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Literature review Factors Influencing Preconception Screening in Indonesia.

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Abstract

To obtain good preconception health, preconception screening is needed for women of childbearing age and couples of childbearing age. Preconception screening is beneficial and has a positive effect on the health preparation of the mother and the prospective child so that later the pregnancy can run well and healthily. The purpose of the study was to determine the factors that influence preconception screening. The research method used was a literature review with a Narrative Review design. The results based on 3 studies showed that education and knowledge factors are quite strong factors and have a positive variable direction that influences preconception screening. Age, attitude, husband's support, health worker information and culture are other influencing factors. The conclusion of the factors influencing preconception screening is that education, knowledge, age, attitude, husband's support, health worker information and culture are factors that influence preconception screening.

Keywords: screening, preconception, influencing factors, literature review

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Introduction

Premarital screening is given to prospective couples who are going to get married. This screening consists of several groups of tests to identify health problems that will arise in the future and have an impact on pregnancy planning in the future. Premarital screening can be done by providing health education and information. Ideally, premarital health tests are carried out six months before the wedding. However, this is not a benchmark for conducting premarital tests and can be done at any time during the marriage (Francis, S. & Nayak, 2018).

In Indonesia, the divorce rate is relatively high and is of particular concern, especially to the Ministry of Religion. The government conducted an assessment of the statistics of Marriage, Divorce and Reconciliation (NTR) throughout Indonesia in 2021 and found that the divorce and divorce rates reached 60% to 70%, even higher than the marriage rate that occurred at that time. This is due to the lack of knowledge and readiness of prospective brides and grooms to build a healthy household (Indonesian Health Profile, 2020).

The maternal mortality rate in Indonesia has tended to decrease every year, but this figure has not reached the target of the Sustainable Development Goals (SDGs) where the target must reach 70 per 100,000 live births by 2030 (Indonesian Health Profile, 2020). Pregnancy is a natural process that a woman will go through during her life cycle. Not only women but pregnancy is one of the most important times awaited by married couples after getting married. Not all couples are able to get pregnant easily so that

problems occur in the couple's relationship. This is because one of the reasons is that the husband and wife do not prepare their health, especially their reproductive health.

To obtain good preconception health, preconception screening is needed for Women of Childbearing Age and couples of childbearing age. Preconception screening is beneficial and has a positive effect on the health preparation of the mother and prospective child so that later the pregnancy can run well and healthily (Lusiana, 2017). Preconception care is one of the factors that can provide benefits to Women of Childbearing Age to reduce the risk or early detection in order to optimize the health of prospective mothers and children. In addition, preconception care can also provide support for Women of Childbearing Age to have good information so that they are able to make the right decisions related to their reproductive health. In developing countries, many women do not get enough information about preconception screening and access to services related to the preconception care needed (WHO, 2012). The lack of knowledge of women about preconception screening is partly due to low access to preconception care (Ayalew, Y, Mulat A, Dile M&A, 2017).

Methods

This study is a literature review study with a Narrative Review design. The data used in this study are secondary data, in the form of post-experimental studies from several literatures obtained via the internet in the form of research results from national journals, clinical keys, textbooks and proceeding books from 2018 to 2023.

Results and Discussion

In the article entitled "Analysis of Education and Knowledge of Women of Reproductive Age Regarding Premarital Screening in the Work Area of UPTD Kuta Selatan Health Center". This article used a research sample of 96 respondents with a purposive sampling technique, women of reproductive age who are not or have never been married, aged 15-20 years 43.8%, never received premarital screening information 76% and sources of premarital screening information from health workers (46.9%). The results of the non-parametric correlation test showed that education has a significant value of 0.005 and a correlation coefficient value of 0.287 which means the relationship is quite strong and positive. The level of education will affect a person in understanding premarital screening while the level of correlation strength between knowledge and premarital screening has a correlation coefficient value of 0.307 which means the relationship is quite strong and the direction of the variable is positive.

