

Article

The Effectiveness of *Antenatal Care* with a Gender-Responsive Approach

Erika Yulita Ichwan¹, Yeniar Susana², Gita Nirmala Sari³

¹Midwifery Department, Health Polytechnic Jakarta 3, Jakarta, Indonesia

²Midwifery Department, Health Polytechnic Jakarta 3, Jakarta, Indonesia

³Midwifery Department, Health Polytechnic Jakarta 3, Jakarta, Indonesia

SUBMISSION TRACK

Received: March 07 2022

Final Revision: May 18 2022

Available Online: June 29 2022

KEYWORDS

Efektivitas, gender, pelayanan *antenatal care*

CORRESPONDENCE

Phone: 081383760059

E-mail: ericka.eyi@gmail.com

A B S T R A C T

Maternal Mortality Rate (MMR) is one of the indicators in determining the degree of health of a nation. One of the causes of maternal death is related to the problem of gender inequality in society. The role of midwives in providing gender-responsive services is needed to realize welfare and health for all.

This study aims to determine the effectiveness of the gender approach in *antenatal care* at the Midwife Independent Practice Center. This research uses a descriptive qualitative method with in-depth *interviews* and data analysis using triangulation of sources, techniques and experts. Primary data were obtained using interview guideline sheets from 6 informants, which included 2 midwives and 2 pregnant women who did not understand *antenatal care* with gender responsiveness and their partners.

The results of the study on the effectiveness of the gender approach in *antenatal care* at the Midwife Independent Practice Place is assessed from indicators of target accuracy, socialization, achievement of goals and monitoring, it can be said to be quite effective because the implementation already involves the participation of pregnant women and their partners. However, there needs to be a guideline that regulates gender-responsive care. **Suggestion:** Establish a specific guideline governing gender-responsive midwifery care standards by both professional organizations and related agencies.

I. INTRODUCTION

Maternal Mortality Rate (MMR) is one of the indicators used to assess the degree of women's health as well as describe the results of a country's development achievements. Based on data released by the *World Health Organization* (WHO) in 2019 the maternal mortality rate (MMR) worldwide from 2000 – 2017 decreased by 38% from 342 deaths to 211 deaths per 100,000 live births. (UNICEF, 2019) This target is still far from the global target launched by the *Sustainable Development Goals* (SDGs), namely the maternal mortality rate of less than 70 by 2030 (United Nations, 2020)

According to Mc Charthy and Maine (1992) it is stated that there are 3 determinants that are the cause of maternal death, namely contextual, intermediate, and proxy determinants (McCarthy and Maine, 1992). Contextual determinants include the status of women in families and societies that are closely related to demographic and sociocultural factors. Meanwhile, the intermediate determinants are related to health status, reproductive status, access to health services and healthy behaviours. While proxy determinants are determinants that are directly related to the cause of maternal death, including due to pregnancy itself or due to complications during pregnancy, childbirth, or puerperium. All of these determinants have to do with race, status, and gender.

Gender linkage to maternal mortality as a result of women's powerlessness in accessing health facilities because women depend on husbands' decisions (Femi Odekunle and Odekunle, 2017). This helplessness of women as a result of the existence of a patriarchal culture. In this patriarchal culture, women are placed in a position of subordination, which is closely related to gender issues. In addition, there is a prohibition or taboo from parents or in-laws for pregnant women in certain tribes to consume certain types of food such as vegetables, fish, and other foods so as to cause insufficient essential nutrients in the mother in the process of pregnancy also plays a role in causing maternal death (Nurul Huda *et al.*, 2019)

Based on data released by the BPS Gender Inequality Index (GII) in Indonesia in 2021 of 0.400 (BPS, 2021). From this data, West Java ranks first in the GII for the Java region, which is 0.427. This GII describes the loss or failure of human development achievements as a result of gender inequality as measured by aspects of health and empowerment. In order to achieve the success of Indonesia's human development and realize goals 3 and 5 of the SDGs, namely ensuring a healthy life and supporting welfare for all ages as well as achieving gender equality and empowering women and girls, participation is needed. all parties from all sectors. For example, midwives can play an active role in the health sector. This is because midwives are professional health care workers whose services focus on women's health and midwives must ensure that women can receive all the services needed throughout their life cycle field (Indra supradewi, Maryanah, Ni Gusti Made Ayu, 2022).

Midwives as agents of development in the health sector need to have a strong awareness and understanding of gender issues. Gender issues in health that have been often overlooked and impartial to women should be a reference for midwives in promoting paradigm shifts in society, so that the quality of women's health services improves. With the increase in the quality of services to women, of course, it will affect the quality of family and community health so that the degree of health can increase (Maryanah, Supradewi and Barkinah, 2021).

