

Efforts for Early Detection of Pregnant Women in Reducing AKI -AKB

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ABSTRACT

The aim of the research is to determine efforts for early detection of pregnant women in reducing the IMR in the UPTD area of the Puncu Health Center, Puncu District, Kediri Regency. The research approach uses qualitative research. The research sample was pregnant women. The data analysis technique uses the USG method and SWOT analysis. The research results conclude: (1) The capabilities of posyandu cadres can be improved through empowerment (training) and establishing cadre recruitment criteria; (2) Knowledge of pregnant women can be increased through counseling and active involvement of posyandu cadres; (3) SOPs need to be created and disseminated to detect high risks for cadres; (4) Providing high risk early detection tools at each posyandu, and training cadres to be able to use these tools; (5) Determine the village bedan's activity schedule to provide consultations to cadres and add representative cadres according to the number of pregnant women served; (6) The government increases the budget allocation for cadre honorariums and provides bonuses to cadres who excel

I. Introduction

Health development is an integral part of national development, aimed at realizing optimal levels of health as mandated in the Preamble to the 1945 Constitution. To realize optimal levels of health in health development concerning physical, mental, social / cultural and economic life, where in its development there has been a change in orientation, both values and thinking, especially regarding efforts to solve health problems, including maternal and child health, reproductive health and family planning as stated in Republic of Indonesia Law no. 36 of 2009 concerning Health.

Many health indicators have been used so far, one of which is the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). The high MMR and IMR indicate that health services in general and MCH services in particular are still considered less than optimal. In 2019, the MMR for East Java Province reached 89.81 per 100,000 live births. This figure has increased compared to 2020 which reached 98.39 per 100,000 live births. The high number of Covid-19 cases is still affecting the MMR in East Java, so that in 2021 the MMR in East Java will reach 234.7 per 100,000 live births (East Java Health Office, 2022).



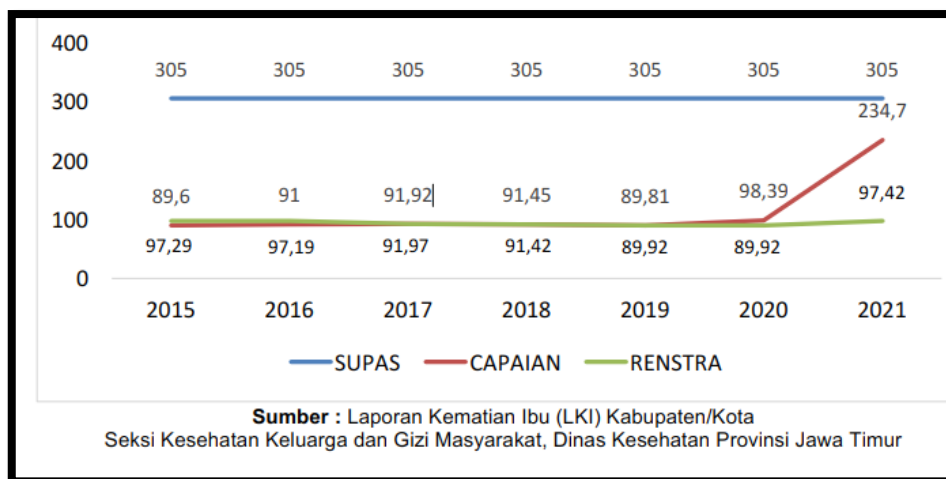


Figure 1
Maternal Mortality Rate (MMR) Per 100,000 Live Births
East Java Province 2015 – 2020

The following is the proportion of causes of maternal death.

