



Received: February 23, 2021
Revised: April 06, 2021
Accepted: April 24, 2021

*Corresponding author: Alya Risma,
Department of Public Health, Faculty of
Public Health, Universitas Hasanuddin,
Makassar, Indonesia

E-mail: alya_risma@gmail.com

DESCRIPTIVE OF QUANTITATIVE DATA | SUPPLEMENTARY

Inhibiting Factors of the Implementation of 14 T in Pregnant Women at Puskesmas Padongko, District Barru

Alya Risma^{1*}

¹Department of Public Health, Faculty of Public Health, Universitas Hasanuddin, Makassar, Indonesia.
Email: alya_risma@gmail.com

Abstract: This study aims to determine the effect of inhibiting factors on the implementation of 14 T in pregnant women at Padongko Health Center in Barru District. This research is quantitative research through a descriptive-analytic approach with the research method of "Cross-sectional Study". This study used primary data through a survey of 175 respondents as a sample obtained from secondary data of 64 pregnant women. The survey was conducted from January 17 to February 31, 2016. Data were analyzed using statistical methods supported by the SPSS program. The results of this study indicate that: (1) service time has no significant effect on the implementation of 14T for pregnant women at the Padongko Health Center, Barru regency with a value of $p = 0.108$ greater than the significance value of $\alpha = 0.05$; (2) the performance of midwives has a significant effect on the implementation of 14 T in pregnant women at the Padongko Health Center, Barru regency with a value of $p = 0.002$ less than the significance value of $\alpha = 0.05$; (3) Husband's support has a significant effect on the implementation of 14 T in pregnant women at the Padongko Health Center, Barru regency with a p -value = 0.020 less than the significance value $\alpha = 0.05$; (4) Mother's work has a significant effect on the implementation of 14 T in pregnant women at the Padongko Health Center, Barru regency with a value of $p = 0.045$ less than the significance value of $\alpha = 0.05$; (5) recent education has no significant effect on the implementation of 14 T in pregnant women at the Padongko Health Center, Barru regency with a value of $p = 0.071$ is greater than the significance value of $\alpha = 0.05$. So that the performance of midwives, husband's support, and mother's work influenced the implementation of 14T for pregnant women at the Padongko Health Center, Barru regency. However, of the three variables, the midwife's performance has a very significant effect on the implementation of 14 T at the Padongko Health Center, Barru regency.

Keywords: Service Time, Midwife Performance, Husband Support, Employment, Education, Implementation 14 T

1. INTRODUCTION

As an effort to reduce MMR and IMR, in 1999 the World Health Organization (WHO) launched the Making Pregnancy Safer (MPS) strategy, supported by international agencies such as UNFPA, UNICEF, and the World Bank. Strategic interventions in Safe Motherhood manifested as the 4 Pillars of Safe Motherhood and the Mother's Love Movement. The 4 pillars of Safe Motherhood consist of 4 things, namely: Family Planning (KB), Antenatal services, Safe childbirth, and Essential Obstetric Services. Development in the health sector is directed at achieving international commitments, as outlined in the Millennium Development Goals (MDGs). Reducing child mortality and improving maternal health is the goal of the MDGs which are directly related to health, namely to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) which are indicators of the quality of public health services in a country. Strategies to reduce MMR and IMR have been carried out, but MMR and IMR in Indonesia are still relatively high. IMR in Indonesia was 34 per 1,000 live births in 2007, while the MDGs to be achieved in 2015 were 23 per 1,000 live births. While the MMR was



228 per 100,000 live births in 2007, while the MDGs to be achieved in 2015 were 102 per 100,000 live births while the MMR was 359 per 100,000 births (Briozzo et al. 2016)

