

Assessing Compliance with Antenatal Care Standards for Pregnant Women's Rights in Central Sulawesi, Indonesia (Review of Minister of Health Regulation Number 21 of 2021)

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Abstract: *This study examines the fulfillment of pregnant women's rights to antenatal care (ANC) services in Central Sulawesi, Indonesia, based on standards set by the Indonesian Ministry of Health Regulation Number 21 of 2021. It addresses the quantity and quality of ANC examinations provided, focusing on the government's responsibility in meeting these healthcare standards. Using a normative legal research approach, the study finds high compliance with mandated ANC services, although laboratory examination coverage remains low due to limited accessibility and awareness among pregnant women. The findings highlight areas for improvement in maternal health services and underline the importance of comprehensive ANC access.*

Keywords: Pregnant women's rights, antenatal care, Indonesian health regulation, maternal health, health services compliance

1. Introduction

Legally, at the international and national levels, Indonesian legal instruments and regulations recognize the principle of equal rights between men and women. However, at the level of implementing state governance, there is discrimination and injustice against women. Women are frequently marginalized in areas such as economy, education, health, employment, and politics. One of the causes is the patriarchal culture that has developed in indigenous Indonesian society. In a society with a patriarchal culture, men play a greater role in holding power, which can automatically degrade the role and existence of women¹. By following the principle of equal rights in all fields, both men and women have the same rights or opportunities to participate in every aspect of community and state life. So if discrimination against women occurs, it is a form of violation of women's human rights².

In the context of reproductive health, we can look back at the results of the International Conference on Population and Development (ICPD) held in Cairo on 5-13 September 1994, where reproductive health is defined as a state of complete physical, mental and social well-being in all matters relating to the reproductive system and its functions and processes. This includes the rights of men and women to obtain information and access to safe, effective, affordable and acceptable family planning methods of their choice, which do not conflict with applicable National Laws³.

Sexual and Reproductive Health Rights (SRHR) are the rights of every individual to be able to make decisions regarding their sexual and reproductive activities without discrimination, coercion and violence. SRHR is the right of an individual to be able to choose whether or not to engage in sexual activity, when they will engage in that activity, and with whom they will engage in that activity⁴.

In addition to rights related to a person's sexual activity, SRHR is also a form of freedom in an individual's reproductive activities - that an individual has the freedom to choose whether or not to have children; when they will have children; and the right to access information related to these matters.

SRHR is part of Human Rights (HAM), because the SRHR Components come from the components of HAM; such as the right to life, the right to be free from torture, the right to privacy, the right to education, and the right to be free from discrimination. This means that SRHR – like HAM – is absolute and universal. An individual does not need to do anything to gain access to their SRHR, because access to these rights is an inseparable part of their existence as human beings.

Government Regulation of the Republic of Indonesia Number 61 of 2014 states that Reproductive Health is a state of complete physical, mental, and social health, not merely free from disease or disability related to the reproductive system, function, and process. Reproductive health services are aimed at a series of organs, organ interactions, and substances in the human body that are used for reproduction. Regarding the scope of reproductive health, Government Regulation Number 61 of 2014 in article 2 states⁵:

"The scope of the regulation of Reproductive Health in this Government Regulation includes: a) Maternal health services; b) Indications of medical emergencies and rape as exceptions to the prohibition of abortion; and c) Assisted Reproduction or Pregnancy Outside of Natural Means"

In accordance with PP number 61 of 2014, every woman has the right to receive maternal health services to achieve a healthy and quality life and reduce maternal mortality. Efforts made are in accordance with the "continuum of care" life

cycle approach which starts from the pre-pregnancy period, pregnancy, childbirth, to the post-natal period.

For this reason, the Indonesian government has issued the Minister of Health Regulation Number 21 of 2021 concerning the Provision of health services during the pre-pregnancy, pregnancy, childbirth, and post-natal periods, contraceptive services and sexual health services. Minister of Health Regulation No. 21 of 2021 is a revision of Minister of Health Regulation No. 97 of 2014 concerning the same thing. In Minister of Health Regulation No. 21 of 2021 Article 13 paragraph (1) it is stated⁶ :

"Health services during pregnancy aim to fulfill the rights of every pregnant woman to obtain quality health services so that she can undergo a healthy pregnancy, give birth safely, and give birth to a healthy and quality baby".

