Utilization of Health Facilities by Pregnant Women at Pekauman Community Health Center, Banjarmasin, Indonesia

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Abstract: The purpose of this study is to analyze the relationship between the use of government health facilities with predisposing factors (preference and self-efficacy) and reinforcing factors (support) in pregnant women. This survey research with a cross-sectional study design was conducted in the Pekauman Community Health Center's working area in Banjarmasin, Indonesia, with 125 respondents who had babies aged ≤ six months who lived in the Pekauman Community Health Center's working area who visited the integrated service post in August 2017. The analysis was performed using the Chi-Square test. The results of the study 89 respondents (71.2%) made use of antenatal care facilities; 92 respondents (73.6%) chose health facilities; 88 respondents (70, 4%) have high self-efficacy; 78 respondents (62.4%) received support (family, friends, social groups). This research concludes that there is a relationship between the preferences of pregnant women (p= 0.025) with the use of antenatal services in government health facilities; There was no relationship between self-efficacy (p= 0.096); there is no relationship between family support, friends, social groups (p= 0.227) with the use of antenatal care for pregnant women in government health facilities. It is suggested to conduct further research on the relationship between antenatal services for pregnant women in government health facilities with the completeness of health facilities and the level of respondent satisfaction.
Keywords: Health facility utilization; preference; self-efficacy; support

INTRODUCTION

An effort to accelerate the Maternal Mortality Rate and the Infant Mortality Rate is by doing antenatal care. The use of antenatal care in developing countries is lower (65%) than in developed countries (97%)[1]. Only 46% of low-income women benefit from skilled and professional care during labor, meaning that millions of births are not assisted by a trained midwife, doctor, or nurse[2].

Maternal health services must meet the minimum frequency in each trimester, namely at least once in the first trimester (0-12 weeks of gestation), at least once in the second trimester (12-24 weeks of gestation), and at least twice in the third trimester (24 weeks of gestation until before delivery). The standard of service time is recommended to ensure protection for pregnant women and the fetus in the early detection of risk factors, prevention, and early treatment of pregnancy complications. Assessment of the implementation of health services for pregnant women can be done by looking at K1 and

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K4 coverage. K1 coverage is the number of pregnant women who have received antenatal care for the first time by health personnel, compared to the target number of pregnant women in one work area during one year. In comparison, the K4 coverage is the number of pregnant women who have received antenatal care according to the standards at least four times according to the recommended schedule in each trimester, compared to the target number of pregnant women in one work area in one year. This indicator shows the access to health services for pregnant women and the level of compliance of pregnant women in checking their pregnancies with health personnel.

From 2006 to 2018, the coverage of health services for pregnant women K4 tended to increase. Compared with the Ministry of Health's 2018 Strategic Plan target of 78%, the 2018 achievements have reached the target of 88.03%. However, there are still provinces below the target average, including South Kalimantan (79.32%).

The low coverage of antenatal services provided by the government is due to other health service facilities that are competitors. The community has many choices in utilizing health services, such as private medical clinics with cheaper services. Community choice of non-government health services can also be caused by dissatisfaction and lack of public understanding of the value of health[3]. Besides, the late arrival of pregnant women to the Community Health Center is due to a health facility/midwife near the house. A new mother visits the Community Health Center when her pregnancy is old in preparation for childbirth[4].

In South Kalimantan, in 2015, pregnant women's use of health facilities was still low (65.75%) and below the national target (75.0%). Health workers but during childbirth not in health facilities provided by the government.

Visits of pregnant women to health facilities to get antenatal services according to the specified standards at least four times[5]. However, not a few pregnant women do not have their pregnancy checked for various reasons; most of the number of pregnant women visits is less than four times during pregnancy. The low number of visits by pregnant women can increase the maternal mortality rate[6]. Several factors that can influence the use of antenatal services include poverty, socio-culture, and demographics[7]. Meanwhile, behavioral factors that influence a person's or community's health status are predisposing, reinforcing, and enabling[8].

Based on the data, it was found that there has been researched on the relationship between pregnant women's behavioral factors and the use of government-owned health facilities. However, it has not been linked explicitly to preferences, self-efficacy, and family support factors. This study's general objective was to analyze the relationship between the use of government health facilities with predisposing factors (preference and self-efficacy) and reinforcing factors (support) in pregnant women.

MATERIALS AND METHODS

The research design was survey research with a cross-sectional study design, namely a survey conducted in Pekauman Health Center, Banjarmasin City, South Kalimantan Province, Indonesia. The data collection technique used is by interviewing respondents. The research sample was mothers who had babies aged ≤six months who lived in the working area of Pekauman Health Center, Banjarmasin city, and visited Posyandu when the research was conducted in August 2017, respondents totaled 125 people. The analysis used univariate analysis, bivariable analysis with statistical tests

using Chi-square. This study was approved by the Research Ethics Commission of the Health Polytechnic Ministry of Health, Banjarmasin, Indonesia.

