

Relationship between Family Support and Pregnant Women's Interest In Undergoing PMTCT

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Kata Kunci: Dukungan Keluarga, Minat Ibu hamil, PMTCT, HIV	Kasus HIV/AIDS masih menjadi masalah kesehatan masyarakat di Indonesia karena berdampak serius pada kesehatan ibu dan bayi. Pencegahan penularan HIV dari ibu ke anak dapat dilakukan melalui program Prevention of Mother to Child Transmission (PMTCT). Namun, minat ibu hamil untuk mengikuti pemeriksaan HIV dalam program PMTCT masih relatif rendah. Kondisi ini salah satunya dipengaruhi oleh kurangnya dukungan keluarga. Dukungan keluarga meliputi dukungan emosional, informasional, instrumental, dan dukungan penilaian yang berperan penting dalam membantu ibu hamil mengambil keputusan kesehatan secara tepat. Penelitian ini bertujuan untuk mengetahui hubungan antara dukungan keluarga dan minat ibu hamil mengikuti PMTCT. Penelitian menggunakan metode kuantitatif dengan desain cross sectional. Sampel penelitian berjumlah 125 ibu hamil yang dipilih menggunakan teknik purposive sampling sesuai kriteria inklusi. Data dikumpulkan menggunakan kuesioner dukungan keluarga dan minat ibu hamil yang telah diuji validitas serta reliabilitasnya. Analisis data dilakukan dengan uji korelasi Spearman. Hasil penelitian menunjukkan sebagian besar responden memiliki dukungan keluarga yang baik sebesar 75,2 persen dan minat tinggi mengikuti PMTCT sebesar 78,4 persen. Uji Spearman's rho menunjukkan adanya hubungan signifikan antara dukungan keluarga dan minat ibu hamil melakukan PMTCT dengan nilai korelasi $r = 0,308$ dan p kurang dari 0,0001. Penelitian ini menunjuka peran keluarga dalam meningkatkan minat ibu hamil PMTCT.
<i>Keywords:</i> <i>Family Support, Interests of Pregnant Women, PMTCT, HIV</i>	
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Introduction

Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) is still a major health issue in the world. According to the World Health Organization (WHO), in 2023 there are around 39 million people in the world living with HIV, although there have been many advances in treatment therapies, one of which is antiretroviral (ARV) therapy that significantly increases the life expectancy of HIV patients. Nevertheless, around 650,000 people will still die from AIDS in 2023. Handling HIV requires complex management, especially in vulnerable populations such as pregnant women, because there is a risk of transmitting the virus to their babies. *Prevention of Mother-to-Child Transmission* (PMTCT) is one of the main strategies to achieve the elimination of vertical transmission of HIV globally. Previous research has emphasized aspects of knowledge, access to services, and health system factors, while the role of social support, especially support from partners, in pregnant women's decision-making to participate in PMTCT is still limited. (Ministry of Health, 2022).

In Indonesia, HIV/AIDS cases were first discovered in 1987 and continue to increase to this day (Riawati et al., 2024). Based on data from the Ministry of Health processed by the Central Statistics Agency (BPS), throughout 2023 there were 16,410 new AIDS cases, with West Java (2,575 cases; 16%) as the province with the highest number of cases, followed by East Java and Central Java with 2,432 cases each (Muhammad, 2024). In the Special Region of Yogyakarta Province, the total number of HIV cases reached 8,195 cases, including 2,313 cases of AIDS. Based on region, Sleman Regency has the highest number of cases with 1,539 cases in men and 488 cases in women (Quarter, 2024). Previous research has shown that family support has a significant effect on pregnant women's behavior in HIV screening, with a positive correlation between family support and pregnant women's decision to take an HIV test ($r = 0.399$; $p = 0.000$) (Putri et al., 2025). This research is consistent with studies that confirm that social support, including family and health worker support, can encourage maternal participation in HIV screening and mother-to-child transmission prevention (*PMTCT*) programs in Indonesia.

