



ABSTRACT BOOK the 3rd COPH-TCD 2020

The 3rdInternational Conference on Public Health for Tropical and Coastal Development (ICOPH-TCD 2020)

"Lifestyle and Environmental Changes:

Challenges on Public Health in Tropical and Coastal Areas to Support SDG's Achievements"

September, 29 - 30th, 2020 Semarang, Indonesia



ABSTRACT BOOK

The 3^{rd} International Conference on Public Health for Tropical and Coastal Development (ICOPH-TCD) 2020

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WELCOMING SPEECH AND OPENING RECTOR OF UNIVERSITAS DIPONEGORO



Honorable Keynote Speakers, Letnan Jenderal TNI (Purn.) Dr. dr. Terawan Agus Putranto, Sp.Rad.(K), Minister of Health Republic of Indonesia; Assoc. Prof. Yothin Sawangdee, Ph.D. from Mahidol University, Thailand: Assoc. Prof. Reece Hinchcliff Queensland University of Technology, Australia; Assoc. Prof. Kun Hsien Tsai from National Taiwan University, Taiwan; Prof. Amanda Lee from University of Queensland, Australia; Prof. Elena Naumova, Ph. D. from Tufts University, USA; Dr. Armunanto, M. Ph from UNICEF (Representative for Java and Bali); Dr. Shalala Rafayil Ahmadova from WHO (Representative for Indonesia); Assoc. Prof. Hanifa Maher Denny from Faculty of Public Health, Universitas Diponegoro; Vice Rectors, Deans, Dean of Faculty of Public Health; All conference guests and participants.

Assalamu'alaikum Warahmatullahi Wabarakaatuh.

On behalf of Universitas Diponegoro, it is my honor to welcome you to the 3rd International Conference on Public Health for Tropical and Coastal Development (ICOPH-TCD 2020).

This conference is a routine activity of the Faculty of Public Health which is held every 2 years. It is also a celebration of the 63rd Anniversary of Universitas Diponegoro. We are proud to present this event to become a forum for the dissemination of policies from the government, experiences from international institutions and stakeholders in health sector and also research results from researchers as think tanks for the advancement of science in the health sector. All contribute together to create a healthy society. This is also inline with the theme of University Anniversary: "Diversity synergy to strengthen Research University in a new normal".

Universitas Diponegoro as a leading university in the Central Java Province, Indonesia, has 11 faculties and 2 schools of which the Faculty of Public Health is one of them. Consistently we are obliged to carry out education, research and in balance with community services. Therefore, Universitas Diponegoro is always in the ranks of the leading universities in Indonesia and also performs at the international level.

Numerous international rankings place the University in a proud position. Year of 2020, Universitas Diponegoro ranked 8th Best University in Indonesia for Sustainable Development Goals program based on THEs WUR; 8th Best University in Indonesia based on QS WUR and 9th Best University in Indonesia based on QS Asia University Ranking. Lecturers' publications in Scopus indexed journals are in the 8th position nationally. Last year, our student achieved 3rd rank in student creativity (PIMNAS) nationally. Based on the QS World Graduate Employment Rankings 2020, our graduates are ranked third nationally for employability.



Ladies and gentleman,

This year, this conference raised the topic of Lifestyle and environmental changes: Challenges on public health in tropical and coastal areas to support SDGs achievements. Health problems such as the Covid-19 pandemic that we are currently experiencing are the impact of changes in lifestyle and the environment. I sincerely hope that through this conference we can act quickly together and appropriately to help community from the threat of communicable and non-communicable diseases.

Universitas Diponegoro as a university that has the resources of public health experts with good laboratory support always move forward to become an excellent research university and ready to support community health. On this great event, speakers from 5 countries will certainly share important experiences and knowledge for all of us to face environmental change. Hopefully it can form a strong network between Universitas Diponegoro, especially the Faculty of Public Health, and universities from all over the world to make excellent innovations in overcoming health problems in Indonesia and the world. We hope this conference can bring valuable inspiration for a better future of life and environment.

Thank you.

Wassalamu'alaikum Warahmatullahi Wabarakaatuh.

Prof. Dr. Yos Johan Utama, S.H., M.Hum

Rector

SEMARANG



WELCOMING SPEECH DEAN OF FACULTY OF PUBLIC HEALTH UNIVERSITAS DIPONEGORO



Guest of Honor, Minister of Health Republic of Indonesia Letnan Jenderal TNI (Purn.) Dr. dr. Terawan Agus Putranto, Sp.Rad.(K); Rector of Universitas Diponegoro Prof. Dr. Yos Johan Utama, SH, M.Hum.; Vice Rectors, Deans, Vice Deans, distinguished speakers, our national and international colleagues, Chair of the organizing committee Assoc. Prof. dr. Martha Irene Kartasurya, M.Sc., PhD, sponsors, all conference guests and participants.

Assalamu'alaikum Warahmatullahi Wabarakaatuh

It is my great pleasure to welcome you to the 3rd International Conference on Public Health for Tropical and Coastal Development (ICOPH-TCD 2020), which organized

by the Faculty of Public Health Universitas Diponegoro (FPH UNDIP).