The promotion of this paradigm shift can start from *antenatal care* because midwives are the guardians and guardians of women's lives since they are in the womb in carrying out their reproductive processes and functions. In providing gender-responsive *antenatal care*, midwives must pay attention to gender justice and equality, provide non-discrimination and non-judgmental care, respect women's reproductive health rights and support women's empowerment (Hamidah, Aticeh, 2020)

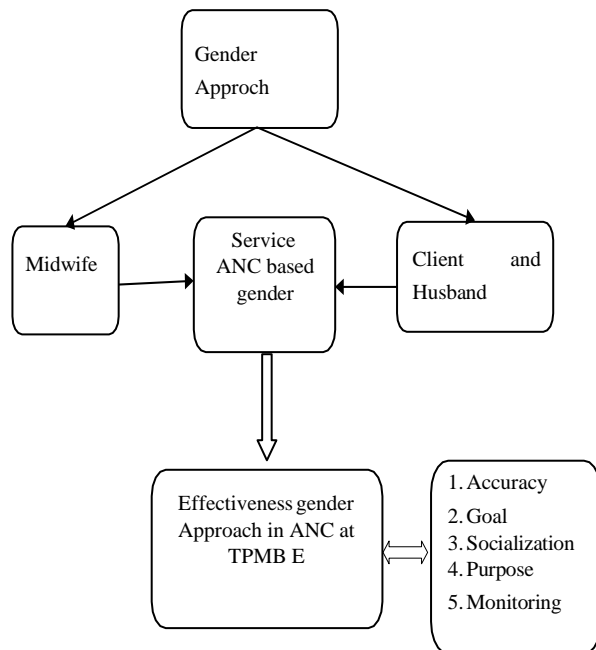
II. METHODS

This study used a descriptive research method, where researchers collected data by interviewing midwives at TPMB, clients and couples who *performed antenatal care* examinations. The purpose of using this method is to systematically describe and analyze the effectiveness of the gender approach in *antenatal care* that the research report will contain narrative quotations to describe the situation accurately and systematically.

The approach used in this study is qualitative. qualitative research that seeks meaning, understanding, and understanding about one phenomenon event And human life by being directly and or indirectly involved in *setting* researched,

contextual, and thorough. The study was conducted at one of the TPMB in bekasi city area, namely TPMB E April – May 2022.

The determination of informants from this study by direct appointment (*purposive sampling*)



by the researcher was based on certain considerations, namely the midwife who provided care and the client that the researcher met in the preliminary study where the client did not understand *antenatal care* services with gender responsiveness. The informants in this study were 6 people, consisting of 2 midwives in TPMB who had applied a gender approach, 2 clients who did not understand *antenatal care* with gender responsiveness and their partners. The technique for selecting informants is carried out by the snowball method where initially the researcher chooses 1 informant and then penetrates into other informants recommended by the first informant. Researcher as the main instrument in collecting data using data collection tools in the form of observation sheets, interview guidelines and documentation.

Data collection in this study, using primary data and secondary data. Primary data were obtained from in-depth interviews, namely information and information obtained orally from informants through meetings and conversations, and direct observations made by researchers in the form of observations of *the antenatal care* process given by the midwife. Secondary data is obtained from documentation studies, namely data taken from records, archives, or documents related to the problem under study.

Data analysis activities consist of: *data reduction*, *display data*, and *data conclusion drawing / verification* which are carried out interactively and last continuously until complete, so that the data reaches saturation.

III. RESULT

The results of this study are described according to the theory of the measure of effectiveness according to Budiani in Khadafi and Mutiarin (2017):

1. Target Accuracy

The accuracy of the target is to see the extent to which the recipient of this service is right with the predetermined target. In this study, the target of the gender approach in *antenatal care* was clients who had their pregnancies checked at TPMB E. From the statement submitted, it can be seen that the target of the program from the gender approach carried out by TPMB E is pregnant women who check their pregnancy at TPMB E along with their partners. The application of the gender approach carried out by TPMB E is aimed at all pregnant women who have their pregnancy checked at TPMB E, but the priority is pregnant women who do not understand gender-responsive *antenatal care*. In addition, it is known that clients who do not understand gender-responsive *antenatal care* services are a priority in the gender approach services provided.

From the results of the interview obtained, further observations were made on how TPMB E in providing *antenatal care* services. Based on the observations made, it can be concluded that TPMB E takes a gender approach in providing *antenatal care* to all pregnant women and their partners who have a pregnancy check-up at TPMB E.