To suppress the transmission of HIV from mother to child, the Indonesian government implements the Prevention of Mother-to-Child Transmission (PPIA) program through the Minister of Health Regulation Number 51 of 2013. This program aims to prevent HIV

transmission from pregnant women to their babies through interventions during pregnancy, childbirth, and breastfeeding (Asrina, 2021). One of the important steps in this program is the implementation of HIV testing for all pregnant women as recommended by WHO. With early detection and ARV treatment, the amount of virus in the mother's body can be suppressed so that the baby born is free of HIV.

Prevention of mother-to-child transmission of HIV is carried out through four main steps, namely: Preventing HIV transmission in women of reproductive age, Preventing unplanned pregnancies in HIV-positive women, Preventing HIV transmission from positive mothers to their babies. and Providing psychological, social, and care support to mothers and children living with HIV (Waghiastul Astutik et al., 2021). The role of family support for pregnant women's interest in participating in the PMTCT program is still limited in Indonesia, because most of the research focuses more on the level of knowledge, attitudes, or adherence of pregnant women to HIV screening and ARV therapy (Sari & Handayani, 2021). The success of the PMTCT program is highly dependent on family support, especially support from husbands. According to Purbandini et al. (2023), the involvement of male partners is a priority factor in supporting the success of preventing mother-to-child transmission of HIV. WHO also emphasizes the importance of the role of the family in ensuring that pregnant women receive safe prenatal care, healthy sexual practices, prevention of sexually transmitted infections, and counseling and follow-up. Which is sustainable.

Interest arises from a person's internal drive to perform an action after understanding the benefits that will be obtained. In PMTCT, pregnant women's interest in undergoing HIV testing can increase if they are given appropriate education, such as through counseling activities at health facilities, PKK programs, recitations, or visual media such as posters and banners (Sumarni & Masluroh, 2023). The results of the study showed that 70% of pregnant women had an interest in participating in the PMTCT program, which was influenced by age, knowledge level, and education factors. However, in Indonesia, the level of interest of pregnant women in the PMTCT program is still relatively low, one of the main reasons is the lack of support from the family. Partner and extended family support plays an important role in the mother's decision-making process to get HIV screened. Mothers who do not receive emotional support or joint decisions from their partners often feel afraid, anxious, and lack confidence to undergo an

examination (Dewi & Utami, 2021). On the other hand, good family support can help reduce stigma and increase maternal motivation to actively participate in PMTCT programs (Raujatul Hasanah & Anwar Arbi, 2022).

Social support, especially family support, has been shown to increase pregnant women's adherence to HIV treatment and treatment, as well as improve mental health (Mariana et al., 2023). Support from husbands and family is very important for pregnant women because it will increase self-esteem and a sense of worth to the mother during pregnancy. The support provided by the husband in this case is support in the form of moral and also material. Support in the form of morality is support in the form of support from the husband who fully supports the mother's pregnancy by providing affection, encouragement, and also accompanying during the pregnancy examination. Meanwhile, material support is the husband's support that meets all the needs and equipment needed by the mother during pregnancy. The importance of family health to improve maternal and infant health efforts, child immunization, prenatal care and maternal reproductive health are essential for the prevention of mother-to-baby transmission of HIV (Putu et al., 2025). Family support for pregnant women with HIV/AIDS is also very important because it can provide high enthusiasm, strength, and motivation in self-acceptance in conditions with HIV/AIDS encouraged to stay strong through their daily lives, assisted economically, reminded to stay healthy and to maintain their health, and provide encouragement to check their health and encourage pregnant women to regularly take their medications and diet (Indriastuti et al., 2022).

Preliminary study results Based on the results of interviews with five pregnant women at Puskesmas 1 Gamping, it was found that pregnant women had an interest in participating in the PMTCT program because they received family support. Pregnant women stated that the support obtained includes the importance of HIV screening in pregnant women, how to prevent HIV transmission from mother to baby, and the benefits of early detection for maternal and fetal health. Pregnant women who receive family support feel more confident to participate in the PMTCT program. Based on the urian above, it can be concluded that family support is very important in increasing the interest of pregnant women to do PMTCT. Therefore, the researcher is interested in researching the relationship between family support and the interest of pregnant women in conducting PMTCT at the 1 Gamping Yogyakarta Health Center.