The success of the first ICOPH TCD in 2016 and the second in 2018 encourage us to continue this conference to the third one. We designed this event as a discussion platform for experts, researchers and practitioners from Indonesia and abroad, as well as policy makers at regional, national and global levels. We are pleased because this year's participants also come from 5 foreign countries such as Rwanda, Thailand, Taiwan, Australia and the United States.

Ladies and gentleman,

Faculty of Public Health Universitas Diponegoro as one of the Faculty of Public Health founding fathers in Indonesia has been involved in solving public health problems at regional and national levels, including CoVID-19 control programs. Since the pandemic hit our country, Faculty of Public Health Universitas Diponegoro has been involved in various task forces, in collaboration with the Central Java Provincial Government, the Central Java Provincial Health Office and also the Regional Research Council of Central Java to create strategies and policies to control the spread of CoVID-19 in Central Java. At the national level, we are also participated in formulating a strategy to deal with COVID-19, in collaboration with Indonesian Board for National Development Planning. A series of webinars for promotion and education on prevention and control of COVID-19 have also been held.

We are also grateful to be able to work together with UNICEF in giving assistance for the implementation of health program (Immunization, Achieving Minimal Health Service Standards, Child Development) during this Covid 19 pandemic. As faculty of public health members, beside of education, conducting research, serving the community for maintaining public health are our obligation. The experience in working together with ministry of health, health district office as well as international agency is a valuable lesson for us and for our students.





Ladies and Gentlemen,

We are pleased to note that this conference covers various areas in public health i.e. administration and health policy, biostatistics and demography, environmental health, health promotion, occupational health and safety, epidemiology and tropical disease, public health nutrition, maternal and child health and health entomology. Those fields contribute to the general topic of our conference which is "Lifestyle and environmental changes: Challenges on public health in tropical and coastal areas to support SDG's achievements".

We realize that our current health condition is influenced by the environment that is changing. The change in environment and environmental damage are affected by human behaviors. The role of public health includes five levels of prevention as well as health promotion. Communicable and non-communicable disease prevention as well as environmental and occupational impact on public health are very important for maintaining human health. Raising the awareness that *health prevention and promotion is much better than treatment* has to be endorsed all the time in all opportunities especially at this time of Covid 19 pandemic. We wish that this conference will also have a significant contribution in achieving mainly the third goal of SDGs, which is good health and wellbeing and some other goals that are related to public health.

In responding to these conditions, alternative recommendations and innovations based on national or international research evidence are needed. It is important to keep pace with the current global change acceleration. This conference is a great opportunity for collaboration between institutions in education, research and innovation. I would like to acknowledge our great appreciation to the Keynote Speaker of this conference, our Minister of Health Republic of Indonesia, and also my gratitude to all distinguished speakers in these 2 days ahead who will also share their valuable experiences in research and policy in regional and global arena. This gathering of experts in the field of science and technology to improve the quality of public health education is a very important chance.

Even though we are currently in a pandemic condition that does not allow all of us to meet face to face in Universitas Diponegoro, Semarang, Indonesia, we hope that all of you can receive our warm hospitality and have a great experience in this conference.

Wassalamu'alaikum Warahmatullahi Wabarakaatuh

Dr. Budiyono, S.K.M., M.Kes. Dean of Faculty of Public Health Universitas Diponegoro





PREFACE

Dear Collagues,

International Conference on Public Health for Tropical and Coastal Development (ICOPH-TCD) is a biannual conference, held by Faculty of Public Health Universitas Diponegoro (FPH UNDIP), Semarang, Indonesia. After the first two successfull events in 2016 and 2018, this year, we proudly present the 3rd ICOPH-TCD on the 29- 30th of September 2020. Due to the pandemic condition, we hold this conference virtually. As one of the leading providers of public health education in Indonesia, FPH UNDIP is dedicated to improve the health of Indonesian population as well as the global community. Therefore, this conference aims to build networking, mutual collaboration, and share experiences regarding public health research among the faculty members, researchers, students, stakeholders, and policy makers.

This abstract book hold all of the abstracts which are presented at the 3rd ICOPH-TCD. The general topic for this third ICOPH TCD is: Lifestyle and environmental changes: Challenge in Public Health in Tropical and Coastal areas to support SDG's achievement. The area of public health covered in this conference includes health management, health policy, biostatistics and population study, maternal and child health, epidemiology, entomology on public health, health promotion, public health nutrition, environmental health, occupational health and safety, the effect of Covid-19 pandemic on lifestyle changes, new normal lifestyle in Covid-19 pandemic and other topics related to tropical and coastal development. The total of abstracts presented in this conference was about 138 abstracts, with a more than 200 participants from Indonesia, Taiwan, United States of America, Australia and Rwanda. Selected full papers at this conference will be published in some peer-reviewed journals based on the presenter's choice, mostly in Annals of Tropical Medicine and Public Health. Some other papers will be published in national journals: Jurnal Kesehatan Lingkungan Indonesia, Jurnal Promosi Kesehatan Indonesia, Journal of Public Health for Tropical and Coastal Region, and Conference Proceeding with ISBN.

Finally, on behalf of the third ICOPH-TCD committee, I would like to say a sincere thank you for your kind attention and participation in this conference. I really appreciate all of your work and waiting for the next fruitfull networking and collaboration in research, education and innovation in public health.