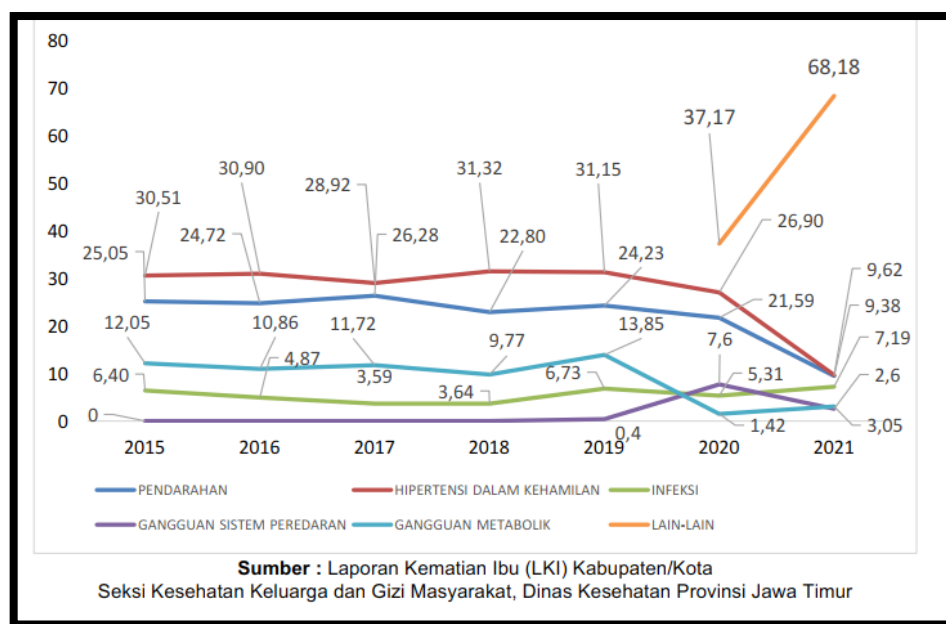


Figure 2
Causes of Maternal Death
East Java Province 2015 – 2021

Figure 2 shows that the three highest causes of maternal death in 2021 are hypertension in pregnancy, namely 9.62% or 123 cases and bleeding, namely 9.38% or 120, other causes, namely 68.18% or 872 people. . Other causes have increased due to the large number of Covid-19 cases. Efforts to reduce maternal mortality due to hypertension in pregnancy and bleeding continue to be carried out and alert to other causes (East Java Health Office, 2022).

In Kediri Regency, in 2023 , there were no cases of MMR, IMR 0-6 days was 5, IMR 7-28 days was 3 and IMR due to IUFD was 6. Pregnant women screening cases in 2023 were: HIVaids+ there were 2 people and HBSAG+ there are 5 people. In cases of SYPHILIS + , GDA + and PROxT + there are no cases. Causes of infant death, namely: (1) death 0-6 days, 1 mother

with HT, 1 person with infection/sepsis, and 3 premature mothers; (2) death 7-28 days, 3 premature.

According to Azwar (2019), maternal death can occur due to various causes. Generally caused by 3T (late decision making, late getting transportation and late treatment at health service facilities). Apart from that, it is influenced by various high risks from the mother. High risk means that the mother's age when pregnant is too young (<20 years) or too old (>35 years), "4 too" namely "too young" (less than 20 years), "too old" (more than 35 years), "too often" (less than 2 years between pregnancies), and "too many" (more than 3 children), the distance between the last birth and the current pregnancy is less than two years (too close a pregnancy distance) or more than 10 years (too long), height is less more than 145 cm and mothers who are thin (weight less than 33 kg/circumference with upper arms less than 23.5 cm) or too fat (obese). Every woman of childbearing age should know these various high risks so that they can anticipate them early.

To achieve this, there needs to be health efforts that involve the community. In the context of health development, it is known as participatory development. According to Davis (2020), participation is a person's mental and emotional involvement in achieving goals and taking responsibility for them. The participatory model includes vertical participation, namely the community is involved or takes part in the program in a subordinate relationship, such as active health cadres in programs organized by the Puskesmas and BKKBN. The second model is horizontal participation, namely the community has horizontal initiatives with one another, such as health cadres actively driving Posyandu activities in their area.

