO TAKE CARE FOR LOW BIRTH WEIGHT INFANTS AT HOME	327
	Sri Rahayu, ¹ Titi Suherni ² , Ngadiyono ³	
63	ANALYSIS OF FACTORS RELATED TO THE IMPLEMENTATION OF EARLY INITIATION OF BREASTFEEDING AT DR. KARIADI GENERAL CENTRAL HOSPITAL SEMARANG	332
	Daniati Kusumaningtyas ¹ , Sri Sumarni ² , Ngadiyono ³	
64	ANALYSIS OF FACTORS AFFECTING SEXUAL BEHAVIOR OF YOUTH	338
	Juneris Aritonang ¹ , Agnes Erna Taulina Purba ²	
65	SYZYGIUM CUMINI REDUCES VCAM-1 EXPRESSION IN ENDOTHELIAL CELLS FROM PREECLAMPTIC PATIENTS	344
	Siswi Wulandari ^{1*} , Binti Qoniah ²	
66	FACTORS RELATED TO K4 DROP OUT	347
	Azizatul Hamidiyah ¹ , Anggi Apriliyasari ²	
67	MIDWIVES' SUPPORTS FOR THE PREVENTION OF MOTHER-TO-CHILD HIV TRANSMISSION (PMTCT) PROGRAMME : A QUALITATIVE STUDY	354
	Sri Wahyuni ¹ , Ova Emilia ² , Asri Hidayat ³	

- 68 **THE BRIDEGROOM CANDIDATES' PERCEPTION ON REPRODUCTIVE RIGHTS: A STUDY WITH GROUNDED THEORY IN SURABAYA** 359
K. Kasiati¹,Netti Herlina²
- 69 **CORRELATION BETWEEN EDUCATION AND EMPLOYMENT PREPARATION OF PREGNANT WOMEN WITH LABOR IN THE COASTAL MARINE DISTRICT NORTH INDRAMAYU YEAR 2016** 363
Yati Nurhayati
- 70 **INFLUENCE OF WARM COMPRESS ON FLATUS TIME IN SC POSTOPERATIVE PATIENTS WITH SPINAL ANESTHESIA AT ARJAWINANGUN HOSPITAL** 369
Yeni Fitrianiingsih¹ , Lia Nurcahyani² , Fadillah Mawaddah³
- 71 **INFLUENCE OF OYOG-BASED MODIFIED LEOPOLD PALPATION ON PREGNANT WOMEN'S ANXIETY LEVEL AND INCREASED COVERAGE OF CHILDBIRTH ASSISTED BY HEALH PROFESSIONAL** 375
Elit Pebryatie¹, Suratmi², Yanti Susanti Harjanti³
- 72 **RELATIONSHIP OF ANTENATAL VISITS BY GESTATIONAL HYPERTENSION MOTHERS TO LOW BIRTH WEIGHT IN KUPANG CITY IN 2015** 379
Ni Luh Made Diah Putri Anggaraeningsih
- 73 **RELATIONSHIP OF CORD CUTTING TIME TO THE LENGTH OF CORD SEPARATION AT MATERNITY CLINIC IN EAST JAKARTA** 384
Herlyssa^{1} Sri Mulyati, 2**
- 74 **THE CORRELATION BETWEEN FAMILIES ASSISTING ON PRIMIPARA'S WOMEN TOWARDS ANXIETY LEVEL IN SOREANG GENERAL HOSPITAL OF BANDUNG REGENCY** 388
Lina Haryani¹
- 75 **THE INFLUENCE OF EARLY BREASTFEEDING INITIATION ON THE STABILITY OF INFANTS' BODY TEMPERATURE IN JUMPANDANG BARU AND KASSI – KASSI PUBLIC HEALTH CENTERS OF MAKASSAR IN 2015** 393
Ely Kurniati¹ , Nasrudin A.M² , Saidah Syamsuddin³
- 76 **RELATIONSHIP OF KNOWLEGDE AND POSTNATAL BREAST CARE TO BLOCKED DUCTS DURING BREASTFEEDING AT SUKADANA PHC OF LAMPUNG TIMUR IN 2015** 399
Yoga Triwijayanti^{1*} , Sri Lestariningsih² , Martini³