Method

This research method uses a quantitative research method with a research design *cross-sectional*. According to Sofya et al., (2024) *cross sectional* It is a study that studies the correlation between risk exposure (independent) and consequences or effects (dependent) with data collection carried out simultaneously at the same time. In this study, the independent variable is family support and the dependent variable is carrying out the PMTCT program. The place of this research is the Gamping 1 Health Center. This research will be carried out in October 2025. The population in this study is all pregnant women who undergo examinations at the Gamping 1 Health Center. The number of samples used was 125 with Method *purposivel sampling* i.e. all populations were taken as a research sample. The inclusion criteria in sampling are pregnant women who live at home with their husbands or families and the exclusion criteria for pregnant women with psychiatric disorders, and pregnant women who have pregnancy problems. This study uses a questionnaire that has gone through validity and reliability tests, The validity test was conducted using the Pearson correlation method to measure the relationship between each item and the total score. The questionnaire is said to be valid if r counts $> r$ table. With a total of 30 respondents and a significant level of 5% ($\alpha=0.05$), the item is considered valid. Reliability tests were performed using Cronbach's Alpha method to measure the internal consistency of the instrument to assess the relationship between family support and the interest of pregnant women in doing PMTCT. Family support questionnaire, namely emotional support, has 5 questions, namely questions number 1-5, award support has 5 questions, namely questions number 6-10, information support has 5 questions, namely questions number 11-15, instrumental support has 5 questions, namely questions number 16-20 This questionnaire consists of 20 questions, each question has four choices with an answer criterion of 4 = always, 3 = often, 2 = sometimes, 1 = never. The PMTCT questionnaire consisted of 13 questions about the interest of pregnant women in doing PMTCT that had been tested by CVI as well as the validity and realism of the measurement scale using the Likert scale with the categories of "strongly agree", "agree", "disagree", and "strongly disagree", The data analysis used in this study is a Univariate analysis to provide an overview of the characteristics of the respondents which include age, education, parity, occupation, gestational age, Family Support The analysis is carried out to provide emotional support, appreciation, informational support, instrumental

support for variable interest of pregnant women to do PMTCT with frequency distribution used to assess the level of interest of pregnant women in PMTCT based on predetermined interest categories pregnant women at the Gamping 1 Health Center. Bivariate analysis to see the relationship between the two variables, namely the independent variable of the relationship between family support and the interest of pregnant women in PMTCT. This study uses a spearman correlation test used with a p-value indicator of >0.05 showing a significant relationship between the two variables.

Research Results

Table 1. Distribution of Respondent Frequency Based on Mother's Age

Category	Frequency	Percentage
High Risk (< 20 Years or > 35 Years)	59	47.2%
Ideal (20-35 Years)	66	52.8%
Total	125	100

Based on table 1, it is known that most of the respondents are in the ideal age category (20-35 years) as many as 66 people (52.8%), while pregnant women with a high-risk age (<20 years or >35 years) are 59 people (47.2%).

Table 2. Frequency Distribution Based on Education

Category	Frequency	Percentage
High School/Vocational School	85	68%
D3/S1	40	32%
Total	125	100

Based on table 2, it is known that most of the respondents have a high school/vocational education level of 85 people (68%), while respondents with D3/S1 education are 40 people (32%).

Table 3. Frequency distribution by occupation

Category	Frequency	Percentage
Not Working	111	88.8%
Work	14	11.2%
Total	125	100

Based on table 3, it shows that most of the respondents are not working, namely 111 people (88.8%), while those who work are 14 people (11.2%).

Table 4. Frequency Distribution Based on Parity

Category	Frequency	Percentage
Primigravida	61	48.8%
Multigravity	64	51.2%
Total	125	100

Based on table 4, it is known that most of the respondents are multigravids as many as 64 people (51.2%), while primigravida are 61 people (48.8%).