Finally, the United Nations (UN) has just launched a sustainable development program called the Sustainable Development Goals (SDGs) replacing the previous program, the Millennium Development Goals (MDGs). SDGs will automatically apply to developed and developing countries for the next 15 years, the SDGs in 15 years are to reduce MMR by 70 per 100 thousand live birth (Cox 2018). The handling of maternal death must be accompanied by an increase in the status of women. A better position for women will greatly help increase their accessibility to health services and facilities. The government must also ensure that all health workers who are involved in reducing the maternal mortality rate (MMR) are working to make changes. Mental revolution and treatment in accelerating the reduction of the Maternal Mortality Rate (MMR). In particular, officials at the Ministry of Health who generally do not know about problems in the field must play an active role if you do not want the target for the Maternal Mortality Rate (MMR) in the Sustainable Development Goals (SDGs) to be in vain as the Millennium Development Goals (MDGs) ((Rodrigues et al. 2016)

The Head of the SUL-SEL Health Service said that the MMR and IMR in November 2015 were 98 per 100,000 births. Data on AKI and IMR in South Sulawesi are much better than the national standard (O'Dwyer et al. 2012). South Sulawesi is claimed to be able to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) for the last 4 years. Even South Sulawesi is said to have realized the target of the Millennium Development Goals (MDGs) which was proclaimed in 2014 (Verguet et al. 2014). The provincial government is optimistic that it will better suppress the number of maternal and infant deaths this year. Moreover, several foreign donor agencies have implemented similar programs in several districts. On the other hand, Anne Hyre, the person in charge of the Expanding Maternal and Neonatal Survival (EMAS) program from USAID, said that 4 districts in South Sulawesi would be designated as pilots for implementing programs to reduce maternal and infant mortality.

One of the districts that have been determined is Pinrang Regency. This is because the number of maternal and infant deaths in this district is quite high. In Indonesia, there are 30 districts/cities and 6 provinces that will become pilot projects for the EMAS program for the next 5 years. The budget prepared reached US\$ 55 million. The free health program that has been implemented over the last 4 years has been able to reduce the number of maternal and infant deaths. South Sulawesi BPS data states that the maternal mortality rate is only 76 per 1,000 births. While infant mortality is only 5 per 1000 births. This achievement was acknowledged to be better than the MDGs target of 102 per 1000 births by 2014. Antenatal care is care or care given to pregnant women before giving birth, which is useful for facilitating healthy and positive outcomes for pregnant women and their babies for reasons of establishing a trusting relationship with the mother, detecting life-threatening complications, and providing health education ((Huda et al. 2021). One form of the ANC visit, namely the K1 visit or first visit, is the first opportunity to assess the health condition of the mother and fetus, as well as to include the quality of the interaction between the delivery of services and the mother as a patient in the future. K1 examination includes: Mother's identity data, number of children, history of pregnancy and childbirth, gestational age and interpretation of labor complaints felt during pregnancy, necessary nutrition for pregnant women, and things that the mother might be worried about.

The relationship between service providers and utilization of antenatal care was analyzed using cross-tabulation and Somers's with a 95% confidence level ($\alpha = 0.05$). The cross-tabulation results showed that the majority of respondents had incomplete utilization of antenatal care, namely 56.3%, and the majority of respondents rated the service provided by officers as quite good, 52.9%. The results of the analysis show a probability value of 0.004 or a p value less than 0.05 so H_0 is rejected, which means that there is a relationship between the services of officers and the use of antenatal services (Saw et al. 2020). The relationship between attitudes and utilization of antenatal care was analyzed using cross-tabulation and Somers's'D with a 95% confidence level ($\alpha = 0.05$). The results of cross-tabulation showed that the majority of respondents had incomplete utilization of antenatal services, namely 56.3%, and the majority of respondents had an adequate attitude 62.1%. The results

of the analysis show a probability value of 0.025 or a p value less than 0.05 so H_0 is rejected, which means that there is a relationship between attitudes and the use of antenatal services

The relationship between family support and the use of antenatal care was analyzed using cross-tabulation and correlation tests with a 95% confidence level ($\alpha = 0.05$). The results of cross-tabulation showed that the majority of respondents had incomplete utilization of antenatal care, namely 56.3%, and the majority of respondents received good family support, amounting to 49.4%. The results of the analysis show a probability value of 0.021 or a p value less than 0.05 so H_0 is rejected, which means that there is a relationship between family support and the use of antenatal care. The relationship between affordability and utilization of antenatal care was analyzed using cross-tabulation and Somers's'D with a 95% confidence level ($\alpha = 0.05$). The cross-tabulation results show that the majority of respondents have incomplete utilization of antenatal services, namely 56.3%, and the majority of respondents have easy affordability, 71.3%. The results of the analysis show a probability value of 0.0001 or a p value less than 0.05 so H_0 is rejected, which means that there is a relationship between affordability and the use of antenatal services ((Wen, Debiagi, and Hasse 2020).

