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Analysis of Antenatal Care Service Coverage at Public Health Centers

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ABSTRACT

This kind of research uses a phenomenological approach and is qualitative. The purpose of this study is to obtain, obtain a description, analysis, and interpretation of the coverage of antenatal care services. Data were obtained from in-depth interviews with 20 informants consisting of the head of the Public Health Centers, Coordinator Midwife, Village Midwife, Cadre, and pregnant women. The study findings indicate that although antenatal care services at the Agam Regency health center are covered, the policy reference to Minimum Service Standards has not been met in terms of facilities, labor, or funding. The author suggests expanding the access of pregnant women to health workers through the "Ojol for Pregnant Women" activity because it is concluded that the coverage of antenatal care services at the Agam Regency Health Center has not reached the Minimum Service Standards and is expected to improve services, especially visits to pregnant women, health education, and improvement of health services community participation. This activity is in the form of transportation prepared by the community, either two-wheeled or four-wheeled vehicles that are ready to pick up pregnant women at health facilities.

Keywords: Antenatal care services, input, process and output.

INTRODUCTION

Maternal and Child Health (MCH) services must be immediately improved both in terms of coverage and quality due to the high maternal and perinatal mortality rate and the slow decline in these numbers (Sabri et al., 2011). In Indonesia, one of the main goals of improving health is the MCH. This program is tasked with providing health services for pregnant women, new mothers, and neonates. The Maternal Mortality Rate (MMR) indicator shows that one of the objectives of this program is to reduce maternal mortality and morbidity (Ministry of Health RI, 2014). Evidenced by the increase in the percentage of prenatal visits from 95.2% in 2013 to 96.1% in 2018, the percentage of prenatal visits (ideal K1) from 81.3% in 2013 to 86% in 2018, the percentage of prenatal visits (K4) from 70% in 2013 to 74.1% in 2018, and the percentage of deliveries in health facilities from 66.7% in 2013 to 79.3% in 2017 all increasing.

The findings of Riskesdas (2018) show that healthy Mothers in Indonesia have also been. The government's emphasis is still on maternal health, although data on maternal health in Indonesia shows improvement. This is because not all areas of health services and health quality are good, and this requires the government's attention (Laksono et al, 2020). According to the Ministry of Health RI (2017), Pregnant women receive health care from health professionals in companies that offer health services. This procedure takes place during the mother's gestational age range, which is divided into first, second, and third trimesters based on gestational age. Pregnant women must provide health services which

include weighing, measuring height, measuring blood pressure, and measuring upper arm circumference (LILA) blood of at least 90 tablets during pregnancy, determination of the presentation of the fetal heart rate (DJJ), conducting speech meetings (providing communication and interpersonal counseling, including family planning), simple laboratory test services (Ministry of Health RI, 2017).

The percentage of pregnant women receiving prenatal care (K1) services from 2017 to 2018 has fallen, with the ratio falling from 88.93% in 2017 to 80.25% in 2018 (a goal of 98%), according to data from the Indonesian Health Profile from 2017 to 2018. In addition, K4 coverage decreased from 2017 to 2018, from 86.57% in 2017 to 81.56% in 2018 (95% target) (Ministry of Health RI, 2017). West Sumatra Province is ranked 12th out of 33 provinces. The K1 achievement of West Sumatra Province in 2017 was 90.1%, in 2018 it decreased by 80.7%, while the national target was 95%. Meanwhile, the achievement of K4 in 2017 was 80.7% and slightly decreased in 2018 which was 76.53%. For 2019, the coverage of K1 and K4 slightly increased, namely K1 by 87.9% and K4 coverage by 78.4%, but still not meeting the set targets (Lestari, 2020). In the last three years, from 2017 to 2019, the Agam Regency Health Office was reported to have met the performance criteria of "Percentage of Pregnant Women Receiving Antenatal Services," or K1 of 83.8% in 2019, which is a small increase compared to 2018 of 78.2 %. And that was 84.3% in 2017. While K4 coverage was 75.4% in 2017, 69.2% in 2018, and 71.2% respectively in 2019. Despite the increase, this achievement is still below the Minimum Service Standard target (MSS) for K1 (98%), K4, and K5 (Agam Health Office, 2020).

