

Partnership Model of Integrated Antenatal Service Coverage in Preventive Efforts to Improve the Quality of Life of Mothers at the North Ponorogo Health Center

Rumpiati*, Yenny Puspitasari

Institut Ilmu Kesehatan STRADA Indonesia, Kediri, Indonesia

*Corresponding author: rumpiati75@gmail.com

ABSTRACT

Based on the 2017 Indonesian Basic Health Survey (IDHS), 19% of pregnant women experience complications during pregnancy. Pregnancy complications can endanger the life of the mother and fetus, but not all women experience pregnancy complications or other conditions abnormal if armed with sufficient knowledge. The purpose of this community service is to increase pregnant women's knowledge about integrated antenatal care and increase partnerships with the community in efforts to prevent complications during pregnancy at the North Ponorogo Health Center. The method used is the Delbeq method (a qualitative method in which disease problems are prioritized determined qualitatively by a panel of experts) and Strength, Weakness, Opportunity, Threat (SWOT) analysis. Based on the results of the study conducted, it was found that the determination of problems related to the socialization of increased knowledge of pregnant women about integrated antenatal care. This activity was carried out to the target group, namely pregnant women and their husbands as many as 20 respondents. It is hoped that the counseling will increase pregnant women's knowledge about Integrated Antenatal Services, so that every pregnant woman is able to make early detection of any disturbances/complications that may occur during pregnancy and can make efforts to deal with them as soon as possible.

Keywords: Health promotion, integrated antenatal, pregnancy

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INTRODUCTION

The Indonesian nation is a developing country that has many problems that require solutions that involve all components of society, one of the causes that causes the delay in various problems is the very low level of public education about the problems that occur around them. Health problems are the shared responsibility of every individual, community, government and private sector. The government, in this case the Ministry of Health, is indeed the sector that is at the forefront of responsibility (leading sector), but in implementing policies and programs, interventions must be jointly with other sectors, both government and private.

Complications of pregnancy and childbirth often occur in developing countries. More than 40% of pregnant women will experience some complications during pregnancy, 15% of pregnancy

complications can be life threatening and require immediate obstetric care. The World Health Organization (WHO) estimates that half a million women die each year as a result of pregnancy and 99% of these deaths occur in developing countries. (El-Nagar, Ahmed, & Belal, 2017).

The results of the study in the Urban Tanzania area showed that of the 384 pregnant women participants, 67 people (17.4%) had experienced danger signs in pregnancy and 61 people (91%) of pregnant women who experienced danger signs of pregnancy came straight to the hospital. health facility when experiencing danger signs of pregnancy. (Mwilike et al. 2018). In Ethiopia, out of 632 pregnant women who were interviewed, only 98 (15.5%) respondents knew about the danger signs of pregnancy. (Maseresha N.et al., 2016).

The Millennium Development Goals (MDGs) target the Maternal Mortality Rate (MMR) in Indonesia fall to 102/100,000 live births (LB) in 2015, but based on Indonesia's Health Profile, MMR in 2015 was 305 per 100,000 live births, this shows a very slow decline compared to 2012, which was 359/100,000 KH. (RI Ministry of Health, 2018).

Based on the 2017 Indonesian Basic Health Survey (IBHS), 19% of pregnant women experience complications during pregnancy. Among women with complicated pregnancies, 5% experienced excessive bleeding, 3% each experienced persistent vomiting and swelling of the feet, hands and face or headache accompanied by convulsions, and 2% each experienced heartburn before 9 months and amniotic fluid. Premature rupture and 8% of women experience other pregnancy complications such as high fever, seizures, anemia and hypertension. (RI Ministry of Health, 2018).

Every pregnant woman and her partner and family must have the ability and awareness to recognize signs of danger and perform early detection of emergency complications in pregnancy so that they can avoid the dangers of death due to the pregnancy. (WHO, 2013) Several studies have shown that pregnant women have less knowledge about health risks during pregnancy. This indicates that these pregnant women need some effective health education methods and help them to increase their knowledge so that they can go through their pregnancy healthily. Health education is carried out through health counseling and classes for pregnant women. (Teng, et al. 2015).

Pregnancy complications can endanger the life of the mother and fetus, but not all women who experience pregnancy complications or abnormal conditions have sufficient knowledge about danger signs and pregnancy complications. The danger signs of pregnancy are not just related to complications obstetrics, but these symptoms can also be recognized from other non-clinical symptoms. Danger signs of pregnancy complications that commonly occur in pregnant women include vaginal bleeding, convulsions, severe headaches with blurred vision, fever and being unable to get out of bed, severe abdominal pain and fast or difficult breathing. (Teng, et.al. 2015).

Based on the introduction above, it can be formulated that the problem is the lack of knowledge of pregnant women related to integrated antenatal care and efforts to prevent pregnancy complications. So it is necessary to design counseling/socialization about increasing knowledge for pregnant women at the North Ponorogo Health Center.