77	FACTORS RELATED TO ANEMIA IN PREGNANCY AND MAKING OF INTERVENTION MODEL OF MATERNAL PERCEPTION AND FAMILY SUPPORT (PSIDUGA) IN CIKEDAL SUB-DISTRICT OF PANDEGLANG DISTRICT OF BANTEN PROVINCE IN 2016	405
	<i>Rukmaini^{1*}, Milla Evelianti², Aisyiah³</i>	
78	USE OF HORMONAL CONTRACEPTION EFFECT WITH MYOMA UTERI IN RSU TANGERANG	412
	Rusmartini	
77	THE CORRELATION BETWEEN THE PERIODS OF THE USE OF AKDR WITH MENSTRUAL PATTERN ON KB ACCEPTORS IN CIMANGGU VILLAGE OF BANDUNG BARAT REGENCY IN 2016	417
	<i>Tri Setiowati 1*, Ati Nurwita 3*, Sely Aprilianti 2*</i>	
78	CORRELATION BETWEEN INDIRECT FACTORS AND PLACENTA PREVIA IN PREGNANCY THIRD TRIMESTER AT KOJA HOSPITAL, NORTH JAKARTA 2013-2015	426
	Nuryaningsih¹	
79	KNOWLEDGE AND ATTITUDES TOWARDS CONTRACEPTIVE ACCEPTORS DECISIONS IN THE USE OF TUBEKTOMI CONTRACEPTIVES IN 2016	431
	Asri Novianti¹, Firda Rospari²	
80	EFFECTIVENESS OF CUPPING THERAPY AND ABDOMINAL STRETCHING EXERCISE TO DECREASE MENSTRUAL PAIN IN ADOLESCENTS LIVING IN SEDATI SIDOARJO	436
	Fauziyatun Nisa¹, SST, M.Kes², Yasi Anggasari, SST., M.Kes³	
81	FAMILY SUPPORT RELATIONSHIP WITH UMBILICAL CORD CARE PRACTICE IN REGIONAL HEALTH CENTER SEGIRI SAMARINDA	445
	Herni Johan^{1*}, Siti Noorbaya², Siti Saidah³	
82	CONSUME THE ARI AND PAPAWE FRUIT ESSENCE THE DEGREE KONSTIPASI OF PREGNANT MOTHER	450
	Nita Dwi Astikasari	
83	EFFECTIVENESS OF GIVING RED GINGER AND TAMARIND TO DECREASE DYSMENORRHEA IN STUDENT	457
	Retno Palupi Yonni Siwi	

84	EVALUATION OF INTEGRATED ANTENATAL IMPLEMENTATION IN PEOPLE MEDICAL CENTERS OF PEKALONGAN REGENCY	464
	Risqi Dewi Aisyah^{1*} Fitriyani²	
85	THE DIFFERENT OF TNF α LEVELS IN HUVECS CULTUR EXPOSED TO PLASMA PREECLAMPSIA PATIENT WITH PLASMA OF NORMAL PREGNANT WOMEN	470
	Dewi Ambarwati¹, Nurdiana², Siti Candra Windu Baktiyani³	
86	THE CORRELATION BETWEEN PREGNANCY HIATUS/BREAKS AS OPPOSED TO/AND ABORTION RATES/TRENDS/CASES	475
	Roichatul Djannah¹, Nanik Setiowati²	
87	ENGLISH COMPETENCY AND BARRIERS IN DOING SCIENTIFIC RESEARCH AMONG MIDWIFERY LECTURERS	480
	Jehanara¹, J.M. Metha²	
88	DIFFERENCES IN DEVELOPMENT OF CHILDREN AGES 4-5 YEARS BETWEEN NATURE KINDERGATEN (HALFDAY SCHOOL) WITH ISLAMIC INTEGRATED KINDERGATEN (FULLDAY SCHOOL)	483
	Nur Aini Rahmawati¹, Sri Wahyuni², Sri Wahyuni³	
89	CHARACTERISTICS OF MOTHER AND EFFECT OF PRENATAL SERVICES TREATMENT OF OCCURRENCE OF LOW BIRTH WEIGHT BABIES	488
	Meriati Bunga Arta Purba¹	
90	ERCEPTION OF PREGNANT WOMEN TO HIV / AIDS IN CLINICAL VCT "SOBAT"	495
	Bringiwatty Batbual¹, Dewa Putu Ayu Mariana Kencanawati²	
91	INCIDENCE OF FETAL DISTRESS VIEWED FROM THEIR LABOR OLD PRIMIGRAVIDA	500
	Dewa Ayu Putu Mariana Kencana Wati¹	
92	POSTPARTUM MOTHERS' BEHAVIOR ON UMBILICAL CORD CARE OF NEWBORNS IN PUSKESMAS KAMPUNG BUGIS TANJUNGPINANG CITY 2016	503
	Nining Sulistyowati¹, Asih Dwi Astuti²	
93	DETERMINANT BEHAVIOUR OF CHILDBEARING AGE WOMAN IN EARLY DETECTION OF CERVIX CANCER WITH IVA METHOD AT THE AREA OF TANJUNGPURA PUBLIC HEALTH CENTER KARAWANG REGENCY	507
	Tati Herawati¹, Nita Herawati²	

