

Integrating Couple HIV Counseling and Testing (CHCT) on Ante Natal Care (ANC) service in Bali – Indonesia; A Feasibility Study

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Background

- Indonesia Health Ministry (2013) → around 30% HIV + → women and reproductive age
- Bali Province → increase in number of HIV + women ∞ men
- Estimated HIV/AIDS cases
 - 2009: 7000 cases
 - 2012: 26000 cases
- Reported HIV/AIDS cases
 - To March 2013: 7.551 cases
 - 3 Regencies i.e. Denpasar, Badung and Buleleng

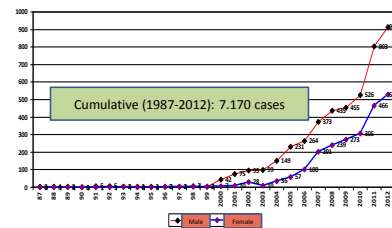


Background...continued

Bali map



Background...continued



Graphic-1 Reported HIV/AIDS cases 1987-September 2012 based on sex (Bali Health Department, 2013)

Background...continued

- Bali Province → Sexual transmission (70,7%)
- All cases of HIV & AIDS in Bali
 - → 17,6% housewives
 - → increase the risk of mother to child transmission
- Survey of Kerti Praja Foundation (2009)
 - 1,2% pregnant women HIV+
- Health Ministry Regulation in 2013: Integrating PMTCT in ANC services

Background...continued

- CHCT's benefits :
 - discordant : HIV transmission prevention (condom use, ART and mutual support)
 - Safe pregnancy
 - Increase PMTCT coverage
 - Reducing stigma
- The implementation of CHCT could be based on local contexts (WHO 2012).

Background...continued

- Need to do a feasibility study in integrating CHCT to pregnant women and their partners on ANC regarding some related aspects:
 - Acceptability of decision/policy makers, health care provider, pregnant women and partners, barriers and enablers and PHC readiness before CHCT program will be implemented

RESEARCH QUESTION

- What is the feasibility in integrating CHCT program on ANC at PHC in Bali Province?

RESEARCH GOAL & OBJECTIVES

- Goal:
 - To explore the feasibility in integrating CHCT program on ANC service at PHC Bali Province
 - Objectives:
 - To understand acceptability of pregnant women and their partners
 - To explore the perspective of decision and policy makers as well as the service providers
 - To identify enablers, barriers and solutions
 - To explore the PHC readiness
- If CHCT program is going to implemented in PHC

Methods

- **Research Design**
 - Qualitative research with phenomenology approach
- **Time and Place**
 - 6 months (July -December 2013)
 - Denpasar and Badung Regencies, Bali Province.

Methods...continued

- **Respondents**
 - Purposive sampling technique
 - The number of respondents
 - Indepth interview: 24 respondents
 - FGD: 85 respondents
 - Decision and policy makers from government sector
 - Health care providers: Head of PHC, counsellors, and midwives
 - Pregnant women and their partners

Data Analysis

- **Thematic analysis**
 - Some themes

Results

Respondents characteristics

- 8 couples
- Pregnant women
 - Age : 20-32 years old
 - Gestational age : 2-8 months
 - Parity: 1-5
 - Education level: Elementary –Senior High School
 - Occupation: housewives and private workers

Results...continued

- Partners
 - Age: 23 – 39 years.
 - Education: Elementary-Senior high school
 - Occupation: > private workers

Status : married couples (7)

Only 2 partners have ever been obtain HIV testing

FOCUS GROUP DISCUSSION

- Eight (8) FGDs
 - Policy makers (8 people)
 - Bali provincial HIV commission
 - HIV and AIDS commission → Denpasar and Badung Regencies
 - Health Department → Denpasar and Badung
 - Provincial Health Department → communicable disease control
 - Midwives group(7)
 - Head of PHCs (9)
 - VCT counselor (5)
 - Pregnant women (10)
 - Partners of pregnant women (8)

Theme 1

1. **Acceptability and perception about Integrating CHCT on ANC at PHC**
 - Idea about CHCT → accepted by pregnant women and health care provider
 - Reasons:
 - PMTCT,
 - Increase the uptake of VCT
 - Increase the access of ARV
 - Enhance partners participation in preventing HIV infection
 - Increase the number of pregnant women accessing VCT
 - CHCT → Partners afraid if their wives know about their sexual risk behaviors.

Supporting quotes :

- *If possible to have a separate HIV program in each PHC. It is good, so we can be more serious and early diagnosed, and treatment (I.I.5.1)*
- *'... sometimes the husband does not willing to (do the HIV test) ... looks like he does not care... her husband also afraid ... maybe because he did something at risk to HIV ... so he does not want his wife to be tested as well.."' (I.S.6.1)*
- *Better to have a couple counseling compare to VCT by our self ... we can be more open to each other ... (I.I.1.1)*
- *Yes, maybe he have sex outside married, so he afraid if his wife know about it (I.B.7)*

Theme 2

2. Culture and Gender Contexts

- Balinese married system → husband as the decision maker
- Gender → patriarchy → women seem to be more inferior than men in Balinese culture contexts
- Balinese women → very trust their partners/husbands
- Male respondents →
 - Some will reject their wives if proven to be HIV +
- Health providers perspectives → this program may triggering fight and separation for couples.

Supporting quotes:

- *'... We are in Bali, and the decision maker is husband . If he does not allow the women to the test , the wife would obey it ...'(I.B.7)*
- *'...the women remain inferior to men here ...i' (F.PM)*
- *'..., What ever the husband decided, we only do it ...' (I.I.5.1)*
- *' she is a woman , so just send her back to her parents if she has HIV + status "(I.S.1.2; I.S.3.1)*
- *'...afraid , there will be a lot of divorce happening ' (F.PM)*

- Barriers in infrastructure and logistics:
 - Counseling room for privacy
 - VCT service unavailable
- CHCT will be effective → there is a mechanism and link between ANC service and VCT clinic
- To many works to do will be a barrier → would not effective

Discussion and Recommendation

1. Integrating CHCT on ANC at PHC →
 - Feasible : *facility-based integration model*
 - Not feasible: *integrating in service delivery, need to consider the cultural context*
 - Acceleration on VCT services in every PHC
 - Strengthening logistic system, more simple and coordination between ANC services and VCT clinic
2. Need a program to engaging partners/husbands in ANC services and reproductive health → to make partners/husbands more understand about HIV and risk, therefore they do not only blame the women

Theme 3

3. Public Health Care readiness in implementing CHCT in ANC settings

- Some barriers
 - Human resources,
 - Infrastructure,
 - Logistic management,
 - Funding system, low coordination
 - Cross program commitment.

Supporting quotes:

- *'... it is better to do it at a private VCT room not in ANC room, because there is no privacy..' (I.K.3)*
- *'... in one PHC will be better , however need to have a good coordination, first do the ANC, then refer to VCT , the result will be sending to ANC service...' (I.B.3)*

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Thank you