Martha Irene Kartasurya, PhD
The 3rd ICOPH-TCD
Chair of the Committee





ORGANIZING COMMITTEE

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SEMARANG





KEYNOTE SPEAKER:

• Letjen. TNI (Purn.) Dr. dr. Terawan Agus Putranto, Sp. Rad (K)
The Minister of Health Republic of Indonesia

MAIN SPEAKER:

- Assoc. Prof. Yothin Sawangdee, PhD
 Institute for Population and Social Research, Mahidol University, Thailand
- Prof. Amanda Lee
 School of Public Health, The University of Queensland, Brisbane, Australia
- Dr. Shalala Rafayil Ahmadova
 WHO Representative for Indonesia
- Assoc. Prof. Hanifa Maher Denny SKM, MPH, PhD
 Faculty of Public Health, Universitas Diponegoro, Indonesia
- Prof. Elena Naumova
 Friedman School of Nutrition Science and Policy, Tufts University, Boston, USA
- Assoc. Prof. Reece Hinchcliff, PhD
 School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Australia
- Dr. Armunanto, MPH UNICEF-Indonesia
- Assoc. Prof. Kun Hsien Tsai, PhD
 Institute of Environmental and Occupational Health Sciences National Taiwan
 University, Taiwan
- Assoc. Prof. Dr. Budiyono, S.KM, M.Kes
 Faculty of Public Health, Universitas Diponegoro, Indonesia





TIME SCHEDULE

Day 1: 29th September, 2020

NO	TIME	AGENDA	PIC
Ι	07.30 - 08.30	Participants and speakers was admitted to	Operator
		the conference room (zoom) and entertained	
		by:	
		- Profile of Central Java Province, Indonesia	
		and Semarang city	
		- Profile of Universitas Diponegoro and Faculty of Public Health	
II	08.30 - 08.40	Opening Ceremony & Plenary Session	MC
- 11	08.40 - 08.50	Indonesian National Anthem & opening	MC
	00.10	prayer	1.10
	08.50 - 09.00	Opening remarks by Dean of Faculty of	Assoc. Prof. Dr. Budiyono, SKM,
		Public Health	M.Kes
	09.00 - 09.13	Opening ceremony by Rector of Universitas	Prof. DR. Yos Johan Utama, SH,
		Diponegoro	M.Hum
	09.13 – 09.15	Photo sessions	MC
	09.15 - 09.20	Keynote speech by The Minister of	Letjen. TNI (Purn.) Dr. dr.
		Health Republic of Indonesia - "Challenge	Terawan Agus Putranto,
		and Indonesian Policies to Encounter Lifestyle and Environmental Changes"	Sp.Rad(K)
	09.20 – 09.26	Traditional dance performance	MC
	09.26 - 09.36	Plenary Session	Moderator:
	09.36 – 09.58	Assoc. Prof. Yothin Sawangdee, PhD	Drg. Zahroh Shaluhiyah, MPH,
	03.00	(Institute for Population and Social	PhD
		Research, Mahidol University, Thailand) –	
		"Applying Mixed Methodology to Study	
		Maternal and Child Health in Coastal	<u> </u>
		Area."	. /
	09.58 - 10.20	Prof. Amanda Lee	<u> </u>
		(School of Public Health, The University of	
		Queensland, Brisbane, Australia) – "A Fork	- / /
		in the Road-Steps to Healthy, Equitable and Sustainable Nutrition Policy"	<u>/</u>
	10.20 - 10.28	Art performance by students choir of Public	7
	10.20 10.20	Health Faculty (Sanita Melodia Choir)	
	10.28 - 10.50	Dr. Shalala Rafayil Ahmadova (WHO	•
		Representative for Indonesia) – "The	
		Implementation of WHO New Normal	
		Criteria in Tropical Countries"	
	10.50 - 11.12	Assoc. Prof. Hanifa Maher Denny SKM,	
		MPH, PhD	
		(Faculty of Public Health, Universitas Diponegoro, Indonesia) - "New Normal in	
		the Context of Occupational Safety and	
		Health: Issues on the New Adaptation of	
		Working Life in Indonesia"	
	11.12 – 11.52	Discussions Discussions	
	11.52 - 12.02	Closing of Plenary Session	Moderator
	12.02 - 12.15	Closing by Master of Ceremony	MC
	12.15 - 13.00	Lunch and prayer break	MC





NO T	IME	AGEN	IDA		PIC
13.00		presentation in on topics	six separate	rooms	Room Moderators

