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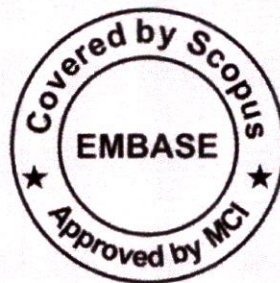
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Prevention of Delay of Decision Making as Efforts to Improve The Mother Health in Polewali Mandar, West Sulawesi Indonesia

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ABSTRACT

The maternal mortality rate (MMR) is still a problem in Indonesia. 2012 data shows 359/100 000 live births. The MMR increased in 2007 to 228/100 000 live births. MMR occurs because the mother, family and community are not optimal to respond to maternal needs or are late in making decisions to get essential health services for mothers. This activity aims to increase the capacity of mothers, families and communities about the importance of preventing risky behaviors that cause maternal death. The activities that are in the Tonrolima Village and Patamanua Village, Matakali District, Polewali Mandar, West Sulawesi Indonesia. The activity method used are games and counseling. The results of the evaluation of activities showed that there was an increase in knowledge scores before and after lectures and games on some of the themes given and there is a change in the desire for the place of delivery that will be used previously want in the house herself become in the health facility.

Keywords: *health, empowerment of mothers and society, essential services, decision making*

INTRODUCTION

The maternal mortality rate (MMR) in Indonesia is still a major health problem. In 2012 showed 359 deaths, it was increase compared to 2007, namely 228 deaths/100,000 live births¹. The target period for the achievement of MGDs has ended but at the national level and at the Polewali Mandar Regency level have not reached the MGDs target. The global policy of SDGs targets to reduce MMR to less than 70/100,000 live births.

In Sulawesi Barat in 2015 there was a decrease in maternal mortality from 214 in 2014 to 204 in 2015, but Polewali Mandar District became the district with the largest contributor to maternal deaths with the number of deaths namely 17 cases in 2015².

The High of MMR because mothers, families and communities do not play a role in responding to mother's need for health services, this are indicated by several indicators of maternal health services that are not optimal. The World Health Organization (WHO) recommendations on ANC are starting antenatal care in the first trimester and at least four ANC visits for low-risk pregnancies³. The importance of all pregnant women having access to skilled officers because most

obstetric complications are the main cause of maternal death that occurs around the end of the third trimester, the time of delivery, in the first week after childbirth and the incidence is unpredictable⁴.

The community services involving students are carried out in Tonrolima Village and Patamanua Village with the consideration that the two villages are relatively close to the sub-district capital and Polewali Mandar, but the achievement of maternal health services is still not optimal. In both of villages are not hindered by distance but because of socio-cultural factors. There are three types of delays or "three late" that causes of death⁵. Optimizing the achievement of indicators of maternal health services through prevention of the delay of mothers and families taking the decision to obtain health services is needed because of the magnitude of the impact has on maternal survival. The ability of mothers to use health services is strongly influenced by knowledge of mother and family and community support. Through this concept and approach, it is expected that there will be an increased understanding of the importance of maternal health services and can take the initiative to take a role in making decisions to obtain health services, which in turn is accompanied by an increase in the participation of mother in health services.

MATERIALS AND METHOD

This service activity lasts for 4 months, namely June-September 2018. With the following steps :

a. Preparation and debriefing: was aimed at preparing students' ability to carry out service activities. The material provided was adjusted to the needs of the field program.

b. Action namely three stages, namely data collection, intervention and evaluation.

1. Target of data collection were pregnant women and mothers who had children last maximum two years.
2. The intervention phase was snake ladder games on antenatal themes and post natal care and home visits in pregnant women as an effort

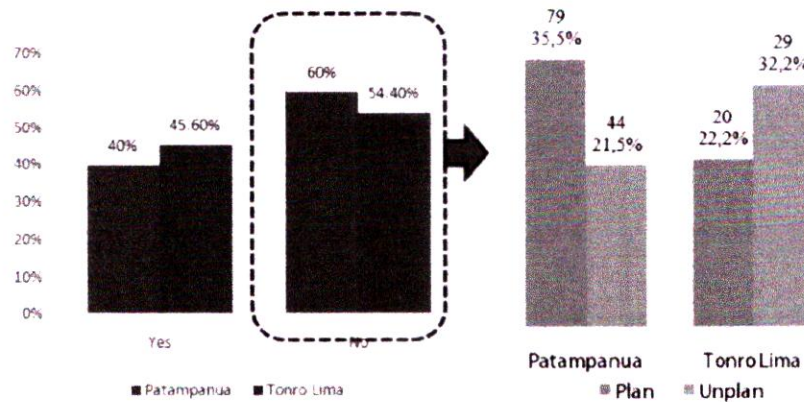
to counseling for pregnant women who want to childbirth at home.