A pregnant woman's decision to attend prenatal care is influenced by a variety of circumstances. There is a correlation between knowledge and attitudes with the use of antenatal care services, according to research (Sumarni, 2014); Mamalanggo (2019), there is a relationship between Antenatal Care (ANC) visits and the knowledge, attitudes, and support of health workers (Indrastuti & Mardian, 2019) that the factors of work, knowledge, attitudes, family support, ease of information, disease complaints have a relationship with the use of antenatal care services. The general objective of the study was to obtain and obtain a description, analysis, and interpretation of the coverage of antenatal care services at the Agam Regency Health Center.

METHODS

In this study, phenomenological techniques were used in conjunction with a qualitative research design. Head of Public Health Centers, Coordinator Midwife, Village Midwife, Cadre, and pregnant women in the third trimester of gestational age 28 mg until the mother becomes a fostered mother as research informants and data analysis strategy using triangulation analysis.

RESULTS

3.1 Input

3.1.1 Policy

Policies on antenatal care servicesas expressed by the informant in the following

interview excerpt:
"There is no special policy made by the Public Health Centers, but the Public Health Centers has made a Decree (SK) regarding the types of services, both in the field of individual services and public health efforts (UKM) (IF1).

"The policy regarding the implementation of antenatal care at the Public Health Centers refers to the policy from the Health Office and there is no special policy made by the Public Health Centers (IF 6)

"The policy for antenatal care is in accordance with the policies of the Ministry of Health and the Agam Regency Health Office. The Public Health Centers makes a decision letter (SK), socialization and strategic plan (IF 11).

"The ANC service policy refers to the minimum health service standard issued by the Ministry of Health (IF 16).

Based on the results of in-depth interviews, it can be concluded that the antenatal care service policy refers to the policy of the Ministry of Health and is implemented at the Regencies/Cities level. The Regencies/Cities then makes a strategic plan based on the Regencies/Cities target and is implemented to the Public Health Centers, followed by each program holder to the village midwife. Public policy is a mandate to do or not do something to influence the entire government apparatus or sector and bring about change in the lives of the people who will be affected. Policymakers have made provisions to address collective concerns of concern (public needs, unmet demand levels), but their resolution requires collective action. Money is not just a one-time and impulsive choice (Ayuningtyas, 2014). On the other hand, the success of a program is significantly influenced by its policies; Without one, an activity will lack direction. Research results by (Giles et al., 2020) stated that mthe majority of States have policies on recommended ANC visits, but most do not implement according to WHO guidelines.

3.1.2 Human resources

Human resources in antenatal care servicesas expressed by the informant in the following interview excerpt:

"For Pustu and Poskesri, there are already midwives, except for two Pustu, for which there is no midwife because the midwife moved to another area. For all Jorongs, not all Jorongs are occupied by midwives" (IF 1).

"There are no obstacles for antenatal care services, there are sufficient human resources, standardized antenatal care, distribution for antenatal care is in accordance with the needs in the field where every Jorong that is far from the Public Health Centers there is a Pustu and Polindes or Poskesri" (IF 6).

"In terms of quantity or the number of midwives is not sufficient compared to the existing Jorong or the existing pustu not all have midwives" (IF 11).

Based on the findings of in-depth interviews, it can be said that Kabupaten Agam lacks midwives in terms of human resources (HR) in terms of quantity. and in terms of the quality of services provided by midwives varied, therefore, to improve the quality of services, training and coaching were carried out in each Public Health Centers. To survive in a future where rivals will become stronger, the city or district government must be supplied with HR who will run the government. Human resources are an important component in the implementation of an organization. Energy is a very vital element in the implementation of activities, without the power to run it, an activity will not run. The results of research conducted by (Ramadhaniati et al., 2020), The process of socializing the Norms, Standards, Procedures and Criteria (NSPK), the implementation of integrated antenatal services in health facilities and facilities, as well as the use of supporting logistics are still considered lacking. This is indicated by the analysis of the implementation of antenatal care for pregnant women. Integrated antenatal care has not been fully implemented in health facilities and facilities in accordance with the standards, according to the output analysis.