- 94 THE MAKING OF A CLINICAL LEARNING/TEACHING AID FOR CONTRACEPTIVE IMPLANT INSTALLMENT: A LOW-COST MODEL 513
J.M. Metha*
- 95 THE EFFECT OF A MENTORING MOTHERS EDUCATION ON CADRES KNOWLEDGE OF OXYTOCIN MASSAGE AND EXCLUSIVE BREASTFEEDING: AN INTERVENTION STUDY AMONG CADRES IN SUMOWONO PHC AREA, SEMARANG DISTRICT, CENTRAL JAVA, INDONESIA 517
Ike Johan^{1*}, Ninik Azizah²
- 96 WITH EXCLUSIVE BREASTFEEDING HISTORY AND NON-EXCLUSIVE IN KARANGMANGU VILLAGE KRAMATMULYA DISTRICT KUNINGAN REGENCY OF YEAR 2015 529
Tita Ristiani¹
- 97 MOTIVATION OF HEALTH PROVIDER AND BEHAVIOR PREGNANT WOMEN IN CONSUMPTION IRON TABLET WITH ANEMIA PREGNANCY IN KEDIRI CITY 534
Erma Retnaningtyas^{1*}
- 98 THE EFFECT OF EFFLURAGE MASSAGE TECHNIQUES TO DECREASE PAIN IN THE ACTIVE PHASE OF THE FIRST STAGE PRIMIPARA 541
Candra Wahyuni, Sst, M.Kes
- 99 FACTORS ASSOCIATED WITH INCIDENCE OF ANEMIA AMONG ADOLESCENT GIRLS AT MAN 8 JAKARTA TIMUR 546
Elly Dwi Wahyuni¹
- 100 THE RELATIONSHIP OF THE ABILITIES AND MOTIVATION OF HEALTH WORKERS WORK ON PERFORMANCE IN THE IMPLEMENTATION OF SICK TODDLER'S INTEGRATED MANAGEMENT PROGRAM 552
Kursih Sulastriningsih¹, Astrid Novita², Ella Nurlelawati³
- 101 THE INFLUENCE OF ABDOMINAL BREATHING TECHNIQUE AGAINST A DECREASE IN LABOR PAIN KALA ACTIVE PHASE I 563
Yeltra Armi¹, Darnisa Humala², Khairannisa³
- 102 THE EFFECT OF HOT AND COLD COMPRESS ON PAIN RELIEF DURING ACTIVE FIRST STAGE OF PHYSIOLOGIC LABOR IN PRIMIPAROUS WOMEN 568
Mutia Felina^{1*}, Sari Rahma Fitri², Siti Nurkhasanah³