The target of interventions other than mothers included in the target of data collection were also the families of pregnant women, adolescents and health cadres

3. The evaluation phase was measuring instrument for data before and after was a questionnaire. How to determine the level of knowledge of respondents were by categorizing the level of knowledge sufficient and less. The Wilcoxon test with a 5% significance was used to analyze data before and after the intervention.

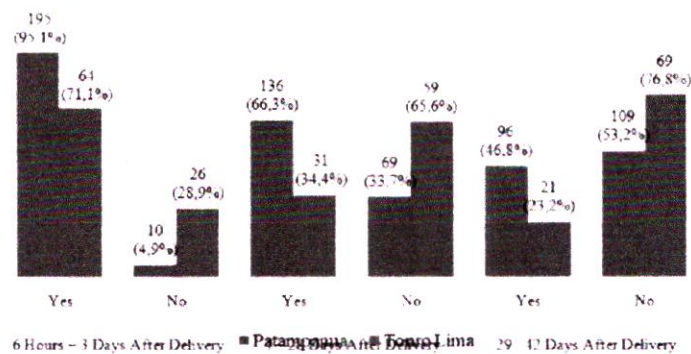
RESULT

The data collection results and intervention are presented in the following graphs and table below:



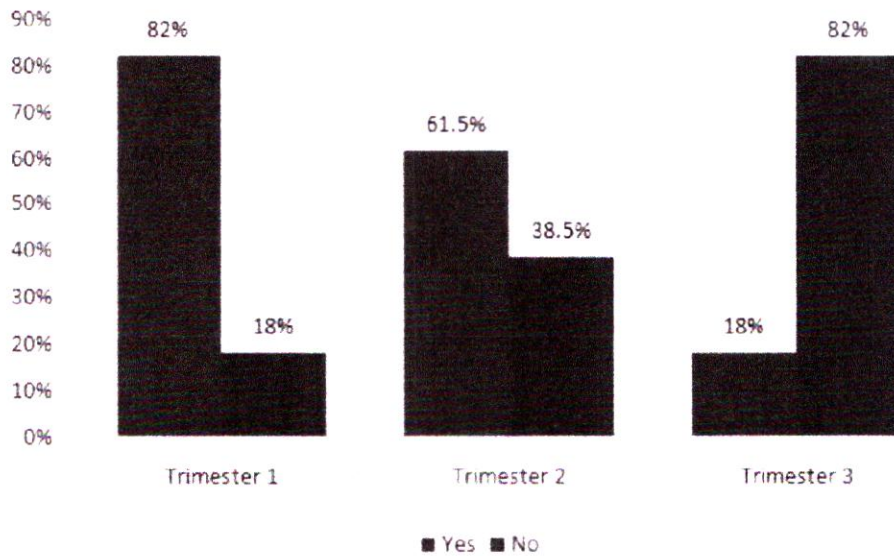
Graph 1: Use of contraception methods

Based on Graph 1 it was known that in Patampanua Village 60% did not use contraceptives, of which there were 21.5% who do not plan to use contraception. In Tonrolima Village 54.4% did not use contraceptives, of which 32.2% did not plan to use contraceptives.



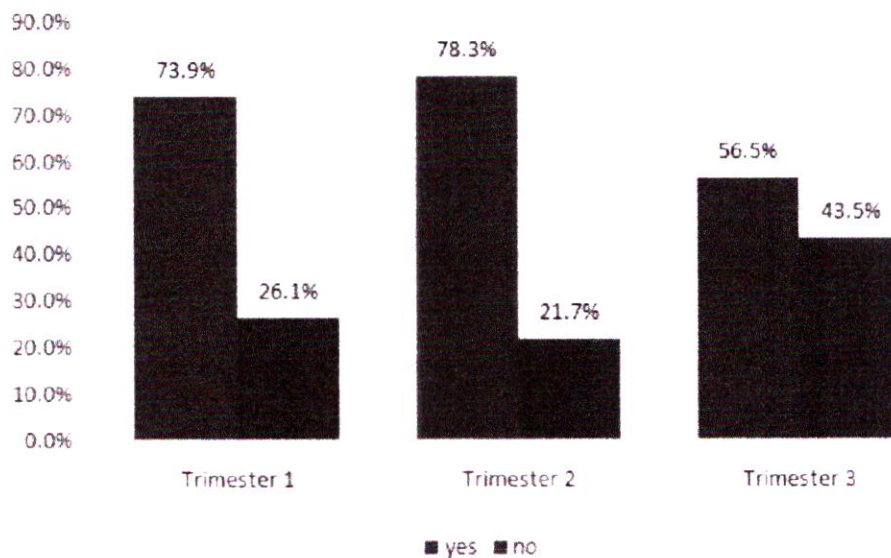
Graph 2: Visit of post natal care

Based on Graph 2 it is known that in Patampanua and Village Villages, most mothers who did not do postpartum care 29-42 days were 53.2% and 76.8% respectively.



