PERCEIVE OF VULNERABILITY AMONG HIGH RISK PREGNANT MOTHER WHO REFUSE REFERRED TO THE HEALTH FACILITY IN PAITON, PROBOLINGGO, INDONESIA

Mirrah Samiyah[1*], Nyoman Anita Damayanti[2], I Wayan Gede Artawan Eka Putra[3] and Ilyas Ibrahim[4]

[1,2,3,4] *Faculty of Public Health, Universitas Airlangga, Indonesia*

Email:* mirrahsamiyah@gmail.com

Abstract : Perceive of Vulnerability Among High Risk Pregnant Mother Who Refuse Referred To The Health Facility In Paiton, Probolinggo, Indonesia . The most important strategy to prevent maternal mortality is early detection high risk pregnancy and prompt treatment. This study aimed to explore the perceive of vulnerability among high risk pregnant mothers who refuse to referred to the health facility. This is a qualitative study conducted on April 2017 in Paiton, Probolinggo, Indonesia. The respondents are head of public health center (PHC), 2 midwifes as key informants and 2 high risk pregnant mothers who refuse to referred to the health facility. Data were collected by in-depth interview and validated using triangulation. Head of PHC is told by mothers that they afraid if their acceptance to be referred to hospital could be a bad signal such as they are delivered home dead or fatal conditions. They belief that refusing is the best choice for their life. Both midwives feel that their condition as high risk pregnant mothers based on the referred standard but mothers still go to other midwife to get second opinion. High risk pregnant mothers say that they are still in a healthy condition and their recent pregnancy do not give bad effect to their life. So, they persist because find their neighbor can deliver normally even she had high risk pregnancy and she can't handle it if her baby need formula milk. The second mother has a busy husband that can't drive her to hospital, different perception about hospital choice and perception about delivery baby in hospital only needed by a pregnant mother who got fatal conditions.

Keywords: High Risk Pregnancy, Women

Introduction

Reducing maternal mortality (MMR) is one of the indicators in SDGs. High-risk pregnancies are the leading cause of maternal death. Treatment of high-risk pregnancies is essential for early treatment, right against risk and postpartum care. Probolinggo is a with an increased maternal mortality (MMR) in the last 3 years. Trends MMR Probolinggo from 2013 to 2015 can be seen in Figure 1.
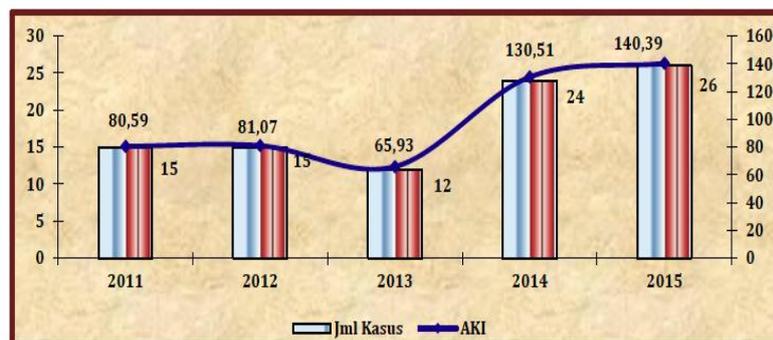

Figure 1. Mortality Rate of Probolinggo in 2011-2015

Based on Figure 1, the MMR Probolinggo in 2013 has actually decreased to 65.93 per 100,000 live births compared to 2012 or from 15 to 12 people. In 2014 there could be a sharp increase of 2-fold. MMR in 2014 amounted to 130.51 per 100,000 live births or as many as 24 people. In 2015 again increased to 140.39 per 100,000 live births or 26 people. The increase event will not be in 2014, the upward trend in 3 consecutive years should be addressed immediately (Probolinggo Health Office 2015, 2016).

Review problems that match the increase in the MMR. The main factors and directly to the profession that is sick and not handled properly. To order about what is a big problem, priority issues and what might be done then it is important to do in Probolinggo.

Methods

Study Design

The design used in conducting this situation analysis is the descriptive study design. Situation analysis was carried out in Probolinggo, Indonesia for 1 week on 3rd week of April 2017.

Data Collection

Health data on the analysis of this situation consists of secondary data and primary data. Secondary data is sourced from health service profile, Puskesmas, hospital, data in resident service and other related institution. Primary data collecting through indept interview (in-depth interview) by using interview guidance to some key respondents like KIA program holder, midwife coordinator. In addition, Focus Group Discussion (FGD) was conducted with village midwives and some pregnant women.

Analysis

The data have been analyzed descriptively by using epidemiology approach so that the number obtained by person, place and time. Data on health indicators compared to MSS and strategic plans to be achieved. Computer assisted data analysis using Microsoft Excel 2016 software.