Furthermore, Article 13 paragraph (3) states:

"Health services during pregnancy are carried out at least 6 (six) times during pregnancy, including: 1 (one) time in the first trimester; 2 (two) times in the second trimester; and 3 (three) times in the third trimester".

In contrast to the Minister of Health Regulation No. 97 of 2014 which stipulates that health services during pregnancy are carried out at least 4 (four) times⁷.

Law No. 17 of 2023 concerning Health also regulates health services for mothers. Article 40 paragraph (2) states⁸ :

"Maternal health efforts as referred to in paragraph (1) are carried out during the pre-pregnancy, pregnancy, childbirth, and postpartum period".

WHO estimates that 15-20 percent of pregnant women in both developed and developing countries will experience high risk (RISTI) and/or complications that can be detected early through Antenatal Care examinations. To improve the quality of Antenatal Care services, in the Minister of Health Regulation Number 21 of 2021 in Article 13 paragraph (6) it is stated⁹ :

"Health services during pregnancy as referred to in paragraph (3) must be carried out through antenatal services according to standards and in an integrated manner".

Furthermore, in paragraph (7) it is stated:

"Antenatal services in accordance with the standards as referred to in paragraph (6) include: a) measuring body weight and height; b) measuring blood pressure; c) measuring the upper arm circumference (LiLA); d) measuring the height of the peak of the uterus (fundus uteri); e) determining the presentation of the fetus and fetal heart rate; f) providing immunizations according to immunization status; g) providing iron tablets of at least 90 tablets; h) laboratory tests; i) case management/handling; and j) counseling and mental health assessment".

The purpose of this study is to analyze the extent to which pregnant women's rights to receive antenatal care services are fulfilled in Central Sulawesi, in alignment with Indonesian health regulations

2. Method

This research is a normative legal research. The research approaches used include the *statute approach*, *case approach*, and *conceptual approach*^{10,11}. The legal materials in this study are sourced from the results of literature studies, namely regulatory documents related to the context of the study, opinions and expert studies published in books and articles in various fields of journals or proceedings. To enrich the study material, the author collected data on the implementation of 10 antenatal care standards for pregnant women in the city of Palu. Furthermore, all legal materials obtained from the results of literature searches and antenatal examination data on pregnant women were analyzed qualitatively and presented descriptively¹².

3. Results and Discussion

Protection of Pregnant Women

Pregnancy is a vulnerable period for health, both for the health of the pregnant mother and the fetus she is carrying. Therefore, regular early pregnancy check-ups (Antenatal Care) need to be carried out to be able to detect early abnormalities/ disorders/ diseases suffered by pregnant women¹³. Antenatal Care (ANC) is a health service provided by medical personnel and health workers for mothers during their pregnancy and is carried out in accordance with the established service standards. The medical personnel and health workers referred to above are obstetricians and gynecologists, general practitioners, midwives and nurses. Antenatal care that is carried out routinely is also useful for facilitating a relationship of mutual trust between pregnant women and health workers, so that a sense of shared responsibility grows to maintain a healthy pregnancy until the birth process⁶.

Pregnancy care respects the rights of pregnant women to participate and gain knowledge and experience related to their pregnancy. Health workers cannot continuously accompany and care for pregnant women, because pregnant women need to get information and experience in order to be able to care for themselves properly. Women must be empowered to be able to make decisions about their own and their families' health through communication, information and education (IEC) and counseling carried out by midwives¹⁴.

The rights of pregnant women are the rights of every individual or pregnant woman to receive or obtain the best standard of health services. Midwives in providing midwifery care during pregnancy can pay attention to the rights of pregnant women so that the care provided is in accordance with needs and is comprehensive, feels appreciated, and mothers during pregnancy receive comfortable services.

The position of women in Indonesian law has been explicitly explained in the 1945 Constitution of the Republic of Indonesia. Article 27 of the 1945 Constitution of the Republic of Indonesia has determined that all citizens have equal

standing before the law and government and that every citizen has the right to work and a decent living for humanity¹⁵. There is not a single word that is discriminatory against women, this shows that the founding fathers of this country from the beginning were very aware that there was no difference in treating their citizens between men and women.