Technically, the form of community participation in reducing MMR and IMR can be in the form of vertical or horizontal participation starting from planning, implementation, supervision and monitoring and evaluation. This role can be realized through providing input during Self-Awareness Surveys (SMD), Village Community Deliberations (MMD), and evaluation of activities (cross-sector mini-workshops) in primary health care units (Puskesmas).

The role of health cadres in early detection of risks in pregnant women includes: first, the role as a motivator (carrying out home visits if they find a new pregnant woman or one who has not come for a pregnancy check for two months in a row); Second, as a facilitator (recording the number of PUS, pregnant women and TT immunization); Third, as an educator (counseling pregnant women, providing advice to pregnant women, one of which is about nutrition, ANC examination schedules and methods (Sarwono, 2021)).

The thing that cadres consider the most difficult is detecting risk factors as early as possible in early pregnancy and providing education about danger signs to pregnant women (Halida, 2021). This includes early detection in carrying out *Ante Natal Care*, because ANC is the most important service component provided to pregnant women to maintain the health of mother and baby. ANC should be done as early as possible after someone feels pregnant and regularly checks their pregnancy until delivery. This is important because if an abnormality or deviation occurs, it will be detected as early as possible and basic treatment will be given. The regularity of ANC is demonstrated through the frequency of visits during pregnancy. This turns out to be a problem because not all pregnant women have their pregnancy checked regularly (Sarwono, 2021).

In Indonesia, antenatal care is carried out at least 4 visits during the mother's pregnancy in accordance with government policy which is based on WHO provisions. The importance of ANC visits has not become a top priority for some pregnant women regarding their pregnancy in Indonesia. For this reason, several researchers have conducted research to determine the factors that can influence maternal ANC visits during pregnancy. Based on Green's theory in Notoatmodjo (2021) there are predisposing factors, reinforcing factors and enabling factors that can influence a person's behavior, including influencing the behavior of pregnant women in making ANC visits. Predisposing factors include age, education, employment, parity, knowledge, and attitudes. Enabling factors include distance from residence, family income and

information media. Strengthening factors include support from husband and family, as well as from existing health workers.

Antenatal care (ANC) is an antenatal service provided to pregnant women. Services are provided to prepare for labor and birth in order to prevent, overcome and detect problems that may arise during pregnancy. Problems or complications that occur can result in maternal death and increase the maternal mortality rate (MMR) in Indonesia. For this reason, the government has created an antenatal care program policy with a minimum visit frequency of 4 times during pregnancy and applies a minimum service standard of "7T" in its implementation. The minimum standard for antenatal care includes "7T", which consists of: (1) Weighing; (2) Measure blood pressure; (3) Measure the height of the uterine fundus; (4) Providing TT (Tetanus Toxoid) immunization; (5) Giving iron tablets; (6) Test for STDs, HIV/AIDS and malaria; (7) Interview/counseling. The next examination is a pregnancy examination starting from anamnesis, physical examination, diagnosis, therapy, and referral if necessary (Ministry of Health RI, 2021).

In order to reduce maternal and child mortality rates, pregnant women must have positive behavior such as obedient behavior in participating in the ANC program. To increase ANC compliance among pregnant women, health cadres who have competence and active participation from health cadres are needed. The competence and active participation of health cadres can be increased if efforts are made to empower health cadres, because health cadres are the spearhead of health workers in the community.

Apart from that, to increase positive behavior or compliance of pregnant women in carrying out ANC, an active role from health cadres is needed, because health cadres are residents who are close to pregnant women in their area. Therefore, health cadres need to be empowered to increase ANC compliance among pregnant women.

In 2023, based on UPTD data from the Puncu Community Health Center, it is recorded that the population of Kediri Regency will be 65,855 people. Target for pregnant women: is 934, pregnant women: is 187, pregnant women: is 891, and babies are 847. Achievements K1 Access for pregnant women: as many as 784, K4 pregnant women: as many as 628, detecting pregnant women as much as 113, detecting healthy health workers as much as 241, pregnant women's anemia as much as 46, KEK (Lila less than 23.5 cm) as many as 89, births as many as 667, LBW as many as 431, premature as many as 221.

