6050-Article_Text-11108-1-10-20200703_13.12.24.pdf

by

Submission date: 12-Apr-2021 10:56AM (UTC+0700)

Submission ID: 1556707715

File name: 6050-Article_Text-11108-1-10-20200703_13.12.24.pdf (449.58K)

Word count: 2921

Character count: 15448

10.5958/0976-5506.2019.03069.9

The Effect of Health Social Determinant on the Life Quality of Pregnant Mother

Muhammad Anwar[1,2], Saifuddin Sirajuddin[3], Ridwan Amiruddin[4], Ridwan Thaha[5], Toto Sudargo[6], Anto J. Hadi[7]

[1]Doctoral Student Program, Faculty of Public Health, Hasanuddin University, Makassar, [2]Faculty of Public Health, Universitas Al Asyariah, Majene, [3]Departementof Nutrition,Faculty of Public Health,HasanuddinUniversity, Makassar, [4]Departementof Epidemiology, Faculty of Public Health,HasanuddinUniversity, Makassar, [5]Departemen of Health Promotion,Faculty of Public Health, HasanuddinUniversity, Makassar, [6]Departemen of Nutrition, Universitas Gajah Mada, Yogyakarta, [7]Faculty of Public Health, Helvetia Health Institute, Medan, Indonesia

Abstract

Objective: This research aims to determine the social determinant factor related to the life quality of pregnant women in Polewali Mandar district.

Method: The research was conducted in July to December 2018 using a cross sectional study design. Sampling by sampling proportional random sampling with 399 peoples distributed in 3 districts and it is analyzed with multivariate logistic regression by backward elimination method.

Results: Mother aged 20-35 years (Adjusted Odds Ratio (AOR): 1.75 [1.15-2.66]), income over or equal to Regional Minimum Wage (Rp. 2.017.780) (AOR: 1.66 [1.01-2.73]) adequate information access (AOR): 1.89 [1.22-2.94]), domiciled in urban areas (AOR: 1.95 [1.27-2.99]) and those who have health insurance (AOR: 2.42 [1.417-4.126]) tend to have a better quality of life.

Conclusion: Life quality of pregnant women is influenced by maternal age, income, access to information, domicile and health costs. Therefore, women should be pregnant at an age that is not at risk and to maintain and improve the life quality of pregnant women, it is very important for pregnant women to be given adequate access to information, a good socio-economic environment and health insurance. This is a responsibility of family and needs to be supported by government policy.

Keywords: *Social determinant, quality of life, pregnant mother, access to information.*

Introduction

In the world, WHO estimates that there are 303.000 women died due to pregnancy causes, 2.7 million babies die during first 28 days of life. This condition is associated with a low-ANC globally; only 64% of women receive four or more antenatal (prenatal) treatments during their pregnancy. Though this ANC can reduce and prevent high maternal mortality rates. Therefore, we need quality health care for pregnant women.[1] Pregnancy care requires equal and affordable health resources,[2]but in reality it is not evenly distributed and not affordable.

The life quality of pregnant women is related to education, income, but based on data from the Central Statistics Agency of West Sulawesi in 2015 shows the low level of education as seen from the number of school dropouts aged 16-18 or not yet school 36%, and dependency is still high (56.74%)[3]. The life quality of

Correspondence Author:
Muhammad Anwar
Doctoral Student Program, Faculty of Public Health, Hasanuddin University, Makassar, Indonesia, Faculty of Public Health, Universitas Al Asyariah, Majene, Indonesia
Handphone: 081281329973
e-mail: anwarpsuh2014@gmail.com

mothers and children is largely determined by early and comprehensive efforts. Health-related quality of life (HRQOL) has become increasingly recognized as an important result of medical care over the past two decades.[4] In this research, the quality of life includes relativity and it is influenced by various factors such as expectations, life attitudes, physical, psychological and social effects, adequate and appropriate care, sufficient information, accessing health facilities and equal adequacy sources.[5]