METHOD

The method used is the Delbeq method (a qualitative method in which disease is prioritized determined qualitatively by a panel of experts) and SWOT analysis

Table 3.7. Priority problems with method Delbeq

Problem	Assessment Criteria and Weight					Priority
	Big problem	Gravity	Cost	Convenience	Total Value	

	8	8	6	7		
Achievement of Coverage K1 and K4	8X8 = 64	6X8 = 48	3 X 6 = 18	7 X 7 = 49	179	1
Achievement Administration of FE tablets	7 X 8 = 56	7 X 8 = 56	3 X 6 = 18	5 X 7 = 35	165	3
Achievement of TT2 Immunization	5X8 = 40	4X8 = 32	3 X 6 = 18	6 X 7 = 42	132	4
Anemia of Pregnant Women	6X8 = 48	8X8 = 64	5X6 = 30	4X7 = 28	170	2
Pregnant mother KEK	4X8 = 32	5X8 = 40	4X6 = 24	4X7 = 28	124	5

Based on table 3.7 it can be determined the priority problem is the achievement of coverage of K1 (88%) and K4 (70%) which are still below the target (100%). From these results a SWOT analysis was carried out as follows

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. Integrated ANC service program 2. Resource human: Doctors, midwives, immunization workers, nutritionists, laboratory assistants 3. Availability of Infrastructure 4. There is a standard SOP for antenatal care 5. Integrated ANC Service Flow 	<ol style="list-style-type: none"> 1. Pregnancy that is not wanted 2. Pregnancy at a young age 3. Cultural factors in society 4. Lack of social support (husband/family) 5. Less optimal Partnership function
Opportunities	Threats
<ol style="list-style-type: none"> 1. The active role of pregnant women in antenatal checks 2. Skills Technical Officer in Service 3. Planned and Planned referral efforts 4. Empowerment of Pregnant Women in the Health Sector 5. Community participation (community leaders, health cadres) 	<ol style="list-style-type: none"> 1. Increased maternal morbidity and mortality 2. Quality and quality of private health facilities that provide antenatal services 3. Technical Competence Resource health human 4. Increased rate of complications during pregnancy

Community service activities in the form of health education about Integrated Antenatal Services Implementation of activities on March 29, 2023. The participants in this community service activity were pregnant women in the Ponorogo Health Center Work Area, totaling 20 people consisting of pregnant women and their husbands.

The strategy for planning community service activities using SWOT analysis is an acronym for Strengths, Weaknesses, Opportunities and Threats. From the results of the SWOT analysis, it can be arranged intervention plans in the form of counseling and providing education about increasing knowledge of integrated antenatal care and preventing complications during

pregnancy at the North Ponorogo Health Center.

RESULT

Based on Maternal Mortality Estimation Inter-Agency Group (MMEIG) data in the Maternal Mortality Ratio, it is recorded that the maternal mortality rate (MMR) in Indonesia is estimated at 177 per 100,000 live births for the 2017 period. The most common cause of maternal death is obstetrics direct ie, bleeding 28%, preeclampsia/ eclampsia 24%, infection 11% while the indirect cause is trauma obstetrics 5%, and others 11% (WHO, UNICEF, UNFPA, Group, & Division, 2017).

Pregnancy is a very vulnerable period, not only for pregnant women but also for the safety of the fetus in the womb. The consequences that can occur if the mother cannot recognize the danger signs of pregnancy early and efforts for early detection of the mother are lacking, it will result in the death of the mother and her fetus. Based on data at the North Ponorogo Health Center, it shows that K1 coverage (88%) and K4 (70%) is still below the target (100%).

DISCUSSION

This socialization activity aims to increase pregnant women's knowledge about integrated antenatal care and increase partnerships with the community in efforts to prevent complications during pregnancy at the North Ponorogo Health Center. Opportunities), and threats (Threats). The data were analyzed through several stages, namely 1) The stage of prioritizing problems was carried out using the Delbeq method 2) The stage of determining intervention strategies as problem solutions was carried out by SWOT analysis (Strengths, Weaknesses, Opportunities, Threats). Based on the results of the analysis of the Delbeq and SWOT methods that have been carried out, the strategic solution implemented by the researchers is health counseling interventions at the Ponorogo Health Center.

The intervention was carried out through health promotion media. The media used as a tool is digital health education media. Development of health education media in the form of power points which contain predetermined topics including the 10 T Service Standards for Integrated Antenatal Services Regarding Integrated Antenatal Services.

It is hoped that the counseling will increase pregnant women's knowledge about Integrated Antenatal Services, so that every pregnant woman is able to make early detection of any disturbances/complications that may occur during pregnancy and can make efforts to deal with them as soon as possible.

CONCLUSION

From the results of the analysis it was found that the priority of the problem was that K1 (88%) and K4 (70%) coverage was still below the target (100%). Based on the results of the analysis of the Delbeq and SWOT methods that have been carried out, the strategic solution implemented by the researchers is an intervention to increase pregnant women's knowledge about integrated antenatal care and improve partnerships with the community in efforts to prevent complications during pregnancy at the North Ponorogo Health Center. It is hoped that after the provision of these interventions, pregnant women's knowledge of Integrated Antenatal Services will increase, every pregnant woman will be able to make early detection on her own for any disorders/complications that may occur during pregnancy and can make efforts to deal

with them as soon as possible. It is recommended for every pregnant woman to always be aware of all the risks of complications during pregnancy by actively carrying out early detection of any complications that will occur during pregnancy. Apart from that, pregnant women are also expected to take advantage of the Maternal and Child Health (MCH) book, which is also available in the book all kinds of things danger signs of pregnancy that can occur in pregnant women.

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