

The Relationship Between Ante Natal Care Compliance With The Selection Of Birth Attendants In Pematang Tengah Village, Pematang Jaya District. Langkat

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ABSTRACT

One of the goals of the ANC examination is to prepare women for childbirth (NICE, 2012). Childbirth readiness is the initial planning and preparation for childbirth that aims to help women, husbands and families to be ready for childbirth by making plans to deal with complications and unexpected things. Childbirth readiness can be assessed at six levels, namely the individual level of women, husband or family, environment, health workers, health facilities and policies. At the individual level, pregnant women and their husbands can prepare for childbirth and deal with complications by recognizing the danger signs that indicate complications that threaten the life of mother and baby, identifying trained birth attendants and delivery sites, providing savings and arranging transportation, while at the family and environmental level can identify donors. A woman who has prepared the six elements of labor readiness described by WHO is categorized as ready and vice versa if she prepares less than the six elements of labor readiness is categorized as not ready. The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and $df = 1$, the results are $p.value = 0.002$ at $df = 1$ where $sig < (0.003 < 0.05)$ it can be seen that there is a relationship between ante natal care compliance with the selection of birth attendants in Pematang Tengah Village, Pematang Jaya District, Kab. Langkat Year 2018.

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1. Introduction

The health development program that has been implemented has succeeded in increasing the degree of community health in a meaningful way, although there are still various problems and obstacles that will affect the implementation of health development. One of the indicators to measure health status is the maternal mortality rate (AKJ). Based on data from the 2007 Indonesian Demographic and Health Survey (IDHS), the Indonesian MMR is 228 per 100,000 live births, although this figure is still the highest in Asia. These figures are about 3-6 times that of the A.KI of ASEAN countries and more than 50 times the AKI of developed countries. Meanwhile, the target of the National Medium Term Development Plan (RP J MN) is 226 per 100,000 live births (Rabea, 2012).

Antenatal Care (ANC) is a routine health examination service for pregnant women to diagnose obstetric complications and to provide information about lifestyle, pregnancy and childbirth (Backe et al, 2015). Every pregnant woman is highly recommended to perform a comprehensive quality ANC examination at least 4 times, namely at least 1 time in the first trimester (before 14 weeks of gestation), at least 1 time in the second trimester (14-28 weeks gestation) and at least 2 times in the third trimester. The third (28-36 weeks and after 36 weeks of gestation) includes at least 1 visit accompanied by a husband or family member. The first ANC visit is highly recommended at 8-12 weeks of gestation (Backe et al, 2015; Ministry of Health RI, 2015; PMK 97, 2014). In 2015, almost all pregnant women (95, One of the goals of the ANC examination is to prepare women for childbirth (NICE, 2012). Childbirth readiness is the initial planning and preparation for childbirth

that aims to help women, husbands and families to be ready for childbirth by making plans to deal with complications and unexpected things. Childbirth readiness can be assessed at six levels, namely the individual level of women, husband or family, environment, health workers, health facilities and policies. At the individual level, pregnant women and their husbands can prepare for delivery and deal with complications by recognizing the danger signs that indicate life-threatening complications for mother and baby, identifying trained birth attendants and delivery sites, providing savings and arranging transportation, while at the family and environmental level it can identify donors. A woman who has prepared the six elements of labor readiness described by WHO is categorized as ready and vice versa if she prepares less than the six elements of labor readiness is categorized as not ready (Gitonga, 2014).

Several studies have shown that there are still few women who are categorized as ready to give birth (Mutreja and Kumar, 2015; Bintabara et al, 2015). According to Gebre et al (2015) one of the factors that encourage delivery readiness is ANC visits. There is a higher proportion of preparedness in women who made ANC visits 4 times or more than those who made ANC visits less than 4 times (Bintabara et al, 2015; Gitonga, 2014).

In addition to aiming to prepare for childbirth, according to Adriaansz in Saifuddin (2013), one of the important reasons pregnant women should receive ANC services is to build mutual trust between clients and health workers. Backe et al (2015) recommend trying continuity of care (CoC) so that clients are more familiar with caregivers. Continuity of care is a model of midwifery care that provides services to help women build relationships with the same care provider (can be a group) during pregnancy, childbirth and the postpartum period. Continuity of care is one way to improve overall service quality to reduce maternal and infant mortality. Continuity of care is needed in every life cycle, one of which is during pregnancy (Renfrew et al, 2014).

Health services during pregnancy can be provided by competent health workers, namely doctors, midwives and trained nurses, in accordance with applicable regulations (PMK 97, 2014). In general, 80-90% of pregnancies are physiological, and only 10-20% of pregnancies will be accompanied by complications. Midwives in maternal health services have the authority to provide antenatal services in normal pregnancies (PMK 28, 2017). The results of the 2013 Basic Health Research (Risksdas) showed that 88% of antenatal care was provided by midwives and 52.5% was carried out in midwifery practice (Kemenkes RI, 2013).

