

Fulfilling The Right to Health of Pregnant Women Through Obstetric Ultrasound Examination at Antenatal Care (ANC) at The Palu City Health Center - Central Sulawesi, Indonesia

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ABSTRACT: The government's efforts to reduce the maternal mortality rate (MMR) through quality and standard antenatal care examinations using ultrasonography (USG) is a manifestation of the Government's responsibility to fulfill citizens' health rights, especially maternal health rights. This research was located in the city of Palu, Central Sulawesi Province (Indonesia). The research question that will be discussed in this paper is: how is the implementation of the right to health of pregnant women in obtaining quality and standard antenatal care services (obstetric ultrasound examinations) at community health centers in the city of Palu? Furthermore, from the results of the analysis of research questions, it was concluded that: a) the Palu city government has demonstrated responsibility in providing health services for pregnant women that meet standards; b) fulfillment of the right to health of pregnant women through obstetric ultrasound examinations in antenatal care has not reached the target; c) Pregnant women's compliance with having their pregnancy checked at the Community Health Center so that they get an obstetric ultrasound examination by a doctor shows that there are disparities.

KEYWORDS: Right to Health, Antenatal Care, Ultrasonography, Pregnant Women, Community Health Center

INTRODUCTION

Human rights are rights that humans have solely because they are human. Human beings have it not because it is given to them by society or based on positive law, but solely based on their dignity as human beings¹. One of the fundamental human rights is the right to health. The right to health or in Article 12 paragraph (1) of the International Covenant on Economic, Social and Cultural Rights (KIHESEB) is referred to as the right to the highest attainable standard of health, which can influence the enjoyment of other human rights, and is an important basis for achieving the goals of founding a nation².

In terms of the right to health, so far women's rights have only been linked to reproductive issues, even though women's rights to health must be seen as a whole. The state is also obliged to guarantee the provision of health services, especially family planning (KB), pregnancy, childbirth and postpartum services³. In this case, the government is trying to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in accordance with the global targets in the Sustainable Development Goals (SDGs) and the National Medium Term Development Plan (RPJMN)⁴. One of the risk factors causing maternal and infant death can be prevented with standard health services during pregnancy, including ultrasound services by doctors⁵.

For this reason, the Indonesian government has issued Minister of Health Regulation Number 21 of 2021 concerning the provision of health services during pre-pregnancy, pregnancy, childbirth and the post-natal period, contraceptive services and sexual health services. In Minister of Health Regulation No. 21 of 2021 Article 13 paragraph 1 states⁶ :

"Pregnancy health services aim to fulfill the right of every pregnant mother to obtain quality health services so that she is able to undergo a healthy pregnancy, give birth safely, and give birth to a healthy, quality baby."

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, including ultrasound services (USG) at the first visit (K1) and fifth visit (K5)⁶. Law No. 17 of 2023 concerning Health also regulates health services for mothers, including services during pre-pregnancy, pregnancy, childbirth and postpartum⁷.

Ultrasound is a technology that can describe (imaging) a person's body. If complications are identified, treatment can be carried out more quickly and in a planned manner. The purpose of ultrasound is to help diagnose fetal development in each trimester. Pregnancy examination using Basic Obstetric Ultrasound is limited to general practitioners to screen cases that are suspected of being pathological⁸. Cases of pregnancy that are suspected of being pathological are referred to SpOG⁹. In this way, the quality of

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health services for pregnant women will increase. Cases will be detected early so that treatment can be carried out more quickly and complications can be avoided¹⁰.

Before carrying out an ultrasound examination, the doctor explains why it is being done, what to expect, what to expect from the examination and further plans. Good communication between doctors and patients can help prevent medicolegal problems¹¹. Equipment limitations, limited knowledge and skills (competence), and technical limitations can affect the results of the examination. The examining doctor also has the responsibility to maintain the confidentiality of the examination results¹².

From an ethical aspect, ultrasound examination is closely related to the basic principles of 'beneficence' or 'non-maleficence' and 'autonomy'. In this case, various aspects related to the doctor's communication and actions towards his patients will be involved. Ethics is an important component of limited basic obstetric ultrasound examinations. The concept of the fetus as a patient, privacy, consumer protection for services that match competence, and the patient's right to autonomy are new issues that should be considered, studied and understood^{11,13,14}.

The results of a rapid survey of ANC services with ultrasound by the Directorate of Nutrition and Maternal and Child Health in 2022 showed that from 532 community health centers that have ultrasound, 91% of general practitioners have provided ANC ultrasound services. The most ultrasound cases referred in the last 3 months were fetal malpresentation (28%), PEB (15%), placental abnormalities (14%), abortion/IUFD (12%), Oligo/polyhydramnios (8%), serotinus (7 %), IUGR (3%) and others (7%)¹⁵.