Until now, maternal mortality is still high, it is estimated 830 women died everyday due to complications of pregnancy or childbirth around the world. As much 99% of all maternal deaths occur in developing countries. Almost all of these deaths are related to low resources, and most can be prevented.[6] Inequality as occur in West Sulawesi based on HDI in 2017, 64.3 ranked 31 after West Papua, Papua and NTT. While, the lowest HDI by district is Polewali Mandar are 62.35. This condition raises problems as a social determinant of health, especially for maternal and child health. As a result the maternal mortality rate is still high[7]. Several studies related to the life quality of pregnant women have been conducted, but with different determinant and especially in Indonesia it is rarely done. This research was aimed to determine the health social determinants associated with the life quality of pregnant mother in Polewali Mandar district.

Method

This research was conducted in July to December 2018 by using a *cross sectional study* design. Sampling by *cluster proportional random sampling*. The sample was 399 pregnant mother distributed in 3 sub-districts in Polewali Mandar, namely Polewali, Pambusuang, Bulo. Data analysis uses multivariate logistic regression.

Result

Table 1 shows the characteristics of respondents. Most respondents at not risk on ages (20-35 years) (76.7%), more high school education (28.6%), generally they were not working or only housewives by 88.0. Furthermore, the dominant ethnic is Mandar (75.9%) and in general pregnant women do not have anemia (73.9%). The quality of pregnant mother tends to be almost equal in number between those who have high and low quality of life.

Table 1. Characteristics of respondent

Variable	Category	Amount	%
Ages	<20 yrs	36	9.0
	20-35 yrs	306	76.7
	>35 yrs	57	14.3
Education	Never school	8	2.0
	Not Elementary School	25	6.3
	Elementary Scholl	101	25.3
	Junior High School	92	23.1
	Senior High School	114	28.6
	Academy/College	59	14.8
Occupation	Housewives	351	88.0
	Trader	16	4.0
	Private Employee	2	.5
	Public Servant/Army/ Police	11	2.8
	Others, Voluntary/ Honorarium	19	4.8
Ethnic	Bugis	64	16.0
	Java	2	0.5
	Mandar	303	75.9
	Pannei	2	0.5
	Patinjo	1	0.3
	Pattae	20	5.0
	Toraja	7	1.8
Status of anemia	Anemia	104	26.1
	Not anemia	295	73.9
Quality of Life	Low	193	48.3
	High	206	51.6

Table 2 shows that mothers aged 20-35 years (Adjusted Odds Ratio (AOR): 1.75 [1.15-2.66]), income over or equal to Rp. 2.017.780 (AOR: 1.66 [1.01-2.73]) adequate access to information (AOR): 1.89 [1.22-2.94]), domiciled in urban areas (AOR: 1.95 [1.27-2.99]) and have health insurance (AOR: 2.42 [1,417-4,126]) tends to have a better quality of life.

Table 2. Analysis of the Effect of Social Determinant Factor on the Life Quality of Pregnant Women in Polewali Mandar District

Variable	Multivariate Logistic Regression	
	Adjusted Odds Ratio (AOR) 95% CI	P value
Age (Year)		
< 20 and ≥30	Ref.	0.008
20-35	1.754(1.16-2.66)	

Variable	Multivariate Logistic Regression	
	Adjusted Odds Ratio (AOR) 95% CI	**P value**
Income (IDR)*		
Low (less than IDR 2.017.780)**	Ref.	0.004
High (IDR 2.017.780 and higher)	1.66(1.01-2.73)	
Access to information		
Low	Ref.	0.005
Adequate	1.89(1.22-2.94)	
Domicile		
Rural	Ref.	0.002
Urban	1.95 (1.27-2.99)	
Health Cost		
Do not have health insurance	Ref.	0.001
Have health insurance	2.42 (1.417-4.126)	