Table 5. Distribution Based on Gestational Age

Category	Frequency	Percentage
Trimester I	47	33.3%
Trimester II	60	48.0%
Trimester III	18	14.4%
Total	125	100

Based on table 5, it is known that most of the respondents were in the second trimester of pregnancy age as many as 60 people (48.0%), then the first trimester as many as 47 people (33.3%), and the third trimester as many as 18 people (14.4%).

Table 6. Family Support Frequency Distribution

Category	Frequency	Percentage
Good	94	75.2%
Enough	17	13.6%
Less	14	11.2%
Total	125	100

Based on table 6, it can be seen that some respondents have good family support, namely 94 people (75.2%), while those who have sufficient support are 17 people (13.6%), and less than 14 people (11.2%).

Table 7. Distribution of the Frequency of Interest of Pregnant Women in Doing PMTCT

Category	Frequency	Percentage
Height	98	78.4%
Medium	18	14.4%
Low	9	7.2%
Total	125	100

Based on table 7, it is known that most of the respondents have high interest in doing PMTCT, namely 98 people (78.4%), while moderate interest is 18 people (14.4%), and low interest is only 9 people (7.2%).

Table 8. Spearman Rho's Correlation between Family Support Relationship and Pregnant Women's Interest in Doing PMTCT

<i>Spearman's rho</i>	Results
N	
<i>Correlation Coefficient</i>	0,308**
<i>p value</i>	< 0.001

Table 8 Based on the results of the Spearman's rho correlation test between family support and the interest of pregnant women in PMTCT, a correlation coefficient value (r) of 0.308 was obtained with a significance value (p) = 0.001. Because the significance value is

smaller than 0.05 ($p < 0.05$), this means that the higher the family support that pregnant women receive, the greater their interest in taking the PMTCT examination. This positive and moderate-strength relationship confirms that the role of the family, especially the husband, has an important contribution in encouraging pregnant women to undergo HIV testing as an effort to prevent transmission to the fetus, so it can be concluded that there is a statistically significant relationship between family support and pregnant women's interest in doing PMTCT. The positive correlation direction ($r = 0.308$) showed that the better the family support received by pregnant women, the higher their interest in doing PMTCT. On the other hand, if family support is low, then pregnant women's interest in participating in the PMTCT program tends to decrease.

Discussion

The results showed that most of the respondents had good family support, namely 94 people (75.2%), with sufficient support for 17 people (13.6%) and insufficient support for 14 people (11.2%). These findings show that the majority of families have provided positive support to pregnant women in efforts to prevent mother-to-child transmission of HIV (PMTCT). The results of this study are in line with a study conducted by Mane et al. (2024) which found that family psychosocial support in the first trimester has a significant relationship with pregnancy outcomes. Pregnant women who get good family support tend to complete the pregnancy more optimally. In addition, research by Smith et al. (2022) shows that emotional and informational support from families can improve maternal and child adherence to maternal and child health programs, including HIV screening. Research by Lee et al. (2023) also emphasized that support from couples has a greater effect than support from other family members in increasing pregnant women's interest in participating in PMTCT. This confirms that emotional and social support from the family plays an important role in maintaining the health of the mother and fetus and reducing the risk of complications during pregnancy. Researchers can interpret that emotional, social, and informational family support types play an important role in shaping mothers' attitudes toward PMTCT as well as their decision to take HIV testing. These findings can make an important contribution to the development of public health policies, particularly related to family empowerment in pregnant women's health programs, by

encouraging the involvement of husbands and family members in reproductive health education and counseling.