3.1.3 Fund

Supporting funds in antenatal care servicesas expressed by the informant in the following interview excerpt:

> *“Funding for activities related to ANC such as classes for pregnant women. Swepping is good enough sourced from BOK and JKN” (IF1).*
>
> *"Funds for the implementation of ANC services are not a problem because there is a Non-Physical DAK (BOK) otherwise there is also JKN funds" (IF 6).*
>
> *" The source of funds comes from BOK funds, there are BOK travel funds, especially for visits to pregnant women with rest and first aid and pregnant women who have their pregnancy checked” (IF 17).*

Based on the findings of in-depth interviews, it can be said that the financial support for ANC services in the field is sufficient. These funds are currently available and come from various sources, including JKN funds, health operational assistance (BOK), and Nagari. The obstacle in disbursing funds is when making a Letter of Accountability (SPJ) which takes a bit of time. The availability of funds for the implementation of MCH activities, especially health services for pregnant women, is sufficient and the most important thing is that the funds are utilized according to the needs of the community so that all existing activities can be equally enjoyed by the community.

3.1.4 Facilities and infrastructure

The following excerpts from informant interviews reveal the facilities and amenities in antenatal care services:

> *"The facilities and infrastructure at the Public Health Centers are sufficient because there are JKN funds when it is recorded whether this tool exists or not if it is not there, it is directly funded by JKN." (IF 1).*
>
> *"Regarding the facilities and infrastructure for ANC services, it is sufficient, both at the Public Health Centers and satellite, for the MCH book at the Public Health Centers it is sufficient" (IF 6).*
>
> *"In terms of facilities for ANC services, it can be at the Public Health Centers, Pustu or Posyandu, the problem is the unavailability of space at the Posyandu for pregnancy check-ups because the Posyandu is a ride" (IF 11).*
>
> *"The existing facilities at the Public Health Centers are sufficient, but for Pustu that is lacking, for example, such as doppler because the old doppler has been damaged, they or their friends from the village midwife buy their own. The purchase fund from the Public Health Centers requires a request but must also be stated in the RPK, otherwise it cannot be purchased" (IF 12).*

Based on the results of in-depth interviews, information was obtained that there were several facilities and infrastructure for the implementation of ANC services that were lacking, such as the place where the Posyandu was still being carried out, the supporting equipment for midwives in carrying out examinations was damaged such as tensimeters, doppler and others. With the JKN program, 40% of capitation funds should be used to meet needs. Public Health Centers officers can use the money directly to purchase equipment for ANC examinations. At the Public Health Centers, antenatal care checks are carried out with all the necessary equipment. However, pregnancy check-ups at the Posyandu cannot be carried out because there are still many posyandu places that are still staying at people's homes. We recommend that there be more than one facility and the appropriate amount of infrastructure. If there are obstacles to primary facilities and infrastructure while services are in progress, backup facilities and infrastructure are needed. This is due to how protracted the search for needs is. It is hoped that having adequate infrastructure and facilities will result in the ability of the ANC program to provide high quality prenatal care. Completeness of infrastructure and facilities can improve the quality of ANC services. This is expected to increase the willingness of pregnant women to participate in ANC until ANC is required for pregnant women.