*IDR=Indonesian Rupiah (1 IDR=0.000072 USD on 11th Juli 2018), ** Regional Minimum Wage : IDR 2.017.780

Discussion

The problem of physical and psychological health for pregnant mother, childbirth, post-partum and breastfeeding were included as risks in pregnancy and childbirth that may arise and have a significant effect on the life quality of mothers[8]. The social determinant of health is a condition in which people live and work, and this condition affects their chances to live in a healthy life. In March 2005, WHO established the Commission on Social Determinants of Health[9]. The commission records determinants such as child development, sex, urbanization, employment, health systems, measurement and evidence, globalization, and social exclusion, as centers for addressing health inequalities as prevail in the world[10]. Most respondents give birth at age 20-35 years which is very good for mother. Therefore, the age of pregnant mother determinetheir quality of life[111213].

WHO emphasize to avoid four *too*in a pregnancy namely *too young* (pregnancy <20 years), *too old* (pregnancy> 35 years), *too many children* (over 4) and *too close* (pregnancy distance <2 years).As many 78 of 124 of women who died were very young, less than 25 years old. Furthermore, 26 of them were aged between 16 and 20 years and nearly 40% of women died during their first pregnancy and another 38% during the second or third pregnancy. At the other end of the spectrum are older women with a history of several pregnancies[14]. In additionbeing responsible for their daily household, most of women die are laborers or farming workers in other countries. Some of them are migrant workers and even work until the last month of their pregnancy. Economically, employment is able to empower women to take responsibility for their health and facilitate access to health facilities[15]. Therefore, income as comes from mother can affectthe life quality of pregnant women[16]. The results of research indicate that most pregnant women do not work and only as housewives. As a result, they do not have authority in obtaining health services, so the quality of life is below as expected. They with high levels of education will increase maternal knowledge, increase self-confidence and also increase awareness related with the use of health resources in the community for maternal health[17]. However, it is found different in this study in which education does not affect the life quality of pregnant women. It can occur due to other important factors.

Health education media are all means or efforts to show messages or information to be conveyed by communicators, both print media, electronic and outdoor media, so that the target can increase their knowledge and ultimately it is expected can change their behavior towards positive health[18]. One cause of efforts to control anemia in pregnancy must begin by providing health education for pregnant women and their partners, which reinforces mother statements during antenatal care[19]. As results of distributing leaflet media as information can increases the understanding of pregnant women about high-risk pregnancies such as obstetric complications, bleeding and preeclampsia. Therefore, it is necessary to develop promotional media to increase high-risk knowledge[20]. Coupled with the development of social media is very useful to change health behavior[21]. Some pregnant mother states that general complaint of pregnancy as a barrier to accessing health information. Several complaints that are often noted by respondents such as nausea and vomiting that can disrupt their daily routine activities. Some pregnant women also state that fatigue, and sleep problems and followed by lethargy throughout the day, so they do not have time to access information. Similar results were also found in this research, high media access tend to be a good quality of life than opposite.

Life quality of pregnant women in urban areas is better than rural areas. Generally, the rural women are considered to have poor health and higher mortality. This is because rural areas have poor access to perinatal care. In general, health resources are concentrated in

densely-populated urban areas, while rural women tend to suffer from both their health and lifestyle. As result of Nasem's(2011) research found that role limitations due to physical problems, perceptions of general health and alsodue to emotional problems had a significantly lower score in rural women compared to urban women[22]. In this research, domicile has relation with the quality of life, mothers who live in remote areas often experience severe vulnerability. The availability and utilization of reproductive and child health services varies widely from country to country. It is important to understand the extent of poor and non-poor gaps in urban areas across the country apart from their urban poverty[23].