In the city of Palu, limited basic obstetric ultrasound examinations in primary care (especially community health centers) have been started since 2022. Since community health centers have carried out ultrasound examinations, the enthusiasm of pregnant women to have their pregnancies checked has increased. The Ministry of Health, through the Palu City Health Service, has distributed ultrasonography (USG) equipment to 14 Community Health Centers in Palu City¹⁶. The Palu City Health Service has also facilitated medical personnel (doctors) to attend ultrasound workshops and training in accordance with the provisions in the Decree of the Minister of Health of the Republic of Indonesia Number: HK.01.07/MENKES/75/2023 concerning Technical Instructions for the use of ultrasound equipment for antenatal care for general practitioners in primary service¹⁷.

This is a form of the government's role in fulfilling the health rights of pregnant women in obstetric ultrasound (USG) examinations during antenatal care. Are these efforts alone enough to fulfill the health rights of pregnant women? Do pregnant women take advantage of the facilities prepared by the Palu city government in order to fulfill their rights? Some of these things will be questions in the research. So the aim of this research is to analyze the fulfillment of the right to health of pregnant women through obstetric ultrasound examinations during antenatal care at the Palu City Health Center.

RESEARCH METHODS

The legal material that underlies the writing of this paper comes from the results of literature studies, namely in the form of regulatory documents relating to the context of studies, opinions and expert studies published in books and articles in various journals or proceedings^{18,19}. To enrich the study material, the author collected data on the target number of pregnant women in the city of Palu, the number of pregnant women who came to primary health facilities, the number of pregnant women who received ultrasound examinations at the first and fifth visits.

The subjects that were the focus of the research were limited to pregnant women who came to visit 14 community health centers in the city. Furthermore, all legal materials obtained from the results of literature searches and data on antenatal care examinations for pregnant women were analyzed qualitatively and presented descriptively.

RESULTS AND DISCUSSION

1. The Right to Health as a Human Right (HAM)

The right to health is one of the dimensions of human rights, namely human rights in the group of rights in the social sector. The right to health has been formulated in various international documents¹. International human rights law guarantees everyone a high standard of health and requires governments to take steps to fulfill everyone's right to health²⁰.

International documents that include the right to health as part of human rights are:

- a. The 1966 International Economic, Social and Cultural Covenant (ICESCR) states: Countries party to the covenant recognize the right of all people to enjoy the best possible standards of physical health and mental health².
- b. General Comment No. 14 (2000), states that: Everyone has the right to enjoy the highest attainable standard of health, to live a life with dignity. The realization of the right to health can be created through formulating health policies, implementing health programs that have been developed by the World Health Organization (WHO) or adopting certain legal instruments²¹.
- c. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1979, states that: States must ensure women's services are appropriate for pregnancy, menstruation/menstruation and the post-natal period by providing free services as needed, as well as receiving adequate nutrition. during pregnancy and breastfeeding²².
- d. The 1965 International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), states that: Everyone has the right to public health, medical care, social security and social services.²³

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e. Convention on the Rights of the Child (CRC) 1989, states that: States recognize the right of children to enjoy the best standards of health and services in the treatment of disease & health rehabilitation. The state ensures that no rights are taken away, especially regarding access to health services²⁴.

In Indonesia, the right to health as part of human rights has been regulated in the 1945 Constitution of the Republic of Indonesia. The inclusion of the right to health occurred in the 2nd amendment to the 1945 Constitution, namely Article 28H paragraph (1)²⁵ : *"Everyone has the right to life prosperous physically and mentally, have a place to live, and have a good and healthy living environment, and have the right to receive health services"*.

So, the right to health is a new type of human right in the 1945 Constitution.

In Law Number 17 of 2023⁷ concerning Health in Article 4 paragraph (1) it is stated that every person has the right to : (a) live a healthy life physically, mentally and socially; (c) obtain safe, quality and affordable health services in order to achieve the highest level of health;

Regarding maternal health services, in Law no. 17 of 2023 Article 40 paragraph (2) states that: *"Maternal health efforts as referred to in paragraph (1) are carried out during the pre-pregnancy, pregnancy, delivery and post-natal periods."*

In paragraph (3) it is stated :

"Every mother has the right to have access to health care facilities and health services that comply with standards, are safe, of high quality and are affordable."