The relationship between knowledge and utilization of antenatal care was analyzed using cross-tabulation and Somers's'D with a 95% confidence level ($\alpha = 0.05$). The results of the cross-tabulation showed that the majority of respondents had incomplete utilization of antenatal care, namely 56.3%, and the majority of respondents had moderate knowledge of 50.6%. The results of the analysis show a probability value of 0.005 or a p value less than 0.05 so H_0 is rejected, which means that there is a relationship between knowledge and the use of antenatal services (Celko 2006). A quality service can be seen including the coverage of access to first-visit antenatal services (K1) according to the guidelines for antenatal services carried out that good service is when the specified targets can be achieved. According to the policy, the antenatal care service program must comply with the standard, namely "14 T". babies The results of the pre-survey found that the implementation of the 14 T's at the Padongko Health Center in Barru Regency had not been carried out as it should, namely: Venereal Disease Research Lab (VDRL) examination, breast examination, administration of malaria drugs, administration of iodine capsules and speech gathering. Based on the results of the pre-survey, encourages the author to examine the problem and present it through this thesis as a form of the author's concern and responsibility in contributing ideas to various parties who are competent with the problem to find the best solution to the problem above.

2. RESEARCH DESIGN AND METHOD

Research Approach

This research is a quantitative research using a descriptive-analytic approach with the research method "Cross-Sectional Study". To determine the effect of inhibiting factors on the implementation of 14T, a hypothesis test was used with the "Cross-sectional Study". namely data management is carried out at the same time and data is collected at a certain period on several objects to describe the situation (Bell and Sheridan 2020).

Location and Time of Research

1. Location of Research

The location of this research was at the Padongko Health Center, Barru Regency to carry out an Analysis of the Factors Inhibiting the Implementation of 14T in Pregnant Women in 2016.

2. Time

Of research This research was carried out from April to May 2016.

Types and Sources of Data

Types

a. Data Qualitative

Data Qualitative, namely data in the form of information obtained from interviews and surveys of research objects and targets.



- b. Quantitative
Data Quantitative data, namely data obtained in the form of numbers and can be counted and measured statistically according to their interpretation.
- c. Data Sources
The types of data used in writing this research are: Primary. Data Primary data is data obtained directly from the respondents of this study carried out by researchers by distributing questionnaires to respondents.
- d. Secondary
Data Data obtained from relevant agencies in connection with research, namely data obtained from the working area of the Padongko Health Center, Barru regency.

Data Collection Method

the method used in collecting data for this study is as follows:

1. Observation, namely direct observation of the object of research.
2. The questionnaire, is done by making a list of questions that are equipped with alternative answers and then distributed to several respondents to obtain data that can support research.
3. Documentation, namely data collection techniques that are carried out by processing data. Data processing is done electronically via a computer. Namely through data editing, coding, and data tabulation.

Population and sample

1. Population

population in this study were all pregnant women who visited the Padongko Health Center, Barru regency, namely 175 pregnant women who carried out examinations during the period April – May 2016.

2. Sample

The sample is part of the number and characteristics possessed by the population (Sugiyono, 2012). Based on the Slovin approach, with the following formula: The sample in this study were pregnant women who had an examination at the Padongko Health Center, Barru regency, as many as 64 people. The formula used in determining the sample is (Slovin's formula for determining the minimum sample size (n) if the population size (N) is known at the significance level as follows:

$$n = \frac{N}{1 + N(d^2)}$$

Note:
n = Sample
N = Population size
d = The desired level of confidence is known
N = 175
d = 0.1
, then
n = $\frac{175}{1 + 175(0.1)^2}$
n = 64

3. Sampling

Technique Sampling technique is a sampling technique (Sugiyono, 2012). Sampling in this study used probability sampling with the Accidental sampling technique, which is a sampling technique based on chance, that is, anyone who accidentally/accidentally meets the researcher can be used as a sample if it is deemed that the person met by chance is suitable as a data source (Sugiyono, 2012)).