The level of public policy and financing, according to Egan *et al*.,(2008) that social protection mechanisms and national health insurance schemes targeting marginalized populations, so that all groups can be reached. If a health system develops organically without government supervision, they can even provide services or support facilities for urban health services in remote rural areas. In this research, they had health financing both independently and those receiving aid[24]. Also, in this research the available financing is related to quality of life. For the life quality of mothers to be better,it is expected to improve prenatal care, one of them by considering insurance factors that still need to be improved, as happened to low-income African-American women. It is intended to reduce limitations in obtaining health services[25].

Conclusion

As result and discussion mentioned earlier, it can be concluded that the life quality of pregnant women is influenced by maternal age, income, access to information, domicile and health costs. Therefore,should be the women to become pregnant at not risk age (20-35 years) and to maintain and improve the life quality of pregnant women, it is very important for pregnant women to be given adequate access to information, a good socio-economic environment and health insurance. This is a family responsibility and needs to be supported by government policy.

Source of Funding: Ministry of Research and Technology for Grant Program of Dissertation.

Interest Conflict: Nil

Ethical Clearance: This study was approved by the Research Ethics Committee of the Faculty of Medicine, Hasanuddin University.

References

1. Comfort, A. B., Peterson, L. A. & Hatt, L. E. Effect of health insurance on the use and provision of maternal health services and maternal and neonatal health outcomes: a systematic review. J. Health. Popul. Nutr.2013; 31, S81.
2. Muhamad, Z., Hadi, A. J. & Yani, A. PENGETAHUAN DAN SIKAP REMAJA PUTRI DENGAN PENCEGAHAN KEPUTIHAN DI MTS NEGERI TELAGA BIRU KABUPATEN GORONTALO. Promot. J. Kesehat. Masy.2019; 9, 9–19.
3. Statistik, B. P. Indeks Pembangunan Manusia (IPM) Tahun 2017. Ber. Resmi Stat. available https//doi. org/4102002.2018
4. Fayers, P. M. & Machin, D. Quality of life: the assessment, analysis and interpretation of patient-reported outcomes. 2013.
5. Aad, G. et al. Measurement of the muon reconstruction performance of the ATLAS detector using 2011 and 2012 LHC proton–proton collision data. Eur. Phys. J. C2014; 74, 3130.
6. Da Costa, D. et al. Sleep problems and depressed mood negatively impact health-related quality of life during pregnancy. Arch. Womens. Ment. Health2010; 13, 249–257.
7. Statistik, B. P. http: babel. bps. go. id [Internet]. 2019.
8. Torkan, B., Parsay, S., Lamyian, M., Kazemnejad, A. & Montazeri, A. Postnatal quality of life in women after normal vaginal delivery and caesarean section. BMC Pregnancy Childbirth2009; 9, 4.
9. Solar, O. & Irwin, A. A conceptual framework for action on the social determinants of health.2010
10. Labonté, R. & Schrecker, T. Globalization and social determinants of health: Promoting health equity in global governance (part 3 of 3). Global. Health2007; 3, 7
11. Fatemeh, A., Azam, B. & Nahid, M. Quality of life in pregnant women results of a study from Kashan, Iran. Pakistan J. Med. Sci. 2010.
12. Lacasse, A., Rey, E., Ferreira, E., Morin, C. & Berard, A. Nausea and vomiting of pregnancy: what about quality of life? BJOG An Int. J. Obstet. Gynaecol.2008; 115, 1484–1493.
13. Li, J. et al. Health-related quality of life among pregnant women with and without depression in

Hubei, China. Matern. Child Health J.2012; 16, 1355–1363.