Graph 3: Distribution of Antenatal Care visits in Patampanua Village

Based on Graph 3 it can be seen that out of 39 respondents there was a decrease in 1st to 3rd trimester antenatal care visits. In the third trimester there were 82% of pregnant women who did not visit the antenatal care.



Graph 4: Visit of antenatal care in Tonrolima Village

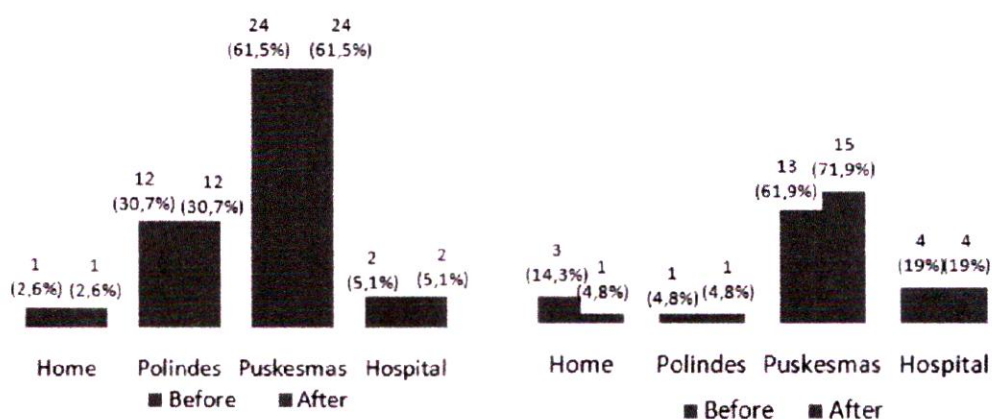
Based on Graph 4, it can be seen that there was fluctuations in the 1st to 3rd trimester antenatal care visits. The lowest number of visits in the 3rd trimester. 43.5% pregnant women did not visit of antenatal care.

Table 1: Respondents' knowledge Before and After snakes and ladders games

Knowledge level	Patampanua				Nilai p	Tonrolima				Nilai p
	Pre-test		Post-test			Pre-Test		Post-Test		
	n	%	n	%		n	%	n	%	
Sufficient	30	71.4	42	100	0,000 P<0,05	6	29	19	91	0,000 P<0,05
Less	12	8.6	0	0		15	71	2	9	
Total	42	100	42	100		21	100	21	100	

Source: primary data

Table 3 shows that in Patampanua Village there was an increase in knowledge, namely from 71.4% to 100%. Likewise, in Tonro Village Lima there was an increase in the level of knowledge enough, namely from 29% to 91%. The results of statistical tests for the two villages showed a p value <0.05, it can be said that there is a difference between the level of knowledge before and after snake ladder games.



Graph 5: Before and after counseling the plan of delivery place

Based on Graph 5 shows no increase or decrease after counselling in Patampanua village. There are differences before and after counseling in Tonro Lima village, respondents at the beginning of the visit 3 people who will give birth at home changed to 1 respondent, so that there was an increase in respondents who want to deliver at the puskesmas and there was a decrease in respondents who wanted to deliver at home.

DISCUSSION

Antenatal and post natal care: The ability of koqnitiv in general can be seen from the education and age of the mother. The experience of life that has been lived by the mother can be measured through age, the older the mother's age, the more life experience than the young mother. In both villages, Patampanua and Tonro Lima Villages mostly aged 26-35 years. This age is still considered capable of receiving information well and most respondents have elementary education (data not presented).

In both villages the use of contraceptives has not been maximized, it can be seen in Figure 1 that in each village more than half of the respondents did not use contraception, and more than 20% said they did not plan to use contraception. The use of contraception can help mothers plan the number and distance of children who will be born, cessation of contraception increases the incidence of unmet need for contraception, because contraception discontinuation is not based on wanting children but for reasons other than wanting to get pregnant namely geographical technical reasons, availability, feeling infertile, husband's consent, side effects and others. Comprehensive handling can actually prevent mothers from the occurrence of unwanted pregnancies^{7,8}

Antenatal care aims to identify the risk factors experienced by the mother during pregnancy and childbirth, besides that helping to prepare the mother physically and mentally in undergoing pregnancy and

childbirth. Mothers who do antenatal care early and complete are more prepared than mothers who do not conduct antenatal care visits. Graph 3 shows that older the gestational age, the ANC visit is not optimal, in the third trimester there were 82% of pregnant women who did not have their pregnancies checked according to the standard with the pattern 2 times in the 3rd trimester. Graph 4 shows that there are fluctuations in antenatal examination visits in the 1st to 3rd trimester. The lowest number of visits is in the 3rd trimester, 43, 5% of pregnant women who do not have their pregnancy checked according to the standard.