- 103 **IMPORTANCE OF SIMULATED-BASED MIDWIFERY CLINICAL LEARNING: A REVIEW** 574
Lisma Evareny¹, J.M. Metha²
- 104 **RELATIONS BETWEEN GRADE-POINT AVERAGE WITH COMPETENCE TEST RESULTS ON THE GRADUATE MIDWIFE IN TANJUNGPONK HEALTH POLYTECHNIC 2014** 577
Septi Widiyanti¹, Martini Fairus², Supriatiningsih³
- 105 **THE EFFECT OF AROMA THERAPY TO DECREASE ANXIETY THIRD TRIMESTER PRIMIGRAVIDA IN PREPARATION FOR CHILDBIRTH IN THE WORKING AREA BUKITTINGGI CITY GULAI BANCAH HOSPITAL CENTRE** 582
Rulfia Desi Maria¹, Tuti Oktriani², Yunefit ulva³
- 106 **THE CORRELATION BETWEEN PERSONAL HYGIENE, FOOD INTAKE AND STRESS WITH FLUOR ALBUS RATES / EVENTS / CASES / INCIDENTS / TRENDS** 587
Dewi Susanti¹, Siti Maisaroh²
- 107 **EFFECT OF SCHOOL SUPPORT, HEALTH WORKERS SUPPORT, PEER GROUP SUPPORT AND KNOWLEDGE ABOUT UTILIZATION BEHAVIOR OF PIK-R IN 1 SENIOR HIGH SCHOOL PARONGPONG DISTRICT OF PARONGPONG 2015** 591
Artha Kusumawardhani¹
- 108 **EARLY DETECTION OF HIV BY MIDWIVES IN COMMUNITY: AN OPERATIONAL STUDY ON THE INCREASED ACCESS OF HIV PREVENTION FROM MOTHER TO CHILD IN KARAWANG REGENCY** 603
Dewi Purnamawati^{1*}
- 109 **DECISION MAKING AND SUPPORT FAMILIES TO USE HEALTH FACILITIES AT CHILDBIRTH IN PUBLIC HEALTH WAIGETE DISTRICT SIKKA PROVINCE NTT 2015** 607
Ignasensia D. Mirong¹
- 110 **CORRELATION WITH HISTORY PREECLAMPSIA WITH EFFECTIVENESS EARLY OF POSTPARTUM WOMEN IN DR. H. ABDUL MOELOEK HOSPITAL LAMPUNG** 612
Cynthia Puspariny¹, Marlinda², Ajeng Ina Aprisa³
- 111 **DETERMINANT FACTORS OF MATERNAL MORTALITY IN PASAMAN-WEST SUMATRA** 616
Dewi Syarief^{1*}, Dian Furwasyih,²

112 TRADITIONAL HEALTH BELIEF PRACTICES THAT HARM WOMEN'S AND CHILD'S HEALTH: A REVIEW ON DELAYED BREASTFEEDING AND POOR DIET IN PREGNANCY 621

Juli Oktalia¹, J.M. Metha²

113 HUSBAND'S SUPPORT ON A SUCCESSFUL BREASTFEEDING : A REVIEW 625

Syafrani Ibrahim'

EARLY DETECTION OF HIV BY MIDWIVES IN COMMUNITY: An Operational Study on The Increased Access of HIV Prevention from Mother to child in Karawang Regency

Dewi Purnamawati^{1*}

^{1*}*STIKes Kharisma Karawang, Jl. Pangkal Perjuangan Km 01 By Pass Karawang Baru Indonesia*

ABSTRACT

Increased number of women affected by HIV will have an impact on HIV transmission from mother to baby. Therefore, early detection as one of the activities to prevent HIV transmission from mother to child (PMCTC) becomes the leading program in preventing HIV and AIDS epidemic in women. This study aimed to apply the model of early detection of HIV in pregnant women by midwives in the community.

This was an operational study, which was done in improving access to prevention of HIV transmission from Mother to Child. The study was conducted in 17 sub-district health centers, selected by cluster random sampling. Early detection was done by conducting HIV tests on 385 pregnant women and their partners in the community (*Posyandu* and family midwife). HIV tests were performed using rapid test by trained midwives who received trust from the Health Office for performing the test. The results showed that a total of 18 midwives of 17 sub-districts had received training on PMCTC and HIV test with rapid test. A total of 85.5% of pregnant women were willing to have HIV tests and the results came out negative. HIV test by midwives was able to overcome the barriers of distance and stigma that improve PMCTC access. Support from the Health Office to sustain the program is needed and the implementation of HIV testing for pregnant women should be developed into SOP, for the prevention of HIV transmission from mother to baby can only be done if the status of HIV in pregnant women is unknown.

KEY WORDS: HIV, EARLY DETECTION, MIDWIVES

INTRODUCTION

Feminization of the epidemic shows that women are a group at risk for contracting HIV. In pregnant women, HIV is not just a threat to the safety of motherhood, but also a threat to the unborn child. HIV prevalence in pregnant women is projected to increase from 0.4% (2012) to 0.5% (2016), and the number of HIV positive pregnant women who require Prevention of Mother to Child Transmission of HIV (PMCTC) services will also be increased from 13,189 people in 2012 to 16,191 people in 2016. Similarly, the number of children aged under 15 years who contract HIV from their mothers at birth or during breastfeeding will increase from 4,361 (2012) to 5,565 (2016), which means there is a trend in an increase of child mortality rates due to AIDS (Ministry of Health, 2012).

In 2013, 6% of HIV infections were transmitted from mother to baby in West Java.