The main causes of neonatal death in 20 countries with the highest maternal and infant mortality rates in the world, including Indonesia, are low birth weight/prematurity (35.5%), asphyxia (24.3%) and infection (22.7%). ICM et al, 2016). For Indonesia alone, 35.9% of neonatal deaths are caused by respiratory disorders/disorders including asphyxia (Kemenkes RI, 2012). The average incidence of low birth weight babies (LBW) nationally in 2013 was 10.2% and for the province of West Sumatra it was 7.3% (Kemenkes RI, 2014). Neonatal mortality in the city of Padang in 2015 was recorded that 32% was caused by asphyxia and 26.8% due to low birth weight. Of all the babies weighed in 2015 in the city of Padang, found 371 (2.2%) LBW babies and this number increased from the previous year which was only 1.7%.

Based on the Health Service Sector of the North Sumatra Health Office, the number of maternal deaths in North Sumatra in 2013 was lower than the 2012 Indonesian Health Demographic Survey, where in 2012 the maternal mortality rate was 359 per 100 thousand births. Meanwhile, the 2015 MDGs target for maternal mortality is 102 per 100 thousand births (North Sumatra Health Office, 2014)

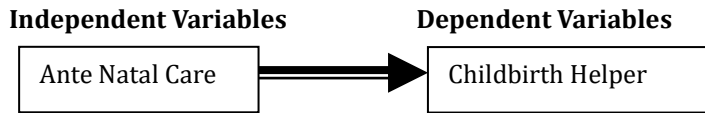
Based on the initial survey data at the Pematang Jaya Health Center, it is known that the number of pregnant women who come to the Pematang Jaya Health Center is 50 pregnant women and from interviews, it is obtained that 50% of pregnant women have not been able to decide who will help with the delivery later. Based on the events or phenomena mentioned above, the researchers are interested in knowing the relationship between ante natal care compliance with the selection of birth attendants in the Pematang Jaya Public Health Center Work area. Therefore, the researchers conducted research on a number of pregnant women in the Pematang Jaya Health Center Work area.

2. Method

2.1. Conceptual Framework and Research Variables

The conceptual framework in this study was prepared based on a literature review where

researchers wanted to know about the relationship between ante natal care compliance with the selection of birth attendants in Pematang Tengah Village, Pematang Jaya District, Langkat Regency according to the research objectives, the variables can be described as follows.



2.2. Research Hypothesis

The hypothesis is a temporary answer that must be tested for truth in the research the proposed hypothesis is

- a. Ho : No Relationship Between Ante Compliance Christmas Care With Election Midwife in Pematang Tengah Village, Pematang Jaya District, Langkat Regency
- b. Ha : There is a significant relationship between Ante Natal Care Compliance with Selection of Birth Attendants in Pematang Tengah Village, Pematang Jaya District Langkat

2.3. Types of research

This type of research is a descriptive study using a cross sectional study design, the purpose of the research is to determine the relationship between ante natal care compliance with the selection of birth attendants in Pematang Tengah Village, Pematang Jaya District, Langkat Regency in 2018.

2.4. Place and time of research

The research will be carried out in the Working Area of Pematang Tengah Village, Pematang Jaya District, Langkat Regency in 2018 and the time of the research will be started in September 2018.

2.5. Population and Sample

The population taken in this study is 50 people who live in Pematang Tengah Village, Pematang Jaya District, Langkat Regency. In this study, the sampling technique was carried out using a total sampling technique of 50 people. However, researchers still optimize respondents as research objects to explore data. The sample criteria include inclusion criteria and exclusion criteria, where these criteria determine whether or not the sample can be used. The inclusion and exclusion criteria in this study are:

- a. Inclusion criteria are criteria where research subjects can represent in research samples that meet the requirements as samples (Notoatmodjo, 2012), namely:
 - 1) Pregnant women who live in Pematang Tengah Village, Pematang Jaya District, Langkat Regency
 - 2) Physically and mentally healthy
 - 3) Willing to be a respondent.
- b. Exclusion Criteria

Exclusion criteria are criteria where the research subject cannot represent the sample because it does not meet the requirements as a research sample (Notoatmodjo, 2012). The exclusion criteria for this study were pregnant women who were domiciled in the working area of Pematang Jaya Public Health Center in a state of physical and mental illness.

2.6. Method of collecting data

The data collection method used in this research is to use a questionnaire or questionnaire (questionnaires). Arikunto (2016) states that questionnaires are a number of written questions that are used to obtain information from respondents in terms of reports about their personalities, or things they know. Questionnaires are used to refer to methods and instruments. So in using the questionnaire or questionnaire method, the instrument used is a questionnaire or questionnaire. The questionnaire or questionnaire used is a questionnaire about the relationship between ante natal care compliance with the selection of birth attendants containing questions for which there are already alternative answers. For correct answers a score of 1, incorrect answers a score of 0 and for the selection of birth attendants the assessment technique is the same as for antenatal care

3. Results and Discussion

3.1 Univariate Analysis

The results of data collection from respondents through this study regarding the relationship between ante natal care compliance with the selection of birth attendants in Pematang Tengah Village, Pematang Jaya District, Langkat Regency with a total of 50 respondents can be presented in the form of a table as follows

TABLE 1
ANTE-NATAL CARE FREQUENCY DISTRIBUTION IN PEMATANG TENGAH VILLAGE, PEMATANG JAYA KEC. KAB. LANGKAT YEAR 2018. (N=50)

No	Variable	Total (n)	Percentage (%)
	Not obey	22	44.0
	Obey	28	56.0
	Total	50	100

In table 1, it can be seen that from 50 ante natal care respondents, 28 respondents (56.0%) were compliant and 22 respondents (44.0%) were non-compliant.

