# Pregnancy Disorders and Access to Female Workers' Health Services in Sidoarjo Industrial Area During Covid-19 Pandemic

# Indriati Paskarini<sup>1</sup>, Tri Martiana<sup>1</sup>, Firman Suryadi Rahman<sup>2</sup>, Putri Ayuni Alayyannur<sup>1</sup>, Shintia Yunita Arini<sup>1</sup>

<sup>1</sup>Lecture at Department of Occupational Health and Safety, Faculty of Public Health, Universitas Airlangga, <sup>2</sup>Student at Doctoral Program of Public Health, Faculty of Public Health, Universitas Airlangga

#### **Abstract**

Maternal health is part of public health that will show a positive trend if there is a decrease in maternal mortality and an increase in delivery assistance provided by health workers in health service facilities. to know the relationship between pregnancy disorders and access to health services for female workers in the industrial area of Sidoarjo. this research was cross-sectional The sample of this study was 159 midwives. ANC visits of female workers are still low and have not reached 90%. Many female workers have experienced various pregnancy disorders. These pregnancy disorders include; abortion, anemia, and Hyperemesis GravidarumThe biggest obstacle to antenatal care performed by female workers is time and cost. During the Covid-19 pandemic, antenatal care services have made adaptations by implementing the COVID-19 health protocol.

Keywords: Pregnancy Disorders, Female Workers, Health Service, Industrial Area

#### Introduction

Maternal health is part of public health that will show a positive trend if there is a decrease in maternal mortality and an increase in delivery assistance provided by health workers in health service facilities <sup>(1)</sup>. The reason is because according to the ICD-10, the definition of maternal mortality is the death of a woman that occurs during pregnancy or within 42 days regardless of the age and location of the pregnancy, which results from any cause related to or worsened by the pregnancy or its treatment, but does not

Basically, the health of mothers, especially those who are still in pregnancy, needs special attention because they are prone to problems caused by many factors and for working mothers the risk factors for experiencing

# Corresponding author: Prof. Tri Martiana

department Occupational Health and Safety, Faculty of Public Health, Universitas Airlangga tri.martiana@fkm.unair.ac.id these disorders increase due to the workload they get. Based on the research data, there were significant results between the workload of pregnant women and the incidence of maternal health problems, one of which is the incidence of preterm delivery (3-4).

The emergence of maternal health problems, especially for working mothers, could have been prevented if the mother receives special attention from the company owner, had good knowledge related to maintaining health during pregnancy to breastfeeding which the company owner could also facilitate, and had good access to the closest health services both with the work place and with the residence. The consequences of reproductive health for female workers are things that need to be studied and receive special attention, starting from the extent to which the legal system protects them, the work system they have to do during childbirth to breastfeeding, and their ease of access to health services, especially considering their time which is not flexible because their part of the time has to be spent at work. (5)

Midwives are one of the health workers who can play a major role in preventing pregnancy problems experienced by pregnant female workers because midwives tend to be easier to reach both in terms of time and location, which are widely spread in several areas.

Sidoarjo is one of the districts in East Java, which has a large industrial area. Based on the data, most of the workers in industrial areas are actually female of productive age, which means that it is very possible for these workers to experience pregnancy while working. From a preliminary study that we conducted on several midwives in Sidoarjo area who often handle pregnant female workers, it was known that on the average, pregnant female workers experience various health problems including preterm, abortion, preeclampsia, anemia, and hyperemesis gravidarum. (6) It is assumed that the access of pregnant female workers to health services is one of the causes of the disorder that cannot be prevented from an early age, because pregnant female workers do not have flexible time to check their pregnancies at health care facilities. (7) Therefore, in this study, researchers wanted to know the relationship between pregnancy disorders and access to health services for female workers in the industrial area of Sidoario.

### **Material and Method**

The type of this research was an analytical study with an observational research design. The data were collected using cross-sectional method, which was done at one time without repetition and any intervention.

The population of this study was 159 midwives with the sampling process was performed using the total population. The variables used were health problems experienced by pregnant female workers and whether they regularly accessed health care facilities or not. The data were obtained from questionnaires distributed online via google form. The results of the data from the research were processed by describing the results of the cross distribution of the two variables.