Researchers can also conclude that the accuracy of the targets of the gender approach program in *antenatal care* at TPMB E has gone well where this program is carried out to all clients and their spouses who come to have their pregnancies checked into TPMB E. However, for clients who do not understand *antenatal care* with gender responsiveness, it is a priority of services with this gender approach.

2. Socialization

The success of a program is determined by how the program is socialized so that it can be recognized by the recipients of the program. From the results of the interview, it can be concluded that socialization about the gender approach program in *antenatal care* services provided by TPMB E has been carried out since July 2020, namely by starting to implement gender-sensitive services and continues to be carried out until now. With the socialization of the gender approach provided by TPMB E, the spouse of the client is present to accompany each pregnancy examination.

3. Goal Achievement

The effectiveness of a program is seen from how the objectives of the program are, whether it is in accordance with what has been planned or not. The purpose of the program is the conformity between the results of the implementation of the gender approach in *antenatal care* that have been carried out with predetermined objectives.

The purpose of the gender approach in *antenatal care* is to realize well-being and health for all. The results of the interview show that the main goal of the gender approach in *antenatal care* is well-being and health for all by empowering pregnant women to know and understand themselves better. In addition to empowering pregnant women, TPMB E also empowers a couple of pregnant women. Based on the interview descriptions, it can be noted that the achievement of the goals of the gender approach in *antenatal care* has been right on target, especially in involving the participation of the husband in pregnancy

4. Monitoring

Monitoring is an activity intended to observe the development of the implementation of a program, identify and anticipate problems that arise in the implementation of the program so that solutions to these problems can be found.

Monitoring of the gender approach in *antenatal care* is intended to identify existing problems so that shortcomings are known in their implementation and find solutions so that their implementation can be in accordance with the established plan. From the results of the interview, it can be seen that monitoring the gender approach in *antenatal care* carried out by TPMB E is carried out through direct communication between midwives and clients. However, in carrying out this monitoring, the midwife feels that she has not been able to confirm whether the services provided are appropriate or not. Based on the observations made by the researchers, it was found that the monitoring carried out by the TPMB was quite good, this was seen by the communication between the midwife and the client where the midwife asked again about the understanding of the client and husband. However, there is still a fact that midwives find it difficult to monitor this because there are no specific standards or guidelines on how gender-responsive midwifery services.

IV. DISCUSSION

1. Target Accuracy

From the results of the study, it was found that the target of the gender approach in *antenatal care* and their partners. The choice of pregnant women and partners as targets is not without reason. In accordance with the research conducted by Fratidhina et al (2021) which states that the knowledge possessed by pregnant women obtained from gender-sensitive learning can be one of the solutions to reducing maternal mortality because it increases independence in facing childbirth and prevention complications (Fratidhina *et al.*, 2021). By making pregnant women the target of the gender approach program, it is hoped that welfare and health for all can be realized. Likewise, the involvement of couples will provide support to pregnant women in carrying out their pregnancy.

In line with the theory put forward by Muhith et al (2019) which states that pregnant women's awareness of their health can increase after receiving information from health workers.(Abdul Muhith *et al.*, 2019). Exposure of pregnant women and couples to information from health workers can make pregnant women empowered to access health facilities so that the quality of health in pregnancy can improve. The involvement of couples from pregnant women also has an impact on the mother's readiness to face pregnancy and childbirth. With the support of a partner, it will improve the psychological well-being of pregnant women (Elvina *et al.*, 2018).

2. Socialization

From the study, the results were obtained if the socialization of the gender approach program in *antenatal care* carried out by TPMB E began in July 2020 and began to be introduced to pregnant women and their partners at the first contact when the pregnant woman checked her pregnancy. This socialization includes involving couples in the pregnancy examination process, asking questions and providing solutions to complaints felt by pregnant women. Socialization by involving couples in pregnancy because couples are part of the *support system for* pregnant women. With the involvement of couples in socialization, it is hoped that the husband can play a role in helping the wife in domestic activities. And with the socialization carried out by TPMB, it is hoped that the attitudes, opinions and behaviours of pregnant women and couples both directly and indirectly can change.

In providing socialization to clients, a midwife must have knowledge of the information or

things that want to be socialized. With the midwife's knowledge of gender-sensitive care, the midwife will easily socialize the care to her clients. This is in accordance with the research Maryanah et,al (2021) which mentions if there is a relationship of the knowledge possessed by the midwife about gender-sensitive care to the knowledge of the patient (Maryanah, Supradewi and Barkinah, 2021).