TABLE 2
FREQUENCY DISTRIBUTION OF DELIVERY ASSISTANT IN PEMATANG TENGAH VILLAGE, PEMATANG DISTRICT JAYA KAB. LANGKAT YEAR 2018. (N=50)

No	Variable	Total (n)	Percentage (%)
	Witch doctor	9	18.0
	Midwife	37	74.0
	Medical specialist	4	8.0
	Total	50	100

In table 2 it can be seen that of the 50 respondents the majority of birth attendants with midwives were 37 respondents (74.0%) and a minority of specialist doctors were 4 respondents (8.0%).

3.2 Bivariate Analysis

TABLE 3
FREQUENCY DISTRIBUTION OF THE RELATIONSHIP BETWEEN ANTE-NATAL CARE COMPLIANCE WITH THE SELECTION OF AID DELIVERY IN THE VILLAGE OF PEMATANG TENGAH KEC PEMATANG JAYA KAB. LANGKAT IN 2018. (N=50)

No	Ante Natal Care	Childbirth Helper						Total	p.value	df	
		Witch doctor		Midwife		Medical specialist					
		n	%	n	%	n	%				
1	Not obey	7	87.5	15	40.5	0	0	22	44	0.002	1
2	Obey	1	12.5	22	59.5	5	100	28	56		
	Total	8	100	37	100	5	100	50	100		

Based on table 4.3, it can be seen that of the 50 respondents the majority of birth attendants with midwives were 22 (59.5%) and a minority of shamans were 1 person (12.5%). The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and $df = 1$, the results are $p.value = 0.002$ at $df = 1$ where $sig < (0.003 < 0.05)$ it can be seen that there is a relationship between ante natal care compliance with the selection of birth attendants in Pematang Tengah Village, Pematang Jaya District, Kab. Langkat Year 2018.

3.3 Discussion

The results showed that the majority of ante natal care were obedient as many as 28 respondents (56.0%) and the minority were non-compliant as many as 22 respondents (44.0%). The majority of birth attendants with midwives were 37 respondents (74.0%) and a minority of specialist doctors were 4 respondents (8.0%). The results of statistical tests showed that using a significant level of 0.05 and the statistical test results showed that there was a relationship between ante natal care compliance with the selection of birth attendants in Pematang Tengah Village, Pematang Jaya District, Langkat Regency, it can be seen from the significant value of $0.002 < 0.05$.

The results of hypothesis testing to see the relationship between variable X and variable Y are with a significant level (α) = 5% (0.05) and $df = 1$, the results are $p.value = 0.002$ at $df = 1$ where $sig < (0.002 < 0.05)$, it can be seen that there is a relationship between ante natal care compliance

with the selection of birth attendants in Pematang Tengah Village, Pematang Jaya District, Kab. Langkat Year 2019.

One of the purposes of the ANC examination is to prepare women for childbirth. Childbirth readiness is the initial planning and preparation for childbirth that aims to help women, husbands and families to be ready for childbirth by making plans to deal with complications and unexpected things. Childbirth readiness can be assessed at six levels, namely the individual level of women, husband or family, environment, health workers, health facilities and policies. At the individual level, pregnant women and their husbands can prepare for delivery and deal with complications by recognizing the danger signs that indicate life-threatening complications for mother and baby, identifying trained birth attendants and delivery sites, providing savings and arranging transportation,

Several studies have shown that there are still few women who are categorized as ready to give birth (Mutreja and Kumar, 2015; Bintabara et al, 2015). According to Gebre et al (2015) one of the factors that encourage delivery readiness is ANC visits. There is a higher proportion of preparedness in women who made ANC visits 4 times or more than those who made ANC visits less than 4 times (Bintabara et al, 2015; Gitonga, 2014).

Besides aiming to prepare for delivery, one of the important reasons pregnant women should get ANC services is to build mutual trust between clients and health workers. Recommend trying continuity of care (CoC) so that clients know more about caregivers. Continuity of care is a model of midwifery care that provides services to help women build relationships with the same care provider (can be a group) during pregnancy, childbirth and the postpartum period. Continuity of care is one way to improve overall service quality to reduce maternal and infant mortality. Continuity of care is needed in every life cycle, one of which is during pregnancy.

Based on this, it is hoped that the existing health workers or parties are expected to always provide information about the importance of prenatal care so that they can know the health or development of the fetus and can determine the right helper for the mother during the delivery process later.

4. Conclusion

The majority of ante natal care were compliant, 28 respondents were compliant and 22 respondents were non-compliant. The majority of birth attendants with midwives were 37 respondents and a minority of specialist doctors were 4 respondents. There is a relationship between ante natal care compliance with the choice of birth attendant.

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