### Results

The respondents involved in this study were 159 people consisting of 16 non-midwives and 143 midwives. The midwives work in various health care centers in Sidoarjo District. All midwives involved in this study provided maternity services to formal, informal workers, government employees and others.

The majority of these midwives work for agencies, whether it is health centers, hospitals, or maternity homes. A total of 114 midwives did not open independent practices. Regarding the percentage of Antenatal Care (ANC), the number of complete visits performed by female workers vary widely at the range of 4% to 100%. The average ANC visit to female workers was 54.9%. There are many reasons why the ANC visit was incomplete, such as forgetting the control schedule and moving to the village and others, but the majority of the reasons the ANC visit was incomplete was because the female workers were busy working and only having holidays on Sundays so they did not have time to have their pregnancy checked.

Table 1. Problems of Pregnancy and Childbirth that Often Occur in Female Workers Patients According to Respondents in Sidoarjo in 2020

Problem	Total
Abortion	6 6
Anemia	51
Low Birth Weight (LBW)	23
Hyperemesis Gravidarum	52
Bleeding	45
Preterm Rupture Membrane	24
Preeclampsia	40
Preterm birth	27
SGA	3

There are many problems with pregnancy and childbirth that often occur in female workers patients, but the top three problems with pregnancy and childbirth that often occur in female workers are abortion, anemia, and Hyperemesis Gravidarum. In this question, respondents can provide information on more than one problem of pregnancy and childbirth so that researchers can obtained a lot of relevant data. The obstacle that may

be experienced by female workers is being able to have regular pregnancy checks according to the scheduled timing of the check-up hours. The majority of them only get a day off on Sunday so that their check-up hours for midwives or doctors are limited. Many health services also take holidays on Sundays so they experience obstacles in carrying out checks on their pregnancies.

Table 2. Respondents' Constraints in Providing Pregnancy Examination Services in Sidoarjo in 2020

Characteristics	Yes	Not	Total
Constraints in providing antenatal care services	48	95	143

In connection with the Covid-19 pandemic that has entered Indonesia and is endemic throughout the world, the majority of midwives stated that there were no obstacles in providing antenatal care for female workers during Covid-19 pandemic (according to health protocols), but they were also worried about patients who checked themselves at the health service because they could have contracted Covid-19 while queuing and traveling to or from health services. On the advice of the midwife, pregnant women who work are pregnant women, if possible, do work from home (WFH) when the pandemic is underway, keep doing health protocol if forced to check into the health service, and if possible pregnant women should be diligent to undertake consultations with a midwife or doctor by WhatsApp or short message.

#### **Discussion**

#### 1. Antenatal Care (ANC) visit

From the results of the study, it was found that almost all midwives involved in this study provided pregnancy services for female workers. Female workers prefer practice midwives to get ANC services due to several factors, among others;

a. location and cost factors; midwifery practice is available in all regions. Midwives check fee are cheaper than obstetricians.

- b. checking time factor; midwives have more flexible examination hours than obstetricians at the hospital.
- c. convenience factor; the comfort factor is the most dominant factor. The influence of Indonesian culture makes female workers feel confident and comfortable when the midwife carries out examinations and provides delivery services.

Nevertheless, ANC visit of female worker remains generally low. Antenatal care visits will greatly affect the health of female workers. ANC visits of less than 80% will have the potential to cause various health problems <sup>(1)</sup>. If these health problems are not prevented from an early age, they can cause preterm birth and other labor problems.

Pregnancy disorders in female workers. Government Indonesia has recommended that pregnant women can do prenatal care at least 4 times during pregnancy, namely respectively 1 time in trimester 1 and II and twice in the third trimester (9). ANC visit is certainly very important. It is expected that ANC can be carried out completely by all pregnant women, including sensitive women with the aim of monitoring the progress of the pregnancy process to ensure the health of the mother as well as the growth and development of the fetus in it, knowing pregnancy complications that may occur early on, improving and maintaining the health of the mother

and baby, prepare for childbirth, reduce morbidity and mortality of pregnant women, prepare mothers and their families to receive child births so that they can grow and develop properly, and prepare mothers to pass through childbirth well and support exclusive breastfeeding. (10)

### **Disorders of Pregnancy**

Pregnancy disorders in female workers can be caused by various factors, both when going to work and go home from work, or at work <sup>(8)</sup>. These factors can be in the form of physical, chemical, biological, ergonomic, and psychological factors <sup>(5)</sup>. Various factors can have an impact on various systems that exist in the body so that the female worker is ultimately can lead to various health problems such as disturbed menstruation, bleeding, miscarriage, low birth weight, and problems of pregnancy and childbirth <sup>(11)</sup>.