Day 2: 30th September, 2020

NO	TIME	AGENDA	PIC
I	1		
		conference room and entertained by online	
		trips to tourism destinations in the city of	
		Semarang and the island of Karimunjawa	110
II	08.30 - 08.40	2 nd day Conference Opening	MC
	08.40 - 08.50	Plenary session opening	Moderator:
	08.50 - 09.12	Prof. Elena Naumova	Assoc. Prof. Hanifa Maher Denny
		(Friedman School of Nutrition Science and	SKM, MPH, PhD
	09.12 - 09.22	Policy, Tufts University, Boston, USA) Discussions	•
	09.12 - 09.22 09.22 - 09.44	Assoc. Prof. Reece Hinchcliff, PhD	•
	07.22 - 07.44	(School of Public Health and Social Work,	
		Faculty of Health, Queensland University	
		of Technology, Brisbane, Australia) –	
		"Universal Health Coverage Programs in	
		Middle Income Countries: Evidence of	
		Impacts on Rural Populations"	
	09.44 – 10.04	Art performance by students choir of	23
		Public Health Faculty (Sanita Melodia	
		Choir) and profile of Central Java Culture	
	10.04 - 10.26	Dr. Armunanto, MPH (UNICEF-	
		Indonesia) - "Lesson learned from	
		interventions to increase child welfare in	
		tropical and coastal areas in relation to	
	10.26 – 10.48	lifestyle and environmental changes."	
	10.20 – 10.48	Assoc. Prof. Kun Hsien Tsai, PhD (Institute of Environmental and	<u> </u>
		Occupational Health Sciences National	//
		Taiwan University, Taiwan) – "Vector	/
		Borne Disease Control, A Success Story	<u>/</u>
		from Taiwan"	
	10.48 - 11.10	Assoc. Prof. Dr. Budiyono, S.KM,	•
		M.Kes	
		(Dean of Public Health Faculty,	
		Universitas Diponegoro, Indonesia) – "The	
		Perspective of Environmental Change by	
		the Local Community (Study in The	
		Coastal of Semarang)"	
	11.10 – 11.13	Exercise	
	11.13 – 11.43	Discussions Discussions	Nr. 1
	11.43 – 11.53	Plenary Session closing	Moderator
	11.53 – 12.00	Announcement	MC
	12.00 – 13.00	Lunch and prayer break	MC Room Moderators
	13.00 – 16.30	Oral presentation in six separate rooms based on topics	Room Moderators
	16.30 – 16.45	Preparation of Conference Closing	MC





NO	TIME	AGENDA	PIC
		Ceremony (Participants and speakers are	
		invited to the conference room)	
	16.45 - 17.10	Announcement for the best presenters	MC
	17.10 - 17.20	Closing remarks by Chair of the	Assoc. Prof. dr. Martha Irene
		committee	Kartasurya, MSc., PhD
	17.20 - 17.25	Photo sessions	MC
	17.25 - 17.30	End of closing ceremony	MC





ORAL PRESENTATION

Tuesday, 29th September 2020

Room 1

Code	Authors	Title
AAP.01-001	Diyan Ermawan Effendi,	Enabling Factors of Primary Health Center
	Irfan Ardani, Arief Priyo	Accreditation in Eastern Indonesia From the
	Nugroho, Jenny Veronica	Stakeholders' Perspectives
	Samosir	
AAP.01-002	Titis Elvira Nizar, Atik	Systematic Review The Influence of Clinical
	Nurwahyuni	Pathway Implementation on Length of Stay
		and Patient Outcomes in Stroke Infarction
		Patients
AAP.01-003	Uli Dumai, Rokiah	Affect Analysis of Workload, Competence
	Kusumapradja, M Reza	Nurse To Work Motivation Through
	Hilmy	Compensation
AAP.01-004	Arih Diyaning Intiasari,	Health Service financing accessibility
	Agung Dwi Laksono	challenges in the central mountainous region
1 1 2 01 00 5	V 13 515 A V	of Papua
AAP.01-005	Hendrik DJ Borolla, Indar,	The Relationship Between Type of Health
	Amran Razak, Anwar	Insurance And Patient Satisfaction On Out-
A A B 01 006	Mallongi	Patient Health Services At Hospital
AAP.01-006	Budi Aji, Siti Masfiah, Siti	Factor affecting willingness to pay for
	Harwanti, Nur Ulfah	national health insurance program among
A A D 01 007		informal workers in Indonesia
AAP.01-007	Chriswardani Suryawati,	Five Years Indonesia National Health
	Dwi Linna Suswardany,	Insurance: How The Future Expectation of
AAP.01-008	Farid Agusybana	Independent Participants Marging Undergraduate Thesis Passarch or
AAP.01-008	Septo P Arso, Wulan Kusumastuti	Mapping Undergraduate Thesis Research on Health Administration And Policy Study In
	Kusumastuti	The state of the s
	SEM	Faculty of Public Health Diponegoro University
AAP.01-009	Prahita Indriana Raniasmi,	A Study About User Service Satisfaction
71/11 .01-009	SKM, M.Kes, Reni	Through PUSTAKA (Community Health
	Murnita, Skm, M.Kes,	Center Without Queue In Semarang City)
	Hanif Pandu Suhito, SKM,	With Importance-Performance Analysis
	M.Kom, M.Si	Approach
AAP.01-010	Daru Lestantyo, Yasmita	Hospital Emergency Preparedness During
111111111111	Anis Astari, Ekawati	Covid 19 Pandemic Situation (Case Study In
		Central Java Regional Hospital)
	l .	1

Code	Authors	Title
BMC.02-001	Sulistyaningsih, Y.	Interprofessional collaboration practices
	Warella, Sutopo Patria	enhance the achievement of comprehensive