3.2 **Process**

3.2.1 10T ANC Service

Informants disclose ANC 10T services in antenatal care in the following part of the interview:

> *"The implementation of ANC with 10T is still lacking, both at the Public Health Centers and on the satellite, for example, the counseling given to pregnant women is the same every time a pregnant woman checks her pregnancy" (IF 2).*
>
> *"There are no promotions about pregnancy check-ups such as banners or posters and information about maternal health is obtained during pregnancy check-ups at the Pustu and pregnant women are never visited by health workers"(IF 5).*
>
> *"Standards of ANC services with 10T are still incomplete, after ANC, they immediately take treatment so that talks are often neglected" (IF 12).*

Based on the results of in-depth interviews, it was obtained information about the implementation of ANC services that the implementation of antenatal services with 10T was not optimal as the implementation of the interview, because every counseling must present her husband and information about maternal and child health for pregnant women is also still lacking. The quality of the implementation of the 10T ANC service has not been maximized, because there are several standards that have not been implemented, such as Hb examination, TT status screening and counseling through dialogue meetings. In the case of the interview, pregnant women should be accompanied by their husbands so that the husband understands and understands the current condition of the mother's pregnancy, but this does not happen because pregnant women usually come alone to check their pregnancy. One of the efforts made to increase the knowledge of pregnant women is throughusing media in the form of print media, such as leaflets, posters, newspapers, magazines or electronic media such as television, internet, and others. Media information that includes information about the importance of antenatal care for pregnant women can increase the knowledge and motivation of mothers in making visits. Education through the media is usually one of the ways used by the government to change the behavior of people with low levels of education and knowledge. Mothers had good knowledge with regular antenatal care visits, but poor knowledge with less frequent antenatal care visits, according to research findings (Mamalanggo, 2019) on the relationship between knowledge, maternal attitudes, and support from health workers with antenatal care visits.

3.2.2 Increasing community participation

According to the informant in the following excerpt from the interview, there is community involvement in antenatal care services:

> *"Community involvement in the implementation of anc such as Jorong care for pregnant women or dasolin or tubulin*

does not exist" (IF 3).
"There is no community participation through village community deliberation. For dasolin, there has not been any formation, the involvement of cadres in P4K such as assistance to pregnant women has not been carried out, but if there are pregnant women who complain they are told to come to see the midwife" (IF 5).

"The participation of the community through the implementation of classes for pregnant women is carried out but the husband is not involved" (IF 8).

Based on the results of in-depth interviews, it was found that information about community participation in antenatal care services such as through the P4K program was not maximized due to the low understanding of the community about the P4K program. Apart from the implementation of the mother's class, some pregnant women still chose not to register, and cadres did not actively involved in providing antenatal care for these women. The importance of community participation in maternal and child health programs has a positive impact on the achievement of MCH services. One form of community participation is in realizing the P4K program. In addition, the involvement of cadres in antenatal care. The results of this study are in line with research conducted by (Setiawan et al., 2020). The husband's activities in P4K are assisting his wife in prenatal care, delivery costs, preparation of prospective blood donors, transportation, delivery assistance and even all research subjects have not yet determined postnatal contraceptives (KB). The results of research conducted by (Uldbjerg et al., 2020) state that. The main perceived barrier to the use of ANC is the poor quality of services, includingattitudes of health workers, socio-cultural practices and lack of support from husbands, including difficulties in encouraging them to participate in ANC. In addition, the institutional structure and procedures in the health center and in transportation were considered to prevent some pregnant women from accessing ANC services.

3.2.2 Partnership/network

Networks or partnerships in antenatal care services, according to informants in the following extract from interviews:

"Partnership activities related to services to mothers, namely the implementation of health care for catin, have been routinely held, namely conducting counseling in collaboration with the KUA office and there is already a cooperation (MOU)" (IF 1).

"Partnerships with other cross-sectors that have been implemented such as Youth Care Health Services (PKPR), catin counseling" (IF 6).