The three major problems of pregnancy and childbirth that often occur in women who work in Sidoarjo are abortion, anemia, and Hyperemesis Gravidarum. Many female workers face many health problems during pregnancy and complications during childbirth and poor health during the postpartum period. Preeclampsia causes pregnancy disorders, among others; premature babies and low birth weight(10). Pregnancy disorders among female workers in Sidoarjo are caused by several factors, among others; physical activity, long working hours and distance from the workplace. Working hours are also an obstacle for workers to get health services. According to Akhtar, T., distance from work and work stress during pregnancy are strongly associated with pregnancy complications. (12) Female workers in Sidoarjo have a dual role, which is as mother for their children and as supporters of the household economy. This is what distinguishes women who do not work. The results of a study conducted by Khojasteh et al showed that the more female workers with potential complications, the higher the preterm labor in working mothers. Physical activity in pregnant female worker can predict a decrease in amniotic fluid and low birth weight (13). Research conducted by Xu et al. also proved that there is a significant relationship between physical work and low birth weight (14). Moderate to high physical activity at work is twice as likely to develop preeclampsia. Likewise, long working hours lead to a reduction in birth weight. Negative

attitudes regarding pregnancy at work also contribute to job dissatisfaction with an increase in preterm labor. Duties and environmental exposures in the workplace increase the potential risk of fetal morbidity <sup>(15)</sup>. Apart from exposure to the work environment, working shifts also affects pregnancy. According to the research results of Peter E Bonde et al. Working at night is associated with the risk of miscarriage. Recurrent circadian rhythm disturbances in night workers are associated with an increased risk of spontaneous abortion <sup>(16)</sup>

The increasing number of female workers indicates the need for regulations/policies that protect female workers, especially during pregnancy. In addition, women with a history of pregnancy complications should receive additional attention <sup>(14)</sup>. Female workers do not work in a workplace with a high level of exposure <sup>(16)</sup>. This factor needs to be controlled so that companies can minimize the risk of pregnancy problems for female workers <sup>(10)</sup>.

#### 3. Service constraints

For female workers, examination time is one of the obstacles that often occurs. Research also stated that one of the problems that hinder ANC is the timing of the examination. This research also stated that in addition to time, the costs of both examination and transportation costs are the main problems in achieving ANC <sup>(3)</sup>. In addition to costs, knowledge and family income for pregnant women will also determine the ANC that will be carried out by a pregnant woman <sup>(4)</sup>. A pregnant woman with good knowledge and a family income above the UMR tend to be diligent in doing routine ANC.

# 4. Pregnancy screening services during Covid-19 pandemic

From the results of the study, it showed that 33.6% of midwives had difficulties in providing antenatal care and childbirth services to female workers during the pandemic. The transmission of Covid-19 is likely to occur if any of the female workers who come for pregnancy checks have contracted Covid-19. Protection against Covid-19 transmission must be provided to midwives and other female workers who come to have their pregnancy checked. However, services for examining pregnant women during the Covid-19 pandemic must still be carried out. In accordance with the MCH Service

Guidelines from the Ministry of Health, pregnancy examination services during a pandemic need to pay attention to strict health protocols to break the chain of transmission of Covid-19. Currently, the government has instructed pregnant women to carry out swabs at the gestational age of 35-37 months. This is done in order to provide the best referral and services for pregnant women who are at risk of contracting Covid-19. It is also certainly a good move, especially for working mothers, so that she can either know about their health status of being exposed to covid-19 or not. If they are infected, then the clinic would offer referential Hospital that has adequate facilities and PPE level <sup>(17)</sup>.