Result

The Hanlon Method is a technique used to determine the priority of the problem quantitatively with four groups of criteria (Hanlon and Pickett, 1984; NACCHO, 2011). With the aim that planners can identify outside factors that can be included in the process of prioritizing problems, grouping factors that exist, weighting those groups of factors and allowing members to change factors and values as necessary. Data are presented in tables, graphs, maps and narratives

Socio-demographic Characteristics

The population of Probolinggo in 2015 is 1,140,480 people with an area of 1.696 Km2. As with othes in Java, the population density of Probolinggo is high, amounting to 672.4 people/ Km2. The ratio of male and female population (sex ratio) was 95.2%. This shows the number of male population is lower than women or every 100 female population there are 95 men. The number of live births as many as 18,520 people.

Health resources owned by Probolinggo include 20 inpatient health centers, 13 non-inpatient health centers and 33 mobile health centers. This means that each Puskesmas has 1 mobile health center. Ratio of Puskesmas with population is 1: 34.560 person. Ideally ratio of puskesmas with population is 1: 30.000 which mean still less amount of puskesmas needed.

The total number of Pustu is 87 and the ratio of Pustu with Puskesmas is 2,64: 1 or every 1 Puskesmas has 2-3 Pustu. There are also 40 Polindes and 45 Poskesdes.

Table 1 : Number of Posyandu by Year

Variable	Years				
	2011	2012	2013	2014	2015
Number of Posyandu	1.312	1.312	1.312	1.312	1.312
Primary	145	94	73	20	9
Medium	564	571	581	473	420
Complete	567	614	638	766	808
Independent	36	33	20	53	75
Number of Existing Cadres	6.133	5.846	5.789	5.872	5.974
Number of Active Cadres	5.429	5.391	5.413	5.724	5.792

Probolinggo has 6 hospitals consisting of 5 hospitals and one mother and child hospital. Probolinggo also has 15 clinics, 61 individual practice physicians, 7 traditional medicines, 13 pharmacies, 2 drug stores and 1 small business of traditional medicine.

Direct Cause of Maternal Death

Based on data from Probolinggo Health Office, the most direct cause of maternal mortality is preeclampsia/ eclampsi as much as 30,77%. In addition, the direct cause of maternal mortality is heart disease 19,23%, bleeding 11,54%, hyperemesis 3,85% and Others 34.62%.
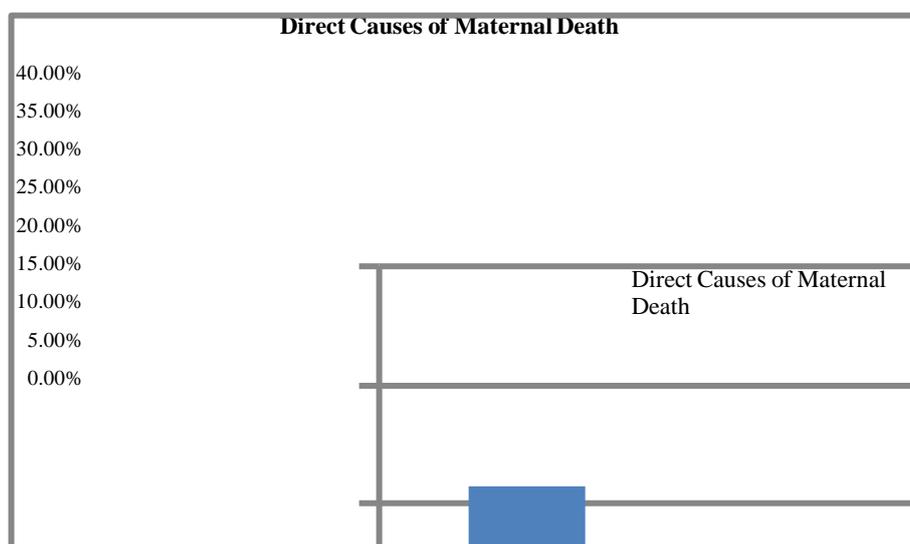

Chart 1 : Direct Causes of Maternal Death

Pregnancy Complications Cases Occurred

Cases of pregnancy complications that occur in Probolinggo include: anemia of pregnant women with Hb <8 g%, high blood pressure (systole> 140 mmHg, diastole> 90 mmHg), eclampsia, comorbidities, elderly pregnant women. The cases of labor complications that occur are premature rupture of membranes, vaginal bleeding, latitude of pregnancy> 32 weeks, breech position in primigravida, severe / sepsis infection and preterm labor.

Discussion

Countermeasures Program

The performance of the maternal and child health problem mitigation program can be seen based on several coverage indicators. Some of these include the coverage of ANC visits in the first quarter (K1) of 97.41% and third quarter ANC visits (K4) of 88.11%. A decrease in K4 coverage versus K1 may occur in part due to a lack of recording and reporting or it could be because pregnant women are visiting unreported and advanced health services.

Performance indicators that are also important to see are childbirth assisted nakes 96.54%, 96.28% puerperium service, coverage of vitamin A in the postpartum of 99.15% and coverage of TT2 + in pregnant women of 68.43%. The scope of the first tablet (Fe1) was 97,41% and the third quarter (Fe3) was 88,11%. While coverage of obstetric complication handling more than 100% equal to 133,71%. The main cause of achieving coverage that exceeds 100% is the underestimation of the target or (under estimated) estimates. The estimated number of high risk pregnant women in Probolinggo 2015 is 3,929. On the other hand the number of high risk pregnancies handled 5,254 people (133.71%).