Methods of Data Analysis

After editing, coding, and tabulating the data, it is then analyzed in several ways, namely as follows:

1. Univariate Analysis

Done to get an overview by describing each variable used in the study, namely the frequency distribution.

a. Bivariate analysis was carried out

To see the effect of the independent variables individually on the dependent variable using the Chi-Square. Data analysis will be processed using a computer program.

b. Multivariate

Analysis Multivariate analysis can be defined simply as a method of processing a large number of variables to look for their effect on one object simultaneously. This study used multivariate analysis of dependent techniques with logistic regression statistical tests. Data analysis will be processed using the SPSS computer program.

The purpose of this analysis is to find out:

Which independent variables have a greater influence on the dependent variable.

- Is the independent variable related to the variable influenced by other variables or not.
- What about the form of the relationship between several independent variables, whether they also have a direct or indirect influence.

The formula is (Stang, 2014):

$$f(z) = 1 + e^{-(\beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \dots)}$$

$f(z)$ = Chance of impact

β_0 = Intercept (constant value)

β_1 = Logistic Regression Coefficient

X_1 = independent variable

e = natural logarithm

Operational definition and measurement

1. Of Service Time

Service time in this study is the contact of pregnant women with professionals to obtain antenatal care services. Referring to the Gottman scale of 10 questions with two levels of answers, namely: Yes = 2, and No = 1. With the provisions of KO Good (B) = 2 and Less (K) = 1.

Objective criteria:

Good: If the respondent's answer score is ≥ 15

Less: If the respondent's answer score is < 15 the formula for calculating objective criteria scores is using the Gottman scale (Hidayat, 2009).

The number of questions is 10

Question scale: 1 - 2

Highest score : $10 \times 2 = 20$

Lowest score : $10 \times 1 = 10$

Range: highest score + lowest score
: $20 + 10 = 30$ and less

$I = RK, I = 302 = 15$

So, Score ≥ 15 of the highest total score = good assessment

Score < 15 of the highest total score = poor assessment

2. Midwife

performance in this study is work performance or work results both quality and quantity achieved in serving patients. Referring to the Gottman scale of 10 questions with two levels of answers, namely: Yes = 2, and No = 1. With the provisions of KO Good (B) = 2 and Less (K) = 1

Objective Criteria:

Good: If the respondent's answer score is ≥ 15

Less: If the respondent's answer score is < 15 , the formula for calculating objective criteria scores is used using the Gottman scale (Hidayat, 2009).

The number of questions is 10

Question scale: 1 - 2

Highest score : $10 \times 2 = 20$

Lowest score : $10 \times 1 = 10$

Range: highest score + lowest score
: $20 + 10 = 30$ and less)

$I = RK, I = 302 = 15$

So, Score ≥ 15 of the highest total score = good judgment

Score < 15 of the highest total score = lack of assessment

a. Husband's

support in this study is a form of interaction in which there is a relationship of mutual giving and receiving of real assistance carried out by husbands for their wives. Referring to the Gottman scale of 10 questions with two levels of answers, namely: Yes = 2, and No = 1. With the provisions of KO Good (B) = 2 and Less (K) = 1.

Objective criteria:

Good: If the respondent's answer score is ≥ 15

Less: If the respondent's answer score is < 15

, the formula for calculating objective criteria scores is using the Gottman scale (Hidayat, 2009).

The number of questions is 10

Question scale: 1 - 2

Highest score : $10 \times 2 = 20$

Lowest score : $10 \times 1 = 10$

Range: highest score + lowest score
: $20 + 10 = 30$ and less)

$I = RK, I = 302 = 15$

So, Score ≥ 15 of the highest total score = good judgment

Score < 15 from the highest total score = undervaluation

b. of Mother's

Occupation The work in this study is the work of mothers who are carried out other than household chores which can hinder mothers in carrying out 14 T. Referring to the Gottman scale as many as 10 questions with two levels of answers, namely: Yes = 2, and No = 1. With the provision of KO Good (B) = 2 and Support (M) = 1.

