

## ABSTRAK

**Latar belakang:** *Human Immunodeficiency Virus* (HIV) menjadi masalah kesehatan global yang signifikan, dengan penularan dari ibu ke anak sebagai salah satu tantangan utama. Di Indonesia, program Pencegahan Penularan HIV dari Ibu ke Anak (PPIA) telah dilaksanakan sejak 2004, namun cakupannya masih rendah, dengan hanya 0,2% hingga 38% ibu hamil yang terlayani. Kabupaten Padang Pariaman dalam implementasi PPIA masih menghadapi berbagai kendala seperti cakupan skrining HIV ibu hamil yang rendah, kurangnya sosialisasi kebijakan, dan stigma sosial yang menghambat ibu hamil melakukan pemeriksaan.

**Tujuan:** Penelitian ini bertujuan untuk mengeksplorasi fidelity pada implementasi Program PPIA dalam layanan antenatal di Puskesmas Kabupaten Padang Pariaman serta mengidentifikasi faktor-faktor yang memengaruhinya.

**Metode:** Penelitian ini menggunakan metode kualitatif dengan pendekatan studi kasus. Data dikumpulkan melalui wawancara mendalam dengan informan kunci, observasi, dan analisis dokumen terkait implementasi Program PPIA. Analisis dilakukan menggunakan kerangka *Fidelity Implementation* untuk mengevaluasi kepatuhan, kualitas pelayanan, respons peserta, kompleksitas intervensi dan kualitas pelayanan.

**Hasil:** Pelaksanaan Program PPIA dalam layanan antenatal di Puskesmas Kabupaten Padang Pariaman masih belum optimal. Pada domain *adherence*, ditemukan variasi kesesuaian antara cakupan layanan ANC dan cakupan pemeriksaan HIV yang belum merata di seluruh puskesmas. Dua puskesmas menunjukkan capaian yang lebih tinggi, sementara satu puskesmas lainnya belum mencapai standar yang ditetapkan. Dalam hal konten, implementasi juga belum konsisten karena masih adanya ketidaksesuaian dengan pedoman nasional. Variasi *fidelity* ini dipengaruhi oleh kompleksitas intervensi, respon peserta, kualitas pelayanan dan pelatihan. Respons peserta masih terbatas akibat kurangnya pemahaman, stigma, dan pengaruh keluarga. Kompleksitas program yang melibatkan berbagai unit layanan dan ketidakterpaduan sistem pencatatan dan pelaporan turut menyulitkan pelaksanaan yang konsisten. Strategi dukungan seperti pelatihan, supervisi, dan integrasi data masih terbatas. Kualitas pelaksanaan juga terdampak oleh keterbatasan sumber daya dan beban kerja petugas.

**Kesimpulan:** *Fidelity* implementasi Program PPIA dalam layanan antenatal di Puskesmas Kabupaten Padang Pariaman masih menghadapi berbagai tantangan struktural, manajerial, dan sosial. Dibutuhkan intervensi kebijakan yang komprehensif dan multisektor untuk memperkuat regulasi, meningkatkan kapasitas tenaga kesehatan, dan membangun penerimaan masyarakat secara berkelanjutan.

**Kata kunci:** *fidelity implementation*, program PPIA, layanan antenatal, HIV/AIDS, ibu hamil

## ABSTRACT

**Background:** *Human Immunodeficiency Virus (HIV) is a significant global health problem, with mother-to-child transmission as one of the main challenges. In Indonesia, the Prevention of Mother-to-Child Transmission of HIV (PMTCT) program has been implemented since 2004, but coverage is still low, with only 0.2% to 38% of pregnant women being served. Padang Pariaman Regency in implementing PMTCT still faces various obstacles such as low coverage of HIV screening for pregnant women, lack of policy socialization, and social stigma that prevents pregnant women from undergoing examination.*

**Objective:** *This study aims to assess the fidelity of PMTCT program implementation in primary healthcare (Puskesmas) in Padang Pariaman Regency, focusing on operational adherence and contextual factors influencing implementation.*

**Method:** *This study uses a qualitative method with a case study approach. Data were collected through in-depth interviews were health office staff, the head of the health center, program manager, midwives, and pregnant women. The analysis was conducted using the framework Fidelity Implementation to evaluate compliance, quality of service, participant response, intervention complexity and quality of service.*

**Results:** *The implementation of the PMTCT in antenatal services at Health Center of Padang Pariaman Regency is still not optimal. In the adherence domain, variations in compliance were found between the coverage of ANC services and HIV testing coverage, which remain uneven across all health centers. Two health centers achieved higher levels of compliance, while one other health center has not yet met the established standards. In terms of content, implementation is also inconsistent due to ongoing discrepancies with national guidelines. This variation in fidelity is influenced by the complexity of the intervention, participant response, service quality, and training. The response of participants is still limited due to lack of understanding, stigma, and family influence. The complexity of the program involving various service units and the lack of integration of the referral system also make it difficult to implement consistently. Support strategies such as training, supervision, and data integration are still limited. The quality of implementation is also affected by limited resources and the workload of officers.*

**Conclusion:** *The fidelity of the implementation of the PMTCT Program in antenatal services at the Health Centers of Pariaman Regency is not optimal. Strengthening cross-sector coordination, regional policy support, increasing the capacity of health workers, and social interventions are needed to reduce stigma and increase the participation of pregnant women.*

**Keywords:** *fidelity implementation, PMTCT program, antenatal services, HIV/AIDS, pregnant women*