	Jati, Meidiana Dwidiyanti	obstetric and neonatal emergency care
	Jati, Meldiana Dwidiyanti	program indicators in hospitals
BMC.02-002	Soenarnatalina Melaniani,	Success Rate of My Health Report Books
DIVIC.02-002	Yuly Sulistyorini,	Filling Training in Elementary School of
	Mahmudah, Diah Indriani,	Surabaya and Gresik
DMC 02 002	Rizqy Rahmatyah	Detient Access Dielete in the Electronic
BMC.02-003	Rano Indradi Sudra	Patient Access Rights in the Electronic
		Medical Record System (Case Study on
DMC 02 004	M : G	Electronic Medical Record Trainee Hospital)
BMC.02-004	Maria Gayatri	Socioeconomic Determinants of Adolescent
		Pregnancy In Indonesia: A Population-Based
		Survey
BMC.02-005	Izzatul Arifah, Anik	Impact of Adolescent Friendly Health Service
	Wulandari	program on adolescent's reproductive health
		knowledge: A Comparative study in Surakarta
		Regency, Indonesia
BMC.02-006	Runjati, Ngadiyono,	The Effect of Maryam Excercise, Abdominal
	Suparmi, Maya Erisna,	Breathing And Self Affirmation Toward
	Annisa Septy Nurcahyani	Coping Ability, And The Confidence of
		Labor In Pregnant Women
BMC.02-008	Riyanti, Legawati, Nang	Husband Assistance on Outcome Perinatal
	Randu Utama	Adolescent Pregnancy in Gunung Mas
		District, Indonesia
BMC.02-010	Zulfahera,SKM, DR.	Implementation of Reproductive Health
	Her <mark>yu</mark> darini	Service Program for Bride in Pekanbaru City
	Harahap, M. Kes,	
	Nurlisis,SKM,M.Kes	
BMC.02-011	Okta <mark>v</mark> ia Beni	Multiple Pregnancy: The Biggest Risk Factor
	Kujariningrum, Sri	of Low Birth Weight In Central Java,
	Winarni, Najib	Indonesia (2017 Idhs Secondary Data Study)
BMC.02-012	Dina Rahayuning	The Duration of Exclusive Breastfeeding Up
	Pangestuti, Naintina	To 6 Months Was Associated With Multipara
	Lisnawati, Wardatus	Mother in Semarang, Central Java, Indonesia
	Zahroh	A DANIG
BMC.02-013	Legawati, Y. Warella,	Status of Marriage and Outcome Perinatal on
	Zahroh Shaluhiyah, Sri	Adolescent Pregnancy in Dr. Doris Sylvanus
	Achadi Nugraheni	Palangka Raya Hospital, Indonesia

Code	Authors	Title
EPI.03-002	Ika Puspita Asturiningtyas,	Non-communicable Diseases Comorbidity
	Donny Kristanto	and Multimorbidity among People with
	Mulyantoro, Ina Kusrini,	Tuberculosis Infection in Indonesia
	Hadi Ashar	
EPI.03-004	Wigati, R.A, Mujiyono,	Potential Breeding Places and Abundance of
	Nurhidayati, Siti Diniarsih,	Filariasis Vector Mosquitoes In Buton
	Hening Triandika, Setyo	District, Southeast Sulawesi Province
	Sulistyono	





EPI.03-005	Muhammad Choirul	Entomological investigation during the
	Hidajat, Eddi Dharmana,	Dengue outbreak in Kudus and Jepara
	Martini Martini, Widiarti	Districts, Central Java province, Indonesia in
	Widiarti, Triwibowo	2014
	Ambar Garjito	
EPI.03-008	Mitoriana Porusia, Annisa	Evaluation of Rat Control Treatment in
	Lutfiana Dewi Lidia Wati	Traditional Market, Indonesia
EPI.03-009	M. Yusran, Raisah Almira	Clinical Outcomes of Globe Injury in Dr. H.
		Abdul Moeloek Hospital Lampung
EPI.03-010	Dina Lusiana Setyowati,	Computer Vision Syndrome Among
	MK Nuryanto, M Sultan,	Academic Community in Mulawarman
	Lisda Sofia, Suwardi	University, Indonesia During Work From
	Gunawan, Agus Wiranto	Home in Pandemi Covid-19
EPI.03-013	Mochamad Hadi, Atik	Potential of Zodia Leaf Extracts of Hexane
	Marwani, Dwi Sutiningsih,	Solvent in Reducing Aedes aegypti Density:
	Ari Suwondo	Semi Field Trial Application in Endemic
		Areas of Dengue Hemorrhagic Fever (DHF)
EPI.03-014	Dinta Ayuda Farras,	Risk Factor of Cervical Precancerous Lesion
	Lintang Dian Saraswati, M	in Sapuran Health Center, Wonosobo City
	Arie Wuryanto	
EPI.03-015	Yeni Farida, Hesti Diah	Risk Factor of Hospitalization with
	Prahastiwi, Muchtar	Community Acquired Pneumonia in Type 2
	Hanafi	Diabetic Patient