The health rights that need to be given to pregnant women must contain important elements, namely:

1. Availability, including the availability of health facilities, competent human resources and health facilities and infrastructure that support the implementation of standard, safe, quality and affordable health services as stated in Article 40 paragraph (3) of Law no. 17 of 2023 concerning Health⁷;
2. Accessibility, that health facilities must be easy to reach for everyone and do not discriminate. Accessibility must have 4 interrelated dimensions²⁰:
 - a. Non-discriminatory: Services from health facilities, goods and services must be easy to obtain or obtain by anyone without discrimination on any basis.
 - b. Physical access: In providing services, all facilities must be physically accessible and safe for everyone, especially vulnerable groups such as pregnant women
 - c. Economic access: In providing services, all facilities must be economically affordable for everyone.
 - d. Access to information: Everyone has the right to seek and receive information without being hindered.
3. Acceptance, that all health facilities, health personnel and infrastructure must be accepted by medical ethics and in accordance with culture.
4. Quality, where health services must be of good quality, supported by professional medical and health personnel as well as standardized health facilities.

2. Fulfilling the Right to Health of Pregnant Women through Obstetric Ultrasound Examination at ANC

The National Medium Term Development Plan (RPJMN) 2020 - 2024 has provided direction for development in the health sector, in particular strengthening primary health services by increasing promotive and preventive efforts supported by innovation and the use of technology²⁶. One of the focuses in the RPJMN is improving maternal and child health through reducing maternal mortality (MMR). The strategy created by the Ministry of Health is to increase early detection of pregnancy risk factors during antenatal care, one of which is through examining pregnant women with an ultrasound device (USG) at the first and fifth visits²⁷.

Ultrasound is a technology that can describe (imaging) a person's body. If complications are identified, treatment can be carried out more quickly and in a planned manner. The purpose of ultrasound is to help diagnose fetal development in each trimester²⁸.

In the first trimester of pregnancy, the purpose of ultrasound is to confirm the presence of pregnancy, estimate the gestational age by matching the size of the baby, determine the condition of the baby if there are possible congenital abnormalities, determine the cause of bleeding or early blood spots in young pregnancies (for example, ectopic pregnancy), determine the location of the fetus whether it is inside or outside the uterus, determine the condition of the fetus if there is no heartbeat or fetal movement, and diagnose the presence of twins^{29,30}.

Meanwhile, in the second and third trimesters it is to assess the amount of amniotic fluid, determine the condition of the placenta, determine the size of the fetus, check the condition of the fetus by observing its activities, determine the position of the fetus, whether it is breech or wrapped around the umbilical cord, and to see the possibility of a tumor³⁰.

In fact, ultrasound for pregnant women has become a government concern and has been regulated in Minister of Health Regulation Number 97 of 2014 concerning Health Services for the Pre-Pregnancy Period, Pregnancy Period, Childbirth Period and Post-Birth Period, Implementation of Contraception, and Sexual Health Services³¹. This Minister of Health Regulation was updated again with Minister of Health Regulation No. 21 of 2021 regarding the same thing. This Permenkes reiterates that there should be

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at least 2 (two) ANC examinations by a doctor or specialist in obstetrics and gynecology in the first and third trimesters, including ultrasonography (USG) services²⁷.

In Law no. 17 of 2023 Article 40 paragraph (4) states that³² : "The central government and regional governments are responsible for providing maternal health services that comply with standards, are safe, quality and affordable." Based on this, the regional government (Palu city) is obliged to provide service facilities for pregnant women that comply with the standards of Minister of Health Regulation No. 21 of 2021, namely pregnancy checks using ultrasound equipment and competent health human resources (HR).

Data from the Palu City Health Service states that all community health centers in the city of Palu already have ultrasound equipment (USG) and doctors who provide ultrasound services at the Community Health Center have taken Limited Basic Obstetric Ultrasound training from the Association of Obstetrician Gynecologists (POGI), as per the data below¹⁶:

Table 1. Data on the number of ultrasounds and medical personnel (doctors) trained in basic obstetric ultrasound at the Palu City Health Center

Community Health Center	Availability of Ultrasound	Number of doctors (N)	Has Joined Training (n)	Percentage (%)
Singgani	There is	6	2	33,3
Talise	There is	4	1	25,0
Birobuli	There is	5	2	40,0
Kawatuna	There is	3	1	33,3
Mabelopura	There is	3	1	33,3
Nosarara	There is	3	1	33,3
Bulili	There is	4	1	25,0
Kamonji	There is	6	2	33,3
Sangurara	There is	4	1	25,0
Tipo	There is	3	1	33,3
Mamboro	There is	4	1	25,0
Tawaeli	There is	3	1	33,3
Pantoloan	There is	4	1	25,0
Lere	There is	3	1	33,3
Total	14 (100%)	55	17	30,9

Source : primary data, 2024

The data above shows that the availability of ultrasound is 100%. This means that the Palu city government has fulfilled the mandate of article 40 of Law No. 17 of 2023 which states that the central and regional governments are responsible for providing maternal health services that meet standards. Even though the number of medical personnel (doctors) who have received basic obstetric ultrasound training has only reached 30.9%, they have been able to provide ultrasound services at every community health center in Palu City.