Variable Preferences of pregnant women seen from the questionnaire about pregnant women's choice to check their pregnancy before the final delivery. Choice of pregnant women: Government facilities antenatal services: community health centers, government hospitals (score 1), non-government facilities antenatal services: midwives, traditional birth attendants (score 0). Variable Self-efficacy is seen from the questionnaire about Mother's belief that a good pregnancy checkup is recommended at least four times. Pregnant woman's choice: Very unsure, Not sure, Doubtful, Sure, Very sure. Category: High (score 16-20), Medium (score 11-15), low (score 5-10). The variable of social support is seen from the questionnaire: Support given by family, friends, and social groups to the mother to perform ANC examination. Very unsupportive, Unsupportive, Average, Supporting, Strongly supportive. Measurement results: There is support (score 28-45), No support (score 9-27)

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Respondents Based on the utilization of health facilities at the Pekauman Health Center in Banjarmasin in 2017

Number	Utilization of Health facilities	Frequency (n)	Percentage (%)
1	Government health facilities	89	71.2
2	Not a Government health facilities	36	28,8
Total		125	100,0

Table 1 shows that of 125 respondents of under-five mothers, the majority of which were 89 people (71.2%) made use of health facilities provided by the government, such as community health centers.

Table 2. Frequency Distribution of Respondents Based on the Preferences at the Pekauman Health Center in Banjarmasin in 2017

Number	Preferences	Frequency (n)	Percentage (%)
1	Government health facilities	92	73,6
2	Not a Government health facilities	33	26,4
Total		125	100,0

Table 2 shows that of 125 respondents of under-five mothers, the majority of which are 92 people (73.6%) prefer health facilities provided by the government.

Table 3. Frequency Distribution of Respondents Based on the Self Efficacy the Pekauman Health Center in Banjarmasin in 2017

Number	self-efficacy	Frequency (n)	Percentage (%)
1	High	88	70,4
2	Middle	37	29,6
3.	Low	0,0	0,0
Total		125	100,0

Table 3 shows that of the 125 respondents of under-five mothers, the majority of whom were 88 people (70.4%) had high self-efficacy towards the use of antenatal services in health facilities provided by the government.

Table 4. Frequency Distribution of Respondents Based on the Supports the Pekauman Health Center in Banjarmasin in 2017

Number	Supports	Frequency (n)	Percentage (%)
1	Supports	78	62,4
2	Not a Supports	47	37,6
Total		125	100,0

Table 4 shows that of the 125 respondents of under-five mothers, the majority of which were 78 people (62.4%) had the support, or there was support for antenatal services in health facilities provided by the government.

Table 5. Relationship Between Preference and Use of Antenatal Services in Health Facilities in The Working Area of Pekauman Health Center, Banjarmasin City in 2017

Number	Preference	Utilization Of Health Facilities					
		Government Health Facilities		Not a Government Health Facilities		Sum	
		N	%	N	%	N	%
1.	Government Health Facilities	71	77,2	21	22,8	92	100
2.	Not a Government Health Facilities	18	54,5	15	45.5	33	100
Total		89	71,2	36	28,8	125	100

$P\text{-}Value = 0,025$

Table 6. Relationship Between Self Efficacy and Use Of Antenatal Services in Health Facilities in The Working Area of Pekauman Health Center, Banjarmasin City in 2017

| Number | Self Efficacy | Utilization Of Health Facilities | | | | | |
| | | Government Health Facilities | | Not a Government Health Facilities | | Total | |
		N	%	N	%	N	%
1.	High	67	76,1	21	23,9	88	100
2.	Middle	22	59,5	15	40,5	37	100
Total		89	71,2	36	28,8	125	100

P-Value = 0,096

Table 7. Relationship Between Supports and Use of Antenatal Services in Health Facilities in The Working Area of Pekauman Health Center, Banjarmasin City in 2017

| Number | Self Efficacy | Utilization Of Health Facilities | | | | | |
| | | Government Health Facilities | | Not a Government Health Facilities | | Total | |
		N	%	N	%	N	%
1.	Yes	59	75,6	19	24,4	78	100
2.	No	30	63,8	17	36,3	47	100
Total		89	71,2	36	28,8	125	100

P-Value = 0,227

Table 5. shows the difference that, of the 92 respondents who had a preference for health facilities, as many as 71 people (77.2%), during pregnancy took advantage of antenatal services at health facilities provided by the government. Of the 33 respondents who did not prefer health facilities, 18 people (54.5%) during pregnancy took advantage of antenatal services at health facilities provided by the government. Statistical test results show p-value= 0.025 with α= 0.05. This means that there is a significant relationship between pregnant women's preferences and the use of antenatal services in health facilities provided by the government.

Table 6. shows that, of the 88 respondents who have high self-efficacy, 67 people (76.1%) take advantage of antenatal services in health facilities provided by the government. Of the 37 respondents who had moderate self-efficacy, 22 (59.5%) took advantage of antenatal services in the government's health facilities. The results of statistical tests show p-value = 0.096 with α = 0.05. This means that there is no significant relationship between self-efficacy and the use of antenatal services in government-provided health facilities.