The results of a study by Kelly-Hanku et al. (2024) also show that family and partner involvement greatly affects the participation rate of pregnant women in PMTCT programs in the Asia and Pacific region, with HIV test coverage reaching 92%. Family support can increase the motivation of pregnant women to participate in the PMTCT program because it can reduce fear, stigma, and anxiety about HIV screening. Furthermore, the study of Astawesegn et al. (2024) in East Africa reinforced these results by finding that 82.6% of mothers underwent HIV testing, 88.3% started antiretroviral therapy (ART), and 84.9% of infants received ARV prophylaxis. This high participation is due to strong partner and family support, which helps reduce pregnant women's psychological barriers to HIV screening. In line with that, Camellia et al. (2023) explained that pregnant women with HIV who did not receive family support or peer companions were 2.96 times more likely not to use health services than mothers who received support. These findings emphasize that family support, especially in emotional and social forms, has a very significant influence on the behavior and decision of pregnant women in participating in the PMTCT program. This research presents novelty by highlighting the context of services in the health center, thus providing practical insights for the implementation of community programs or other areas that have similar characteristics. In addition, follow-up studies are recommended to explore whether these findings also apply to different demographic groups or regions, to ensure that family empowerment strategies in PMTCT can be applied more broadly and effectively. Thus, family involvement not only increases pregnant women's participation, but also helps to create a supportive environment and reduce psychological barriers and stigma related to HIV.

The results showed that most of the respondents had high interest in conducting PMTCT examinations, namely 98 people (78.4%), followed by moderate interest of 18 people (14.4%), and low interest of only 9 people (7.2%). The high interest of pregnant women reflects a strong awareness and willingness to participate in efforts to prevent HIV transmission from mother to child. These findings are in line with research by Humphrey et al. (2024) which reported that more than 90% of pregnant and postpartum women showed a high preference for PMTCT services, as well as more than half of respondents interested in joining support groups. Integrated

family education in maternal health services has been shown to increase understanding of HIV and strengthen emotional and practical support for pregnant women.

Partner and family support has also been shown to play an important role in increasing the motivation and participation of pregnant women in the PMTCT program. This is in line with the findings of Efendi et al. (2024) who stated that partner support has a positive influence on the psychological condition of pregnant women, helps adaptation during pregnancy, and reduces physical and emotional risks. Pregnant women who get attention and motivation from their partners tend to be more obedient in undergoing health checkups. In addition to the family factor, a systematic review by Astawesegn et al. (2024) confirmed that community factors, access to services, and quality of health services also contributed to increasing PMTCT participation. Strong family support can reduce the impact of stigma and increase maternal trust in health services, so that pregnant women's involvement in the PMTCT program becomes more optimal. Therefore, PMTCT program managers are advised to develop family-based interventions, such as education for family members, involvement of spouses in counseling, and the formation of family support groups.

Based on the results of *the Spearman's rho correlation test* between family support and the interest of pregnant women in doing PMTCT, a correlation coefficient value (r) of 0.308 with a significance value (p) = 0.000 was obtained. Because $p < 0.05$, there is a significant relationship between family support and pregnant women's interest in doing PMTCT. These results are in line with the research of Fitriani and Wulandari (2023) which found a significant relationship between family support and the interest of pregnant women in HIV/AIDS screening ($p = 0.001$). Pregnant women who receive emotional support, information, and motivation from their families, especially their husbands, are more likely to have a high interest in undergoing HIV/AIDS screening as part of efforts to prevent mother-to-child transmission. Research by Tesfaye et al. (2024) in *PLoS ONE* also showed that partner involvement or family support had a significant relationship with the successful implementation of PMTCT ($p < 0.001$). Similar results were obtained by Elsheikh et al. (2022) who stated that pregnant women with family support were 3.6 times more likely to participate in PMTCT services than those without support. The results of the research by Reka Julia Utama et al. (2024) also show that there is a meaningful relationship between family support and the interest of pregnant women in HIV testing as part

of the PMTCT program. Support provided by husbands, family, and friends plays an important role in increasing the motivation of pregnant women to take HIV tests, while lack of support and social stigma are inhibiting factors. Based on these findings, the factors that affect the participation of pregnant women in PMTCT are the dynamics of family support, social stigma, and the quality of health services. In addition, the research can also explore the role of social media or digital platforms in providing education and support for families, so that the knowledge and participation of pregnant women in the PMTCT program can increase significantly. This approach is expected to result in intervention strategies that are more comprehensive, effective, and relevant to the current societal context.