Code	Authors	Title
HPR.04-001	Thinni Nurul Rochmah,	Empowerment of the Youth Red Cross as
	Aprilia Durotun Nasikhah,	Peer Educators to Increase Knowledge and
	Susi Hidayah, Stefania	Attitudes towards Adherence to Consume
	Widya Setyaningtias, Trias	Iron-Folic Acid Supplement in Lamongan
	Mahmudiono	
HPR.04-002	Aditya Kusumawati,	Factors Related to Practice on Mosquito
	Kusyogo Cahyo, Ratih	Breeding Eradication
	Indraswari, Novia	ARANU /
	Handayani	The second secon
HPR.04-003	Destania Kinthan Larasati,	The Effectiveness of Whatsaap-based
	Dominikus Raditya	Nutrition Education Towards Compliance of
	Atmaka, Trias	Iron Folic Acid Supplement Intake Among
	Mahmudiono	Adolescent Girls in Indonesia
HPR.04-004	Kismi Mubarokah, Enny	Tuberculosis Literacy Supports Preventive
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Health workers perceptions towards the compliance of Antenatal Care visit in Dumai city, Indonesia

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Abstract

One of the efforts to reduce Maternal Mortality Rate (MMR) is to conduct Antenatal Care (ANC) programs routinely. Unfortunately, the problem is that the ANC coverage is still lowest in Dumai City, Indonesia. Objective. This study describes the perception of health workers towards the causes of the low coverage of ANC program visits. A qualitative approach with a phenomenological design. Data collection through in-depth interviews, Focus Group Discussions (FGD), and collected documents. Key informants consisted of Heads of Primary Health Care (10 subjects), Head of the Maternal Program, and Secretary of the Dumai City Health Minister. Data analysis used thematic analysis by transcripts text, meaning units, coding, and themes. This study explains that the causes of low ANC compliance based on worker's health perceptions are difficulties in accessing transportation in suburban areas. Low education and knowledge, still often seen less motivation of pregnant women to visit health facilities, communication, and work discipline of health workers lacking good, local myths, and culture about pregnancy. There are six themes obtained from this study, namely: accessibility, transportation, low education, motivation, communication, discipline, myth, and culture. It is necessary to develop health education programs, transportation infrastructure, improve the quality of human health resources, and regulation.

Keywords: Antenatal Care, Compliance, Health Workers



Health Workers' Perceptions Toward the Compliance of Antenatal Care Visit in Dumai City, Indonesia

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Abstract

Background: One of the efforts to reduce Maternal Mortality Rate (MMR) is to conduct Antenatal Care (ANC) programs routinely. Unfortunately, the problem is that the ANC compliance coverage is still the lowest (71.5%) in Dumai City, Indonesia. Aims: This study describes the perception of health workers toward the causes of the low coverage of ANC program visits. Setting and Design: This study used qualitative approach with a phenomenological design. Methods and Material: Data were collected by means of in-depth interviews, Focus Group Discussions (FGD), and documents collection. Key informants consisted of midwives (10 subjects), Heads of Primary Health Care units (10 subjects), Head of Maternal Program, and Secretary of the Dumai City Health Office. Statistical analysis used: Data were analyzed using thematic analysis by transcript texts, meaning units, coding, and themes. Results: This study explained that the causes of low ANC compliance based on health workers' perceptions were the difficulties in accessing transportation in suburban areas, low education and knowledge, lack of motivation of pregnant women to visit health facilities, communication, poor work discipline of health workers, local myths, and culture about pregnancy. Conclusion: There were six themes obtained from this study, namely: accessibility and transportation, low level of education, motivation, communication, discipline, as well as myth and culture. It is necessary to develop health education programs and transportation infrastructure, as well as to improve the quality of health human resources and regulation.

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Introduction

The high Maternal Mortality Rate (MMR) in Indonesia of 350/100,000 live births is a major problem. The Indonesian government has made several efforts to reduce MMR, including the Safe Motherhood Program, Mother Care Program, Making Pregnancy Safer, and the Maternal and Neonatal Survival Expanding program, even though the MMR is still not in line with the expected target of 102/100,000 live births. ¹⁻³One of the efforts to reduce MMR is the attempt to focus on Antenatal Care (ANC) and maternal education. Twenty percent of pregnancies are predicted to experience complications, and 20.3% will result in mortality if no comprehensive treatment is carried out. ^{4,5}

Routine ANC services can detect risks during pregnancy early.^{6,7}Four ANC visits are useful to reduce MMR in the world.^{8,9} Indicators of assessment of health services for pregnant women in Indonesia are seen through the coverage rates of K1 (1st ANC visit) and K4 (4th ANC visit). From 2005-2015, coverage of the 1st and 4th visits approached the target of 88.6%-95.7%. Riau is the province with the lowest K4 coverage at 85.67%. Dumai City is one of the cities in Riau Province with the lowest ANC coverage (74.9% for the 1st visit and 71.57% for the 4th visit).²

The behavior to conduct ANC visits is an individual perception that is influenced by three domains: knowledge, attitude, and practice. ¹⁰The low number of ANC services utilization is caused by the lack of focus on the quality of ANC services such as facilities, health workers, economic aspect, and socio-cultural aspect. ¹¹⁻¹³However, in this study, we want to discover the cause of the low number of ANC program coverage from the perception of health workers.