With the presence of ultrasound examinations (USG) at antenatal care visits, it is hoped that pregnant women's enthusiasm for visiting the Community Health Center will increase. However, in fact, not all pregnant women want to use this service, as stated by the data provided by the Palu City Health Service :

Table 2. Number of First and Fifth USG Visits (K1 USG and K5 USG) in pregnant women at the Palu City Health Center in 2023

Community Health Center	Number of pregnant women	*K1 USG		**K5 USG	
		Amount (n)	Percentage (%)	Amount (n)	Percentage (%)
Singgani	508	192	38,6	162	31,9
Talise	894	677	63,3	564	63,1
Birobuli	799	221	22,4	188	23,5
Kawatuna	726	516	57,0	412	56,7
Mabelopura	585	548	77,1	451	77,1
Nosarara	485	292	48,5	235	48,5
Bulili	501	269	42,1	215	42,9

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Kamonji	528	462	71,4	377	71,4
Sangurara	1067	532	47,6	472	44,2
Tipo	229	149	57,6	125	54,6
Mamboro	360	66	32,5	38	10,6
Tawaeli	321	36	22,4	16	5,0
Pantoloan	311	221	83,6	177	56,9
Lere	519	161	26,4	132	25,4
Total	7.833	4.342	49,2	3.564	45,5

Source: primary data, 2024

*K1 Ultrasound = Pregnant woman's first visit in the first trimester + USG xamination

**K5 Ultrasound = Fifth visit of pregnant women in the third trimester + USG examination

Table 2 shows that of the total of 7,833 pregnant women in the city of Palu, only 4,342 pregnant women (49.2%) received an ultrasound examination by a doctor at the first visit in the 1st trimester and as many as 3,564 pregnant women (45.5%) received Ultrasound examination by a doctor on the fifth visit in the 3rd trimester. Results of interviews with the person in charge of the maternal and child health program at the Palu City Health Service, this is because most pregnant women come to have their pregnancy checked at the Posyandu. Access to Posyandu is closer to their home. At the Posyandu they receive complete antenatal care services from midwives, except for ultrasound examinations (USG) which must be carried out at the Puskesmas by a doctor. Midwives have provided education to pregnant women to come to the Community Health Center for obstetric ultrasound examinations, but the compliance of pregnant women is still low. They still think that the antenatal care examinations carried out by midwives at Posyandu are sufficient.

According to Aminuddin, the essence of legal compliance has 3 (three) factors that cause citizens to obey the law, including³³ : 1) Compliance, a form of community legal compliance which is caused by sanctions for violators of these rules; 2) Identification, a form of legal compliance in society which is caused by wanting to maintain pleasant relationships with other people or groups; 3) Internalization, a form of community legal compliance because the community knows the purpose and function of these legal rules.

If the level of awareness and compliance of pregnant women in having their pregnancies checked at the health center is linked to the legal compliance theory above, then there are 45.5% - 49.2% of pregnant women who fall into the internalization category. They are willing to come to the Community Health Center to get an ultrasound examination because they realize the importance of this examination for themselves and for the fetus they are carrying. Meanwhile, some pregnant women fall into the compliance and identification category. It is the duty of the Community Health Center to increase the level of compliance through several health promotion strategies.

CONCLUSION

Based on the results and discussion above, it can be concluded as follows :

1. The Palu city government has demonstrated responsibility in providing standard health services for pregnant women, through the provision of competent medical personnel and the provision of ultrasound equipment (USG) in every health center;
2. Fulfillment of the right to health of pregnant women through obstetric ultrasound examinations in antenatal care has not reached the target. Of the 7,833 pregnant women in the city of Palu, only 4,342 pregnant women (49.2%) received an ultrasound examination by a doctor at the first visit in the 1st trimester and as many as 3,564 pregnant women (45.5%) received an ultrasound examination by a doctor in fifth visit in the 3rd trimester;
3. Pregnant women's compliance with having their pregnancy checked at the Community Health Center so that they get an obstetric ultrasound examination by a doctor shows that there are disparities. Some pregnant women are aware of the importance of ultrasound examinations for pregnancy, others think that pregnancy examinations at Posyandu are sufficient;
4. A more massive health promotion strategy is needed from the Community Health Center to increase the number of ultrasound visits for pregnant women.

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