Based on the results of in-depth interviews, information was obtained about partnerships or networks with cross-sectors related to the implementation of ANC, the form of the activity is catin counseling which aims to prepare a female catin reproductive

health to become a mother, but its implementation is still in the religious affairs office not yet in the form of catin class. The importance of health services provided during the pre-pregnancy period, in this case, is that the prospective bride and groom are a forum to provide KIE to the prospective bride and groom about healthy reproductive health. As for the partnership for the catin health service, it involves the Office of Religious Affairs, in this case the Public Health Centers will make an MOU (Memorandum of Understanding) with the Office of Religious Affairs in the sub-district. The activities can be carried out once a month or twice a month depending on the agreement that has been made. The same thing was also revealed by (Utne et al., 2020)about the importance of building cooperation between pregnant women, health workers and building trust between pregnant women, caregivers, doctors and strengthening interpretation services and ensuring that customized information is available.

3.2.3 Monitoring and evaluation

The following excerpts from interviews with informants describe the types of monitoring and assessment in antenatal care services.:

> *“The monitoring and evaluation is carried out in stages, entrusted to the person in charge of KIA and Bikor, the M&E which must be carried out by the head of the Public Health Centers is the monitoring and evaluation of recording and reporting which is carried out once a week for every meeting and monthly lokmin” (IF 6)*.
>
> *"Monitoring is carried out by the Health Office through technical guidance from the Health Office and in the lokmin event which is held once a month by presenting officers from the Health Office" (IF 11).*
>
> *Monitoring is carried out by the Health Office in the form of technical guidance and guidance by the bikor to the Pustu is carried out in the form of facilitative supervision” (IF 16).*

Based on the findings of the in-depth interviews, it was found that the monitoring and evaluation process was carried out in stages, starting from the Public Health Centers, where the coordinating midwife, MCH manager, and the head of the Public Health Centers were present. From the District, technical guidance is provided as part of the monitoring process. Then there is a Public Health Centers forum or monthly monitoring and evaluation meeting at the Public Health Centers. Monitoring carried out by the Health Office is an integrated technical guidance which involves cross-programming, while evaluation is carried out twice a year where program managers are given the opportunity to convey the results of the MCH program achievements, then discussion and follow-up are carried out. further for programs or activities that have not been achieved.

3.3 Output

Output in antenatal care services sas expressed by the informant in the following interview excerpt:

"For the achievement of the MCH program in terms of quantity, although it did not reach the 100% target, in 2019, but for our Public Health Centers we have achieved approximately 76%. non-permanent pregnancy and high mobilization rate" (IF 1).

"The achievement of the ANC quality program is still low, it can be seen from the results of the MCH program at the Public Health Centers which are always sent to the district every month" (IF 2).

"The quality of ANC services is still not visible from the results of the achievements of the MCH program, especially K4, there are still pregnant women who are not in contact in the first quarter" (IF 11).

"When viewed from the achievements of the MCH program, especially quality ANC services have not reached the expected target, there are still around 10% of pregnant women who are not in contact in the first quarter" (IF 12).

Based on the findings of in-depth interviews, it appears that there are still pregnant women whose first contact with a health care provider did not occur in the first quarter, indicating that the success of the MCH Program, particularly in providing high quality ANC, has not met the target according to the minimum service standards. This was caused by mothers who did not receive adequate information about maternal and child health, pregnant women who lacked awareness of maternal and child health, and pregnant women present who did not realize that they were pregnant. The same research was also conducted by (Abbasi-Kangevari et al., 2020) it can be concluded that the use of antenatal care of Syrian women in Tehran does not meet national standards or recommendations of the World Health Organization. However, the antenatal care of Syrian women in Tehran maintains their own cultural behavior in terms of the utilization of antenatal care.

CONCLUSION

At the input, there is still a shortage of implementing personnel who provide antenatal care services, namely midwives. In the process of implementing antenatal care activities, it has not met existing standards, while in terms of quality of antenatal services, it has not been maximized, so it is necessary to apply SOPs to the implementation of antenatal care. Antenatal care according to standards, the implementation of this SOP refers to the Minimum Service Standards so that all existing standards are met and implemented properly. To increase the access of pregnant women to health workers, the author suggests that every *Jorong* or Nagari has an online motorcycle taxi for pregnant women provided so that pregnant women who have problems getting health services can have access to these motorcycle taxis closer.

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