Table 7. shows that, of the 78 respondents who have support for health facilities, as many as 59 people (75.6%) take advantage of antenatal services in health facilities provided by the government. Of the 47 respondents who do not have support for health facilities, 30 people (63, 8%) take advantage of antenatal services in the government's

health facilities. The results of statistical tests showed p-value = 0.0227 with α = 0.05. This means that there is no significant relationship between support and utilization of antenatal services in government-provided health facilities.

Maternal preference or choice and preferences of mothers in utilizing antenatal services were asked in this study. The mothers' preference to have their pregnancies checked with alternative options for pregnancy checkups at government-provided health facilities (Community Health Center, Hospitals) or non-government health facilities (TBAs, private medical centers, specialist doctors practice).

The results of this study indicate that there is a significant relationship between maternal preferences and the use of antenatal services in health facilities provided by the government. Respondents who prefer a place of service such as a hospital consistently use the hospital as a place for pregnancy checkups, and respondents who prefer pregnancy checkups with midwives at the health center to check their pregnancy at the health center consistently.

The mother's preference for antenatal care (ANC) is an essential factor that can affect the choice of place for antenatal care and delivery. Respondents have a decision to do a pregnancy check based on their desire to find their welfare[9].

The completeness of facilities at a health care center can affect patient satisfaction. A complete pregnancy check facility is available with tools used for activities such as weight scales, blood pressure measuring devices, iron tablets, syringes, and TT vaccines, as well as uterine fundal height measuring devices.

Satisfied respondents will take advantage of the service again. Respondents who are satisfied also tend to say positive things about the services they have used. The disappointed respondent will take one of two actions. Namely, they may stop using the service or seek information that ensures a higher service value.

Self-efficacy is not innate, but self-efficacy will appear and develop with increasing age and experience to have confidence. A person's strong belief about their abilities will affect their self-efficacy.

The research results on cross-tabulation found that the respondents' self-efficacy was mostly in the medium and low categories in terms of the mother's belief that a good pregnancy checkup was following the recommendation, namely at least four times. Meanwhile, the results of research by Mardiana N. et al. in 2018 show that 90% of respondents have moderate and high self-efficacy in checking their pregnancies with health workers. The statistical test results found that there was no significant relationship between self-efficacy and the use of antenatal services in health facilities provided by the government[10].

Pregnant women take advantage of antenatal services with low self-efficacy, possibly because pregnant women are still young, between 17 and 19. They were pregnant for the first time, and education was only in the middle to lower levels. Besides, they lack knowledge and experience of self-care during pregnancy. Mothers who are pregnant at a young age have no experience and are still mentally unstable, and have not thought about the dangers that can be caused by pregnancy.

Bandura Albert states that self-efficacy is a necessary prerequisite for the individual self-mediation process. In this case, pregnant women are optimistic about their ability to carry out antenatal care to health workers. Therefore, people with high self-efficacy are

more likely to translate their intentions into action. Pregnant women with low self-efficacy will experience difficulties when they want to come to a health service center[11].

The high level of self-efficacy possessed by respondents may be due to motivation in the individual. This is following the research conducted in 2019 by Turner et al. on 264 students. It was found that intellectual motivation and self-efficacy will affect one's academic performance. Someone who believes in his or her ability to achieve academic achievement will obtain success in academics[12].

According to research in 2019 by Wiedemann et al., High self-efficacy encourages the formation of a mindset to achieve outcome expectancy. The thought of achieving outcome expectancy will give rise to real expectancy outcomes, but this must be supported by good goal congruence[13].

Based on this study's results, support from family, friends, and social groups does not have a significant relationship with the use of antenatal services in health facilities provided by the government. This research is in line with the research results in 2019, which stated that there was no relationship between antenatal services and family support[14].

The possible cause of this lack of support is because the pregnancy problem is personal, so that the nuclear family and husband are fully responsible for the pregnant mother, by the opinion of Jirijwong et al. The latter found that social support is not an essential determinant of the use of antenatal services[15].

This study's results are different from other studies, which generally state a relationship between family support and antenatal services[16,17,18,19,20,21]. The better family support—the more complete the use of antenatal services, and vice versa.

According to Firmansyah et al., the family is an essential factor for maintaining their health[22]. In contrast, according to Yeni F. et al., family support has a stable relationship with compliance; the higher the family support, the higher the level of compliance[23].

Pregnant women who do not use service facilities will impact their pregnancies, such as unhealthy pregnancies, unable to detect complications early, carry out early management, and prepare for referrals if necessary, unable to prepare for clean and safe delivery[24].

This study has a limitation, which is only measuring at one time, so the results of measurements are not known at other times or in the long term. The independent variables studied were only preference, self-efficacy, and support (family, friends, social groups), so that other variables might affect the use of antenatal services by pregnant women.

CONCLUSION

This research concludes that there is a relationship between the preferences of pregnant women ($p = 0.025$) with the use of antenatal services in government health facilities; There was no relationship between self-efficacy ($p = 0.096$); there is no relationship between family support, friends, social groups ($p = 0.227$) with the use of antenatal care for pregnant women in government health facilities. It is suggested to conduct further research on the relationship between antenatal services for pregnant women in government health facilities with the completeness of health facilities and the level of respondent satisfaction.

ACKNOWLEDGEMENT

CONFLICT OF INTEREST

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