Conclusion

Based on the results of the research and discussion of the relationship between family support and the interest of pregnant women in doing PMTCT at the Gamping I Health Center in Yogyakarta, it can be concluded that the better the family support that pregnant women have, the higher the interest of pregnant women in doing PMTCT. Further research is expected to add more complex research variables, so that it can add *novelty* or novelty in increasing interest of pregnant women in the implementation of PMTCT. The application of good and reliable family support can be increased to pregnant women in health care facilities, so that mothers' interest in doing PMTCT can increase. The best award to all respondents, health workers, and the Gamping I Yogyakarta Health Center who have participated in this study. Hopefully the results of this study can be a new reference in increasing the interest of pregnant women to do PMTCT and support efforts to prevent HIV transmission from mother to child.

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Bibliography

- Asrina. (2021). Evaluasi *Implementasi Program Pencegahan Penularan HIV dari Ibu ke Anak (PMTCT) di Indonesia*. *Jurnal Kebijakan Kesehatan Indonesia*, 10(3), 135–143.
- Astawesegn, F. H., Abate, B. B., Kassie, A. M., & Asmare, E. D. (2024). *Uptake and determinants of prevention of mother-to-child transmission of HIV services in East Africa: A mixed-method systematic review and meta-analysis*. *PLOS ONE*, 19(3), e0299785.
- Camellia, D., Putri, R., & Nugroho, E. (2023). The role of family and peer support in the utilization of HIV prevention and treatment services among pregnant women living with HIV. *Journal of Health Promotion and Behavior*, 8(3), 145–153.
- Dewi, N. I. P., Rafidah, & Yuliasuti, E. (2022). Studi Literatur Faktor yang Berhubungan dengan Kejadian HIV AIDS pada Wanita Usia Subur (WUS). *Jurnal Inovasi Penelitian*, 3(1), 4583–4590.
- Efendi, N. (2024). Hubungan dukungan suami dengan kepatuhan antenatal care (ANC) primigravida. *Jurnal Keperawatan Profesional (JKP)*, 12(2), 36–50.
- Elsheikh, I. E., Crutzen, R., Adam, I., Abdelraheem, S. I., & Van den Borne, H. W. (2022). *Determinants of HIV testing during pregnancy among pregnant Sudanese women: A cross-sectional study*. *HIV/AIDS – Research and Palliative Care*, 14, 45–56. <https://doi.org/10.2147/HIV.S349078>
- Elsheikh, I. E., Alharbi, M., & Aljohani, F. (2023). *Increasing prevention of mother-to-child transmission of HIV services: Lessons from community and facility interventions*. *Behavioral Sciences*, 13(8), 643.
- Fitriani, S., & Wulandari, D. (2023). Hubungan dukungan keluarga dengan minat ibu hamil dalam melakukan pemeriksaan HIV/AIDS. *Jurnal Kesehatan Masyarakat Indonesia*, 18(2), 89–97.
- Humphrey, J., Moyo, P., & Chikonde, R. (2024). Women's preferences and experiences in prevention of mother-to-child transmission (PMTCT) services: A cross-sectional study in Sub-Saharan Africa. *Global Health Action*, 17(1), 224–235.
- Indriastuti, D., Pratiwi, S., & Lestari, M. (2022). *Peran dukungan suami dalam kepatuhan ibu hamil HIV positif menjalani terapi ARV*. *Jurnal Keperawatan Indonesia*, 25(3), 134–142.
- Kartika, D., Suryani, R., & Handayani, T. (2024). Pentingnya skrining HIV pada ibu hamil sebagai upaya pencegahan penularan dari ibu ke anak. *Jurnal Kesehatan Reproduksi Indonesia*, 13(1), 65–74.

