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"Midwifery Education Reform"

Midwifery Education Association of Indonesia

AIPKIND

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Midwifery Education Association of 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.

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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 Dimyati
11.10 – 11.40	**Keynote Speaker** 1. Ministry of Research, technology and higher education of The Republic of Indonesia Topic : The goverment 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 Dimyati 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

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 fro 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

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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	8	44,4
>=20 y	5	27,8
10-19 y	2	11,1
5-9 y	3	16,7
<5 y		
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.

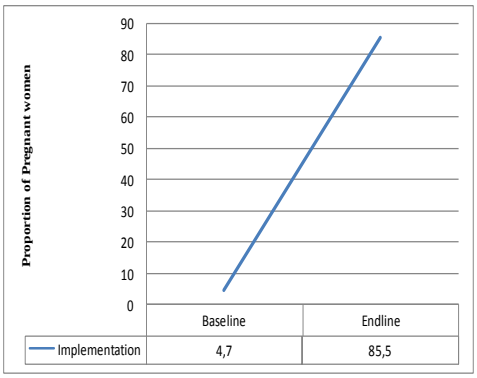

Figure 1. The Proportion of Pregnant Women Who Had an HIV Test Before and After the Implementation

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.

ACKNOWLEDGEMENTS

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