The convention on the protection of pregnant women to receive health insurance was issued by the International Labor Organization (ILO) at the time of the ILO General Conference in 1952, where health insurance to be provided in accordance with Article 4 of the Convention in question, must cover specialist medical practitioners for outpatient and inpatient care, including visits to the residence, dental care, care provided by midwives who meet the qualifications or other delivery services at home or in a hospital; care by nurses at home or in a hospital or in other medical institutions; care in a hospital or in other medical institutions; use of pharmaceuticals, dental or other medical or surgical materials; and care provided under appropriate medical supervision by other professions who may at any time be officially recognized as having the right to provide services related to childbirth¹⁶. Health insurance for pregnant women is also stated in the Regulation of the Minister of Health Number 21 of 2021. Article 2 states⁹:

Regulation of the provision of Health Services for the Pre-Pregnancy Period, Pregnancy, Childbirth, and Postpartum Period, Contraceptive Services, and Sexual Health Services aims to reduce the morbidity and mortality rate of mothers and newborns by :

- a) *preparing the health of adolescents, prospective brides and grooms, and/or couples of childbearing age before pregnancy;*
- b) *ensuring maternal health so that they are able to give birth to a healthy and quality generation;*

- c) *ensuring the achievement of quality of life and fulfillment of reproductive rights;*
- d) *ensuring the quality of Contraceptive Services; and*
- e) *maintaining and improving the quality of health services for mothers and newborns.*

Law Number 17 of 2023, Article 40 paragraphs (4) and (5) states that⁸ :

(4) Every mother has the right to access health service facilities and health services that meet standards, are safe, quality and affordable.

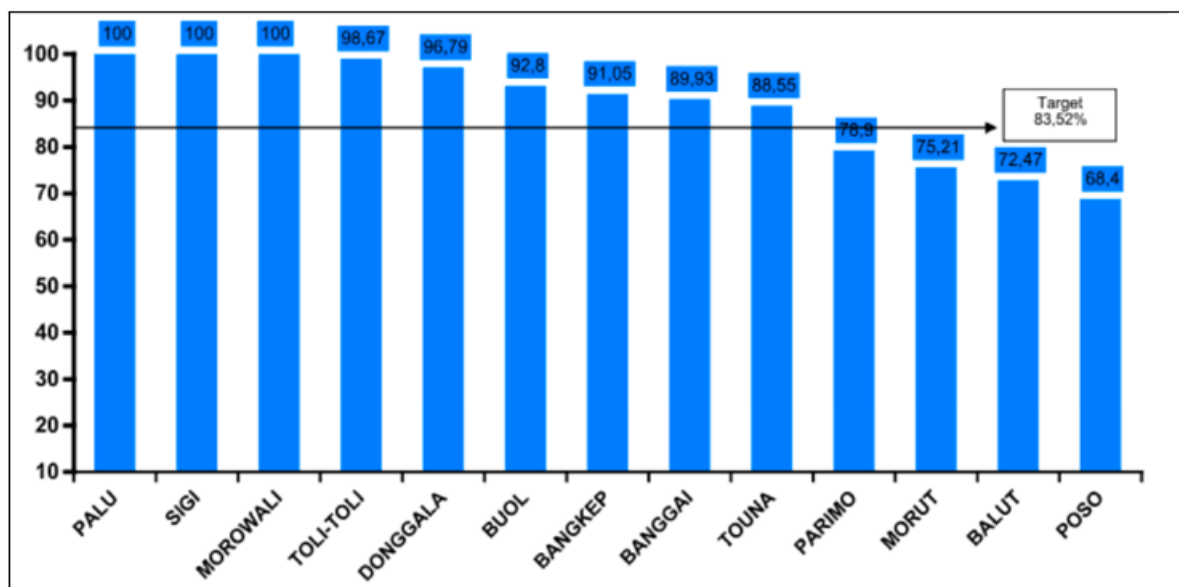
(5) The central government and regional governments are responsible for providing maternal health services that meet standards, are safe, of good quality and are affordable.