In pregnant women, HIV is not only a threat to the safety of motherhood, but also a threat to the

unborn child because transmission occurs from mother to baby. More than 90% of HIV transmission in children result from transmission from mother to child (Mother-To-Child Transmission/MTCT). Until June 2014, 3.6% of children under 15 years were infected with HIV and AIDS (Ministry of Health, 2014). HIV and AIDS cases in the household can cause problems both in terms of the family's economic and social impact on the lives of children later. Muhaimin (2010) states that HIV AIDS cases in the household can reduce the quality of life of children to 1.59 times than families without HIV-AIDS and the opportunities will be greater if the child is female, lack of parenting and younger.

Hence, efforts are needed to prevent HIV transmission from mother to child known as PMTCT (Prevention of Mother to Child Transmission of HIV), or in Indonesia known as PPIA (*Pencegahan Penularan HIV dari Ibu ke Anak*). Since 1998, the PMTCT program has been a leader in global HIV prevention (WHO, 2010). Prevention of HIV transmission from mother to child is done with four components: 1) Prevention of HIV transmission in childbearing age women, 2) prevention of unintended pregnancies in HIV-positive women, 3) prevention of HIV transmission from HIV positive pregnant women to their fetuses

* Alamat E-mail: dpw_80@yahoo.co.id

and 4) Provision of psychological support, social support and care to HIV-positive mothers and their infants and families.

PMCTC services have been available in the referral hospital located in provincial capitals and major cities in Indonesia, but up to June 2013, of 1,200 health centers across Indonesia that provide services PMCTC, only 264 health centers could provide the service or reach only 22 % (Ministry of Health, 2013). Likewise, of 400 hospitals that are supposed to give ARV, only 105 hospitals could provide ARV treatment, or reach only 26%. HIV testing for pregnant women reached only 1.4%. Of those 1.4%, 3.8% were HIV positive. The provision of antiretroviral drugs to HIV positive mothers was also still low at just 55% (DG P2PL Ministry of Health, 2013).

The same picture also occurs in Karawang. The examination of HIV testing for pregnant women is not yet a priority program. Of 5000 rapid test obtained in 2014 from West Java province, some 60% or 3,000 rapid tests were allocated for pregnant women at 15 health centers of the 50 health centers in the Karawang regency. This number is still very small compared with the estimated number of pregnant women in the Karawang regency in one year amounted to 63,000 pregnant women. In other words, the number of new rapid tests is available for only 4.7% of pregnant women.

Budisuari and Mirojab (2011) showed similar things that PMTCT policy implementation in the city of Surabaya is not maximized. This study shows that the PMTCT facilities and infrastructure are limited; not all health centers have PMTCT teams and services and PMTCT financing is still limited. Therefore, an implementation strategy that can be implemented by local governments in improving PMCTC access is required. This study aimed to apply the model of early detection of HIV in pregnant women in the community in an effort to improve PMCTC access.

RESEARCH METHODS

This was an operational study, which was done in improving access to prevention of HIV transmission from Mother to Child. Early detection model was implemented in two stages, ie, setting up support and improving the knowledge and competence of midwives by providing PMCTC training. The next stage is the implementation of early detection by performing HIV test for pregnant women in the community (*Posyandu* and family midwife). The study was conducted in 17 sub-district health centers, selected by cluster random sampling. HIV tests were conducted on 385

pregnant women and their partners by using rapid test. Examination of HIV tests was performed by a trained midwife.

Data were analyzed descriptively, to see the successful application of the model and the increase in the percentage of pregnant women who underwent HIV test.

RESULTS AND DISCUSSION

The results showed that early detection model could be implemented. In the first stage, the support from the health office was obviously seen from the implemented PMCTC training activities for midwives held for two days in Karawang District Health Office, on 29 and 30 December 2014. The trainees were 18 midwives. The facilitator age ranged from 24-52 years with an average of 40.2 years. The facilitator education were almost evenly equal, with 50% holding Diploma III degree, 44.4% holding Diploma IV/S1 degree and only one facilitator (5.6%) was with a master's degree background. The average length of employment as a midwife was 16 years and more than half had never received training on HIV. The output of this training was that the midwives had to perform HIV test for pregnant women with rapid test. The frequency distribution of participants by socio-demographic characteristics is shown in Table 1

Table 1. Distribution of Trainees (Midwives) by Socio-Demographic Characteristic in Karawang Regency (n=18)

Characteristic	N	%
Age		
30-39 yo	6	35,3
<30 yo	1	5,9
>= 40 yo	11	61,1
Education		
Master	1	5,6
Diploma IV/S1	8	44,5
Diploma III	9	50,0
Length of employment		
>=20 y	8	44,4
10-19 y	5	27,8
5-9 y	2	11,1
<5 y	3	16,7
HIV Training		
Yes	7	38,9
No	11	61,1

PMCTC training was also successful in increasing the midwives' knowledge on the prevention of transmission of HIV and AIDS from mother to child. The results of the difference of mean value

of midwives' knowledge before and after the research can be seen in Table 2.