#### Conclusion

- 1. ANC visits of female workers are still low and have not reached 90%.
- 2. Many female workers have experienced various pregnancy disorders. These pregnancy disorders include; abortion, anemia, and Hyperemesis Gravidarum
- 3. The biggest obstacle to antenatal care performed by female workers is time and cost.
- 4. During the Covid-19 pandemic, antenatal care services have made adaptations by implementing the COVID-19 health protocol.

#### Confict of Interest: Nil

**Etichal Clereance :** This Research has beed approved by FKG Unair Ethical Committee 2020

## Source of Fund: Universitas Airlangga

#### References

- 1. PUTI, S. H., et al. Faktor-Faktor Yang Berpengaruh Terhadap Risiko Kehamilan "4 Terlalu (4-T" Pada Wanita Usia 10-59 Tahun (Analisis Riskesdas 2010). *Media Litbangkes*, 2014, 24.3: 143-152.
- 2. Nirmala SA, Astuti S, Kalembha P. Gambaran Sikap Ibu Hamil yang Bekerja Mengenai Pemberian Asi Eksklusif di PT Changsin Reksa Jaya Garut. Jurnal Bidan. 2017 Jul;3(2):67-72.
- 3. Rinata E, Dewi MA. Beban kerja ibu hamil dan kejadian persalinan preterm. 2018
- 4. Rahman FS, Martiana T. Analysis of factors related to maternal health in female workers in the

- industrial area of Sidoarjo, Indonesia. Journal of Public Health in Africa. 2019 Jan 2;10.
- Rahman FS, Martiana T. Pregnancy disorders in female workers at the industrial area of Sidoarjo, Indonesia. Journal of Public Health Research. 2020 Jul 3:9(2
- 6. Martiana T, Rochmah TN, Alayyannur PA, Rahman FS. Characteristics of the Maternal and Child Health Service of Female Workers with Maternal and Child Health Status in Indonesia. Indian Journal of Public Health Research & Development. 2019;10(5):1499-503.
- 7. Martiana T, Rahman FS, Mahdang P, Rahmawati T, Jalaludin J. The Influence of Work Factors on Reproductive Health of Female Workers in Sidoarjo Industrial Area, Indonesia. Mlaysian journal of medicine and health science.2019
- Prasetyo A, Martiana T, Melaniani RS, Rahman FS.
   The Differences of Individual Characteristics and Working Environment That Influence Job Stress on Female and Male Workers at Pt. X Sidoarjo (Using Gender Prespective). Indian Journal of Forensic Medicine & Toxicology. 2020 Jul 30;14(3):1036-41.
- 9. Ministry of health. Maternal Guidance.2020
- World Health Organization. Guidelines for the identification and management of substance use and substance use disorders in pregnancy. 2014
- 11. Rahman FS, Martiana T. WORKPLACE HAZARD AND ITS EFFECT ON PREGNANCY DISORDERS IN FEMALE WORKERS AT THE INDUSTRIAL AREA OF SIDOARJO. Journal of Health and Translational Medicine. 2020 Aug 18;23(Supplement):19-25.
- Akhtar T, Afzal S. WOMEN DURING PREGNANCY. The Professional Medical Journal. 2018 Mar 10;25(03):440-7.
- Khojasteh F, Arbabisarjou A, Boryri T, Safarzadeh A, Pourkahkhaei M. The relationship between maternal employment status and pregnancy outcomes. Global Journal of Health Science. 2016 Sep;8(9):37.
- 14. Xu G, Wu Y, Yang L, Yuan L, Guo H, Zhang F, Guan Y, Yao W. Risk factors for early miscarriage among Chinese: a hospital-based case-control study. Fertility and sterility. 2014 Jun 1;101(6):1663-70.
- 15. Salihu HM, Myers J, August EM. Pregnancy in the workplace. Occupational medicine. 2012 Mar

- 1;62(2):88-97.
- 16. Bonde JP, Jørgensen KT, Bonzini M, Palmer KT. Risk of miscarriage and occupational activity: a systematic review and meta-analysis regarding shift work, working hours, lifting, standing and
- physical workload. Scandinavian journal of work, environment & health. 2013 Jul 1;39(4):325.
- 17. Mullins E, Evans D, Viner RM, O'Brien P, Morris E. Coronavirus in pregnancy and delivery: rapid review. Ultrasound in Obstetrics & Gynecology. 2020 May 1;55(5):586-92.