This provision shows the government's obligation and responsibility to provide health services for mothers (including pregnant women) that meet standards, are safe, of good quality and are affordable.

Fulfillment of Pregnant Women's Rights to Receive Standardized ANC Examination

Assessment of the implementation of maternal health services can be done by looking at the coverage of pregnant women ANC K1, K4 and K6. Health services for pregnant women carried out by health workers in health care facilities. This process is carried out during the mother's gestational age range which is grouped according to gestational age into the first trimester, second trimester, and third trimester. The high and low coverage illustrates the "fulfillment of pregnant women's rights" to receive standard antenatal examinations.

The percentage of coverage of visits by pregnant women K1 is pregnant women who have received their first antenatal care, without considering the gestational age when receiving their first antenatal care (K1 Access). The results are as follows¹⁷ :



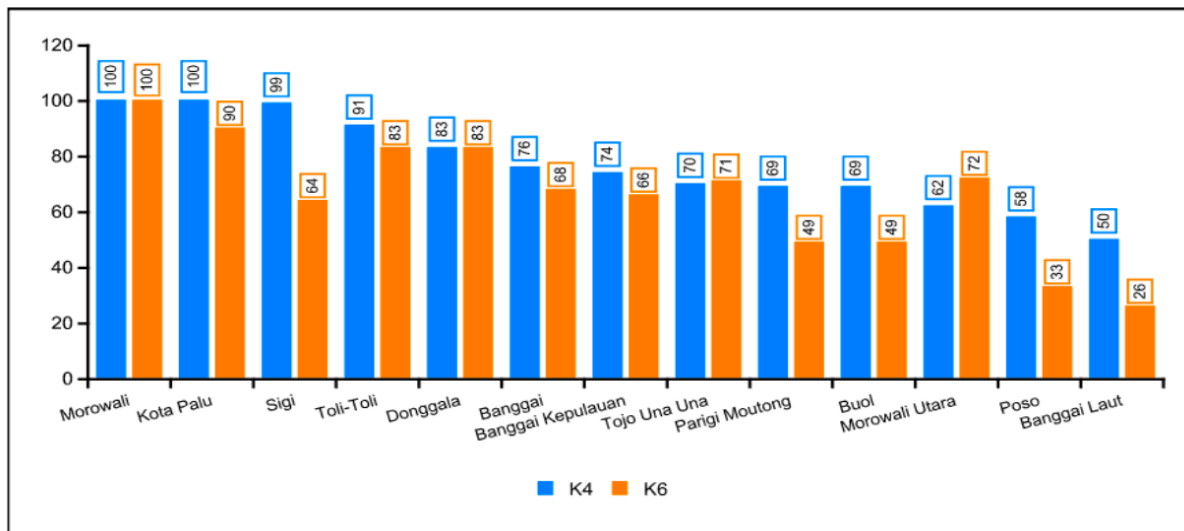
Graph 1: Coverage of K1 Services for ANC for Pregnant Women in Districts/Cities throughout Central Sulawesi in 2023
 Source: secondary data, 2024

Graph 1 above illustrates that visits to pregnant women K1 in 2022 increased by 91.47% compared to 2021 which was 90.1%, but several districts have reached the target. The

highest coverage of visits was in 3 districts, namely Palu City, Sigi Regency, Morowali Regency and the lowest was Poso Regency. The increase in visits to K1 was due to the

implementation of Mother's Classes, Utilization of KIA Books, and the role of PKK. The role of Health Cadres and Health Students in assisting pregnant women. The factors for the low coverage of K1 are geographical conditions, there are still areas that are difficult to reach, the existence of Unwanted Pregnancy (KTD) so that they are reluctant to check themselves with Health Workers at Health Service Facilities. Pregnant Women's Visits K4 and K6 are health

services for pregnant women realized through the provision of Antenatal services 4-6 times during pregnancy, with a minimum time distribution of 1 time in Trimester I (gestational age 0-12 weeks), 2 times in Trimester II (gestational age 12-24 weeks), and 3 times in Trimester III (gestational age 24-36 weeks), according to the Integrated and Quality ANC Service Standards¹⁷.