Objective criteria:

Does not inhibit: If the score of the respondent's answer ≥ 15

Inhibits: If the score of the respondent's answer is < 15

The formula for calculating objective criteria scores uses a scale got man (Hidayat, 2009).

The number of questions is 10

Question scale: 1 - 2

Highest score : $10 \times 2 = 20$

Lowest score : $10 \times 1 = 10$

Range: highest score + lowest score
: $20 + 10 = 30$ and less)

$I = RK, I = 302 = 15$

So, Score ≥ 15 of the highest total score = good judgment

Score < 15 from the highest total score = assessment of the lack

c. of Education

Education in this study is the level of formal education that has been taken by respondents in increasing individual knowledge and abilities

Objective Criteria:

High: If the respondent has taken college and above compulsory education

Low: If the respondent only education

junior high school, elementary school, and only under compulsory education.

d. Implementation of the 14 Ts

It is a program and technical policy for antenatal care which includes antenatal visits and minimum standard care/services. Referring to the Gottman scale of 15 questions with two levels of answers, namely: Yes = 2, and No = 1. With the provisions of KO Good (B) = 2 and Less (K) = 1.

Objective criteria:

Good: If the respondent's answer score is $\geq 22,5$

Less: If the score of the respondent's answer is $<22,5$

The formula for calculating objective criteria scores is used Gottman scale (Hidayat, 2009).

Number of questions as many as 15

Question scale: 1 - 2

Highest score : $15 \times 2 = 30$

Lowest score : $15 \times 1 = 15$

Range (Range): highest score + lowest score

: $30 + 15 =$

45 and less

$I = RK, I = 45/2 = 22,5$

So, score $\geq 22,5$ of the highest total score = good judgment

Score $< 22,5$ of the highest total score = poor assessment.

3. RESULT AND DISCUSSION

Univariate Analysis Results

Table 1: Distribution of respondents based on Time of service in the work area of the Health Center Padongko Barru Regency

Service Time	n	%
Less	16	25.0
Good	48	75.0
Total	64	100.0

Table 2: Distribution of respondents based on The performance of midwives in the working area of the Puskesmas Padongko Barru District

Midwife Performance	n	%
Poor	19	29.7
Good	45	70.3
Total	64	100.0

Table 3: Distribution of respondents based on Husband support in the working area of the Puskesmas Padongko Barru Regency

Husband's Support	n	%
Less	13	20.3
Good	51	79.7
Total	64	100.0



Table 4: Distribution of respondents based on Mother's occupation in the working area of the Health Center Padongko Barru Regency

Mother's Occupation	n	%
Hindering	36	56.2
Not Hindering	28	43.8
Total	64	100.0

Table 5: Distribution Of Respondents by Last Education in the working Area of the Health Center Padongko Barru District

Last Education	n	%
Low	50	78.1
High	14	21.9
Total	64	100.0

Table 5: Distribution of respondents by Last education in the working area of the Health Center Padongko Barru District

Last Education	n	%
Low	50	78.1
High	14	21.9
Total	64	100.0

Table 6: Distribution of respondents by Implementation of 14 T in the working area of the Puskesmas Padongko Barru Regency

Implementation of 14 T	n	%
Poor	31	48.4
Good	33	51.6
Total	64	100.0

Table 7: Distribution of service time for implementation of 14 T in the working area of Padongko Health Center Barru Regency

Service Delivery Time	14 T				Total		p = 0.003
	Less		Good		n	%	
	N	%	n	%			
Not	13	81.2	3	18.8	16	25.0	
Good	18	37.5	30	62.5	48	75.0	
Total	31	48.4	33	51.6	64	100.0	

Table 8: Distribution of midwives' performance on the implementation of the 14 T in the working area of the Padongko Health Center Barru District

BI Performance	Implementation 14 T				Total		p = 0.002
	Less		Good		n	%	
	N	%	n	%			
Not	15	78.9	4	21.1	19	29.7	
Good	16	35.6	29	64.4	45	70.3	
Total	31	48.4	33	51.6	64	100.0	

References

- Bell, Mary, and Ann Sheridan. 2020. "How Organisational Commitment Influences Nurses' Intention to Stay in Nursing throughout Their Career." *International Journal of Nursing Studies Advances* 2:100007. doi: <https://doi.org/10.1016/j.ijnsa.2020.100007>.