This lack of achievement is caused by a lack of knowledge, attitudes, support and participation of health cadres. The assumption is that good knowledge can trigger a positive attitude. This is in accordance with the concept of knowledge - attitude - practice or "KAP" (Notoatmodjo, 2021).

Based on the research results as presented in table 1 above, it can be concluded that the factors that influence *antenatal care* for pregnant women are : 1) Socio-economic status (Research by Alibhai et.al, 2022) ; (2) Education (Research by Alibhai et al, 2022) ; (3) Quality of ANC services (Research by Alibhai et al, 2022) ; (4) Fetal care information (Research Octorita et al, 2019) ; (5) Family support (Octorita et al., 2019; Armaya , 2018; Wulandari et al., 2022) ; (6) Knowledge (Research by Darmawati et al , 2022 , Yuniarti et al, 2023; Armaya , 2018; Yunadi et al , 2020; Yulianingsih et al , 2023) ; (7) Attitude (Research by Darmawati et al ., 2022 ; Armaya , 2018) ; (8) The role of Health Cadres (Research by Yuniarti et al, 2023; Yunadi et al , 2020; Sidqotie & Saftarina , 2020; Sari et al , 2023; Setyaningsih et al , 2023; Jayanti & Mayasari , 2023; Wulandari & Putri , 2022) ; (9) Support from Health Workers (Armaya Research , 2018) ; (10) Distance from home to ANC service center (Research by Wulandari & Putri , 2022)

Based on the results of the research above, the factors that influence the ANC of pregnant women can be grouped into two, namely: (1) **Internal factors** , namely factors that originate from within the pregnant mother, such as: socio-economic status, education, family support,

knowledge, and attitude ; (2) **External factors** , namely factors that come from outside the pregnant mother, such as: quality of ANC services, information on fetal care, the role of health cadres, support from health workers, and distance from home to ANC service centers.

Yuliza (20 20) explained that health problems are closely related to the mother's role in visiting health service units including posyandu. Factors that influence the lack of visits by mothers of toddlers to posyandu include education, employment, attitudes and motivation that are still low, so they are reluctant to come to posyandu. Apart from that, there are external factors which include social culture, support from community leaders, the role of health workers, the role of cadres and government policies.

Posyandu cadre participation is influenced by many factors, such as internal factors, namely personal maturity, level of education and needs and job satisfaction. External factors are work environment conditions, supervision and rewards (Widiani, 2019) . If early detection of the risk of pregnancy is not carried out, it can result in pregnancy complications such as bleeding, amniotic fluid abnormalities, premature labor, multiple pregnancies and post-term pregnancy (Suririnah, 20 2 1).

Based on the problem analysis above, the formulation of the problem is "What is the influence of early detection of pregnant women in reducing MMR-IMR in the UPTD area of Puncu Health Center, Puncu District, Kediri Regency?

II. Methods

The research approach uses qualitative research. The research sample was pregnant women in the UPTD Puncu Community Health Center working area. The data analysis technique uses the ultrasound method (*Urgency, Seriousness, Growth*). The USG method is one way to determine the priority order of problems using a 1-5 scoring technique and by considering the three components in the USG method. Apart from using analysis using the USG method, we also use SWOT analysis. SWOT is an acronym for *strengths* , *weaknesses* , *opportunities* and *threats*.

III. Results and Discussion

A. Results

In 2023, based on UPTD data from the Puncu Community Health Center, it is recorded that the population of Puncu District, Kediri Regency will be 65,855 people. Target for pregnant women: is 934, pregnant pregnant women: is 187, pregnant women: is 891, and babies are 847. Achievements K1 Access for pregnant women: as many as 784, K4 pregnant women: as many as 628, detecting pregnant women as much as 113, detecting healthy health workers as much as 241, pregnant women's anemia as much as 46, KEK (Lila less than 23.5 cm) as many as 89, births as many as 667, LBW as many as 431, premature as many as 221.