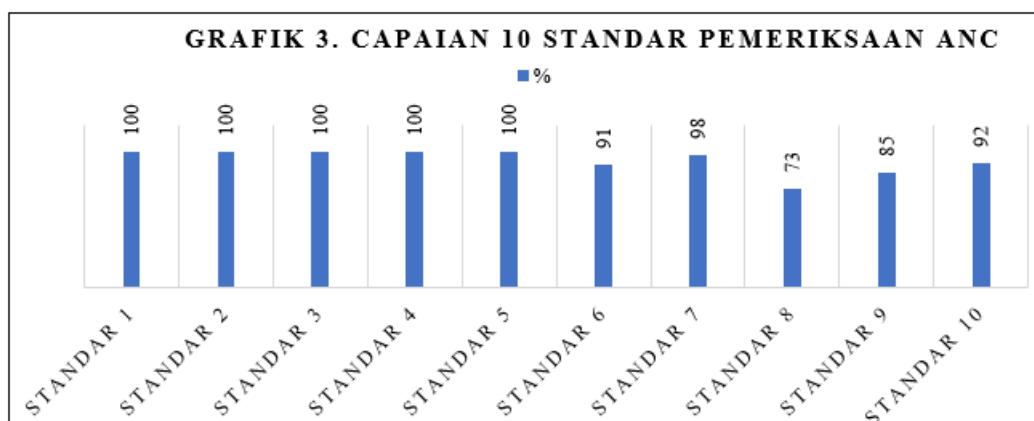


Graph 2: Coverage of K4-K6 Services in ANC for Pregnant Women in Districts/Cities throughout Central Sulawesi in 2023
Source: secondary data, 2023

From the graph above, it can be seen that the coverage of visits by pregnant women K4 in 2022 increased by 79% compared to 2021 which was 78.2%. Pregnant women ANC K4 who achieved the highest visit target were Palu City and Morowali Regency, the lowest coverage was Banggai Laut Regency. Some of the factors causing the low K4 visits were because not all pregnant women came to the Pure K1 visit and the implementation of the P4K program was not optimal. If

there were more access to ANC K1 visits, it would have an impact on ANC K4 visits, in addition, there was still low family knowledge about the importance of Catin Kespro Services and examinations of pregnant women.

Data from the Central Sulawesi provincial health office profile shows that from the K6 coverage, those who received 10 standard antenatal examinations were as follows¹⁷ :



Graph 3: Achievement of 10 antenatal care examination standards in Central Sulawesi

Source: secondary data, 2023

Description

No	ANC Standard	No	ANC Standard
1	Measurement of BB and TB;	6	Immunization;
2	Measurement of BP;	7	Consumption of TTD;
3	Measurement of LiLA;	8	Laboratory tests;
4	Measurement of TFU;	9	Case management;
5	Fetal presentation and DJJ;	10	Counseling

From the graph 3 above, it can be seen that health facilities have fulfilled their obligations to fulfill the rights of pregnant women to receive 10 standard ANC examinations (> 85%). The examination with the lowest coverage is standard 8 (Laboratory Examination), in this case Hemoglobin examination (73%). This low coverage is because pregnant women only undergo ANC examinations at the integrated health post, while Hb examination equipment at the integrated health post is often not available. Health workers have provided education to pregnant women to check at the health center, as well as to undergo obstetric ultrasound (USG). However, some pregnant women often do not access the health center due to low awareness or limited transportation facilities (no one to take them to the health center)¹⁸. The purpose of Hb examination during pregnancy is to determine the level of red blood cells in pregnant women. Normal Hb levels during pregnancy are 11 gr% and if Hb <11 gr% then the pregnant woman is anemic. In cases of severe anemia, low hemoglobin levels can endanger fetal development. Many pregnant women experience anemia in the second and third trimesters¹⁹.

4. Conclusion and Suggestions

Conclusion

The study concludes that while the government has largely met the mandated standards for antenatal care, additional efforts are needed to improve laboratory service accessibility. Enhancing community awareness could further strengthen maternal health outcomes in the region.

Suggestions

- 1) The government (health facilities) provide laboratory examination facilities (Hemoglobin) up to the Posyandu level;
- 2) Health centers increase education to the community about the importance of antenatal care (ANC) checks.

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