Maternal mortality is a death that occurs in the mother, not because of an accident and counted at pregnant women up to 42 days after childbirth, it means that postpartum maternal examinations must continue until the end of the postpartum period 29 to 42 days after delivery. Based on Graph 2, it is known that in both villages, maternal attention to the importance of conducting postpartum examinations was shifted to the busyness of taking care of the baby and many also thought that because the condition was healthy so there was no need to conduct an examination. Mothers did not conduct postpartum care at most 29 to 42 days in both villages.

Based on the services that have been obtained by mothers, the support for mothers to behave positively is very important, the increase in knowledge that is packaged in the game snakes and ladders method is needed for mothers and the community. Knowledge of respondents in both villages showed increased knowledge on aspects of the minimum number of examinations for pregnant women, type of delivery assistance and standard places of delivery, contraceptives and the minimum number of postpartum examinations. This measurement aims to determine the effectiveness of learning and the level of understanding of participants for health aspects. The percentage increase in knowledge for the sufficient category in Patampanua Village increased by 28.6% and Tonro Lima Village increased by 62% and the results of statistical tests in both villages showed there were differences in data before and after the snake ladder game (Table 1)

The snake ladder method was chosen because this game is known by almost all Indonesian people from various age groups. The snake ladder method has been widely used in learning and provides very effective results and is very possible to be modified according to

the theme of learning. This snake ladder game can cause pleasure and enthusiasm to compete so that the material provided is more interactive and easier to understand.^{9,10}

This method uses a media box containing many boxes and, in the box, there is a snake picture, stairs, questions and indicators which are the theme of learning. Participants are divided into 4 groups; each participant has their own responsibilities. One of the participants represented the group in the box. The other participants answered the questions according to the box that the team stepped on. For participants who are lucky to get 6 dice, they will be able to enter the box and start the game, for those who have not been lucky to wait until the dice show number 6. The next throw should be careful because it makes the participants go down along the snake which happens to be in accordance with the throw of the dice, if lucky the team will immediately go further if the dice shows the number in the ladder position. The team can get high points if the dice shows questions and the team can answer well or arrive at the finish box first. This method of snake ladder is used to increase the knowledge of mothers, families and communities so that the coverage of various indicators of maternal health services can be maximized.

Place of delivery: In both villages, most respondents wanted to deliver at the puskesmas. However, there are still some respondents who want to deliver their babies at home (Graph 5). After counseling, respondents in Patampanua Village did not change their decision to give birth at home because the respondent had a toddler and the respondent received information that (health insurance) BPJS did not cover childbirth, while in Tonrolima Village the reason the respondent did not change her decision was because she felt comfortable giving birth at home.

This study shows that counseling has a real impact on the choice of place of delivery even though some mothers still survive the choice not to use standard facilities, women who follow counseling said that they preferred if the provider did a lot of counseling activities.² Ultimately counseling provides benefits that mothers **who know about danger signs are more likely to give birth at a health facility**.¹²

In the Minister of Health regulation (Permenkes) No. 97 of 2014 Article 14 paragraph (1) which reads childbirth must be carried out in health care facilities

(Fasyankes)¹³. In government regulation No. 61 of 2014 article 16 in paragraph 4 that health workers who have competence can childbirth in health care facilities, if the health care facility is difficult to reach by residents¹⁴. The Matakali sub-district area, especially in the village where the activity is located, is relatively accessible so there should be no exception to giving birth at home. In addition, mothers who deliver at home tend to be assisted at delivery not by skilled health birth attendants. Article 14 paragraph (2) and paragraph (3) explain that in the delivery process not only the aspect of childbirth that is a single aspect in service but there are 5 basic aspects of delivery. All of these aspects can only be done at Fasyankes¹⁵. Therefore, it is very important to encourage mothers to give birth in Fasyankes

The policies of the central and regional governments regarding the standard childbirth are very much needed to be socialized, as well as an understanding of the risks of pregnancy that have an impact on maternal safety must be an important material that must be conveyed to the mother every time she conducts an antenatal visit. The reasons for the mother not choosing labor in Fasyankes are personal reasons that should not defeat the mother's desire to undergo a safe delivery, therefore innovation and regional policies are needed to encourage mothers to make a safe delivery.

CONCLUSION

In general, the community's response to this community service program is very good, so that the whole series of activities are carried out well. Activities ranging from data collection to evaluation to determine the health conditions of pregnant women and postpartum in the two villages and assess the effectiveness of the interventions that have been given.

The role of various layers of society, health workers and village government in the form of educational activities carried out comprehensively and interactively needs to be encouraged continuously in an effort to improve maternal health.

Conflict of Interest: None

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Ethical Clearance: Obtained from faculty committee and respondents agreement

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