Screening cases for pregnant women in 2023 are: HIVaids+ there are 2 people and HBSAG+ there are 5 people. In cases of SYPHILIS + , GDA + and PROxT + there are no cases. Causes of infant death, namely: (1) death 0-6 months, 1 mother with HT, 1 person with infection/sepsis, and 3 premature mothers; (2) death 7-28 months, 3 premature.

This lack of achievement is caused by a lack of knowledge, attitudes, support and participation of health cadres. The assumption is that good knowledge can trigger a positive attitude. This is in accordance with the concept of knowledge - attitude - practice or " *KAP* " (Notoatmodjo, 20 20).

In analyzing problems related to self-detection of high risk pregnant women at the Puncu Community Health Center, Kediri Regency, the author uses fishbone diagrams (*Fishbone Diagrams*) which are the results of analysis based on a preliminary survey on the questionnaire that has been given, as follows:

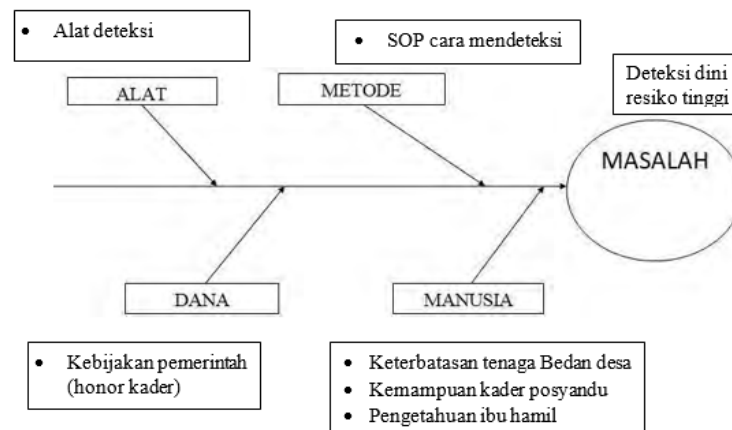


Figure 3
Fishbone Diagram of Posyandu Cadre Readiness in Carrying Out Early Detection of Resti at the Puncu Community Health Center

Based on Figure 3, it can be seen that several factors cause problems related to early detection of high risk pregnant women which were analyzed using the *Fishbone method* presented by respondents according to the problem identification variables, as follows:

- 1) Method: there is no SOP for carrying out high risk detection for posyandu cadres
- 2) Budget/Funds: limited budget for honorarium for posyandu cadres
- 3) Infrastructure: the detection tools used by cadres are inadequate in each service unit
- 5) Human Resources: (a) Limitations of village beds to serve pregnant women in their area; (b) Lack of capability of posyandu cadres; (c) Lack of knowledge of pregnant women regarding early detection of high risk

Furthermore, based on the identification of SWOT (Strength, Weakness, Opportunities, Threats) it can be explained as follows;

Internal factors:

1. Strength : (a) The pregnant mother's desire for her baby to be healthy ; (b) Family support for pregnant women
2. Weakness: (a) Limitations of village beds to serve pregnant women in their area ; (b) Lack of ability of posyandu cadres regarding early detection of high risk ; (c) Lack of knowledge of pregnant women regarding early detection of high risk

External Factors:

1. Opportunities: (a) Government policy regarding minimum service standards "7T" in the implementation of antenatal care ; (b) The existence of posyandu cadres in rural areas.
2. Threats : (a) There is no SOP for carrying out high risk detection for posyandu cadres ; (b) Limited budget for honorarium for posyandu cadres ; (c) The detection tools used by cadres are inadequate in each service unit.