In the article citation "Relationship of Characteristics with Preconception Screening Knowledge in Women of Reproductive Age (WUS)" using a cross-sectional approach and respondents totaling 105 women of reproductive age in the working area of UPTD Puskesmas Banjarangkan I. The frequency of WUS characteristics related to factors related to preconception screening obtained the results that most respondents were aged 21 to 25 years, namely 52 people (49.55%) while the least were 15 to 20 years old, namely 10 people (9.5%). Most respondents' education was high school, as many as 64 people (61.0%) and at least respondents graduated from elementary/junior high school, as many as 5 people (4.8%). Most respondents' occupations were private sector workers, as

many as 65 (61.9%) while only one person worked as a self-employed person (1.0%). Most respondents had given birth once, as many as 75 WUS (71.4%), while those who were planning to get pregnant were 30 WUS (28.6%). Judging from the frequency distribution based on preconception screening knowledge, most respondents had good knowledge as many as 67 (63.8%). The results of the bivariate analysis of WUS characteristics (age, education, occupation and pregnancy history) with preconception screening knowledge in WUS obtained a p-value of age = 0.005 (p <0.05), education p-value = 0.001 (p <0.05), and pregnancy history with preconception screening knowledge in WUS. While the characteristics of respondents that were not significantly related were occupation p-value = 0.402 (p <0.05).

In the citation "Analysis of Factors Affecting Preconception Screening for Planning a Healthy Pregnancy in Women of Childbearing Age in the Work Area of Kintamani IV Health Center". In this citation, 310 respondents of Childbearing Age Women were used. Based on the results of this study which used analytic correlation research with a cross-sectional design, the age was mostly 20-35 years (42.3%), secondary education 49% and most of the occupations were farmers (37.7%). Knowledge was mostly lacking (45.8%), attitudes were mostly lacking 47.1%, husband's support was mostly low 47.7%, information from health workers was mostly lacking 43.9%, culture was mostly unsupportive (45.2%), preconception screening was mostly lacking (43.9%). The results of the Spearman Rank (Rho) test obtained a p-value = 0.000 < 0.05 for all variables, meaning H0 was rejected and Ha was accepted, indicating that there was an influence of age, education, occupation, knowledge, attitude, husband's support, health worker information and culture on preconception screening to plan a healthy pregnancy.

Education is a process to grow and develop or make changes towards a more mature and better individual, group or society. Education aims to learn things that are not yet known to know, unable to be able to know about the values that exist in society, especially health. From education, especially health, they will be able to overcome their own health problems. While the BKKBN premarital screening theory provides a marriage age limit of 21 years for women and 25 years for men. According to the Ministry of Health, 2020 marriage preparation includes physical readiness, mental or psychological readiness and socio-economic readiness.

According to Notoatmodjo's theory, knowledge is the result of human knowing that simply answers the question "what". Knowledge is the result of knowing, and this occurs after people sense, smell, taste and touch. Knowledge or cognitive is a very important domain in shaping a person's actions (overt behavior). Meanwhile, according to the Ministry of Health, 2014, supporting examinations, routine urine tests, immunizations, nutritional supplements, premarital health counseling, and how to care for reproductive organs. The age of the respondents is the focus of attention because at that age it is very necessary to be given education and knowledge to conduct premarital screening when planning a wedding.

The lack of mothers who have good knowledge is caused by women's knowledge about preconception care which is still inadequate due to limited information and access to preconception care. Generally, women come to health facilities for

consultation after knowing that they are pregnant or vice versa so that women have not been exposed to preconception care.

Conclusion.

Preconception screening is needed by women of childbearing age or couples of childbearing age to detect early reproductive health risks, especially during pregnancy as one of the preparations for women in preparing for a safe pregnancy, smooth and healthy delivery and babies who are born well and healthy without the risk of disability. Factors that influence preconception screening include education, age, knowledge, attitude, husband's support, information from health workers and culture with a very strong correlation.

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