Tabel 2.
Distribution of Pre Test and Post Test mean value of the knowledge of the participants of PPIS Training

Variable	Mean	SD	SE	p value	Total
Knowledge					
Pre Test	56,1	6,94	1,63	0,0001	18
Post Test	74,0	6,64	1,56		

The mean value of pre-test on the participants' knowledge was 56.1 and the mean value of the participants' knowledge after the training was 74.0. The difference in mean value of pre test and post test was 17.83. Statistical test results obtained a p-value of 0.001, meaning that there was a significant difference on the participants' knowledge before and after training.

In the second stage, the study was able to implement early detection of HIV with rapid tests for 385 pregnant women in Karawang regency. Figure 1 shows the increase in the proportion of pregnant women who were tested for HIV before and after the model of early detection was implemented.

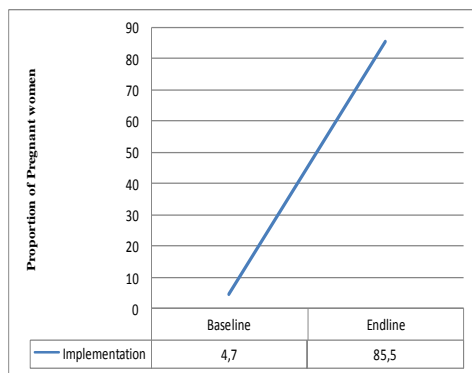


Figure 1. The Proportion of Pregnant Women Who Had an HIV Test Before and After the Implementation

This study tried to implement early detection of HIV in pregnant women as improving access to PMCTC. Application of early detection of HIV cannot be done if not getting support from the Health Office. The success in increasing access to PMTCT in Kenya shows that leaders at all levels play an important role in the implementation of PMTCT activities, the involvement of all team members, especially DHO at all stages from planning to implementation, and the improvement of quality of care and supervision at the district

level to improve PMTCT access services from 1,300 women in 2003 to more than 25,000 women in early 2005 (Colton, TC, 2005). Fixen (2005) states that the implementation relies on innovation/programs to be carried out, how these innovations are implemented (preparing the infrastructure, improving the implementation and the system), and anyone else involved.

In addition, the successful implementation of early detection was also supported by the skills of midwives in doing rapid test. Increased training skills were performed by the midwives. The training given was a non-formal education being made to improve the knowledge and skills of midwives. In training activities, which needed to be considered was the retention of midwives. The decline in retention can occur when the training has been done in a long time. Su, et al, 2000 in Hadi 2007, shows that the decline in knowledge retention occurs after 12 months, where knowledge value after the 12th month is the same as before the training. Therefore, it is necessary to strengthen retention efforts. Increased retention in the study was done by supervision after 3 months of training done.

Application of early detection of HIV in pregnant women by midwives also proved to increase PMCTC access. The authority granted to midwives made access barriers to the health center to be overcome (overcoming lost to follow up). Early detection of HIV by midwives in the community is an opportunity to increase PMCTC access. The proportion of pregnant women who were willing to have the HIV test increased from 4.7% to 85.5%, and the number of PMCTC services was increasing, too. Youngleson, et al, 2010 show that the method of improving the system, protocol changes and additions/reallocation of resources contributes to increasing PMTCT. The proportion of infants exposed with HIV positive decreased from 7.6% to 5%. PMTCT increased from 75% to 86%, the use of ART increased from 10% to 25%, and post-natal HIV test increased from 75% to 95%.

CONCLUSION

Early detection of HIV in pregnant women by midwives was successfully implemented in Karawang regency. Support from Health Office and the active participation of midwives in conducting HIV tests had contributed to the implementation of the program. Early detection of HIV in pregnant women in Karawang was able to increase the number of services to provide HIV tests and to increase the proportion of pregnant

women who were willing to have the HIV test from 4.7% to 85.5%

Implementation sustainability of early detection of HIV by midwives can be assured if there is support from the Health Office and the Government in giving over the job to the midwife to test for HIV in the community as an alternative solution to overcome the barriers of PMCTC access.

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