14. Organization, W. H. WHO report on the global tobacco epidemic, enforcing bans on tobacco advertising, promotion and sponsorship. World Health Organization, 2013.
15. Aremu, M. A. & Adeyemi, S. L. Small and medium scale enterprises as a survival strategy for employment generation in Nigeria. J. Sustain. Dev.2011; 4, 200.
16. Nicholson, W. K. et al. Depressive symptoms and health-related quality of life in early pregnancy. Obstet. Gynecol.2006; 107, 798–806
17. Sety, L. O. M., Arsin, A. A. & Palu, M. B. Relationship of Individual Atributes with Birth Place: Cross Sectional Study in Muna, East Indonesia. Indian J. Public Heal. Res. Dev.2019; 10, 1321–1326
18. Notoatmodjo, S. Promosi kesehatan teori dan aplikasi. Jakarta: Rineka Cipta2005; 52–54.
19. Onyeneho, N. G. & Igweonu, O. U. Anaemia is typical of pregnancies: capturing community perception and management of anaemia in pregnancy in Anambra State, Nigeria. J. Heal. Popul. Nutr.2016; 35, 29.
20. Kurniawan, A., Sistiarani, C. & Hariyadi, B. Early Detection of High Risk Pregnancy. KEMAS J. Kesehat. Masy.2017; 12, 225–232.
21. Bae, J. Effectiveness of web-based multimedia health education program on maternal role strain, role attainment and postpartum depression. Int. J. Comput. Sci. Netw. Secur.2009; 9, 96–100
22. Naseem, S., Araya, E. & Konopka, J. B. Hyphal growth in Candida albicans does not require induction of hyphal-specific gene expression. Mol. Biol. Cell2015; 26, 1174–1187
23. Kumar, M., Mohanty, S., Nayak, S. K. & Parvaiz, M. R. Effect of glycidyl methacrylate (GMA) on the thermal, mechanical and morphological property of biodegradable PLA/PBAT blend and its nanocomposites. Bioresour. Technol.2010; 101, 8406–8415.
24. Egan, R. D. & Hawkes, G. L. Endangered girls and incendiary objects: Unpacking the discourse on sexualization. Sex. Cult.2008; 12, 291–311
25. Sanders-Phillips, K. & Davis, S. Improving prenatal care services for low-income African American women and infants. J. Health Care Poor Underserved1998; 9, 14–29

6050-Article_Text-11108-1-10-20200703_13.12.24.pdf

ORIGINALITY REPORT

9%	7%	7%	0%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

#	Source	%
1	link.springer.com Internet Source	2%
2	"The Social Determinants of Health in India", Springer Science and Business Media LLC, 2017 Publication	1%
3	scifes.fkm.ui.ac.id Internet Source	1%
4	Renu Khanna, B. Subha Sri. "Chapter 12 Social Determinants of Maternal Health: Dead Women Talking", Springer Science and Business Media LLC, 2017 Publication	1%
5	Yeseul Jung, Sukri Palutturii, Dong Eun Shin, Eun Woo Nam. "A Comparative Study of Anxiety in Indonesia and Nepal During COVID-19 Pandemic", Research Square, 2021 Publication	1%
6	onlinelibrary.wiley.com Internet Source	1%

7	Marzieh Abbasi, Olga van den Akker, Chris Bewley. "Persian couples' experiences of depressive symptoms and health-related quality of life in the pre- and perinatal period", Journal of Psychosomatic Obstetrics & Gynecology, 2014 Publication	1%
8	globalizationandhealth.biomedcentral.com Internet Source	<1%
9	rd.springer.com Internet Source	<1%
10	Mulubrhan F. Mogos, Euna M. August, Abraham A. Salinas-Miranda, Dawood H. Sultan, Hamisu M. Salihu. "A Systematic Review of Quality of Life Measures in Pregnant and Postpartum Mothers", Applied Research in Quality of Life, 2012 Publication	<1%
11	repub.eur.nl Internet Source	<1%
12	www.hindawi.com Internet Source	<1%
13	Rahayu Nurul Reski, Veni Hadju, Rahayu Indriasari, Masyita Muis. "Anemia, chronic energy deficiency and their relationship in preconception women", Enfermería Clínica,	<1%

2020

Publication

Exclude quotes	On	Exclude matches	< 5 words
Exclude bibliography	On		