This fact shows low estimates whereas on the other hand high-risk pregnancies occur. This low estimate causes early detection is less than optimal.

Problems and Solution of High Risk Pregnancy

Based on the results of the interview can be known some problems of high-risk pregnancy in Probolinggo . One of the main problems in the prevention of high risk pregnancy is the perception of susceptibility of pregnant and family mothers. The perception of susceptibility of high risk pregnant women and families who feel fine and no problem affect their medication retrieval behavior. The perception of pregnant women and the family referred to will end in a more fatal situation until death. A taboo perception if checked in early pregnancy. Mothers and families do not believe high risk pregnant, when delivered instead did not come to visit. The existence of these perceptions becomes an obstacle in the process of referring high risk pregnant women.

In addition, there are also known problems in early detection of anemia in pregnant women. Some midwives do not have portable hemoglobin meters. On the other hand in the support of community leaders and village leaders, some village heads do not prioritize health programs.

In the effort of high risk pregnancy confection some efforts that have been done include Gebrak, Gemasiba and Desa Siaga. Gebrak is a maternity facilitation movement by nursing school students. The problem in the implementation of Gebrak is limited to pregnant women who live close to the campus and have not yet reached more remote areas that are more problematic. Gemasiba is the movement to save mother healthy children. This effort is a cross-sector involving Babinsa, religious leaders, community and cadres especially for early detection. Whereas Desa Siaga is less run optimally due to funding problems and management activities.

Priority Issue

Based on the determination of priority problems using Hanlon method then selected problem of early detection of high risk pregnancy. Early detection is not only a matter of discovery and diagnosis but overall began to delay recognizing the danger signs of pregnancy complications, prevention and further treatment. The result of problem priority using Hanlon method can be seen in Table 4.2.

Table 2. Problem priority

Problems	Skor total	Rangking
The problem of early detection of high-risk pregnancies, including: delay recognize the danger of pregnancy complication, prevention and further treatment	15	1
The perception of susceptibility of high risk pregnant women and families who feel fine and not a problem	12	2
Some Village Heads do not prioritize health programs	10	3

Identify the Cause of the Problem

Identify the cause of the problem in the analysis of this situation using the method of fish bone (bonefish). The problem of early detection of high-risk pregnancies, including: delay recognizing the danger of pregnancy complication, prevention and further treatment

The main cause of the problem of early detection of high-risk pregnancy is the perception of susceptibility of high risk pregnant women and families who feel fine and no problem. The perception of pregnant women and families who referred to will end up with a more fatal situation until death a taboo perception if checked in early in pregnancy and mothers and families do not believe high risk pregnant, but did not come visit.

Alternative Problem Solving

Some of the alternatives that can be offered for the above problem solving are prenuptial KIEs to prospective brides to improve their understanding of the importance of recognizing the danger signs of pregnancy complications and further prevention. By providing early recognition of pregnancy signals it is expected that couples will be more aware and more aware of the importance of prevention.

Assistance of pregnant women and families to improve perceptions of susceptibility is an important strategy in the detection of high-risk pregnancies. The family is the immediate environment and the first most important role in tMMRng precautions. The family approach should also be supported by community empowerment through the involvement of community and religious leaders in delivering health messages. It is also important to promote health about KIA which is packaged in cultural elements and local wisdom.

Conclusion

The problem of high-risk pregnancy prioritization in Probolinggo is the lack of early detection due to delay recognizing the danger signs of pregnancy complication, prevention and further treatment. Causes of such delays include:

1. Perceptions of vulnerability of high risk pregnant women and families who feel fine and not a problem
2. Perceptions about pregnant women and families who referenced will end up with a more fatal situation until death
3. A taboo perception if checked in early pregnancy
4. Mothers and families do not believe high risk pregnant, when delivered even not come to visit

Recommendation

For the community

The results of this situation analysis is expected to provide information for the public about the picture of high-risk pregnancy problems in Probolinggo in detail, so that it can be made health program planning for the prevention.

For Probolinggo Health Office

The results of this study can be used as input material in the planning and implementation of health programs, especially in the field of maternal and child health in the future.

For Next Researchers

The results of this study are expected to be useful as a learning experience in conducting situation analysis of health problems and planning of prevention programs.

Acknowledgement

Glossaries

Angka Kematian Ibu (MMR) = maternal mortality (MM)

KIA (Kesehatan Ibu dan Anak) = health of both mother and child

Puskesmas (Pusat Kesehatan Masyarakat) = Community Health Centre

Polindes (Pondok Bersalin Desa) = The village maternity pos

Ponkesdes (Pondok Keseehatan Desa) = The village health pos

Posyandu (Integrated Health Pos)

Gemasiba (Gerakan Bersama Selamatkan Ibu dan Anak) = A Joint Movement Save Mother and Child by the Government

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