3. Goal Achievement

From the results of the study, it was found that the achievement of the objectives of the gender approach in antenatal care services carried out by TPMB E was in accordance with the initial goal of welfare and health for all by empowering pregnant women to know and understand themselves better, which of course involves the participation of husbands or spouses.

The involvement of a husband or partner can help find problems and find effective strategies for overcoming them (Inter-American Development Bank, 2014). Husband support also affects the wife's readiness to face pregnancy (Mandey, Kundre and Bataha, 2020). The success of pregnant women in the process of pregnancy until childbirth also depends on the participation and support of the husband (Estuningtyas, 2021). With the success of pregnant women in undergoing their pregnancy process, the goals of welfare and health for all can be realized.

In accordance with the theory of effectiveness measures from Budiani in Khadafi and Mutiarin (2017) where the indicator of achieving program objectives is the conformity between the results of the implementation of the gender approach in *antenatal care* that has been carried out with predetermined goals. This program is considered quite effective because it involves the participation of the husband. The involvement of the husband in this program will of course fully support the client, so that well-being and health for all can be realized (Khadafi and Mutiarin, 2017)

4. Monitoring

From the results of the study, it was found that monitoring the gender approach in *antenatal care* carried out by TPMB E was carried out through direct communication between midwives and clients. Direct communication used to dig deeper into the understanding of the person being given the information (Mukorom Z, 2020). With direct communication can be seen the expression or mimic of the client so that there is a congruence between what is spoken and the expression displayed.

Monitoring is an activity carried out by TPMB E to identify and anticipate problems that arise in the implementation of the program in order to find solutions to these problems so that its implementation can be in accordance with the goals that have been set. Based on the theory of effectiveness from Budiani in Khadafi and Mutiarin (2017) program monitoring in this study has not been effective. This is because the communication carried out by the midwife to the client and her partner has not produced maximum output because it has not been supported by special guidelines governing gender-responsive midwifery care.

This guideline is important to be used as a reference in carrying out activities so that monitoring can run effectively and efficiently. These guidelines can be socialized through gender-responsive midwifery care training to midwives so that midwives' knowledge of gender-responsive midwifery care will increase and can affect the services provided to clients. In accordance with the research of Maryanah et al (2021) which mentions if there is a relationship of knowledge that the midwife has about gender-sensitive care to the care provided to the client (Maryanah, Supradewi and Barkinah, 2021).

It is also hoped that with the guidelines, midwives can have one voice in providing gender-responsive services. This one voice from the midwife will help break the chain of gender inequality experienced by women. Midwives can also unite together in one vision and mission to

realize health and well-being for all.

V. CONCLUSION

ANC services with a gender-responsive approach carried out at TPMB midwife E are effective. Measuring effectiveness with indicators of target accuracy, socialization, achievement of goals and monitoring is quite successful, this can be seen with pregnant women and their partners receiving services provided with a gender responsive approach, couples are always present and accompanying in the pregnancy examination process, couples are also involved in fully supporting pregnant women in the pregnancy process and direct communication between midwives and pregnant women is also going well. However, specific guidelines on how standardized gender-responsive midwifery care models do not yet exist, making it rather difficult for midwives to evaluate the overall suitability of the services provided. Further research needs to be done by examining more deeply what phenomena are and how to achieve gender-responsive midwifery care.