Subjects and Methods

The research method used was qualitative with phenomenological design. There were 22 respondents who participated in this study. They consisted of ten midwives, ten heads of Primary Health Care units in Dumai City, secretary of the Health Office, and head of maternal program. The research was conducted for four months (June-September 2019). The process of data collection was carried out using in-depth interviews, FGD, and documents collection. The in-depth interview process took an average of 30-45 minutes. The duration of FGD was approximately \pm 120 minutes. The FGD was guided by facilitator using semi-structured discussion guidelines. Data were analyzed using thematic analysis by transcript texts, meaning units, coding, and themes.

Results and Discussion

ANC is a pregnancy checkup conducted to optimize the mental and physical health of pregnant women. 14,15 The purpose of ANC visit is to facilitate and manage pregnancy complications

promptly in order to reduce maternal mortality.¹⁶ Research related to risk factors for Maternal Mortality explain that the number of ANC visit is still low, which results in increased morbidity and mortality.^{17,18}

Several causes of ANC compliance are knowledge, attitudes, beliefs, motivations, self-concept, age, experience, and health workers' skills. Interactions with the closest people refer to family support, husband support, and social community support. Health service facilities, health workers' skills, and transportation access also become other factors.

1. Accessibility and Transportation

Many rivers surrounded the geographical location of this area, meaning that pregnant women's access to health care was quite far. Moreover, access to public transportation was infrequent. Some of these reasons often became the reason for pregnant women to not routinely visit ANC unit. The following are several quotes from the interviews:

"It is true that distance is a problem for the pregnant women, that is the reason whyl cannot tell them about the schedule of pregnancy checkup, as the distance is just too far "(Midwife 1) Text 1

"The obstacles faced are quite possibly the distance that must be covered, as well as the fact that no one wants to escort the women to the health center" (P-1)Text 1

"One of the obstacles is transportation, and some mothers have to wait for their husbands" (P-2) Text 2

"Because of their geographical location, the two locations are difficult to access" (P-3) Text 3

"The obstacle in our place is usually the long distance, and the road is not easy to traverse. Yeah, there are no primary health facilities" (P-4) Text 4

The geographical condition of an area strongly influences pregnant women's access to health facilities. ²⁶ Access to cover the distance and transportation problems have always been significant obstacles in this area.

2. Low Level of Education

The majority of pregnant women in the area only graduated from junior high and senior high school. There were even those who were elementary school graduates. Low level of education affects personal knowledge.²⁷The following are some quotes from the interviews:

"The average education level of pregnant women here is still low, Senior High School is the highest degree here, it's rare, especially in the similar Bagan Keladi area, there are junior high school graduates, some are even elementary school graduates, but they can read "(Midwife 2, 3,4) Text 2

"How to put this... the lack of public knowledge regarding the importance of pregnancy checkup is the problem" (P-5)Text 5

"Lack of maternal knowledge, lack of important information concerning pregnancy checkup" (P-6). Text 6

Level of education can affect individual mindset as it determines the ability to obtain information; maturity of thought is accompanied by the status of the level of education. Mothers who live in rural areas with low levels of education and low socioeconomic conditions tend to not make regular ANC visits.²⁸

3. Motivation

Motivation is a condition within a person that drives an individual's desire to do certain activities. The desire of pregnant women to do ANC in this area was still low. The following are several quotes from the interviews:

- "There are pregnant women who are ashamed to undergo pregnancy checkup because they already have many children (midwife 5) Text 3
- "We always inform pregnant women to take pregnant women classes, but they always have a lot of excuses. No one can take them there, their children cannot look after the house, those are examples of their excuses (midwife 6) Text 4
- "Our area is in the middle of the city, yet there are still many pregnant women who are too lazy to undergo pregnancy checkup at the primary health center unit" (P-7) Text 7
- "Sometimes the pregnant women do not feel any medical complaints, so they think that there isno need for routine ANC visit " (P-8)Text 8
- "The point is, we see that the desire of pregnant women to do pregnancy checkup is still lacking" (P-11) Text 9

One of the causes of the low motivation to undergo pregnancy checkup is ignorance regarding pregnancy. This is usually experienced by adolescent pregnant women and mothers who already have many children.^{29, 30Grand} multiparas are susceptible to the risk of hypertension, pre-eclampsia, and eclampsia. The rates of such incidence are still high in developing countries.³¹⁻³³

4. Communication

Excellent communication between health workers and patients will result in satisfaction toward the health service. Patients will feel comfortable and obtain sufficient information if the delivery of information is conducted communicatively. The following are interview quotes about the communication problem;

- "It is difficult to communicate with areas that are far from the Primary Health Care unit due to bad signals, the electricity also often goes out, meaning that they cannot receive any information(midwife 7) Text 5
- "The obstacle that we experience is usually about the character of the health workers. Their manners when communicating with patients are sometimes not good" (P-3) Text 10
- "Actually, if given the information to routinely conduct pregnancy checkup as well as the checkup schedule, pregnant women would definitely want to come" (P-12). Text 11

In this study, the condition of the education level of pregnant women in this area was still low, so a communication approach that was easily understood by pregnant women was needed.