A. Discussion

Based on the analysis, in determining problem priorities using the USG weighting method (*Urgency, Seriousness, Growth*). The USG weighting method (*Urgency, Seriousness, Growth*) is a scoring method for arranging the priority order of issues that must be resolved. At this stage, each problem is assessed for the level of risk and its impact. If the total score is obtained, it will be possible to determine the priority of the problem. The scoring step using the USG method is to create a list of root problems, create a problem priority matrix table with a scoring weight of 1-5 and the highest value as the problem priority.

- a. *Urgency* is the level of seriousness of a problem, meaning that if the problem is not resolved immediately, it will become even more serious

b. *Seriousness* is the level of seriousness of a problem, if the problem is not resolved quickly it will have serious consequences for other problems.

c. *Growth* is the size or extent of a problem based on growth or development, meaning that if the problem is not immediately resolved the growth will continue.

To determine what problems need to be prioritized for solving, we also held discussions with the Director of the Puncu Community Health Center, Kediri Regency, with priority problems as follows:

Table 1 Ultrasound Method for Determining Problem Priority

No.	Problem	U	S	G	Total	Rank
1.	There is no SOP for carrying out high risk detection for posyandu cadres	3	3	4	10	3
2.	Limited budget for honorarium for posyandu cadres	2	3	3	8	5
3.	The detection tools used by cadres are inadequate in each service unit	3	4	3	10	3
4.	Limitations of village beds to serve pregnant women in their area	3	3	3	9	4
5	Lack of ability of posyandu cadres regarding early detection of high risk	4	4	4	12	1
6	Lack of knowledge of pregnant women about early detection of high risk	4	4	3	11	2

Information; 5: Very Large, 4: Large, 3: Medium, 2: Small, 1: Very Small

Based on table 3.2 above, it can be seen that the problem priorities are as follows:

1. Lack of ability of posyandu cadres regarding early detection of high risk
2. Lack of knowledge of pregnant women about early detection of high risk .
3. There is no SOP for carrying out high risk detection for posyandu cadres
4. The detection tools used by cadres are inadequate in each service unit
5. Limitations of village beds to serve pregnant women in their area
6. Limited budget for honorarium for posyandu cadres

Furthermore, based on the SWOT analysis (Strength, Weakness, Opportunities, Threats) it can be explained as follows;

Table 2 SWOT Analysis

No.	Internal factors	Level of importance	Weight *)	Ratings	Score **)
Strength (Strength)					
1.	A pregnant mother's wish is for her baby to be healthy	3	0.27	3	0.81
2.	Family support for pregnant women	2	0.18	2	0.36
Weakness					
1.	Limitations of village beds to serve pregnant women in their area	1	0.09	1	0.09
2.	Lack of ability of posyandu cadres regarding early detection of high risk	3	0.27	2	0.54
3.	Lack of knowledge of pregnant women about early detection of high risk	3	0.27	3	0.81
Amount		11	1		2.61
No.	External Factors	Level of importance	Weight	Ratings	Score
Opportunities					
1.	Government policy regarding minimum service standards "7T" in the implementation of antenatal care	3	0.27	3	0.81
2.	The existence of posyandu cadres in rural areas	2	0.18	2	0.36
Threats					
1.	There is no SOP for carrying out high risk detection for posyandu cadres	3	0.27	3	0.81
2.	Limited budget for honorarium for posyandu cadres	2	0.18	1	0.18
3.	The detection tools used by cadres are inadequate in each service unit	2	0.18	2	0.36
Amount		11	1		2.52

*) Example of weight calculation: $3/13 = 0.23$

**) score = weight x rating

The results of calculating the internal factor score (IFAS) and external factor score (EFAS), are then linked to the table below.

Table 3. Organizational Position (Puskesmas)

		INTERNAL		
		←-----→		
		KUAT	SEDANG	LEMAH
EKSTERNAL	TINGGI	9	6	3
		1. GROWTH Konsentrasi melalui integrasi vertikal	2. GROWTH Konsentrasi melalui integrasi horizontal	3. RETRENCHMENT Penghematan (berbenah diri)
	SEDANG	4. CAREFULLY Berhati-hati	5.a GROWTH Konsentrasi melalui integrasi horizontal	6. RETRENCHMENT Captive (ketertarikan)
			5.b STABILITY Organisasi tdk melakukan Perubahan	
	RENDAH	7. GROWTH Diversifikasi Konsentrik	8. GROWTH Diversifikasi Konglomerasi	9. RETRENCHMENT Likuidasi
	0			

Therefore, the position of the organization (puskesmas) can be summarized as in the following table.