REFERENCES

- Abdul Muhith *et al.* (2019) 'Kelas Ibu Hamil Sebagai Upaya Peningkatan Pengetahuan Ibu, Pelaksanaan Dan Kader Dalam Deteksi Dini Resiko Tinggi Ibu Hamil Di Wilayah Kerja Puskesmas Sambeng Kabupaten Lamongan, Keluarga Dan Kader Dalam Deteksi Dini Resiko Tinggi Ibu Hamil Di Wilayah Ker', *Jurnal Ilmiah Ilmu Kesehatan*, 7(1), pp. 37–44.
- BPS (2021) *Kajian Penghitungan Indeks Ketimpangan Gender*, Badan Pusat Statistik. Available at: <https://www.bps.go.id/publication/2021/12/13/8d3f5b35393193b1cf1272a0/kajian-penghitungan-indeks-ketimpangan-gender-2021.html> (Accessed: 8 Mei 2022).
- Elvina, L. *et al.* (2018) 'Faktor Yang Berhubungan dengan Kesiapan Psikologis Ibu Hamil Trimester III dalam Menghadapi Persalinan', *Journal of Healthcare Technology and Medicine*, 4(2), pp. 176–184. doi: 10.33143/JHTM.V4I2.207.
- Estuningtyas, L. P. (2021) 'Peran Suami Dalam Menjalani proses kehamilan Pada Ibu Hamil : Systematic Review', *Prosiding Seminar Nasional Kesehatan Masyarakat 2021*. Available at: <https://conference.upnvj.ac.id/index.php/semnashmkm2020/article/view/1056> (Accessed: 8 Mei 2022).
- Femi Odekunle, F. and Odekunle, R. O. (2017) 'GENDER: The Cross-Cutting Issue In Maternal Mortality', *International Journal of Recent Advances Multidisciplinary Research*, 04(01), pp. 2246–2248. Available at: <http://ereseach.qmu.ac.uk/2227/> [Accessed (Accessed: 10 Mei 2022)].
- Fratidhina, Y. *et al.* (2021) 'The Influence of Gender-Sensitive Pregnant Women's Class on Maternal Self-Reliance Readiness in the Face of Childbirth and Complication Prevention', *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 6(3), pp. 457–464. doi: 10.30604/jika.v6i3.535.
- Hamidah, Aticeh, *et al.* (2020) 'Modul Asuhan Kebidanan Kehamilan Responsif Gender (Gender Responsif Pregnancy Midwifery Care)', in *Jurusan kebidanan Poltekkes Kemenkes Jakarta III*. Available at: http://repository.poltekkesjakarta3.ac.id/index.php?p=show_detail&id=5089&keywords= (Accessed: 10 Mei 2022).
- Indra supradewi, Maryanah, Ni Gusti Made Ayu, J. O. (2022) 'Konsep dan Prinsip Dasar Asuhan Kebidanan Berkesinambungan Berbasis Gender', in *YPSIM dan Jurusan Kebidanan Poltekkes Kemenkes Jakarta III*. Available at: http://repository.poltekkesjakarta3.ac.id/index.php?p=show_detail&id=6025&keywords= (Accessed: 10 April 2022).
- Inter-American Development Bank (2014) 'Gender in Maternal and Reproductive Health:

- Synopsis | Publications', *Inter-American Development Bank*. Available at: <https://publications.iadb.org/publications/english/document/Gender-in-Maternal-and-Reproductive-Health-Synopsis.pdf> (Accessed: 10 Juni 2022).
- Khadafi, R. and Mutiarin, D. (2017) 'Efektivitas Program Bantuan Keuangan Khusus Dalam Mengentaskan Kemiskinan di Kabupaten Gunungkidul', *Journal of Governance and Public Policy*, 4(2), pp. 327–362. doi: 10.18196/JGPP.V4I2.2993.
- Mandey, C. P., Kundre, R. and Bataha, Y. (2020) 'Dukungan Suami dengan Kesiapan Istri : Study Cross Sectional di RS Ibu dan Anak Manado', *JURNAL KEPERAWATAN*, 8(1), pp. 51–58. doi: 10.35790/JKP.V8I1.28411.
- Maryanah, M., Supradewi, I. and Barkinah, T. (2021) 'The Impact of The Strengthened Gender Sensitive Midwifery Care on Pregnant Women's Knowledge, Attitude and Acceptance of Midwifery Care', *Women, Midwives and Midwifery*, 1(3), pp. 39–46. doi: 10.36749/WMM.1.3.39-46.2021.
- McCarthy, J. and Maine, D. (1992) 'A Framework for Analyzing the Determinants of Maternal Mortality', *Studies in Family Planning*, 23(1), p. 23. doi: 10.2307/1966825.
- Mukorom Z (2020) *Teori-Teori Komunikasi - Digital Library UIN Sunan Gunung Djati Bandung*. Bandung: UIN Sunan Gunung Djati. Available at: <https://digilib.uinsgd.ac.id/31495/> (Accessed: 8 Juni 2022).
- Nurul Huda, S. *et al.* (2019) 'Perilaku Berpantang Makan pada Ibu Hamil Suku Dayak di Kabupaten Sintang Kalimantan Barat', *Jurnal Manajemen Kesehatan Indonesia*, 7(3), pp. 191–197. doi: 10.14710/JMKI.7.3.2019.191-197.
- UNICEF (2019) *Maternal mortality rates and statistics - UNICEF DATA, UNICEF*. Available at: <https://data.unicef.org/topic/maternal-health/maternal-mortality/> (Accessed: 10 April 2022).
- United Nations (2020) *THE 17 GOALS | Sustainable Development, United Nations*. Available at: <https://sdgs.un.org/goals> (Accessed: 10 April 2022).