5. Discipline

Work discipline does not just suddenly appear, but it is the result of a continuous learning process. Increasing the control of health workers will create high performance. Customer satisfaction will emerge from the services provided by creating quality health services. In this study, the discipline of health workers was still a problem. The following are some quotes from the interview:

"They do not come regularly according to their pregnancy. In the first trimester of pregnancy they do not want to leave the house so they miss their first visit (Midwife 8) Text 6

To improve discipline, proper guidance and regulations regarding the quality of human resources are needed. One of the controls is time discipline. Time discipline determines the quality of work in priority health services.

6. Myth and Culture

During pregnancy, mothers are advised to understand which information are correct and which ones are only myths. In this study, the myth and culture of the people in this city were that in the first-trimester of pregnancy women could not leave their home. There were pregnant women who still visited Shaman to get her pregnancy examined. The following are the interview quotes:

Trust in shamans depends on individual character.³⁶So it needs a personal approach in providing the right understanding of these characters. Personal approaches and the provision of health information about the importance of handling health services by health workers. The stages of the process of qualitative analysis are transcript texts, meaning units, coding, and themes.

Table 1. Summary of Qualitative Analysis Steps from Key Informants

Respondent	Transcript Text		Meaning Unit		Coding	Theme
M-1	Text 1	0	Long distance	О	Distance	Access
M-2,3,4	Text 2	o	Low education	o	Education	Education
M-5	Text 3	О	Ashamed to be examined	O	Low knowledge level	Motivation
M-6	Text 4	0	No one can escort to health center	O	Transportation	Transportation
M-7	Text 5	o	Difficult communication	o	Signal error	Communication
M-8	Text 6	0	Unwillingness tocome routinely	O	No regular checkups	Discipline
M-9	Text 7	0	Go to the shaman to be	o	Comfortable	Myth
M-10	Text 7	0	examined Family advice	О	Family support	Family Culture

Abbreviation = M: Midwife

[&]quot;Sometimes this is just a program, and it does not run optimally due to the lack of discipline. There is no in-depth evaluation of this program" (P-9) Text 12

[&]quot;There must be appropriate regulations for the performance of midwives. They will work in a disciplined manner if they have the right amount of salary" (P-11) Text 13

[&]quot;They still go to the shaman to be examined, even if it's just for massage. Their reason is that they are comfortable with the shaman and they have known them from their family for a long time" (midwife 9, 10) Text 7

[&]quot;Pregnant women still want to be examined by a shaman because they still feel comfortable and the practice has become a custom" (P-6) Text 14

[&]quot;Sometimes, there is a myth from the family. If you are still in the first trimester of pregnancy, you should not leave the house, and thus the pregnant women will miss the K1 coverage" (P-10) Text 15

Table 2. Summary of Qualitative Analysis Steps from Supporting Informants

Respondent	Transcript Text		Meaning Unit		Coding	Theme
P-1	Text 1	o	Long distance	О	Distance	Access
		O	No one can escort to health center	0	Escort	Transportation
P-2	Text 2	o	Transportation issue	o	Transportation	Transportation
		O	Wait for husband to escort	o	Wait for husband	
P-3	Text 3	o	Geographical location		Location	Access
		0	Difficult to access	O	Access	
P-4	Text 4	o	Long distance	o	Distance	Access
		O	The road is not easy to traverse	0	Access	
P-5	Text 5	o	Lack of knowledge	o	Knowledge	Education
		0	Information check	O	Information	
P-6	Text 6	0	Maternal knowledge	O	Knowledge	Low Education
		o	Pregnancy risk	o	Information	Level
P-7	Text 7	0	Too lazy to undergo		Lazy	Motivation
			checkup	O	Clinic	
		O	Go to the doctors' clinic			
P-8	Text 8	O	Does not have any medical complaints	0	No complaints	Motivation
P-11	Text 9	O	The pregnant women's lack of desire	0	Lack of desire	Motivation
P-3	Text 10	o	The characters of	o	Character	Communication
			health workers	o	Communication	
		0	Communication with patients			
P-12	Text 11	o	Informed to check routinely	o	Information	Communication
P-9	Text 12	o	Lack of discipline	o	Discipline	Discipline
D 11	Tout 12		program		program	Disciplins
P-11	Text 13	O	Work discipline		Discipline	Discipline
P-6	Text 14	0	Examined by a shaman	0		Culture
P-10	Text 15	0	Myth from the family	0	Myth	Myth

Abbreviation = P: Person

Tables1 and 2 shows that based on health worker's perception, the factors that caused the low coverage of the ANC program were transportation, education, motivation, communication, discipline, myth, and culture. The limitation of this study was the fact that it only determined the perception of health workers. Further research is needed for other perspectives (pregnant women, social support, and other communities).

Conclusion

This study concluded that the six causes of low ANC compliance in Dumai City were accessibility and transportation, education, motivation, communication, discipline, as well as myth and culture. It is necessary to develop an ANC program to increase the coverage of ANC visits, especially by creating and promoting health education programs, completing the infrastructure of

transportation, improving the quality of health human resources, and issuing appropriate government regulation.

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Ethical Clearance

The Ethics Committee for Health Research, Diponegoro University (No.240/EA/KEPK-FKM/2018).

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Health workers perceptions towards the compliance of Antenatal Care visit in Dumai city, Indonesia

September, 29 - 30th, 2020 Semarang, Indonesia

Dr. Budiyono, S.KM., M.Kes

Dean