- Briozzo, Leonel, Rodolfo Gómez Ponce de León, Giselle Tomasso, and Anibal Faúndes. 2016. "Overall and Abortion-Related Maternal Mortality Rates in Uruguay over the Past 25years and Their Association with Policies and Actions Aimed at Protecting Women's Rights." *International Journal of Gynecology & Obstetrics* 134:S20–23. doi: <https://doi.org/10.1016/j.ijgo.2016.06.004>.
- Celko, Joe. 2006. "Chapter 2 - Cross-Tabulations." Pp. 7–15 in *The Morgan Kaufmann Series in Data Management Systems*, edited by J. B. T.-J. C. A. and O. in S. Q. L. Celko. Burlington: Morgan Kaufmann.
- Cox, Karen S. 2018. "Global Maternal Mortality Rate Declines—Except in America." *Nursing Outlook* 66(5):428–29. doi: <https://doi.org/10.1016/j.outlook.2018.08.001>.
- Huda, M. Mamun, Martin O'Flaherty, Jocelyn E. Finlay, and Abdullah Al Mamun. 2021. "Time Trends and Sociodemographic Inequalities in the Prevalence of Adolescent Motherhood in 74 Low-Income and Middle-Income Countries: A Population-Based Study." *The Lancet Child & Adolescent Health* 5(1):26–36. doi: [https://doi.org/10.1016/S2352-4642\(20\)30311-4](https://doi.org/10.1016/S2352-4642(20)30311-4).
- O'Dwyer, Vicky, Jennifer L. Hogan, Nadine Farah, Mairead M. Kennelly, Christopher Fitzpatrick, and Michael J. Turner. 2012. "Maternal Mortality and the Rising Cesarean Rate." *International Journal of Gynecology & Obstetrics* 116(2):162–64. doi: <https://doi.org/10.1016/j.ijgo.2011.09.024>.
- Rodrigues, Nádia Cristina Pinheiro, Denise Leite Maia Monteiro, Andréa Sobral de Almeida, Mônica Barros de Lima Barros, André Pereira Neto, Gisele O'Dwyer, Mônica Kramer de Noronha Andrade, Matthew Brian Flynn, and Valéria Teresa Saraiva Lino. 2016. "Temporal and Spatial Evolution of Maternal and Neonatal Mortality Rates in Brazil, 1997–2012." *Jornal de Pediatria (Versão Em Português)* 92(6):567–73. doi: <https://doi.org/10.1016/j.jpdp.2016.05.014>.
- Saw, Yong Qi, Dilum Dissanayake, Fazilatulaili Ali, and Thusal Bentotage. 2020. "Passenger Satisfaction towards Metro Infrastructures, Facilities and Services." *Transportation Research Procedia* 48:3980–95. doi: <https://doi.org/10.1016/j.trpro.2020.08.290>.
- Verguet, Stéphane, Ole Frithjof Norheim, Zachary D. Olson, Gavin Yamey, and Dean T. Jamison. 2014. "Annual Rates of Decline in Child, Maternal, HIV, and Tuberculosis Mortality across 109 Countries of Low and Middle Income from 1990 to 2013: An Assessment of the Feasibility of Post-2015 Goals." *The Lancet Global Health* 2(12):e698–709. doi: [https://doi.org/10.1016/S2214-109X\(14\)70316-X](https://doi.org/10.1016/S2214-109X(14)70316-X).
- Wen, Xu, Paulo Debiagi, and Christian Hasse. 2020. "Flamelet Tabulation Methods for SO_x Formation in Pulverized Solid Fuel Combustion." *Combustion and Flame* 218:150–67. doi: <https://doi.org/10.1016/j.combustflame.2020.04.025>.