Table 4. Organizational Position (Puskesmas)

Aspect	Factor	Score	Category	Quadrant	Strategy
Internal	Strengths + Weaknesses	2.61	Tends to be strong	4	Carefully
External	Opportunities + Threats	2.52	Currently		(careful)

The results of the analysis conclude that the Puncu Community Health Center, Kediri Regency must be careful in dealing with problems related to high risk self-detection, because if this is not handled immediately it will have bad consequences for pregnant women.

Based on determining problem priorities in tables 1, 2 and 3 above and also the results of discussions with the Director of the Puncu Community Health Center, Kediri Regency, the intervention plan that will be carried out is as follows:

Table 5 Intervention Plan

No.	Problem priority	Intervention Plan
1.	Lack of ability of posyandu cadres regarding early detection of high risk	<input type="checkbox"/> Empowering posyandu cadres through training <input type="checkbox"/> Determine criteria for recruitment of posyandu cadres
2.	Lack of knowledge of pregnant women about early detection of high risk .	<input type="checkbox"/> Providing counseling to pregnant women <input type="checkbox"/> Increasing the active involvement of posyandu cadres
3.	There is no SOP for carrying out high risk detection for posyandu cadres	<input type="checkbox"/> Create SOPs regarding the implementation of early detection of high risks <input type="checkbox"/> disseminate information about SOPs to posyandu cadres
4.	The detection tools used by cadres are inadequate in each service unit	<input type="checkbox"/> Providing high risk early detection tools at each posyandu. <input type="checkbox"/> train posyandu cadres to be able to use high risk early detection tools <input type="checkbox"/> Determine the village bedan activity schedule to provide consultations to posyandu cadres
5	Limitations of village beds to serve pregnant women in their area	<input type="checkbox"/> Recruiting posyandu cadres by considering the representation of the number of pregnant women served (work area) <input type="checkbox"/> The government has increased the budget allocation for the honorarium for posyandu cadres
6	Limited budget for honorarium for posyandu cadres	<input type="checkbox"/> The amount of honorarium given to posyandu cadres takes into account the period of service <input type="checkbox"/> Providing bonuses to posyandu cadres who excel

IV. Conclusion

Based on the research results, it can be concluded as follows:

1. There is a lack of ability of posyandu cadres regarding early detection of high risks, and what can be done is: (a) Empowering posyandu cadres through training ; (b) Determine criteria for recruitment of posyandu cadres
2. There is a lack of knowledge among pregnant women regarding early detection of high risk , and what can be done is (a) Providing education to pregnant women ; (b) Increasing the active involvement of posyandu cadres
3. There is no SOP for carrying out high risk detection for posyandu cadres, and what can be done is: (a) Create an SOP regarding the implementation of early high risk detection ; (b) Disseminate information about SOPs to posyandu cadres

4. The detection tools used by cadres are inadequate in each service unit, and what can be done is: (a) Providing high risk early detection tools at each posyandu ; (b) Train posyandu cadres to be able to use high risk early detection tools
5. The village bedan is limited in serving pregnant women in its area, and what can be done is: (a) Determine the village bedan's activity schedule to provide consultations to posyandu cadres ; (b) Recruit posyandu cadres by considering the representation of the number of pregnant women served (work area area)
6. There is a limited budget for honorarium for posyandu cadres, and what can be done is: (a) The government increases the budget allocation for honorarium for posyandu cadres ; (b) The amount of honorarium given to posyandu cadres takes into account the period of service ; (c) Providing bonuses to posyandu cadres who excel

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