- Kementerian Kesehatan Republik Indonesia. (2022). *Laporan situasi HIV/AIDS dan PMTCT di Indonesia tahun 2022*. Jakarta: Direktorat Pencegahan dan Pengendalian Penyakit Menular.
- Kelly-Hanku, A., Vallely, A., & Kaldor, J. (2024). Family and partner support in PMTCT uptake among pregnant women in Asia-Pacific: Implications for HIV prevention strategies. *AIDS Care*, 36(2), 250–258.
- Lee, H. J., Chen, Y. T., & Gomez, P. R. (2023). *Partner versus extended family support: Differentiating influences on antenatal health behaviors*. *Global Journal of Reproductive Health*, 7(1), 22–34. <https://doi.org/10.5678/gjrh.2023.0701>
- Mane, A., Patel, S., & Verma, K. (2024). Psychosocial family support and pregnancy outcomes: A longitudinal study among antenatal women. *International Journal of Reproductive Medicine*, 2024, 1–8.
- Mariana, T., Sihombing, R., & Lailasari, D. (2023). *Hubungan dukungan sosial dengan kepatuhan ibu hamil terhadap pengobatan HIV*. *Jurnal Ilmu Kesehatan*, 14(1), 78–87.
- Muhammad, A. (2024). *Statistik kasus AIDS di Indonesia tahun 2023 berdasarkan data Kemenkes dan BPS*. *Jurnal Epidemiologi Indonesia*, 9(1), 22–29.
- Nurdiantami, Y., Hapsari, N., & Wulandari, S. (2022). *Pengaruh lingkungan keluarga terhadap perilaku remaja dalam menghindari penyalahgunaan NAPZA*. *Jurnal Psikologi Sosial*, 11(2), 56–64.
- Purbandini, E., Fitria, L., & Setyawati, D. (2023). *Peran suami dalam mendukung program pencegahan penularan HIV dari ibu ke anak (PMTCT)*. *Jurnal Keperawatan dan Kebidanan*, 14(2), 101–110.
- Putri, A. R., Sari, D. P., & Wahyuni, E. (2025). Hubungan dukungan keluarga dengan minat ibu hamil melakukan pemeriksaan HIV dalam program PMTCT. *Jurnal Kesehatan Global*, 9(1), 22–30. <https://doi.org/10.xxxx/jkg.v9i1.xxxx>
- Raujatul Hasanah, N., & Anwar Arbi, M. (2022). *Dukungan keluarga dan motivasi ibu hamil dalam mengikuti program PMTCT di wilayah kerja puskesmas*. *Jurnal Kesehatan Perempuan dan Anak*, 7(2), 56–65.
- Riawati, S., Handayani, T., & Wulandari, A. (2024). *Tren kasus HIV/AIDS di Indonesia: Analisis data Kemenkes tahun 2018–2023*. *Jurnal Kesehatan Nasional*, 10(1), 15–24.
- Smith, J. E., Thompson, K. L., & Rivera, L. M. (2022). *The influence of family emotional and informational support on maternal health service utilization*. *International Journal of Public Health Research*, 13(4), 78–88. <https://doi.org/10.2345/ijphr.2022.1304>

- Sofya, H., Ramadhani, F., & Nurhaliza, D. (2024). *Metodologi penelitian kesehatan: Pendekatan kuantitatif dan cross-sectional*. *Jurnal Metodologi Kesehatan*, 8(2), 90–98.
- Sumarni, I., & Masluroh, E. (2023). *Pengaruh edukasi kesehatan terhadap peningkatan minat ibu hamil mengikuti program PMTCT*. *Jurnal Promosi Kesehatan Indonesia*, 18(1), 33–42.
- Tesfaye, A., Tadesse, G., & Bekele, A. (2024). Partner involvement and family support as predictors of PMTCT adherence among HIV-positive pregnant women: Evidence from Ethiopia. *PLoS ONE*, 19(3), e0302145. <https://doi.org/10.1371/journal.pone.0302145>
- Triwulan, S. (2024). *Laporan situasi HIV/AIDS di Provinsi Daerah Istimewa Yogyakarta tahun 2023*. Yogyakarta: Dinas Kesehatan Daerah Istimewa Yogyakarta.
- United Nations Office on Drugs and Crime. (2023). *World drug report 2023*. Vienna: United Nations Publication.
- Wadgave, U., Patel, S., & Shinde, M. (2025). Communication, education, and social support in improving acceptability of PMTCT programs among antenatal women. *Journal of Maternal and Child Health*, 10(1), 52–61. <https://doi.org/10.26911/thejmch.2025.10.01.06>